

Qualifications For Upper Cervical Study

- 1) Dog must exhibit proprioception deficits in and / or paralysis of the rear legs, and this must be documented with video.
- 2) Dog must have leg lengths that change with lateral neck flexion prior to the adjustment and this must be documented with video.
- 3) Doctor must agree to adjust only C0/C1 for the first 2 visits and / or for at least 7 days.
- 4) Doctor agrees to instruct the owner on the proper use of ice and when to come back in for follow up adjustments.
- 5) At the end of the treatment period the protocol may be expanded to include adjusting the entire spine and the addition of other treatment modalities.
- 6) Doctor agrees to send video and copies of paperwork to admin@animalchiropracticeducation.com.
- 7) Owner and Doctor agree to allow data collected to be used in any reports of this protocol going forward.
- 8) The owner has been informed that chiropractic care is not a replacement for veterinary medicine and has made an informed decision to enter their dog in this study.

Owner: _____

Date: _____

Doctor: _____

Date: _____

Doctors Name: _____

Initial clinical findings include: (show on video as well as brief description)

Atlas / Occiput listing that was corrected.

ASR or ASL AS or AI

If there was a head tilt present APR or APL

Which side was the high side of the head? _____

Clinical impression after the adjustment? (make sure and include video of leg length)

Second adjustment listings

ASR or ASL AS or AI

If there was a head tilt present APR or APL

Which side was the high side of the head? _____

Clinical impression after the adjustment?

Third adjustment listings (Video findings before adjustment if over 7 days since first adjustment.)

ASR or ASL

AS or AI

If there was a head tilt present

APR or APL

Which side was the high side of the head? _____

Clinical impression after the adjustment?

Was the protocol successful? Yes No

Follow up care for this patient?

Owner's Name: _____ Email address: _____

Dog's Name: _____ Breed: _____

Have you used Animal Chiropractic before? Yes No

Why did you come to the Animal Chiropractor today?

How long has your dog been exhibiting these signs?

What other treatments have you tried?

What are your expectations and hopes for the future of this dog?

Do you agree to let your dog be a part of this study and allow Dr. _____ to adjust the upper cervical region only for the next week? Yes No

You may apply ice as necessary and agree to get your dog adjusted at least 3 times in the next 7 to 10 days.

Owner: _____ Date: _____

