



PART TWO > RIDER APPLICATION > **Physician's Letter**

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**NOTE: Send this letter, in addition to the following 3 pages to your General Physician.**

Date: \_\_\_\_\_

Dear Health Care Provider:

Your patient, \_\_\_\_\_ [Child's name] is interested in participating in supervised equine activities.

In order to safely provide this service, our center requests that you complete the attached Medical History and Physician's Statement Form. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

**Orthopedic**

Atlantoaxial Instability - include neurologic symptoms  
Coxarthrosis  
Cranial Defects  
Heterotopic Ossification/Myositis Ossificans  
Joint subluxation/dislocation  
Osteoporosis  
Pathologic Fractures  
Spinal Joint Fusion/Fixation  
Spinal Joint Instability/Abnormalities

**Neurologic**

Hydrocephalus/Shunt  
Seizure  
Spina Bifida/Chiari II Malformation

**Other**

Age – under 4 years  
Indwelling Catheters/Medical Equipment  
Medications – i.e. Photosensitivity  
Poor Endurance  
Skin Breakdown

**Medical/Psychological**

Allergies  
Animal Abuse  
Cardiac Condition  
Physical/Sexual/Emotional Abuse  
Blood Pressure Control  
Dangerous to Self or Others  
Exacerbations of Medical Conditions  
Fire Settings  
Hemophilia  
Medical Instability  
Migraines  
PVD  
Respiratory Compromise  
Recent Surgeries  
Substance Abuse  
Thought Control Disorders  
Weight Control Disorders

### Precautions and Contraindications

The primary focus of any facility offering equine related services is to provide a safe and productive experience for all participants. Mitey Riders abides by precautions and contraindications as defined by the Professional Organization of Therapeutic Horsemanship International and precautions and contraindications as prescribed by a potential participant's physician.

### Please consider the following when deciding to include therapeutic horseback riding for your client:

- 1) **Movement:** Most equine related services inherently involve movement. If this movement will cause a decrease in the participant's function, and increase of pain, or generally aggravate the medical condition it may not be the intervention of choice.
- 2) **Fall Risk:** Equine related services always present the potential for a fall. Such a fall may cause a greater functional impairment than the participant originally had. The possibility of a fall should be given careful consideration when making this informed decision.

- 3) **Atlantoaxial Instability & Down Syndrome**

There are inherent risks involved with equine related services for individuals diagnosed with Down syndrome and/or atlantoaxial instability. Atlantoaxial instability increases the possibility of injury in an activity that hyper-extends, radically flexes, or creates direct pressure on the neck or upper spine. A fall from a horse, a sudden movement of the horse, or even the horse's normal stride/movement can create hyper-extension or hyper-flexion of the neck and upper spine.

As a result, Mitey Riders, following the guidelines of PATH International, considers any evidence, radiological or by presence of neurologic symptom, a contraindication for therapeutic horseback riding. Accordingly, **neurologic signs always supersede radiographs as a contraindication.**

PATH international requires that all potential participants with Down syndrome have a medical examination by a licensed physician including a complete neurological exam annually that shows **no evidence of AAI or neurologic symptoms.**

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine assisted activities, please contact the center at the address/phone indicated above.

Sincerely,  
Misty Meadows Mitey Riders



### Annual Physician Prescription for Therapeutic Horseback Riding

**NOTE: This section MUST be filled out by your child's General Physician. Mitey Riders may request clearance from an additional medical professional including, but not limited to: PT, OT, Orthopedic Surgeons or others.**

Rider Name (First/Middle/Last): \_\_\_\_\_  
DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. Gender: M / F  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Prescription for Therapeutic Horseback Riding

*This person is NOT medically precluded from participation in equine-assisted activities and therapeutic horseback riding.*

Rider Name (First/Middle/Last): \_\_\_\_\_  
Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_  
Recommended Frequency \_\_\_\_\_  
Precautions (all riders must wear helmets) \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Physician's Name \_\_\_\_\_ MD / DO / NP / PA / Other: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_

### For patients with Down syndrome:

Therapeutic horseback riding is contraindicated by the Professional Association of Therapeutic Horsemanship International if any of the following conditions are present: neurologic symptoms of atlantoaxial instability (AAI) or positive neurologic clinical signs as evaluated by a physician, significant AAI measurement as determined by a physician, or excessive head/neck instability with or without a helmet.

**Physicians: Please verify that this patient has no evidence of AAI and no decrease in neurologic function:**

AtlantoDens Interval X-rays, date: \_\_\_\_\_ Result: + / -

Neurologic Symptoms of Atlanto Axial Instability:

\_\_\_\_\_