



## SCOLIOSIS DISCLOSURE

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### TO BE COMPLETED BY PARTICIPANT'S MEDICAL PERSONNEL:

It is the policy of BraveHearts to consider scoliosis as either a precautionary condition or a contraindication for participation in services at BraveHearts. It is our policy to verify that the participant be able to tolerate the movement during the session without any negative repercussions.

#### Precaution:

- The spine should have enough flexibility to accommodate the movement of the equine assisted service.
- Activities and services must be monitored and adjusted to not further exaggerate the curve.

#### Contraindication:

- 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

Equine assisted services can increase a scoliotic curve causing greater functional compromise. Therefore, it is the policy of BraveHearts that if a participant has an **existing 30-degree or more** scoliotic curve, this is a contraindication for equine assisted services, and equine assisted services will not be provided.

If the scoliotic curve is progressing based on annual x-ray, BraveHearts reserves the right to discharge the participant based on professional judgement that the benefits no longer outweigh the risks. BraveHearts reserves the right to require additional x-rays. BraveHearts also reserves the right to discharge the participant based on professional judgement regardless of degree of curvature.

Date of most recent x-ray: \_\_\_\_\_

Degree of curvature (please list actual numeric degree): \_\_\_\_\_

Name of Medical Personnel: \_\_\_\_\_ Phone number: \_\_\_\_\_

#### Certification from the Participant's Medical Personnel:

I hereby certify this examination of \_\_\_\_\_ (participant's name) completed on \_\_\_\_\_ (date of exam) did not reveal a scoliotic curve of 30-degree or more or any deficit that would be contraindications to equine assisted services. **I, the undersigned, do hereby verify the truth and completeness of all the above disclosures.**

Medical Personnel's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# BraveHearts

[www.braveheartsridding.org](http://www.braveheartsridding.org)

[services@braveheartsridding.org](mailto:services@braveheartsridding.org)

**HARVARD:** 7319 Maxon Road, Harvard, IL 60033

Phone (815) 943-8226 ♥ Fax (815) 943-8426

**POPLAR GROVE:** 4950 Route 173, Poplar Grove, IL 61065

Phone (815) 765-2113 ♥ Fax (815) 765-0003