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## Physician Form

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

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

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

**ALL information below info MUST be filled out by Physician.**

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

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

Current medical status/condition: \_\_\_\_\_

Seizure activity in past 6 mos.?  YES  NO (date and type): \_\_\_\_\_

List ALL precautions and physical limitations: \_\_\_\_\_

For those with Down syndrome: Note date of last Annual exam for Neurologic Symptoms of Atlantoaxial Instability.

Date: \_\_\_\_\_ Symptoms of AAI are:  present  absent

**Please check all physician approved activities:**  Mounted – participant rides a horse  
 Unmounted – participant working w/ horse on the ground  
 None – participant is not approved for any programming

List ALL Current medications and reason they are prescribed. Include over the counter medications May Use additional page.

\_\_\_\_\_  
\_\_\_\_\_

**Physician'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 LoveWay programming.

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 safety reasons, the following contraindications are a precaution to participation, in accordance with guidelines established by PATH Intl. Participation in programming is at the discretion of LoveWay if any condition below is present.

- Children under the age of four
- Excessive weight: Weight limit varies depending on current herd. Stability issues among the physically disabled will be considered in addition to weight. Student must be able to maintain sitting balance for riding.
- Students with DOWN SYNDROME must have exam for Neurologic Symptoms of Atlantoaxial Instability.
- Behaviors that make participation in the program unsafe (e.g.) moderate agitation with severe confusion, aggression or self-abusive behavior)
- Respiratory compromise (e.g asthma, MD with breathing affected, allergic reactions)
- Lack of head, neck, and trunk control
- Moderate to severe osteoporosis
- Uncontrolled seizures within the last 12 months (Seizures accompanied by uncontrollable motor activity)
- Acute stages of arthritis.
- Open pressure sores, open wounds, or recent skin graft.
- Moderate or severe scoliosis or inability to achieve a full upright posture.
- Drug dosages causing a physical, emotional, or mental state that leads to safe participation. Active substance abuse.
- Hemophilia
- Amputations
- Hip subluxation and or dislocation.
- Coxarthrosis, degeneration of the hip, or joint replacements
- Spondylolisthesis
- Acute herniated disk
- Spinal fusion within one-year post surgery. Includes Harrington rods
- Juvenile Kyphosis (Scheurman) in the acute phase
- Medication that affects the coagulation of blood
- Cerebral vascular attack (CVA)
- Inadequate or limited range of motion or contractures in any joint (e.g.due to heterotrophic ossification or arthrogryposis)
- Osteogenesis Imperfecta or moderate to severe osteoporosis.
- Hydrocephalus or cranial deficits in which helmet cannot offer complete protection.
- Tethered Cord, Hydromyelia or development of Chiari II malformation symptoms associated with Spina Bifida.
- Spinal Cord Injury above T-6.
- Poor endurance leading to fatigue that persists well after riding session and impairs function.
- Uncontrolled diabetes or medically unstable conditions associated with diabetes.
- Peripheral Vascular Disease (PVD)
- Severe cases of Varicose Vein.
- Uncontrolled hypertension.
- Serious heart condition.
- Disorders exacerbated or that result in increased pain due to participation.
- Persons with indwelling catheter.
- 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 all present disorders or conditions for this patient are checked.

Initials

Nothing checked means that **none of the above** conditions or disorders are present.