Professional Association of Therapeutic Horsemanship International Standards for Certification & Accreditation

2021 Edition

PATH INTERNATIONAL
Professional Association of Therapeutic Horsemanship International

Published by Professional Association of Therapeutic Horsemanship International, a nonprofit organization. PATH Intl. ensures universal recognition of professional equine-assisted services and their transformative impacts that enrich lives.

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Outline of Changes to the
2020 PATH Intl. Standards for Certification and Accreditation Manual

Note:

Edits were made to achieve a consistent style (punctuation, grammar, layout, capitalization, etc.) that have not been noted. Pages renumbered as needed.

In response to the publication of the *UNIFORM TERMINOLOGY FOR SERVICES THAT INCORPORATE HORSES TO BENEFIT PEOPLE: A CONSENSUS DOCUMENT* the terminology throughout the standards manual has been updated to reflect the recommended terminology. Terminology changes to specific standards is noted below.

Standards Content Changes

Introduction Section:

Pg. 16 – Medical and Mental Health goals separated

Pgs. 18-23 – Mandatory standard numbers updated

Brand policies removed (Standard PATH Intl. Logo, PATH Intl. Premier Accredited Center Logo, PATH Intl. Equine Services for Heroes Logo

Core Standards:

Administrative Standards Changes:

Standards A17 medical clearance form changed to physicians' statement in standard and compliance demonstration

Standard A19 DNA removed, terminology updated

Standard A21 terminology updated

Standard A22 terminology updated

Standard A26 terminology updated

Standard A28 terminology updated

Standard A29 moved to Driving section as DA14

Standard A30 moved to Interactive Vaulting section as VA9

Standard A31 renumbered to A29, terminology updated

Standard *A32 renumbered to *A30, interpretation clarifying verbiage added

Standard A33 renumbered to A31, terminology updated

Standard A34 renumbered to A32

Standard A35 renumbered to A33, terminology updated

Standard A36 renumbered to A34

Standard A37 renumbered to A35

Facility Standards Changes:

F2 removed used by individuals with physical disabilities from compliance demonstration

Standard *F10 moved to Mental Health section as *MH7

Standard F11 renumbered to F10

Standard F12 renumbered to F11

Standard F13 renumbered to F12

Standard F14 renumbered to F13

Standard F15 renumbered to F14

Standard F16 renumbered to F15, terminology updated

Standard F17 moved to Interactive Vaulting section as VA8

Standard *F18 renumbered to *F16

Standard F19 renumbered to F17

Standard F20 renumbered to F18

Standard F21 renumbered to F19

Standard *F22 renumbered to *F20, terminology updated

Standard F23 moved to Driving section as DA19

Standard F24 renumbered to F21

Standard F25 renumbered to F22

Standard *F26 moved to Driving section as *DA20

Standard F27 moved to Driving section as DA21

Standard F28 renumbered to F23

Standard F29 renumbered to F24

Standard F30 renumbered to F25

Standard F31 renumbered to F26

Standard F32 renumbered to F27

Standard F33 renumbered to F28

Standard F34 renumbered to F29

Standard F35 renumbered to F30

Standard F36 renumbered to F31, terminology updated

Standard F37 renumbered to F32

Standard F38 renumbered to F33

Standard F39 renumbered to F34

Standard F40 renumbered to F35

Standard F41 renumbered to F36

Standard F42 renumbered to F37

Equine Welfare Standard Changes:

Standard EQM1 terminology updated

Standard EQM2 terminology updated

Standard EQM3 terminology updated

Standard *EQM4 moved to Interactive Vaulting section as *VA7

Standard EQM5 renumbered to EQM4, terminology updated

Standard *EQM6 renumbered to *EQM5, terminology updated

Field test standard FTS1 regarding weight limits and workload limitations inserted as EQM6, terminology updated

Activity Standards:

Mounted Standard Changes:

Standard *MA1 terminology updated, registered changed to certified

Standard *MA2 renumbered from *MA6, interpretation clarifying verbiage added, terminology updated

Standard MA2 renumbered to MA3

Standard *MA3 renumbered to MA4

Standard MA4 moved to Medical section as M14

Standard MA5 moved to Medical section as M15

Standard *MA6 renumbered to *MA2

Driving Standard Changes:

Standard *DA2 renumbered from *DA17, interpretation clarifying verbiage added, terminology updated

Standard *DA2 renumbered to *DA3

Standard DA3 renumbered to DA4

Standard *DA4 renumbered to *DA5

Standard *DA5 renumbered to *DA6

Standard *DA6 renumbered to *DA7

Standard DA7 renumbered to DA8

Standard *DA8 renumbered to *DA9

Standard *DA9 renumbered to *DA10

Standard DA10 renumbered to DA11

Standard *DA11 renumbered to *DA12

Standard *DA12 renumbered to *DA13

Standard DA14 moved from Administrative section was A29

Standard DA13 renumbered to DA15

Standard DA14 renumbered to DA16

Standard DA15 renumbered to DA17

Standard DA16 renumbered to DA18, terminology updated

Standard *DA17 renumbered to *DA2

Standard DA18 renumbered to DA18

Standard DA19 moved from Facility section was F23

Standard *DA20 moved from Facility section was *F26

Standard DA21 moved from Facility section was F27

Interactive Vaulting Section:

Standard *VA2 renumbered from *VA6, terminology updated

Standard VA2 renumbered to VA3

Standard *VA3 renumbered to *VA4, terminology updated

Standard VA4 renumbered to VA5

Standard *VA5 renumbered to *VA6, terminology updated

Standard *VA6 renumbered to *VA2

Standard *VA7 moved from Equine Management section was *EQM4

Standard VA8 moved from Facility section was F17

Standard VA9 moved from Administrative section was A30, terminology updated

Standard GA1 terminology updated, registered changed to certified

Service Section:

In this section of the manual the Medical/Mental Health standards were split into two sections, Mental Health Standards and Medical Standards. New numbering convention of mental health (MH) and medical (M) implemented.

Mental health and medical descriptions separated on divider tab

Equestrian Skills Standards

Standard ESK1 renumbered to ESK2

Standard ESK2 renumbered to ESK1

Mental Health Standard Changes:

Standard *MH1 renumbered from *MMH1 with these additional changes: health professional removed from standard, interpretation updated to remove medical professional references and "professional" added to compliance demonstration, terminology updated

Standard *MH2 renumbered from *MMH2 with these additional changes: health professional removed from standard, interpretation updated to remove medical professional references and additional clarifying information added, and "professional liability" added to compliance demonstration

Standard MH3 renumbered from MMH3 with these additional changes: "contractual" removed from standard and "agreements or" added to compliance demonstration

Standard *MH4 renumbered from *MMH7 with these additional changes: DNA removed and "the treatment/counseling session and" added to compliance demonstration, terminology updated

Standard MH5 renumbered from MMH9 and removed DNA, terminology updated

Standard *MH6 renumbered from *F10 and removed DNA, terminology updated

Standard MH7 renumbered from MMH13 and removed DNA, terminology updated

Standard MH8 renumbered from MMH17 with these additional changes: medical references removed from interpretation, added use of Medical Records Maintenance Form in interpretation and removed medical references from compliance demonstration, terminology updated

Standard *MH9 renumbered from *MMH18 and removed DNA, terminology updated

Medical Standards Addition and Changes:

Standard *M1 added/renumbered from *MMH1 with these additional changes: mental health professional removed from standard and interpretation updated to remove mental health professional references, terminology updated

Standard *M2 added/renumbered from *MMH2 with these additional changes: mental health professional removed from standard, interpretation updated to remove mental health professional references and additional clarifying information added, and "professional liability" added to compliance demonstration

Standard M3 added/renumbered from MMH3 with these additional changes: “contractual” removed from standard and “agreements or” added to compliance demonstration, terminology updated

Standard *M4 renumbered from *MMH4 and removed DNA, wording of standard reverted back to verbiage of the 2016 standards manual to fix intent change, terminology updated

Standard *M5 renumbered from *MMH5, terminology updated

Standard *M6 renumbered from *MMH6 and added “and/or SLPA” to compliance demonstration, terminology updated

Standard *M7 added/renumbered from *MMH8 with these additional changes: clarification of interpretation and WRITTEN added to compliance demonstration, terminology updated

Standard M8 renumbered from MMH10 and removed DNA, terminology updated

Standard *M9 renumbered from *MMH11 and removed DNA, terminology updated

Standard M10 renumbered from MMH17, terminology updated

Standard M11 renumbered from MMH12, terminology updated

Standard M12 renumbered from MMH14, terminology updated

Standard M13 renumbered from MMH15, terminology updated

Standard M14 renumbered from Mounted Activity section was MA4, terminology updated

Standard M15 renumbered from MMH16, terminology updated

Standard *M16 renumbered from *MMH19, terminology updated

Standard M17 renumbered from Mounted Activity section was MA5, terminology updated

Field Test Standards Section:

FTS1 passed membership vote in 2020, moved to EQM6

*FTS2 renumbered to *FTS1, terminology updated

FTS3 renumbered to FTS2, terminology updated

*FTS4 renumbered to *FTS3, terminology updated

Glossary:

Terminology was updated to reflect the recommended terminology changes throughout the glossary. Below is the list of additions and definition updates outside of terminology.

Moved the following definitions from the Equine-Assisted Learning Guidelines into the glossary:

Active Participation
Differentiated Instruction
Dually-Qualified Professional
Equine Professional
Facilitation
Facilitator
Learning Professional
Life Skills
Passive Participation
Teaching/Instruction

The following terms where added or definitions updated:

Equine-Assisted Services - the diverse range of services in which professionals incorporate horses to benefit people. This term is intentionally plural and should NOT be reduced to its singular form.

Equine-Assisted Activities and Therapies – Term not recommended for continued use, see Equine-Assisted Services.

Equine-Assisted Activities (EAA) – Term not recommended for continued use, see Horsemanship.

Equine-Assisted Therapy (EAT) – Term not recommended for continued use, see Therapy.

Service Provider (changed from Activity Provider) – the individual conducting an activity or service. This can be a Professional Association of Therapeutic Horsemanship International Certified Professional, licensed/credentialed health/mental health professional or certified/credentialed educator.

Activity – An activity concerns the HOW of the interaction between the participant and equine, designated in the PATH Intl. Standards Manual as mounted, driving, interactive vaulting and groundwork. Activity and service are not interchangeable terms. Activity should not be used to describe therapy, learning or horsemanship.

Service – A service is determined by the goals or outcomes set for the participant, designated in the PATH Intl. Standards Manual as equestrian skills (horsemanship), mental health (EAP/EAC) or medical (PT, OT, SLP). Also includes equine-assisted learning.

Therapeutic Activity – a service from which a participant derives benefit. A service can be

therapeutic without being considered a therapy or treatment. In general, horsemanship may be described as therapeutic but is not considered therapy without fulfilling specific requirements (see Therapy).

Therapy - is an area of services comprised of occupational therapy, physical therapy, psychotherapy and counseling, and speech and language pathology. Licensed therapy professionals who work within the scope of practice of their particular discipline provide these therapies. Best practice dictates that these licensed therapy professionals obtain specialized training focused on incorporating interactions with horses, equine movement or the equine environment into the individualized plans of care of persons receiving therapy. In describing therapy services, it is recommended to lead with the type of therapy e.g., physical therapy utilizing equines or counseling incorporating equines.

Direct Service/Licensed/Credentialed Health Professional (combined like phrases) – refers to licensed/credentialed specialists who are using their license/credential to provide therapy. These professionals should have additional specialized training in the incorporation of the equine as a component of treatment in their respective areas of expertise.

Therapist – A therapist is one who specializes in the provision of a particular therapy and is licensed/credentialed to treat a particular type of mental or physical illness or disability, usually with a particular type of therapy. Outside of the United States, those licensed/credentialed therapists and health professionals who have met the criteria to legally and independently provide comparable services.

Therapy Team Members (changed from hippotherapy team member) – those involved in the provision of therapy services. Prior to the therapy session, the team will be the PATH Intl. Certified Professional and the therapist (if the therapist is not a PATH Intl. Certified Professional). During the therapy session the team is most often the therapist, the PATH Intl. Certified Professional (dictated by the activity, see activity standards), the equine handler, the sidewalkers—all those involved with providing services to the participant. In decision-making, the participant is often thought of as part of the team.

Hippotherapy – a physical, occupational or speech therapy treatment strategy that utilizes equine movement. This strategy is used as part of an integrated treatment program to achieve functional outcomes. Hippotherapy does not exist as a stand-alone regulated therapy and there are no hippotherapy clinics, hippotherapy services or hippotherapy programs.

Tandem Hippotherapy – a treatment strategy in which the therapist/health professional sits on the equine behind the client in order to provide specific therapy handling as part of an integrated treatment protocol.

Equine-Facilitated Mental Health (EFMH) – Term not recommended for continued use, see Mental Health.

Equine-Assisted Psychotherapy (EAP)/Equine-Assisted Counseling (EAC) – an interactive process in which a licensed mental health professional working with or as an appropriately credentialed equine professional partners with suitable equine(s) to address psychotherapy goals set forth by the mental health professional and the client.

Mental Health – an approach to improving a client's mental health that involves the incorporating equines in interactive therapies.

Mental Health Professional – a person who by education and experience is licensed/credentialed and is professionally qualified to provide counseling, psychotherapy and/or mental health treatment designed to facilitate individual achievement of human development goals and remediate mental, emotional or behavioral disorders and associated distresses that impact mental health and/or development.

Equine-Assisted Learning (EAL) or Learning – is an area of non-therapy services comprised of equine-assisted learning in education, equine-assisted learning in organizations, and equine-assisted learning in personal development. Specially trained or certified professionals provide these services.

Equine-Assisted Learning (EAL) in Education – engages people of all ages in learning processes that are focused on leadership skills, character-building skills and academic skills, among other relevant life skills. The professionals who provide these services must have knowledge of learning theory and teaching methodology. These professionals may incorporate STEM or academic standards, character education standards or alternative state standards within their curricula and provision of services. Specific educational strategies may also support an individual education plan and academic remediation.

Equine-Assisted Learning (EAL) in Organizations – engages members of corporations, organizations and other workgroups in building effective teams and leaders that enhance work dynamics and performance at multiple organizational levels. The professionals who provide EAL in organizations must have knowledge of organizational theory, team building, strategic planning or leadership development. To address the needs of designated clients, these professionals may also integrate various approaches or strategies such as executive coaching, team building, or group retreats, among others, within their provision of services.

Equine-Assisted Learning (EAL) in Personal Development – engages individuals and groups in discovering new ways to deal with life challenges and opportunities by developing skills in effective problem-solving, decision-making, critical and creative thinking, and communication. The professionals who provide these services must have extensive training or certifications in facilitation, coaching and teaching; they must also clearly understand how EAL in personal development is not psychotherapy. To address the needs of designated clients, these professionals may integrate various approaches or strategies such as personal coaching or wellness-related activities, among others, within their provision of services.

Horsemanship – is an area of non-therapy services adapted from traditional disciplines of horseback riding, driving and vaulting for individuals or groups with diverse needs. Terms used to identify these services include adaptive equestrian sport, adaptive riding or therapeutic riding, driving and interactive vaulting. Equine professionals with specialty training or certification provide these services. These professionals develop lesson plans that may involve riding, driving, vaulting or ground-based activities such as grooming, handling, leading, observing and other readiness activities.

Therapeutic Horsemanship – See Horsemanship

Adaptive Equestrian Sport – prepares people with diverse needs to participate in a wide range of events and competitions in equine disciplines such as driving, dressage, reining, Western or English riding.

Competition – See Adaptive Equestrian Sport
Therapeutic Riding – describes services that are specifically focused on skillfully adapting horseback riding and making horses and riding, and the natural healthful benefits, accessible to individuals and groups with diverse needs. The instructors who provide therapeutic riding or adaptive riding must possess expertise in riding instruction throughout the continuum of horsemanship skills, from groundwork to riding as well as training and experience with the diverse needs of participants.

Adaptive Riding – The terms adaptive riding and therapeutic riding are both acceptable for use and may be used interchangeably. See Therapeutic Riding for definition.

Interactive Vaulting – engages individuals and groups with diverse needs in movements and gymnastic positions around, on and off horses and vaulting barrels. Vaulting instructors must possess knowledge and expertise pertaining to the principles of vaulting and its techniques as well as training and experience with the diverse needs of participants.

Driving – teaches individuals with diverse needs how to safely participate in driving activities. Driving instructors must possess knowledge and expertise specific to techniques of safe driving and its instruction as well as training and experience with the diverse needs of participants.

Guidelines:

Pg. 171 Updated standards numbers

Pgs. 186 Moved EAL definitions to Glossary

Pgs. 187-192 Added EAL Core Competencies

Precautions and Contraindications:

Pg. 201 Amputations contraindication added: An amputation or ill-fitting prosthetic that precludes safe positioning or controlling of the equine.

Pg. 205 Attention Deficit Hyperactive Disorder (ADHD)/Attention Deficit Disorder (ADD): Updated "Extreme" to "Any" behaviors.
Pg. 208 Cancer contraindication added: Untreated skin or connective tissue cancers that exist at pressure points.

Pg. 211 Bulimia Nervosa contraindication if electrolyte levels are significantly out of balance replaced with:

- A heart rate less than 50 beats per minute, or greater than 110 beats per minute,

or irregular at any rate, unless cleared by an appropriately licensed medical provider
- Tremors
- Confusion

Pg. 214 Hemophilia contraindication updated from recent bleeding episode to bleeding episode that has not resolved, or at least has been assessed and cleared by an appropriately licensed medical provider.

Pg. 217 Hypertension contraindication added: Systolic blood pressure >200mm Hg or diastolic blood pressure >100mm Hg immediately prior to the session.

Pg. 220 Neuromuscular Disorders/MS added to acute stages of neuromuscular disorders contraindication e.g., focal neurological signs like, but not limited to, isolated weakness, isolated numbness, facial droop, complete or partial loss of vision, or change in speech (slurring, loss of word finding).

Pg. 229 Tethered Cord under symptoms number 4 grammar updated to: Back pain, or pain radiating down a leg.

Pg. 232 Stroke contraindication added: Focal weakness that impairs the ability of the client or staff to safely manage the equine.

Pg. 239 Medications - Blood Thinners contraindication added: Most recent INR check (for those on warfarin therapy) outside of therapeutic range established by the client's appropriately licensed medical provider.

Pg. 241 updated internet references

Pg. 243 updated page references

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Why Are PATH Intl. Standards Important?

Since the organization's inception in 1969, members have focused on the establishment of guidelines to ensure that participants receive the best possible instruction and that centers adhere to the highest quality standards. Professional Association of Therapeutic Horsemanship International standards are best practices for the equine-assisted services (EAS) industry, emphasizing safety of participants, volunteers and equines, and providing the basis for quality equine-assisted services. The PATH IntI. Standards for Certification and Accreditation manual (Manual) provides a cornerstone for each center to guide its development of programs. Each year, every PATH Intl. Member Center signs a compliance statement stating that the center is operating in compliance with all the mandatory and applicable standards listed in the PATH Intl. Standards for Certification and Accreditation Manual.

Although the standards identify basic practices of a quality equine-assisted services program, they do not require that all programs look alike. The standards are written in an objective manner to assure consistent interpretation by centers and consistent evaluation by trained site visitors. The standards are reviewed regularly and updated by the PATH Intl. Program and Standards Oversight Committee and Accreditation Subcommittee as needed. Because of their objective nature, standards allow individuality among programs offering varied activities and therapies and in various locations throughout the world. Each center is encouraged to find its own way to meet the standards to provide quality equine-assisted programs to their participants.

PATH Intl. Standards are not only important to centers that go through accreditation but also very important to the ongoing work and daily activities of instructors. Instructors provide the daily implementation of many standards and so are an integral part of ensuring quality and safety in program activities.

Professional Association of Therapeutic Horsemanship International
PRECAUTIONS AND CONTRAINDICATIONS

"Precautions and contraindications relate to functional capacity rather than the presence or absence of a diagnosis, disease or specific signs/symptoms by history. Many illnesses can be chronic and although there may, at times, be active symptoms, there is also, often, compensatory coping and adaptation."

Dr. Joff Barnett

Who Can Ride?

Accepting a participant into your PATH Intl. Center is an important step. This section will help your program be more effective when deciding whether precautions will limit or contraindications will prevent an individual from participating in your program.

Essential Considerations

The goal of PATH Intl. Centers is to provide safe and productive equine-assisted services for all participants and to "do no harm." Equine activities hold inherent risks, yet these risks can be quantified by completing a "risk/benefit" analysis for each potential participant and by posing the question, "Will the benefit of the activity outweigh the risk?" Each participant should be assessed for physical and psychosocial concerns.

This question should be answered with consensus by the entire team including the participant, parent/guardian, PATH Intl. Certified Professional, therapist, educator, physician, mental health professional and others. All team members should be comfortable with the final decision to approve participation. These guidelines have been developed to identify the risk of mounted equine activities primarily, yet the concepts may also help in the decision-making process for other activities and services.

Precautions and Contraindications

Knowledge of current precautions and contraindications to equine-assisted services is essential. The presence of a **precaution** requires additional investigation, such as contacting the physician, therapist or mental health professional before accepting a participant into a program. It may also require modification of the program, additional equipment and re-evaluation at regular intervals to ensure the appropriateness of the program. **It is the PATH Intl. Center's responsibility to obtain additional information from the participant's physician, if needed, before permitting that participant to ride or work around equines.** PATH Intl. Certified Professionals should stay within the scope of their practice, knowledge and experience when accepting participants into their PATH Intl. Center programs and consult with appropriate professionals when determining who is appropriate for participation in what type of equine-assisted services.

The presence of a **contraindication** makes this activity inappropriate. Few contraindications are clear-cut. A contraindication may be permanent. For instance, some activities may never be appropriate for certain participants due to safety or health concerns. A contraindication may be temporary. Activities may only be contraindicated until appropriate conditions exist at a center or until a participant's health condition improves enough to make participation safe. If a particular activity is contraindicated, alternative equine activities may be explored. For example, if riding is contraindicated, driving or unmounted sessions may be appropriate and beneficial.

Consider:

- Equine-assisted services inherently involve movement—whether the participant is riding, vaulting or driving. **If the movement activity or service will cause a decrease in the participant's function, an increase in pain or generally aggravate the medical condition, it is not the activity of choice.**

Example: A participant with an unstable spine from a car accident notices pain for several hours after riding at a walk for 20 minutes. Trying a smooth gaited equine and a seat saver pad didn't improve the situation. The pain is interfering with the participant's daily routine. It is recommended that the rider return to her doctor to evaluate the source of her pain before resuming riding.

- The essence of equine-assisted services is the human-animal connection. **If this interaction is detrimental to the participant or the equine, equine-assisted services may be contraindicated.**

Example: A ten-year-old boy with a history of abuse begins to strike the pony and sidewalkers without provocation. The behavior is not controlled easily, and the safety of the staff and pony are compromised. Before participation with the pony can be continued, the child's behavior will need to be evaluated and a safe plan of treatment established by the doctor, behavioral specialist and/or mental health professional.

- Equine-assisted services require the use of certain equipment in a prescribed environment and are, by definition, interaction with an equine. **If the PATH Intl. Center cannot accommodate the participant's equipment needs or the environment will aggravate the condition, equine-assisted activities may not be appropriate.**

Example: A young participant with hydrocephalus had a cranial surgery to revise his shunt. If the PATH Intl. Center does not have a helmet that fits properly, mounted activities are contraindicated until an appropriately fitting ASTM/SEI helmet can be obtained.

Example: An adult with asthma and severe allergies to dander and dust has found it difficult to breathe for several hours after working around equines. Upon consultation with her doctor, it was found that medications to control the allergies would be detrimental. Activities at the stable are curtailed until her allergies can be managed.

- Mounted or driving activities always present the potential for a fall. In most instances, the fall would be from four to six feet above the ground. **Such a fall may cause an increased functional impairment. The possibility of a fall should be given careful consideration and may lead to the informed decision that mounted or driving activities are not the activity of choice.**

Example: A young man with Down syndrome has atlantoaxial instability with neurologic symptoms. He does not ride because this condition makes it very possible that a fall from an equine could cause a severe spinal cord injury or death.

- **Working around equines (e.g., grooming, leading, lungeing/longeing, etc.) involves risk.** Even the well-trained equine is subject to its instinctive fight or flight responses. Equines are large, move quickly and can be dangerous to the participant who is unable to respond appropriately.

Example: A young woman with a cerebellar brain tumor has jerky, erratic movements when she attempts to move. Propelling her wheelchair is a difficult and slow process. Walking with a walker is precarious because of poor balance. She requires one-on-one assistance with grooming tasks to avoid accidentally striking the equine and frightening him. Firm ground is chosen where her

wheelchair may be more easily moved if necessary. The equine is held rather than tied to allow quicker movement of the equine away from the participant. If all of these situations cannot be met, grooming activities for this participant are contraindicated.

- **Equine-assisted services involve a team approach.** Team members usually include the equine, the PATH Intl. Certified Professional, sidewalkers/helpers and additional professionals as needed. The training, performance and communication skills of the team members should allow for a safe and effective session.

Example: At the beginning of a therapeutic riding lesson, the PATH Intl. Instructor notes that the only available sidewalker appears to be having an asthma attack. The riding session is canceled and alternative activities are done that day. Mounted activities are contraindicated until a safe session can be carried out with qualified staff.

ADA Considerations

The Americans with Disabilities Act (ADA) guarantees access for people with disabilities to activities in public spaces. Most EAS programs fit in this category. A PATH Intl. Center may refuse access for safety concerns if it refuses access equally to all individuals with similar characteristics and if there is concern for the safety of personnel, volunteers or other participants as a result. For example, a PATH Intl. Center may have a written policy to serve only those individuals weighing less than 200 lbs. with regard for the safety of the sidewalkers. These pre-determined written policies must be administered fairly with no exceptions. Reasons for not providing services, such as concern over the 'welfare of the equine' or the 'well-being of the rider,' are not sufficient to explain why a rider may be refused participation. A fairly administered, written policy with specific limitations is necessary. Additionally, a PATH Intl. Center may find that providing services safely would be a considerable financial hardship. If this is not the case, it is expected that the center would make reasonable accommodations to provide services. The precautions and contraindications are guidelines. They should not be used solely to justify admission or denial of a participant to the center.

Staff

A PATH Intl. Center should have the numbers and quality of staff (training, licensure, certification and qualifications) necessary to capably serve those participants accepted at the center. For example, if two sidewalkers and a leader are unavailable for a participant who requires them, only participants who do not need such support can be served. A PATH Intl. Center that provides and bills for therapy services must have a qualified, licensed/credentialed health professional who has additional training in working with equines to provide direct treatment. A center that accepts a participant with severe behavioral difficulties should have staff with adequate training to deal with the behavioral issues competently and safely. It is strongly recommended that a medical advisor (i.e., a physician, therapist, RN) who is familiar with working with equines be available to the program to assist in communicating with the participant's medical providers. This liaison can help the program and the community physician understand the issues related to an equine-based activity.

Equines

Successfully matching a participant with an appropriate equine is part of deciding if a person can be served safely at a center. Temperament, gait, age, health, conformation, energy level, responsiveness, sensitivity and level of training are just some of the considerations for the equine in mounted activities. The characteristics of an available equine must be matched with a participant's needs, the activities and the service that are proposed. Each equine must be evaluated and adequately trained for the work to be performed.

All equines must have the temperament and training to work closely with the participant. Some equines that work well with certain participants may be inappropriate for others. Some equines have adverse reactions to crying children, people with extreme stress, pain, seizure disorders or migraines and should not be matched with these participants.

The natural gait of the equine must be suitable to the needs of the participant. For example, a pony with a concussive gait may be unacceptable for the child with spastic type muscle tone, yet may be appropriate for the child with poor attention.

It is recommended to maintain and frequently update written profiles for equines that include information on physical and behavioral aptitude, training level, suitability for which type of participant and other performance-related information that may be relevant when selecting this equine for a prospective rider. The absence of an appropriate equine match for an individual participant may make the activity unsafe and, therefore, contraindicated. An equine that is not an appropriate match for mounted activities may be suitable for some unmounted activities.

Facilities and Equipment

A center's program goals, mission, facility, staff, volunteers, equipment resources and other assets are important factors that help to determine if a participant can be served safely and effectively. The physical structure of the facility and proximity to emergency medical care must be considered when deciding on appropriate participants.

Additional Considerations:

Participants may be referred to a Professional Association of Therapeutic Horsemanship International Center with secondary diagnosis. This may be indicated on the forms or unreported. For example, an adult participant with weakness from a stroke may also have a history of depression. A child with ADHD may also be dealing with the trauma of sexual abuse. These additional diagnoses are most often not apparent and upon discovery may need to be considered when determining if an individual should participate in a service and whether it should be mounted or unmounted.

Several disorders, such as multiple sclerosis or arthritis, tend to have periodic, acute flare-ups, also known as an exacerbation. During an exacerbation the participant is often quite ill and uncomfortable. Equine activities are usually contraindicated at this time. With a significant exacerbation or deterioration of a condition, the participant needs to obtain a physician's permission before resuming activities at the PATH Intl. Center.

Many of the conditions, whether physiological or psychological in origin, may have periods of instability. These are times when symptoms of the disorders are unable to be safely controlled. This may be temporary or permanent. If any participant develops a situation that makes them medically or psychologically unstable, referral to a physician or medical professional while discontinuing equine activities is essential. Return to the PATH Intl. Center should only be upon the approval of the physician.

Confidentiality

Medical and personal information about the participant is always considered confidential. It is essential that the Professional Association of Therapeutic Horsemanship International Certified Professional who is gathering this information share only that which is necessary to carry out a safe and effective program plan. Records should be kept secured, and requests for information from other professionals should be gathered with a request for a release of information from the participant/family or caregiver. Respect the privacy of each participant and his/her family. Medical professionals working in this setting need to conform to HIPAA standards for privacy. (For additional information: www.hhs.gov/ocr/hipaa/)

Ongoing Participation

The decision-making process used to determine participant acceptance at a PATH Intl. Center is the same for determining ongoing participation. Participants' interests can change, their degree of disability may change or other situations can develop. Periodic re-assessments should be done. This requires ongoing communication with the participant, physicians, teachers, therapists, mental health professionals and parents or caretakers. There should be in place a written policy with criteria for acceptance to the PATH Intl. Center for specific activities and for discontinuation of services. For example, a child with muscular dystrophy may begin in a therapeutic riding activity, but with progression of their disability, riding may no longer be safe and other non-mounted activities may be offered instead.

In a regular review of each participant, ask the following: "Are equine-assisted services appropriate for this person?" "In what type of activities should they participate?" "How can we provide the activities and services safely?" Without this communication and periodic reassessment, a contraindication can develop and remain hidden from the PATH Intl. Center. **It is the responsibility of the PATH Intl. Center to maintain reasonably up-to-date information regarding the participant's status.**

A descriptive list of conditions and diagnoses is provided on page 193. This list is subject to periodic review and change by the PATH Intl. Health and Education Advisory Group to reflect the advances in the medical field and the broad spectrum of PATH Intl. Centers. **This document should be used to educate about the decision-making process. It does not include every medical condition that could make equine activities inappropriate or unsafe. Use this list as a reference and seek out additional information as needed.**

Introduction

Professional Association of Therapeutic Horsemanship International (PATH Intl.) is a nonprofit organization with individual and center members. PATH Intl. members represent a cross-section of individuals from various fields, disciplines and professions associated with equine-assisted services (EAS).

The PATH Intl. mission statement is "We lead the advancement of professional equine-assisted services by supporting our members and stakeholders through rigorously developed standards, credentialing and education."

Acknowledgments

The *Professional Association of Therapeutic Horsemanship International Standards for Certification and Accreditation* reflects the cooperative efforts of many individuals, including the PATH Intl. Board of Trustees, all PATH Intl. committees and staff.

History and Development of Standards

From the organization's inception in 1969, members have focused on the establishment of guidelines to ensure that participants receive the best possible instruction and that centers adhere to the highest quality standards. The commitment of early leaders to center accreditation and instructor certification has become a cornerstone of the organization. The PATH Intl. goals and objectives have continued to place emphasis on the importance of these programs.

Initially, standards were developed and assessed by instructor certification examinations. By 1974, work began on the first accreditation program. Regional examiners reviewed the first centers in 1975. By 1980, the accreditation process was streamlined under the standards and education committees and the examining team was enlarged. Initially, the association absorbed the expense of the on-site accreditation process. As demand for accreditation increased, an accreditation fee was borne by the centers. Despite fears to the contrary, the number of applicants grew.

Membership in the association and the resulting demand for accreditation increased substantially during the 1980s.

The on-site process was hampered by high costs and long waiting periods. In 1989, the process was revised, and accreditation was granted after the accreditation subcommittee made a thorough review of videotapes, photographs and written documentation submitted by centers.

In 1990, the first edition of *Standards for Centers* was adopted by the association's (then known as NARHA) Board of Trustees and presented to the membership. The document was published in the *NARHA Guide* and distributed to all members.

The association's board of trustees appointed a task force in 1993 to develop a process of on-site accreditation.

In 1994, the task force submitted to the board and members a process for on-site accreditation using peer review and objective assessments of voluntary compliance with industry standards. The new process met with enthusiastic approval from both groups, and the association prepared to implement the on-site peer review program in 1996.

The Standards Process

The standards process sets the procedures to propose, evaluate, modify and ultimately change Professional Association of Therapeutic Horsemanship International standards to reflect the evolving world of equine-assisted services.

1. Any individual, committee, section, affiliate or nonmember may request consideration for the need to develop a standard. Such requests shall be communicated in writing to the PATH Intl. office, ATTN: Program and Standards Oversight Committee. The PATH Intl. Program and Standards Oversight Committee will consider the request.

2. If approved by the Program and Standards Oversight Committee, the committee will assign the request to the PATH Intl. Standards Committee to investigate the feasibility of the standard.

3. A work group may be assigned by the Standards Committee. The Standards Committee Chair will appoint a work group chair.

4. After the Standards Committee/workgroup has collected and documented input to the standard, the standard is presented to the PATH Intl. Program and Standards Oversight Committee.

5. The Program and Standards Oversight Committee either:
    a. Approves the standard for field test.
    b. Disapproves the standard for field test.
    c. Refers the standard directly to the board for immediate action.

6. If approved for field test, the standard is published in the next edition of the *PATH Intl. Standards for Certification and Accreditation*. The membership is notified of the field test standard through PATH Intl. publications.

7. If the standard is disapproved, the originator will be notified by the Program and Standards Oversight Committee.

8. If the standard is approved for implementation, it will either be published in the next edition of the *PATH Intl. Standards for Certification and Accreditation* or distributed directly and promptly to the membership through PATH Intl. publications. The PATH Intl. Board of Trustees will determine the effective date.

9. When a standard is being tested in the field, it is scored during accreditation site visits and by the PATH Intl. Membership remitting feedback. The Accreditation Subcommittee reviews the scores and feedback. If a trend emerges that suggests a revision of intent, the standard is automatically referred back to the workgroup from which it originated. After the workgroup has made the necessary changes to the standard, it is presented to the Program and Standards Oversight Committee for approval.

10. Field test standards that fail in greater than 30% of the site visits of centers that have practical application are referred back to the workgroup of origin.

11. The Accreditation Subcommittee recommends to the PATH Intl. Program and Standards Oversight Committee that a field test standard is mature enough to be put to the membership to vote. The PATH Intl. Program and Standards Oversight Committee determines if the field test standards are ready for a vote.

12. **Voting**

Representation

When presented, all eligible voting PATH Intl. Individual Members and Member Center designated representatives are charged with the responsibility of voting for or against field test standards.

Voting Protocol

All eligible voting PATH Intl. Individual Members and Member Center designated representatives will electronically vote for or against the field test standard. The process for the electronic vote is determined by the PATH Intl. staff and Programs and Standards Oversight Committee Chair.

13. The results of the standards votes are presented to the PATH Intl. Board of Trustees for ratification. The PATH Intl. Board of Trustees shall determine final action.

Standards for Professional Association of Therapeutic Horsemanship International Centers

Content of Standards

Administration and Business Standards:
Include organization, emergency procedures, safety regulations, risk management, business practices, documentation and written policies and procedures.

Facility Standards:
Include safety and maintenance of buildings, grounds and activity area, equipment storage and maintenance.

Equine Welfare and Management Standards:
Include equine management, equipment and care.

Activity Standards:
Mounted
Driving
Interactive vaulting
Ground

Service Standards:
Equestrian Skills (The goal/outcome of a session is for the participant to gain equestrian skills.)
Medical (The goal/outcome for the participant is achieved by a licensed/credentialed therapist. This section includes standards relating to physical therapy, occupational therapy and/or speech-language pathology utilizing hippotherapy as a treatment strategy and direct service health care providers.)
Mental Health (The goal/outcome for the participant is achieved by a licensed/credentialed mental health care professional. This section includes standards relating to equine-assisted psychotherapy/equine-assisted counseling.)

Field Test Standards:
A standard or a group of standards placed before the membership for evaluation and review prior to becoming a standard.

Composition of the Standards

A3 (Standard number)

The bold type text following the standard number is considered the "standard." For scoring purposes, centers are responsible to meet the requirements identified in bold type (i.e., the standards).

1. **If the standard has numbered subparts, all numbered subparts must be in compliance in order to answer yes to the standard.**

Yes **No**

Compliance Demonstration: Explains the method(s) the site visitors will use to determine compliance with the standard.

Interpretation: This text is to help the center and the site visitor understand the intent of the standard and to serve as an educational tool.

Some standard numbers are preceded with an * and followed by the word **MANDATORY**. Compliance with standards marked * **MANDATORY** are required for center accreditation.

Some standards are preceded with **DNA** (does not apply) and text outlining the rationale to be used to determine if the standard is to be scored by the site visitor. This rationale is the only reason for not scoring the standard.

Professional Association of Therapeutic Horsemanship International Mandatory Standards

MANDATORY standards are deemed to be significant in the assurance of safety precautions, certifications and liability.

Administrative Standards

*A14 Does the center require a signed, dated, written waiver or release of liability available on-site from all volunteers, participants, or from participant's parent/legal guardian?

*A30 Does the center have an implemented written policy that all volunteers and personnel wear a helmet certified by the American Society for Testing and Materials - Safety Equipment Institute (ASTM-SEI) or an international equivalent helmet for equestrian use while mounted, driving or vaulting?

Facilities Standards

*F16 Does the center have the following:

1. An available working telephone or similar communication device in a designated location known by personnel and volunteers?
2. Written emergency information and instructions for use posted adjacent to the telephone or similar communication device?

*F20 Is there an implemented procedure to ensure that tack and equipment are safe and in good repair?

Equine Welfare and Management Standards

*EQM5 Is there documentation regarding equine workload limits that includes the following:

1. A written policy that sets a maximum limit for each equine's working session to no more than three continuous hours and workday to no more than six hours?
2. Written records of the number of hours and types of sessions for each equine per day?

Mounted Standards

*MA1 Is there written evidence that all mounted sessions are conducted or directly supervised by a currently certified Professional Association of Therapeutic Horsemanship International Certified Riding Instructor?

*MA2 Do all participants wear a helmet certified by the American Society for Testing and Materials - Safety Equipment Institute (ASTM-SEI) or an international equivalent helmet for equestrian use while participating in a mounted service?

If a helmet that is not ASTM-SEI or international equivalent approved for equestrian use is worn for mounted service, is there written documentation meeting the Professional Association of Therapeutic Horsemanship International Guidelines for Alternative Helmet Use?

*MA4 Is there an implemented written policy regarding the use of stirrups with safety features AND/OR is there an implemented written policy that participants wear riding boots or hard-soled shoes with heels?

Driving Standards

*DA1 Is there written evidence that all driving sessions are conducted or directly supervised by a currently certified Professional Association of Therapeutic Horsemanship International Certified Driving Instructor?

*DA2 Do all participants wear a helmet certified by the American Society for Testing and Materials - Safety Equipment Institute (ASTM-SEI) or an international equivalent helmet for equestrian use while participating in a driving service?

*DA3 During a driving session, is there a means of attaching a lead rope to the equine?

*DA5 Is there an implemented procedure to ensure that the equine is put to the vehicle prior to anyone entering the vehicle?

*DA6 Are there implemented safety procedures that include the following:

1. Address participant safety during entering and exiting each vehicle?
2. Address the specific needs of the participants?
3. Require the presence of the Professional Association of Therapeutic Horsemanship International Certified Driving Instructor?

*DA7 Is there an implemented procedure that the able-bodied whip (ABW) is in the vehicle and does the following:

1. Holds the reins and takes control of the equine before the participant enters and remains in the vehicle until after the participant exits?
2. Has a second set of reins to take control of the driving equine during the session if needed?

*DA9 Are there implemented procedures that ensure the following:

1. There is only one wheelchair at a time allowed in the driving vehicle?
2. The wheelchair is secured so that it cannot move in any direction?
3. Attendants understand how to secure and release the wheelchair from the driving vehicle?

*DA10 Are there implemented procedures that ensure safety considerations for power wheelchairs to include but not be limited to the following:

1. Battery power off and battery safely encased or removed while the wheelchair is in vehicle?
2. Appropriate larger size and stability of the vehicle?
3. Ability of equine and equipment to pull the considerably increased weight?
4. Adequate device for entering and exiting the vehicle?

*DA12 Is there an implemented procedure for the Professional Association of Therapeutic Horsemanship International Certified Driving Instructor to verify the driving qualifications of the ABW, to include but not be limited to the following:

1. Is 18 years of age or older?
2. Has at least 50 hours of experience driving equines in varied settings?
3. Is trained in the use of the second set of reins and in assisting the participant while driving, if needed?

*DA13 If the ABW has an impairment that limits their ability to respond to safety issues, is at least one other trained able-bodied person always in the vehicle?

*DA20 Is there an implemented written procedure that ensures the vehicle is regularly maintained?

Vaulting Standards

*VA1 Is there written evidence that all vaulting sessions are conducted or directly supervised by a currently certified Professional Association of Therapeutic Horsemanship International Certified Vaulting Instructor?

*VA2 Do all participants wear a helmet certified by the American Society for Testing and Materials - Safety Equipment Institute (ASTM-SEI) or an international equivalent helmet for equestrian use while participating in interactive vaulting services?

If a participant is not using an ASTM-SEI or an international equivalent equestrian helmet while participating in interactive vaulting services, is there written documentation meeting the Professional Association of Therapeutic Horsemanship International Guidelines for Non-Use of Helmets in Interactive Vaulting?

*VA4 Is an additional person present and available to assist at the activity site during all interactive vaulting sessions?

*VA6 Does the center have a written policy that sets a maximum limit for each equine of no more than six lungeing/vaulting sessions of 60 minutes each per week, with a minimum of six hours between sessions?

*VA7 Does the equine training and conditioning program for interactive vaulting also include the following:

1. Lungeing?
4. Equipment specific to interactive vaulting?
5. Mounted gymnastic exercises?
6. Continued conditioning?
7. Ongoing training to different vaulting exercises and movement games on and around the equine?

Ground Standards

*GA1 Is there written evidence that all ground sessions are conducted or directly supervised by an individual holding a current Professional Association of Therapeutic Horsemanship International recognized certification in the specific equine activity and service being held?

Mental Health Standards

*MH1 Is there written evidence that the mental health professional who provides direct treatment therapy services is credentialed, licensed, certified or registered in their specific discipline to legally provide services in accordance with the scope of that credential in the jurisdiction in which services are delivered?

*MH2 Is there written evidence that the mental health professional who provides direct treatment therapy services maintains current professional liability insurance?

*MH4 During all equine-assisted psychotherapy/equine-assisted counseling (EAP/EAC) sessions:

1. Is a PATH Intl. Equine Specialist in Mental Health and Learning (ESMHL) present?
2. When conducting a mounted EAP/EAC session, are both a PATH Intl. Certified Instructor appropriate for the activity and a PATH Intl. ESMHL present?

*MH6 Does the facility include a private area suitable for conducting a confidential interview or processing sessions with equine-assisted psychotherapy/equine-assisted counseling or mental health participants?

*MH9 Is there an implemented procedure that requires written documentation that personnel and volunteers are:

1. Assessed for ability to work with particular participants or participants populations?
2. Consistently involved in the equine-facilitated psychotherapy program?
3. Oriented to the equine-assisted psychotherapy/equine-assisted counseling program?
4. Oriented to the needs of the specific clients whom they assist?
5. Involved in post-session processing with the mental health professional, PATH Intl. Certified Instructor, PATH Intl. Certified Equine Specialist in Mental Health and Learning and other pertinent people?

Medical Standards

*M1 Is there written evidence that the health professional who provides direct treatment therapy services is credentialed, licensed, certified or registered in their specific discipline to legally provide services in accordance with the scope of that credential in the jurisdiction in which services are delivered?

*M2 Is there written evidence that the health professional who provides direct treatment therapy services maintains current professional liability insurance?

*M4 Is there written evidence that the therapist/health professional, PTA, COTA and/or SLPA who provides direct treatment therapy services is a PATH Intl. Registered Therapist or a Hippotherapy Clinical Specialist (HPCS), or is there an implemented policy that the PATH Intl. Registered Therapist or HPCS supervises the incorporation of the equine in the treatment session conducted by non-PATH Intl. registered therapists?

*M5 Is there written evidence that any health professional providing direct treatment therapy services has received training in the principles of incorporating equines as a treatment strategy, equine movement and equine behavior, if they have not completed the requirements for PATH Intl. Registered Therapist or HPCS designation?

*M6 Is there a written policy that certified therapist assistants (PTAs, COTAs and/or SLPAs) are supervised pursuant to jurisdictional requirements by a therapist who is a PATH Intl. Registered Therapist or HPCS in their respective field and who has evaluated and developed a treatment plan according to the laws of the respective jurisdiction?

*M7 Is the health professional who is providing direct service either an appropriately PATH Intl. credentialed individual or is assisted by an appropriately PATH Intl. credentialed individual during all equine-related treatment sessions and is there written certification documentation?

*M9 Is there an implemented procedure to ensure that the equine handler during all therapy sessions has received training specific to the needs of a hippotherapy as a treatment strategy session?

*M16 Is there written documentation of an implemented procedure that establishes equine work load limits for when tandem hippotherapy is utilized as a treatment strategy that conforms to the following:

1. Limits each therapy session to maximum that incorporates tandem hippotherapy as a treatment strategy to maximum of 30 minutes inclusive of transitioning onto and off the equine?
2. Schedules therapy sessions that incorporates tandem hippotherapy as a treatment strategy on non-consecutive days?
3. Allows no more than two therapy sessions that incorporates tandem hippotherapy as a treatment strategy per day in non-continuous sessions?
4. Limits involvement in other EAS on the same day the equine is involved in a therapy session that incorporates tandem hippotherapy as a treatment strategy?

Disclaimer

The purpose of these standards is to educate program directors, program personnel/staff and the public regarding practices and procedures followed within the equine-assisted services (EAS) industry. The purpose is furthered to the extent that the standards provide a basis for accreditation of member programs by Professional Association of Therapeutic Horsemanship International. It should be understood that each standard or each part of every standard may not be applicable to all EAS programs. Further, it is not the intention of PATH Intl. to attempt to include every practice or procedure that might be desirable for or implemented by a program since conditions, facilities and the goals or objectives of all programs are not identical or uniform. PATH Intl. does not suggest or imply that those who do not follow all of these standards or recommendations engage in unsafe practices. The Premier Accredited Center program of PATH Intl. is designed to be applied only to those member programs that are consistent with the stated definitions and satisfy the eligibility requirements of the identified designations. Programs outside of these definitions or criteria are not subject to PATH Intl. Standards and are not considered for accreditation.

In developing and applying these standards in the accreditation process, PATH Intl. does not undertake to verify or otherwise intend to represent the full and continuous adherence by those member programs or directors to any or all applicable standards or guidelines. Nor does PATH Intl. warrant, guarantee or

ensure that compliance with these standards will prevent any or all injury, loss or litigation that may be caused by or associated with any person's use of facilities, equipment, equines or other items or activities that are the content of these standards; nor does PATH Intl. assume any responsibility or liability for any such injury or loss.

Further, PATH Intl. hereby expressly disclaims any responsibility, liability or duty to member programs, directors, program personnel/staff, and to clients/students and their families for any such liability arising out of injury or loss to any person by the failure of such member programs, directors or program personnel/staff to adhere to these standards or guidelines.

Membership Requirements for All Professional Association of Therapeutic Horsemanship International Centers

These membership requirements apply to all PATH Intl. Center Members regardless of accreditation status. Failure to follow these membership requirements may result in loss of good standing status as a PATH Intl. Center.

1. All PATH Intl. Center Members must have their current center membership in good standing.
2. All PATH Intl. Center Members must have at least one (1) instructor who holds a current PATH Intl. Instructor Certification. Centers must have at least one (1) PATH Intl. Instructor-in-Training prior to joining. New PATH Intl. Center Members have 12 months from the time their center membership is purchased to acquire a PATH Intl. Certified Instructor.
3. All PATH Intl. Center Members must have current insurance coverage in effect at all times that meets or exceeds the insurance requirements as stated in Standard A2. Appropriate insurance coverage must be confirmed to PATH Intl. annually at the time of the center's renewal. New center members must submit proof of insurance within 30 days of the date their membership application is submitted.
4. All PATH Intl. Center Members must be in compliance with all mandatory and applicable standards that apply to their program activities.
5. All PATH Intl. Center Members must have a signed annual statement of compliance form on file with PATH Intl. each year. This form is to be filled out and submitted in conjunction with a center's annual membership renewal.
6. The following changes to a center's information should be submitted to the PATH Intl. office within 30 days of the change. PATH Intl. Premier Accredited Centers will have their changes reviewed by the accreditation subcommittee. All changes must be submitted using the appropriate change notification form included in the forms section (Section H) of this manual:
    - Contact information including mailing address, location and primary and secondary contacts
    - Any change in program activities, including the addition or deletion of programs
    - Change in critical personnel including directors, managers and instructors

Facts about PATH Intl. Center Membership:

- All center membership runs January 1st to December 31st. All centers are required to renew their center membership by December 31st each year, regardless of their initial date of joining. Centers that join after the first month of the year may pay a prorated amount for that calendar year's membership, depending on the month the center joins PATH Intl.
- After one year of membership, member centers are eligible to participate in the accreditation program. Centers are not required to participate upon eligibility.

Please feel free to contact the PATH Intl. office if you have questions about PATH Intl. Center Membership.

PATH International Standards as They Apply to Centers

PATH
INTERNATIONAL
Professional Association of Therapeutic Horsemanship International

PATH International
Standards as They Apply to Centers

The association's members have focused on the establishment of industry guidelines for the practice and teaching of EAS to ensure that center members maintain the safest, most ethical and most effective programs possible for the thousands of people participating in EAS.

All PATH Intl. Member Centers are required to operate in compliance with applicable standards. PATH Intl. Center Members may choose to become premier accredited. This voluntary process recognizes PATH Intl. Member Centers that have met established industry standards. The accreditation process is a peer review system in which trained volunteers visit and review centers in accordance with PATH Intl. standards. A center that meets the accreditation requirements based on all applicable standards becomes a Premier Accredited Center for a period of five years.

Premier Accredited Center Program

Purpose

The purpose of the PATH Intl. Premier Accredited Center program is to provide a process of evaluation that recognizes that a center's program meets basic standards for health and safety and so promotes the well-being of all participants and equines.

Rationale and Philosophy

Accreditation is a voluntary membership-driven process. Accreditation focuses on education and evaluation of a center's program(s) using standards that are developed and approved by the membership and that are considered basic to EAS. Standards are written in an objective manner to ensure consistent interpretation by centers and consistent evaluation by trained site visitors. The standards are reviewed regularly and updated by the PATH Intl. Program and Standards Oversight Committee, PATH Intl. Standards Committee and PATH Intl. Accreditation Subcommittee as needed.

PATH Intl. Standards identify practices considered basic to safe, quality EAS. Standards, however, do not require that all programs look alike. The accreditation program serves a broad range of centers that may vary widely in type, history, size and budget.

As a benefit of accreditation, PATH Intl. Premier Accredited Centers may use the PATH Intl. Premier Accredited Center logo. This logo, which is a registered trademark, represents to the public that the center has met the criteria for accreditation. It is not appropriate for centers to advertise or imply that accreditation has been applied for or earned until written notification has been received from PATH Intl.

For more information on the PATH Intl. accreditation program, visit the website at www.pathintl.org/Center-Accreditation.

PATH International Standards as They Apply to Instructors

PATH
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PATH International Standards as They Apply to Instructors

Professional Association of Therapeutic Horsemanship International Standards are not only important to centers that go through accreditation but are also very important to the ongoing work and daily activities of instructors. Standards provide guidance to instructors to strive toward best practices. If instructors do not know and understand the standards of the industry, they could be putting their participants at risk. Take the time to know your standards!

- With understanding of the standards, an instructor will be more likely to provide services that are in compliance with these standards. An introduction, history and process information can be found early in the *Standards Manual*. With this knowledge, an instructor can then take part in the development of standards or propose a change to a standard if it is needed.
- As an instructor, understanding the accreditation process will assist centers (accredited or not) to be compliant with and have awareness of standards. Instructors are typically involved with and assist their programs through the accreditation process. The second section of the *Standards Manual* is an overview of standards as they apply to centers and the purpose of accreditation.
- Core standards are the basics. It is important as an instructor to understand not only the equine welfare and management and facility standards but also the administrative and business standards. Don't depend on others to make sure standards are followed; it is part of the job as instructor. Abiding by core standards will encourage instructors to provide a high level of service while ensuring the safety of the participants.
- Activity standards are for those offering, piloting or considering adding an activity: mounted, driving, interactive vaulting and/or ground. Becoming familiar with the activity standards is necessary before deciding to offer that new activity or to pilot a program. A center must be sure that the facility and staff meet the activity standard requirements.
- Service standards are for those offering, piloting or considering adding a program: therapy, and/or equine-assisted psychotherapy/equine-assisted counseling. Becoming familiar with the service standards is necessary before deciding to offer the new service or to pilot a program. A center must be sure that the facility and staff meet the service standard requirements.
- Field test standards are an area where an instructor can make a difference. Providing feedback on the field test standards will help to shape potential future core, activity or service standards.
- Instructors are generally responsible for the daily use of many forms. Forms and specialty forms are available in the *Standards Manual* as a resource.
- As a professional in the equine-assisted services industry, an instructor needs to be articulate about the industry, the services offered (based on each individual's scope of practice) and the resources available. The glossary provides the accurate and appropriate industry terminology.

The guidelines include information for helmet use, alternative helmet use, non-use of helmets in interactive vaulting, equine first-aid kit, equine-assisted psychotherapy/equine-assisted counseling guidelines, equine-assisted learning guidelines, adaptive tack guidelines and considerations for centers with regard to the Americans with Disabilities Act (ADA).

- When trying to make sense of the medical release forms, an instructor should reference the precautions and contraindications. Precautions and contraindications provide information put together by experts in the field (including therapists and doctors) to help professionals know when a participant's condition is contraindicated for riding or therapy or when a participant and instructor need to proceed with caution.

The *Standards Manual* can help instructors make decisions, educate others and become more effective in providing a high level of service. Instructors sign annually a code of ethics, which includes professional competency, integrity, honesty, confidentiality, objectivity, sound judgment, public safety and compliance. It is an instructor's responsibility to be knowledgeable about not only the industry standards but also the guidelines and tools that are available to help instructors do their job safely and effectively.

PATH Intl. Backriding Position Statement

Background: In past editions of the *PATH Intl. Standards for Certification and Accreditation*, guidelines have been published for the practice of backriding. The practice of backriding and these published guidelines have been questioned by PATH Intl. members as to whether they reflect best practice in equine-assisted services. After extensive research of organizations worldwide as to their position on backriding, the standards committee recommends the backriding guidelines published in the *PATH Intl. Standards Manual* be removed so that PATH Intl. does not appear to encourage or condone an activity that is considered unsafe for instructors, participants, volunteers and equines.

It is proposed that the following statement be published in the *PATH Intl. Standards Manual* and on the PATH IntI. website, and be included in the PATH Intl. Registered Instructor Onsite Workshop materials, as representing the position of PATH Intl. in respect to the activity of backriding.

Backriding is a technique infrequently used in therapeutic horsemanship in which two people are mounted on an equine at the same time—one backrider and one participant. Backriding was intended to facilitate riding position and skills of participants in a therapeutic riding lesson with a goal of learning horsemanship skills.

Backriding activities are not the same as tandem hippotherapy. Tandem hippotherapy is a treatment strategy in which the therapist/health professional sits on the equine behind the client in order to provide specific therapeutic handling as part of an integrated treatment protocol. A therapist is not typically part of a therapeutic horsemanship lesson. If it is determined that a participant is unable to support themselves sufficiently to participate in therapeutic horsemanship, they should be referred to a therapist. Backriding activities also differ from interactive vaulting activities, where two students, who meet specific requirements, may be on the horse at the same time.

Due to the increased risk of injury to the equine, the backrider, sidewaIkers and the participant, backriding is not recommended to be used in therapeutic horsemanship programs.

- Currently, there is no empirical evidence that backriding techniques can improve riding skills in participants in a therapeutic horsemanship program.
- Backriding causes increased stress to the equine.
- Backriding increases the risk of injury to the equine, the backrider, sidewalkers and the participant. In the event of an emergency, backriding can be extremely dangerous for the participant and backrider.
- Backriding may not be covered by insurance.

PATH
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PATH International
Core Standards

The Core Standards contain standards that all centers must meet. The Core Standards are divided into three sections: Administrative and Business, Facility, and Equine Welfare and Management.

The Administration and Business Section contains standards that require plans, policies and procedures that normally require executive and managerial decisions. It contains standards that include requirements for human resources, training and client and personnel forms. The Administrative and Business Section also contains standards that require emergency planning and protocols.

The Facility Section contains standards that delineate requirements for grounds/buildings, equipment storage and maintenance, and activity areas.

The Equine Welfare and Management Section contains standards that specify the requirements for the selection, care, management, training and partnership with the equine as well as equine equipment safety, care, fit and assignment.

Administration and Business Standards

A1

Is there written evidence the center has a recognized legal structure?

Yes No

Interpretation: Examples of recognized legal structures include the following:

- Not-for-profit corporation
- For-profit corporation
- Partnership
- Sole proprietorship
- Foundation

Each center shall provide documentation of an organizational structure appropriate to its size and mission, which may include the following:

- 501(c)(3)
- Articles of incorporation papers
- Written purpose or mission statement
- Bylaws
- Board of directors, 2nd officers roster
- Applicable operating agreements or cooperative partnership agreements
- Annual reports to the appropriate governmental entity or agencies

Compliance Demonstration: Visitor observation of WRITTEN documentation and personnel description of structure.

A2

Is there written evidence that general commercial liability insurance coverage is in place?

Yes No

Interpretation: Commercial general liability insurance protects the center, its employees and volunteers against claims brought by clients and other third parties. The policy should provide a per occurrence limit of $1,000,000 and an aggregate limit of at least two times per occurrence amount.

Compliance Demonstration: Visitor observation of WRITTEN documentation of general liability insurance policy or binders, or letter of confirmation from agent showing that the current policies meet all insurance requirements mandated by the laws of the jurisdiction in which the center is located.

A3

Is there an implemented written organizational chart that depicts the following:

1. **A designated leader?**
2. **Relationships within the organization?**
3. **Formal lines of communication within the organization?**

Yes No

Interpretation: The organizational chart reflects the organizational structure and roles within.

Compliance Demonstration: Visitor observation of WRITTEN organizational chart and interview of personnel.

A4

Does the center have written job descriptions for all persons and personnel identified in A3?

Yes No

Interpretation: All positions and personnel reflected on the organizational chart must have a written job description and all personnel of the organization must be shown on the chart.

Compliance Demonstration: Visitor observation of WRITTEN job descriptions.

A5

DNA (does not apply): If center does not have a consulting health professional.

Is there an implemented procedure detailing when services are to be provided by a consulting health professional?

Yes No DNA

Interpretation: The consulting health professional can be involved in a variety of roles at the center, which may include evaluations, screening for precautions and contraindications, assisting with setting goals and objectives, and ongoing consultation. It is advantageous for the consulting health professional to be part of the instructional team. Consultation might not be sought for all participants.

Compliance Demonstration: Visitor interview with consulting health professional and/or center representative.

A6

Does the center meet federal, state and local laws?

Yes **No**

Interpretation: It is the responsibility of all Professional Association of Therapeutic Horsemanship International Centers to be aware of laws and regulations that apply to the safe and legal operation of their programs as well as the protection of their riders, their staff and their volunteers. Examples of legal responsibilities particular to geographic locations may be issues such as workers' compensation laws or testing of water (if not on governmental water supplies). This standard is not an implication that all laws must be known to the center, but that by asserting a "yes" to this standard, the center representative is saying that they are reasonably certain of their awareness of laws that affect the health and safety of their operation.

Compliance Demonstration: Visitor discussion with center representative.

A7

For the purpose of risk management planning, is there written evidence that general health and safety concerns have been identified and that there are established written procedures to respond to possible accident and emergency situations unique to the center and its services, related to each of the following categories:

1. **Natural hazards specific to the site?**
2. **Manmade hazards specific to the site?**
3. **Operation of facilities and/or equipment?**
4. **Disasters such as fire, flood, tornado, hurricane, earthquake, etc.?**
5. **Hazards specific to the use of equines?**
6. **Conduct of personnel, participants and guests?**

Yes No

Interpretation: This standard requires the center to identify and plan for health and safety concerns unique to the center both on-site and during scheduled off-site services (e.g., demonstrations, competitions, etc.) and may include, but not be limited to, a communication plan for contacting emergency medical personnel. Pre-planning to identify resources in case of such situations can save valuable time. Identification practices may include posting signs, a requirement in many states.

Natural hazards may include the presence of cliffs, poisonous snakes, wild animals or other conditions of nature that may pose a risk to humans and equines on the site.

Manmade hazards not addressed by other standards may include public roads through the site, construction activities on the site, abandoned wells and other facilities on the site that may pose a risk.

Operation of facilities and/or equipment may include possible loss of power or water, building collapse, explosion, electrocution, etc.

Disasters such as fire, flood, tornado, hurricane, earthquake, etc., are those events that occur in nature.

Hazards specific to the use of equines can include inherent risks and may include, but are not limited to, a participant's fall from the equine, loose equine, equine health emergencies as well as kicking, biting, etc.

Conduct of personnel, participants and guests may include allegations of inappropriate and/or abusive behavior toward others, failure to follow established safety procedures, incidents due to the use of drugs or alcohol and allegations of mistreatment/abuse of equines and other animals on the site.

Compliance Demonstration: Visitor observation of WRITTEN documentation of safety concerns for each category and WRITTEN procedures for planned response to safety concerns for each category.

A8

DNA (does not apply): If center does not lease or borrow equines.

Is there a written contract for leased or borrowed equines?

Yes No DNA

Interpretation: The purpose of a written contract is to provide a clear and concise statement of the responsibilities and obligations of the center and the equine's owner. Professional Association of Therapeutic Horsemanship International suggests the use of properly worded waivers/releases, where allowed by law. PATH Intl. also suggests that the center determine whether the Equine Activity Liability Act applies and whether it requires inclusion of certain language, such as "warning notices." The contract may include the expected tasks of the equine and any specialized demands.

Compliance Demonstration: Visitor observation of completed WRITTEN contracts.

A9

Are there implemented written policies that establish the following:

1. **Eligibility of participants?**
2. **Discharge of participants?**

Yes No

Interpretation: A system should be developed for determining when to accept and when to discharge a participant. Decisions should be supported by appropriate documentation that shows a baseline upon which goals and objectives will be established and a recommended course of action to take when continued participation is no longer appropriate.

Variables may include mission statement of the center; experience and expertise of appropriately credentialed service providers; height and weight carrying limits of equines; availability of volunteers; age, weight and disability of participant; etc. The PATH Intl. Precautions and Contraindications, Psychosocial and EAL guidelines, therapeutic safety issues, and ADA or similar laws are good resources to use to develop and implement this policy.

Compliance Demonstration:
1. Visitor observation of WRITTEN documentation and personnel explanation of determining eligibility of participants.

And

2. Visitor observation of WRITTEN documentation and personnel explanation of discharge of participants.

A10

Are there implemented written policies for the dismissal of volunteers and guests from center activities?

Yes No

Interpretation: A policy should be developed for the discharge of volunteers and guests. This may include but not be limited to individuals who become disruptive, threaten the safety of others or are no longer suited for volunteer activities. Guests to the center may include persons visiting the center who are not regular volunteers, participants or staff members.

Compliance Demonstration: Visitor observation of WRITTEN policies and personnel interview.

A11

Does the center record and maintain current written registration information on each participant and volunteer that includes the following:

1. **Name?**
2. **Address?**
3. **Phone number?**
4. **Date of birth?**
5. **Parent/guardian (if applicable) name and phone number?**
6. **Name(s) of persons with phone numbers to contact in case of emergency?**

Yes No

Interpretation: The center administration should determine the extent of the information required and the interval necessary to provide the center with current information. Volunteers can include unpaid staff. Caregiver name and phone number may be useful information to obtain from participants.

Compliance Demonstration: Visitor observation of randomly selected WRITTEN documentation.

A12

Does the center record and maintain written attendance information and hours on each participant and volunteer?

Yes No

Interpretation: Attendance information is important for insurance and tax purposes and can also be used for grant writing purposes.

Compliance Demonstration: Visitor observation of randomly selected WRITTEN documentation.

A13

DNA (does not apply): If center does not have paid personnel.

Does the center record and maintain current written information on paid personnel that includes the following:

1. **Name?**
2. **Address?**
3. **Phone number?**
4. **Name(s) of persons with phone numbers to contact in case of emergency?**

Yes No DNA

Interpretation: The center administration should determine the extent of the information required and the interval necessary to provide the center with current information.

Compliance Demonstration: Visitor observation of randomly selected WRITTEN documentation.

***A14 MANDATORY**

Does the center have a signed, dated, written waiver or release of liability available on-site from all participants, volunteers or from a participant's parent/legal guardian?

Yes No

Interpretation: It is strongly recommended that centers have an attorney review the wording of the liability release to ensure that it provides maximum available protection under state laws.

Certain parts of the Equine Activity Liability Act contain specific provisions that may directly affect waivers or releases, such as required inclusion of "warning notices" or listing of specific inherent risks. Unpaid staff are considered volunteers and should also sign the waiver or release of liability.

Compliance Demonstration: Visitor observation of randomly selected WRITTEN release or waiver documents.

A15

Does the center have an implemented written, signed form allowing consent or non-consent for use of still and video photography available at each activity site for all personnel, volunteers and participants?

Yes No

Interpretation: It is the responsibility of the center to ensure the privacy and dignity of personnel and participants who may object to photography or object to the center's use of it. Both choices of consent or non-consent should be available on the form.

Compliance Demonstration: Visitor observation of randomly selected WRITTEN signed forms that indicate consent or a signature indicating non-consent and interview of personnel.

A16

Does the center administration have a written completed and signed health history available on-site for all participants?

Yes No

Interpretation: A "health history" is a current record of one's past and present health status that is completed by the individual or by the parent/legal guardian if a minor or dependent adult.

The required signature serves as evidence that the individual, parent or legal guardian has supplied the information and that, to the best of their knowledge, it is up to date and accurate.

The intent of the standard is to provide the center with pertinent health history information that may impact participation in activities provided by the center.

Compliance Demonstration: Visitor observation of randomly selected WRITTEN documentation.

A17

Does the center have the following for each participant?

1. **A signed and dated physician's statement for equine-assisted services from a health care provider**
2. **The completed forms available on-site**

Yes No

Interpretation: The center is generally interested in the recommendations of the physician in light of program participation. Center administration should review with its medical and legal counsel the precise information needed in light of participants served and other factors.

Compliance Demonstration: Visitor interview and observation of randomly selected signed and dated physician's statement.

A18

DNA (does not apply): If the center does not serve participants with Down syndrome.

Does the center have the following for each participant with Down syndrome?

1. **An annual medical clearance from a licensed physician that includes a neurological exam that specifically denies any symptoms consistent with atlantoaxial instability (AAI)**
2. **The completed signed and dated physician statement available on-site**

Yes No DNA

Interpretation: Neurologic signs of AAI always supersede radiographs. The presence of the neurological disorder must be evaluated annually by a physician and is a contraindication for mounted equine activities.The annual neurological examination must be done for all participants with Down syndrome even if the program system for updating participant information does not require a complete new set of forms each year. The participant with Down syndrome must have a written statement from the physician that the exam did not reveal AAI or focal neurologic disorder. This may be included on the medical clearance form or could be a separate document.

This certification of the absence of signs of AAI or decrease of neurologic function by the physician must be completed prior to starting mounted services and an annual re-certification should be completed for continuing participants.

Compliance Demonstration: Visitor interview and observation of selected signed and dated statements for participants with Down syndrome.

A19

Is there a written implemented procedure for a written permission form to be maintained on-site, signed by a participant or participant's parent/legal guardian, to be obtained prior to the release of information to an outside source concerning that participant's experiences in equine-assisted services?

Yes No

Interpretation: Centers may receive requests from outside sources for release of information. Such outside sources could include other centers, educators, judicial officers, other therapists/medical practitioners or caseworkers. All participant information is considered confidential and must be treated as such. The center needs to have a written procedure for handling such requests. The center may decide to create a form for this information. Information covered can include, but is not limited to, contact information, instructor progress reports or equestrian skill goals. Centers that are providing medical and mental health services should also consider HIPAA requirements.

Compliance Demonstration: Visitor observation of WRITTEN procedure and WRITTEN permission forms and interview of personnel.

A20

Is there written evidence of billing policies and procedures?

Yes No

Interpretation: All centers should have written billing policies and procedures, including centers that do not bill for services (i.e., stating that there are no charges for services provided). Written billing policies and procedures increase a center's financial transparency. Clearly stated billing policies and procedures can prevent misunderstandings and increase support from all center personnel, clients and donors.

Written procedures may include specific billing practices such as pricing and payment schedules, absence/make up policy, individual subsidies and scholarship availability. The policies and procedures may also delineate staff responsibilities for billing and other practices.

If a center is providing medical or mental health services, consultation with insurance companies and other agencies is recommended to learn about third-party reimbursement procedures when applicable.

Compliance Demonstration: Visitor observation of WRITTEN billing policies and procedures.

A21

Has the center implemented a procedure to address current precautions and contraindications regarding participation in equine-assisted services?

Yes No

Interpretation: The presence of a precaution in equine-assisted services requires measures of additional investigation such as contacting the physician or therapist before accepting a client into a program. It also requires evaluation at regular intervals throughout the individual's participation in program activities. The presence of a contraindication makes this activity inappropriate. Few contraindications are clear-cut. The Professional Association of Therapeutic Horsemanship International provides a current list that is subject to review and refinement by the PATH Intl. Health and Education Advisory. It is the center's responsibility to obtain additional information from the participant's physician and/or therapist/ mental health professional before permitting that individual's participation in the center's activities.

Compliance Demonstration: Visitor interview of personnel.

A22

Has the center implemented written procedures to provide for the confidentiality of information and records for all participants, volunteers and personnel, and are these records and this information securely maintained for the required length of time and disposed of according to local regulations?

Yes No

Interpretation: The extent of information access under this standard will vary depending on the type of center and the type of services provided. Where a licensed/credentialed health professional provides treatment, HIPAA guidelines must be adhered to in accordance with the professional's practice.

The extent of procedures for maintenance or storage of records will vary depending on the type of center, the type of services provided and the length of time required by law to retain certain records. As examples, participant registration information may only need to be readily accessible during the length of services such as the duration of a session, but an incident report documenting an injury that required medical assistance may need to be stored securely for the applicable statute of limitations. The center administration should consult with legal or records professionals to determine the extent of the security and maintenance required for storage and disposal.

Compliance Demonstration: Visitor observation of WRITTEN procedures, record storage and interview of personnel.

A23

Does the center have the following written documentation?

1. **A written and implemented policy that defines participant and volunteer information required to be reviewed and updated annually?**
2. **A written record of the annual review and update?**

Yes No

Interpretation: The center should have a means of updating information on the participants/volunteers and reviewing the updated information annually to assess each participant's/volunteer's current status. Methods for updating information annually could include: completion of a new set of participant and volunteer forms, a form requesting updated information or other options. The updated information is maintained in a written record. For participants with Down syndrome, an annual neurological exam from a licensed physician must be part of the signed, dated, written documentation, no matter the method chosen for updating information. (See A18)

Compliance Demonstration: Visitor observation of the center's WRITTEN policy and of randomly selected records containing annual updates. Interview of personnel.

A24

Does the center have the following:

1. **A written policy requiring documentation of all occurrences?**
2. **Copies of previous occurrence report forms available on-site?**
3. **Blank copies of occurrence report forms available at each activity site?**

Yes No

Interpretation: The intent of this standard is to document circumstances, witnesses and actions in all occurrences that result in, or nearly result in, injury or danger to individuals. It is the center administration's responsibility to determine the level of severity or seriousness of incidents to be reported to the insurance company.

Examples may include fires, natural disasters, crises arising out of participant or personnel behavior and/or equine behavior, or other situations posing serious threat to the safety of others.

Occurrences to be documented may also include potential serious injury from "near-misses" and other occurrences that may not result in immediately apparent injuries but are potentially harmful to personnel or participants. Examples may include an equine stepping on a human foot, difficulties encountered during transfers, equine bite, etc.

Compliance Demonstration: Visitor observation of WRITTEN policy, completed occurrence report forms and blank occurrence report forms.

A25

Has the center administration completed the following?

1. **Distributed written safety regulations and emergency procedures to all personnel and volunteers?**
2. **Implemented a program of training that includes rehearsal of emergency procedures to prepare personnel, volunteers and participants to follow the established regulations and procedures?**

Yes No

Interpretation: The intent of this standard is to ensure that the safety regulations and emergency procedures developed in this standard are distributed to personnel and volunteers, practiced and implemented throughout the center. Posting of selected emergency information may be appropriate for a center.

Keeping in mind that rehearsal consists of actual drill practice, the center administration should determine appropriate intervals for rehearsing safety regulations and emergency procedures.

Compliance Demonstration: Visitor observation of WRITTEN materials distributed and personnel description of training and rehearsal procedures.

A26

Is there an implemented procedure for volunteer and personnel training that includes the following?

1. **Orientation to the facility, specialty programs and equine-assisted services in general?**
2. **Volunteer and personnel responsibilities?**
3. **Emergency procedures?**
4. **Confidentiality issues?**
5. **Safety rules and regulations?**
6. **Introduction to population served in program?**

Yes No

Interpretation: Training is key to quality and safety in programs with equine-assisted services. Volunteers should be aware of the responsibilities given to them and of the performance expected of them. A training program should include initial orientation and ongoing training.

Compliance Demonstration: Personnel explanation of training procedure.

A27

DNA (does not apply): If the center does not have volunteers.

Is there an implemented policy for volunteer attire?

Yes No DNA

Interpretation: Volunteers should not wear open-toed shoes or sandals when working near equines. It is suggested that volunteers wear shoes or boots that offer foot protection. Dangling jewelry may be unsafe to wear with some participants. Perfumes can attract bees and other biting insects.

Compliance Demonstration: Personnel explanation of policy.

A28

DNA (does not apply): If the center does not have a direct service health professional who provides direct services at the activity site and/or on-site.

Is there an implemented procedure for direct service health professional training that includes the following?

1. **Orientation to the facility, program and equine-assisted services in general?**
2. **Health professional responsibilities and job description?**
3. **Emergency procedures?**
4. **Safety rules and regulations?**
5. **Introduction to basic knowledge of the equine?**

Yes No DNA

Interpretation: Health professionals are a key to quality and safety in equine-assisted services. Health professionals should be aware of the responsibilities given to them and aware of the performance expected of them. A health professional should have initial orientation and on-going training.

Compliance Demonstration: Personnel and health professional explanation of training procedure.

A29

Does the center have at least one person with current certification in first aid and adult and child CPR at each activity site during services, and are copies of the written documentation available on-site?

Yes No

Interpretation: Personnel may be certified through a recognized agency such as American Red Cross, American Heart Association, Canadian Red Cross or other international equivalent. Copies of the current certification documentation should be maintained by the center.

Compliance Demonstration: Center representative identifies certified persons at the activity site during participant services. Visitor observation of WRITTEN documentation.

***A30 MANDATORY**

Does the center have an implemented written policy that all volunteers and personnel wear a helmet certified by the American Society for Testing and Materials - Safety Equipment Institute (ASTM-SEI) or an international equivalent helmet for equestrian use while mounted, driving or vaulting?

Yes No

Interpretation: This standard applies to personnel and volunteers while engaged in mounted, driving or vaulting in center activities. It is the center's responsibility to verify currency of ASTM-SEI or international equivalent approved protective equestrian helmets. Up-to-date helmet information can be verified by contacting SEI at www.SEInet.org (certified products, recreational sports, equestrian, equestrian helmet). It is also the center's responsibility to ensure that all helmets meet the respective manufacturers use, impact, and expiration guidelines. Helmets should fit snugly and have the harness strap adjusted correctly. Helmets should not interfere with the individual's vision.

Compliance Demonstration: Visitor observation of WRITTEN policy, verification of ASTM-SEI or international equivalent tags in randomly selected helmets and personnel interview.

A31

Is there an implemented procedure that requires the appropriately credentialed PATH Intl. professional to approve the following prior to each participant's session?

1. **Selection of the equine**
2. **Equipment for the equine**
3. **Equipment for the participant**
4. **Staff and volunteer assignments**

Yes No

Interpretation: These assignments should be based on the size of the participant, needs of the participant, type of movement provided by the equine, size of the equine and plan for the appropriate activity and service. The implemented system may include a posted written list of the required information that is readily available to the team at the activity site.

Compliance Demonstration: Visitor observation and personnel description of procedures.

A32

DNA (does not apply): If center does not use equipment.

Is there an implemented procedure to ensure the proper fit of equipment to the following:

1. **Equine**
2. **Participant (if applicable)**

Yes No DNA

Interpretation: Equipment should be fitted and adjusted properly to the equine and to the participant (if applicable). Personnel responsible for adjusting equipment must be instructed in proper fit and adjustment. For example: Stirrups should allow the rider to place the widest part of the foot on the tread but should not be so small as to entrap the foot or so large as to allow the foot to easily slip through the stirrup. The well-fitted helmet should stay on the head when harnessed without rocking or moving. It should rest so there could be two fingers placed between the eyebrows and the edge of the helmet.

Compliance Demonstration: Visitor observation and personnel explanation of the procedure.

A33

Does the PATH Intl. credentialed individual ensure that equipment safety checks are conducted at the beginning of each activity?

Yes No

Interpretation: The instructor is responsible to ensure that the equipment safety checks are conducted for any mounted or hitched activity. The ESMHL is responsible to ensure that equine and equipment safety checks are conducted for any unmounted EAL or EAP/EAC session. The instructor/ESMHL may designate a trained assistant to perform safety checks. Safety checks may include checking the girth and equipment adjustment.

Compliance Demonstration: Visitor observation of safety checks.

A34

DNA (does not apply): If no leaders or sidewalkers are used in the program.

Are there written guidelines to determine the ability of personnel to perform the tasks of leader and/or sidewalker?

Yes No DNA

Interpretation: Personnel guidelines may include personnel availability, reliability, strength, endurance and communication skills necessary to assist participants during lesson activities and in an emergency situation.

Compliance Demonstration: Visitor observation of WRITTEN guidelines.

A35

DNA (does not apply): If the program does not conduct research efficacy studies.

Does the program have an implemented written procedure for conducting research efficacy studies involving the program's participants, equines, personnel and volunteers?

Yes No DNA

Interpretation: Programs involved in investigative studies are advised that they should comply with federally recognized standards and requirements for the conduct of research efficacy studies involving human and/or animal subjects.

Compliance Demonstration: Visitor observation of WRITTEN procedure.

Facilities Standards

F1

DNA (does not apply): If the center is not responsible for equine care and stable maintenance.

Is there an implemented maintenance routine throughout the center facility resulting in the following:

1. **Buildings, grounds, walkways and activity areas are maintained in good repair?**
2. **Clean and sanitary conditions are maintained throughout?**

Yes No DNA

Interpretation: Part one may include all buildings and activity areas in the center. Stalls, fencing, gates, paddocks, tack rooms, office, toilet facilities, classrooms, riding areas, waiting areas, mounting areas, observation areas and electrical wiring are examples of items that should show signs of regular maintenance and repair.

Part two includes garbage and rubbish disposal areas, kitchen garbage disposal, manure disposal, toilet areas, feed storage areas, tack rooms, stable, pastures, run-in sheds, loafing shelters and activity areas. There should be signs of regular cleaning, raking and/or sweeping, and regular activity to keep the areas free of accumulated dirt, rubbish, hay, feed or manure.

Compliance Demonstration: Visitor observation of center facilities and personnel description of maintenance procedures.

F2

DNA (does not apply): If facility has no buildings.

Is there at least one entrance to each building that complies with governing accessibility requirements and local fire and safety codes?

Yes No DNA

Interpretation: It is important for each center to check with its local fire authorities to be in compliance with fire codes, safety codes and with accessibility requirements. In the United States, buildings should meet ADA standards for accessibility.

Compliance Demonstration: Visitor observation of entrances to buildings and personnel explanation of compliance with local fire codes, safety codes and accessibility requirements.

F3

DNA (does not apply): If center does not specify any off-limit areas.

Are all specified off-limit areas clearly posted?

Yes No DNA

Interpretation: Off-limit areas may include tool rooms, shops, machine storage areas, pastures, feed rooms, areas not part of center jurisdiction, roadways, parking areas, residences, stalls, etc. These areas are designated off-limits by the center and each must be clearly posted.

Compliance Demonstration: Visitor observation of off-limit areas.

F4

Does the center have a toilet facility at the activity site and does it comply with governing accessibility regulations?

Yes No

Interpretation: Toilet facilities at the activity site may include portable toilets, outhouses and in-building toilets. In the United States, toilets should meet ADA requirements.

Compliance Demonstration: Visitor observation of toilet facilities.

F5

DNA (does not apply): If the center does not have designated parking areas.

Are participant parking areas as follows:

1. **Accessible to main center activities?**
2. **Free of hazards that would impede mobility?**
3. **Provided with designated parking areas for the disabled?**

Yes No DNA

Interpretation: Hazards could include holes, rocks, tools, trash, oil, etc., that would interfere with mobility and could cause harm.

Compliance Demonstration: Visitor observation of parking areas and personnel interview.

F6

DNA (does not apply): If the center does not operate during darkness.

1. **Are there working lights located in all areas where personnel and participants can be expected to traffic during dark hours, including parking lots, activity areas, arenas, stables and storage areas?**
2. **Are the light fixtures covered or out of reach of equines and participants?**

Yes No DNA

Interpretation: The light fixtures can be considered out of reach by location or by a protective covering that prevents unauthorized/accidental access.

Compliance Demonstration: Visitor observation of the operation of lights and light fixtures or personnel interview.

F7

Is there an implemented procedure for rodent and pest control?

Yes No

Interpretation: Rodent and pest control concerns and procedures may vary by geography and climate. Centers should implement procedures appropriate for their pest populations.

Compliance Demonstration: Visitor observation and personnel explanation of the procedures.

F8

DNA (does not apply): If the center does not have an indoor stable area or an indoor arena.

Is there a system of ventilation for indoor stable areas and indoor arenas?

Yes No DNA

Interpretation: A ventilation system will vary according to the type of facility and the geographic location of the area.

Compliance Demonstration: Visitor observation and personnel interview.

F9

Is there a designated area where participants, parents, teachers, visitors and others may congregate away from center activities?

Yes No

Interpretation: This standard is designed to ensure the safety of participants, parents, teachers, visitors and others.

Compliance Demonstration: Visitor observation of designated area.

F10

DNA (does not apply): If the center does not have a stable area or if stable area does not contain aisles.

Is the walking surface in the stable area maintained so that it is dry, even and easily traversed?

Yes No DNA

Interpretation: Flooring should not have holes, ruts, puddles or other possible impediments to mobility that might cause injury to animal or human.

Compliance Demonstration: Visitor observation of stable area and personnel explanation of maintenance procedures.

F11

DNA (does not apply): If the center does not have stalls.

Are there implemented procedures to ensure that stalls are as follows:

1. **Free from the accumulation of manure and urine?**
2. **Free from protruding nails, broken boards, improperly working doors, unprotected windows or similar hazards?**
3. **Equipped with water and feed containers in clean condition?**
4. **Large enough to accommodate the size of the equine?**

Yes No DNA

Interpretation: Flooring may consist of absorbent materials such as sawdust, shavings, straw, shredded newspaper, dirt, sand, etc. Daily cleaning of stalls, including water buckets, is recommended to maintain the animals' health.

Compliance Demonstration: Visitor observation and personnel interview.

F12

DNA (does not apply): If equines are never tied.

Are cross-ties or tie-ropes made of non-elastic material and tied or fastened with quick release capability to sturdy, stationary fixtures?

Yes No DNA

Interpretation: To prevent injury to equines, personnel and participants, cross-ties or tie-ropes should allow the equine to remain securely fastened to a fixture. In the event of an emergency, the ties should release quickly either from the fixture or the equine's halter. A sturdy, stationary fixture may include a hitching post, bolted wall ring, trailer tie ring or other device that is secured in the ground or to a solid structure.

Compliance Demonstration: Visitor observation of cross-ties or other restraining devices in use.

F13

DNA (does not apply): If the center has no outdoor turnout areas.

Are outdoor turnout areas for center equines as follows:

1. **Free from hazards that may cause injury to equines?**
2. **Equipped with maintained fencing?**
3. **Supplied with available fresh water?**

Yes No DNA

Interpretation: Hazards may include farm equipment, loose barbed wire, boards with nails, Canadian thistle, black walnut trees, loco weed, etc., that may cause injury or illness to equines or personnel. Fencing should be free from hazards and maintained regularly.

Compliance Demonstration: Visitor observation of turnout areas.

F14

Is there an implemented procedure that the activity/treatment areas are as follows:

1. **Clearly defined?**
2. **Free of obstruction?**
3. **Routinely maintained?**
4. **Level with even footing, adequate for the activity/treatment being provided?**

Yes No

Interpretation: Adequate, well maintained footing is necessary for the comfort and well-being of the equine and the safety of the participant and personnel. The footing should be neither slick nor too deep for the comfort and safety of the equine and personnel. Surfaces should be specific to the activity/treatment being provided. An equine or equines moving in the same area may create ruts or tracks in the footing, therefore regular maintenance and grooming is necessary to provide a safe area.

For vaulting surfaces please refer to the American Vaulting Association's recommendations. For driving surfaces please refer to the USEF Carriage Driving Committee's recommendations.

Compliance Demonstration: Visitor observation of the activity/treatment area and personnel description of maintenance procedures.

F15

Is there an implemented policy to correlate the number of participants, equines and equipment to the size of the activity/treatment area and the service being provided?

Yes No

Interpretation: In determining arena size, consideration should be given to the activities and services being offered, number of equines, skill levels of participants, need for additional volunteers, number and size of equipment and activity props.

Compliance Demonstration: Visitor observation of activity/service being provided and personnel discussion of class sizes.

*** F16 MANDATORY**

Does the center have the following:

1. **An available working telephone or similar communication device in a designated location known by personnel and volunteers?**
2. **Written emergency information and instructions for use posted adjacent to the telephone or similar communication device?**

Yes No

Interpretation: An "available working telephone or similar communication device" is there to provide immediate access to emergency help. Emergency information (posted near the telephone) should include current detailed instructions for the person who places the call, including name, address, phone number and specific directions to the site. If cell phones are used, they need to be charged and have service at all times.

Compliance Demonstration: Visitor observation and verification of the working telephone or similar device. Visitor observation of WRITTEN emergency information.

F17

Are fire extinguishers as follows:

1. **Located in visible and readily accessible locations?**
2. **Tested and written documentation if specified in local fire regulations?**

Yes No

Interpretation: Single use fire extinguishers, such as those purchased at local hardware stores cannot be recharged and must be within stated expiration dates in order to comply with this standard. These types of extinguishers cannot be tested.

Compliance Demonstration: Visitor observation of fire extinguisher and WRITTEN documentation of fire extinguisher testing or expiration date. Personnel explanation of testing procedures.

F18

Does the center have a human first-aid container readily available on-site and at each activity site that meets the following requirements:

1. **Are in clearly marked containers?**
2. **Are routinely checked and restocked with written evidence of maintenance?**
3. **Are placed in designated locations, accessible to center personnel on-site and at all activity sites?**
4. **Include at least these items:**
   - **a. Items to care for wounds?**
   - **b. Items to safeguard personnel administering first aid?**
   - **c. Items to protect the injured?**
   - **d. Items to provide for the personal needs of the injured?**

Yes No

Interpretation: The contents of the human first-aid container at a center should be individualized to reflect the accessibility and the response time of outside emergency care. The more inaccessible and slower the response time, the more equipment a program may deem appropriate to have available for first aid. If more than one kit, each needs to contain its own maintenance record and list of emergency numbers.

Compliance Demonstration: Visitor observation of human first-aid container and WRITTEN evidence of maintenance.

F19

Does the center have a readily available equine first-aid container at each activity site that meets the following requirements:

1. **Are in clearly marked containers?**
2. **Are routinely checked and restocked with written evidence of maintenance?**
3. **Are placed in designated locations, accessible to center personnel at all activity sites?**
4. **Contain emergency numbers inside the kits: veterinarian, personnel related to equine care, farrier and equine owner?**
5. **Include at least these items:**
    a. **Horse thermometer?**
    b. **Topical antibiotic?**
    c. **Antiseptic cleaner?**
    d. **Wound bandaging materials?**

Yes No

Interpretation: First-aid container may be a kit, box, cabinet, trunk, closet, etc. Emergency numbers should be placed inside the container. Suggested equine first-aid items are described in the Guidelines section. If more than one kit, each needs to contain its own maintenance record and list of emergency numbers.

Compliance Demonstration: Visitor observation of equine first-aid container and visitor observation of WRITTEN evidence of maintenance.

***F20 MANDATORY**

Is there an implemented procedure to ensure that tack and equipment are safe and in good repair?

Yes No

Interpretation: Tack and equipment include special or adapted equipment and optional equipment, including that which is needed for special activities or services such as driving, vaulting, hippotherapy as a treatment strategy and tandem hippotherapy as a treatment strategy. Tack and equipment should be cleaned and inspected regularly. Personnel responsible for tack and equipment should be instructed how to properly clean and determine good repair. Equipment that is not in good repair (e.g., condition of leather, stitching, fasteners and buckles) must be removed from service immediately after discovery of the problem.

Compliance Demonstration: Visitor observation of tack and equipment in use and personnel explanation of procedures.

F21

Are tack and equipment as follows:

1. Systematically organized?
2. Easily accessed?

Yes No

Interpretation: Tack needs to be in designated locations that can be readily accessed by participants and personnel. Equipment should be stored so that it can be accessed efficiently with minimal risk of injury (e.g., no bridle reins dangling on floor, multiple stacking of saddles, loose stirrup irons, etc.).

Compliance Demonstration: Visitor observation of tack and equipment and personnel interview.

F22

DNA (does not apply): If center is not responsible for equine care and stable maintenance.

Are all equine care and stable maintenance supplies and equipment stored in designated locations when not in use?

Yes No DNA

Interpretation: The stable area should be free of potential hazards such as cleaning equipment laying around, hoses not properly coiled, sharp objects or medical supplies not properly stored, etc. The areas should be as clear as possible to avoid potential problems.

Compliance Demonstration: Visitor observation of stable area.

F23

DNA (does not apply): If there is no arena.

Is there a minimum of one working gate in the arena(s) that meets the following requirements:

1. **Is made of sturdy building materials (rope, baling twine, barbed wire, slick wire or electric wire/tape are not acceptable)?**
2. **Can be opened easily in the event of an emergency?**

Yes No DNA

Interpretation: A properly working gate is a gate that will safely contain equines and participants within the arena. Gates may be hinged with various types of latches, sliding rails or doors and should be easy to open.

Compliance Demonstration: Visitor observation of arena gate.

F24

DNA (does not apply): If activity is not occurring in the arena(s).

Is (are) the arena gate(s) closed securely during program activities?

Yes No DNA

Interpretation: To safely contain equines and participants, all gates to the arena should be closed securely during program activities.

Compliance Demonstration: Visitor observation of arena gate(s).

F25

DNA (does not apply): If there is no arena.

Is the physical barrier around the arena(s) as follows:

1. **Built of sturdy materials so that it can contain participants and equines during a lesson (rope, barbed or slick wire, electric wire or tape is not acceptable)?**
2. **Protected to minimize injury in the event of an accident?**

Yes No DNA

Interpretation: The arena includes indoor and outdoor facilities. Barriers can be constructed of wood, pipe or other building materials. A recommended minimum height for barriers is 36 inches. The support posts of the outdoor arena should be located on the outside of the arena fencing. If metal posts are used, the tops should be covered. Support posts or any exposed beams of indoor arenas should be protected with a padded covering or covered by kick boards. Every effort should be made to minimize the risk of injury to participants, equines and personnel.

Compliance Demonstration: Visitor observation of arena(s) and barriers.

F26

DNA (does not apply): If there is no arena.

Is there an implemented procedure to ensure that each arena is clear of objects that might injure equines, participants and personnel?

Yes No DNA

Interpretation: Providing a reasonably safe environment for sessions is essential. Unnecessary equipment, structural elements and natural hazards that are not utilized during the session should be cleared from the arena.

Compliance Demonstration: Visitor observation of session and personnel interview.

F27

DNA (does not apply): If equines are not groomed or tacked.

Is there an implemented policy to ensure that grooming and tacking areas and/or aisles are clear of obstacles, accessible and spacious enough to allow freedom of movement for participants, volunteers and/or personnel for safety and performance of activities?

Yes No DNA

Interpretation: The health, maintenance and comfort of the animal, participant, volunteer and personnel are of paramount importance. The more space available to the animal for movement the better. Grooming and tacking areas can be a stall, cross-tie area, wash stall or hitching post. If the center serves participants in wheelchairs, there should be sufficient space to allow wheelchair accessibility for adequate clearance to both sides of the equine and for movement away from the equine in the event of an emergency. Aisles need to be wide enough for equines and individuals to pass without contact.

Compliance Demonstration: Visitor observation of grooming and tacking areas while in use by participants and personnel. Visitor interview of personnel.

F28

Is there an implemented procedure to minimize distractions or disruptions in and around the activity/treatment area while in use?

Yes No

Interpretation: Controlling the amount of distractions in the arena as well as in the area surrounding the arena helps maintain participant attention. Controls can include scheduling options, securing loose dogs, cats, etc., and establishing procedures for handling disruptions.

Compliance Demonstration: Visitor observation of arena and personnel interview.

F29

Is there a system to minimize exposure to dust in the activity area?

Yes No

Interpretation: Excessive exposure to dust for both humans and animals may create health problems. A system of control may include watering the surface, type of surface utilized, additives to footing for moisture retention, scheduling, restricting use of areas, etc.

Compliance Demonstration: Visitor observation of arena(s) and personnel explanation of system.

F30

DNA (does not apply): If the center does not have a mounting ramp.

Is (are) the mounting ramp(s) as follows:

1. **Placed in a location convenient to, but not within, the working area of the arena?**
2. **Designed and constructed of materials of a strength and size to accommodate the participants, personnel, equipment and activities for which they are used?**
3. **Set up with a second physical barrier, placed parallel approximately 28" to 36" from the mounting side of the mounting ramp, to keep the equine in alignment with the ramp during mounting procedures?**

Yes No DNA

Interpretation: Ramps can vary in material and size. To determine space, strength and size of the ramp, consider the number of personnel used in the mounting process as well as the types of wheelchairs and adapted equipment used. Other factors to consider include the following: activities offered, population served and the ability to provide progressive mounting. The working area is defined as the location where activities are being held. The mounting ramp should be separated from the working area by a visual barrier that is clearly visible to equines, participants and volunteers, such as cones, poles, etc. An offside barrier is used in order to prevent the equine from swinging away from the ramp. The offside barrier should not be a solid wall or fence. A person should not be the offside barrier due to safety considerations for the individual.

Compliance Demonstration: Visitor observation of use or personnel interview.

F31

DNA (does not apply): If the center does not have a mounting block.

Is (are) the mounting block(s) as follows:

1. **Placed in a location convenient to but not within the working area of the arena?**
2. **Designed and constructed of materials of a strength and size to accommodate the participants, personnel, equipment and activities for which it is used?**

Yes No DNA

Interpretation: Blocks can vary in material and size. To determine space, strength and size of the block, consider the number of personnel used in the mounting process as well as the types of wheelchairs and adapted equipment used. Other factors to consider include activities and services offered, population served and the ability to provide progressive mounting. The working area is defined as the location where mounted lessons are being held. The mounting block should be separated from the working area by a physical barrier that is clearly visible to equines, participants and volunteers, such as cones, poles, etc.

Compliance Demonstration: Visitor observation of use or personnel interview.

F32

DNA (does not apply): If the center does not use a mechanical lift.

Is the mechanical lift:

1. **Placed in a location convenient to but not within the working area of the arena?**
2. **Designed and constructed to accommodate the participants and activity for which it is used?**

Yes No DNA

Interpretation: Mechanical lifts can vary in material and size. The working area is defined as those locations where mounted lessons are being held. The mechanical lift should be separated from the working area by a physical barrier that is clearly visible to equines.

Compliance Demonstration: Visitor observation of the use of the mechanical lift and personnel interview.

F33

DNA (does not apply): If the center does not use a mechanical lift.

Has the center implemented a program of training and rehearsal in utilizing the lift that prepares personnel, equines, volunteers and participants for the normal and emergency operation of the lift, and is a written list of trained personnel and equines maintained?

Yes No DNA

Interpretation: Safety and emergency procedures should be practiced regularly. The center administration should determine appropriate rehearsal intervals for safety regulations. Rehearsals should consist of actual drill practice.

Compliance Demonstration: Personnel description of training and rehearsal process and visitor observation of WRITTEN list of trained personnel and equines.

F34

DNA (does not apply): If the center does not use a mechanical lift.

Is there written evidence that a systematic maintenance routine is in effect to ensure that the lift and all related equipment is safe and in good repair?

Yes No DNA

Interpretation: The lift and all related equipment including special or adapted equipment should be inspected regularly. Equipment that is not in good condition should be removed from service immediately.

Compliance Demonstration: Visitor observation of WRITTEN evidence of maintenance and personnel explanation of procedures.

F35

DNA (does not apply): If the center does not use a mechanical lift.

Does the instructor ensure that a lift equipment safety check is conducted at the beginning of each use?

Yes No DNA

Interpretation: The instructor is responsible to ensure that an equipment safety check is conducted.

Compliance Demonstration: Visitor observation of safety check.

F36

DNA (does not apply): If the center does not use a mechanical lift.

Are there written safety and emergency procedures directly related to the use and operation of the lift?

Yes No DNA

Interpretation: The intent of this standard is to ensure that the center has developed written safety and emergency procedures that should be disseminated to center staff. Personnel directly involved in the use of the lift should have knowledge of the safety and emergency procedures.

Compliance Demonstration: Visitor observation of WRITTEN lift safety and emergency procedures and personnel interview.

F37

DNA (does not apply): If the center does not have a vaulting barrel.

Is the vaulting barrel as follows:

1. **Designed and constructed of materials of a strength and size to accommodate the participants, personnel, equipment and activities for which it is used?**
2. **Sufficiently padded, free of sharp and/or protruding objects and includes built-in or attached handles?**
3. **Placed in a location with sufficient clearance to mount and dismount safely?**
4. **Placed in an area with even, soft and resilient footing?**

Yes No DNA

Interpretation: Vaulting barrels can vary in material and size. The vaulting barrel may be used for other activities such as participant evaluations, warm-up activities, volunteer training or other uses in addition to vaulting. The support of the barrel should not interfere with the movement of the participants while mounting or dismounting. Bolts and welds need to be covered smoothly. Handles should be protected for safety and comfort of the user (for example, may be wrapped with vet wrap or duct tape). Some prefer to construct the vaulting barrel without built-in handles and add a surcingle on the barrel to provide the handles in a more realistic manner. The vaulting barrel needs to be stable enough to avoid tipping over when used vigorously. For further information on vaulting barrels, contact the American Vaulting Association or US Pony Club.

Compliance Demonstration: Visitor observation of the vaulting barrel(s) and personnel interview.

Equine Welfare and Management Standards

EQM1

Does the center have written criteria for the initial screening of prospective equines appropriate for the activities/therapies offered?

Yes No

Interpretation: General considerations of a prospective equine for any EAS program should include, but not be limited to, the following:

- Age appropriate to the activity and workload
- Soundness appropriate to carry out the work
- Temperament
- Height, build, conformation and movement appropriate for the activity and participants
- Gender and herd dynamics
- Equines selected for vaulting and driving have additional criteria that should be considered. See guidelines pp. 171, 172.

Compliance Demonstration: Visitor observation of WRITTEN criteria and personnel interview.

EQM2

Does the center have written procedures for the:

1. **Evaluation of the suitability of new equines prior to participating in center activities/services?**
2. **Evaluation for the permanent removal of equines no longer/not suited for participating in center activities/services?**

Yes No

Interpretation: Having written standard procedures for evaluation and removal of equines provides centers an unbiased tool for effective measurement of the abilities and suitability of all equines participating in center activities/services.

The written procedures for intake suitability should delineate the following:

- Who is the ultimate decision maker?
- Who performs the equine evaluations?
- What specific criteria/behaviors must an equine demonstrate prior to being placed into each activity/service, such as the following examples:
    - Standing quietly at the halt for grooming, tacking, harnessing or other activities and during mounting, dismounting or putting to for driving
    - Behaving appropriately with personnel, volunteers, participants and other equines as well as wheelchairs and other adaptive equipment
    - Responding appropriately to participant's aids, both natural and artificial, and the many different working conditions specific to the activity/service including sidewalkers or therapists working closely on both sides
    - Tolerating hugging, hair pulling, loud noises, erratic behavior and other disturbances
    - Accepting training specific to the equine activity or service

The written procedures for the permanent removal of equines that do not meet program qualification or are unable to continue working in program activities and services should delineate the following:

- Who is the ultimate decision maker?
- Who performs the equine evaluations?
- Specific criteria to be considered during the evaluation
- What becomes of the equine after removal (return to owner, sale, adoption, retirement, euthanasia, etc.) from center activities/services?

Once these written procedures are developed and implemented, they should be reviewed and modified as needed, as long as the written procedures match center practices.

Compliance Demonstration: Visitor observation of WRITTEN procedures for equine suitability and WRITTEN procedures for equine removal, and personnel explanation of the procedures.

EQM3

Is there an implemented equine training and conditioning program that is specific to each activity and/or service at the center?

Yes No

Interpretation: An equine's satisfactory performance depends on being exercised regularly by experienced personnel who can effectively carry out the schooling and conditioning specific to the activity and/or service. Specific fears, sensitivities and vices of an equine should be addressed. Training and conditioning for a driving program should be done in a harness.

It is understood that the quality of the results achieved with physical therapy, occupational therapy and speech/language pathology are directly related to the quality of movement of the equine. It is important to maintain the suppleness and strength of the equine through training and conditioning. In tandem hippotherapy as a treatment strategy, due to increased stress, it is particularly important that the conditioning emphasize the elevation of the topline. The equine has to become gradually accustomed to the distribution of weight behind the center of gravity and desensitized to the input of the additional leg pressure near the flank.

Compliance Demonstration: Visitor interview and personnel description of training and conditioning program.

EQM4

Is there an implemented procedure for the appropriately credentialed PATH Intl. Certified Professional to do the following?

1. **Check for changes in physical soundness and behavior of each equine prior to its assignment to an activity or service session so as to ensure that the equine is able to perform as needed?**
2. **Make assignment and proceed with the session as scheduled or remove the equine from participation in session(s) until soundness and behavior issues can be addressed?**

Yes No

Interpretation: Problems with sore feet, sore backs, sore stifles, etc., can affect an equine's performance and disposition; changes in behavior may be the first clues that point to an underlying problem. The equine's behavior and ability to work should be assessed prior to the participant's involvement in the activity or therapy session. Equines with underlying soundness issues or other health problems that negatively impact their ability to work should be removed from activity or therapy sessions until their problems can be resolved.

Compliance Demonstration: Visitor observation and personnel description of procedures.

***EQM5 MANDATORY**

Is there documentation regarding equine workload limits that includes the following:

1. **A <u>written</u> policy that sets a maximum limit for each equine's working session to no more than three continuous hours and workday to no more than six hours?**
2. **<u>Written</u> records of the number of hours and types of sessions for each equine per day?**

Yes No

Interpretation: Some equines may not be conditioned sufficiently to maintain a schedule based on current recommendations for a specific activity or service and will need additional adjustments in scheduling. Centers may set any workday/continuous hour limit policy as long as it is implemented by the center and does not exceed the maximum. Centers may want to consider giving each equine a day off per week as working with participants may be stressful. Consideration should be given to the size and type of participant served when scheduling each equine.

A record should be kept of the number of hours and in what capacity each equine works, whether it is ground, mounted, driving, interactive vaulting, hippotherapy as a treatment strategy, tandem hippotherapy as a treatment strategy, psychotherapy sessions, etc. Many activities have additional scheduling recommendations that should be followed. The equine's condition, attitude and pace, and size and type of participant are factors to be considered when making scheduling decisions.

A working session is a period of continuous service without any lengthy breaks. As climate, equine conditioning and center activities/services vary considerably from center to center, each center should define "lengthy break" for themselves. The definition of "lengthy" does not need to be written, but center personnel should be consistent in their definition. A break for an equine would be time without tack or other equipment where the equine is not tied but allowed to move freely in a pen, stall, pasture or other area and has access to water.

Compliance Demonstration: Visitor observation of WRITTEN policy and WRITTEN record of equine workload and personnel description of scheduling procedures.

EQM6

Is there a written record for each equine that documents the results of an annual evaluation of individual weight-carrying and workload limitations?

Yes No

Interpretation: : During all EAS, equines are subjected to stresses that can lead to short- and long-term negative effects on the body and mind of the equine. Science has not yet delivered a formula to calculate the weight-carrying or workload capabilities of horses. Therefore, regular evaluation and re-evaluation of the following complex variables should be used to determine the weight-carrying and workload limitations for each equine at least annually.

Some weight-carrying and workload variables that centers may consider are as follows:

- Equine age, weight, breed, body condition, fitness, balance, health and soundness
- Equine conformation to include the top line, length of back, strength and width of loin, bone density (measured by the circumference of the cannon bone just below the knee)
- Size, shape, condition and angle of the hooves
- Participant weight, height, body proportions, balance, fitness and riding skills as well as behavioral issues and safety concerns
- Weight and proper fit of the saddle and other equipment
- Terrain and footing in the working environment
- Duration and frequency of working sessions, as the frequency with which an equine is subjected to maximum weight carrying and/or workload should be carefully monitored
- Nature and pace of work, repetitive or varied, radius of turns, degree of incline and regularity of footing when the equine is subject to maximum weight-carrying capacity
- Break intervals between working sessions. (A break interval is a time without tack or other equip- ment where the equine is not tied but allowed to move freely and has access to water. A working session is a period of continuous service where the equine is under the control of and interacting with humans.)
- Temperature and/or weather conditions
- Seasonal impact on the equines' workload and weight-carrying capabilities and limitations
- Equine responses toward work as demonstrated by behaviors and/or body language

Compliance Demonstration: Visitor observation of the WRITTEN record of individual weight carrying and workload limitations for each equine as determined by annual evaluations.

EQM7

DNA (does not apply): If equines are not under center's jurisdiction.

Are there current, written equine health records available on-site that include the following:

1. **Vaccinations?**
2. **Deworming schedule?**
3. **Hoof care?**
4. **Teeth care?**
5. **Sickness and injury?**

Yes No DNA

Interpretation: Equines shall be provided with proper foot care including trimming and/or shoeing on a regular basis. Equines shall be health checked, vaccinated and dewormed on a regular schedule. Teeth shall be inspected and floated as needed. Records should also be kept of any equine sickness or injury.

Compliance Demonstration: Visitor observation of WRITTEN documentation and personnel interview.

EQM8

DNA (does not apply): If the center is not responsible for feeding equines.

Is there a written feed chart for each equine easily accessible to the person feeding?

Yes No DNA

Interpretation: Written feed charts for each equine help to ensure that equines receive proper daily rations. Feed charts should be easily accessible.

Compliance Demonstration: Visitor observation of WRITTEN feed chart.

EQM9

Are equines provided with a clean, plentiful supply of water?

Yes No

Compliance Demonstration: Visitor observation of water supply.

EQM10

DNA (does not apply): If equines are not under the center's jurisdiction.

Does the center provide shelter to protect equines from inclement weather?

Yes No DNA

Interpretation: Shelters may include two- to four-sided loafing or run-in sheds with roof or natural shelter available in the geographic location of the center.

Compliance Demonstration: Visitor observation and personnel interview.

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PATH
INTERNATIONAL
Professional Association of Therapeutic Horsemanship International

PATH International Activity Standards

Activity Standards: **Activity Standards are concerned with HOW the interaction between the participant and equine occurs. Centers may find more than one activity that describes how their programs are delivered. If one or more of these activities are part of a center's programs, the center should comply with the appropriate Activity Standards in addition to the Core Standards.**

Mounted Activities: **Mounted Activities (MA) are those activities where a participant is mounted on the equine during all or part of a session. Mounted activities may be part of programs in therapeutic riding, hippotherapy, tandem hippotherapy or mounted equine-assisted psychotherapy/equine-assisted counseling, in addition to others. Mounted activities are directly supervised by a PATH Intl. Certified Riding Instructor.**

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PATH
INTERNATIONAL
Professional Association of Therapeutic Horsemanship International

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Driving Standards: Driving Activities (DA) are those activities where a participant is in a cart, carriage or other vehicle that is hitched behind an equine. Driving activities are directly supervised by a PATH Intl. Certified Driving Instructor.

Interactive Vaulting Standards: Interactive Vaulting Activities (VA) are those activities where the participant engages in activity both on and off the equine during the session, while the equine is being lunged. Interactive vaulting activities are directly supervised by a PATH Intl. Certified Vaulting Instructor.

Ground Standards: Ground Activities (GA) are those activities where a participant interacts with the equine from the ground. This could be all or part of a session for the participant. Ground activities may be used in equine-assisted psychotherapy/equine-assisted counseling, therapeutic riding, interactive vaulting, driving, hippotherapy or other services. Ground activities are directly supervised by a PATH Intl. credentialed professional with training and certification in the specific equine activity offered.

Mounted Standards

All centers must currently meet the ground activity (GA) standards. Additional standards that may apply to mounted services may be found in the Core, Equestrian Skills (EKS), Medical (M) or Mental Health (MH) sections.

***MA1 MANDATORY**

Is there written evidence that all mounted sessions are conducted or directly supervised by a currently certified Professional Association of Therapeutic Horsemanship International Certified Riding Instructor?

Yes No

Interpretation: Current PATH Intl. Instructor Certification at the certified, advanced or master level demonstrates compliance with this standard. "Directly supervising" means the instructor is at the activity site and is aware of and responsible for the program activity in the arena or on the premises.

Compliance Demonstration: Visitor observation of WRITTEN documentation of current certification and observation of the mounted session.

***MA2 MANDATORY**

Do all participants wear a helmet certified by the American Society for Testing and Materials - Safety Equipment Institute (ASTM-SEI) or an international equivalent helmet for equestrian use while participating in a mounted service?

If a helmet that is not ASTM-SEI or international equivalent approved for equestrian use is worn for mounted services, is there written documentation meeting the Professional Association of Therapeutic Horsemanship International Guidelines for Alternative Helmet Use?

Yes No

Interpretation: This standard applies to all participants engaged in center mounted services. It is the center's responsibility to verify currency of ASTM-SEI or international equivalent approved protective equestrian helmets. Up-to-date helmet information can be verified by contacting SEI at www.SEInet.org (certified products, recreational sports, equestrian, equestrian helmets). It is also the center's responsibility to ensure that all helmets meet the respective manufacturers use, impact and expiration guidelines. Helmets should fit snugly and have the harness strap adjusted correctly. Helmets should not interfere with the participant's vision. It is recommended that participants also wear helmets during groundwork conducted with or near equines (e.g., grooming, tacking and leading). Helmets not approved for equestrian use must have written documentation that meets the Guidelines for Alternative Helmet Use found in the Guidelines section of this manual.

Compliance Demonstration: Visitor observation of center mounted activities, verification of ASTM-SEI or international equivalent tags in randomly selected helmets, WRITTEN documentation for all individuals using alternative helmets in mounted activities, personnel interview.

MA3

Is there an implemented procedure to ensure that personnel who mount and dismount participants have been trained in mounting and dismounting procedures, and is a written list of trained personnel maintained?

Yes No

Interpretation: For the safety of the participants, the personnel mounting and dismounting should be designated and trained to be familiar with proper mounting techniques, disabilities, body mechanics and individual equine personalities.

Compliance Demonstration: Visitor observation of mounting and dismounting, WRITTEN training list and personnel interview.

***MA4 MANDATORY**

DNA (does not apply): If center does not use saddles or stirrups.

Is there an implemented written policy regarding the use of stirrups with safety features, AND/ OR is there an implemented written policy that participants wear riding boots or hard-soled shoes with heels?

Yes No DNA

Interpretation: Stirrups should have safety features that reduce the chance of foot entrapment and should be in good working order. The student's individual needs should be considered when selecting the type of safety stirrup. The written policy may address use of safety stirrups, use of boots by participants or both.

Compliance Demonstration: Visitor observation of WRITTEN policy, saddles, stirrups and riding session.

Driving Standards

All centers must currently meet the ground activity (GA) standard. Equestrian Skill Standards can be found in the Service section of the Standards Manual and apply to driving services since the goal for the participant is to gain the equestrian skill of driving. To select an appropriate equine for driving activities, review the Equine Selection Criteria for driving found in the Guideline section of the Standards Manual. If the goal of the driving service is to improve or change the health of the participant and is provided by a licensed health care professional along with a PATH International certified driving instructor, the Medical or Mental Health standards would also apply.

***DA1 MANDATORY**

Is there written evidence that all driving sessions are conducted or directly supervised by a currently certified Professional Association of Therapeutic Horsemanship International Certified Driving Instructor?

Yes No

Interpretation: Current PATH Intl. Driving Instructor certification demonstrates compliance with this standard. "Directly supervising" means the instructor is at the activity site and is aware of and responsible for the program activity in the arena or on the premises.

Compliance Demonstration: Visitor observation of WRITTEN documentation of current certification and observation of the driving session.

***DA2 MANDATORY**

Do all participants wear a helmet certified by the American Society for Testing and Materials - Safety Equipment Institute (ASTM-SEI) or an international equivalent helmet for equestrian use while participating in a driving service?

Yes No

Interpretation: This standard applies to all participants engaged in center driving services. It is the center's responsibility to verify currency of ASTM-SEI or international equivalent approved protective equestrian helmets. Up-to-date helmet information can be verified by contacting SEI at www.SEInet.org (certified products, recreational sports, equestrian, equestrian helmets). It is also the center's responsibility to ensure that all helmets meet the respective manufacturers use, impact and expiration guidelines. Helmets should fit snugly and have the harness strap adjusted correctly. Helmets should not interfere with the participant's vision. It is recommended that participants also wear helmets during groundwork conducted with or near equines (e.g., grooming, tacking/harnessing, leading and ground driving.)

Compliance Demonstration: Visitor observation of center driving services, verification of ASTM-SEI or international equivalent tags in randomly selected helmets, and personnel interview.

***DA3 MANDATORY**

During a driving session, is there a means of attaching a lead rope to the equine?

Yes No

Interpretation: A lead rope should be available for ease of control by the header. This can be attached to any type of halter, a head collar with a ring or a ring attached to the noseband. It is important that this does not interfere with the bridle or bit. Lead ropes should be removed before driving commences. When the lead rope is not in use, the equine should be unattached.

Compliance Demonstration: Visitor observation of driving session.

DA4

Is there an implemented procedure to ensure that the vehicle is suitable for the participant?

Yes No

Interpretation: The motion provided by the suspension and balance of the vehicle should be appropriate for the participant. Vehicles should have a dashboard to protect participants from material thrown up by the equine's feet. Participants must be able to brace their feet or be otherwise supported and may need a footrest. Traditional vehicles with easy access may be used for semi-ambulatory participants. Those in wheelchairs may need specialized vehicles with loading ramps or lifts.

Compliance Demonstration: Visitor observation of vehicles and personnel description of procedures.

***DA5 MANDATORY**

Is there an implemented procedure to ensure that the equine is put to the vehicle prior to anyone entering the vehicle?

Yes No

Compliance Demonstration: Visitor observation of driving session.

***DA6 MANDATORY**

Are there implemented safety procedures that include the following:

1. **Address participant safety during entering and exiting each vehicle?**
2. **Address the specific needs of the participants?**
3. **Require the presence of the Professional Association of Therapeutic Horsemanship International Certified Driving Instructor?**

Yes No

Interpretation: Each program should establish procedures so that participants can quickly and safely enter and exit from each vehicle. These procedures will vary from vehicle to vehicle and should include, but not be limited to, the following:

1. The presence of a header at the equine's head
2. The presence of the able-bodied whip (ABW) in the vehicle prior to the participant entering and after the participant exits the vehicle
3. Any adaptations necessary for vehicles that are being used

These procedures should be reviewed and updated periodically.

Compliance Demonstration: Visitor observation of driving session and personnel interview.

***DA7 MANDATORY**

DNA (does not apply): For advanced independent drivers.

Is there an implemented procedure that the able-bodied whip (ABW) is in the vehicle and does the following:

1. **Holds the reins and takes control of the equine before the participant enters and remains in the vehicle until after the participant exits?**
2. **Has a second set of reins to take control of driving the equine during the session if needed?**

Yes No DNA

Interpretation: The control of the equine and vehicle should be safely maintained by the ABW while the participant enters and exits the vehicle. The header also assists while the participant enters and exits the vehicle. A second set of reins attached to the bit will enable the ABW to take control in case of an emergency or if the participant tires. Reins for the participant may be attached to the halter, terrets, saddle rings or bit depending on their skill level. Reins of a different color/type/texture/width for the ABW and the participant may be helpful for clearer identification.

Compliance Demonstration: Visitor observation of driving session.

DA8

DNA (does not apply): If there are never participants using a wheelchair in the vehicle.

1. **Is there an implemented procedure to ensure that the wheelchair occupant is secure in the wheelchair?**
2. **If needed, is the seat belt or harness a quick release type?**

Yes No DNA

Interpretation: A Velcro seat belt or similar type of harness may improve the stability and balance of the participant.

Compliance Demonstration: Visitor observation of driving session and personnel interview.

***DA9 MANDATORY**

DNA (does not apply): If there are never wheelchairs in the vehicle.

Are there implemented procedures that ensure the following:

1. **There is only one wheelchair at a time allowed in the driving vehicle?**
2. **The wheelchair is secured so that it cannot move in any direction?**
3. **Attendants understand how to secure and release the wheelchair from the driving vehicle?**

Yes No DNA

Interpretation: Multiple wheelchairs are not allowed in the driving vehicle at the same time, and while in the driving vehicle, wheelchair locks are required to be in the locked position. It is recommended that all methods for securing the wheelchair to the driving vehicle have a quick release mechanism. All attendants are required to understand how the quick release mechanism works as methods will vary with the construction of the vehicle.

Compliance Demonstration: Visitor observation of the wheelchair secured in the driving vehicle and personnel explanation of how the wheelchair is secured and released.

***DA10 MANDATORY**

DNA (does not apply): If power wheelchairs are never in the vehicle.

Are there implemented procedures that ensure safety considerations for power wheelchairs to include, but not be limited to, the following:

1. **Battery power off and battery safely encased or removed while wheelchair is in vehicle?**
2. **Appropriate larger size and stability of the vehicle?**
3. **Ability of equine and equipment to pull the considerably increased weight?**
4. **Adequate device for entering and exiting the vehicle?**

Yes No DNA

Interpretation: It is preferred that only manual wheelchairs are used in the driving vehicle due to the excessive weight of power chairs. The decision to use a specialized or power chair should be carefully thought out considering safety, the welfare of the equine, insurance and program policies.

Compliance Demonstration: Visitor observation of driving session and personnel interview.

DA11

Is there an implemented procedure for the PATH Intl. Certified Driving Instructor and able-bodied whip (ABW) to check the complete turnout prior to the driving session?

Yes No

Interpretation: The ABW should check the harness and vehicle and warm up the driving equine prior to the participant entering the vehicle in order to maximize safety during the session.

Compliance Demonstration: Visitor observation of driving session and personnel interview.

***DA12 MANDATORY**

Is there an implemented procedure for the Professional Association of Therapeutic Horsemanship International Certified Driving Instructor to verify the driving qualifications of the able-bodied whip (ABW) to include but not be limited to the following:

- **Is 18 years of age or older?**
- **Has at least 50 hours of experience driving equines in varied settings?**
- **Is trained in the use of the second set of reins and in assisting the participant while driving, if needed?**

Yes No

Interpretation: Competency of the ABW is vital. The ABW should also have good upper body strength and drive regularly in addition to the session within the program.

Compliance Demonstration: Visitor interview with driving instructor and ABW.

***DA13 MANDATORY**

DNA (does not apply): If able-bodied whip (ABW) has no impairment that limits their ability to respond to safety issues.

If the ABW has an impairment that limits their ability to respond to safety issues, is at least one other trained able-bodied person always in the vehicle?

Yes No DNA

Interpretation: For safety reasons, it is preferred that only one person with an impairment is in the vehicle at a time. Should it be necessary to use an ABW who also has an impairment that limits their ability to respond to safety issues, the vehicle is required to be able to carry at least one other trained person to assist as necessary.

Compliance Demonstration: Visitor observation of driving sessions and personnel description of procedure and equipment.

DA14

Is there an implemented written procedure to train personnel specifically for driving?

- **Personnel should be trained in offering assistance to the equine and participant as needed throughout the driving lesson.**
- **Personnel should be trained in procedures to handle the equine and quickly release them from the harness and vehicle in an emergency.**
- **Personnel should be instructed in the operation of all securing mechanisms and procedures for entering and exiting the vehicle.**

Yes **No**

Interpretation: Requirements for driving are different from other equine activities. Personnel need to know the language, precautions, procedures, equipment, etc.

Compliance Demonstration: Visitor observation of WRITTEN procedure and personnel interview .

DA15

Is there an implemented procedure to assign specifically trained volunteers and personnel in designated roles as needed in the driving program?

Yes **No**

Interpretation:

- An able-bodied whip (ABW) has a second set of reins and is always in the vehicle before the participant enters and after the participant exits. This may be, but does not have to be, the instructor.
- A header works with only one turnout, assists in the preparation of the equine and vehicle, stands at the equine's head with a lead rope attached while the vehicle is being entered or exited and takes control of the equine when needed.
- An assistant instructor may be needed for a group lesson.
- A sidewalker/spotter may need to be available to offer any additional assistance. Additional sidewalkers may need to be on the ground for beginning participants. Spotters may be an additional safety requirement for advanced whips. Volunteers on wheels may be needed on the trail.
- A wheelchair attendant may be needed who understands the wheelchair mechanisms and can assist the instructor with the entry and exit of the participant in a wheelchair from the driving vehicle.
- A person should be designated as the vehicle maintenance person for safety checks and should be knowledgeable in the care and maintenance of the driving vehicles.

Compliance Demonstration: Visitor observation of driving session and personnel interview.

DA16

Are trained headers present and available to assist at all times during driving sessions for each turnout?

Yes No

Interpretation: Headers should always be close enough to render immediate assistance.

Compliance Demonstration: Visitor observation of driving session and personnel interview.

DA17

Is there an implemented written procedure to ensure that the vehicle and driving terrain are suitable for the equine?

Yes No

Interpretation: The weight of an equine is generally the best guide for how much weight the equine can pull. The ratio of the weight of the equine to the weight of the vehicle and its load can vary from 1:1 for difficult terrain to 1:3 for walking on good flat surfaces. Other factors include the size and strength of the equine, the road surface and grade, equine shoes and traction, the vehicle, the type of work and the weather.

Compliance Demonstration: Visitor observation of driving area, WRITTEN procedure and personnel interview.

DA18

Do all driving services for participants whose reins are attached to the saddle, breast collar terrets or to the lead halter take place in an enclosed area free from other activities?

Yes No

Interpretation: Safety will be maximized if driving services for entry level students take place in an enclosed fenced area. The flat surface of the boards should be on the inside. Cable, pipe or barbed/smooth/electric wire are not recommended. Public roads are not recommended. Do not mix riders, or other activities, and drivers. A beginning participant's reins are attached to the saddle, breast collar terrets or to the lead halter.

Compliance Demonstration: Visitor observation of driving area and services and interview of personnel.

DA19

Is there an implemented written procedure that requires the regular inspection of the harness to ensure proper fit and maintenance?

Yes No

Interpretation: To ensure safety, the harness must be suitable, strong, fit correctly and be regularly maintained and inspected for condition of leather, stitching and wear points. Inspection records should be kept.

Compliance Demonstration: Visitor observation of WRITTEN documentation and personnel description of procedures.

***DA20 MANDATORY**

Is there an implemented written procedure that ensures the vehicle is regularly maintained?

Yes No

Interpretation: Vehicles should be inspected regularly for wear of parts, greasing of axles, loose nuts and tire wear. Maintenance records should be kept.

Compliance Demonstration: Visitor observation of WRITTEN documentation and personnel description of procedures.

DA21

Is the turnout equipped with a working auditory signal to get attention in case of an emergency?

Yes No

Interpretation: The presence of a cellular phone, bell or whistle can be necessary in the event of an emergency should more able-bodied assistance be needed. The signaling device can be on the able-bodied whip (ABW).

Compliance Demonstration: Visitor observation and verification of a working auditory signal.

Interactive Vaulting Standards

All centers must currently meet the ground activity (GA) standard. Equestrian Skill Standards can be found in the Service Section of the Standards Manual and apply to interactive vaulting services since the goal for the participant is to gain the equestrian skill of vaulting. To select an appropriate equine for interactive vaulting activities, review the Equine Selection Criteria for Interactive Vaulting found in the Guidelines section of the Standards Manual. If the goal of the vaulting service is to improve or change the health of the participant and is provided by a licensed health care professional along with a PATH International Certified Vaulting Instructor, the Medical, or Mental Health Standards would also apply.

***VA1 MANDATORY**

Is there <u>written</u> evidence that all vaulting sessions are conducted or directly supervised by a currently certified Professional Association of Therapeutic Horsemanship International Certified Vaulting Instructor?

Yes No

Interpretation: Current PATH Intl. Vaulting Instructor certification demonstrates compliance with this standard. The vaulting instructor must hold one level of PATH Intl. Riding Instructor certification before pursuing a PATH Intl. vaulting certification. "Directly supervising" means the instructor is at the activity site and is aware of and responsible for the program activity in the arena or on the premises.

Compliance Demonstration: Visitor observation of WRITTEN documentation of current certification.

***VA2 MANDATORY**

Do all participants wear a helmet certified by the American Society for Testing and Materials - Safety Equipment Institute (ASTM-SEI) or an international equivalent helmet for equestrian use while participating in interactive vaulting services?

If a participant is not using an ASTM-SEI or international equivalent equestrian helmet while participating in interactive vaulting services, is there written documentation meeting the Professional Association of Therapeutic Horsemanship International Guidelines for Non-Use of Helmets in Interactive Vaulting?

Yes No

Interpretation: This standard applies to all participants engaged in center interactive vaulting services. Helmets should fit snugly and have the harness strap adjusted correctly. Helmets should not interfere with the participant's vision. Professional Association of Therapeutic Horsemanship International Standards include mandatory standards for use of ASTM-SEI or international equivalent recognized safety helmets for equestrian use while mounted or driving. There has been some evidence that the use of helmets in higher level vaulting activities may be a safety concern. If a vaulter or a vaulting program is at the level of providing sport vaulting, then it is recommended that the program pursue sanctioning by a sport vaulting organization. However, there are some participants in interactive vaulting who might be at a higher skill level that might offer them opportunities to participate in higher level vaulting activities but are not yet ready for a sport vaulting program. It may be safer for these vaulters not to wear a helmet (as long as allowed by local laws). However, WRITTEN documentation for such a decision is necessary and must answer all the questions posed in the Guidelines for Non-Use of Helmets in Interactive Vaulting. It is recommended that participants wear helmets during groundwork conducted with or near equines (e.g., grooming, tacking, leading, lungeing).

Compliance Demonstration: Visitor observation of center interactive vaulting services, verification of ASTM-SEI or international equivalent tags in randomly selected helmets, WRITTEN documentation for all individuals not using helmets in interactive vaulting activities and personnel interview.

VA3

Does the center maintain <u>written</u> records indicating the vaulting equipment assigned to each equine participating in the interactive vaulting program?

Yes No

Interpretation: To ensure safety, the vaulting equipment is suitable, strong, fits correctly and is regularly maintained. The vaulting instructor/lungeur should be knowledgeable in the correct use of the equipment. Padding needs to be sufficient to protect the equine's back in relation to the weight of the vaulters and has sufficient density to block the vaulter's movements from causing pain to the equine. Some of the pain responses that might be displayed by the equine include wringing the tail, hollowing the back, pinning the ears, biting the air or grimacing. Consideration should be given to the use of the following vaulting equipment:

1. Type of bridle used, such as a smooth snaffle (such as an eggbutt or loose ring) with no more than two joints with a noseband. A full cheek or D-ring is not appropriate if using a long-line to the bit as it can interfere with effectiveness. A properly fitted lunge cavesson may be used in addition to or instead of a bridle.
2. Type of vaulting surcingle. Consideration should be given to choosing a flexible or non-flexible vaulting surcingle. The level of the vaulters will influence this decision along with the fit to the equine. The non-flexible surcingle is used for more demanding moves and should be treated just like a saddle with a tree that must be fit to the individual equine.
3. Type of side reins.
4. Type of padding that allows sufficient protection to the equine's back in relation to the weight of the riders.
5. Type of padding under the surcingle in the girth and wither areas of the equine.
6. Type of girth. A non-elastic girth is necessary to help keep the surcingle from moving.
7. Type of long-line. A web long-line with a non-swivel snap or clip is preferable.
8. Type of lunge whip. The lunge whip should be of sufficient length to reach the equine's hindquarters without the lungeur moving from the center of the circle.
9. Type of protective boots or wraps for the equine, as needed.

Compliance Demonstration: Visitor observation of WRITTEN records and personnel interview.

***VA4 MANDATORY**

Is an additional person present and available to assist at the activity site during all interactive vaulting sessions?

Yes No

Interpretation: The additional person may be needed to call for help or assist in an emergency.

Compliance Demonstration: Visitor interview of personnel and additional person; observation of an interactive vaulting session.

VA5

Is there an implemented policy for vaulter attire?

Yes No

Interpretation: For safety, comfort and welfare of the equine and vaulters, vaulting attire should be appropriate to the activity. The following attire is recommended:

- Good choices for footwear include lightweight canvas shoes, aqua socks, gymnastics or vaulting shoes. Poor choices include heeled and or heavy-treaded shoes, riding/paddock boots or sneakers.
- Long hair should be tied back.
- Clothing should fit snuggly. Loose clothing poses a safety concern.
- Jewelry should be left at home or removed and secured. Medical alert bracelets should be acknowledged, secured and covered.
- Food items, such as gum, should be removed from the mouth.

Compliance Demonstration: Personnel explanation of policy; observation of an interactive vaulting session.

***VA6 MANDATORY**

Does the center have a written policy that sets a maximum limit for each equine of no more than six lungeing/vaulting sessions of 60 minutes each per week, with a minimum of six hours between sessions?

Yes No

Interpretation: Interactive vaulting places additional stress on the equine. The equine is required to work on a circle, in balance, with vaulter(s) performing movements that require additional balance reactions by the equine. Because of these additional requirements, it is necessary to adjust the equine usage from the core standard describing equine work-load limits. The equine's condition, pace and types of riders all enter into this decision. Some equines may not be conditioned sufficiently to maintain the outlined requirements. A record should be kept of the number of hours and in what capacity each equine works, whether it is ground, mounted, driving, interactive vaulting, hippotherapy as a treatment strategy, tandem hippotherapy as a treatment strategy, psychotherapy, counseling, learning sessions, etc., so that the daily working sessions of each equine can be adjusted to not over-extend the equine. A working session is a period of continuous service without any lengthy breaks. Climate, equine conditioning and center services vary considerably from center to center and should be considered when determining equine scheduling. A break for an equine would be time without tack or other equipment where the equine is not tied but allowed to move freely in a pen, stall, pasture or other area and has access to water. Given that interactive vaulting can be a stressful activity for an equine, consideration should be given to a lighter schedule for that equine on interactive vaulting days.

Compliance Demonstration: Visitor observation of WRITTEN policy and personnel description of scheduling procedures.

***VA7 MANDATORY**

Does the equine training and conditioning program for interactive vaulting also include the following:

1. **Lungeing?**
2. **Equipment specific to interactive vaulting?**
3. **Mounted gymnastic exercises?**
4. **Continued conditioning?**
5. **Ongoing training to varied vaulting exercises and movement games on and around the equine?**

Yes No

Interpretation: An interactive vaulting equine is one that is obedient on the long-line and can maintain a circle while in balance at all of the gaits being requested. A progressive training and conditioning program is one that allows the equine to build skills based on previous training sessions. Strength and endurance must be developed over a period of time for the equine to become comfortable performing the work that is being asked. The equipment and activities used are specific to the discipline and require additional training to ensure safety.

Compliance Demonstration: Visitor interview and personnel description of training and conditioning program.

VA8

Does the interactive vaulting area have a radius of at least 30 feet (9.14m), allowing a lungeing circle of 60 feet (18.28m), and is there a minimum ceiling clearance of 16 feet (4.88m)?

Yes No

Interpretation: In determining activity area or arena size, consideration should be given to the activities/ treatments being offered, number of equines, skill levels of participants, need for additional volunteers, and number and size of equipment and activity props.

Compliance Demonstration: Visitor observation of interactive vaulting area.

VA9

Is there an implemented procedure for volunteer and personnel training specific to the needs of interactive vaulting?

Yes **No**

Interpretation: Additional skills are required of volunteers and personnel participating or assisting in interactive vaulting. These skills are in addition to the training for equine-assisted services and may include, but are not limited to, instructions in vaulting exercises, gymnastics, group dynamics, emergency response and spotting.

Compliance Demonstration: Visitor interview with personnel; observation of the interactive vaulting session.

Ground Standards

***GA1 MANDATORY**

Is there <u>written</u> evidence that all ground sessions are conducted or directly supervised by an individual holding a current Professional Association of Therapeutic Horsemanship International recognized certification in the specific equine activity and service being held?

Yes No

Interpretation: In the absence of a PATH Intl. recognized certification specific to a particular equine-assisted activity, a current PATH Intl. Certified (Advanced or Master) Therapeutic Riding Instructor Level Certification demonstrates compliance with this standard. "Directly supervised" means the instructor is at the activity site and is aware of and responsible for the program activity and service in the arena or on the premises.

Compliance Demonstration: Visitor observation of WRITTEN documentation of current certification.

PATH
INTERNATIONAL
Professional Association of Therapeutic Horsemanship International

PATH International Service Standards

Service Standards: **Service Standards are concerned with goals or outcomes for the participant. Centers may find more than one service that describes the goals of participants in their programs. If one or more of these service areas are part of a center's programs, the center should comply with the appropriate Service Standards in addition to the Core Standards.**

Equestrian Skill Standards: **Equestrian Skill (ESK) Services are services where the goal or outcome for the participant is to gain a horsemanship skill. These skills may be in the area(s) of riding, driving, vaulting or ground skills.**

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PATH INTERNATIONAL
Professional Association of Therapeutic Horsemanship International

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Mental Health Standards: Mental Health (MH) Services are services where the goal or outcome for the participant is a mental health change for the participant. Mental Health Services are always provided by a licensed, credentialed mental health care professional and include equine-assisted psychotherapy/equine-assisted counseling. These standards apply to centers that have any role in the mental health session regardless if the mental health care professional is contracted or is an employee of the center. If the center provides horses, arena space, volunteers and/or PATH Intl. Certified Instructors or Equine Specialists in Mental Health and Learning, then the center is conducting a mental health service and must comply with these standards.

Medical Standards: Medical (M) Services are services where the goal or outcome for the participant is a medical change for the participant. Medical Services are always provided by a licensed, credentialed health care professional and include therapy and rehabilitative services. These standards apply to centers that have any role in the medical session regardless if the health care professional is contracted or is an employee of the center. If the center provides horses, arena space, volunteers and/or PATH Intl. Certified Instructors or Equine Specialists in Mental Health and Learning, then the center is conducting a medical service and must comply with these standards.

Equestrian Skills Standards

ESK1

Is there an implemented procedure that requires an initial written evaluation of each new participant that is readily available on-site?

Yes No

Interpretation: Each new participant should be evaluated to establish an initial profile of abilities upon which the goals and objectives for each participant will be based.

Compliance Demonstration: Visitor observation of randomly selected WRITTEN evaluations and personnel description of evaluation procedure.

ESK2

Is there an implemented procedure that requires written records of participant progress and other activities readily available on-site?

Yes No

Interpretation: Progress notes enable the instructor/equine specialist in mental health and learning to document the participant's achievements and problem areas. It provides a method to re-evaluate and build upon previous goals and objectives. It is recommended that a written update of progress be maintained on a regular basis. Activities may include participation at horse shows, field trips, summer camp, stable management, etc.

Compliance Demonstration: Visitor observation of randomly selected WRITTEN participant progress and activity files; personnel description of procedure.

Mental Health Standards

***MH1 MANDATORY**

Is there <u>written</u> evidence that the mental health professional who provides direct treatment therapy services is credentialed, licensed, certified or registered in their specific discipline to legally provide services in accordance with the scope of that credential in the jurisdiction in which services are delivered?

Yes No

Interpretation: Legal requirements for the practice of psychotherapy and/or mental health counseling vary from state to state in the United States and abroad. Depending on the requirements and guidelines within a specific jurisdiction, there are times that mental health services may be provided by an individual working toward their credentials, licensure, certification or registration under the supervision of a licensed therapist or counselor. This is in accordance with the state (country) regulations governing the practice of psychotherapy and/or mental health counseling. The requirement that therapists and/or counselors be licensed, registered or certified in the state, province or country in which they practice reflects the standard of practice established in the particular state, province or country in which they reside. It is critical to realize that the supervising therapist and/or counselor is ultimately responsible for the provision of these services in the therapy/counseling session. It is the responsibility of the center to provide the necessary documentation of the ability to independently provide services in order to comply with its state and country laws and this standard.

Compliance Demonstration: Visitor observation of WRITTEN documentation of all professional licenses.

***MH2 MANDATORY**

DNA (does not apply): If professional liability insurance is not available in the jurisdiction in which operating.

Is there written evidence that the mental health professional who provides direct treatment therapy services maintains current professional liability insurance?

Yes No DNA

Interpretation: Legal requirements for professional liability insurance for the practice of psychotherapy and/or mental health counseling vary from state to state in the United States and abroad. It is the responsibility of the center to provide the necessary documentation of the ability of the mental health professional to independently provide services in order to comply with its state and country laws and this standard. Professional liability insurance coverage may be provided by the mental health professional, the center or other contracted organizations that employ or contract with the mental health professional. The mental health professional must be listed on the policy to comply with this standard.

Compliance Demonstration: Visitor observation of WRITTEN professional liability insurance documents.

MH3

Is there a written agreement between the center and the licensed, credentialed mental health professional who is providing direct treatment therapy services at the center?

Yes No

Interpretation: The professional, whether a paid employee, a contractor or an unpaid provider, should have a written agreement that clearly delineates the relationship between the provider and the center. The contract may include performance expectations, compensation, responsibility for professional and general liability coverage, length of employment, contract or donation of services, tax responsibilities, termination guidelines, reference to job description, billing guidelines and other personnel policies. Legal counsel should be consulted in regard to these and other possible provisions, such as releases of liability and indemnification language.

Compliance Demonstration: Visitor observation of WRITTEN agreements or contracts.

***MH4 MANDATORY**

During all equine-assisted psychotherapy/equine-assisted counseling (EAP/EAC) sessions:

1. **Is a PATH Intl. Equine Specialist in Mental Health and Learning (ESMHL) present?**
2. **When conducting a mounted, driving and/or vaulting EAP/EAC session, are both a PATH Intl. Certified Instructor appropriate for the activity and a PATH Intl. ESMHL present?**

Yes No

Interpretation: The ESMHL must be present during all EAP/EAC sessions provided during any type of equine activity. Additionally, a PATH Intl. instructor certified in the appropriate activity must be present for all driving, mounted and vaulting EAP/EAC sessions. One individual may be dual certified as ESMHL and certified instructor.

Compliance Demonstration: Visitor observation of the treatment/counseling session and WRITTEN documentation of certification.

MH5

Is there an implemented procedure in practice to assess and address the supervision and consultation needs of the PATH Intl. Certified Instructor, PATH Intl. Certified Equine Specialist in Mental Health and Learning (ESMHL), the mental health professional and the equine-assisted psychotherapy/equine-assisted counseling (EAP/EAC) assistants?

Yes No

Interpretation: Clinical supervision provides all those involved with the treatment process an opportunity to share, explore and address issues related to countertransference (i.e., personal feelings that arise during client contact) as well as to process issues related to treatment provision (e.g., problem-solving to modify a treatment approach and to consistently implement the plan). The amount of supervision is left to the center and professional after the procedure to assess and address that the clinical need for such supervision has been carried out.

Compliance Demonstration: Personnel description of procedure.

***MH6 MANDATORY**

Does the facility include a private area suitable for conducting a confidential interview or processing session with equine-assisted psychotherapy/equine-assisted counseling or mental health participants?

Yes No

Interpretation: It is essential that the mental health professional and participant have a private space to meet. This space may be needed for a participant who is unable/unwilling to participate in equine activities, is decompensating physically or behaviorally or just needs a confidential place to process or share feelings. The space does not have to be an office but should offer a place to sit down and have a private conversation.

Compliance Demonstration: Visitor observation of the area that is used for interviewing/processing.

MH7

Is there written consent for evaluation and treatment specific to psychotherapy/counseling available on-site for each client?

Yes No

Interpretation: The legal and ethical practice of psychotherapy/counseling requires formal, written agreements between the participant (or their legal guardian) and the therapist prior to treatment being initiated.

Compliance Demonstration: Visitor observation of randomly selected WRITTEN consent for evaluation and treatment documents.

MH8

Are the following documents maintained for each participant?

- **A prescription from a physician IF required by the therapist's practice act, local laws or regulations?**
- **A comprehensive written initial assessment including screening for precautions and contraindications?**
- **A written treatment plan that includes long- and short-term goals reflective of the type of therapy (psychotherapy/counseling)?**
- **Written progress notes, completed on a regular basis, that reflect the treatment and its modifications based on the response of the participant?**
- **Written periodic review and re-evaluations completed on a regular basis that update the goals and treatment plan and make recommendations for further treatment, discharge or transition into another program?**

Yes No

Interpretation: Participant documentation will reflect the practice act of the counselor's/mental health professional. The initial assessment should make note of specifics necessary for therapy, such as chief complaint, psychosocial history for mental health treatment, symptom assessment and diagnostics. The treatment plan specifies the needs of the participant, goals of treatment, therapeutic strategy and time frames for achievement. The treatment plans should indicate that reviews and updates are occurring regularly and reflect progress made toward goals. Due to confidentiality, a contract therapist may complete a medical records maintenance form if records are maintained off-site.

Compliance Demonstration: If records are maintained on-site, visitor observation of randomly selected WRITTEN participant records of each mental health professional involved in direct service therapy. If records are not maintained on-site, visitor observation of medical record maintenance compliance form signed by each mental health professional.

***MH9 MANDATORY**

Is there an implemented procedure that requires written documentation that personnel and volunteers are:

1. **Assessed for ability to work with particular participants or participant populations?**
2. **Consistently involved in the equine-assisted psychotherapy/equine-assisted counseling (EAP/EAC) program?**
3. **Oriented to the equine-assisted psychotherapy/equine-assisted counseling program?**
4. **Oriented to the needs of the specific participants whom they assist?**
5. **Involved in post-session processing with the mental health professional, PATH Intl. Certified Instructor, PATH Intl. Certified Equine Specialist in Mental Health and Learning and other pertinent people?**

Yes No

Interpretation: The practice of EAP/EAC may necessitate the inclusion of specially screened and trained volunteers or personnel. Because of the nature of EAP/EAC programs, it is necessary for the volunteers or personnel to be thoroughly knowledgeable and experienced to provide the standard of service required in an EAP/EAC program. This includes a maturity level that must be assessed for appropriate behavior and conduct during EAP/EAC sessions. To obtain and maintain this standard, personnel and volunteers must receive additional and ongoing training. They should be thoroughly oriented to the program's philosophy, mission/vision statements, intake criteria, cancellation policies, administrative structure/lines of communication and other related program components.

EAP/EAC assistants should also receive very specific information related to participant-centered issues, such as participant behaviors, treatment plans and confidentiality policies (e.g., treatment goals, behavioral modification programs, early signs of behavioral escalation, medication side effects, appropriate personal boundaries—physical, emotional, social). Consistency and commitment from the EAP/EAC assistants are necessary in order to provide stability of treatment to the clients. Post-session processing enables the team to review the session in order to address issues and concerns and plan for the future.

Compliance Demonstration: Visitor observation and interview; observation of randomly selected WRITTEN documents.

Medical Standards

***M1 MANDATORY**

Is there written evidence that the health professional who provides direct treatment therapy services is credentialed, licensed, certified or registered in their specific discipline to legally provide services in accordance with the scope of that credential in the jurisdiction in which services are delivered?

Yes No

Interpretation: Therapists incorporating hippotherapy as a treatment strategy into their practice have traditionally been physical therapists, occupational therapists and speech and language pathologists. However, utilizing equine movement as a treatment strategy may also be practiced by other licensed, registered or certified health professionals with a strong background in posture, movement, neuromotor function and sensory processing. Hippotherapy as a treatment strategy may also be utilized by certified therapist assistants (PTAs, COTAs and SLPAs) under the supervision of registered therapists in their respective fields and in accordance with the state (country) regulations governing the practice of OT, PT and SLP. The requirement that PTAs, COTAs and SLPAs be licensed, registered or certified in the state, province or country in which they practice reflects the standard of practice established in the particular state, province or country in which they reside. It is critical to realize that the supervising PATH Intl. Registered PT, OT or SLP is ultimately responsible for the provision of these services in the therapy session. It is the responsibility of the center to provide the necessary documentation of the ability of the health professional to independently provide services in order to comply with its state and country laws and this standard.

Compliance Demonstration: Visitor observation of WRITTEN documentation of all health professional licenses.

***M2 MANDATORY**

DNA (does not apply): If professional liability insurance is not available in jurisdiction in which operating.

Is there written evidence that the health professional who provides direct treatment therapy services maintains current professional liability insurance?

Yes No DNA

Interpretation: Legal requirements for professional liability insurance for the practice of direct treatment therapy vary from state to state in the United States and abroad It is the responsibility of the center to provide the necessary documentation of the ability of the health professional to independently provide services in order to comply with its state and country laws and this standard. Professional liability insurance may be provided by the health professional, or by the center or other contracted organization policy that employs or contracts with the health professional. The individual health professional must be listed on the policy to comply with this standard.

Compliance Demonstration: Visitor observation of WRITTEN professional liability insurance documents.

M3

Is there a written agreement between the center and the licensed, credentialed and/or health professional who is providing direct treatment therapy or rehabilitative services at the center?

Yes No

Interpretation: The professional, whether a paid employee, a contractor or an unpaid provider, should have a written agreement that clearly delineates the relationship between the provider and the center. The contract may include performance expectations, compensation, responsibility for professional and general liability coverage, length of employment, contract or donation of services, tax responsibilities, termination guidelines, reference to job description, billing guidelines and other personnel policies. Legal counsel should be consulted in regard to these and other possible provisions, such as releases of liability and indemnification language.

Compliance Demonstration: Visitor observation of WRITTEN agreements or contracts.

***M4 MANDATORY**

Is there <u>written</u> evidence that the therapist/health professional, PTA, COTA and/or SLPA who provides direct treatment therapy services is a PATH Intl. Registered Therapist or a Hippotherapy Clinical Specialist (HPCS), or is there an implemented policy that the PATH Intl. Registered Therapist or HPCS supervises the incorporation of the equine in the treatment session conducted by non-PATH Intl. Registered Therapists?

Yes No

Interpretation: The PATH Intl. Registered Therapist or HPCS is responsible for evaluating the skills of the therapists or other health professionals, including certified therapist assistants (PTAs, COTAs and SLPAs) who are integrating equine movement as a treatment strategy within direct treatment therapy services. A PATH Intl. Registered Therapist or HPCS has received specialized training to incorporate the equine as a component of treatment in their respective area of expertise in order to participate in and provide a safe and effective therapy session. It is the responsibility of the PTA, COTA and/or SLPA and the supervising therapist/heath professional to adhere to regulations of their jurisdiction.

Compliance Demonstration: Visitor observation of session, personnel explanation of implemented supervision policy and observation of WRITTEN documentation of therapist/health professional, PTA, COTA and/or SLPA certifications.

***M5 MANDATORY**

DNA (does not apply): If the only health professionals providing direct treatment therapy services are PATH Intl. Registered Therapists or HPCS.

Is there <u>written</u> evidence that any health professional providing direct treatment therapy services has received training in the principles of incorporating equines as a treatment strategy, equine movement and equine behavior, if they have not completed the requirements for PATH Intl. Registered Therapist or HPCS designation?

Yes No DNA

Interpretation: A non-PATH Intl. Registered Therapist or other health professional must have adequate training to participate in and provide a safe and effective therapy session incorporating equines. This training can be completed by meeting the requirements to become a PATH Intl. Registered Therapist, by training provided by a hippotherapy clinical specialist (HPCS) or current PATH Intl. Registered Therapist, or current PATH Intl. Certified Instructor or other professional who has received equine training. Written evidence such as dates of completion of the training and who provided the training should be part of the log.

Compliance Demonstration: Visitor observation of WRITTEN evidence of therapist/health professional training in the principles of incorporating equines as a treatment strategy, equine movement and equine behavior.

***M6 MANDATORY**

DNA (does not apply): If there is not a PTA, COTA or SLPA providing direct treatment therapy services.

Is there a written policy that certified therapist assistants (PTAs, COTAs and/or SLPAs) are supervised pursuant to jurisdictional requirements by a therapist who is a PATH Intl. Registered Therapist or hippotherapy clinical specialist (HPCS) in their respective field and who has evaluated and developed a treatment plan according to the laws of the respective jurisdiction?

Yes No DNA

Interpretation: It is the responsibility of the supervising PATH Intl. Registered Therapist or HPCS to develop the treatment plan of any participants who receive treatment by a PTA, COTA and/or SLPA. It is the responsibility of the PTA, COTA and/or SLPA and the supervising therapist/heath professional to adhere to regulations of their jurisdiction. Requirements for documentation and frequency of supervision may vary according to the laws of their jurisdiction.

Compliance Demonstration: Visitor observation of WRITTEN policy on PTA, COTA, SLPA and/or supervision.

***M7 MANDATORY**

Is the health professional who is providing direct service either an appropriately PATH Intl. credentialed individual or is assisted by an appropriately PATH Intl. credentialed individual during all equine-related treatment sessions and is there written certification documentation?

Yes No

Interpretation: For mounted sessions where a PT, OT and/or SLP is utilizing equine movement, PATH Intl. credentials are certification at one of three levels of therapeutic riding instructor. See Glossary for definition of "direct service health professional" and "assist." One individual may be dually certified as a licensed therapist/health professional and PATH Intl. credentialed instructor and may serve in both capacities.

Compliance Demonstration: Visitor observation of the treatment session and WRITTEN current certification documentation.

M8

Is there implemented written procedures for training the therapist/team members that include the following:

1. **Orientation to the policies and procedures regarding hippotherapy as part of the treatment strategy?**

2. **Hands-on training:**
   a. **Rehearse emergency procedures?**
   b. **Rehearse safety procedures?**
   c. **Transitions on and off the equine?**
   d. **Practice participant handling techniques?**
   e. **Practice equine handling techniques?**
   f. **Rehearse a mock therapy session to ensure a coordinated team approach prior to participant participation?**

Yes No

Interpretation: In part 1, policies and procedures regarding hippotherapy as part of the treatment strategy may include philosophy of the pro- gram, vision statement, intake and discharge criteria, fee schedules, cancellations, weight and size limits of participant, behavior management issues, administrative structure/lines of communication, releases of liability and informed consent forms.

In part 2:a, emergency procedures may include a fall from an equine, seizures, an injury from a kick, acute illness, fire and emergency dismounts in all treatment situations such as when utilizing leading/ long-lining/tandem hippotherapy.

In part 2:b, safety procedures may include approaching equines, restraining the equine for grooming and tacking, working around the equine, checking condition of the equipment, checking the fit and security of the equipment on the equine, transitioning participants on and off the equine, stabilizing the participant on the equine, introducing extraneous pieces of equipment to the equine/participant during the lesson (e.g., balls, rings, towels, etc.).

In part 2:d, participant handling techniques may include lifting and carrying, transitioning on and off the equine including handing off a participant to an already mounted therapist/health professional/COTA/ PTA when incorporating tandem hippotherapy as a treatment strategy, stabilizing the participant on the equine, therapeutic handling techniques when the therapist cannot be the person mounted behind the participant when incorporating tandem hippotherapy, facilitating and inhibiting techniques and other treatment techniques.

In part 2:e, equine handling techniques relevant to incorporating equine movement in a therapy session may include leading by halter or bridle, lungeing and long-lining.

Compliance Demonstration: Visitor observation of WRITTEN documents and materials. Personnel description of orientation and hands-on training.

***M9 MANDATORY**

Is there an implemented procedure to ensure that the equine handler during all therapy sessions has received training specific to the needs of hippotherapy as a treatment strategy?

Yes No

Interpretation: In this instance the equine handler is the person in charge of handling the equine during a therapy session where the therapist is incorporating equine movement. The person should have extra training in handling equines specifically for working with a PT, OT or SLP in a treatment session and recognizing signs of stress in equines.

Compliance Demonstration: Visitor observation of therapy session incorporating hippotherapy as a treatment strategy and personnel interview.

M10

Are the following documents maintained for each participant?

1. **A prescription from a physician IF required by the therapist's/health professional's practice act, local laws or regulations?**
2. **A comprehensive written initial assessment including screening for precautions and contraindications?**
3. **A written treatment plan that includes long- and short-term goals reflective of the type of therapy?**
4. **Written progress notes, completed on a regular basis, that reflect the treatment and its modifications based on the response of the participant?**
5. **Written periodic review and re-evaluations completed on a regular basis that update the goals and treatment plan and make recommendations for further treatment, discharge from therapy or transition into another program?**

Yes No

Interpretation: Participant documentation will reflect the practice act of the therapist's/health professional's respective profession. The initial assessment should make note of specifics necessary for each type of therapy, such as chief complaint, history, symptom assessment and diagnostics. The treatment plan specifies the needs of the participant, goals of treatment, therapeutic strategy and a timeline for achievement of those goals. The treatment goals and plans should indicate that reviews and updates are occurring regularly and reflect progress made toward stated goals. Evaluations, long- and short-term goals and the implementation of treatment principles may differ based on the educational background of the therapist/health professional. Due to confidentiality, a contract therapist may complete a medical records maintenance compliance form if records are maintained off-site.

Compliance Demonstration: If records are maintained on-site, visitor observation of randomly selected WRITTEN participant records of each therapist/health professional involved in direct service therapy. If records are not maintained on site, visitor observation of medical record maintenance compliance form signed by each therapist/health professional.

M11

DNA (does not apply): If the center does not offer tandem hippotherapy as a treatment strategy and/or the individual providing the participant handling is the licensed therapist/health professional.

Is there <u>written</u> evidence that the certified therapist assistant (COTA/PTA/SLPA) providing participant handling in the session incorporating tandem hippotherapy:

1. **Has been trained in the use of therapeutic handling for utilizing tandem hippotherapy as a treatment strategy?**
2. **Is under the direct supervision of the therapist/health professional during all sessions?**

Yes No DNA

Interpretation: In order for treatment to be effective, the individual providing the participant handling should have sufficient knowledge and skill to facilitate the participant's progress according to the treatment plan. The therapist must directly supervise this individual during all sessions in which tandem hippotherapy is used as a tratment strategy in accordance with their state practice act. Written evidence of training and supervision can be demonstrated by signed statements or patient records.

Compliance Demonstration: Visitor observation of therapy session where tandem hippotherapy is incorporated as a treatment strategy, interview of personnel and visitor observation of WRITTEN evidence of training and supervision.

M12

DNA (does not apply): If the center does not offer tandem hippotherapy as a treatment strategy.

Is there <u>written</u> documentation of the following:

1. **The rationale for the use of tandem hippotherapy as a treatment strategy rather than other treatment strategies to address specific treatment goals?**
2. **Periodic re-assessment of the ongoing need for tandem hippotherapy as a treatment strategy?**

Yes No DNA

Interpretation: Utilizing tandem hippotherapy as a treatment strategy has potential for increased stress on the equine and increased risk for the participant and therapist/health professional or certified therapist assistant (COTA/PTA/SLPA). There needs to be written justification that tandem hippotherapy as a treatment strategy is the only option for treatment and that the potential benefit will outweigh the potential risk. In addition, significant participant progress is essential to justify the ongoing use of tandem hippotherapy as a treatment strategy.

Compliance Demonstration: Visitor observation of WRITTEN documentation of rationale for treatment and re-assessment of the participant.

M13

DNA (does not apply): If the center does not offer tandem hippotherapy as a treatment strategy.

Are there written implemented procedures to ensure that a therapy session where tandem hippotherapy is utilized as a treatment strategy has the following:

1. **A team that includes a leader, two sidewalkers and the therapist/health professional or certified therapist assistant (COTA/PTA/SLPA) if the equine is led (personnel to participant ratio of 4:1); an equine handler, header, two sidewalkers and the therapist/health professional or COTA/PTA/ SLPA if the equine is long-lined (5:1)?**
2. **The therapist/health professional or COTA/PTA/SLPA is not responsible for the equine?**
3. **The sidewalkers who are matched in height and strength to the size of the participant, therapist/health professional or COTA/PTA/SLPA and equine?**

Yes No DNA

Interpretation: The responsibility of the therapist/health professional or COTA/PTA/SLPA is the safety and handling of the participant, not the control of the equine. The responsibility of the equine handler is the safe control of the equine. For the safety and comfort of all concerned, it is recommended that the sidewalkers' shoulders are equal to or taller than the hips of the therapist/health professional or COTA/PTA/SLPA when the therapist/health professional or COTA/PTA/SLPA is on the equine.

Compliance Demonstration: Visitor observation of WRITTEN procedures, interview with personnel and visitor observation of a therapy session where tandem hippotherapy is incorporated as a treatment strategy.

M14

DNA (does not apply): If the center does not offer tandem hippotherapy as a treatment strategy.

Is there written evidence in a therapy session utilizing tandem hippotherapy as a treatment strategy of the competence of the therapist/health professional or certified therapist assistant (COTA/PTA/SLPA) on the equine, demonstrating a well-aligned, secure seat and position at all times, during the following:

1. **Riding at a walk, trot and canter with and without stirrups?**
2. **Sitting at a walk in the tandem position (behind the equine's center of gravity) while being led or long-lined during changes of pace, serpentines, figure of 8 and transitions to and from halt?**

Yes No DNA

Interpretation: Evidence of riding ability may include, but is not limited to, PATH Intl. certification at the advanced level; US Pony Club C-level or higher; comparable CHA certification; or a letter from another instructor who has PATH Intl. advanced certification, US Pony Club C-level status or Certified Horsemanship Association (CHA) comparable certification who has observed the therapist/health professional or COTA/PTA/SLPA demonstrate the above listed skills, in person or by video.

Compliance Demonstration: Visitor observation of WRITTEN documentation and interview of personnel.

M15

DNA (does not apply): If the center does not offer tandem hippotherapy as a treatment strategy.

Is there a written implemented policy in practice for participants who are deemed clinically appropriate for utilizing tandem hippotherapy as a treatment strategy that includes the following:

1. **The combined weight of the equipment, participant and therapist/health professional or certified therapist assistant (COTA/PTA/SLPA) does not exceed 20% of the equine's weight?**
2. **The participant participating in tandem hippotherapy as a treatment strategy with helmet is not taller than the chin of the therapist/health professional or COTA/PTA/SLPA when mounted?**
3. **The participant does not exceed the weight of the therapist/health professional or COTA/PTA/SLPA?**
4. **The participant demonstrates physical behaviors (voluntary or involuntary) that can be safely managed by the therapist/health professional or COTA/PTA/SLPA?**
5. **The participant or parent/guardian signs an informed consent acknowledging the inherent risk of a utilizing tandem hippotherapy as a treatment strategy session?**

Yes No DNA

Interpretation: As the combined weight and positions of the participant and therapist/health professional or COTA/PTA/SLPA greatly increases stress on the equine's back and loin area, there should be a determined limit based on the equine's conformation, condition and the generally accepted figure of 20% of the equine's weight. A 1,000 pound horse, for example, should not carry more than 200 pounds of combined weight, assuming good conformation and conditioning. The height limitation for the participant helps to prevent injury to the face and head of the therapist/health professional or COTA/PTA/SLPA should the participant's head move quickly backwards. This also helps to ensure that the size and weight of the participant is within the ability of the therapist/health professional or COTA/PTA/SLPA to safely handle. Physical movements and behaviors, such as extensor thrust, tantrums, flailing, etc., that are unable to be managed safely by the therapist or COTA/PTA/SLPA would be a contraindication for the use of tandem hippotherapy as a treatment strategy. The participant's family and treatment team needs to make an informed decision about participation in a session utilizing tandem hippotherapy as a treatment strategy due to the increased risk of this activity.

Compliance Demonstration: Visitor observation of WRITTEN policy and signed forms, personnel description and visitor observation of therapy session where tandem hippotherapy is incorporated as a treatment strategy.

***M16 MANDATORY**

DNA (does not apply): If the center does not offer tandem hippotherapy as a treatment strategy.

Is there written documentation of an implemented procedure that establishes equine workload limits for when tandem hippotherapy is utilized as a treatment strategy that conforms to the following:

1. **Limits each therapy session that incorporates tandem hippotherapy as a treatment strategy to a maximum of 30 minutes inclusive of transitioning onto and off the equine?**
2. **Schedules therapy sessions that incorporate tandem hippotherapy as a treatment strategy on non-consecutive days?**
3. **Allows no more than two therapy sessions that incorporate tandem hippotherapy as a treatment strategy per day in non-continuous sessions?**
4. **Limits involvement in other EAS on the same day the equine is involved in a therapy session that incorporates tandem hippotherapy as a treatment strategy?**

Yes No DNA

Interpretation: Utilizing tandem hippotherapy as a treatment strategy can be a stressful activity for an equine. A record should be kept of the number of times the equine works in therapy sessions incorporating tandem hippotherapy as a treatment strategy and in other capacities. Consideration should be given to a lighter schedule for that equine on a day when tandem hippotherapy is utilized as a treatment strategy.

Compliance Demonstration: Visitor observation of WRITTEN documentation of equine workload procedure for when a therapy session utilizes tandem hippotherapy as a treatment strategy and personnel description of scheduling procedures.

M17

DNA (does not apply): If the center does not offer tandem hippotherapy as a treatment strategy.

Is there an implemented procedure for the use of tack in a therapy session incorporating tandem hippotherapy as a treatment strategy that ensures the following:

1. **The pad used to protect the equine's back is large and long enough to accommodate both the participant and the therapist/health professional or certified therapist assistant (COTA/PTA/SLPA) on the equine?**
2. **The pad is safely secured to the equine?**
3. **There is a handle/handhold accessible to the therapist/health professional or COTA/PTA/SLPA on the equine?**

Yes No DNA

Interpretation: Saddles, English or Western, are inappropriate for when utilizing tandem hippotherapy as a treatment strategy due to the displacement of the weight of the therapist/health professional or COTA/PTA/SLPA on the equine over the equine's loin area and the interference and possible cause for injury to the therapist or COTA/PTA/SLPA on the equine by the cantle of the saddle.

In utilizing tandem hippotherapy as a treatment strategy the protection of the equine's back is of prime importance. Size and length of the pads should cover the equine's back and sides so that the participant and the therapist/health professional or COTA/PTA/SLPA on the equine sit comfortably on the pads and not on the equine's back. The pad should be of a material sufficient to protect the equine's back with shock-absorbing and weight-distributing properties, with consideration given to the balance and position of the participant. For safety, the pad must be secured so that it does not slide.

In an emergency, the therapist/health professional or COTA/PTA/SLPA on the equine should have easy access to a secure handle, for balance, not to control the equine. Examples may be the handle of a surcingle, a properly fitting neck strap or other reliable tack.

Compliance Demonstration: Visitor observation and interview of personnel.

PATH International
Field Test Standards

PATH
INTERNATIONAL
Professional Association of Therapeutic Horsemanship International

2021 Field Test Standards

Explanation:
This standard was proposed by the PATH Intl. Standards Task Force and reflects the requirements of M6 (previously MMH6) in the medical standards. Those doing mental health activities have seen cases where counseling students work with the therapist doing their required hours and the student would be providing the direct treatment under the supervision of the therapist. Not all programs that offer mental health services have students so it should be included with a DNA. If it passes it will be placed in the Service Section under Mental Health.

***FTS1 MANDATORY**

DNA (does not apply): If there are only credentialed, licensed and/or registered mental health professionals providing direct treatment therapy services in an equine-assisted psychotherapy or equine-assisted counseling program.

Is there a written policy that individuals providing mental health services who are not credentialed, licensed and/or registered therapists or counselors are supervised pursuant to jurisdictional requirements by a therapist who is a credentialed, licensed and/or registered mental health professional in their respective field and who has evaluated and developed a treatment plan according to the laws of the respective jurisdiction?

Yes No DNA

Interpretation: It is the responsibility of the supervising mental health professional to develop the treatment plan of any participants who receive treatment by an individual who is not credentialed, licensed or registered to provide mental health services according to the laws of the respective jurisdiction. It is the responsibility of the individual and the supervising mental health professional to adhere to regulations of their practice act and jurisdiction. Requirements for documentation and frequency of supervision may vary according to the laws of the jurisdiction.

Compliance Demonstration: Visitor observation of WRITTEN policy on mental health services supervision.

Explanation:
This standard was proposed by the PATH Intl. Standards Task Force and reflects the training requirements of M8 (previously MMH10) in the medical standards. It was written to reflect the same wording of the training required by physical therapists, occupational therapists or speech/language pathologists teams incorporating equine movement as a treatment strategy. As a best practice, specific training for the mental health team is just as important as the training required of the therapist team incorporating equine movement and that the wording should be similar. The PATH Intl. Program and Standards Oversight Committee supports this standard. If it passes it will be placed in the Service Section under Mental Health.

FTS2

Are there implemented <u>written</u> procedures for training the mental health counselor/mental health professional team members that include the following:

1. **Orientation to the equine-assisted psychotherapy/equine-assisted counseling (EAP/EAC) program's policies and procedures?**
2. **Hands-on training to include:**
   a. **Rehearsal of emergency procedures?**
   b. **Rehearsal of safety procedures?**
   c. **Transitions on and off the equine if mounted?**
   d. **Practice participant handling and communication techniques?**
   e. **Practice equine handling techniques?**
   f. **Rehearsal of a mock session to ensure a coordinated team approach prior to patient participation?**

Yes No

Interpretation: In part 1, EAP/EAC program policies and procedures may include philosophy of the program, intake and discharge criteria, fee schedules, cancellation policies, behavior management issue handling, administrative structure/lines of communication, liability release and consent form collection.

In part 2:a, Emergency procedures may include medical emergencies, acute illness, injury from an equine kick or bite, when to dial emergency services and evacuation procedures from facility.

In parts 2:b, c, d, Safety procedures may include, but are not limited to, how to approach and move around an equine(s) during an EAP/EAC session. If mounted EAP/EAC is performed, the techniques for proper mounting and dismounting are also detailed Behavior policies and expectations of participants are detailed and understood. If a participant needs further assistance, the EAP/EAC team understands their role and expectations.

In part 2:e, Proper equine handling techniques may include, but are not limited to, handling or leading and understanding equine body language and/or stressors.

Compliance Demonstration: Visitor observation of WRITTEN documents and materials. Personnel description of orientation and hands-on training.

Explanation:
This standard was proposed by the PATH Intl. Standards Task Force and reflects the training requirements of M9 (previously MMH11) in the medical standards. This standard covers situations where in a group treatment session volunteers are doing the actual equine handling with the ESMHL supervising. It was discussed if this was redundant with the standard that requires an ESMHL at all sessions since ESMHL would have this training. In these cases where the ESMHL is not the equine handler, the volunteer needs some training specific to equine behavior and their role in the session. The PATH Intl. Program and Standards Oversight Committee supports this standard. If it passes it will be placed in the Service Section under Mental Health.

***FTS3 MANDATORY**

Is there an implemented procedure to ensure that the equine handler has received training specific to the needs of an equine-assisted psychotherapy/equine-assisted counseling (EAP/EAC) session?

Yes **No**

Interpretation: The equine handler is the person in charge of handling the equine during an EAP/EAC session. The person should have extra training in handling equines specifically for EAP/EAC and be able to recognize signs of stress in equines. The equine handler may be the ESMHL or a trained volunteer.

Compliance Demonstration: Visitor observation of EAP/EAC session and personnel interview.

PATH
INTERNATIONAL
Professional Association of Therapeutic Horsemanship International

PATH International
Sample Forms

Please be advised that the following forms are provided in this manual as samples for format only. It is the responsibility of each center to know and understand the laws in your state that regulate the content, necessary components and intent of each of these documents.

PATH INTERNATIONAL
Professional Association of Therapeutic Horsemanship International

Professional Association of Therapeutic Horsemanship International
PREMIER ACCREDITED CENTER CHANGE NOTIFICATION FORM

A Professional Association of Therapeutic Horsemanship International Premier Accredited Center may be revisited at any time as determined by the PATH Intl. Accreditation Subcommittee. The Accreditation Subcommittee will review this form and any necessary attachments. If the need for a revisit is deemed necessary, the center will be advised of any revisiting fees and requirements. Failure to agree to a revisit will result in cancellation of accreditation status.

Any changes to your center's information must be submitted to PATH Intl. within 30 days. All changes must be made using this form. Changes received via telephone or email will not be accepted.

_____ _____ _____

Name of PATH Intl. Premier Accredited Center | *Center Membership Number* | *Date of Last Accreditation Site Visit*

_____

Address | *City* | *State* | *Zip*

Changes have been made in the following areas since our last accreditation visit:

1. Change in center name, contact information or contact person: ❑ Yes ❑ No
   If yes, attach a sheet detailing new information (be specific): list both old and new information.

2. Change in location of program activities: ❑ Yes ❑ No
   If yes, check the appropriate box and attach a sheet detailing new information (be specific) and include a PATH Intl. Center Accreditation Self-Study form:
   - ❑ This location is in addition to the location for program activities that was visited during our accreditation visit.
   - ❑ This location replaces the location for program activities that was visited during our accreditation visit.
   - ❑ Removing one or more locations that were visited during our accreditation visit.

3. Change in personnel: ❑ Yes ❑ No
   If yes, check the appropriate box and attach a sheet detailing new information (be specific):
   - ❑ Add instructor(s) – (note their level of PATH Intl. certification as well)
   - ❑ Remove instructor(s)
   - ❑ Add instructor who replaces another instructor
   - ❑ Add or remove executive director/program director/development director

4. Change in program activities: ❑ Yes ❑ No

If yes, check the appropriate box	Add	Delete:	Name and Credentials	Date Added/Removed	Self-Study
Driving	❑	❑	_____	_____	❑
Therapy Utilizing Equine Movement*	❑	❑	_____	_____	❑
Equine-Assisted Psychotherapy/Counseling*	❑	❑	_____	_____	❑
Interactive Vaulting	❑	❑	_____	_____	❑
Therapeutic Riding	❑	❑	_____	_____	❑

*Include credentialing documentation of therapist when adding therapy utilizing equine movement or equine-assisted psychotherapy/equine-assisted counseling

Only persons granted authority by the center to make changes to the center's information can do so through the PATH Intl. office. If personnel granted authority is/are no longer affiliated with the center, an explanation of change in personnel and name of new contact person must be drafted on the center's letterhead and must accompany this Change Notification form.

By signing this form, I verify that the information provided is accurate to the best of my knowledge and that the above listed PATH Intl. Premier Accredited Center is in full compliance with all mandatory and applicable standards in accordance with current PATH Intl. accreditation and center membership requirements.

_____

Signature (must be an authorized individual for the center) | *Printed Name* | *Date*

Complete and mail to: PATH Intl. • PO Box 33150 • Denver, CO 80233 • or fax to: (303) 252-4610

Professional Association of Therapeutic Horsemanship International
CENTER MEMBER CHANGE NOTIFICATION FORM

Any changes to your center's information must be submitted to Professional Association of Therapeutic Horsemanship International within 30 days. All changes must be made using this form. Changes received via telephone or email will not be accepted.

_____ _____

Name of PATH Intl. Center *Center Membership Number*

_____

Address *City* *State* *Zip*

The above listed PATH Intl. Center has made changes in the following areas:

1. Change in center name, contact information or contact person: ❑ Yes ❑ No
   If yes, attach a sheet detailing new information (be specific): list both old and new information.

2. Change in location of program activities: ❑ Yes ❑ No
   If yes, check the appropriate box and attach a sheet detailing new information (be specific) and include a Self-Study form:
   - ❑ This location is in addition to the location for program activities previously listed with PATH Intl.
   - ❑ This location replaces the location for program activities previously listed with PATH Intl.
   - ❑ Removing one or more locations.

3. Change in personnel: ❑ Yes ❑ No
   If yes, check the appropriate box and attach a sheet detailing new information (be specific):
   - ❑ Add instructor(s) - (note their level of PATH Intl. certification as well)
   - ❑ Remove instructor(s)
   - ❑ Add instructor who replaces another instructor
   - ❑ Add or remove executive director/program director/development director

4. Change in program activities: ❑ Yes ❑ No

If yes, check the appropriate box	Add	Delete:	Name and Credentials	Date Added/Removed	Self-Study
Driving	❑	❑	_____	_____	❑
Therapy Utilizing Equine Movement*	❑	❑	_____	_____	❑
Equine-Assisted Psychotherapy/Counseling*	❑	❑	_____	_____	❑
Interactive Vaulting	❑	❑	_____	_____	❑
Therapeutic Riding	❑	❑	_____	_____	❑

*Include credentialing documentation of therapist when adding therapy utilizing equine movement or equine-assisted psychotherapy/equine-assisted counseling

Notes (you may also use the back of this form or an additional sheet for notes):

By signing this form, I verify that the information provided is accurate to the best of my knowledge and that the center is in full compliance with all mandatory and applicable standards in accordance with current PATH Intl. center membership requirements.

_____

Signature (must be an authorized individual for the center) *Printed Name* *Date*

Complete and mail or fax to: PATH Intl., PO Box 33150, Denver, CO 80233, fax: (303) 252-4610

PATH INTERNATIONAL
Professional Association of Therapeutic Horsemanship International

Professional Association of Therapeutic Horsemanship International

MEMBERSHIP FIELD TEST STANDARDS FEEDBACK FORM

This form is **optional** and intended for additional feedback on standards or the accreditation process.

Thank you for taking the time to complete this form. The membership's input on all standards is valued and increases the effectiveness of the accreditation process. As the standards process is intended to be industry- and peer-driven, your suggestions and/or comments are welcomed by the PATH Intl. Accreditation Subcommittee. Please attach an extra sheet if needed.

Center Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Day Phone: (_____) _____ Evening Phone: (_____) _____

Fax Number: (_____) _____ Email Address: _____

Standard	Comments

Please include your credentials, professional background and/or current experience relevant to the standard (e.g., currently presenting a program affected by the standard in field test). Please attach an extra sheet if needed.

Signature _____ Date _____

Please return this form to: PATH Intl., PO Box 33150, Denver, CO 80233

Consult a lawyer to ensure this form meets your state's regulations. Take this form to your local emergency room to ensure that all pertinent information is present.

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Participant's Application & Health History

GENERAL INFORMATION

Participant: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: M F

Address: _____

Phone: _____ Email: _____ Alternative #: _____

Employer/School: _____

Address: _____

Phone: _____

Parent/Legal Guardian: _____

Caregivers: _____

Address (if different from above): _____

Phone: _____

Referral Source: _____

Phone: _____

How did you hear about the program? _____

HEALTH HISTORY

Diagnosis: _____ Date of Onset: _____

Please indicate current or past special needs in the following areas:

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

MEDICATIONS (include prescription and over-the-counter, name, dose and frequency) _____

_____

_____

_____

_____

_____

Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):

PHYSICAL FUNCTION (e.g., mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

_____

_____

_____

_____

_____

_____

PSYCHOSOCIAL FUNCTION (e.g., work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc).

_____

_____

_____

_____

_____

_____

GOALS (i.e., why are you applying for participation? What would you like to accomplish?)

_____

_____

_____

_____

_____

_____

Signature: _____ Date: _____

PHOTO RELEASE

I ❑ DO

❑ DO NOT

consent to and authorize the use and reproduction by _____
(center)

of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____

Client, Parent or Legal Guardian

Signed in the presence of center staff

Participant's Consent for Release of Information

I hereby authorize: _____
(person or facility)

to release information from the records of: _____ DOB: _____
(participant's name)

The information is to be released to: _____
(center or therapist's name)

for the purpose of developing an equine activity program for the above named participant. The information to be released is indicated below:

- ❑ Medical history
- ❑ Physical therapy evaluation, assessment and program plan
- ❑ Speech therapy evaluation, assessment and program plan
- ❑ Mental health diagnosis and treatment plan
- ❑ Individual Habilitation Plan (IHP)
- ❑ Classroom Individual Education Plan (IEP)
- ❑ Psychosocial evaluation, assessment and program plan
- ❑ Cognitive-behavioral management plan
- ❑ Other: _____

This release is valid for one year and can be revoked, in writing, at my request.

Signature: _____ Date: _____

Print Name: _____

Relation to Participant: _____

Please send materials to: _____

_____

_____

_____

This is an initial letter to your participant's physician. Attach the Participant's Medical History & Physician's Statement.

Date: _____

Dear Health Care Provider:

Your patient _____

(participant's name)

is interested in participating in supervised equine activities.

In order to safely provide this service, our center requests that you complete/update the attached Medical History and Physician's Statement Form. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present and to what degree.

Orthopedic

Atlantoaxial Instability - include neurologic symptoms

Coxarthrosis

Cranial Defects

Heterotopic Ossification/Myositis Ossificans

Joint subluxation/dislocation

Osteoporosis

Pathologic Fractures

Spinal Joint Fusion/Fixation

Spinal Joint Instability/Abnormalities

Neurologic

Hydrocephalus/Shunt

Seizure

Spina Bifida/Chiari II Malformation/Tethered Cord/Hydromyelia

Other

Age - under 4 years

Indwelling Catheters/Medical Equipment

Medications - e.g., Photosensitivity

Poor Endurance

Skin Breakdown

Medical/Psychological

Allergies

Animal Abuse

Cardiac Condition

Physical/Sexual/Emotional Abuse

Blood Pressure Control

Dangerous to Self or Others

Exacerbations of Medical Conditions (e.g., RA, MS)

Fire Setting

Hemophilia

Medical Instability

Migraines

PVD

Respiratory Compromise

Recent Surgeries

Substance Abuse

Thought Control Disorders

Weight Control Disorder

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine-assisted services, please feel free to contact the center at the address/phone indicated above.

Sincerely,

Name *Center Name* *Phone Number*

This is an update form for your participant's physician. Attach a copy of the previous Participant's Medical History & Physician's Statement.

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Date: _____

Dear Health Care Provider:

Your patient _____
(participant's name)

has been participating in supervised equine activities at _____
(center)

and is due for an update of their medical status. Please review the previous medical history and provide an update of the information in the space below. Address occurrences over the past year including surgeries, illnesses, hospitalizations, changes in medications, treatment, weight or behavior. Please indicate current height/weight. For your reference, potential precautions/contraindications are listed on the reverse. If this person has Down syndrome or any other condition that predisposes them to Atlantoaxial Instability, please include results of their neurologic exam.

Diagnosis: _____

Height: _____ Weight: _____

Update Status: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine-assisted services. I understand that the PATH Intl. Center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the PATH Intl. Center for ongoing evaluation to determine eligibility for participation.

Name/Title: _____ MD DO NP PA

Signature: _____ Date: _____

Address: _____

Phone: (_____) _____ License/UPIN Number: _____

Participant's Medical History & Physician's Statement

Participant: _____ DOB: _____ Height: _____ Weight: _____

Address: _____

Diagnosis: _____ Date of Onset: _____

Past/Prospective Surgeries: _____

Medications: _____

Seizure Type: _____ Controlled: Y N Date of Last Seizure: _____

Shunt Present: Y N Date of last revision: _____

Special Precautions/Needs: _____

_____

Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N

Braces/Assistive Devices: _____

For those with Down syndrome: Neurologic Symptoms of Atlantoaxial Instability: ❑ Present ❑ Absent

Please indicate current or past special needs in the following systems/areas, including surgeries. These conditions may suggest precautions and contraindications to equine activities.

	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine-assisted services. I understand that the PATH Intl. Center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the PATH Intl. Center for ongoing evaluation to determine eligibility for participation.

Name/Title: _____ MD DO NP PA

Signature: _____ Date: _____

Address: _____

Phone: (____) _____ License/UPIN Number: _____

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Participant's Profile

Name: _____ Date: _____

Disability: _____

Ambulatory Status: _____

Adapted Equipment Required: _____

Mounting/Dismounting (method, number of volunteers) _____

_____

Helpers required (indicate gait* assistance needed; update as needed):

Type of Assistance	Date	Gaits	Date	Gaits	Date	Gaits
Leader and two sidewalkers						
Leader and one sidewalker						
Leader only						
Sidewalker						
Independent						

Riding Position (describe): _____

_____

_____

Participant Skills (indicate gait*/task is completed; update as needed):

Task	Date	Gaits	Date	Gaits	Date	Gaits
Holds reins						
Holds handhold						
Able to control horse						
Able to halt from the...						
Able to circle at the...						
Rides without stirrups						
Able to maintain half seat						
Able to post at the...						
Knows diagonal or lead						
Able to steer over cavalletti						
Able to jump a crossbar						

Participant can walk _____ sitting trot _____ posting trot _____ canter _____

Horse recommendations _____

_____

(write any additional comments on the reverse side)

*Gait Key: W - walk; ST - sitting trot; PT - posting trot; C - canter

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Volunteer/Staff Information Form and Health History

General Information

Name: _____ Date: _____

Address: _____

Date of Birth: _____ Phone: (H) _____ (W) _____

Employer/School: _____

Address: _____

Parent/Legal Guardian/Caregiver Name/Address/Phone Number: _____

_____

How did you learn about the program? _____

Recent medical tests: _____ Last Tetanus Shot: _____ Tuberculosis Test + — Date: _____

(Consult your physician or local health department if you are not up to date with these shots/tests)

Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine-assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries or lifestyle changes.

_____

_____

_____

_____

_____

_____

_____

Allergies: _____

_____

Medications: _____

_____

_____

Check areas in which you are interested:

Program	Special Events	Administration	
❑ Horse Handling	❑ Horse Show	❑ Public Relations	❑ Photography/Video
❑ Sidewalking With a Student	❑ Fundraising	❑ Grant Writing	❑ Budget & Finance
❑ Stable Management	❑ Special Olympics	❑ Newsletter	❑ Future Planning
❑ Facility Repairs	❑ Trail Rides	❑ Volunteer Recruitment	

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

Signature: _____ Date: _____

(volunteer/staff/caregiver; signed in presence of center staff)

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Volunteer/Staff Information Form and Health History

Page 2

Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Photo Release

I ❑ DO

❑ DO NOT

consent to and authorize the use and reproduction by _____
(PATH Intl. Center)

of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____

Background Information

Have you ever been charged with or convicted of a crime? Y N Please explain_____

_____

_____

I, _____(volunteer/staff), authorize _____ to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and I expressly DO NOT authorize the PATH Intl. Center, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Signature: _____ Date: _____
(volunteer/staff)

CURRENT DRIVER'S LICENSE Y N LICENSE NUMBER_____ STATE _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants at this PATH Intl. Center is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

Signature: _____ Date: _____
(volunteer/staff)

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Volunteer Job Description Worksheet

Job Title: _____

Supervised by: _____

General Description of Duties (indicate major functions): _____

_____

_____

_____

_____

Specific Job Responsibilities (list major tasks and standards of performance):

_____

_____

_____

_____

Conditions of Assignment (location, time required, degree of supervision and support, etc.):

_____

_____

_____

_____

Qualifications, Training and Preparation for Assignment (list knowledge, skills and attitudes needed for job):

_____

_____

_____

_____

_____

_____

Release of Liability

It is mandatory that PATH Intl. Centers have a Release of Liability form signed by all participants/volunteers at the center. PATH Intl. no longer provides a generic liability release form. There is no sample form that would be adequate or accurate for all 50 states. The language in the various laws are different in each state. As of February 2002, forty-four (44) states have enacted equine/farm liability acts and legislation. In general, the act states that the participant and parents, legal guardians, spouses, children waive and release claims from damages or injuries suffered while engaged in horseback riding and other equine events. You must contact a lawyer in your state who is familiar with the laws in your state and ask the lawyer to draw up a release that meets the requirements of your state act. Or get together with other centers in your state that provide similar services to have one lawyer consult for all the programs. Then include the release language here with appropriate required signatures. Signatures should be completed in the presence of center staff and so indicated on the form. Your state may also require signature by a notary public.

Liability releases should specifically reflect the type of activities the center provides. There are provisions in many states allowing some liabilities to override releases. **There is never a guarantee that the courts will enforce the one liability release you use.**

Elements of a Confidentiality Policy

By Marilyn Barker, MD,
PATH Intl. Medical Committee
(reprinted from the March/April 1995 issue of NARHA News)

In the September/October 1994 issue of NARHA News, I discussed a number of concerns about a therapeutic riding center's legal and ethical obligations to maintain confidentiality of the sensitive information it might receive about a rider. To protect your center legally as well as to better serve your riders, I suggest developing a confidentiality policy that is distributed to all staff and volunteers. When writing the policy, include the following elements:

I. General Principles
Riders and their families have a right to privacy that gives them control over the dissemination of their medical or other sensitive information. A sample statement in your policy could read: The therapeutic riding center shall preserve the right of confidentiality for all individuals in its program.

II. Information Covered by the Confidentiality Policy
It is important to specify exactly what kind of information is covered by the policy, such as medical, financial and other sensitive information. You must maintain the confidentiality of such information regardless of how it is obtained. Disclosures can occur because a chart, record or computer screen is left unattended. Someone may overhear a discussion or a third party may give information. This kind of information is protected and employees who receive this information must not disclose it to anyone else without proper authorization. For example, the wording for your policy might be: *The staff shall keep confidential all medical, social, referral, personal and financial information regarding a person and his/her family.*

III. Persons Subject to the Confidentiality Policy
Anyone who works or volunteers for or provides services to the therapeutic riding center should be bound by the policy. This includes but is not limited to:

- full- and part-time staff
- independent contractors
- temporary employees
- volunteers
- board members

The policy should also apply to anyone connected with your center who could obtain this information either accidentally or on purpose.

IV. Competency and Informed Consent Disclosure
A rider may not be competent to give consent for disclosure of medical or sensitive information or both (including photographs and videotapes) because of age or mental capacity. As a general rule, infants and children under age 18 do not have legal authority to consent to disclosure. Only parents, legal representatives or others defined by state statute generally have this authority.

Adults with developmental disabilities are presumed legally competent to give or deny consent to disclosure unless they have been adjudicated incompetent to make this kind of health care decision. If a substitute decision-maker has been appointed, you must obtain specific and informed written consent from that individual.

V. Intra-Agency Access to and Disclosure of Medical and/or Sensitive Information
The extent of access allowed under this standard will vary depending on the type of agency and the type of services provided. For example, the number of staff members requiring medical or sensitive information or both at a health care facility is likely to be higher than at a therapeutic riding center. You should *not* permit access to or disclosure of such information without a rider's consent based on a *perceived* need to protect staff or anyone else from possible exposure through casual contact.

Casual contact poses no risk of transmission of diseases such as HIV. The most effective method of protection for situations in which staff may be exposed to the blood of a rider is the use of infection control procedures. These procedures should be used with all riders under the assumption that all riders may have HIV, hepatitis or other bloodborne diseases. Knowledge that a particular rider has HIV infection does not protect staff members from transmissions. Using universal precautions does. (See your May/June 1994 *NARHA News* for suggested universal precautions for therapeutic riding centers.)

VI. Extra-Agency Disclosure of Medical and/or Sensitive Information
Disclose outside information to outside agencies or individuals only with the specific written consent of the rider.

VII. Penalties for Unauthorized Disclosures

Write your confidentiality policy to emphasize the personal and professional penalties that can result from breaching confidentiality. Outline internal penalties, such as reprimand, loss of certain job responsibilities and termination.

Have your director of personnel or volunteer coordinator ensure that all staff and volunteers receive a copy of your center's confidentiality policy. Then, have each sign a confidentiality statement that pledges to protect the confidentiality of all information regarding individuals who participate in the center's program. The statement may be as simple as: *I understand and will observe the confidentiality policy of (insert your center's name).* Include a line for a signature and date and a line for a witness signature and date.

Writing a comprehensive confidentiality policy is not hard if you consider all of the above elements. The benefit is that you will know that all staff and volunteers understand the importance of your riders' confidentiality. This understanding builds trust and professionalism.

An occurrence is any unusual event. It may or may not result in an injury to a participant, staff, volunteer or horse. Any occurrence that results in medical treatment should be phoned in to the center's insurance company within 24 hours, whether or not a claim is made. Forms should be filled out the same day, including a narrative of what happened, with signed statements/ reports from any witnesses or participants in the occurrence. Written forms should be sent to the insurance company, with a copy saved in the center's files.

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Center Occurrence Report

Name of involved: _____ Date: _____ Time: _____

Address: _____

Phone: (H) _____ (W): _____ Email: _____

Information About the Occurrence

Location: _____

Situation: _____

Witness: _____

Address: _____ Phone: _____

Witness: _____

Address: _____ Phone: _____

Witness: _____

Address: _____ Phone: _____

(Please use additional forms for signed statements from witnesses/additional parties involved)

Description of occurrence: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Environmental factors: _____

_____

_____

What injuries were incurred? _____

_____

_____

_____

(over)

What treatment was given for injuries? _____

_____

Who was contacted (e.g., family, doctor, vet)? Indicate time/date _____

_____

_____

Follow-up calls/contacts _____

_____

_____

What will be done to prevent this type of occurrence in the future? (This section does not need to be completed prior to sending to the insurance company) _____

_____

_____

_____

_____

_____

_____

In your opinion, will a claim be filed? Y N

Signature of person filling out form: _____ Date: _____

Title: _____ Center: _____

Signature of center director: _____ Date: _____

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Horse Profile

Name: _____ Age: _____

Height: _____ Weight: _____

Breed: _____ Sex: _____ Markings: _____

Personality

Likes: _____

_____

_____

_____

Dislikes: _____

_____

_____

_____

Body Language: Do's and Don'ts: _____

_____

_____

_____

Grooming Likes and Dislikes: _____

_____

_____

Tack

English: Saddle(s)_____ Pads: _____

Bridle: _____ Clip-Ons: _____ Girths: _____

Western: Saddle(s)_____ Pads: _____

Bridle: _____ Clip-Ons: _____ Girths: _____

Bareback: _____ Jumps: _____

Vaulting: _____ Surcingle: _____

Lunges: _____

Mounting Procedure: _____

_____

Stall Etiquette: _____

_____

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Horse First Aid Checklist

The Horse First Aid supplies are in (a) clearly marked container(s) in a designated location, accessible to all center personnel and participants at each activity site and must contain, but are not limited to, the following items. This form or this information must be placed within the Horse First Aid container.

EMERGENCY NUMBERS:

Veterinarian:	Dr. Rogers	(333) 333-3333
Personnel:	Marie Marson—Barn Manager	(333) 555-5555
	Tom Tomson—Equine Coordinator	(333) 444-4444
	Chris Christianson—Program Director	(333) 545-5454
	Lucy Lucent—Head Instructor	(333) 454-4545
Farrier:	Bob Roberts	(333) 222-2222
Horse Owners:	Lucky—Cindy and Bill Johnson	(333) 232-2323
	_____	_____
	_____	_____
	_____	_____

ITEM	Jan	Feb	Mar	April	May	June	July	Aug	Sep	Oct	Nov	Dec
horse thermometer (with string + clip attached)												
topical antibiotic												
antiseptic cleaner +												
surgical scrub												
cotton roll												
cling wrap												
gauze pads, in assorted sizes												
sharp scissors												
cup or container												
latex gloves												
saline solution												
stethoscope												
clippers												
INITIAL WHEN CHECKLIST COMPLETE:												

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Human First Aid Checklist

The Human First Aid Kit is in (a) clearly marked container(s) in a designated location, accessible to all center personnel and participants at each activity site and may contain, but is not limited to, the following items:

ITEM	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
sterile gauze pads												
self-adhering roller bandages												
occlusive dressing												
adhesive tape												
antiseptic spray												
safety pins												
bandage scissors												
adhesive strip bandages												
disposable gloves												
disinfectant cleaner												
plastic garbage bags												
CPR mask												
linens, pillows, blankets												
emesis bags/basins												
tissues												
towels												
disposable drinking cups												
drinking water												
wet wipes												
warning/signaling devices												
fire extinguisher (close by)												
telephone, or other device (close by)												
emergency guide												
INITIAL WHEN CHECKLIST COMPLETE:												

Making the Call

- ❑ Stay calm
- ❑ Be accurate
- ❑ Location of emergency
- ❑ Telephone number of the telephone being used
- ❑ The caller's name
- ❑ What happened
- ❑ The number of victims
- ❑ The victim's condition
- ❑ The help being given

Remember

DO NOT hang up first - dispatcher may need more information

Emergency Information

Hang this card near the telephone

This Phone Number Is _____

This Address Is _____

Directions Are _____

_____

_____

Police _____

Fire _____

Doctor _____

Ambulance _____

Veterinary _____

Other _____

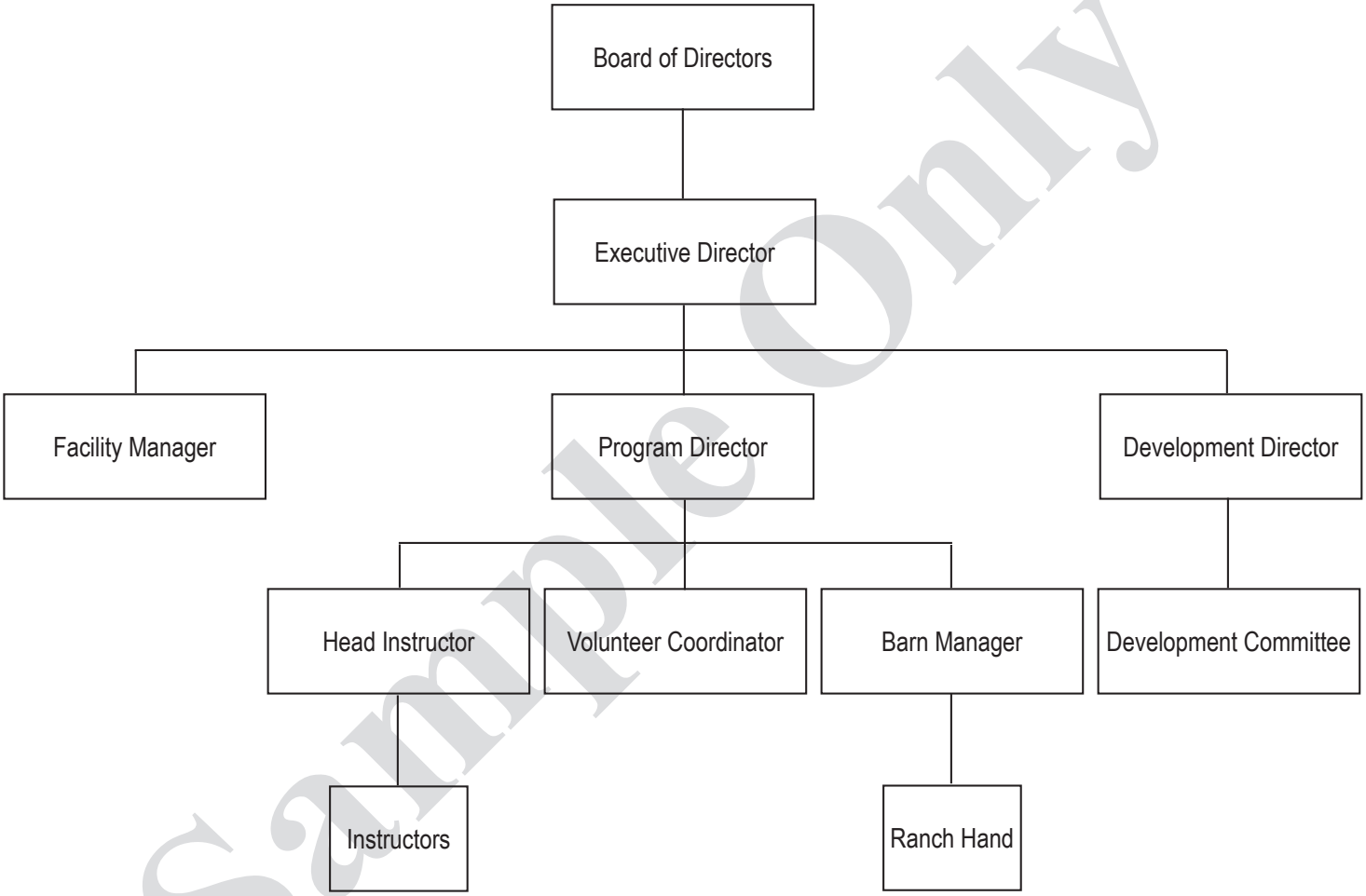
_____

_____

Prepared by:

For:

PATH INTERNATIONAL
Professional Association of Therapeutic Horsemanship International


Board of Directors
Executive Director
Facility Manager
Program Director
Development Director
Head Instructor
Volunteer Coordinator
Barn Manager
Development Committee
Instructors
Ranch Hand

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PATH International
Sample
Service Forms

Please be advised that the following forms are provided in this manual as samples for format only. It is the responsibility of each center to know and understand the laws in your state that regulate the content, necessary components and intent of each of these documents.

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Medical Record Maintenance Compliance Form

I certify that I maintain the following records for each participant I treat at

_____

(center name)

1. A prescription from a physician IF required by my practice act or local laws and regulations
2. A comprehensive written initial assessment including screening for precautions and contraindications
3. A written treatment plan that includes long- and short-term goals reflective of the type of therapy
4. Written progress notes, completed on a regular basis, that reflect the treatment and its modifications based on the response of the patient
5. Written periodic review, and re-evaluations completed on a regular basis that update the goals and treatment plan and make recommendations for further treatment, discharge or transition into another program

_____

Printed Health Professional Name and Credentials

_____

Health Professional Signature/Date

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Equine-Assisted Psychotherapy/Equine Assisted Counseling

Consent for Release of Confidential Information

I, _____, hereby authorize and request that
(client)

_____ may release to
(mental health professional)

_____
(center name)

the following information (please check the allowable information):

- ❑ Admission for Treatment
- ❑ Diagnosis
- ❑ Psychiatric Evalution
- ❑ Psychological Testing Results
- ❑ Treatment Progress Notes
- ❑ Discharge Summary
- ❑ Physician Orders
- ❑ Other _____

The purpose of this disclosure is for the development of an equine-assisted psychotherapy/equine-assisted counseling plan and program. I understand that this authorization will remain in effect until _____(specify date, which is not to exceed 12 months).

This information will be released in the following format (verbal per telephone, electronic, mail, hand-carried): _____

Pursuant to Federal Regulations, this information will not be forwarded to any other provider or agent.

_____ _____
Client Date

_____ _____
Parent or Legal Guardian Date

_____ _____
Witness Date

_____ _____
Referring Mental Health Professional Date

_____
Address of Mental Health Professional

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Professional Association of Therapeutic Horsemanship International

Equine-Assisted Psychotherapy/Equine Assisted Counseling

Referral Form

Client Name: _____ DOB: _____ Age: _____

Address: _____ Phone: _____

Diagnosis: _____

Recommended Frequency and Duration of Sessions: _____

_____

_____

Type of Format: ___ Group Work ___ Individual Work _____ Family Work

Specific issues to address:

Current treatment goals:

Additional information:

_____ _____

Mental Health Professional Date

_____

State Credentials/License # Phone & Fax Numbers

_____

Address

Return to: (riding program's name & address)

Thank You for Your Participation and Referral

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Mental Health Data Form

Client's Name: _____

Age: _____ DOB: _____ Sex: _____ Height: _____ Weight: _____

Parent/Legal Guardian: _____ Phone: H _____ W _____

Address: _____

Physician: _____ Phone: _____

Mental Health Professional: _____ Phone: _____

Diagnosis (DSM-IV)

Axis I _____

Axis II _____

Axis III _____

Axis IV _____

Axis V _____

Presenting Problems

_____

_____

_____

_____

_____

_____

Current Medications

Drug	Dose	Route	Time	Purpose

Psychiatric Treatment History

Current Therapy	Where	When	Diagnosis
Outpatient Therapy			
Inpatient Therapy			

Therapeutic and Safety Issues

Check and describe applicable issues (indicate current history of):

- ❑ inattention
- ❑ hyperactivity
- ❑ lack of concentration
- ❑ learning disabilities
- ❑ developmentally delayed
- ❑ cognitively challenged
- ❑ boundary issues
- ❑ social skills problems
- ❑ problems with peers
- ❑ separation anxiety
- ❑ anxiety
- ❑ phobias
- ❑ aggressive
- ❑ assaultive
- ❑ manipulative
- ❑ unpredicatable or dangerous behavior
- ❑ sensory impairment
- ❑ sensitivity, preferences
- ❑ tics or stereotypic behavior
- ❑ psychosomatic symptoms
- ❑ medical issues
- ❑ self-injurious behavior
- ❑ suicidal ideations
- ❑ history of runaway
- ❑ issues of parental support
- ❑ issues of family support
- ❑ sexual abuse/acting out
- ❑ history of physical abuse
- ❑ emotional abuse
- ❑ hallucinations
- ❑ delusions
- ❑ illusions
- ❑ dissociations
- ❑ substance abuse problems
- ❑ legal problems
- ❑ school problems
- ❑ history of animal abuse and/or ❑ fire setting
- ❑ seizure disorder
- ❑ possible medication side effects

Information Source Date Form Completed

Ideally this form is designed to be used in conjunction with the PATH Intl. Participant Medical History, Physician's Statement and Physician's Release Statement.

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FOR PROVIDER OF THERAPY SERVICES

Consent for Treatment and Release of Liability

Mental Health Professional Name or Business Name

Address and Phone Number

**This is not a complete form and may not be photocopied. Each provider of therapy services must create their own form after obtaining legal counsel in order to include appropriate wording and content for particular state regulation and different treatment situations.*

Samples of wording that may be included:

> "No child can be accepted for therapy until all forms have been completed by the parent/guardian. If the patient is of legal age and mentally competent, they may complete the forms without parent's or guardian's signature."

> "Although every effort will be made to avoid accident or injury, NO LIABILITY can be accepted by any of the organizations concerned, including (*name of center or therapy practice/provider*), its officers, trustees, agents, employees, each and every one of its members and associates, and the property owners upon whose land the therapy sessions are conducted."

> "I request and consent to treatment that may include therapy, and I have discussed this with my child's doctor. I understand that no liability can be accepted by any of the organizations concerned with this therapy, including (*name of center or therapy practice/provider*)."

Dated signatures of parent/guardian or client of legal age must be included.

PATH International
Glossary

PATH
INTERNATIONAL
Professional Association of Therapeutic Horsemanship International

Glossary Table of Contents

Glossary of Terms

Active Participation – in equine-assisted learning is defined as direct contact with the equine where the equine is being asked to interact with the participant and where the equine does not necessarily have a choice to disengage from the process or activity. The intention or purpose of the interaction between the equine and participant also has a consideration in this definition.

Activity – An activity concerns the HOW of the interaction between the participant and equine, designated in the PATH Intl. Standards Manual as mounted, driving, interactive vaulting and groundwork. Activity and service are not interchangeable terms. Activity should not be used to describe therapy, learning or horsemanship.

Activity Site – location at which center services are being provided

ADA – Americans with Disabilities Act, signed into law in 1990, which provided the world's first comprehensive civil rights law for people with disabilities

Adaptive Equestrian Sport – prepares people with diverse needs to participate in a wide range of events and competitions in equine disciplines such as driving, dressage, reining, and Western or English riding.

Adaptive Riding – The terms adaptive riding and therapeutic riding are both acceptable for use and may be used interchangeably. See Therapeutic Riding for definition.

Area – any working space with designated boundaries

Arena – a working space defined by structural barriers used for program services

ASTM – American Society for Testing and Materials, an organization that helps establish standards for various items, including components of helmets (see SEI)

Assist – to support in an official capacity. An example is that a Professional Association of Therapeutic Horsemanship International Certified Instructor/Equine Specialist in Mental Health and Learning (ESMHL) assists the therapist/mental health professional during the treatment session (if the therapist is not a PATH Intl. Certified Instructor/ESMHL). The PATH Intl. Certified Instructor/ESMHL should be directly involved in the treatment session to ensure safety regarding the equine, tack and equine environment. This includes helping with the preparation of the equine/equipment, direct involvement in the session or visual observation of the session.

Caregiver – A person who provides daily care for another individual

Center – a structured organization that provides equine-assisted services to persons with or without disabilities

Center Activities – all events, instructional lessons, therapy sessions or other functions involving participants occurring under the leadership or supervision of center personnel

Center Administrator – the person(s) responsible for developing and implementing the policies and procedures used in managing the work of the organization

Center Representative – the individual determined by the center to be responsible for the accreditation process and on-site visit

Competition – See Adaptive Equestrian Sport

Consulting – providing assistance by providing professional expertise. This may include answering questions related to general health issues, health questions related to specific participants, doing evaluations with recommendations regarding handling or activities, recommendations for health and safety of the staff/volunteers, etc.

Contain – to include or enclose; hold

Contract – a legally enforceable agreement between two or more parties

Designate – to indicate and set apart for a specific purpose; to point out

Differentiated Instruction – and assessment (also known as differentiated learning or, in education, simply, differentiation) is a framework or philosophy for effective teaching that involves providing different students with different avenues to learning (often in the same classroom) in terms of: acquiring content; processing, constructing or making sense of ideas; and developing teaching materials and assessment measures so that all students within a classroom can learn effectively, regardless of differences in ability.

Directly Supervising – A Professional Association of Therapeutic Horsemanship International Certified Professional at an activity site who is responsible for any program activity at that activity site that is being conducted by personnel not holding PATH Intl. credentials

Direct Service/Licensed/Credentialed Health Professional – refers to medically licensed/credentialed specialists who are using their license/credential to provide therapy. These professionals should have additional specialized training in the incorporation of the equine as a component of treatment in their respective areas of expertise.

Discharge – to release or dismiss

Driving – teaches individuals with diverse needs how to safely participate in driving activities. Driving instructors must possess knowledge and expertise specific to techniques of safe driving and its instruction as well as training and experience with the diverse needs of participants.

Dually-Qualified Professional – is defined as a professional who comes with expertise as both an equine and learning professional.

Educator – an educator/teacher licensed or sanctioned by the state, school district, department of education or equivalent designation

Equine – a general description inclusive of horses, ponies, mules, donkeys or miniatures

Equine Activity – any activity that involves an equine

Equine Activity Liability Act – general heading for, and frequent name of, a state statute governing liabilities for equine activities and, in many instances, mandating the usage of "warning" signs and requiring the use of special language in certain contracts used in equine activities

Equine-Assisted Activities and Therapies – Term not recommended for continued use, see Equine-Assisted Services

Equine-Assisted Activities (EAA) – Term not recommended for further use, see Horsemanship

Equine-Assisted Therapy (EAT) – Term not recommended for further use, see Therapy

Equine-Assisted Learning (EAL) or Learning – is an area of non-therapy services comprised of equine-assisted learning in education, equine-assisted learning in organizations, and equine-assisted learning in personal development. Specially trained or certified professionals provide these services.

Equine-Assisted Learning (EAL) in Education – engages people of all ages in learning processes that are focused on leadership skills, character-building skills and academic skills, among other relevant life skills. The professionals who provide these services must have knowledge of learning theory and teaching methodology. These professionals may incorporate STEM or academic standards, character education standards or alternative state standards within their curricula and provision of services. Specific educational strategies may also support an individual education plan and academic remediation.

Equine-Assisted Learning (EAL) in Organizations – engages members of corporations, organizations and other workgroups in building effective teams and leaders that enhance work dynamics and performance at multiple organizational levels. The professionals who provide EAL in organizations must have knowledge of organizational theory, team building, strategic planning or leadership development. To address the needs of designated clients, these professionals may also integrate various approaches or strategies such as executive coaching, team building, or group retreats, among others, within their provision of services.

Equine-Assisted Learning (EAL) in Personal Development – engages individuals and groups in discovering new ways to deal with life challenges and opportunities by developing skills in effective problem-solving, decision-making, critical and creative thinking, and communication. The professionals who provide these services must have extensive training or certifications in facilitation, coaching and teaching; they must also clearly understand how EAL in personal development is not psychotherapy. To address the needs of designated clients, these professionals may integrate various approaches or strategies such as personal coaching or wellness-related activities, among others, within their provision of services.

Equine-Facilitated Mental Health (EFMH) – Term not recommended for further use, see Mental Health

Equine-Assisted Psychotherapy/Equine-Assisted Counseling (EAP/EAC) – an interactive process in which a licensed mental health professional working with or as an appropriately credentialed equine professional partners with suitable equine(s) to address psychotherapy goals set forth by the mental health professional and the client

Equine-Assisted Services – the diverse range of services in which professionals incorporate horses to benefit people. This term is intentionally plural and should NOT be reduced to its singular form.

Equine Professional – is defined as a professional who satisfies the equine knowledge and skills as outlined in the EAL competencies. This can include a PATH Intl. certified professional in an area other than EAL.

Equine Specialist in Mental Health and Learning (ESMHL) – The horse handler who ensures the safety and well-being of the Professional Association of Therapeutic Horsemanship International center equines and all participants in mental health and education sessions. The ESMHL partners with mental health or education providers delivering services within the scope of their profession, incorporating equines in their practice. The ESMHL serves as the equine expert during equine/human interactions.

Facilitation – The act of providing indirect or unobtrusive assistance, guidance or supervision through an experiential learning environment to groups or individuals to bring about a specific outcome related to growth in a defined area

Facilitator – Is a person with specific training and skills to help groups and individuals bring about an outcome (such as learning, growth or communication) by providing indirect or unobtrusive assistance, guidance or supervision through an experiential learning environment.[2]

Facility – the premises at which the center conducts its activities and business, including buildings and grounds

Guest – Persons visiting a center who are not regular volunteers, participants or staff

Header – the person who stands at the equine's head during halts who is responsible for keeping the equine relaxed and still

Health - overall dynamic (changing) condition or functioning of all human aspects: physical, mental, emotional, spiritual

Hippotherapy – a physical, occupational or speech therapy treatment strategy that utilizes equine movement. This strategy is used as part of an integrated treatment program to achieve functional outcomes. Hippotherapy does not exist as a stand-alone regulated therapy and there are no hippotherapy clinics, hippotherapists, hippotherapy services or hippotherapy programs.

Hippotherapy Clinical Specialist (HPCS) – a licensed therapist (PT, OT, SLP) who has demonstrated an advanced level of knowledge in hippotherapy by successfully completing a national board-written examination

Horse Handler, Horse Expert, Horse Leader, Equine Handler, Equine Expert, Equine Leader, Equine Professional – terms which may be used to indicate the person responsible for controlling the equine during a session and/or training and conditioning the equine for participation in specific activities (mounted, ground, etc.) and services (horsemanship, therapy, learning). Usage may vary by discipline. The therapy session where an equine is long-lined might have an equine handler; whereas, the person leading the equine in a therapeutic riding lesson may be the equine leader.

Horsemanship - is an area of non-therapy services adapted from traditional disciplines of horseback riding, driving and vaulting for individuals or groups with diverse needs. Terms used to identify these services include adaptive equestrian sport, adaptive riding or therapeutic riding, driving and interactive vaulting. Equine professionals with specialty training or certification provide these services. These professionals develop lesson plans that may involve riding, driving, vaulting or ground-based activities such as grooming, handling, leading, observing and other readiness activities.

Implemented – to carry out, accomplish, to ensure actual fulfillment by concrete measures

Instructor-In-Training (IT) – a candidate who has successfully completed phase one of the PATH Intl. Registered Instructor Certification process

Interactive Vaulting – engages individuals and groups with diverse needs in movements and gymnastic positions around, on and off horses and vaulting barrels. Vaulting instructors must possess knowledge and expertise pertaining to the principles of vaulting and its techniques as well as training and experience with the diverse needs of participants.

Lead Visitor – PATH Intl. site visitor who is assigned to the administrative responsibilities of the visit by the PATH Intl. office

Learning Professional – is defined as a professional who satisfies the knowledge and skills as outlined in the EAL competencies.

Legally Authorized Individual – that person at a center empowered to sign contracts and legal documents for the organization

Licensed/Credentialed Health Professionals – See Direct Service/Licensed/Credentialed Health Professionals

Life Skills – includes a broad array of competencies, as defined by the World Health Organization (WHO)[1] in collaboration with the United Nations, including the United Nations Children's Fund (UNICEF):

Life skills education is aimed at facilitating the development of psychosocial skills that are required to deal with the demands and challenges of everyday life. Following the study of many different life skills programs, the WHO Department of Mental Health identified five basic areas of life skills that are relevant across cultures:

- Decision-making and problem-solving;
- Creative thinking and critical thinking;
- Communication and interpersonal skills;
- Self-awareness and empathy;
- Coping with emotions and coping with stress

Lift – a mechanical stationary or mobile device that facilitates the transfer of a participant from one place to another

Medical – the art and science of diagnosing, treating and preventing disease or other damage to the body or mind and maintenance of optimal health

Mental Health – an approach to improving a client's mental health that involves the incorporating of equines in interactive therapies.

Mental Health Professional – a person who by education and experience is licensed/credentialed and is professionally qualified to provide counseling, psychotherapy and/or mental health treatment designed to facilitate individual achievement of human development goals and remediate mental, emotional or behavioral disorders and associated distresses that impact mental health and/or development

Occurrence – an event that disrupts normal procedure or causes a crisis; the circumstances surrounding an occurrence must be documented.

On-Site – location where functions of a center other than activities occur. This can be the same as the activity site.

Organization – an administrative or functional structure (as a business or association)

PATH Intl. Certified Riding Instructor – an instructor of therapeutic horsemanship who is certified by PATH Intl. at the certified, advanced or master level

PATH Intl. Certified Professional – an individual who maintains a current certification through the Professional Association of Therapeutic Horsemanship International

PATH Intl. Member – an individual who fulfills the membership requirements associated with PATH Intl.

PATH Intl. Registered Therapist – a licensed/credentialed therapist/health professional (PT, OT, SLP) or certified therapist assistant (COTA, PTA, SLPA) who has registered with PATH Intl. upon completion of the AHA, Inc., approved coursework and the requisite number of hours of practice in incorporating equine movement as a treatment strategy

Participant – a general description of the persons who take part in equine-assisted services at a PATH Intl. Center for their benefit. Also called riders, vaulters, students or clients. There will be varied usage depending on the discipline. For instance, in a therapy setting, it is appropriate to use client; in a school setting, one may use the term student.

Passive participation – in equine-assisted learning is defined as non-contact interaction from an observational point of view where the human presence does not have a direct effect on the equine.

Personnel – a person, paid or unpaid, who has any responsibility related to the day-to-day activities of the center

Policy – a course of action adopted and pursued by a governing body or organizational decision maker

Post – to place notice of in public view

Practice – habitual or customary performance, operation or office practice

Procedure – the sequence of actions or instructions to be followed in accomplishing a task

Professional Association of Therapeutic Horsemanship International Member Center – a center that has established membership with PATH Intl. and agrees to comply with PATH Intl. Standards

Random Selection – method by which a cross-section of center documents are chosen for review during an official site visit

Rehearsal – a practice exercise

SEI – Safety Equipment Institute, an organization that tests and certifies safety and protective equipment, including equestrian protective headgear (see ASTM)

Securely Maintained – kept in an area that protects from unauthorized entry or loss

Service – A service is determined by the goals or outcomes set for the participant, designated in the PATH Intl. Standards Manual as equestrian skills (horsemanship), mental health (EAP/EAC) or medical (PT, OT, SLP). Also includes equine-assisted learning.

Service Provider – the individual conducting an activity or service. This can be a Professional Association of Therapeutic Horsemanship International Certified Professional, licensed/credentialed health/mental health professional or certified/credentialed educator.

Site Visitor, Associate Visitor – PATH Intl. individual members who successfully complete a visitor training course and are approved by the PATH Intl. Accreditation Subcommittee. These individuals volunteer to visit and score centers according to current PATH Intl. standards.

Tandem Hippotherapy – a treatment strategy in which the therapist/health professional sits on the equine behind the client in order to provide specific therapy handling as part of an integrated treatment protocol.

Teaching/Instruction – To cause or help a person or animal to learn how to do something by giving lessons, showing how it is done, etc.

Therapist's Assistant (COTA, SLPA or PTA) – the person who is a certified occupational therapist assistant (COTA), a certified speech/language pathology assistant (SLPA) or a certified physical therapy assistant (PTA) and is directly supervised by the therapist to perform specific client-handling skills in a situation where the therapist is unable to perform the task. An example may be that the assistant would handle the client when incorporating tandem hippotherapy as a treatment strategy when the therapist may not be tall enough to work with a client safely on the equine.

Therapeutic Activity – a service from which a participant derives benefit. A service can be therapeutic without being considered a therapy or treatment. In general, horsemanship may be described as therapeutic but is not considered therapy without fulfilling specific requirements (see Therapy).

Therapeutic Horsemanship – See Horsemanship

Therapeutic Riding (TR) – describes services that are specifically focused on skillfully adapting horseback riding and making horses and riding, and the natural healthful benefits, accessible to individuals and groups with diverse needs. The instructors who provide therapeutic riding or adaptive riding must possess expertise in riding instruction throughout the continuum of horsemanship skills, from groundwork to riding as well as training and experience with the diverse needs of participants.

Therapist – A therapist is one who specializes in the provision of a particular therapy and is licensed/credentialed to treat a particular type of mental or physical illness or disability, usually with a particular type of therapy. Outside of the United States, those licensed/credentialed therapists and health professionals who have met the criteria to legally and independently provide comparable services within their state, province or county.

Therapy – is an area of services comprised of occupational therapy, physical therapy, psychotherapy and counseling, and speech and language pathology. Licensed therapy professionals who work within the scope of practice of their particular discipline provide these therapies. Best practice dictates that these licensed therapy professionals obtain specialized training focused on incorporating interactions with horses, equine movement or the equine environment into the individualized plans of care of persons receiving therapy. In describing therapy services, it is recommended to lead with the type of therapy, e.g., physical therapy utilizing equines or counseling incorporating equines.

Therapy Team Members – those involved in the provision of therapy services. Prior to the therapy session, the team will be the PATH Intl. Certified Professional and the therapist (if the therapist is not a PATH Intl. Certified Professional). During the therapy session the therapy team is most often the therapist, the PATH Intl. Certified Professional (dictated by the activity, see activity standards), the equine handler, the sidewalkers—all those involved with providing services to the participant. In decision making, the participant is often thought of as part of the team.

Treatment – services in which therapy is provided; generally thought of in a medical model (see Therapy)

Treatment Plan/Plan of Care – an organized plan of care should be specific to the diagnosis, presenting symptoms and findings of a therapy evaluation. Health professionals involve the client and appropriate others in the planning, implementation and assessment in the treatment plan. The treatment plan should include:

- Evaluation/assessment
- Functional limitations
- The specific treatment techniques and/or exercises to be used in treatment to reach goals/treatment strategies
- Outcomes/goals
- Duration/frequency
- Discharge criteria

Treatment Session – a documented block of time in which professional therapy services are provided. The treatment session will always involve the therapist/health professional/mental health professional and may involve others, depending on the nature of the treatment, needs of the therapist and the requirements of the state in which the treatment is provided.

Vocational Rehabilitation – services that are oriented toward enabling a participant to re-enter the workforce and that may include work hardening, work re-entry or vocational exploration. Participants are young adults or adults. May be considered therapy if integrated by the therapist/health professional/mental health professional as part of a treatment plan.

Volunteer – unpaid individual who, under the direction of the center administration, assists with the on-going activities of the center

Working Area – the location where lessons are held

Working Session – a period of continuous equine service without any lengthy breaks. A lengthy break is determined by the center based on the needs of its herd.

Written – Documents and forms saved as paper copy, pdf, scanned documents, or in online programs operated by the center for record keeping that can be viewed and are accessible for printing.

[1]WHO (1999), *Partners in Life Skills Training: Conclusions from a United Nations Inter-Agency Meeting*, Geneva

[2]http://www.merriam-webster.com/dictionary/

Glossary of Driving Terms

ABW (Able-Bodied Whip) – a whip with the skills to drive a horse and vehicle unassisted. These skills include a minimum of 50 hours of driving experience in various terrain and conditions and complete knowledge of harness and vehicle terminology, competencies in managing emergencies. The ABW will hold a second set of reins while the driving student enters and exits the vehicle and assist with the second set of reins as needed during the driving lesson.

Advanced Independent Driver (AID) – a whip with the ability to safely drive a vehicle without an able-bodied whip. The AID should demonstrate ability to direct the header, respond appropriately to the driving instructor and be independent in safely managing the equine and turnout using the whip and reins attached to the bit.

Bit – the part of the bridle that goes into the equine's mouth, used to control the equine

Blinkers – a pair of leather or rubber eye cups attached to the driving bridle to limit rear vision and keep the equine's vision focused forward

Breastcollar – the part of the harness that fits around the chest of the equine and against which the animal exerts pressure in pulling a load

Breeching – a harness strap that goes around the equine's hindquarters to help hold back or stop the vehicle on a downgrade

Breeching Straps – straps that attach the breeching to the shafts of the driving vehicle

Bridle – a head harness for guiding an equine; it consists of a headstall, bit and reins.

Cart – a two-wheeled driving vehicle

Carriage – a four-wheeled driving vehicle

Collar – pad going around the equine's neck, accommodating the hames to which two traces are attached; an alternative to a breastcollar

Crupper – a padded leather strap that goes around the base of an equine's tail and is used to keep the harness in place on the equine's back and keep it from sliding forward

Halter – a bitless headstall for tying or leading an animal

Hames – two arms that are joined so as to fit in the groove of the collar and to which the traces are attached

Harness – noun: the assemblage of leather or synthetic straps and metal pieces by which an equine is attached to a vehicle, plow or load; verb: to attach an equine with a harness to something such as a carriage

Header – a trained equine handler who stands at the head of the equine with an attached lead line whenever the equine is standing still. A header is required while the equine is being put to or taken from the vehicle, while the participant is entering or exiting the vehicle and available whenever assistance with the equine is needed.

Impairment – any abnormality, partial or complete loss of, or loss of the function of a body part, organ or system

Instructional Driving – driving that involves the participant holding the reins and learning how to drive

Lead Rope – a rope with a snap on one end that is used to lead the equine

Participant – the driver with a disability; client driver

Personnel – trained volunteers and staff who assist in the driving program

Pleasure Driving – an ABW taking participants with disabilities for a drive without any effort by those participants to learn to drive

Putting To – the process of attaching the equine and driving vehicle to each other

Saddle – a padded part of a harness worn over an equine's back to hold the shafts

Spotter – a trained assistant on foot in the driving area who watches for a possible problem and is prepared to take immediate action

Terrets – the rings on a harness through which the reins pass

Traces – the two leather or synthetic straps that connect the harness to the vehicle

Tugs – the part of the harness used in a single hitch through which the shafts pass

Turnout – a driving vehicle with its equine(s) and whip

Vehicle – any device that conveys people and objects over land. In driving, this may be a two- or four-wheeled vehicle or a sleigh with runners.

Whip – preferred term for the driver

Glossary of Medical Terms

The following terms may be found elsewhere in this manual, or they are terms that may be used in reference to participants at a Professional Association of Therapeutic Horsemanship International Center (for example, on the medical history forms). This is a brief glossary. Additional information can be obtained in medical dictionaries, reference texts, on the Internet or from professionals such as doctors, pharmacists, therapists or mental health professionals. Refer to the PATH Intl. sections for information/definitions specifically relating to activity or service areas such as therapy, horsemanship, driving or vaulting. It is the PATH Intl. Certified Professional's responsibility to understand the terms that relate to specific participants in their programs.

A helpful resource may also be the current *Diagnostic & Statistical Manual of Mental Disorders* (DSM). This is a classification manual of mental disorders that includes descriptions of diagnostic categories. The *Diagnostic & Statistical Manual of Mental Disorders* is the most widely accepted system of classifying abnormal behaviors used in the United States today. It contains the Global Assessment of Functioning (GAF) scale and is a complete resource for information on mental health diagnoses.

Abduction – a movement away from the midline of the body

Abuse – bringing harm toward another. The abuse can be directed toward a child, adult, elderly individual or an animal. The perpetrator can be any age and usually is in a position of power (e.g., mother, father, supervisor) and/or care-giving (e.g., pet owner, home aide). Abuse can take many forms:

—*physical:* assaults such as hitting, kicking, biting, throwing and burning in which the other person/animal is harmed bodily
—*physical endangerment:* reckless behaviors toward another that could lead to serious physical injury, such as leaving an infant alone or placing a child in a hazardous environment
—*sexual:* non-consensual sexualized contact in which one person is dominated, manipulated or taken advantage of through sexual acts or suggestiveness
—*emotional:* harming another through use of non-physical means, including terrorizing, demeaning, consistently belittling, withholding warmth; often resulting in the feeling of powerlessness or decreased self-worth

Activities of Daily Living (ADLs) – the self-care, communication and mobility skills required for independence in everyday living. Examples include grooming, bathing, dressing, using the telephone, preparing meals, cleaning house, taking medicines, doing laundry, handling finances, getting to the bus stop and shopping at the grocery.

Adaptive Behavior – the behaviors a person develops in order to deal with the natural and social demands of their environment

Adduction – movement toward the midline of the body

Affect – an objective manifestation, such as a facial expression, of an experience or emotion. For example, a client may be said to have a flat affect, meaning that there is an absence or a near absence of facial expression when there is an experience or emotion that would usually cause an emotional response.

Agnosia – loss of the ability to recognize familiar objects, sounds, shapes or smells by use of the senses. For example, a person may be unable to identify familiar sounds, such as the ringing of a doorbell (auditory agnosia), or familiar objects, such as a toothbrush or keys (visual agnosia).

Agraphia – loss of a previous ability to write, resulting from brain injury or brain disease

Akathisia – a movement disorder that involves motor restlessness, with an urge to move about constantly and an inability to sit still, or an inability to sit down because of intense anxiety at the thought of doing so; a common side effect of neuroleptic drugs

Akinesia – absence or diminution of voluntary motion; an example is the poverty of movement seen in people with Parkinson's Disease

Anergia – lack of energy; passivity

Anhedonia – the inability to experience pleasure

Anterior – (Ventral) front of body

Aphasia – loss of language ability due to dysfunction in the brain; may consist of a loss of receptive ability (decreased ability to understand language); expressive ability (an inability to express one's thoughts); or a combination

Apnea – an interruption of normal breathing that can be caused by neurologic immaturity, medications or by physical blockage of the airway

Apraxia – a neurological disorder caused by an inability to perform a skilled motor activity, not related to paralysis or lack of comprehension, but caused by a brain dysfunction in the cerebral hemispheres, especially in the parietal lobe. For example, a person may be unable to shave, to dress, or to do other previously learned and purposeful tasks.

Asymmetrical – difference between sides that would typically be similar, i.e., a difference found between the left and right sides of the body

Ataxia – muscular incoordination manifested especially when voluntary muscular movements are attempted due to the brain's inability to regulate posture and the strength and direction of limb movements. Ataxia is usually due to disease of the cerebellum.

Athetosis – a neurological condition characterized by slow irregular twisting, snake-like muscular movements seen mostly in the upper extremities, especially in the hands and fingers

Aura – a subjective sensation (as of voices, colored lights or crawling and numbness) experienced before an attack of some nervous disorders (as epilepsy or migraine)

Behavior modification – a treatment that focuses on modifying and changing specific observable patterns of behavior by means of stimulus-and-response conditioning. Examples of behavioral therapy techniques include operant conditioning, token economy, systematic desensitization, aversion therapy and flooding.

Bilateral – having to do with both sides of the body

Blocking – a sudden obstruction or interruption in the spontaneous flow of thinking or speaking that is perceived as an absence or deprivation of thought

Body image – one's internalized sense of the physical self

Central nervous system – brain and spinal cord

Cephalocaudal – refers to the long axis of the human body in a direction from head to tail

Chiari II malformation – a congenital condition in which the brain tissue protrudes down from the skull into the spinal canal. An adult onset form also exists called simply Chiari malformation. This abnormality can cause hydrocephalus, severe headaches and a variety of other neurological symptoms.

Circumduction – circular movement, as with a joint

Codependent – maladaptive coping behaviors that prevent individuals from taking care of their own needs and have as their core a preoccupation with the thoughts and feelings of another or others; it usually refers to the dependence of one person on another person who is addicted.

Cognition – the act, process or result of knowing, learning or understanding

Compulsions – repetitive, purposeless-seeming behaviors performed according to certain rules known only to the person in order to temporarily reduce escalating anxiety

Confabulation – filling in a memory gap with a detailed fantasy believed by the teller. This is seen in organic conditions such as Korsakoff's syndrome and brain injury.

Confidentiality – the ethical responsibility of a health care professional, a teacher or an instructor that prohibits the disclosure of privileged information without a person's informed consent

Congenital – existing from birth

Contracture – a condition of fixed resistance to passive stretch of a muscle resulting in limitation of range of motion of a joint. This condition is due to shortening of muscles, tendons and/or ligaments around joints.

Coping mechanism – ways of adjusting to environmental stress without altering one's goals or purposes; includes both conscious and unconscious mechanisms

Decubitus ulcer – a skin lesion caused by prolonged pressure to an area of the body, especially over bony prominences

Depersonalization – a phenomenon whereby a person experiences a sense of unreality or self-estrangement. For example, one may feel that one's extremities have changed, that one is seeing oneself from a distance or that one is in a dream.

Detachment – an interpersonal and intrapersonal disassociation from affective expression. Therefore, individuals appear cold, aloof and distant. This behavior is thought to be learned and is viewed as defensive.

Developmental disability – a disability produced by disease or injury interrupting normal developmental sequence

Developmental sequence – the order in which structure and function normally change; an established pattern of growth and development in human beings

Diplegia – weakness of the lower body to a greater extent than the upper body

Displacement – transfer of emotions associated with a particular person, object or situation to another person, object or situation that is nonthreatening

Distal – further from the trunk (e.g., the hand is distal to the elbow)

Distractibility – inability to maintain attention; shifting from one area or topic to another with minimal provocation

Dorsiflexion – the act of bringing the top upward; when applied to the feet or hands it involves bringing the toes or fingers toward the body (opposite is plantar or palmar flexion)

Dual diagnosis – the existence of two, possibly unrelated, primary diagnoses. Ideally, in treatment, both diagnoses should be addressed. For instance, someone may have two separate physical disabilities (e.g., diabetes and spinal cord injury) or someone with a physical disability may also have a psychiatric or mental health disorder (e.g., bipolar disorder and spina bifida). A substance abuse disorder may accompany a physical or a psychiatric diagnosis.

Dyskinesia – involuntary muscular activity, such as a tic or spasm; the impairment of the power of voluntary movement, resulting in fragmentary or incomplete movements

Dystonia – an impairment of control of muscle tone; may be an acute side effect of neuroleptic (antipsychotic) medication or a symptom of neurologic dysfunction

Echolalia – A repetition or imitation of sounds or words; may be voluntary or involuntary

Edema – swelling; an unusual accumulation of fluid

Egocentric – self-centered

Empathy – the ability of one person to see things from another person's perspective and to communicate this understanding to the other person

Enabling – helping a dependent individual avoid experiencing the consequences of their addiction. It is one component of a person in a codependency role.

Equilibrium – a state of balance; a condition in which opposing forces exactly counteract each other

Eversion – turning the foot out (i.e., duck feet)

Extension – to straighten the body or a joint

External Rotation – to rotate outward away from the body's midline

Fading – a gradual withdrawal of support or assistance when training a new skill

Family system – those individuals who make up the family unit and contribute to the functional state of the family unit

Fight-or-flight response (sympathetic response) – the body's physiological response to fear or rage that triggers the sympathetic branch of the autonomic nervous system as well as the endocrine system. This response is useful in emergencies; however, a sustained response can result in pathophysiological changes such as high blood pressure, ulcers, cardiac problems and more.

Flaccid – hypotension of muscles; relaxed, floppy, having decreased or absent muscle tone

Flexion – to bend the body or a joint

Group process – interaction continually taking place between members of a group

Hemiplegia – weakness of one side of the body, left or right

Hydrocephalus– an excessive accumulation of cerebrospinal fluid in the brain that may result in enlargement of the head

Hyperextension – movement of any joint beyond the joint's normal position

Hypermobility – movement beyond what is normally expected

Hypertonic – high muscle tone, a state of greater than normal muscle tension, or incomplete relaxation

Hypochondriasis – excessive preoccupation with one's physical health, without any organic pathology being present

Hypotonic – low muscle tone, a state of lower than normal muscle tension

Idiopathic – arising spontaneously or from an obscure or unknown cause

Impulsiveness – an action that is abrupt, unplanned and directed toward immediate gratification. Often, safety is jeopardized.

Incontinence – inability to control bowel and/or bladder function

Intellectualization – the use of thinking and talking to avoid emotions and closeness

Internal rotation – to rotate inward toward the body's midline

Inversion – turning the foot in (i.e., pigeon toed)

Labile – having rapidly shifting emotions; unstable

Lateral – side away from the center of the body

Lateral flexion – movement of the head and/or trunk sideways, away from the midline of the body

Limit setting – the reasonable and rational setting of parameters for client behavior, which provides control and safety

Manipulation – purposeful behavior directed at getting needs met. Manipulation is maladaptive when:
1) it is the primary method used for getting needs met;
2) the needs, goals and feelings of others are disregarded; and
3) others are treated as objects in order to fulfill the needs of the manipulator.

Medial – toward the center of the body

Microtrauma – a very slight injury or lesion; can also mean injury at the microscopic level that if repetitive can lead to serious injury

Midline – imaginary straight line through the center of the body from head to toe

Monoplegia – weakness of one extremity

Muscle tone – condition in which a muscle is in a state of readiness to contract without excess slack or shortening; the resistance of muscles to passively stretch or move

Occlude – to close up or block off

Panic – sudden, overwhelming anxiety of such intensity that it produces disorganization of the personality, loss of rational thought and inability to communicate, along with specific physiological changes

Paralysis – temporary or permanent complete loss of movement

Paraplegia – weakness of both lower extremities

Paresis – partial or incomplete paralysis

Passive/aggressive behavior – indirect expression of anger. Behavior may seem passive but is motivated by unconscious anger, often triggering anger and frustration in others. Examples of passive-aggressive behavior include lateness, forgetting, 'mistakes' and obtuseness.

Perception – conscious mental registration of sensory stimuli. Disturbance of perception is an inability to register and interpret sensory stimuli based on past experiences.

Peripheral – in the extremities, such as peripheral arteries, peripheral nerves

Perseveration – the involuntary repetition of the same thought, phrase or motor response (e.g., brushing teeth, walking); can be associated with brain damage or mental illness

Plantar Flexion – bending the ankle down (toes down)

Posterior – (dorsal) back side of the body

Posture – the position in which the body is aligned

Pronation – turning inward, pronation of the hand would be turning of the palms downward

Prone – the position of the body face down, or lying on the stomach

Proprioception – joint position sense, awareness of the angle of a joint

Protraction – the position of a body segment forward of other segments, such as protraction of the shoulder is movement of the shoulder forward

Proximal – closer to trunk (e.g., the shoulder is proximal to the elbow)

Psychosomatic – the interaction of the mind (psyche) and body (soma). The term is used in reference to certain diseases thought to be caused by psychological factors.

Psychotherapy – a treatment modality based on the development of a trusting relationship between client and mental health professional for the purpose of exploring and modifying the client's behavior and feelings in a satisfying direction

Quadriplegia – weakness of all extremities

Range of Motion – the degree of free, unrestricted motion found in each joint in the body

Reflexes – involuntary response to a stimulus either sensory or positional; reflexes are specific, predictable, usually purposeful and adaptive

Retraction – movement of a segment of the body behind another segment, such as retraction of the shoulder is movement of the shoulder backwards

Rigidity – tenseness, stiffness, inability to bend or be bent; abnormal rigidity may be linked to a lesion in the cerebellum.

Rituals – repetitive actions that people must do over and over until they are exhausted or anxiety is decreased; often done to lessen the anxiety triggered by an obsession

Role-playing – a technique used in group or family therapy in which a member acts out the behavior of another member in order to increase the other member's ability to see a situation from another point of view

Scapegoat – a member of a group or family who becomes the target of aggression from others but who may not be the actual cause of hostility or frustration

Self-concept – a person's image of self

Self-esteem – feelings individuals have about their worth and value

Sensory integration – skill and performance in development and coordination of sensory input, motor input and sensory feedback

Shaping – achieving and developing a new response pattern through a series of successive approximations

Somatization – the expression of psychological stress through physical symptoms

Spasticity – increased tension of muscles causing stiff and awkward movements. The degree of stiffness is velocity dependent; the more quickly a muscle is stretched, the stiffer it becomes.

Sublux(at)ed – partially dislocated

Successive approximation – progressing by small steps closer and closer to a goal; the learner comes to approximate the final response through a series of successive steps

Supination – turning a segment outward, supination of the hand is turning the palm up

Supine – position of the body lying flat on the back

Suppression – the conscious putting off of awareness of disturbing situation or feelings; the only defense mechanism that operates on a conscious level

Triplegia – weakness of three extremities

Thrombus/Thrombosis – a clot of blood formed within a blood vessel and remaining attached to its place of origin

Torticollis – an abnormal and more-or-less fixed lateral flexion of the neck associated with muscular contracture

Unilateral – affecting or occurring on only one side of the body

PATH International
Guidelines

PATH
INTERNATIONAL
Professional Association of Therapeutic Horsemanship International

Helmet Use

The Professional Association of Therapeutic Horsemanship International mandatory standard *A30 requires all participants to wear protective headgear that is American Society for Testing and Materials – Safety Equipment Institute (ASTM-SEI) certified for equestrian use while mounted or driving. Every attempt must be made to use an ASTM-SEI certified helmet for equestrian activities. Information regarding helmets can be obtained from SEI at www.SEInet.org (headgear, equestrian helmet).

Guidelines for Alternative Helmet Use

Alternative helmets (helmets not ASTM-SEI approved for equestrian activities) may be acceptable under very specific circumstances, which may include:

- very small or very large head size
- extreme asymmetries in head shape
- significantly poor head control
- alternative riding positions for very physically dependent riders
- very significant sensory integrative dysfunction

If the use of an ASTM-SEI equestrian helmet has been tried and is not appropriate, then a Consumer Product Safety Commision (CPSC) approved helmet for bicycle riding or an ASTM-SEI approved helmet for other sports may be considered if it provides adequate coverage over the back of the head. In extreme circumstances, when no ASTM-SEI or CPSC certified helmet is adequate, a non-ASTM-SEI or CPSC helmet may be considered. These helmets can be made of rigid or soft flexible foam and usually are found in therapeutic equipment catalogs, custom made or available for other sports. Because they are not standardized or tested for sport impact or equestrian activities, they are to be used only with extreme caution.

PATH Intl. Centers may consider alternative helmets according to the following guidelines:

- Participants who use alternative helmets (helmets not ASTM-SEI approved for equestrian activities) MUST have a written evaluation/justification by an appropriate licensed/credentialed health professional (PT, OT, SLP or MD) that specifically addresses the risk of equine activities to determine whether the use of this helmet is necessary AND to recommend which type to use.
- A non-ASTM-SEI approved helmet may be used ONLY when there are a leader and two sidewalkers with the participant as minimum safety requirements.
- The equine-assisted services must be confined to an enclosed and safe arena.
- The equine-assisted services must be directly supervised by an occupational or physical therapist or a speech-language pathologist.
- There are no state or local laws requiring ASTM helmet use.

Guidelines for Non-Use of Helmets in Interactive Vaulting

In general, helmets are required for all mounted and driving activities. These Guidelines for Non-Use of Helmets are provided for programs that are providing vaulting activities to those participants who are between an introductory vaulting level but not yet ready to participate in a sport vaulting program. It is recommended that all programs contemplating the non-use of helmets consult their local laws and insurance coverage.

Non-use of helmets can ONLY occur if **all** the following criteria are met:

1. The vaulter is of a skill level that helmets may be a safety concern. This would include more complicated moves such as a shoulder stand or two person moves that could cause interference between the two vaulters.
2. The vaulter is cognitively and physically able to practice self-preservation skills in case of a fall. This means the ability to:
    - Demonstrate a safe dismount
    - Demonstrate and describe the components of a safe fall
3. The interactive vaulting program operates under the auspices of a Professional Association of Therapeutic Horsemanship International Premier Accredited Center.
4. The person lungeing the equine is a PATH Intl. Certified Instructor.
5. The vaulter (or legal guardian if vaulter is underage) signs a waiver acknowledging the additional risk of not wearing a helmet.
6. There are no state or local laws requiring helmet use.
7. Documentation is maintained on each identified vaulter who is not using a helmet as to how the determination was made and that the vaulter meets **all** of the above requirements.

Additional Guidelines for the Selection of Equines for Therapeutic Driving

Along with the general screening criteria for equines involved with any equine-assisted services, there are additional considerations for equines to be used in a therapeutic driving program.

Any equine placed in a driving program should have demonstrated qualifications that include, but are not limited to, the following:

1. Be five years of age or older
2. No stallions may be selected.
3. Be in sound condition with a good temperament and good driving manners
4. Have at least two years of varied driving experience, alone and in company
5. Be reliable and obedient under all conditions
6. Stand still for harnessing, putting to, loading and unloading wheelchairs and when instructed
7. Have no objection to being overtaken from the rear or having vehicles in front or passing

These and any other criteria considered essential for the equine used for therapeutic driving should be incorporated into a written evaluation of the suitability of each equine before it participates in center activities and therapies.

Additional Guidelines for the Selection of Equines for Interactive Vaulting

Along with the general screening criteria for equines involved with any equine-assisted services, there are additional considerations for equines to be used in an interactive vaulting program.

Any equine placed in an interactive vaulting program should have demonstrated qualifications that include, but are not limited to, the following:

1. Be at least six years of age or older
2. Mares or geldings are recommended.
3. Trained in lungeing
4. Have conformation specific to use in interactive vaulting. This includes soundness on all four legs within the gaits used for vaulting and has non-reactive back, loin and neck areas.
5. The size of the equine should be considered in relation to the size of the vaulters.
6. The equine should have the ability to be approached from all sides.

These and any other criteria considered essential for the equine partner in interactive vaulting should be incorporated into a written evaluation of the suitability of each equine before it participates in center activities and therapies.

What to Put in Your Equine First-Aid Container

One area that is examined during the center accreditation process is the management of the equines.

Accreditation considers the number of equines used in proportion to the number of participants, the appearance of the equines, the monitoring of the record keeping and the list of the materials kept in the equine first -aid container. Specifically, what should you have in an equine first-aid container?

In the event of an equine emergency, a bit of preparation and forethought may help to save your equine's life. The preparation and maintenance of an equine first-aid container should be a part of every equine owner's responsibilities. Store your equine first-aid container in an area that is not accessible to the population you serve but is readily available in the event of an emergency. Clearly label the container and restock it periodically. A list of essential emergency numbers should also be easily located throughout your barn as well as in the center's equine first-aid container. These numbers might include those for your equine owners, barn manager, veterinarian, farrier and equine insurance carrier.

The majority of injuries suffered by equines are generally the result of trauma. Therefore, be sure to include a variety of materials specific to traumatic injuries in your equine first-aid container. An antibacterial agent, such as Betadine™, is critical to the successful cleansing of a wound. A selection of bandaging materials is helpful in wrapping injuries and in the prevention of bleeding. These materials can include roll gauze, Vetrap™, Kling Wrap™ and adhesive tape.

Stable wraps and roll cotton are helpful for leg injuries and for support bandages. Plastic wrap is useful in creating a sweat wrap if needed. A diaper can provide bulk and is useful when wrapping hooves. Bandage scissors can make the whole business of wrapping a good deal easier.

It is also helpful to include a few items critical to restraint with the first aid container such as a halter or lead. Having these items handy can eliminate the need to run around frantically searching for a halter while your equine is in an emergency situation.

Being familiar with an equine's "normal" behavior and vital signs (pulse, temperature and respiration) will help in knowing when they are not feeling well. Therefore, keep a stethoscope and rectal thermometer (with string attached) in the container to monitor vital signs.

There are several drugs that can be useful in various situations. Most of the drugs available to treat equines are distributed by your veterinarian. In general, you should consult your veterinarian prior to administering any drugs. It is important to develop a rapport with your veterinarian and work with them in treating your equines. Call your veterinarian before treatment so they can help you determine the safest and most effective treatment protocol. Taking this step may prevent further injury caused by guesswork.

Consider keeping a legal analgesic, such as Banamine™, in your first-aid container. This drug can be essential in relieving colic discomfort. An anti-inflammatory agent, such as phenylbutazone, can help relieve swelling. A steroidal anti-inflammatory, such as dexamethasone, can be useful in a situation involving an allergic reaction.

You can keep an oral antibiotic in your equine first-aid container but you should only administer it after consulting with your veterinarian. As mentioned earlier, an antibacterial cleanser, such as Betadine™ or Nolvasan™, can serve a variety of purposes. Many drugs will have an expiration date. Be sure to check these dates periodically and replace the products as necessary.

There are other materials that can be helpful if they are located with your equine first-aid container. Include wire cutters because, invariably, an equine will find the only piece of wire on your property and you may need some help getting him/her free. A flashlight or penlight can be a help when examining wounds in a dark barn. Poulticing products, such as ichthamol, and drawing agents, such as Epsom salts, are both useful. Keep a dose syringe or turkey baster in the container for easy administration of medication.

The following equine first-aid container section lists recommended items that should be included in your equine first-aid container. Being prepared with a well-stocked container is essential to maintaining a healthy herd.

Equine First-aid Container

Bandaging Materials
Sterile 4-inch by 4-inch pads
Non-adhering dressing (roll gauze)
Roll cotton
Stable wraps (gauze covered)
Kling Wrap™ (4-inch rolls)
Vetrap™
Adhesive tape
Plastic wrap
Diapers
Stable wraps
Bandage scissors
Cotton wool or gamgee
Cotton leg wraps - 30 inches by 36 inches
1 or more rolls of sterile cotton
Surgical sponges
Track bandages
50 cc syringe in sterile pack/needles

Drugs
Legal analgesic (Banamine™)
Antiseptic cleaner (Nolvasan™, Betadine™)
Anti-inflammatory drug (phenylbutazone or Dimethylsulfoxide [DMSO])
Antihistamine (Azium™ or dexamethasone)
Topical antibiotic (nitrofurazone)
Oral antibiotic (Tribrissen™—consult your veterinarian prior to use)

Other Materials
Rectal thermometer (with string attached)
Clean towels, ice packs, Vaseline
Twitch
Halter and lead rope
Flashlight, penlight and batteries
Bucket
Stethoscope
Wire cutters
Bleach
Sponges
Hoof pick
Dose syringe
Eye ointments
Duct tape
Antifungal shampoo
Alcohol
Distilled water
Epsom salts
Ichthamol or other poultice materials
Emergency numbers: veterinarian, staff, farrier, owners
Fly spray
First-aid book for horses
Cold packs
Large bucket for leg soaks/water/ice/treatment
Straight forceps
Latex or vinyl examination gloves
Shoe puller-spreader combination
Hoof knife
Hack saw
Rasp
Pliers

Guidelines for Providing Equine-Assisted Psychotherapy/Equine-Assisted Counseling
The Unique Approach of PATH Intl.

Purpose

The purpose of this document is to inform PATH Intl. members, health care professionals and education professionals about equine-assisted psychotherapy/equine-assisted counseling (EAP/EAC).

EAP/EAC is a popular and emerging service provided by hundreds of PATH Intl. Centers and thousands of professionals in the United States and increasingly in other countries around the world. Evolution and growth has resulted in a wide variety of EAP/EAC approaches, methods and programs.

The unique approach of PATH Intl. to EAP/EAC provides support for a diverse group of professionals serving an increasing range of clients. Services include clinical interventions conducted by licensed mental health professionals, as well as long-term psychotherapy.

The common denominator in all PATH Intl. EAP/EAC services is the interaction with and participation by the equine.

The following information helps professionals interested in EAP/EAC interpret some of the key characteristics of the service.

EAP/EAC is defined as an interactive process in which a licensed mental health professional working with or as an appropriately credentialed equine professional partners with suitable equine(s) to address psychotherapy goals set forth by the mental health professional and the client.

I. About EAP/EAC

a. EAP/EAC is an interactive process in which individuals of all ages participate in clinically structured equine activities to improve and enhance mental, emotional and social functioning.
b. Through relationships with equines, humans may recognize maladaptive behaviors. In order to feel safe throughout the process of healing and growth, it is essential that trust and respect are developed between the human and the equine. Therefore, teaching clients about equines is beneficial in order to provide a deeper understanding and awareness of the equine partners.
c. EAP/EAC professionals must obtain a signed "informed consent" from their client. This document describes the professional's services, goals, credentials and philosophy for including equines in psychotherapeutic treatment.
d. EAP/EAC differs from equine-assisted learning (EAL) as EAP/EAC is a form of psychotherapy and thus involves the processing of experiences, feelings and thoughts while EAL involves discussion and educational content. EAP/EAC is client driven and the goals may vary, where EAL usually has an end goal in mind at the start of the lesson.
e. The goals for EAP/EAC range from making the unconscious conscious to treating maladaptive patterns and behaviors caused by mental illness, addiction, trauma or abuse.
f. Currently, insufficient research evidence exists to substantiate best practices or evidence-based practices in EAP/EAC. Nonetheless, EAP/EAC professionals strive to implement evidence-based interventions when possible and seek to contribute accurate data to the growing research and literature in the field.

II. The Professional

a. EAP/EAC is provided by a mental health professional who is appropriately licensed or credentialed in their state of practice, is dually trained (licensed mental health professional and equine specialist/therapeutic riding instructor) or is partnering with an equine specialist or therapeutic riding instructor, and is skilled or certified to provide EAP/EAC.
b. It is the responsibility of the mental health professional to obtain the necessary training, education, supervision and experience in any specialty area of practice.
c. EAP/EAC is developing rapidly and therefore requires continuing education.
d. EAP/EAC professionals may choose to provide EAP/EAC individually or may use a team approach (licensed mental health professional, equine specialist and/or other support staff). This treatment decision is to be made by the professional based upon their comfort with the method and the therapeutic needs of the client(s).
e. EAP/EAC professionals are trained to interpret the equine/client interactions and provide feedback regarding the equine's behavior and in answering questions and/or assisting the client in the process of interpreting what the equine is communicating.
f. If the needs of the client/participant exceed the training/practice of the EAP/EAC professional, procedures must be in place to refer the client to additional appropriate services.

III. The Client

a. There should be a written treatment plan in place that supports the use of EAP/EAC as a clinically appropriate intervention and includes criteria for discharge.
b. Use of EAP/EAC as a clinically appropriate intervention should be adapted to the client's goals, personality and diagnoses. Clients should be screened for precautions and contraindications (see *PATH Intl. Standards for Accreditation and Certification* manual, section L).
c. The EAP/EAC professional should make informed decisions about when a client is suited and emotionally ready for such an interaction and when it would be contraindicated. Continued re-evaluation of the EAP/EAC service is critical to ensure appropriate use of the method.
d. The professional is responsible for maintaining HIPAA compliant records.
e. EAP/EAC professionals should be educated, familiar with and experienced in understanding equine behavior and the psychological and physiological factors that influence equines.

IV. The Equine

a. There should be a procedure in practice to select appropriate equines for EAP/EAC and to periodically reevaluate each equine for suitability.
b. EAP/EAC professionals should be highly attuned to and aware of their equine partners. When the equine is responding to stimuli, these reactions and responses can facilitate a therapeutic or learning experience for the client/participant. In this manner, the EAP/EAC professional and the equine work together in partnership to facilitate the experience.
c. The welfare of the equine should be assured at all times, and the EAP/EAC activity must cease in the event that an equine displays unhealthy stress, fear or discomfort. Continued re-evaluation is critical to ensure that both client and equine needs are met.
d. An EAP/EAC session should count toward the work day limit for an equine.

V. The EAP/EAC Session

a. EAP/EAC can be delivered using a variety of approaches including, but not limited to, groundwork activities, mounted activities, driving or vaulting.
b. If the EAP/EAC professional uses mounted work, they must be certified as a PATH Intl. Certified Therapeutic Riding Instructor.
c. If the EAP/EAC professional chooses to use only groundwork, they may be certified only as a PATH Intl. Equine Specialist in Mental Health and Learning.
d. If driving or vaulting are utilized, the EAP/EAC professional must be certified in those areas.
e. There must be written documentation available to support b, c and d.

VI. The Equipment

a. The EAP/EAC professional should consider the possible psychological impact of using certain equipment with or around clients. Such equipment could include lunge whips and longlines, wands and chains and activities equipment such as blindfolds, masks, etc.
b. The EAP/EAC professional needs to consider the appropriateness of the equipment for their equine partners.

VII. The Location

a. EAP/EAC must be provided in a confidential setting that is both physically and emotionally safe for clients.
b. The EAP/EAC professional must ensure that the facility's practices align with safety and health guidelines as outlined by PATH Intl. Standards.

VIII. Personnel

a. The use of a support team can be helpful to mental health professionals in some situations. Support staff may be certified therapeutic riding instructors, equine specialists, or may have other training and skills that make them appropriate in supporting an EAP/EAC provider. The responsibilities of the support team will vary with the needs of each provider, client and equine.
b. Paid and unpaid personnel involved with EAP/EAC sessions should go through orientation training specific for the EAP/EAC service.
    i. The training should specifically address confidentiality and basic counseling skills.
    ii. It should address mental health diagnoses that the personnel might encounter as well as potential goals that might be addressed through the EAP/EAC service.
    iii. It should cover roles and responsibilities for all personnel.
    iv. There should be a pre- and post-session briefing/debriefing to ensure that personnel are supported in their efforts.

The Americans with Disabilities Act (ADA): Considerations for the Professional Association of Therapeutic Horsemanship International Center

All PATH Intl. Centers deal with people with disabilities, whether participants or employees, and these individuals are covered under the Americans with Disabilities Act (ADA). Considering the beneficial services PATH Intl. Centers provide, it is safe to assume that no center would knowingly discriminate against anyone with a disability; yet there are considerations that need to be made when choosing participants for inclusion at your center.

Sometimes there may be applicants whom the center staff does not feel equipped to safely serve. For instance, the center that only has small ponies may not be able to provide riding for adults, or the center with no mental health professionals on staff may not be able to provide services for those with acute mental illness. The center's responsibility is to provide safe and quality services in keeping with its mission.

The Process:

PATH Intl. Centers need clear, written guidelines about whom they serve. Often, this can be provided in the mission statement but must be further outlined in policies and procedures. In writing, the center should have:

1. The services the center provides.

This will include a listing of the activities or services at the center such as riding, driving, groundwork, physical therapy, occupational therapy, speech/language pathology, equine-assisted psychotherapy, equine-assisted counseling, etc. Determination of activities and services will likely be based on the type and quality of equines at the facility, staff training and availability, equipment availability, the physical environment. This may vary depending on season or staffing issues.

2. Qualifications of the staff – human and equine:

There should be tracking of the training and experience of the staff/volunteers, including records of updated training such as certification status. An evaluation of abilities or limitations should be included as well. Equines should be evaluated individually regarding training for specific activities and services, conditioning, weight carrying ability and specific limitations. This should be updated regularly. Outside evaluations from qualified professionals, such as veterinarians, are helpful to objectively document.

3. Written admissions criteria. Who can the center safely serve? What are the criteria used to determine whether a potential participant qualifies? Who will perform the intake evaluation?

Once these criteria are established, they must be applied to all applicants. Consider physical, cognitive and behavioral characteristics of the participants the center is evaluating. Establish who will be doing the evaluation (for example, by participant interview, TRI evaluation, PT evaluation, psychiatric evaluation) and what criteria they will use.

Rights for All:

There is the potential for accusations of unfairness by participants (or their families) who have been denied an activity, service or employment at a PATH Intl. Center. It is very important that the decision to deny a person participation—whether due to issues such as obesity, a behavior problem, communication difficulty or a condition where riding might be contraindicated—is made fairly, based on a predetermined policy and consistently enforced to prevent accusations of bias on the part of the organization. All evalua-

tions of participants should be in writing and contain detailed explanations of specific conclusions.

Indicating that an equestrian activity "would be unsafe" in a notation is not sufficiently detailed. Explanations about why a situation may be unsafe should be noted. For example, a claim that "a rider who has a seizure disorder would cause an unsafe situation and can't ride" would not differentiate the hundreds of riders who do ride and have seizure disorders. Explaining that the facility does not have staff and volunteers capable of handling the uncontrolled 150 lb. weight of an adult with a grand mal type seizure disorder with uncontrolled movement may help to explain why this individual is not able to participate safely at your center. Be specific.

Safety concerns should also address the well-being of the personnel, volunteers and other participants at the center. For example, if the behavior of an individual participant is such that they impose undue risk to sidewalkers who are otherwise trained, or that their behavior may trigger a fight or flight response in the horse that could injure other individuals, then the potential risk may warrant exclusion from participation. When evaluating safety, consider individuals beyond just the participant. Unfortunately, risk to the horse is not given strong bias but safety of all humans is paramount.

Reasonable Accommodations:

Reasonable accommodations are set for both employees of organizations and participants in activities and services provided by organizations. Your center must be accessible to people with disabilities, physically by providing access through architectural modifications and via communication by providing specific technology. The exception to this is the rule of undue hardship. If providing reasonable accommodation will cause excessive financial burden or will interfere excessively with the operation of the center, then accommodations may not need to be provided. Because these factors are based on individual situations, consult with experts if your center seems to incur this situation.

Alternative Activities or Services:

It is important to create and offer alternative activities or services for individuals when safety is a concern. Examples may be providing an individual rather than a group lesson for the rider who requires undivided attention. It may be providing sidewalkers with additional training in dealing with specific safety concerns. If a participant is considered to be unsafe for mounted equine activities, then activities such as groundwork or grooming, round pen work, supervised barn chores or driving may be considered. The key is to encourage the individual and to show that the exclusion from riding at this time is not intended to discriminate against the individual but that it is a safety issue. It is appropriate and helpful to be able to suggest other PATH Intl. Centers that may provide activities or services that your center does not. If driving might be a safe alternative for this potential participant and your center does not provide driving, it is helpful to know of nearby programs of which you have references.

Additional Information:

It is always possible that a PATH Intl. Center may get sued for denying activities or services or may be accused of bias against an individual, even if the denial is appropriate. That is an inherent risk and most likely cannot be totally avoided. Developing your procedures with medical and legal counsel is the surest way of anticipating such challenges and providing services fairly to all.

It is important to be familiar with the ADA, the federal law and how it is applied in your state. The ADA Disability and Business Technical Assistance Center can be reached at (800) 949-4232. ADA Information Line is toll free at (800) 514-0301. On the web, www.ada.gov.

Adaptive Tack Guidelines

The top priority in all equine-assisted services must be safety of the participant and the equine, regardless of the potential benefits for the participant. The first principle is always to do no harm, and any use of special equipment in equine-assisted services must follow this principle. As the potential benefits of equine-assisted services have become more widely accepted, more pressure is being brought to bear on programs to accommodate participants with increasingly severe disabilities. Accordingly, equipment that is designed to be more and more supportive has become available, necessitating guidelines for its safe and reasonable use.

An instructor who plans to use any adaptive equipment should always try out such equipment themselves, under a simulated lesson situation in a controlled manner, before allowing a participant to use it.

Definition: Adaptive tack is equipment that is modified or specifically created to compensate for a participant's limitations. Examples of limitations for which adaptive tack may be used to compensate include poor trunk control, weak hand grasp, poor leg control and loss of sensation in seat and feet.

Before adaptive tack is used, the instructor/therapist should address the following questions:

- Is the original tack fitted correctly?
- Have all traditional tack options been exhausted?
- Have additional professionals/team members (other instructors, therapists, family) been consulted (about present situation/need for adaptive tack/type of adaptive tack)?
- Can sidewalker support be as effective with the adaptive tack as it is without adaptive tack?
- Is the need for adaptive tack related to a precaution or contraindication that applies to this participant?
- Can a less restrictive/specialized piece of equipment be used to improve the rider's skills/meet rider's needs/goals?
- What riding/driving skill will this adaptive tack allow the rider to accomplish?
- Is this rider being supported by the correct professionals (depending on need/in the correct setting/lesson type)?
- Are the instructor's goals for use of this adaptive tack related to riding/driving or horsemanship? If not, could this person be better served in a therapy setting?
- If adaptive tack is used in a therapy setting, how does it facilitate documented therapy goals?

Participant

- The participant should be evaluated for the presence of contraindications prior to considering the use of adaptive equipment; if a contraindication is present, mounted activities are contraindicated, regardless of equipment used. The use of adaptive tack does not override a contraindication. Precautions and contraindications that may apply include, but are not limited to, issues with poor head and trunk control, severe scoliosis, a high level of paralysis and complications of cerebral palsy, including lack of range of motion of the hip.
- The tack should not interfere with the horse's movement. Overly restrictive equipment can interfere with the effects of the horse's movement on the participant, causing stress injuries above or below the areas that are restricted.

Horse

- Adaptive equipment must be safe and in good repair (*F20), well fitting and considerate of the conformation of the horse (A32). Surcingle trees if they are fixed should be fitted to each horse individually much like a traditional saddle. Surcingles with flexible trees or soft webbing should not cause stress points or soreness for the horse.
- Adaptive saddles should be screened, critically assessed for safety and assessed for the impact on the horse both with and without additional weight of the participant. Conformation of the horse to be used with adaptive tack should be taken into account when choosing equipment that may put additional stress on the horse. Assessment of the equipment should be done prior to the adaptive equipment being used with a participant.

Equipment

- The equipment being considered for use as adaptive tack should first be evaluated for operation in an emergency. Safety should always be the top priority.
- The equipment should provide the minimal amount of adaptation necessary to meet the participant's needs.
- The equipment should not secure the participant to the equine in a way that interferes with an emergency dismount. Many newer adaptive saddles have a quick release mechanism, but it may only be present on one side of the saddle. In the event that the sidewalker on that side is knocked away from the horse, the participant is unable to be freed from the horse. THIS IS UNACCEPTABLE ADAPTIVE TACK.
- Quick release mechanisms that are effectively deployed by the participant, including those that simply require the weight of the participant to activate (e.g., Velcro fasteners), are the only mechanisms considered acceptable. In instances where immediate release is paramount to the health and safety of the participant, sidewalkers should never be placed in the position of having to decide when or how to release (and let fall) a participant. Likewise, participants using a quick release mechanism that is not activated by their own weight (e.g., Velcro fasteners) should be competent to control their own equine. Adaptive tack that is used should allow the participant to fall free of the horse without intervention by another individual. Any tack that does not allow the participant to fall free of the horse is deemed inappropriate.
- Velcro fasteners should be tested with practiced emergency dismounts that simulate the size of participant to the amount of Velcro secured. Velcro that does not allow a participant to fall free without assistance should be modified.
- The adaptive equipment should not frighten the horse if/when an emergency occurs. Adaptive equipment should not have loose straps or pieces that are likely to bang against the horse during an emergency dismount.
- Mechanisms for securing an individual in their wheelchair may not be appropriately quick release for securing the individual in the wheelchair when the wheelchair is secured to the driving carriage. Who would release the attachment and how easily it may be accomplished during an incident must be evaluated.

Professional Association of Therapeutic Horsemanship International
Equine-Assisted Learning Guidelines
5/1/2015

I. About Equine-Assisted Learning (EAL)

A. Equine-assisted learning (EAL) is an experiential learning approach that promotes the development of life skills applicable to educational, professional or personal goals through equine-assisted services.
B. This experiential approach integrates horse-human interaction that is guided by a planned learning experience to meet the identified goals or desires of the participant(s).
C. EAL follows a process of assessment, planning and documentation.
D. EAL can incorporate a variety of activities such as mounted activities, unmounted activities or driving. It can involve other aspects of the equine center/facility environment.
E. In addition to the guidelines specific to EAL, all PATH Intl. Core and Activity Standards apply to EAL.

II. The EAL Participant

A. It is required that new participants of EAL go through an assessment or survey process to determine the goals and suitability of the group or individual. The assessment process may include input from parents/legal guardians, caregivers, teachers, organization representatives and the participant's own desired learning outcomes. The type of assessment is determined by the facilitator.
B. All participants will have administrative documentation consistent with PATH Intl. Standards. For all EAL participants the following documentation is maintained:
    a. The participant's assessment
    b. Written goals
    c. Documentation will be maintained in the participant's file that demonstrates that the participant, parent/legal guardian, caregiver and referring agency/organization are informed of the scope of EAL work.
    d. Ongoing documentation is kept in the participant's file according to the policy and/or procedures of the program.
C. Each group or individual should have a general plan that includes goals and objectives and session documentation.
D. There should be written evidence of on-going communication between the instructor/facilitator and participants, participant's parent/legal guardian, caregiver, referring agency/organization to ensure that goals are continually updated.
E. There is a written policy in place for dismissing or terminating a professional relationship with a participant.

III. Equines in EAL Are Viewed as Partners in the EAL Session.

A. Respect and consideration are given to the equine's physical, mental and emotional well-being, stress levels and safety at all times.
B. The center/facility has implemented procedures that are specifically related to EAL for the selec-

tion, assessment and training of equines for an EAL program.
   a. Equines are evaluated for suitability within the context of the activity(s) each day.
   b. The center/facility has implemented procedures to periodically re-evaluate the suitability of each equine's continued involvement in an EAL program.

C. An active EAL session, counts toward the workday limit for an equine per the PATH Intl. Standards. A passive session does not. **Passive participation** is defined as non-contact interaction from an observational point of view where the human presence does not have a direct effect on the equine.

IV. EAL Credentialed Professionals

A. There are three types of professionals that come to the EAL certification:
   a. Equine Professional – An equine professional is defined as a professional who satisfies the equine knowledge and skills as outlined in UNIT Two of the EAL competencies. This can include a PATH Intl. certified professional in another area other than EAL.
   b. Learning Professional – A learning professional is defined as a professional who satisfies the knowledge and skills as outlined in UNIT One of the EAL competencies that relate to skills other than equine.
   c. Dually qualified – A dually qualified professional is defined as a professional who satisfies the competencies in both UNIT One and Two.
   d. An EAL session is facilitated by an equine professional and learning professional as a team or by a dually qualified professional.

B. EAL professionals integrate the equine sessions into a participant's broader life goals by utilizing the input of the horse and its interaction with humans as a foundation of the learning process.

C. There is written documentation verifying that the professional has the skillsets and knowledge to meet the competencies.

D. There is documentation demonstration the professional's ability to make appropriate decisions for both their participants and their equine partners as defined in the PATH Intl. EAL competencies.

E. A professional may choose to specialize in one of three areas in addition to the basic certification: Education, Corporate/Professional Development or Coaching/Personal Development. It will be required to have documented training related to the area of specialty from an approved source.
   a. Each area of concentration will have specific competencies outlined in the next phase of development.
   b. If the EAL professional does not have the expertise for the given specialty, there is written documentation that they have partnered with a trained expert in that specialty.

VI. Equipment

A. Equipment in EAL activities is used to enhance learning outcomes.

B. Facilitators have an understanding of the equipment used in EAL activities to create a learning experience in which the safety and welfare of both equines and humans is ensured.

VII. Center/Facility

A. There is a written policy that defines the appropriate number of participants and the number of equines to the size of the activity area.

B. The center/facility is able to provide an environment suitable to the various learning needs of the participants. An EAL session should consider safety, confidentiality and freedom from distractions.

C. The center/facility has implemented procedures for activities that include working with equines at liberty to be conducted in a safe and appropriate space.

VIII. Personnel

A. Paid and unpaid personnel involved with EAL sessions should go through orientation training specific for the EAL program including the following:
    1. Confidentiality
    2. The responsibilities with assigned roles (listed below)
    3. Discussion opportunities pre- and post-session
    4. Awareness of goals and special considerations for the needs of each participant or group
    5. The scope of work of an EAL session

B. Potential Roles in an EAL Session:
    1. Facilitators:
        - Follow all PATH Intl. EAL guidelines and competencies
    2. Horse Handlers:
        - All horse handlers are trained and proficient in skills related to their role in an equine-assisted session as it pertains to the equine.
    3. Volunteers or other support staff:
        - All volunteers or other support staff have received training specific to EAL.

Equine-Assisted Learning (EAL) Core Competencies

Final 5/1/2015

1 UNIT One: Foundations, knowledge and skills in learning for certification of EAL Professionals

1.1 Describe the theoretical foundations of EAL

1.1.1 Define EAL (PATH Intl. official definition)

1.1.2 Identify the three main applied areas of concentration for EAL and their benefits to participants:

A. Education
B. Corporate/Professional Development
C. Coaching/Personal Development

1.1.3 Identify examples of EAL life skills in each area:

1.1.3.1 Education

A. Academic achievement skills
B. Critical thinking
C. Special Education
D. Alternative Education
E. Social and interpersonal skill development

1.1.3.2 Corporate/Professional Development

A. Teambuilding
B. Organizational development
C. Executive coaching
D. Leadership development
E. Career development
F. Interpersonal skill development for a corporate environment

1.1.3.3 Coaching/Personal Development

A. Life coaching
B. Personal growth
C. Health and wellness
D. Interpersonal relationship development

1.2 Define roles within the scope of an EAL experience

1.2.1 Identify the role of the equine professionals within an EAL session.

1.2.2 Identify the role of the human professional within an EAL session.

1.2.3 Identify the role of the dually-qualified professional within an EAL session.

1.2.4 Identify the role of a mental health professional within the EAL process including referrals and consulting.

1.2.5 Identify the role of a volunteer in an EAL session.

1.3 Identify suitable candidates who might benefit from EAL

1.3.1 Identify Precautions and Contraindications for participants in an EAL session.

1.3.1.1 Identify possible contraindications that might preclude someone from participating in an individual or group EAL experience according to PATH Standards.

1.3.2 Identify strategies for screening, assessing, setting goals and objectives to identifying the appropropriate EAL professional(s).

1.3.3 Identify strategies for recognizing when a participant needs to be dismissed or referred out to an appropriate professional who has specific expertise to support the needs of the participant or group.

1.4 Foundations of basic facilitation (facilitation includes teaching and instruction) commonly used in EAL services

1.4.1 Demonstrate knowledge of basic experiential learning theory related to facilitation of EAL (e.g., Dewey[1], Kolb[2], etc.).

1.4.1.1 Identify a specific model of experiential learning that could be applicable to EAL activities (e.g., 4-H model of leadership development[3], Luckner and Nadler experiential learning model[4], Kolb's Learning Cycle[5], COASTR model of facilitation[6], Rogers Learning cycle[7], Pfeiffer and Jones Stage Model of Questioning[8]).

1.4.1.2 Demonstrate how this model would be applied during an EAL/EFL session.

1.4.2 Compare the advantages and disadvantages of co-facilitation and solo-facilitation in an EAL session.

1.4.2.1 Identify strategies that help co-facilitators work together effectively.

1.4.2.2 Identify basic life skills that facilitate communication.

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[1]Dewey, J. (1938). *Experience & Education*. New York, NY: Kappa Delta Pi. ISBN 0-684-83828-1.

[2]Kolb, D. (1984). Experiential Learning: experience as the source of learning and development. Englewood Cliffs, NJ: Prentice Hall. p. 21

[3]Hendricks, P. A. (1996). Developing youth curriculum, using the targeting life skills model. A publication of Iowa State University Extension (4H-137A). Ames, Iowa: Iowa State University.

[4]Luckner, J.L., and R.S. Nadler. (1997). *Processing the Experience: Enhancing and Generalizing Learning*. Dubuque, IA: Kendall/Hunt.

[5]Kolb, D. A., Boyatzis, R.E., and Mainemelis, C. (2001). "Experiential learning theory: Previous research and new directions."*Perspectives on thinking, learning, and cognitive styles* 1: 227-247.

[6]McKissock, H.B., Anderson, Debbie. (2003). *Equine Assisted Ground Activities and Tools*. 15-17

[7]Rogers, Ronald W. (1975). "A protection motivation theory of fear appeals and attitude change1." *The Journal of Psychology* 91.1: 93-114.

[8]Pfeiffer, J. W., & Jones, J. E. (1969-1977). A handbook of structured experiences for human relations training (Vols.1-6). La Jolla, CA: University Associates Press.

1.4.3 Demonstrate understanding of group dynamics (e.g., Tuckman[9], Lewin[10]).
- 1.4.3.1 Explain how group dynamic affects learning and behavior of EAL participants.
- 1.4.3.2 Explain how a facilitator influences the dynamic and learning of a group.
- 1.4.3.3 Explain how group dynamics can affect equine behavior.

1.4.4 List components needed for creating an EAL session plan.
- 1.4.4.1 Demonstrate abilty to develop learning goals and objectives for participant(s).
- 1.4.4.2 Demonstrate ability to create a session plan with EAL goals and the ability to modify the goals as needed.
- 1.4.4.3 Demonstrate ability to determine the effectiveness of an EAL experience or series of activities.
- 1.4.4.4 Demonstrate ability to write an EAL session progress note and/or final summary that assesses an individual's or group's development/achievement over time.
- 1.4.4.5 Demonstrate the ability to select a purposeful activity that reflects the individual or group learning goals.

1.4.5 Identify the components of a EAL session:
- 1.4.5.1 Identify a typical activity design including flow, opening, middle, ending sessions.
- 1.4.5.2 Identify strategies for opening a session.
- 1.4.5.3 Identify ways of introducing or structuring of an activity.
- 1.4.5.4 Demonstrate understanding of how to shift dynamics to create an optimal learning experience.
- 1.4.5.5 Identify strategies for guiding individuals or groups who are struggling with an activity or task.
- 1.4.5.6 Identify strategies for debriefing and processing for learning.
- 1.4.5.7 Identify strategies for redirecting a participant to remain within the guidelines of EAL during a session.
- 1.4.5.8 Demonstrate effective adaptation of learning material and content to re-engage individuals in an EAL activity.
- 1.4.5.9 Demonstrate the principles of differentiated instruction to accomodate different learning styles in group and individual settings.

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[9]Tuckman, B. (1965). "Developmental sequence in small groups". *Psychological Bulletin* 63 (6): 384–99. doi:10.1037/h0022100. PMID 14314073. Retrieved 2008-11-10

[10]Lewin, K. (1947). *Frontiers of Group Dynamics: Concept, method and reality in social science, social equilibria, and social change. Human Relations*, 1,5-41

1.5 Equipment in an EAL session

1.5.1 Identify basic approved equipment, according to PATH Intl. Standards and/or guidelines for potential use in the following EAL sessions:

A. Therapeutic Riding
B. Vaulting
C. Driving
D. Ground work

1.6 Utilizing the facility/equine center environment for the benefit of the participant

1.6.1 Identify areas of the farm/facility or equine center that can be integrated into an EAL session.

1.6.2 Demonstrate an understanding of how the overall barn environment has an impact on the participant's experience.

1.6.3 Describe the suggested dimensions and characteristics of a safe round pen according to PATH Intl. Standards.

1.7 Confidentiality Requirements

1.7.1 Describe basic confidentiality practices as they apply to your EAL program.

1.7.2 Define a covered entity as it pertains to HIPAA (Health Information Portability and Accountability Act).

1.7.2.1 Define when HIPAA may apply to a business associate contractor of a HIPAA-covered entity.

1.7.3 Define FERPA and when it may apply (Family Educational Rights and Privacy Act).

2. Unit Two: Equine Skills and Knowledge needed for facilitating EAL (Recognizing the characteristics of equines appropriate for EAL)

2.1 Understanding of the emotional aspects of the equine

2.1.1 Demonstrate an understanding of how an equine displays emotion through behavior.

2.1.2 Demonstrate an understanding of how to interpret equine emotional responses.

2.1.3 Describe how human emotions can or could affect the equine.

2.1.4 Describe the behavior of an equine who is willing to engage and why this is important.

2.1.5 Describe the behavior of an equine who is unwilling to engage and why this is important.

2.2 Understanding of how to evaluate an equine for suitability for EAL

2.2.1 Demonstrate the ability to assess an equine's appropriateness for EAL activities.

a. Prior training
b. Ground handling
c. Health and condition
d. Herd related behaviors
e. Personality traits

2.2.2 Identify the difference between equines that are suitable for active versus passive activities.

2.2.3 Demonstrate understanding of how lameness/health can affect the decision to select an equine in an EAL activity.

2.2.4 List possible responses an equine might exhibit in response to environmental stimuli that could cause a safety risk to a participant during an EAL activity.

2.2.5 Demonstrate ability to evaluate an equine's individual flight response/recovery time and explain why that is important.

2.2.6 Recognize equine behaviors that may indicate stress or burnout.

2.3 Recognizing and applying Equine Behavior-Inclusion Pending

2.3.1 Demonstrate understanding of the equine behaviors listed below. (This is not an inclusive list of all equine behaviors only a partial list that will be included in education.)

- Alert
- Threatening
- Retreating
- Chasing
- Ear positions - laid back vs forward , to sides etc.
- Biting
- Herding
- Lowering or raising of the head or head carriage
- Striking behavior, kicking or threatening to kick
- Mutual grooming
- Sexual behaviors
- Pawing and stamping
- Rearing
- Presenting the hind end
- Feces sniffing
- Expelling feces
- Dominance behaviors
- Licking/chewing
- Yawning
- Lying down and rolling
- Sighing
- Holding the breath
- Muscle tension
- Resting a leg
- Tail carriage
- Vices

2.3.2 Demonstrate ability to recognize and incorporate horse behavior in the context of the session.

2.4 Recognizing and applying herd dynamics

2.4.1 Demonstrate how to leverage knowledge of the herd dynamic to create effective participant learning.

2.4.2 Identify how EAL activities could be impacted by herd dynamics.

2.4.3 Demonstrate ability to safely incorporate multiple equines for activities that include liberty work.

2.4.4 Identify how EAL activities could be impacted by herd-bound equines.

2.5 Equine welfare specific to EAL

2.5.1 Describe the difference between active participation vs passive participation of an equine in an activity[11].

2.5.2 Demonstrate an understanding of the effects of a flight/fight response on equine welfare.

2.5.3 Demonstrate ability to conduct a safety discussion with a participant or group for an EAL session.

2.5.4 Demonstrate strategies for responding to a participant who disregards personal safety during an EAL activity including discontinuing an activity or session.

2.5.5 Demonstrate understanding of when it is appropriate to intervene when the participant or the equine may be in a potentially dangerous or stressful situation.

2.5.6 Demonstrate the ability to intervene on behalf of the equine when a participant or group is putting the equine in a potentially stressful or dangerous situation.

2.5.7 Describe a strategy for keeping equines healthy, mentally and emotionally.

2.5.8 Identify strategies for preventing equine stress and burnout.

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[11]A. Active participation is defined as direct contact with the equine where the equine is being asked to interact with the participant and where the equine does not necessarily have a choice to disengage from the process or activity. The intention or purpose of the interaction between the equine and participant also has a consideration in this definition.
B. Passive participation is defined as non-contact interaction from an observational point of view where the human presence does not have a direct effect on the equine.

PATH
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Professional Association of Therapeutic Horsemanship International

PATH International Precautions & Contraindications

***Prepared by the PATH Intl. Health and Education Advisory.** The PATH Intl. Health and Education Advisory is an interdisciplinary group of health and education professionals. The information presented in this section is to be used as a guide only. In all participant evaluations, members are encouraged to confer with the participant's physician and/or therapist/mental health professional. PATH Intl. and the PATH Intl. Health and Education Advisory are not responsible for the use or misuse of information presented in this section.

Professional Association of Therapeutic Horsemanship International

PRECAUTIONS AND CONTRAINDICATIONS INDEX

PRECAUTIONS AND CONTRAINDICATIONS

Achondroplasia

Individuals born with achondroplasia, formerly referred to as 'dwarfism,' are short in stature (42" to 56") due to shortening of the upper arm and leg bones primarily. Other bones are affected though the trunk is long in comparison to the length of the limbs. Due to the limit of bony development, restricted range of motion at the joints with associated neurologic problems are common. Pseudo-achondroplasia and hypochondroplasia are two similar diagnoses that also present with shortness of stature, though they have different presenting symptoms.

Precaution:

- Positioning on the equine may be difficult due to short limbs. Adapted tack may be necessary.
- Weakness of the extremities and/or bladder control problems may be associated with spinal stenosis and herniated disc (see Spinal Instability/Abnormalities).
- Spinal stenosis (decreased spinal mobility). Special care is needed to determine if the equine movement will cause damage to the areas of remaining mobility.

Age and Developmental Related Considerations

Children under two years are inappropriate for mounted activities because their structural and neurologic development is inadequate to organize the sensory input from the equine or to accommodate its movement. While the fontanel is still open, this puts the child at risk similar to those with a cranial defect. Infants and young children often do not have adequate head control to wear a helmet, and/or helmet fit may be a problem. There is research to indicate that because of the immaturity of the young spine, repeated stress such as bobbing of the child's head while on the equine at a walk may lead to micro trauma of the cervical spine. A quick movement of the equine, even a small misstep, carries the risk of a whiplash type effect for the young child with poorly developed head control. The child without developmental delay will not display mature gait patterns with respect to pelvic movement until the age of three. Working with the equine to influence the child's gait prior to this age may not be appropriate. Sitting astride a large equine for a small child has the potential to stress the hip joints, potentially dislocating the hip. **Because there are many unknown issues, it is strongly recommended that a therapist trained in equine movement provide direct treatment to children two to four years of age who participate at Professional Association of Therapeutic Horsemanship International Centers**. Keep in mind that these age guidelines are based on children without developmental difficulties. Children with developmental delay will have a younger developmental age than their chronological age. Always use caution when determining the readiness of a young child to safely benefit from equine-assisted services.

There are no upper age limits for participation at a PATH Intl. Center. However, the older participant may be more likely to have health challenges, and therefore a careful health history, including medication review, is essential. Common health issues that are found elsewhere in this document might include: heart conditions, respiratory compromise, fragile skin/skin integrity, osteoporosis, diabetes, sensitivity to environmental factors such as heat, cold or allergens, and fatigue/poor endurance.

Precaution:

- Children with developmental levels (gross motor skills) below four years of age may be unable to safely accommodate equine movement; mounted activities should be closely monitored and evaluated by the instructor/therapist for safety/poor head control.

Contraindication:

- All children less than two years old.

Allergies

An allergy is a hypersensitive state acquired through exposure to a particular allergen. Re-exposure then causes an exaggerated reaction. Professional Association of Therapeutic Horsemanship International Centers need to be concerned with allergies to bee stings, hay, animal dander, molds, dust and the PATH Intl. Center's surrounding environment. Also, be aware of latex allergies and the equipment a participant may come into contact with, such as latex gloves for emergencies, vet wrap, rubber rings or reins. Know where latex is at your center. Information from the participant's medical history form is particularly important for allergies to bee stings, medications and latex so the participant receives prompt and correct treatment in an emergency. (See also Medication – Photoallergy)

Whether an allergy is a precaution or contraindication to equine activities depends on the participant's tolerance, efficacy of medications, accurate documentation of the known allergies and proximity to emergency medical care.

Precaution:

- Document known allergens.
- Know access to treatments/methods of care if an allergic reaction should occur.

Contraindication:

- If the allergic reaction from the equine environment is significant enough to cause a loss of function or discomfort in other environments, such as home or work
- If a severe allergy is present and access to emergency care is not available

Amputations

A limb, or part of a limb, may be surgically removed due to disease or due to trauma. Medical problems that caused the need for the amputation may have related precautions or contraindications (see Diabetes). Be familiar with the complete medical information. The participant may experience pain in the existing limb or in the area where the limb had been (phantom pain). Pain may be related to the position of the limb or from pressure to the area.

Consideration should be given to mounted activities with or without a prosthetic device. The device may help to equalize weight on either side of the equine and may help stabilize the participant. Some devices may not be able to be positioned well so that they stay in place or so they do not aggravate the equine. Consider the need for the prosthesis when off the equine.

Precaution:

- Position adequately regarding potential for skin integrity/pressure problems (see Skin Integrity) and for pain.
- Riders with hemipelvectomy will require modifications to the saddle/sitting surface.

Contraindication:

- Lack of skin integrity on the weight-bearing surface or surfaces that come into contact with the equine or equipment
- An amputation or ill-fitting prosthetic that precludes safe positioning or controlling of the equine

Arthritis – Rheumatoid Arthritis (RA), Osteoarthritis (OA)

There are several types of arthritis and rheumatic diseases that affect the integrity of the joints in various ways. The common results may be pain, inflammation, stiffness, joint degeneration and eventual functional loss. These conditions may affect adults or children. Exacerbations are not uncommon and may present periods of time for which activities should be curtailed. Commonly recommended is gentle exercise, generally without impact or weight bearing, to strengthen the muscles around the joint without further inflammation. Additional treatment may consist of medications, orthotics or splinting, rest during periods of exacerbation and/or surgery such as joint replacements, fusion or fixation. Please see these other categories for additional information.

Precaution:

- Pain, swelling or inflammation of the joints lasting beyond the activity time
- Position with adequate support to the joints involved and with the least strain

Contraindication:

- Exacerbation of the condition with increased pain and inflammation
- Following surgery or exacerbation without a release from the MD allowing return to equine-assisted services
- Pain or inflammation that interferes with functional abilities

Arthrogryposis

Arthrogryposis describes a condition at birth resulting in multiple joint contractures, or joints with significantly limited range of motion. In classic cases, the hands, wrists, elbows, shoulders, hips, knees and feet are affected. In some cases all of the joints are affected. Most often, weakness accompanies the contractures. Stretching, splinting and sometimes surgery are used to correct the deformities. (See Equipment, Surgery)

Precaution:

- If the hip and knee joints allowing positioning on the equine have limited range of motion

Contraindication:

- If the contractures prevent the participant from being safely positioned on the equine
- If the activity produces significant or prolonged pain
- If surgery has occurred and the physician has not yet released the participant

Asthma

Asthma is an allergic condition that causes shortness of breath, wheezing and/or coughing. The person may have chronic daily symptoms, or be prone to sudden asthma attacks. Onset may be due to external (environmental) or internal (stress, health) triggers. The existence of other allergies may predispose onset of asthma. With a diagnosis of asthma, the center should document the following:

- Frequency of attacks
- Average duration of attacks
- Known triggers to wheezing (bronchospasm) including allergens, cold and/or exercise
- Current medication usage, such as bronchodilators and steroids
- Known behavioral response during attacks (e.g., panic or anxiety)
- Emergency treatment plan including assurance that there is access to medication (i.e., medihalers)

Precaution:

- The equine environment may present asthmatic triggers that had not been previously identified

Contraindication:

- Poor accessibility to emergency medical care
- Worsening of condition
- High probability of airway closure

Atlantoaxial Instability (AAI) in Down Syndrome

Atlantoaxial instability (AAI) has been described as instability, subluxation or dislocation of the joint between the first and second cervical vertebrae (atlantoaxial joint). Instability of the joint is generally due to poor muscle tone and ligament laxity that is common with **Down syndrome**, less common with other disorders. The problems that may arise with a lax joint is that there can begin to be pressure on the spinal cord, resulting in neurologic changes (see listing below). This is symptomatic AAI and will always require evaluation by an MD and restriction of high-risk activities such as riding or driving. This is a potentially paralyzing or life-threatening condition. Incidence of non-symptomatic AAI among persons with Down syndrome is reported to be 10 to 20 percent. Symptomatic AAI is much less frequently seen.

For the child from two to four years, please refer to the section on Age-Related Considerations, and always consult with the participant's pediatrician. A group of individuals with Down syndrome have been reported to demonstrate neurologic abnormalities with no visual AAI. The cause of these abnormal neurologic signs is unclear. **Neurologic signs always supercede radiographs, and the presence of the neurologic disorder must be evaluated by a physician and is a contraindication for mounted equine activities.**

Note that it is not just a fall that is a potential for injury. For a participant with low muscle tone and laxity in the joints of the neck, the repeated movement of the equine or a sudden quick movement of the equine as with a spook or a misstep could be enough to cause problems. Please also see the section on Head/Neck Control.

Professional Association of Therapeutic Horsemanship International requires that all participants with Down syndrome have:

Prior to starting mounted activities:

A. A yearly medical examination including a complete neurologic exam that shows no evidence of AAI.
B. Certification by a physician that an examination did not reveal atlantoaxial instability or focal neurologic disorder.

NOTE: With continuation of mounted activities, annual certification from a physician must be completed specifying that the participant's physical examination reveals no signs of AAI or decrease in neurologic function.

The following conditions may also present AAI. Similar requirements should be considered by PATH Intl. Centers, and physicians should be consulted to rule out the presence of AAI.

- Congenital scoliosis
- Osteogenesis imperfect
- Achondroplasia
- Rheumatoid arthritis

- Neurofibromatosis
- Klippel-feil syndrome
- Morquio syndrome
- Larsen syndrome
- Spondyloepiphyseal dysplasia congenita
- Chondrodysplasia punctata
- Metatropic dysplasia (a rare syndrome that can present with AAI)
- Kneist syndrome (also can present with AAI)
- Odontoid abnormalities
- Os odontoideum
- Ossiculum terminale
- Third condyle
- Hypoplasia or absence of the dens
- Pseudoachondroplasia
- Cartilage-hair hyperplasia
- Ankylosing spondylitis
- Scott syndrome
- Infections of the head and neck
- Tumors
- Spinal trauma
- Steroid therapy

Atlantoaxial Instability/Neurologic Symptoms

- Change of head control
    - Torticollis/wry neck
    - Head tilt
    - Stiff neck
- Change in gait
    - Progressive clumsiness
    - Toe walking or scissoring
    - Falling
    - Posturing
- Change of hand control
    - Progressive weakness
    - Fisting
    - Change of dominant hand
    - Increasing tremor
- Change of bladder function
- Change of bowel function
- Increase of muscle tone (In Down syndrome, where hypotonia or low muscle tone is prevalent, increased muscle tone may not occur or be difficult to assess.)
- Fatigue

Precaution:

- Monitor for neurologic symptoms. Report changes to the family/physician and discontinue until cleared by the physician.

Contraindication:
- Children under the age of two
- Neurologic symptoms of atlantoaxial instability (see listing above)
- Positive neurologic clinical signs as noted by the physician
- Significant AAI measurement as determined by the physician
- Excessive head/neck instability with or without a helmet

Attention Deficit Hyperactive Disorder (ADHD)/Attention Deficit Disorder (ADD)

The essential feature of ADHD/ADD is a persistent pattern of inattention and/or hyperactivity and impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development. (see Medication—Psychostimulants)

Precaution:
- Unpredictable behavior resulting from the disorder or the effects of medication

Contraindication:
- Any behaviors that make participation in the equine environment unsafe. Consider the size of the older child or adult who may be difficult to physically remove from an emergency situation. Consider the effects of the participant's behavior on the equine and the safety of the staff.

Autism Spectrum Disorders (ASD)/Pervasive Developmental Disorders (PDD)

The autism spectrum encompasses several varied diagnosis. There are autism, Asperger, PDD-NOS (Not Otherwise Specified) and two rare diagnoses: Rett syndrome and childhood disintegrative disorder. These syndromes are characterized by varying degrees of impairment in communication skills, social interactions and restricted, repetitive and/or stereotyped patterns of behavior. Additional problems that may accompany these syndromes include: therapies to address physical, cognitive, behavioral, communication and/or sensory disorders; behavior management plans; restrictive diets; dietary supplements; medication to address dysfunctions such as seizures, inattention, hyperactivity, behavior disorders, anxiety or depression.

See topics such as Behavior Problems, Seizures, Medications, Rett Syndrome, Sensory Integrative Disorder and Communication Disorders for related issues.

Precaution:
- Wandering – a participant may be at high risk for getting lost and may wander away from caregivers or staff. The participant may not consider themselves lost or may hide from those searching for them. Staff should be cautious to ensure adequate supervision is available.
- Self-injurious behavior
- Poor safety awareness may put the participant at increased risk during equine-assisted services; participant may not respond to "no" or tone of voice.
- Poor impulse control—participant may run away from staff, may run into parking lot or field with horses or may spontaneously dismount during mounted activities.
- Rigid adherence to routines may make changes difficult. A different horse, instructor or volunteer team may cause a behavioral meltdown and may make EAS contraindicated that day.
- Communication deficits—be sure to understand how the participant communicates prior to EAS; utilize the communication method that is familiar to the student.

Contraindication:
- The instructor/therapist is unable to evaluate a participant's pain/distress level.
- Increasing self-injurious behavior (before, during or after EAS)
- Aggressive behavior toward others or toward the equine that is not managed through a behavioral plan
- Behavioral meltdown where participant is unable to be calmed prior to EAS; EAS may resume on another day
- Participant does not dress appropriately for the weather in cases of extreme weather (e.g., winter in Maine and will not wear coat or gloves, Florida summer and participant will only wear thermal long sleeves and hooded coat). Participant may participate in EAS at other times of the year.
- Participant refuses to wear a helmet.
- Extreme tactile defensiveness or gravitational insecurity unless under direct treatment by a therapist with training in sensory integrative dysfunction

Behavior and Psychosocial Problems

Psychological disorders, physiological disorders that affect the brain and some medications may cause behaviors or states of mind that are inappropriate for equine-assisted services. Maladaptive behaviors may include agitation, aggression toward people or animals, self-abusive behavior or any condition where the participant is dangerous to self or to others. Have in place appropriate staff and a plan to address inappropriate behaviors. Consultation with current caregivers (family and/or therapists), mental health professionals and the program director is essential to ensure that the Professional Association of Therapeutic Horsemanship International Center staff addresses the behaviors in a consistent manner. Almost all individuals respond better to praise than punishment, to clear structure and to the opportunity to participate in making choices.

- **Oppositional Defiant Disorder (ODD)**

In general, these individuals tend to defy those in a position of authority more often than is typical for their age or development. These are youth who tend to elicit control issues of the "you will, I won't" nature. When you find yourself in one of these situations, you have lost. More effective responses are likely to result from the use of active listening skills or providing choices such as "Would you rather wear your helmet and ride today or wear your helmet and groom the equine?"

- **Conduct Disorder**
  Children with conduct disorders have difficulty following rules and recognizing the rights of others; problem behaviors may include bullying, physical aggression, stealing, cruelty to people or animals and destruction of property. Provide close supervision and do not give these individuals the opportunity to get in trouble by being unsupervised.

- **Attention Deficit Disorder With/Without Hyperactivity**
  People with these disorders show lack of impulse control, excessive distractibility, difficulty staying on task, risk-taking behaviors, poor sense of personal space, difficulty taking turns and difficulty following multistep instructions.

Precaution:
- Physically dangerous behaviors such as striking, biting, kicking or running away
- History of maladaptive or manipulative behaviors such as animal abuse, fire setting or perpetrating physical, sexual or emotional abuse

Contraindication:
- Serious alterations in mental status including delirium, dementia, dissociation, psychosis or severe confusion
- Active conditions with behaviors of fire setting, self-abuse, animal abuse, sexual abuse, suicidal thoughts or aggression without direct support of a mental health professional
- Participants whose behavioral outbursts are unsafe and/or unable to be controlled

Programs without a mental health professional on site or for consultation available should consider referring a client for assessment of mental health issues if they should arise.

Brain Injury (BI)

The term brain injury may include vascular, acquired brain injury, formerly known as traumatic brain injury (TBI), near drowning syndrome (or near fatal submersion syndrome), shaken baby syndrome and tumors. A brain injury may be primary, the result of a trauma or disease that directly affects the brain; or secondary, a result of another condition or treatment that in turn affects the function of the brain. A thorough medical history is necessary so that the cause and location of the brain damage is understood, in addition to other related problems. Because the brain controls all of our body functions, a brain injury can result in a variety of difficulties. Commonly seen are difficulties with movement, balance, communication, cognition, perception, sensation, vision, emotion and/or behavior. Acquired related medical problems may be seizures, heterotopic ossification, incontinence, contractures, skin integrity, fatigue/poor endurance, communication or behavior difficulties, to name a few. Surgeries are used to treat some of these problems. Be aware of medications participants may be taking.

Precaution/Contraindication:
- Behavioral impulsivity
- Changes in consciousness
- Poor judgment
- Dependent on the specific dysfunction(s) or treatment methods. See topics such as Heterotopic Ossification, Cranial Defects, Hydrocephalus, Stroke, Behavior, Skin Integrity, Medication, Communication Disorders, Surgery and/or Equipment for related information.

Cancer

Cancer is characterized by abnormal proliferation of tissue cells producing a tumor at the proliferation site, as well as metastases to other areas. The medical history should outline the participant's current status. If the cancer has been successfully removed or the condition is in remission, there may be no reason to curtail mounted activities. At the end stages of cancer, quality of life issues and the risk/benefit ratio for participation will need to be addressed with the entire treatment team and with the participant.

Precaution:
- Side effects of cancer, or of its many treatments, may include fatigue, weakness, loss of appetite, sensitivity to the environment, decreased resistance to infection (see Fatigue, Eating Disorders, Skin Integrity)

Contraindication:
- Cancerous bone tumor that weakens the bones
- If the risk of riding exceeds the potential benefit, and the rider is unable to make an informed decision to continue with the activity
- Untreated skin or connective tissue cancers that exist at pressure points

Cerebral Palsy (CP)

Generally defined as damage to the brain around the time of birth. The cause of damage may or may not be apparent. Effects can range from mild to very severe and can interfere with physical, sensory and/or cognitive function. CP may affect one or more areas of the body, resulting in mobility, fine and gross motor, speech, swallowing and other functional impairment. There are several types of CP, including the spastic type (causing excessive muscle tension/stiffness), ataxic (difficulty planning movement) or athetoid type (erratic, uncontrolled movement). Often, there are elements of more than one type. The diagnosis will usually indicate the area affected and the presentation; for instance, a person with spastic quadriplegia has at least all four limbs involved with excessive muscle tension. Oftentimes, CP is associated with developmental delay of motor or cognitive function.

Precaution:
- If the CP is spastic type affecting the legs and trunk, sitting astride may be difficult and hip alignment may become compromised (see Surgery, Medications, Skin Integrity, Spinal Curvature, Hip Subluxation/Dislocation).
- In all types, communication may be difficult (see Communication Disorders).
- If head/neck control is problematic, the participant may require direct treatment by a therapist (see Head/Neck Control).

Contraindication:
- Poor head control
- A physical/occupational therapist or primary care physician should evaluate persistent primitive reflexes and if present equine-assisted services are contraindicated.

Chronic Fatigue Immune Dysfunction Syndrome (CFIDS)

CFIDS, also commonly known as chronic fatigue syndrome (CFS), is characterized by incapacitating fatigue (experienced as profound exhaustion and extremely poor stamina) and problems with concentration and short-term memory. It is also accompanied by flu-like symptoms such as pain in the joints and muscles, unrefreshing sleep, tender lymph nodes, sore throat and headache. Additional symptoms are common. Exercise is suggested on a case-by-case basis as activity can help or hinder symptoms.

Precaution:
- Slow, gradual increase of activity is indicated, avoiding fatigue

Contraindication:
- Fatigue caused by equine activity that lasts beyond the time of the activity and interferes with function

Communication Disorders

Communication disorders encompass difficulty with speech, language, voice and fluency. They can occur independently or in conjunction with many physical and/or cognitive disorders such as cerebral palsy, autism, stroke, Down syndrome, etc. Communication disorders may be divided into subtypes and it is possible for a participant to have more than one.

- Speech sound disorder (including articulation disorder, phonological disorders and apraxia of speech/verbal apraxia). Difficulty saying sounds in words correctly. This may include difficulty with pronouncing sounds, leaving sounds off words (e.g., "ain" for "rain") or substituting another sound (e.g., "wain" for "rain"). Speech is not clear or precise.
- Expressive language disorder—difficulty formulating sentences or putting words together, word finding problems
- Receptive language disorder—difficulty understanding what is heard or read

Consult with parents/caregivers to understand the participant's system of communication, such as hand signs, eye gaze or specific behaviors that convey messages.

Precaution:

- Poor receptive language in which the participant has difficulty understanding what is heard or read
- Use of an augmentative/alternative communication device (see Equipment)
- Severe difficulty with expressing needs or pain; frequent consultation with parents/caregivers/guardians regarding how a participant expresses feelings and needs is very important.
- Participants with poor language skills frequently use behavior to communicate feelings, desires, needs and wants. For example, a child may begin to squirm and yell while riding because he needs to use the bathroom and has difficulty otherwise making his needs known.

Coxarthrosis

Coxarthrosis is the degeneration of the hip joint and is characterized by the destruction of the joint cartilage and abnormal bone growth. It is accompanied by pain and stiffness, particularly after prolonged activity, and by decreased range of motion.

Contraindication:

- Mounted seated activities place extreme stress on the hip joint. The hip motion required for mounting, riding astride and dismounting could cause further injury to the joint or hasten the course of the disease.

Cranial Defects

This condition is characterized by the absence of a portion of the skull. The absence may be due to trauma, birth defect or craniectomy (surgical removal). The participant's medical history needs to describe the reason, extent and current status of the deficit. The risk of seizures increases for individuals with cranial deficits (see Seizure Disorders).

Precaution:

- If an ASTM/SEI helmet for equestrian activities can completely cover the unprotected area without putting pressure on the area of the deficit
- Because of gradual cranial molding, which can occur over time, a periodic examination will be needed to check for appropriateness of fit of helmet and potential pressure points.

Contraindication:
- If an ASTM/SEI helmet for equestrian activities cannot offer complete protection to the head

Diabetes

Diabetes mellitus is a disorder in the metabolism of carbohydrates, which is caused by inadequate production or use of insulin. Diabetes insipidus is a disorder resulting from a deficient production of the hormone vasopressin and leads to similar symptoms of excessive thirst and urination. Diabetes may be associated with other serious medical conditions, such as low resistance to infections, ulcerations of the extremities, cardiovascular and kidney disorders, disturbances in electrolyte balance, eye disorders and disturbance of sensation.

An individual's diabetes needs to be medically under control before participating in equine activities. People with diabetes require a balance of activity level and food intake to control their diabetes, whether they take medication or not. Monitor participants for signs of metabolic imbalance. Refer to a first-aid manual for signs and emergency treatment of insulin reaction and diabetic shock.

Careful prevention of skin breakdown is essential (see Skin Integrity). The skin should be monitored for areas of redness that persist for 15 to 20 minutes after mounted activities. Also, during these activities monitor the lower extremities for swelling and discoloration and look for areas with an absence or decrease in sensation. Don't rely on the participant for adequate feedback due to sensory changes.

Precaution:
- If sensation is absent or impaired (See Skin Integrity)

Contraindication:
- Uncontrolled diabetes and/or medically unstable conditions associated with diabetes
- Skin integrity on the weight-bearing surfaces

Eating Disorders

- **Anorexia Nervosa**

Anorexic conditions are those of extreme weight loss due to an eating disorder.

- **Cachexia**

Extreme uncontrolled weight loss that may be seen in medical conditions such as cancer or AIDS

- **Bulimia Nervosa**

Bulimia is distinguished by bingeing and purging behaviors. Bulimic participants may exhibit mood swings, acting out, poor judgment regarding safety and secretive bingeing and purging behaviors.

Due to nutritional difficulty and changes in metabolism, secondary effects of any of these conditions can include decreased balance, weakness, decreased fleshy padding covering bony areas, increased chance of bruising, cardiac arrhythmia, decreased blood pressure, decreased judgment regarding one's safety and decreased endurance. Monitoring of electrolyte levels and energy expenditure by the medical professionals should be done to determine the appropriateness of physical activity for that participant. For those participants with eating disorders such as anorexia or bulimia, caution should be taken that these participants regard the rules/guidelines of the operating center. (See Skin Integrity, Fatigue/Poor Endurance, Behavior)

Contraindication:
- A heart rate less than 50 beats per minute, or greater than 110 beats per minute, or irregular at any rate, unless cleared by an appropriately licensed medical provider
- Tremors
- Confusion
- If adequate supervision of the participant is not available

- **Obesity**

Excessive weight problems may be a primary condition such as an eating disorder or congenital condition; or secondary to medical issues such as side effects of medication or thyroid dysfunction. In either case, safety of the participant, equine and staff are the major consideration.

Precaution:
- Poor endurance caused by breathing difficulties or circulatory problems (see Respiratory Compromise, Fatigue/Poor Endurance, Heart/Cardiac)
- Skin chafing or pinching (see Skin Integrity)

Contraindication:
- If the staff is unable to safely manage the participant in any situation, including an emergency dismount, and is at risk for harming themselves or the participant
- If safety or comfort of the equine is compromised during mounted activities potentially resulting in a fight or flight response, which in turn could harm the staff or participant

- **Pica**

A disorder that causes strong cravings for non-food items. Items eaten can include most anything, including dirt, clay or manure. The diagnosis is given only once this becomes a persistent behavior, lasting more than four weeks. Obvious difficulties are the ingestion of parasites, toxic substances or gastrointestinal upset. It is impossible to control the environment, so supervision is essential.

Contraindication:
- If adequate supervision is unavailable to ensure the participant will not ingest any non-food items

- **Prader-Willi**

Prader-Willi syndrome (PWS) is the most common genetic cause of life-threatening obesity in children. PWS typically causes low muscle tone, short stature if not treated with growth hormone. Incomplete sexual development and a chronic feeling of hunger that, coupled with a metabolism that uses drastically fewer calories than normal, can lead to excessive eating and life-threatening obesity. The food compulsion makes constant supervision necessary.

Equipment/Medical Devices

There are many pieces of equipment that a participant might need for improved function. These can include devices that are external removable and/or internal devices. Some examples of equipment seen at Professional Association of Therapeutic Horsemanship International Centers may include:

> External: eyeglasses, hearing aids, braces/orthotics for the trunk or for the extremities (see Spinal Orthosis), supplemental oxygen, suction (oral, tracheal), augmentative communication devices, etc.

Internal: cochlear implants, feeding tubes, tracheostomies, internal pumps (baclofen, morphine, insulin or other medication administration), shunts, pacemakers, mouthguards/retainers, indwelling catheter (suprapubic or urethral), ostomy or colostomy bags, etc.

Staff training and animal desensitization must be conducted with all specialized medical equipment.

Whenever a PATH Intl. Center encounters a participant with any type of equipment, it is imperative that the center personnel consider the following:

- Determine the need for these devices during the equine activities. They may be essential, or they may not be needed prior to, during or after the activity. Consult with the participant, family or medical professionals to determine the benefits and risks of using some of the equipment during equine activities.
- Ensure that the staff is familiar with the device. Be sure they are aware of its presence and use by/for the participant. Always use caution when handling the participant. Alternative methods of mounting/dismounting and/or possible tack adaptations may be required to avoid disturbing the external port.
- Ensure that the equine is comfortable around the device—whether they may feel it or hear it, when it is functioning correctly or when it malfunctions (a tube delivering oxygen sounds very different when it is attached to the tank than when it comes loose).
- Know how to adequately protect the devices from the equine environment—dust, dirt, falls, shaking.
- Consider appropriate positioning during activities to avoid difficulty with the equipment (rider's leg position with braces, or lying down on the equine with a feeding tube or shunt). Select the horse with consideration for type of movement generated.
- Consider the effect of commonly used equine safety equipment with regard to the participant's equipment. For example, determine the effect of helmets on hearing aids, cochlear implants or shunts. Consider how a safety belt should be used with a feeding tube or internal pump mechanism present. Check stirrup size with lift shoes or orthotics.
- Be aware of safety concerns for the participant should the device malfunction (Can they function without the device? For how long? Is there a back up in case of emergency?)
- Have a safety plan in place for emergency dismounts. Never secure the equipment where it cannot be kept with the participant. Do not attach any equipment to the equine or tack, e.g., oxygen tank.

Riding Is Contraindicated if:

- Going without the equipment for a short period of time, in cases of malfunction, is dangerous to the participant's health
- If the staff is uncomfortable or unsafe around the equipment
- Participants have indwelling urethral catheters

Fatigue/Poor Endurance

Poor endurance and/or fatigue are often associated with a disease process, such as multiple sclerosis, muscular dystrophy and post-polio syndrome (see Neuromuscular Disorders, Stroke, Respiratory Compromise, Eating Disorders). Look for a diminished ability to perform routine activities, increased pain, lack of good judgment, decreased attention span, change in behavior and/or a more rapid progression of the disease. Fatigue may continue well past the end of the equine activities session.

Climactic conditions can affect endurance. You may need to suspend equine activities during certain times of the year (such as hot, humid summer months). Encourage participants to recognize their own levels of exertion/fatigue and to monitor themselves.

Precaution:
- Be aware of the participant's level of activity prior to participation, and monitor the participant throughout the session for signs of fatigue. Use rest breaks, or changes of activities to avoid over-exertion. Consider the equine's movement, as some equines require more energy to ride.
- Excessive weather conditions, including heat and humidity

Contraindication:
- If fatigue persists well after the riding session
- If fatigue impairs function or lifestyle
- If disease progression is heightened due to over-exertion

Fracture

With any fracture, a physician must release the participant to return to activities and services. Normal healing of a fracture is expected in about six to eight weeks. With a surgically repaired fracture of the upper extremity, or with a casted or fully supported fracture in a non-weight bearing bone, activities may be possible at an earlier date with a physician release.

Precaution:
- If a cast or sling causes difficulty in balance
- Pain may dictate tolerance

Contraindication:
- If the cast is irritating to the equine or cannot be easily accommodated to the tack
- If the orthopedist has not given a release for equine activities

Head/Neck Control

Certain orthopedic or neurologic conditions may impair the participant's head and neck control so that the participant is unable to hold their head against gravity, when sitting still or while moving. This may predispose the participant to a potential injury, either from the normal movement of the equine when mounted or driving, from a quick or strong movement from the equine such as with a small spook or from a fall. Moderate head and neck control needs a physical or occupational therapy evaluation by a therapist familiar with equine-assisted services. The participant could be very appropriate for therapy designed to improve the head and neck control.

Precaution:
- Consider the movement of the equine and its impact on the participant's head control.
- The lightest weight ASTM/SEI approved equestrian helmet should be used. Avoid positions and activities that compromise head control.
- Fatigue may be a factor in loss of head control during mounted/driving activities. Activities should be discontinued if head control becomes compromised.

Contraindication:
- If there is an inability to control for excessive head movement during mounted/driving activities
- If the participant is unable to hold their head against gravity with a helmet on while sitting without moving or during static sitting
- If use of a helmet causes significant strain to the neck muscles and impairs head control
- If the participant is positive for atlantoaxial instability with or without neurologic signs (see Atlantoaxial Instability)
- Moderate impairment in head control may be appropriate for one-on-one treatment by a therapist.

Heart/Cardiac Conditions

This term describes various heart problems that compromise the cardiovascular system. The most common are myocardial infarction (MI, heart attack, cardiac arrest), congestive heart failure (CHF), bypass surgery (open-heart surgery) and congenital heart defects. Certain heart rhythm problems can also predispose the participant to fainting (syncope). Consider exertion levels for all equine activities, including mounting and dismounting. Staff working with these participants should be able to monitor exertion levels and be certified in CPR (cardiopulmonary resuscitation).

Chest pain, heartburn, jaw pain, nausea, left arm pain, shortness of breath, bluish lips and/or nails and dizziness are all significant symptoms of cardiac dysfunction. **If these symptoms occur, stop activity immediately! This is an emergency!**

Precaution:

- There must be a staff member present at the session who is CPR (cardiopulmonary resuscitation) certified.
- Participant should be monitored for shortness of breath, dizziness.

Contraindication:

- If heart rate and blood pressure cannot be maintained within the limits set by the physician
- If monitoring the pulse or blood pressure is required during activity and cannot be provided by the staff

Hemophilia (Hemophilia A/Hemophilia B/Von Willebrand Disease)

Hemophilia is an inherited disorder of blood clotting in which certain factors (VIII, IX) are present in less than adequate amounts in the blood so that bleeding occurs in a prolonged or excessive manner. The bleeding may be spontaneous or occur after trauma or surgery. The most common sites of bleedings are the joints and muscles of the extremities; less frequently, but of more concern, is bleeding into the head and/or the gastrointestinal tract.

How hemophilia affects an individual can vary from mild to severe. Consultation with the participant's hematologist (a physician who specializes in disorders of the blood) should be sought in addition to information from the participant's primary care physician. Past clinical history (frequency and sites of bleeding), condition of joints (pre-existing muscle or joint damage) and prophylactic infusion therapy are all vital pieces of information.

Precaution:

- Spontaneous and/or significant bleeding can occur despite the absence of external bruising. Avoid positioning on hard surfaces, activities with jarring movements.
- Heightened awareness of universal precautions and readily available personal protection kits at activity sites

Contraindication:

- Severe hemophilia (<1% factor)
- Poor accessibility to emergency medical care (at any level of factor deficiency)
- Bleeding episode that has not resolved, or at least has been assessed and cleared by an appropriately licensed medical provider

Heterotopic Ossification/Myositis Ossificans

Certain conditions cause the formation of excess bone or calcium in the body, resulting in decreased range of motion and/or pain. Heterotopic ossification is bone in an abnormal place in the body, such as in a joint. Myositis ossificans is bone found in muscle tissue. In some cases there may be points of exquisite tenderness in the muscle. These conditions can occur with diagnosis of severe trauma with fractures, severe muscle injury, traumatic brain injury or spinal cord injury. The medical history needs to include the location, extent and current status of the condition.

Precaution:

- Pain may dictate tolerance.
- ROM limitations
- Potential risk to skin integrity as a result of friction from movement
- Contractures

Contraindication:

- If there is inadequate range of motion to accommodate to the equine
- If severe pain exists, especially in the acute stages of the condition
- Ossification in the hip complex, cervical spine
- Skin breakdown on the seating surface

Hip Subluxation and Dislocation

The normal hip is a ball and socket joint. The socket (acetabulum) is located in the pelvis. The ball is the femoral head, located at the upper end of the femur or thighbone. When the joint is subluxed, the thigh bone is partially out of the socket, which makes the joint unstable. When the joint is dislocated, the femoral head is completely out of the socket. This condition may occur in one or both hips.

Abnormal muscle tone, either increased or decreased, can be the cause for either subluxation or dislocation in one or both hips. Increased tone is often found in persons with cerebral palsy or brain injury, low tone or decreased tone in Down syndrome or spinal cord injury. The cause of hip dysfunction can also be congenital. Both subluxation and dislocation necessitate careful motion and seating assessments prior to starting mounted activities. When riding, the participant needs to achieve a symmetrical pelvis that is level and has an equal distribution of weight on the equine.

Precaution:

- An asymmetric pelvis (with one hip subluxed) may aggravate the subluxation
- Access only to a wide-backed equine requiring significant leg spread

Contraindication:

- If there is pain or inadequate range of motion to accommodate the equine movement
- If there is poor postural alignment in the spine, pelvis and/or lower extremities that cannot be corrected by direct handling techniques or adapted tack

HIV Positive/AIDS

AIDS may present itself in a variety of ways. Treatment consists of addressing the immune system's defense of the virus and with the current symptoms. If the opportunistic infections attack the nervous system, then neuromuscular dysfunction may occur. If infection affects the skin, then lesions may occur. Consistent with most of the infections is the onset of fatigue, weakness, pain and decreased resistance to other opportunistic infections. The course of the illness may be a gradual worsening or have a more volatile pattern. At the end stages of the disease, quality of life issues and the risk/benefit ratio may need to be addressed by the entire team, including the participant.

Precaution:

- Protection from potential infection
- Avoidance of extreme fatigue (see Fatigue/Poor Endurance)
- If skin lesions exist, avoid potential irritation of the areas (see Skin Integrity).
- Pain may dictate riding tolerance.

Contraindication:

- If functional ability worsens due to excessive increase of fatigue or pain

Hydrocephalus/Shunt

Hydrocephalus is an excessive accumulation of cerebrospinal fluid in the brain, which may result in enlargement of the head. It is commonly associated with spina bifida and other developmental disorders or may be an isolated problem. A shunt, surgically implanted under the skin, drains and regulates the fluid (see Equipment). A participant with hydrocephalus may have decreased head control due to the size and weight of an enlarged head (see Head/Neck Control). Signs of a failing shunt may include: nausea, headache, confusion, visual disturbance, seizure, behavioral changes, decreased motor control, changes in muscle tone or decreased cognitive function. If any of these occur without obvious reason, refer to the physician immediately.

Precaution:

- Consider the fit of the helmet. It should be adequate for the enlarged head and not increase pressure on the shunt. The participant should have independent head control even with the additional weight of the helmet.
- The shunt 'reservoir' is the most vulnerable part of the shunt to effects of pressure. The reservoir can be identified as a protruding structure about the size of a dime along the shunt tubing. In some cases there may be more than one shunt with more than one reservoir. Inspect the skin over the shunt and reservoir frequently for redness or irritation.
- Be cautious when using mounted positions other than upright, such as lying on the rump or reaching down to touch the feet, as the head lowered position may put too much pressure on the shunt.

Contraindication:

- If an ASTM/SEI approved helmet cannot be fitted
- If the participant has a severely enlarged head and poor head control
- If there are signs of a failing shunt

Hypertension (HTN)/High Blood Pressure

Hypertension is an elevation in blood pressure (more than 140/85). Increased vascular resistance that causes the heart to work harder causes this condition. Untreated hypertension is a major risk factor, predisposing people to stroke, heart attack, cerebral hemorrhage and kidney failure.

Elevated blood pressure may be noted by increased color in the face (red, florid), headache and nausea. However, increased blood pressure is often present without symptoms.

If hypertension is noted in a participant's medical history, the history needs to state if it is controlled by medication. If the Professional Association of Therapeutic Horsemanship International Center instructor or therapist has any concern about the participant's hypertension, request more information from the physician. Ask if the blood pressure needs monitoring, how often (should you take it) and how high it can safely rise. The mounting and dismounting process often requires more exertion from the participant than mounted activities. Environmental conditions (e.g., extreme heat) or emotional conditions (e.g., fear, stress) may affect blood pressure.

Precaution:

- Hypertension controlled through medication
- Extreme outdoor temperature or situations of stress

Contraindication:

- Uncontrolled hypertension
- If the operating center cannot safely accommodate the monitoring advice of the physician

Hypertonia

Hypertonia is an upper motor neuron dysfunction marked by an abnormal increase in tightness of muscle tone and a reduced ability of a muscle to stretch (i.e., an increased stiffness). Hypertonia is usually a feature of spasticity in particular muscles. Spastic hypertonia (SH) is a term that doctors are now using to offer a more complete description of spasticity and various conditions of extreme muscle tension. Spastic hypertonia refers to uncontrollable jerking movement (muscle spasms), stiffening or straightening out of muscles (rigidities), shock-like contractions of all or part of a muscle or group of muscles (myoclonous) and abnormal tone in the muscles (dystonia). These features are common in persons with cerebral palsy.

Precaution:

- Inability to position on equine
- Adductor tightness that does not decrease with equine movement
- Extensor thrust with or without specialized training
- Handling skills of staff

Contraindication:

- Strong extensor thrust
- Inability to separate legs to accommodate equine with or without adapted tack

Hypotonia

Hypotonia means "low tone" and refers to a physiological state in which a muscle has decreased tone or tension. A muscle's tone is a measure of its ability to resist passive elongation or stretching. Some common causes of hypotonia are Down syndrome, myasthenia gravis, myotonic dystrophy, muscular dystrophy, spinal muscular atrophy type 1, Prader-Willi syndrome, congenital cerebellar ataxia, congenital hypothyroidism, Tay-Sachs disease, Werdning-Hoffman, Riley-Day syndrome, Marfan's syndrome, achondroplasia, trisomy 13, sepsis, Aicardi syndrome, rickets, infant botulism and a vaccine reaction.

Precaution:

- Laxity in weight-bearing joints
- Inability to maintain upright sitting posture without assistance
- At risk for hip subluxation

Contraindication:

- Unable to attain upright sitting posture may require direct treatment by a therapist.

Joint Replacement

Joints can be surgically replaced for many reasons including severe arthritis, joint degeneration, joint malformation, chronic pain or disease process such as a tumor. Either half of a joint or a full joint can be implanted. It is important to understand the underlying reason for the replacement, the extent, type and the time since surgery, and the precautions involved. If, for example, a surgeon were to indicate that post-surgical hip flexion should not exceed 90 degrees, accommodations would need to be made for the mounting and dismounting process. Often, the replaced joint is actually stronger than the bone surrounding the joint. Because of this, falls may cause severe fractures at the site around the joint replacement. The orthopedic surgeon should always be consulted for participants with joint replacements.

Precaution:

- Adapted equipment or alternative mounting procedures may be necessary.
- Pain will dictate tolerance.
- Any person with active hip precaution orders

Contraindication:

- Persistent pain during activity
- Inability to avoid unsafe positions or activities for that individual
- If the orthopedic surgeon has not released the participant for equine activities

Migraines

Migraine disease is a syndrome in which severe head pain is a primary symptom. The head pain stems from an enlargement of the blood vessels in the head (vasodilation). Related symptoms are nausea, vomiting, sensitivity to light and sound, numbness or difficulty in speech. Often there are preceding symptoms that may indicate that a migraine is imminent. Migraine pain may last for hours, days or even weeks. Various triggers such as weather conditions, menstrual cycles, lights, smells, food, drink, physical or emotional stress may induce a migraine.

Precaution:

- Accessibility to medication during the activity
- Riding during a known trigger (e.g., menses)
- Migraines more frequent during or after the activity

Contraindication:

- If a migraine is in process

Myopathy/Muscular Dystrophy (MD)/Spinal Muscular Atrophy (SMA)

A myopathy is a disease affecting muscles, in which the changes in the muscle fibers are not secondary to any alteration in the nerves or neuromuscular junction. Myopathies, or muscular dystrophies, are disorders in which there is a progressive loss of muscle, and therefore muscle function, due to a hereditary cause. The individual diagnoses making up this category of disorders include Duchenne muscular dystrophy, Becker myopathy, limb-girdle dystrophy, fascioscapulohumeral dystrophy and myotonic myopathy. Duchenne muscular dystrophy is the most common and most severely disabling of the myopathies, with symptoms in the very early years of life. The myopathies are characterized by progressive muscle weakness, although each condition may have a different distribution of weakness. For example, in Duchenne muscular dystrophy, limb-girdle dystrophy, fascioscapulohumeral dystrophy, Werdning-Hoffman and Kugelberg-Welander disease, the muscles most proximal (that is, closer to the center of the body) are weakened most and first; in myotonic muscular atrophy, the most distal (furthest away from the center) muscles weaken most and first. In myotonic muscular atrophy, mental impairment is also seen. In all the myopathies, there is slow but steady progression toward respiratory failure and death, with the speed of the progression and the age of onset varying.

Often included with the muscular dystrophies is spinal muscular atrophy, such as infantile spinal muscular atrophy (Werdning-Hoffman syndrome) and juvenile spinal muscular atrophy (Kugelberg-Welander syndrome). SMA is a disease resulting from progressive degeneration of the nerve fibers that innervate the muscles. This often begins in childhood or adolescence and results in progressive weakness and atrophy of the muscles. The infantile form tends to be more serious and prone to more rapid progression. The juvenile-onset form tends to be more slowly progressive. There is often marked thinning of the muscles and as the weakness progresses, contractures of the muscles develop and can add orthopedic complications to the weakness. As in the case of the primary myopathies, the clinical course is one of steady progression with eventual death due to respiratory failure or infection.

In all of these disorders, the participant needs to be protected from excessive fatigue but encouraged to remain active as long as possible. The therapist and instructor need to assess the child or young adult for their current abilities in terms of balance, endurance, posture and muscle strength in the extremities and the trunk. It is not unusual for an individual with such a disorder to begin as a more independent participant then gradually need more assistance as the disease progresses. Transition from mounted activities to driving or other non-mounted activities is often appropriate. The Professional Association of Therapeutic Horsemanship International Center staff should encourage and support the participant while avoiding setting unreasonable goals. The staff should recognize that the PATH Intl. Center may serve as one of the most important supports in the life of a participant with a terminal disease, and that they (the staff), too, may need help and counseling to address their own feelings about the participant.

Precaution:

- Fatigue should be avoided.
- Hypotonia

Contraindication:

- Fatigue that impacts participant's functional activities off the equine
- If the participant cannot be safely supported on the equine due to trunk muscle weakness
- If the dust and dander in the environment impair breathing/increase congestion

Neuromuscular Disorders/Multiple Sclerosis (MS)

Many diseases or syndromes exist that affect the nervous system that may be appropriately addressed with equine activities. Some of these include amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease), post-polio syndrome, myasthenia syndromes (myasthenia gravis, congenital myasthenia) and fibromyalgia. Not technically a neuromuscular disorder, due to an autoimmune reaction of the central nervous system, but with very similar presenting symptoms, is multiple sclerosis. Common characteristics of all of these disorders are onset of fatigue, pain and weakness. Some of these disorders present with periods of exacerbation or remission and some present with a gradual worsening of the symptoms over time.

For all Neuromuscular Disorders/Multiple Sclerosis
Precaution:

- Gentle exercise is encouraged, without the increase of pain or fatigue. Appropriate positioning when mounted, avoiding pain and pacing the activity to avoid overexertion is essential. Consider the exertion necessary for preparing to ride, after the ride and any off-equine activities that are planned. Sometimes just walking to the mounting block on uneven ground can be exhausting.
- Riding during extreme weather conditions

Contraindication:

- If fatigue persists or interferes with functional activities off the equine
- If pain increases in duration or intensity
- If the participant is showing signs of exacerbation or worsening of the disorder
- Acute stages of neuromuscular disorders

Examples of neuromuscular disorders:

- **Amyotrophic Lateral Sclerosis (ALS)**

Also known as Lou Gehrig's disease, ALS is characterized by progressive muscular weakness and atrophy with spasticity due to degeneration of the motor neurons of the spinal cord and parts of the brain. Some individuals may remain active for 10 to 20 years. In addition to the common characteristics, ALS also leads to difficulty talking, swallowing and sometimes breathing.

- **Fibromyalgia Syndrome**

Fibromyalgia is a syndrome that is diagnosed by clinical presentation. Frequently associated with the diagnosis are muscle pain, fatigue, morning stiffness, sleeping disturbance, sensory disturbance (paraesthesias), headache, depression and anxiety. Research has shown that daily, gentle, low-impact exercise helps, but too much or the wrong kind of exercise may exacerbate fibromyalgia symptoms.

- **Guillain-Barré Syndrome**

Guillain-Barré syndrome is an acute inflammatory process that affects the nerves causing partial or complete paralysis. Recovery is slow; though up to 95% of those affected show complete recovery. Weakness and poor endurance are universal; pain is common.

- **Multiple Sclerosis (MS)**

MS is a progressive autoimmune disease of the central nervous system. Characteristics include neurologic changes that appear and disappear and may include weakness, alteration in sensation, spasticity, susceptibility to temperature fluctuations, visual disturbance, emotional changes and fatigue.

- **Myasthenia Syndromes**

Myasthenia is a condition in which the muscle fatigues rapidly resulting in weakness with continued effort. Rest will often restore the muscle to its baseline. The syndrome can either be a defect in the junction from birth (congenital type) or can arise from an autoimmune reaction acquired after birth (myasthenia gravis).

- **Post-Polio Syndrome**

Recent onset of polio is extremely rare in the United States. More common is the onset of post-polio syndrome 20-40 years after the original onset of the disease. Characteristics of post-polio syndrome are fatigue, pain and weakness.

Osteogenesis Imperfecta (OI)

Also known as brittle bone disease, osteogenesis imperfecta is a genetic disorder characterized by bones that break easily, often from no apparent cause. There are at least four distinct forms of the disorder with a wide variety of severities. Deafness is common, as is poor head/trunk control, contractures and scoliosis of the spine. Treatments may include bracing, adaptive equipment and surgical insertion of spinal/skeletal support (see Equipment, Spinal Curvature, Spinal Fusion/Fixation, Pathologic Fractures and Head/Neck Control).

Precaution:

- Mild condition without occurrence of fractures
- The entire team should be competent in handling skills.

Contraindication:

- Moderate to severe OI with recent fractures, significant scoliosis or poor head/trunk control

Osteoporosis/Low Bone Density/Osteopenia

Often seen in older people, post-menopausal women, individuals who do not walk and/or people who use wheelchairs and people with a history of eating disorders. Those who have limited physical activity during the developmental years, or for a prolonged time, are also at risk for developing low bone density/osteoporosis. Radiation therapy and some medications, particularly with long term use, may also cause this condition. The loss of bone density may be generalized or localized to one site. A potential participant's medical history should delineate the location(s) of the osteoporosis and the magnitude of the bone density loss (mild, moderate, severe). Osteoporosis can increase a person's risk for pathologic fractures with trauma.

Precaution:

- Mild osteoporosis/osteopenia without a history of fractures (BMD between 1-2.5 SD below the mean for young adult women or T-score between -1 and -2.5)
- Should the participant exhibit bone pain or discomfort during equine-assisted services, the instructor or therapist may need to promptly end the session.

Contraindication:

- Moderate to severe osteoporosis (BMD 2.5 SD or more below the normal mean for young adult females or T-score at or below -2.5 or Severe or "established" osteoporosis - BMD 2.5 SD or more below the normal mean for young adult females or T-score at or below -2.5)
- A history of fractures
- If bone pain persists or interferes with functional activities off of the equine
- If bone pain increases in duration or intensity

Pathologic Fractures

A pathologic fracture is a break in a bone that is weak from disease (such as osteoporosis), a tumor in the bone or from unknown factors (idiopathic). The force responsible for the break would not have broken a healthy bone. Pathologic fractures often recur. The medical history should indicate fracture sites and the current status, as well as whether the underlying cause of the fracture has been corrected.

Precaution:

- Condition under control without fractures for at least two years
- The entire team should be competent in handling skills.

Contraindication:

- Recurrent pathologic fractures without successful treatment of the underlying medical cause

Peripheral Vascular Disease (PVD)

Peripheral vascular disease (PVD) refers to a family of diseases affecting the circulatory system of the extremities (arms and legs). The following are some common peripheral vascular diseases: atherosclerotic disease (ASD), arteriosclerosis (ASCVD), Thromboangiitis obliterans/Buerger's disease, Raynaud's phenomenon, Raynaud's disease. Characteristics of PVD may include abnormal skin color changes, particularly in the fingers or toes, numbness, tingling, burning sensation and/or pain. Emotional disturbance or exposure to cold may exacerbate the condition. The physician needs to clearly describe the status and affected areas.

Precaution:

- If sensation is impaired or skin is at risk for integrity (see Skin Integrity). Monitor the skin for areas of redness that persist for 15 to 20 minutes after the activity. Do not rely on the participant for feedback.
- Dependent positioning (e.g., feet hanging down as with mounted activities or driving) may cause swelling or discoloration (as there may be inadequate sensation in the extremities). Support of the legs may help with use of support stockings as appropriate, and/or with stirrups or Devonshire boots.

Contraindication:

- If skin damage is present, particularly in a weight bearing area
- If redness, swelling or pain does not subside within 15 to 20 minutes after mounted activities and accommodation cannot be made

Respiratory Compromise

Breathing problems may be a primary problem, such as with cystic fibrosis, chronic obstructive pulmonary disease (COPD) or asthma, or may be due to other conditions such as obesity, allergies or spinal abnormalities (see related topics). Medications may mediate the effects of lung problems and need to be available if they are prescribed. Be aware of the effect of the outside environment, particularly for those with allergies or other conditions that may worsen with environmental changes.

Oxygen supplementation may be prescribed for use during or following activity. Portable oxygen tanks may be carried next to the equine if secured. Tanks are generally too heavy for the participant to carry and should not be carried by the sidewalker unless a backpack is used so that their hands are free. Never secure equipment to the equine or tack. Caution should be taken that the equine is

comfortable with the sounds of the oxygen compressor, particularly if the tube comes away from the tank. Emergency dismounts should be rehearsed so that tubing and the tank are taken care of without entangling. The medical history should indicate the maximum length of time that the rider can be without the oxygen supplement in case of an emergency. If suction is needed to clear an airway, either the participant should be taken off of the equine or the equine should be well trained to accept the noise of the suction machine. Pay particular attention to the participant's position on the equine as some postures or positions may impact the ease of breathing.

Precaution:
- Have medications available.
- Many centers are located far away from the participant's home and participants may not be familiar with the environmental conditions at the operating center. Have a communication plan.
- If supplemental oxygen is used, staff and volunteers should know how to operate the equipment and when it is needed.

Contraindication:
- If physical exertion or the environment will make breathing more difficult while doing the activity or for any time following
- If weather or environmental conditions cause an excessive challenge to breathing
- Staff is not trained to adequately handle condition
- Poor access to emergency medical facility

Rett Syndrome

Occurring primarily in girls, this genetic disorder is characterized by loss of communication skills and purposeful use of the hands, usually beginning at 6-18 months. Associated difficulties may include stereotypic hand movements, gait disturbance, slowing of growth, receptive communication greater than expressive, seizures, breathing disorganization and gastric difficulties. Apraxia (difficulty with volitional or non-automatic movement) is typical, affecting motor skills, oral skills and eye gaze. Later stages often show joint contractures, scoliosis and other difficulties due to impaired mobility. (See Communication Disorders, Behaviors, Spinal Curvature, Seizure, Medication)

Precaution:
- Automatic movements (rubbing the nose, bringing food to the mouth) are easier than requested or planned movements
- Balance affected with impaired ability to use the arms to catch a fall

Sensory Integrative Disorders - SID

Sensations (vision, touch, smell, hearing, taste, movement, position sense) are first registered and processed, then recognized and responded to. With a sensory integrative or sensory processing dysfunction, the sensation may be registered as too little or too much, the understanding or recognizing of the sensation may be impaired, or the reaction to the sensation may be inappropriate. Sensory dysfunction disorders may occur alone or along with other dysfunction of the nervous system. Therapeutic riding provides input to all of the sensory systems, particularly movement (vestibular) and position sense (proprioception). (See also Behavior and Psychosocial Problems, Communication Disorders)

Precaution:
- If sensory dysfunction is severe and leads to extreme behaviors or discomfort, careful grading of the

sensory input is necessary. Consult an OT or other specialist trained in SI dysfunction.
- Child experiences gagging, vomiting, cries, holds hands over ears or exhibits other tactile defensiveness

Contraindication:
- Extreme tactile defensiveness or gravitational insecurity unless under direct treatment by a therapist with training in sensory integrative dysfunction

Seizure Disorders/Epilepsy

Seizures are a disruption of brain function manifested as impairment by loss of consciousness, abnormal motor activity or sensory disturbances. Seizures may arise as a primary disorder (e.g., epilepsy), or seizures may be secondary to brain insults (e.g., brain injury, stroke, cerebral palsy, disease, tumor). The severity of seizures ranges from extremely mild and barely noticeable, to moderate or severe with complete loss of control. Seizures may have specific triggers such as sounds, light or smells that precipitate the seizure activity. Frequency of seizures varies widely and cannot always be predicted. If a seizure disorder is noted on the Health or Medical History form, the Professional Association of Therapeutic Horsemanship International Center should obtain additional information as to the following:

- Type of seizure
- Typical aura (pre-seizure sensations or behaviors)
- The typical motor activity during seizures
- The post-seizure behavior and duration
- The average duration of seizures
- The current frequency of seizures
- What to do should a seizure occur at the center

If the medical form indicates a history of seizures, determine how long it has been since the last seizure. The longer it has been since a seizure occurred, the less likely it will re-occur, but it can. Consult with the participant's MD to determine the likelihood of seizure recurrence, particularly if the seizure activity was of the 'atonic' or 'drop' kind.

Know the tolerance of the equine, staff and participant in case seizures should occur, and have an emergency plan in place with rehearsals as necessary. Center staff should be trained in the correct first-aid procedures for a seizure.

Precaution:
- If the motor activity, change in postural tone, loss of motor control or alteration in consciousness is minor and is unlikely to frighten or injure the equine, participant or staff
- Seizure medications may cause drowsiness or photosensitivity (see Medication).
- Sensitivity of the equine to seizure activity
- Availability of appropriate equine

Contraindication:
- Recent seizure activity accompanied by strong, uncontrollable motor activity or atonic or drop attack seizures due to their sudden and complete loss of postural muscle tone
- A change of frequency or type of seizure until the condition is evaluated
- Inability to manage a participant during an emergency dismount should a seizure occur

Skin Integrity, Pressure Ulcers (Decubitus), Rashes, Burns, Fungal Infections (Ringworm)

Impaired skin integrity, or sores, can occur due to friction or pressure. Participants susceptible to skin breakdown may have fragile skin, poor sensation, prominent bones with minimal protective muscle or fat, previous skin problems from burns or skin graft surgery, contractures, or may be obese with skin folds. The areas most likely to break down are often sites of weight bearing or friction while mounted or driving, such as over the seat bones or areas that can get moist due to sweat or heat/humidity. Ask for information on the sites of previous integrity or skin grafts before participating. Movement in sitting (riding or driving) is more stressful to fragile skin than sitting on a stable surface. Choose an equine with movement that is smooth with less abrupt transitions. Heat and/or moisture are also precursors to skin problems and should be monitored for the participant. Professional Association of Therapeutic Horsemanship International Centers should modify equipment for participants susceptible to skin integrity. Use properly fitted footwear and clothing and saddle pads that are made of fleece, foam or gel.

Precaution:

- History of previous skin breakdown, skin grafts or burns
- Impaired sensation, particularly areas that are in contact with the equine or tack
- Very thin build or prominent bones
- Prolonged use of steroid medication
- Incontinence
- Obesity

Contraindication:

- Open skin areas on a weight-bearing surface or on a surface that may be subject to friction (buttocks, inner thighs, inner/back of calves, hands, etc.)
- Recent skin graft over an area of weight bearing or friction—a release from the physician is required to resume riding.

Spinal Cord Injury (SCI)

This is damage to the spinal cord that causes a loss of muscle control and/or sensation. If the injury is in the upper spinal cord, the cervical region, this will effect all four extremities and is called quadriplegia. If the injury is lower, the effect will be on the trunk and/or legs and is called paraplegia. The spinal cord injury may be complete (no function and/or sensation below the level of injury) or incomplete (partial loss of motor control or sensation below the level of injury). The medical history needs to delineate the cause of the spinal cord damage, the level of the insult, the completeness of the spinal cord damage, the method of spinal stabilization and any complications. The sixth thoracic vertebra (T-6) is usually the highest level of injury that still allows independent sitting balance. If the injury is below T-6, and there are no complications, the participant can consider mounted activities. A thorough functional assessment is needed to assess sitting balance, height and weight to decide if the participant can safely ride.

A serious condition that may accompany spinal cord injury, particularly quadriplegic injury, is autonomic dysreflexia. This is a dysfunction of the body's ability to regulate itself. Often due to an unrecognized full bladder or injury unnoticed below the level of injury, the participant's blood pressure can go out of control. Other symptoms may include headache, profuse sweating above the level of injury, flushing of the skin and blurred vision. This is a **life-threatening** emergency. Blood pressure will need to be monitored. Immediately search for any potential causes of the problem such as a kinked catheter or difficulty below the level of injury. Loosen any restrictive clothing to allow blood pooling. If

no apparent cause of the condition can be corrected, seek medical help immediately.
The PATH Intl. Center staff and the participant need to be familiar with this condition and its treatment.

Precaution:
- Paralysis below T-6 for mounted activities
- Impaired sensation, including pain sensation (see Skin Integrity). Monitor the skin for areas of redness that persist for 15 to 20 minutes after the ride. Instruct the participant/family to do this as well, as they may not be at your facility at that time.
- Impaired temperature regulation, particularly during times of extreme outside temperatures
- Surgically stabilized spine (see Spinal Fusion/Fixation)
- Poor abdominal/respiratory control. May consider an abdominal binder or corset for trunk stabilization and breath support
- Poor joint stabilization below the level of injury (see Hip Subluxation)

Contraindication:
- Complete spinal cord injury above T-6

Spinal Curvature
The spine has three moveable curves to it, one at the neck/cervical, one at the upper back/thoracic and one at the lower back/lumbar. The fourth, or lowest curve, the sacrum/coccyx, has little flexibility. The motion of the three upper curves allows for movement of the body, and the healthy spine provides shock absorption. When these curves become immobile or exaggerated with either an increase or decrease in curvature, it may lead to problems with pain and/or decreased function.

Terms used to describe curvatures of the spine include functional and structural. A functional curvature is typically seen only when the participant is upright-sitting or standing. Because the spine is still flexible, the curvature disappears when the participant lies down or voluntarily straightens the spine. A structural curvature is present in all positions, and can be straightened only with surgery. It also causes a decrease in the normal flexibility of the spine.

The physician should provide information about the degree and location of the curvature. Contacting the participant's orthopedist may provide useful information. When the mobility of the spine is an issue, the physician or an experienced physical therapist needs to evaluate the participant to determine if there is enough functional mobility to participate in mounted or driving activities.

- **Scoliosis**

Scoliosis is a lateral or sideways curvature of the spine with a rotatory component. It may involve only a few vertebrae or the entire spinal column. The degree, direction and location describe the scoliosis (e.g., a 25-degree right thoracic curve). The cause of scoliosis can be unknown or it can be due to other musculoskeletal abnormalities, such as unequal leg lengths.

- **Kyphosis**

Kyphosis is an excessive rounding of the upper back (hunchback) when viewed from the side.

- **Lordosis**

Lordosis is an excessive forward curve (swayback) of the low back when viewed from the side.

Precaution:
- The spine should have enough flexibility to accommodate the movement of the equine activity.
- Activities should be monitored and adjusted to not further exaggerate the curvature.
- Specialized training of staff to understand curvature and effects of equine movement

Contraindication:
- If the activity produces lasting pain
- If there is not enough spinal mobility to accommodate to the movement of the equine
- If the spinal curvature is getting worse over time
- Aggravation to compromised pulmonary function, heart function, circulation and/or skin breakdown (see related topics including Respiratory Compromise, Skin Integrity, Equipment, Spinal Fusion/Fixation, Surgery)
- Moderate or severe scoliosis or inability to achieve a full upright posture

Spinal Fusion/Fixation

Participants with spinal fusion have one or more segments of their spinal column structurally joined. Bony abnormalities, disease or surgical intervention may result in fusion. Spinal fixation or internal stabilization is when the spine is stabilized surgically with hardware (e.g., Harrington rods, Luque sublaminar wiring) or by other procedures. The participant's medical history should delineate the area involved, when the fusion/fixation occurred, how it occurred and the current status. Some fusions are created surgically to correct scoliosis. Some fixations accompany spinal cord injury and there will be muscular weakness of the trunk as well.

When some spinal segments are immobilized, the movement of the equine causes increased relative movement at the spinal segments immediately above and below. Thus, these non-fixed segments can be hypermobilized or moved too much. The excessive movement could create or contribute to the degeneration of the spine. Additionally, the vertical concussion and compression forces that occur during vigorous walking, trotting or riding in a carriage may increase the risk of dislodging internal rods or wiring. A fall from four to six feet may have greater impact than the immobilized spine can withstand. Therefore, it is essential to consult with the physician regarding riding/driving activities.

Precaution:
- If Harrington rods or Luque sublaminar wiring are present, the surgeon should make an informed decision regarding participation in riding/driving activities. The physician should base this decision on knowledge of the specific activities in which the participant will be involved, including risk of falls.
- Pain may dictate tolerance.

Contraindication:
- If there is insufficient mobility in the spinal joints above and below the fixation/fusion to accommodate the movement of the equine
- If there is a pre-existing condition of severe degenerative joint disease in the remaining mobile spinal joints
- If there is significant pain
- If physician has not released participant for post-surgical participation, indicating a solid bony fusion/fixation

Spinal Instability/Abnormalities

The integrity of the spinal cord is at risk when the spine is unstable. Instability can be due to disease, congenital deformity, bony abnormality or injury. Examples include spondylolisthesis, Scheurermann's disease (also known as adolescent kyphosis, epiphyseal plate disease, vertebral epiphysitis), atlantoaxial instability (see Down syndrome), hemivertebrae and herniated disc. Abnormalities may include spinal stenosis, vertebral spurring or other conditions that compromise the function of the spine. Orthopedic or neurologic consult for location and degree of spinal dysfunction and positional or activity precautions is essential.

Precaution:

- Consider positioning, ground impact during mounted activities/driving, degree of movement of the equine and mounting/dismounting activities
- Pain may dictate tolerance

Contraindication:

- Acute, painful stages or pain resulting from mounted activities/driving
- Onset of neurologic symptoms such as numbness or weakness of the extremities, changes in muscle tone or changes in bowel or bladder control

Spinal Orthosis

A spinal orthosis is a jacket or brace worn to support or stabilize the spine. The orthosis can be made of soft or hard material and is designed in many different lengths. The pertinent concern is whether the brace allows the participant sufficient mobility to move with the equine with a relaxed, stable, upright posture and without interfering with the movement or the comfort of the equine. Know the purpose of the brace and wearing restrictions or precautions. If unsure of the effects on the equine, carefully observe how the client is positioned and how they move when astride. A licensed/credentialed therapist/health professional with experience and training in equine activities, the Professional Association of Therapeutic Horsemanship International Instructor, the physician/orthopedist and the participant or family need to make an informed decision as to whether equine activities are appropriate for the client or the equine. The orthotist may also be consulted for possible alternative bracing if necessary (see Equipment).

Precaution:

- Skin irritation where the orthosis meets the body, caused from movement (see Skin Integrity)
- Use of spinal orthosis for scoliosis
- Poor trunk control or hypotonia

Contraindication:

- Use of a rigid chin support attached to the spinal orthosis
- Insufficient mobility to accommodate equine movement

Spina Bifida

Spina bifida (myelomeningocele, spina bifida cystica and myelodysplasia) is a congenital deficit in the structure of the vertebrae. The spinal cord and its protective membranes (meninges) protrude through this defect. Spina bifida is diagnosed at birth by the presence of an external sac on the back and is most common in the lumbar region. If necessary, surgery is usually performed within days after birth to close the spinal defect and cover the sac to prevent infection.

The primary problems associated with spina bifida are trunk and/or lower extremity paralysis, loss of sensation and hydrocephalus (see Hydrocephalus). Spina bifida occulta is a less severe abnormality of the vertebrae, without motor or sensory deficits or hydrocephalus. Although spina bifida itself is non-progressive, it is strongly associated with Chiari II malformation, tethered cord and hydromyelia. All of these conditions can cause the appearance or worsening of neurologic symptoms. Therefore, the Professional Association of Therapeutic Horsemanship International Instructor and therapists need to watch the participant for the symptoms for each (see following entries).

The medical history should contain information on the level of the defect, associated medical problems, a shunt, scoliosis, hydromyelia, Chiari II malformation, tethered cord and whether any of these are symptomatic. The therapist and PATH Intl. Instructor need to complete a baseline assessment of the participant's functional abilities (including urinary continence, sitting balance, muscle strength and sensation) before the participant can ride. A lesion above T-6 can prevent the participant from sitting independently. Monitoring and periodic re-evaluation are essential. Input from the participant's family on function at home is helpful as well. (See Equipment, Spinal Cord Injury, Spinal Curvature, Spinal Fusion/Fixation)

Precaution:
- Pain may dictate tolerance.
- If decreased sensation is present, particularly of the trunk/lower extremities (see Skin Integrity)

Contraindication:
- If there is an appearance or worsening of neurologic symptoms
- Skin Integrity on seating surface
- Participant is unable to do skin checks

Associated With Spina Bifida Cystica

Tethered Cord

For various reasons, the surgically repaired myelomeningocele in spina bifida may become tethered or anchored down. This condition prevents the spinal cord from moving freely as the participant moves, bends and grows. There can be interference to the blood supply to the spinal cord, resulting in malfunction or permanent injury to the spinal cord cells. All children with repaired myelomeningocele are at risk for tethered cord but only a few become symptomatic.
Those at greatest risk are children with low-level defects, good lower extremity function and those who can walk.

Tethered Cord Symptoms
1. Worsening gait, progressive loss of motor ability
2. Rapidly increasing scoliosis
3. Increasing incontinence ("accidents" between catheterizations)
4. Back pain or pain radiating down a leg

5. The appearance or worsening of spasticity

As noted under spina bifida, an initial baseline assessment by the program instructor and therapist is essential, as is periodic re-evaluation. Professional Association of Therapeutic Horsemanship International Centers need to be concerned about the symptoms of tethered cord because the equine's movement mobilizes the lower spine. If a symptomatic tethered cord is not corrected promptly with surgery, additional permanent loss of function can occur.

Precaution:
- All children with repaired myelomeningocele need to be monitored for tethered cord symptoms.

Contraindication:
- If any of the symptoms of tethered cord develop, discontinue mounted activities until the physician resolves the cause of symptoms. A release from the MD is required to resume participation.
- Current tethered cord with neurological symptoms

Associated with Spina Bifida

Chiari II Malformation

The Chiari II malformation is a congenital condition consisting of three major structural abnormalities of the lower brain. The result is compression of the brain stem and obstruction of cerebral spinal fluid. It occurs in 85 to 99 percent of children born with spina bifida and hydrocephalus, but only about 20 to 30 percent develop symptoms. Chiari II is one of the main causes of death in the older child with spina bifida.

Chiari II Malformation Symptoms
1. Respiratory distress such as noisy congested breathing, difficult breathing and retraction rather than expansion of the chest as air is inhaled
2. Apnea, or temporary cessation of breathing
3. Stridor, which is harsh croupy noise while breathing, or cyanosis, which is a bluish tinge around the mouth and fingernails indicating a lack of oxygen
4. Difficulty swallowing, excessive drooling, gagging or vomiting
5. Weakness and/or spasticity in the arms
6. Backward spastic arching of the head, neck or the entire body
7. Persistent severe headaches, usually radiating from the base of the skull and neck

Young children with symptomatic Chiari II malformation usually show feeding difficulties, stridor, apnea or arm weakness. Fifty percent outgrow them. If the child's symptoms resolve, the physician or neurosurgeon should clearly state that it is safe for the child to participate in equine activities.

The second most common age for symptoms to occur is during adolescence. It appears to be more severe in youths with low lesions and good leg function. Older children may show symptoms of arm weakness, respiratory distress and stridor.

The child with spina bifida needs careful evaluation as well as monitoring and re-evaluation. The medical history should include information on a shunt, scoliosis, hydromyelia, Chiari II malformation and tethered cord. The history needs to also indicate whether any of these are symptomatic. The mobilization and compression of the spine that occur during seated mounted activities affect the head and neck. Therefore, Professional Association of Therapeutic Horsemanship International Centers need to be extremely watchful of Chiari II malformation symptoms. It is one of the

main causes of death in the older child with spina bifida.

Precaution:
- All children with spina bifida and hydrocephalus are at risk for Chiari II malformation unless a baseline magnetic resonance imaging (MRI) test has firmly established otherwise. Monitor the participant for symptoms at each session and re-evaluate frequently.

Contraindication:
- If any of the symptoms of Chiari II malformation develop, discontinue mounted activities until the cause of the symptoms is resolved. This is an emergency. A release from the MD is required to resume participation.

Associated with Spina Bifida

Hydromyelia

Hydromyelia is an abnormal amount of fluid in the spinal cord that increases pressure on the nerves, causing weakness. Subsequent can be the development of scoliosis (see Spinal Curvature). Repair of the hydrocephalic shunt or surgical drainage of the hydromyelia usually prevents the scoliosis from worsening. The participant may need a shunt in the spinal cord to properly drain the hydromyelia.

Hydromyelia Symptoms
1. Progressive loss of muscle strength
2. Rapidly increasing scoliosis

The medical history of children with spina bifida should include information on a shunt, hydromyelia, scoliosis, Chiari II malformation and tethered cord. The history needs to also indicate whether any of these are symptomatic.

Precaution:
- All children with spina bifida are at risk for hydromyelia. Therefore, monitor the participant for symptoms at each session and re-evaluate frequently.

Contraindication:
- If any of the symptoms of hydromyelia develop, discontinue mounted activities until the physician resolves the cause of the symptoms. A release from the MD is required to resume participation.

Stroke/Cerebrovascular Accident (CVA)

A stroke or CVA is brain damage caused by bleeding into the brain or blockage of blood to the brain. A transient ischemic attack (TIA) is a very small stroke with little or no residual deficit. Causes include rupture of an artery or embolus or blood clot that occludes an artery. Risk factors for stroke include diabetes, hypertension and heart disease.

The participant who has had a stroke is usually affected more on one side of the body than the other. The participant may experience movement difficulties (hemiplegia), sensory impairments, visual deficits, altered muscle tone (either increased or decreased), speech problems, inability to understand others, perceptual and/or cognitive deficits. Stroke itself is rarely a contraindication to equine activities, but there may exist associated medical problems that will need further investigation prior to participation. These may include seizure activity, uncontrolled high blood pressure, sensory loss, known aneurysm or artery blockage.

Precaution:
- Controlled hypertension, if this is the cause of the CVA (see Heart Conditions)
- Impaired sensation (see Skin Integrity)
- Seizure disorder (see Seizure Disorders)
- Medications including blood thinners, blood pressure medications or seizure medications (see Medication)
- Difficulty understanding directions or making needs known (see Communication Disorders)
- Neglect syndrome
- Poor balance from hemiplegia

Contraindication:
- Uncontrolled seizure activity, an aneurysm or an angioma
- Inability to position participant in midline
- Focal weakness that impairs the ability of the client or staff to safely manage the equine

Substance Abuse/Drug or Alcohol Dependence

The essential feature of substance abuse is a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances. Included with this are withdrawal reactions that can manifest as physical or behavioral difficulties and can in some instances be life threatening.

Note: Certain controlled substances may be prescribed for some participants for medical reasons, sometimes in large doses. These participants are rarely at risk for abuse and, in fact, need these medications for pain or symptom control.

Precaution:
- Caution should be taken related to the availability of potential substances at the Professional Association of Therapeutic Horsemanship International Center. Veterinary and human medications, cleaners and poisons should be locked up at all times.

Contraindication:
- Active substance abuse
- Inadequate supervision on site

Surgery - Recent

Each surgical case is different. There is great variability in the types of surgeries and protocols for care following a procedure. It is essential to evaluate each participant independently in conjunction with the surgeon and/or the therapist. PATH Intl. Centers must obtain a medical release from the physician to start or restart equine activities after any minor or major surgery. Note any precautions or restrictions that the surgeon may impose following a surgical procedure. Note the need for any braces or casts following surgery (see Fractures, Equipment). Examples of surgical procedures that might be seen include:

Tendon lengthening/tendon transfers

Anticipate and prevent the potential for discomfort due to stress on the surgical site with equine activities. The surgeon may consider activity eight to 10 weeks following surgery.

Fracture repair/osteotomy

Surgical repair of fractures may consist of implantation of devices (screws or plates, for example) or may require bone grafts. Osteotomies are the surgical correction of a bony deformity and often require

fixation or grafting. Both procedures may result in casting or bracing for the healing process. A simple fracture generally requires six to eight weeks for healing; the surgical repair of a fracture may take longer. Resumption of riding will depend on the procedure, time for healing and location of the dysfunction. With a surgically repaired fracture of the upper extremity, mounted activities may be possible at an earlier date. In all cases, obtain consent from the participant's surgeon.

Selective dorsal rhizotomy
Dorsal rhizotomy is a common spinal surgical procedure to reduce spasticity in participants with cerebral palsy. Physician's permission to begin or restart an equine activities program following rhizotomy may be given from three months to one year after surgery. Consult the participant's post-surgical physical therapist about the participant's functional abilities.

Precaution:
- Positioning needs/movement restrictions related to the recent procedure
- Pain may dictate riding tolerance.

Contraindication:
- Physician has not provided a post-surgical medical release for equine activities following surgery.

Trunk Control

The human trunk is the part of the body between the neck and the waist. It does not include the arms or legs. The control of the trunk relies on the ability of the person to maintain anti-gravity postures in a variety of positions. This is achieved by the muscles in the trunk, front, back and sides as well as the vertebral column (back bone) and awareness of the body in relationship to the surroundings. The major muscles that control the trunk are the abdominals in the front, which support the vertebral column and abdominal contents to bend forward, and the back extensors muscles, which help the trunk to bend backward, sideways and twist the trunk. The oblique muscles of the abdominals also twist the trunk. Trunk control is a dynamic process necessary for all motor tasks. Trunk control requires musculoskeletal integrity, activation of the motor and arousal systems and sensory input. Trunk control is dependent on the ability of the abdominal flexors/obliques and the spinal (back) extensors supporting the body and making corrections that maintain balance without a loss of balance or falling. Trunk control plays a large factor in sitting and standing balance. Independent sitting balance is defined as the ability to sit on the edge of a mat without back support, use of the arms, help of an assistant and without weight bearing through the feet. Standing balance requires the ability to maintain alignment and balance without stepping or moving in any direction.

Precaution:
- Adults who are unable to sit on a flat surface without back support assistance for three to five minutes without assistance
- Children who are unable to sit unassisted may require direct treatment by a therapist

Contraindication:
- Adults who are unable to sit unassisted on a flat surface with a back rest

Medication

Consideration should be given to the medications, prescription and over the counter, that the participant is taking. Listed below are general categories of medications common for the participant in Professional Association of Therapeutic Horsemanship International programs. Be certain to be familiar with all of the medications. Take note of when the medications are taken (e.g., directly before a session or several hours prior) or of recent changes in medications. Medications may have side effects, and some medications can become toxic if the dosage is not controlled. Some medications are affected by environmental factors such as sunlight. Medication interactions can be toxic. For example, erythromycin may cause acute elevations of the commonly used anti-convulsant carbamazepine (Tegretol). Fact sheets about specific medications are available at all pharmacies. Once you have read these, if there are additional questions regarding medications, call the pharmacist or physician.

Special Considerations:

- **Phototoxicity**

Some drugs become toxic when chemically activated in the skin by light (ultraviolet or visible radiation). Examples of phototoxic drugs include antibiotics such as tetracyclines (commonly used to treat severe acne), sulfonamides and chlorpromazine (Thorazine). Control exposure to the sun by using protective clothing or sunscreen for participants taking these medications.

Precaution:

- Lack of covered arena

- **Photoallergy**

Some drugs are activated to a more potent allergen in the skin upon exposure to light (ultraviolet or visible radiation). Clinically, a photoallergy may manifest as reddened skin (that resembles sunburn) or as hives,which may appear a few minutes after exposure to sunlight. Drugs capable of causing a photoallergic reaction include phenothiazines, sulfonamides, hexacholoraphene and topical antihistamines.

- **Allergy Control**

An antigen-antibody reaction stimulating the release of histamine produces the most common symptoms associated with allergy: stuffy nose, runny nose, hives and itching, and watery, itchy eyes. Many antihistamines, or allergy control medications, are available without a prescription. These medications may be sold alone or in combination with other drugs.

Precaution:

- Sedation and dizziness are common side effects of antihistamines. Confusion may be seen in the elderly and hyper-excitability in children because of the effects of antihistamines on the central nervous system. There are several non-sedating antihistamines, but they are generally prescribed for older children and adults.

- **Antibiotics**

These medications are used to kill or inhibit the growth of susceptible bacteria. They are not active against viruses or fungi. Antibiotics are subdivided into categories depending on chemical similarities and antimicrobial spectrum.

Precaution:

- Many antibiotics cause gastrointestinal upset, nausea and diarrhea that may cause discomfort. Photosensitivity is common to certain antibiotics such as the tetracyclines, sulfonamides and quinolones/Cipro. Protective clothing and sunscreens are recommended.

- Significant reactions to antibiotics may occur such as coma, seizures, anaphylaxis, shortness of breath and hives. Penicillins and sulfa drugs can cause life-threatening allergic reactions.

- **Anticonvulsants**

These medications include a variety of agents, all capable of depressing abnormal neuronal discharge in the central nervous system that may result in seizures. They are also used in the treatment of psychiatric behavior disorders particularly mood disorders, aggression and impulse control disorders.

Precaution:

- Drowsiness, uncoordination, vertigo, nystagmus (abnormal eye movement), mild nausea are common side effects, especially when these drugs are just started or if the dose has been increased too quickly.

- Double vision is a common side effect of carbamazepine (Tegretol) and often goes away spontaneously or after the dose is decreased. Aggression, increased irritability, mood lability, tantrums, hyperactivity and paradoxical behavioral rebound may all be side effects of these medications. These side effects often resemble the target symptoms they are meant to treat. Close monitoring and communications with the participant's physician or therapist is essential to determine if the drug is helping or hindering participation.

- Caution participants to use sunscreen and protective clothing to prevent photosensitivity reactions. Participants taking valproic acid might bleed more easily upon bumps or cuts to the skin.

- **Antidepressants**

These medications are used in the treatment of various forms of depression often in conjunction with psychotherapy. Other uses include the treatment of anxiety, enuresis (bedwetting), insomnia, obsessive-compulsive disorder and chronic pain syndromes.

Precaution:

- Dizziness or drowsiness may occur. Rapid position changes may cause a drop in blood pressure with lightheadedness or weakness. Participants may experience dry mouth or difficulty voiding. Participants who have seizure disorders may be likely to have more seizures. Symptoms of toxicity and overdosage of anti-depressants include chest pain, severe headache, neck stiffness, nausea, vomiting, photosensitivity and enlarged pupils.

- Monoamine oxidase inhibitor (MAOI) is a type of anti-depressant that requires strict dietary restrictions. Tyramine, a substance found in aged food such as sauerkraut, pickles, raisins, ripe bananas, cheese, etc., can combine with the MAOI to cause high blood pressure. If symptoms of high blood pressure occur (nausea, sweating, neck stiffness, sudden headache) activity should be restricted until the situation is assessed.

- **Antipsychotics/Neuroleptics**

Generic brand

Traditional antipsychotics

chlorpromazine: Thorazine, Largactil
fluphenazine: Prolixin, Permitil, Anatensol
haloperidol: Haldol
loxapine: Loxitane, Daxolin

mesoridazine: Serentil
molindone: Moban, Lidone
perphenazine: Trilafon, Etrafon
pimozide: Orap
thioridazine: Mellaril
thiothixene: Navane
trifluoperazine: Stelazine

Novel or atypical antipsychotics

aripiprazole: Abilify
clozapine: Clozaril
olanzapine: Zyprexa, Zyprexa Zydis
paliperidone: Invega
quetiapine fumarate: Seroquel
risperidone: Risperdal
risperidone, long-acting injection: Risperdal Consta
ziprasidone: Geodon

Purpose

Antipsychotics (neuroleptics) are most frequently used for persons who experience psychotic symptoms as a result of having some form of schizophrenia, severe depression or bipolar disorder. They may be used to treat brief psychotic episodes caused by drugs of abuse. Psychotic symptoms may include being out of touch with reality, "hearing voices" and having false perceptions (e.g., thinking you are a famous person, thinking someone is out to hurt you). Antipsychotic medications can be effective in either minimizing or stopping these symptoms altogether. In some cases, these medications can shorten the course of the illness or prevent it from happening again.

Potential side effects

Tardive Dyskenesia

- Involuntary movements of the tongue or mouth
- Jerky, purposeless movements of legs, arms or entire body
- More often seen in women
- Risk increases with age and length of time on medication
- Usually seen with long-term treatment using traditional antipsychotic medications; rarely seen with atypical antipsychotic medications

Symptoms of diabetes mellitus (associated with obesity)

- Excessive thirst and hunger
- Fatigue
- Frequent urination
- Headaches
- Slow healing cuts and/or blemishes
- Weight loss

Neuroleptic malignant syndrome (very rare)

- Blood pressure up and down
- Dazed and confused
- Difficulty breathing
- Muscle stiffness
- Rapid heart rate

- Sweating and shakiness
- Temperature above normal

Other

- Blurred vision
- Changes in sexual functioning
- Constipation
- Diminished enthusiasm
- Dizziness
- Drowsiness
- Dry mouth
- Lowered blood pressure
- Muscle rigidity
- Nasal congestion
- Restlessness
- Sensitivity to bright light (including sunburning easily)
- Slowed heart rate
- Slurred speech
- Upset stomach
- Weight gain

Note: any side effects that bother a person need to be reported and discussed with the prescribing physician. Anticholinergic/antiparkinsonian medications like Cogentin or Artane may be prescribed to control movement difficulties associated with the use of antipsychotic medications.

Emergency conditions

Contact a physician and/or seek emergency medical assistance if the person experiences involuntary muscle movements, painful muscle spasms, difficulty urinating, eye pain, skin rash or any of the symptoms listed above under *tardive dyskenia* and *neuroleptic malignant syndrome*. An overdose is always considered an emergency and treatment should be sought immediately.

Glossary:

tardive dyskenesia: a central nervous system disorder characterized by twitching of the face and tongue and involuntary motor movements of the trunk and limbs; occurring especially as a side effect of prolonged use of antipsychotic medications

neuroleptic malignant syndrome: a very rare but life-threatening neurological disorder most often caused by a reaction to antipsychotic/neuroleptic medications. Typically developing within the first two weeks of treatment; but can develop at any time. The syndrome can also occur in people taking antiparkinsonian medications if discontinued abruptly.

sedation: inducing a relaxed, easy state especially by the use of sedatives (drugs)

lipids: any of various substances including fats, waxes and phosphatides that with proteins and carbohydrates make up the principal structural components of living cells

diabetes mellitus: an endocrine disorder in which insulin is inadequately secreted or used by the body

blood dyscrasias: a disease of the blood usually involving cellular abnormalities (e.g., poorly func-

tioning or fewer than normal platelets, or loss of certain blood proteins called "clotting factors"; poorly functioning or decreased numbers of red and/or white blood cells)

agranulocytosis: a condition in which there are too few of a specific type of white blood cell called neutrophils in the blood. Affected people are susceptible to infections.

microencapsulated: to enclose in a tiny capsule material (as a medicine) that is released when the capsule is broken, melted or dissolved

- **Antispasmodics**

Excessive uncontrolled muscle activity (tension, stiffness, tremors, writhing) is common for many disorders involving the nervous system, including cerebral palsy, brain injury, stroke and multiple sclerosis. Medications such as baclofen, Dantrium, Valium work centrally to lower muscle activation. Medication is most often taken orally; occasionally it is administered by an implanted pump (see Equipment). Botox injections are used to inhibit muscle activation locally, in the area of the injection, and generally last eight to 12 weeks.

Precaution:

- Initially, or in elevated doses, there may be fatigue or weakness. These effects often diminish as the individual accommodates to the medication and as the dosage becomes regulated.

- **Blood Pressure Control**

Because so many different body systems are involved in the maintenance of normal blood pressure, there are several classifications of drugs used to reduce high blood pressure. If a single drug is not effective, commonly a second, or even a third anti-hypertensive drug, with a mechanism of action different from the others is added to the participant's drug regimen. These medications CONTROL but do not CURE high blood pressure.

Precaution:

- Drowsiness, sedation and fatigue may occur that might make a participant more susceptible to an injury and less responsive in an emergency situation. Orthostatic hypotension (low blood pressure) may occur, so make position changes on the equine slowly. Riding in hot weather may enhance blood pressure lowering effects. Dry mouth, constipation and fast heart rate occur with some drugs. Make sure the participant's caregiver or physician is notified if concerns arise. Be aware that abrupt withdrawal of medication may cause rebound hypertension (blood pressure increases).

- **Blood Thinners**

Blood thinning medication such as aspirin or Coumadin may be prescribed for those who are at risk for blood clots, which may cause stroke or heart problems. Clotting time of the blood should be monitored to determine if the appropriate amount of medication is being prescribed.

Precaution:

- Any fall, kick or bump is a potential problem for participants on this medication. Bleeding or bruising is more significant because of the decreased clotting speed of the blood. Of greater concern would be the potential for internal bleeding following an injury that cannot be easily observed. Extreme caution should be taken with these participants.

Contraindication:

- Excessive bruising, blood in the stool, blood-clotting levels not periodically monitored by the physician are all contraindications. Poor accessibility to emergency medical care is also a contraindica-

tion, particularly with these participants.
- Most recent INR check (for those on warfarin therapy) outside of therapeutic range established by the client's appropriately licensed medical provider

- **Bronchodilators**

These medications are used in the treatment of reversible airway obstruction (reactive airway disease) due to asthma or chronic obstructive pulmonary disease. Bronchospasm which results in a narrowing of the airway may be triggered by respiratory irritants such as pollens, molds, dust, animal dander, feathers, dust mites, cockroaches, emotional factors, exercise or infection. If possible, a participant on a bronchodilator should identify their most common stimuli. For example, a windy day or dry conditions might create excessive dust. Grooming may not be tolerated by some because of dust and dander. Hay and grain storage areas that tend to harbor mold or other barn animals such as cats might trigger an attack among very susceptible individuals.

Bronchodilators are often administered via metered dose inhalers (MDI's) either with or without a spacing device. Sometimes the medication is prescribed prior to an activity or exposure to prevent bronchospasm from occurring in the first place. How medication is to be administered (by mouth, via a small compressor, or via a MDI with or without a spacer), when medication is to be administered (before the activity or as needed [PRN] for symptoms), and how frequently the medication can be repeated should be identified.

Precaution:
- Side effects of these medications can include rapid pulse, dizziness, blood pressure changes and may produce paradoxical or reverse symptoms and death.

- **Mood Stabilizers**

Lithium is a medication used to stabilize abnormal highs and lows of mood swings. The person on lithium should have regular blood testing performed to ensure that the lithium in the bloodstream is in a therapeutic range. Too low a level is ineffective and too high a level can result in the serious problem of lithium toxicity. Caution should be taken with potential drug interaction, especially with non-steroidal anti-inflammatory medications (NSAIDs), which can be purchased over the counter.

Precaution:
- Symptoms of lithium toxicity are broad. They may include nausea, vomiting, diarrhea, tremors, increased or decreased thirst, slurred speech, lethargy, confusion, dizziness, headache and eye pain. Pay special attention to the participant's fluid intake, particularly on hot days, as fluid loss from sweating without adequate replacement can result in increased concentration of lithium in the blood stream. Coffee, tea and caffeinated sodas are not appropriate as they act as diuretics and will enhance fluid loss.

- A participant whose lithium level is being adjusted needs to be monitored very closely during the process. If symptoms warrant, program modification may need to be considered until drug stabilization has occurred.

- **Pain Control**

Analgesia is the term used for pain relief. Many medications used to control mild to moderate pain also reduce fever and have anti-inflammatory effects. They are useful in many acute and chronic conditions. Acetaminophen (Tylenol) has no anti-inflammatory effects, so it is used only to reduce pain and fever.

Consider the source and type of pain when determining if someone in pain should be riding. Pain medications are used to control the sensation of pain, and this may assist a participant to participate in an activity without being distracted by pain. Of concern is that the medication may mask pain, which could cause an unsafe situation leading to further tissue damage.

Precaution:

- Pain medications may cause drowsiness, altered mental function, and/or balance impairment. Large doses of salicylates (aspirin) may cause ringing in the ears or hearing loss that may also affect the participant's balance. Nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen, naproxen, indomethacin and piroxican may cause gastrointestinal (GI) irritation such as nausea, vomiting, diarrhea, gas and even GI bleeding. Be aware of the particular side affects associated with the medications used.

Contraindication:

- If pain persists with riding, especially when pain medications are used. If the origin of the pain will worsen with riding, or if the risk of undetected injury is greater than the benefit of riding, then riding for the individual in pain is contraindicated.
- Salicylates (aspirin) should not be used in persons under the age of 21 because of the risk of Reye's Syndrome, a potentially fatal disease involving brain and liver dysfunction.

- **Psycho-stimulants**

These medications are used as an adjunctive treatment in the management of attention deficit hyperactivity disorder (ADHD) and in the treatment of narcolepsy.

Precaution:

- Stimulant medication can worsen pre-existing motor tics or result in new tics including those observed in the rare Tourette's disorder. The participant's caregiver or physician should be immediately notified if tics are observed. Recognize that stimulant medication is very short lived so that dosing time may significantly impact on a participant's ability to focus attention during the riding session.

- Participants who are on sustained-release methylphenidate (Ritalin) may demonstrate day-to-day variability in their target symptoms.

- Be aware that if medication is administered at a therapeutic riding center, when sustained release methylphenidate is chewed instead of swallowed, very high blood levels can result, with toxic side effects. If stimulants are taken in large quantities, the following signs and symptoms may result: dry mouth, dilated pupils, fast heart rate, increased blood pressure, stereotyped behavior, irritability or paranoia.

- **Steroids (Glucocorticoids)**

Steroids produce profound and varied metabolic effects in addition to modifying the normal immune response and suppressing inflammation. Long-standing use is most often with chronic conditions.

Precaution:

- These drugs cause immunosuppression and may mask symptoms of infection. These participants should avoid people with known contagious illnesses. Be aware that steroids may cause psychosis or depression and the reason for this is not certain. Skin changes may be seen and can include tiny bruises, red/purple stretch marks and thinning of the skin. This may make a participant more susceptible to pressure areas or tears of the skin with friction (see Skin Integrity). Long-term use will lead to osteoporosis and these participants will be at greater risk of bone fractures (see Osteoporosis, Pathologic Fractures).

Suggested Internet References:

Internet references can be helpful, though they may also be overwhelming. Often an internet search using the diagnosis or condition in the search box will bring up a variety of information. Look for websites by national support organizations or universities that will have medical or diagnostic information.

Medline Plus – a service of the US National Library of Medicine and the National Institute of Health has information about disabilities, health, medication, research and organizations on all disabilities and diagnoses.
http://www.nlm.nih.gov/medlineplus/disabilities.html

National Institute of Neurological Disorders and Stroke
www.ninds.nih.gov

National Institute of Mental Health
www.nimh.nih.gov

American Academy of Pediatrics
www.aap.org/topics.html

Administration on Aging
www.aoa.gov

Cerebral Palsy – United Cerebral Palsy
www.ucp.org

Multiple Sclerosis – National MS Society
www.nationalmssociety.org

Spinal Cord Injury – National Spinal Cord Injury Association
www.spinalcord.org

Brain Injury – Brain Injury Association of America
www.biausa.org

Chronic Fatigue Immunodeficiency Syndome (CFIDS) – The CFIDS Association of America
www.ncf-net.org

Spina Bifida – Spina Bifida Association
www.spinabifidaassociation.org

ADD/ADHD – Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD)
www.chadd.org

Substance Abuse and Mental Health Services Administration (SAMHSA)
www.samhsa.gov

Additional references:

Tabers Cyclopedic Medical Dictionary, Editors: Donald Venes, Clayton Thomas, Clarence Wilbur Taber, Published by F.A. Davis

The Merck Manual of Medical Information, Second Edition, Author: Mark Beers, Published by Simon and Schuster

The Pill Book 10th Edition: New and Revised, Author: Harold Silverman, Published by Bantam

American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, DSM-IV-TR, Division of Publications and Marketing, American Psychiatric Association, Washington, D.C., June 2000.

INDEX TO MENTAL HEALTH PRECAUTIONS AND CONTRAINDICATIONS

Mental Health **Precautions & Contraindications** **CONCEPTS**	***Professional Association of Therapeutic Horsemanship International*** ***Precautions & Contraindications*** ***REFERENCE***
EAP/EAC Precautions	*PATH Intl. Standards for Certification & Accreditation Manual, 2021*
• History of animal abuse	• *Page 206 (Behavior and Psychosocial Problems)*
• History of fire setting	• *Page 206 (Behavior and Psychosocial Problems)*
• Suspected current or past history of physical, sexual and/or emotional abuse	• *Page 206 (Behavior and Psychosocial Problems)*
• History of seizure disorder	• *Page 224 (Seizure Disorders/Epilepsy*
• Gross obesity	• *Page 210 (Eating Disorders)*
• Medication side effects	• *Page 234 (Medication)*
• Stress-induced Reactive Airway Disease (asthma)	• *Page 202 (Asthma)*
EAP/EAC Contraindications*	
• Actively dangerous to self or others (suicidal, homicidal, aggressive)	
• Actively delirious, demented, dissociative, psychotic, severely confused (including severe delusion involving horses)	
• Actively substance abusing	

*Contraindications are a concern only if the client is experiencing symptoms at the time of the EAP/EAC session or is otherwise determined by a qualified professional to be at inherent risk of experiencing these symptoms.