



## **ABSOLUTE CONTRAINDICATIONS FOR RIDING**

- Active mental health disorders that would be unsafe (fire setting, suicidal, animal abuse, violent behavior, etc.)
- Acute herniated disc – protrusion of an intervertebral disc into the intervertebral foramen compressing the nerve roots.
- Chiari II Malformation with symptoms
- Atlantoaxial Instability – with neurologic signs assessed by a qualified MD – a displacement of the C1 vertebra in relation to the C2 vertebra; sometimes seen in individuals with Down Syndrome or Juvenile Rheumatoid Arthritis
- Coxa Arthrosis – degeneration of the hip joint; the femoral head is flattened; functions like a hinge joint versus a ball and socket joint. Sitting on the horse puts extreme stress on the joint.
- Down Syndrome – younger than 3 years old (atlantoaxial instability)
- Grand Mal seizures – uncontrolled by medications
- Hemophilia with a recent history of bleeding episodes
- Indwelling urethral catheters (females)
- Medical conditions in acute exacerbation (RA, HNP, MS, Diabetes, etc)
- Open wounds or recent skin grafts over a weight bearing surface.
- Pathologic fractures without successful treatment of the underlying pathology (ie: Severe osteoporosis, Osteogenesis imperfecta, bone tumor, etc)
- Tethered cord with symptoms
- Unstable spine including unstable internal hardware.

## **GENERAL CONTRAINDICATIONS**

- Weight maximum of 150-200 pounds
- Severe allergies present without access to emergency medical care or is significant enough to cause a loss of function or discomfort in other environments.
- Inadequate range of motion to accommodate equine movement.
- Severe and persistent pain

- Available staff is unable to safely manage emergency dismount process.
- Risk of injury exceeds potential benefits of therapy.
- Patient not released by physician, orthopedic surgeon, etc.
- Approved type of helmet cannot be fitted to the patient.
- Therapy causes fatigue that persists and impacts functional activities off the horse.

I attest, by my signature below, that none of the above absolute or general contraindications exist.

Patient/Guardian Signature: \_\_\_\_\_

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