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THERAPY ORDERS

Patient Name: _____ Patient DOB: _____

Primary Dx: _____ ICD-10: _____

This order is for therapy services using Hippotherapy. “The term hippotherapy refers to how occupational therapy, physical therapy and speech-language pathology professionals use evidence-based practice and clinical reasoning in the purposeful manipulation of equine movement as a therapy tool to engage sensory, neuromotor and cognitive systems to promote functional outcomes.”- American Hippotherapy Association

Absolute contraindications for Hippotherapy

- Active mental health disorders that would be unsafe (e.g. fire starting, animal abuse)
- Acute herniated disc with or without nerve root compression
- Chiari II malformation with neurologic symptoms
- Atlantoaxial instability
- Coxa arthrosis
- Grand Mal seizures uncontrolled by medications
- Hemophilia with a recent history of bleeding episodes
- Indwelling urethral catheters
- Medical conditions during acute exacerbations (e.g. RA, herniated nucleus pulposus, MS, DM)
- Open wounds over weight-bearing surface
- Pathologic fractures without successful treatment of underlying pathology
- Tethered cord with symptoms
- Unstable spine or joints including unstable internal hardware

____ OT evaluation and treat as indicated

____ PT evaluation and treat as indicated

____ SLP evaluation and treat as indicated

Provider Name: _____

Provider Signature: _____

Date: _____