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&C's 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.scoliosisnutty.com/harrington

Case Studies

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

Photo credit: www.lararth.co.uk/hip_scoring.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
  - Chiari II Malformation
  - Hydromyelia

Case Studies

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

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

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

Photo credit: http://www.netterimages.com/images/vtn/000/000/007/7605
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

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!!