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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 activities and therapies (EAAT) industry, emphasizing safety of participants, volunteers and equines, and providing the basis for quality equine-assisted activities and therapies. The PATH Intl. 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 activities and therapies 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 activities and therapies 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 equine-assisted 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. instructor, 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 equine-assisted activities and therapies.

Precautions and Contraindications

Knowledge of current precautions and contraindications to equine-assisted activities 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. Instructors 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 activities.

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 activities inherently involve movement—whether the participant is riding, vaulting or driving. **If the movement activity 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 activities is the human-animal connection. **If this interaction is detrimental to the participant or the equine, equine-assisted activities 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 activities 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 activities involve a team approach.** Team members usually include the equine, the PATH Intl. Instructor, 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 EAAT 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 and the activities 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 an activity 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 instructor 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 his/her 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 activities appropriate for this person?" "In what type of activities should s/he participate?" "How can we provide the activities 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 187. 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.**