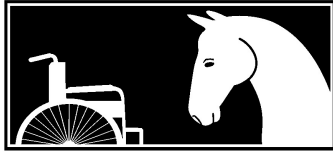


WE CAN RIDE



P.O. Box 1102
MINNETONKA, MN 55345
(952) 934-0057
FAX: (952) 974-9688
WWW.WECANRIDE.ORG

DATE RECEIVED _____

2012 SPINA BIFIDA STATEMENT

Client Name: _____

PATH Centers like We Can Ride need to be concerned about the symptoms of Spina Bifida. The equine's movement mobilizes and compresses the spine during seated mounted activities, involving the head and neck as well as lower spine. The seated nature of riding also requires that a rider/family member/staff must be able to monitor skin integrity during riding sessions. Monitoring any symptoms of Spina Bifida and associated diagnoses is essential to the safety and wellbeing of the rider. We ask for your input regarding the following:

Level of the defect (i.e. equipment used for daily living/ambulation, cognitive function, sitting balance, muscle strength and sensation): _____

Associated medical problems: _____

Shunt: Circle: Y / N Describe location: _____

Scoliosis: Circle: Y / N Describe location/severity: _____

Hydromyelia: Circle: Y / N Shunt Present? Circle: Y / N

Chiari II Malformation: Circle: Y / N

Tethered Cord: Circle: Y / N If Yes, please indicate date of surgical correction (if applicable): _____

Are any of the above symptomatic? (If so, please indicate which associated diagnosis): _____

Completed by
Parent/Guardian (Name): _____

Date: _____