

WE CAN RIDE



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RECEIVED _____

(OFFICE USE ONLY)

**2019 DOWN SYNDROME
ATLANTOAXIAL INSTABILITY**

SUBMIT TO OFFICE

MUST BE COMPLETED BY A CLINICIAN

Please return to the We Can Ride office.

Atlantoaxial instability (AAI) is a potentially life-threatening or paralyzing condition common to people with Down Syndrome. *We Can Ride* requires Clients with Down Syndrome to provide **annual** certification from a Physician, that the Client's annual physical examination reveals no symptoms of AAI such as change of head control, change in gait, change of hand control, or change in bowel or bladder functions.

Following the initial x-ray, indication for repeated x-rays should be made at the discretion of the Client's Clinician.

Client Name _____

Date of Exam _____

_____ No clinical symptoms of Atlantoaxial instability were seen during exam.

_____ Yes, clinical symptoms of Atlantoaxial instability were observed. Horseback riding is contraindicated at this time.

_____ Flexion/extension cervical spine x-ray for AAI

Result: _____

Date of x-ray: _____

CLINICIAN NAME (PRINT): _____ **DATE** _____

OR STAMP ADDRESS HERE:

CLINICIAN SIGNATURE: _____

*(FORM CAN BE SIGNED BY PHYSICIAN, CERTIFIED
NURSE PRACTITIONER OR PHYSICIAN ASSISTANT)*

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____