



SPINAL CORD INJURY DISCLOSURE

Participant Name: _____ Date of Birth: _____

TO BE COMPLETED BY PARTICIPANT’S MEDICAL PERSONNEL:

It is the policy of BraveHearts to consider Spinal Cord injuries 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:

- Paralysis below T-6 for mounted activities and services
- Impaired sensation, including pain sensation. Monitor for the skin for areas of redness that persist for 15 or 20 minutes after the ride. Instruct the participant/family to do so as well
- Impaired temperature regulation, particularly during times of extreme outside temperatures
- Surgically stabilized spine
- Poor abdominal/respiratory control
- Poor joint stabilization below the level of the injury

Contraindication:

- Complete spinal cord injury above T-6

Level of Insult: _____

Please describe the cause of the spinal cord damage: _____

Please describe the completeness of the spinal cord damage: _____

Please describe the method of spinal stabilization and any complications: _____

Is a catheter involved? YES NO *If yes, is it an indwelling catheter or intermittent catheter?* _____

Do you have orthostatic hypotension? YES NO *If yes, please explain the severity of orthostatic hypotension:* _____

Please list any other contraindications on this form: _____

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

Medical Personnel’s Signature: _____ Date: _____



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