

The background features a dark blue gradient with faint, light-colored circular patterns and a scale. The scale is a large arc on the left side, with numbers ranging from 140 to 260 in increments of 10. There are also several smaller circles and dashed lines scattered across the background, some with arrows indicating direction.

PRE-RIDING ASSESSMENT FOR RDA

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HIPPO THERAPIST

IMPORTANCE OF PRE- ASSESSMENT

- Real picture!
- Assess suitability
- Risk assessment

PLANNING SESSIONS

- Horse
- Mounting procedures
- Sidewalkers/ volunteer help
- Length/ duration of session
- Tack

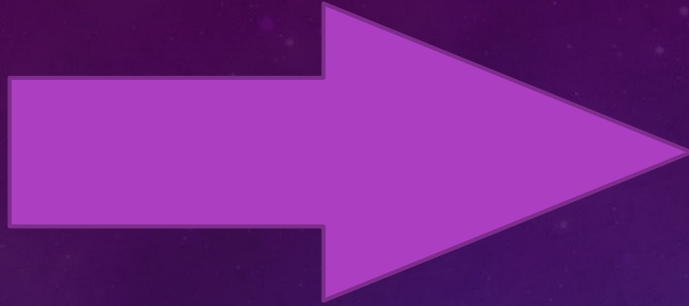
IDENTIFY MAIN PROBLEMS

- Communication-vision/ hearing / speech
- Sensation
- Pain
- Fatigue
- Muscle weakness
- Reduced joint ranges
- Balance/ core stability
- Motor planning , co-ordination

GOALS & EXPECTATIONS

- Social
- Pleasure
- Therapy
- Competition
- Therapy
- Progressive or non-Progressive condition
- Maintenance/ managing decline

PROBLEM



PLAN

- Poor sitting posture/core
- Tight muscles/ high tone
- Asymmetry
- Difficulty stand from sit

- Accommodating communication and sensory problems

gentle work on walk/halt transitions
stretch and reverse patterning
work on both reins , using both sides together
standing in stirrups

REVIEW & EVALUATION

- Formal review
- Informal updates following sessions
- ? Measurement

Coach/Instructor Pre Riding Assessment Form (2014)

RDA Region/County/Group: _____
 Instructor: _____ Date of Assessment: _____

Rider Name:		DOB:	
Parent / Carer:		Height:	
Teacher / Contact person:		Weight:	<i>If too heavy for horse, do not proceed for riding, driving/other</i>
Diagnosis:			

First Impression: *Rider enters and sits on chair. (If wearing bulky jacket or top this should be removed)*





Contra-indications / Precautions: *see ACPTR guidance sheet for further info*





Poor Head Control	Y/N	Hip Dislocation	Y/N	Osteoporosis / Osteogenesis	Y/N
Diabetes	Y/N	Haemophilia	Y/N	Acute inflammatory condition	Y/N
Spondylololsthesis	Y/N	Uncontrolled Epilepsy	Y/N	Circulatory/sensation problems	Y/N
Scoliosis >40°	Y/N	Acute phase MS	Y/N	Atlanto /occipital instability	Y/N
Kyphosis >40°	Y/N	Spinal Rodding	Y/N	Detached Retina	Y/N

**If 'Yes' to any of the above – seek advice from a Physiotherapist
 IF IN DOUBT – SEEK ADVICE FROM A PHYSIOTHERAPIST**

Additional Precautions:

Poor Trunk Control	Y/N	Continece	Y/N	Allergy / asthma	Y/N
Shunt	Y/N	Epilepsy	Y/N	Pump / Gastrostomy	Y/N
Splints	Y/N				

Movements		Comments
Able to walk in	Y/N	
Turn to sit	Y/N	
Sit on chair (no armrests)	Y/N	
Sit at front of chair	Y/N	
Free head movement	Y/N	
Needs to prop	 Y/N	
Lean trunk 4" to right	 Y/N	
Lean trunk 4" to left	Y/N	
Lean forwards a few inches and return	 Y/N	
Lean backwards a few inches and return	 Y/N	
Open legs wide enough to sit astride the horse	Y/N	

Movements		Comments
Lift right leg and foot (maintaining good sitting posture)	 Y/N	
Lift left leg and foot (maintaining good sitting posture)	Y/N	
Straighten right knee (posture?)	Y/N	
Straighten left knee (posture?)	Y/N	
Ability to sit tall (Slump -> upright)	 Y/N	
Hold arms in position of reins and move forward and back a few inches	 Y/N	
Sit to stand	Y/N	
Stand and lift right knee (with/without support)	 Y/N	
Stand and lift left knee (with/without support)	Y/N	

CONTRA-INDICATIONS & PRECAUTIONS


- Head control
- Hip dysplasia
- Osteoporosis
- Diabetes
- Haemophilia
- Acute inflammatory condition

- Spondylolisthesis
- Uncontrolled epilepsy
- Problems with sensation
- Scoliosis/ hypnosis >40
- Acute MS
- Atlanto-occipital instability

- Spinal rodding
- Detached retina
- Poor trunk control
- Shunt
- Febrile illness

MOUNTING & DISMOUNTING

- Risk- plan- record- carry out- reassess
- Consider-task, load, environment, individual capabilities, other factors
- Instructor's responsibility

- 
- Lifting
 - From a block
 - Platform
 - Hoist

- Conventional with or without assistance
- Step over
- Sideways
- Lift

DISMOUNTING

- Conventional
- Sideways- leg over withers, roll onto tummy, slide
- Lift

FURTHER QUESTIONS??

<http://www.rda.org.uk/runningyourgroup/new-participants/>

<http://cptrh.csp.org.uk>

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