



# Cowichan Therapeutic Riding Association

at Providence Farm

1843 Tzouhalem Rd., Duncan, B.C. V9L 5L6

## PHYSICIAN'S REFERRAL (4 pages)

*Note: It is important that this form be filled out in detail (e.g. height, weight, etc.) in order for the instructor and medical team to match the rider with the mount. A list of contraindications and precautions to therapeutic riding is enclosed for your information—please initial that you have reviewed these pages.*

\*Name of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ Occupation/Student: \_\_\_\_\_

\*Next of Kin/Guardian: \_\_\_\_\_

\*Participant or Parent/Guardian Phone Number: \_\_\_\_\_

Living at Home: \_\_\_\_\_ Other: \_\_\_\_\_

### Medical Information

Primary Diagnosis: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex:  M  F

Diabetic: \_\_\_\_\_ Insulin: \_\_\_\_\_ Epileptic: \_\_\_\_\_

If epileptic, frequency of seizures: \_\_\_\_\_ Date of last seizure: \_\_\_\_\_

Medications: \_\_\_\_\_

For: \_\_\_\_\_

Communicable disease: Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, explain: \_\_\_\_\_

**Surgery:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ambulatory: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, specify: \_\_\_\_\_

### Muscle Tone: (spasticity, flaccidity, etc.):

Tone in upper extremities: \_\_\_\_\_

Tone in lower extremities: \_\_\_\_\_

Tone in trunk: \_\_\_\_\_

Phone: (250)746-1028 Fax: (250)746-1033

info@ctra.ca www.ctra.ca

Charity Number: 891723843RR0001



# Cowichan Therapeutic Riding Association

at Providence Farm

1843 Tzouhalem Rd., Duncan, B.C. V9L 5L6

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: \_\_\_\_\_

**\*\*\*IMPORTANT\*\*\* When do you recommend this patient to reassessed?** \_\_\_\_\_

I hereby give my permission for the above individual to participate in the Cowichan Therapeutic Riding program at Providence Farm.

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

Physician's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*(please print clearly)*

Physician's Address: \_\_\_\_\_ Date: \_\_\_\_\_  
*(please print clearly)*

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

## EXTENDED PHYSICIAN'S REFERRAL

To: Cowichan Therapeutic Riding Association Re: Patient Name \_\_\_\_\_

The last medical referral submitted on \_\_\_\_\_ is still valid.

There have been no significant changes to the condition of the client other than as noted below.

\_\_\_\_\_  
\_\_\_\_\_

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

Physician's Name: \_\_\_\_\_

**Phone: (250)746-1028 Fax: (250)746-1033**

info@ctra.ca www.ctra.ca

Charity Number: 891723843RR0001



# Cowichan Therapeutic Riding Association

at Providence Farm

1843 Tzouhalem Rd., Duncan, B.C. V9L 5L6

---

## CONTRAINDICATIONS AND PRECAUTIONS TO THERAPEUTIC RIDING

If an individual has any of the following medical conditions, riding is very unlikely to be a beneficial activity for him/her, and is even likely to be harmful. Before an individual is accepted into the Cowichan Therapeutic Riding Association program, both physician and medical committee (CTRA) should be consulted concerning the suitability of therapeutic riding for that person. CTRA may require further medical documentation from any individual at any time in order for that person to continue to participate in mounted therapies. CTRA reserves the right to deny riding opportunities in the best interest of safety.

### Contraindications

- Moderate to severe **agitation** (confusion, excitement) and/or very disruptive behaviour.
- **Seizures** which are not controlled by medication
- **Spinal instability**, including subluxation (partial dislocation) of cervical (neck) vertebrae.
- **Severe osteoporosis**, which is most common in senior citizens, involves brittleness of the bones – hence increasing the possibility of fractures.
- Pathological fractures arising from a condition, such as osteogenesis imperfecta (**brittle bones**).
- Acute stages of **arthritis**.
- Periods of exacerbation of **multiple sclerosis**.
- **Open pressure sores or wounds**.
- The individual is taking **medication** in a type/dosage that induces a physical state that makes riding risky or inappropriate.
- **Hemophilia**, a congenital condition of the blood characterized by hemorrhages (bleeding).
- The individual is taking **anticoagulant medications** (blood thinners).
- **Atlanto-axial instability** (found in individuals with Down Syndrome) – Individuals with Down Syndrome require a Atlanto-axial x-ray prior to participation.
- **Spondylothesis** (subluxation of the lower lumbar vertebra on the sacrum).
- **Coxarthrosis** (degeneration of the hip joint) – riding is too stressful on this joint.
- **Detached retina** (condition of the eye).
- **Acute herniated intervertebral disk**, which may press on spinal nerve roots.
- **Complete quadriplegia**, occurring as a result of a spinal injury.
- **Structural scoliosis greater than 30 degrees, excessive kyphosis** (rearward increase of the curvature of the thoracic spine), **lordosis** (increased forward curvature in the lumbar spine), or **hemivertebra** (a congenital defect in which one side of a vertebra is incomplete).
- **Dislocation, subluxation, or dysplasia** (abnormal development) of the hip(s) with significant restriction or asymmetry.
- Any condition that therapist, physician, or program instructor, medical committee, or manager do not feel comfortable treating through ridden therapy.
- Riders should wait for at least 6 months after a **rhizotomy** (a neurosurgical procedure) before participating in any riding program.

I have reviewed the information on this form.

Physician Initial: \_\_\_\_\_

---

Phone: (250)746-1028 Fax: (250)746-1033

info@ctra.ca www.ctra.ca

Charity Number: 891723843RR0001



# Cowichan Therapeutic Riding Association

at Providence Farm

1843 Tzouhalem Rd., Duncan, B.C. V9L 5L6

---

## Precautions and Possible Contraindications

- Prolonged use of Dilantin.
- Incontinence.
- Hydrocephalus, presence of shunt(s).
- Sensory deficits (unable to feel certain parts of the body).
- Heterotopic ossification.
- Significant allergies to horse hair, dust, hay, etc.
- Recent surgery.
- Serious cardiac (heart) condition.
- Craniotomy (any surgical procedures on the skull).
- Diabetes.
- Peripheral vascular disease, resulting in poor circulation in the extremities.
- Obesity (refer to Rider Weight Policy).
- Extreme fatigue.
- Arnold Chiari malformation, a congenital defect in which the cerebellum and medulla oblongata protrude through the skull, down into the spinal canal, and which is most often associated with other disabilities such as spina bifida.
- Any spinal fusion, whether natural or due to surgical intervention (eg Harrington rod).
- History of skin breakdown and/or skin grafts over the areas of the body that bear weight in riding (seat and legs).
- Tethered cord.
- History of substance abuse which has resulted in fragile blood vessels.
- Rhizotomy (a surgical procedure in which the roots of the spinal nerves along the spinal canal are cut).
- Communicable diseases such as acquired immunodeficiency syndrome (AIDS) or hepatitis B, which can place the persons affected and/or others at risk.

I have reviewed the information on this form.

Physician Initial: \_\_\_\_\_

---

Phone: (250)746-1028 Fax: (250)746-1033

info@ctra.ca www.ctra.ca

Charity Number: 891723843RR0001