

# **GUIDELINES FOR PHYSICIANS/THERAPISTS**

## **CONTRAINDICATIONS AND PRECAUTIONS FOR THERAPEUTIC RIDING**

*The following condition may represent precautions or contraindications to therapeutic horseback riding if present in potential riders. Therefore, when completing the physician's referral, please note whether these conditions are present and to what degree.*

### **Absolute Contraindications:**

#### **1. Orthopedic:**

- Acute arthritis
- Acute herniated or prolapsed disc
- Atlanto-axial instabilities
- Coax arthrosis (degeneration of hip joint)
- Structural cranial deficits
- Osteogenesis imperfecta
- Pathological fractures
- Spondylothesis
- Structural scoliosis > 30 degrees, excessive kyphosis or lordosis or hemivertebra
- Spinal stenosis

#### **2. Neurological:**

- CVA 2<sup>nd</sup> to unclipped aneurysm or angioma
- Paralysis due to spinal cord injury above T6 (adult)
- Spina bifida associations – Chiari II Malformation, Hydromyelia, Tethered Cord
- Uncontrolled (grand mal) seizures within last 6 months
- Epilepsy / Seizures – please indicate frequency and when the last seizure took place. What medications the rider takes that control seizures. The rider MUST BE free of I generalized seizures for six months prior to getting on a horse or under the strict guidelines of the rider's attending physician

#### **3. Medical/Psychological:**

- Anticoagulants

#### **4. Other:**

- Age less than 2 years old
- Any condition that the instructor, therapist, physician or program does not feel comfortable treating

### **Relative contraindications and precautions:**

#### **1. Orthopedic:**

- Arthrogyrosis
- Heterotrophic ossification
- Hip subluxation, dislocation or dysphasia
- Osteoporosis
- Spinal fusion/fixation, Harrington Rods (within 2 years of surgery)
- Spinal instabilities

- Spinal orthoses

## 2. **Neurological:**

- Neuromuscular disorders – Amyotrophic, Lateral Sclerosis, Fibromyalgia, Gullian Barre, exacerbation of Multiple Sclerosis, Post Polio Syndrome
- Hydrocephalic shunt

## 3. **Medical/Psychological:**

- Abusive or disruptive behavior
- Cancer
- Hemophilia
- History of skin breakdown or skin grafts
- Abnormal fatigue
- Incontinence (must wear protection)
- Peripheral vascular disease
- Sensory deficits
- Serious heart condition or hypertension
- Significant allergies
- Surgery within the last three months
- Uncontrolled diabetes
- Indwelling catheter
- Substance abuse

## **Flexion/Extension X-Ray required for Atraumatic Factors that may be associated with an unstable upper cervical spine:**

- Os odontoidum
- Down Syndrome
- Athetoid cerebral palsy
- Rheumatoid arthritis of cervical vertebrae
- Congenital torticollis
- Sprengel deformity
- Ankylosing spondylitis
- Congenital atlanto-occipital instability
- Klippel-Feil syndrome
- Chiari malformation with condylar hydroplasia
- Fusion of C2 and C3
- Lateral mass degeneration change at C1 – C2
- Systemic lupus
- Marquio disease
- Non-rheumatoid cranial settling
- Subluxation of upper cervical vertebra due to tumors or infections
- Idiopathic laxity of the ligaments
- Gruel's syndrome
- Lesch-Nyhan syndrome
- Marshall-Smith syndrome
- Diffuse idiopathic hyperostosis
- Congenital chondrodysplasia