

Holistic Chiropractic

Holistic Chiropractic addresses the structural habits and patterns that are held in our postural alignment, within our musculature, movement, and breath.

A holistic chiropractic session is appropriate for all body conditions as it is tailored specifically to each person's needs or situation.

The session incorporates a wide variety of chiropractic approaches that interweave with yoga therapy, orthopedic assessment, and other complementary bodywork methods. Joint mobility, muscle balance, nerve function, cranial-sacral balance, soft tissue tension, breath patterns, and subtle-body energy are all evaluated and finely tuned. The work is flowing and gentle, yet also firm, deep and focused.

Not only is the session therapeutic, it can be considered a "re-booting", allowing a state of ease and wholeness to re-establish.

Please note the following:

- **Dialog during the session is meant to be minimal in order to allow the quieting of the mind and the opportunity for the natural "ease" of the body to return.**
- **Please wear loose, comfortable clothing (yoga-type garments)**
- **Please be oil and fragrance-free.**

Steven Weiss, MS, DC, RYT brings more than 29 years of clinical experience to his work at Omega.

Subject to the terms of this disclaimer and release, we are pleased to offer you one of our services in the Omega Wellness Center. We have explained the nature of the treatment to you and you have elected to receive that treatment.

Your treatment is not intended to diagnose any physical or mental condition or to prescribe or promote any particular product. It is not intended as a substitute for the advice and treatment of a licensed physician.

If you are uncomfortable during any portion of your treatment, advise your practitioner immediately.

You are participating in the treatment of your own volition, and you accept and assume any and all risks associated with, or consequences relating to, the selected treatment. You waive any claims you may have against Omega, its employees, practitioners, officers and directors, relating in any way to the treatment.

Signature: _____ **Date:** _____

Your signature on this page indicates you have read, and are in agreement with, the release of liability statement above) which covers any Wellness Center services you partake in during the course of your stay at Omega. If you are under the age of 18, then a parent/guardian of the above-named child/youth must co-sign this form.

