

The Association of Chartered Physiotherapists in Equine Activities (ACPEA) Guidance for RDA Groups and Coaches.



CONTRAINDICATIONS FOR RIDING/DRIVING.

These guidance notes are to be used when assessing new riders/drivers and existing riders/drivers at reviews. They can be used to support discussions about the suitability to ride/drive but should NOT be sent out with application forms or medical practitioner letters.

Acute inflammatory condition: This is a generalised illness and riding is not advised while the body is working to respond to the inflammatory process. The inflammation may be in joints, muscles, soft tissue or internal organs. Rheumatoid arthritis is an inflammatory disease and may have acute flare ups during which time riding/driving should be stopped.

Atlanto/axial instability: This can occur in people with Down's syndrome due to an abnormality in the anatomy of the joint at the top of the neck. If the participant has poor head control, they may be susceptible to excessive movement at this joint. Damage could occur to the spinal cord resulting neurological symptoms such as numbness in the arms or even paralysis. A judgement must be made regarding the amount of head control the potential rider has and advice sought from a physiotherapist with experience of using hippotherapy.

Catheter: Riding, but not driving, is contraindicated.

For riding a catheter really has to be considered case by case. Some may be a precaution and others a contraindication (like an indwelling catheter). There are different types of catheter. Catheters are flexible tubes used to empty the bladder and collect urine in a drainage bag. They may be in situ in people with conditions where there is poor bladder control such as Multiple sclerosis, spinal cord injury, traumatic brain injury,

1. Intermittent urinary catheters are inserted several times a day just for long enough to drain the bladder and then removed.
2. Indwelling urinary catheters are left in place. They are held in the bladder by a water filled balloon which prevents it falling out. The urine is drained through a tube connected to a collection bag which is usually strapped to the inside of the leg. This would present a physical challenge to a rider regarding its area of placement and risk of urine flow being affected.
3. Some people e.g with MS may have a supra pubic catheter. This is a catheter that is left in place. It is inserted through a hole in the abdomen and then directly into the bladder. This is done under general anaesthetic. The catheter can be secured to the side of the body and attached to a collection bag usually strapped to the leg.

Indwelling catheters obviously present a challenge to riders as there is risk of discomfort, pulling the catheter out, trauma to the urethra or the catheter getting blocked. These may be plugged for the duration of riding but there is a risk of urinary infection and this is not recommended.

Intermittent and suprapubic catheters are more suitable for people wishing to ride.

Circulatory problems and poor sensation: This is either a contraindication or precaution depending on the severity of the condition.

Under normal circumstances participants can feel if any parts of the body are being rubbed by equipment. With poor circulation or nerve damage this sensation may be reduced. Riders should be on sheepskin or similar pressure reducing pads and all leathers need to be without hard edges in contact with the skin. Ask carers to check skin carefully after each ride. Poor circulation can lead to very cold hands and feet, so consideration should be given to appropriate riding venues and times of year. Sessions should be discontinued if skin breaks down due to pressure from equipment when at RDA.

Detached retina: This is an acute disorder of the eye, and no sudden movements in the body should occur while it is being treated. Riding is not advised.

Diabetes: (Uncontrolled) Many people with diabetes have their disease under control and are unlikely to lose consciousness and would be safe to ride. It is necessary to know if they are likely to become unwell and what action must be taken. If this is a frequent occurrence riding is not advised. One of the side effects of diabetes is loss of sensation and poor circulation (see Circulatory and sensation problems)

Febrile illness: If a rider has an elevated temperature they must not ride as they may have an infection which could be made worse by physical exertion or could be transmitted to others. Examples are COVID-19 and flu.

Hip dislocation: IF CAUSING PAIN otherwise this is a precaution.

Many children with Cerebral Palsy will have a degree of dysplasia of one or both hips. Where there is no pain associated with it riding can be good as it encourages the hips to develop in a good position. Pain may not be vocalised but may be recognised by increased spasm or the rider's unwillingness to tolerate certain positions. Advice should be sought from a physiotherapist.

Mental Health Crises: It may be unsafe for all involved in a session if a participant is suffering from an acute mental health episode.

Open wounds or sores: Riding is not advised.

Osteoporosis/osteogenesis: Weakness of the bones, either from birth or acquired. When serious, even the act of positioning the feet in the stirrups could cause fractures. It can be the result of long-term use of certain drugs or lack of weight bearing. Falls could be very dangerous. Riding is not advised.

Poor Head Control: A rider should be able to control the position of their head so that it does not fall forwards or backwards when mounted. Head control needs to be consistent during riding not just at halt. Side walkers should not support the head. Riding should not be undertaken if the participant cannot maintain the head in an upright position throughout the session. Poor head control is also a contraindication in drivers if the head is not supported in their wheelchair. Hippotherapy may be used as a means of gaining more head control.

Severe allergic reaction to horses: Any interaction with horses or the equine environment should be avoided.

Scoliosis: Contraindication if angle greater than 40 degrees.

Scoliosis is an abnormal, sideways, S shaped curve in the spine. It is measured in degrees by taking x rays of the spine and the larger the degree the more severe the condition. In general, if a rider has a measurement greater than 40 degrees riding is contraindicated because of the effect of gravity, combined with the horse's movement, will cause pressure on the spine which may increase the curve. Medical advice should

be sought if the rider is unsure of the severity of the scoliosis. A physiotherapist or spinal specialist should be consulted.

Acute phase Multiple Sclerosis: People with MS may suffer relapses when there can be deterioration in their condition, ranging from symptoms such as numbness, loss of muscle power and severe fatigue. It is not advisable to undertake strenuous exercise or ride during this acute phase. It usually passes but may leave the rider less able and lacking confidence, so it is important to reassess and be alert to any changes from previous level of riding/driving. Care should be given to increase the session time gradually and allow for rests.

Kyphosis >40 degrees (severe): Kyphosis is the medical term for a forward bend of the spine. It occurs naturally in the mid spine but to a mild degree. Where the forward bend is more pronounced, the same effect will be happening with gravity as in scoliosis. Riding could exacerbate the impairment.

Spinal rodding (depending on level): This is a surgical treatment for scoliosis. The vertebrae are fixed together by means of a rod inserted down the length of the spine. This prevents movement transmitted from the horse to the spine between these vertebrae but causes excess movement above and below this rodded area. In this case riding is not advisable. Sometimes this rodding is done in small segments, in which case riding can still be beneficial to mobilise and strengthen the rest of the body. If there has been ANY spinal surgery to insert rods guidance must be sought from the Consultant and Physiotherapist.

Spondylolisthesis: This is a condition where one bone in the spine has moved forward on the one below. This creates an unstable spine and the potential for nerve damage and paralysis. Riding is not advised.

Uncontrolled epilepsy: Uncontrolled epilepsy means that a seizure can occur at any time. This is not a safe scenario with horses. An RDA coach will consider applications from participants with epilepsy on a case-by-case basis guided by the RDA policy on epilepsy. Ultimately the decision to accept or reject an application for riding rests with the coach in charge of the session.

Uncontrolled haemophilia: In this condition, the control of blood clotting is a problem following injury or damage. There can be bleeding into joints if they are strained. The condition can often be managed by medication, but riding is not advised if the condition is severe and poorly controlled.

PRECAUTIONS.

Asthma: If a rider or driver suffers from asthma, they or their carer's should always have their medication to hand in case of a sudden episode of wheezing or shortness of breath. In some people this can be induced by exercise.

Behaviour: The horse, volunteers and participants need to be considered if the participant has any behavioural problems. A risk assessment should document measures taken to lessen the risk if deemed manageable. Advice should be sought from carers and sessions discontinued if it is not possible to safely manage the behaviours. (Also see PAIN below)

Concussion: Concussion is an injury to the brain resulting in a disturbance of brain function. It can be caused by a direct blow to the head, but can also occur when a blow to another part of the body results in rapid movement of the head, such as whiplash type injuries. At all levels of equestrian activity, a participant must be immediately stood down from riding and any potentially strenuous mental and physical activities if they are suspected of having a concussion. See the BEF [CONCUSSION AND RETURN TO RIDING GUIDELINES](#) for more information.

Diabetes: (Controlled) Many people with diabetes have their disease under control and are safe to ride. It is necessary to know if they are likely to become unwell and what action must be taken. If this is a frequent occurrence riding is not advised. One of the side effects of diabetes is loss of sensation and poor circulation (see Circulatory and sensation problems)

Epilepsy (see RDA Epilepsy policy): Controlled epilepsy is a precaution as steps need to be taken to ensure the safety of the participant and all involved in the session. The participant's epilepsy plan should be available and there should always be a carer present who is available to administer the correct prescribed medication when required, The team should receive training on what to expect and how to manage the situation if a seizure occurs.

Mental Health Crises: It may be unsafe for all involved in a session if a participant is suffering from an acute mental health episode.

Mild allergies to horses: Many people have mild allergic symptoms such as an itchy, runny nose when they come into contact with horses. This may be managed by taking over the counter medication. The coach, participant and carers should discuss whether the symptoms are manageable prior to starting sessions.

Pain: Not all riders/drivers are able to communicate verbally to complain of pain. If their behaviour changes or you suspect they may be in pain during the session, riding/driving should stop. They should be advised to seek medical help.

PEG feeding tube: The tube inserts into the stomach and can be dislodged if the participant is handled around the waist or lies across the saddle when mounting. Advice should be sought from a Physiotherapist.

Poor trunk control and sitting balance: If a rider can only remain on the horse by being held up by side-walkers then some of the value of the movement of the horse is being blocked. The rider should be able to maintain independent sitting on the horse for the duration of the ride. Any support from side walkers should not be given above their own shoulder height (for their safety). Rides may have to be shortened to work with the rider's tolerance and stamina.

Trunk control and sitting balance can be improved with hippotherapy and a physiotherapist should be consulted.

Scoliosis less than 40 degrees: Scoliosis is an abnormal sideways S shaped curve in the spine. It is measured in degrees by taking x rays of the spine and the larger the degree the more severe the condition. If a rider has a measurement less than 30 degrees riding may be considered. Medical advice should be sought if the rider is unsure of the severity of the scoliosis. A physiotherapist should be consulted.

Kyphosis less than 40 degrees (mild): Kyphosis is the medical term for a forward bend of the spine. It occurs naturally in the mid spine but to a minimal degree. Riding can help strengthen the back muscles and improve posture but discontinue sessions if participant complains of pain or if the curve appears to increase whilst riding.

Spinal rodding (depending on level): See contraindications above. Sometimes this rodding is done in small segments, in which case riding can still be beneficial to mobilise and strengthen the rest of the body. If there has been ANY spinal surgery to insert rods guidance must be sought from the Consultant and Physiotherapist.

Shunt: This is a length of tubing taking excess liquid from the brain into the stomach. A tube may be visible under the skin around the ear. Great care should be taken in fitting hats. Any complaint of headache should be taken seriously as shunts can become blocked. If this occurs during a ride, the ride should cease, and the carers should be informed immediately. Riding should not recommence until the problem is resolved.