



ROCK, Ride On Center
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 (512) 930-7625 office (512) 863-9231 fax
 www.rockride.org



**Physician's Prescription for Physical and/or Speech Therapy
 (Not required for Therapeutic Horsemanship)**

Participant Name: _____ Phone: _____

This is a prescription, for evaluation and treatment by a Physical Therapist or Speech Language Pathologist.

Recommended Frequency: 1 X per week OR as noted by physician here _____

Precautions: _____

Physician's Signature: _____ **Date:** _____

Please print, type or stamp

Physician's Name: _____
 Address: _____

E-mail: _____ Phone: _____
 Fax: _____

Please note that the following conditions may suggest precautions and/or contraindications to equine assisted therapy. Therefore, when completing this form, please note whether these conditions are present and to what degree.

Orthopedic

- Amputation
- Atlanto-Axial Instability –
 includes neurologic symptoms
- Coxa Arthrosis
- Cranial Deficits
- Heterotopic Ossification/Myositis Ossificans
- Joint subluxation/dislocation
- Osteoporosis
- Pathologic Fractures
- Spinal Fusion/Fixation
- Spinal Instability Abnormalities

Neurologic

- Hydrocephalus/Shunt
- Seizure
- Spina Bifida: Chiari II Malformation
 - Tethered Cord
 - Hydromyelia

Medical/Psychological

- Medications – i.e., photosensitivity /Allergies
- Animal Abuse
- Physical/Sexual/Emotional Abuse
- Blood Pressure Control
- Dangerous to self or others
- Exacerbations of medical conditions
- Fire Settings
- Heart Conditions
- Hemophilia
- Medical Instability
- Migraines
- Post Traumatic Stress Disorder
- PVD
- Respiratory Compromise
- Recent Surgeries
- Thought Control Disorders
- Indwelling Catheters
- Poor Endurance
- Skin Breakdown
- Substance Abuse