



American Medical Equestrian Association Safe Riders Foundation

Support for The Thinking Rider

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AMEA/SRF Convention 2002 Recap

Extrême weather in the Northeast delayed or prevented some members from attending Convention 2002 (December 5-6, 2002) in Cleveland, OH. However, due to the partnership with the USEA Annual Meeting, over 400 attendees had the opportunity to hear our safety message. Good attendance at our presentations, many compliments from attendees, officials and media, and excellent discussion were an indication that our message was well received.

The meeting started with a strategic planning session to examine and plan for the merging of AMEA and SRF. A Board Meeting followed, to formalize the merger and to establish immediate and temporary plans. After the USEA Board of Governors Welcome Reception, a small group attended the AMEA/SRF Banquet. Unfortunately, due to the weather, many conference goers were late in arriving, and therefore missed the banquet and awards ceremony. Scheduling conflicts would not allow us to reschedule the banquet later.

Those awards recipients who were delayed, received their awards immediately following their presentations at the meeting.

Prior to the merger of AMEA and SRF, the AMEA had already set its sights on diversifying both membership and target audiences to include not only medical professionals, but equine professionals and equestrians. Therefore, Friday's schedule included experts speaking on mapping cross country courses, barn safety, concussion research, legal issues, emergency preparedness and rehabilitation from equestrian accidents. All sessions were well attended, especially British Eventing member Tim Hadaway's presentation on horse/rider fall research and frangible fencing. Over 200 people attended Tim's session, which inspired productive discussions with the folks that design event courses. Finally, many speakers attended and contributed to USEA Committee meetings, especially those involving Instructors' Certification, Safety, Area Chairs, and

Course Design.

The program was well received and the AMEA/SRF gained many new members and donations from the attendees and potential future sponsors. The successful merger of the two organizations has started on the right foot. AMEA will continue to provide and disseminate medical and scientific research to the sport participants, while the SRF brings a means to assist injured riders in the organization. Future goals include broadening our reach to other equestrian disciplines in order to spread the message of safety and accident prevention to all riders.

Special thanks are extended to our sponsors: USEA Safety Committee, American Equestrian Insurance Group, Phoenix Performance Products, Aussie Rider, and the Event Derby Series. Without their generous financial support, we could not have had such a successful convention.

Finally, the USEA staff should be commended for going beyond the call of duty to facilitate this joint meeting op-

portunity. The coordination between USEA and the staff of the Marriott Cleveland Renaissance Hotel was superb. The USEA's support and partnership with AMEA/SRF further proves that the message of safety is being recognized and valued by national equestrian organizations. AMEA/SRF extends a sincere thank you to USEA for providing leadership in the safety arena.

We hope to see you next year and look forward to suggestions of how to improve our program to benefit the sport.

Rusty Lowe, EMT-P
Executive Director
AMEA/SRF

There are a few copies of the Proceedings Manual for AMEA/SRF Convention 2002 available. This manual, expertly put together and edited by Drs. Betsy Greene and Doris Bixby-Hammett, contains information about our organization, sponsors and a synopsis of each presentation. To purchase copies of the manual contact the AMEA/SRF.

**AMERICAN MEDICAL
EQUESTRIAN
ASSOCIATION
SAFE RIDERS
FOUNDATION**

A tax exempt 501c3 organization.

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MISSION STATEMENT

The American Medical Equestrian Association/Safe Riders Foundation 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/SRF Vision

by Rusty Lowe, EMT-P, Executive Director, AMEA/SRF



A year ago, a tragedy brought a group of people together in a strange way. My new friend Wanda was riding Mozart on cross-country at a wonderful event in New Mexico. At the last fence, something went terribly wrong and they fell. I arrived while the event medical personnel were in route. Wanda was critically injured and not breathing. As we began to treat her, one bystander (a Nurse Anesthetist) offered to help. Other bystanders, including an Anesthesiologist and an Emergency Physician, also offered assistance. As EMS and non-medical bystanders worked together as a special team, Wanda was stabilized and was transported by helicopter to a trauma center.

That night many of us talked about what we could do to help equestrian sports. Wendy Wergeles and Jeffray Ryding had been talking for some time about an organization called the Safe Riders Foundation (SRF) that could help riders injured during equestrian sports. I reminded the group that the AMEA had been around for quite some time helping to prevent accidents through research and



education. There was more discussion. Could there be an organization in the United States that could do both? We continued talking, and talking and talking...

Today that dream is a reality. After many volunteer hours and much work from both organizations, the American Medical Equestrian Association/Safe Riders Foundation has been formed. Our new organization exists primarily to prevent accidents by education and research. We also will stand ready to assist injured riders within all equestrian sports. Whether clinical, financial or emotional assistance is needed, we will try to provide. The sky is the limit with the proper support.

What kind of support is needed? First, networking and marketing of our organization is very important. Within equestrian sports, word of mouth spreads fast, so spread the word! AMEA/SRF is here to help. Second, financial support is very important. We have to be able to support our efforts with money from donations, corporate sponsors or trusts. Third, clinical support is necessary from physicians, physical therapists, occupational therapists, or anyone in the business of rehabilitation that can offer donated or discounted assistance. Finally, yet importantly, anyone interested in helping with prevention or re-

search to continue our long standing efforts should contact the AMEA/SRF.

As we take on these new challenges and directions with the merger, we are always looking for advice and assistance. Please contact us if you have constructive ideas. Within equestrian sports, we have always been good to help one another, and this is another way to keep this tradition alive. Please stay tuned to our newsletter, website and mail outs for further information.

Due to the efforts of a team that came together in a strange way, Wanda has fully recovered. I saw her again this summer, and was overwhelmed at her recovery after extensive (expensive) medical treatment and therapy. Sadly, Mozart died during his fall. As I watched him fall, I know he twisted, breaking his neck to keep from falling on his special friend. He gave his life to save hers. What a hero.

As we embark on our new endeavor, what are you willing to contribute? We are not asking that you give your life, as Mozart did. We are just asking for time, support or money. What are you willing to do for your special friends? Think about it.

I hope you have a Happy, Safe and Prosperous New Year.

Rusty Lowe, EMT-P
Executive Director
AMEA/SRF

THANK YOU
for editorial assistance

Dr. Josie Trott, UVM
Post Doctoral Researcher

A Note From the President

Happy New Year to one and all. Great changes are in store for 2003. The newly merged AMEA/SRF has a new name, new logo, and new blood. All of this bodes well for the safety of riders in the future. A conference call is being arranged for the new Board of Directors to continue to chart our path. We need your input and your energy to continue to move this organization forward. Sign up, join up and tell your friends. This is an opportunity to support a not-for-profit organization meant to meet the safety needs of riders in North America. Research and education are still the keys to prevention, and prevention is the best treatment for rider injuries. The "AMEA" part of the AMEA/SRF still has the same goals for education and research, and SRF will add the

element of rider support after the injury or accident has occurred.

I was recently able to attend a lecture on mild traumatic brain injury given by Dr. Grant Iverson of the University of British Columbia. He has collaborated with Collins and Lovell in Pittsburg on brain injury research from a neuropsychological point of view. The bad news is that changes occur with as little as 5 minutes of mild disorientation. A cascade of metabolic changes occurs that does not peak for 24 to 72 hours, and is worsened by activity. The good news is that the changes after 10 days to 3 months are virtually gone. At one year, any remaining changes are more likely due to depression or chronic pain, than to actual brain damage. Remember, this is mild brain

trauma, usually with no loss of consciousness. The good news is that education, reassurance and follow-up availability markedly decreases the anxiety and consequences of the injury. People who know what to expect are less likely to panic or get depressed when they feel the usual non-specific head trauma symptoms. They improve more rapidly with less long-term sequelae.

The AMEA/SRF deals with all types of rider injury but it all still boils down to, "You can't ice the brain." We have a good tool to prevent these injuries, the ASTM/SEI approved helmet, and we will continue our efforts to promote it. Other aspects of safety for riders re-



quires research, education and support as well, but it is reassuring that research by the likes of Lovell, Iverson and Collins is going forward. Anyone doing injury research needs to be encouraged, and if you have ideas for research or education in rider safety please contact us. Your ideas and suggestions are greatly appreciated,

Happy and safe trails,

Janet M. Friesen MD
President
AMEA/SRF



2002 Ayer-Hammett Award

Pat Comerford,

Extension Horse Program Coordinator at Pennsylvania State University, was the **2002 Ayer-Hammett Award** recipient. Pat has provided leadership in the equine industry for youth safety programs through her involvement in the American Youth Horse Council (AYHC) and her extension responsibilities. She makes the effort to re-

search, find, and disseminate the most up-to-date materials to her leaders and colleagues. Although her primary focus area includes Equine/youth extension (4-H) programs, she has also had extensive involvement with equine adult extension programs and with undergraduate courses in equine studies. In fact, until this past summer when Penn State hired an additional Extension Horse Specialist, Pat has single handedly met the needs of equine clientele throughout the state of Pennsylvania.

Pat has succeeded in gaining respect of her peers, clientele and administration due to

her strong integrity, leadership skills, and the ability to follow projects through to completion. Pat is always extremely motivated, and very well organized. It is not a coincidence that AYHC has become a prominent voice in the equine industry during Pat's tenure in the President position.

In addition to her all encompassing equine extension accomplishments, Pat has been involved with key activities that promote Equine Safety. Pat took on an educational and leadership role that put people first. In doing so, she has successfully developed industry relations and extension programs

that are local, state, regional, and national in scope and recognition. She has edited and published the National Youth Horse Safety Manual for the American Youth Horse Council. Pat has been involved in the development of a number of innovative programs with youth horsemanship educational programming that puts safety and youth first. Pat is a team player. Her leadership in the "Agricultural Safety" area has moved this educational programming area from a hand full of extension agents to being a national initiative. Pat Comerford is an excellent and qualified recipient for the **2002 Ayer-Hammett Award**.

Congratulations, Pat!

AMEA/SRF Hall of Fame: Executive Director's Awards 2002

This was a remarkable year for the AMEA/SRF. What began as a year with an uncertain future of AMEA organizational direction, turned out to be a year of successes and miracles. One result of an evaluation process was the joining of two equine safety related organizations with parallel missions to form the new American Medical Equestrian Association/Safe Riders Foundation (AMEA/SRF). None of this could have happened without cooperation and teamwork, intestinal fortitude and imagination of many people involved with both organizations.

Many persons were instrumental in contribution to and strengthening of AMEA's efforts to provide a valuable service to equestrian sports. The Executive Director's Awards recognize the people and/or organizations that have contributed greatly to accomplishing the AMEA/SRF goals during the past year. The three recipients for 2002 are most deserving.

The recipients of the 2002 Executive Director's Awards are:

The Equine Law and Horsemanship Safety Website Webmaster



ROBERT DAWSON

The Equine Law and Horsemanship Safety web site (<http://www.law.utexas.edu/dawson/>)

contains comprehensive resource materials on equine law and horsemanship safety. Both

the legal and horsemanship materials are suitable for use by law students, lawyers, and the general public. The materials are updated each week with new law cases for horsemen within days after they have been decided by the courts and with other materials, as they become available.

Robert (Bob) Dawson, JD holds the Bryant Chair in Law at the University of Texas School of Law, where he has taught for 35 years. He teaches criminal law, juvenile law, and he team-teaches (with his wife, Jan) the only equine law course being taught in any American law school. Bob's computer expertise allows him to keep his Equine Law and Horsemanship Safety and the American Association for Horsemanship Safety, Inc. (AAHS) websites up-to-date with current equine law issues, statutes, regulations, safety information, and court cases.

For several years, Bob has generously donated his time and efforts to convert the *AMEA News* issues to web format, and has provided a home for the AMEA News archives. Without Bob and AAHS, the AMEA/SRF could not have provided valuable safety information via the World Wide Web. For more information on AAHS, go to <http://www.horsemanship.com/>.

¹Information taken from (<http://www.law.utexas.edu/dawson/>)

DR. DORIS BIXBY-HAMMETT



Anyone familiar with our organization recognizes Dr. Hammett's name. There is no way to put in print all of her contributions to the AMEA/SRF. Doris was a founding member of the original AMEA and initially fulfilled the duties of Executive Director while she was a practicing pediatrician and an active rider. At some point in time, she also found time to raise a family. Doris has reviewed safety reports from all the major equestrian organizations and has contributed significantly to major equestrian-related injuries and prevention studies. She is a Safety Consultant for the United States Pony Club, an honorary Board Member of the Medical Equestrian Association of England and Consulting Editor for the *AMEA/SRF News*. As Director Emeritus, Doris continues to write articles, answer e-mails, and provide invaluable information and assistance to the board.

From the start of my career with the AMEA/SRF, Doris has provided me with valuable assistance with all aspects of my job.

DR. ELIZABETH GREENE



Elizabeth (Betsy) Greene, Ph.D. was recommended by Jan Dawson of

AAHS as a potential Board Member who would help our organization move into the future. She has done just that. As Extension Equine Specialist for the University of Vermont, Betsy is involved in all areas of equestrian sports and is a good example to all with regards to safety.

Betsy is a key player in helping us reach our goal of diversifying our organizational membership to reach laypersons as well as medical professionals. As Technical Editor of the *AMEA/SRF News* she has worked to make our quarterly publication appealing and understandable to all within the sport. She also was very instrumental in assistance with our recent merger and provided great assistance in coordinating and planning our convention. At the last minute, she was burning the midnight oil to complete our proceedings manual.

She is always willing to give advice, provide support and her sense of humor has helped me keep my sanity during difficult times.

Please join me in congratulating some individuals who have helped our organization thrive and move forward. I look forward to 2003's awards to further recognize others who help AMEA/SRF achieve its mission. Teamwork and dedication has paid off and our sport will continue to benefit from the contribution of AMEA/SRF.

Rusty

Profiling Equestrians Injured in “At Home” Riding Accidents: Part III

Susan Anthony-Tolbert, Ph.D.
Gallaudet University

Introduction

In parts I and II (*AMEA NEWS* March and June 2002) of profiling equestrians injured at home, we have considered various factors associated with the accident including “feeling states” (depression, nervousness and anger), attributed cause(s) of the accident, safety practices both before and after the accident, and the nature of the physical injuries. In addition, gait and behavior of the horse at the time of the accident were reported. In Part III, we present data on the level of enjoyment experienced by riders subsequent to the accident. We also provide information on the choice of coping methods used by riders who experienced depression, nervousness, or anger because of the accident.

Results

Enjoyment Levels Following an Accident:

The majority (78%) of respondents reported that they enjoyed riding once they returned to the saddle, while only 9% felt that they enjoyed riding “a little or not at all” after the accident. Level of depression ($r(444) = -.324, p = .000$) and nervousness ($r(438) = -.422, p = .000$) that were present after the accident were significantly related to subsequent enjoyment of riding. A high level of depression or nervousness reported by a rider at the time of the accident corresponded with less

enjoyment when riding was resumed. When respondents were asked to rate any changes in enjoyment level (either increases or decreases in enjoyment) since the accident, 49% indicated that it had remained the same. Sixteen percent felt that they were enjoying their riding and their horses **more** post accident than before. However, 35% reported **less** enjoyment after the accident.

Rider/Handler Coping Methods:

Part I of this study reported that approximately 40% of the participants experienced slight to moderate feelings of depression and/or nervousness and/or anger within twenty-four hours of an accident. Approximately 29% reported that they were very depressed, 35% very nervous and 2% very angry immediately after an accident. Respondents were asked, “What did you do to alleviate these feelings?” **Seventy percent** of the participants reported their coping strategies. The table below gives strategies provided by at least 5% of respondents.

The majority (78%) of respondents reported that they enjoyed riding once they returned to the saddle...

Riders’ Self Reported Coping Strategies After An Accident

Coping Strategies Reported	Percent of Respondents		
	Depression	Nervousness	Anger
Talking to self, spouse, friends and analyzing the accident and feelings.	20	18	30
Simply ride - just ride, ride and ride.	16	15	15
Receive therapy and meditation (cognitive, relaxation, sports psychology were therapies mentioned most often.)	12	13	5
Beg, Borrow, Buy and Celebrate the “Steady Eddy” type of horse.	10	8	5
Medication.	6	5	5
Take more lessons.	5	5	4
Change riding disciplines.	5	5	5
Change instructors.	5	5	5
Read horse magazines and books.	5	5	8
Simply hang out with horses.	5	5	n/a
Accept that things happen and let it go!	n/a	n/a	25
Rest.	6	5	n/a
Cry it out.	n/a	n/a	5
Take a vacation from horses and be pampered.	5	n/a	n/a
Exercise other than riding.	n/a	5	5

Summary and Conclusions

In traditional attribution studies, riders/handlers are presented with a list of internal and external causes from which to choose from to assign causality of the accident. Riders will more often blame external factors for the negative outcomes (their accidents). In the present study, because the accident involved a horse, the “personality of the horse” was often attributed as the cause of the accident. When given the opportunity to select possible causes and to add some of their own, equestrians were almost equally split in terms of selecting a single cause of the accident (54%) or selecting multiple causes (46%). For the “multiple cause” group, a myriad of factors was seen as influencing their accidents. For the “single cause” group, rider error was most frequently selected. However, this “internal” cause seemed to be viewed by the respondents as a rider error that could have happened to anyone, and was not viewed as an internal cause.

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Profiling Equestrians Injured in “At Home” Riding Accidents: Part III

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Some attributions may be more counterproductive than others. Blaming the accident on Divine Intervention, for example, may make those riders less open to better safety precautions, to more lessons, or to acquiring a safer horse, etc. On the other hand, riders that get so involved on blaming themselves and attributing the accident to internal causes may do well to use more of the “this could happen to anyone” attitude and get back on their horses. Observers tended to see the accidents as caused by factors internal to the rider, namely, rider ability and rider effort. Equestrians need to be mindful of this difference in perspective when we judge an equestrian accident. How we select from internal or external causes seem to be largely determined by whether we are in the saddle or standing on the rail.

Physically, the riders/handlers were able to return to the sport, on average, in 2.3 months. Psychologically, the after effects of riding accidents lasted longer {e.g. depression (4.67 months), nervousness (8.7 months) or anger (5.73 months)}. Five riders were completely healed physically, but have not ridden since the accident. Another nine percent (41 riders) did not enjoy their riding at all or very little after the accident.

The psychological after-effects from riding accidents need to be addressed. An interesting discovery found in examining the responses was that not one of the 35%, who felt decreased enjoyment in their riding post accident, mentioned access to a “Steady Eddy” type horse after the accident. Respondents who did

(around 13% of the total sample) could not praise their equine rescuer enough. Some “Eddies” were already in the barn as retirees and lovingly endured weeks of “simply walking” to give their owners a renewed sense of confidence. Some “Eddies” came on loan from friends and instructors. Others were purchased on the advice of caring and supportive trainers, instructors and friends. The “Eddies” came in all shapes and sizes, from an ancient little Welsh ridden by an older lady, to a dead quiet, quarter-type Molly mule, to an 18-hand elderly Appaloosa Draft cross. The “Steady Eddy” horses did immeasurable help.

In addition, many riders expressed a need to talk about their accidents with someone who would understand and listen to them. Friends, riding buddies and/or sympathetic, supportive spouses were invaluable. However, sometimes respondents did not have access to such a person or they needed more “listening” and more support that a non-professional could provide. Riders who used therapists to help alleviate negative psychological states reported this to be beneficial. Likewise, respondents who used sport psychologists who were also equestrians, benefited greatly.

Equestrians need to rethink the old adage, “you fall off, get back on and don’t think about it.” Riders **do need to think about it** and do need to work through their feelings. They may need help in the form of a trained psychology professional to do so. This is certainly not true for every fall. For some falls that require medical intervention and rehabilitation, the possibility of

psychological support should also be part of the treatment. With the undeniable medical expense of these equestrian accidents and with recent issues in the insurance industry, we, as equestrians, should police ourselves and insist on the highest standards of safety and equipment. The alternative might be to have some agency or insurance company limit riding or deny coverage!

Accidents are an inevitable part of life. To those of us who love horses, riding makes living more enjoyable. My purpose in doing this research was not to eliminate accidents. We all have a serious responsibility to minimize their frequency and severity and to know how to deal with their psychological consequences.

The buck, rear, bolt, spin, spook, and run out at a jump are part of the behavior of some horses. These can be a **large** part of the behavior of **some** horses. Occasionally, even the sweetest, best-trained, most consistent horse in the world can engage in any of these. These negative equine behaviors were associated with 60% of the mounted accidents reported. Respondents also reported well-known accident scenarios where the rider forgot to tighten a girth, the equipment failed, the saddle slipped, or the rider simply lost his/her balance and fell. However, other accidents or incidents that seemed less common and less well known include:

A) The Mounting Block Hazard:

When sand or dirt was left on the surface of the mounting block, several riders sustained injuries as they attempted to mount. Their slipping and slid-

ing or the sound of the grit on the plastic-mounting block caused several horses to spook, spin or bolt. Others were injured because their hands were caught in the reins when the horse bolted from the sounds of the slipping and sliding. Others fell because the mounting block was not balanced and/or secured properly.

B) Too Many Hands Can Spoil The Pie:

Several respondents reported that two people working around a horse should communicate clearly and often to each other. Several riders sustained injuries when they were working on their horses’ front feet or placing protective boots on the horse’s legs and the trainer or assistant tightened the girth. Several riders were working behind their horses, when a second person (at the horse’s head) disciplined the animal, adjusted a bridle abruptly, or decided to pull the horse’s mane.

C) Select Wise Trainers, Wise Instructors and Wise Barn Managers:

When selecting equine professionals (trainers, instructors, barn managers, grooms, barn personnel etc.), you should discuss and/or have in writing what **you** prefer done in an emergency. While it is very hard to legislate or guarantee common sense in an emergency situation, respondents indicated that a simple discussion “pre-accident” with their trainers or instructors or the managers/owners of their boarding facilities might have saved them hours of agony and reduced the risk of worse injury. Some horrible examples were:

➤ The instructor refused to call an ambulance for an injured rider whose galloping horse had fallen on her. The instructor decided that the injuries were not serious and proceeded to drive the injured rider (whose diagnosis was fractured ribs) to a hospital, and chose to stop for gas on the way.

➤ Several riders recounted incidences where they knew their backs were injured or their legs were broken, and informed their instructors. However, they were “required” to mount and to continue the lesson. Only after several more complaints on their parts was something done. Several were taken to the bathroom and helped into a warm tub, and in two cases riders were given a stiff drink of whiskey to “cure what ails” them. In both of these last cases, the riders had fractured their spines.

➤ Several riders mentioned accidents that might have been minimized had the staff or owners of the farm been more alert and more aware of simple safety precautions. One example involved a ladder that was left precariously resting against the wall of the barn on a very windy day. The respondent had severe medical consequences when it landed on both her and the horse she was leading.

➤ Several riders mentioned that they were mounting green horses when the owners of the boarding farms let their dogs out for a run. The farm owners seemed to have no idea of the potential dangers, and offered no

assistance. Amazingly, as one rider was being pitched through the air, the farm owner yelled, “try not to upset the dogs.”

➤ Several riders had accidents involving loading and unloading their horses in a trailer. These persons emphasized the importance of asking only another horse person whom you know and respect, and if have seen his/her behavior around horses for assistance. The typical incident (and there were several of these reported) involved an assistant positioned at the head of the horse. He /she was supposedly helping with the loading of a difficult, reluctant, frightened horse with previously bad trailering experiences. Unfortunately, these assistants “disciplined” the horse either by “whacking it a good one” or screaming at it. The horse backed out of the trailer, bringing the unsecured ramp down on top of the owner and trampling the owner in the process. The injuries in these cases were some of the most horrific that were reported.

D) Bareback Pads Are Dangerous.

When their horses shied, spooked or spun, the bareback pads slipped and/or rotated under their bellies. In addition to the riders being thrown from the horse, the feeling of the pad under the horse’s belly caused them to panic. Riders were kicked in the head, face, or shoulders as the horses tried to kick or buck free from the pad.

E) Trying Out A Horse For Purchase:

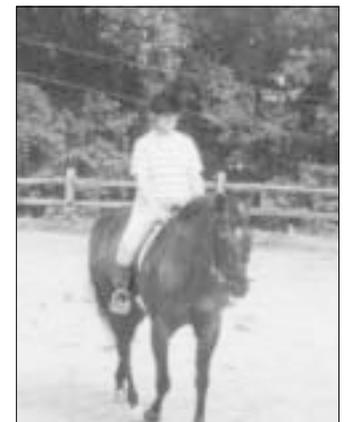
Accidents occurred when owners insisted that although the horse had never been ridden English (or Western), he wouldn’t mind! In another case, respondents were not told that the horse was blind. In a familiar ring, with great footing, the horse did relatively well. When the rider was granted permission to take it on the trail, things became ugly. One woman (she had asked for permission) attempted to jump the horse over a little log with disastrous consequences. As they waited for the ambulance, the owner mentioned that he guessed she now knew the horse had a vision problem.

Several riders suffered negative consequences when they were given an unbroken horse to try for potential purchase. Typically, riders called about a horse for sale and were interested in trying it out. The owner was not present, but had instructed someone else to show the horse to the prospective buyer, and the wrong horse was shown. For example, one friend of the owner could not remember “which one of the bays was trained to ride and which one was totally unbroken!” She guessed wrong. When another prospective buyer regained consciousness from being bucked off an unbroken two-year-old, the barn worker shrugged that all chestnuts look alike.

As indicated throughout the report, more work remains to be done on profiling both the attributed accident causes and emotions of injured equestrians. In addition, we need to be mindful that this data was retrospective in nature. Many

sports psychologists prefer predictive studies or, at least, data collected “at the scene”. This is impossible to do with “at home” riding accidents. Large riding schools or programs, university courses, Pony Club, etc. may be able to do those kinds of studies. However, this research, although it was retrospective and self-reported, still offers some valid insights into equestrians’ attributions and emotions after a horse-related injury.

Questions about this research may be sent to Susan.Anthony@Gallaudet.edu



Susan Anthony-Tolbert, Ph.D.

Susan Anthony-Tolbert, PhD is Professor of Psychology and Director of the Undergraduate Psychology Program at Gallaudet University in Washington, DC.

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The AMEA/SRF appreciates her time and effort with this extensive study and article.

United States Pony Club Accident Report 2001

Introduction

The United States Pony Club (USPC) has reported accidents involving its members to the Safety Committee since 1979. Accidents are reported regardless of whether or not they result in injuries. Age, gender, rating, cause of accident, site of the accident, and if there is an injury, type of injury, body location, and treatment is tabulated by the Safety Committee. The Safety Committee uses this information to give an annual report to the Board of Governors, and if indicated, make recommendations aimed at providing the safest possible experience for our children.

Findings

One hundred accidents were reported during USPC activities in the year 2001, of which 95 resulted in injuries. This represents a decrease from last year's total of 110 accidents reported, but within the range of accident reports from prior years (81 in 1999, 130 in 1998, and 106 in 1997). However, since 36 of these were reported at Nationals/Festival, it appears likely that accidents were under reported in 2001, especially when compared with the 130 reported during the previous Nationals/Festival year of 1998.

The charts below compare the percentages of children in each category for the years 1999 through 2001. The word "pony" is used loosely to refer to both horses and ponies.

PERCENTAGE OF ACCIDENTS BY RATINGS*

Rating	PERCENT				
	1999	2000	2001	2001 w/o Natls/Fest	2001 Membership
Adult			1		
UNR	7	5	9	16	22
D1	12	15	11	19	14
D2	27	27	17	26	21
D3	12	24	10	12	15
C1	12	15	17	19	12
C2	14	10	11	3	8
C3	6	1	8	2	4
B	4	0	3	2	2
H, HA, A	0	3	3	2	2
N/A	5	0	10		

*See AMEA NEWS September 2001 for definition of Ratings

RATINGS

The table above shows the percentage of each year's accident reports for the last three years broken down by the ratings of pony clubbers (PCers) involved in accidents, along with the percentages of PCers ratings reflected in the 2001 USPC membership. Removing the reports from Nationals/Festival and those without rating information leads to the percentages reported in the column labeled "2001 w/o Natls/Fest." Comparing these with figures from 1999

shows that the percentage of accidents involving unrated pony clubbers increased substantially, while the C2 percentage decreased substantially. Based on the table values, our unrated and D-level PCers are a group that is particularly vulnerable to injuries. The data should serve as a reminder that care needs to be taken to assure that they are always in safe, secure situations, where they are suitably mounted, and not being pushed to do things before they are ready. PCers in the D-C1 ratings (which account for over half the membership as group) consistently account for over sixty percent of the reported accidents.

PERCENTAGE OF ACCIDENTS BY AGE

Age	PERCENT			
	1999	2000	2001	2001 Membership
5 & under	1	0	0	0
6 to 8	5	3	4	6
9 to 11	23	22	20	23
12 to 14	35	42	34	34
15 to 17	26	28	35	26
18 & over	10	5	7	12

AGE

The table above shows the percentage of each year's accident reports for the last three years broken down by the ages of PCers involved in accidents, along with the percentages of PC ages reflected in the 2001 USPC membership. We are seeing most of our accidents in the 12-17 year age group. As prior Accident Reports have noted, keeping the 12-17 group safe continues to be a challenge, as they are adolescents who are prone to balking at authority figures and are more likely to engage in risky behavior.

PERCENTAGE OF ACCIDENTS BY ACTIVITY

Age	PERCENT		
	1999	2000	2001
Unmounted			24
Cross Country	22	17	21
Jumping	17	26	28
Mounted Meeting	17	26	24
Games	14	3	9
Taking Lesson	0	0	11
Rally	12	3	37
Other	17	25	8

Activity

Of the 100 accident reports in 2001, 76 of them involved mounted activities and of these, 37% were from rallies (reflecting that 2001 was a Nationals/Festival year). The Unmounted and Rally percentages are included in the above table, along with the

percentages for the various mounted activities. Each mounted percentage reflects the percentage that a particular activity represents of all the mounted activities; e.g., 21% of the mounted accidents occurred during cross-country. This was done so that the percentages associated with the mounted activities could be compared across years. The “jumping” activity excludes cross country jumping, while “mounted meeting” excludes all jumping, “games,” and “taking lesson” reports. Although comparison between the years may be difficult due to changes in the way accident activities were tabulated, jumping fences remains the highest area of risk. In addition, jumping injuries appear to be on the increase, constituting 39% of the mounted accident reports in 1999, 43% in 2000, and 49% (almost half!) in 2001. Accident reports involving games dropped significantly from 1999 to 2000, while accident reports involving vaulting, dressage, etc. (classified under “Other”) decreased significantly from 2000-2001.

PERCENTAGE OF ACCIDENTS BY LOCATION

Location	PERCENT		
	1999	2000	2001
Arena/Ring	37	53	27
Outside Course	40	26	42
Saddling	4	5	0
Trail	4	2	2
Pasture	11	5	0
Stall	0	0	8
Grooming	0	0	5
Other	6	8	16

LOCATION

Reported accidents (other than in 2000) were much more likely to occur on an outside course, with the area/ring the second most likely. While we do not have the data to tell us whether mounted activities were more likely to be held outside or in rings, this statistic can certainly remind us of the greater risks posed when an activity is taking place outside of the confines of a ring. Accident causes such as falling/slipping, bucking, and heat were all much more likely to occur outside than in a ring. Clearly, those in charge of an outside activity must emphasize that such an activity requires that not only must the pony clubbers be competent enough to maintain control, but also mature enough to recognize and prevent heat-related illnesses. The incidence of pasture accidents dropped to 0, continuing the trend seen from 1999 to 2000, while stall and grooming accidents (categorized as “saddling” in 1999 and 2000) increased, as did “Other.” The “other” category included accidents that occurred while mounting/dismounting in the barn area, working in the trailer area, and walking to/from the barn. These percentages serve as a reminder that accidents do happen everywhere, and that both PCers and adults need to maintain a focus on circumstances on the ground that could lead to accidents away from “where the action is.”

PERCENTAGE OF ACCIDENTS BY CAUSES

Causes	PERCENT					
	1999	2000	2001	2001 Unmounted	2001 Mounted	2001 Jumping
Pony refused jump	17	8	10	0	10	10
Pony fell or stumbled	17	9	11	0	11	5
Pony bucked/reared	15	27	12	0	12	5
Pony kicked rider	1	5	7	5	2	0
Pony stepped on rider	0	0	4	4	0	0
Pony spooked or shied	15	12	12	0	12	2
Pony overjumped	5	2	0	0	0	0
Rider out of position or not in control	19	24	12	0	12	8
Unrelated to riding	2	5	3	3	0	0
Equipment failure	0	0	2	0	2	0
Other	7	6	19	10	9	3
Unrelated to horse	0	0	2	2	0	0
N/A	0	0	6	0	6	4

Causes

The table above presents the accident cause percentages for 1999 through 2001. The two most frequent causes of accidents in 2000 were “pony bucked/reared” and “rider out of position or not in control.” It should be noted that these two causes, when combined with “spooked or shied” occurred more frequently when the PCer was riding on the flat rather than jumping (the total number of accidents on the flat and while jumping were roughly the same). This may be because jumping is perceived as “higher risk” and therefore there is a greater focus on safety. As the data shows, riding on the flat is not an opportunity to relax and not concentrate on being safe.

The “Other” causes jumped from 6% to 19%. The “Other” causes included accidents related to heat illness, insect stings, and one incredible incident where a horse tried to jump fence in a paddock, and broke a board which flew and hit a PCer in the abdomen. Both “Equipment Failures” involved peacock stirrups with sharp edges that cut PCers as they were dismounting, while the “Unrelated to horse” involved a case of heat illness and a dog bite at unmounted meetings.

The “Pony kicked” percentage increased slightly, and included the usual suspects: kicked while waiting to jog, while bandaging, while another horse tried to kick PCer’s horse, and passing behind a horse.



PERCENTAGE OF ACCIDENTS BY AREA OF BODY INJURED

Area of Body Injured	PERCENT				
	1999	2000	2001	2001 Unmounted	2001 Mounted
Head	14	12	19	0	20
Face	6	12	12	1	11
Dental	1	2	1	0	1
Neck	7	6	8	1	7
Dorsal/Lumber Spine	6	13	7	0	7
Chest/Ribs	3	0	3	0	2
Collarbone	3	2	1	0	1
Shoulder	12	6	7	0	7
Upper Arm	3	0	0	0	0
Elbow	4	4	4	0	4
Forearm	7	7	11	1	10
Wrist/Hand/Fingers	25	12	13	5	9
Abdomen	0	0	2	1	1
Pelvis/Hip	12	12	6	0	6
Buttock	3	2	4	0	4
Thigh	3	2	1	0	1
Knee	10	3	5	2	2
Leg	3	9	7	2	5
Ankle/Foot/Toe	6	10	13	7	6
Other	0	0	5	0	4
N/A	0	0	2	2	0

Area of Body Injured

The table above presents the body area affected percentages for 1999 through 2001. There were a total of 95 injured PCers, but if more than one body area was injured, all injuries are included in these statistics. Head injuries increased from 12% to 19%, all of which involved mounted activities and highlighting the need wear an ASTM/SEI, fitted, secured helmet when riding. Injuries involving the back or pelvis both dropped 6%, while injuries to the forearm increased by 4%. The "Other Area" accidents included two groin injuries caused by stirrups with sharp edges (dragged across the groin while dismounting) mentioned earlier under "equipment failure," and general body aches following a fall. The two accidents where the affected body area was unknown both involved insect stings.

Injuries involving the foot continued to increase. Our PC members are required to wear approved footwear. Approved footwear is a shoe that is securely fastened, and covers the entire foot and ankle with a sturdy material (preferably leather). The importance of wearing such footwear, whether mounted or unmounted is emphasized by the increasing percentage of foot injuries over the past two years.

PERCENTAGE OF ACCIDENTS BY TYPE OF INJURY

Type of Injury	PERCENT				
	1999	2000	2001	2001 Unmounted	2001 Mounted
Open Fracture	0	2	0	0	0
Closed Fracture	25	22	11	1	10
Concussion/Unconscious	4	3	1	0	1
Concussion/Conscious	9	6	9	1	8
Bruise/Abrasion	33	39	44	11	33
Sprain/Muscle Pull	17	18	11	1	10
Laceration/No sutures	0	2	9	0	9
Laceration/Sutures	6	4	1	0	1
Dislocation/Separation	6	1	0	0	0
Internal Injuries	0	2	1	1	0
Shook Up	0	0	5	0	5
Sunstroke/Heat Exhaustion	3	0	10	5	5
Insect Bite/Sting	0	0	5	5	0
Other	0	0	8	1	6

Type of Injury

The table above presents the injury type percentages for 1999 through 2001. Percentage sums may be more than 100, since more than one type of injury may be associated with some accidents. Fractures decreased from 24% to 11%, while the percentage of sprains and muscle pulls also dropped substantially (from 18% to 11%).

Sunstroke and heat exhaustion rose from 0% in 2000 (and 3% in 1999) to 10% in 2001. Mitigating this somewhat, is the fact that all of these reports came from Nationals/Festival, held in the middle of summer in the challenging climate of Lexington, Kentucky. These low percentages may suggest that regional/local programs are doing a good job of educating their PCers about heat-related risks, as well as taking steps to minimize that risk (e.g., making sure PCers are hydrated, scheduling activities at cooler times of the day, etc.). The sunstroke reports were evenly split between mounted and unmounted situations, highlighting again that PCers and adults need to be "risk aware" in all situations, not just riding.

The association between injuries involving the head and the incidence of concussion was examined. While 20% of the mounted injuries involved the head, only 38% of these injuries were associated with a concussion. We can assume that the incidence of concussion would probably have been much higher had the PCers not been wearing ASTM/SEI helmets that stayed on during the accident.

The accident reports necessitated the creation of two new categories, "Shook Up" and "Insect Bite/Sting." The latter can range from being an annoyance to being life-threatening. At Nationals/Festival, a PCer who was volunteering got stung by a bee and had an anaphylactic reaction. The PCer was given epinephrine and Benadryl at the scene and transported by ambulance to the emergency room, but as the accident report noted, "If we had not had an ambulance on the grounds with advanced life support supplies within 5 minutes of him, we would have lost him." The "Other"

category included puncture wounds from a dog bite, loose teeth, and fainting.

PERCENTAGE OF ACCIDENTS BY TYPE OF TREATMENT

Type of Treatment	PERCENT				
	1999	2000	2001	2001 Unmounted	2001 Mounted
No Treatment	30	31	25	1	24
Treated on Grounds, returned to ride	2	6	27	13	15
Treated on Grounds, unable to return to ride	4	1	15	2	13
Taken to Hospital, able to return to ride	3	3	3	2	1
Taken to Hospital/MD, unable to return to ride	52	48	29	5	24
Hospitalized	0	2	0	0	0
Left, did not return	0	0	1	0	1
Expired	0	1	0	0	0

Treatment

The table above presents the treatment percentages for 1999 through 2001. The accidents that did not involve treatment (25%) typically involved soreness and/or bruises. The PCers were examined and no treatment was deemed necessary. The percentage of PCers taken to a hospital or a doctor dropped from 1999 to 2001, with a significant increase of PCers treated on the grounds. Reasons for this shift from hospital to grounds might be due to the increased presence of medical personnel at mounted activities, the fact that many more of the 2001 reports came from rallies where medical personnel are required, or that situations that could have led to a more serious injury were kept from escalating to that point (e.g., improved teaching, more suitable mounts). It should be noted that in several of the reports, treatment was provided by a parent who was also a trained medical professional (e.g., nurse, EMT, physician). This highlights that since most mounted activities take place without an EMT present, having an adult with at least some basic first aid training who can respond to a medical emergency may result in keeping the emergency from escalating into a life-threatening situation. An appropriate first-aid kit needs to be available at every mounted activity.

Conclusions/Recommendations

The increasing percentage of foot/ankle injuries underscores the need that PCers know how to lead horses safely and to maintain an awareness of where their feet are and where the horse's hooves are.

Unlike helmets, protective vest data is unclear as to what level of protection vests actually afford. The vast majority of parents of children who do wear vests believe that the vests prevent more serious injuries, but this is anecdotal. One concern is that vests might contribute to heat-related injuries. However, since only a quarter of the riders who suffered heat-related accident reports were wearing a

vest, the data does not offer guidance. We need more data to make any type of valid conclusions about the efficacy of vests in reducing serious injuries, and more consistency in PCers wearing vests that meet the ASTM testing standards.

The 2001 accident data reflect that all activities carry some element of risk. Jumping activities constituted 37% of the 2001 accident reports. Non-jumping mounted activities accounted for 39% and unmounted activities for 24%.

With the increased percentage of children being kicked in the past two years, PCers need to learn a healthy respect for a pony's back legs, and knowledge that horses can behave unpredictably when they feel frightened, surprised, or threatened.

High percentages of accidents are being seen in the D1 to C1 ratings. All PCers need to be adequately supervised to minimize their risk taking, and to ensure that they are ready to meet the challenges and risks that accompany horseback riding.

Injuries from peacock stirrups were a new problem in 2001. A few PCers were severely scratched with a sharp edge (where the rubber band attaches) when they were entangled with the stirrup while dismounting. Teaching PCers proper dismounting techniques will help avoid this type of injury, but it serves to underscore how vigilant we must be in anticipating the unexpected.

It is recommended that each club encourage some of its parents to get first-aid training, and to have one or more of these parents present at every mounted meeting. An appropriate first-aid kit needs to be available at every mounted meeting. The kit should contain (at a minimum) the items described in the "Club Human First Aid Kit" section of the Pony Club Safety Information Packet (available through the USPC Bookstore). PCers who are allergic to bee stings should always carry their own emergency bee-sting kit.

A plan should be in place for medical emergencies, to ensure that the PCer's medical release form (documenting their medical history and indicating conditions such as allergies, asthma, diabetes, etc) is immediately at hand. The "Preparing for Emergencies" section of the Pony Club Safety Information Packet discusses a number of issues, along with providing several checklists that need to be used when planning and conducting any mounted meeting.

The occurrence of accidents in 2001 may have been underreported. Any incident that causes concern should be reported to the Safety Committee regardless of whether it resulted in injury. Such data provides everyone associated with pony club additional information not only about the circumstances that lead to an accident, but also the things that might prevent an injury when an accident occurs.

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Putting the Rubber to the Road: *Incorporating Safety Information into Youth Horse Programs*

Pat Comerford

2002 Ayer-Hammett Award Winner

Introduction

Safety education is an integral component of many youth horse programs. It is an ongoing challenge to develop life-long safety practices in youth and adults, yet keep safety education interesting and fun. A comprehensive 4-H Horse Safety Program was initiated in Pennsylvania in 1996 to provide a greater emphasis on safety education, to promote safety awareness and practices, and to provide additional safety resources for youth and adults. This session will provide an overview of the Pennsylvania 4-H Horse Safety Program and will present methods of incorporating safety information into effective programs.

Development of a Safety Program

Constructive input from program participants is vital for any youth program to be effective. Although this can be a time consuming process, it is critical to the long-term success and well being of the program. Additionally, the program must be based on accurate, reliable information that is readily available to all program participants. The Pennsylvania 4-H Horse Safety Program was developed with input from youth, parents, adult leaders and industry experts. Program objectives, goals, and key needs of youth and adults were identi-

fied through meetings, surveys, and review of safety literature. The 4-H Horse Safety Committee was created to develop the program, to assess future needs, and to develop curriculum as needed to meet program objectives.

The objectives of the Pennsylvania 4-H Horse Safety Program are to:

- Promote safety of youth while working with horses
- Promote safety awareness and practices in youth, parents, leaders, and agents
- Provide safety resources and activities for participants
- Incorporate safety education within existing 4-H projects
- Recognize youth and leaders for safety achievements

Safety information from numerous sources was used in the development of the program. Information and program materials are developed, updated, and distributed on an ongoing basis. Sources of information include the American Medical Equestrian Association (AMEA)¹, American Association of Horsemanship Safety (AAHS)², Certified Horsemanship Association (CHA)³, United States Pony Club (USPC)⁴, the American Youth Horse Council (AYHC)⁵, and numerous other safety texts and resources.

Methods

An effective safety program must be a comprehensive educational program that incorporates numerous components to promote safety and prevent injuries. A comprehensive program is critical, since many parents of youth in 4-H and other horse programs have little or no first hand experience with horses. Additionally, some local leaders may have limited equine experience. Participants must be aware of the inherent risks of equine activities and that proper methods will reduce associated risks.

Primary components of the program are:

- "Safety Resource Packets" which include safety resources for each county
- Educational programs for youth and adults
- Safety awards for youth, leaders and clubs

Educational Programs

The Horsemanship Skills Program is a key component of the safety program. The Horsemanship Skills Program provides a planned progression of skill development and assessment. It consists of four levels, from beginner to advanced levels. Youth learn safety, handling, and horsemanship skills through various activities and methods. These include personal lessons and practice,

clinics, seminars, camps, and demonstrations. Teams of trained volunteer examiners evaluate the youth for mastery of the skills. Youth in levels one and two are evaluated at the local level. Youth in levels three and four are evaluated at a district or state level.

Other safety educational programs and activities include:

- National, regional and state leader forums
- In-service and continuing education for Penn State faculty and staff
- County, regional and state meetings, clinics and seminars
- Routine barn checks for 4-H members

Cooperative safety programming with other universities and organizations is encouraged to maximize resources and promote involvement of industry professionals in 4-H safety programs.

The Pennsylvania Equine Council (PEC) cooperates to conduct local and regional barn fire safety programs for farm managers, fire fighters, emergency personnel, parents and youth. The PEC also conducts horse trailer safety programs with an emphasis on injury preventative methods and emergency response. Several



counties conduct clinics, seminars, camps, etc. in cooperation with various local, regional and national safety organizations.

Safety Awards

Youth and adult leaders should be recognized for their efforts in promoting safety. An attractive awards program will encourage continued safety practices and promote ongoing safety awareness and education. There are currently two categories for both youth and adults in the safety awards program. These include awards for both individuals and club or county programs. Awards are presented at the State 4-H Horse Forum and currently include plaques and complimentary awards to attend state events or clinics. There are future plans to solicit sponsors to expand the awards to include scholarships, tack or equipment, awards to sponsor attendance at national leadership symposium, and/or cash awards.

Pennsylvania 4-H leaders have received national recognition through the AYHC National Youth Horse Leader of the Year Awards. These leaders

have been instrumental in promoting safety, horsemanship, and positive life skills in youth. Additionally, the 4-H Horse Program Development Committee supports travel of extension professionals and volunteers to attend the annual AYHC National

Youth Horse Leaders Symposium. This is another effective means to encourage continued involvement and recognize efforts of those people who actively promote safety education.

Program Evaluation and Impact

Several tools are available to evaluate the effectiveness of the safety program and identify revisions that may be needed. The Pennsylvania 4-H Horse Program Advisory and Development Committees conduct annual reviews of the 4-H Horse Program. These committees provide recommendations to the Safety Committee for program revisions or additions. Changes are made as warranted and as resources permit.

Data is collected at the local level to measure the progress of youth in the Horsemanship Skills Program. Data is also collected at the local level to document completion of project requirements related to safety practices, and to document effectiveness of specific safety activities. Plans are to summarize the data by county and record total impact at the state level. Plans are being consid-

ered to collect data at the local level to document the changes through pre-use and post-use values for youth using the 4-H Horse Safety Standards and Checklist.

Nationally, AYHC is conducting a multi-state study to assess the impact of youth horse programs on development of horsemanship and life skills in youth. The study will involve a variety of youth organizations and university researchers. Although not specifically targeted to safety programs, this study will provide valuable data for documenting impact of youth horse programs, and will provide a template for further studies.

Conclusion

Effective safety programs should be fun, challenging and provide practical, readily accessible information for leaders and youth. Key components of effective safety programming are development of a strong foundation of horsemanship and safety skills, use of current safety resources, and recognition of accomplishments of youth and leaders. The effectiveness of the program should be routinely and objectively evaluated, and adjustments in the program should be made as needed. Cooperation among different safety organizations is vital to provide useable, accurate information and maximize resources.

Key words: Safety, education, safety standards, safety resources, horsemanship skills

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What Stands Between a Child and An Accident?

Parents that are unfamiliar with the inherent risks of riding and working with horses may not be aware of the difference between acceptable and unacceptable behavior and actions at an equine facility. They may assume that their child is being supervised and taught in a safe and professional manner. It may only be after a serious incident occurs that they find out exactly how unsafe a situation in which their child was placed. For example, one activity that is often taken for granted as being "safe" but has caused many unnecessary injuries is longeing, and one can often observe extremely frightening examples of longeing at any horse show grounds.

For some reason, safe longeing practice is taken for granted by many trainers and instructors at all levels, from university riding programs to recreational riders. Professionals allow inexperienced and unprepared children to put a horse through its paces at the end of a thirty-foot lunge line, often with no more than an ill-fitting halter. Ask any horseman about the dangers of longeing and he will surely tell you about rope burns and dragging. "Wear gloves, hold the line in folds, not loops, and watch the tail of the lunge line." Yet, we expect a child to have the coordination, foresight, quick decision-making ability and maturity to handle him/herself, the lunge line, and a fractious horse when something goes wrong.

Unfortunately, the child is not always in control, as evidenced by two longeing court cases on which I have worked. In both cases, children were al-

lowed to lunge with inadequate instruction, and due to poor judgment of the "professionals," both children will suffer the effects of this carelessness for the rest of their lives. Several years ago, a Florida trainer was dragged to death when her horse ran through parked farm equipment with her caught in the lunge line and dragging behind. Examples of this kind of traumatic situation made me realize that longeing really is one of the most dangerous activities we perform with a horse. The scope of potential injuries is enormous, however, in my experience most longeing accidents involve head injuries. This is not very surprising when you consider the opportunities for a horse on a lunge line to turn and kick, as well as "dragging" incidents, where the victims head is the closest thing to the bucking, kicking or running hindquarters of the horse. With this in mind, it makes absolute sense to wear an ASTM/SEI certified helmet while longeing your horse. Organizations such as the U.S. Dressage Federation and the U.S. Pony Club require the use of helmets for this dangerous activity.

We have thousands of children that want to ride and work with horses, but their parents do not ride. As a result, the parents may find a barn by looking up "stable" in the Yellow Pages or taking their child where "all the other children" ride. If a new, uninformed parent asks the parent of a riding child if the riding program is safe, what is the parent going to say about the place where he takes his own child? What is needed is an educated professional, with practical under-

standing about the dangers of unsafe riding programs. To keep these young riders as safe as possible requires vigilance, skill, and sound counseling at each possible point of contact. Finally, if we (knowledgeable and competent professionals in the equine industry) can create and widely distribute resources that provide background information and "the right questions to ask" for uninformed parents, we will be contributing immensely to the safety of our youth.

For an excellent, systematic resource on longeing, please refer to *USPC Guide to Longeing and Ground Training*. An intensive guide with information taken from all three levels of the USPC Manuals of Horsemanship, with a significant number of added drawings, this booklet is designed to provide a solid foundation in longeing and ground training. Available from: <http://store.yahoo.com/uspcbooks/uspcmanuals.html> or U.S. Pony Clubs, 4041 Iron Works Parkway, Lexington, KY 40511.

Jan Dawson is an attorney and President of the American Association for Horsemanship Safety. She is the author *Teaching Safe Horsemanship*, and through AAHS, has conducted many clinics teaching safe riding by the *Secure SeatSM* method. Jan and her husband Dr. Bob Dawson (a law professor at the University of Texas) are long time friends of the AMEA and are responsible for maintaining our web-site and provide valuable support. For more information about AAHS, please click on the "Return to AAHS Home Page" link on the AMEA web-site.

USA Equestrian Passes Mandatory ASTM/SEI Helmet Rule for Eventing

Beginning January 1, 2003, competitors at all levels of eventing, from beginner novice through advanced, must wear properly fitting protective headgear, passing or surpassing current applicable ASTM/SEI standards with harness secured while jumping any obstacle. The rule, Article 1712.1, can be viewed in its entirety on USA Equestrian's website at <http://www.equestrian.org/2003RuleBook/rule-xvii.pdf>. To view the up-to-date list of ASTM/SEI certified helmets, go to <http://www.ameaonline.org/HelmetSafety.html> and click on the link provided.

The AMEA congratulates the USEA Safety Committee for their contribution to the incorporation of this worthwhile rule. This proactive rule will minimize injuries and save lives. USEA's Safety Committee members have used AMEA/SRF research and statistics to educate the eventing world regarding the need for this rule. Special recognition should be given to Dru Malavase for her influence and expertise as Chair for many years of the ASTM Equestrian Helmet Committee. Finally, gratitude is extended to all manufacturers of certified helmets, with the hope that they will continue to develop new and innovative options for increasing the safety of our riders.

USA Equestrian and USET Agree to Joint Resolution of NGB Dispute

February 1, 2003

A new era for equestrian sports began on Saturday, February 1, 2003, when the United States Olympic Committee (USOC) Membership and Credentials Committee received a plan jointly proposed by USA Equestrian (USAE) and the United States Equestrian Team (USET) to create a new National Governing Board (NGB) for the sport incorporating the strengths of each organization.

The joint agreement resolves the question of governance of the sport and ends an agonizing period of dispute with a solution that all parties heartily endorse.

The new plan became a reality when signed by USAE President Alan Balch, Vice President David O'Connor and Treasurer Kathy Meyer and by USET Chairman Frank Lloyd, President Armand Leone and

Secretary Eric Straus. It calls for the formation of a new corporate entity to assume all the current functions of USAE and USET with the main fundraising efforts handled by two new supporting organizations.

As part of the agreement, Balch agreed to resign as a Trustee of the USET, to instruct his attorneys to take immediate steps with the USET to resolve the litigation Balch v. USET in a manner acceptable to both parties, and that he will not seek to serve as an officer or director of the new NGB until after the election cycle for 2005.

The USET agreed to nominate David O'Connor as a Trustee to its Board and all parties agreed that O'Connor will be responsible to communicate and coordinate all international matters between USAE, USET and the USOC

during the interim period prior to the establishment of the new NGB.

The new NGB will be governed by a Board of Directors not to exceed 54 members. Officers will include a President; Vice President—International High Performance; Vice President—International—National FEI Affiliates; Vice President—National Affiliates; Vice President—Finance & Administration; Secretary and Treasurer. The new NGB will be led by a paid Chief Executive Officer (CEO). A six member CEO Search Committee, with three individuals appointed by USAE and three by the USET, will begin immediately to seek a suitable individual for the CEO position. The CEO is to be in place prior to commencing operations of the new NGB.

USET Chairman of the Board, Frank V. Lloyd and

David J. O'Connor, USAE Vice President stated, "We are particularly delighted for the athletes, coaches, staffs and the entire sport of equestrian, and look forward to the renewed enthusiasm and support to make this country the top equestrian nation in the world." (*USA Equestrian*)

The full content of the new NGB plan outline will be available on the USAE website at www.equestrian.org and on the USET website at www.uset.org.

Executive Director's Note:

The AMEA/SRF applauds the efforts of USA Equestrian and USET in bringing an end to this dispute. We look forward to a promising relationship with the new NGB.

*Contributed by Rusty Lowe, EMT-P
Executive Director
AMEA/SRF*

UVM Equine Students Pilot Equestrian First Aid and Safety Program

Rusty Lowe (AMEA's Executive Director) made a trip to the University of Vermont to work with Dr. Greene's Horse Barn Cooperative Class in late October. Rusty and Betsy collaborated with the local American Red Cross instructor to add a "horse twist" to standard First Aid and CPR certification courses. Immediately following the Red Cross training, Rusty discussed preplanning for emergencies at equine facilities and events. Additionally, students had to apply their new knowledge to a "pseudo-real-life" scenario, where the first aid instructor was "found" unconscious and tangled up in a jump. Students did some troubleshooting on how to remove the jump pole from under the victim and then practiced the log roll (they only "did more damage" on the first try!). This was a pilot program for the development of First Aid certification specifically geared toward the equestrian, and for the first time, allowed all UVM horse barn members to become certified in First Aid and CPR as a part of their UVM Barn Cooperative experience.



Article and photos by
Betsy Greene, PhD



AMEA/SRF Convention 2002 Recap
AMEA Vision
President's Message
2002 Ayer-Hammett Award
Executive Director's Awards 2002
"At Home" Riding Accidents: Part III
USPC Accident Report 2001
Safety in Youth Horse Programs
What's Between a Child and an Accident
Mandatory Helmet Rule for Eventing
NGB Dispute Resolution
UVM Equine Students Pilot
Equestrian First Aid

INSIDE



American Medical Equestrian Association
Safe Riders Foundation
Rusty Lowe, Executive Director
P.O. Box 130848
Birmingham, AL 35213-0848



MEMBERSHIP APPLICATION



American Medical Equestrian Association Safe Riders Foundation

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E-mail: amea@charter.net
www.ameaonline.org

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American Medical Equestrian Association
Safe Riders Foundation
Rusty Lowe, Executive Director
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