



RDA(NSW) Coach Training

Rider assessments

Introduction to Topic

- Look again at rider assessments
- Focusing more on some of the physical observations.
- Read medical form and spoken to parent guardian
- Read any additional reports- Physio, speech pathology

Participant Orientation Report

Available in Members
area of the RDA(NSW)
Website
Folder = RTO & Coaching

Participant Orientation report

Name: _____ School: _____ Date: _____

Hat: _____ Boots: _____ Medical received: ☐

Enters: Quietly ☐ noisily ☐ running ☐ walking ☐

Greets: Helpers with words ☐ gesture ☐ sound ☐ doesn't greet helpers ☐ sign ☐

Putting on Hata and boots: Requires full assistance ☐ partial assistance ☐ no assistance ☐

Waiting on verandah: Sits quietly ☐ moves around ☐ makes noise ☐ talkative ☐

Complies with instructions ☐ co-operative in taking turn ☐

Stretching barrel: _____

Follows instructions: _____ on approach ☐ on mount ☐ on dismount ☐

Able to raise 1 leg ☐ Able to balance on 1 leg ☐

Able to straddle barrel ☐ Tightness of muscles in straddle: _____

Demonstrates tremors ☐ Low tone ☐

Extra Step ☐ No Step ☐

Other physical implications: _____

Horse Meet and greet:

Approaches ramp confidently ☐ Apprehensively ☐ Refuses to approach ramp ☐

Views horse confidently ☐ Apprehensively ☐ Refuses to view horse ☐

Approaches horse confidently ☐ Apprehensively ☐ Refuses to approach horse ☐

Touches horse confidently ☐ Apprehensively ☐ Refuses to touch horse ☐

Removing helmet and boots: Requires full assistance ☐ Partial assistance ☐ no assistance ☐

Farewells helpers ☐

Does the participant have a Behaviour Management Plan? Yes ☐ No ☐

Does the participant have a Seizure Management Plan? Yes ☐ No ☐

Does the participant have an Asthma Management Plan? Yes ☐ No ☐

Cognitive Implications: _____

Medical Implications: _____

Participation Goals: _____

Participant suitability recommendations:

Risk factors to consider: _____

Physical support or adaptive equipment required: _____

Program description: _____

Potential Horse: _____

Additional comments: _____

Coach Name: _____

Rider Orientation and Assessment Feb 2020

Case studies

We will be looking at 3 riders with different types of disabilities.

Aim: More confidence in assessing

More relatable to what the rider may or may not be able to do on the horse and in the lesson

- Medical with cognitive disability
- Cerebral palsy
- Autism

Cerebral Palsy Definition

- Group of disorders that affect movement
- Permanent
- Mild to severe
- Diplegia – affects legs mostly
- Hemiplegia- affects 1 side
- Quadriplegia all 4 limbs
- Often other associated difficulties- speech, vision, hearing, cognitive.

Types of C. P.

- 3 main types- spasticity- tight muscles
- Dyskinesia – athetoid- uncontrolled slow movements with dystonia intermittent muscle contractions causing twisting or repetitive movements
- Ataxia – unsteady shaky movements with tremor
- Often described by impact on gross motor skills
- Impact on fine motor skills

A- 6 years

- Intellectual disability
- Cerebral palsy – level IV
- Mixed tone with low tone, some spasticity and dystonia
- Epilepsy
- Non verbal
- Visual impairment
- Looks toward people within 2 metres
- Makes eye contact within 50 cms
- Reduce sensory input if she has to attend to something visually



- Wearing second skin which helps keep her trunk , shoulders and hips more stable
- Assessing ability to sit up – needs variable support in this position
- Arms held in (some tightness in arms)
- Move limbs very slowly only to point they can be moved
- Has no response to save herself when falling to side or back



- Turning towards her mother's voice
- More relaxed in arms
- More curved in back



- Arms behind back which meant she went backwards so more support required
- Head pushed forward and back more curved

Goals

- Improve head control and core (tummy) strength
- Enjoy movement of the horse
- Listen to helpers
- Visually interact with toy
- Reach out to toy with arm support

- Wheelchair user with epilepsy
- 2 person lift
- 2 sidewalkers
- Narrow horse
- Steady gait
- Care with limbs when transferring



- Head held up well
- Making eye contact within 1 metre
- Arms forward with gentle assist
- Arm needed to support back at times



- Noise startled her
- Reaction with C. P. is to go into extension movement- head pushed forward, arms back and bent, shoulders up.
- Remedy by bringing arms gently forward and down
- Off side helper hand on hip to stabilize



- Position realigned
- Head up
- Hand forward
- Legs good position
- Pelvis tipped slightly forward which means tummy pushed out a little



Centred position
Held held up
Minimal support

1 hand down



- Fatigued
- Support to keep hands down and shoulder stabilized



- Getting hands to relax before getting off
- 2 person lift to wheelchair



Medical condition with cognitive disability

Kabuki syndrome features

- Global developmental delay
- Cognitive disability
- Small stature
- Heart defects
- Low muscle tone
- Language disorder- few sounds and few words developing

Y -17 years

- Doesn't use 2 hands together often- poor bilateral coordination
- Has trouble with working out how to carry out any new task/motor movement (poor motor planning)
- Gets frustrated easily- Behavior management plan
- Uses PODD book to communicate and for calming strategies
- Poor core strength
- Low platelets – fatigues easily

- Wants to hold hand to help with walking balance
- Doesn't need it so would work on that



- Wide sitting base to help with balance
- Using hands to help with balance



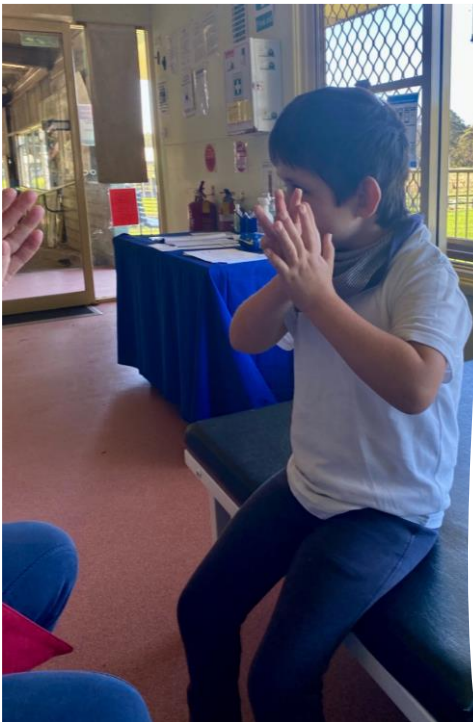
- Can cross midline to reach flag
- Shows dominant hand by taking in the right consistently
- Uses hand to support self when has to reach



- Using hand more for support when having to reach further



- Understands what I want him to do - 2 high fives



- Following instructions



- Legs wide apart to get up off bench to standing
- Using hand to support



- Happy young man heading down to horse



Goals

- Enjoy riding
- Use 2 hands for tasks
- Put own helmet on
- Get on horse with little prompting
- Get off horse with little help
- Self calm when frustrated



- Needs box on ramp to be correct height to put foot in stirrup
- Coach prompt standing position using touch



- Due to reduced motor planning needs lots of physical prompts
- Coach stabilizes stirrup
- Touch the leg he is to pick up



- Transfer weight to stirrup
- Lots of physical prompts and time to encourage lifting of his leg using his own strength



- Still needs verbal prompts to put hands down on pommel



- Once on no longer makes sounds of frustration



- Loves laying down to cuddle horse at the end
- Sidewalker is on the other side



- Verbal prompts for feet out of stirrups
- Light physical reassurance to gain forward position



- Lifts own leg over with verbal prompt only
- Light physical assistance on left side



- Verbal prompts to slide down
- Takes most of his own weight through his hands



- Best part of his session- up close with his horse

Questions?

