

**Therapeutic Horsemanship of West Michigan
DOWN'S SYNDROME RIDER EVALUATION**

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

Student's 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 conditions 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, this program is able to accept an individual with Down's Syndrome for 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 condition restricts the student to dismounted program participation only.

There are a number or contraindications and precautions for participation. Physicians may obtain a current listing upon request.

PARENT/GUARDIAN AND/OR ADULT STUDENT 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 result if the examination has already been performed, prior to the student's beginning riding instruction.

Parent/Guardian/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-ray, 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 Signature _____ Date _____

Please print or type:

Physician's Name _____ Phone (_____) _____ - _____
Address _____ City _____ State _____ Zip _____

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

Note: Michigan Special Olympics Down's Syndrome Athlete Evaluation forms are not accepted by this program.