



### Information for Physician

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

**\*\* PHYSICIANS PLEASE TAKE NOTE: If approving for Hippotherapy, a signature is REQUIRED in BOTH boxes below. \*\***

#### 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: \_\_\_\_\_

\* Hippotherapy Balanced Rider has fair sitting balance and does not need upper extremity support or external support to maintain posture when the horse is moving. This is subject to therapist/instructor's discretion.

\* Recreational Riding Balanced Rider shows flexibility, strength, posture and the ability to change their weight distribution on the horse as needed. This is subject to therapist/instructor's discretion.

1342 U.S. Highway 50  
Milford, Ohio 45150

Phone: 513-831-7050, Secure Fax: 844-716-2708 [info@ctrhohio.org](mailto:info@ctrhohio.org)