

**IDD Therapy® Treatment Release Form**

Dear IDD Therapy Patient,

IDD Therapy treatment (Intervertebral Differential Dynamics) utilizing the Accu-Spina system has been clinically proven to reduce symptoms related to lumbar disc herniations, degenerative disc disease, and posterior facet syndrome by 86%.

During the course of your treatment, it is not uncommon to have an increase in the following symptoms:

- INCREASE IN LOWER BACK PAIN
- INCREASE IN THIGH, CALF, ANKLE, AND FOOT PAIN
- INCREASE IN NUMBNESS AND TINGLING DOWN THE LEG

**Initial** \_\_\_\_\_

\*Your initial reduction in symptoms may not be noticed until your 12th visit for IDD Therapy treatment.

**Initial** \_\_\_\_\_

Your responsibilities as a patient to maximize the pace of treatment and longevity of results are the following:

- 20 VISITS
- IF YOU MISS A SESSION AND DO NOT CALL 24 HOURS IN ADVANCE, ADVANCED SPINE CARE RETAINS THE RIGHT TO CHARGE A \$~ CASH FEE.
- DAILY REPORTS TO THE THERAPISTS
- HOME ICING MAY BE NECESSARY IF PAIN INCREASES AFTER DAILY THERAPY. (20 MINUTES ON 60 MINUTES OFF)
- 6-12 WEEKS OF STRENGTHENING AND CONDITIONING FOLLOWING 20 IDD THERAPY SESSIONS
- ADDITIONAL VISITS MAY BE REQUIRED IF DETERMINED TO ENHANCE PROGRESS

**Initial** \_\_\_\_\_

I understand the above listed requirements as an IDD Therapy patient and I acknowledge the possibility of having an increase of my current symptoms during the first part of my care as listed above.

I DO AGREE for Advanced Spine Care to perform IDD Therapy treatment and the secondary therapeutic applications necessary for this treatment program.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_