



## Four:Thirteen Therapeutic Riding Association

### PHYSICIAN REFERRAL FORM

To be completed by the therapeutic riding applicants attending physician.  
Please review Contraindications and Precautions for Therapeutic Riding.

**PLEASE FILL OUT THE FORM IN DETAIL. ALL INFORMATION IS RELEVANT AND IMPORTANT!**

Name: _____	Date of Birth: _____
Height (inches): _____	Weight (pounds): _____
Gender: _____	
Alberta Health Care Number: _____	
Primary Diagnosis: Onset: _____	
Secondary Diagnosis: _____	

Impairment	Normal/Abnormal	If Abnormal, please be specific in comments.
Auditory		Assistive Devices:
Speech		Assistive Devices:
Oral Motor Function		
Vision		
Sensation		
Circulatory		
Cardiac		
Respiratory		
Incontinence		
Shunt		
Diabetic	YES NO	TYPE:
Behavioral or Psychological Concerns		
Spinal/Joint Abnormalities		
Hip Subluxation or Dislocation		LEFT/RIGHT/BOTH

Impairment	Normal/Abnormal	If Abnormal, please be specific in comments.		
Scoliosis*	YES/NO	DEGREE:		
Harrington Rods or Equivalent*	YES/NO	TYPE/DATE/REASON:		
Gross Motor Skills: Upper Extremity Lower Extremity	GOOD	FAIR	POOR	COMMENTS
Fine Motor Skills	GOOD	FAIR	POOR	COMMENTS
Balance: Sitting Standing Dynamic	GOOD	FAIR	POOR	COMMENTS
Muscle Tone: Trunk Upper Extremity Lower Extremity	GOOD	FAIR	POOR	COMMENTS
Pain	YES/NO	Explain:		
Ambulatory	YES/NO	Please describe Mobility Aids/Devices		
Surgery	REASON/DATE			
Seizure Disorder*  <i>*Only Absence Seizures Permitted*</i>	YES/NO	TYPE:  DATE OF LAST SEIZURE:  MEDICATIONS:		
Down Syndrome*	YES/NO	Requires an Atlanto-Axial X-Ray		
Cerebral Palsy*	Type	Athetoid CP Requires Flexion – Extension X-Ray		

\* See Contraindications and Precautions for Therapeutic Riding as well as additional forms that may be required. This material is included with the Physician Referral Form. Additional CanTRA Policies are available on our website.

Allergies	SPECIFY: Epinephrine Auto Injector: YES                      NO
Immunizations Up to Date	MEDICATION: YES            /NO
Date of Last Tetanus	

Medications	Dosage	Time	Reason	Side Effects

Have there been any medication changes in the past six (6) months that would affect this individual's balance or ability to ride? YES/NO (if Yes, please explain): \_\_\_\_\_

\_\_\_\_\_

Additional Comments:

Please Note: Certain disabilities and conditions are contraindicated for therapeutic riding. Please refer to the attached list of contraindications and precautions. Are there any other physical, mental health or behavioral issues that we need to be aware of that would affect this individual's eligibility into 4:13TRA's Therapeutic Riding Program? YES/NO (if Yes, please explain): \_\_\_\_\_

\_\_\_\_\_

**To my knowledge, there is no reason why this individual cannot participate in supervised therapeutic riding lessons and related equestrian activities. I hereby give my permission for the above individual to participate in 4:13TRA's Therapeutic Riding Program.**

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Four:Thirteen Therapeutic Riding Association CONTRAINDICATIONS AND PRECAUTIONS FOR THERAPEUTIC RIDING

The following conditions represent precautions or contraindications to therapeutic horseback riding if present in potential participants. Contraindications are symptoms or conditions that are identified as being non beneficial or harmful to a person participating in therapeutic riding. Therefore, when completing the physician's referral, please note whether these conditions are present and to what degree.

### **ABSOLUTE CONTRAINDICATIONS**

#### **ORTHOPEDIC**

- Acute Arthritis
- Acute Herniated Disc or Prolapsed Disc
- Atlanto-Axial Instabilities
- Coxarthrosis (degeneration of hip joint)
- Structural Cranial Deficits
- Osteogenesis Imperfecta
- Pathological Fractures
- Spondylothesis
- Structural Scoliosis  $\geq 30$  degrees
- Excessive Kyphosis or Lordosis or Hemivertebra
- Spinal Fusion/Fixation, Harrington Rod
- Spinal Stenosis
- Unable to Control Trunk &/or Neck Movement

#### **MEDICAL/PSYCHOLOGICAL**

- Obesity or  $\geq 170$  lbs
- Anticoagulants
- Actively Dangerous to Self or Others
- Actively Delirious, Dissociative, Confused

#### **NEUROLOGICAL**

- CVA Secondary to unclipped Aneurysm or Angioma
- Paralysis due to Spinal Cord Injury above T6 (adult)
- Spina Bifida Associations – Chiari II Malformation, Hydromyelia, Tethered Cord
- Uncontrolled Seizures within the last 6 months

#### **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**

#### **ORTHOPEDIC**

- Arthrogyposis
- Heterotopic Ossification
- Hip Subluxation, Dislocation or Dysphasia
- Osteoporosis
- Spinal Instabilities/Abnormalities
- Spinal Orthoses
- Joint Replacement
- Hyper/Hypotonia
- Achondroplasia
- Amputations
- Rheumatoid/Osteoarthritis

#### **MEDICAL/PSYCHOSOCIAL**

- Abusive or Disruptive Behavior
- Cancer
- Hemophilia
- History of Skin Breakdown or Skin Grafts
- Incontinence (must wear protection)
- Peripheral Vascular Disease
- Abnormal Fatigue/Poor Endurance
- Respiratory Compromised

#### **NEUROLOGIC**

- Amyotrophic Lateral Sclerosis
- Fibromyalgia
- Guillain Barre Syndrome
- Myasthenia Syndrome
- Lou Gehrigs Disease
- Rett Syndrome
- Exacerbation of Multiple Sclerosis
- Post Polio Syndrome
- Hydrocephalus/Hydrocephalic Shunt
- Sensory Deficits
- Serious Heart Condition or Hypertension
- Significant Allergies
- Surgery within the last three months
- Uncontrolled Diabetes
- Indwelling Catheter
- Myopathy/Muscular Dystrophy (MD)/Spinal Muscular Atrophy (SMA)
- Chronic Fatigue Immune Dysfunction



## **Four:Thirteen Therapeutic Riding Association**

### **MEDICAL POLICIES**

The goal of these policies is to ensure a safe riding environment for therapeutic riding clients, instructors, volunteers and staff. This policy refers to all types of clients including, but not limited to, riders, drivers, grooming participants, campers and day program participants.

#### **SEIZURE**

Clients with a prior history of seizures who are applying for admission to CanTRA accredited centres must, at the time of application, have been seizure-free for 6 months on medication OR for one year without medication\*. \*Exception: Clients that experience 'absence' seizures (seizures that do not affect balance, posture or tone) would be permitted to ride if they always have a leader to control the horse and a sidewalker to ensure safety in the case of an absence seizure while riding. Riders with absence seizures may not ride independently. The above criteria also apply to all riders with a history of seizures, participating in a therapeutic riding program. One-time seizures: In the case where a rider with no history of seizures experiences a one-time seizure or seizure-like event, the rider will be required to discontinue riding until they have been approved by the centre's medical committee to re-enter the program. If the centre does not have a medical committee, then the decision for a rider to return will be made by the Executive Director/ Managing Director (and/or the Head Instructor) and the Board of Directors. This decision can only be made once the appropriate investigation and paperwork have been completed: 1. Documentation from the doctor must be provided to the centre, stating an opinion as to whether the episode was or was not a seizure. 2. If the doctor deems it a seizure, the same waiting period would apply as for a rider new to the program (see above). 3. If the doctor feels it was not a seizure, the rider may return to lessons as usual.

#### **ATLANTO-AXIAL INSTABILITY**

All rider candidates who have Down Syndrome should have a detailed neurological examination before being accepted for riding. Persons diagnosed with Down Syndrome cannot be accepted for riding instruction without proof of a negative diagnostic X-ray for atlanto-axial instability. This form must be accompanied by a signed and dated statement from a qualified physician giving the date and result of the diagnostic X-ray.

For more the benefits on therapeutic riding please refer to our website [www.413therapeuticriding.com](http://www.413therapeuticriding.com)



## Four:Thirteen Therapeutic Riding Association

### **FLEXION/EXTENSION X-RAY IS 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 Deformity
- Ankylosing Spondylitis
- Congenital Atlanto-Occipital Instability
- Klippel-Feil Syndrome
- Chiari Malformation with Condylar Hypoplasia
- Fusion of C2-C3
- Lateral Mass Degeneration changes at C1-C2
- Systemic Lupus
- Morquio Disease
- Non-Rheumatoid Cranial Settling
- Subluxation of Upper Cervical Vertebrae due to Tumors or Infection
- Idiopathic Laxity of the Ligaments
- Grisel's Syndrome
- Lesch-Nyhan Syndrome
- Marshall-Smith Syndrome
- Diffuse Idiopathic Hyperostosis
- Congenital Chondrodysplasia
- Congenital Scoliosis
- Osteogenesis Imperfecta
- Achondroplasia
- Neurofibromatosis
- Larsen Syndrome
- Spondyloepiphyseal Dysplasia Congenita
- Chondrodysplasia Punctata
- Metatropic Dysplasia
- Kniest Syndrome
- Odontoid Abnormalities
- Ossiculum Terminale
- Third Condyle
- Hypoplasia or Absence of the Dens
- Pseudoachondroplasia
- Cartilage-Hair Hypoplasia
- Scott Syndrome
- Infections of the Head and Neck
- Tumors
- Spinal Trauma
- Steroid Therapy



## Four:Thirteen Therapeutic Riding Association

### Atlanto-Axial Instability X-Ray Request Form

Four:Thirteen Therapeutic Riding Association is requesting an Atlanto-Axial X-ray to determine atlanto-axial stability.

Due to the movement patterns and velocity forces the body experiences during acceleration and deceleration while horseback riding, 4:13TRA wants to ensure that this is a safe and beneficial activity for the applicant.

**Applicant Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Applicant has had a detailed neurological exam?	___ YES	___ NO
Applicant has had an Atlanto-Axial X-ray?	___ YES	___ NO
Date of x-ray: _____		
A neurologist has determined that the gap between C1 and C2 is less than 4.5 mm?	___ YES	___ NO
Please attach a copy of the Radiologist's X-ray report.		
The applicant's Physician has approved therapeutic riding as suitable for the applicant?	___ YES	___ NO

Please indicate how often the atlanto-axial x-ray should be updated?

Yearly \_\_\_\_\_ Every 2 Years \_\_\_\_\_ Every 3 Years \_\_\_\_\_ Other \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician's Name (print):** \_\_\_\_\_

**Note:** Due to the nature of this activity, persons diagnosed with Downs Syndrome cannot be accepted for therapeutic riding instruction services without proof of a stable atlanto-axial cervical spine. This form must be completed, signed and dated by a qualified physician giving the date and result of the diagnostic x-ray.



## Four:Thirteen Therapeutic Riding Association Flexion/Extension X-Ray Request Form

Four:Thirteen Therapeutic Riding Association is requesting a flexion/extension x-ray for the following applicant \_\_\_\_\_ to be completed for atraumatic factors that may be associated with an unstable upper cervical spine as per the diagnosis of: \_\_\_\_\_.

Due to the movement patterns and velocity forces the body experiences during acceleration and deceleration while horseback riding, 4:13TRA wants to ensure that this is a safe and beneficial activity for the applicant.

Applicant has had a detailed neurological exam?	___ YES	___ NO
Applicant has had a flexion/extension x-ray?	___ YES	___ NO
Date of x-ray: _____		
A radiologist has determined the cervical spine is stable?	___ YES	___ NO
Please attach a copy of the Radiologist's x-ray report.		
Applicant's physician approves riding as suitable?	___ YES	___ NO

Please indicate how often this flexion/extension x-ray should be updated?  
Yearly \_\_\_\_\_ Every 2 Years \_\_\_\_\_ Every 3 Years \_\_\_\_\_ Other \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician's Name (print):** \_\_\_\_\_

**Note:** Due to the nature of this activity, persons diagnosed with any conditions listed as requiring a flexion/extension x-ray cannot be accepted for therapeutic riding services without proof of a negative diagnostic x-ray for instability of the cervical spine. This form must be completed, signed and dated by a qualified physician giving the date and result of the diagnostic x-ray.