

General Duties - Prior To Mounting

- Arrive 30 minutes before class, check sign-in sheet, get name tag and check for assigned rider and duties. Help with arena set up if asked.
- Greet rider upon arrival. Take care of any concerns or questions prior to riding.
- Encourage family or caregivers to watch classes from bleachers.
- Fit rider with the ASTM/SEI equestrian helmet bearing their name.
Helmet should fit snugly at level of eyebrows without restricting vision. Loosen Velcro straps on sides of helmet that control length of strap that fits under the chin. Place helmet on rider coming from straight down, not from the back and down, and adjust chin strap to fit firmly under chin. With helmet in proper position, adjust Velcro straps or dial so that strap at base of neck fits snugly.

Interactive Sidewalker – Mounting

- Responsible for rider safety on ground while in arena. Hold rider's hand if appropriate and always stand between rider and rear of horse.
- Take rider up to instructor for mounting the rider on the horse. You should walk on the open side of the ramp nearest the horse. If a wheelchair or other mobility aid is used take directions from the instructor regarding your role.
- Once the rider is securely mounted, you move into position for a walk-on.

Supportive Sidewalker -- Mounting

- Stand on the off-side block to create an alley for the horse to enter for mounting.
- Assist from the block with the rider mount – face the horse's side, feet astride, hands raised in readiness to receive rider. Method and amount of assistance needed will vary with the rider.
- When rider is securely mounted, instructor approves, both sidewalkers are in position and leader is ready, rider will give the "walk-on" command.
- Stay with your rider in the required hold as you go down the steps.

Interactive and Supportive Sidewalkers – Supporting Mounted Rider

- **Emergency Dismount**
 - Interactive sidewalker will do an emergency dismount of the rider in an emergency situation.
 - Hold safety belt or grab rider around chest or waist, attempting to protect the head as you pull the rider off and slightly backward.
 - A small child may be held, but a larger child or adult should be lowered to the arena floor.
 - Instructor will give further directions related to the situation
- **General Riding**
 - ***Keep the rider centered on the horse!***
 - If shifting occurs, ask the rider to shift their weight. If they don't or are unable to do so, ***MAKE SURE THE INSTRUCTOR KNOWS*** and is able to guide in the procedure. Some riders are more fragile than others, so you do not want to cause harm. After instruction, the instructor will tell you if you are allowed to help the rider adjust on your own.

- o Always use flat hands, no grabbing. Do not touch in the swimsuit areas.
- o Major corrections of rider position are done by the instructor and may require a halt in the center of the arena, unless continued movement will cause the rider to come off the horse. Then you may stop on the rail to wait for the instructor.
- o Cue to leader to whoa, if necessary to shift the rider.
- o Repositioning is most easily done using the hips or shoulders as control points.
- o The instructor will provide guidance, as needed, in positioning riders.
- **Changing Sides**
 - o *This is to be done ONLY at a halt!*
 - o If either sidewalker needs to make a change, first alert the instructor, then go to the center of the arena.
 - o The sidewalker who calls for the change releases hold on the rider, walks in front of the horse then replaces the other sidewalker.
 - o Once the changing sidewalker has a hold on the rider, the other sidewalker walks in front of the horse to the other side and takes hold.
 - o Make sure a conversation is taking place so that the rider is securely held by at least one sidewalker at all times during the switch.
- **Games**
 - o Sidewalkers should participate in games as directed by the instructor.
 - o If you have not been instructed to participate, it is imperative that you remain with your rider using the support hold required. Be creative and interact with the rider.
 - o DO NOT reach for stray balls, beanbags or other objects unless the instructor tells you to or they are about to injure your rider and you are in a position where you can continue to support your rider while deflecting the object.

Support Holds

Take cues from the Instructor for the required hold from the following list:

- **Spotter** - No physical touch required for rider.
 - o Stay no further than 12-18 inches away from your rider's leg.
 - o Do not fall behind or walk in front of your rider's leg because you will not be in position if sudden movement occurs.
 - o It is imperative that you stay in position with your rider.
- **Ankle Hold** - used if the rider has better balance.
 - o With "near" hand, cup the back of the rider's inside ankle/heel with no grip
 - o Instructor may request "human stirrup" which requires the sidewalker to use the "far" hand under the forefoot to prevent foot drop.
- **Thigh Hold** – used to keep riders centered or on the horse
 - o Place the "near" arm over rider's thigh applying light pressure.
 - o Hold surcingle handle or swell of saddle.
 - o Do not hang on saddle or rider.
 - o Do not dig elbow into rider or horse.

There are many other "touch" points on the body to align posture or create a rider's awareness of their position. The instructor will apply these techniques or demonstrate their use on an as needed basis, but one of the most important jobs of the sidewalker is to keep the rider centered on the horse and to cue to leader, if necessary, to whoa, to shift the rider.



Volunteer Orientation Manual

2020

LEADING



Experience with horses is mandatory for volunteers selected as horse leaders. Horse Leader Training to learn “The Turning Point Way” is required before a volunteer is assigned to perform this duty in a session to ensure consistency for the horses and riders.

Leading the Horse – General Principles

- Keep both hands on the lead rope. Position the “near hand” 12 to 24 inches from the snap while the “far” hand carries the folded rope. NEVER coil the lead rope around your hand! Never “walk” backwards when leading. You may face your horse at a halt.
- Walk beside the horse’s head, watching eye and ears for expressions of disposition
- Use voice, body language and pressure, in that order, to cue the horse;
- Do not let the horse crowd you with his feet, face or body or pass your shoulder;
- Inform the instructor promptly if there is an issue with a horse.
- Follow any decision by the instructor regarding how to proceed.

NEVER hit or jerk the lead rope of a Turning Point horse to discipline them!!!!

Leading in a Class Setting – In the Arena

- Always handle the horse in a manner that creates a safe environment for your team of rider and sidewalkers.
- Never release the horse unless instructed to do so.
- Follow the direction of the instructor regarding patterns, games, mounts and dismounts
- Leave a minimum of one elephant space between you and the horses in front of and behind you when walking.
- To create space between you and another horse, there are three options:
 1. **Circle** – make a large circle to the inside of the arena ending in an area that has enough space in front of and behind the horse you are leading.
 2. **Pass on the Inside** – if the horse in front of you is going at a slower pace, pass on the inside (leaving one horse width between the sidewalkers) and saying “passing on the inside” as you do so. Pass the slower horse until you have one horse length between you and then fall back into the pattern.
 3. **Halt** – perform a short halt to create additional space between you and the horse in front of you. This should only be performed if there is more than ample space behind you and won’t create a short space situation for a horse that’s following you.
- At halt, turn to face your horse, maintaining position by his head. Maintain 6 to 12 inches slack in the lead.
- ALWAYS WAIT for the rider to indicate they are ready to “walk on” - not all will verbalize it, but all can cue in their own way.
- If it is necessary to relax the horse, Speak calmly, breathe deep and show the energy you want your horse to reflect. No touching is necessary.
- Stand on the side of the horse nearest games when they are being played so you can screen the horse from the action as needed.
- Halt to walk – Rider cues with “walk on”, then and only then begin walking.
- Walk to halt – Rider cues with “whoa!” and leader gradually slows walking speed to a halt.
- Techniques will be taught at Horse Leader Training for all transitions.

Leading into Mounting Area

Note: The instructor is responsible for checking that the rider is appropriately wearing an ASTM- SEI approved helmet and that other riding apparel is appropriate to the individual's safety and particular health or structural issues.

- Instructor will check girth and stirrups before assisting rider to mount the horse
- Rider should be *on the mounting ramp with the instructor or a sidewalker*.
- Leader will bring horse to mount area but halt approximately 10 feet from it.
- Leader waits until instructor asks for the horse.
- Leader then SLOWLY leads the horse close to the ramp listening to instructor positioning cues.
- Leader will then make sure the horse is square, facing the horse at the halt, but not standing directly in front of the horse's face. This is a safety issue for the leader and the horse cannot see the leader.
- Instructor will then assist rider on the horse.
- Leader will remain in position until instructor has done all safety checks.
- Instructor will ask rider to give walk on and leader will move horse from mounting area.

During a session, if there is a need for a tack adjustment or the instructor must focus on a particular rider, the instructor will ask the rider, horse and volunteer team to come to the center of the arena. At this time, the leader will lead the rider to the center of the arena and have a halt. This will get the team out of the way of the other riders.

Possible Instructions from the Instructor:

- Walk On
- Halt
- Half Halt
- Change of Direction
- Circle
- Weave Cones/Poles
- Come to Center
- Back
- Trot
- Unclip Lead Rope
- Emergency Dismount

EMERGENCY SITUATIONS

Rider Falling

- If the rider is falling and cannot be supported, tell the leader "Rider Falling" and pull the rider off toward the back of the horse while attempting to protect the rider's head.
- ALL LEADERS STOP HORSES! and move into halt position.
- All sidewalkers stay with your riders.
- DO NOT MOVE THE STUDENT.
- The instructor will assess the situation before proceeding.

Rider Seizure

- You will be informed by the instructor if your rider has a history of seizures.
- In the unlikely event of a rider having a Grand Mal seizure, call to the instructor and pull the rider from the horse in the same manner as above. Horse Leader will remove the horse a safe distance away.
- Not all seizures look the same. Most seizures will not require being removed from the horse.
- Do NOT attempt to intervene during the seizure.
- ALL LEADERS STOP HORSES! All sidewalkers stay with your riders.
- The instructor will assess the situation before proceeding.

Horse Spooks

- If a horse is startled but does nothing more than move its feet a bit, the **sidewalkers** need to tighten their hold on the rider and stay with the horse – attempting to keep the rider mounted unless the situation escalates.
- The **leader** will lead the horse in the direction of the spook, attempting to regain control of the animal by talking calmly and touching the horse's neck gently.
- DO NOT turn the horse's back to the object that caused the spook as it could stimulate the flight response and cause the horse to run.

Fire or Tornado Emergency

- Evacuate the arena and follow the Instructor to the Apartment parking lot as shown on the posted Emergency Route for a head count
- Dismount riders first. Sidewalkers escort them out. Instructor decides about horses.
- Instructor will decide whether to remain in shelter or board busses/cars to leave site

Medical Emergency or Occurrence with Injury

- Alert the instructor, give details and follow instructor's direction
- If requested, go to the session phone in the phone basket and call 911 – reading the directions to the arena on the back of the phone. Stay on the line with 911.

Accident/Occurrence Report Forms

Rider Incidents

In the case of an incident involving the fall of a rider from a horse or any mishap with a rider involving a bruise or cut, an Occurrence Report Form must be completed by the Instructor of the session involving that rider whether the session has ended or has not yet begun.

Volunteers may be asked to provide additional information to aid in the completion of the form, but responsibility for completing the form lies with the instructor.

Staff/Volunteer Incidents

In the case of an incident involving a volunteer or staff member, whether due to a horse-related event or a fall or accident, an Occurrence Report Form must be signed by the individual who was hurt. Another volunteer or an available instructor may complete the form, but a completed form with the signature of the hurt individual is required unless that person is left unconscious or taken by ambulance from the property.

Occurrence report forms are available in the office.



Volunteer Orientation Manual

2020

CLOSING PROCEDURES



Sidewalkers:

- Clear arena of games, cones and ground poles.
- Return all equipment to storage area neatly. Spray helmets and return to the helmet storage shelfc.
- Note any damaged equipment on the dry erase board in the game room/office.
- View the arena...Is equipment including ramp and bleachers stowed away?

Horse Leaders:

- Remove and put away tack & grooming kits. **Fork horse apples from arena.**
- Groom horse – noting any injuries that might have occurred in the session
- Tell the horse what a great therapist he or she is!
- Check with the instructor regarding where the horse needs to go:
 - If there is a session later that day, put the horse in its assigned run.
 - If there is a session immediately following, clip the horse to the rail.
 - Scoop poop and sweep the tacking area of the barn
 - If yours is the last session of the day, put the horse in the pasture.
- If yours is the last session of the day, turn off indoor and outdoor arena lights.
- Close all gates and make sure locks are fastened.

All Volunteers: Log hours in book before leaving and hang up your nametag.

SPECIAL VOLUNTEER OPPORTUNITIES

Fundraisers

Turning Point hosts Fundraisers and Open Houses in order to purchase special equipment, provide rider scholarships and share our beautiful facility. There are opportunities for volunteers as decorators, greeters and recruiters and in set-up, horse washing and transport. It's so fun!!

Special Olympics

Turning Point takes most riders older than 8 to Special Olympics Equestrian each Fall. It's a life changing opportunity to help your favorite horses and riders "go for the gold!"

HorseTales Literacy

Each Spring, the Turning Point horses and volunteers take books to first graders at a local Title 1 school then hosts them at the Ranch to Read to Horses, Rope, Feed, Paint and do other horse activities.

Mini Horse Visits

As we ramp up our Mobile Mini Program, we will be training and asking volunteers to join us at schools, nursing homes and nonprofit agencies where we will be providing services.

Finally, THANK YOU!

Volunteers!!

Because of you, Turning Point Ranch can offer individuals with physical, mental and emotional challenges life changing lessons that give them skills to use in the arena and out in the world.

We thank you for sharing your time and talents!



Volunteer Orientation Manual

2020



DISABILITIES SEEN IN THE TURNING POINT PROGRAM

ATTENTION DEFICIT DISORDER: Inability to focus attention

Characteristics: May have difficulty following directions, may be overly active

Benefits: Stimulates attention span, group skills, builds confidence, opportunities to meet goals

AUTISM: A self-centered mental state from which reality tends to be excluded **Characteristics:**

Unresponsiveness to the presence of others; withdrawal from physical contact; severely delayed and disordered language; self-stimulating behaviors; unusual or special fears; insensitivity to pain, unawareness of real dangers; hyperactive, passive; unusual behaviors such as smelling/tasting/licking/mouthing all objects; ritualistic behaviors; developmentally delayed; unusual response to sounds; clumsiness; social withdrawal; resistance to change.

Benefits: Interaction in a group setting stimulates interest away from self and toward others and the horses. Postural and verbal stimulation.

CEREBRAL PALSY: Brain damage occurring before, at, or shortly after birth. It is a non- progressive motor disorder.

Types and Characteristics:

Spastic - hypertonicity with hyperactive stretch reflexes, muscle imbalances and equilibrium.

Increased startle reflex and other pathological reflexes.

Athetoid – extensor muscle tension, worm-like movements, abnormal posturing and slow and deliberate speech

Ataxic – poor balance, difficulty with quick, fine movements and are often described as having a “rag doll” appearance.

Benefits: Normalization of tone, stimulation of postural and balance mechanisms, muscle strengthening and perceptual motor coordination.

Associated Problems: Seizures; hearing defects; visual defects; general sensory impairment; perceptual problems; communication problems; mental retardation; emotional disturbances; learning disabilities

DEVELOPMENTAL DELAY: A general term applied to children functioning two or more years below grade level.

Characteristics: Varied but can include slow physical, motor and social development **Benefits:**

Provides arena for success, opportunity for sport and recreation, stimulates body awareness.

DOWN SYNDROME: Condition in which a person is born with an extra chromosome resulting in mental retardation and developmental delay

Characteristics: Broad, flat face, slanted eyes, neck and hands may be broad and short. Usually hypotonic, have hypermobile joints and tend to be short and slightly overweight. Prone to respiratory infections.

Benefits: Riding improves expressive and receptive language skills, gross and fine motor skills, balance, posture, muscle tone and coordination.

EMOTIONAL DISABILITIES: A congenital or acquired syndrome often compounded by learning or physical disabilities incorporating numerous other pathologies.

Characteristics: Trouble coping with everyday life situations and interpersonal relations. Behaviors such as short attention span, avoidance, aggression, autism, paranoia or schizophrenia may be exhibited.

Benefits: Increases feelings of self-confidence and self-awareness and provides appropriate social outlet.

HEARING IMPAIRMENT: Congenital or acquired hearing loss from mild to profound. **Characteristics:**

Communication difficulties – may use lip reading, finger spelling (manual alphabet) or sign language.



Volunteer Orientation Manual

2020



Often phase out and have attention deficits.

Benefits: Stimulates self confidence, balance, posture and coordination. It also provides appropriate social outlets and interactions.

LEARNING DISABILITIES: Catch-all phrase for individuals who have problems processing, sequencing and problem solving, but who appear to otherwise normal intelligence skills.

Characteristics: Short attention span, easily frustrated, immature.

Benefits: Effects depend on the particular disorder. Stimulates attention span, group skills, cooperation, language skills, posture and coordination.

MENTAL RETARDATION: Lack of ability to learn and perform at normal and acceptable levels. Degree of retardation is referred to as educable, trainable, severe or profoundly retarded.

Characteristics: Developmentally delayed in all areas. Short attention span.

Benefits: Stimulates group activity skills, coordination, balance, posture, gross and fine motor skills and eye-hand coordination. Provides a structured learning environment.

MULTIPLE SCLEROSIS (MS): Progressive neurological disease with degeneration of spinal column tracts, resulting in scar formation.

Characteristics: Most commonly occurs in the 20 to 40 year range. It is progressive with periods of exacerbation and remissions. Fatigues easily. Symptoms include weakness, visual impairment, fatigue, loss of coordination and emotional sensitivity.

Benefits: Maintains and strengthens weak muscles and provides opportunities for emotional therapy.

MUSCULAR DYSTROPHY (MD): Deficiency in muscle nutrition with degeneration of skeletal muscle. Hereditary disease that affect mainly males.

Characteristics: Progressive muscular weakness, fatigues easily, sensitive to temperature extremes.

Benefits: Provides opportunity for group activity, may slow progressive loss of strength, stimulates postural and trunk alignment, and allows movement free of assistive devices.

VISUAL IMPAIRMENT: Moderate or total loss of sight

Characteristics: Insecure posture, lack of visual memory, anterior center of gravity, fearfulness, and developmental delay.

Benefits: Stimulates spatial awareness, proprioception, posture and coordination. Provides social outlet, structured risk taking and freedom of movement.

TRAUMATIC BRAIN INJURY: A brain injury may be primary, the result of a trauma or disease that directly affects the brain; or secondary, a result of another condition or treatment that in turn affects the function of the brain.