

ATTENTION: PHYSICIANS- CONTRAINDICATIONS

PLEASE REVIEW CAREFULLY BEFORE SIGNING AUTHORIZATION (from North Amer. Riding for Handicapped, 2005)

Allergies

- Known and severe allergies to animals and an equine environment that could cause a medical emergency.

Atlantoaxial Instability (AII) in down Syndrome

- Children under the age of 2
- Neurologic symptoms of atlantoaxial instability or positive neurologic clinical signs as noted by physician

Mobility Restrictions:

- Contractures or spasticity preventing safe positioning on the horse
- Decreased range of motion with pain, stiffness (Coxa arthrosis, Heterotopic Ossification/ Myositis Ossificans)
- Hip subluxation and Dislocation
- Poor postural alignment in the spine, pelvis and/or lower extremities that cannot be corrected by handling techniques or adaptive tack.
- Joint replacements: Inability to avoid unsafe positions or activities for that individual.
- If the participant cannot be safely supported on the horse due to trunk muscle weakness, as in Muscular Dystrophy (MD) / Spinal Muscular Atrophy (SMA).

Head/ Neck Control

- Inability to control for excessive head movement during mounted/ driving activities.
- Participant is unable to hold their head against gravity with a helmet on during static sitting.
- If use of a helmet causes significant strain to the neck muscles, and impairs head control.
- If the participant is positive for atlantoaxial instability with or without neurologic signs. (See Atlantoaxial Instability)

Medical Conditions

- Significant or prolonged fatigue or pain following the equine activity that can exacerbate the condition.
- If overexertion heightens the disease progression
- Uncontrolled hypertension
- During periods of exacerbation of neuromuscular disorders such as Multiple Sclerosis
- If physical exertion, or the environment, will make breathing more difficult while doing the activity or for any time following.
- Appearance or worsening of neurologic symptoms in conditions such as Spina Bifida, tethered cord, Chiari II Malformation

Extreme Behaviors

- Extreme behaviors that are unsafe and/or unable to be controlled
- Serious alterations in mental status including delirium, dementia, dissociation, psychosis or severe confusion
- Active conditions with behaviors of fire setting, self-abuse, animal abuse, sexual abuse, suicidal thoughts or aggression without direct support of a mental health professional.

Cranial Defects

- If an ASTM/SEI helmet for equestrian activities cannot offer complete protection to the head.

Diabetes

- Uncontrolled diabetes and/or assoc. medically unstable conditions.

Obesity

- If the staff is unable to safely manage the participant in any situation, including an emergency dismount and is at risk for harming themselves or the participant.
- If safety or comfort of the equine is compromised during mounted activities potentially resulting in a fight or flight response which in turn could harm the staff or participant.

Equipment Medical Devices/Casts

- If horse is unable to adapt & rider unable to go without
- Female participants with indwelling catheters

Hemophilia (Hemophilia A/ Hemophilia B/ VonWillebrand Disease)

- Severe hemophilia (<1% Factor) and/or a history of bleeding episodes

Osteogenesis Imperfecta (OI)

- Moderate to severe OI with recent fractures, significant scoliosis or poor head/ trunk control.

Osteoporosis

- Moderate to severe osteoporosis
- A history of fractures
- Pain with activity, particularly of the spine

Pathologic Fractures

- Recurrent pathologic fractures without successful treatment of the underlying medical cause.

Peripheral Vascular Disease (PVD)

- If skin damage is present, particularly in a weight bearing area.
- Redness, swelling or pain persists > 15 to 20 minutes after mounted activities and accommodation cannot be made.

Seizure Disorders/ Epilepsy

- Recent seizure activity accompanied by strong, uncontrollable motor activity or atonic or "drop attack" seizures due to their sudden and complete loss of postural muscle tone.
- A change of frequency or type of seizure until the condition is evaluated.
- Inability to manage a participant during an emergency dismount should a seizure occur.

Skin Breakdown

- Open skin areas on a weight bearing surface or on a surface that may be subject to friction (buttocks, inner thighs, calves, hands, etc.)
- Recent skin graft over an area of weight bearing or friction. A release from physician is required to resume mounted activities.

Spinal Cord Injury (SCI)

- Complete spinal cord injury above T-6 without adaptive tack that can assist in stabilization without interference to the movement of the equine and with quick release hardware.

Spinal Curvature

- If the activity produces lasting pain.
- If there is not enough spinal mobility to accommodate to the movement of the equine.
- If the spinal curvature is getting worse over time.
- Aggravation to compromised pulmonary function, heart function, circulation, and/or skin breakdown.
- Moderate or severe scoliosis or inability to achieve a full upright posture.

Spinal Fusion/ Fixation

- If there is insufficient mobility in the spinal joints above and below the fixation/ fusion to accommodate the movement of the equine.
- If there is pre-existing condition of severe degenerative joint disease in the remaining mobile spinal joints.
- If there is significant pain.
- If physician has not released participant for post surgical participation, indicating a solid bony fusion/ fixation.

Spinal Orthoses

- Use of a rigid chin support attached to the spinal orthosis

Substance Abuse/ Drug or Alcohol Dependence

- Active substance abuse.

Surgical Procedures- Recent- pending release for equine activity