



**ADAPTIVE THERAPEUTIC RIDING  
PACKET  
2021**

*Dear Prospective Riders,*

Thank you so much for your interest in our equine-assisted therapy!

To enroll at New Heights, please take the following steps:

- Carefully read and complete the attached Rider Application
- Have your physician complete and return the Physician Assessment and Health History Form prior to your evaluation.
- Email, mail, or fax the completed forms to New Heights. **We cannot conduct your evaluation without these forms.**
  - Email: [Info@NewHeightsTherapy.org](mailto:Info@NewHeightsTherapy.org)
  - Mail: 82302 Holliday Road, Folsom, Louisiana 70437
  - Fax: (985) 796-4602

Once you have submitted the forms, we will call you to schedule an evaluation. *The evaluation fee is \$45, to be collected at your evaluation.* The evaluation can take up to 45 minutes and will be conducted in both the office and the horse arena. At your evaluation, you will go over all paperwork with New Heights' Executive Director.

Please do not hesitate to contact us if you have any questions  
or need further clarification!

Office: 985-796-4600

Email: [Info@NewHeightsTherapy.org](mailto:Info@NewHeightsTherapy.org)

We look forward to having you as part of our New Heights family!

## **EXPLANATION OF SERVICES**

### **Adaptive Therapeutic Riding**

Adaptive Therapeutic Riding lessons are equestrian skill-based lessons for people with physical, cognitive, emotional and/or social skills challenges. The focus of the lessons is skill development and progression while improving the rider's challenges. Classes are taught by a PATH (Professional Association of Therapeutic Horsemanship) International Certified Instructor or Instructor-in-Training and assisted by volunteer aides. Often riders participate in pre-mounted and post-mounted horse care.

### **Group Classes**

Group classes are beneficial due to the opportunity to interact with other riders and families. Riders are scheduled by age, skill level and availability. Group classes are an hour long and typically have a maximum of 4 riders per class. In the event group riders are unavailable at their schedule time, or are absent, instructor will conduct an individual class, which will be 30 minutes long.

\*Time for tacking and saddling up is included in length of session time.



## ELIGIBILITY GUIDELINES

### Age Requirements

Adaptive Riding: 4 years old and up  
There is no maximum age limit.

### Weight Maximums

Due to the recommendations from our veterinarian, we have the following weight restrictions for our riders, but will be evaluated on a case by case basis:

Under 5' tall:	150 lbs. maximum
5'0"– 5'6"	180lbs. maximum
5'7"and over	210 lbs. maximum

### Postural Control

- Riders over 80 lbs. must be able to maintain a sitting position; at least by holding on with one hand.
- Riders must have adequate head and neck strength to prevent hyperextension.

## FEES

Initial Evaluation	\$45
<u>Cash Paying Clients:</u>	
Adaptive Therapeutic Riding Lessons	\$50

## SCHOLARSHIPS

We offer scholarships to those who may need financial assistance. (Volunteering is encouraged for families on scholarship. Please request and fill out a Volunteer Registration Packet if you are interested in helping.) If a rider has three unexcused absences and/or a cancellation rate of 30% over a six-month period (i.e. misses 7 out of 24 classes), they will lose their scholarship status. However, if they lose their scholarship, they are welcome to continue therapy on a cash paying basis.

## SCHEDULE AND CANCELLATION POLICY

Riders will be scheduled in times that best fit New Heights' and the riders schedule. If we are unable to schedule your rider, they will be put on a waiting list until a suitable spot opens up.

**Riders are required to give 24 hours' notice when they will not be attending class.** If the rider has three unexcused absences and/or a cancellation rate of 30% over a six-month period (i.e., missing 7 out of 24 classes), they will lose their scholarship and must reapply. However, if they lose their scholarship, you are welcome to continue your therapy on a cash-paying basis.

**\*\*Occasionally, lesson's may be cancelled due to absence of volunteers. We will give you as much notice as possible if this occurs.\*\***

We follow the St. Tammany Public Schools System calendar schedule during the school year. You can find New Heights Official Calendar on our website at [www.NewHeightsTherapy.org](http://www.NewHeightsTherapy.org).

## ATTIRE AND EQUIPMENT

Appropriate attire for riding is long pants and hard soled boots with a low heel. Since we use safety stirrups on all of the English and most of the Western saddles, sneakers are permissible. **It is important to remember that New Heights uses an outdoor arena for lessons. Therefore, dress for comfort and according to the weather.** Gloves are encouraged. Undergarments that provide adequate support and comfort are necessary. Wear close-fitting clothing for safety as well as comfort. Loose or baggy clothing can get caught and tangled in equipment. No dangling jewelry is permitted.

All riders are **required** to wear an ASTM/SEI (American Society for Testing and Materials/Safety Equipment Institute) approved Equestrian Helmet. If you do not have your own helmet, New Heights will provide you with one. **Riders are encouraged to purchase their own helmet to ensure the proper fit.**

## TACK SHOPS

Core Feed LLC 83103 Hwy 25 Folsom, LA 70437 985-796-3970	State Line Tack <a href="http://www.StateLineTack.com">www.StateLineTack.com</a>
Tractor Supply 1884 Collins Blvd. Covington, LA 70433 985-892-9552	Dover Saddlery <a href="http://www.DoverSaddlery.com">www.DoverSaddlery.com</a>
Bridles and Britches 13232 Louisiana Hwy -40 Folsom, LA 70437 985-796-0780	Smart Pak Equine <a href="http://www.SmartPakEquine.com">www.SmartPakEquine.com</a>

## RIDER REGISTRATION FORM

Today's Date: \_\_\_\_\_

Rider's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Employer or School Name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Antidote needed: Y N      Antidote carried: Y N

Protocol for Emergency Treatment: \_\_\_\_\_

Primary Disability: \_\_\_\_\_

Date of Onset: \_\_\_\_\_

Secondary Disability: \_\_\_\_\_

Date of Onset: \_\_\_\_\_

Gender: \_\_\_ M \_\_\_ F \_\_\_ Prefer Not to Say

Ethnicity: (This information will only be used when applying for grants)

\_\_\_ Prefer Not to Say \_\_\_ Africa American \_\_\_ Hispanic \_\_\_ Native American \_\_\_ Middle Eastern

\_\_\_ Caucasian \_\_\_ Asian \_\_\_ East Indian    Other: \_\_\_\_\_

Please include a copy of insurance card(s) in the event of an emergency.

If rider is under 18, please complete the following:

Mother/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Email: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Email: \_\_\_\_\_

Any other information you would like to share with us: \_\_\_\_\_

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### **PAYMENT METHOD**



If paying by card, please contact the New Heights Office at 985-796-4600  
Make Checks Payable to: **New Heights Therapeutic Riding Center**

Registering for:

\_\_\_\_\_ Group Adaptive Riding

## CONFIDENTIALITY POLICY

I agree to respect and observe privacy and confidentiality of the participants, volunteers and donors of New Heights Therapeutic Riding Center and not discuss or disclose any sensitive information about any person or their family.

Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_  
(If Rider is under the age of 18)

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## LIABILITY RELEASE

I hereby acknowledge that I am choosing to participate in the Equine Therapy Program of New Heights Therapy Center. I acknowledge the risks, but feel the benefits outweigh the risks. I hereby waive and release for myself, my heirs, executors, administrators, and assigns New Heights Therapeutic Riding Center, all of its riding personnel, its officers, directors, members, volunteers and all other persons regardless of their capacity who are in any way connected with this horseback riding and related activity, and their representatives, heirs, executors, administrators, successors, and assigns and also all persons regardless of their capacity who are in any way connected with Patricia Burns Lindgren, Cloghroe Farm, New Orleans Polo Club and David Fennelly and their representatives, heirs, executors, administrators, successors, and assigns, from any and all rights, claims, loss, or liabilities of any kind or nature, including costs and attorneys' fees, that I might have in connection therewith, to the maximum extent allowed pursuant to the laws of Louisiana, including, but not limited to, LA. R.S. 9:2795.1. **WARNING: Under Louisiana law, a farm animal activity sponsor or farm animal professional is not liable for an injury to or the death of a participant in a farm animal activity resulting from the inherent risks of the farm animal activity, pursuant to R.S. 9:2795.1.**

Furthermore, I hereby acknowledge that said release will extend to any accidents, damages, or claims arising out of riding caused by my own acts or anyone or any animal within my control.

Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_  
(If Rider is under the age of 18)

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## PHOTO RELEASE

**I hereby consent** to and authorize the use and reproduction by New Heights Therapeutic Riding Center of any and all photographs, film, and any other audio/visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the Equine Therapy Program at New Heights Therapeutic Riding Center. I understand that due to the expense incurred in developing many of New Heights' audiovisual materials, the consent given herein shall be irrevocable once New Heights has relied on this consent in the development of promotional materials.

**I also give consent** for my photo to be published on New Heights social media and website pages.

**I do not give consent** for New Heights to use my photograph: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_  
(If Rider is under the age of 18)

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## POSSIBLE REASONS FOR CLIENT DISCHARGE

Please be advised of the following reasons that may lead to discharge from the program. This is not inclusive of all reasons.

- The rider's inability to maintain head and neck control while riding presents a safety concern
- The rider's inability to maintain sitting balance while riding presents a safety concern
- The rider exceeds a weight that can be safely managed by staff, volunteers, and/or horses
- Uncontrolled and/or inappropriate behavior that constitutes a safety risk to rider, volunteers, staff and/or horse
- Any change in the riders medical, physical, cognitive, or emotional condition that makes therapeutic riding unsafe for the rider staff, volunteers and/or horse
- Three scheduled classes are missed without being appropriately canceled and/or a cancellation rate of 30% over a six-month period (i.e. missing 7 out of 24 classes) (See page 3 for cancellation policy)
- Nonpayment of fees

Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_  
(If Rider is under the age of 18)

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



Does the rider...	Yes	No
Have speech or language difficulties?	___	___
Have communication difficulties?	___	___
Have a history of seizures?	___	___
Have a fear of animals/horses?	___	___
Walk independently?	___	___
Have a limited range of motion?	___	___
Have decreased strength/endurance?	___	___
Have poor balance sitting?	___	___
Have poor balance standing?	___	___
Have problems with gross motor skills?	___	___
Has altered sensation?	___	___
Have heart/circulation problems?	___	___
Have allergies or breathing problems?	___	___
Have digestion/elimination problems?	___	___
Have bone/joint problems?	___	___
Have emotional/behavioral problems?	___	___

**Ambulatory?** Yes\_\_ No\_\_\_ Crutches\_\_ Cane\_\_ Braces\_\_ Walker\_\_ Wheelchair\_\_

Previous Riding Experience: Yes\_\_ No\_\_ If yes, how long? \_\_\_\_\_

Name of stable(s): \_\_\_\_\_

Location: \_\_\_\_\_

Style of riding: English \_\_Western \_\_Other:\_\_\_

## PHYSICIAN ASSESSMENT & HEALTH HISTORY

**-To be completed by the Physician for ALL therapeutic riding-**

Patient Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Date of Last Tetanus (Must be within the last 10 years): \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Other: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Past/Prospective Surgeries (Include dates and reasons):

\_\_\_\_\_  
\_\_\_\_\_

Medications & Dosage: \_\_\_\_\_

Seizures: \_\_\_ No \_\_\_ Yes \_\_\_ Type: \_\_\_\_\_ Date of Last Seizure: \_\_\_\_\_

Required adaptive equipment: \_\_\_\_\_

### For those with Down Syndrome:

**An annual complete neurological exam to exclude Atlantoaxial instability is required for clients with Down syndrome over the age of 4.**

Date of Exam: \_\_\_\_\_

## **PHYSICIAN ASSESSMENT & HEALTH HISTORY**

### **-To be completed by the Physician for ALL therapeutic riding -**

In order to safely provide this service, New Heights requests that you please note that the following conditions may suggest precautions and contraindications to equestrian activities.

Therefore, when completing this form, please indicate whether these conditions are present, and to what degree.

### **Orthopedic**

- Atlantoaxial Instability
  - include neurological symptoms
- Coxa Arthrosis
- Cranial Deficits
- Heterotopic Ossification
- Myositis Ossificans Joint subluxation/dislocation
- Osteoporosis
- Pathologic Fractures
- Spinal Joint Instability/Abnormalities

### **Neurological**

- Hydrocephalus/Shunt Seizures
- Spina Bifida/Chiari II Malformation/Tethered Cord/Hydromyelia
- **Atlantoaxial Instability (AAI)**
  - (see page 10)

### **Other**

- Indwelling Catheters/Medical Equipment Medications
  - i.e. photosensitivity
- Poor Endurance
- Skin Breakdown

### **Medical/Psychological**

#### Allergies

- Animal Abuse
- Cardiac Condition
- Blood Pressure Control
- Dangerous to self or others
- Exacerbations of medical conditions
  - i.e. RA, MS
- Fire Settings
- Hemophilia
- Medical Instability
- Migraines
- Physical/Sexual/Emotional Abuse
- PVD
- Respiratory Compromise
- Recent Surgeries
- Substance Abuse
- Thought Control Disorders
- Weight Control

## PHYSICIAN ASSESSMENT & HEALTH HISTORY

**-To be completed by the Physician for ALL therapeutic riding -**

Patient Name: \_\_\_\_\_

*As thoroughly as possible, please indicate current or past difficulties/symptoms in the following systems/areas that apply including surgeries.*

Area	No	Yes	Degree/Comment
Auditory			
Visual			
Speech			
Tactile/Sensory			
Cardiac			
Circulatory			
Pulmonary			
Integumentary/Skin			
Immunity/HIV			
Neurologic			
Muscular			
Orthopedic			
Bowel/Bladder			
Learning Disabilities			
Cognitive			
Emotional/Psychological			
Behavior			
Other			

Given the above diagnosis and medical information, this person is not medically precluded from participation in supervised equestrian activities. *I understand that New Heights Therapeutic Riding Center will weigh the medical information indicated above against any existing precautions and/or contraindications before accepting this person for therapeutic horseback riding lessons.* Therefore, I refer this person to New Heights for evaluation to determine eligibility for participation with ongoing treatment as described in Therapy Evaluation.

Date of Exam: \_\_\_\_\_

Name: \_\_\_\_\_ MD, DO, NP, PA, Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

License: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

