



LoveWay, Inc. Equine Assisted Services

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## PHYSICAL FORM FOR THE DOCTOR

Participant's Name \_\_\_\_\_ Participant's School \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Participant Contact #: \_\_\_\_\_ Email: \_\_\_\_\_

### Information below must be filled out by physician.

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Male ( ) Female ( )

Diagnosis/disability: \_\_\_\_\_

Current medical status/condition:

➤ **Date and type of seizures within the last 6 months:**

Precautions and physical limitations: \_\_\_\_\_

For those with Down syndrome: Annual exam for Neurologic Symptoms of Atlantoaxial Instability was

completed on Date \_\_\_\_\_ Symptoms of AAI are: ☐ present ☐ absent

**Horseback riding is an approved activity:** ☐ Yes ☐ No

**Current medications** and the reason they are prescribed. Include over the counter medications. Please use an additional page as needed. \_\_\_\_\_

Additional Comments: \_\_\_\_\_

### Doctor's Office Information & Signature

I understand that the above medical information will be used by LoveWay, Inc. as part of a comprehensive evaluation to determine the extent to which the person will participate in therapeutic horseback riding at LoveWay, Inc.

Printed Name \_\_\_\_\_ MD DO NP PA Other \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

License/UPIN Number \_\_\_\_\_

Office Address \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Participant's Name: \_\_\_\_\_

**LoveWay, Inc.**  
**Contraindications to Therapeutic Horseback Riding**

For medical safety, persons in the following categories are NOT PERMITTED to participate, in accordance with the guidelines established by PATH International.

1. Children under the age of three
2. Excessive weight: Weight limit varies depending on herd. Inquire with Program Director to get current status of limit. Stability issues among the physically disabled will be considered in addition to weight. Student must be able to maintain sitting balance for riding.
3. Students with DOWN SYNDROME must have exam for Neurologic Symptoms of Atlantoaxial Instability.
4. Moderate agitation with severe confusion, aggression or self-abusive behavior.
5. Unstable spine.
6. Lack of neck control
7. Moderate to severe osteoporosis.
8. Uncontrolled seizures within the last 12 months (Seizures accompanied by uncontrollable motor activity).
9. Acute stages of arthritis.
10. Open pressure sores or open wounds.
11. Structural scoliosis greater than 30 degrees. Excessive kyphosis or lordosis, hemi-vertebrae. Exceptions are sometimes made if the patient rides with a supportive spinal brace or rigid body jacket.
12. Drug dosages causing a physical state inappropriate to safe riding.
13. Hemophilia
14. Hip subluxation and or dislocation.
15. Coxa Arthrosis (degeneration of the hip).
16. Spondylolisthesis.
17. Acute herniated disk.
18. Spinal fusion within one-year post surgery. Includes Harrington rods.
19. Juvenile Kyphosis (Scheurman) in the acute phase.
20. Patient on medication that affects the coagulation of blood.
21. CVA caused by aneurysm with spontaneous bleeding if not surgically removed; or presence of other aneurysms; CVA from angioma of brain if not totally surgically removed, or a known embolus or thrombus.
22. Heterotropic ossification in the hip resulting in inadequate range of motion.
23. Osteogenesis Imperfecta.
24. Hydrocephalus or cranial deficits if helmet cannot offer complete protection.
25. Tethered Cord, Hydromyelia or development of Chiari II malformation symptoms associated with Spina Bifida.
26. Spinal Cord Injury above T-6.
27. Poor endurance if fatigue persists well after riding session and impairs function.
28. Uncontrolled diabetes or medically unstable conditions associated with diabetes.
29. Peripheral Vascular Disease (PVD) if indication of skin damage due to riding.
30. Severe cases of Varicose Vein.
31. Uncontrolled hypertension.
32. Serious heart condition.
33. Disorders in exacerbation
34. Persons with indwelling catheter.
35. Post surgery riding only:
  - a. Status - post tendon lengthening 8 to 10 weeks
  - b. Status – post fracture/osteotomy 6 to 8 weeks
  - c. Status – post rhizotomy 3 to 12 months

☐ I have read the above list and maintain that this patient DOES NOT currently have any disorder that is a contraindication to therapeutic horseback riding.

☐ I have read the above list and maintain that this patient DOES currently have one or more disorder that is a contraindication to therapeutic horseback riding. Please circle all that apply.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date