

BEND

THERAPEUTIC RIDING

Balanced Equine Nurtured Development

Dear Physician,

One of your patients has contacted our organization expressing an interest in joining our Therapeutic Riding Program.

Therapeutic Riding encompasses collectively all horse-related activities for people with disabilities. Emphasis is put on learning functional riding skills for therapeutic purposes. Because therapeutic riding encompasses so many areas of development, it can be broken down into classifications, which represent different approaches that could be taken for each individual.

Before participating in a Therapeutic Riding Program, all rider candidates must have a medical doctor complete a physician referral form. People with disabilities should not participate in therapeutic riding until a medical advisor and/or another appropriate professional such as a physiotherapist or an occupational therapist, have evaluated them and determined that riding is a safe and suitable activity for them. The program reserves the right to determine the candidate's suitability for inclusion in the program. If riders experience any changes in the nature or extent of their disability, they must obtain a physician's update.

Enclosed is a Physician Referral Form and a list of contraindications and precautions for Therapeutic Riding.

To ensure we are using accurate information, if the form is filled out by any person other than the physician it will be returned to the applicant. Some portions may be completed by a physiotherapist or occupational therapist in addition to the physician.

Sincerely,

Jessica Lawford
(she/her/hers)
Owner/Operator & Head Instructor
BEND Therapeutic Riding
Balanced Equine Nurtured Development
Phone (204)223-4236
Website www.bendtherapeuticriding.ca



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Please review the list of contraindications and precautions, and consider the ones that may be applicable for your patient. As well, please review the list of conditions that require cervical spine and/or flexion- extension X-Ray. If an X-Ray is indicated, please attach a copy of the results of the X-Ray report to this referral. Where possible, please be specific with your comments. Your comments will help our therapists and instructors decide on this patient's suitability for riding and help them provide a better quality individualized program for the patient.

CONTRAINDICATIONS AND PRECAUTIONS TO 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
- Spondylolisthesis
- Structural scoliosis >30 degrees, excessive kyphosis or lordosis or hemivertebra
- Spinal stenosis
- Hip subluxation, dislocation or dysplasia (one hip)

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

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

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

NEUROLOGICAL

- Amyotrophic Lateral Sclerosis
- Fibromyalgia
- Gullian Barre Syndrome
- 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

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

Horseback riding is considered a risk sport; therefore the highest standards of safety and therapeutic riding instruction, as per the Canadian Therapeutic Riding Association, are maintained.

Please don't hesitate to ask any further questions you may have. Thank you for your valuable time and energy.

Sincerely,

Jessica Lawford
(she/her/hers)
Owner/Operator & Head Instructor
BEND Therapeutic Riding
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Physician Referral Form

How often should this form be updated?
Please circle one to indicate length of validity

Yearly

Every 2 Years

Every 5 Years

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NAME OF INDIVIDUAL		PHONE	
ADDRESS		CITY/POSTAL CODE	
AGE	DOB	HEIGHT	WEIGHT

PATIENT OR PATIENT'S PARENT/GUARDIAN NAME	PRIMARY PHONE	SECONDARY PHONE
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EMAIL

PRIMARY DIAGNOSIS	DATE OF ONSET
SECONDARY DIAGNOSIS	DATE OF ONSET

PLEASE BE SPECIFIC WHEN COMMENTING ON IMPAIRMENTS		IF ATYPICAL, COMMENTS
AUDITORY IMPAIRMENTS	YES NO	
SENSORY IMPAIRMENTS	YES NO	
ORAL MOTOR FUNCTION	NORMAL ATYPICAL	
VISUAL IMPAIRMENTS	YES NO	
CIRCULATORY IMPAIRMENTS	YES NO	
NORMAL SENSATION	YES NO	
BEHAVIOURAL OR PSYCHOLOGICAL CONCERNS	YES NO	

INCONTINENCE	BOWEL YES NO	BLADDER YES NO	
SEIZURE DISORDER	TYPE: DATE OF LAST SEIZURE	MEDICATIONS	
DIABETES	TYPE I	TYPE II	
HIP SUBLUXATION OR DISLOCATION	LEFT	RIGHT	BOTH

GROSS MOTOR SKILLS	GOOD	FAIR	POOR	COMMENTS
FINE MOTOR SKILLS	GOOD	FAIR	POOR	COMMENTS
BALANCE (SITTING)	GOOD	FAIR	POOR	COMMENTS
BALANCE (STANDING)	GOOD	FAIR	POOR	COMMENTS
BALANCE (WALKING)	GOOD	FAIR	POOR	COMMENTS
MUSCLE TONE UPPER EXTREMITIES LOWER EXTREMITIES TRUNK	HIGH HIGH HIGH	LOW LOW LOW	NORMAL NORMAL NORMAL	COMMENTS

MEDICATIONS (PLEASE SPECIFY) ATTACH SEPARATE SHEET IF NECESSARY	
RELEVANT MEDICATION SIDE EFFECTS	
RELEVANT SURGERIES AND DATES	
ASSISTIVE DEVICES	
SHUNTS	YES COMMENTS NO
COMMUNICABLE DISEASES	YES COMMENTS NO

ALLERGIES (PLEASE SPECIFY)	EPINEPHRINE AUTOINJECTOR YES NO
DATE OF LAST TETANUS	
IMMUNIZATIONS UP TO DATE	
DOWN SYNDROME & RHEUMATOID CERVICAL SPINE X-RAYS (see contraindications) **Must be within 5 years and redone every 5 years until adulthood**	

ALL RIDERS WITH A DIAGNOSIS OF DOWN SYNDROME REQUIRE A NEGATIVE DIAGNOSTIC X-RAY FOR ATLANTO-AXIAL INSTABILITY.

COMMENTS

In my opinion, this patient can receive therapeutic riding under proper instruction. I understand that this patient may receive assessment by a 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