



SARI Therapeutic Riding

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
- Spondylothesis
- Structural scoliosis >30 degrees, excessive kyphosis or lordosis or hemivertebra
- Spinal stenosis

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

MEDICAL

- Obesity or >170 lbs
- Anticoagulants

OTHER

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

RELATIVE CONTRAINDICATIONS AND PRECAUTIONS

ORTHOPAEDIC

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

NEUROLOGICAL

- Amyotrophic Lateral Sclerosis
- Fibromyalgia
- Gullian Barre Syndrome



NEUROLOGICAL (continued)

- 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

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



SARI Therapeutic Riding
 12659 Medway Road, RR1 Arva, ON N0M 1C0

PHYSICIAN'S REFERRAL

NAME OF PATIENT		PHONE	
ADDRESS		CITY / POSTAL CODE	
AGE	DATE OF BIRTH	WEIGHT	HEIGHT

PATIENT'S PARENT / GUARDIAN/ CONTACT	PHONE (H)	PHONE (W)
	FAX	EMAIL

PRIMARY DIAGNOSIS	DATE OF ONSET
SECONDARY DIAGNOSIS	DATE OF ONSET

PLEASE BE SPECIFIC WHEN COMMENTING ON IMPAIRMENTS

AUDITORY IMPAIRMENTS	NO	YES	
SPEECH IMPAIRMENTS	NO	YES	
ORAL MOTOR FUNCTION	NORMAL	ABNORMAL	
VISUAL IMPAIRMENTS	NO	YES	
BEHAVIOURAL OR PSYCHOLOGICAL CONCERNS	NO	YES	
CIRCULATORY IMPAIRMENTS	NO	YES	
NORMAL SENSATION	YES	NO (where)	
INCONTINENCE	BLADDER	NO	YES
	BOWEL	NO	YES
SEIZURES	NONE	COMPLEX PARTIAL	TONIC CLONIC
DATE OF LAST SEIZURE			
DIABETIC	NO	YES	
HIP SUBLUXATION OR DISLOCATION	NO	YES	

CO-ORDINATION OF UPPER EXTREMITIES	NORMAL	ABNORMAL	GROSSLY ABNORMAL
CO-ORDINATION OF LOWER EXTREMITIES	NORMAL	ABNORMAL	GROSSLY ABNORMAL
MUSCLE TONE – UPPER EXTREMITIES	NORMAL	HIGH TONE	LOW TONE
MUSCLE TONE – LOWER EXTREMITIES	NORMAL	HIGH TONE	LOW TONE
MUSCLE TONE – TRUNK & NECK	NORMAL	HIGH TONE	LOW TONE
SITTING BALANCE STATIC	GOOD	FAIR	POOR
SITTING BALANCE DYNAMIC	GOOD	FAIR	POOR
STANDING BALANCE STATIC	GOOD	FAIR	POOR
STANDING BALANCE DYNAMIC	GOOD	FAIR	POOR

MEDICATIONS: <i>(PLEASE SPECIFY)</i>		
MEDICATION SIDE EFFECTS: <i>(PLEASE SPECIFY)</i>		
RELEVANT SURGERIES AND DATES		
ASSISTIVE DEVICES, BRACES, SPINAL RODS OR FUSION <i>(PLEASE SPECIFY)</i>		
SHUNTS	NO	YES
ALLERGIES: <i>(PLEASE SPECIFY)</i>		
DATE OF LAST TETANUS		
COMMUNICABLE DISEASES	NO	YES:
DOWN SYNDROME & RHEUMATOID CERVICAL SPINE X-RAYS <i>(see contraindications)</i>	YEAR & DETAILS (attach report)	
FLEXION/EXTENSION X-RAYS REQUIRED <i>(see contraindications)</i>	YEAR & DETAILS (attach report)	

PRECAUTIONS OR COMMENTS (please state):
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DO YOU WISH TO SEE THIS PATIENT REGULARLY WHILE HE/SHE ATTENDS THE PROGRAM?	YEARLY	EVERY 2 YEARS	AS INDICATED	
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HOW OFTEN SHOULD THIS FORM BE UPDATED?	YEARLY	EVERY 2 YEARS	EVERY 5 YEARS	NEVER
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In my opinion, this patient can receive riding instruction under proper instruction. I understand that this patient may receive assessment/treatment by a volunteer or staff physical therapist, occupational therapist or other licensed professional, in conjunction with this riding program regarding his/her physical abilities and/or limitations in performing exercises and activities on the horse.

PHYSICIAN'S NAME	PHONE
ADDRESS	CITY/POSTAL CODE
SIGNATURE	DATE

SARI treats all personal information as confidential and does not release it to any other organization. Any information provided may be used to decide on this patient's suitability for riding and help provide a better quality individualized program for the patient.

**Please return form to
SARI Therapeutic Riding: 12659 Medway Road, RR1 Arva, ON N0M 1C0**

For further information or more detail on any potential contraindication contact SARI at 519 666-1123.