

MEDICAL RELEASE



BEAMING
EQUINE-ASSISTED SERVICES

**Changing Lives,
One Ride at a Time**

Name of Participant _____
 Date of Birth _____ Age _____
 Gender M F Height _____ Weight _____
 Mobility: Independent Assistive Device _____
 Primary Diagnosis _____
 Date of Onset _____
 Secondary Diagnosis _____
 Date of Onset _____
 Seizures: No Yes Type _____ Date of last seizure _____
 Allergies: No Yes Epipen: No Yes _____
 Asthma: No Yes Inhaler: No Yes _____

As thoroughly as possible, please indicate current or past difficulties/symptoms in the following systems/areas that apply (include surgeries). Please attach a current document listing all medications.

Area	No	Yes	Comments
Auditory			
Visual			
Tactile/Sensory			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine-assisted services. I understand that BEAMING Inc. will weigh the medical information indicated above against any existing precautions and contraindications before accepting this person for mounted equestrian activities. Therefore, I refer this person to BEAMING Inc. for ongoing evaluation to determine eligibility for participation. I have reviewed the CONTRAINDICATIONS on the reverse side of this form. In my opinion this patient has none of these contraindications and may participate in supervised equestrian activities.

Physician Name/Title _____ MD DO PA NP Other _____

Signature _____ **Date** _____

Address _____

Phone _____ License/UPIN Number _____

ATTENTION PHYSICIANS: CONTRAINDICATIONS
PLEASE REVIEW CAREFULLY BEFORE SIGNING AUTHORIZATION
(from North American Riding for the Handicapped 2005)

Allergies

- Known and severe allergies to animals and an equine environment that could cause a medical emergency.
- Bee sting allergy causing anaphylaxis

Atlanto-axial Instability (AI) in Down Syndrome

- Children under the age of 2
- Neurologic symptoms of atlanto-axial instability or positive neurological clinical signs as noted by physician

Mobility Restrictions:

- Contractures or spasticity preventing safe positioning on the horse
- Decreased range of motion with pain, stiffness (Coxa arthrosis, Heterotrophic Ossification/Myositis Ossificans)
- Hip subluxation and dislocation
- Poor postural alignment in the spine, pelvis and/or lower extremities that cannot be corrected by handling techniques or adaptive tack.
- Joint replacements, inability to avoid unsafe positions or activities for that individual.
If the participant cannot be safely supported on the horse due to trunk muscle weakness as in Muscular Dystrophy (MD)/Spinal Muscular Atrophy (SMA).

Head/Neck Control

- Inability to control for excessive head movement during mounted/driving activities.
- Participant is unable to hold their head against gravity with a helmet on during static sitting.
- If use of a helmet causes significant strain to the neck muscles and impairs head control.
- If the participant is positive for atlanto-axial instability with or without neurologic signs. (See Atlanto-axial Instability)

Medical Conditions

- Significant or prolonged fatigue or pain following the equine activity that can exacerbate the condition.
- If overexertion heightens the disease progression
- Uncontrolled hypertension
- During periods of exacerbation of neuromuscular disorders such as Multiple Sclerosis
- If physical exertion, or the environment will make breathing more difficult while doing the activity or for any time following.
- Appearance or worsening of neurologic symptoms in condition such as Spina Bifida, tethered cord, Chain II malformation
- Current asthma diagnosis

Extreme Behaviors

- Extreme behaviors that are unsafe and/or unable to be controlled
- Serious alterations in mental status including delirium, dementia, dissociation, psychoses or severe confusion.
- Active conditions with behaviors or fire setting, self-abuse, animal abuse, sexual abuse, suicidal thoughts or aggression without direct support of a mental health professional.

Cranial Defects

- If an ASTM/SEI helmet for equestrian activities cannot offer complete protection to the head.

Diabetes

- Uncontrolled diabetes and/or associated medically unstable conditions.

Obesity

- If the staff is unable to safely manage the participant in any situation, including an emergency dismount and/or is at risk for harming themselves or the participant.
- If safety or comfort of the equine is compromised during mounted activities potential resulting in a fight or flight response which in turn could harm the staff or participant.

Equipment Medical Devices/Casts

- If horse is unable to adapt & rider unable to go without
- Female participants with indwelling catheters

Hemophilia (Hemophilia B/ Von Willebrand Disease)

- Severe hemophilia (<1% Factor) and/or a history of bleeding episodes

Infectious Disease

- If the participant is positive for any infectious disease with or without apparent symptoms.

Osteogenesis Imperfecta (OI)

- Moderate to severe OI with recent fractures, significant scoliosis or poor head/trunk control.

Osteoporosis

- Moderate to severe osteoporosis
- A history of fractures
- Pain with activity, particularly of the spine

Pathologic Fractures

- Recurrent pathologic fractures without successful treatment of the underlying medical cause.

Peripheral Vascular Disease (PVD)

- If skin damage is present, particularly in a weight bearing area. Redness, swelling or pain persists > 15-20 minutes after mounted activities and accommodation cannot be made.

Seizure Disorder/Epilepsy

- Recent seizure activity accompanied by strong, uncontrollable motor activity or atonic or "drop attack" seizures due to sudden and complete loss of postural muscle tone.
- A change of frequency or type of seizure until the condition is evaluated
- Inability to manage a participant during an emergency dismount should a seizure occur.

Skin Breakdown

- Open skin areas on a weight bearing surface or on a surface that may be subject to friction (buttock, inner thighs, calves, hands, etc.)
- Recent skin grafts over an area of weight bearing or friction. A release from physician is required to resume mounted activities

Spinal Cord Injury (SCI)

- Complete spinal cord injury above T-6 without adaptive tack that can assist in stabilization without interference to the movement of the equine and with quick release hardware.

Spinal Curvature

- If the activity produces lasting pain.
If there is not enough spinal mobility to accommodate the movement of the equine.
- If the spinal curvature is getting worse over time.
 - Aggravation to compromised pulmonary function, heart function, circulation, and/or skin breakdown.
 - Moderate or severe scoliosis or inability to achieve a full upright posture.

Spinal Fusion/Fixation

- If there is insufficient mobility in the spinal joints above and below the fixation/fusion to accommodate the movement of the equine.
If there is a pre-existing condition of severe degenerative joint disease in the remaining mobile spinal joint.
If there is significant pain.
If the physician has not released participant for post-surgical participation indicating a solid bony fusion/fixation.

Spinal Orthoses

Use of a rigid chin support attached to the spinal orthosis.

Substance Abuse/Drug or Alcohol Dependence

Active substance abuse.

Surgical Procedures – Recent pending release for equine activity.