

Chartered Physiotherapists in Therapeutic Riding and Hippotherapy: Guidance for RDA Groups and Instructors/Coaches: Contra-indications for riding.

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 suitability to ride but should NOT be sent out with application forms or medical practitioner letters.

Poor Head Control: It is necessary that a rider can control the position of their head so that it does not flop or rest forward or behind the upright position. So, if there is no head control, riding is not undertaken. Hippotherapy may be used as a means of gaining more head control.

Hip dislocation: Many children with CP will have a degree of Dysplasia of one or both hips. Where there is no pain associated with it, riding can be good, encouraging the hips into a position where they may settle into the joints. Pain may not be vocalised but can be recognised by increased spasm or the rider's unwillingness to tolerate certain positions. Advice should be sought from a physiotherapist.

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. Falls could be very dangerous. Riding is not advised.

Diabetes: Many diabetics have their disease under control, 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)

Haemophilia: In this condition, the control of bleeding is a problem. There can be bleeding into joints if they are strained. This is a serious problem and riding is not advised if the condition is severe.

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

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

Uncontrolled epilepsy: Uncontrolled epilepsy means that a fit can occur at any time and any place. 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 ride.

Circulatory/pressure problems and problems with sensation: It is useful if riders are able to 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 edges in contact. 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.

Scoliosis>40 degrees: Scoliosis is unnatural complex three dimensional deformity curving the spine most distinctly sideways. If the curves are gentle, normal activities are encouraged. When the angle of the curve is 40 degrees or more, the downward pressure of gravity is pushing it to go further. The action of the horse can increase the pressure through the spine and increase the curve, so medical advice is essential to confirm the degree of curve. A physiotherapist should be consulted.

Acute phase MS: People with MS can suffer relapses when there can be some deterioration in their condition, ranging from sensory symptoms such as numbness, loss of power and severe fatigue. It is not advisable to 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. Care should be given to increase the ride time gradually.

Atlanto/occipital instability: This can occur in people with Down's syndrome. It is weakness at the joint at the top of the neck; injury to that area can cause paralysis. A judgement has to be made on the amount of head control the potential rider has and advice sought from a physiotherapist with experience of using hippotherapy.

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 minimal degree. Where the forward bend is more pronounced, the same effect will be happening with gravity as in scoliosis. Riding could increase the problem.

Spinal rodding (depending on level): When the bones of the spine are fixed together by means of a rod inserted down the length, the effect is to block the movement from the horse in this area but cause excess elsewhere. In this case riding is not advised. Sometimes this rodding is done to 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.

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

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.

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 be informed. Riding should not recommence until the problem is resolved.

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.

NB: advice on epilepsy reviewed and agreed between RDA and CPTRH; this form amended 5.11.15