

# *Michigan 4-H Proud Equestrians Program Down Syndrome Rider Evaluation*

This form is valid for a period of one year from the date signed.  
(To be signed and dated by parent/guardian and/or adult rider as well as examining physician)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

There is increasing evidence from medical research that up to 10% of individuals with Down Syndrome suffer from a condition known as Atlanto-Axial Dislocation, which is a malalignment of cervical vertebrae C-1 and C-2 in the neck. This condition exposes Down Syndrome individuals to the possibility of injury if they participate in activities that hyperextend or radically flex the neck muscles. Due to the nature of the activity of horseback riding and sincere concern for the welfare of the students in the program, the Michigan 4-H Proud Equestrians Program is able to accept an individual with Down Syndrome for riding instruction only after he/she has been examined (including x-ray views of full extension and flexion of the neck) by a physician who understands the nature of the Atlanto-Axial Dislocation condition.

## **Parent/Guardian and/or Adult Rider Consent**

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I, the undersigned parent/guardian or adult rider, have read and understand the above message and do hereby consent to and authorize the physician's examination, or release of the results if the examination has already been performed, prior to the student's beginning riding instruction.

\_\_\_\_\_  
Signature of Parent/Guardian and/or Adult Rider

Date: \_\_\_\_\_

## **Physician's Statement**

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On examination of the rider, whose name is noted at the top of this page, and upon review of the rider's cervical spine x-rays, including full flexion and full extension views, I find the rider has:

Check one:  No evidence of Atlanto-Axial Dislocation  
 Positive or equivocal evidence of Atlanto-Axial Dislocation

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print:

Physician's Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

This evaluation is not valid until the date and signature of the parent/guardian or adult rider and physician is affixed.