

Rider's Medical History and Physician's Statement

(To be completed annually)

Safety Issues and Limitations:

The safety of all riders, horses and staff is very important during MTRA's riding/driving classes and horse related activities.

An individual's unique weight/height/balance ratio plays an integral part in determining his/her ability to safely ride or drive an equine. Regardless of other conditions and/or limitations, the MTRA's Program Coordinator can prohibit a student from participating in horse related activities.

Physical Exam Considerations:

The following conditions, if present, may represent precautions or contraindications to therapeutic horseback riding/driving. Therefore, when completing this form (page 2), please note whether these conditions are present, and to what degree.

Orthopedic

Atlantoaxial Instability
Scoliosis
Kyphosis
Lordosis
Joint Subluxation and Dislocation
Osteoporosis
Pathologic Fractures
Coxs Arthrosis
Heterotopic Ossification
Myositis Ossificans
Osteogenesis Imperfecta
Cranial Deficits
Spinal Joint Abnormalities
Spinal Joint Fusion/Fixation
Spinal Joint Instability

Medical/Psychological

Allergies
Animal Abuse
Cardiac Condition
Physical/Sexual/Emotional Abuse
Blood Pressure Control
Exacerbations of medical conditions
Dangerous to self or others
Fire Settings
Hemophilia
Medical Instability
Migraines
Diabetes
Respiratory Compromise
Recent Surgeries
Substance Abuse
Weight Control Disorders

Neurologic

Hydrocephalus/shunt
Spina Bifida
Tethered Cord
Cranial Malformation
Hydromyelia
Seizure Disorder
Chiari II Malformation

Other Concerns

Behavior problems
Age under four years
Indwelling catheter
Poor Endurance
Skin Breakdown

Although all riders are required to obtain a medical release from their physician, the final decision regarding the contraindication of any medical condition rests with MTRA's Program Coordinator. If, in the opinion of the Program Coordinator, there is an unacceptable possibility of injury should the rider experience a fall or sudden change of gait the rider will be prohibited from participation.

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Name: _____ Date of Birth: _____

Name of Parent/Guardian _____

Address: _____ Height _____ Weight: _____

Diagnosis: _____ Date of onset: _____

For Persons with Down Syndrome:

☐ Negative Cervical X-ray for Atlantoaxial Instability. X-ray date: _____

Age of participant at time of X-ray _____

(Subsequent x-rays as required by participant's physician)

☐ Negative for clinical symptoms of Atlantoaxial Instability.

Tetanus Shot: ☐ Yes ☐ No Date: _____ Height _____ Weight _____

Seizure Type _____ Controlled _____ Date of last seizure _____

Medications: _____

Please indicate if patient has a problem and/or surgeries in any of the following areas by checking yes or no. If yes, please comment.

Areas	Yes	No	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Skin			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Learning Disability			
Balance			
Emotional/Psychological			
Pain			
Other			

Mobility: Independent Ambulation: ☐ Yes ☐ No Crutches: ☐ Yes ☐ No Braces: ☐ Yes ☐ No

Wheelchair: ☐ Yes ☐ No Please indicate any special precautions: _____

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the therapeutic riding center will weigh the medical information above against existing precautions and contraindications. Therefore, I refer this person the riding center for ongoing evaluation to determine eligibility for participation.

Physician Name (please print) _____

Physician's Signature _____

Address _____ City _____ State _____ Zip _____

Phone _____ Date: _____