



Information for Medical Practitioners about the RDA Medical Practitioner Consent Form

Riding for the Disabled Association is a not-for-profit organisation providing a range of equestrian activities for people of all ages. Each participant **must** provide RDA with a completed Medical Practitioner Consent Form as part of the registration process. The Form supplies the necessary information for RDA qualified coaches to prepare a safe, effective and progressive program based on the individual needs of the participant.

This Form is to be completed by a Medical Practitioner who has knowledge of the participant and their disability (if any). Parents/participants should advise the RDA coach if a participant's medical condition changes in the future. This includes due injury, surgery or a change in their condition or diagnosis.

The Medical Practitioner Consent Form must to be completed and provided to RDA **every three years** unless the Medical Practitioner specifies that the medical condition is stable and will not deteriorate or change in the future.

Contra-indications for Participation

The following medical conditions are identified as high risk for people involved in horse riding and horse related activities. RDA Australia is committed to providing the safest possible service to our participants and we are unable to do this for people with the following diagnosed conditions:

- Atlanto Axial Instability (unstable neck and/or spine)
- Hemophilia
- Any condition that causes a higher risk of fractures such as:
 - o Osteo Genesis Imperfecta (OGI)
 - o Brittle Bones
 - o Severe Osteoporosis
 - o Any other pathological fractures
- Uncontrolled Tonic Clonic seizures
- Unstable spine with high risk of neurological damage or subluxation

If the participant has any of these conditions, please mark the Form in Section B. No other responses are required in the Form.

The following conditions **may** have implications for riding:

- Conditions where sitting astride a horse may cause pain or hip dislocation.
- Conditions where joints may not sustain repetitive movements.
- Severe allergies or asthma that may cause anaphylaxis reaction (dust, pollen or animal hair).
- Spinal fusion with internal fixations.

RDA coaches receive training in horse management and how to cater for a participant's needs through adaptive coaching methods and use of modified equipment including hoists and mobility ramps. Some also have additional qualifications in special education, physiotherapy and other para-medical fields. However, they also rely on the Medical Practitioner's opinion and disclosure of any medical conditions that should be considered for involvement with horse riding and/or horse related activities.

The information contained in this Form is forwarded to RDA State &/or National Offices for annual survey and government reporting purposes but is not used by them for any other purpose.

The Medical Practitioner Consent Form is a confidential document which is stored securely by the RDA Centre and is accessible only to the RDA Coaches and authorised officers for the purpose of developing suitable RDA programs and activities for the participant. The form may be accessed by the participant, parent/guardian at their request.

The Form will be returned to the participant if answers to compulsory questions are omitted, or insufficient information is completed. This may delay commencement for the participant in an RDA program.

Managing Specific Conditions in the RDA Program

Atlanto Axial Instability (AAI) / Down Syndrome

AAI is the instability, subluxation or dislocation of the joint between the first and second cervical vertebrae. This is a potentially life-threatening condition common to Down Syndrome. Specific X-rays may be needed to rule out this instability before riding is permitted. Groups or physicians should not rely on X-rays taken before the age of 3 years (even up to 5 years) as the area involved has not ossified at this early age. Films obtained just prior to riding are advisable. RDA Australia recommends that all riders with Down Syndrome be examined by a physician who is briefed on the nature of AAI before completing the RDA Medical Practitioner Consent Form.

Pre-cautions for participants with Down Syndrome

Excessive head and neck movement during riding could cause repeated small injuries to the cervical spine. This in turn could lead to increased instability of the head and neck and pressure symptoms could occur. If a rider were to fall from a horse, which can occur even though all precautions are taken, and AAI is present, severe damage to the spinal cord or death could occur. All riders with Down Syndrome are strongly recommended to have a full assessment before commencing riding. If riding is approved by a physician, parents/riders must report any neurological symptoms if they occur e.g. headaches, dizziness, nausea in motion, blurry eyes, loss of head control, loss of hand control, change of gait, bladder or bowel function and these should be investigated by your Medical Practitioner before riding continues. RDA Coaches will monitor the amount of head movement and neck stability during riding and will adapt activities until muscles develop to appropriately support the head and neck.

Pre-cautions for participants with Scoliosis

Scoliosis is a lateral curvature of the spine with a rotatory component. An Orthopaedic Surgeon should provide information about the degree and location of the scoliosis. When the mobility of the spine is an issue, the physician needs to evaluate the spine to determine if there is enough functional mobility to ride a horse. If there is insufficient flexibility in the spine to accommodate the movement of the horse, the physician should indicate that RIDING IS NOT RECOMMENDED. If riding is approved by a physician, RDA Coaches will attempt to provide as centred, and balanced position on the horse as is possible to assist with the improvement of core strength and muscle development to support the spine.

Pre-cautions for participants with Epilepsy

RDA can cater programs for participants with Absence and/or Partial Seizures by providing additional support structures. Participants with a history of Tonic Clonic Seizures should have their condition controlled by medication before participating in RDA programs. In the unexpected event that a participant experiences a seizure during the RDA program, RDA coaches and volunteers are trained in emergency dismount procedures and seizure management. Participants should not participate in horse related activities if they have suffered a Tonic Clonic seizure within the past 24 hours.

This Information Sheet will also be made available on the RDA website www.rda.org.au.

Acknowledgements: The RDA Medical Practitioner Consent Form is developed through the collaboration of the National Program Delivery Delegates which included expertise from RDA Level 2 Coaches, physiotherapists and occupational therapists. Dr. Brian Morrow and his wife Heather (WA) provided invaluable assistance to the preparation of the form, their medical and parental knowledge of disabilities and the information required by coaches has we feel lead to a user friendly form being developed that will provide Centres with valuable information.

Dr. Brian Morrow
MB, BCh, Dip ICM, Ma Med Eth & Law, FCICM .
Parents of Maeve, autism, intellectual disability, epilepsy, hypermobility issues in some joints, poor tone in hands.

Heather Morrow
RGN, Dip Pharm, Dip Coronary Care Nursing (ret'd).



Riding for the Disabled Association of Australia Ltd.
MEDICAL PRACTITIONER CONSENT FORM

Section A – PARTICIPANT’S PERSONAL DETAILS (may be completed by Medical Practitioner or the participant – all are required fields)

First name (s):	Surname:
Preferred name:	
Date of birth:	Gender:
Height:	Weight:
MEDICAL PRACTITIONER DETAILS	
Medical Practitioner’s Name:	
Address:	
Phone number:	

Remainder of the Form is to be completed and signed by the Medical Practitioner

Section B – CONTRA INDICATIONS

Please see the Information for Medical Practitioners sheet. Does the participant have any of the identified contra-indications:

- | | | |
|---|---|--|
| <input type="checkbox"/> Atlanto Axial Instability | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Uncontrolled Tonic Clonic Seizures |
| <input type="checkbox"/> Osteo Genesis Imperfecta (OGI) | <input type="checkbox"/> Brittle Bones | <input type="checkbox"/> Unstable spine with high risk of neurological damage or subluxation |
| <input type="checkbox"/> Severe Osteoporosis | <input type="checkbox"/> Any other pathological fractures | |

If any box for any of the above conditions is ticked, activities with horses are not suitable. There is no need to complete any other section. Please progress to signature at the end of the document.

Section C – MEDICAL CONDITION and IMPLICATIONS

Full nature of medical diagnosis (please include secondary conditions e.g. diabetes):

Does the participant have any of the following? *Please circle your answers below.*

Impaired hearing	YES / NO	Impaired vision	YES / NO
Impaired speech	YES / NO	Fainting turns	YES / NO
Impaired balance	YES / NO	Respiratory conditions	YES / NO
Impaired Bladder / Bowel control	YES / NO	Inflammation or pain in joints	YES / NO
Heart Conditions	YES / NO	<i>Please comment on the participants likely response to exercise:</i>	
Drainage devices <i>(shunt, gastronomy, colostomy, feeding button etc)</i>	YES / NO	<i>Type of drainage device:</i>	
Changed muscle tone	YES / NO	<i>Please comment on which muscle groups are affected:</i>	
Impaired circulation/pressure sores	YES / NO	<i>If yes, we can assist with a sheepskin pad. Is this recommended? YES</i>	
Use of splints, braces (external), prostheses	YES / NO	<i>Type and limb(s) affected:</i>	

Scoliosis	YES / NO	<i>Please comment on the degree and location of the scoliosis:</i>
PLEASE NOTE: The spine should have enough flexibility to accommodate the movement of the horse. If not, please mark in Section B.		

Section C – MEDICAL CONDITION and IMPLICATIONS ... continued

ASTHMA / ALLERGIES	YES / NO	
If yes, please provide a copy of the participant’s Asthma/Allergy Management Plan (<i>if information is not provided the participant will only receive standard first aid</i>). <input type="checkbox"/> Attached.		
Any other allergies? (<i>dust, pollen, bee sting, animal hair</i>):		

EPILEPSY	YES / NO	
<i>Please classify the seizures (focal, generalized, absence etc):</i>		
Are seizures controlled?	YES / NO	<i>If NO – Please mark in Section B Contra Indications.</i>
Are there precipitating factors?	YES / NO	<i>Please describe:</i>
“Aura” warning sign present at onset?	YES / NO	<i>Please describe:</i>

DOWN SYNDROME	YES / NO	
RDA requires that riders with Down Syndrome have a Medical Practitioner, who is aware of the possibility of Atlanto Axial Instability in people with Down Syndrome, complete this form. Parents and Medical Practitioners should also read the Information accompanying the form (available at www.rda.org.au).		
Medical Practitioner Declaration		
Over and above the normal risks of such activities, it seems reasonable, in my opinion, for the above named person to take part as an active participant in RDA activities.		YES / NO

Section D – SPINAL FUSION/ EXTERNAL BRACES.

Does the participant have a Spinal Fusion or External Spinal Braces	YES / NO
This Section is to be completed by an Orthopaedic Specialist / Medical Practitioner	
Riders with a Spinal Fusion (eg Harrington or CD Rods) and/or those wearing external spinal braces/orthotics must be examined by an Orthopaedic Specialist prior to the commencement of a riding program.	
Medical Practitioner Declaration	
Over and above the normal risks of such activities, it seems reasonable, in my opinion, for the above-named person to take part as an active participant in RDA activities	
	YES / NO
NAME of ORTHOPAEDIC SPECIALIST:	
SIGNATURE:	
PHONE:	DATE:

Please outline any other relevant medical condition or information which may affect the participant’s response to exercise or any conditions or behaviour that may affect the participant’s safety whilst participating in RDA programs.

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Section E – STATEMENT BY MEDICAL PRACTITIONER	
Do you consider the participant’s medical condition is stable and will not deteriorate or change in the future?	YES / NO

PLEASE NOTE: Where the participant’s medical condition may deteriorate or change in the future, the participant must provide RDA with a completed Medical Practitioner Consent Form every three years .	
Do you consider the participant’s condition is changeable and warrants regular review before 3 years?	YES / NO
If yes, how often should reviews be undertaken?	
Over and above the normal risks of such activities, it seems reasonable in my opinion for the named person to take part as an active participant in RDA activities. In this regard, I understand that a RDA Coach will assess the suitability of activities based on the medical advice given above.	
NAME of MEDICAL PRACTITIONER:	Office Stamp
SIGNATURE:	
PHONE: DATE:	

1. PARENT/LEGAL GUARDIAN CONSENT (IN RESPECT TO AN APPLICANT UNDER THE AGE OF 18 YEARS OR WHERE INFORMED CONSENT CANNOT BE PROVIDED).

I have read, understood, acknowledge and agree to the declarations in this application and conditions of membership under the policies and procedures of my RDA Centre, State Association and RDA Australia Ltd. I warrant that all the information provided is true and correct.

[] I have read and understood the Privacy Collection Notice. (see below)

SIGNATURE: _____
NAME: _____ DATE: _____

PRIVACY COLLECTION NOTICE

Riding for the Disabled Association of Australia Limited ABN 99 116 408 587, its Member States and Associate Members, and their respective RDA Centres (“RDAA”) collect your personal information for the following purposes:

- to assess your application to register as a participant, coach, volunteer, member and/or director with RDAA;
- to provide you with any required assistance, training and, if applicable, accreditation to perform your role within RDAA;
- to keep you up-to-date about RDAA activities, policies and procedures;
- to provide you with the information or services that you have requested;
- to identify risk and deliver the best support and service for your needs;
- to administer our directors, membership, participants, coaches and volunteers and/or resolve any queries or complaints;
- to report to government, funding bodies and as required by law;
- subject to your express permission, for promotion and marketing; and
- to identify risk and implement appropriate controls to prevent or manage COVID-19 or such other communicable diseases as recommended by the relevant government authorities in RDA Centres and other RDAA workplaces.

This Collection Notice applies to personal and sensitive information, such as health information, information, that RDAA collects via phone, hardcopy and electronic formats throughout the application, registration and accreditation process and during your time with RDAA and/or at any RDA Centre. RDAA takes all reasonable steps to protect personal information held in its possession against loss, unauthorised access, use, modification, disclosure or misuse.

If you do not provide us with the requested information, we may not be able to process or assess your application for registration and/or accreditation, assist you with your specific enquiry or request, or provide our services to you. We may share your personal information with third parties in order to conduct our business and deliver our services, including but not limited to, those contracted to and/or involved in providing, managing or administering our services, health referral organisations, medical and health professions, hospitals, our professional advisors, government departments, regulators, your family members or carers, EPOA and/or substitute decision-makers and other relevant bodies when required and authorised to do so by law. RDAA may also disclose your personal information to third parties with your consent and/or in emergency situations if it is reasonably necessary.

Our privacy policy (available at <https://www.rda.org.au/privacy-statement/>) includes our contact details, explains more about the types of personal information we usually collect and how we handle your personal information, as well as how you can seek access to and correction of your personal information, how to make a privacy complaint and how we deal with these complaints.