

NEWS

EDITOR'S
PERSPECTIVE:

Insurance Hot Potato?

AMERICAN MEDICAL EQUESTRIAN ASSOCIATION
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April 6, 2001



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Dear Sir or Madam:

We are writing in opposition to the non-discrimination regulations under the Health Insurance Portability and Accountability Act (HIPAA) proposed by your agency in January.

Like tens of millions of other Americans we enjoy horseback riding. As a group of medical professionals, we participate and support our fellow equestrians in the horsemanship industry. Obviously, if we are unable to purchase health insurance that protects us it will affect our continued participation.

These rules will affect more than just this organization and its members. An economic study commissioned by the American Horse Council shows that recreational horseback riding has a \$23.8 billion economic impact in the U.S., supports 317,000 jobs and involves 3 million horses. This segment of the American horse industry is growing rapidly. Horse owners, breeders, stables, outfitters, dude ranches, veterinarians and feed and tack stores all rely on the individual rider. The rules your agency proposes will adversely affect this entire industry.

We support the original Congressional intent of the bill, which is to protect individuals like horseback riders from being discriminated against and denied health insurance coverage simply because they are participating in a legal, recreational activity. We urge you to change the proposed rules to ensure medical coverage, including benefits, for injuries that may occur while riding and engaging in other legal, recreational activities.

With Regards,
Janet Friesen, MD President

My email box has been "stuffed" recently with emails concerning the proposed federal insurance rules that will affect riders. A few of these messages encouraged me to write a letter to Congress, the IRS and Health Care Administration. The industry professionals are outraged, stunned and frightened.

- Will we lose our insurance coverage?
- How will anyone afford to participate in recreational riding without the confidence of insurance coverage in case of a riding injury?
- Isn't this discrimination?
- Will this ruling negatively effect my business?

The American Horse Council (Washington DC) is "all over this situation" and has issued at least two press releases in the past month on the topic. As with many hot topics the story has the propensity for change as it goes down the proverbial communication grapevine.

In an effort to assure AMEA members receive correct information, explained in a simple straightforward manner, I embarked on a journey to unravel the political and governmental terminology and get the facts. While researching the HIPAA, I received yet another email and an article that I feel does this job superbly."

Not being one to "reinvent a wheel; I wish to present an article by attorney Katy Bloomquist. Her writing on this subject of the Health Insurance Portability and Accountability Act (HIPAA) provides

solid information concerning this issue along with a knowledgeable opinion from her and other professionals in the field of insurance, government and the horse industry.

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MISSION STATEMENT

The American Medical Equestrian Association is dedicated to the philosophy, principles and application of safety of people in equestrian activities. This purpose is achieved through education, research and resource.

- ▲ EDUCATION of health care professionals, organizational representatives and individuals, including an emphasis on public awareness;
- ▲ RESEARCH to better define injury patterns and risks, efficacy of safety measures and equipment, and assistance in equipment design;
- ▲ A RESOURCE of experience and expertise to be shared and utilized for the benefit of equestrian safety.

AMEA Announces Annual Board Meeting and Medical Symposium

AMEA is will hold its board of directors' meeting the evening of January 31, 2002 with a medical symposium to follow on February 1 & 2, 2002. Please make plans now to join us in Atlanta, Georgia on these dates.

Further details and a symposium schedule will follow in the next issue of the *AMEA News* and by separate mailing in the early fall of 2001.



AMEA is seeking presenters for the 2002 AMEA Medical Symposium, scheduled for February 1 & 2, 2002 in Atlanta, Georgia.

For further details or to submit an abstract for consideration please contact Dr. Robert Faulkner or Dr. Julie Ballard, symposium organizers. Or submit your abstract to the AMEA office c/o L. Skiver, 5318 Old Bullard Rd, Tyler, TX 75703. 903-509-2473 or fax 903-509-2474, Email: horsesafty@aol.com.

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Insurance Hot Potato?

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Ms. Bloomquist specializes in equine law and has recently joined the law firm of Fafinski Mark & Johnson, P.A., in Minneapolis, Minnesota. FMJ's practice incorporates the full range of legal services required by today's businesses. FMJ has attorneys who have legal experience in corporate law, commercial litigation, and aviation law and equine law:

According to Ms. Bloomquist, "I received a flood of phone calls and e-mails from riders that were stunned to see the American Horse Council press release that stated

***Federal Agencies Propose Adverse Rules on Health Insurance Coverage for Riders.** Regulations proposed by the Internal Revenue Service, the Pension and Welfare Benefits Administration and the Health Care Financing Administration could affect people who enjoy horseback riding (and other forms of recreation) by permitting health insurers to exclude coverage for injuries resulting from riding and other forms of 'dangerous recreation.'*"

The AHC press release analyzed that the new regulations were in contrast to the intent of a pre-existing law, the 1966 Health Insurance Portability Act that had in its legislative history language to ensure that individuals are not excluded from health coverage due to their participation in certain recreational activities such as horse back riding. The current rule prohibits insurers from denying coverage due to recreational activities, but allows

insurers the ability to exclude benefits for injuries resulting from those activities. In other words, a person who rides horses cannot be denied health insurance coverage, but that same person may be denied health insurance benefits for injuries sustained when she falls off of her 25-year-old quiet quarter horse gelding.

The time period for providing public comment on the proposed regulations ended on April 9th. Because the regulations were simultaneously approved by three agencies (the Pension and Welfare Benefits Administration and the Health Care Financing Administration and the Internal Revenue Service,) the AHC indicated that the regulations are presently in effect.

I spoke with several insurance agents and companies. No one had yet heard of the regulation. Rick Ford, of the CIA (Community Insurance Advisors, Minneapolis, MN,) said, "It didn't pass the smell test." He was concerned about the discriminatory affect of the rules. I also tried to reach certain of our U.S. congressmen and senators, but I haven't yet received any return calls.

In an editorial in the *Minneapolis Star and Tribune*, Steve Miles, a physician and former U.S. senate candidate, states: "2001 'Jekyll and Hyde' Award for health insurance lobbying goes to the author of the 'non-discrimination in health insurance regulation 109797-97'." Miles has a scathing analysis of the health insurance system

and the new regulation, giving by example the affect of the current interpretive regulation on the law:

Here is how it works

- *Break a leg carrying laundry to the basement—health insurance pays.*

- *Break a leg falling at Buck Hill—you pay.*

- *Your daughter gets internal injuries while driving 55 miles per hour on the Cross-town—health insurance pays.*

- *She gets the same internal injuries falling off a horse trotting at 5 mph—you pay.*

- *Your son is shot in the leg by a thug at store—health insurance pays.*

- *Your son's gun goes off when he trips while hunting with Dad? You pay.*

John Strassburg, editor of "The Chronicle of the Horse," also wrote an editorial ("*In the Country, Don't Panic About Insurance*," April 6, 2001.) on the new regulation stating that "the American Horse Council set off a firestorm of concern on March 28 when it forwarded a press release entitled '*Federal Agencies Propose Adverse Rules on Health Insurance...*'" but he continues by urging people not to panic. He indicates that according to his insurance experts, the purpose of the regulations is for the federal government to establish minimum standards for health insurance, and that the overall affect of the regulations is very positive because they will have a larger positive than negative effect on the average person's

day-to-day life.

Both editorials are correct. The new regulations provide some positive guidance on the nondiscrimination provisions under the Health Insurance Portability and Accountability Act (HIPAA), contained in section 9802 of the Code, section 702 of ERISA, and section 2702 of the PHS Act, which generally establishes rules prohibiting group health plans and group health insurance issuers from discriminating against individual participants or beneficiaries based on any health factor of such participants or beneficiaries. The downside: these same regulations, which interpret the HIPAA nondiscrimination provisions, **affect the application of benefits in a discriminatory manner.** In other words, the legislative intent of the HIPAA to ensure that individuals are not being excluded from health care coverage due to their participation in such activities as motorcycling, snowmobiling, all-terrain vehicle riding, horseback riding, skiing and other similar activities, is only followed in the technical wording of the regulation, but not in the spirit or substance of the regulation, and contrary to the legislative intent. While a person cannot be excluded from a plan for engaging in these recreational activities, benefits for a particular injury can be excluded based on the source of an injury. In the comments to the federal register it states "a plan can nonetheless exclude benefits

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for injuries because they were sustained in connection with various recreational activities if the accident did not result from any medical condition." The guidelines do provide positive developments, overall, on the breadth of insurance coverage—however the part of the regulations that affects denial of benefits for recreational activities is extremely negative to the horse industry and needs to change.

The AHC issued a follow up press release on April 9 (both press releases are available on their website, ahc@horsecouncil.org). It stated that it (AHC) had recommended in its comments to the federal agencies that the final rules be changed to provide that if a group insurance plan generally provides benefits for a type of injury, the plan may not deny benefits otherwise provided for treatment of the injury if it results from participation in horseback riding and other recreational activities. Jay Hickey, President of the AHC was quoted as saying:

Clearly, Congress did not include the specific language... to provide coverage for people who engage in recreational activities, only to be denied coverage in the event they sustain an injury while enjoying these activities.

So what will be the affect if the regulation does not change?

It will not affect current insurance policies for as long as they are in effect. The new rules generally apply beginning

January 2002—insurers will then have the opportunity in new plans to deny benefits for injuries resulting from riding, or other dangerous recreational activities. We are likely to see many results of the regulation: some policies won't change; other new plans may have benefits for riding injuries but be more costly. We will also see increased litigation against insurers for discriminatory enforcement of benefits, increased litigation against barns and riding establishments in the effort to shift the cost. Finally, I fear we could see decreased participation in riding activities for fear of the uninsured medical cost of injuries.

What can you do?

Although the public comment period on the regulation is over, it is still important to contact your U.S. senator and congressmen. Tell them about your thoughts and stress the economic impact of the riding industry affected by this regulation: the industry has a \$63.1 billion impact in the U.S., supports 758,000 jobs and involves 5 million horses. See the AHC 1996 *"The Economic Impact of the Horse Industry in the United States"* for more details.

Lajuan Skiver
Executive Director
AMEA

EDITOR'S NOTE:

AMEA posted a letter to several governmental agencies concerning this issue. See a copy of one of these letters on page 1.

www.fmjlaw.com. Contact Katy Bloomquist at Katherine.bloomquist@fmjlaw.com; www.horse-equinelaw.com

Cowboy Hat to Hard Hats:

A Wyoming Dude Ranch Makes a Change

Much of my early riding was done in England, where hard hats are "de rigeur." As an adult trail riding in Kenya, one didn't bother and when I arrived in Wyoming, I enthusiastically embraced the flattering cowboy hat. Not only do they look good, they are very practical, cutting out glare and protection from harmful sun and driving rain.

I have been in Wyoming for twenty years now, running a dude ranch and during that time we have had a couple of serious head injuries. I am responsible for these people's safety and I finally came to the realization that by taking an unorthodox stand I could protect them more effectively. The wranglers all began to wear helmets and guests are required to sign a release if they refuse to do so. (There is no state law requiring the use of helmets in Wyoming, therefore we cannot insist they wear them.)

This policy has paid off. In our first year of helmet use, Josh, one of our regular guests, refused to wear a helmet. Peer pressure induced him to change his mind. Midway through the weeklong stay, a

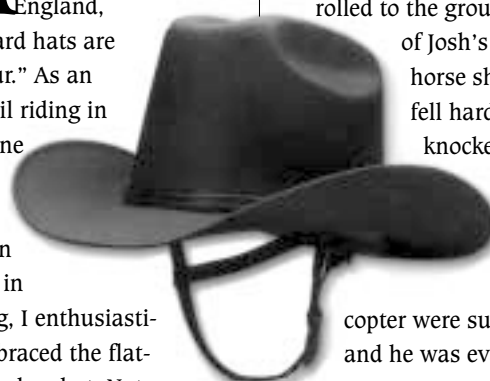
yellow raincoat tied onto a saddle came loose at a canter a rolled to the ground in front of Josh's horse. The horse shied, Josh fell hard and was knocked unconscious. The ambulance and helicopter were summoned and he was evacuated.

He returned the following day a bit crestfallen with three broken ribs and without his helmet. The doctors had kept the helmet to examine the point of impact. The helmet was in any case ruined, but I believe that it saved his life.

I am proud that through my actions, that a brilliant man (Josh) is today able to continue his life's work, cancer research. I have met with resistance, yes—but most people accept that this is the way things are here and it reinforces the fact that we (the ranch) are concerned about their safety.

So, for this Wyoming Dude ranch, it's hard hats all the way around!

Bitterroot Ranch
Dubois Wyoming



RACING HIGHLIGHT

*It's a protective helmet
for Lukas these days*

(Excerpted from the Kentucky Derby Notebook
Pittsburgh Post Gazette—May 2, 2001)



LOUISVILLE, KY This has been a tough week for four-time winning trainer D Wayne Lukas at Churchill Downs and not because he has no horse to enter in the Kentucky Derby for the first time in 21 runnings. Racing officials have stopped him from wearing his signature cowboy hat when he takes to the track on his training

pony. Instead they are making him wear a protective helmet because of a previously unenforced rule.

Lukas has adopted the stylish velveteen cap worn by show horse riders. The hat doesn't go well, though, with his other trademark apparel — fringed leather chaps.

Alzheimer's Disease and Head Injury

Reported by Dr. Doris Bixby Hammett

Head injury is a factor in Alzheimer's Disease is a finding of the long term Nun Study at the Good Counsel Convent by David Snowdon, University of Kentucky research scientist. This work was reported in *TIME* magazine, May 14, 2001, Vol. 157 No.19, and described in the book *Aging with Grace* (Bantam).

Snowdon's study has shown among other things, as described in nearly three dozen scientific papers, that a history of stroke and head trauma can boost your chances of developing the debilitating symptoms of Alzheimer's later in life. "If your brain is already progressing toward Alzheimer's" says Snowdon, "a head injury can put you over the edge." His advice: wear a helmet while biking, motorcycling or playing contact sports. Horseback riding should be added to this list.

A Sidebar *Head for Cover* advises PROTECT YOUR HEAD FROM INJURY. Trauma to the head and even a brief loss of consciousness can eat away at precious brain reserve.

There are several drugs on the market that can delay the symptoms of Alzheimer's Disease, but none that can prevent it. A cure for the disease is still the ultimate goal, but says Snowdon, "until there is a magic bullet that can stop the plaques and tangles from growing, we're going to have to take a multipronged approach that will include things like avoiding head injuries..."

Focus on Safety

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QI am looking for articles on the relationship between patello-femoral syndrome and horseback riding.

*Michael Manley, D.C.
California*

AI find no answer or articles to demonstrate any relationship of patellofemoral syndrome (PFPS) to horseback riding.

PFPS is ill-defined pain that may occur about the knee. There is no clear consensus in the literature as to the etiology or to treatment.^{1,2,3} If a neuromuscular examination should reveal no abnormality, it would be well to obtain routine X-rays of the knee with a "sun rise" view. If normal arthroscopy should reveal damage of the articular cartilage. Extra-articular causes for anterior knee pain include: Osgood-Schlatter's disease, degenerative arthritis, neuromata, para-patellar tendonitis, bursitis, plica abnormalities, Sindig-Larsen's disease and chondromalacia patellae.⁷ Contributing factors for PFPS among athletes are: over-use syndrome, patella alta, poor tracking or malalignment of the patella



*George H.
Koepke,
M.D.*

with the femur and increased interarticular pressure.^{4,5,6}

Although variable degrees of repeated knee flexion occur during mounting and posting, it is possible to aggravate a myriad of conditions that may cause knee pain but I do not consider riding an etiologic factor. The beneficial effects of riding outweigh any aggravation of symptoms.

References:

¹Thomee R et al. Patello-femoral pain syndrome: a review of current issues. *Sports Med.* 1999; Oct. 28 (4):245-62.
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⁵Tauton J E et al. Non-surgical management of overuse knee injuries in runners. *Can J Sport Sci* 1987 Mar; 12-(1):11-8
⁶Hejgard N. Intra-articular pressure and intraosseous pressure in the human knee and its implication for patello-femoral pain syndromes. An experimental study using simulated joint effusion. *Acta Ortho Belg* 1984;50(6):791-801

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George H. Koepke, M.D.

QWhen sitting the extended trot or jog trot what is happening to the rider's spinal column (vertebrae, muscles and spinal cord)? Is the rider's back enduring stresses that can result in permanent injury later in life? I see dressage riders sit the extended trot for a half-hour or more, nonstop, and I wonder how they do it. I also wonder how the horse feels when he must endure the sitting trot.

Barbara Janesick

AOsteoarthritis in the LS spine region with resulting occasional back pain is frequently seen. Position however, is everything in dressage (as I can personally attest to) and unless position is optimal - shoulders/hip/heels in a straight line- low back pain will be frequent. I cannot emphasize how important abdominal muscle strength is needed to endure long periods of sitting trot. I personally try and do 100 sit-ups per night. I actually have begun to use a shoulder posture enhancer to help my posture. It has tremendously helped to realign my

center of gravity, makes me use my seat better and amazingly I am able to sit a med-extended trot much more easily, with less back pain.

The horse should be taught to sit on its hind end and carry itself forward in the extended trot. Yes, it is extremely difficult for a horse to maintain that for long periods and can cause soreness if it has not been properly trained. Only from collection can come extension. This properly collected trot to med-extended does not have to be jarring and most likely is seen in riders who have not yet mastered collection.

Kris Bulas, M.D.

UNITED STATES PONY CLUBS Accident Report for 1999



Doris Bixby-Hammett, M.D.

The United States Pony Clubs, Inc. (USPC)¹ through its safety committee has reported accidents, with or without injury, in its activities starting in 1979. These records provide data on horse related accidents for the horse community. These yearly records have been reported in the USPC NEWS and the AMEA NEWS².

The USPC is an organization for young people below 22 years of age. In 1999 the membership was 13,390 (these figures are constantly changing) in 624 local clubs that comprise 42 Regions. All riding is English. American Society for Testing and Materials (ASTM)³, Safety Equipment Institute (SEI)⁴ helmets are mandated. The USPC offers a variety of individual and team activities at the club, regional, interregional and national levels. These horse-related activities include study, mounted meetings, clinics, know downs, horse management, stable management, eventing (dressage, cross country, and stadium jumping), trail riding, fox hunting, mounted games, tetrathlon, equitation, vaulting, polo, polocrosse, camp, shows, festivals, rallies and championships.

District commissioners (DCs) or local leaders of the USPC provide a written report form for each accident that was of concern to the instructor, the parent or the leader whether or not an injury occurred. Demographic information as well as specific information is collected on standardized forms. The age, gender, years of experience and level of skill of the rider (rating), if mounted, the probable cause of the accident, site of the accident, and if an injury, body location, type, and treatment is tabulated by the Safety Committee. The Safety Committee gives an annual report and if the study indicates, recommendations are sent to the Board of Governors.

FINDINGS:

A total of 81 accidents with 69 injuries were reported by the United States Pony Clubs in 1999 for all members for all activities for the entire year.

USPC ACCIDENT REPORT 1982-1999

TABLE 1 – EXPERIENCE

	1999	%known	1998	% known	1997	% Known
<1 years	6	7.7%	0	0	0	0
1-2 years			16	18.2%	13	33.3%
2-3 years	17	21.8%				
3-4 years			18	20.5%	17	43.6%
4-5 years	12	15.4%				
5 or more yrs			54	61.4%	9	23.1%
6-8 years	25	32.1%				
9 or more yrs	18	23.1%				
Total Known	78		88		39	
UNKNOWN	3		36		97	
TOTAL	81		124		136	

Most of the accidents in 1999 were seen in children who have been riding 6 to 8 years, followed by those who have been riding 9 or more years. The data was collected using different ages in 1998 and 1997. The above compares the two studies. The obvious figure in both studies is that child with the greatest number of years of experience is having the accidents. These findings are consistent with previous years.

TABLE 2 – RATINGS

	1999		1999	
UNR	6	7.8%	2755	24%
D1	10	13.0%	1653	14%
D2	22	28.6%	2321	20%
D3	10	13.0%	1683	14%
C1	10	13.0%	1329	11%
C2	11	14.3%	939	8%
C3	5	6.5%	637	5%
B	3	3.9%	225	2%
H			16	0%
HA	0	0.0%	101	1%
A	0	0.0%	27	0%
Total	77		11686	
Unknown	4			
TOTAL	81		11687	

Prior to 1999 the ratings were not separated into the smaller divisions. UNR (Unrated) are members of Pony Club who were not rated as to their riding ability or who could not be given a D1 rating which requires a child to be able to mount and dismount correctly,

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United States Pony Clubs • Accident Report for 1999 *continued from page 7*

sit in the saddle with a balanced seat, control the horse in a stop and turn while walking. The D2 rating requires these controls at a trot, canter and the correct leads, riding in the open and jumping. The D3 rating requires emergency dismounts, riding without stirrups, backing the horse, pulley reins to stop a horse and changing speeds. C is an intermediate level of horsemanship with ability to ride independently and correctly on the flat, over fences, and in the open as well as beginning skill in teaching others horsemanship. The B, HA, and A ratings are national ratings requiring a much greater depth of knowledge and proficiency than the earlier ratings. The B is a medium level of horsemanship. The A, the highest Pony Club rating, is divided into two parts: The HA which covers horse management, teaching and training, and the A which tests the riding phase. It includes being able to ride different horses at various stages of training, assessing each horse's level of schooling, recognising problems, and formulating a long-term plan to improve the horse's training.

In 1999, the unrated Pony Clubber had a significant smaller percent of accidents compared to their membership (7.8% accidents vs 24% membership.) Pony Club has increased its supervision of the beginning levels to achieve this change. The percent of accidents at D2 far exceeded the membership at those ratings and to a lesser extent in C1, C2, C3 and B ratings.

TABLE 3 – AGE

	Accidents	Members	Accident	Accident
Year	1999	1999	1998	1997
0-5	1.2%	0%	0	0
6-8	4.9%	5%	1.7%	4.3%
9-11	23.5%	23%	25.0%	28.2%
12-14	34.6%	34%	33.3%	29.9%
15-17	25.9%	26%	30.0%	31.6%
18 & over	9.9%	11%	10.0%	6.0%
	81	11477	124	136

In 1999, twenty-eight of the accidents occurred (34.6%) in the 12 to 14 age group. The percent of ages of those who had accidents is very near the percent of the membership in 1999. These figures indicate age is not the factor in the number of accidents. For the last two years, the ages 12-14 have had the highest percent of accidents with these percent of accidents increasing the last three years while the ages 15-17 years have decreased.

TABLE 4 – GENDER

MALE	1999	1998	1997	1982-96
Members	8%	8.3%	9.0%	11.4%
Accidents	11.1%	8.9%	8.2%	7.9%

Boys accounted for 11% of the accidents in 1999. The percent of male accidents vs membership shows a trend in that a decrease is seen in the numbers in the membership but an increase in percent of accidents. This trend is new. Nationally there are more female horsepersons than male but no figures related to total horse participants and gender are available. The national injury figures (NEISS)⁵ show there is a higher percent of females injured, although there is a prominence of males in horse related deaths⁶.

TABLE 5 – ACTIVITY

	1999	%reports
Cross country	18	22.5%
Jumping	14	17.5%
Mounted meeting	14	17.5%
Games/Gymkhana	11	13.8%
Rally	9	11.3%
Other	14	17.5%
Total	80	
Unknown	1	

Cross-country schooling accounted for 22.5% of the accidents in 1999. This percent is much larger than the time and numbers involved. Because cross-country schoolings are probably the most inherently dangerous Pony Club activity, Pony Club needs to make sure that there is a sound plan to prevent and deal with these accidents in this activity. A change in the survey questionnaire does not allow comparison with previous years.

TABLE 6 – LOCATION

	1999	%Known	1998	%Known	1997	%Known	82-96
Arena/Ring	29	35.8%	59	51.8%	29	37.7%	42.8%
Outside course	32	39.5%	29	25.4%	31	40.3%	29.2%
Pasture	9	11.1%	3	2.6%	4	5.2%	6.5%
Trail	3	3.7%	0	0.0%	2	2.6%	4.6%
Saddling	3	3.7%	0	0.0%	0	0.0%	
Other	5	6.2%	16	14.0%	5	6.5%	13.7%
Total Known	81		107		71		

Sixty-one (75.3%) accidents occurred either on an outside course or arena/ring. The above figures may reflect a difference in collecting data. Over time, the arena/ring has the most accidents. The ring is not unexpected, as many hours of Pony Club time is spent in the ring. The Pony Clubbers spend much less time in cross country activities on the outside course, so the high incidence is an alert for ways to decrease these accidents.

TABLE 7 – CAUSE

	1999	%Known	1998	%Known	1997	%Known	82-96	%Known
Refused Jump	14	17.3%	16	13.2%	10	11.6%	141	19.6%
Fell or Slipped	14	17.3%	24	19.8%	10	11.6%	135	18.8%
Bucked/Threw rider/reared	12	14.8%	20	16.5%	27	31.4%	164	22.8%
Spooked or shied	12	14.8%	5	4.1%	13	15.1%	85	11.8%
Rider out of position	10	12.3%	14	11.6%				
Rider not in control of horse	6	7.4%	1	0.8%				
Over jumped/jumped big	4	4.9%	4	3.3%	4	4.7%	51	7.1%
Other	6	7.4%	32	26.4%	14	16.3%	66	9.2%
Unrelated to riding	2	2.5%	2	1.7%				
Kicked rider	1	1.2%	3	2.5%	7	8.1%	20	2.8%
Knocked down jump	0	0.0%	0	0.0%	6	7.0%	28	3.9%
Kicked/Rolled on Rider	0	0.0%					20	2.8%
Multiple Causes	0	0.0%					30	4.2%
TOTAL Known	81		121		86		720	
Unknown	0		3					
TOTAL	81		124					

The survey had several different questions so comparison is uneven. In 1999 of the 81 accidents, 14 involved a horse that fell or a horse that slipped. This figure is higher than in past years but compares with the 15 year study.

Twenty-four involved a horse that either bucked, reared, or spooked. Six more involved riders who were generally not in control of their mounts.

USPC continues to advocate finding quiet, suitable mounts for its members, particularly inexperienced members. Eighteen of the accidents were jumping related, fourteen of which happened when the horse refused the jump. Some refusals are unavoidable, but instructors should try to match inexperienced riders with reliable jumping ponies. Ten accidents were caused by riders who were out of position, and this was seen usually at the lower ratings.

TABLE 8 – BODY PART

	1999	Percent	1998	Percent	1997	Percent	1982-96
INJURIES	Number	%Injured	Number	%Injured	Number	%Injured	1982-96
Wrist/hand/Finger	17	24.6%	6	6.8%	17	13.1%	9.1%
Head	10	14.5%	9	10.2%	15	11.5%	12.9%
Shoulder	8	11.6%	6	6.8%	7	5.4%	5.8%
Pelvis	8	11.6%	5	5.7%	5	3.8%	5.1%
Knee	7	10.1%	3	3.4%	5	3.8%	5.1%
Neck	5	7.2%	4	4.5%	5	3.8%	4.6%
Forearm	5	7.2%	3	3.4%	2	1.5%	5.6%
Ank/foot/toe	4	5.8%	14	15.9%	20	15.4%	8.6%
Dorsal/lumbar spine	4	5.8%	8	9.1%	15	11.5%	8.3%
Face	4	5.8%	9	10.2%	10	7.7%	9.1%
Elbow	3	4.3%	3	3.4%	3	2.3%	4.0%
Leg	2	2.9%	4	4.5%	7	5.4%	4.6%
Upper arm	2	2.9%	2	2.3%	4	3.1%	4.6%
Buttock	2	2.9%	4	4.5%	4	3.1%	1.4%
Chest/rib	2	2.9%	3	3.4%	4	3.1%	3.0%
Clavicle	2	2.9%	2	2.3%	1	0.8%	3.5%
Thigh	2	2.9%	2	2.3%	1	0.8%	2.6%
Dental	1	1.4%	0	0.0%	2	1.5%	0.7%
Abdomen	0	0.0%	0	0.0%	3	2.3%	2.0%
INJ TOTAL	88		88		130		1097
Unknown	0		2		(106 PRIM24SEC		
None	12	14.8%	34	27.4%	30	28.3%	
REPORTS	81		124		106		
INJURIES	69		88		76	71.7%	
PC with two injuries					54	71.1%	
ADULTS			-4				

In 1999, the part of the body most likely to be injured was the wrist and hand with 17 injuries or 24%, followed with the head with 10 injuries or 14.5%.

TABLE 9 – BODY AREA INJURED

	1999	1998	1997	15 Yr Study
U EXREMTIY	39.8%	25.0%	25.4%	26.8%
L EXTREMITY	17.0%	26.1%	25.4%	20.9%
HEAD	17.0%	20.5%	24.6%	22.1%
TRUNK	15.9%	13.6%	12.3%	17.3%
SPINE	10.2%	13.6%	15.4%	12.9%
REPORTS	81	124	106	
TOTAL INJURIES	69	88	130	1097

By comparing the last three years with the 15 year report, the percent of injuries to the area of the head and spine have decreased slightly. Those to the trunk after a small decrease in 1998 and 1997 increased but below the 15 year report. The lower extremity injuries decreased but upper extremity had a marked percent increase.

TABLE 9 – INJURY TYPE

	1999	Percent	1998	Percent	1997	Percent	1982-96
Bruise/Abrasion	23	33.3%	32	38.1%	46	44.2%	36.4%
Closed Fracture	17	24.6%	17	20.2%	22	21.2%	15.5%
Sprain/Muscle Pull	12	17.4%	11	13.1%	17	16.3%	14.0%
Concussion/Unconscious	6	8.7%	12	14.3%	5	4.8%	9.0%
Laceration/Sutures	5	7.2%	1	1.2%	3	2.9%	4.5%
Dislocation/Separation	4	5.8%	2	2.4%	0	0.0%	3.3%
Shook Up*	3	4.3%	1	1.2%	8	7.7%	8.0%
Concussion/Conscious	3	4.3%					
Sunstroke/Heat Exhaust	2	2.9%	1	1.2%	2	1.9%	1.9%
Dental	1	1.4%	0	0.0%	1	1.0%	0.5%
Laceration/No Sutures	0	0.0%	4	4.8%	10	9.6%	4.0%
Other	0	0.0%	2	2.4%	2	2.9%	4.5%
Open Fracture	0	0.0%	1	1.2%	1	1.0%	1.5%
Internal Injuries	0	0.0%	0	0.0%	1	1.0%	1.5%
Total kwn	76		84		118		1070
UNK	0		2		0		
TOTAL	76		84		104		
No Injury	12	14.8%	39	30.2%	32	23.5%	
PC with injury	69		84		104		
ADULTS			4				
TOTAL REPORTS	81		129		136		

The most common type of injury reported in 1999 was a bruise or abrasion at 33%. The second most common was closed fractures 24.6%.

Sprain/muscle pull ranked third. Closed fractures have increased over the past three years, as have the dislocation/separation injury. This is the first year that concussion has been separated into conscious or unconscious. For comparison these need to be added (9, 11.8%) showing a decrease from 1998 but an increase over other years. We feel that many in the USPC are recognizing concussion injury more often. Although our description of concussion has stressed that "seeing stars" or "momentary black out" are

Continued on next page

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concussions, a separate category was felt to clarify the distinction in the reporting.

TABLE 10 – TREATMENT

	1999		1998	1998	1997	1997	15 YR
NO RX	24	29.6%	51	41.8%	41	30.1%	23.2%
	%of receiving Rx		%of receiving Rx				
RX DOC/HOSP NO R	43	75.4%	44	62.0%	43	45.3%	49.1%
RX GROUNDS RETURN	3	5.3%	17	23.9%	27	28.4%	17.9%
RX GROUNDS NO R	7	12.3%	6	8.5%	12	12.6%	9.0%
RX DOC/HOSP RETURN	4	7.0%	4	5.6%	10	10.5%	14.2%
HOSPITALIZED	0	0.0%	0	0	2	2.1%	9.7%
EXPIRED	0	0.0%	0	0	1	1.1%	0
KNOWN RECEIVING RX	57		71		95		719
UNKNOWN	0		2		0		
TOTAL REPORTS	81		124		136		

In 1999, 24 (29.6%) of the accidents reported required no treatment. Looking at the percent who did not receive treatment, this figure is lower than 1998 but compares with 1997 and the 15 year percent. Forty-three, or 75%, were Pony Clubbers who saw the doctor or went to the hospital and did not return to the activity. In 1999, this number is larger than any previous year. The next largest was of riders who were treated on the grounds but could not return to the activity. Those treated on the grounds or treated by the doctor or hospital and returned both decreased which may suggest that the injuries received of the 57 treated were more severe or suggests that minor injuries/accidents are not being reported as they were in 1998. This is the second year that no Pony Clubber has required hospitalisation. No deaths or permanent injuries were reported.

Although the number of accidents in 1999 are below the numbers in 1998 and 1997, there is concern that as the Pony Club leaders constantly change, the new leaders are not reporting accidents, but report injuries.

COMMENTS

The 81 reported accidents were much lower than previous years as 1998 reported 124 and 1997 reported 136 accidents. Our members are all wearing helmets during all mounted activities. Although vests are not mandatory, many are choosing to wear them during jumping activities, particularly more experienced riders.

One-third of riders who suffered accidents were wearing vests at the time. This is the first year we have begun to assess the impact of using vests related to types and severity of injuries sustained. There has been no standardization of the vest.

Seven injuries reported were to areas of the body that could have been protected by a vest. Two of those riders, who did wear a vest, suffered cracked ribs. The two riders who suffered fractured

collarbones were not wearing vests. One vestless rider suffered a chipped thoracic vertebra. One rider with a vest was playing polorosse when he fell under his horse and suffered a broken jaw. The horse stepped on him repeatedly, and he had several bruises to his torso, but no significant injury there. The numbers currently are too small to make any conclusion.

Concerns have been expressed that vests might aggravate heat-related injuries. There were only two incidents of heat exhaustion reported in 1999, both in children who were not wearing vests. One had decided to forgo the waiving of coats.

In 1999, the area of the body most likely to be injured was the wrist and hand with 17 accidents, or 24.6%. This is an increase over the 1998, 1997 and the 15 year percent. Injuries to the head were found in 10 cases. There were an additional four injuries to the face, and one to the jaw/teeth. One boy suffered a broken jaw playing polorosse. There were no incidents of abdominal or internal injuries. Only 4 accidents, or 5.8%, resulted in injuries to the foot or ankle, a noted decrease from the 1998 and 1997 percent.

In 1999, the area of the greatest percent decrease is the injury to the toe, foot and ankle. Pony Club has always recommended a smooth sole shoe that covers the ankle when riding but in addition recommends a boot/shoe when working in horse management with a hard toe and covering the ankle. This years report stated that all members were reported to be wearing approved footwear. These figures show the result.

These studies show the concern of all involved with the activities for the safety of the Pony Clubber. They are reviewed and evaluated on a yearly basis by the Safety Committee which looks for areas of concern in which changes may be indicated. The horse industry can be proud of the leadership of the United States Pony Clubs.

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FAX 903/509-2474
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³American Society for Testing and Materials (ASTM)
100 Barr Harbor Drive
West Conshohocken
Pennsylvania, PA 19428-2959
standard F-1163

⁴Safety Equipment Institute (SEI)
1307 Dolly Madison Boulevard
Suite 3A
McLean, VA 22101

⁵National Electronic Injury Surveillance System
The Clearinghouse
National Injury Information Clearinghouse
US Consumer Product Safety Commission
Washington, DC 20207
Product 1239
info@gov.cpsc.gov

⁶AMEA NEWS Nov. 1997
Vital Statistics of the United States
National Center for Health Statistics
Division of Data Services
6525 Belcrest Road
Hyattsville, MD 20782-2003
301/458-4636
www.cdc.gov/nchs/D

Injury Prevention Strategies

What can child safety advocates do?

Promote helmet use by all equestrians

- Head injuries are the leading cause of horse-related deaths. Promote helmet use by equestrians through clubs, organizations and communities.

State Maternal and Child Health agency and/or health department injury specialist staff should interact with staff of public and private agencies responsible for youth equestrian activities to discuss methods to:

- Reduce horse-related injury risks to youth.
- Evaluate efficiency of current safety programs and policies.
- Encourage policies that insure safe practices in group situations such as stables, camps, and outfitters.
- Work with insurance industry to reduce liability and maximize safety.
- Promote equipment manufacturing standards that address safe youth participation.
- Provide resources to local communities to approach childhood injury prevention appropriate to needs of local populations.
- Consider creating an equestrian helmet safety display for loan to communities.

Promote cooperation among local public health agencies, riding clubs, 4-H projects, medical and emergency medical services providers, and other interested in youth safety

- Consider working together on a local helmet campaign

to increase access that could include discounts and other incentives.

- Establish and maintain a trauma system that is responsive to the needs of injured children and the off-road nature of the sport.
- Consider developing a position statement on horses and children based on the American Academy of Pediatrics (AAP) statement.

Child safety advocates and parents how ride should be especially vigilant about the following practices:

- Wear a SEI-certified, ASTM-standard helmet when riding or working around horses.
- Before riding, inspect all equipment for wear and stretching and be sure it is all securely fastened.
- Encourage parents to choose a mount for their child that matches their ability level.
- Provide children with appropriate supervision and participation in an approved training program by an experienced instructor who has completed an accredited horse-safety course.
- Wear footwear that has a distinct heel and completely covers the ankle.
- Never tie yourself to a horse with a lead rope or reins.
- Use safety stirrup irons to prevent dragging if a foot slips through the stirrup.
- Leave the stirrup bar in a horizontal position, when possible, to detach if being dragged.

The magnitude and distribution of equestrian-related morbidity, disability,

and behavior risk factors should be routinely monitored though public health surveillance systems

- Develop E-code classifications for horse-induced injuries. Currently none exist for horses.
- Promote collection of statewide data that includes type of injury, helmet use, time of day, surface conditions, location, adult supervision, level of training, and experience of rider.

Many people consider health care providers credible role models and a reliable source of information

- Incorporate injury prevention counseling into routine health care.
- If you ride, role model the proper safety precautions.
- Take the opportunity to offer the facts on injury to your club, a local 4-H club, state organization, or media.

For more information:

National Children's Center for Rural and Agricultural Health and Safety
Marshfield Clinic
1000 North Oak Avenue
Marshfield, WI 54449
1-888-924-SAFE (7233)
Fax (715) 389-4996
Email: nccrahs@mfldclin.edu
http://research.marshfieldclinic.org/children/

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