

# Stable Connections

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4180 Waverley St, Winnipeg MB R3V 1L5 (204)-806-1618 [stableconnections.ot@gmail.com](mailto:stableconnections.ot@gmail.com)

Dear Doctor:

Thank you for completing the Physician's Referral Form for your patient to participate in one of our programs at Stable Connections. Your comments will greatly help our staff provide a better quality program for the applicant. Where possible, be specific with your comments.

Please take some time to review the list of Contraindications and Precautions, and consider the ones that may be applicable to your patient. If you have any questions or concerns, please contact the Stable Connections office at 204-806-1618. Further, please review the list of conditions that require a cervical spine and/or flexion/extension x-ray. If an x-ray is indicated, please attach a copy of the results to this Referral.

When a suitable spot for your patient becomes available, he/she will be contacted to arrange an assessment with the Occupational Therapist at Stable Connections. This is so we can have a face-to-face meeting with the potential participant and assess their suitability for the program, horse requirements, and any special equipment and volunteers that may be required.

All of our therapists are licensed to practice in Manitoba and receive special training to work within the guidelines and best practices of the American Hippotherapy Association to safely and effectively incorporate the movement of the horses in a clinical setting. Our therapists are cross-trained in the movement and behavior of the horse and how it can be applied during a therapy session. We are devoted to improving the daily lives of the clients and families we work with. The unique combination of an on-site clinic, farm environment, and the use of the horse provides a one of a kind therapy setting

Thank you again for completing the Physician's Referral Form. If you have any questions or concerns regarding your patient's participation in our program, or have any other questions about Stable Connections or equine facilitated occupational therapy (Hippotherapy) in general, please do not hesitate to call our office.

Sincerely,

Stable Connections

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## PHYSICIAN'S REFERRAL

NAME OF RIDER		PHONE	
ADDRESS		CITY/POSTAL CODE	
GENDER	DATE OF BIRTH	WEIGHT	HEIGHT
DIAGNOSIS	DATE OF ONSET	EMAIL ADDRESS	

RIDER'S PATENT/GUARDIAN/CONTACT NAME	PHONE
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### PLEASE BE SPECIFIC WHEN COMMENTING ON IMPAIRMENTS

AUDITORY IMPAIRMENTS	NO	YES
SPEECH IMPAIRMENTS	NO	YES
ORAL MOTOR FUNCTION	NORMAL	ABNORMAL
VISUAL IMPAIRMENTS	NO	YES
PSYCHOLOGICAL OR BEHAVIOURAL CONCERNS	NO	YES
CIRCULATORY IMPAIRMENTS	NO	YES

### MISSION STATEMENT

Unbridled abilities for children and adults with special needs.

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<b>SENSATION</b>	YES	NO (WHERE)	
<b>INCONTINENCE</b>	BOWEL	NO	YES
	BLADDER	NO	YES
<b>SPINAL/JOINT ABNORMALITIES</b>	NO	YES	
<b>HIP SUBLUXATION OR DISLOCATION</b>	NO	YES	
<b>COORDINATION IN UPPER EXTREMITIES</b>	NORMAL	ABNORMAL	GROSSLY ABNORMAL
<b>COORDINATION IN LOWER EXTREMITIES</b>	NORMAL	ABNORMAL	GROSSLY ABNORMAL

<b>MUSCLE TONE</b>	<b>ARMS</b>	NORMAL	HIGH TONE	LOW TONE
	<b>LEGS</b>	NORMAL	HIGH TONE	LOW TONE
	<b>TRUNK AND NECK</b>	NORMAL	HIGH TONE	LOW TONE
<b>BALANCE</b>	<b>STATIC SITTING</b>	GOOD	FAIR	POOR
	<b>DYNAMIC SITTING</b>	GOOD	FAIR	POOR
	<b>STATIC STANDING</b>	GOOD	FAIR	POOR
	<b>DYNAMIC STANDING</b>	GOOD	FAIR	POOR
<b>SEIZURES</b>  (SEE LIST OF CONTRAINDICATIONS)		NONE	YES (LIST TYPE)	
		PRE-SEIZURE INDICATORS		DATE OF LAST SEIZURE

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<b>MEDICATIONS</b>	NONE	YES (PLEASE SPECIFY)	
<b>MEDICATION SIDE EFFECTS</b>	NONE	YES (PLEASE SPECIFY)	
<b>RELEVANT SURGERIES AND DATE</b>			
<b>LAST TETANUS VACCINATION DATE</b>			
<b>ALLERGIES</b>			
<b>ASSISTIVE DEVICES OR BRACES</b>		NONE	YES (PLEASE STATE)
<b>DOWN'S SYNDROME &amp; RHEUMATOID CERVICAL SPINE X-RAYS (SUB OCCIPITAL &amp; ATLANTO/AXIAL JOINTS)*</b>  (SEE LIST OF CONTRAINDICATIONS)			YEAR
<b>FLEXION/EXTENSION X-RAYS REQUIRES*</b>  (SEE LIST OF CONTRAINDICATIONS)			YEAR
*WHEN APPLICABLE, PLEASE INCLUDE A COPY OF CERVICAL SPINE OR FLEXION/EXTENSION X-RAY REPORT			
IN MY OPINION, THIS PATIENT CAN BENEFIT FROM EQUINE-FACILITATED THERAPY. I UNDERSTAND THAT THIS PATIENT MAY RECEIVE ASSESSMENT/TREATMENT BY A PHYSIOTHERAPIST, SPEECH-LANGUAGE PATHOLOGIST OR OCCUPATIONAL THERAPIST, IN CONJUNCTION WITH THIS PROGRAM REGARDING HIS/HER PHYSICAL AND/OR BEHAVIORAL ABILITIES/LIMITATIONS IN PERFORMING WITH THIS PROGRAM.			
<b>COMMENTS</b>			

<b>DR'S STAMP – NAME/ADDRESS/PHONE (REQUIRED)</b>	<b>SIGNATURE</b>
	<b>DATE</b>

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## GUIDELINES FOR PHYSICIANS/THERAPISTS

### CONTRAINDICATIONS AND PRECAUTIONS FOR EQUINE-FACILITATED OCCUPATIONAL THERAPY (HIPPO THERAPY)

The following conditions may represent precautions or contraindications to the use of equine movement in the client's care plan if present. Therefore, when completing the Physician's Referral, please note whether these conditions are present and to what degree.

#### **ABSOLUTE CONTRAINDICATIONS**

##### **ORTHOPEDIC:**

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

##### **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

##### **MEDICAL/PSYCHOLOGICAL:**

- Obesity >200 lbs

##### **OTHER:**

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

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## RELATIVE CONTRAINDICATIONS AND PRECAUTIONS

### ORTHOPEDIC:

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

### NEUROLOGIC:

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

### MEDICAL/PSYCHOSOCIAL:

- 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-Fwil syndrome
- Chari malformation with condylar hydroplasia
- Fusion of C2-C3
- Lateral mass degeneration change at C1-C2
- Systemic lupus
- Morquio disease
- Non-rheumatoid cranial settling
- Subluxation of upper cervical vertebrae due to tumors or infections
- Idiopathic laxity of the ligaments
- Grisel's syndrome
- Lesch-Nyhan syndrome
- Marshall-Smith syndrome
- Diffuse idiopathic hyperostosis
- Congenital chondrodysplasia

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