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Physician Form

Updated 4/28/2023

Participant Info

Participant's Name: _____ Date of Birth: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Contact Phone: _____ Contact Email: _____

Medical Info

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

Age: _____ Height: _____ Weight: _____ Gender: _____

Diagnosis/Disability: _____

Current medical status/condition: _____

List ALL precautions and physical limitations: _____

List any adaptive equipment used: _____

List ALL current medications and reason they are prescribed, including OTC medications (Attach list if needed):

Seizure activity in past 6 months? No Yes Date: _____ Type: _____

- 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

For those with Down Syndrome, note date of last annual exam for Neurological Symptoms of Atlantoaxial Instability:

Date of Exam: _____ Symptoms of AAI are: Present Absent

Physician's Office Info

I understand that the above medical information will be used by LoveWay 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: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Participant's Name: _____

Date: _____

Contraindications to Equine Assisted Services

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 people with disabilities 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 Neurological 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
- 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 unsafe participation
- Active substance abuse
- Hemophilia or medication that affects the coagulation of blood
- 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
- Cerebral vascular attack (CVA)
- Inadequate or limited range of motion or contractures in any joint (e.g. due to heterotrophic ossification or arthrogyrosis)
- 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:
 - Status – Post tendon lengthening 8 to 10 weeks
 - Status – Post fracture/osteotomy 6 to 8 weeks
 - 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
Initial Here checked. Nothing checked means that **none of the above** conditions or disorders are present.