

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

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

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