

**Willowbank Equestrian Centre. Centre Équestre la Rive des Saules**

**Program Manage/ Chef de Program: Dr. Carol Miller**

**Ferme Willowbank Farm  
#1811 Concession 1, Plantagenet  
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**Téléphone (613) 673-4875  
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**MEDICAL FORMS / FORMULAIRES MEDICAUX**

**ADDITIONAL INFORMATION REQUIRED**

**for registration and program planning of riders with a PHYSICAL DISABILITY  
LES INFORMATIONS SUPPLEMENTAIRES RÉQUIS pour l'enregistrement et le  
planification du programme des cavaliers avec  
un DÉFI PHYSIQUE  
to be Signed by Physician/ Signées par le médecin**

**For your information / Pour vos informations:**

**INDICATIONS & CONTRAINDICATIONS for/pour HIPPOThERAP(Y)IE**

**If the participant is monitored by a Physiotherapist please provide the attached  
PHYSIOTHERPY EVALUATION -- to be signed by Physiotherapist  
Si le participant est suivi par un physiothérapeute veuillez compléter  
L'ÉVALUATION PHYSIOTHERAPEUTIQUE (attaché) signées par le  
physiothérapeute**

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***Benefits of Therapeutic Riding***

*Horseback riding is one of the oldest and yet most progressive forms of holistic therapy. In ancient Greece work with horses was central to the rehabilitation of traumatized soldiers!*

*Share both bonding and movement with the horse and, through sensitive non-verbal communication, develop an interdependent relationship. This work inspires self-confidence, responsibility and teamwork. Best of all, it is thoroughly enjoyable!*

- *From the beginning, riders improve flexibility, strength, balance, coordination and self-awareness through stimulation of joints, muscles and the nervous system.*
- *Carefully planned experiential exercises develop poise, posture, and emotional balance.*
- *Bonds of caring and responsibility develop as the rider takes part in the daily routine of horses and equipment.*
- *Equestrian skills, teamwork and leadership evolve, and the rider becomes increasingly independent.*
- *Achievement provides motivation and a sense of self-worth as incremental challenges are met.*

*Individual goals are developed for each rider in their selection from the following areas:*

**Physical:** *Normalization of muscle tone, development of gross & fine motor skill, motor coordination, planning & sequencing, flexibility, strength and gracefulness. Learn to ride!*

**Psychological:** *Grounding, centering, self-esteem, reduced aggression, consistency, self control, express preferences and make choices; learn to sense and respect the needs, likes, dislikes, temperament of an Other.*

**Social:** *Relationships - with horse, peers, support team, instructor (assist, compete, be with, avoid, reach out, share, take turns, defend, set boundaries); communicate (receptive & expressive by touch, facial expression, movement, verbal).*

**Educational:** *Attention (span, focus, re-focus, multiple focus, joint attention); academics (colours, symbols, letters, numbers, counting, spelling, reading); learn about horses.*

## **INDICATIONS and CONTRAINDICATIONS for Therapeutic Riding Guidelines for Physicians, Physiotherapists, Parents/Guardians & Adult Riders**

Generally, 'Therapeutic Riding' also known as 'Equine-Assisted Therapy' involves straddling a walking horse controlled by a trained leader or driver, with or without additional supporters. Some quadriplegic patients, or others with poor trunk control may participate prone on the horse with 2 side-walkers and a trained horse leader or driver.

**The list below represents indications, contraindications and precautions to therapeutic riding** as they have been defined by the Hippotherapy Curriculum Committee, which includes representation from the North American Riding for the Handicapped Association (NARHA) Medical Committee. The Hippotherapy Curriculum Committee is not responsible for the misuse of, the misinterpretation of, or the failure to update this information. 'Hippotherapy' involves both a physiotherapist and a therapeutic riding instructor.

### **INDICATIONS:**

The following conditions respond well:

abnormal tone	impaired balance responses
abnormal reflexes	impaired coordination
asymmetry	malalignment
poor postural control	decreased mobility

The primary medical conditions which may manifest some or all of the above problems and may be indications for hippotherapy include:

Cerebral Palsy	Functional Spinal Curvature
Cerebral Vascular Accident	Scoliosis (less than 30 degrees)
Multiple Sclerosis	Kyphosis
Traumatic Brain Injury	Lordosis

### **CONTRAINDICATIONS:**

#### **ORTHOPAEDIC**

- acute herniated disc
- atlanto-axial instability
  - Riders with Down's Syndrome must confirm review by a Radiologist of a cervical X-Ray not more than 5 years old.
- coxa arthrosis (degeneration of the hip joint)
- osteoporosis (severe)
- pathological fractures (i.e. Osteogenesis imperfecta)
- spinal fusion, organic or operative (i.e. Harrington rods)
- spondylolithesis
- structural scoliosis greater than 25-30 degrees or excessive kyphosis or lordosis;
- hemi vertebrae
- unstable spine including subluxation of the cervical spine

**MEDICAL**

acute stage of arthritis  
anti-coagulant medication  
CVA -secondary to unclipped aneurysm, or presence of other aneurysms  
-secondary to angioma that was not totally resected  
drug dosages causing physical states inappropriate to riding environment  
exacerbation of Multiple Sclerosis  
hemophilia  
open pressure sores and/or wounds on contact surfaces  
uncontrolled seizures

**OTHER**

complete quadriplegia secondary to spinal cord injury  
moderate agitation with severe confusion/gross disruptive behavior

**PRECAUTIONS/POSSIBLE CONTRAINDICATIONS**

abnormal fatigue  
allergies to horse hair, dust, hay, mould or etc.  
Arnold Chiari malformation  
cardiac condition  
diabetes  
dislocation, subluxation, dysphasia of hip(s) with significant restriction or asymmetry of hip  
abduction  
heterotrophic ossification  
history of skin breakdown or grafting over bony or weight-bearing areas  
hydrocephalus  
incontinence  
obesity  
peripheral vascular disease  
prolonged use of dilantin (osteoporosis?)  
recent surgery  
sensory deficits  
shunt(s)  
substance abuse  
tethered cord

**Willowbank Equestrian Centre reserves the right to require assessment by a Physiotherapist, and to refuse service to any person with whom the Instructor is not completely comfortable.**

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**PHYSICIAN'S REFERRAL**  
To be completed by Physician

Rider: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Health Card # \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse (rest) \_\_\_\_\_ B.P. \_\_\_\_\_

Diagnosis \_\_\_\_\_

Cause \_\_\_\_\_

Medications (type, purpose, dose, timing) \_\_\_\_\_

\_\_\_\_\_

If Downs Syndrome, atlanto-axial subluxation? Yes \_\_\_\_\_ No \_\_\_\_\_

Cervical X-Ray for Atlanto-Axial Subluxation: Positive \_\_\_\_\_ Negative \_\_\_\_\_ Date \_\_\_\_\_

Tetanus Shot: Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

**Please indicate if the rider has or has had a history of the following secondary problems by circling Yes or No. If YES, please include complete information pertaining to the problem.**

**PROBLEM**

**If YES, or history of, describe**

Psychological impairment	Yes _____ No _____	_____
Mental impairment	Yes _____ No _____	_____
Learning Disability	Yes _____ No _____	_____
Visual Impairment	Yes _____ No _____	_____
Auditory Impairment	Yes _____ No _____	_____
Speech Impairment	Yes _____ No _____	_____

CARDIAC Yes \_\_\_\_\_ No \_\_\_\_\_ \_\_\_\_\_

**CIRCULATORY**

PVD	Yes _____ No _____	_____
Postural Hypotension	Yes _____ No _____	_____
Hemophilia	Yes _____ No _____	_____

**PROBLEM**

**If YES, or history of, describe**

**PULMONARY**

Asthma/COPD Yes \_\_\_\_\_ No \_\_\_\_\_ \_\_\_\_\_

Seizures Yes\_\_\_ No\_\_\_ \_\_\_\_\_  
Controlled? Yes\_\_\_ No\_\_\_ \_\_\_\_\_

SKELETAL

Spinal Cord Injury Yes\_\_\_ No\_\_\_ \_\_\_\_\_  
Subluxing Joints Yes\_\_\_ No\_\_\_ \_\_\_\_\_  
Dislocating Joints Yes\_\_\_ No\_\_\_ \_\_\_\_\_  
Laminectomy/Fusion Yes\_\_\_ No\_\_\_ \_\_\_\_\_  
Scoliosis Yes\_\_\_ No\_\_\_ \_\_\_\_\_  
Brace/Last X-Ray \_\_\_\_\_  
Kyphosis/Lordosis Yes\_\_\_ No\_\_\_ \_\_\_\_\_  
Degree/Type \_\_\_\_\_  
Spondylolithesis Yes\_\_\_ No\_\_\_ \_\_\_\_\_  
Spinal Abnormality Yes\_\_\_ No\_\_\_ \_\_\_\_\_  
Osteoporosis Yes\_\_\_ No\_\_\_ \_\_\_\_\_  
Heterotrophic Ossification  
Yes\_\_\_ No\_\_\_ \_\_\_\_\_  
Joint Disease Yes\_\_\_ No\_\_\_ \_\_\_\_\_  
Cranial Defects Yes\_\_\_ No\_\_\_ \_\_\_\_\_  
Fractures Yes\_\_\_ No\_\_\_ \_\_\_\_\_  
Other Yes\_\_\_ No\_\_\_ \_\_\_\_\_

MOBILITY STATUS

Can the rider ambulate independently? Yes\_\_\_ No\_\_\_

If No, describe \_\_\_\_\_

PROSTHETICS/ORTHOTICS

Type \_\_\_\_\_ Purpose \_\_\_\_\_  
Type \_\_\_\_\_ Purpose \_\_\_\_\_

MEDICAL HISTORY - Please indicate any medical problems not included above:

SPECIAL PRECAUTIONS recommended: \_\_\_\_\_

In my opinion, this patient is suitable to receive equine-assisted therapy. Yes\_\_\_ No\_\_\_

If no, explain: \_\_\_\_\_

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

Physician's Name (Please print) \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Thank you for your valued input!

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### PHYSIOTHERAPY EVALUATION

Rider \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

PT/OT Name \_\_\_\_\_ Tél \_\_\_\_\_ e-mail \_\_\_\_\_

#### WALKING

Able to walk Yes \_\_\_ No \_\_\_

Walks with calipers \_\_\_ crutches \_\_\_ sticks \_\_\_ wheeled support \_\_\_ uses wheelchair \_\_\_

Walks unaided Yes \_\_\_ No \_\_\_ Climbs stairs Yes \_\_\_ No \_\_\_

#### Limitations: (Describe)

MUSCLE TONE \_\_\_\_\_

STRENGTH \_\_\_\_\_

FLEXIBILITY \_\_\_\_\_

BREATHING \_\_\_\_\_

SPEECH \_\_\_\_\_

SIGHT \_\_\_\_\_

HEARING \_\_\_\_\_

SOCIAL \_\_\_\_\_

Areas of pain & degree \_\_\_\_\_

Areas of stiffness & degree \_\_\_\_\_

#### OTHER OBSERVATIONS that may affect the design of the therapeutic riding program:

\_\_\_\_\_

Will you be able to attend one of this patient's first 8 weekly sessions? Yes \_\_\_ No \_\_\_

Would you like to receive rider reports? Yes \_\_\_ No \_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your valued input!