



PHYSICIAN'S REFERRAL - TO BE COMPLETED ANNUALLY BY PHYSICIAN

P.O. Box 1820 205-7th Ave. N. Creston BC, V0B 1G0 ph. 250-428-2296 fax 428-2297

I hereby give my permission for _____ to participate in the Creston and District Society for Community Living Therapeutic Riding Program.

Physician's signature: _____ Date: _____

Physician's name: _____
(Please print clearly)

Physician's address: _____
(Please print clearly)

Phone: _____ email: _____ fax: _____

NOTE:

- It is important that this form be filled out in detail (e.g. height, weight, etc.) in order for the instructor and physiotherapist to match the rider with the right horse and appropriate support.
- A list of **CONTRAINDICATIONS** and **PRECAUTIONS** to therapeutic riding is enclosed for your information.
- A change in medical condition requires a physician referral update.

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EXTENDED PHYSICIAN'S REFERRAL

To: Creston and District Society for Community Living Therapeutic Riding Program

Re: _____

The last medical referral submitted on _____ is still valid.

There have been no significant changes to the condition of the client other than as noted below:

Signature of Physician: _____ Date: _____

Print Name: _____



CONTRAINDICATIONS

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CONTRAINDICATIONS TO THERAPEUTIC RIDING (Please forward with Physician's Referral)

CONTRAINDICATIONS:

If a person has any of the following medical conditions, riding is very unlikely to be a beneficial activity for him or her, and is even likely to be harmful. Before an individual is accepted into the therapeutic riding program, the physician and program therapist should be consulted concerning the suitability of riding for that person. The program reserves the right to determine the candidate's suitability for inclusion in the program.

- Moderate to severe agitation (confusion, excitement) and/or very disruptive behaviour
- Spinal instability, including subluxation (partial dislocation) of cervical (neck) vertebrae
- Severe osteoporosis, involves brittleness of the bones and hence the possibility of fractures
- Seizures which are not controlled by medication
- Pathological fractures arising from a condition such as osteogenesis imperfecta (brittle bones)
- Acute stages of arthritis
- Periods of exacerbation of multiple sclerosis
- Open pressure sores or wounds
- The individual is taking medication in type or dosage that induces a mental or physical state that makes riding risky and/or inappropriate
- Hemophilia, a congenital condition of the blood characterized by hemorrhages (bleeding).
- The individual is taking anticoagulant medications (blood thinners)
- Atlanto-axial instability
- Spondylothesis (subluxation of the lower lumbar vertebra on the sacrum)
- Coxarthrosis (degeneration of the hip joint) – riding causes too much stress on that joint
- Detached retina
- Acute herniated intervertebral disk, which may press on spinal nerve roots
- Complete quadriplegia occurring as a result of a spinal cord injury
- Structural scoliosis greater than 30 degrees, excessive kyphosis (rearward increase of the curvature of the thoracic spine) or lordosis (increased forward curvature in the lumbar spine), or hemivertebra (a congenital defect in which one side of a vertebra is incomplete)
- Dislocation, subluxation or dysplasia (abnormal development) of the hip(s) with significant restriction or asymmetry
- Any condition that the instructor, therapist, physician or program does not feel comfortable treating
- After a rhizotomy, a rider should wait at least 6 months before participating in a riding program



PRECAUTIONS & POSSIBLE CONTRAINDICATIONS

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PRECAUTIONS AND POSSIBLE CONTRAINDICATIONS TO THERAPEUTIC RIDING (Please forward with Physician's Referral)

If a person has any of the following conditions, riding may not be beneficial, and in some instances, may even be harmful. Before an individual is accepted into the therapeutic riding program, the physician and program therapist should be consulted concerning the suitability of riding for that person. The program reserves the right to determine the candidate's suitability for inclusion in the program.

- Prolonged use of Dialantin
- Incontinence
- Hydrocephalus - presence of shunt(s)
- Sensory deficits – unable to feel certain parts of the body
- Heterotopic ossification
- Significant allergies to horse hair, dust, hay etc.
- Recent surgery (**Riders must have written consent from physician before returning to program**)
- Serious cardiac condition
- Craniotomy (any surgical procedure on the skull)
- Diabetes
- Peripheral vascular disease, resulting in poor circulation in the extremities
- Obesity (See Horse Load Guidelines)
- Extreme fatigue
- Arnold Chiari malformation, a congenital defect in which the cerebellum and medulla oblongata protrude through the skull, down into the spinal canal and which is most often associated with other disabilities such as spina bifida
- Any spinal fusion, whether natural or due to surgical intervention (e.g. Harrington rod)
- History of skin breakdown and/or skin grafts over areas of the body that bear weight in riding (seat and legs)
- Tethered cord
- History of substance abuse which has resulted in fragile blood vessels
- Rhizotomy (a surgical procedure in which the roots of the spinal nerves along the spinal canal are cut)