Dear Physician,

Thank you for completing the referral form for your patient to apply to participate in the program at SARI Therapeutic Riding. Your comments will help our therapists and instructors decide on this patient's suitability for riding and help them provide a better quality individualized program for the patient. Where possible, please be specific with your comments. The physician is asked to complete the entire form. For this reason, please stamp the final page of the referral with your office's stamp. If any part of the referral is incomplete or completed by the parent/guardian, the form will be returned to the applicant and they will not be placed onto the wait list. Please take the time to ensure each space is complete.

Please review the list of contraindications and precautions, and consider the ones that may be applicable for your patient. A full index of precautions and contraindications is available on our website at sari.ca/precautions. If you have any questions or concerns, contact the SARI office.

Horseback riding puts participants with Atlantoaxial Instability (AAI) at an increased risk of injury including but not limited to falling from a height, sudden movements of the equine, the weight of the rider' helmet, or repeated motion of the rider with every stride of the horse. The presence of neurological signs in individuals with AAI is a contraindication for mounted activities; riding is not considered safe until the participant's condition improves. For this reason, and in accordance with PATH Intl. Standards, SARI Therapeutic Riding requires annual medical clearance for all participants with Down Syndrome, and any other participant with a condition that may present AAI.

Upon receiving your referral and other documentation from the applicant, he/she will be booked for an assessment by a Physiotherapist or Occupational Therapist prior to entrance into our program. This evaluation will assess the rider's abilities on and off the horse and determine the appropriateness of the applied for program. The assessment will also determine special requirements and adaptations needed for riding. The rider may be reassessed should it be warranted.

Working with equines is considered a high risk activity; therefore, the highest standards of safety and therapeutic riding instruction are maintained as per the Professional Association of Therapeutic Horsemanship International.

SARI offers three sessions per year and classes run weekly for 30-60 minutes, depending on the size and ability of the class participants. Depending on the level of the ability of rider, he/she may have a volunteer lead the horse and may have one or two volunteers walk beside the horse to provide physical support. The majority of classes are walk-trot or walk only. Please consider the implications of the horse's gait (i.e. smooth, choppy, animated) on your patient when on horseback, as well as the potential impact of a rider fall from an equine between 4-7 feet from the ground before deeming this an appropriate activity for the applicant.

Thank you again for completing the referral form. If you have any questions about your patient's participation in the program or have other questions about SARI and therapeutic equine programs in general, please do not hesitate to call the office at 519-666-1123.

Sincerely,

Janine Langley
Executive Director

SARI THERAPEUTIC RIDING

CONTRAINDICATIONS AND PRECAUTIONS FOR THERAPEUTIC RIDING

The following conditions may represent precautions or contraindications to therapeutic horseback riding if present in potential participants. Therefore, when completing the physician's referral, please note whether these conditions are present and to what degree. ***Full index of precautions and contraindications is available on our website at sari.ca/precautions.***

- Achondroplasia
- Age-Related Considerations
- Allergies
- Amputations
- Amyotrophic Lateral Sclerosis (ALS)
- Arthritis, including JRA, rheumatoid arthritis
- Arthrogryposis
- Asthma
- Atherosclerosis
- Attention Deficit Hyperactive Disorder
- Autism Spectrum Disorder
- Autonomic Dysreflexia
- Behaviour and Psychosocial Problems/Conduct Disorder
- Brain Injury/Encephalopathy
- Cancer
- Cerebral Palsy
- Chiari II Malformation
- Childhood Disintegrative Disorder
- Chronic Fatigue Immune Dysfunction Syndrome
- Chronic Obstructive Pulmonary Disease (COPD)
- Communication Disorder
- Cranial Defects
- Cystic Fibrosis
- Degenerative Joint Conditions
- Decubitus Ulcers
- Diabetes
- Dorsal Rhizotomy
- Down Syndrome/Atlantoaxial Instability
- Eating Disorders
- Epilepsy
- Equipment, i.e. feeding tubes, tracheostomies, internal pumps, shunts, catheter, etc.
- Fatigue/Poor Endurance
- Fibromyalgia
- Guillain-Barre Syndrome
- Head/Neck Control
- Heart/Cardiac Conditions
- Hemiplegia
- Hemophilia
- Heterotopic Ossification/Myositis Ossificans
- High Blood Pressure/Hypertension
- Hip Subluxation and Dislocation
- HIV Positive/AIDS
- Hydrocephalus
- Hydromyelia
- Hypertonia/Hypotonia
- Hypochondroplasia
- Hypoxic Ischemia
- Joint Replacement
- Medications, i.e. phototoxicity, photoallergy, anticoagulants, anticonvulsants, antipsychotics, blood thinners, bronchodilators, pain control, etc.
- Migraines/Headaches
- Myelomenigocele
- Myopathy/Muscular Dystrophy/Spinal Muscular Atrophy
- Neuromuscular Disorders/Multiple Sclerosis
- Obesity
- Oppositional Defiant Disorder
- Osteogensis Imperfecta
- Osteoarthritis
- Osteoporosis
- Osteotomy
- Paraplegia
- Pathologic Fractures
- Peripheral Vascular Disease
- Pervasive Developmental Disorder/PDD-NOS
- Post-Polio Syndrome
- Quadriplegia
- Raynaud's Phenomenon
- Respiratory Compromise
- Rett Syndrome
- Sensory Integrative Disorder/Sensory Processing Dysfunction
- Skin Integrity
- Spina Bifida/Spina Bifida Occulta/Spina Bifida Cystica
- Spinal Cord Injury
- Spinal Curvature – scoliosis, kyphosis, lordosis
- Spinal Fusion/Fixation
- Spinal Instability
- Spinal Muscular Atrophy
- Spinal Orthosis
- Stroke/Cerebrovascular Accident
- Substance Abuse/Drug or Alcohol Dependence
- Surgery (recent)
- Total Hip/Knee Replacement
- Trunk Control

SARI THERAPEUTIC RIDING
PHYSICIAN'S REFERRAL

NAME OF CLIENT Click or tap here to enter text.	**DATE OF BIRTH** Click or tap here to enter text.
WEIGHT **Participation in horseback riding may be limited above 170lbs.* Click or tap here to enter text.	**HEIGHT** Click or tap here to enter text.

PRIMARY DIAGNOSIS Click or tap here to enter text.	**DATE OF ONSET** Click or tap here to enter text.
SECONDARY DIAGNOSIS OR ASSOCIATIONS Click or tap here to enter text.	**DATE OF ONSET** Click or tap here to enter text.

PLEASE CIRCLE APPROPRIATE RESPONSE AND COMMENT SPECIFICALLY AND AS NECESSARY

AUDITORY IMPAIRMENTS	**NO** ☐	**YES** ☐	**IF YES, BE SPECIFIC:**Click or tap here to enter text.
SPEECH IMPAIRMENTS	**NO** ☐	**YES** ☐	**IF YES, BE SPECIFIC (i.e. verbal, non-verbal, other):** Click or tap here to enter text. **MODE OF COMMUNICATION (i.e. PECS, ASL):** Click or tap here to enter text.
VISUAL IMPAIRMENTS	**NO** ☐	**YES** ☐	**IF YES, BE SPECIFIC:**Click or tap here to enter text.
BEHAVIOURAL CONCERNS	**NO** ☐	**YES** ☐	**IF YES, BE SPECIFIC: (***as to how the applicant's behaviour may affect their level of risk around horses, i.e. flight risk, aggression, lack of fear, etc.)* Click or tap here to enter text.
MENTAL HEALTH CONCERNS	**NO** ☐	**YES** ☐	**IF YES, BE SPECIFIC:** Click or tap here to enter text.
CIRCULATORY IMPAIRMENTS	**NO** ☐	**YES** ☐	**IF YES, BE SPECIFIC:**Click or tap here to enter text.
ABNORMAL SENSATION	**NO** ☐	**YES** ☐	**IF YES, BE SPECIFIC:**Click or tap here to enter text.

<table>
<tr><td>DOWN SYNDROME & ATLANTOAXIAL INSTABILITY (AAI)</td><td colspan="3">A NEUROLOGIC EXAM HAS DETERMINED THAT NEUROLOGIC SIGNS OF ATLANTOAXIAL INSTABILITY OR FOCAL NEUROLOGIC DISORDER ARE:
☐ Present ☐ Absent

Only for those with a diagnosis of Down Syndrome (or other diagnosis that may present AAI). Annual medical clearance by a physician indicating the absence of neurological signs of AAI is required for participants with this diagnosis. The presence of neurological signs in individuals consistent with AAI is a contraindication for mounted activities; riding is not safe until the participant's condition improves.</td></tr>
<tr><td>INCONTINENCE</td><td>NO
☐</td><td>YES
☐</td><td>Click or tap here to enter text.</td></tr>
<tr><td>DIABETIC</td><td>NO
☐</td><td>YES
☐</td><td>Click or tap here to enter text.</td></tr>
<tr><td>SEIZURES</td><td colspan="3">Although seizures are not always contraindicated to therapeutic riding, we do need to take extra safety precautions in case a rider were to have a seizure while mounted on a horse. It is beneficial for us to have full knowledge of the seizures they experience so our program therapists can determine eligibility for the program.

Please consider the potential impact on your patient of a rider fall from an equine between 4-7 feet from the ground before deeming this an appropriate activity for the applicant.

NONE ☐ ABSENCE ☐ PARTIAL COMPLEX ☐ TONIC CLONIC ☐

ARE SEIZURES CONTROLLED BY MEDICATION? NO ☐ YES☐

DATE OF LAST SEIZURE: Month_____ Year_____

DO THE SEIZURES HAPPEN AT A SPECIFIC TIME EACH DAY? IF YES, PLEASE DESCRIBE:

Click or tap here to enter text.

IS THERE ANY OTHER INFORMATION WE SHOULD BE AWARE OF? Please consider triggers, changes to expect during seizure, duration, when it's a medical emergency, special instructions, etc. If a seizure plan is available, please attach to completed referral.

Click or tap here to enter text.</td></tr>
</table>

HIP SUBLUXATION OR DISLOCATION	**NO** ☐	**YES** ☐	**IF YES, BE SPECIFIC:** Click or tap here to enter text.

CO-ORDINATION OF UPPER EXTREMITIES	☐ **NORMAL**	☐ **ABNORMAL**	☐ **GROSSLY ABNORMAL**
CO-ORDINATION OF LOWER EXTREMITIES	☐ **NORMAL**	☐ **ABNORMAL**	☐ **GROSSLY ABNORMAL**
MUSCLE TONE – UPPER EXTREMITIES	☐ **NORMAL**	☐ **HIGH TONE**	☐ **LOW TONE**
MUSCLE TONE – LOWER EXTREMITIES	☐ **NORMAL**	☐ **HIGH TONE**	☐ **LOW TONE**
MUSCLE TONE – TRUNK & NECK	☐ **NORMAL**	☐ **HIGH TONE**	☐ **LOW TONE**
SITTING BALANCE STATIC	☐ **GOOD**	☐ **FAIR**	☐ **POOR**
SITTING BALANCE DYNAMIC	☐ **GOOD**	☐ **FAIR**	☐ **POOR**
STANDING BALANCE STATIC	☐ **GOOD**	☐ **FAIR**	☐ **POOR**
STANDING BALANCE DYNAMIC	☐ **GOOD**	☐ **FAIR**	☐ **POOR**

MEDICATIONS	**PLEASE SPECIFY, including side effects:** Click or tap here to enter text.	
RELEVANT SURGERIES AND DATES	**PLEASE SPECIFY:** Click or tap here to enter text.	
ASSISTIVE DEVICES, BRACES, SPINAL RODS OR FUSION	**PLEASE SPECIFY:** Click or tap here to enter text.	
SHUNTS	☐ **NO** ☐ **YES**	**IF YES, BE SPECIFIC:** Click or tap here to enter text.
KNOWN ALLERGIES	Click or tap here to enter text.	
DATE OF LAST TETANUS	Click or tap here to enter text.	
COMMUNICABLE DISEASES	☐ **NO** ☐ **YES**	**IF YES, BE SPECIFIC:** Click or tap here to enter text.
DOWN SYNDROME & RHEUMATOID CERVICAL SPINE X-RAYS (see contraindications)	**YEAR & DETAILS (attach report - mandatory)** Click or tap here to enter text.	
FLEXION/EXTENSION X-RAYS REQUIRED (see contraindications)	**YEAR & DETAILS (attach report - mandatory)** Click or tap here to enter text.	
AUTISM SPECTRUM DIAGNOSIS	**DESCRIBE ASSOCIATED BEHAVIOURS:** Click or tap here to enter text.	

CRITERIA FOR INCLUSION IN HIPPOTHERAPY PROGRAM	CHECK ONE: ☐ The applicant is *ABLE* to sit, unaided, on a hard surface for 30 sec. ☐ The applicant is *UNABLE* to sit, unaided, on a hard surface for 30 sec.

PLEASE COMMENT ON HOW THE SPECIFIC PROGRAM (RIDING, GROOMING, SUMMER CAMP, ETC.) MAY BENEFIT THE APPLICANT: Click or tap here to enter text.				
HOW OFTEN SHOULD THIS FORM BE UPDATED?	☐ **YEARLY**	☐ **EVERY 2 YRS**	☐ **EVERY 5 YRS**	☐ **NEVER**

In my opinion, this patient is eligible for the program being applied to at SARI Therapeutic Riding. I understand that this patient will receive an assessment by a physical, occupational therapist. This process will be done to determine suitability for programs with respect to applicant's physical and cognitive abilities and/or limitations in performing exercises and activities around horses.

PHYSICIAN'S NAME (PRINT) Click or tap here to enter text.	**PHYSICIAN'S OFFICE STAMP**
PHYSICIAN'S SIGNATURE	
DATE Click or tap here to enter text.	

SARI treats all personal information as confidential and does not release it to any other organization. Any information provided may be used to decide on this patient's suitability for riding and help provide a better quality individualized program for the patient.

Provide form to: SARI Therapeutic Riding, 12659 Medway Road, Arva ON, N0M 1C0
For further information, please contact the SARI office at 519-666-1123 or office@sari.ca