

Trinity Equestrian Center - Physician Release

PATIENT NAME: _____ DATE: _____

CONTRAINDICATION

The presence of a contraindication makes this activity inappropriate. Few contraindications are clear-cut. A contraindication may be permanent. For instance, some activities may never be appropriate for certain participants due to safety or health concerns. A contraindication may be temporary. Activities may only be contraindicated until appropriate conditions exist at a center or until a participant's health condition improves enough to make participation safe. If a particular activity is contraindicated, alternative equine activities may be explored. For example, if riding is contraindicated, driving or unmounted sessions may be appropriate and beneficial.

Contraindication:

- Children under the age of three
- Neurologic symptoms of atlantoaxial instability
- Significant AAI measurement as determined by the physician
- Excessive head/neck instability with or without a helmet
- Complete spinal cord injury above T-6
- Inability to position participant in midline
- uncontrolled asthma, seizures

DIAGNOSIS

PRIMARY DIAGNOSIS: _____ DATE OF ONSET: _____

SECONDARY DIAGNOSIS: _____ DATE OF ONSET: _____

PAST/PROSPECTIVE SURGERIES: _____

SHUNT PRESENT: Yes No IF YES, DATE OF LAST REVISION: _____

SEZURES: Yes No CONTROLLED: Yes No DATE OF LAST SEIZURE: _____

MEDICATIONS AND WHAT ARE THEY FOR:

AMBULATION: Independant Assisted Wheelchair

INCONTINENCE: Yes No TETANUS SHOT: Yes No DATE: _____

SPECIAL PRECAUTIONS:

CHALLENGES

AUDITORY: Yes No COMMENT: _____

VISUAL: Yes No COMMENT: _____

SPEECH: Yes No COMMENT: _____

CARDIAC: Yes No COMMENT: _____

CIRCULATORY: Yes No COMMENT: _____
PLUMONARY: Yes No COMMENT: _____
NEUROLOGICAL: Yes No COMMENT: _____
MUSCULAR: Yes No COMMENT: _____
ORTHOPEDIC: Yes No COMMENT: _____

LEARNING DISABILITY OR EMOTIONAL/BEHAVIORAL DISORDER:

Yes, in my opinion this patient can participate in the Trinity Equestrian Center Therapeutic Riding Program, under appropriate supervision

No, in my opinion this patient should not participate in the Trinity Equestrian Center Therapeutic Riding Program.

GENERAL COMMENTS:

AUTHORIZATION

PATIENT NAME (Please print): _____

ADDRESS: _____

PHONE: _____

PHYSICIAN SIGNATURE: _____ DATE: _____

PLEASE NOTE: FOR INDIVIDUALS WITH DOWN SYNDROME ONLY

Because of the nature of the horseback riding activity, no individual diagnosed with Down Syndrome can be accepted for riding instruction without the proof of a negative diagnostic X-ray for Atlantoaxial Dislocation Condition.

Physician's Acknowledgement:

I have X-rayed this patient for Atlantoaxial Dislocation Condition and the results are negative. In addition, this patient does not display signs or symptoms of ADC and may participate in the Trinity Equestrian Center Therapeutic Riding Program.

DATE OF LAST X-RAY: _____

PATIENT SIGNATURE: _____ DATE: _____