



Xenophon Therapeutic Riding Center
P.O. Box 16 • Orinda • CA • 94563
(925)377-0871



Patient Name: _____ Date: _____

Diagnosis & ICD-9 Code: _____ Date of Birth: _____

Precautions: _____

PRESCRIPTION

Physical Therapy evaluation by Xenophon TRC

If this patient is deemed appropriate for treatment at the time of evaluation, patient is to receive physical therapy.

Please note the frequency of the therapy _____ per week.

- | | |
|---|--|
| ____ Normalization of muscle tone | ____ Increased trunk stability |
| ____ Improvement of co-ordination | ____ Increased trunk mobility |
| ____ Improvement of body awareness | ____ Improvement of head control |
| ____ Improvement of motor planning | ____ Improvement of balance |
| ____ Improvement of Postural Stability | ____ Normalization of sensory processing |
| ____ Patient/family education and D/C planning PRN. | |

For a duration of: _____ 6 months _____ 12 months

Physician's Signature: _____ Date: _____

Email: _____

Physician's phone _____ Fax _____

Pease Include MD Stamp with Fax Number

Please list any variations of the above RX if needed:

CONTRAINDICATIONS

(A full list of contraindications is provided with the Xenophon TRC intake packet)

ORTHOPEDIC

- Acute herniated disc
- Atlanto-axial instability
- Coxa arthrosis (degeneration of the hip)
- Hemophilia
- Osteoporosis (severe)
- Spondylolisthesis
- Pathological fractures (e.g. osteogenesis imperfecta)
- Spinal fusion, organic or operative (e.g. Harrington rods)
- Structural scoliosis greater than 25-30 degrees or excessive Hemivertebrae
- Unstable spine including subluxation of the cervical spine

MEDICAL

- Acute stage of arthritis
- Anti-coagulant medication
- Exacerbation of multiple sclerosis
- Drug dosages causing inappropriate physical states
- Open pressure sores/wounds on contact surfaces
- Uncontrolled seizures
- CVA – secondary to unclipped aneurysm
- Kyphosis or lordosis
- Presence of other aneurysms