

## Contraindications

The following medical conditions are identified by RDAA as high risk for people involved in horse riding and horse related activities. RDA Victoria is committed to providing the safest possible service to our participants and we are unable to do this for people with the following diagnosed conditions.

- o Extremely poor head control.
- o Excessive, chronic and/or recurring pain, especially as a result of physical activity.
- o Pathological fractures - i.e. osteogenesis imperfecta, severe osteoporosis, brittle bones.
- o Uncontrolled seizures - categorised by tonic/clonic type occurring more than once a week.
- o Acute stage rheumatoid arthritis or juvenile rheumatoid arthritis.
- o Open pressure sores, or wounds.
- o Unstable spine - including recent spinal injury and/or surgery, atlanto-axial dislocation, spondylolysis, acute disc herniation.
- o Severe behavioural disorders e.g. aggressive episodes resulting in safety concerns.
- o Severe fatigue related conditions i.e. multiple sclerosis, muscular dystrophy, ABI.
- o Severe clotting related blood disorders i.e. hemophilia and/or medication/treatments which cause clotting related disorders such as heart conditions/chemotherapy.
- o Degeneration/dislocation of the hip joint.
- o Weight (90 kgs and above - VCAT Exemption A296/2008).

## **Precautions**

The following conditions **MAY** preclude an applicant from riding. A qualified RDAA coach will provide an assessment at the centre and advise whether it is safe or appropriate for the applicant to ride.

- o Poor endurance/fatigue related conditions (e.g. MS, MD, ABI).
- o Muscle tone abnormalities - high tone (spasticity) or low tone.
- o Osteoporosis (permission required by orthopaedic specialist).
- o Scoliosis - especially severe and/or fixed (permission required by orthopaedic specialist).
- o Spinal fusion with rod type internal fixation, e.g. Harrington or CD rods (permission required by orthopaedic specialist).
- o Allergies - especially severe anaphylactic reactions.
- o Recent surgery (permission required by surgeon)
- o Acquired Brain Injury in past 2 years (permission required by neurologist).
- o Heart conditions i.e. postural hypotension, hypertension, coronary artery disease.
- o Dysplasia of the hip (permission required by orthopaedic specialist).
- o High level spinal cord paralysis.
- o Medication - drug dosage negatively affecting physical/cognitive function.
- o Thermoregulatory problems e.g. ABI, MS.
- o Hydrocephalus/cranial shunt.
- o Respiratory conditions – e.g. asthma, chronic airways disease.
- o Seizures - type/frequency.
- o Gastric feeding tube.
- o Skin disorders - especially circulatory and/or impaired sensation.
- o Dizziness/fainting.

## **Managing Specific Conditions in the RDA Program**

### **Atlanto Axial Instability (AAI) / Down Syndrome**

AAI is the instability, subluxation or dislocation of the joint between the first and second cervical vertebrae. This is a potentially life-threatening condition common to Down Syndrome. Specific X-rays may be needed to rule out this instability before riding is permitted. Groups or physicians should not rely on X-rays taken before the age of 3 years (even up to 5 years) as the area involved has not ossified at this early age. Films obtained just prior to riding are advisable. RDA Australia recommends that all riders with Down Syndrome be examined by a physician who is briefed on the nature of AAI before completing the RDA Medical Consent Form.

### **Pre-cautions for participants with Down Syndrome**

Excessive head and neck movement during riding could cause repeated small injuries to the cervical spine. This in turn could lead to increased instability of the head and neck and pressure symptoms could occur. If a rider were to fall from a horse, which can occur even though all precautions are taken, and AAI is present, severe damage to the spinal cord or death could occur. All riders with Down Syndrome are strongly recommended to have a full assessment before commencing riding. If riding is approved by a physician, parents/riders must report any neurological symptoms if they occur e.g. headaches, dizziness, nausea in motion, blurry eyes, loss of head control, loss of hand control, change of gait, bladder or bowel function and these should be investigated by your doctor before riding continues. RDA Coaches will monitor the amount of head movement and neck stability during riding and will adapt activities until muscles develop to appropriately support the head and neck.

### **Pre-cautions for participants with Scoliosis**

Scoliosis is a lateral curvature of the spine with a rotatory component. An Orthopaedic Surgeon should provide information about the degree and location of the scoliosis. When the mobility of the spine is an issue, the physician needs to evaluate the spine to determine if there is enough functional mobility to ride a horse. If there is insufficient flexibility in the spine to accommodate the movement of the horse, the physician should indicate that RIDING IS NOT RECOMMENDED. If riding is approved by a physician, RDA Coaches will attempt to provide as centred, and balanced position on the horse as is possible to assist with the improvement of core strength and muscle development to support the spine.

### **Pre-cautions for participants with Epilepsy**

RDA can cater programs for participants with Absence and/or Partial Seizures by providing additional support structures. Participants with a history of Tonic Clonic Seizures should have their condition controlled by medication before participating in RDA programs. In the unexpected event that a participant experiences a seizure during the RDA program, RDA coaches and volunteers are trained in emergency dismount procedures and seizure management. Participants should not participate in horse related activities if they have suffered a Tonic Clonic seizure within the past 24 hours.