



# Volunteer Training Manual

(Revised 2011)

## **Dear Volunteers,**

Welcome to RideAbility! Thank you for taking time out of your busy life to volunteer with our program. It is because of your willingness and commitment to make a difference, our community is a better place to live! We look forward to working with you and we appreciate your contributions.

In order to make your volunteer experience pleasant, safe, and productive here are some guidelines that RideAbility must follow:

- ~Training is **REQUIRED** for all volunteers (A training/orientation checklist must be completed).
- ~Sidewalker volunteers who want to walk during class must be physically fit enough to walk during class for at least one hour (or longer).
- ~Sidewalkers must have the upper body strength to perform the safety holds on the student/rider.
- ~Volunteers should review the RideAbility calendar and communicate (to the volunteer coordinator or the program director) what dates/times they are available.
- ~Volunteers should be responsible and reliable enough to report to their assigned job promptly each week, or to call/notify RideAbility if they are unable to attend (or will be late to) a scheduled class.
- ~Volunteers should be confident in their ability to handle unexpected or emergency situations.
- ~Sidewalkers and Horse leaders must be at least 14 years of age.  
**Note:** Junior volunteers (less than 14 years old) may help set up before class, groom horse, help with games, monitor the sound system, stand at gates to keep them closed, etc. **BUT** they cannot sidewalk or horse lead during class sessions.

RideAbility is a program that relies heavily on the services provided by our volunteers. If at any time during your work with RideAbility you have questions, or comments, or concerns please let us know! We value your input, as it makes us a better program!

## **Dear Parents and family of clients,**

Welcome to RideAbility! We look forward to working with you and your family! Although this manual is focused on the roles and responsibilities of our community volunteers, there is a lot of useful information that can be used and applied toward your family while working with RideAbility.

As a family member, if you are willing to sidewalk with your student during class, please make sure you read this manual! It is important for everyone involved with our classes to know proper class procedures.  
Thank You!!

## **Dear Parents and family of volunteers under the age of 18 years,**

Welcome to RideAbility! We look forward to working with you and your family! We ask that the volunteers and junior volunteers take the time to read this manual and understand their role at RideAbility. We also ask you to take the responsibility of scheduling the younger volunteer's life priorities. RideAbility does not want to (in any way) make a negative impact on the education, family time or work responsibilities of a volunteer. We are especially sensitive to the needs of the volunteers under the age of 18 years, and we ask that you take the responsibility (as parent and guardian) of making decisions regarding the number of hours a younger volunteer is working at RideAbility, the time they arrive, the time they leave, the amount of physical work they should be doing and the transportation arrangements for them. RideAbility is concerned that these decisions are always made in the best interest of the younger volunteer.  
Thank You!!

RideAbility Mission Statement:..... 4  
RideAbility’s Vision: ..... 4  
History & Background:..... 4  
Who We Serve: ..... 5  
What is Therapeutic Horseback Riding? ..... 6  
    Introduction to RideAbility:..... 7  
Volunteer Job Descriptions:..... 7  
    The Team- ..... 8  
    Sidewalkers-..... 8  
The Specifics to Sidewalking- ..... 10  
    Proper Helmet Fitting- ..... 10  
    Mounting Ramp- ..... 11  
    Rider Restraints and Holds- ..... 13  
    Proper Riding Posture and Movements- ..... 14  
    Reins, Tack, and Adaptive Equipment- ..... 16  
    Dismounting- ..... 17  
    Emergency Dismount- ..... 18  
    Emergencies-..... 19  
Working with Horses-..... 20  
Horse Glossary- ..... 22  
Working with Individuals with Disabilities-..... 23  
Disability Definitions- ..... 31  
Medical Terms-..... 33

### RideAbility Mission Statement:

*To serve families of children or adults with special needs;  
providing horseback riding and related activities.*

*We create a fun and therapeutic environment **where everyone is able!**  
(enhancing physical, emotional, spiritual, and mental health)*

### RideAbility's Vision:

*To provide the best possible recreational, educational, and therapeutic year-round equine activity program for persons with disabilities and their families, by embracing these opportunities-now and in the future:*

- ~ To own an independent facility with a heated barn, training areas, and an office OR  
To utilize multiple site offerings*
- ~Work with other programs to create the best community offerings*
- ~Grow and improve class offerings:*
  - Group lessons*
  - Private/Semi-Private lessons*
  - One Time Fun Time lessons to serve the community*
  - Ground program (including showmanship, horse science, spirit painting, grooming and more)*
  - Driving program*
  - Sensory trail*
  - Interactive Vaulting and other creative lessons ideas*
  - Rainbow Curriculum incorporated to offer challenging growth of a student*

### Further Goals:

*~To provide support, networking, and therapeutic recreation for families affected by disabilities.*

The program WILL continue to include:

1. Program focus on families
2. A broad range of consumers
3. Group and private lessons
4. Program-owned horses in addition to using volunteered horses
5. A ramp and a hydraulic lift to accommodate wheelchair students
6. Annual RideAbility student horse show

The program is currently actively working to achieve these goals:

7. NARHA accreditation as a Premier NARHA Center
8. Some paid staff
9. More therapy options (hippotherapy, driving)
10. A tie into medical dollars through hippotherapy options, connections with school programs, etc.
11. Internship opportunities for social work students, PT/OT students, Equestrian program students, etc.

In the near future, RideAbility would like to focus on:

12. Addition of Interactive Vaulting activities into our class program offerings
13. A long-term source of funding (established interest-bearing fund)
14. Potential affiliations with other animal-assisted therapy programs

In the future the program could potentially include:

15. A place where persons with disabilities could be employed as well as volunteer.
16. Camps (day camps and overnight family oriented camping).
17. Special Olympics Training

## History & Background:

Our program was founded in 1997 and by Ellen Newman, Mary Lubahn and Lynne McCutcheon as a 4-H project. The project was financed by a grant from the Minnesota 4-H Foundation and the first volunteers were members of the Roscoe Rockets 4H Club. That year, the project won a trip to the Minnesota state fair as a Community Pride Project. The program started with 3 riders on a warm night in June 1997 and by the end of the summer there were 8 riders.

Ellen and Mary ran the program for 5 years, with Lynne providing 100% therapist coverage during classes. In that time they accomplished many things including incorporating RideAbility as a non-profit, setting up a board of directors, and gaining United Way funding. RideAbility was recognized not only for providing therapeutic recreation for children with disabilities (and their siblings), but also for: (1) emphasizing mental health rewards of interacting with peers (with and without special needs) (2) including parents as active participants and (3) providing a support network for the parents with similar life challenges. RideAbility's original idea of providing horseback riding for disabled children and their siblings created a very family focused program. This implementation of family inclusion is quite unique for a therapeutic riding center; RideAbility received an award from Arc SE MN for this accomplishment in 1999. Jim & Jeanie Michelizzi volunteered Promised Meadows for the RideAbility facility starting in 1999 and Jeanie became the volunteer executive director and program director in 2001.

Currently, the program serves over 100 students primarily from the surrounding counties. We provide at least four major events each year for our families and volunteers 1- fun annual meeting 2- Barn dance and silent auction fundraiser (w/riding time for the children) 3- Student RideATHon (w/riding time for our registered students) 4- student horse show (w/prizes, awards and riding time for the kids). We also encourage families and volunteers to participate in local parades (Kenyon, Pine Island, Zumbrota and Red Wing) and other fundraisers.

RideAbility also holds several fundraisers throughout the year. Our most well known fundraiser is the annual barn dance and silent auction. This event is hosted not only for our clients and volunteers, but also for the entire community. This event allows community members to come in and enjoy horseback riding and barn dance. Other fundraisers include our RideATHons (trail riding open to the public at the Douglas Trail, Island Riders, Hay Creek, or at the RideAbility facility); and the annual meeting and memorial luncheon and silent auction.

**\*\*At RideAbility, we view our students as our main clients, and our volunteers as secondary clients who also receive benefits from an enjoyable and therapeutic environment!**

## Who We Serve:

RideAbility serves individuals with disabilities from the age of 4 years and older. Classes are available to any individual or family affected by disabilities. The majority of our students live with in Olmsted, Goodhue, or Dodge County, but we have also served students from as far away as Spring Valley, Owatonna, Albert Lea, the Minneapolis/St. Paul area and visitors to Rochester from other parts of the country.

## Riding Requirements:

All students must have a liability form signed (and other releases on our Participation form) to qualify to participate in mounted riding activities. We also need an initial application form. Students must also obtain and keep on record a medical history and permission form signed by their guardian and physician. These forms are reviewed by a team of people who have in mind the best interest of the student. This team may include parents, instructors, therapists, volunteers or other caregivers. Horseback riding may be contraindicated for some conditions like fragile bones, spine instability, obesity or joint contractures. During the first week of class an initial evaluation will be completed by the instructor or a therapist.

## What is Therapeutic Horseback Riding?

**Therapeutic Horseback Riding:** Therapeutic horseback riding has its roots in Scandinavia and in Great Britain. The North American Riding for the Handicapped Association (NARHA) was established in 1969 and currently sets the national safety standards and guidelines for therapeutic horseback riding and other therapeutic equine activities in the United States and Canada.

**What is RideAbility?** *RideAbility* began in 1997 with the goal of teaching children with disabilities to ride horses and to gain a sense of confidence and achievement in doing so. *RideAbility* is a volunteer intensive effort that includes the combined efforts of horse owners, horseback riding instructors, physical therapists, occupational therapists and families. Three volunteers are required per rider and help to keep the session safe. One volunteer leads the horse. Two volunteers act as sidewalkers. The sidewalkers walk one on each side of the horse. They hold on to the student rider with an arm resting across the rider's thigh or trunk to provide support and assist with balance as necessary. The children served have a various range of disabilities including cerebral palsy, spina bifida, pervasive developmental disorder, Down's Syndrome and many more.

**What are some benefits of Therapeutic Horseback Riding?** Therapeutic horseback riding provides many beneficial experiences for children with disabilities. The gentle and rhythmic pelvic motion of the horse translates up to the rider a pattern of movement in the trunk and pelvic that closely mimics normal human gait. As a result excessive tone is often normalized allowing a greater range of motion in the rider. Many children with tight and spastic muscles are able to tolerate the stretching better on horseback. The normal straddled riding position for example provides a long sustained stretch to the adductors, a muscle group often tight in children with cerebral palsy.

Therapeutic horseback riding also provides a great opportunity for strengthening as well as improving balance reactions. The turning, acceleration, and deceleration of the horse makes the participant learn to weight shift and contract different muscles of the trunk. Balance can be further challenged with reaching, catching and throwing games as well as riding in different positions such as backward-facing. Mounting and dismounting the horse help to strengthen the lower extremities.

Many sensory experiences are also to be had by a participant in therapeutic horseback riding. These experiences include: exposure to new textures as children stroke and help groom the horse; new proprioceptive inputs as a child rides with their hands on the saddle, gripping the reins or hugging the horse; and vestibular inputs as the horse changes directions, speed or the child changes positions on the moving horse.

## Introduction to RideAbility:

Volunteer Opportunities: we offer numerous opportunities for individuals including:

### Class-time Volunteer Opportunities:

Sidewalker- walks beside the student/rider during class to help the student with balance and participation.

Horse Leader- leads the horse during class

Greeter- greets clients, gets name tags and helmets for everyone

Stretching assistant- leads clients in stretches on our saddle stands prior to class

Class Assistant- helps the instructor in the arena during class time with various tasks

Gate Keeper- Opens/closes gates during class sessions. Ensures that the gates are always secured and that students are not entering the arena at inappropriate times.

Play ground supervisor- provides activities for children who are not riding

Barn Manager- helps set up before class, clean up after class, grooms and saddles horses, etc.

### Non-Class Volunteer Opportunities-

Barn Dance Fundraising committee

RideATHon Fundraising committee

Annual Meeting and Memorial Luncheon Fundraising committee

Student Horse Show committee

Silent Auction Fundraising committee

Parade committees

Horse Exercise team

Horse Evaluation team

Equipment and Facility team

Volunteer coordination team

Class planning team

## Volunteer Job Descriptions:

### Volunteer Attire-

- Volunteers are required to wear shoes that cover their toes and dress modestly and inoffensively while at RideAbility.
  
- Volunteers are strongly recommended to follow these suggestions in attire, for their safety and comfort:
  - 1.Wear shoes or boots that are sturdy and protective of their feet, yet comfortable enough to walk in for several hours.
  - 2.Wear jeans or other protective pants unless the weather is severely hot and humid.
  - 3.Wear shirts and jackets that are more tight-fitting, being sure the clothing will not interfere with a student, catch on the tack or frighten a horse.
  - 4.Use bug spray to protect themselves from flies, mosquitoes and other pests.
  - 5.Use sunscreen to protect themselves from potentially long hours in the sun.
  - 6.Not use perfumes which might attract insects or distract the horses.
  - 7.Wear a name tag.
  
- If a volunteer cannot follow the recommendations the instructor on site will direct them as to what is safe, and will either allow or disallow their current attire.
  
- If a volunteer does not have sturdy shoes, RideAbility may have usable shoes that may be borrowed for the day. There may also be socks, long pants, bug spray or a jacket that can be borrowed.

## The Team-

The team consists of the student, the horse, the sidewalker(s), and the horse leader. The team's focus is on the student's safety and goals. It is vital that each member of the team takes ownership and be an active member. Included in the functioning of this team are the instructor, the therapist, and the mounting team personnel.

## Roles of the Team Members-

- Instructor- Director of all teams. Develops a class curriculum and teaches the lesson and is responsible for the class events. The instructor will give sidewalkers suggestions on how to assist their student. The instructor is ultimately responsible for everyone's safety and therefore has the right to make most decisions.
- Therapist- Facilitator: Their three main duties are to interpret medical information, consult with the instructor and work with the volunteers to ensure safe body mechanics of the riders. In addition, the therapist will assist or train others to assist with mounting/dismounting activities.
- Mounting Team personnel – Trains with the physical therapists and/or instructors to learn the best and safest method to assist mounting for each student. They spend most of their time at the mounting ramp.
- Horse Leader- Responsible for the horse. The leader is there to ensure the safety of the horse, student, and team. Although they are there to lead the horse, they should also allow the student to guide the horse as much as possible (when appropriate for the individual student).
- Sidewalker(s)- Responsible for the student while on the horse or in the arena (see job description of a sidewalker).

\* Every volunteer has a description of where and how they work with the student. Note that only the parent/guardian/staff or person who brought the student is allowed to take the student to the bathroom, the car, the travel trailer or any other location where they could be alone.

## Sidewalkers-

The main objective for a sidewalker is to ensure the safety of the student and they may be required to provide physical support to the rider. Sidewalkers will walk (and on occasion jog) alongside the horse and rider. The sidewalker should ensure the student remains centered while mounted on the horse. Other objectives for a sidewalker include: keeping the rider attentive to the lesson, and assisting with and reinforcing instructions.

## Sidewalker Duties (overview):

### Before Class:

- Help with any class set up
- Check board for horse and student assignments
- Review any notes from previous weeks written on student information cards or check with the Physical Therapist for any new information.
- Once student arrives, find him/her and greet them
- Ensure that the student has a helmet and that it is put on properly before they are called to the mounting ramp
- Help the student with pre-class stretches if appropriate (the saddle stands can be used for this)

### During Class:

- The sidewalker's primary responsibility is to ensure the safety of the rider.
- Continually monitor the rider's body position. Make sure that the rider is sitting up, straight, and comfortable in the saddle.
- If rider is using reins double check that they are the proper length for the student and horse.
- Ensure that the rider's helmet stays on properly. If adjustments need to be made, alert horse leader so your team can stop (possibly dismount) and make proper adjustments safely.
- Work with and encourage the student during warm up exercises and other activities during class.



- Interpret instructor's commands to the student- if needed
- Help keep the attention of the student, and assist in riding activities.

#### After Class:

- Stay with your rider until he/she leaves the arena.  
\*If a student is dismounted inside of the arena a sidewalker is required to assist the student out of the arena. Always keep physical contact, never assume a student will safely leave the arena themselves.
- Assist with any clean up needs
- Make any necessary notes on student info cards
- Attend the after-class meeting (your input shapes the quality of the next class!)

#### \*\*Sidewalking Points to Remember-

- Your primary responsibility is to ensure the safety of the rider!
  - The degree of assistance that you may need to provide will vary depending on the balance and needs of the rider.
- As a sidewalker, you will be walking beside a horse and assisting the needs of the rider throughout the class session.
- There may be times during class where the team will be asked to trot.  
\*Substitute volunteers can be used if sidewalkers are uncomfortable trotting.
- Because you are working directly with a rider and participating in a class session, sidewalkers must keep excessive talking down. This can become a distraction to the student and team. This doesn't mean to ignore questions from your rider but please pay attention to the instructor while being kind to the student.
  - This includes conversations between sidewalkers/horse leader. The student can become easily isolated if the volunteers are having conversations that do not involve the rider.
  - At the same time, we want you to build a relationship with your student, please talk to you student before and after class!
- There may be a time when you must perform an emergency dismount for the rider. Sidewalkers must be able to perform such action if needed. If a rider starts to fall, pushing him/her into saddle may be more effective than trying to get them off the horse. BUT if there is no way to prevent a fall, the sidewalker should perform an emergency dismount and soften the fall as much as possible.

### Keep in Mind...

\*\*When working with students, use positive words and emphasis on his/her strengths! Instead of "Don't" phrases, use "Do" phrases.

"Do" Phrases: "Sit up tall", "Eyes up," "Listen to what the instructor is saying," "Hold your hands up." ☺

"Don't" Phrases: "Don't slouch," "Stop looking down," "Be quiet, you're talking too much," "Don't rest your hands on the saddle." ☹

\*\*\*The majority of our students love to ride and come to class. Behavioral problems are typically very rare. However just like everyone else, our students can have "bad days" and may misbehave. If a rider's behavior is causing major distractions, or is harming themselves, their horse, or team, immediately call the instructor to assist with the situation!

## The Specifics to Sidewalking-

While most of your time spent at RideAbility will be spent walking next to your rider and horse, there are many other duties that sidewalkers must know and constantly keep in mind. This section will highlight information including proper helmet fittings to physical support methods, etc. This information is VERY important and will help ensure the safety of the rider.

### Proper Helmet Fitting-

The posture and balance of a rider can be directly affected by the fit of the helmet. A properly fitted helmet should be snug, but will not leave red marks on the forehead. It should stay on the head when fastened, without rocking or moving- this even includes when the rider looks down or shakes his/her head.

### Steps to proper fitting-

- Make sure that the helmet is the proper size for the student!
- Place the helmet on the head, sliding it front to back. Allow it to rest so there are two fingers between the eyebrows and the edge of the helmet.
- Make sure the helmet is centered correctly and fasten the chin strap.  
BE CAREFUL: The chin strap can easily catch the student's skin under their chin, use your finger to protect the student from this painful mistake.
- \*ASK the rider how the helmet feels. It should be comfortable!

### \*\*\*Helmet Safety Note\*\*\*

If at any time the helmet needs to be adjusted please inform the horse leader so you can make proper adjustments. Please ensure that your team moves toward the inside of the arena before you stop to make adjustments! If further assistance is needed, ask the class instructor or assistant to help you! IF the rider removes his/her helmet, the team must stop promptly in a safe manor so adjustments can be made! The rider **MUST** keep his/her helmet on at all times-from mounting through the class period and until his/she is out of the arena.

### Proper Care for RideAbility Helmets-

- If a student is borrowing one of RideAbility's helmets, a parent/volunteer should encourage the student to take proper care of his/her helmet.
- Before class, the volunteer or parent should get a correct size helmet from the cabinet in the barn.
  - A sprayed and cleaned helmet will have a paper liner inside of it. The paper liner may be left inside the helmet while the student is riding. This will allow some of the sweat to be absorbed into the liner and prevent the helmet from wearing out so quickly.
- After class, the volunteer or parent should ...
  - With the student, take the helmet back to the helmet cabinet.
  - Remove the old paper liner.
  - In the cabinet, you will find a disinfectant that should be sprayed inside the helmet.
  - After the helmet is sprayed down, place a new paper liner in the helmet. This shows us that the helmet has been cleaned, and prepares it for the next student.
- Posted on the helmet cabinet there are instructions on borrowing a helmet, including returning the helmet and keeping it clean. Thank you for helping your student with this task.

## Mounting Ramp-

Typically, our riders mount his/her horse by using our mounting ramp with assistance from the Physical Therapist, Instructor, and Mounting Ramp Personnel. This can be one of the most challenging and dangerous part of our classes! There are many places and opportunities for the rider and/or horse team to become injured! Be safe!

### Guidelines for Using the Mounting Ramp-

- Only the student and the instructor/PT and mounting ramp personnel are allowed on the mounting ramp.
- Students must wait until they are called to the mounting ramp by the instructor. \*Note, during some activities multiple students are allowed on the ramp, but they must line up near the rail behind the red line.
- If the student will climb the steps to the mounting ramp, please stand at the bottom of the steps (behind the student) to protect them in case they lose their footing. When the mounting ramp assistant has physically contacted the student (holding their hand or putting an arm around them) then the sidewalker should leave the mounting ramp area.
- Sidewalkers should help their student to the ramp, and follow instructions from the mounting personnel in case the sidewalker is needed to assist the student in mounting steps or moving their wheelchair.
- After the student is delivered to the ramp properly, the sidewalker should stand near the arena gate.
- When their team is ready they may enter the arena and take position near the horse.

### Procedure for Mounting Ramp Activities-

- Once the horse leader brings the horse towards the ramp, an additional volunteer will make a “wall” on the horse’s right side- this is to prevent the horse from moving too far away from the ramp.
- The horse leader will “head the horse,” standing in front of the horse controlling his/her movements as much as possible and keeping the horse close to the mounting ramp.
- One sidewalker should approach on the horse’s RIGHT side (opposite of the mounting ramp). Depending on the size of the rider and the method of mounting, this sidewalker may need to push down on the stirrup to ensure the saddle does not shift. This sidewalker should help to guide the student’s leg over the saddle (when appropriate).
  - Often, we will have an additional volunteer working at the mounting ramp as a “wall.” Their duty is to help keep the horse close to the mounting ramp and assist with the actual mounting of the student. IF there is a “wall” working with your team, the RIGHT sidewalker should still be in place and ready to take control of the rider.
- One sidewalker will approach on the horse’s LEFT side and stand behind the horse leader. This sidewalker will need to move in towards the horse and rider, once they are ready to leave the mounting ramp. The mounting ramp assistant will help guide the rider from the mounting ramp as the LEFT sidewalker moves into place at the same time.
- Also, it is very important that the team does not leave the mounting ramp until the student is ready! The team must wait for the signal from the rider and the mounting personnel. When the student is ready, he/she will normally communicate our key phrase “walk on.” but the team is not to move until the mounting personnel signals that it is alright.

**\*\*Please Note\*\***

Do NOT place a rider’s feet into the stirrups while at the mounting ramp! ALSO, the stirrups should not be adjusted until the team is away from the mounting ramp. The instructor will assist in properly adjusting the stirrups, or will assign someone to check and adjust the stirrups- if appropriate.

## Standard Mounting Technique vs. Lift Mounting Technique-

In some cases, our students are physically able to mount his/her horse with little to no physical assistance from a volunteer. A physically able student typically can perform a **Standard Mount** (leg over croup). A **Lift Mount** may be performed for non-ambulatory students and students who have a limited range of motion. Below are the events of each mount. Each style of mounting is done only with the help of the Mounting Ramp Personnel.

### **Standard Mount-**

- \*Student places their left hand on the horse's neck/mane and their right hand on the front of the saddle/pommel.
- \*Student places left foot on the ramp near the horse (or in rare cases in the left stirrup - if this is their approved mount the offside walker must hold down pressure on the right stirrup)
- \*Student swings their right leg over the back of the horse, behind the saddle, and around to the horse's right side
- \*Student gently sits in the saddle and may pick up the reins
- \*Sidewalker on the **RIGHT** side applies proper hold
- \*Student gives the "Walk-on" command
- \*Team slowly leaves mounting ramp, when approved by the mounting personnel
- \***LEFT** sidewalker takes position and applies the same hold as soon as possible



### **Lift Mount-**

- \*Instructor or Mounting Personnel places sling around student
- \*Assistant operates lift control and raises and lowers student when appropriate
- \*Horse approaches ramp and stands in position then the student begins to move out of chair
- \*Student is positioned over horse and lowered into place
- \*Sidewalker on **RIGHT** applies hold and instructor or mounting personnel unhooks all points of sling
- \*Sidewalker on **RIGHT** assists in removing sling (sling is pulled down and back)
- \*Sling remains setting under student on the horse
- \*Student picks up reins (if appropriate)
- \*Student gives "Walk On" command
- \*Team leaves mounting ramp
- \***LEFT** sidewalker takes position and applies hold as soon as possible.
- \*Many of our lifted mounts may be performed by the Mounting Ramp Personnel- who may physically lift the student into place on the horse's saddle.

## Rider Restraints and Holds-

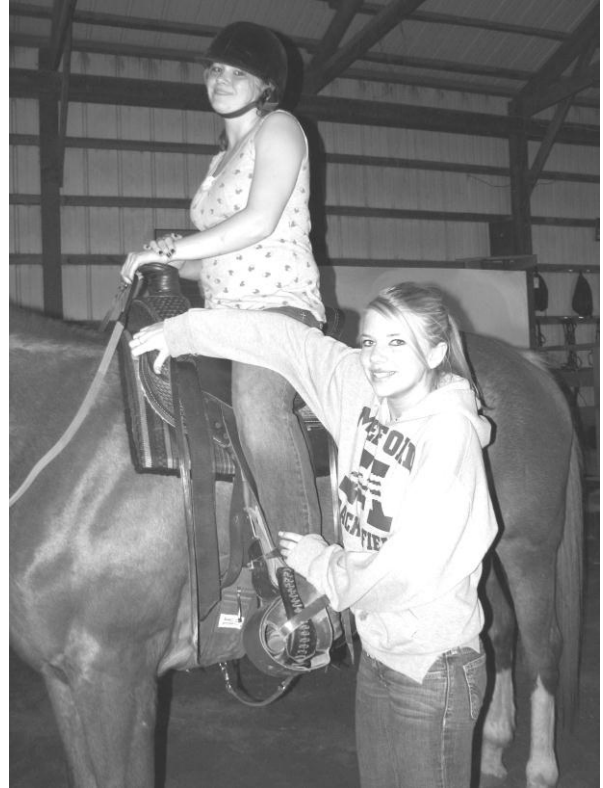
Sidewalkers will use various holds and restraints depending on the rider. How a sidewalker holds and supports a rider may vary from class to class. Don't be surprised that as the classes progress, the holds used may also change. Regardless of the holds used, please ensure that both sidewalkers are using the same hold- this ensures proper balance and comfort.

### Full Hold (Thigh and Ankle)-

Used to stabilize a student's movement. The sidewalker places one arm across the thigh to stabilize side-to-side movements, and also holds near the ankle to stabilize forward and backward movements.

#### Directions:

- The arm nearest to the student and horse is placed across the thigh with the hand gripped onto the saddle, surcingle, or pad. The arm should be level and pressure should be evenly applied.
- The arm farthest from the student holds just above his/her ankle. If stirrups are used, do not hold onto the stirrup, do not hold directly on the ankle as that could prevent student joint movement, and do not let the hand slide down onto the foot because it could be pinched between the student's foot and the stirrup.



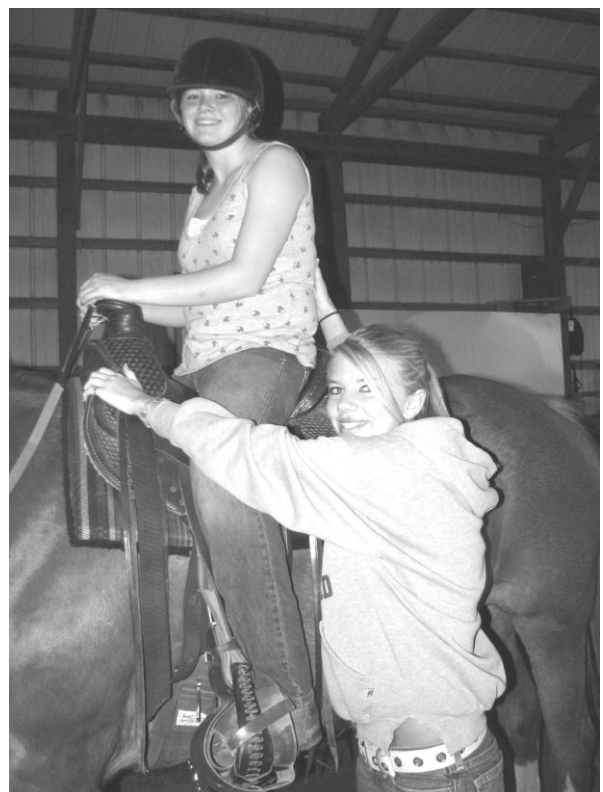
### Full Hold (with Back Support)-

Used to stabilize students and helps prevent forward-backward movement as well as balance.

#### Directions:

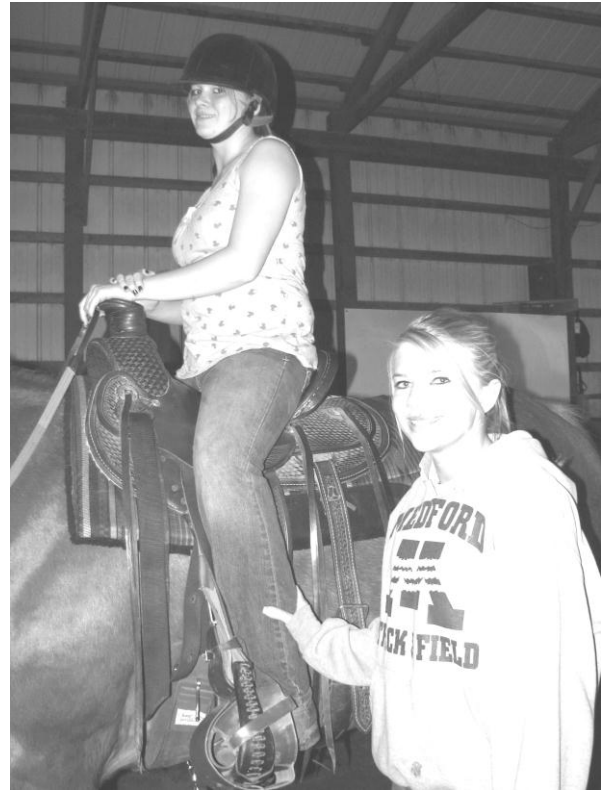
- The arm nearest to the student and horse is placed near the back of the student and on the horse/saddle. If necessary, gently grasp the rider's shirt (as long as it is comfortable for him/her). Also sometimes a gait-belt may be placed around the student's trunk for holding assistance.
- The arm farthest from the student holds near his/her ankle or thigh, depending on the student's need.

**\*\*Please Note\*\*** If back support is needed, sidewalkers should be careful not to put a lot of downward pressure on their elbow or the horse's back.



### Ankle Hold-

Minimal support with one hand placed just above the student's ankle.



### Back Riding-

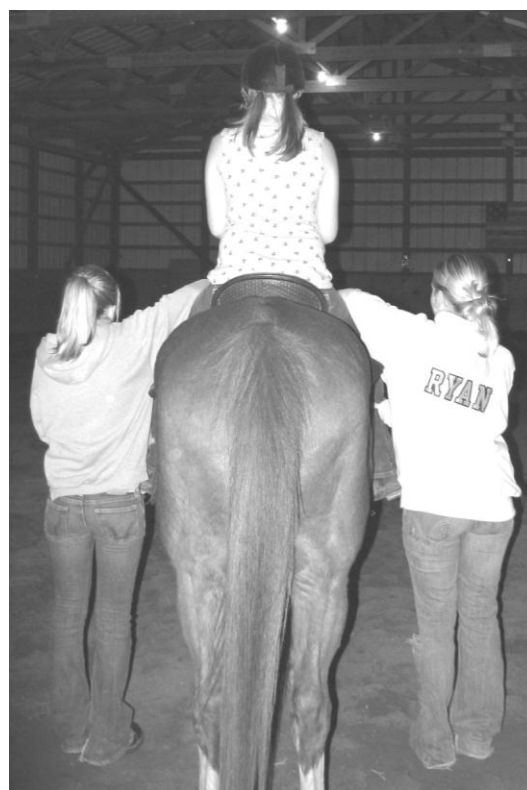
Because of poor balance and posture, some riders may require a back rider. Back riding can be physically demanding and stressful for that volunteer. Those individuals interested in back riding must pass a riding test to ensure that they are balanced and physically able to ride behind and support a rider. When a back rider is used, industry standards require us to have two sidewalkers supporting the student and a neck strap on the horse for the backrider to use if needed.



### Proper Riding Posture and Movements-

During horseback riding, the movement of the horse's pelvis is transmitted to the rider. This transfer of movement is one of the key elements of therapeutic riding. The rhythmic movement of the horse gently mobilizes joints while demanding coordinated work from the postural muscles of the neck, back, abdomen, and legs. The position of the rider on the horse greatly affects this process. The "ideal" riding position will give the rider the most efficient balance and will allow the rider to move in sync with the horse. The class instructor can help to evaluate the rider's position from all sides. What to Look for-

When viewed from behind, the rider should sit as straight as possible. If a rider sits to one side of the saddle, one foot will appear lower than the other. This position will prevent the rider from strengthening muscles evenly. The instructor may help the rider center her/his hips in the saddle, if possible, by having the rider stand in the stirrups. Sometimes the rider needs physical assistance of the instructor and sidewalker to reposition in the saddle.



When viewed from the side, the rider should sit as straight as possible. Many riders will sit with a “C” curve because of weak trunk muscles or tight leg muscles. Most riders will be able to correct this position with verbal cues or physical prompts, but endurance may be limited. Encouraging a lengthened position of the leg will also improve this posture. As the class sessions progress, we often see that students’ posture improve, as they become accustomed to the movement of the horse and their skills improve.



## Reins, Tack, and Adaptive Equipment-

In most circumstances, we prepare our horses with reins before class. Many of our students will use them at some point during their class sessions. Most students will use halters with reins attached. RideAbility students only use bridles when learning more independent riding skills – who are usually riding during private lessons, or advanced classes. As sidewalkers, you can encourage students to use the reins by showing them which direction to pull the reins during such activities as turning the horse, and stopping.

Some of the reins are modified with bicycle-like grips, colored sections, or other creative substances to enhance touch. Some students feel more comfortable using these versus regular reins. As a sidewalker, if you feel your student may benefit from using these modified reins, ask the instructor.

## Saddles types

RideAbility uses various types of saddles depending on the rider. Western saddles and English saddles are often used, but we also rely heavily on soft saddles. Class instructors may change the style of saddle used for the riders depending on the student needs or the comfort of the horse. As a sidewalker, if you notice any problems related to the saddle and equipment, inform the instructor so proper changes can be made.

## Safety Stirrups

RideAbility does encourage riders to use stirrups, but in order to ensure safety -- all stirrups used at RideAbility are required to be classified as “safety stirrups”.

The soft saddles they are equipped with peacock stirrups. These stirrups have a rubber band on one side to allow the foot to come out if the rider were to fall. **\*\*Safety note:** In order for the peacock stirrups to work properly, the rubber band needs to be on the OUTSIDE of the foot (facing away from the horse).

RideAbility will also use toe protectors inside of western stirrups. These toe protectors prevent the rider’s feet from slipping forward, through the stirrup. This accessory is very easy to place inside the stirrup and should be done before class to all stirrups (excluding peacock stirrups).

### Additional equipment or modifications may be used depending on the rider’s needs:

RideAbility owns saddle cushions which help to prevent saddle sores especially when using western saddles. Also, some students benefit from using a surcingle hand hold, which provides the rider with something to hold onto for additional support if they are riding in a soft saddle.

### **\*\*Safety Notes\*\***

- We require that tack checks are done on all horses. Typically, 3 tack checks are done:
  - 1) Saddles, halters, girths are checked after saddling using the buddy system. When saddling is complete the left stirrup will be left “up” to signal that the tack needs to be checked. Volunteers will then check each other’s saddling techniques and put the left stirrup “down” after the check is complete.
  - 2) When the horse leader is approaching the ramp, they will stop at the letter “F” check the tightness of the girth and make sure that 4 fingers fit snugly between the girth and the horse’s underside
  - 3) After the student has mounted the instructor will have the team go to the center of the arena and check the tightness of the girth again.
- Remember, safety of the rider is the sidewalker’s primary concern, proper riding positions and rein use is secondary.
- Never force a rider’s body into position- if you need assistance or have questions about the rider, please talk to the physical therapist and class instructor.
- The rider’s balance and position on the horse is a safety issue. If at any time the rider is off balance or needs to be adjusted, inform your team so you can stop and make proper adjustments! If assistance is needed, call for the instructor/class assistant.



## Dismounting-

RideAbility performs most dismounting of students to the ground, not using the mounting ramp. A student can be dismounted to the ramp, but this is at the discretion of the class instructor and therapist. When dismounting, wait for instructor assistance! When the student is dismounted to the ground inside the arena, the sidewalkers must walk the student to the outside of the arena. DO NOT leave the student alone! Also the student always needs to keep his/her helmet on until they are out of the arena.

## Steps to dismounting-

- Teams will be called for dismounting by the class instructor or mounting assistants. While waiting to dismount, the other horse teams may continue walking (if okayed by the instructor).
- When dismounting to the ground find a place near the center of the arena and ensure there is enough space around your team for a safe dismount. The dismount will be supervised by the instructor or assistant.
- If a dismount to the ramp is necessary the horse leader will lead the horse up to the mounting ramp, as close to the wall/ramp as possible. This means the left sidewalker will have to move away from the horse once they get close to the ramp (at the letter "F" or in the corner near the ramp). At this point, additional support will be given by the mounting ramp assistant.
  - The right-side sidewalker should stay with the student until student is completely off the horse, and the horse has left the mounting ramp.
  - The sidewalker should ensure that the rider has released the reins, and that his/her foot is out of the stirrup.
  - Sidewalkers need to pay special attention as some students may attempt their own dismount at this time. Encourage the student to wait until the instructor or mounting ramp instructor is ready.
- Once outside of the arena, sidewalkers are encouraged to help their student with removing his/her helmet. If the helmet is owned by RideAbility, ensure that it is cleaned and put away in the proper cabinet. If possible have your student assist with cleaning and putting away the helmet.

## Standard Dismounting (leg over croup)

- Student removes feet from stirrups
- Student moves reins to a safe position
- Student leans forward
- Student swings right leg over the horse's croup (behind the saddle)
- Student slides to the ground OR steps off onto mounting ramp (with assistance)

## Crest Dismounting (leg over horse's neck)

- Student removes feet from stirrups
- Student moves reins to a safe position
- Student brings right leg over crest (horse's neck)
- Sidewalker on right assists with leg and supports the student's back
- Student is facing the instructor/mounting ramp assistant and is assisted off the horse.

## Emergency Dismount-

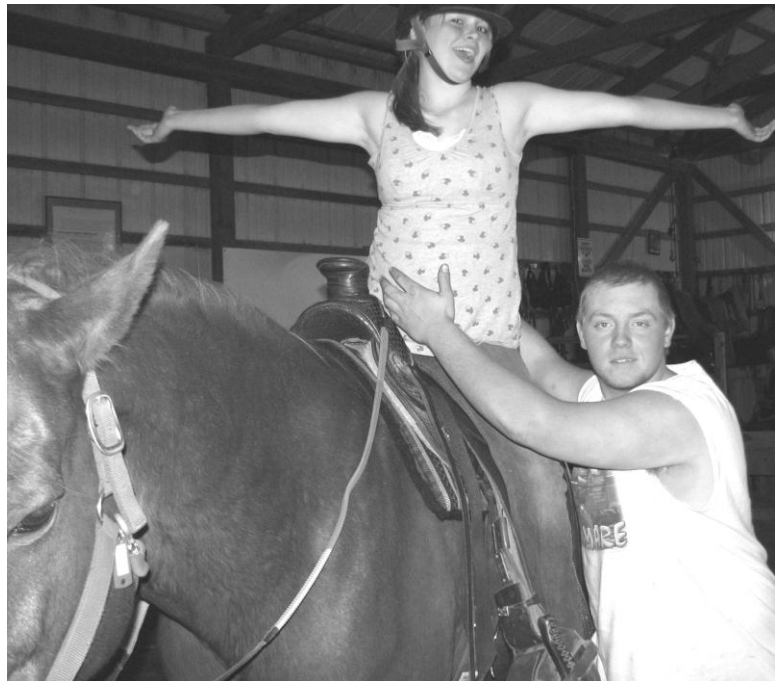
Emergency dismounts may be required if a student needs to be dismounted quickly- especially if he/she loses balance beyond recovery.

### Steps to an Emergency Dismount-

- Sidewalker determines that the rider is falling beyond recovery, or needs to come off the horse quickly.
- Sidewalker or team member yells “Emergency Dismount”
  - If anyone else in/around the arena sees what is going on, they can also yell emergency dismount.
  - All other teams should stop their horses

- Sidewalker on the receiving side wraps his/her arms around the student’s trunk (do not pull on the student’s arms)

- The sidewalker on the opposite side should help guide the student’s other leg over the horse, and ensure that he/she is not holding onto the horse or the reins.



- Sidewalker sets into a position to receive the weight of the student (one leg forward and slightly bent, one leg back at an angle for support)

- Sidewalker should stand still, in place, as the horse leader continues to walk the horse forward and the student will slide off towards the sidewalker.

- The sidewalker is not expected to support the entire weight of the rider. If necessary, slide the student’s body to the ground. It is not expected that the sidewalker should hold the student and prevent them from touching the ground. In many cases, the emergency dismount is used to cushion the fall as much as possible and the sidewalker should slide the student to the ground.



- Once cleared far enough away from the rider, the horse leader will turn the horse around and stop to face the student (this prevents the horse from stepping on or kicking people if the student and sidewalker end up on the ground.)
- Instructor will assist the team at this point
- All other teams must stop and remain stopped until instructor gives further notice!



\*\* At no point should other team members leave their student to assist with an emergency dismount with another team! If additional assistance is needed, the instructor will call for specific individuals. \*\*

### Emergencies-

Emergencies and accidents can occur for numerous reasons! RideAbility has in place rules and guidelines to ensure that any emergency is handled properly. Our program is required to complete occurrence reports on any emergency that occurs on facility.

### In Class Emergency-

During class, if an emergency occurs, listen to the instructor!! Do not leave your team to assist with occurrences unless instructed to do so. RideAbility will have a person designated to assist with an emergency for each class session. One person will be designated to call 911 if medical services are needed. The phone number and address of the farm are located near the phone in the barn.

\*\*Safety Notes- Although RideAbility cannot prepare you for all the different types of possible occurrences that could happen during class, please keep in mind...

- If a student falls and could have possibly injured his/her head or neck. Do not move them, or their helmet. Unless instructed to do so.
- RideAbility does have certified CPR trained volunteers
- There is a human first aid kit located inside the barn (and includes a CPR mask and various other supplies). Also, there is a horse first aid kit located inside the barn if needed.
- It is important to get information about your student related to possible health issues, i.e. seizures. The class instructor or PT may be able to provide information about the student, as well as the student information cards. Parents/care providers are typically very willing to provide RideAbility with medical information... it is required!

# Working with Horses-

## Horse Behavior-

The horse is a prey animal, that which is eaten by the predator. Many instincts have developed as a result of their situation, the main one being that anything sudden or unusual is dangerous. Their basic response to fear is to flee away from the situation or take a stand and fight. Fight or flight response - they will usually flee if possible or fight if necessary. People who handle horses must learn to read the horse's body language to keep him/her feeling comfortable and secure. An uncomfortable horse is a dangerous horse. Horses want to know who we are, where we are, and what we are doing.

## Who we are-

You need to let the horse know that you are not a predator by avoiding predator-like mannerisms and habits.

## Where we are-

A horse cannot see directly in front or directly behind him; if you place yourself in these areas you are in his blind spot. Use your voice and touch to let the horse know where you are. Always approach the horse at his shoulder walking normally and speaking normally; announce yourself. The horse should acknowledge your presence. Watch the ears, head and neck positions for an indication.

## What we are doing-

While moving around the horse we must be calm and confident like his trusted friend, not sneaky and sudden like a predator. Give the horse plenty of warning that you are going to do something. If you are going to pick up his foot, calmly and confidently run your hand down his leg before you attempt to pick it up. If you are going to ask him to do something, check to make sure that you have his attention and then ask him to respond. They are very willing animals who want to please if only we can communicate effectively.

Horses use body language and subtle expressions and postures to let each other know just how they are feeling. Horses have emotions like we do; they can feel happy, relaxed and confident or they can feel angry, frustrated and annoyed. They might be bored and indifferent or scared and insecure. To be as safe as possible around them we need to watch their posture and learn to read the signals they are communicating to us. In the herd environment this posturing is all that is necessary to let the other animals know how they are feeling.

**Watch the ears!** A horse's ears have a double role: they provide sound signals and they transmit visual signals.

Pricked ears- Typical of horses that are startled, vigilant, alert, or merely interested, and are most commonly seen during frontal greetings.

Airplane ears- Flop out laterally with their openings facing down toward the ground. They indicate clearly that the animal is psychologically at low ebb.

Drooped ears- Hang down loosely on either side of the head. This can be seen when a horse becomes very dozy or is in actual pain and wants to switch off all incoming messages. It can also be a signal of inferiority.

Drooped backward- The ears are stuck out sideways, but their openings are directed backward toward the rider. These ears let us know that the horse's attention is on the rider or what is going on behind or beside him, which is okay. They could also indicate that he is uncomfortable about something or something is annoying him.

Pinned ears- Ears flattened back against the horse's head so that they almost disappear from view.

Pinned ears display anger and are used as a threat to intimidate another horse or a handler. Beware- the horse is trying to tell you something is not right.

Learning to read and understand this "ear language" can allow you to tell at a glance the emotional state of a horse.

### Tail talk-

When a horse holds his tail up high he is showing his exuberance and alertness. A very aggressive or tense horse will signal by stiffening the fleshy base of the tail so that it tends to stick out behind him more than usual, as if it were a hair rod. An anxious, frustrated, or confused horse may flick its tail this way and that, first sideways, then vertically, then around in an arc, signaling its irritation. An angry horse can use such rapid swishing movements that the hairs actually whistle through the air or it may flick its tail high in the air and slap it down hard. This horse is telling you that a kick may be the next thing coming your way.

### The Legs-

Pawing the ground- A scraping action of one front leg in which the foot is dragged backward showing impatience or fear.

Knocking- Consists of a raising and lowering of a hind leg in such a way that it makes a forcible tapping sound on the ground.

Stamping- Is a similar up and down movement performed with one of the front feet. Knocking and stamping are used in contexts that can be described as a "mild protest." A riding horse may stamp as a protest when it is being saddled up for a journey it does not want to make.

### The Eyes-

The eyes of a horse are usually closed when it is in pain or exhausted, opened wide with fear, anxiety and apprehension, half-closed in peaceful relaxation and submission, and looking back in anger. The angry eye shows some white, as the eyes bulge and turn backward, but it is a mistake to think that every horse that is showing a little white in its eye is in fact hostile. It can simply be looking behind at something of interest.

## Horse Glossary-

**Arena-** An enclosed area for training horses and riders

**Bit-** A piece of metal which goes into the horse's mouth and attaches to the reins

**Canter-** The second fastest gait of a horse- Characterized by three beats to each stride

**Caveletti-** Ground poles. Can be suspended on two crossbars or blocks to create a very small jump

**Chewing on the Bit-** A sign of relaxation and acceptance of the bit when other signs of the horse's behavior also indicates relaxation.

**Cinch-** A strap that secures an Western saddle

**Conformation-** The physical structure of a horse. Conformation impacts the quality of movement of the horse and therefore influences the movement imparted to the rider in a therapeutic setting

**Downward Transition-** Changing to a slower gait when riding.

**Driving with Long Lines-** Guiding the horse from the ground by walking at the rear or side of the horse, using long reins attached to the bit

**Equine-** Pertaining to a horse

**Far Side-** The right side of the horse

**Figure Eight-** Riding two connecting circles

**Fly Mask-** A protective mask with see-through mesh used during the summer months to protect the horse's eyes.

**Gelding-** A castrated male horse

**Girth-** A strap that secures an English saddle

**Half-Circle Reverse-** Reversing the horse by turning a half-circle toward the center of the arena

**Hand-** A unit of measure (four inches to one hand) used to measure a horse from the withers to the ground

**Horsemanship-** The art of riding and understanding the needs and care of the horse

**Independent Seat-** When a rider uses his arms, legs, hands, and seat independent of each other to direct the horse.

**Impulsion-** The energy generated by the hindquarters of the horse as it moves. Used to describe the quality of the horse's forward movement

**Inside Leg-** The leg on the inside of the arena or ring

**Jog-** A slow trot, used in western riding

**Lead Line-** A rope with which to lead the horse

**Leg Yielding-** Moving the horse sideways and forward with one's leg

**Lunge-** A means of exercising the horse in which the horse moves on a circle around the person lunging him with the horse controlled by a long lunging-rein.

**Mare-** A female horse over four years old

**Near Side-** The left side of the horse.

**Pony-** Any horse that stands under 14.2 hands (58 inches)

**Posting-** Same as the "rising trot" in which the rider rises and descends with the rhythm of the trot

**Seat-** The position the rider takes on the horse

**Sitting Trot-** The rider sits deep in the saddle and maintains contact with the saddle while trotting

**Stride-** One complete circuit of the stepping of all four feet

**Transition-** To change from one gait to another.

**Trot-** A two beat gait with the horse's legs moving in alternate diagonal pairs

**Walk-** The horse's slowest gait. Characterized by four beats to each stride

## Working with Individuals with Disabilities-

As a volunteer, you may be given a brief overview of the rider that you are working with. The class instructor or physical therapist are good sources of information, and can help with questions. You may find that the instructor/physical therapist does not emphasize the rider's medical condition, but rather the problems that you and the rider may encounter in the arena. Knowing the rider's diagnosis is not essential, but it may give you background information which can help you to anticipate the rider's needs. Please remember that all information provided about the rider, especially the medical diagnosis, is considered confidential and is not appropriate for discussion outside of RideAbility.

## Tips for effective communication-

### “People First” Consideration-

- Place the person before the disability. Say “person with a disability” rather than “disabled person.”
- Avoid referring to people by their disability. A person is not a condition.
- People are not “bound” or “confined” to wheelchairs. They use them to increase their mobility and enhance their freedom. It is more accurate to say “wheelchair user” or “person who uses a wheelchair.”

### General Considerations-

- Do not be afraid to make a mistake when communicating with someone with a disability. Keep in mind that a person who has a disability is a person, and like you, is entitled dignity, consideration, respect, and rights you would expect for yourself.
- Treat Adults like adults. Address people with disabilities by their first names only when extending the same familiarity to all others present. (Never patronize people by patting them on the head or shoulder.)
- Relax. If you don't know what to do, allow the person who has a disability to put you at ease.
- If you offer assistance and the person declines, do not insist. If it is accepted, ask how you can best help, and follow directions. Do not take over.
- If someone with a disability is accompanied by another individual, address the person with a disability directly rather than speaking through the other person.

## Working with Physical Disabilities-

- Do not make assumptions about what a person can or cannot do. A person with a disability is the best judge of his/her own capabilities.
- Do not push a person's wheelchair or grab the arm of someone walking with difficulty without first asking if you can be of assistance.
- Never move someone's crutches, walker, cane or other mobility-aid without permission.
- When speaking to a person using a wheelchair for more than a few minutes, try to find a seat for yourself so the two of you are at eye level.

## Working with Visual Disabilities-

- Identify yourself when you approach a person who is blind. If a new person approaches introduce him or her.
- It is appropriate to touch the person's arm lightly when you speak so that he or she knows you are speaking to him/her.
- Face the person and speak directly to him/her. Use a normal tone of voice.
- Don't leave without saying you are leaving.

- If you are offering directions, be as specific as possible and point out obstacles. You could use clock cues- “the door is at 2 o’clock”
- Never pet or distract a guide dog unless the owner gives you permission.
- You may offer assistance if it seems needed, but if your offer is declined, do not insist. If your offer is accepted, ask the person how you can best help.

#### Working with Speech Disabilities-

- Talk to people with speech disabilities as you would talk to anyone else.
- Be friendly, start up a conversation.
- Be patient- it may take the person a while to answer.
- Give the person your undivided attention.
- Speak in your regular tone of voice.
- Tell the person if you do not understand what he/she is trying to say. Ask the person to repeat the message, spell it, tell you in a different way, or write it down.
- To obtain information quickly, ask short questions that require brief answers or a head nod. However try not to insult the person’s intelligence with over-simplification.

#### Working with Hearing Disabilities-

- Ask the person how he/she prefers to communicate.
- If you are speaking through an interpreter, remember that the interpreter may lag a few words behind. Pause occasionally to allow him/her to translate completely or accurately.
- Talk directly to the person who is deaf or hard of hearing, not the interpreter.
- Before you start to speak, make sure you have the attention of the person you are addressing. A wave, a light touch on the shoulder, or other visual or tactile signals are appropriate ways of getting the person’s attention.
- Speak in a clear, expressive manner. Do not over-enunciate or exaggerate words.
- Speak in a normal tone of voice unless specifically requested to talk louder.
- If the person is speech-reading, face the person directly and maintain eye contact. Don’t turn your back or walk around while talking. If you look away, the person might assume the conversation is over.
- If you do not understand something that is said, ask the person to repeat it or to write it down. The goal is communication; do not pretend to understand if you do not.

#### Cognitive Disabilities-

- Treat adults with cognitive disabilities as adults.
- When speaking to someone who has a cognitive disability, try to be alert to their responses so that you can adjust your method of communication if necessary.
- Use language that is concrete rather than abstract. Be specific, without being too simplistic. Using humor is fine, but do not interpret a lack of response as rudeness. Some people may not grasp the meaning of sarcasm or other subtleties of language.
- People with brain injuries may have short-term memory deficits and may repeat themselves or require information to be repeated
- People with auditory perceptual problems may need to have directions repeated, and may take notes to help them remember directions or the sequence of tasks. They may benefit from watching a task demonstrated.
- People with perceptual or “sensory overload” problems may become disoriented or confused if there is too much to absorb at once. Provide information gradually and clearly. Reduce background noise if possible.
- Repeat information using different wording or a different communication approach if necessary. Allow time for the information to be fully understood.
- Don’t pretend to understand if you do not.



- In conversation, people with mental retardation may respond slowly, so give them time. Be patient, flexible, and supportive.
- Some people who have a cognitive disability may be easily distracted. Try not to interpret distraction as rudeness.

(\*\* Information taken from Adaptive Environment Center, under contract to Barrier Free Environments, NIDRR grant # H144D10122\*\*)

Details regarding Individuals with Disabilities and Their Diagnosis-

## Asperger's Syndrome

### ***Details about Asperger's Syndrome***

This is similar to autism, although people with Asperger's generally have milder symptoms than those with autism. These people often have difficulties socializing or communicating with others.

### ***Common Signs and Symptoms***

- Lack of coordination and clumsiness
- Social awkwardness including lack of eye contact and little nonverbal communication
- Walking rigidly
- All-absorbing interest in specific topics and tendency to carry on long-winded one-sided conversations
- Speaking in a monotonous voice

### ***Suggestions for Riders with Asperger's Syndrome***

- Humor is often lost to these riders so avoid making jokes or sarcastic statements.
- Try to remain calm since they may become nervous or anxious in new situations.

## Autism

### ***Details about Autism***

This is a more severe disorder than Asperger's syndrome. It is a brain development disorder that causes difficulties in socializing and communicating with others.

### ***Common Signs and Symptoms***

- Resistance to environmental changes or changes in daily routines
- Difficulties with social interaction and understanding verbal and nonverbal communication
- Unusual responses to sensory experiences
- Engagement in repetitive and compulsive activities

### ***Suggestions for Riders with Autism***

- These riders have a very difficult time with changes in routine, so try to avoid introducing too many new things at once.

# Cerebral Palsy (Hypotonia or Low Tone)

## ***Details about Cerebral Palsy***

This is a neurologic condition caused by damage to the brain prior to, during, or right after birth. This differs from spastic cerebral palsy because these riders have floppiness of arms and legs.

## ***Common Signs and Symptoms***

- Weakness or floppiness of arms and/or legs
- Problems with coordination and balance
- Shortness of breath
- Excessive drooling
- Mental retardation
- Speech problems
- Hearing problems
- Eyesight problems
- Tremors or seizures

## ***Suggestions for Riders with Cerebral Palsy***

- Watch for extreme irritability and excessive vomiting accompanied by a headache, as this may indicate hydrocephalus. This is an EMERGENCY!
- These riders may have difficulties sequencing tasks. Breaking down the task and working on one step at a time will make it easier for the rider to accomplish the activity.

# Cerebral Palsy (Spastic or High Tone)

## ***Details about Cerebral Palsy***

This is a neurologic condition caused by damage to the brain prior to, during, or right after birth. These riders have more stiffness in their arms and legs than riders with low tone cerebral palsy.

## ***Common Signs and Symptoms***

- May involve legs, arms and legs, or just one side of the body
- Stiff muscles causing bent knees, legs squeezed together, and toes pointed downward
- Problems with coordination and balance
- Shortness of breath
- Excessive drooling
- Mental retardation
- Speech problems
- Hearing problems
- Eyesight problems
- Tremors or seizures

## ***Suggestions for Riders with Cerebral Palsy***

- Watch for extreme irritability and excessive vomiting accompanied by a headache, as this may indicate hydrocephalus. This is an EMERGENCY!

- These riders may have difficulties sequencing tasks. Breaking down the task and working on one step at a time will make it easier for the rider to accomplish the activity.

**\*\*Note:** Riders may have ataxic cerebral palsy or athetotic cerebral palsy rather than low tone or high tone cerebral palsy. These are rarer cases and involve many of the same signs and symptoms. Riders with ataxic cerebral palsy will have more severe balance and coordination problems. Riders with athetotic cerebral palsy will have slow, uncontrolled movements, especially of the arms and legs.

## Down Syndrome

### ***Details about Down Syndrome***

This is a genetic condition in which there is an extra copy of chromosome 21.

### ***Common Signs and Symptoms***

- Weakness
- Extra flexibility
- A small head and flattened facial features with upward slanting eyes, unusually shaped ears, and a protruding tongue
- Broad, short hands with short fingers
- Mild to moderate mental retardation
- Heart defects

### ***Suggestions for Riders with Down Syndrome***

- If the rider has an x-ray that indicates atlantoaxial instability HE/SHE SHOULD NOT RIDE HORSES!

## Duchenne's Muscular Dystrophy

### ***Details about Duchenne's Muscular Dystrophy***

This is a genetic defect in which muscles become progressively weaker and eventually are replaced by fat and connective tissue.

### ***Common Signs and Symptoms***

- Muscle weakness
- Lack of coordination
- Increased arching of the back
- Large calf muscles

### ***Suggestions for Riders with Duchenne's Muscular Dystrophy***

- Avoid fatigue or overexertion.
- Pay close attention to posture while on the horse.
- Stretching exercises and repetition of simple movements are important so the rider does not become stiff and tight.

# Multiple Sclerosis

## ***Details about Multiple Sclerosis***

This is a chronic disease affecting the brain and spinal cord. The body mistakenly detects the cells in the brain as foreign objects and attacks them, preventing communication between the brain and the body. Many people with this condition have periods of attacks when their symptoms worsen and periods of remission when their symptoms improve.

## ***Common Signs and Symptoms***

- Numbness, tingling, or pain in parts of the body
- Weakness of parts of the body
- Muscle spasms
- Lack of coordination or unsteadiness
- Fatigue
- Dizziness
- Shooting pains when bending the head downward
- Visual problems or pain with eye movement
- Tremor

## ***Suggestions for Riders with Multiple Sclerosis***

- Avoid exercising to the point of fatigue.
- Avoid excessive forward bending of the head as that may worsen symptoms.
- Avoid excessive heat as that may increase symptoms, especially visual problems and weakness.
- Be prepared to tailor the session based on how the rider is feeling on that particular day.
- These riders may have memory deficits, so remind them of basic instructions and skills each week.

# Seizure Disorder

## ***Details about Seizure Disorder***

This is a birth disorder where there is a disruption of the transmissions of electrical signals in the brain. For most riders, this will be controlled by medication and will not cause any problems, but it is good to be aware of the potential events.

## ***Common Signs and Symptoms***

- Simple partial seizures where there is a temporary change in emotion or sense of smell, vision, taste, or sound.
- Complex partial seizures where there is an altered state of consciousness accompanied by nonpurposeful movements (hand rubbing, lip smacking, etc.)
- Petit mal seizures where there is a brief time of staring or loss of awareness
- Myoclonic seizures where there is jerking of the arms and legs
- Atonic seizures where there is sudden weakness and often results in the rider collapsing
- Grand mal seizures where there is a loss of consciousness, shaking of the body, and loss of bladder control

## ***Suggestions for Riders with Seizure Disorder***

- If the rider experiences a seizure, perform an emergency dismount. Position the rider on his/her side away from anything that he/she might hit when shaking. Do not put anything in his/her mouth.
- Avoid bright flashing lights.

# Spina Bifida

## ***Details about Spina Bifida***

This is a birth defect in which the tissue surrounding the spinal cord does not close properly.

## ***Common Signs and Symptoms***

- Paralysis, usually of the legs
- Difficulties controlling bowel and bladder functions
- Seizures

## ***Suggestions for Riders with Spina Bifida***

- If the rider has a shunt, avoid extreme stretching of the neck or bending the head forward.
- Avoid extreme pressure or torque since these riders are more prone to bone fractures.
- Watch for sudden and severe headaches, nausea and vomiting, seizures, or irritability, indicating hydrocephalus (water on the brain).
- Watch for a severe headache or abnormally stiff neck accompanied by a fever, nausea or vomiting, and confusion, indicating meningitis.

# Spinal Cord Injury

## ***Details about Spinal Cord Injuries***

Spinal cord injuries involve a disruption of the pathways connecting the brain to the rest of the body.

Symptoms differ a great deal from person to person depending on the type of injury, the level of injury, and the severity of the injury.

## ***Common Signs and Symptoms***

- Loss of movement or sensation below the level of injury (typically tetraplegics have lost function of their arms and legs and paraplegics have lost function of their legs)
- Problems with balance and trunk control
- Spasms or stiff muscles
- Difficulties breathing or coughing
- Difficulties controlling bowel and bladder functions

## ***Suggestions for Riders with Spinal Cord Injuries***

- Watch for sweating, the rider's hair standing on end, a slowed heart beat, a pounding headache, and the rider's feeling of anxiety, as this may indicate a condition called autonomic dysreflexia (the body's way of telling pain since it can no longer feel)—THIS IS A MEDICAL EMERGENCY! Immediately locate and remove the source of pain but DO NOT lay the rider down.
- Avoid sliding the rider on any surface as he/she may not have sensation and will not feel skin damage.

# Stroke (Cerebrovascular Accident or CVA)

## ***Details about Strokes***

These patients experience sudden deficits due to lack of blood to part of the brain. While their function may improve, it will take months to years to recover. Symptoms will differ for each rider depending on the location of the stroke and the time since the stroke occurred.

## ***Common Signs and Symptoms***

- Weakness or numbness on one side of the body or face
- Balance problems
- Ignoring one side of the body
- Vision problems
- Difficulty understanding or producing speech
- Dizziness

## ***Suggestions for Riders with Strokes***

- Try to involve the weak side in as many activities as possible to encourage rehabilitation.

# Traumatic Brain Injury

## ***Details about Traumatic Brain Injuries***

This is damage to the brain caused by a direct blow to the head. The initial injury usually causes bleeding and bruising in the brain, which leads to permanent damage to the brain.

## ***Common Signs and Symptoms***

- Amnesia, confusion, or concentration problems
- Dizziness or loss of balance
- Blurred vision
- Weakness or numbness in the arms or legs
- Agitation
- Slurred speech
- Ringing in the ears
- Headaches
- Seizures

## ***Suggestions for Riders with Traumatic Brain Injuries***

- Do not disagree with the rider unless his/her safety is at stake.
- Keep the rider focused on the task at present.
- Start with very simple tasks and progress to more difficult tasks as the rider is able to.

## References

Campbell, S. K., Linden, D. W., & Palisano, R. J. (2006). *Physical therapy for children*. St. Louis Saunders Elsevier.  
Goodman, C. C., Fuller, K. S., & Boissonnault, W. G. (2003). *Pathology: Implications for the physical therapist*. Philadelphia: Saunders Mayo Foundation for Medical Education and Research. (2008). *Diseases and conditions A-Z*. Retrieved October 22, 2008, from <http://www.mayoclinic.com/health/DiseasesIndex/DiseasesIndex>

## Disability Definitions-

**Autism-** The causes of Autism are not known. It is characterized by the deficits in socialization, adaptive behavior and language. The abilities, intelligences and behaviors of each person with autism may vary widely. Some people with autism do not speak while others have limited language that may include repeated phrases or conversations. A structured environment with limited distractions can help the person with autism to develop attention span and decrease dysfunctional behaviors. Related to therapeutic riding, it is beneficial to keep sidewalker and horse leader assignments consistent from week to week. Even if the rider does not seem involved in the riding lesson, it does not mean that he/she is not taking in the events/activities.

**Cerebral Palsy-** Cerebral Palsy is a general term that describes an injury to the brain in utero, at birth or in the immediate neonatal period. "CP" is a non-progressive disorder of movement and posture. Although many riders have the diagnosis of cerebral palsy, you will find that there is a tremendous variation in function among individuals. Typically, balance, coordination, and motor (muscle) control are affected. Associated problems may occur with vision, hearing, speech, and cognition. Therapeutic riding provides an opportunity for improving joint mobility, muscle strength, balance, and coordination. Sidewalkers will need to be aware of balance challenges both on the ground and on the horse when assisting someone with this diagnosis. Adaptations in mounting (crest mount or barrier free lift) are often needed because of limited joint mobility. Muscle tone is often affected and if the rider is affected by spasms, he/she may need assistance to maintain the ideal riding position. Remember not to force a limb into position.

**Down Syndrome-** Down Syndrome occurs when an extra chromosome is present and is also known as trisomy 21 in reference to the gene site where this occurs. Challenges in learning, communication, and physical development characterize Down syndrome. Congenital heart disease and cervical spine instability may also be present and may constitute a contraindication to therapeutic riding. Muscle tone is low and strength may be poor. Therapeutic riding provides a wonderful learning and communication setting as well as physical work. Riders will respond to your clear directions and positive encouragement.

**Mental Disability-** Mental disability can result from a number of causes and are characterized by decreased intellectual functioning that occurs with deficits in adaptive (motor, communication, and self-help skills) behavior. Poor muscle tone, coordination and balance impairments may be present. Behavior, attention span, and abstract reasoning are challenged. Provide the rider with specific, clear instructions. Demonstration and repetition are helpful. Remember that age appropriate behaviors are expected.

**Multiple Sclerosis (MS) -** In MS, the material which covers nerves (myelin) and which facilitates the transfer of nerve impulses in the brain and spinal cord is affected. MS results in difficulty with vision, balance, coordination, sensation, muscle tone and motor control. Riders may use a variety of assistive devices from canes to walkers. Wheelchairs may provide community mobility. Fatigue can be a significantly limiting problem that is made more severe in conditions of high humidity, heat or extreme cold. Therapeutic riding can help to improve balance, posture, coordination, strength, and endurance. For adults who benefit from ongoing therapy, riding can provide an alternative form of therapy that is motivating and fun.

**Seizure Disorder-** A seizure represents an electrical "short circuit" of a group of nerve cells in the brain. Statistically, all of us have short circuiting neurons, but we have systems in place that hold these in check. Seizure disorders may occur in children or in adults with brain injury, infection, or tumors being typical causes. Seizures occur periodically and have typical characteristics for each individual. Seizures are classified as partial or generalized and may vary from a brief alteration in consciousness to complete loss of consciousness. Individuals in therapeutic riding program have often times managed their seizures with medication and have a history of seizure control. If a rider experiences a seizure while on horseback, it may be necessary to do an

emergency dismount. Help the rider by placing him on his side. Never force anything into a person's mouth while they are having a seizure.

**Traumatic Brain Injury (TBI)** - TBI occurs as the result of injury to the skull and its contents, the brain. Injury can disrupt all aspects of functioning including physical, emotional, intellectual, communication, and occupational domains. Increased muscle tone, decreased balance, poor coordination, and impaired motor control can be part of the physical sequel of brain injury. Speech difficulties and cognitive difficulties, including impaired judgment and abstract reasoning, can also occur with TBI. Therapeutic riding provides a structured environment with repetitive tasks that can challenge memory skills. The movement of the horse under the rider can improve joint mobility while the movement of the horse through space challenges balance. Developing an independent seat requires coordination and motor control. As with other riders, communication skills are enhanced through therapeutic riding activities.





## Medical Terms-

**Abduction-** Movement away from the midline of the body

**Adduction-** Movement toward the midline of the body

**Apraxia-** The inability to perform a purposeful movement secondary to deficit in motor planning. Response may be slow or uncoordinated.

**Arthritis-** Pain or inflammation of a joint or surrounding area.

**Asymmetrical Tonic Neck Reflex-** Reflex movement initiated by head turning in which the limbs on the skull side bend and those on the chin side straighten.

**Atrophy-** Wasting away or very weak muscles.

**Attention Deficit Disorder (ADD) -** The inability to attend or to focus on a task for any length of time.

**Bilateral-** Involving both sides of the body.

**Body Scheme-** The unconscious awareness of one's body and the position of its parts.

**Cervical-** Related to the neck.

**Cognition-** The conscious process of knowledge, perception, understanding, and reasoning.

**Congenital-** Existing from birth.

**Contraindication-** That which is not advised.

**Contracture-** A joint which is in a fixed and immobile position secondary to shortening of muscles, tendons, and/or ligaments around the joint.

**Developmental Disability-** A disability produced by disease or injury and which interrupts the normal developmental sequence in one or more areas. By definition onset occurs before the age of 21.

**Diplegia-** Greater involvement of the lower body than upper.

**Dorsiflexion-** Bending the ankle up (toes up).

**Dyslexia-** Dysfunction in reading and in comprehension of written material.

**Dystrophy-** Wasting away.

**Edema-** A buildup of fluid in the body tissue.

**Equilibrium-** A state of balance; a condition in which opposing forces counteract each other.

**Equilibrium Reactions-** A group of reflexes which act together to produce a state of balance.

**External Rotation-** To rotate outward away from the body's midline.

**Fine Motor-** Relating to movements of the hands and eyes.

**Flexion-** To bend the body or a joint.

**Hypertonic-** (high tone) A state of greater than normal muscle tension in which the muscles feel stiff and movement is restricted.

**Hypotonic-** (low tone) A state of lower than normal muscle tension in which the muscles feel floppy, movement may be excessive and weakness is present.

**Integration-** The incorporation and organization of old and new information.

**Kyphosis-** (round back) A spinal curve characterized by abnormal convexity of the thoracic spine.

**Lordosis-** (sway back)- A spinal curve characterized by abnormal concavity of the lumbar spine.

**Lumbar-** The lower part of the spine consisting of 5 large vertebrae.

**Muscle Tone-** The tension of a muscle.

**Nystagmus-** Rapid, involuntary eye movements.

**Plantar Flexion-** Bending the ankle down (toes down).

**Posture-** Ideally a body position in which the body segments are balanced in the position of least strain and maximum support.

**Prone-** Body position with the body lying face down and flat.

**Proprioception-** Body awareness achieved through receptors located deep within muscles, tendons, and joints that respond to change in position, tension, length, movement, and deep pressure. Awareness of the body in space.

**Quadriplegia-** Involvement of all four extremities.

**Reflexes-** Automatic involuntary response to the body to a sensory or positional stimulus. Reflexes are normally adaptive (equilibrium reactions), but can be interfering in disabilities involving the nervous system (asymmetrical tonic neck reflex).

**Rigidity-** Inflexibility or stiffness as a result of hypertonicity on both sides of the joint.

**Scoliosis-** Lateral curvature of the spine usually involving more than one segment (thoracolumbar).

**Seizure-** An attack of epilepsy in which there can be a loss of consciousness with or without body movements.

**Sensory Integration-** Coordination of sensory input, motor output, and sensory feedback.

**Shunt-** A medically inserted device to drain fluid. Typically, to relieve hydrocephalus.

**Spasticity-** Increased muscle tone which is the result of a hyperactive stretch reflex in the muscle and results in muscle “stiffness.”

**Tactile Defensiveness-** Intolerance or hypersensitivity to touch which can be considered a feature of poor sensory integration.

**Thoracic-** Part of the spine consisting of 12 vertebrae located midback between the 7 cervical (neck) and 5 lumbar (low back) vertebrae.

**Vestibular -** The brain mechanism which influences balance, muscle tone, visual muscles and the body’s posture against gravity.



## *What Makes a Volunteer Great*

- Be loyal and committed to that which you value
- Make sure you understand your job
- Make sure you are given the necessary training
- Insist on and help to create a safe environment
- Dress, speak and act professionally
- Be prompt
- Give advance notice if you are going to be absent
- Be flexible, and know you are valuable
- Honor confidentiality, on-site and off-site
- Learn about RideAbility
- Keep informed about events
- Be a real team player, care about others
- Offer suggestions and share ideas
- Speak up! Let the others know what you need
- Ask questions if you don't understand
- Ask questions if you want to know something
- Seek out further training and education
- Ask for documentation of your work if you need it
- Have fun!
- Realize how important you are
  - ... to the success of the whole program
- Know you are making a difference
  - ...in the lives of the families we serve

## **Speak up! Do you need:**

- a change in job assignment?
- less physically stressful work?
- less time on-site?
- more time on-site?
- a new opportunity?
- a safety issue addressed?
- chance to work with a specific family?
- chance to work with a specific horse?
- cleaner port-a-potty?
- refrigerator restocked?
- extra work to do 😊
- documentation of your work?

## **In the past, RideAbility has provided:**

- Community service hours to high school students for class projects
- Community service hours to National Honor Society students
- Community service hours to teenagers who violated truancy rules
- Continuing education hours to teachers, foster parents and others
- Letter of recommendation for job applications and other opportunities
- Internships for college students
- Special projects for:
  - college students,
  - high school students,
  - 4H club members,
  - girl scouts,
  - boy scouts
  - and others

# RideAbility Volunteer Self Test

1. What is the purpose of RideAbility? \_\_\_\_\_

\_\_\_\_\_

2. To volunteer as a sidewalker or horse leader during classes I must be at least \_\_\_\_ yrs old.

3. If I am under 18 yrs old my parent/guardian must sign my liability release and Emergency medical treatment consent form. True or False

4. The student's team consists of \_\_\_\_\_

\_\_\_\_\_

5. Safety is the primary responsibility of:

- a. sidewalkers
- b. the horse exercise team
- c. Instructors
- d. the student's team
- e. everyone involved in RideAbility

6. The primary goal of each team is to:

- a. Achieve perfect riding position for the student
- b. Help each student ride as independently as possible to the best of their ability
- c. Get all riders trotting by the end of the session
- d. Entertain the riders

7. If I am a sidewalker I don't have to participate in the after class meeting. T F

8. If I can't make it to class for my scheduled volunteer time it's no big deal because there are always plenty of extra sidewalkers. True or False

9. Name two weather conditions that may result in class cancellation. \_\_\_\_\_

\_\_\_\_\_

10. The horse leader is responsible for communicating with the student during classes. True or False

11. If a rider is having difficulty moving a limb into position, the sidewalker can push on the limb to move it for the rider. True or False

12. Which members of the team are the first to arrive and the last to leave?

- a. Sidewalkers
- b. Horse Leaders
- c. Instructors
- d. Therapists

13. What is the rule for safe spacing between horses?
- Horses should be 2 or 3 feet away from each other
  - Horses should be a full horse length away from each other
  - Our horses are all friends so spacing doesn't matter
  - Horses should be kept two horse lengths apart in all directions
14. What are some of the benefits of Therapeutic Riding? Circle all that apply.
- Improved balance
  - Increased attention span
  - Increased self esteem
  - Fun
  - Increased muscle strength
  - New learning environment
15. Pick the statement that best encourages proper riding position.
- "Don't let your hands touch the neck."
  - "Lift your hands up off the neck."
16. It is important to secure the brakes of a wheelchair before helping a person out of the chair. True or False
17. Describe one aspect of "people first" terminology. \_\_\_\_\_
- 
18. All student information is confidential and is not appropriate for discussion outside of the riding center. True or False
19. What is a sidewalker's number one concern?
- Keeping the horse walking fast
  - Shooing flies off the horse
  - Ensuring perfect riding position
  - Student safety
20. When the students arrive the sidewalker should:
- Greet student and family
  - Assist student with helmet
  - Ask how the student's day has been
  - All of the above
21. A full hold is used to:
- Provide stability for the student
  - Help the sidewalker keep up
  - Allow the student to ride backward
  - All of the above
22. As the student mounts, list 2 things the sidewalker should do:
- \_\_\_\_\_
  - \_\_\_\_\_
23. Once the rider is mounted, what triggers the team's depart from the ramp?
- Leader pulls the horse forward
  - Rider gives the "walk-on" command
  - Sidewalker nudges horse
24. In an emergency dismount, the sidewalker grabs the student's arms to pull her/him off the horse. True or False
25. In the examples of the sidewalking photos, what do all the sidewalkers have in common? \_\_\_\_\_

26. Name one of the two blind spots in a horse's field of vision: \_\_\_\_\_

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27. The ears of a horse that is startled or alert will often be:

- a. Drooped sideways
- b. Pricked forward
- c. Pinned back
- d. Set in opposite directions

28. Sidewalkers may release an assigned hold on a student when they need:

- a. To tie a shoe
- b. To clean sand out of a toe
- c. To blow nose
- d. Only when the instructor approves

29. It will help the student concentrate if the sidewalker talks a lot. True or False

30. In order to become a horse leader volunteers must have horse experience, complete defined training and meet approval of the training staff. True or False

31. A horse with ears pinned back is indicating:

- a. Happiness
- b. Anger
- c. Hunger
- d. Boredom

32. The horse leader's primary responsibility (after overall safety) is the horse.

True or False

33. Safety is "job one". True or False

34. The horse's croup is:

- a. Near the horse's shoulder
- b. The part of the horse's back between the hip and tail
- c. Part of the leg
- d. On the neck

35. Sidewalkers may not chew gum because \_\_\_\_\_

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36. Write the location of the following:

- a. Phone \_\_\_\_\_
- b. Fire Extinguishers \_\_\_\_\_
- c. Emergency exit from building \_\_\_\_\_
- d. Emergency weather shelter \_\_\_\_\_

37. What is the purpose of the after-class meeting? \_\_\_\_\_

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38. If I don't understand something or if I have a question, I should:

- a. Pretend I know
- b. Make something up
- c. Ask
- d. Go home all upset

39. Every student has to ride in an English saddle. True or False

40. List three things a sidewalker can do before class: \_\_\_\_\_

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41. List three things a sidewalker can do after class: \_\_\_\_\_

42. If I cannot volunteer at my scheduled time, I should notify the Volunteer Coordinator and /or the Riding Center as soon as possible. True or False

43. Participating in the after-class meeting is important because: \_\_\_\_\_

44. It is good to pet and touch the horses while I am sidewalking because the horses like attention. True or False

45. When I walk around a horse it is best to:

- a. Walk behind the horse
- b. Walk under the lead rope
- c. Walk in front of the horse

46. When I approach a horse I should talk to the horse and approach:

- a. At the tail
- b. At the nose
- c. At the shoulder

47. Circle all forms that volunteers should fill out each year:

- a. RideAbility Participation form including Liability release
- b. Volunteer Application
- c. Class evaluation forms

48. It is important that I keep my contact information up-to-date on my Participation form.

Volunteer Name : \_\_\_\_\_

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

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

After completing and signing this self-test please remove it from the manual and turn it in to RideAbility staff. This self-test will be kept in the volunteer file folders.