

C.H.U.M. Therapeutic Riding Inc. – Children and Horses United in Movement

Down's Syndrome Rider Evaluation

(To be signed and dated by parent/guardian and/or adult rider as well as examining physician)

Name _____

Address _____

There is increasing evidence from medical research that up to 10 percent of individuals with Down's Syndrome suffer from a condition known as Atlanto-Axial Dislocation, which is a malalignment of cervical vertebrae C-1 and C-2 in the neck. This condition exposes Down's Syndrome individuals to the possibility of injury if they participate in activities that hyperextend or radically flex the neck muscles. Due to the nature of the activity of horseback riding and sincere concern for the welfare of the students in the program, the C.H.U.M. Therapeutic Riding Inc. program is able to accept an individual with Down's Syndrome for riding instruction only after he/she has been examined (including X-ray views of full extension and flexion of neck) by a physician who has been briefed on the nature of the Atlanto-Axial Dislocation Condition.

Parent/Guardian and/or Adult Rider Consent

I, the undersigned parent/guardian or adult rider, have read and understand the above message and do hereby consent to and authorize the physician's examination, or release of the results if the examination has already been performed, prior to the student's beginning riding instruction.

Parent/guardian or adult rider signature Date

Physician's Statement

On examination of the rider whose name is noted at the top of this page and upon review of the rider's cervical spine X-rays, including full flexion and full extension views, I find the rider has (check one):

No evidence of Atlanto-Axial Dislocation

Positive or equivocal evidence of Atlanto-Axial Dislocation

Physician's signature Date

Please print:

Physician's name _____ **Phone** _____

Address _____

This evaluation is not valid until the date and signature of the parent/guardian or adult rider and the physician is affixed.