



# Physicians Referral(physical disabilities) or Therapists Referral(other)

Client Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Male Female Care Card #: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date of onset: \_\_\_\_\_

Medical History:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Psychological: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Asthma or Respiratory Issues: Yes / No

Communicable Disease: Yes No

Explain: \_\_\_\_\_

Visual Impairments: \_\_\_\_\_

Circulatory \_\_\_\_\_

Auditory Impairments: \_\_\_\_\_

Neurosensation: \_\_\_\_\_

Speech impairments: \_\_\_\_\_

Balance: \_\_\_\_\_

Spasticity and/or Rigidity: \_\_\_\_\_

Coordination: \_\_\_\_\_

Braces/Splints: \_\_\_\_\_

Assistive Devices: (circle appropriate) – Walker, crutches, cane(s), Wheelchair, Powerchair, Other

Seizures: \_\_\_\_\_

Incontinence: \_\_\_\_\_

In my opinion, this patient can receive horseback riding as a therapy under appropriate supervision. In conjunction with the riding program, I concur in the referral of the patient to the head coach for evaluation of his/her physical abilities and/or limitations in performing exercises.

\*\*\*If the rider has Down Syndrome an X-ray clearing him/her of ATLANTO-AXIAL INSTABILITY must be taken and confirmed in letter form along with this form.\*\*\*

PRECAUTIONS OR CONTRAINDICATIONS TO PHYSICAL THERAPY:

Physicians name: \_\_\_\_\_

Billing # \_\_\_\_\_

Physicians Signature: \_\_\_\_\_

Telephone # \_\_\_\_\_

Date form was completed: \_\_\_\_\_



## Client Information-Must be completed

Date form completed: \_\_\_\_\_

Name of Client: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address and Postal Code: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

School: \_\_\_\_\_

Class: \_\_\_\_\_

Present forms of Communication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any Maladaptive Behaviours: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Present Programs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Short and Long Term Goals: \_\_\_\_\_

\_\_\_\_\_

Strengths: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Needs: \_\_\_\_\_

\_\_\_\_\_

Self care skills: (ie: toileting,dressing,as related to horseback riding): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Riding Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## **GUIDELINES FOR PHYSICIANS/THERAPISTS**

### **CONTRAINDICATIONS AND PRECAUTIONS FOR THERAPEUTIC RIDING**

The following conditions may represent precautions or contraindications to therapeutic horseback riding if present in potential students. Therefore, when completing the physician's referral, please note whether these conditions are present and to what degree.

#### **ABSOLUTE CONTRAINDICATIONS**

##### **ORTHOPEDIC:**

- Acute arthritis
- Acute herniated or prolapsed disc
- Atlanto-axial instabilities
- Coxa athrosis (degeneration of hip joint)
- Structural cranial deficits
- Osteogenesis imperfecta
- Pathological fractures
- Spondylothesis
- Structural scoliosis >30 degrees, excessive kyphosis or lordosis or hemivertebra
- Spinal stenosis

##### **NEUROLOGICAL:**

- CVA 2nd to unclipped aneurysm or angioma
- Paralysis due to spinal cord injury above T6 (adult)
- Spina bifida associations – Chiari II Malformation, Hydromyelia, Tethered Cord
- Uncontrolled (grand mal) seizures within last 6 months

##### **MEDICAL/PSYCHOLOGICAL:**

- Obesity >180 lbs
- Anticoagulants

##### **OTHER:**

- Age under 2 years old
- Any condition that the instructor, therapist, physician or program does not feel comfortable treating

#### **RELATIVE CONTRAINDICATIONS AND PRECAUTIONS**

##### **ORTHOPEDIC:**

- Arthrogryposis
- Heterotrophic ossification
- Hip subluxation, dislocation or dysphasia
- Osteoporosis
- Spinal fusion/fixation, Harrington Rods (within 2 years of surgery)
- Spinal instabilities/abnormalities
- Spinal orthoses

##### **NEUROLOGIC:**

- Neuromuscular disorders: Amyotrophic Lateral Sclerosis, Fibromyalgia, Gullian Barre, exacerbation of Multiple Sclerosis, Post Polio Syndrome
- Hydrocephalic shunt

#### **RELATIVE CONTRAINDICATIONS AND PRECAUTIONS CONTINUED**

##### **MEDICAL/PSYCHOSOCIAL:**

- Abusive or disruptive behaviour
- Cancer

- Hemophilia
- History of skin breakdown or skin grafts
- Abnormal fatigue
- Incontinence (must wear protection)
- Peripheral vascular disease
- Sensory deficits
- Serious heart condition or hypertension
- Significant allergies
- Surgery within the last three months
- Uncontrolled diabetes
- Indwelling catheter
- Substance abuse

**FLEXION/EXTENSION X-RAY REQUIRED FOR ATRAUMATIC FACTORS THAT MAY BE ASSOCIATED WITH AN UNSTABLE UPPER CERVICAL SPINE:**

- Os odontoidum
- Down syndrome
- Athetoid cerebral palsy
- Rheumatoid arthritis of cervical vertebrae
- Congenital torticollis
- Sprengel deformity
- Ankylosing Spondylitis
- Congenital atlanto-occipital instability
- Klippel-Feil syndrome
- Chiari malformation with condylar hydroplasia
- Fusion of C2-C3
- Lateral mass degeneration change at C1-C2
- Systemic lupus
- Morquio disease
- Non-rheumatoid cranial settling
- Subluxation of upper cervical vertebrae due to tumors or infections
- Idiopathic laxity of the ligaments
- Grisel's syndrome
- Lesch-Nyhan syndrome
- Marshall-Smith syndrome
- Diffuse idiopathic hyperostosis
- Congenital chondrodysplasia