



Dear Physician,

One of your patients has contacted our organization expressing an interest in joining our Equine Therapy Program. Enclosed is a Physician Referral Form and a list of contraindications and precautions for Therapeutic Riding. We kindly ask that you please review the list of contraindications and precautions and consider the ones that may be applicable for your patient.

As well, please review the list of conditions that require cervical spine and/or flexion/extension X-Ray. If an X-Ray is indicated, please attach a copy of the results of the X-Ray report to this referral. Where possible, we ask that you please be specific with your comments. Your comments are extremely helpful in assisting our instructors in determining this patient's suitability for riding and in providing a quality individualized program for the patient.

To ensure the accuracy of the information provided, if the form is completed by anyone other than a physician, it will be returned to the patient. Horseback riding is considered a high-risk sport. Therefore, the highest standards of safety and therapeutic riding instruction, as per the Canadian Therapeutic Riding Association, are maintained. Please feel free to contact us with any questions.

Thank you for your cooperation and support!

Sincerely,

Paige Shepley
Program Director/Instructor CTRLII
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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 participants. Therefore, when completing the physician's referral, please note whether these conditions are present and to what degree.

ABSOLUTE CONTRAINDICATIONS ORTHOPAEDIC

- Acute arthritis
- Acute herniated disc or prolapsed disc
- Atlanto-axial instabilities
- Coax arthrosis (degeneration of hip joint)
- Structural cranial deficits
- Osteogenesis imperfecta
- Pathological fractures
- Spondylolisthesis
- Structural scoliosis >30 degrees, excessive kyphosis or lordosis or hemivertebra
- Spinal stenosis
- Hip subluxation, dislocation or dysplasia (one hip)

NEUROLOGICAL

- CVA secondary to unclipped aneurysm or angioma
- Paralysis due to spinal cord injury above T6 (adult)
- Spina bifida associations – Chiari II malformations, hydromyelia, tethered cord
- Uncontrolled seizures within the last 6 months

ABSOLUTE CONTRAINDICATIONS AND PRECAUTIONS OTHER

- Weight >170 lbs
- Age under 2 years old
- Age above 50 years old

RELATIVE CONTRAINDICATIONS AND PRECAUTIONS ORTHOPAEDIC

- Arthrogyposis
- Heterotopic ossification
- Hip subluxation, dislocation or dysplasia
- Osteoporosis
- Spinal fusion/fixation, Harrington Rod (within 2 years of surgery)
- Spinal instabilities/abnormalities
- Spinal orthoses

NEUROLOGICAL

- Amyotrophic Lateral Sclerosis
- Fibromyalgia
- Gullian Barre Syndrome
- Exacerbation of Multiple Sclerosis
- Post Polio Syndrome
- Hydrocephalic shunt

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
- Anticoagulants (bleeding risk)

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

- Down syndrome
- Os odontoideum
- Athetoid cerebral palsy
- Rheumatoid arthritis of cervical vertebrae
- Congenital torticollis
- Sprengel's deformity
- Ankylosing spondylitis
- Congenital atlanto-occipital instability
- Klippel-Feil syndrome
- Chiari malformation with condylar hyperplasia
- 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 tumours or infection
- Idiopathic laxity of the ligaments
- Grisel's syndrome
- Lesch-Nyhan syndrome
- Marshall-Smith syndrome
- Diffuse idiopathic hyperostosis
- Congenital chondrodysplasia

Windsor-Essex Therapeutic Riding Association

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 A REGISTERED CANADIAN CHARITABLE ORGANIZATION NO. 108204867R0001
 www.wetra.ca paigeshepley@wetra.ca

MEDICAL HISTORY/PHYSICIAN RELEASE

CLIENT NAME: _____ DATE OF BIRTH _____

DIAGNOSIS _____

ADDRESS: _____ POSTAL CODE: _____

ONTARIO HEALTH INSURANCE # _____ DATE OF LAST TETANUS SHOT: _____

HEIGHT: _____ WEIGHT: _____ SEIZURE TYPE: _____

ARE THEY CONTROLLED: _____ DATE OF LAST SEIZURE: _____

PLEASE LIST ALL MEDICATION CLIENT IS TAKING:

FOR CLIENTS WITH DOWN SYNDROME

CERVICAL X-RAY FOR ATLANTOAXIAL INSTABILITY

DATE OF X-RAY _____ POSTIVE _____ NEGATIVE _____

PLEASE INDICATE IF PATIENT HAS PROBLEM AND/OR SURGERIES IN ANY OF THE FOLLOWING AREAS BY CHECKING YES OR NO. IF YOUR ANSWER IS YES PLEASE COMMENT USING BACK OF FORM IF NECESSARY.

AREAS	YES	NO	COMMENTS
AUDITORY			
VISUAL			
CARDIAC			
CIRCULATORY			
PULMONARY			
NEUROLOGICAL			
MUSCULAR			
ORTHOPEDIC			
ALLERGIES			
LEARNING DISABILITIES			
MENTAL IMPAIRMENT			
PSYCHOLOGICAL IMPAIRMENT			
OTHER			

In my opinion this patient _____ can participate in supervised equestrian activities.

PHYSICIANS NAME (PLEASE PRINT) _____

*PHYSICIAN'S SIGNATURE: _____ DATE: _____

ADDRESS _____ CITY: _____ PROVINCE _____

Postal Code. _____ PHONE# _____ Fax# _____

Additional Comments :