

Kristan Mosley's Therapy Farm
People and Animals Working Together
Kristan Trettel Mosley OTR/L
412-523-1316
kristankay@hotmail.com

Date: _____

Dear Physician:

Your patient, _____ is interested in participation in hippotherapy as a technique using the movement of the horse in occupational therapy. In order to safely provide this service, our program requests that you consider these precautions or contraindications to hippotherapy. Therefore when completing the Medical History and Physician's Statement form, please note whether these conditions are present and to what degree.

Orthopedic

Atlantoaxial Instability
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

Allergies
Animal Abuse
Physical/Sexual/Emotional Abuse
Blood Pressure Control
Dangerous to self or others
Exacerbations of medical conditions
Fire Settings
Heart Conditions
Hemophilia
Migraines
Peripheral Vascular Disease
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorders
Weight Control Disorder
Indwelling Catheters
Medications i.e. side effects of photosensitivity
Poor Endurance
Skin Breakdown

Thank you for your assistance. If you have any questions or concerns regarding this patient's participation in occupational therapy using the movement of the horse please feel free to contact me at the email address and phone number indicated below.

Kristan Trettel Mosley OTR/L
412-523-1316
kristankay@hotmail.com