

NORTH OKANAGAN THERAPEUTIC RIDING ASSOCIATION

PHYSICIAN'S REFERRAL

(Must be completed by a PHYSICIAN in order for a client with physical disabilities to ride)

Name: _____ Date of birth: _____

Parent(s) / Guardian(s): _____

Address: _____ City: _____

Postal Code: _____ Phone: _____

Medical

Primary Diagnosis: _____

Secondary Diagnosis: _____

Height: _____ Weight: _____ Sex: _____

Diabetic: _____ Insulin: _____ Epileptic: _____

If epileptic, frequency of seizures: _____ Date of last seizure: _____

Medications: _____

For: _____

Communicable disease: Yes _____ No _____ If yes, explain: _____

Surgery: _____ Dates: _____

Ambulatory: Yes _____ No _____ If yes, please specify: _____

Muscle Tone (spasticity, flaccidity, etc.)

Tone in upper extremities: _____

Tone in lower extremities: _____

Tone in trunk: _____

(Please complete both sides of this form)

Physician's referral page 2:

Balance sitting: _____ Standing: _____ Walking: _____

Language: English: _____ Sign language: _____ Other: _____

Speech: Good: _____ Fair: _____ Poor: _____

Ability to understand: Good: _____ Fair: _____ Poor: _____

Sensory Function: Sight: _____ Hearing: _____ Tactile: _____

Continence: _____

Allergies: _____



I hereby give my permission for the above individual to participate in the riding program at:

The North Okanagan Therapeutic Riding Association operating out of O'Keefe Ranch, Vernon, BC

Physician's signature: _____ Date: _____

Physician's name: _____

(please print clearly)

Physician's address: _____

(please print clearly)

Telephone: _____ Fax: _____

Note: It is important that this form be filled out in detail (e.g. height, weight, etc.) in order for the staff to make informed decisions regarding the safety of the rider, horse, volunteers, etc. and to formulate a beneficial and appropriate lesson plan.

Medical Precautions and Contraindications of Therapeutic Riding

A precaution in therapeutic riding requires measures of additional investigation – such as contacting the physician or therapist before accepting the client into the program. It also requires re-evaluation at regular intervals throughout the client's sessions.

The presence of contraindication to horseback riding makes this activity inappropriate. Few contraindications are clear-cut. A descriptive list is attached. This list is subject to periodic review by the North American Riding for the Handicapped Association's Health & Education Committee. It does not include every medical condition that could make riding inappropriate or unsafe. This list is to be used as a guide only. It is NOTRA's responsibility to obtain additional information from a client's physician, if it is needed, before permitting that client to ride or work around horses. This process helps ensure the client's safety and the program's credibility. The presence of a precaution will require additional investigation. The presence of contraindication may require that we do not accept the client for riding. NOTRA can explore possible alternative equestrian activities.

The decision making process used to determine client acceptance is also used to determine whether a client remains in the program. A client's interests can change, their disability may improve or progress, or other problems can develop. Without communication and periodic reassessment, a medical contraindication can develop and remain unknown to the staff of NOTRA. This contraindication can also raise liability and credibility issues.

ARTHROGRYPOSIS

Arthrogyposis describes a condition when a child is born with multiple joint contractures, or joints with significantly limited range of motion.

Precaution: care must be taken when positioning the client on the horse as the limited movement may result in pain.

Contraindication: If the contractures prevent the client from being safely positioned on the horse or if the activity produces significant or prolonged pain, then riding is not the activity of choice.

ATLANTOAXIAL INSTABILITY

AAI has been described as instability, subluxation or dislocation of the articulation of the first and second cervical vertebrae (atlantoaxial joint). Incidence of AAI among persons with Down Syndrome is reported to be 10 to 20 percent. This is a potentially life threatening or paralyzing condition. NOTRA requires that all clients with Down Syndrome have:

- A. Prior to starting riding
 1. A medical examination with special reference to neurologic function.
 2. Certification by a physician that an examination did not reveal atlantoaxial instability or focal neurologic disorder.
- B. Annual certification from a physician that the client's annual physical examination reveals no symptoms of AAI.

Contraindications: A child or adult with Down Syndrome may not ride if they demonstrate any of the following: younger than 3 years of age, symptoms of AAI, positive clinical signs as noted by the physician.

CRANIAL DEFECITS

This condition is characterized by the absence of a portion of the skull, whether due to trauma, birth defect or craniectomy.

Precaution: If an ASTM/SEI riding helmet can completely cover the unprotected area, a cranial deficit is a precaution to therapeutic riding. The helmet should not place pressure on the area of deficit.

Contraindication: If a proper ASTM/SEI riding helmet cannot offer complete protection to the head, the cranial deficit is a contraindication to riding.

HIP SUBLUXATION OR DISLOCATION

Abnormal muscle tone, which is often found in persons with cerebral palsy, can be the cause for subluxed and dislocated conditions. Both can significantly alter the range of motion of the hips. The cause can also be congenital.

Precaution: An experienced therapist should provide the handling, or train and monitor staff in the proper techniques to normalize the muscle tone and correct the alignment of the hips and pelvis.

Contraindication: Hip subluxation and dislocation are contraindications to therapeutic riding if there is pain or inadequate range of motion. Also, if there is poor postural alignment in the spine, pelvis and/or lower extremities that cannot be corrected by direct handling techniques, the client should not ride.

OSTEOPOROSIS

Precaution: Mild osteoporosis without a history of fractures is a precaution to riding.

Contraindication: Moderate to severe osteoporosis and/or a history of fractures is a contraindication to riding.

OSTEOGENESIS IMPERFECTA

Also known as brittle bone disease, OI is a genetic disorder characterized by bones that break easily, often for little or no apparent cause.

Precaution: If the OI condition is mild, and there have been no occurrences of fractures, then riding may be done only with extreme caution. Generally children with OI are discouraged from riding activities, as a fall could be serious.

Contraindication: Moderate to severe OI with recent fractures, significant scoliosis or poor head/trunk control is a contraindication to riding.

SPINAL FUSION/FIXATION

Precaution: Therapeutic riding produces movement in the spine. When spinal segments are immobilized, the movement of the horse is accentuated at the spinal segments immediately above and below the immobilized area. A physician/orthopedist must make an informed decision regarding a rider's participation in therapeutic riding based on the knowledge of the specific activities the client will be involved in. Excessive movement could create or contribute to the degeneration of the vertebrae. The vertical concussion and compression forces that occur during vigorous walking or trotting may increase the risk of dislodging the rod and wiring. A fall from 4-6 feet may be a greater impact than the spine could withstand.

Contraindication: Riding following spinal fusion/fixation surgery is contraindicated until the orthopedist indicates that solid bony fusion/fixation has occurred. This is approximately 12 months after surgery. Therapeutic riding is contraindicated if there is insufficient mobility in the remaining spinal joints to accommodate the movement of the horse.

SCOLIOSIS/KYPHOSIS/LORDOSIS

Precaution: With any spinal curvature condition, the spine should have enough flexibility to accommodate the movement of the horse.

Contraindication: Riding is contraindicated if the activity produces pain, **if the curvature is more than 30 degrees** or if a brace includes a rigid chin support (potential injury from fall).

HYDROCEPHALUS/SHUNT

Precaution: The shunt must work properly and the helmet must not place any pressure on the shunt.

Contraindication: Riding is contraindicated if no appropriate helmet can be found, or if the client has a severely enlarged head and poor head control.

NEUROMUSCULAR DISORDERS

These include Amyotrophic Lateral Sclerosis (ALS) also known as Lou Gehrig's Disease, Fibromyalgia Syndrome, Guillain Barre, Multiple Sclerosis (MS), and Post-Polio Syndrome

Precaution: Exercise is encouraged, without increase to pain or fatigue.

Contraindication: If fatigue persists or interferes with functional activities off of the horse or if pain increases in duration or intensity then therapeutic riding is contraindicated.

SPINA BIFIDA

Precaution: The rider's lack of trunk and lower extremity control dictates a quiet horse with smooth movements.

Contraindications: Riding may be contraindicated if the rider has difficulty maintaining an adequate or comfortable sitting posture without excessive lordosis or kyphosis. The appearance or worsening of neurologic symptoms will require the suspension of riding.

SPINAL CORD INJURY

Precaution: Paralysis due to SCI below T-6 is typically a precaution to riding. A quiet, smooth moving horse is essential until the client learns sufficient control to sit independently.

Contraindication: SCI above T-6 results in trunk instability to the degree that therapeutic riding is not advocated unless the client can be safely stabilized without interference to the horse or compromise to the safety of the client or the team.

OTHER DISORDERS AND CONDITIONS

AGE RELATED CONSIDERATIONS

Contraindication: Children under the age of two are inappropriate for riding because their structural and neurologic development is inadequate to organize the sensory input from the horse or to accommodate to its movement. *Children with Down Syndrome less than 3 years old due to Atlantoaxial Instability.

HEAD/NECK CONTROL

Precaution: decreasing the speed or slowing the gait of the horse may allow the client with impaired head control to ride safely.

Contraindication: Total lack of head and neck control may be a contraindication to therapeutic riding if there is inadequate control to protect the client from injury.

INDWELLING CATHETERS

Contraindication: An indwelling urinary catheter is a contraindication for females riding because the movement of the pelvis may displace the catheter, resulting to trauma to the surrounding tissues.

SPECIAL CONSIDERATIONS

Phototoxicity or photoallergy: Care must be taken to control exposure to the sun by using protective clothing or sunscreen for clients taking medications that may cause a phototoxic or photoallergic reaction.

Allergy Control: Horses and the environment they are kept in tend to trigger allergic reactions in those who have allergies. Antihistamines may be indicated.

Medications: The staff of the therapeutic riding program needs to be aware if the rider is taking anti-depressants, anti-convulsants, attention enhancers, bronchodilators, mood stabilizers, steroids, blood pressure control, blood thinners, pain control, etc. so that they may be aware of any side effects that may accompany them. For example: dizziness, drowsiness, altered mental function, etc.