

Practical Considerations for Precautions & Contraindications

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Overview

- What are P&Cs
- Legal issues
- Considerations
- Case Studies
 - Scoliosis – spinal fixation
 - Cerebral Palsy
 - Spina Bifida
 - Atlantoaxial Instability – Down Syndrome
 - Multiple Sclerosis
 - Behavioral issues – Autism Spectrum Disorder
 - Alternative helmet use

NARHA Precautions and Contraindications

- What are they?
 - Set of guidelines for specific diagnoses and impairments commonly served at TRCs
- How are they developed?
 - Have been developed over many years through the Health and Education Committee/Advisory Group
 - Reviewed every other year
- How to find them
 - Standards manual – TRC should have hard copy
 - Members only section on NARHA website
 - Available for purchase at NARHA online store

Test Question

● Is this statement true or false?

Only NARHA Premier Accredited Centers has to comply with the NARHA Standards and P&C's

■ Answer: False!

Potential Legal/Insurance Implications

- NARHA Standards and P&Cs are arguably the industry standard
- May be held to the industry standard even if not a NARHA member or center
- An insurance company may represent an individual or center for a particular incident, but then may discontinue coverage if there was a failure to uphold industry standards

American with Disabilities Act

- Intended to prevent discrimination against people with disabilities for activities in public spaces
- It does not mean that a NARHA center must serve everyone with disabilities – you can refuse to have someone ride with your program with predetermined policies
- Policies must be administered objectively and fairly
- Reasonable accommodations – financial impact

Considerations

- Instructor
 - Experience/comfort level
- Horse
 - Size
 - Tack
 - Training
 - Temperament

Considerations

- Volunteers
 - Size
 - Comfort
- Facilities
 - Arena
 - Ramp
 - Block
 - Lift?



Case Studies

- Spinal Curvature - Scoliosis
 - Functional vs structural
 - Fixed vs flexible



Case Studies

● Spinal Fixation/Fusion

- Get info from MD
- Where?
- How many levels?
- Any DJD?



Photo credit: www.spinalinjury.com/baltimore.md.cfm

Case Studies

● Cerebral Palsy

- Tone issues
- Hip subluxation/dislocation
- Surgeries
- Medications

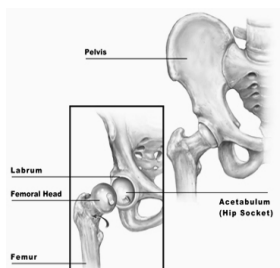
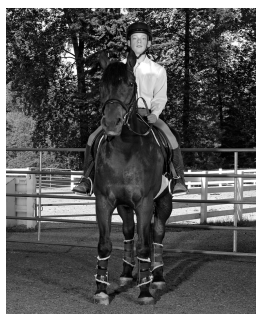


Photo credit: www.kennedykrieger.com/hip_surgery.htm

Case Studies

● Alexander

- 17 yo with spastic diplegia cerebral palsy
- Mild right hip subluxation
- Adductor release
- Oral baclophen
- Pre-ride activities?
- Horse selection?
- Timing of lesson?



Case Studies

- Spina Bifida
 - Scoliosis
 - Shunt
 - Tethered Cord
 - Chairi II Malformation
 - Hydromyelia



Photo credit: www.globeurope.com/default.cfm?ID=11748

Case Studies

- Shunt
 - Helmet fit
- Malfunction symptoms
 - Headache/nausea/vomiting
 - Vision problems
 - Irritability and/or tiredness
 - Changes in personality
 - Loss of coordination or balance
 - Redness or swelling along the shunt tract

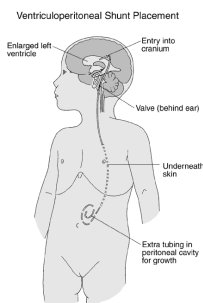


Photo credit: www.chu.org.sg/sgu/PDF/DocID/2250/rouse.jpg

Case Studies

- Tethered Cord
 - Symptoms
 - Worsening gait
 - Rapidly increasing scoliosis
 - Back or radiating pain down the leg
 - Increasing incontinence
 - Appearance or worsening of spasticity

Case Studies

- AAI
 - Not just with Down Syndrome
- Neurologic Symptoms
 - Change in head control
 - Change in gait
 - Change in hand control
 - Change in bowel/bladder control



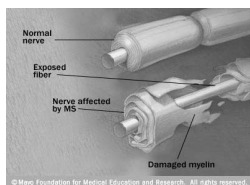
Photo credit: <http://www.gettyimages.com/images/via020000077005-120x150.jpg>

Case Studies - AAI

- 16 yo female with Down Syndrome
- Ridden previously at a NARHA center
- Recently moved and wants to ride at your center
- X-rays report reveals AAI of 5 mm and deemed significant by physician
- What do you do?

Case Studies

- Multiple Sclerosis
 - Autoimmune disease
 - Damage to protective sheath of nerve
 - Causes disruption of communication between brain and muscle



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Case Studies - MS

● Barbie and AnnDee

- Difficulty with heat
- Exacerbations
- Decreased grip strength
- Decreasing riding skills



Case Studies

● Behavioral Issues

- Physical
- Mental
- Destructive
- Self-stimulating

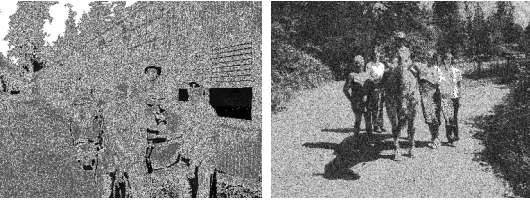
Case Studies

● Patrick

- 5 yr old with Autism
- Hitting
- Running away
- Yelling/screaming
- Difficulty following 3 step directions



Alternative Helmet Use



Alternative Helmet Use

- ◆ As of 2010 both of these pictures are in violation of the Alternative Helmet Use Guidelines
- Participants who use alternative helmets (helmets not ASTM-SEI approved for equestrian activities) must comply with the following:
- MUST have a written evaluation/justification that specifically addresses the risk of equine activities, by an appropriate licensed/credentialed health professional (PT, OT, SLP or MD) to determine whether the use of this helmet is necessary AND to recommend which type to use.

Alternative Helmet Guidelines

- 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 activities and therapies must be confined to an enclosed and safe arena.

Alternative Helmet Guidelines

- The equine assisted activities and therapies must be directly supervised by an occupational, physical, or speech-language therapist.
- There are no state or local laws requiring ASTM helmet use

Alternatives to Riding

- If riding is no longer an option:
 - Unmounted lessons
 - Community programs
 - Therapy
 - DO NOT let them go empty handed!!
