

HEARTLAND HORSE HEROES

VOLUNTEER HANDBOOK For LESSONS



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MISSION

HEARTLAND HORSE HEROES mission is to provide and support equestrian activities for individuals who have mental, physical, emotional, social challenges or learning disabling conditions.

VISION

The vision of HEARTLAND HORSE HEROES is to offer quality equine opportunities, in a state of the art facility, to participants with disabilities in Central and Southside Virginia.

HISTORY AND ORIGIN OF THERAPEUTIC RIDING

We can trace the relationship between horses and physical therapy back to the ancient Greek, Aesculpius, the first physician and teacher of medicine. The first organized centers started in Europe and Great Britain in the 1950's after Madame Liz Hartel of Denmark, who was stricken with polio, rehabilitated herself from a wheelchair to horseback and proceeded to win the silver medal for the Grand Prix Dressage at the Helsinki Olympics games in 1952. The next major development in therapeutic riding came in 1958 in England, when the first ever purposely-built indoor arena for the disabled was established.

Therapeutic riding came to the North American Continent in the 1960's in Canada and later found its way to the first U.S. program in Michigan in the mid 1960's. This program laid the groundwork for what we now call the Professional Association of Therapeutic Horsemanship International (PATH). www.pathintl.org

PATH is the governing body, which accredits therapeutic riding programs throughout North America, HEARTLAND HORSE HEROES included. Statistics show that PATH's membership embodies over 700 member centers with some 5,500 horses providing riding opportunities for over 30,000 disabled individuals. Over 80% of participants are actually VOLUNTEERS.

PATH is further organized into eleven Regions in the United States. HEARTLAND HORSE HEROES falls into Region 3, which is comprised of the states: Virginia, West Virginia, North and South Carolina. Virginia has over 25 centers registered with the national organization. Virginia also has it's own state organization, Therapeutic Riding Association of Virginia (TRAV). www.travinc.org HEARTLAND HORSE HEROES is a member of TRAV and PATH.

The History of HEARTLAND HORSE HEROES

HEARTLAND HORSE HEROES was a division of Healing Paws and Claws Inc. (www.healingpawsandclaws.org), a 501c3 organization and Delta Society affiliate (www.deltasociety.org), which provided and supported pet therapy in Central and Southside Virginia. As a result of a successful therapeutic riding program sponsored by Healing Paws and Claws, HEARTLAND HORSE HEROES has replaced the former organization and exists with its own board and officers. Our pilot program began in the summer of 2008 and we are now working to expand our program.

INTRODUCTION TO THERAPEUTIC RIDING

Understanding Therapeutic Riding

Therapeutic riding uses equine-oriented activities for the purpose of contributing positively to the cognitive, physical, emotional and social well-being of people with disabilities. Therapeutic riding provides benefits in the areas of therapy, education, sport and recreation, and leisure.

Therapeutic Riding Classifications

The following classifications reflect the primary fields of therapeutic riding and their different approaches. An integrated approach to therapeutic riding uses the therapeutic benefits in all five fields. Each can be practiced as a specialty.

I. Therapy

Equine activities are used as a form of therapy to achieve physical, psychological, cognitive, behavior and communication goals. The therapy is provided by a licensed/credentialed health professional.* The use of the horse involves a team approach among licensed/credentialed health professional, therapeutic riding instructors and clients. The client may be treated in a group or on an individual basis directly by the health professional.

Knowledge of the principles of classic Hippotherapy is considered essential for all licensed/credentialed health professionals who provide direct therapy treatment using the horse. Such health professionals also integrate the treatment principles of their profession into the equine activities used in the treatment setting.

Several health professions, including Physical Therapy, Occupational Therapy, Speech Pathology and Psychology, have developed specialized forms of treatment using the horse within those professions. These include, but are not limited to, Classic Hippotherapy, Hippotherapy, Developmental Riding Therapy and Equine-Assisted Psychotherapy.

II. Education

Equine activities are used to achieve psych-educational goals for people with physical, mental and psychological impairments as well as to provide the individual with skills in the sport chosen such as riding, driving, and vaulting. The emphasis is to incorporate cognitive, behavioral, psychological and physical goals into the program plan while teaching adapted riding, driving or vaulting. The horse is a strong motivator for accomplishing these goals.

Therapeutic riding instructors, educational specialists and licensed/credentialed health professional are involved in the design and implementation of the programs. The frequency of consultation with educational specialists and health professionals is determined on an individual basis.

III. Sport

People with social, physical, mental and psychological impairments can participate in sport activities - adapted as needed - with the horse. These activities including riding, driving, and vaulting as forms of therapeutic recreation and competition. Activities are directed toward the acquisition of skills leading to the accomplishment of specific horsemanship goals. By learning skills needed for the sport, therapeutic and recreational goals are also achieved.

Therapeutic riding instructors are primarily responsible for the design and implementation of the program. Licensed/credentialed health professionals, educational specialists and recreational therapists may assist the instructor in a variety of ways, and they are generally involved on a consultative basis. Individuals have the option of participating in a therapeutic riding program or pursuing their equine activities independently.

IV. Recreation and Leisure

People with physical, mental and psychological impairments may use equine activities - adapted as needed - as a recreation and leisure experience. The emphasis is on an enjoyable relaxing experience that provides additional therapeutic benefits in the area of socialization, posture, mobility and an overall improved quality of life. Individuals may participate in horse-related activities to their maximum ability in an atmosphere of support, structure and socialization for the primary purpose of the intrinsic enjoyment of the activity.

Therapeutic riding instructors and recreational therapists are primarily responsible for program development. Licensed/credentialed health professionals and educational specialists are generally involved on a consultative basis.

V. Hippotherapy

Hippotherapy is a direct medical treatment. It literally means, "treatment with the help of the horse" from the Greek word *hippos*, meaning horse. Medical professionals, primarily physical and occupational therapists, use this medical treatment for their clients who have movement dysfunctions. With Hippotherapy, clients can benefit from improvement in dynamic posture and balance as well as improvement in sensory processing and functional mobility.

- *"Licensed/credentialed health professionals" refers to physical therapists, occupational therapists, speech-language pathologists, psychiatrists, psychologists, physicians, nurses and rehabilitation specialists. Health professionals providing direct service "therapy" through equine activities should have additional specialized training in the use of the horse as a component of treatment in their respective area of expertise.*



HEARTLAND HORSE HEROES CONFIDENTIALITY POLICY

Due to the nature of therapeutic horseback riding, it is the policy of the HEARTLAND HORSE HEROES that any and all information pertaining to our riders, their family, and volunteers shall remain privileged and confidential. This information may include, but is not limited to, any medical, social, referral, personal, and/or financial information that may be disclosed as a result of participation at the center.

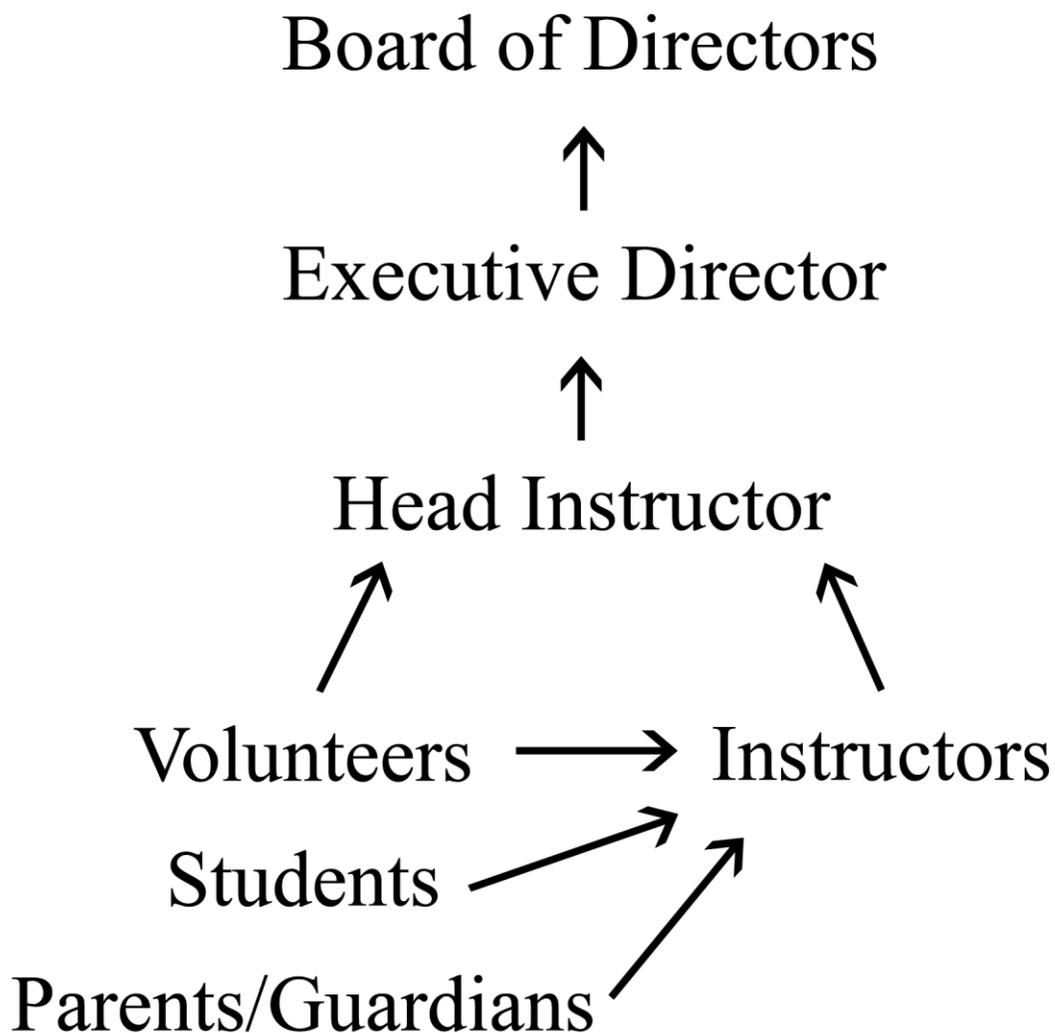
Disclosure of any confidential information shall not be released to anyone not associated with HEARTLAND HORSE HEROES. Discussions involving any rider shall be limited to progress reports, appropriate mounted and unmounted safety guidelines and any other guidelines the instructor may deem appropriate in each situation. Volunteers will be given information concerning students on a "need to know" basis and in keeping with the confidential nature of our clients' records. Each rider shall be assured of record confidentiality and as such, only authorized staff will have access to secure records. Volunteers are not permitted to discuss riders with other volunteers, their parents or guardians, other instructors, friends, etc., outside the center.

Interviews or other forms of public discussions with any public relations media; either through television, radio or any other type of publications is strictly prohibited by any volunteer. All such matters should be directed to the Executive Director for appropriate action.

Since our intentions are to safeguard our riders, this policy is designed to ensure that the privacy of our riders, their families, and volunteers is protected. Sensitive medical, psychiatric, psychological and/or personal information may be detrimental if released to those outside HEARTLAND HORSE HEROES. Such a breach of confidentiality may also constitute grounds for legal action.

Failure to adhere to HEARTLAND HORSE HEROES' confidentiality policy by any staff or volunteer may result in the termination of service with the center and corrective actions taken.

HEARTLAND HORSE HEROES ORGANIZATIONAL CHART





Volunteer Ability Guidelines for Lessons

Due to the inherent risks associated with volunteering at a therapeutic horseback riding program, and for the safety of our riders and volunteers, we offer the following guidelines to prospective volunteers in order to acquaint you with the variety of tasks associated with the weekly mounted lessons:

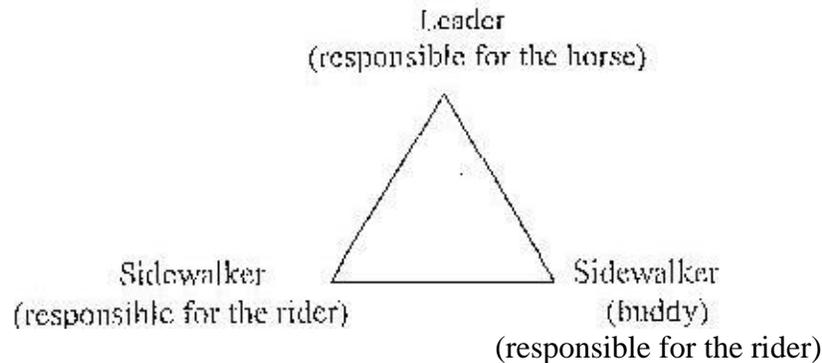
Leaders: Responsible for the control of the horse, pony or mule from the time the animal leaves the grooming area, throughout the lesson session, and upon return of the animal to the stall or pasture area.

1. Ability to control a large animal (horse, pony, draft, or mule)
2. Calm and gentle nature with animals
3. Knowledge of the proper leading position
4. Ability to walk and jog for a minimum of fifty minutes each lesson.

Side walkers: Responsible for the rider during the lesson session. If two side walkers are required, one will assist as a “buddy”, responsible for the rider upon arrival for lessons and sees to it that the rider is safely back with parents/guardians after the lesson. Side walkers are positioned at each side of the rider in order to assist with balance issues.

1. Ability to walk with arms raised and in a supporting position for a minimum of fifty minutes. (Volunteers are allowed and ENCOURAGED to change sides throughout the lesson sessions with proper safety guidelines followed) OR ability to walk/jog for a minimum of fifty minutes as a spotter for children and/or adults.
2. Ability to relate to children and adults in an encouraging and humorous manner.
3. Ability to reassure frightened/nervous riders.
4. Responsible for the safety of the rider while mounted.
5. Ability to assist riding instructor with the proper mounting and/or dismounting of a rider if needed.
6. Ability to assist and coach rider to follow and try to complete instructor’s requests. (give rider time to process request)

"The Lesson Team"



When you meet HEARTLAND HORSE HEROES Participant

First, remember that the person with a disability is a person. They are like everyone else, except for the special limitations of his or her disability. They are NOT a disabled person, but a person with a disability... they are a PERSON FIRST.

A disability need not be ignored or denied between friends, but until your relationship is one of friendship, show interest in them as a person only.

Be yourself when you meet a person with a disabling condition.

Talk about the same things as you would with anyone else.

Help the person ONLY when they request it. When a person with a disability falls, they may wish to get up by themselves, just as some people with visual impairments prefer to get along without assistance.

Be patient, let the person set his or her own pace walking or talking.

Don't be afraid to LAUGH WITH THE RIDER.

Don't stop and stare when you see a person with a disability. They deserve the same respect any person should receive.

Don't ask embarrassing questions. If the person wants to tell you about their disability, they will bring up the subject themselves.

Don't show pity. The person with a disability wants to be treated as an equal in all things. Everyone wants the chance to prove themselves.

Don't separate the person with a disability from his wheelchair or crutches unless they ask you to remove them. They may want them close by.

Don't make up your mind about a person with a disability ahead of time. You may be surprised at how wrong you are in judging their interest or ability.

ENJOY yourself and your friendship with the person. Their philosophy and good humor may give you inspiration.

SMILE!

"THE "TEAM"

Special Attitude that dilutes the disability of a person and emphasizes the person as a whole. The riding "TEAM" is composed of the Instructor, Volunteers, Horse and the Rider. The team must be a group of "WE" **NOT** "US" (staff/volunteers) and "they" (riders).

The team is a group of people working together to coordinate and facilitate a riding session for a disabled person. The number of team members for each lesson and for given riders depends on degrees of disability, the levels of riding skill, and the size of the class. It is the team approach that allows disabled riders to have a satisfying experience of riding.

Why is a team needed?

The team creates a support system, which provides a safe ride. Each member of the rider's team or the program team is important. A team is like a wagon wheel... if one spoke is weak or missing, the wheel will not provide full support. A well-functioning team makes the riding session a pleasurable, sociable, and safe experience for the riders and the volunteers.

Tying the team together-communication when-where- how.

Communication is the link that ties the team together. Each member has learned his or her role on the team and must now be able to relate to other team members so that activities will be coordinated. Communication can be verbal and non-verbal. It is important to be able to communicate openly with the instructor and teammates.

Do not be afraid to make your wishes and desires known at the appropriate time. Ask questions regarding anything you do not understand. Breaks for you can be arranged so you can have a little rest. Be sure to express your needs. You need to feel good about the job you are doing, challenged but not overwhelmed, and to enjoy the association of the group.

It is important that you do not accept any task that you feel uncomfortable with even though you may feel honored to be asked. Your discomfort may indicate that you may not be ready to take on this new task.

Reference: The Horse, The Handicapped, and The Riding Team in a Therapeutic Riding Program
A Training Manual for Volunteers - Barbara Teichmann Engel

The Role of the Leader

The job of the leader is to control the equine from the time the animal leaves the grooming/pasture area, throughout the lesson session, and upon the return of the animal to the stall/pasture area.

As a volunteer, one of the most challenging duties you could be assigned is the position of leader. A leader's first responsibility is the horse but you must also constantly be aware of the rider, instructor, and any potential hazards in or around the arena. In addition, you must also consider the sidewalkers, making sure there is enough room along the fence, and around obstacles for them to pass.

An effective leader pays close attention to the rider's needs as well as to where the horse is going. This attention reinforces the rider's attempts to control the horse. However, you should not execute an instruction for the rider before he/she has time to process the information and make an effort to attempt the instruction.

Avoid the temptation to talk to the rider and /or side walkers during the lesson. Too much input/talk and not knowing who's in charge will confuse a rider. This does not mean that you should not talk at all BUT your main focus should always be on the horse and what the instructor is asking the rider to do. Try to discourage casual conversation. The student is here to learn to ride, try to direct the attention of your rider to the instructor if you do not have a side walker.

The **correct position for the leader** when leading the horse or pony is on the left side. The leader should be positioned just back of the horse/pony's eye. The lead line is held with the right hand, 6-12 inches from the snap, allowing free motion of the horse's head. This position is more therapeutic to the rider and less irritating to the horse.

The tail end of the lead line should be looped in a figure eight in the left hand to avoid tripping on it. **NEVER** coil the rope around your hand. A sudden pull could crush or amputate your fingers.

In order for the rider to have complete freedom to use the reins correctly, care should be taken to ensure that the lead line does not run over the rider's reins. The lead line must be hanging between the rider's rein not over the top of it.

Figure A (next page) depicts a few faults common among leaders: grimly marching along-head down, one hand on the lead snap, other hand inside the coiled end of the lead rope, **dragging the horse**. **Figure B** (next page) shows the correct position for leaders.

"WALKING ON"

To start your horse walking you should first give just make your own forward motion with your body. **DO NOT pull the horse by the lead rope.** Second ask the horse to "walk on" or cluck. IF this does not work start the procedure over again. Be sure to stay beside the horse NOT in front or behind the horse. This position gives you the most control over the horse at all times. In a battle with a horse, you lose. Your job is to get the horse to cooperate and by doing so your team will have a much more satisfying experience in all of your lessons.

Always be sure to walk the speed of your horse. Some horses have a much longer or shorter stride than others so it's important to keep up the correct speed of the horse. If a horse is lazy you will have to be encouraging the horse to walk-on through most of the lesson without fighting with him/her and interfering with the riders attempts to guide/rein the horse.

LEADING YOUR HORSE

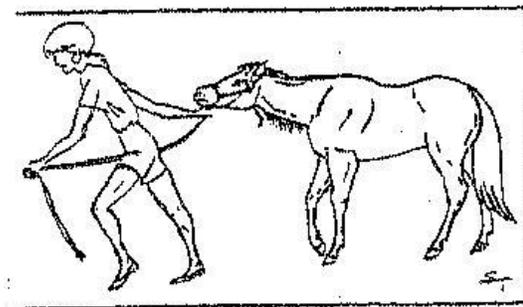
When leading your horse talk to him/her. NOT excessively but with commands - "walk-on", "whoa", "trot". Giving praise to your horse "good boy - good girl" when the horse response to commands or handles a stressful situation helps the horse and rider to trust you more. This trust and respect will only grow if you are attentive to your job. "Stroking" your horses neck a little "sometimes" reassures him/her that everything is all right and that he/she is doing a good job. Keep your hands away from the horse's mouth.

"WHOA"/STOPPING your horse (halting)

Most horses cannot stop-on-a-dime. Therefore you should slow your pace down and give them a little "heads-up" (backwards motion) just before you ask with the word "whoa" and apply pressure to the lead rope only as hard as you have to. Some horses will start to stop immediately and others will need a few steps each time to balance themselves and their riders before stopping. As you work with the different horses in this facility you will learn how to handle each horse. Horses are individuals just like we are and therefore react in their own ways to different situations.

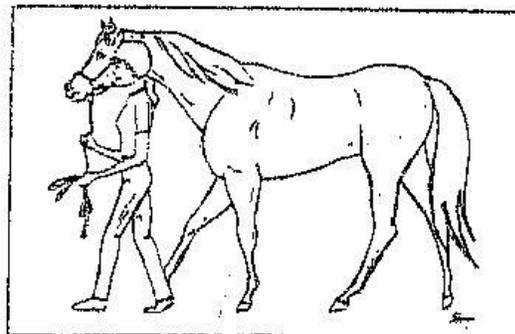
AT HALT

When your horse stands in front of him/her.



DRAWING your horse.

Figure A



Leading your horse

Figure B

THE

you halt horse for more than a few seconds, front of facing Standing is a



"arm-over-the-thigh"

psychological barrier to the horse and he will stand more quietly. This is especially important while the riders are doing their exercises. The "halt" is also used as a "breather" for the horses. While in the halt do not hold your horse's head too tight. Allow the horse freedom to move its head around but not turn its body.

AT THE WALK

Many leaders forget that the riders may have sidewalkers. Be aware not to get too close to the side of the arena, jumps, or any other obstacles. This means when approaching an obstacle lead your horse far enough away so that the sidewalkers will have enough room to pass the obstacle too. **GIVE YOURSELF AND YOUR HORSE ROOM FROM THE HORSE IN FRONT OF YOU.** All horses can kick if they feel pressured by a horse following too closely behind them. If your rider cannot manage a safe distance from the other horses in the arena then it is your job to do so quietly. Use common sense. If you see that your rider is getting into trouble and is unable to follow directions given by the instructor, it is your job to help control the horse.

AT THE TROT

Often during a lesson the students will be asked to trot. Since trotting is faster than walking, the leader has to be more alert to the horse, rider, and surroundings. Before starting the trot, be sure the rider is sitting squarely in the saddle and that he/she is holding on if that is required. This is the sidewalker's duty, if you have one - if not you should be aware. It is always a good idea (good communication) to ask if everyone is ready to execute the trot?

When asking a horse to trot, start with the familiar "heads-up" signal and start to walk a little faster, say "trot" while giving little tugs on the lead line in the forward motion and immediately start to jog yourself. **DO NOT PULL ON THE LEAD LINE.** Keep repeating this procedure until the horse responds to the request. Patience

will win out in the end and each time you work with this horse he/she will become much more responsive to your requests.

DO NOT run in front of your horse or allow him/her to get ahead of you. Again use the "heads-up" (tiny quick tugs) technique to encourage your horse to stay with you. Try to stop trotting exactly where the instructor has asked you to stop. This will require that you "think ahead" at all times. Please refer to: **whoa/stopping** your horse (halting).

AT THE MOUNTING RAMPS

Lead your horse to the mounting ramps and pay close attention to the instructor because she will tell you where to position the horse in the mounting area. Placing the horse as close as possible to the side of the ramp that the rider will be mounting on is important. Most mounting and dismounting is done on the left side of the horse. It is your responsibility to keep the horse as quiet as possible while the rider mounts. Again stroking the horse's neck is a reassuring and calming action.

You should be standing directly in front of your horse holding the lead line appropriately. (Not too tight and not too loose). Be aware that some horses are not very comfortable while the rider is mounting and therefore you need to be alert if the horse starts to get nervous or irritated. Your instructor will always be aware of the horse's reaction with you along with assisting the rider and will quite often assist you with advice as to how to handle the horse. (i.e. hold the cheek pieces with your elbows out to avoid being nipped)

Immediately after the rider is mounted, before adjusting the stirrups, you should walk the horse forward a few steps away from the mounting area. DO NOT WALK BACKWARDS!! This allows the next rider to be able to mount up and it also gives your instructor a safe place to make all the adjustments that might need to be done for the horse and rider before the lesson begins.

DO NOT ATTEMPT TO MOUNT OR DISMOUNT THE STUDENT AT ANY TIME.

ALWAYS WAIT FOR THE INSTRUCTOR TO GIVE THE INSTRUCTIONS

If a student is by you and your horse waiting to mount, be sure that the rider stand quietly with you and does not go around the horse.

DISMOUNTING

Unless otherwise specified, the instructor will dismount the student. You will receive specific instructions as to whether to bring your student to the ramp or remain in the center of the arena. Once again, keep your horse quiet by standing in front while your rider dismounts.

DURING GAMES

Games are an important part of every lesson. They may be as simple as "Simon Says" or "Red Light, Green Light" or a more complicated game such as "Musical Stalls". The leader is an important part of all games. The instructor will give the riders and volunteers the rules of the game to be played. The rider "buddy" (refer to page 17) will need to watch the rider to see if he/she understands the directions. However, if there is no sidewalker, you will need to talk to the rider and pep him/her up to get ready for the game. Your enthusiasm is contagious, BUT remember it is the rider playing NOT YOU. Allow the student to do as much as possible by him/herself. This again takes a lot of common sense and patience, not to mention looking ahead.

FALLS DO HAPPEN

Though falls are very rare, they can and do happen. If your rider falls, **STOP YOUR HORSE IMMEDIATELY**, your only responsibility is handling your horse. The instructor will take care of the rider. If another rider falls

and the horse gets loose, again stop your horse immediately and stand in the halt position (in front of the horse). Comfort your horse to let him/her know everything is all right. **NEVER LET GO OF YOUR HORSE.** Do not panic if there is a fall, your job is to stop your horse and reassure him/her.

EMERGENCY DISMOUNTS

In rare circumstances, a rider may require an emergency dismount from the horse. If the rider is in immediate danger of falling from the horse for any reason (seizures, loss of consciousness, "spooked horse", etc.) an emergency dismount may become necessary.

EMERGENCY DISMOUNT PROCEDURE

- ❖ **ALERT** the instructor that an emergency exists and that the rider is to be dismounted
- ❖ Volunteers will verbally alert the instructor by stating loudly " **emergency dismount!**"
- ❖ **IF POSSIBLE** walk horse to middle of the arena towards instructor (may not have time to do this) before dismounting rider.
- ❖ **Explain to the rider what you are doing even if the rider seems unaware or unable to hear you.** Good communication is the key to making all situations turn out as best that they can.
- ❖ If unable to safely proceed to the center of the arena and you have two sidewalkers, the leader will halt and stand in front of the horse at the head. Sidewalkers will remove riders feet from the stirrups, help rider lean towards the horses neck draping the riders arms on sides of the horse and then proceed to swing right leg of the rider over the horses rump to dismount to the ground. Sidewalker on left assumes the "lunge" position and will slide the rider onto his/her thigh and then gently to the ground.
- ❖ If there is only one sidewalker the leader will halt the horse and move to the off-side (still holding onto horse) to remove the riders right foot from the stirrup while the left sidewalker removes left foot from the stirrup. Rider is then assisted as before to the ground. Sidewalker is in charge of rider until instructor can take over emergency procedures and assume control of the rider. Leader is in charge of horse. Leader should walk the horse a safe distance away from the rider and wait for instruction from the instructor.
- ❖ If needed, a person will be dispatched to summon rescue personnel from the nearest telephone, noting location of rider, possible problems and directions to the facility. (Refer to Policy Manual)
- ❖ Make sure the caller stays on the line with the emergency personnel until told by them to hang up.
- ❖ **IT IS IMPERATIVE THAT THE RESCUE PERSONNEL BE DIRECTED TO TURN OFF ALL SIRENS AND LIGHTS BEFORE PROCEEDING DOWN THE FACILITY DRIVEWAY AS THIS WOULD SPOOK HORSES AND TERRIFY THE STUDENTS!!**

THE ROLE OF A SIDE WALKER

The job of the side walker is to provide whatever assistance is required to help the rider achieve balance on the horse. The side walker walks next to the horse and rider so that the rider can be assisted and observed at all times. Remember that the rider's safety comes first.

Side walkers are the ones who normally get the most hands-on duties in therapeutic riding. They are directly responsible for the rider. The side walker has the capability to either enhance or detract from the lesson. Side walkers are very important as they need to be constantly aware of the student at all times and what they are being instructed to do. The first goal is the **safety of the rider**, which depends on you, the side walker. And the second goal is to help the rider have a learning **fun experience**.

Side walkers should learn from experience how to anticipate difficulties from the horse or rider, which might create accidents. **Be as prepared as possible for the unexpected.** Use your judgment as necessary. The horse does not always act in predictable way or "according to procedure". Always be alert to your surroundings.

The side walker walks next to the rider's knee. It is important to maintain a position by the rider's knee. Being too far forward or back will make it very difficult to assist with instructions or provide security for the rider if the horse should trip or shy.

There are two ways to hold onto the rider without interfering. The most commonly used is the "arm-over-the-thigh" hold (see page 13). The side walker grips the front of the saddle (flap or pommel depending on the horse's size) with the hand closest to the rider. Then the fleshy part of the forearm rests gently on the rider's thigh. Be careful that the elbow doesn't accidentally dig into the rider's leg. If additional support is needed, you can hold the rider's ankle with your other hand. With a side walker on each side supporting the rider in this way, the rider should be quite secure. When you have just started to sidewalk, it may help you to hold onto the front of the saddle (pommel) to assist you in finding your position. Be sure not to lean on the horse or rider since this pressure may cause either to become unbalanced. As soon as you are secure in this position, you may not need to hold onto the saddle.

Sometimes, pressure on the thigh can increase and /or cause muscle spasticity, especially with the Cerebral Palsy population. In this case, the "therapeutic hold" may be used. Here, the leg is held at the joints, usually the knee and /or ankle. Check with the instructor/therapist for the best way to assist. In the (unlikely) event of an emergency, the arm-over -thigh hold is the most secure.

Avoid wrapping your arm around the rider's waist. It can offer too much and uneven support. At times it can even pull the rider off balance and make riding difficult. Encourage your students to use their own trunk muscles to the best of their abilities.

If the rider requires the use of a "safety belt", be very careful not to pull down or push up on it. As your arm tires it's hard to avoid these movements. Rather than gripping the handle firmly, just touch your thumb and finger together around it. This way you are in position to assist the rider if needed and you will neither give unneeded support nor pull him/her off balance. Since the student with less muscle tone requires the side walker volunteer to exert enormous physical energies, you may need to change sides throughout the lessons. To do so, notify the instructor that you need to "switch" and **please** come into the center of the ring and change with the other side walker **one at a time**. The rider must never totally be left alone during a change over since falling may occur. Remember, the rider's safety comes first at all times.

Do not grab at a student if he/she starts to slip, gently guide them back into the correct position.

Maintain enough distance between the horse leader and yourself so that you do not trip over each other, especially when the horse is trotting and you must jog to keep pace. The sidewalker should be listening to the instructor's direction so he/she can reinforce the directions when necessary, BUT allow the rider plenty of time to process the information before he/she begins to assist. Never give a rider more assistance than is necessary. It is important that the rider develops balance and strength, and gains the feeling of being centered or off-balance. From these sensations, a balanced seat will develop and the rider will gain proper posture and function. Independence is an important goal in therapeutic riding.

During the lesson the **side walker/s** is always close to the rider, you will find that the rider may want to talk to you a great deal. Do not ignore direct questions but do try and get your rider to direct his/her attention to the instructor. If your rider is not paying attention or does not hear the instructor, you can help reinforce the directions with "prompting".

When the instructor gives a direction, allow your rider plenty of time to process it. If the instructor says, "Turn to the right toward me", and the student seems confused, gently tap the right hand and say, "Right", to reinforce the command. You will get to know the riders and learn when they need help and when they're just not paying attention.

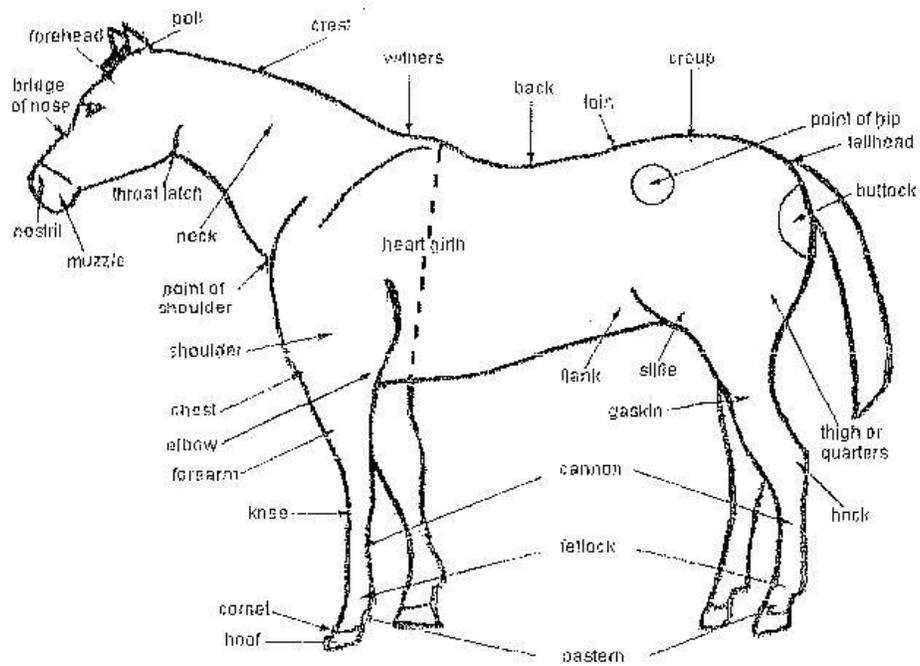
During exercises, pay close attention to your student. Sometimes volunteers forget that when the rider is doing exercises, the side walker is to reinforce and assist. The same applies to games. Don't get so competitive that your rider doesn't get to use his skills because you do it for him/her in an all out effort to win.

- ❖ One of the greatest distractions in the arena is excessive talking by students and volunteers. Do not have conversations with your fellow volunteers and rider while in the lesson. However, communicating anything that has to do with the rider's position, balance or horse is your job. Any unnecessary talking distracts the rider, shows disrespect for the riding lesson, and diverts the attention of the team. (If two side walkers are working with one rider, one side walker should be the "designated buddy" to avoid too much talk - refer to page on "Volunteer Ability Guidelines")

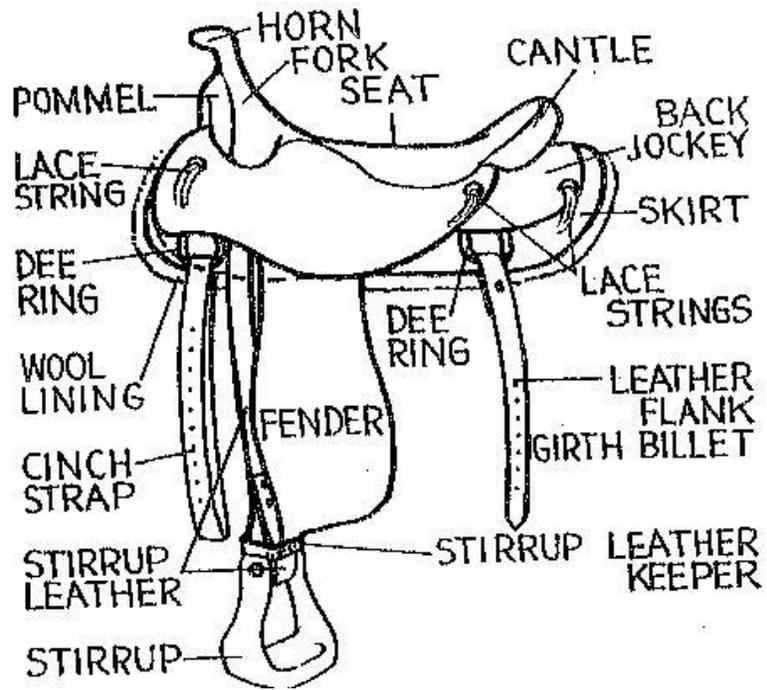
The ultimate goal for therapeutic riding is to encourage the rider to stretch and grow to be as normal as he can possibly be. You are right at his/her side. so help the instructor to challenge him/her to the best of his/her ability.

Without you, these programs could not exist. We thank you for all you give and challenge you to be the best that you can be.

Parts of the Horse



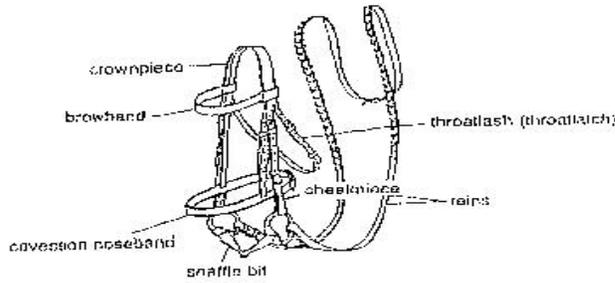
Parts of the Western Saddle



Tack and equipment used

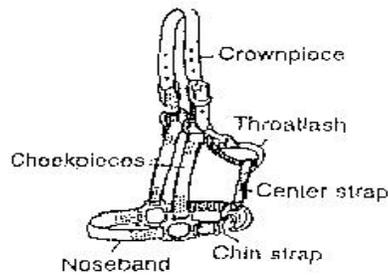
Bridle:

The bridle is a head harness which holds the bit for guiding a horse while riding.



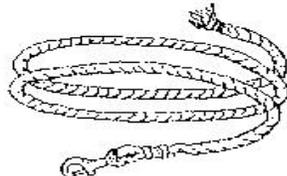
Halter:

The halter has no bit and can be placed over the bridle. It is used to handle or lead a horse or pony.



Lead Rope, Lead Line:

A rope with a snap on one end used to attach to the halter for leading or tying a horse.

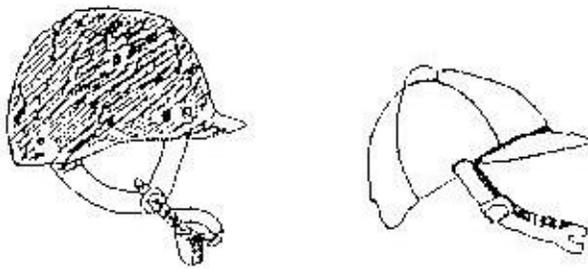




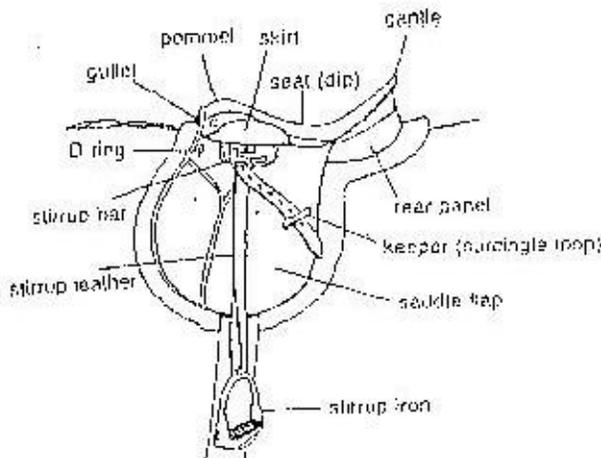
Peacock Safety Stirrups:
 Peacock stirrups are similar to a regular stirrup iron. The inside is the regular stirrup iron but the outside is designed with a heavy rubber band attaching to the top & bottom of the stirrup. Used as a precaution for the rider: should the rider fall or the foot slide forward, the heavy rubber band will release: releasing the foot so that the foot keeps from being caught in the stirrup.



Devonshire Boots:
 Devonshire Boots are a special kind of stirrup, with leather enclosing the front, sides, & bottom: they are used to prevent a rider's foot from sliding all the way through the stirrup. The floor of the stirrup also gives greater support and stabilization to the rider's foot & ankle. Cerebral Palsy riders tend to find these useful.



Hard Hats/Helmets:
 The riding helmet/ hard hat or a type of lightweight helmet will protect the rider's head and is required for all riders whenever riding or working with or near the horses. It should have a full chin strap harness.



English Saddle:
 The English tack is used more frequently for therapeutic riding. It is easier for the rider to mount, dismount, and do exercises on the horse and be able to have contact with the horse and its movements.

Grooming Tools

THE HORSE

THE GROOMING TOOLS FOR THE THERAPEUTIC RIDING HORSES

Barbara T. Engel, M.Ed., OTR

Grooming is the daily attention that stabled horses need for the animal's health --to maintain healthy coats, prevent disease and sustain cleanliness. A daily grooming routine gives the handler the opportunity to check the horse for any problems. The grooming process also provides the contact needed to maintain the human-animal bond.

It is preferable that each horse has his own grooming kit--this prevents the possible spread of disease. Tools must always be kept clean by frequent washing.

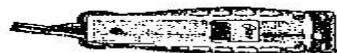
The following tools are necessary for proper grooming:



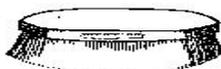
BODY BRUSH is a soft, short bristle brush used after the dandy brush to remove finer dirt.



BRUSH CLEANER CURRY COMB a brush used to clean the brushes while brushing the horse. Hold the metal curry comb in the free hand and run the brush over the metal teeth several times to remove the dirt. A dirty brush cannot clean a horse's coat. A rubber curry comb can also be used if a metal one is not available.



CLIPPERS are used to shear the coat in warm climates, to prevent the horse from over heating and to trim the whiskers for a horse show and possibly when a horse is injured.



DANDY BRUSH is a stiff-bristled brush used to remove the large dirt particles brought up by the rubber curry comb and is used on the large muscle areas of the horse. This brush is used with short wrist strokes; brush in the direction that the hair lays.



HOOF BRUSH is used to paint the hoof with dressing to prevent the hoof from drying out. This is especially important in dry, sandy climates.



HOOF PICK is used on all parts of the hoof, to clean off mud, manure; to remove stones and or foreign objects. Keeping the hoof clean prevents disease, injury, hoof separation and problems before becoming a serious problems.

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THE HORSE



MANE AND TAIL BRUSH is used to "lay" the hair down on the neck and to keep the tail hair in order. A human hair brush can be used for the mane and tail. Using small amounts of oil helps make brushing easier and decreases hair loss. The tail is separated into small sections of hair with the fingers and then brushed.



METAL CURRY COMB has a spring action. It is usually used in the winter to remove dirt from heavy coats. Care must be taken not to hurt the horse with the metal edges.



RUBBER CURRY COMB is usually used initially in grooming to remove dirt from beneath the hair. Using a circular motion and applying pressure helps to bring up dirt and scales. Using a rhythmic motion provides the horse with a relaxing massage. This tool comes in many variations for different effects.



RUBBING CLOTH OR TOWEL is used, either damp or dry, to remove the remaining dirt and hair from the horse and to wipe sensitive areas. This is especially important to do for individuals sensitive to dust who will be riding the horse.



SPONGE OR MOIST CLOTH used to clean the eyes, nose, muzzle, rectum and genitals. Always use a clean sponge for the front and another for the rear areas.



SHEDDING SCRAPER OR BLADE is a flexible metal blade with teeth on one side. The teeth are run over the coat in the same direction as the hair grows to loosen and remove hair. This process aids the removal of hair during the shedding season.



SWEAT SCRAPER is a long metal or plastic tool used to remove excess water from a horse after bathing or sponging off.



SPECIAL TOOLS FOR SMALL AND DISABLED HANDS can be adapted from standard tools with straps, velcro, long handles and wooden blocks. Hand brushes and dog brushes can be used for small hands.

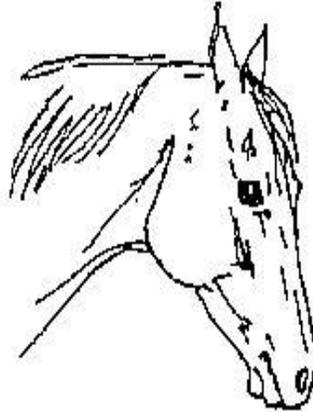
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READING HIS EARS

The horse's ears and actions are the key to his emotions. He can tell you what he is paying attention to and how he feels by the way he uses his ears and the way he acts. Following are some tips to his emotions.



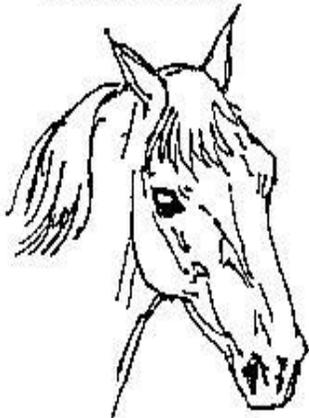
Ears forward but relaxed
interested in what's
in front of him.



Ears turned back but relaxed
listening to his rider
or what's behind him.



Ears pointed stiffly forward
alarmed or nervous about what's
ahead. Looking for danger.



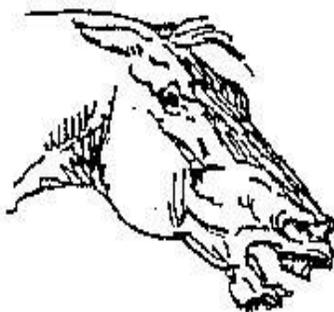
Ears pointed left and right
relaxed. paying attention
to the scenery on both sides.



Ears stiffly back
annoyed or worried about what's
behind him; might kick if annoyed.



Droopy ears
calm and resting.
horse may be dozing.



Ears flattened against neck
violently angry, in a fighting mood.
May fight, bite or kick.

OTHER SIGNS YOU SHOULD NOTICE ARE:

- Tucking the tail down tightly.
Danger to the rear.
Horse may bolt, buck or kick.
Watch out if ears are flattened, too!
- Switching the tail.
Annoyance and irritation:
at biting flies, stinging insects or
tickling bothersome actions of a rider or another horse.
- Droopy ears and resting one hind leg on toe.
Calm and resting, horse may be dozing.
Don't wake him up by startling him!
- Wrinkling up the face and swinging the head.
Threatening gesture of...

UNDERSTANDING HORSE BEHAVIOR

EQUINE SENSES

When developing relationships and working with horses, communication is key. It is critical to provide a safe environment in a therapeutic riding setting. Beginning a process of understanding the horse senses, instincts and implications is a step in predicting behaviors, managing risks and increasing positive relationships.

SMELL:

The horse's sense of smell is thought to be very acute and it allows him to recognize other horses and people. Smell also enables the horse to evaluate situations.

Implications:

- Allow horses the opportunity to become familiar with new objects and their environment by smelling.
- It is recommended that treats are not carried in your pocket since horses may desire to go after them.
- Volunteers should be discouraged from eating or having food in the arena.

Hearing:

The horse's sense of hearing is also thought to be very acute. The horse may also combine their sense of hearing and sight to become more familiar with new or alerting sounds. "Hearing not seeing" is often the cause of the fright/flight response. Note the position of the horse's ears (pictures following article). Forward ears communicate attentiveness and interest. Ears that are laid back often communicates that they are upset and/or showing aggression towards another horse or person.

Implications:

- Horses are wary when they hear something but do not see it. If your horse is acting nervous, talk to him in a quiet and calm voice for reassurance.
- Avoid shouting or using a loud voice. This can be frightening to a horse.
- Watch your horse's ears for increased communication. Stiffly pricked ears indicate interest. Drooping ears indicate relaxation, inattentiveness (easily startled), exhaustion or illness. Flattened ears indicate anger, threat or fear. Ears flicking back and forth indicate attentiveness or interest.

SIGHT:

The horse's eyes are set on either side of the head; there is good peripheral (lateral) vision, but poorer frontal vision. A horse focuses on objects by raising and lowering its head. The horse's visual memory is very accurate. Horses are thought to see quite well in the dark, due to the large size of their eyes. There is still controversy as to whether or not horses see color.

Implications:

- The horse may notice if something in the arena or out on a trail is different. Allow the horse an opportunity to look at new objects. Introduce new props that the horse may be unfamiliar with.
- The horse has better peripheral vision/ consider a slightly looser rein, enabling him to move his head when taking a look at objects.
- Although the horse has good peripheral vision, consider two blind spots: directly in front and directly behind. The best way to approach a horse is to his shoulder. It may startle him if you approach from behind or directly in front. The horse may be unable to see around the mouth area, which is a safety consideration when hand feeding.
- Speak to the horse prior to touching. Horses sometimes sleep with their eyes open. Speaking will usually wake them without startling them.

TOUCH:

Touch is used as a communication between horses and between horses and people. Horses are sensitive to soft or rough touch with a person's hands or legs.

Implications:

- Handlers should treat the horses gently but firmly.
- Each horse has sensitive areas, and it is important to be familiar with them (i.e. flank and belly areas).
- Watch rider leg position. Riders may need appropriate assistance to reduce a "clothes pin" effect with their legs. Ask the instructor/therapist what is the best handling technique.
- Horses will often touch or paw at unfamiliar objects. For example, a horse may paw at a bridge or ground pole before crossing over it.

TASTE:

Taste is closely linked with the sense of smell and helps the horse to distinguish palatable foods and other objects.

Implications:

- Taste is closely linked with smell and touch; therefore, a horse may lick or nibble while becoming familiar with objects and people. Be careful, as this could lead to possible biting.

SIXTH SENSE:

Horses do have a "sixth sense" when evaluating the disposition of those around him. Horses can be hypersensitive in detecting the moods of their handlers and riders. A good therapy horse is chosen for their sensitive response to the rider. At times there may exist a personality conflict between handlers and horses. It is important to the instructor/therapist to know if you're having a difficult time relating or getting along with a particular horse.

THE HORSE'S LIFESTYLE:

In addition to understanding the horse's six senses, we need to appreciate and increase our awareness of the horse's lifestyle. This will assist us in responding appropriately to his reaction to a situation.

FLIGHT AS A NATURAL INSTINCT:

Horses would rather turn and run away from danger than face and fight it.

Implications:

- At a sudden movement or noise, the horse might try to flee. Speak to the horse calmly.
- A frightened horse that is tied up or being held tightly might try to escape by pulling back. Relax your hold or untie him quickly and usually he will relax. Be sure not to stand directly behind the horse.
- If flight is not possible, the horse could either turn to kick out or face the problem and rear, especially in a tight area like the stall. A halter with a lead rope may assist with maintaining control while working around the horse in a stall.
- If a horse appears to be frightened or fearful (note the position of the horse's ears in picture following article), it may be helpful to allow a more experienced horse person to lead.
- Most horses chosen to work in a therapeutic riding setting have less of an instinct to flee. The horse may look to you for reassurance. It is helpful if the volunteer remains calm and talks to the horse in a soothing voice.

HERD ANIMAL:

Horses like to stay together in a herd or group with one or two horses' dominant, with a pecking order amongst the rest.

Implications:

- Be aware that a horse may not like being alone. This is a consideration when horses are leaving the arena or a horse loses sight of the others while on a trail ride.
- Be aware that if the horse in front of a line is trotting or cantering, the horse that is following may also attempt to trot or canter.
- If one horse spooks at something, the surrounding horse may also be affected.
- For safety, it is recommended to keep at least one horse's length between horses when riding within a group to respect the horse's space and pecking order.

Being aware of horse behaviors is one of the best safety precautions that can be used in your facility. Knowing how to ready your horse can prevent an accident and increase the quality of your "mutual" relationship.

Volunteer Manual for PATH Centers, Rev. 10/00

Horse Terms You May Hear

Bedding/Shavings - Wood shavings used as a soft padding in the horse's stall.

Bell boots (over reach boots) - Rubber bell shaped boots worn over the coronet and hoof to protect the horse's front feet from over-stepping (hitting) with the hind feet.

Bit - A piece of metal, rubber or plastic, which goes into, the horse's mouth and attaches to the reins and the headstall.

Bit Rings - The rings on each side of the bit where the bit lead or reins attach.

Bridle - A headstall with reins and a bit used to direct the horse.

Bolting - The horse makes a sudden move to run away.

Bute - A common medicine given to animals for pain and as an anti-inflammatory drug.

Canter - Three beat gait, the second to fastest gait of a horse.

Cavalletti - Poles suspended on two crossbars or blocks. A very small jump.

Change of Rein/Change of Hand - change of directions.

Chewing on the Bit - A good sign of relaxation and acceptance of the bit.

Colic - A Mild to severe pain in the digestive system of a horse.

Contact - The amount of "feel" in the reins linking the hands to the bit.

Cribbing - The horse anchors his teeth into a horizontal, fixed surface and arches neck & inhales air.

Downward Transition - Changing to a slower gait when riding.

Equitation - The art of riding a horse correctly.

Farrier - The person who cares for the horse's hooves and puts shoes on the horse.

Far Side - The right side of the horse.

Gait - Speed at which the horse is traveling.

Gallop - Fastest, four beat gait.

Girth - A strap that attaches to each side of the saddle and secures it on the horse.

Green - New to their job. Equivalent of preschool through third grade.

Halter - Goes on the horse's head. Used to lead a horse without a bit.

Haunches - The hindquarters of the horse.

Lame - The horse moves unevenly or limps.

Lead Line - A rope with a snap on one end that can attach to the halter to lead the horse.

Moon Blindness - a disease picked up by deer and cattle that eventually causes total loss of sight.

Mounted - A person sitting on a horse.

Navicular - A degenerative change in the bones in the hoof(ves), usually in the front feet, causing lameness.

Near Side - The left side of a horse.

Off Side - The right side of a horse.

Over-Reach - The horse's hind legs strike the forelegs while moving.

Paddock - A small enclosure near the stable.

Posting/Rising Trot - The rising and descending of the rider in the saddle with the rhythm of the trot.

Riser Pad - Usually a foam type pad that is placed between the saddle and the saddle pad to raise the back of the saddle to make it sit level on the horse's back. It can also be used to provide more protection for the horse's back.

Schooling - Training a horse for what he is intended to do.

Seat - The position a rider takes on a horse.

Side Pull - The equivalent to a bridle but with no bit in the horse's mouth. Nose pressure is used.

Sitting Trot - The rider sits deep in the saddle and maintains contact with the saddle while trotting.

Surcingle - A leather strap with a center handle or two side handles at the horse's withers that is strapped around the barrel of the horse, similar to a saddle, with a fleece pad underneath.

Tacking Up - To put equipment on a horse to be ridden.

Transition - To change from one gait to another.

Trot - 2 beat diagonal gait.

Upward Transition - Changing to a faster gait.

Walk - A four-beat gait

Wither Pad - a fleece partial pad with a slit in the middle used to provide more padding between the saddle and the saddle pad.

Medical Terms You May Hear

Adapt - To use old knowledge to suit a new situation.

Acute – that which has a rapid onset and a short duration.

Aggressive - Being pushy, forceful, or assertive.

Anxiety - Feeling of be frightened, stressed, tense or in danger.

Apathy - Lack of drive or ambition. Emptiness.

Asymmetrical - Not the same on both sides.

Chronic - A condition that has been there a long time and may be permanent.

Cognition - Conscious process of knowledge, perception, understanding, and reasoning.

Compensation – The ability to make up for deficiencies.

Congenital – Inherited traits, present at birth.

Coordination – Parts working together in groups, harmoniously.

Environment – Everything outside of oneself.

Extremity – The limbs of the body such as legs and arms.

Fine Motor – Relates to the fine motor movements, especially the hands and eyes.

Flaccid Muscle – One that is limp or spongy, unable to contract.

Gait – A style of movement with the legs.

Gross Motor - Relates to the large movements of the body.

Hyperactive – Excessive movement and energy.

Hyperextend – To move a limb beyond the normal straightened range.

Hypersensitivity – Being over responsive to some stimulation.

Hyposensitive – not as responsive to stimulation.

Impulsive Behavior – One who has an impelling need to do something.

Integration – The useful and harmonious incorporation and organization of old and new information.

Involuntary – Actions that cannot be controlled.

Laterality – The stronger or dominant side of the body.

Mobility – To move.

Neurological – Relating to the nervous system.

Pathological – Abnormal. Diseased.

Prognosis – The anticipated results of an illness or treatment.

Rigidity – Inflexible or stiffness.

Seizures – Convulsions

Shunt – A medically inserted tubular device to drain fluid from one place to another.

Spasm – Sudden involuntary contraction of a muscle.

Spasticity – Increased muscle tone, which is the result of resistance to stretching the muscles.

Spatial Relations – The ability to perceive the position of two or more objects in relation to each other.

Symmetrical – The same on each side.

Tactile – Related to touch.

Tactile Defensiveness – Cannot tolerate or is sensitive to being touched.

GLOSSARY OF DISABILITIES

Attention Deficit Disorder (ADD) – Attention span can be disrupted by brain damage of various kinds. The individual may have difficulty focusing on instructions. Attention may drift or be diverted to something else. Attention span may be shortened due to a language related disorder or poor stress tolerance.

Autism – Autism is a neurological disorder, which can produce some of the following characteristics: self-preoccupation, communication dysfunction, repetitive movements, the individual may appear deaf or blind, although is not and his/her function can vary from hour to hour and day to day.

Cerebral Palsy (CP) – CP is caused by damage to the motor (movement) area of the brain. CP is an injury and not a disease, characterized by a lack of ability to control the body. The disorder can vary mild or severe, resulting in minimal to extreme movement and coordination difficulties with various body parts moving in unison.

Developmental Delay – is an umbrella term used to include most or all-functional disabilities that are seen in infants and children.

Down Syndrome – Individuals with Down Syndrome, a birth defect, can have any of the following characteristics: Intellectual function can be low normal to severely retarded, muscles tend to be “soft” and floppy, joints tend to be loose and almost disjointed. Other areas affected can include heart conditions, breathing problems, ear infections, and hearing, speech, and vision problems.

Learning Disability (LD) - LD is a dysfunction of the brain caused by interference with the normal process of storing, processing and producing information.

Mental Retardation (MR) – MR is a disorder due to brain damage, under-development of the brain or genetic disorder. Difficulties that result can be seen in mobility, vision, hearing, speech, understanding, judgment, and behavior.

Multiple Sclerosis (MS) – MS is a disease, which begins, in young adults. There are lesions in the myelin sheaths or nerves in the brain and spinal cord, which causes “short outs”.

Muscular Dystrophy (MD) – MD is a disorder occurring in several forms involving weakening of certain muscle groups, all have a genetic basis.

INCIDENT/ACCIDENT POLICY

All volunteers and staff must report any and all incidents and/or accidents to the instructor on-site while at the center.

An incident or accident may include but is not limited to: fires, participant or personnel behavior, horse bite, horse stepping on a human foot, falls, difficulty encountered during transfers, natural disasters, horse injury, etc.

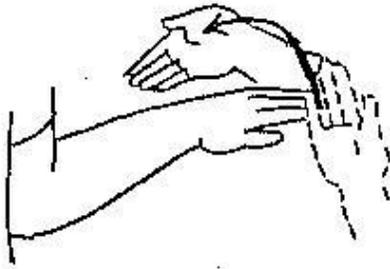
It is the responsibility of the instructor to fill out an accident report based on the occurrence, whether an injury or not. All witnesses must sign this report.

The Head Instructor will review the report and discuss with the other instructors any actions needed to rectify a problem and/or prevent one in the future.

The Center Occurrence Reports are located in the classroom in the binder marked “Occurrence Reports”. Blank forms are also located in the office in the file cabinet.

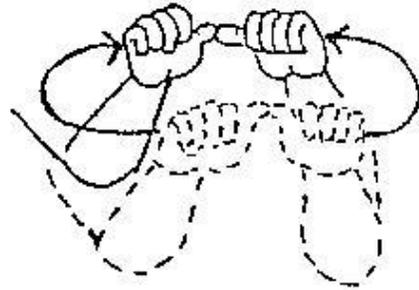
Signs For Non-Communication Riders

Drawings reprinted with permission from *CanTRA Instructors' Manual*, published by the Canadian Therapeutic Riding Association, Guelph, Ontario; and *Signing Exact English*, published by Modern Signs Press, Los Alamitos, Calif. Special editing thanks to Sunny Pfifferling of LoveWay Inc. of Bristol, Ind.



Across

Right hand arcs across left hand, both with palms down



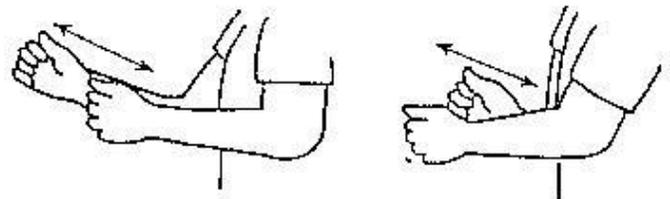
Arena

Form "A" with both hands, touch thumbs, circle in toward chest



Barn

Form "B" with both hands, palm out; outline shape of barn roof



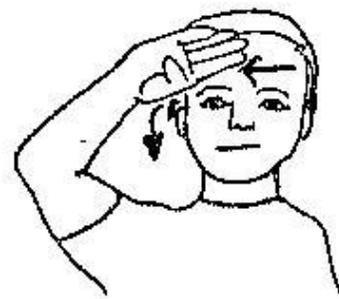
Behind

Form "A" with both hands, move left hand in front of right hand



Bit

Index fingers touch at mouth



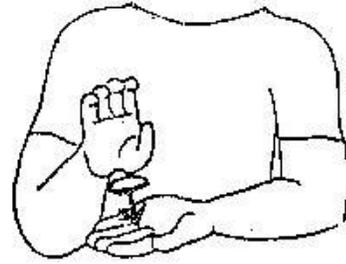
Bridle

Form "B" with right hand, palm out; motion across forehead and down



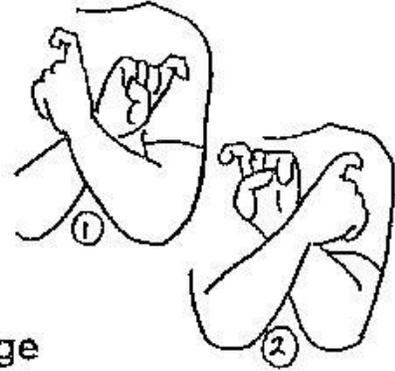
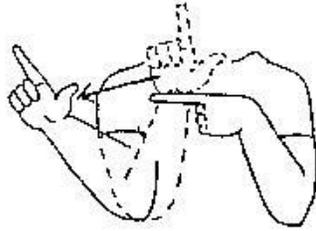
Canter

Form "C" with right hand and move across front in arcs



Center

Form "C" with right hand, circle and drop on palm-up left hand

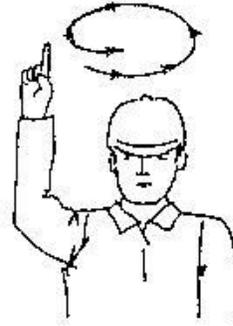
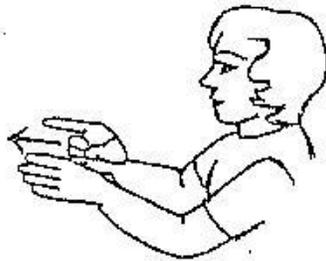
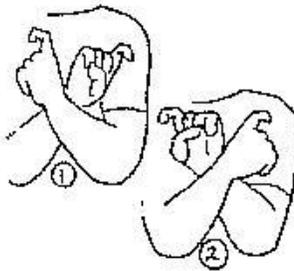


Center Line

Sign "Center" and "Line"

Change

Form "X" with both hands, touch at heels, twist to reverse hands

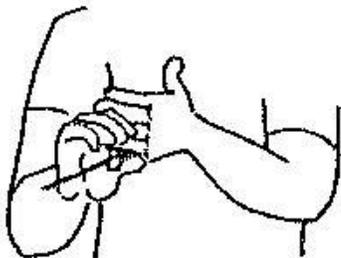


Change Direction/Rein

Sign "Change" and "Direct"

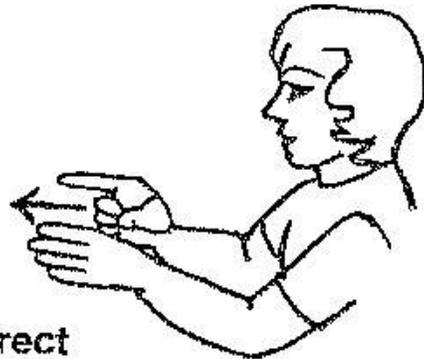
Circle

Form circle above head with right index finger



Close

Form "C" with right hand, bring toward bent left hand



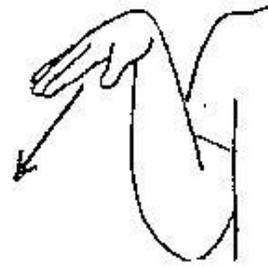
Direct

Form "D" with right hand, place on left index finger, slide



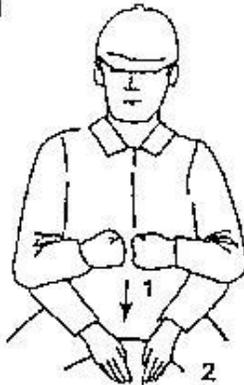
Dismount

Right two fingers straddle palm-in left hand, motion away with right hand



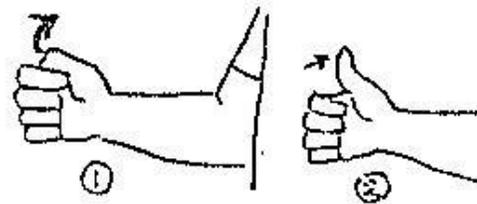
Down

With palm in, move hand down



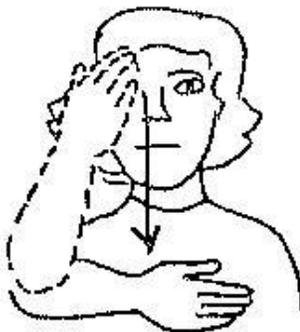
Drop Reins

Close hands, palms in, lower and open hands



Fast

Thumb inside right fist, snap out



Front

Palm-in flat hand moves downward in front of face



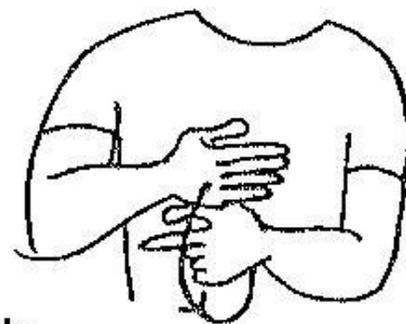
Gallop

Form "V" with both hands, move hands forward and extend fingers



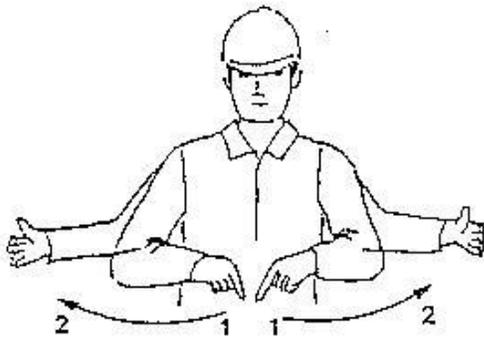
Gentle

Form "G" with both hands, cross at chin, separate downward



Girth

Form "G" with left hand, circle palm-in right hand around left "G"



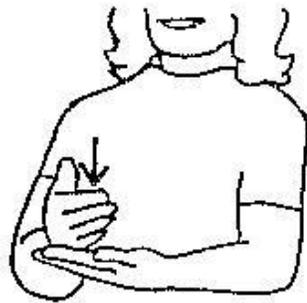
Go Large

With palms down, extend index fingers; motion wide and open hands



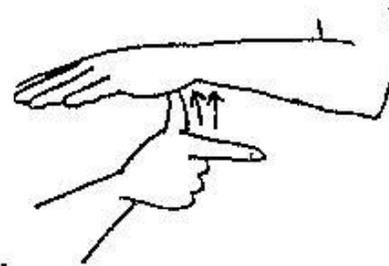
Go Straight

Form "B" with both hands, slide right hand forward on side of left hand



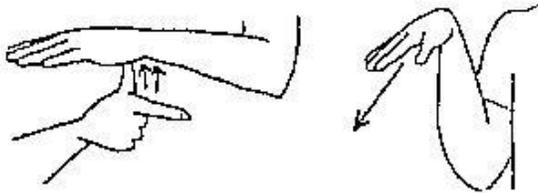
Halt/Stop

Side of right flat hand strikes left flat palm



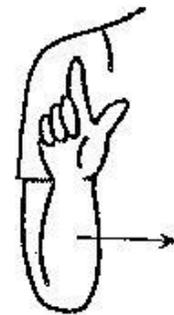
Heel

Form "L" with right hand, tap heel of left hand



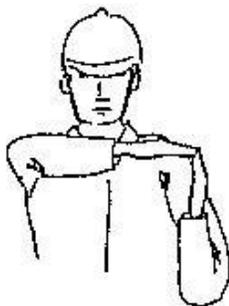
Heels Down

Sign "Heel" and "Down"



Left

Form "L" with right hand, palm out; move left



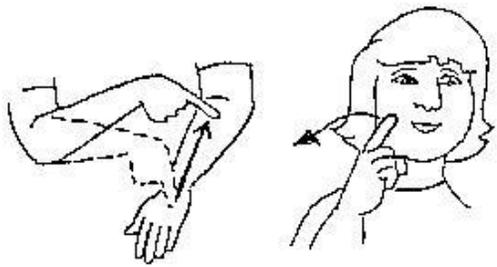
Left Corner

Form right angle with hands on left side of body



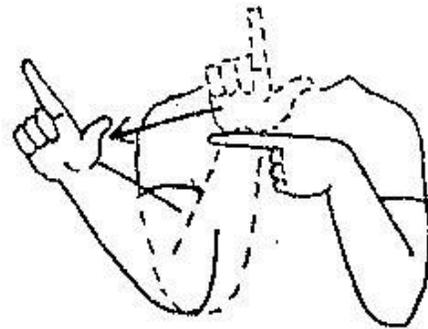
Left Leg

Form "L" with left hand and pat left thigh



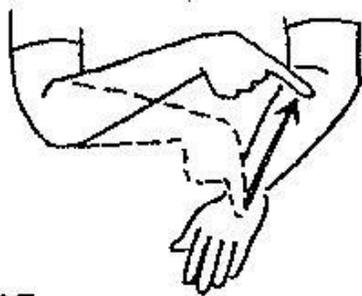
Lengthen Rein

Sign "Long" and "Rein"



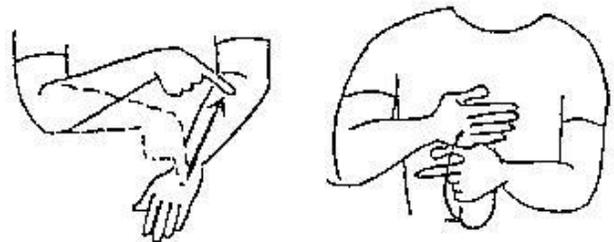
Line

Form "L" with right hand, slide along and off side of left index finger



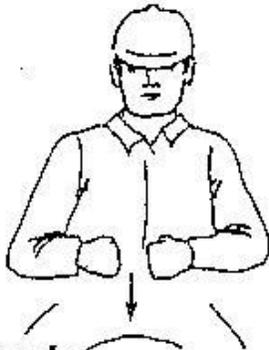
Long

Index finger of right hand slides up left arm



Loosen Girth

Sign "Long" and "Girth"



Lower Hands

Close hands, palms in; motion down



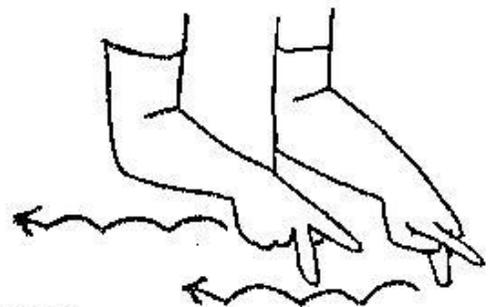
Mount

Two fingers of right hand straddle palm-in left hand



Pick Up Reins

Close hands, palms in; motion up



Prepare

Form "P" with both hands, palms down; move to right in small arcs



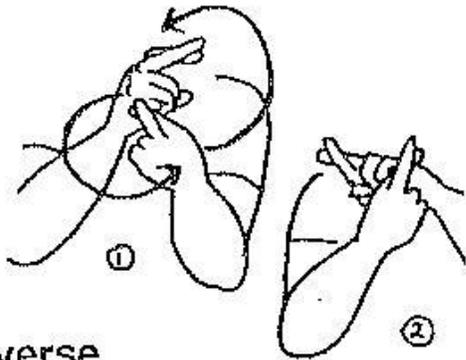
Rein

With right index finger, motion away from face



Relax

Form "R" with both hands, cross arms at wrist



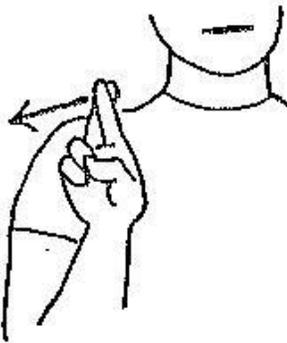
Reverse

Form "R" with both hands, touch at palms, reverse position



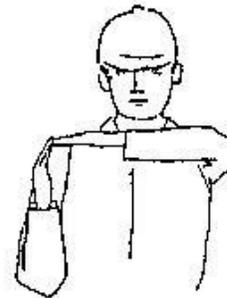
Ride

Straddle palm-in left hand with first two fingers of right hand, slide



Right

Form "R" with right hand, move right



Right Corner

Form right angle with hands on right side of body



Right Leg

Form "L" with right hand and pat right thigh



Rise

Form "R" with right hand, palm up; motion up

