

Information for Physician

The following conditions, if present, may represent precautions or contraindications to hippotherapy and/or therapeutic riding. **Please indicate whether these conditions are present and to what degree.**

Orthopedic

Spinal Fusion
Spinal Instabilities / Abnormalities
Scoliosis
Kyphosis
Lordosis
Hip Subluxation / Dislocation
Osteoporosis
Pathologic Fractures
Coxas Arthrosis
Heterotopic Ossification
Osteogenesis Imperfecta
Cranial Deficits
Spinal Orthoses
Internal Spinal Stabilization Devices
Atlantoaxial Instability - include neurologic symptoms

Medical/Surgical

Allergies
Cancer
Poor Endurance
Recent Surgery
Diabetes
Peripheral Vascular Disease
Varicose Veins
Hemophilia
Cardiac Condition
Stroke

Neurologic

Hydrocephalus / Shunt
Spina Bifida
Tethered Cord
Chiari II Malformation
Hydromyelia
Paralysis due to Spinal Cord Injury
Seizure Disorders

Secondary Concerns

Behavior Problem
Acute Exacerbation of Chronic Disorder
Indwelling Catheter

**** PHYSICIANS PLEASE TAKE NOTE: If approving for Hippotherapy, a signature is REQUIRED in BOTH boxes below. ****

Physician's Statement for All Participants:

To my knowledge there is no reason why this person cannot participate in supervised equestrian activities. I understand that the PATH center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the PATH center for ongoing evaluation to determine eligibility for participation.

Physician's Name (Please Print): _____ Phone: _____

Physician's Signature: _____ Date: _____

Address: _____
Street City State Zip

Prescription for Hippotherapy Participants Only:

Prescription for occupational, speech therapy, and physical therapy utilizing hippotherapy as a therapeutic strategy. Functional goals will integrate improvement with balance, strength, posture, communication, and activities of daily living.

Physician's Signature: _____ Physician's Name: _____



CTRH

Cincinnati Therapeutic Riding
and Horsemanship

1342 U.S. Highway 50

Milford, Ohio 45150

Phone: 513-831-7050, Secure Fax: 844-716-2708

info@ctrhequinetherapy.org