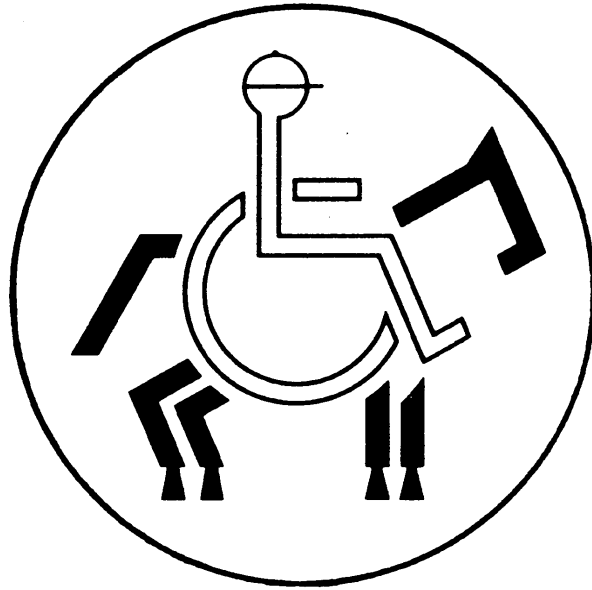


Epsom RDA



Helper Training Notes

Stage 2

Helping our Riders

Contents

		<u>Page No</u>
Understanding Our Riders	Basic principles	2
	Gathering information	2
	What is Muscle Tone?	3
	Balance	4
	Other problems	5
	Autism	6
Communicating	Communicating with our Riders	7
	Who else do we need to communicate with?	8
	Organisational chart	9
Mounting and Dismounting	Aims and General guidelines	10
	Procedure	11

Understanding our riders

Basic Principles

The horse is the therapist. The walking horse produces approximately 100 movements in 3 dimensions in 1 minute. The rider must react positively to the movement in order to stay in balance. Therefore the precursor for any progress in riding is the development of the independent seat at walk.

It is important to achieve the correct position of the pelvis and symmetrical weight bearing over the seat bones to enable the spine to be 'stacked' so that the movement is properly transferred through the spine.

The other essential factor is the horse's walk. The better the walk rhythm, the easier it will be for the rider to develop an independent seat in preparation for progression to more advanced riding skills.

It is important that all of our helpers are aware of their rider's individual disability and their level of ability when riding.

- What can my rider do now?
- What can I expect them to be able to achieve?
- How can I help them to achieve this?
- Is it safe for my rider to do this?

If you don't have the information you need, please ask your session leader, instructor or physiotherapist for advice.

Gathering Information

To find out more about the rider you are assisting, here are some important questions you should ask.

- 1) Is their disability due to problems in their joints and / or muscles or is it neurological in origin?
- 2) Is it an acquired disability (ie trauma or illness) or since birth?
- 3) Is their disability static or progressive?

If it is progressive, the rider may vary in their ability from week to week and their riding will need regular review. These riders are more likely to suffer from fatigue, e.g. muscular dystrophy or multiple sclerosis. If it is static they will normally present a fairly consistent ability but as children grow older, the problems often become more apparent or more difficult to cope with e.g. cerebral palsy.

- 4) If the rider has problems with mobility and movement is it a primary physical problem or is it secondary to more 'global' or learning difficulties. The approach to management for riding will be different.

What is muscle tone?

Muscle tone is what a muscle feels like.

Tone	What it means	Strategies for improvement
Normal	Normal tone is the tension required to support the appropriate body part against gravity.	
Hypertonia	Hypertonia is when a muscle feels stiff or tense. Increased muscle tone causes abnormal movement in some or all limbs, head and trunk. This may be exacerbated by fear, too much effort, sudden movement, pain or discomfort, sudden noise and too much excitement.	Stiff riders need time to relax and start off slowly to warm up, preferably without stirrups. Large school movements (no sharp turns or sudden transitions) and a long striding, rhythmical walk from the horse.
Hypotonia	Hypotonia is when a muscle feels floppy. The key to treatment is to achieve an acceptable level of stimulation to which the rider can respond	The riders need to have more active demands made of them. Using a more active pony with early introduction in changes of pace and transitions helps to raise their tone. If the rider has limited head or trunk control, advice from the physiotherapist should be sought. Riding can be tiring for people with hypotonia and they will fatigue easily therefore they should only ride for as long as they are able to tolerate the activity.
Dystonia	Dystonia is a mixture of high and low tone, which can vary according to many circumstances. These riders have unpredictable and destabilising movements, which need to be handled correctly. Incorrect handling can make the situation worse.	Helpers need to constantly observe changes in posture and movement. Maintenance of an even and rhythmical pace is essential to enable these riders to keep control of their movements.
Uncontrolled movement	Uncontrolled movement is often due to instability around the trunk, head, shoulder and pelvic girdles.	These riders need to learn to stabilise one or more parts of the body to allow more control over the movement of another part. They need time to focus their attention on achieving one task at a time.

Dyspraxia: Some riders have problems with organisation of movement and spatial and body awareness. They may also have some neurological difficulties.

Balance

Balance is about the ability to maintain your position with your centre of gravity 'within your base'. Balance is about movement and flexibility, not just position.

In order to develop a balanced posture (or movement) the rider needs to have muscle control, and co-ordination, and they need to be very aware of their weight distribution. They need to develop a sense of 'feel'.

Riders need to be able to move within a stable base, and be able to lose their position and re-gain it without falling.

A balanced seat requires a rider's weight to be equally distributed, with the trunk (body) being correctly stacked above and the legs resting under the 'base', with the upper limbs being free (not supporting).

Any alterations in muscle tone, or stiffness in any joints will affect a rider's ability to achieve postural balance, whether this is static or moving. Alterations in tone can affect the whole body or part of the body

Eg:

hemiplegia affects one side more than the other

diplegia affects the lower limbs more than the upper limbs.

Hypotonia (floppiness) in one part may cause a compensatory stiffness elsewhere.

Riders need to be able to develop forward and backward balance responses and lateral (side to side) balance and be able to control rotation about a central axis. All this can be done at walk, using changes of direction, circles, and transitions, etc. It is an essential basic skill on which further riding skills can be developed.

Other problems you may come across

Problem	What it means	Possible strategies
Sensation	Riders with spinal cord injuries e.g. paraplegia or spina bifida may not be able to feel pain or discomfort in some areas of their body and are therefore more at risk of developing sores.	These riders may need to ride on a sheepskin over a saddle or a gel saddle saver. It is important to ensure that stirrup leathers lie flat and don't pinch the skin. You also need to pay attention to their clothing.
Visual impairment	Riders with limited, altered or no vision. Although some riders may be able to see, they may not be able to use the visual information.	Always address the rider by name and encourage visual attention before giving commands. Ensure you give sufficient verbal information about what is going to happen. Encourage them to look around the school by using a marker or object
Hearing impairment	Riders with limited, altered or no hearing. Although some riders may be able to hear, they may not be able to process the information or focus their listening.	Support very clear, bite-sized instructions with non-verbal cues, e.g. gestures or signs. Make sure the rider is looking at you to pick up the 'support' for your communication.
Learning difficulties	An umbrella term to cover a wide range of problems and abilities. Some common features of learning difficulties include: <ul style="list-style-type: none"> • Poor attention span and easily distracted. • Limited short term memory. • Difficulty understanding instructions given. • Living in the present time (the past or the future is a confusing concept). • Postural and spatial awareness problems • Difficulties with movement and mobility • Problems with communication and ability to express themselves. • Poor visual attention. • Difficulties with sequencing movements. • Possible evasive or attention seeking behaviour. 	Support very clear, bite-sized instructions with non-verbal cues, e.g. gestures or signs. Get eye contact before giving information. Be repetitive and consistent in the words that you use and speak slowly. Avoid negatives (don't do that). Be aware of your own and your rider's personal space. Teach new tasks in very small stages - set small achievable goals. New tasks need to be practiced over and over in order for the rider to learn new skills. Keep activities short and stimulating. Demand active participation wherever possible i.e. don't do something for a rider that they could do themselves if given time. Give them opportunities to use a mirror to correct their position, or to copy you. Riders with severe learning difficulties respond to a routine. They feel more secure and learn to anticipate the next task. Give positive body language and reward achievement immediately.

Autism

This term covers all Autistic Spectrum Disorders. The term Complex Communication Disorder is within this spectrum, as is Aspergers Syndrome, which is at the 'higher' end of the spectrum.

The cause is not fully known- is it a chemical imbalance, metabolic imbalance or altered brain development?

It can occur in people with high intelligence and with people with severe learning difficulties. Language or communication skills are very variable, from being unable to talk to having correct complex speech development.

What are their typical problems?

- Difficulties in social interaction- relating to other people.
- Difficulties in social communication:
 - Poor eye contact.
 - Development of appropriate language.
 - Inappropriate use of gesture and facial expression.
- Difficulties or impairment of their imagination (they are not able to play creatively).
- Demonstrate obsessive or repetitive behaviours.

They often find changes of routine difficult to cope with- try to only change one thing at a time.

All instructions need to be clear and concrete- real and factual. They cannot cope with the 'abstract'. Support verbal information with visual demonstration

Other 'symptoms' which may be helpful to be aware of are:

- Hypersensitivity to noise.
- Fear of crowds- they need their personal space.
- Taking turns and waiting!
- Hypersensitivity to touch.
- Altered sensitivity to pain- they do not respond as we would expect!
- Altered sensitivity to textures (clothes) or smells.

Communicating with our riders

It is so important to be able to communicate effectively with our riders so they

- Understand what is going on and know what is happening next!
- Can learn and enjoy the experience.

What causes difficulties with effective communication?

- Unable to **hear** what you are saying
- Unable to **understand** what you are saying
- Time to **process** what you are saying
- **Short attention span** - easily distracted; difficulties listening; short memory.
- Cannot find the **right words** they need.
- **Physical impairment** may affect articulation and ability to balance and talk at the same time
- **Visual impairment** affecting ability to communicate
 - May translate your words differently to your intention.

How do we communicate?

- Language - verbal
- Simple sounds
- Eye contact
- Facial expression
- Body language
- Signing
- Objects of reference or pictures

Balance and postural stability will affect the riders' ability to isolate head position and to look and communicate.

Interpretation and Translation

- May not recognise negatives (or may only hear negative)
- Use concrete words (nouns) - names of people or objects
- Time (past and future) are very difficult concepts to understand - keep to the present or make time specific
- Difficulties with interpreting tone and changes in volume in your voice

Key Points to Solve these Problems
and get your *Message Across*:

- Make sure you have the rider's **attention** by calling their name first
- Are they **looking** at you?
- Slow down! Give them **time** to respond
- Give information in **bite-size** chunks; emphasise key words
- Be consistent with your language - keep sentences **short**
- Support your words with **signs** to help with understanding
- When signing just use 1-2 signs indicating object, direction and movement/placement.
- Use appropriate **facial expression** and **body language**.

Who else do we need to communicate with?

Horses

Leaders need to constantly be aware of what their horse is feeling, how they are moving, and how they respond to the rider.

Observe and listen to our horses - they are good at communicating!

Instructor

Constantly listen to your instructor & reinforce their instruction appropriately to your individual rider.

Ask your instructor for information about your rider
Give feedback about your rider - during the ride and observations after the ride.

Other Helpers - Leaders & Side Walkers

Helping is being part of a team:

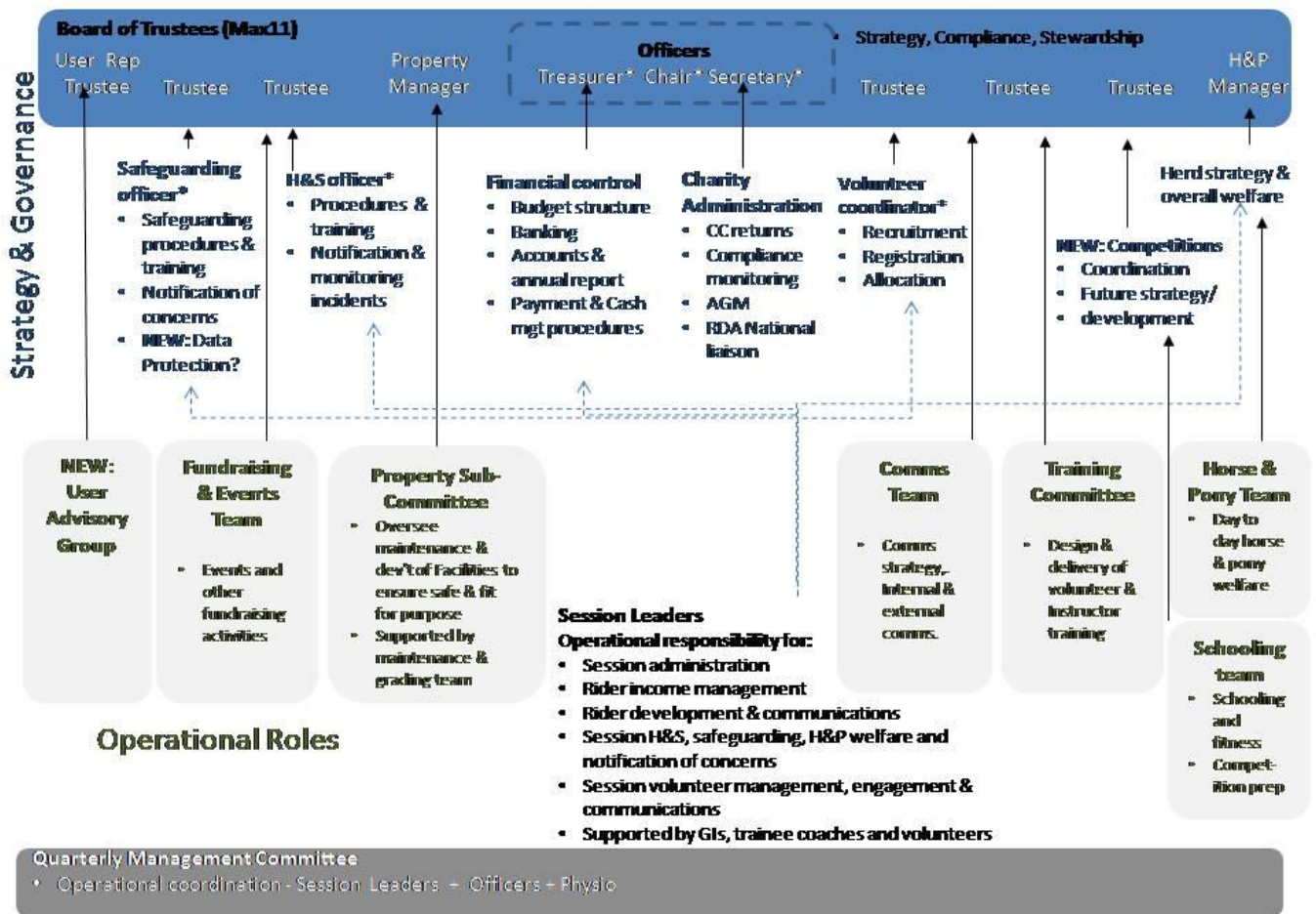
Make sure you focus your conversation on your rider - one person needs to relay message to rider.

The leader is responsible for the horse!

Epsom RDA Organisational Chart

Epsom RDA Organisational Structure & Roles

*Mandatory roles



Mounting and Dismounting

Mounting & dismounting riders involves TEAMWORK.

Aims of good practice

- The safety of riders, helpers and horses is paramount
- Be organised and consistent in all handling and instructions - have a team leader and a plan of action.
- Maintain the riders' dignity and independence as much as possible- give them TIME to achieve.
- Respect the horses. Ensure the rider sits gently on his back. Do not lean on the horses back when supporting the rider.
- Check riders' weight and pony allocation regularly.

General guidelines

- Assess each rider in order to plan suitable method of mounting and dismounting. Riders must be encouraged to do as much as possible themselves, and any assistance given must be minimal. If they require trunk support use the manual handling belt.
- The leader (of the horse / pony) is responsible for the preparation and stability of the horse only.
- The team leader is responsible for the 'mounting plan'.
- Once the rider is mounted and balanced, move the horse away from the mounting block to adjust stirrups etc., to keep mounting time efficient.

Dismounting needs as much time and planning as mounting. There should always be a helper responsible for the horse, and a helper or instructor directing the rider's dismount, with appropriate help available.

I recommend that you seek advice from a fully trained physiotherapist in riding for the disabled techniques for any rider who requires special assistance to mount and dismount a horse.

Mounting and dismounting Procedures.

1) Normal mounting at mounting block.

Check hat, footwear and clothes of rider.

Check rider's height with height of horse,(see below).

Pick up reins (when appropriate) and put both hands on front of saddle in order for rider to have weight over horse.

Turn slightly to face towards the horse's ears.

The rider puts their foot into the stirrup, OR leaves it flat on the mounting block (depending on the stability & balance of the rider).

Swing right leg over back of saddle (with assistance if required).

Lower gently on to saddle. Check central position.

2) Mounting at block facing away from horse - *requires 4 helpers.*

Hands on to saddle, sit back on to horse. The helper on the offside guides the pelvis into position and supports the trunk as the legs are raised.

Lift both legs up and place astride.

Check central position.

3) Mounting from a wheelchair using a sideways transfer:

An individual risk assessment should be done for these riders who require considerable assistance.

The horse - rider height ratio is paramount.

The position of the wheelchair is paramount.

The use of a specially padded manual handling belt is recommended in specific circumstances to avoid pulling on clothes (**but must be removed before riding**).

A physiotherapist's advice should always be sought when mounting a rider with a significant physical impairment.

(Rider- horse height ratio: In an ideal situation we would aim for the rider's pelvis to be level with the top of the saddle when standing in order to avoid a sideways shuffle across the horses' back to position the seat in the centre of the saddle.)

Dismounting

All dismounts are down to the ground. If any rider cannot be assisted to the ground then they need an individual risk assessment by a therapist.

Remove stirrups and reins.

- As normal in school with assistance to ensure right leg goes over before rider slides down, and the rider's head looks towards the right. If necessary the rider's right arm is held on the right side of the withers to control their descent.

If there is significant stiffness in the rider's trunk or lower limbs then alternative methods of dismounting can be used. You must have at least 2 helpers for a child and maybe 3 for an adult.

- Assist the right leg over the front of the saddle, both hands on to saddle or pony's back and turn on to tummy before lowering with support.
- Assist the right leg over front of saddle, place one hand on instructor's shoulder and other hand on saddle. The helper/instructor must put one hand on the rider's chest wall and stand with a wide and stable base. The helper on the offside supports the other hand on the front of the saddle.
- Slowly lower, *always facing the front of the horse* and use the horse to support if necessary.

NB: The horse must be trained to accept this method

The rider must have good upper body strength

The helpers must be fit and able to support the rider and have assessed the horse - rider height ratio.