



# ADAPTIVE HORSEMANSHIP & RIDING PHYSICIAN STATEMENT

## PHYSICIANS STATEMENT & RIDER'S MEDICAL HISTORY (PAGE 1)

(ALL SECTIONS MUST BE COMPLETED IN FULL BY THE PHYSICIAN ANNUALLY)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Diagnosis \_\_\_\_\_

Date of Onset \_\_\_\_\_

**FOR PERSONS WITH DOWN SYNDROME: Neurological symptoms of Atlantoaxial Instability:**

Present \_\_\_\_\_ Absent \_\_\_\_\_

Tetanus Shot Yes No Date \_\_\_\_\_

**Height** \_\_\_\_\_ **Weight** \_\_\_\_\_

Seizure Type \_\_\_\_\_ Controlled \_\_\_\_\_ Date of Last Seizure \_\_\_\_\_

Seizure Warning Signs \_\_\_\_\_

Medications \_\_\_\_\_

Please indicate if patient has a problem and /or surgeries in any of the following areas by checking yes or no. If yes, please comment.

Areas	Yes	No	Comments
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Learning Disabilities			
Mental Impairment			
Psychological Impairment			
Other			

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# ADAPTIVE HORSEMANSHIP & RIDING PHYSICIAN STATEMENT

## PHYSICIAN'S RELEASE (page 2)

### INFORMATION FOR PHYSICIAN

The following conditions, if present, may represent precautions or contraindications to adaptive horseback riding. When completing this form, please note whether these conditions are present, and to what degree.

#### ORTHOPEDIC

- Spinal Fusion
- Spinal Instabilities/Abnormalities
- Atlantoaxial Instabilities
- Scoliosis
- Kyphosis
- Lordosis
- Hip Subluxation and dislocation
- Osteoporosis
- Pathologic Fractures
- Coxas Arthrosis
- Heterotopic Ossification
- Osteogenesis Imperfecta
- Cranial Deficits
- Spinal Orthoses
- Internal Spinal Stabilization Devices

#### NEUROLOGIC

- Hydrocephalus/shunt
- Spina Bifida
- Tethered Cord
- Chiari II Malformation

#### MOBILITY

**Independent Ambulation**    Yes    No       **Crutches**    Yes    No       **Braces**    Yes    No       **Wheelchair**    Yes    No

**Please indicate any special precautions** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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#### NEUROLOGIC (cont.)

- Hydromyelia
- Paralysis due to Spinal Cord injury
- Seizure Disorders

#### MEDICAL/SURGICAL

- Allergies
- Cancer
- Poor Endurance
- Recent Surgery
- Diabetes
- Peripheral Vascular Disease
- Hemophilia
- Hypertension
- Serious Heart Condition
- Stroke (Cerebrovascular Accident)

#### SECONDARY CONCERNS

- Behavior Problems
- Age under two years
- Age two – four years
- Acute exacerbation of chronic disorder
- Indwelling catheter



## ADAPTIVE HORSEMANSHIP & RIDING PHYSICIAN STATEMENT

### PHYSICIAN'S RELEASE (page 3)

To my knowledge there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the adaptive riding center will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, Speech, Psychologist, etc.) in the implementation of an effective equestrian program.

**Physician name (please print)**

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**Physician Signature**

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**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** (\_\_\_\_) \_\_\_\_\_ **DATE** \_\_\_\_\_