



Dear Professional,

Hope Haven is a non-profit, charitable organization that provides equine programs for individuals with physical, cognitive and social-emotional challenges. These programs may include adaptive riding lessons, carriage driving, hippotherapy, horsemanship and assisted psychotherapy. In order to provide the safest and most effective programming possible, as well as to abide by our charitable status, we require a professional referral to indicate why this individual is appropriate, how they may benefit as well as to make sure their medical history does not place them at risk. After receiving the client's full application, Hope Haven's Program Manager and Physiotherapist together with our CanTRA certified instructors will assess further to determine appropriate programming needs.

If your client has any **physical conditions or medical concerns**, you must be a physician or nurse practitioner completing this form.

If your client does not have any physical or medical concerns, you may fall under one of these professional titles: physiotherapist, occupational therapist, speech pathologist, social worker, psychologist or teacher.

Please review the list of contraindications and precautions below and highlight any that are relevant for your client. Please note that if their condition requires a cervical x-ray these results must be handed in along with this form and may only participate as a rider if the results are negative.

If you have any questions, concerns or would like to discuss your client in more detail, please contact Hope Haven office directly. You can also visit our website to learn about our programs, staff and CanTRA accredited facility.

Thank you for your time assisting your client on their way to achieving success at Hope Haven!

Sincerely,

Robyn Allen PT  
Program Development Manager  
519-986-1247  
program@hopehavencentre.org  
[www.hopehavencentre.org](http://www.hopehavencentre.org)



## PROFESSIONAL REFERRAL FORM

### Client Information

Full Name	DOB (m/d/y)
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### Professional Information

Printed Name	Designation
Phone	Email

**Describe why you think your client may benefit from Hope Haven with regards to their physical, cognitive and/or emotional challenges?**

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In my opinion I believe this client is eligible and would benefit from **on horseback** programming at Hope Haven.

Signature	Date Signed
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My client is not suitable for on horseback programming however I recommend **off horseback** programming at Hope Haven.

Signature	Date Signed
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## CONTRAINDICATIONS & PRECAUTIONS FOR ON HORSE THERAPY

### ABSOLUTE CONTRAINDICATIONS

#### Orthopaedic

- Acute arthritis
- Acute herniated or prolapsed disc
- Atlanto-axial instability (Down Syndrome)
- Coxa arthrosis (degeneration of hip joint)
- Structural cranial deficits
- Osteogenesis imperfecta
- Pathological fractures
- Spondylolisthesis
- Structural scoliosis > 30 degrees, excessive kyphosis or lordosis or hemivertebra
- Spinal stenosis
- Hip subluxation, dislocation or dysplasia (one hip)

#### Neurological

- CVA secondary to unclipped aneurysm or angioma
- Paralysis due to spinal cord injury above T6 (adult)
- Spina bifida associations – Chiari II malformations, hydromyelia, tethered cord
- Uncontrolled seizures within the last 6 months

### RELATIVE CONTRAINDICATIONS & PRECAUTIONS

#### Orthopaedic

- Arthrogyposis
- Heterotopic ossification
- Osteoporosis
- Spinal fusion/fixation, Harrington Rod (within 2 years of surgery)
- Spinal instabilities/abnormalities
- Spinal orthoses

#### Neurological

- Amyotrophic Lateral Sclerosis
- Fibromyalgia
- Guillain Barre Syndrome
- Exacerbation of Multiple Sclerosis
- Post Polio Syndrome
- Hydrocephalic shunt

#### Medical/Psychosocial

- Abuse or disruptive behaviour
- 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 3 months
- Uncontrolled diabetes
- Indwelling catheter
- Substance abuse
- Anticoagulants (bleeding risk)

Other

- Age under 2 years old
- Any condition that the Instructor, therapist, physician or program does not feel comfortable accepting

**FLEXION/EXTENSION X-RAY REQUIRED FOR ATRAUMATIC FACTORS THAT MAY BE ASSOCIATED WITH AN UNSTABLE UPPER CERVICAL SPINE \*\*\*If required, the report must be submitted with along with this form**

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|---|---|
| • Down Syndrome                                 | • Lateral mass degeneration change at C1-C2                           |
| • OS odontoideum                                | • Systemic lupus  |
| • Athetoid cerebral palsy                       | • Morquio disease   |
| • Rheumatoid arthritis of cervical vertebrae    | • Non-rheumatoid cranial settling                                     |
| • Congenital torticollis                        | • Subluxation of upper cervical vertebrae due to tumours or infection |
| • Sprengel's deformity                          | • Idiopathic laxity of the ligaments                                  |
| • Ankylosing spondylitis                        | • Grisel's syndrome   |
| • Congenital atlanto-occipital instability      | • Lesch-Nyhan syndrome  |
| • Klippel-Feil syndrome                         | • Marshall-Smith syndrome   |
| • Chiari malformation with condylar hyperplasia | • Diffuse idiopathic hyperostosis                                     |
| • Fusion of C2-C3                               | • Congenital chondrodysplasia   |