

**RideAbility: Student's Medical History and Permission**

Current Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Tetanus Shot: \_\_ No \_\_ Yes, Date: \_\_\_\_\_

Seizures? \_\_ No \_\_ Yes, Type: \_\_\_\_\_ Controlled? \_\_\_\_\_ Date of last seizure \_\_\_\_\_

Please describe frequency, extent and duration: \_\_\_\_\_

Shunt present? \_\_ No \_\_ Yes: Date of last revision \_\_\_\_\_

Medications (list all medications): \_\_\_\_\_

Specific Problem Areas (please indicate disabilities, surgeries or other problems). For each box check Yes or No:

Yes No Comments (details on extent of problem and precautions to take)

Auditory			
Visual			
Tactile sensation			
Speech			
Cardiac			
Circulatory			
Immune System			
Pulmonary			
Neurological			
Muscular			
Balance			
Orthopedic			
Allergies			Allergic to:
Learning Disability			
Cognitive Impairment			
Emotional/Psychological			
Pain			
Other			

Essential Oils (Can this student use Essential Oils while at RideAbility?): \_\_ YES, great! \_\_ NO, we prefer not \_\_ NO! Allergies!

Special Precautions (see back for list of precautions): \_\_\_\_\_

If diagnosis is Down Syndrome:  Negative for clinical symptoms of Atlantoaxial Instability.

Mobility: Independent Ambulation? \_\_ Yes \_\_ No Description of special devices: \_\_\_\_\_

Braces? \_\_ Yes \_\_ No Crutches? \_\_ Yes \_\_ No Wheelchair? \_\_ Yes \_\_ No

To my knowledge the above medical information is complete and accurate. My signature – as parent/guardian or participant – indicates permission for above named student to participate in the RideAbility equine activity program. I understand that activities which include large animal livestock (especially horses) have inherent risk of physical injury and I will help to see that all safety precautions are followed carefully. I give permission for the above medical information to be viewed by RideAbility staff and volunteers as needed.

Name of Parent/Guardian/Participant (please print): \_\_\_\_\_

Parent/Guardian or participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This patient's health history has been reviewed. To my knowledge, there are no apparent contraindications to participating in an appropriate and supervised equine activity, except as specified on this form or attachments.**

Name of Physician (please print): \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A team of people from RideAbility {which may include instructor(s), therapist(s), sidewalker(s), board member(s), parent(s), caregiver(s) or volunteer(s)} have reviewed the above medical information and will use this in implementing an effective equine activity program.

Name of RideAbility representative (please print): \_\_\_\_\_

RideAbility signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Information:** The following conditions, if present, may represent extra **precautions** for individuals during horseback riding. Therefore when completing this form, please note whether these conditions are present, and to what degree.

**Orthopedic:**

Atlantoaxial Instabilities - with neurological symptoms  
Scoliosis  
Kyphosis  
Lordosis  
Joint Subluxation and Dislocation  
Osteoporosis  
Pathologic Fractures  
Coxas Arthrosis  
Heterotopic Ossification/Myositis Ossification  
Osteogenesis Imperfecta  
Cranial Deficits  
Spinal Joint Fusion/Fixation  
Spinal Joint Instabilities/Abnormalities  
Spinal Orthoses  
Internal Spinal Stabilization Devices

**Neurologic:**

Hydrocephalus/Shunt  
Spina Bifida  
Tethered Cord  
Chiari II Malformation

Hydromyelia  
Paralysis due to Spinal Cord Injury  
Seizure Disorder, severe or uncontrolled

**Medical/Surgical/Psychological:**

Allergies  
Animal abuse  
Physical/Emotional/Sexual Abuse  
Cancer  
Cardiac Condition  
Recent Surgery  
Diabetes  
Peripheral Vascular Disease (PVD)  
Hemophilia  
Hypertension (Blood pressure control)  
Respiratory Compromise  
Stroke (Cerebrovascular Accident)  
Medical instability  
Exacerbations of medical conditions (i.e., RA, MS)

**Secondary Concerns:**

Age under 2 years, or two - four years  
Indwelling catheter/ Medical equipment  
Poor Endurance  
Skin Breakdown  
Behavior problems  
Migraines

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**Therapeutic Horseback Riding:** Therapeutic horseback riding has its roots in Scandinavia and in Great Britain. The North American Riding for the Handicapped Association (NARHA) was established in 1969 and (renamed to PATH Intl.) currently sets the national safety standards and guidelines for equine assisted activities and therapies in the United States, Canada and other countries.

**What is RideAbility?** *RideAbility* began in 1997 with the goal of teaching children with disabilities to ride horses and to gain a sense of confidence and achievement in doing so. *RideAbility* is a volunteer intensive effort that includes the combined efforts of horse owners, horseback riding instructors, physical therapists, occupational therapists, speech language pathologists and families. Three volunteers are required per rider and they help to keep the session safe. One volunteer leads the horse. Two volunteers act as sidewalkers. The sidewalkers walk one on each side of the horse, and they hold on to the student rider with an arm resting across the rider's thigh or trunk to provide support and assist with balance as necessary. The children served have a various range of disabilities including cerebral palsy, spina bifida, pervasive developmental disorder, Down's Syndrome and many more.

**What are some benefits of Therapeutic Horseback Riding?** Therapeutic horseback riding provides many beneficial experiences for children with disabilities. The gentle and rhythmic pelvic motion of the horse translates up to the rider a pattern of movement in the trunk and pelvic that closely mimics normal human gait. As a result excessive tone is often normalized allowing a greater range of motion in the rider. Many children with tight and spastic muscles are able to tolerate the stretching better on horseback. The normal straddled riding position for example provides a long sustained stretch to the adductors, a muscle group often tight in children with cerebral palsy.

Therapeutic horseback riding also provides a great opportunity for strengthening as well as improving balance reactions. The turning, acceleration, and deceleration of the horse makes the participant learn to weight shift and contract different muscles of the trunk. Balance can be further challenged with reaching, catching and throwing games as well as riding in different positions such as backward-facing. Mounting and dismounting the horse help to strengthen the lower extremities.

Many sensory experiences are also to be had by a participant in therapeutic horseback riding. These experiences include: exposure to new textures as children stroke and help groom the horse; new proprioceptive inputs as a child rides with their hands on the saddle, gripping the reins or hugging the horse; and vestibular inputs as the horse changes directions, speed or the child changes positions on the moving horse.

Check out our website at [www.rideability.org](http://www.rideability.org) for more information on the wonderful benefits of RideAbility!