

## **Network Spinal Analysis (NSA) Care Consent Form**

I hereby request and consent to receiving spinal care, including wellness education in this office by a chiropractor who provides **Network Spinal Analysis (NSA) Care**, a low force approach which has unique outcomes and clinical results. A chiropractor, they are referred to as **Network Practitioners**.

The purpose of this Consent form is to help me better understand the nature of the service offered in this office and our mutual responsibilities. This fosters a more effective partnership and avoids misunderstanding regarding expectations. Having well understood expectations is anticipated to promote a greater sense of safety and healing.

**NSA does NOT** attempt to manually, or by instrument, manipulate spinal fixations structurally (often associated with a snapping or popping sound), nor does it directly treat painful areas of the spine and body. Instead, by enhancing my body's awareness of itself and specifically my spine, I understand I can develop new strategies for healing, adjusting to stress, and experiencing wellness. These strategies promote spontaneous self-correction and self-regulation of spinal tension patterns and healing.

**NSA** consists of gentle touch contacts along the neck and back to achieve greater communication between brain and body, and new sensory and motor strategies. **NSA** adopts an approach associated with somatic (body/spinal awareness) training. There is a body of research characterizing **NSA** care and documenting its unique and significant wellness benefits. I understand I may obtain copies of published research articles and/or abstracts from this office.

I am aware that I will be receiving gentle touch **NSA** adjustments, also called **entrainments**. Assessments of my progress will include monitoring of my spine and body awareness, responsiveness to inner rhythms, tension and ease patterns. At regular intervals, following commencement of care, re-assessment will be performed. These will include my personal perception of my wellness and my awareness of my spine and body-mind changes. My Network Practitioner will report to me the improvement in my spinal and nervous system integrity and my ability to self-regulate tension and to re-organize my spine.

**NSA advances through a series of Levels of Care.** Each Level of Care involves the development of new and unique spontaneous spinal wave motions, other body movements, and oscillations. These waves, which are suggested to be associated with the greater spinal stability, the re-distribution of energy, and the transfer of internal information are also associated with greater wellness, improved quality of life, and increased life enjoyment.

**Continued over...**

## Please Read & Sign the Following

It has been explained to my satisfaction, and I understand that the care at this office is not a form of replacement for, the diagnosis or treatment of any symptom, disease, or malady. Instead it is a form of wellness care and self-education that empowers my connection with my body-mind and develops strategies for spinal and nervous system integrity and wellness. It develops new capacities in my body for the identification of, spontaneous release of, and redirection of tension, including those that are unique to **NSA**.

It is common for people receiving **NSA** care to breath more deeply, and more fully, engaging the spine with their respiration, to spontaneously adapt postures that release or redistribute tension, and to experience more of their inner life energy.

I understand it is common to experience a wider range of motion and emotions during care. It is common as care progresses, to find new options in body and in life, which often lead to significant life changes. This form of care is NOT suggested for those individuals who wish to remove a symptom or condition without the occurrence of other fundamental changes in their lives. The care in this office often promotes significant changes in health choices, lifestyle, experience of the body-mind, emotion and consciousness.

I have read, or have had read to me, the **NSA CONSENT FORM** and understand that the care in this office is different from what many consumers may expect from chiropractors practicing manipulation or instrument therapy. I agree to receive care, which consists of or includes **NSA** care and wellness education. I understand that I am not passive in this process but I am an active participant in my care and in my healing.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Patient Name (Please print)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Practice Member Signature

\_\_\_\_\_  
Date