

Front Range Exceptional Equestrians

Phone (970) 443-5124 PO Box 272452 Ft, Collins, CO 80527-2452



PARTICIPANT'S MEDICAL HISTORY/PHYSICIAN'S CONSENT

Today's Date _____

Participant's Name _____ Participant's DOB _____ Primary 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 _____

Patient's Current 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 _____		

Kyphosis/lordosis: Degree and type _____

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: _____

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(Health History and Physician's Consent Cont.)

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_____

Physician's Name (please Print)_____

Date_____

Office Phone Number_____

Office Address, City, State, and Zip

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CONTRAINDICATIONS and PRECAUTIONS to Adaptive Horseback Riding

Any prospective participant having any of the following contraindications may not be allowed to participate in lessons/classes due to the risk of severe injury or death because of their condition. Any participant the staff feels is not completely competent or that they do not feel comfortable and safe working with, or who demonstrates grossly disruptive behavior. Any participant 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, Chiari 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

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 adaptive horsemanship and riding:

Allergies/ Asthma (horse hair, hay, dust, etc.)

Abnormal fatigue

Age-related considerations

Behavior

Cancer

Diabetes

Hypertension

Heart /cardiac conditions

History of skin breakdown

Incontinence

Obesity

Peripheral vascular disease

Poor endurance

Varicose veins

Recent surgery

Substance abuse

Recent dorsal rhizotomy (3 months-1 year)

Skin grafts

Sensory deficits

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 provide information from his/her physician annually, clearly indicating the absence of neurologic symptoms by clinical exam.**