



# **RED Arena**

# **Volunteer & Employee Manual**

## **2017 - 2018**

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## Welcome to RED Arena!

We are so grateful for your time and commitment to volunteering with RED arena. Our volunteer support makes it possible for this program to run and expand to service those in need. We rely on at least 2 volunteers for each participant. Without the dedication of our volunteers, our participants can't ride.

Our mission is to empower through horses. We have found that the experience benefits everyone involved, not just our riders. Often, our volunteers feel they gain more from this experience than they give, which says a lot because our volunteers are some of the most wonderful, generous people I've ever met. None of the horses have expressed this directly to me, but seem to enjoy having a nice 'retirement' job that involves being gently led and loved on by so many caring people. The families of our riders often relate the joy of seeing their child participate in such a unique experience, again, not just the therapy part, but the confidence, excitement and bond their child has with the horse. And for our riders, the horse is an extremely empowering experience, on top of the therapeutic benefits they gain.

Thank you again! We appreciate your time and we look forward to sharing this special experience with you!

Best Regards,

*JR Young, PT, MS*

Jennifer Young, PT, MS  
Physical Therapist  
PATH Registered Therapist, AHA Level 2 Therapist  
Founder and Executive Director of RED Arena

## **Facilities Overview**

In the 2016-2017 year, RED Arena grew to empower up to 150 participants per week, ages 2 to 76 years old with diagnoses including Angelman Syndrome, Anxiety, Autism, Cerebral Palsy, Depression, Developmental Delay, Down Syndrome, Learning Disabilities, Muscular Dystrophy, Pervasive Developmental Disorder, Post Traumatic Stress Disorder, Prader-Willi Syndrome, Sensory Integration Disorder, Stroke, and Traumatic Brain Injury.

Our wonderful staff includes 17 part time staff: 1 Executive Director, 1 Volunteer Coordinator, 4 Licensed Therapists, 4 PATH Certified Instructors, 7 Horse Handlers. We have 10 Horses, 2 Miniature Horses & over 250 volunteers!

## **Programs offered**

RED Arena offers Equine Assisted Physical and Occupational Therapies, Therapeutic Riding Lessons, Mental Health Counseling Sessions, a Reading Program, and Job Skills Training Programs as well as family support services, sibling riding programs, inclusive community events such as the RED Arena Round Up Rodeo and 5 weeks of summer camps for riders of all ability levels.

## **Barn Rules**

**Always drive 5 mph on our driveway and yield to horses crossing. Volunteer parking is near the barn, turn left before the second gate, then park along the fence past the barn.**

No smoking.

No running.

Keep doors and gates closed and latched shut.

Do not feed horses by hand, always use a bucket.

Horses are to be tied with a quick release knot at their eye level, no more than arm's length and remain in your sight while tied.

Do not tie a horse where exposed to untied horses.

Do not ride horses into or out of barn.

Keep walkway clear at all times.

Return all equipment (brushes, brooms, shovels, hoses, tack) to proper places.

Always approach horses slowly from the side, never directly in front or behind.

An approved ASI helmet must be worn for all riding and worn by anyone near the horses under 18 years of age.

## **Code of Conduct**

### **Confidentiality**

All participants are receiving medical care with a physical therapist, occupational therapist or speech therapist and are covered by HIPAA laws for patient confidentiality. Under these laws we may NOT discuss diagnosis or medical care outside of information directly needed for sessions. You are also bound by these laws and may not discuss or infer any information about the participants to anyone.

### **Arrival & Attendance**

Please arrive at least 15 minutes before your scheduled time. If you are late, please be sure to call/text the barn phone 512-618-5154 so we know you are on your way. Your consistent attendance is vital to our success, if you do not come, the kids do not ride. Please provide us at least 4 hours notice if you will not be able to attend. In the event of weather cancellations, we try to provide 2 hours notice via text message, please plan on coming unless we contact you.

### **Dress Code**

We require everyone to wear the RED Arena t-shirt and sturdy closed-toed shoes (no sandals or flips). Volunteers will be provided with a t-shirt (and hat or visor as available). You may wear comfortable jeans, not too tight or low cut, or shorts. Shorts should be FINGERTIP LENGTH or longer. Hats are recommended, as is plenty of sun block.

### **Cell Phones & Talking**

Cell phones are allowed to be worn during sessions, but the ringer should be turned off and calls cannot be made or taken during sessions, or during horse grooming. Please be aware that voices can carry all the way from the barn and arena to the participant waiting area, so limit topics to those appropriate to be heard by all ages. During sessions you must refrain from talking with other volunteers, so that we can all focus on safety and current tasks. Please follow the direction of your therapist when talking with our participants. Many of them do best when they have quiet time to warm up on their horse, many also need several minutes to process one request, so if we keep bombarding them with information, it only slows their ability to process and participate. Always look to your therapist for direction on this, and feel free to ask questions before or after sessions if you're not sure.



## **Food**

We ask that you do not feed the horses and be aware that they can smell food on your hands or in your pockets. Please wash your hands after eating and before interacting with horses or participating in a session. Please do not carry food in your pockets. Remember to hydrate before arriving and continue to drink water while you are here!

## **Standards for Volunteers, Students, Support Staff**

To qualify to participate in any activities at RED Arena everyone must meet the following guidelines: Volunteers under 14 years of age must have a parent volunteer with them. Volunteers under 15 years must have a parent attend the volunteer training but can be approved to volunteer without a parent. All volunteers under 18 years of age must have the volunteer forms signed by a parent prior to starting. Volunteers must be at least 14 years of age to participate directly with horses including grooming, tacking or side walking and must wear a helmet until 18 years of age unless you have a signed waiver. Be at least 16 years of age to horse handle (and pass horse handler training). Completed Side Walker Safety Training. Signed Liability Release and Authorization for Medical Treatment forms on file.

## **Safety Training**

### **Standards for Safety Training**

All Therapists, Volunteers, Students and Support Staff must complete the Safety Training prior to engaging in any activities at RED Arena. See Safety Training Packet which includes: Safety near horses, the arena, and hazards to be aware of. Procedures for medical or environmental emergencies. Demonstration under AHA Level II Therapist of Emergency Dismounts. Completion of Safety Training Exam.

### **Standards for Emergency Situations**

In any emergency situation, including but not limited to fire, tornado, severe weather, injury, or other medical emergency such as seizures or falls, the following procedures will be followed:

**Therapist** will remove the rider from the horse and administer first aide/CPR as needed.

**Horse Handler** will remove the horse from the situation.

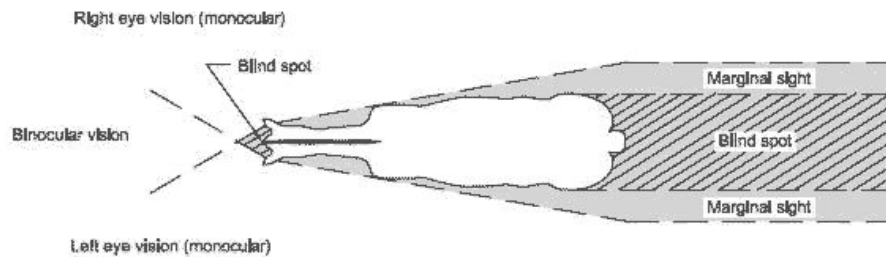
**Side Walker** will first assist Therapist with removing the rider from the horse and then activate 911 and retrieve first aid kit.

Therapist will document the event on a RED Arena Occurrence Report along with Horse Handler, Side Walker and obtain signatures of any/all witnesses before leaving the premises.

## Horse Safety

### *Blind Spots & Approaching Horses*

Horses have a small blind spot directly in front of their face, and a larger blind spot behind their body. Do not approach a horse from behind or directly in front, but from the side near the shoulder. When walking behind a horse, stay well out of range of hind hooves, or very close to horse with a hand on their rump to avoid surprise and possible injury. Never enter a horse stall if you are under 16 without an adult or not fully comfortable around horses.

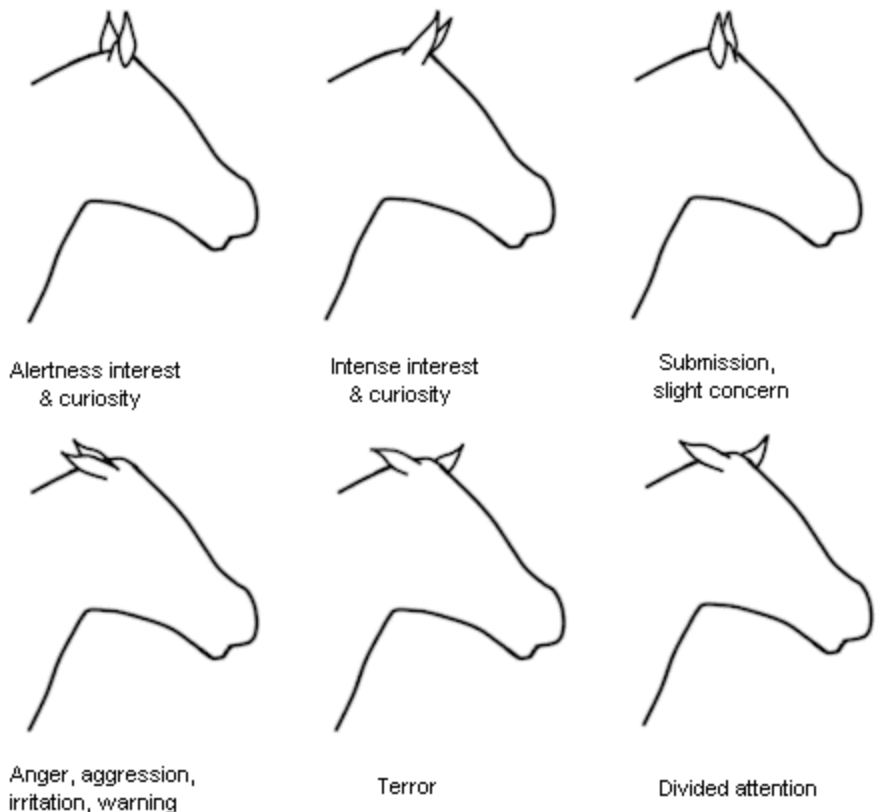


### *Horse & Human Body Language*

Be conscious of what your horse is telling you with his or her body language. Be especially aware of signs of anger, confusion, fear, and aggression. Look for signs like pinned or sideways ears, flared nostrils, raised head, aggressive stomping or tail swishing, refusal to move, or the whites of their eyes being visible.

At the same time, be mindful of your own body language and how the horse may interpret it. Horses feed off the energy of the handler and people around them. You influence your horse's mood and behavior with the tone, volume and speed of your voice, the speed of your movement, and the way that you are moving.

Never run around horses, and speak in a calm, deliberate tone.





### *Feeding Horses*

Never hand feed horses, always use a bucket. Never feed horses treats until their work is finished.

### *Catching*

Never approach a horse from behind, approach the horse from the side near the shoulder. Place lead rope around horse's neck and put halter on using the buckle strap that goes behind the ears and over the poll. Halter should fit correctly with metal square 1-2 fingers below the bony structure of the cheek. Never wrap lead rope around your hand when leading, instead hold your hand around the loops.

### *Leading*

Lead your horse with their head at your shoulder, and 12" - 18" of slack in the lead rope.

### *Safe Distances*

Always leave at least two horse spaces between your horse and a horse in front of you. Be respectful of horses' personal space while grooming. Do not place with their face while another person is grooming.

### *Tying*

Tie horse to secure item such as a metal fence pole cemented into the ground, at eye level with lead rope no more than arm's length, with a quick release knot. Please do not leave a tied horse unattended at any time. Please do not tie a horse where it is accessible to loose horses. Be aware of horse social hierarchy and leave adequate spacing between horses.

### **Gates**

Please close all gates that you pass through and keep gates closed when utilizing the arena or trails.

## **Introduction to Population Served**

The benefits of equine assisted activities can include:

Increasing muscle tone.

Improving gross and fine motor skills.

Experiencing the three-dimensional movement of the horse which provides hip and back action that stimulates a person's natural walking gait and cannot be duplicated in a clinical setting.

Enhancing balance and posture.

Stimulating the cardiovascular system.

Increasing self-awareness and self-regulation.

Developing a meaningful and positive relationship with the volunteers and a strong bond with the horses.

Channeling aggressive behavior or hyperactive behavior into constructive activity.

Improving compliance and ability to follow directions.

Increasing memory utilization, motor planning and sequencing skills.

Building self-esteem, independence and confidence.

*\*Each student has his or her own individualized set of goals and objectives established by the therapist. Treatment plans are executed and then evaluated after the lesson to monitor the student's progress.*

### **Glossary of Physical and Cognitive Disabilities**

The following is a general list of physical and cognitive disabilities that one may encounter while participating with equine assisted activities. Please be aware that some of the students may have more than one disability.

1. Arthritis: Inflammatory disease of the joints.

a. Types: Osteo, rheumatoid and juvenile rheumatoid.

b. Characteristics: Pain, inflammation, stiffness, joint degeneration and loss of movement.

c. Benefits of riding: Gentle rhythmic movement to promote joint mobility, strengthens muscles and relieves pain. Improved self-esteem and independence.

2. Attention Deficit/Hyperactivity Disorder (AD/HD): A persistent state of inattention and/or hyperactivity and impulsivity.

a. Characteristics: Easily distracted, lack of focus, high energy levels, easily excitable, poor self-awareness and self-regulation.

b. Benefits of riding: The horse is a strong motivator to stay on task and practice self control. Movement of the horse helps stimulate postural control and focus. Improved self-esteem and independence.

3. Autism Spectrum Disorders/Pervasive Developmental Disorders: Impairment of social and communicative skills, behavioral dysfunctions, inattention, hyperactivity and/or impulsivity and cognitive dysfunction. Accompanying conditions may include speech impairment, sensory integration dysfunction, learning disabilities, obsessive-compulsive disorder and seizures.

- a. Characteristics: Poor social skills, behaviorally challenged, odd patterns of behavior or speech, resistance to change/transitions, anxiety and depression. Sensory integration Dysfunction.
  - b. Benefits of riding: Relationship with horse and team builds social skills, independence and greater self-esteem. The horse is a strong motivator for behavior modification. Movement of the horse helps posture and verbal stimulation.
  
4. Cerebral Palsy: Brain damage occurring before, at or shortly after birth. It is a non-progressive motor disorder.
  - a. Types/Characteristics: Spastic- Hypertonicity with hyperactive stretch reflexes, muscle imbalances and imbalanced equilibrium. Increased startle reflex and other pathological reflexes. Athetoid- Extensor muscle tension, worm-like movements, abnormal posturing and slow and deliberate speech. Ataxic- Poor balance, difficulty with quick, fine movements and are often described as having a “rag doll” appearance. Common associated conditions: Cognitive dysfunction, seizures, hearing defects, visual defects, general sensory impairment, perceptual problems, communication problems, emotional disturbance, learning disabilities.
  - b. Benefits of riding: Normalization of tone. Stimulation of postural and balance mechanisms, muscle strengthening and perceptual motor coordination. Improved self-esteem and independence.
  
5. Cerebral Vascular Accident (CVA): Hemorrhage in the brain which causes varying degrees of functional impairment.
  - a. Characteristics: Flaccid or spastic paralysis of arm and leg on the same side of the body. May impair speech, sight, balance, coordination, and strength.
  - b. Benefits of riding: Promotes symmetry, stimulates balance, posture, motor planning, speech and socialization.
  
6. Cognitive Disability (aka Mental Retardation): Lack of cognitive ability to learn and/or perform at age-appropriate levels. Degree of retardation is referred to as educable, trainable, severe, or profound retardation.
  - a. Characteristics: Developmentally delayed in all areas. Short attention span, easily frustrated.
  - b. Benefits of riding: Stimulates group activity skills, coordination, balance, posture, gross and fine motor skills and eye-hand coordination. Provides a structured learning environment. Builds self-esteem, confidence and independence.

7. Down Syndrome (and other genetic disabilities): A genetic disability caused by a hereditary chromosomal abnormality or mutation.

- a. Characteristics: Developmental or cognitive disability, speech delays, poor muscle tone, altered physical appearance, heart and other health related problems.
- b. Benefits of riding: Stimulates group activity skills, coordination, balance, posture, gross and fine motor skills and eye-hand coordination. Provides a structured learning environment. Builds self-esteem, confidence and independence.

8. Multiple Sclerosis (MS): Progressive neurological disease with degeneration of spinal column tracts, resulting in scar formation and eventual loss of function.

- a. Characteristics: Most commonly occurs in the 20 to 40 year old range. It is progressive with periods of exacerbation and remissions. Fatigues easily. Symptoms include weakness, visual impairment, fatigue, loss of coordination, and emotional sensitivity. Associated problems include and impaired bowel and bladder function.
- b. Benefits of riding: Maintains and strengthens weak muscles and provides opportunities for emotional therapy.

9. Muscular Dystrophy (MD): Deficiency in muscle nutrition with degeneration of skeletal muscle. Hereditary disease that mainly affects males.

- a. Characteristics: Progressive muscular weakness, fatigues easily, sensitive to temperature extremes. Common associated conditions: Lordosis, respiratory infection.
- b. Benefits of riding: Provides an opportunity for group activity, may slow progressive loss of strength, stimulates postural and trunk alignment and allows movement free of assistive devices.

10. Scoliosis: Lateral curve of the spine with a “C” or “S” curve with rotary component. Page 12 of 12

- a. Characteristics: Postural asymmetry, may wear scoliosis jacket or have had stabilization surgery.
- b. Benefits: Stimulates postural symmetry, strengthens trunk muscles. (Note: Severe scoliosis is a contraindication for therapeutic riding.)

11. Seizure Disorders: Seizures are the result of, and the manifestation of, a disruption in the normal electrical activity of the brain. Seizures are often not the primary diagnoses, but an additional medical problem resulting from another condition such as autism, brain injury, cerebral palsy, infection, etc.

- a. Characteristics: They may appear as a momentary loss of consciousness, convulsive body movement, and/or sensory disturbances.
- b. Benefits of riding: Offers team building and a sense of belonging. Provides the student with a feeling of empowerment and control over his/her body.

12. Sensory Integration Dysfunction: Hypersensitivity (or hyposensitivity) to one or more senses (vision, touch, smell, hearing, taste, movement and position).

- a. Characteristics: Aversion to loud sudden noises, tactilely defensive or seeks deep pressure, poor motor control, sensitivity to light, easily over-stimulated by visual or auditory stimuli, seeks oral stimulation, unable to block out “white noise,” easily confused or overwhelmed, difficulty regulating behavior. See also Autism.
- b. Benefits of riding: Provides input to all the sensory systems, particularly movement and position awareness. Movement of the horse helps regulate processing of stimuli, improves focus and decreases sensitivity. Improves self-awareness, self-regulation and independence.

13. Spina Bifida: Congenital failure of vertebral arch closure with resultant damage to spinal cord.

- a. Characteristics: Varying degrees of paralysis of the lower limbs coupled with sensory loss. Common associated conditions: Infection, lordosis, scoliosis, and hip dislocations, hydrocephalus, incontinence.
- b. Benefits of riding: Stimulates posture and balance, improves muscle strength and self-image.

14. Visual/Hearing Impairments: Partial or total loss of vision or hearing.

- a. Characteristics: Vision impairment: spatial awareness, movement and postural problems, lack of independence. Hearing impairments: communication challenges, limited social opportunities.
- b. Benefits: Stimulates group activity skills, coordination, balance, posture. Improves communication skills. Provides a structured learning environment. Builds self-esteem, confidence and independence.

## **Sidewalker Training**

The purpose and ultimate goal of the Side Walker is to assist the therapist with the exercises and games for the rider as well as provide a safe, encouraging and fun environment.

## Mounting

When the therapist/instructor signals that they are ready to mount and have the rider up on the ramp, you can step up on the off-side steps of the ramp and greet the rider. The therapist will usually introduce you. The Side Walker stands on the off-side steps during mounting. The riders all have different needs when mounting their horse. This can range from very hands-on to minimal assistance. There are three types of mounts:

1. The Croup Mount: The rider stands on the on-side of the ramp and places his/her hands on the horse's withers while swinging their right leg over the back of the horse. Little assistance is usually needed.
2. The Crest Mount: The rider, with assistance, sits down in the center of the horse's back and then swings their right leg over the crest (neck) of the horse.
3. The Manual Lift Mount: The rider is mounted with maximum assistance. After the rider is mounted, the therapist and Side Walker will use an over-the-thigh hold as well as picking up the feet of the rider so that the rider's feet do not catch on the ramp while the horse walks out of the ramp. Once the horse and rider are clear of the ramp, the foot can be released.

Once walking in the arena for the warm-up laps, the therapist will instruct the Side Walker what type of hold is appropriate and safe for the rest of the session. Warm up may be a quiet time or a singing/talking/encouraging time depending on the rider. Check with your therapist.

## Safety Holds

The Therapist or Instructor will inform you on the most appropriate for each rider.

Over-the-thigh

Ankle

Gait Belt

Hands-free

## Dismounting

There are two basic dismounts:



1. The Croup Dismount: The rider will lean forward and swing his/her right leg over the croup (back) of the horse and dismount on the left side of the horse with the assistance of the therapist as needed.
2. The Crest Dismount: The Side Walker will help the rider lift their left leg up and over the crest (neck) of the horse.

## Participation

*There is a time to talk, and a time to listen...* Another job of the Side Walker is to help the rider focus on the task at hand. It is very important not to distract the rider even though social interaction is a very important part of the therapy session. Please try to avoid unnecessary talking either with the student, therapist or other volunteers. Allow enough time for the rider to process the request of the therapist. Too much input or directions from different people can be very overwhelming and confusing to the rider especially if the rider has some perceptual or sensory disabilities.

*Assist, Don't Do...* The goal of each therapy session is to have the rider complete the tasks on their own. Encourage the rider to use their own muscles and abilities. Give the rider plenty of time to process the request and then execute it. If the rider does not respond in an appropriate amount of time or seems confused, the therapist will repeat the request and then may request you to assist as instructed. Long pauses are OK, resist the urge to help your rider by asking again, and let the therapist prompt them.

*Saying Thank You:* After the student has dismounted, the therapist will instruct the student to say "thank you" to the Side Walker, Horse Handler and the horse. This is another opportunity for proper social interaction. Please make sure to respond to the student and smile! The Side Walker will stay with the horse and the Horse Handler until the rider is safely out of the arena and returned to their parent, guardian or caregiver.

*Clean up:* The Side Walker is responsible for picking up all the dropped toys and returning them to their appropriate place in the arena to be ready for the next session. Toys should be wiped or rinsed after each rider. After the last session, all used toys should be cleaned and replaced. The barn and stalls should be clean. Check with horse handlers if assistance is needed to groom and put horses away.

## Horse Care

### Grooming Horses

Start by curry combing in circular motions starting at the neck and moving toward the hind quarters to bring the dirt out of the horse's coat. Next, use a body brush starting at the neck and moving toward the hind quarters using long strokes to brush away the dirt. Make sure to also brush the face. Brush tail starting at the bottom to the top. Use a hoof pick to get all of the dirt and manure out of each hoof.

1. Stand next the horse with your toes pointing toward the tail.
2. Start with your hand at the horse's shoulder and run it down the back of the leg to the ankle then gently squeeze. Slowly lift horse's hooves, mindful of arthritis. Wait for hind legs to relax and lower before picking.
3. Hold the hoof up with your inside hand and pick away from your body (from the heel of the horse toward the toe).
4. ALWAYS be ready for your horse to put his/her hoof down and be sure your foot is not under your horse. Always hold hoof securely in your hand, do not hold by pastern and do not drop to the ground.
5. Check for any new injuries or swelling and report to Horse Handler or Barn Manager.

### **Tacking Up**

Check the schedule to see what tack the horse requires for this session, and check the horse tack chart to verify that you have the correct tack for that horse.

#### *Therapy Pads*

Place a red therapy pad on the horse's back. Make sure that it is appropriately placed with the front part over the withers. Also, make sure the zipper is in the back. Place pad no further back than the back edge at the cowlick of the horse's flanks. Place the surcingle & girth in the appropriate place behind the withers and tighten it enough to keep the blanket from slipping.

#### *Saddle*

Place the appropriate saddle pad or blanket for the horse and saddle you are using on the horse's back. English blankets will have velcro tabs on the front of the pad. Place the saddle on the horse's back leaving the space of 2-3 fingers between the shoulder bone and the front edge of the saddle. Western saddles are tightened and secured with a "Texas T" on the cinch. English saddles have a girth attached to billets on both sides of the saddle, with the velcro loops going around the billets to prevent the blanket from slipping too far back.

#### *Additional Equipment*

Check the schedule to confirm if your rider requires any additional equipment such as bitless bridle, reins, stirrups, or adaptive equipment.



# Horse Handler Training

## Primary Tack Check

When you are given or pick up your horse, it will likely be groomed and tacked up with the appropriate equipment for your session hour. Please confirm with the schedule that the horse is wearing the correct equipment for that session, and with the horse tack list that it is wearing the appropriate equipment (such as specific saddle and girth size, type of halter and lead) for that horse. Check that the saddle is on appropriately with the proper pads, if applicable. Girth can be loose at this time, and will be tightened after warm up and prior to mounting.

## Warm Up

Different horses need different things in the time before a session starts. Use this time to get your horse “with you” or responding quickly to the softest, quietest cues you can. Utilize walking, halting, reversing, and backing depending on your horse’s needs. You can practice entering the ramp or familiarize new objects, toys or activities to your horse.

## Secondary Tack Check

After your horse is warmed up, and before your rider is at the ramp, please tighten the girth of the therapy pad or saddle so that two fingers fit snugly between the girth and the horse at the bottom and center of the girth. Please make sure any additional equipment is ready for the session and the rider to mount, such as stirrups lowered, or reins attached and tied into a neat knot on the crest of the horse so they are not in the way (unless instructed otherwise by your instructor).

## Mounting

When the instructor or therapist signals for the horse to enter the ramp, make sure the horse is fully prepared to enter the ramp. Walk up to the ramp and then turn around and face the horse as you walk backward through the ramp. Make sure you are very close to the on-side of the ramp so the rider can mount with ease. Stop the horse where the rider is. The horse should be standing square and completely still before the rider mounts. Wait for the rider to mount the horse and that the Instructor/Therapist and Side Walker are ready to start. When the rider gives the cue, walk the horse straight forward (still walking backwards) to the end of the ramp and then turn around and proceed to the warm up laps. Make sure that before the horse turns when exiting the ramp that your instructor or therapist have adequate space. Your instructor or therapist may ask you to enter the ramp backwards - please circle the mounting area and lead the horse into the ramp from the other side. Some riders need to mount from the right side of the horse instead of the left.

## Leading

### Technique

Your horse should lead with his or her head at your side. RED Arena horses are trained to lead from the right or left side. Hold the lead rope with about a foot of slack with your hand closest to the horse, with the additional lead folded neatly in half or in thirds in your other hand. Never wrap the lead rope around your hand, wrist or arm. The horses are trained to respond to body language and vocal cues. Cue your horse a second or two before using your body to ask what you want, and only then follow up with the lead rope if necessary. Our horses have very important jobs and we try to keep them happy by giving them the opportunity to respond to the lightest pressure possible. To halt, say ‘whoa’, stop walking while rolling your shoulders back and down, and then if necessary gently pull the lead. To walk, say ‘walk’ or ‘go’, raise your energy, slightly lift the lead rope and take a step. To turn, turn your upper body the direction you would like to turn, and reinforce with the lead rope only if necessary. To slow a horse down, use a vocal cue (“easy”) and take longer, slower steps. Do not make sharp turns unless instructed specifically by your instructor or therapist. Relay the rider’s commands to your horse. At the halt you are allowed to face your horse to monitor his/her behaviors, body language, and assess the cause of any misbehaviors, but your attention and focus must remain ON THE HORSE at all times and not interacting with the rider or session.

### Equipment

Potential equipment that may be used while leading the horses at RED Arena includes a halter and lead; a hybrid halter which utilizes a knotted noseband which works on pressure points on the horse’s face, allowing for additional control with less pressure; a bitless bridle which a lead would be attached to a ring on the noseband; a halter with a chain lead; and a halter with a “team lead”. Familiarize yourself with what these different pieces of equipment look like as different horses have different equipment needs.

## Trail Safety

### Safe Footing

Typically trails will be assessed for safety and closed with a cone prior to sessions beginning if there is significant wash out due to weather. Never go past a cone indicating a trail closure. Do not lead a horse over severely uneven footing or mud. Know the abilities of the horse you are leading, some may not be able to go up or down steep hills. As the horse handler, you have the authority to determine if a trail is not safe to use.

### Safe Distance from Hazards

Maintain a safe distance from hazards at all times including the pond, holes, low hanging branches, snakes and other wildlife, fences, and the hay feeder.

### **Safe Distance from Activities**

Our activities are very fun and safe distance will vary from activity to activity and horse to horse. If you are unsure of spacing, check with your therapist or instructor and do not lead a horse closer than is in your comfort zone. Ensure that at all times, there is enough space for any sidewalker or instructor to safely exit an area they are standing in should an emergency occur.

### **Arena Etiquette**

Leave a minimum distance of 2 horse lengths between you and other horses at all times. You may pass a slower horse at a safe distance. Be courteous of others using toys and activities in the arena. If in doubt, always halt and yield to another horse such as when entering or exiting gates.

### **Dismounting**

Dismounting procedure is much like the mounting procedure. Make sure your entire team is ready to enter the ramp before proceeding to do so. Keep your horse at a steady pace and do not allow them to rush into the ramp. Enter the ramp backwards and keep the horse as close to the instructor's side as you are able to simplify dismounting. Halt horse square and don't begin to dismount until all the horse's legs have stopped moving. When exiting the ramp, wait until the rider is at the gate or until instructed by the therapist or instructor. Sometimes, the therapist or instructor will ask you to walk the horse to the end of the ramp to for the rider to say goodbye; this is okay but please wait for the instructor to invite you to do so.

### **Participation in Sessions**

While in a therapy session or riding lesson, your job is strictly to lead the horse and NOT to interact actively in the therapy session. Please remain facing forward at all times and make sure the horse is calm and focused on his/her job. You may face the horse at the halt in order to monitor and assess his body language and behaviors, but as Horse Handler you are responsible for the horse and it is imperative that that is where your concentration is at all times during the session, to maintain safety. We know that our riders are delightful and their sessions are fun and it is very tempting to be involved, but please keep your focus on your horse during your session hours.

### **Horse Behavior Management**

#### **Problem Behaviors**

Potential problem behaviors include walking too fast, turning a direction you do not want your horse to go, ignoring your cues, pinning ears, stomping, swishing its tail, spooking, startle, and biting.



### **Identifying Causes**

If your horse is demonstrating one of these behaviors, the first thing you want to do is try to identify the cause (if it is safe to do so). If your horse is pinning its ears, swishing its tail or stomping, there may be a biting fly or wasp, there may be a problem with tack fit, or the rider may be applying pressure with leg or seat causing the horse irritation. If the horse is walking too fast, check the the rider is not applying leg, seat, or heel pressure. If the horse is turning somewhere you are not asking it to go, check that the rider is not unintentionally giving it a cue. If none of these are the cause, you may correct the behavior.

### **Correcting Behaviors**

We try to use the least pressure possible and appropriate to the behavior being displayed when correcting our horses. If your horse is walking too fast, initially you may use a vocal cue like “easy” and slow your body language, lower your energy, and take slower, longer steps. If your horse does not respond to this, halt the horse, and add halts as frequently as you need to until you are able to manage the behavior. You may also back your horse up to get its mind focused on the task at hand. If your horse is acting startled such as refusing to walk forward, head raised, nostrils flared, talk to the horse in a soothing tone, pat the horse, and try to get the horse moving again. Be prepared and have an appropriate grip on the lead rope. If you see something that will likely startle the horse on the trail, such as deer laying in the bushes ahead, you may halt your horse a safe distance away and ask your sidewalker to walk ahead so the deer will stand and your horse will identify them before being close enough to be startled. To manage biting behaviors in the ramp, you may hold the lead rope over the horse’s nose to prevent it from being able to put it’s head somewhere where it can bite you (our horses rarely exhibit this behavior). If a horse is nipping while you are leading it, make sure to maintain appropriate personal space so that he or she is not able to do so.

### **When to Call a Session or Emergency Dismount**

The Horse Handler or Instructor have the authority to call an emergency dismount if they feel it’s necessary. If your horse is uncontrollable or you feel it is not safe to continue the session, say “OFF OFF OFF” and your instructor will dismount the rider. If your horse is visible lame, end the session as soon as possible. Never mount a rider on a horse that is already visibly upset or spooking in the mounting ramp or block.