



RISE Therapeutic Equestrian Center ~ Home of RISE Rehab

Dear prospective RISE Participant,

The mission of **RISE** is to **Reach Inside Souls** using **Equines** while helping individuals with physical, cognitive or emotional needs meet personal goals, maximize activities in daily life and experience the joy of horsemanship.

In order to provide the best benefit and the safest environment to our clients, we have established guidelines for acceptance into the program. Our program includes:

- **Hippotherapy (equine assisted therapy) defined as physical therapy treatment that utilizes the dynamic movement of the horse to achieve personal and functional goals. The term "hippo" is the Greek word for horse. The horse's rhythmic movement simulates the movement of our walking which makes the horse an effective tool for physical improvement.**

- **Therapeutic riding, which teaches horsemanship and riding skills to individuals with a special need of any kind. In addition to equestrian skills, the rider learns social, behavioral and communicative skills that foster a relationship with the horse and reinforce positive behavior in social situations.**

- It is recommended that clients be at least 2 years of age for hippotherapy. RISE Therapeutic Equestrian Center ~ Home of RISE Rehab does not bill insurance at this time, however, upon request, will provide all the necessary documentation for you to do so.
- It is recommended that clients be at least 4 years of age and be able to sit independently with adequate head, neck and trunk control for therapeutic riding.
- To protect our clients, volunteers and horses, weight guidelines have been established. These guidelines are relative to the horses and volunteers available and will be addressed individually (client plus tack cannot exceed 20% of the horses weight).

It is our hope that all prospective clients who are eligible to participate in the program will begin as soon as possible. Acceptance is dependent upon the availability of volunteers, appropriate horses, safety precautions and contraindications. If the program has reached capacity, the client will be placed on a waiting list. A new client registration packet can be requested at info@riserehab.org. All new client forms must be completed and returned to RISE before the client can begin participating in the program.

Benefits:

There are many benefits from hippotherapy and therapeutic riding including but not limited to:

- ✓ Improving muscle tone and coordination
- ✓ Improving gross and fine motor skills
- ✓ Reproduction of a person's normal walking gait and pelvis mobility by the 3 dimensional movement of the horse
- ✓ Improving balance, symmetrical postural alignment and core strengthening
- ✓ Improving cardiovascular wellness and functional endurance
- ✓ Building self esteem and confidence
- ✓ Developing a meaningful relationship with the horse and caring staff
- ✓ Developing sequencing abilities and channeling aggressive behavior
- ✓ Improving memory and organizational skills
- ✓ Improving communication and problem solving skills
- ✓ Improving ability to perform activities of daily living
- ✓ Inspiring goals and bringing joy to life

Tuition / Fees:

Therapeutic Riding with a PATH Intl. certified instructor - 4 lessons for \$220; or \$55 per lesson.

Hippotherapy clients require a physician's prescription and an initial assessment prior to mounting a horse to establish baseline information. This allows us to best accommodate each client with the ideal horse and tack options. The initial assessment fee is \$35; a one time fee paid at the time of the appointment.

Hippotherapy with a licensed therapist and PATH Intl. certified instructor - 4 lessons for \$340; or \$85 per session after initial assessment.

Payment:

Payment is appreciated prior to the beginning of each month. Monthly billing statements can be provided in person, email or mail. Payment can be made in cash or check made out to *RISE Therapeutic Equestrian Center ~ Home of RISE Rehab* and placed in the locked payment box located in the cabin at RISE Equestrian Center.

Scholarships: Scholarships can be applied for and are awarded based on individual circumstances, financial need and scholarship fund availability. Scholarships are awarded for 6 or 12 month cycles. At the termination of the awarded scholarship, a rider can re-apply for continued lessons. Applications available upon request.

Dress Code: No shorts, no tank tops and closed toe and closed heel shoes are required for all riders. ATSM/SEI Certified helmets must be worn by every rider. Helmets will be provided for lessons, information can be provided for clients who are interested in purchasing their own helmet.

Cancellations/Attendance:

RISE staff make every attempt to provide services. In the circumstance that riding and unmounted lessons are not possible you will be contacted at the number you designated on your registration form. When you are accepted into the program, volunteers, horses and staff are assigned and look forward to working with you each week. **If you are unable to attend a session, please cancel at least 24 hours prior to the lesson.** Three absences with or without notice may result in being dropped from the schedule.

Illness: For the benefit of everyone, the client should not participate in riding or therapy if there has been vomiting, diarrhea or fever in the last 24 hours. If cancellations occur due to illness, please contact your instructor prior to your lesson time.

Conduct:

Noise and activity can distract instructors and riders and produce an unsafe environment for horses. A small cabin is available onsite for the convenience of parents and families to observe lessons from a distance. RISE Rehabilitation is a no smoking facility and the use of drugs and alcohol are strictly forbidden. No weapons of any kind are permitted on the premises. We reserve the right to ask anyone to leave the premises.

All forms and correspondence may be directed to:
RISE Therapeutic Equestrian Center ~ Home of RISE Rehab
c/o Karen Ferguson, PT
23165 Bat Cave Rd.
San Antonio, Tx 78266
karen@riserehab.org
riserehab.org



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Client Registration

First name: _____ Last Name: _____ MI _____

Date of Birth: ____/____/____ Gender: F M Height: _____ Weight: _____

Name of Parents/Legal Guardian: _____

Day Phone: (____) _____ Evening Phone: (____) _____

Client/Parent/Guardian Cell: (____) _____ Work: (____) _____

Other Parent/Guardian Cell: (____) _____ Work: (____) _____

Address to use for correspondence _____

City: _____ State: _____ Zip: _____ County: _____

Email to use for correspondence: _____

School/Employer (of client) if applicable: _____

Allergies: _____

Current Medications and Dosage: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: (____) _____

Name: _____ Relation: _____ Phone: (____) _____

Referring Physician/Clinic: _____ Phone: (____) _____



RISE Therapeutic Equestrian Center ~ Home of RISE Rehab Rider Application Form

Name: _____ Age: _____ Date: _____

Diagnosis (if applicable): _____

Health History (if applicable): _____

Medications (if applicable): _____

Rider has previous riding experience with another riding program:

☐ Yes ☐ No (if yes) How Long: _____

I am/My child is: ☐ Ambulatory ☐ Non-ambulatory ☐ Verbal ☐ Non-verbal

I/My child uses: ☐ Wheelchair ☐ Crutches ☐ Braces ☐ Orthotics

☐ Walker ☐ Cane ☐ Prosthetic Device ☐ Other

I am/My child: ☐ (IS) ☐ (IS NOT) able to sit independently.

Goals: (i.e. Why are you applying for participation? What would you like to accomplish?)

Instructor's Notes:



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Client Authorization for Emergency Medical Treatment

In the event emergency medical treatment/aid is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize **RISE Therapeutic Equestrian Center ~ Home of RISE Rehab** to:

_____ Secure and retain medical treatment and transport if needed
(initial)

_____ Release participant records upon request to the authorized individual or agency
(initial) involved in the medical emergency treatment at my expense.

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment deemed "life-saving" by the physician. This provision will only be invoked if the emergency contacts are unable to be reached.

_____ I hold RISE Therapeutic Equestrian Center ~ Home of RISE Rehab, harmless for
(initial) any expense incurred in my interest.

Client Name: _____ Phone: _____

Address: _____

Emergency Contact: _____ Phone: _____

Physicians Name and Phone: _____

Preferred Medical Facility: _____

Health Insurance Co.: _____ Phone: _____

Policy #: _____ Group #: _____

Consent Signature: _____ Date: _____

(Client or Parent/Legal Guardian)



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Client Liability Release Agreement

_____ (Client's name) would like to participate in the RISE Rehabilitation program located at RISE Therapeutic Equestrian Center ~ Home of RISE Rehab. I acknowledge the risks and potential for risks of being around horses. However, I feel the possible benefits to myself/son/daughter/ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against RISE Rehabilitation, Instructors, Therapists, Volunteers, Aides, Horse Owners, and/or Employees for any and all injuries and/or losses I/my son/daughter/ward may sustain while participating in the RISE Rehabilitation program located at RISE Therapeutic Equestrian Center ~ Home of RISE Rehab.

Under Texas law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activity.

Signature: _____
(Client or Parent/Legal Guardian)

Date: _____

Photo Release Agreement

I hereby consent to and authorize the use and reproduction by RISE Therapeutic Equestrian Center ~ Home of RISE Rehab of any and all photographs and any other audiovisual materials taken of me/my son/ daughter/ward for promotional printed material, educational activities or for any other use for the benefit of the program.

Signature: _____
(Client or Parent/Legal Guardian)

Date: _____

The above releases apply to all family members and caregivers of this client. If you have any questions about this policy, please contact a RISE Rehabilitation employee.



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Physician's Prescription for Physical and/or Occupational Therapy

Client's Name: _____ Phone: _____

This is a prescription for the evaluation and treatment by a Physical Therapist or Occupational Therapist.
Recommended Frequency: 1 X per week OR as noted by physician here:

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

Please print, type or stamp

Physician's Name: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

The following conditions may suggest precautions and/or contraindications to specific treatment strategies. Please indicate if these conditions are present and if so, to what degree.

Orthopedic:

- ☐ Spinal Fusion
- ☐ Spinal Instability
- ☐ Atlantoaxial Instabilities
- ☐ Coxa Arthrosis
- ☐ Cranial Deficits
- ☐ Heterotopic Ossificans/Myositis Ossificans
- ☐ Joint subluxation/dislocation
- ☐ Osteoporosis
- ☐ Osteogenesis Imperfecta
- ☐ Spinal/Internal Orthoses
- ☐ Scoliosis
- ☐ Pathological fractures

Neurological:

- ☐ Paralysis due to Spinal Cord Injury
- ☐ Hydrocephalus/Shunt
- ☐ Seizure
- ☐ Spina Bifida
- ☐ Chiari II Malformation
- ☐ Tethered Cord
- ☐ Hydromyelia

Medical/Surgical

- ☐ Cancer
- ☐ Recent surgery
- ☐ Animal Abuse
- ☐ Physical/Sexual/Emotional Abuse
- ☐ Dangerous to self or others
- ☐ Medications/allergies
- ☐ Heart condition
- ☐ Hemophilia
- ☐ PVD
- ☐ HTN
- ☐ Recent surgeries
- ☐ Substance abuse
- ☐ Indwelling Catheter
- ☐ poor endurance
- ☐ Skin breakdown
- ☐ Poor Endurance
- ☐ Diabetes
- ☐ Acute exacerbation of disorder
- ☐ Varicose Veins

***please use next page to elaborate
on any conditions checked***

