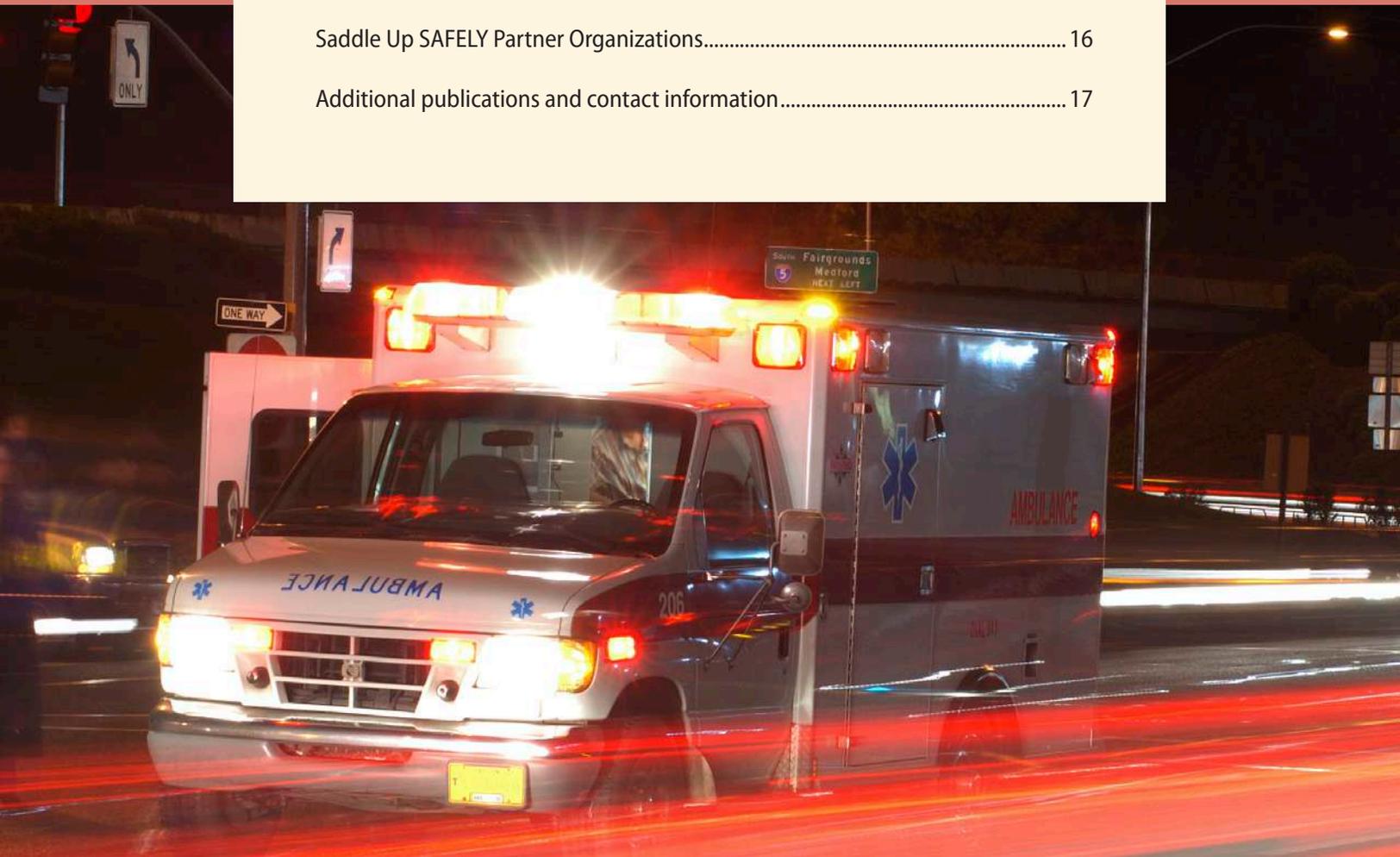


# Safe Return to Riding



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COMMONWEALTH OF KENTUCKY  
OFFICE OF THE FIRST LADY



*Jane Beshear*

Dear Fellow Equine Enthusiasts,

According to the latest (2014) National Electronic Injury Surveillance System report generated by the U.S. Consumer Product Safety Commission, an estimated 50,688 Americans have visited an emergency room for care due to a horse-related injury, and 8,429 (17%) were hospitalized. This data supports what most horse riders and handlers will tell you; if you are around horses long enough you are likely to experience an accident. While most accidents result in minor or no injuries, moderate to severe injuries are possible. It is especially important to take precautions if you have been away from horses for a long time. Riding requires specialized fitness, balance, coordination and strength and these skills are lost or diminished by a lack of time in the saddle. This booklet highlights key information that can help you or others safely return to riding whether it is a day or many years away from riding.

Sincerely,

A handwritten signature in cursive script that reads "Jane Beshear".

Jane K. Beshear

First Lady of the Commonwealth of Kentucky

## I N T R O D U C T I O N

Saddle Up SAFELY publications have primarily focused on preventing injuries. Only the Horse-Related Injury booklet contains some information about “after the injury.” This document reinforces information in the previous booklets and adds substantial additional information to reduce the likelihood of complications after an injury or after having been away from horse riding for a long time. Topics addressed include assessing whether a rider should consider remounting after falling; recognizing, assessing and managing concussions; obtaining medical clearance; emotional well-being; returning to core fitness levels; and reacquiring horsemanship skills. In addition, tools to assess an initial injury and determine readiness to ride are provided.



## Immediately after an accident

Anytime someone falls from a horse, it is a serious matter. The added height and velocity can lead to serious injury even if the fall seems mild. While remounting may be foremost in the rider's mind, it should be determined if this is indeed safe. It is also important to note that horse-related accidents other than falls may lead to injury and should be given the same consideration. The victim should remain immobile while being evaluated for injuries. Even if it is determined that the rider can get up, remounting or resuming immediate activities may not be advised.

In certain circumstances, medical care should be sought and remounting should not be considered.

t b  
beyond a few minutes, inability to move fingers or toes or decreased ability to move an otherwise uninjured extremity may indicate an unseen injury. In this case especially, it is important to not move the patient unless the rider is in immediate danger of further injury—such as being in water or a roadway.

t  
be addressed immediately. This may indicate a serious injury even if the person returns to consciousness and seems fine.

t b b  
speech, unequal pupils or change in balance indicates a need for medical evaluation.

weight or move the limb normally, remounting or resuming activity may lead to further injury.

u b b  
controlled and addressed as soon as possible.

immediate recovery period, emergency medical attention is necessary.

b  
emotional state of both the human and horse should be evaluated. If either party is unsettled, a delay in remounting or further activity should be considered.

People with certain underlying medical conditions are at a higher risk for injury if they incur a fall. They may need to seek medical attention even if the fall seems inconsequential. These conditions could include, but not necessarily be limited to: people with any condition requiring blood thinners; those at high risk for broken bones; bleeding disorders or diabetes; or pregnant women. Individuals who have suffered a recent concussion should consult a medical professional before any further riding is attempted.

Even if a fall seems mild, symptoms may not appear immediately. If drowsiness or sleeping for longer periods of time than usual occur, a medical evaluation may be necessary. Conversely, the inability to fall asleep or stay asleep, decreased ability to concentrate, sensitivity to bright lights and sounds,



nausea, vomiting or headaches may be indicative of a neurological injury and should be addressed. Abdominal discomfort, blood in the urine or stool, low back pain or vomiting may point to an internal injury and should be evaluated by a medical professional. Any swelling or pain that persists past the time expected for simple injuries to heal may also require medical attention.

The Equestrian Injury and Concussion Assessment Tool on pages 5 and 6 can be very useful in evaluating a person with a horse-related injury. A copy of the form or something similar should always be available to those overseeing the safety of participants at horse events. This tool is modified for equestrian purposes and based on the Sport Concussion Assessment Tool 3 (SCAT3) protocol developed by consensus at an international conference on concussion in sport held in November 2012.

*(Ref: McCroy, P et al., Consensus Statement on Concussion in Sport – the 3rd International Conference on Concussion in Sport held in Zurich, Switzerland, November 2012.)*

## Preparing for an injury

- Always prepare for a worst-case scenario and have a plan for what you will need and where you would take an injured equestrian. This means both you as an individual and the organization you ride with.
- If you have a medical condition(s), known allergic reactions or take a blood thinner, insulin or other medications, be sure to note any of these on a medical alert bracelet and wear it on your wrist while riding.
- When on a trail ride or at an event, know where the nearest hospital is located and the address of the trail ride/event.
- Alert 9-1-1 to ask first responders to avoid scaring horses that might be present, and possibly cause additional injuries.
- Injured riders often will not recognize that medical care needs to be summoned and others need to intervene.
- It is not advisable to ride alone, but if you do, take your cell phone and let others know when and where you are riding. It also may be a good idea to check in with your contact person when you are finished with your ride so they know you are safe.

## Could this happen to you?

Back in 1999, I fell from a horse while riding on a trail. We were at a walk and then decided to go from a walk to a canter. And that is when I fell. I don't remember much about the fall itself.

I didn't have any broken bones from the fall. But because I was unable to recall the fall itself and I hadn't been wearing a helmet, I believe I hit my head and sustained a concussion. I was hospitalized as a result.

**ADVICE:** *When riding, always wear a helmet. Our understanding of concussions has advanced tremendously since 1999. If symptoms persist or worsen, ask your doctor if a referral to an appropriate medical professional would be right for you.*



# Equestrian injury and concussion assessment tool

Use this tool as an aid to determine the equestrian's ability to resume riding. Progress through the tool's various stages as needed.

Name of equestrian: \_\_\_\_\_

Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Was the rider wearing a helmet?  Yes  No

## I. Injury Assessment

Symptom	Yes	No
1. Deteriorating mental status (confusion, slurred speech, drowsiness, difficult to awaken)	<input type="checkbox"/>	<input type="checkbox"/>
2. Potential neck or spinal cord injury (weakness, numbness or tingling)	<input type="checkbox"/>	<input type="checkbox"/>
3. Any loss of consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
4. Severe persistent headache? (worst headache of my life)	<input type="checkbox"/>	<input type="checkbox"/>
5. Visible face or head injury?	<input type="checkbox"/>	<input type="checkbox"/>
6. Severe dizziness, blurry vision, nausea or vomiting?	<input type="checkbox"/>	<input type="checkbox"/>
7. Abdominal pain?	<input type="checkbox"/>	<input type="checkbox"/>
8. Severe persistent pain in any part of the body?	<input type="checkbox"/>	<input type="checkbox"/>

If yes to **any** of the above, call 911. If no, continue with assessment.

## II. Concussion Assessment

### General Concussion Assessment

Please tell me what happened in as much detail as possible, starting with the last thing you remember. Get a description of what happened from anyone who witnessed the event.

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Screen for additional concussion symptoms - circle any that are present:

Headache Head pressure Nausea/vomiting (even if not severe) Dizziness

Sensitive to light Sensitive to noise Feeling "in a fog" Drowsy Irritable Anxious

**Seek immediate medical care if any of the above are circled.**

## Brief Mental Status Assessment

- Was there any impact to the head or a whiplash-type injury?  Yes  No  Don't know
- Is there visible damage to the helmet?  Yes  No  No helmet
- Did the rider fall hard, even if not on the head?  Yes  No  Don't know

If yes to any of the above, complete the **memory** assessment below.

Question	Correct (Tally Score)	Incorrect (0)
Where are we now? (+1)		
What is the day of the week? (+1)		
What is the name of the horse you were riding? (+1)		
Is it before or after lunch time? (+1)		
"I am going to tell you a list of words I want you to remember. Please repeat them back to me." (+1 per word correct, for a total of +5): elbow-apple-carpet-penny-bubble		
Please name the months in reverse order (+1): Dec-Nov-Oct- Sept- Aug-July-June- May- April- Mar- Feb- Jan		
Delayed recall: Wait 5 minutes and ask for the word list again (+1 per word correct, for a total of +5)		
<b>Total correct</b>		

**If score is < 13 correct, seek immediate medical care.**

**Physical and Balance Assessment:** (+1 for each task completed fully without loss of balance)

Exercise	Score
Stand with your feet together (+1)	
Walk 10 steps on your toes (+1)	
Walk 10 steps on your heels (+1)	
Walk 10 steps heel-to-toe (like on a tightrope) (+1)	
Stand on one foot for 5 seconds (+1 for each foot for a total of +2)	
<b>Total correct</b>	

**If total score is < 5 correct, seek medical care.**

## Assessing concussions

Many injuries are visible, and the necessary treatments and next steps are obvious. It is not always clear that a concussion has been sustained, and many still cling to the incorrect notion that you must be “knocked out” to have a concussion. And, horse riders may deny any problems because they want to continue riding. The three-part concussion section of the Injury Assessment tool provides an approach to determine if someone should seek further care.



### What is a concussion?

A concussion is a mild traumatic brain injury caused by the brain being shaken or striking the skull cavity. It often results in a temporary loss of brain function. The Centers for Disease Control and Prevention estimates that 1.7 million traumatic brain injuries occur each year in the United States. Of these, about 75 percent are concussions.

### General advice on concussions

Most concussions fully resolve within one to two weeks for adults and average of three to four weeks for children. However, it is not uncommon for symptoms to last longer, occasionally months, and sometimes, though rare, even years. When they do, this is called a post-concussive disorder. Fortunately, the majority of these types of injuries eventually resolve on their own. Though rare, sometimes symptoms can be permanent. When one is injured, even without loss of consciousness, it is important to be seen and then cleared by a physician. After any head injury, seeking proper medical care as soon as possible is a critical first step.

Often ignored in the recuperation process, however, are the mental and emotional effects that can stem from concussions and similar brain injuries. Although attending to the physical symptoms of a concussion is crucial, seeking help for anxiety and depression that may result is just as vital to a full recovery.

In assessing a post-concussive disorder, it may be important to include a family member/friend in the assessment. Poor insight is common in patients, and one's change may be quite noticeable to the significant other who could provide valuable input. The checklist at the top of page 9 provides recommendations for gradual increase in horse-related activity.

## Could this happen to you?

“A horse-related injury happened to me when I went to feed my three horses their grain in the field. One of them blind-sided me, ran me right over and knocked me out. It took me around four hours to remember enough info about my life that the physician would release me. I still don't really know what happened or which horse ran me over.”

**ADVICE:** *Horses that are usually calm can become aggressive over food and could potentially injure you or each other during feeding. Sometimes, they just don't know exactly where you are for a moment, and accidents happen. The best safety practice is to feed each horse individually. Feeding from outside of the pasture is safer than feeding inside the pasture. Taking food or treats into a field housing more than one horse can lead to the handler being surrounded by horses, fights over the food and possible injury. Hang feeders from the fence for easy access; place them at least 20 feet apart, so horses can eat comfortably without other horses in their space, and at a height at which horses are unlikely to get a leg caught.*



## Returning to riding after a significant injury or long illness

The first step in returning to riding after a long layoff due to a significant injury (which may or may not have been horse-related) or illness is to seek medical clearance. Once a medical professional has given you the clearance to resume horse-related activities, a number of other items need to be considered, including physical and mental readiness to ride, the suitability of your current mount and dealing with fear.

First, your current levels of endurance, strength and flexibility as they pertain to riding need to be assessed. Throughout the course of your layoff, these abilities have likely decreased somewhat depending on the length of your



recuperation. Performing exercises recommended by a physician, physical therapist or riding instructor to develop each of these areas is important prior to returning to riding.

In addition to assessing your physical readiness to return to riding, it is just as important to evaluate your mental readiness to ride. If your injury was due to a horse-related accident, this is especially important. Even if it was not, you may be surprised to find yourself uncertain about your ability to handle situations on horseback or around horses that previously were not problematic, whether it is due to changes in your strength, balance or other physical factors. If you need



to regain confidence, make sure you return to riding gradually, start slowly and increase the intensity as you feel comfortable and ready. Depending on your usual mount, it may even be necessary to start back on a different, quieter horse as you regain confidence. Having an instructor with you or leading the horse can help you feel more comfortable.

If your injury was due to a riding accident and you plan to

return to riding on this same horse, recognize that the horse may also need to regain confidence, especially if the horse was also injured in the accident. It may be helpful to have a professional trainer work through some of these issues with your horse. In addition, you may consider riding under the guidance of a professional instructor more often than you may have otherwise to help ensure that your return to riding is a safe and positive one. And while it might be difficult to make this decision, depending on the circumstances, it may be necessary to permanently select a more suitable mount based on your physical and mental abilities.

As you prepare to return to riding, you might also find it helpful to talk to someone who has recovered from a significant injury or long illness and who has successfully returned to riding. Being prepared for feelings you might not expect,



understanding the length of time it will take for your body to return to its original riding shape and just having a sympathetic ear to listen can be useful in this process.

It is important to recognize and address any fears you might be facing or that might arise as you return to riding. A horse can react to a rider's fear or discomfort before the rider is even aware of having these emotions. This can lead to unexpected reactions in the horse. It is therefore important to be mindful of your emotions and the effect that this would have on your equine partner. Dealing with fear is not trivial and may very well require the assistance of a professional counselor, but for your safety and for the safety of your horse, it will be well worth it.

Finally, it is important that you understand equine behavior and your horse's unique personality. This will help you build a relationship with your horse, an important part of safe and pleasurable riding.

## Returning to horse-related activities after concussion

### Level of activity/exercise recommended by rehabilitation stage

Rehabilitation stage	Rider's exercise at this stage	Objective of each stage	Examples
<b>No activity</b>	None until symptoms have resolved	Recovery	
<b>Light aerobic</b>	Light cardio training with no resistance training	Increase heart rate	Grooming, feeding
<b>Equine-specific exercise</b>	Exercises with no potential head impact	Add movement, strength and balance	Ground work, barn work, cleaning stalls, cardio and balance exercises off horse
<b>Light riding</b>	More complex exercises and resistance training	Exercise, coordination, balance and cognition	Riding for short periods of time at the walk wearing a helmet and on a safe horse. Concentration on strength and balance exercises, e.g., carrying hay bales
<b>Return to full riding – no competition</b>	All exercises in a careful, controlled manner	Restore confidence and assess functional skills	Riding with a helmet in all gaits on a reliable horse, in a familiar environment with familiar equipment
<b>Return to competition</b>	Normal		Released to full sport with a helmet on all horses in all venues

Note: If you experience problems, always return to a previous level. Source: Modified from *Zurich Concussion Guidelines*- see reference on page 4.

### Calories burned during 30 minutes of activity

Activity	For 130 lb. person	For 155 lb. person	For 190 lb. person
Riding horse at the walk	148 cal/hr	176 cal/hr	216 cal/hr
Walking, carrying 15 lb load	207 cal/hr	246 cal/hr	302 cal/hr
General horse riding	236 cal/hr	281 cal/hr	345 cal/hr
Hand walking a horse briskly at 4 mph	236 cal/hr	281 cal/hr	345 cal/hr
Unloading/carrying grain	325 cal/hr	387 cal/hr	474 cal/hr
Shoveling	354 cal/hr	422 cal/hr	518 cal/hr
Horse grooming	354 cal/hr	422 cal/hr	518 cal/hr
Fencing	354 cal/hr	422 cal/hr	518 cal/hr
Hiking, cross country (if your horse is hard to catch)	354 cal/hr	422 cal/hr	518 cal/hr
Riding horse at the trot	384 cal/hr	457 cal/hr	561 cal/hr
Riding horse at a gallop or canter	472 cal/hr	563 cal/hr	690 cal/hr
Baling hay/cleaning barn	472 cal/hr	563 cal/hr	690 cal/hr
Polo	472 cal/hr	563 cal/hr	690 cal/hr

Reference: Modified from <http://exercisestbest.us/abdominal--workout--exercises/calorie--burning--activities.html>

## Returning after a long absence from horse riding

People may be out of the saddle for long periods of time for many different reasons: illnesses, pregnancy, change in financial situation, relocation and many other reasons. Regardless of the circumstances that kept you out of the saddle for a period of time, we are excited that you want to start riding again!

Before you take on this new (or old) endeavor, you need to be aware that you may have forgotten some important riding skills. As we age, our bodies change, and our muscle memory is not the same as it was when we rode all the time. Body weight changes can affect your balance in the saddle, so it is important that you start off with a well-mannered, experienced horse, appropriate for your riding level and conditioning. This type of horse is more forgiving of riders' mistakes and will allow you to readjust to the new reality more easily than an inexperienced or more sensitive horse would. Another issue



to consider is that as we become parents, our responsibilities change and that also affects our performance while riding. Parents may feel less comfortable taking risks after they have children. Therefore, it is imperative that you find a suitable mount, as a quiet, calm horse can be more valuable in this instance than a more excitable or unpredictable mount.

It is highly important to get back in physical shape as you return to riding. Core strength exercises, as well as exercises to strengthen your legs and arms, are very useful. There are several books and websites that show workout exercises to improve core as well as upper and lower body strength. You

may want to join a gym or work with a personal trainer. The Mayo Clinic and other references mentioned in the resources section offer easy-to-follow programs to strengthen core muscles.

As you get back in riding shape, it is equally important to also increase your endurance and flexibility. As cited earlier, on p. 9, there are unmounted exercises that will improve these functions. If you are overweight, this is a good time to start



losing those extra pounds. The chart at the bottom of page 9 shows the increase in calories generated by activity.

Whether you will be looking for a new horse or riding your previous mount, it is important that you know that horses can carry about 20-25% of their body weight, depending on the type of horse and the rider's ability. Generally, horses with wider loins and thicker cannon bone circumference can carry heavier weight loads than horses with narrow loins and thin cannon bones (see references section, page 14, for citation). Therefore, a 1,000-pound horse can carry about 200 comfortably, and maybe up to 250 pounds if the horse is a stock or cob type. You need to keep in mind that this means the weight of the rider plus the weight of the saddle, which can be up to 45 pounds.

In general, you should return to riding gradually, start with simple and short riding sessions or lessons, and increase the duration, intensity and complexity as you regain confidence. Switching to a less-demanding discipline can also help you progress at a reasonable pace. For example, even though you jumped 20 years ago, due to lifestyle changes or time constraints, non-jumping disciplines may be more suitable. There are many ways to be involved with horses without riding. This may be an option for you.

Whatever you do, it is important that you set reasonable expectations and return to riding in a safe and enjoyable way.

## Safety tips

- ❑ Wear proper footwear. Wearing proper riding boots and shoes can help prevent many horse-related injuries. Shoes or boots should have a 1-inch heel that prevents the foot from slipping through the stirrup. Footwear should cover the ankle.



- ❑ Wear gloves. Gloves help prevent the bridle's reins from slipping out of your hands and provide some hand protection. Gloves also provide a sturdier grip, particularly in wet weather.



- ❑ Explore other safety equipment that may be appropriate for your riding such as safety vests, safety stirrups and toe stoppers.



## Could this happen to you?

I had been out of the saddle for about 15 years and finally got my own horse. I was over eager to ride and long story short, I took her off the property, alone, no helmet, down a paved back road for a quick ride. This gal was also in season and cranky. About a quarter mile away and she got “dancy” in the street. Futilely trying to remain in control, I clamped down on my mare (she hated it) as we began to move towards the drainage ditch at the side of the road. As we neared it, she slid in and the fun really began. We stepped through the ditch and into a recently plowed cornfield: a big, wide, open field. She was ready to bolt full speed; I had a much better idea: go back to the barn in an orderly fashion – she wanted nothing to do with my wishes, she reared with me and I lost a stirrup. Because of my time out of the saddle and inexperience with this horse, I lost my other stirrup, my balance and in the air I go, as gravity took its toll. All I remember from there was hitting the ground. I got up wiped the mud off, did a quick, “see if anything’s broken” test and headed back to the barn, on foot. I didn’t THINK I was hurt at the time but ended up with a sprained finger, bloody nose, a fractured pelvic bone and a heightened appreciation for wearing a helmet.

**ADVICE:** *When you return to riding it is important to pick a horse appropriate to your current skills. You may want to have an instructor assess your riding skills and give you lessons. It is also wise to begin riding in an enclosed area with someone else present. This allows you and the horse to become familiar with each other. Should anything go wrong, you have assistance close by.*



## Helmet information

- ❑ Helmets are recommended for all riders.
- ❑ Helmets last at most five years; after that their effectiveness diminishes.
- ❑ Helmets are designated for one blow. They need to be replaced even if the damage to the helmet is not visible. Follow the manufacturer's instructions carefully.
- ❑ Your helmet needs to fit YOU. Do not wear a friend's helmet. Even if your heads look like they are similar size, head shape can make a difference. For maximum protection, the helmet must fit well.
- ❑ Be sure to use a helmet that is ASTM/SEI certified. Spending more money might get you different padding and trendier decorations or materials, but it doesn't translate into more protection.



## Fitting a helmet correctly

The helmet should fit snugly all around the head without any pressure points to the front or on the sides. This may require wearing it around the store for a few minutes in order for it to adjust to the shape of your head.

When you shake your head, the helmet should not slip up and down or from side to side.

You should be able to put at least one finger space between your chin and the chin strap. If you have to make it as snug as possible to stay on, it may not fit properly. This can be tested by being able to yawn without restriction.

If you are going to wear your hair up, be sure to put it more on the back of your head rather than on top, and compress it as flat as possible. Ideally you are better off to gather it in a hairnet at the base and sides of the helmet. Some helmets have space on the sides to allow for this.

Helmets that have V-shaped strap adjustment systems require particular care when fitting the straps. Take the time needed to make sure the straps pull the helmet straight down atop your head.

About every three months, check the fit of your helmet, as straps stretch out, padding settles and the fit changes.

Also, check the fit if you cut your hair; you don't want to be going over a jump and find you cannot see because your helmet has fallen over your eyes simply because you had your hair cut.

Request to have your head measured.



## Conclusion

Horse activities are risky. That risk may increase after an injury or an extended absence from the sport. Taking the time to regain your physical strength, emotional well-being and riding skills will help ensure a safer return to your activities. If you have suggestions for improving this booklet, send your ideas to [saddleupsafely.org](https://saddleupsafely.org).



## Equine safety resources

Michael W. Collins, Anthony P Cantos et al. "A comprehensive, targeted approach to clinical care of athletes following sport-related concussion."

Matthew R Gammons. "Helmets in sport: fact and fallacy." *Current Sports Medicine Reports* 12(6): 377-380 Nov/Dec 2013.

**[www.ascm-csmr.org](http://www.ascm-csmr.org)**

"Exercises to improve your core strength"

**[mayoclinic.org](http://mayoclinic.org)**

"6 easy exercises to strengthen your core"

**[www.Realsimple.com](http://www.Realsimple.com)**

"Best core exercises"

**[www.Livestrong.com](http://www.Livestrong.com)**

"Hate crunches? 6 better core exercises for beginners"

**[dailyburn.com](http://dailyburn.com)**

Helmet-fitting video

**[www.youtube.com/watch?v=OcJJEtEZMq0](http://www.youtube.com/watch?v=OcJJEtEZMq0)**

Helmet-fitting PDF

**[http://www.equineguelph.ca/pdf/courses/trainer\\_kit/helmet\\_fitting\\_infosheet\\_final.pdf](http://www.equineguelph.ca/pdf/courses/trainer_kit/helmet_fitting_infosheet_final.pdf)**

Danger Detective online activity: *Be a Danger Detective on the Horse Farm*

**<http://equimania.ca/dangerdetective/onfarm.html>**

2-week online short course on horse behavior & safety

**[http://www.equineguelph.ca/eworkshops/behaviour\\_safety.php](http://www.equineguelph.ca/eworkshops/behaviour_safety.php)**

Train-the-Trainer 'Horse Behaviour & Safety' workshop curriculum (for facilitators)

**[http://www.equineguelph.ca/eworkshops/trainer\\_kit.php](http://www.equineguelph.ca/eworkshops/trainer_kit.php)**

## References

Page 10: Debra Powell et al. *Journal of Equine Veterinary Science* 28(1):28-33,2008.

**<http://www.sciencedirect.com/science/article/pii/S0737080607004133>**



## ACKNOWLEDGEMENTS

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## SADDLE UP SAFELY PARTNER ORGANIZATIONS

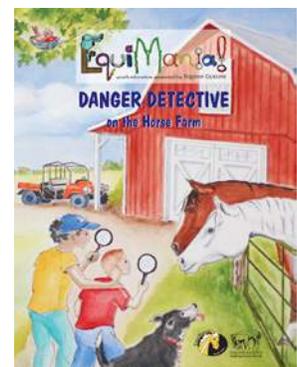
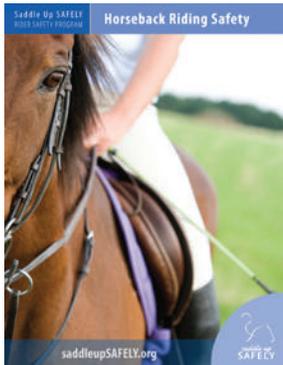
Alltech	Lexington Herald-Leader
Ariat International, Inc.	Medtronic, Inc.
Brain Injury Alliance of Kentucky	Mid-East Kentucky Quarter Horse Association
Brumfield Hay and Grain Co.	National Thoroughbred Racing Alliance
Buffalo Trace Mounted Patrol	North American Racing Academy
Cardinal Hill Rehabilitation Hospital	Northern Kentucky Horse Network LLC
Certified Horsemanship Association	Ohio Quarter Horse Association
CMD Health	Pegasus Helmets
DiscoverHorses.com	PHI Air Medical of Kentucky
Equine Guelph	Point Two Air Jackets USA
Equestrian Medical Safety Association	Red Bay Group LLC
Equine Risk Management Group	Rood & Riddle Equine Hospital
Folck Insurance	Safe Kids Fayette County
TheHorse.com	Troxel Helmets
Jockeys' Guild	University of Kentucky Ag Equine Programs
Junior League of Lexington	UK College of Public Health
Keeneland	UK HealthCare
Kentucky 4-H Horse Program	UK Physical Medicine & Rehabilitation
Kentucky Department for Public Health	UK Psychiatry
Kentucky Equine Education Project	UK Spinal Cord and Brain Injury Research Center (SCoBIRC)
Kentucky Horse Council	United States Pony Clubs, Inc.
Kentucky Horse Park	United States Dressage Federation
Kentucky Horseshoeing School	United States Equestrian Federation
Kentucky Injury Prevention and Research Center	USRider Equestrian Motor Plan
The Lane Report	Welch Printing Company

## Purpose of Saddle Up SAFELY

Saddle Up SAFELY is a coalition of 40-plus medical, public health, educational, retail and horse organizations from the United States and Canada led by the University of Kentucky's UK HealthCare and the University of Kentucky Ag Equine Programs. SUS is actively supported by the United States Pony Clubs, Certified Horsemanship Association and the Kentucky 4-H Horse Clubs. Saddle Up SAFELY's goals are to: raise awareness and understanding of rider/handler safety, reduce the number and severity of horse-related injuries and encourage injured riders to return to the sport safely.

## Resources available

Saddle Up SAFELY offers a number of brochures on its website at [saddleupsafely.org](http://saddleupsafely.org). In addition, you can find online safety quizzes, expert columns and a safety blog by Fernanda Camargo, DVM, PhD. You can also find us on Facebook. Perhaps the most valuable resource is the collection of more than 300 safety tips offered by our website visitors. We encourage anyone who has been injured in a horse-related incident to share their story and the advice they would give others to avoid or reduce the severity of a similar accident or injury.



Brochures available online at [SaddleUpSAFELY.org](http://SaddleUpSAFELY.org) or call **859-257-1000** or toll-free **800-333-8874**.

## How to reach us

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Find us on Facebook: [www.facebook.com/pages/saddleupsafely](http://www.facebook.com/pages/saddleupsafely)

Phone: **859-257-1000** or toll-free **800-333-8874** / Fax: **859-257-5509**

*Information in this booklet developed by*

University of Kentucky

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UK HealthCare

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University of Kentucky  
Ag Equine Programs

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UK College of Public Health

