PATH International Equine Services for Heroes Program Guidelines

1. Program Development
   a. Determine if working with veterans and/or wounded service members can be added now or in the near future to the current program

   b. Determine if one or more of the following areas can be offered:
      - Ground Lessons (grooming, tacking, horse care, etc.)
      - Hippotherapy
      - Sports riding - setting goals for developing riding skills, (May include competitions)
      - Recreational/leisure riding
      - Educational skills - classroom activities
      - Equine facilitated mental health
      - Driving
      - Vaulting

   c. Determine the funding requirements needed to expand current program

   d. Determine if the additional funding is available from existing resources or can be obtained through new scholarships or grants
      - This could include funding from Veterans’ Administration (VA) facilities, referring agencies, Disabled American Veterans (DAV), American Legion, etc.

   e. Are licensed, credentialed health professionals* on staff that can provide services? If not, can the sending institution/agency provide a professional or someone equally qualified? A medical consultant who is knowledgeable about appropriate activities for medically fragile participants might be needed. Is a health professional available from the referring agency or organization?

   f. Is the center interested and in a good position to enter into a contractual agreement with a government agency or another organization?

2. Riders
   a. Can the program serve adults with a variety of disabilities?

   b. The Department of Veterans Affairs services all veterans, which include WWII, Korea, Vietnam, Iraq, and Afghanistan. Is the program willing to work with an older group of veterans?
c. In working with an older population, conditions and equipment that are not typically used may be needed, such as (urine collection and colostomy bags, oxygen tanks, prosthetic limbs, etc.).

d. Is the center willing to have a program where the spouses, children or other family members ride at the same time?

e. Riders should undergo a stringent screening for contraindications and precautions. Frequently, poly-trauma veterans have skull defects and other wounds that might contraindicate therapeutic riding at least initially.

f. Programs need to be aware that young men and women who are wounded in war may have a strong sense of risk taking or take advantage of the “dignity of risk” available through riding. Because they have been severely injured in their most virile and physically active years, riding needs to be as challenging as appropriate.

g. Some newly injured individuals continue to undergo treatments that may only allow them the opportunity to ride one or two times. This must be recognized, especially when working with poly-trauma victims.

3. Volunteers
a. Are volunteers available to handle the program expansion?

b. Is the center willing to contact local veterans groups such as the American Legion, Veterans of Foreign Wars (VFW), Disabled American Veterans (DAV), Reserve and National Guard units to help with transportation and assistance for the veterans groups? All volunteers will need to be trained in accordance with the center policy. It has been proven that military helping military is an additional benefit of this program. Recommend the military helpers be trained as side-walkers and/or horse leaders so they can help during the lesson.

c. Wounded service members are adults and can be challenging for mounting/dismounting and emergency dismounts. Appropriately sized and trained volunteers need to be available during lessons.

d. Volunteers need to receive special briefings for working with the recently wounded military members. The “wounded warriors” are adults and should be treated as such. Appropriate, specific praise is acceptable. Condescending, false praise is not acceptable.

4. Instructors and Licensed/Credentialled Health Professionals
a. Are there PATH Intl. Certified Professionals available to work with veterans and wounded service members?

b. Are the health professionals certified by PATH Intl.? If not, is a PATH Intl. Certified Instructor “directly supervising” each equine-assisted activity? This means the certified instructor needs to be at the activity site and is aware of and responsible for the program activity in the arena or on the premises.
c. Are the instructors willing to advance the riders’ skills to their fullest potential? Some of the recently wounded servicemen and women have had significant horse related backgrounds. They need to be allowed to “be in charge” and ride to their full potential.

c. Instructors should have a method for rider goal setting and tracking outcomes. The method must be acceptable to the rider and goals must be acceptable to the rider and healthcare professional, if involved.

5. Equipment, Facilities and Horses
a. Does the program have all items in the areas listed above to work with adults with a variety of disabilities?

b. Are the equines to be used trained to accept and be comfortable with wheelchairs, scooters, canes, walkers, metal prosthetics and related equipment?

c. What type of activities besides riding can the center provide? This includes driving or other therapeutic sports and activities. If driving is available, is there an easy-entry or wheelchair-accessible vehicle?

d. Based on the number of horses, equipment and facilities, what is the total number of veterans and wounded servicemen and women that can be served by the center? This would include number and size of group lessons or the number of private lessons.

- As per the PATH Intl. Standards for Certification and Accreditation manual, Glossary of Terms section, a Licensed/Credentialled Health Professional is defined as, “physical therapists, occupational therapists, speech-language pathologists, psychiatrists, psychologists, physicians, nurses and rehabilitation specialists. Health professionals providing direct service ‘therapy’ through equine activities should have additional specialized training in the use of the equine as a component of treatment in their respective areas of expertise.”