



## Physician's Approval Form

A physician's approval is required of any rider with a diagnosis

**Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Patient's height:** \_\_\_\_\_ **Patient's weight:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip code

**Diagnosis:** \_\_\_\_\_ **Date of onset:** \_\_\_\_\_

**Mobility: Independent Ambulation:** \_\_\_ Y \_\_\_ N ; **Assisted Ambulation:** \_\_\_ Y \_\_\_ N  
**Braces/Assistive Devices:** \_\_\_\_\_

**For Clients with a diagnosis of Down Syndrome:**

**AtlantoAxial X-Ray, date:** \_\_\_\_\_ **Result for subluxation:** \_\_\_ Positive \_\_\_ Negative

**Neurological Symptoms of AtlantoAxial Instability:**

**Please indicate any special concerns in the following areas, including surgeries:**

Area	yes	no	comment
auditory			
visual			
speech			
cardiac			
circulatory			
pulmonary			
neurological			
muscular			
orthopedic			
allergies			
learning disabilities			
mental impairment			
psychological impairment			
other			

**In my opinion, this patient can receive riding instruction under appropriate supervision.**

**Precautions or restrictions to therapeutic horseback riding** \_\_\_\_\_

**Physician's name (print please):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip code

**\*\*Physician's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please print & sign

\*\*Form must be signed by the physician

## Information for Physicians

The following conditions, if present may represent precautions or contraindications to equine assisted activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree. If you have any questions or concerns, please feel free to contact us at 978.475.4056.

### **Contraindications:**

Indwelling Catheter

### **Orthopedic:**

Spinal Joint Fusion/Fixation

Spinal Joint Instabilities/Abnormalities

Atlantoaxial Instabilities (incl. Neurological symptoms)

Joint Subluxation/Dislocation

Osteoporosis

Pathological Fractures

Coxas Arthrosis

Heterotopic Ossification/Myositis Ossification

Osteogenesis Imperfecta

Spinal Orthoses

Internal Spinal Stabilization Devices

### **Neurological:**

Hydrocephalus/Shunt

Spina Bifida

Tethered Cord

Chiari II Malformation

Hydromyelia

Seizure Disorders

Multiple Sclerosis

### **Medical /Psychological:**

Allergies

Hemophilia

Cardiac Condition