



Powell River Therapeutic Riding Association

4356 Myrtle Avenue, Powell River, BC, V8A 0T2

Phone: 604-485-0177, Email: prtravolunteer@gmail.com

Please mail this completed form to Powell River Therapeutic Riding at the above address, or email to prtravolunteer@gmail.com

Notice to Physicians

The following conditions may represent precautions or contradictions to therapeutic horseback riding, if present in potential students. Please note whether or not these conditions are present, and to what degree.

Absolute Contraindications to Therapeutic Riding

Orthopaedic:

- Acute arthritis
- Acute herniated disk or prolapsed disc
- Atlanto-axial instability
- Coxarthrosis (degeneration of the hip joint) or dislocation, subluxation or dysplasia of hip
- Structural cranial deficits
- Osteoporosis (severe)
- Pathological fractures (eg. – osteogenesis imperfecta)
- Spondylolisthesis
- Structural scoliosis greater than 30 degrees or excessive kyphosis or lordosis;
- Hemivertebrae
- Unstable spine including subluxation (partial dislocation) of the cervical vertebrae.
- Heterotopic ossification

Neurological

- Anti-coagulant medication
- CVA
 - Secondary to unclipped aneurysm, or presence of other aneurysms
 - Secondary to angioma that was not totally resected
- Drug dosages causing physical states inappropriate to riding environment
- Craniotomy
- Exacerbation of multiple sclerosis
- Hemophilia
- Open sores and/or wounds on contact surfaces
- Seizures within the last 6 months
- Spina bifida associations – Chiari II malformations, hydromyelia, tethered cord
- Paralysis due to spinal cord injury above T6

Other

- Weight Limit: 170 lbs
- Any condition that the instructor or program does not feel comfortable teaching

Relative Contraindications and Precautions

Orthopedic:

- Arthrogyrosis
- Heterotopic Ossification
- Spinal fusion/fixation, Harrington rod (within two years of surgery)
- Spinal instabilities/abnormalities
- Spinal orthoses
- Anticoagulants (Bleeding risk)

Neurological:

- Amyotrophic lateral sclerosis
- Fibromyalgia
- Guillain-Barre syndrome
- Exacerbation of multiple sclerosis
- Post-polio syndrome
- Hydrocephalic shunt

Medical/psychosocial:

- Abusive or disruptive behavior
- Cancer
- Hemophilia
- History of skin breakdown or skin grafts
- Abnormal fatigue
- Incontinence
- Peripheral vascular disease
- Sensory Deficits
- Serious heart condition or hypertension
- Surgery within the last three months
- Uncontrolled diabetes
- In-Dwelling catheter

Thank you for taking the time to read our contraindications and precautions. Please keep these in mind as you are filling out the referral forms. Your comments will greatly help our instructors provide a better quality program for the applicant. Where possible, please be specific with your comments. If you have any questions or concerns regarding your patient's participation in our program, or have any questions about PRTRA or therapeutic riding in general, please do not hesitate to call our office.

Sincerely,

Powell River Therapeutic Riding Association

Physician's Referral

Name: _____ Birthdate: _____

Care Card Number: _____ Parent/Legal Guardian: _____

Address: _____ Postal Code: _____

Diagnosis: _____ Date of Onset: _____

Medical History: _____

Weight: _____ *(Please note we do have a weight limit – maximum is **170lbs**)* Height: _____

Psychological: _____

Medications: _____

Medication Side Effects: _____

Allergies: _____

Visual Limitations: _____ Auditory Limitations: _____

Speech Limitations: _____

Circulation: _____ Neuro Sensation: _____

Balance: _____ Coordination: _____

Spasticity and/or Rigidity: _____

Medical History

Name of Rider/Student _____

| Problem | Yes | No | If Yes, Describe |
|------------------------------|-----|----|---|
| Atlanto-axial instability | | | Date of last x-ray: _____ |
| Neurological Seizures | | | Controlled by medication: Yes ___ No ___ Last Seizure Type _____ Date of Last seizure: _____ |
| Hydrocephalus | | | |
| Sensory Loss | | | |
| Shunt? | | | |
| Muscular | | | |
| Contractures | | | |
| Skeletal | | | |
| Subluxing hips | | | |
| Dislocating hips | | | |
| Spinal Laminectomy | | | |
| Scoliosis | | | Degree _____ Type _____ Last X-ray _____ |
| Kyphosis, Lordosis | | | Degree _____ Type _____ |
| Spondylosis | | | |
| Osteoporosis | | | |
| Heterotrophic Ossif. | | | |
| Arthrodesis | | | |
| Fractures | | | Locations _____ Healed? |
| Harrington Rods | | | Date of Surgery _____ |
| Other or Special Precautions | | | |

Mobility Status:

Can the student ambulate: Yes: ___ No: ___

Assistance: Independent _____ Minimal _____ Moderate ___ Maximal _____
One person assist _____ Two person assist _____

Physical Aids: Canes _____ Crutches _____ Walker _____ Rolling Walker _____
Braces (type) _____

Other (i.e. Splints) describe _____

Does the student use a wheelchair? If Yes, Type _____

Can the student propel the wheelchair? _____

Please describe any additional information that might help us to work with this student.

Thank you for your time (use the back of this page if more space is required).

In my opinion, this patient can receive therapeutic horseback riding lessons under proper instruction:

Physician's Signature: _____ Name (please print): _____

Address: _____ Phone: _____

Phone: _____ Date: _____

Re-evaluation by physician may be necessary. If yes, please give date for re-evaluation: _____