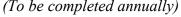




Valley Riding, Inc. Physician's Statement (To be completed annually)





Valley Riding, Inc. 19901 Puritas Ave. Cleveland, OH 44135 216-267-2525 216-267-9743 (fax)

Name:			Date of Birth:
Address:			
Name of Parent/Guardian:			
Diagnosis:			Date of Onset:
•• For <i>Persons with Down</i> . Negative Cervical Negative for clinica	Syndrome X-ray fo	e: r Atlanto ms of A	toaxial Instability. X-ray date Atlantoaxial Instability. Height Weight
			Date of last seizure
Medications			
Areas	Yes	No	Comments
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Learning Disabilities			
Mental Impairment			
Psychological Impairment			
Other			
Mobility: Independent Amb	ulation [\	Yes No	o Crutches Yes No Braces Yes No
Wheelchair Tyes No Please indicate any special precautions:			
However, I understand that the existing precautions and conflicensed/credentialed health peffective equestrian program. Physician Name (please print	he therape traindicat profession	eutic rid ions. I o nal (e.g.	person cannot participate in supervised equestrian activities. ling center will weigh the medical information above against the concur with a review of the person's abilities/limitations by a . PT, OT, Speech, Psychologist, etc.) in the implementing of an City State Zip Date
Address			State Zip
Phone			Date

Information for Physician

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

Orthopedic

Spinal Fusion

Spinal Instabilities/Abnormalities

Atlantoaxial Instabilities

Scoliosis

Kyphosis

Lordosis

Hip Subluxation and Dislocation

Osteoporosis

Pathologic Fractures

Coxas Arthrosis

Heterotopic Ossification

Osteogenesis Imperfecta

Cranial Deficits

Spinal Orthoses

Internal Spinal Stabilization Devices

Neurologic

Hydrocephalus/shunt Spina Bifida

Tethered Cord

Chiari II Malformation

Paralysis due to Spinal Cord injury

Seizure Disorders

Medical/Surgical

Allergies

Cancer

Poor Endurance

Recent Surgery

Diabetes

Peripheral Vascular Disease

Varicose Veins

Hemophilia

Hypertension

Serious Heart Condition

Stroke (Cerebrovascular Accident)

Secondary Concerns

Behavior problems

Age under two years

Age two – four years

Acute exacerbation of chronic disorder

Indwelling catheter