LOVE for Therapeutic Riding
PO Box 1883
Beaufort, SC 29901

843-252-1232 LOVE4TR@islc.net
www.LOVEforTherapeuticRiding.org
Tax ID 26-2965095
a faith-based, non-profit program

Special Olympics South Carolina

PATH INTERNATIONAL Professional Association of Therapeutic Horsemanship International —MEMBER—

RIDER Medical History & Physicians' Statement
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Participant Name:	Date of Birth:	Sex:	Race:	Height	Weight:
Name / Address of Guardian:			Tetanus Shot: YES NO Date:		
Diagnosis:			Date of Onset:		
Medications:					

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

AREA	YES	NO	COMMENTS	AREA	YES	NO	COMMENTS
Auditory				Muscular			
Visual				Independent Ambulation			
Speech				Crutches			
Allergies				Braces			
Cardiac				Wheelchair			
Circulatory				Neurological			
Learning Disability				Orthopedic			
Mental Impairment				Pulmonary			
Psychological Impairment				Other			
Seizures			Type:	Controlled:			Date of Last Seizure:

** Please complete required information on page 2 for SEIZURE patients ** See Page 2 for list of precautions and contraindications

ATLANTO-AXIAL INSTABILITY ASSESSMENT FOR PATIENTS WITH DOWN SYNDROME

If the patient has Down syndrome a full radiological examination establishing the absence of Atlanto-axial Instability is REQUIRED before they may participate in equestrian activities which, by their nature, may result in hyperextension, radical flexion or direct pressure on the neck or upper spine.

Yes No

☐ ☐ Has an x-ray evaluation for atlanto-axial instability been done? DATE of X-RAY _____

☐ ☐ If yes, was it positive for atlanto-axial instability? (positive indicates that the atlanto-dens interval is 5mm or more)

If this X-Ray is more than 1 year old Please state the result of the most recent visual examination conducted within the past six months:

☐ The client has not had a timely physical examination and so cannot at this point be so certified.

☐ The client's annual physical examination reveals no symptoms of AAI

☐ The client's annual physical examination shows symptoms of AAI. Riding is CONTRAINDICATED.

I have reviewed the attached list of conditions which may present precautions and contraindications to therapeutic horseback riding on page 2, to my knowledge there is no reason why this person cannot participate in supervised equestrian activities:

Physician's signature _____ Date of Exam: _____

Physician's Name (print) _____ Physician's Phone: _____

Address: _____ Physician's Fax: _____

LOVE for TR
Phone: 843-252-1232 ♦ LOVE4TR@islc.net

RIDER Medical History & Physicians' Statement
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SEIZURE DISORDER PARTICIPANTS

NARHA, recommends the following information for NARHA Operating Centers for riders with seizure disorders.
Would you consider _____'s seizures to be:

☐ Completely controlled ☐ Very well controlled ☐ Fairly controlled by medication

Type of seizure:	
Typical aura:	
Typical motor activity during seizure:	
Description of client's behavior during post-ictal state:	Post-ictal state duration:
Specific directions as to what to do if a seizure should occur at LOVE for TR:	
Physician's Signature	Date:

INFORMATION FOR PHYSICIAN

The following conditions, if present, may represent precautions or contraindications to therapeutic horseback riding. Therefore, when completing this form, 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

NEUROLOGIC
Hydrocephalus/shunt
Spina bifida
Tethered Cord
Chiarl Malformation
Hydromyelia
Paralysis due to Spinal Cord Injury
Seizure Disorders

SECONDARY CONCERNS
Behavior Problems
Age under 4 years
Age 4-5 years
Acute exacerbation of chronic disorder
Indwelling catheter

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