THE COMPLEX ISSUES OF THERAPEUTIC RIDING FOR THE SEVERELY DISABLED CHILD

From the definition of the words “Therapeutic” and “Riding” the term Therapeutic Riding would suggest that sitting on, controlling and being conveyed by a horse, has healing or curative powers. Every rider and every person involved in the field of Therapeutic Riding would agree and indeed as long ago as 460-377 BC, Hippocrates wrote a chapter on “Natural Exercise” and included riding. In 1780, in his book “Medical and Surgical Gymnastics” Tissot of France stated that riding at the walk was the most beneficial gait. Interestingly, he also went on to describe the effects of too much riding and documented certain contraindications.

Today Therapeutic Riding is immensely popular as a recreational, educational or sporting equestrian activity for individuals with functional limitations. In many countries Therapeutic Riding has also become an umbrella term for a number of associated equine activities including psycho educational/remedial vaulting, driving and unmounted activities. Therapeutic Riding therefore has broad appeal to disabled people of all ages and diagnoses.

The benefits of Therapeutic Riding are well documented and numerous. In addition to the cognitive, physical and emotional benefits is the uniquely holistic environment in which these activities take place. For severely disabled children the latter is particularly significant as they endure many years of medical treatment and therapy burnout is common. Therapeutic Riding takes them out of the clinic and opens up a whole new world of movement, animals, freedom and fun.
It is therefore very difficult not to accept every disabled child that wishes to participate in a Therapeutic Riding program. The hypothesis of this paper is that mounted Therapeutic Riding may be contraindicated for severely disabled children or at the very least should be undertaken only after careful consideration of certain key issues.

For the purpose of this discussion a severely disabled child is one who is dependent for all functional activities. On assessment, such a child is likely to exhibit some or all of the following:

- Poor trunk control
- Poor or absent head and neck control
- Increased tone in upper and lower extremities
- Very limited range of hip abduction and external rotation or
- Hypermobility in both hip joints
- Absent or delayed protective responses/no safety awareness
- No expressive speech
- Limited ability to follow directions

**KEY ISSUES**

When looking at precautions or possible contraindications to the participation of a severely disabled child in a Therapeutic Riding program, key issues fall into the following categories:

- Horse
- Client
- Volunteers
- Staff
HORSE ISSUES:

- Carrying “dead” weight
- Balancing asymmetrical weight
- Dealing with negative client behaviours
- Constant close proximity of sidewalkers
- Fatigue/stress/boredom/chronic pain/stiffness

Before accepting severely disabled children, Therapeutic Riding programs must be sure they have a horse that is trained and regularly conditioned to deal with the above issues. It is common to assume that young, severely disabled children are not very heavy but the fact that they are completely dependent makes their weight “dead weight” and therefore more physically demanding to carry. In addition to weight can be the presence of severe spasticity or generalized low tone, causing the weight to be awkwardly distributed. Horses that are insufficiently trained, conditioned and warmed up prior to a session are more liable to suffer ill effects from the stress of carrying a client with these particular issues. Constant stress results in negative horse behaviours that may be the result of chronic stiffness and pain. Such behaviours may eventually compromise the safety of the client.

VISUAL INDICATORS OF EQUINE STRESS

- Negative body language throughout a session
- Inability to maintain a consistent tempo and rhythm
- Difficulty maintaining straightness
- Poor behaviours during mounting and dismounting
- Aggressive behaviours toward sidewalkers and leaders
Early recognition of signs of stress in a therapy horse with a history of excellent behaviour, is the first step to preventing potentially dangerous situations and maintaining the health and well being of the horse. Horses, like humans, cannot be happy and motivated if they are in pain. Once the source of the stress is identified, appropriate action can be taken to alleviate it. In this way therapy horses will remain sound and content with their work for many years.

**CLIENT ISSUES**

Ask yourself the following questions. Does the client have?

- **Ability to accommodate to the movement of the horse**
- **Adequate range of motion in hip/s to sit astride**
- **Potential to achieve biomechanical alignment**
- **Safety awareness**
- **Ability to express pain or discomfort**
- **Potential for independent sitting balance**

If no is the answer to the first 3 questions or a majority of the above questions, Therapeutic Riding would not be indicated. More commonly however, clients will exhibit varying degrees of all or some of the above. Therefore a thorough assessment of a severely disabled client is necessary to obtain the information necessary to make a knowledgeable decision regarding the client’s participation. Before accepting a severely disabled child, a Therapeutic Riding program must first undertake such an assessment. Only after careful
examination of the facts can a program be sure that their horses, staff and volunteers have the appropriate training to provide a safe and beneficial experience for that child.

It is common to experience initial difficulties with a severely disabled client’s position. It is when problems persist that continued participation must be carefully assessed.

VISUAL INDICATORS OF CAUSE FOR CONCERN

- Trunk and pelvis moving “as a whole” - no trunk/pelvic disassociation
- Excessive movement of head and neck – head “flopping” onto chest or back of neck
- Persistent inability to sit comfortably astride
- Signs of discomfort, pain or stress
- Exacerbation of spasticity or extensor thrusting

A severely disabled child with an extremely low tone trunk and high extremity tone has no ability to actively control the alignment of the pelvis. For these children, a rounded “C” curve is the preferred postural position and it is extremely difficult to effect a change. On the walking horse this “C” curve prohibits the ability of the child to absorb the movement of the horse through the hips, pelvis and lumbar spine. The result is “block” movement of the trunk and excessive
movement of the head and neck. Since the child has poor head control, excessive movement in this area could conceivably lead to micro trauma of the soft tissues of the neck. This problem will be exacerbated if the therapy horse is unable to maintain a slow and steady tempo.

VOLUNTEER/ SIDEWALKER ISSUES:

- Stress on neck, shoulder and arm muscles
- Fatigue and loss of concentration
- Anxiety for the client’s safety
- Adequate training for appropriate client support

Severely disabled children require a considerable amount of assistance. In addition to being physically demanding there can be a degree of emotional stress. Sidewalkers worry that the client will “fall off” and as a consequence there can be a tendency to literally hold the client on. Excessive holding can contribute to a client’s postural problems as the client will lean towards the source of greatest support. This in turn may reduce the potential for the client to achieve biomechanical alignment or any degree of independent sitting. There is also the problem of ensuring that sidewalk support is the same on both sides. If one sidewalk is “holding” more than the other it is impossible for the client to be symmetrical and this in turn will exacerbate the client’s postural problems.
STAFF ISSUES:

- Availability of appropriate horses – size and training
- Client participation policies/guidelines
- Adequately trained staff and volunteers
- Documented discharge criteria
- A referral base for appropriate alternative activities

Each Therapeutic Riding program around the globe has its own character with emphasis on and expertise in, particular activities and client populations. Not every program is in a position to offer a range of activities to every disabled person who wishes to participate. It is important to know what you can handle and accept the fact that there may be clients whose needs you are unable to accommodate. Safety guidelines in relation to client participation and horse welfare are essential. A referral base for alternative activities can also facilitate the emotionally difficult task of explaining to a client or the client’s family that your facility is unable to offer them a place in your program or that continued participation is not in the best interests of the client.

CONCLUSIONS

Therapeutic Riding programs have a responsibility common to all health providers – do the client no harm. If being on a horse exacerbates a client’s postural problems, or poses a safety risk to any team member, the activity is inappropriate. Transition to a driving program or an unmounted activity is a viable alternative.
In many cases client issues can be resolved by consulting with a therapist trained in Hippotherapy or by referring the client to a Hippotherapy program. In some cases backriding may be considered provided the program has an appropriate horse that is specifically trained for backriding and well trained volunteers/staff. From the safety and horse welfare points of view, backriding should not be considered a long term solution.

The welfare of therapy horses is paramount and especially so when considering the participation of severely disabled children. The physical and mental demands on a horse are considerably greater when dealing with the complex issues of this population. Horses communicate stress, pain or discomfort with negative body language. Initially such signs may be quite mild but if ignored a horse may have no option but to react more violently. Not only is this inhumane treatment of a therapy horse it also compromises the safety of everyone involved.

Therapeutic Riding should be safe, beneficial and enjoyable for every member of the team. The desire to provide a severely disabled child with a unique experience, no matter how well intentioned, should not override knowledge and common sense. Being on a horse should be a healing experience in every sense of the word and bring a sense of freedom and movement. If the disabled child is being held on, cannot accommodate to the horse’s movement and is unable to participate in any way, the true purpose of the activity is lost.

Barbara Heine  PT., HPCS
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