



Front Range Exceptional Equestrians

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Phone (970)221-0646

www.RideWithFREE.org

RIDER'S MEDICAL HISTORY/PHYSICIAN'S CONSENT

Today's Date _____

Participant's Name	Participant's Birthdate	Contact Name/Phone
Residence Address	City, State, ZIP	
Mailing Address (Indicate if Same as Residence)	City, State, ZIP	

****This Section to be Completed By The Primary Care Physician****

Primary Diagnosis/Disability _____ Patient's Current Height _____ Weight _____

Medications: _____

Does the patient have Seizures? Y N Type? _____ Controlled? Y N Date of last _____

Does the patient have a Shunt? Y N Date of last Revision _____

Please indicate any past or present special needs in any of the following areas:

- | | | |
|---|--|---|
| <input type="checkbox"/> Auditory impairment | <input type="checkbox"/> Learning disability | <input type="checkbox"/> Chronic pain |
| <input type="checkbox"/> Speech impairment | <input type="checkbox"/> Mental impairment | <input type="checkbox"/> Spinal injury Level: _____ |
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Psychological/ Emotional impairment | <input type="checkbox"/> Laminectomy/fusion Level _____ |
| <input type="checkbox"/> Sensory/ Tactile Defensiveness | <input type="checkbox"/> Hydrocephalus | <input type="checkbox"/> Spinal abnormality |
| <input type="checkbox"/> Allergies/asthma | <input type="checkbox"/> Cardiac disease | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Pulmonary disease | <input type="checkbox"/> Circulatory problems | <input type="checkbox"/> Cranial defects |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Skin Breakdown/ Grafts |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Subluxating/dislocating joints | Other: _____ |
| <input type="checkbox"/> Fractures | <input type="checkbox"/> Arthritis/joint disease | Other: _____ |
| <input type="checkbox"/> Scoliosis Degree and type _____ | | |
| <input type="checkbox"/> Kyphosis/lordosis: Degree and type _____ | | |
| <input type="checkbox"/> Recent or Prospective Surgery _____ | | |

Patient achieves mobility by (check all that apply): Independent ambulation Wheelchair Walker

Electric wheelchair Crutches Braces Cane Other _____

Type(s) of prostheses/orthotics used by patient: _____

Are there any other special precautions or needs of this patient you would like to advise us of at this time?

If Diagnosis is Down Syndrome, rider must have cervical x-ray for Atlantoaxial subluxation after age 3
X-Ray Result: Positive Negative Date of X-ray _____ Are symptoms of AAI present now? Y N
I have examined _____ and I certify that there are no signs of change or decrease in
neurologic function at this time. **Physician initials** _____

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities. I understand Front Range Exceptional Equestrians will weigh the medical information given against the existing precautions and contraindications. Therefore I refer this person to Front Range Exceptional Equestrians for ongoing evaluation to determine eligibility for participation in equine assisted activities.

Signature of Physician _____ Date _____

Physician's Name (please Print) _____ Office Phone Number _____

Office Address City. State, ZIP _____

CONTRAINDICATIONS and PRECAUTIONS to Therapeutic Horseback Riding

Any prospective therapeutic riding client having any of the following contraindications may not be allowed to participate in riding classes due to the risk of severe injury or death because of their condition. Any riding client having any of the following precautions/ contraindications must be evaluated to determine if a safe and beneficial riding experience can be provided for them. All clients must have their physician's permission to participate.

Contraindications

ORTHOPEDIC

Coxa arthrosis (degeneration of hip joint, hip dislocation, subluxation, dysplasia with significant restriction or asymmetry of hip abduction and ROM)
Pathological fractures
Osteoporosis—moderate to severe
Spinal fusion-organic or operative, with insufficient spinal mobility
Atlantoaxial Instability (**See note below**)
Spinal Instability producing excessive uncontrolled head and neck movements
Internal Spinal Stabilization Devices
Structural Scoliosis greater than 30 degrees

NEUROLOGIC

Spina Bifida (Hydromyelia, Chairi II Malformation, Tethered Cord)
Spinal Cord Injury above T6
Seizure Disorders (Uncontrolled Grand Mal type)
Hydrocephalus/Shunt with poor head control
Complete quadriplegia secondary to spinal injury

MEDICAL/SURGICAL

Acute arthritis
Acute Multiple Sclerosis
Agitation with severe confusion
Recent surgery
Anti-coagulant medication
CVA secondary to unclipped aneurysm or similar conditions
Open decubital ulcer/wound on weight bearing surface
Excessive kyphosis, lordosis or hemi vertebrae with decreased spinal mobility
Drug dosages causing physical symptoms
Unstable spine for any reason
Rider body weight exceeding 200 pounds

Also, any client / rider the staff is not completely comfortable, competent, and safe working with or who demonstrates grossly disruptive behavior.

Precautions

All conditions listed above can also fall into this category depending of the severity of the condition and current treatment. Each client/rider will be evaluated on an individual basis to determine if a safe and beneficial riding experience can be provided for them. In addition, the following conditions should also be considered precautions to riding therapy:

Allergies/ Asthma (horse hair, dust, etc.)	Obesity
Abnormal fatigue	Peripheral vascular disease
Age-related considerations	Poor endurance
Behavior	Varicose veins
Cancer	Recent surgery
Diabetes	Substance abuse
Hypertension	Recent dorsal rhizotomy (3 months-1 year)
Heart /cardiac conditions	Skin grafts
History of skin breakdown	Sensory deficits
Incontinence	Indwelling catheters

**** All riders with Down Syndrome must be examined by a physician knowledgeable about Atlantoaxial instability (AAI). The exam must include full extension and flexion x-rays of the neck. The results of the x-ray and examination must demonstrate that the individual does not have the Atlantoaxial instability condition. The rider with Down Syndrome must also annually, provide information from his/her physician clearly indicating the absence of neurologic symptoms by clinical exam.**