

1. A SAFE RIDE

- Gina Taylor is a NARHA riding and driving instructor. She received a Bachelor of Science in Equine Studies from Averett University. Gina has actively pursued a career involving horses and people with disabilities training a horse for the World Special Olympics and teaching in therapeutic riding. Gina went to school in 2003 to complete a Masters degree in Occupational Therapy at Philadelphia University that would allow her to provide hippotherapy. She is a NJ licensed Occupational therapist and Hippotherapy Clinical Specialist. Gina is a current American Hippotherapy Association Board of Director and serves on the NARHA Health and Education Advisory. Gina continues to expand her knowledge and the knowledge of others about therapeutic riding and hippotherapy through mentoring student instructors and fieldwork student supervision, conference presentations and her involvement with NARHA and AHA.

2. If we haven't been taught to do no harm, we see no harm in doing harm.

- www.donoharm.us

3. YOUR PROGRAM

- Think about your program. Do you currently perform an intake or assessment prior to accepting new participants? If so, what does your intake look like?
- It is important to understand "who" your program is, to understand whom you will serve.

4. What's your mission?

- Example: XYZ's mission is to provide children and youth with disabilities the opportunity to grow and develop through recreational activities with horses.
- Your mission should guide you in the services you provide. Every nonprofit organization must have a mission statement. It describes the purpose for which your organization exists.
- **It focuses your energy and clarifies your purpose.** When your mission statement was written, it will really define what you are going to do. Who will you serve? And, who will you not? Are you concerned about just your local area? Or the whole state? Be careful to keep your mission narrowly focused to ensure that you don't bite off more than you can chew.
- What does this mission statement tell you about who XYZ center serves? What does it tell you about their services? What does it tell you about their geographic reach?
- Avoid Mission Creep- When the program focus gradually expands to include services that are not part of the mission.

5. Evaluate program strengths

- **How do you determine who you can provide A SAFE RIDE for?**
- What program strengths do you have? Think about staff qualifications, horses, facilities, volunteers and equipment. Some of these qualities may be a strength and a weakness. How do you determine who become a participant in your program? Do you consider these qualities when you accept new participants?
- Staff qualifications

- What are the qualifications of your staff?
 - Certified Riding/Driving/Vaulting Instructors
 - Licensed Medical Professionals
 - SLP, OT, PT
 - What other training, life experience or certifications does your staff have?
 - Horses
 - What size horses do you have?
 - Are your horses wide or narrow? How do they move?
 - What are/have they been trained to do?
 - Are they best on lead, off lead?
 - Are your horses safe on the ground?
 - Facilities/Equipment
 - Do you have an indoor, outdoor or trail riding space?
 - Do you have a ramp? What size is the ramp?
 - Do you have a mechanical lift? What equipment do you have available?
 - Volunteers
 - Do you have enough volunteers?
 - Are they well trained for the types of participants you work with or want to work with? An example of this was from our Preconference of the importance of Veterans working with veterans.
 - Do they take directions well? Are they motivated to learn new skills?
6. Evaluate program limitations
- Are there barriers that impact who you can serve? Is your mission limiting? Do you have the necessary staff? Are your horses capable of handling the participants whom you want to serve?
7. Assessment
- Each center will complete an assessment based on their unique center.
 - Strengths: What strengths does your program have that impact who you will serve?
 - Weaknesses: What areas limit who you will serve? What areas need improvement if you will serve additional participants?
8. Example: Review your center
- Strengths:
 - NARHA certified instructor
 - Safe horses 13-15hands
 - Outdoor riding ring
 - Excellent volunteers that are committed to the program
 - Handicapped accessible bathroom
 - Limitations
 - No indoor riding ring
 - No large horses, no ramp

- No staff with mental health or medical background

9. Other considerations

- ADA Mandates
 - What you need to know
 - You must make reasonable accommodations for people with disabilities
 - You may not refuse someone because they may harm themselves
 - You can have policies in place the limit whom you serve, but they must be applied fairly and consistently
- NARHA standards
 - **A16: Is the center implementing a procedure to address current medical precautions and contraindications regarding participation in activities?**
 - *Precaution in equine assisted activity(s) requires measures of additional investigation such as contacting the physician or therapist before accepting a client into a program. It also requires evaluation at regular intervals throughout the individual's participation in the program activity.*
 - *The presence of a contraindication makes this activity inappropriate.*
 - *It is the center's responsibility to attain additional information from the participant's physician and/or therapists before permitting that individual's participation in the center's activities.*
 - **P21Is there a written policy of eligibility requirements for participants?**
 - *Interpretation: A system should be developed for determining participant acceptance. Variables may include mission statement of the center; experience and expertise of the instructor; suitable equines; height and weight carrying limits of equines; availability of volunteers; access to therapists; age, weight and disability of participant; etc. The NARHA Precautions and Contraindications information is a good resource to use to develop the policy.*
- Liability and Risk Management
 - Can your center meet the needs of a diverse participant base?
 - Certain participants are higher-risk clientele, is your center willing to take those risks to serve this population?
 - Do the families and participants understand the risks associated with your program?

10. PARTICIPANTS

- You need to carefully consider the type of activity the participant wants to join. The vaulting workshop gave an excellent list of requirements for a participant in interactive vaulting, as NARHA expands the types of EAA that centers offer- like vaulting and driving, the precautions and contraindications have to consider the activity as well as the disability.

11. Precautions

- The presence of a **precaution requires additional investigation - such as contacting the physician or therapist** before accepting a participant into a program. It may also require

modification of the program, additional equipment and re-evaluation at regular intervals to assure the appropriateness of the program. **It is the NARHA center's responsibility to obtain additional information from the participant's physician, if needed, before permitting that participant to ride or work around equines. NARHA instructors** should stay within the scope of their practice, knowledge and experience when accepting participants into their NARHA center programs and consult with appropriate professionals when determining who is appropriate for participation in what type of equine assisted activities.

- Examples of precautions are:
 - Impaired sensation secondary to diabetes
 - Asymmetrical pelvis due to a hip subluxation

12. Contraindications

- The presence of a **contraindication makes this activity inappropriate. Few contraindications are** clear-cut. A contraindication may be permanent. For instance, some activities may never be appropriate for certain participants due to safety or health concerns. A contraindication may be temporary. Activities may only be contraindicated until appropriate conditions exist at a center or until a participant's health condition improves enough to make participation safe. If a particular activity is contraindicated, alternative equine activities may be explored. For example, if therapeutic riding is contraindicated, therapeutic driving or unmounted sessions may be appropriate and beneficial.
- Examples include:
 - Poor expressive language in which the participant is unable to express discomfort/pain, needs, wants.
 - Fatigue persisting well after the riding session or impairing function
 - Uncontrolled hypertension
 - Riding during a multiple sclerosis exacerbation
- Contraindications serve to protect the participants as well as the NARHA center- they serve both a legal and medical reason.

13. Age

- **Age covers the gamut from the young to the elderly. Both populations are served by NARHA centers and both populations carry certain risks that are specific to age.**
- Children under 2 years are inappropriate for mounted activities because their structural and neurologic development is inadequate to organize the sensory input from the equine or to accommodate its movement. While the fontanel is still open, this puts the child at risk similar to those with a cranial defect. Infants and young children often do not have adequate head control to wear a helmet and/or helmet fit may be a problem. There is research to indicate that because of the immaturity of the young spine, repeated stress such as bobbing of the child's head while on the equine at a walk, may lead to micro-trauma of the cervical spine. A quick movement of the equine, even a small misstep, carries the risk of a whiplash type effect for the young child with poorly

developed head control. The child without developmental delay will not display mature gait patterns with respect to pelvic movement until the age of three. Working with the equine to influence the child's gait prior to this age may not be appropriate. Sitting astride a large equine for a small child has the potential to stress the hip joints, potentially dislocating at the hip. **Because there are many unknown issues, it is strongly recommended that a therapist trained in hippotherapy provide direct treatment to children 2 to 4 years of age who participate at NARHA centers. Keep in mind that these age guidelines are based on children without developmental difficulties.** Children with developmental delay will have a younger developmental age than their chronological age. Always use caution when determining the readiness of a young child to safely benefit from equine assisted activities.

- **The precaution and contraindication were updated to reflect these concerns and provide guidance based on developmental age in addition to chronological age**
- **GROSS MOTOR SKILLS (a gross motor skills will be provided in the emailed materials)**
 - **2yo:** walks alone, begins to run, kicks a ball, carries large toy or several toys while walking, help in washing hands
 - **4yo:** Moves forward and backward with agility, Kicks ball forward, try to skip, catch a bouncing ball, put together a simple puzzle of 4-12 pieces, hold a pencil, try to write name, draw a circle
- **Precaution:**
 - Children with developmental levels (gross motor skills) below four years of age may be unable to safely accommodate equine movement; mounted activities should be closely monitored.
 - Children with developmental levels below two years of age should only participate in mounted activities with a therapist providing one-on-one treatment.
- **Contraindication:**
 - All children less than 2 years old.
- Also consider the changes associated with old age: decrease in balance, mobility and brittle bones, changes in cognition and the need to discuss advance directives with participants and staff.

14. Cerebral Palsy

- When a potential participant comes to your intake it's most important to assess their ability to sit in alignment and accommodate to the movement of the horse. Careful review of the medical form will be necessary to check for issues such as hip subluxation, spinal fixation and curvature and joint contractures.
- Spasticity is a type of cerebral palsy, which represents the non-flexible or stiff muscles. About seventy to eighty percent of cerebral palsy patients have spasticity. If Spasticity affects both the legs, it is called spastic diplegia.
- Spastic quadriplegia is the most severe condition of spasticity that affects all the four limbs and trunk and it sometimes affects the muscles managing the mouth and tongue.

- Athetoid cerebral palsy is another cerebral palsy type, which is found in 10 to 20 percent of cerebral palsy affected children. The athetoid form of cerebral palsy will affect the entire body. The characteristics of athetoid cerebral palsy are the fluctuations in muscle nature (rigid or too loose) and it is associated with uncontrolled movements (slow and jerky).
- The athetoid cerebral palsy affected children will have trouble to control their body well enough to sit, stand, and walk. Sometimes the muscles of the face will also be affected, by which they will be having difficulties in eating, sucking, swallowing and speaking.
- The ataxic cerebral palsy type affects the balance and coordination of muscles in legs and hands. The affected cannot walk steadily and they have trouble in hand controls for handling objects and writing, which requires precise muscle coordination.

15. Cerebral Palsy

- Therapeutic riding concerns:
 - Spastic: can you get alignment for riding? Do not manually stretch- some tightness may be a fixed contracture
 - Athetoid: often inappropriate for riding, secondary to uncontrolled movements
 - Ataxic: mounted activities will depend on the degree of ataxia
- **Precaution:**
 - If the CP is spastic type affecting the legs and trunk, sitting astride may be difficult and hip alignment may become compromised (see Surgery, Medications, Skin Integrity, Spinal Curvature, Hip Subluxation/Dislocation).
 - In all types, communication may be difficult (see Communication Disorders).
 - If head/neck control is problematic the participant may require direct treatment by a therapist (see Head/Neck Control).
- **Contraindication:**
 - Poor head control
 - Persistent primitive reflexes

16. Head Stability

- **The video is for riding instructors to assess head stability for the purpose of determining participation in their particular program- you need to be clear with parents and participants that you are not assessing head stability for function.**
- **Precaution:**
 - Consider the movement of the equine, and its impact on the participant's head control.
 - The lightest weight ASTM/SEI approved equestrian helmet should be used. Avoid positions and activities that compromise head control.
 - Fatigue may be a factor in loss of head control during mounted/driving activities. Activities should be discontinued if head control becomes compromised.
- **Contraindication:**

- If there is an inability to control for excessive head movement during mounted/driving activities.
- If the participant is unable to hold their head against gravity with a helmet on while sitting without moving/during static sitting
- If use of a helmet causes significant strain to the neck muscles, and impairs head control
- If the participant is positive for atlantoaxial instability with or without neurologic signs (see Atlantoaxial Instability).
- Moderate impairment in head control may be appropriate for one-on-one treatment by a therapist
- **Possible Risks of equine movement to a person with poor head control**
 - Overstretching of the neck extensors during movement can decrease head control
 - Micro trauma to the cervical spine
 - In young children, micro trauma to the brain (due to the immaturity of the brain)

17. Mobility/Range of motion

- **Hip Subluxation and Dislocation:** The normal hip is a ball and socket joint. The socket (acetabulum) is located in the pelvis. The ball is the femoral head, located at the upper end of the femur or thighbone. When the joint is subluxed, the thigh bone is partially out of the socket, which makes the joint unstable. When the joint is dislocated, the femoral head is completely out of the socket. This condition may occur in one or both hips. Abnormal muscle tone, either increased or decreased, can be the cause for either subluxation or dislocation in one or both hips. Increased tone is often found in persons with cerebral palsy or brain injury; low tone or decreased tone in Down syndrome or spinal cord injury. The cause of hip dysfunction can also be congenital. Both subluxation and dislocation necessitate careful motion and seating assessments prior to starting mounted activities. When riding, the participant needs to achieve a symmetrical pelvis that is level and has an equal distribution of weight on the equine.
- **Precaution:**
 - An asymmetric pelvis (with one hip subluxed) may aggravate the subluxation
 - Access only to a wide backed equine requiring significant leg spread
- **Contraindication:**
 - If there is pain or inadequate range of motion to accommodate the equine movement.
 - If there is poor postural alignment in the spine, pelvis and/or lower extremities that cannot be corrected by direct handling techniques or adaptive tack.

18. Spinal concerns

- **Movement through the spine is necessary for spinal health; however excessive movement through the spine can cause damage.** Excessive movement can cause pain and degeneration of the spinal discs. Repetitive motion injuries can remain

asymptomatic for years, but progressive damage is caused. Unknowingly micro-trauma may accumulate until becoming symptomatic.

- **Precaution:**
 - If Harrington rods or Luque sublaminar wiring are present, the surgeon should make an informed decision regarding participation in riding/driving activities. The physician should base this decision on knowledge of the specific activities in which the participant will be involved, including risk of falls.
 - Pain may dictate tolerance
- **Contraindication:**
 - If there is insufficient mobility in the spinal joints above and below the fixation/fusion to accommodate the movement of the equine
 - If there is a pre-existing condition of severe degenerative joint disease in the remaining mobile spinal joints
 - If there is significant pain
 - If physician has not released participant for post surgical participation, indicating a solid bony fusion/fixation

19. Trunk stability

- **The big deal about trunk stability is the need for alignment and accommodation to equine movement to prevent damage to the spine or trauma to the soft-tissues as well as re-enforcing atypical movement patterns.**
- **Riding instructors may assess trunk stability the purpose of determining participation in their particular program- you need to be clear with parents and participants that you are not assessing trunk stability for function.**
- **Precaution:**
 - Adults who are unable to sit on a flat surface without back support assistance for three to five minutes without assistance
 - Children who are unable to sit unassisted may require direct treatment by a therapist
- **Contraindication:**
 - Adults who are unable to sit unassisted on a flat surface with a back rest
- Risks to participants with poor trunk stability
 - Increase risk of fall and injury during a fall
 - Risk of injury to volunteers or staff during a fall or during handling (stress injuries)
 - Injury to spine from poor alignment (causing possible arthritis in the future)
 - Inadvertent strengthening of strong motor patterns
 - Increasing curvature of scoliosis

20. Cognitive disabilities

- Consent- can the participant sign your liability release form? Are they able to give informed consent?

- Are they able to assess risks in the riding arena? Those with TBI have impaired judgment and may have poor insight into their own poor decision making skills
- Liability issues- there may be additional liability concerns in the event of an incident.
- Communication concerns- how does this person communicate? What is their comprehension level?
- Emergency procedures- is this person able to follow simple one-step directions in the event of an emergency?
- How will you adapt your teaching styles for this person? If a person has profound cognitive limitations you need to have a very clear plan for teaching riding skills in small and incremental pieces. If you choose to take a participant with profound cognitive limitation the riding instructor needs to be very clear about the riding goals as it may take a very long path to see progress.

21. Autism

- In your intake process you should assess the P&C's to determine if you can keep this participant safe? Second- are you staff, horses and volunteers experienced enough to teach these riders?
- What staff training is in place to teach instructors about working with children with autism?
- What policies are in place to keep participants with autism safe?
- What behaviors might you see during your intake that would be red flags that this participant would not be appropriate for your program?
- **Precaution:**
 - Wandering – a participant may be at high risk for getting lost and may wander away from caregivers or staff. The participant may not consider themselves lost or may hide from those searching for him or her. Staff should be cautious to ensure adequate supervision is available.
 - Self injurious behavior
 - Poor safety awareness may put the participant at increased risk during equine assisted activities; participant may not respond to “no” or tone of voice.
 - Poor impulse control – participant may run away from staff, may run into parking lot or field with horses or may spontaneously dismount during mounted activities.
 - Rigid adherence to routines may make changes difficult. A different horse, instructor or volunteer team may cause a behavioral meltdown and may make EAA or EAT contraindicated that day.
 - Communication deficits – be sure to understand how the participant communicates prior to EAA or T; utilize the communication method that is familiar to the student.
- **Contraindication:**
 - Non-verbal and unable to communicate pain
 - Increasing self injurious behavior (before, during or after EAA or EAT)

- Aggressive behavior towards others or towards equine that is not managed through a behavioral plan
- Behavioral meltdown where participant is unable to be calmed prior to EAAT, EAA or EAT may resume on another day
- Participant does not dress appropriately for the weather in cases of extreme weather (winter in Maine and will not wear coat or gloves, Florida summer and participant will only wear thermal long sleeves and hooded coat). Participant may participate in EAA or EAT at other times of the year.
- Participant refuses to wear a helmet.
- Sensory issues (see Sensory Integrative Disorder)

22. Behaviors

- What behaviors pose a risk to the participant, staff, volunteers or horses?
- What behavioral management plan is in place with home and school?
- Have a pre-set policy in how the riding instructor will deal with problem behaviors and discuss this with the parents and participants. Ensure the safety of the horse and volunteers. Make sure the whole team understands how each behavior is to be handled.
- Precautions include: hitting, kicking and running away
- Contraindications: fire setting, animal abuse

23. WE HAVE THE PAPERWORK, NOW WHAT?

24. Choices

- The “now what”- What do you do when someone applies to your program and they are not part of your mission, they have needs that are part of your weaknesses or they have precautions or contraindications?
- This is especially challenging for centers that feel isolated.

25. Can you serve this person

- Does your mission include this person?
- Do you have the staff, horses and volunteers to keep this person safe?
- Does this person have a clear medical form?
- Does this person have a precaution that you can monitor?

26. Safety and service

- If you need to adapt a piece of equipment to serve a new participant make sure the equipment is:
 - Safe, does not restrict the participant or secure them to the horse, safe in an emergency
 - Does not interfere with the horses’ natural way of going, fits the horse well
- Remember that by blocking movement or stabilizing one part of rider- the horses’ movement is exaggerated in the un-stabilized parts. This excessive movement that is transferred up the spinal column can lead to damage to the spinal discs. This includes stabilization that the rider might wear or stabilization that is part of adaptive equipment.

- Another point to consider is the aspect of consent again, can this person give consent and do they have the cognitive ability to understand the risks? A former rider with a spinal cord injury will understand the risks involved and be able to give consent, whereas an adult with profound mental retardation will not.

27. Can you refer this person

- Check for NARHA centers in your state; always have a referral list available.
- Get to know other programs and what their strengths may be so that you can provide appropriate referrals.
- Check for therapists with training in hippotherapy from the AHA website.
- Check for local traditional therapy clinical and local recreational programs for additional referral options.

28. Collaboration

- The concept of collaboration between non-profits may include a center that provides therapeutic riding collaborating with a neighboring center that provides equine facilitated psychotherapy or hippotherapy.

29. Will you need to turn them down?

- Be clear during your screening process that all applicants may not be accepted
- Have a referral list to provide
- Make the reason clearly understood
- Uphold high ethical and professional standards

30. What else can you offer?

- Be sure to explain to the parent or participant that you are offering an ALTERNATIVE, because your services do not meet their needs.
- If it is within your mission can you offer horsemanship activities?
- Do you have staff to offer driving or vaulting programs?
- Can you offer time in the barn being at the farm or learning to groom?

31. CASE STUDIES

32. Case study one

- Your center is one of five centers in Iowa. You employ three NARHA certified riding instructors and one certified driving instructor. You have an indoor arena and run programs year round. You have a mounting ramp and horses that range from 14hands to 16hands.
- The applicant is a four year old girl with cerebral palsy. She is a power wheelchair user. Her medical form reports that she has mild hip intermittent subluxation. She has a strong extensor thrust and her parents want to improve her coordination.
 - What other information do you need to know about the NARHA center?
 - What other information do you need to know about the applicant?
 - What options do you have for meeting this persons needs?
 - What referrals might you make to this family?

33. Case study two

- You are one of five therapeutic riding centers in Idaho. You have two NARHA certified riding instructors working part time. You have an outdoor arena and run riding lessons part time in good weather. Your mission is to provide therapeutic riding lessons for cognitively challenged individuals to improve their quality of life.
- The applicant is a 35 year old man with Down Syndrome. He weights 176 lbs and has “behaviors” recorded on his medical form. The man rode as a child, but stopped after getting to large for the previous centers’ horses. His goal is to participate in Special Olympics.
 - What other information do you need to know about the NARHA center?
 - What other information do you need to know about the applicant?
 - What options do you have for meeting this persons needs?

34. QUESTIONS

- Thank you for your attendance at this presentation.
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