

Cruz Life Center
Informed Consent for Cranial Facial Release (CFR)

CFR Treatment: CFR is an intra-nasal “balloon assisted” cranial adjusting technique where the doctor uses tiny balloons that are carefully inserted in the nose – specifically the naso-pharynx, which is the opening between the nose and the throat. The balloon is then quickly inflated and bubbles back into the throat - this is the desired result. The balloon is then quickly deflated and removed. The entire procedure lasts about 3-5 seconds. It is not particularly painful, but not exactly comfortable. You will experience an increased amount of pressure in your face – not your nose – straight back in your face that is somewhat uncomfortable. Then the balloon expands back through your nasal passageway and into your throat. The pressure is then released and the balloon is removed.

Often times you will experience audible “cracking sounds” in your skull as the balloon expands and the cranial sutures unlock – this is normal. Other possible occurrences when undergoing CFR treatment are bloody noses, excessive bleeding, congestion, infection, clogged nose, clogged ears, sore throat, trauma to the throat and soft palate, headaches, facial pain, facial paralysis, facial and/or nasal fracture, loss of hearing, visual disturbances, loss of taste, loss of smell, pain across your teeth or roof of your mouth, fatigue, malaise, anxiety, allergic reactions, emotional distress, mild shock, and in one case even death (of an infant who suffocated on the balloon).

Other occurrences that may arise are the balloon may temporarily **NOT** deflate causing a momentary blockage of the airway, interfering with your ability to breathe causing you to feel like you are suffocating. Occasionally the balloon may separate from the inflator device and could possibly get lost in the nasal passageways between the nose and throat. These are rare occurrences but are an inherent risk of the technique. Although these circumstances rarely occur, we have encountered them in the past and have specific protocols in place.

Cranial Facial Release treatment is safe and the majority of patients experience relief from their targeted symptoms. *There is no guarantee that this specialized treatment will work for you.* It is important to understand that **the primary objective of CFR is to mobilize the cranial bones, unlock cranial fixations, correct cranial aberrations, and optimize brain function.** *It is not directed at the treatment of any one specific symptom, disease, or disorder, but often works when other methods have failed.*

Please see “List of Conditions that Respond Favorably to CFR Treatment”.

Also important to understand that it usually takes 3-4 series of CFR treatments before you experience the full benefits of this technique - the results are exponential as you go.

Chiropractic spinal adjusting and conventional cranial adjusting techniques are also part of CFR treatment, in where the doctor will use his/her hands or a mechanical devices to manipulate your spine or other targeted areas. The doctor may occasionally need to wear surgical gloves and enter your mouth or oral cavity.

IF YOU ARE ALLERGIC TO LATEX, PLEASE INFORM THE DOCTOR BEFORE UNDERGOING CFR TECHNIQUE. YOU MAY NOT BE A CANDIDATE FOR THIS SPECIALIZED PROCEDURE.

When your spine or cranium is adjusted, you may feel or hear a “click” or “pop” and possibly feel movement. Your treatment might also include specific exercises, Trigger Point therapy, Cold Laser therapy, Acuscope and Myoplulse therapy or other forms of therapy not listed, and also any braces, devices, vitamins, or analgesics the doctor deems necessary.

Occasionally, the doctor may need to have you wear a gown, shorts, or loosen your belt to be able to treat a specific area – your permission will be required first and the doctor will not proceed without your consent. Your chiropractor will recommend treatment he/she determines is most appropriate for your condition and inform you of the benefits and risks of each procedure. It is your responsibility to ask questions about any procedure you don't fully understand and voice your concern about any procedure you are unsure of or uncomfortable with.

Serious bodily harm is extremely rare and not an inherent risk of chiropractic or CFR treatment. But many variables can adversely affect one's health, including previous injury, medications, osteoporosis, cancer, aneurism, occluded arteries, and other illnesses, disease, or conditions. When these conditions are present, CFR and chiropractic treatment may be associated with serious adverse events, such as fracture, dislocation, or aggravation of previous injury to ligaments, intervertebral discs, nerves, or spinal cord, nerve injury, or cerebral vascular accident. In cases of symptoms of stroke or cerebrovascular injury following a chiropractic adjustment or CFR procedure, immediately alert the doctor and seek medical attention. Your doctor is aware of this association and when appropriate may assess for symptoms and signs of stroke.

Please inform your chiropractor of all medications you are taking, including blood thinners, any surgeries you have had, and any other medical condition you have, including osteoporosis, heart disease, cancer, stroke, fracture, or previous severe injury.

Other options for the treatment of pain include: *do nothing – Just live with it, use over-the-counter medications, massage, physical therapy, medical care, injections, or surgery.*

There are hundreds of other treatments for pain. Most treatments that have potential benefit also have potential risk. You are encouraged to ask questions regarding possible risks of chiropractic and/or CFR treatment.

IF YOU HAVE AN ANEURYSM, ARE ON BLOOD THINNERS, HAD FACIAL OR MAXILLARY SURGERY, HAVE BRAIN CANCER (EITHER BENIGN OR MALIGNANT), ARE ALLERGIC TO LATEX, OR EXPERIENCED A PREVIOUS CVA, YOU MAY NOT BE A CANDIDATE FOR THIS TREATMENT. YOUR INITIALS BELOW ATTEST TO THE FACT THAT YOU HAVE BEEN FULLY INFORMED OF THESE INHERENT RISKS AND THAT NONE OF THESE ISSUES PERTAIN TO YOU, AND THAT YOU TAKE FULL RESPONSIBILITY FOR ANY ADVERSE REACTIONS RELATING TO ANY OF THE ABOVE-MENTIONED CONDITIONS.

_____ INITIALS

My signature below confirms that I have read the paragraphs above and that I understand what my doctor has told me about possible risks of treatment and that I have had the opportunity to ask questions and have my questions answered. I also understand that there is NO guarantee that Chiropractic or CFR treatment will work for me or help improve my condition. I understand that my condition may even get worse, and though this is usually not the case, the doctor has explained this possibility to me, I fully understand it, and I am still agreeing to proceed with the recommended treatment. I have fully disclosed to my doctor my medical history regarding the above specified complicating factors and all other conditions that have caused symptoms in the past.

_____ Patient Name

_____ Signature

_____ Date

_____ Doctor's Signature

_____ Date