MyHeroes, LLC.
Overcoming Obstacles, One Hoof At A Time

CONTRAINDICATIONS and PRECAUTIONS to Therapeutic Horseback Riding and Hippotherapy

Any prospective therapeutic riding or therapy client having any of the following contraindications may not be allowed to participate in riding classes due to the risk of severe injury or death because of their condition. Any riding client having any of the following precautions/ contraindications must be evaluated to determine if a safe and beneficial riding experience can be provided for them. All clients must have their physician's permission to participate.

Contraindications

ORTHOPEDIC
Coxa arthrosis (degeneration of hip joint, hip dislocation, subluxation, dysplasia with significant restriction or asymmetry of hip abduction and ROM)
Pathological fractures
Osteoporosis—moderate to severe
Spinal fusion-organic or operative, with insufficient spinal mobility
Atlantoaxial Instability** (See note below)
Spinal Instability producing excessive uncontrolled head and neck movements
Internal Spinal Stabilization Devices
Structural Scoliosis greater than 30 degrees

NEUROLOGIC
Spina Bifida (Hydromyelia, Chiari II Malformation, Tethered Cord)
Spinal Cord Injury above T6
Seizure Disorders (Uncontrolled Grand Mal type)
Hydrocephalus/Shunt with poor head control
Complete quadriplegia secondary to spinal injury

MEDICAL/SURGICAL
Acute arthritis
Agitation with severe confusion
Recent surgery
Anticoagulant medication
CVA secondary to unclipped aneurysm or similar conditions
Open decubitus ulcer/wound on weight bearing surface
Excessive kyphosis, lordosis or hemi vertebrae with decreased spinal mobility
Drug dosages causing physical symptoms
Unstable spine for any reason
Rider body weight exceeding 200 pounds

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Precautions

All conditions listed above can also fall into this category depending on the severity of the condition and current treatment. Each client/rider will be evaluated on an individual basis to determine if a safe and beneficial riding experience can be provided for them. In addition, the following conditions should also be considered precautions to riding therapy:

Allergies/ Asthma (horse hair, dust, etc.)
Obesity
Abnormal fatigue
Peripheral vascular disease
Age-related considerations
Poor endurance
Behavior
Varicose veins
Cancer
Recent surgery
Diabetes
Substance abuse
Hypertension
Recent dorsal rhizotomy (3 months-1 year)
Heart /cardiac conditions
Skin grafts
History of skin breakdown
Sensory deficits
Incontinence
Indwelling catheters

**** All riders with Down Syndrome must be examined by a physician knowledgeable about Atlantoaxial instability (AAI). The exam must include full extension and flexion x-rays of the neck. The results of the x-ray and examination must demonstrate that the individual does not have the Atlantoaxial instability condition. The rider with Down Syndrome must also annually provide information from his/her physician clearly indicating the absence of neurologic symptoms by clinical exam.**

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PARTICIPANT'S MEDICAL HISTORY/PHYSICIAN'S CONSENT

Participant's Name:_____ Date of Birth:_____ Primary Contact Name_____

Address:_____ Phone_____

This Section to be completed by the Primary Care Provider

Primary Diagnosis/Disability_____ Current Height_____ Weight_____

Medications:_____

Does the patient have seizures? Y N Type?_____ Controlled? Y N Date of last _____

Does the patient have a shunt? Y N Date of last revision_____

Please indicate any past or present special needs in any of the following areas:

__Auditory impairment
__Speech impairment
__Visual impairment
__Sensory/tactile defensiveness
__Allergies/asthma
__Pulmonary disease
__Diabetes
__Amputation
__Fractures
__Learning disability
__Mental impairment
__Psychological/emotional impairment
__Hydrocephalus
__Cardiac disease
__Circulatory problems
__Hemophilia
__Subluxating.dislocating joints
__Arthritis/joint disease
__Chronic pains
__Spinal injury Level _____
__Laminectomy/fusion Level _____
__Spinal abnormality
__Osteoporosis
__Cranial defects
__Skin breakdown/grafts
__Other_____
_____

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__Scoliosis Degree and Type_____

__Kyphosis/lordosis Degree and Type_____

__Recent or Prospective Surgery_____

Patient achieves mobility by (check all that apply): _____Independent ambulation _____Wheelchair _____Walker _____Electric wheelchair _____Crutches _____Braces _____Cane Other_____

Type(s) of prostheses/orthotics used by patient:_____

Are there any other special precautions or needs of this patient you would like to advise us of at this time?

_____

_____

If Diagnosis is Down Syndrome, rider must have cervical x-ray for Atlantoaxial subluxation after age 3

X-Ray Result: Positive Negative Date of X-ray_____ Are symptoms of AAI present now? Y N

I have examined_____ and I certify that there are no signs of change or decrease in neurologic function at this time. Physician initials_____

Please attach a copy of the neurologic exam.

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities and/or therapies. I understand My Heroes, LLC will weigh the medical information given against the existing precautions and contraindications. Therefore I refer this person to My Heroes, LLC for ongoing evaluation to determine eligibility for participation in equine assisted services.

Name/Title: _____ MD DO NP PA Other _____

Signature: _____ Date: _____

Address: _____

Phone:(_____)_____ License/NPI Number:_____

Send completed form to: My Heroes, LLC 316 S Washington Avenue, Fort Collins, CO 80521 or fax to (888) 551-6210