



Xenophon Waitlist Process

In order to be added to the waitlist please fill out the attached documents and return to our Program Director, Danielle Coburn. Once we receive all completed documentation you will formally be added to either the Therapy Services waitlist or the Therapeutic Riding waitlist. Currently our wait list is approximately 3-4 years long.

When a child has reached the top of the waitlist, their parent is contacted for follow-up paperwork. When this paperwork is completed and received, an assessment/evaluation is scheduled. The assessment/evaluation will be conducted by a licensed therapist or a PATH Intl. certified instructor depending on which program the parent is interested in for their child. To participate in. The purpose of this assessment/evaluation is to ensure each participant is appropriate for our programs and that goals and strategies for success are identified early on. Only upon completion of this assessment/evaluation will the therapist or instructor determine if a participant is eligible to enroll.

Xenophon's Programs

Therapeutic Riding is an equine assisted activity for the purpose of contributing positively to the cognitive, physical, emotional, and social well-being of individuals with special needs. The goals of Therapeutic Riding may address areas of recreation, leisure, education, socialization and fitness and do not focus on rehabilitation. In Therapeutic Riding, basic horsemanship skills and riding lessons are taught to children with special needs, ages 5 to 18 years, by specially trained instructors.

Therapy Services are offered to children ages 2 to 18 years of age. At Xenophon the Physical or Occupational Therapist uses evidence based practice and clinical reasoning in the purposeful manipulation of the movement of the horse as a therapy tool to engage sensory, neuromotor and cognitive systems to promote functional outcomes. This treatment strategy is often referred to as hippotherapy. Goals are established to address deficits in motor function, balance, muscle tone, proprioception, coordination and communication. The Therapist manipulates the movement of the horse which provides a three-dimensional, repetitive motion that facilitates functional improvement. This treatment tool offers the client a unique opportunity to adjust to this movement, unlike in a conventional therapy setting. The relationship that occurs between the child and the horse then provides a motivation and enthusiasm that further enhances the therapy experience. Riding skills are not taught in therapy, rather the emphasis is on functional outcomes and improvement in activities of daily living.

Xenophon Fee Information

Xenophon operates 31 weeks a year split into five sessions that are 5-7 weeks long. Clients are seen once a week at the same time each week. Therapeutic Riding lessons are held Monday through Thursday afternoons and Saturday mornings and Therapy treatments are held Monday, Tuesday, Wednesday, and Thursday afternoons.

Therapeutic Riding

\$60.00 Therapeutic Riding Assessment\$60.00 per 30 minute lessonFull Session Block payment is due at the beginning of each Session Block.

<u>Therapy:</u>

\$150.00 Initial Evaluations \$150.00 Re-evaluation

\$125.00 per 30 minute treatment *Payment is due at the time of service.*

PRECAUTIONS or **CONTRAINDICATIONS**

The following conditions, if present, may represent **PRECAUTIONS** or **CONTRAINDICATIONS** to therapeutic horseback riding and hippotherapy. *Therefore, when completing this form, it is important to note whether these conditions are present, and to what degree.*

Orthopedic

Amputations Acute herniated disc Spinal Fusion Spinal Instabilities/Abnormalities

Atlantoaxial Instabilities AtlantoDens X-Rays Result Positive

Structural Scoliosis greater than 25-30 degrees or excessive Hemivertebrae Kyphosis/ Lordosis

Hip Subluxation and Dislocation

Osteoporosis (severe) Pathologic Fractures Coxas Arthrosis

Heterotopic Ossification

Osteogenesis Imperfecta Cranial Deficits Spondylotisthesis Spinal Orthoses

Internal Spinal Stabilization Devices (such as Harrington Rods) Unstable spine including subluxation of the cervical spine Fractures with casts Rigid Orthotics Lack of trunk/head control

<u>Neurological</u>

Hydrocephalus/shunt Spina Bifida Tethered Cord Chiari II Malformation Hydromyelia

Paralysis due to Spinal Cord Injury (above T-9) Seizure Disorders

Medical/Surgical

Acute stage of arthritis Anticoagulant medication CVA – secondary to unclipped aneurysm Drug dosages causing inappropriate physical states Exacerbation of multiple sclerosis Open pressure sores/wounds on contact surfaces Allergies to Grasses, Animals and Dust Cancer

Poor Endurance Recent Surgery Diabetes

Peripheral Vascular Presence of other aneurysms Disease Varicose Veins Hemophilia

Hypertension Serious Heart Condition

Stroke (Cerebrovascular Accident)

Secondary Concerns

Behavior Problems

Acute exacerbation of chronic disorder Indwelling catheter Inability to wear protective headgear

Xenophon Wait List Intake Questions Please be as specific as possible!

Name of participant:	Date:
Name of parents or guardians:	
Relationship to participant:	
Address:	
Email:	
Telephone #:	Add to the mailing list? Y N
Referred by:	
Height:Weight:	Gender: Pronouns:
D.OB.: Age:	
Primary Diagnosis:	
Secondary Diagnosis:	
After learning about the objectives and co Therapy Therape *Anyone under 5 years of age is not yet e	•

Does the individual receive any other therapies and if so, what and how often? (e.g., PT 1x/wk, OT 1x/wk, and school based OT, ST, and PT)

What other activities is your child involved with? (e.g., swimming lessons, baseball, social groups)

What interests does your child have? (e.g., animals, cars, coloring)

Does your child have an aide at school? Are they in a self-contained classroom? Or a service dog? (e.g., yes, my child has an aide, and he is in a self-contained classroom)

Does your child follow directions? 1-step? 2-step? 3-step?

Does your child have age-appropriate safety awareness? (if not, describe safety challenges)

Is your child on medications and if so what?

How does your child communicate? (i.e. speech, sign language, communication device)

How does your child best learn? (e.g., visually, auditory, etc.)

Does your child get frustrated or overloaded easily? (e.g., yes or no)

If so, what are potential triggers? (e.g., when routine changes without warning, new environment, loud noises)

How does your child calm down from a trigger?

How does your child interact socially with his/her peers?

What are some of your child's dislikes? (e.g. ,afraid of dogs, doesn't like the sound of vacuuming, hates it when people eat in front of him, doesn't like light touch)

Does your child ever experience seizures and if so, what are they like, when was the last one, and what are the potential triggers? How are the seizures controlled? (*e.g., grand mal, myoclonic, absence. Triggers may include certain sights or stress or fever*)

Head Control:

Can your child hold his/her head in midline? Y___ N___ For how long?

Can your child sit? Y___ N___ Independently____ With assistance/propping____

Mobility: Can your child pull to stand? Y____ N___ Does your child crawl? Y____ N___ Does your child walk? Y____ N___ Independently walking____ With assistive Devices____ AFO___ Bilateral____ Left___ Right___ Wheelchair____ Walker____ Crutches ____ Cane ____

Does your child have issues with things on his/her head? (e.g. helmets)

Does your child have any prior riding experience?

What short term and long term goals would you like to accomplish by participating in our programs?

Please check areas of concern that you have:

Gross motor coordination	Body awareness
Walking, jumping	Visual-motor skills
Balance/ Coordination	Play skills
Strengthening	Sensory integration
Range of motion	Communication
Muscle tone management	Articulation
Behavior management	Speech/Language
Self-regulation	Social skills
Fine motor coordination	Independent Riding
Auditory processing	Following directions

Please number your preference for Services at Xenophon (1 through 3):

- ____ Occupational therapy
- _____ Physical therapy
- ____ Therapeutic Riding