

Application Process

To begin the application process, please fill out the attached documents and return to Little Bit. Once we receive all completed documentation and your application has been reviewed you will be formally added to either the Therapy or the Adaptive program waitlist. If you are flexible in your ability to schedule, acceptance into our program may not take long, if we have current openings. You may face a wait of six months or more for specific spots in the schedule.

When a spot opens up for an applicant, you are contacted for follow-up paperwork. When this paperwork is completed and received, an assessment is scheduled. The assessment will be conducted by a licensed therapist or a [PATH Intl.](#) certified instructor depending on which program the applicant is interested in participating in. The purpose of this assessment is to ensure each applicant is appropriate for our programs and that goals and strategies for success are identified early on. Only upon completion of this assessment will the therapist or instructor determine if an applicant is eligible to begin our programs.

Little Bit Programs

We offer two programs: Adaptive Riding and Therapy.

Adaptive Riding focuses on increasing individual riding skills while gaining a therapeutic benefit. The goals set for each rider vary as much as the riders do. Improved physical strength, muscle tone, balance, mobility and hand-eye coordination are some of the visibly enhanced skills. The more subtle improvements are improved self-esteem, self-control and self-confidence. Peer interaction and social skills are also developed in this unique setting. Adaptive riding is taught by a PATH Int. certified instructor and riders participate in a group, once a week, of up to 5 riders and usually lasts one hour.

Equine-assisted Therapy; Hippotherapy (from the Greek "*hippo*" meaning "horse") is an intensive one-on-one therapy session with a physical, occupational, or speech therapist utilizing the movement of the horse as a treatment strategy. Hippotherapy does not teach riding skills; instead the goals are functional goals to improve independence at school, in the community and in the home. The movement of the horse creates a multi-sensory experience that is manipulated and graded by the therapist. This movement creates a pattern that is similar to normal walking in the patient that cannot be duplicated in traditional clinical settings. Treatment off the horse is incorporated in the on-site therapy room or the natural environment of the barn to either prepare the patient for the movement of the horse or address functional goals after the movement of the horse has prepared the patient's body. A typical session includes 30 minutes on the horse and 15 minutes off the horse, and you are seen once a week.

For more information about therapeutic riding you can view the Professional Association of Therapeutic Horsemanship International (PATH Intl.) website www.pathintl.org. The American Hippotherapy Association provides further details about hippotherapy at their website at www.americanhippotherapyassociation.org.

Summer Camp

Each summer, for a week at a time, participants of all ages come to Little Bit for Summer Camp. During these four day camps, campers have the opportunity to practice their horsemanship skills

both on and off the horse. All camps are open to applicants on our wait list, current rider's siblings and riders without disabilities.

Little Bit Fee Information

Little Bit offers lessons 42 weeks out of the year split into four sessions, ranging from 7 to 13 weeks. Riders and patients are seen once a week at the same time each week. Adaptive lessons and Therapy treatments are held Monday through Saturday, we are closed on Sunday.

Adaptive Riding

\$80.00 Adaptive Riding Assessment

\$75.00 per lesson (1 hour for a group, 45 minutes for a semi-private and 30 minutes for a private, all inclusive of mounting time) *Payment is due in full prior to each session (ranging from \$525-\$975 per session, \$3,150.00 for the year).*

Therapy:

\$220.00 Therapy evaluation

\$132.00 per 45-minute treatment

\$176.00 per 60-minute treatment

\$105.00 to 195.00 Facility Use fee (per session, based on session length)

Payment is due at the time of service. Little Bit does not bill insurance companies.

Check with your insurance company for reimbursement rates.

Summer Camp

\$80.00 Summer Camp Assessment

\$500.00 Summer Camp Week

Tuition Aid

Little Bit strives to make scholarship funds available to riders and patients who may not be able to afford the cost of tuition. Tuition aid can be applied to either of our two programs: Adaptive or Therapy, excludes summer camp. Tuition aid is awarded each session on a sliding scale depending on financial need. If you would like to apply for tuition aid, please speak with the Office Manager on how to apply. All completed application materials, including verification of income, must be received by the tuition aid due date in order to be eligible for consideration. Little Bit will notify applicants of their tuition aid status before the start of the session.

DSHS/DDD/DDA

Little Bit does not accept funds from DSHS/DDD/DDA.

Please contact Little Bit with any questions at 425-882-1554.

Precautions & Contraindications

The following conditions, if present, may represent **PRECAUTIONS** or **CONTRAINDICATIONS** to therapeutic horseback riding. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

Medical/Surgical

Allergies to Grasses, Animals and Dust
Cancer
Diabetes
Hemophilia
Hypertension
Peripheral Vascular Disease
Poor Endurance
Recent Surgery
Serious Heart Condition
Stroke (Cerebrovascular Accident)
Varicose Veins

Orthopedic

Atlantoaxial Instabilities
Coxarthrosis
Cranial Deficits
Heterotopic Ossification
Hip Subluxation and Dislocation
Internal Spinal Stabilization Devices
(such as Harrington Rods)
Kyphosis
Lordosis
Osteogenesis Imperfecta
Osteoporosis
Pathologic Fractures
Osteogenesis Imperfecta
Scoliosis
Spinal Fusion
Spinal Instabilities/Abnormalities
Spinal Orthoses

Neurological

Chiari II Malformation
Hydrocephalus/shunt
Hydromyelia
Paralysis due to Spinal Cord Injury (above T-9)
Spina Bifida
Tethered Cord
Uncontrolled Seizure Disorders

Secondary Concerns

Acute exacerbation of chronic disorder
Behavior Problems
Indwelling catheter
Weight limit 190 lbs.

Little Bit Intake Questionnaire

Please be as specific as possible!

Name of participant: _____ Date of Birth: _____

Name of parents or guardians: _____

Relationship to participant: _____

Home #: _____ Cell #: _____

Address: _____

Email: _____

Add to mailing list/e-newsletter? Y N

Referred by: _____

Height: _____ Weight: _____ (Limit 190 lbs) Gender: _____

Primary Diagnosis: _____

Secondary Diagnosis: _____

After learning about the objectives and cost of each program, we are most interested in: **Hippotherapy** **Adaptive Riding**

****Anyone under 5 years of age is automatically placed in hippotherapy.***

I am interested in applying for tuition aid: Yes No

Does the individual receive any other therapies and if so, what and how often?

(e.g., PT 1x/wk at Children's Hospital, OT 1x/wk at Sunrise Therapy, and school based OT, ST, and PT)

What other activities is the individual involved with?

(e.g., swimming lessons 1x/wk, play group 1x/mo.)

What interests the individual?

(e.g., reading, playing outside, animals)

Does the individual have a para educator at school? Are they in a self-contained classroom? *(e.g., yes, my child has an aide, and he is in a self-contained classroom)*

Does the individual follow directions? 2-step? 3-step?
(e.g., when I ask my child to get his reading book, bring it back to his desk and turn to page 2, he complies, showing that he can follow 3-step directions)

Does the individual have age-appropriate safety awareness?
(e.g., no, when we are in the supermarket parking lot, I need to hold my five-year-old's hand, because he may run in front of a moving car.)

How much physical assistance does the individual need to sit? Stand? Walk?
(e.g., my child needs me to move her from her wheel chair to the toilet. She is able to sit independently for over one minute on the edge of the bed. She uses a power wheel chair to get around.)

What equipment does the individual have?
(e.g., orthotics, wheelchairs, communication application on ipad, picture schedule, walker.)

Is the individual on medications and if so what?

How does the individual communicate?
(e.g., receptively understands verbal language, expressively uses signs and gestures, has an expressive vocabulary of approximately 50 words, 60% of speech is understood by parents.)

How does the individual best learn?
(e.g., mainly by seeing, doing, or listening?.)

Does the individual get frustrated or overloaded easily?
(e.g., yes or no)

If so, what are potential triggers?
(e.g., when routine changes without warning, when startled by a loud noise)

How does the individual calm down?
(e.g., with quiet time away from trigger, hugs, distraction)

How does the individual interact socially with his/her peers?
(e.g., my child enjoys being with other children, but does not know how to initiate play)

What does the individual dislike?
(e.g., afraid of dogs, doesn't like the sound of vacuuming, hates it when people eat in front of him, doesn't like light touch)

Does the individual ever experience seizures and if so, what are they like, when was the last one, and what are the potential triggers? How are the seizures controlled?
(e.g., grand mal, myoclonic, absence. Triggers may include certain sights or stress or fever)

Please describe any previous horse riding experience.

What are the individual's strengths?
(e.g., great sense of humor, hard worker, easy-going, loves people, sensitive and thoughtful, playful)

What short term and long term goals would you like to accomplish by participating in our programs?

If you know that you are interested in therapy, please check areas of concern that you have:

Gross motor coordination	Body awareness
Walking, running, jumping	Visual-motor skills
Balance	Play skills
Strengthening	Sensory integration
Range of motion	Communication
Muscle tone management	Articulation
Wheelchair management	Receptive language
Self-regulation	Expressive language
Fine motor coordination	Social interactions
Writing	Auditory processing
Dressing	Feeding

Please number your preference for therapy (1 through 3):

____ Speech therapy

____ Occupational therapy

____ Physical therapy



HORSEBACK RIDING RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

I, _____, hereby acknowledge that I and/or my legal guardian on my behalf have voluntarily registered to participate in an activity of horseback riding with Little Bit Therapeutic Riding Center.

I fully understand that the activity of horseback riding, or even being near a horse, involves numerous dangers and risks of injury to me. I acknowledge that the assumption of all the risks involved is my responsibility and I completely release Little Bit Therapeutic Riding Center and its agents from all liability for any and all injuries caused by my participation in the general activity of horseback riding. **Please initial to show that you agree_____.**

I fully understand that an animal (horse) irrespective of its training and usual past behavior and characteristics, may act or react unpredictably based on instinct or fright, and that even the most gentle horse, when provoked or frightened, may rear, buck, run away or otherwise act in an unpredictable and dangerous manner. In addition, weather such as thunder, hail, lightening, or snow sliding off of the roof, may cause a horse to rear, buck, run away or otherwise act in an unpredictable and dangerous manner. Having understood these dangers, I fully assume all of the risks involved and completely release Little Bit Therapeutic Riding Center and its agents from liability for any and all injuries to me from the general activity of horseback riding. **Please initial to show that you agree_____.**

I fully understand that riding on any type of terrain can be dangerous to my horse and me and that this danger increases when riding a horse fast, such as at a canter (lope) or at a gallop. Under these conditions, or even while riding at a slower pace, my horse may stumble, be thrown off balance, get caught in a hole or rut, fall, or otherwise be dangerous to me. I also fully understand that I may, at any time, lose control of and/or fall off my horse, or have a collision. I fully assume the responsibility for all of these dangers and risks, and completely release Little Bit Therapeutic Riding Center and its agents from all liability for any and all injuries to me from the dangers and risks as stated above. **Please initial to show that you agree_____.**

I fully understand that animals (horses) and conditions are unpredictable and that the risk of injury or death is inherent to the activity of horseback riding and/or being around horses. I fully assume the responsibility for the risk of injury or death caused by my contact with horses and horseback riding. I completely release Little Bit Therapeutic Riding Center and its agents from any and all liability for any and all injuries or death to me caused by my contact with horses and/or horseback riding. **Please initial to show that you agree_____.**

I agree not to sue, claim against, attach the property of or prosecute Little Bit Therapeutic Riding Center, its officers, board members, affiliated organizations, agents and/or its employees for riding and its related activities, whether or not such injury or death was caused by their negligence or from any other cause. **Please initial to show that you agree**_____.

I agree to release the State of Washington and all of its agencies, agents, contractors, servants and employees from liability for any acts of Little Bit Therapeutic Riding Center causing injuries arising out of premises operation, acts of independent contractors, products completion, or personal injuries sustained due to Little Bit Therapeutic Riding Center's negligence in connection with providing services under this contract.

Please initial to show that you agree_____.

I agree to defend, indemnify and hold harmless Little Bit Therapeutic Riding Center and all of its officers, board members, affiliated organizations, agents and employees for any injury or death caused by or resulting from my participation in the activity of horseback riding and its related activities, whether or not such injury or death was caused by their negligence or from any other cause. **Please initial to show that you agree**_____.

This agreement shall be legally binding upon me, my family, my heirs, my estate, assigns, legal guardians, and my personal representatives. **Please initial to show that you agree**_____.

I have carefully read this agreement and fully understand its contents. I am aware that I am releasing certain legal rights that I otherwise may have and I enter into this release of liability and indemnity agreement on behalf of myself of my own free will. **Please initial to show that you agree**_____.

THIS IS A RELEASE OF LIABILITY. DO NOT SIGN OR INITIAL THE RELEASE IF YOU DO NOT UNDERSTAND AND/OR AGREE WITH ITS TERMS.

Participants under 18 years of age require the signature of a parent or legal guardian.

Signature of parent or legal guardian

Signature of Participant

Print Name

Address

Telephone #

Date



Little Bit
Therapeutic Riding Center

EMERGENCY MEDICAL TREATMENT CONSENT

Participant's Name:		Date of Birth:	Diagnosis:
Address		City & State	Zip
Home Phone	Work Phone	Cell Phone	
Legal Guardian's Name:		Email Address:	
Address		City & State	Zip
Home Phone	Work Phone	Cell Phone	
Physician's Name:			
Address		City & State	Zip
Phone			
Health Care Insurance Company:			Policy #
Emergency Contact:			
Name	Home Phone	Work Phone	Cell Phone
Preferred Hospital:			
Please describe any medical conditions requiring special precautions or treatment (if none, please write "none"):			
Medications:		Dosages:	

Allergies:			

_____ (Participant) and his/her Legal Guardian _____ consent as follows:

In the event of a medical emergency, I authorize Little Bit Therapeutic Riding Center and/or its designated agent to authorize such medical assistance as it deems necessary. I further authorize any licensed physician and/or medical facility to provide any medical or surgical care and/or hospitalization for the participant deemed necessary or advisable until I am available or able to provide more specific authorization.

Dated this _____ day of _____, 20_____.

Please sign one of the options below:

So authorized:

Not authorized:

Participant/Legal Guardian

Participant/Legal Guardian

If the participant is brought to Little Bit Therapeutic Riding Center by caregivers other than the participant's parents, such caregivers are to remain on the Little Bit campus during the entirety of the participant's lesson or notify the front office staff if leaving the campus and provide a contact number. Although Little Bit Therapeutic Riding Center annually reviews this information, the participant or legal guardian is responsible for ensuring that the information is current.