



**Valley Therapeutic Equestrian Association**  
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## **Guidelines for Physicians/Therapists**

### **Contraindications and Precautions for Therapeutic Riding**

*The following conditions may represent precautions or contraindications to therapeutic horseback riding if present in potential clients. Therefore, when completing the physician's referral, please note whether these conditions are present and to what degree.*

#### **Absolute Contraindications:**

##### **1. Orthopaedic:**

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

##### **2. Neurological:**

- CVA secondary 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 – must be controlled by medication

##### **3. Medical:**

- Anticoagulants
- Obesity or greater than 180 pounds

##### **4. Other:**

- Minimum age 3 years; Exception: minimum age 2 years with Therapist
- Any condition that the instructor, therapist, physician, or program does not feel comfortable accepting into the program

#### **Relative Contraindications and Precautions:**

##### **1. Orthopaedic:**

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

## **2. Neurological (Neuromuscular disorders):**

- Amyotrophic Lateral Sclerosis
- Fibromyalgia
- Guillian Barre Syndrome
- Exacerbation of Multiple Sclerosis
- Post Polio Syndrome
- Hydrocephalic shunt

## **3. Medical/Psychological:**

- Cancer
- Hemophilia
- History of skin breakdown or skin grafts
- Abnormal fatigue
- Incontinence (must wear protection)
- Peripheral vascular disease
- Sensory deficits
- Serious heart conditions or hypertension
- Significant allergies
- Surgery within last three months
- Uncontrolled diabetes
- Indwelling catheter
- Substance abuse, abusive or disruptive behaviour

### **Flexion/Extension X-ray required for Atraumatic Factors that may be associated with an unstable upper cervical spine:**

- Os odontoideum
- Down Syndrome
- Athetoid cerebral palsy
- Rheumatoid arthritis of cervical vertebrae
- Congenital torticollis
- Sprengel deformity
- Ankylosing spondylitis
- Congenital atlanto-occipital instability
- Klippel-Feil syndrome
- Chiari malformation with condylar hypoplasia
- Fusion of C2 and C3
- Lateral mass degeneration change at C1-C2
- Systemic lupus
- Morquio Syndrome
- Non-rheumatoid cranial settling
- Subluxation of upper cervical vertebrae due to tumors or infection
- Idiopathic laxity of the ligaments
- Grisel's syndrome
- Lesch-Nyhan syndrome
- Marshall-Smith syndrome
- Diffuse idiopathic hyperostosis
- Congenital chondrodysplasia