

Equilibrium Therapeutic Riding
Atlanto-Axial X-ray verification for Riders with Down Syndrome

Rider Name: _____ **Date of Birth:** _____

Address: _____

Telephone: _____

Height: _____ **Weight:** _____

Name of Physician: _____

Telephone: _____

Date of X-ray: _____

Physician's Signature: _____

Note: Due to the nature of this activity, persons diagnosed with Down Syndrome cannot be accepted for riding instruction without proof of a negative diagnostic X-ray for atlanto-axial instability. This form must be accompanied by a signed and dated statement from a qualified physician, giving the date and the result of the diagnostic X-ray. The atlanto-axial instability X-ray must be reassessed every 5 years until the age of puberty.