



INFORMATION FOR PHYSICIAN

Please provide this sheet, along with the following forms, to your physician.

The following conditions, if present, may represent precautions or contraindications to adaptive/therapeutic horseback riding. Therefore, when completing the following forms, please note whether these conditions are present and, if so, to what degree.

ORTHOPEDIC

Spinal Fusion
Spinal Instabilities/Abnormalities
Alantoaxial Instabilities
Scoliosis
Kyphosis
Lordosis
Hip Subluxation and Dislocation
Osteoporosis
Pathologic Fractures
Coxas Arthrosis
Heterotopic Ossification
Osteogenesis Imperfecta
Cranial Deficits
Spinal Orthoses
Internal Spinal Stabilization Disease

MEDICAL / SURGICAL

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

NEUROLOGIC

Hydrocephalus/Shunt
Spina Bifida
Tethered Cord
Chiaril Malformation
Hydromyelia
Paralysis due to Spinal Cord Injury
Seizure Disorders

SECONDARY CONCERNS

Behavior Problems
Age under 2 years
Age 2 - 4 years
Acute Exacerbation of Chronic Disorder
Indwelling Catheter

Client Medical History & Physicians' Statement

Participant Name:	*Height:	*Weight:
Diagnosis:	Date of Onset:	Last Exam Date:

Medications: _____

Past/Prospective Surgeries: _____

Shunt Present? Y N Date of last revision: _____

Special Precautions, Diets/Needs/Allergies: _____

__ May participate in all activities __ May participate except for: _____

Mobility: Independent Ambulation? Y N Assisted Ambulation? Y N Wheelchair? Y N

Braces/Assistive Devices: _____

Please indicate if patient has a problem and/or surgical history in any of the following areas:

AREA	YES	NO	COMMENTS
Auditory			
Visual			
Tactile Sensation			
Speech			
Skin			
Cardiac			
Circulatory			
Learning Disability			
Mental Impairment			
Allergies			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Orthopedic			
Cognitive			
Emotional/Psychological			
Other			

Physician Must Sign and Date this Form Below

I have seen and provided an exam for this individual within the last 12 months and to my knowledge, there is no reason why this person cannot participate in supervised equine activities. However, I understand that Grace

Under the Oaks will weigh the medical information above against the existing precautions and contraindications. Therefore, I refer this person to Grace Under the Oaks for ongoing evaluation to determine eligibility for participation. I have read the attached precautions and contraindications.

Licensed Medical Examiner's Signature:	Date:
Name (please print):	Phone:
Address:	Email:

If participant has Down Syndrome or a history of seizures, please continue onto next page.

Physician Statement, continued

*Participants with Down Syndrome

Does the individual have an annual medical clearance from a licensed physician that includes a neurological exam that specifically denies any symptoms consistent with atlanto-axial instability? Yes No

Has there been a neurological exam that specifically denies any symptoms consistent with atlantoaxial instability (AAI) in the last year? Yes No

By signing below I confirm that the participant has revealed no signs of AAI or decrease in neurological function. To my knowledge there is no reason why this person cannot participate in supervised equestrian activities:

Licensed Medical Examiner's Signature:	Date of EXAM:
Physician's Name (please print):	Phone:
Address:	

*Participants with Seizure Disorders

PATH (Professional Association of Therapeutic Horsemanship Intl.) recommends the following information for PATH operating Centers for riders with seizure disorders.

Would you consider _____'s seizures to be:

_____ Completely controlled _____ Very well controlled _____ Not controlled by medication

Note that the following are contraindications to riding:

- Recent seizure activity accompanied by strong, uncontrollable motor activity or atonic or drop attack seizures due to their sudden and complete loss of postural muscle tone
- A change of frequency or type of seizure until the condition is evaluated
- Inability to manage a participant during an emergency dismount should a seizure occur.

Type of seizure:	
Typical motor activity during seizure:	
Description of clients behavior during seizure state:	
Specific directions as to what to do if a seizure should occur at Grace Under the Oaks:	
Physician's signature	Date: