



## SPINA BIFIDA DISCLOSURE

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

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

It is the policy of BraveHearts to require ANNUAL evaluations to be performed to monitor change in regards to the spina bifida condition. Symptoms that might indicate a deterioration of condition include:

- Worsening gait, or progressive loss of motor ability
- Rapidly increasing scoliosis
- Increased incontinence
- Back pain or radiating pain down a leg
- Worsening spasticity
- An appearance of worsening or neurological symptoms

Is there any pain present?  YES  NO Can participant balance in a sitting position?  YES  NO

Is participant progressing or regressing in ability? \_\_\_\_\_ Is there any skin irritation that is not healing? \_\_\_\_\_

Has there ever been a diagnosis of Chiari II Malformation? \_\_\_\_\_

What is the level of spinal defect? \_\_\_\_\_

List all associated medical problems: \_\_\_\_\_

Is a shunt involved?  YES  NO If YES, where? \_\_\_\_\_

Any revisions recently? \_\_\_\_\_

Is there scoliosis?  YES  NO If YES, to what degree? (list numeric degree) \_\_\_\_\_

Is there hydromyelia (increased cerebral spinal fluid)? \_\_\_\_\_

Are any of the above symptomatic? \_\_\_\_\_

Please describe urinary continence: \_\_\_\_\_

Please describe sitting balance: \_\_\_\_\_

Please note muscle strength in trunk and lower extremities (torso, legs, feet): \_\_\_\_\_

Please comment on sensation below level of spinal defect: \_\_\_\_\_

I, the undersigned, do hereby verify the truth and completeness of all the above disclosures.

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

# BraveHearts

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