Phone: 574-825-5666
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Physician Form

Updated 1/30/2025

Participant Info

Participant's Name: _____ Date of Birth: _____

Contact Phone: _____ Contact Email: _____

Medical Info

ALL INFORMATION BELOW MUST BE FILLED OUT BY THE PHYSICIAN TO BE ACCEPTED

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

Diagnosis/Disability: _____

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

Seizure 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 diagnosis:

Note the date of last annual exam for Neurological Symptoms of Atlantoaxial Instability and if symptoms were present or absent.

Date of AAI 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. I understand that the riding center will weigh this medical information against the existing precautions and contraindications. Therefore, I refer this person to the riding center for ongoing evaluation to determine eligibility for participation.

Printed Name: _____ ☐MD ☐DO ☐NP ☐PA ☐Other: _____

Doctor's Signature: _____ Date: _____

License/UPIN Number: _____

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

Phone: _____ Fax: _____

► Don't forget to review page 2 and initial at the bottom ◄

Participant's Name: _____ Date: _____

Contraindications to Equine Assisted Services

For safety reasons, the following are precautions and/or contraindications 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 6 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 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:
  - 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 checked. Nothing checked means that **none of the above** conditions or disorders are present.

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