

Positively Playful Occupational Therapy, PLLC

Physician Referral

Dear Dr. _____

Date _____

Your patient _____ has shown interest in receiving occupational therapy services which incorporate hippotherapy (equine movement) as a treatment strategy. **Please attach the most recent health exam with history of height, weight, vaccinations and any pertinent medical conditions.**

In order to appropriately provide this service, Positively Playful Occupational Therapy, PLLC, requests that you complete the attached Medical History and Physicians Statement Form. Please note that the following conditions may suggest precautions and contraindications to hippotherapy. Therefore, please note whether these specific conditions are present and to what degree.

Orthopedic

Atlantoaxial Instability
Coxa Arthrosis
Cranial Deficits
Heterotrophic Ossification/Myositis Ossifications
Joint Subluxation/Dislocation
Osteoporosis
Pathological Fractures
Spinal Joint Fusion/Fixation
Spinal Joint Instability/Abnormalities

Neurologic

Hydrocephalus/Shunt
Seizure
Spina Bifida
Hydromyelia

Other

Age-under 15 months
Indwelling Catheters/Medical Equipment
Skin Breakdown

Medical/Psychological

Allergies
Animal Abuse
Cardiac Condition
Physical/Sexual/Emotional Abuse
Blood Pressure Control
Danger to self/others
Exacerbation of medical condition (RA, MS)
Fire Settings
Hemophilia
Migraines
PVD
Respiratory Compromise
Recent Surgery
Substance Abuse

Thank you for your assistance. If you have any questions or concerns regarding your patients' participation in Equine Assisted Therapy, please feel free to contact me.

Sincerely,

Jamie Ellwood, MS, OTR/L
Owner/Occupational Therapist