



3885B 96 St, Delta BC V4K 3N3 | Tel/Fax : 604-590-0097
www.ponypals.org | email ponypalstra@yahoo.ca

New Riders Application

Date of application: _____

Parent or Care Worker _____

Rider Name: _____

Telephone: _____

Home Address: _____

Problem/Diagnosis:

Medical Forms Returned? Yes No

Please include any comments:

P.P.T.R.A.

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**Physicians Referral (physical disabilities)
and/or Therapists Referral (other)**

Client Name: _____

Birthdate: _____ Male Female _____

Care Card #: _____

Diagnosis: _____

Date of onset: _____

Medical History _____

Psychological: _____

Medications: _____

Allergies _____

Asthma or Respiratory Issues? Yes No

Communicable Disease? Yes No

If yes, explain: _____

Visual Impairments: _____

Circulation: _____

Auditory Impairments: _____

Neurosensation: _____

Speech impairments: _____

Balance: _____

Spasticity and/or Rigidity: _____

Coordination: _____

Braces: _____

Assistive Devices: _____

Seizures: _____

Incontinence: _____

In my opinion, this patient can receive horseback riding as a therapy under appropriate supervision. In conjunction with the riding program, I concur in the referral of the patient to the head coach for evaluation of his/her physical abilities and/or limitations in performing exercises.

If the rider has Down Syndrome, an X-ray clearing him/her of ATLANTO-AXIAL INSTABILITY must be taken and confirmed in letter form along with this form.

PRECAUTIONS OR CONTRAINDICATIONS TO PHYSICAL THERAPY:

Physicians name: _____

Billing # _____ Telephone # _____

Today's Date: _____

Physicians Signature: _____



Client Information

Date form completed: _____

Full Name of Client: _____

Date of Birth: _____ Age: _____

Height: _____ Weight: _____

Street Address _____

Postal Code: _____

Telephone Home: _____ Work: _____ Cel: _____

Doctor's Name: _____ Phone: _____

Parent/Legal Guardian: _____

School: _____

Class: _____

Present forms of Communication: _____

Any Maladaptive Behaviours: _____

Present Programs: _____

Short and Long Term Goals: _____

Strengths: _____

Needs: _____

Self care skills (ie: toileting, dressing, as related to horseback riding): _____

Previous Riding Experience: _____

other: _____



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 students. 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 or prolapsed disc
- Atlanto-axial instabilities
- Coxa athrosis (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 2nd to unclipped aneurysm or angioma
- Paralysis due to spinal cord injury above T6 (adult)
- Spina bifida associations - Chiari II Malformation, Hydromyelia, Tethered Cord
- Uncontrolled (grand mal) seizures within last 6 months

MEDICAL/PSYCHOLOGICAL:

- Obesity >180 lbs
- Anticoagulants

OTHER:

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

RELATIVE CONTRAINDICATIONS AND PRECAUTIONS

ORTHOPEDIC:

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

NEUROLOGIC:

- Neuromuscular disorders: Amyotrophic Lateral Sclerosis, Fibromyalgia, Gullian Barre, exacerbation of Multiple Sclerosis, Post Polio Syndrome
- Hydrocephalic shunt

RELATIVE CONTRAINDICATIONS AND PRECAUTIONS CONTINUED**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 hearth 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:

- Os odontoidum
- Down syndrome
- 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 hydroplasia
- 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 tumors or infections
- Idiopathic laxity of the ligaments
- Grisel's syndrome
- Lesch-Nyhan syndrome
- Marshall-Smith syndrome
- Diffuse idiopathic hyperostosis
- Congenital chondrodysplasia