



**Children's TherAplay**  
The Children's TherAplay Foundation, Inc.

# Volunteer Manual



United Way agency



The Children's TherAplay Foundation, Inc.  
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Carmel, IN 46032  
Ph: 317-872-4166 Fax: 317-872-3234  
[www.childrenstheraplay.org](http://www.childrenstheraplay.org)

**Directions:** Children's TherAplay is located at 9919 Towne Road, just north of 96<sup>th</sup> Street on the east side of Towne Road. Look for a white brick entrance with a small sign that says, "Lucky Farms, Home of Children's TherAplay".

Follow the driveway and our building will be on the left. Our entrance is on the South facing side of the building with a maroon awning that says "Children's TherAplay"

## Welcome Volunteers! We are delighted to have you join us.

### What is Children's TherAplay?

The Children's TherAplay Foundation, Inc. is a non-profit outpatient rehabilitation clinic for children with special needs. Children's TherAplay is unique because we incorporate the movement of horses into physical and occupational therapy sessions. Children's TherAplay was established in the fall of 2001, and from the beginning incorporated the innovative idea of using horses as a treatment tool within therapy sessions.

- Hippotherapy has been in practice in the US for more than 40 years. Horses create a dynamic, three-dimensional movement that cannot be reproduced in a traditional clinic setting. The gait or stride of the horse, coupled with the animal's warmth provides numerous benefits.
- Because our program is so effective, Children's TherAplay has grown to become one of the largest clinics of its kind in the country.
- Each child's sessions are designed to achieve individual therapeutic goals, which are determined by the Children's TherAplay treatment team in conjunction with the patient and their family. Sessions are one-on-one and utilize the treatment tools in our child-friendly clinic as well as the horse.
- Children's TherAplay's horses are carefully chosen for their temperament and the type of movement they produce. Our therapy horses are specifically trained for their unique role within therapy sessions and are guided by professional horse handlers which optimized safety and effectiveness.

**Volunteers drive the Children's TherAplay program**, are indispensable at all levels of the organization, *and need not be equine oriented*. Some do bring skills in horsemanship, others bring leadership skills, and others simply bring many new ideas and insight to the program and frequently enlist their friends! Ask any Children's TherAplay volunteer and they will state that they gain as much, or more, than they give.

As a volunteer, you will learn and achieve, as well! The information in this manual is designed to assist you in understanding some of the Children's TherAplay policies and procedures. This manual is not all-inclusive and does not include every policy or protocol relating to volunteers at Children's TherAplay. Please feel free to ask staff members or seasoned volunteers if you have further questions or concerns.

### Safety Rules and Regulations

- Drive **SLOWLY** through the parking lot. If your foot is on the gas pedal, you are going too fast! Speed should not exceed 10mph even if you are running late.
- If you are not comfortable AT ANY TIME or feel that someone is in danger, speak up immediately (even in the middle of a session). Safety is ALWAYS priority at Children's TherAplay.



# Volunteer Requirements

## All on premises volunteers must be able to:

- Tolerate dusty environments
- Follow a minimum of 2 step commands
- Maintain positive interaction with staff, horses, clients and other volunteers
- Have cognitive ability to have safety awareness and not disrupt sessions

## To sidewalk, a volunteer must be able to:

- Be at least 16 years of age
- Walk a minimum of 5 miles
- Lift 30 pounds overhead
- Follow 2 step commands with normal response time
- Tolerate extreme temperatures (heat and cold)
- Maintain a positive attitude even if a child is non-cooperative (biting, screaming, crying, etc)

Therapy sessions take place on the following days and times. You may work one session or all the sessions on any day.

### Hours of Operation:

Monday: 8:00 AM - 12:00 PM; 2:00 PM - 6:00 PM

Tuesday: 8:00 AM - 12:00 PM; 2:00 PM - 6:00 PM

Wednesday: 8:00 AM - 12:00 PM; 1:00 PM - 6:00 PM

Thursday: 8:00 AM - 12:00 PM; 2:00 PM - 6:00 PM

Friday: 8:00 AM - 12:00 PM; 1:00 PM - 5:00 PM

**If you have any scheduling changes, a last-minute emergency, or are running late for your scheduled day/time call 317-872-4166. If there is no answer, please leave a message. *Of course, we appreciate as much notice as possible.***

In the event of a cancellation on our end, we will notify you as quickly as possible via a phone call or an e-mail. Please be sure that we have the best number where you can be reached at the last minute.

## What do Children's TherAplay volunteers help with?

- **Sidewalkers** – help with each therapy session. They walk beside the horse and assist the therapist and rider to ensure sessions are safe and effective. This is often the task most desired by our volunteers, which is why it has been reserved for our “tried and true” volunteers. These are volunteers that have put in the most time at Children's TherAplay, and haven't proven their dedication by performing less glamorous tasks such as cleaning or stuffing envelopes. ALL volunteers are encouraged and expected to help with less glamorous tasks during their down time.
- **General Clinic Help** – volunteers can help by vacuuming the clinic and waiting room, emptying the trash, sweeping the back clinic, cleaning toys and therapy equipment, etc. There is a complete cleaning list inside the cleaning supply cabinet.
- **Office Help** – answering phones, filing, scanning documents, stuff envelopes, etc.
- **Help with Special Events** – camps, fundraising, public relation events. Watch for emails and/or posting at the volunteer stand on which events we need help with.

## Attire

You will be working in a professional setting. It is expected that volunteers will use good judgment in selecting appropriate clothing. When choosing your clothing—consider “Safety First”—inquisitive hands can pull off your jewelry, excessively baggy clothes can get caught on things, etc.

### What to Wear:

- Comfortable clothes, appropriate to the season, that you don't mind getting dirty
- Sneakers or boots
- Sunscreen, bug repellent, sunglasses, hat or visor
- Long hair should be tied back
- Long pants that are not too tight or baggy
- Shorts—hem no shorter than 4” above the knee
- Dress appropriately for the weather as you may spend a good deal of time outdoors or in the barn

### What NOT to Wear:

- Jewelry (necklace, bracelet, hoop/dangling earrings); stud earrings are okay
- Excessively tight or baggy clothing
- Perfumes
- Bare midriff or other revealing clothing
- Clothing with inappropriate slogans, decals, etc.
- Short shorts—see guide above to measure length
- Opened toe shoes, sandals, clogs, or flip flops

## Personal items are your responsibility

Please leave cell phones, purses and any other personal belongings in your locked vehicle. If you need a place for your keys, ask a staff person the best location. If you need to have your cell phone with you please have it on vibrate, however we would prefer you have it off while participating in sessions.

**\*Remember no cell phones are permitted while volunteering in the riding arena, unless they are turned off or on silent!**

## Volunteer Procedures

### Arrival Procedures

Upon arrival, each time you come to volunteer you want to do the following:

1. Find the volunteer sign-in sheet and record the date and number of hours you will be working. It is **very important** that you log in every time you come to volunteer. If you need verification of your volunteer hours for taxes, school, court, scholarships, Service Learning, etc., this is where we will get the information. If you do not sign in, you do not get credit. We also track these hours for end of the year reports as well.
2. Check with the volunteer coordinator or another staff member to find out what tasks need to be performed or if there are any special projects.
3. Check the riding schedule to see what sessions are taking place and at what time. Make sure to check for any **yellow highlighted** notes on the hippotherapy schedule prior to reporting to the mounting block at your scheduled time. Highlighted notes might include:
  - a. PSW – “Primary Sidewalk Walker” – Session requires an approved primary sidewalker
  - b. Assist in Clinic – Therapist needs a side walker’s help inside the clinic before/after session
  - c. Assist Mounting – An additional person to the side walker is requested to help the therapist get their patient on the horse.

## **Closings**

Anytime we have a last-minute schedule change or closing, we will make every attempt to contact everyone on the schedule who is affected via a phone call or an e-mail.

## **Miscellaneous**

We ask that you do not bring small children or pets with you when you come to volunteer. There is no one available to supervise them.

## **Confidentiality**

Names, specific conditions, or other personal details specific to the riders are to be held in confidence. Share the stories, the successes, and the warmth! -just leave out the private information. You can refer to our HIPPA Compliance Training for additional information on this.

## **SPECIAL RULES FOR PHOTOS AND SOCIAL NETWORKING SITES:**

*You cannot take a rider's picture without permission.* Children's TherAplay has permission to photograph riders and volunteers, you do not. Always ask.

If you plan on posting the photo on a social networking site; like Facebook, Twitter or any website, you must have specific permission to do this from anyone whose picture you have taken. **NEVER** identify a rider by name unless they (if an adult) or the parent gives permission.

## **Inappropriate Behavior:**

If you should observe any inappropriate behavior on the part of another volunteer toward a horse or rider, please report it to management. Our volunteers must be our eyes and ears to everything that is going on at the center. Never feel you are gossiping or it is wrong. We must know what is happening for the protection of everyone; the riders, horses and you, the volunteers.

## **It's your first day volunteering**

Simply introduce yourself to the staff member and let them know that you are new. Feel free to ask questions, we don't expect you to remember everything from one volunteer orientation!

## **Things to remember**

We focus on safety, courtesy, respect and kindness. Here are a few rules that help us maintain our standards:

- Do not feed the horses. Treats may be given with permission
- Do not handle horses without permission from staff.
- **Never turn horses out with a halter on unless directed to do so by a staff member. (Fly mask only)**
- Please do not use your cell phone during sessions. In addition, do not have your cell phone ringer on around the horses; if you must have your phone please put it on vibrate. Ringing phones are not only a distraction to you while your attention is needed, but they could potentially spook a horse.
- Never panic, scream, or run. Stay calm and quiet around the horses.
- All tacking and UN-tacking should be done by barn staff only.

Treat every person and horse with respect. Help each other have fun. We are all part of the Children's TherAplay Team.

## Side Walker

The side walker's responsibility is **the rider** (not the horse). Be prepared to give the rider your undivided attention.

### During Therapy Sessions

- **Only the therapist is allowed to mount/dismount the rider.** Listen for directions from the therapist if the rider is to mount from the ground (lifting), at the ramp, or at the mounting block.
- Do not touch the horse's bridle or long lines, or adjust any tack without permission from barn staff.
- If an object falls onto the ground, such as a glove, therapy toys, etc. leave it unless the therapist requests that you pick it up. Make sure the therapist/handler knows if something has fallen. If asked to pick up the item, then wait for the horse to completely stop before retrieving the item.
- The therapist will instruct you on what type of handhold to use with every position change with each rider. Avoid putting a hand on the rider's back (unless told to do so).
- If the therapist requests to change sides, **one person changes at a time.** You must be an approved PSW to do this.
- The therapist may ask that you participate in "games" with the rider using various toys.
- Please follow all instructions that the therapist gives you.
- Do not lean any of your body weight on the horse (or child).

## Emergency Procedures

At Children's TherAplay an emergency is defined as any unexpected occurrence or set of circumstances resulting in a real or potential safety hazard demanding immediate attention. Every volunteer should be familiar with the location of the following:

- Emergency phone numbers are posted in the barn.
- A human first aid kit is located in the barn outside in the tack room and on the south wall of the back therapy clinic marked "First Aid Kit".
- Animal first aid supplies are kept in the barn. Only barn staff are permitted to treat equine injuries, but you may be asked to retrieve medical supplies if necessary.

### Emergency during a therapy session:

If an incident occurs during therapy, the following procedures will be followed and adhered to:

- All riding (motion) STOPS in place. Stay with your horse & rider unless instructed otherwise. If your position threatens the situation or another horse, move to safety.
- The therapist is responsible for the safety of the rider. If necessary, the therapist/staff member designates a volunteer to call 911. If injury should involve a horse, the horse handler may designate a volunteer to call the Veterinarian.
- Do not move an injured rider or horse without permission.
- If the incident is serious, the therapist will dismount the remaining riders with the assistance of volunteers, if needed.
- Remember, in an emergency during a session, the horse handler is responsible for the horse, the therapist is responsible for the rider, and the side walker is responsible for assisting the therapist.

### Emergency Dismount

- If you are side walking next to a horse that becomes involved in an emergency, alert the therapist and horse handler of the situation.
- If an emergency dismount becomes necessary, the side walker needs to push the rider toward the therapist, and then step away from the horse.

## Precautions

Universal precautions are used to minimize contact with blood and body fluids by taking steps that may prevent non-intact skin exposures of individuals to specific organisms such as Hepatitis B and Human Immune-Deficiency Virus (HIV/AIDS).

***When you follow universal precautions, you assume that all persons are potentially infected with blood-borne pathogens.***

- Wear disposable non-latex or vinyl gloves when it is likely that hands will be in contact with bodily fluids.
- Protect clothing with an impervious material when it is likely that clothing will be soiled with bodily fluids.
- Wear masks and/or eye protection when it is likely that eye and/or mucus membranes will be splashed with bodily fluids.
- Wash hands often, before and after client care, paying attention to around and under fingernails and between the fingers, even if gloves are worn. If unanticipated contact with these body substances occurs, washing is done as soon as possible.
- Resuscitation masks should be used for CPR.

## Benefits of Equine Assisted Activities

Riding a horse is a beneficial activity for any person challenged with a physical, cognitive, and/or emotional disability. The uniqueness of equine assisted activities lies in the gait of the therapy horse.

The horse, having gaits with a three-dimensional swinging motion, is a living therapy tool for the rider, enabling the rider to experience up/down, forward/backward, and side-to-side motion- all the while stimulating muscle, brain, and social activity. Equestrian activities, in and out of a therapeutic setting, increase a rider's posture, balance, strength, focus, and coordination while also positively enhancing flexibility, self-awareness, confidence, and a sense of independence. Social and emotional growth is also gained from the natural bond created between horse and rider.

*The physical benefits of therapeutic riding include:*

- As the horse moves, the rider is constantly thrown off-balance. In an attempt to re-balance, the rider's muscles are required to contract and relax.
- Improved posture control and balance
- Increased muscle tone and strength
- Greater range of motion
- Decreased spasticity
- Better hand-eye coordination
- Reduction of abnormal movement patterns

*The cognitive benefits aide participants to excel in:*

- Learning repetition of patterned movements required in controlling a horse which quickens the reflexes and aids in motor planning
- Development of learned skills
- Tactile awareness and sensory integration
- Improved application of direction
- Greater skill at sequencing, patterning, and motor planning.

*The overall experience contributes to emotional gains of the rider by:*

- Providing excitement and the sense of achievement of working independently, as well as with a team.

- Nurturing independence
- Increased self-control and awareness
- Better emotional control
- Greater self-awareness and self-confidence

*The social benefits reaped by riders include:*

- Being involved as a rider creates a shared interest and experience on which to build a social foundation
- Friendship building
- Increased experiences
- Improving social skills and cooperation

## **Interacting with Persons with Disabilities**

As our society becomes more aware of the needs of persons with disabilities, it is paramount that we understand that more is involved than the removal of structural barriers and the use of assistive technology. Even more important is the removal of attitudinal barriers.

Attitudes not only define the way we view things; they also direct our actions. If we remember that people with disabilities are people first and that the disability is not who they are, we can focus on them as individuals. Interacting with persons with disabilities may be awkward at first. You may feel like you don't know what to say or do. You may be concerned that the wrong thing will be said. The important thing is to try. After all, we all have the same needs...to be loved, appreciated, respected, and productive. By projecting an attitude of openness and acceptance, we focus on the individual's ability—and that's where the progress and productivity begin.

An attitudinal barrier that we need to become more aware of is language. Language can project negative images that cause misconceptions and limit how individuals with disabilities can participate in our society.

The following are suggestions that will help in appropriate language use:

- Put people first, not their disabilities. Say "a person with a disability," not "a handicapped person," or "person with a hearing impairment," not "a deaf person."
- Don't use labels for disability groups such as "the retarded" or "the deaf." Emphasize people, not labels. Say "people who are deaf," or "people with mental impairment."
- Terms that should never be used to describe people are "crippled," "deformed," "suffers from," etc.
- Other terms to avoid: deaf and dumb; lame; defective; invalid; stricken with; victim of.
- Don't sensationalize or emphasize a "superhuman" quality to persons with disabilities who are successful. They don't want recognition because of what they have overcome, but for what they have accomplished because of who they are and the abilities they possess.
- Emphasize abilities, not limitations. For example, say "uses a wheelchair" rather than "wheelchair-bound."

The key is to remember that people HAVE disabilities; THEY are not disabilities.

When interacting with a person who has a disability, first, be yourself. If you normally extend your hand to shake hands, do it, even if he or she doesn't have a hand. Talk directly to the person in a normal voice.

When meeting a person with a visual impairment, identify yourself and introduce others who might be with you. Repeat the person's name to which you are speaking so it is clear where a comment is being directed. If you want to offer assistance, allow the person to take your arm. Don't grab someone and try to propel him or her. As you guide the person, describe the terrain—let him or her know of approaching obstacles. Be specific. Say, "There is a step approximately five steps in front of us."



For the person with a hearing impairment, you may need to get his or her attention first. Tap the person lightly on the shoulder or wave your arm. Look directly at the person and speak clearly. Try to position your face so that the individual can see your lips move. It helps someone in understanding what you are saying if he or she can see your facial expressions and body language. This is an instance where it may help to have something to write on. If someone has an interpreter, direct your conversation to the person you are communicating with, not the interpreter.

If you become aware that a person with a physical disability may need assistance, ask the person first if you can help. Don't assume! Grabbing someone's wheelchair and pushing without asking can be an invasion of his or her privacy and independence. Also, don't lean on someone's wheelchair—it's considered part of his or her body space. When talking to someone in a wheelchair, get down to his or her eye level so neither of you ends up with a stiff neck! If you are giving directions to someone using a wheelchair, make sure to consider barriers such as curbs, hills, narrow doorways, etc. that may pose a problem.

These suggestions boil down to three things: common courtesy, common sense, and respect. Interacting with persons with disabilities may seem awkward, but by focusing on who they are and what they can do you'll discover individuals just like you who want to be productive and respected. You will be encouraged by the contributions they will make to your life and how much progress can be made if we all work together!

## **Description of Disabilities**

The following is a brief, non-medical description of some of the disabilities and conditions of riders. This is not intended as a comprehensive explanation of a specific disability but rather as a general overview.

### **Autism/PDD (Pervasive Developmental Disorder)**

A disorder of unknown origin in which the individual has difficulties with communication skills, reciprocal social interaction, and handling various sensory input.

### **Cerebral Palsy (CP)**

A non-progressive disorder thought to be due in part to loss of oxygen to the brain before, during or right after birth. Speech, hearing, vision, learning and/or memory deficits may be present: however normal intelligence is generally not affected unless further brain damage has occurred. There are three main types of cerebral palsy:

- **SPASTIC:** Occurs in approximately 70 percent of all cases. It may impact motor function in one or more of the limbs. The muscles stay flexed and tense and the facial muscle involvement may affect speech.
- **ATHETOID:** Occurs in approximately 20 percent of all cases. It manifests itself in slow, jerky, involuntary movements of the arms and/or legs. It appears more obvious during periods of emotional tension. Speech functions are usually involved.
- **ATAXIC:** Occurs in approximately 10 percent of all cases. Weakness plus poor coordination with quick and fine motor movements result is loose, "rag-doll" appearance.

### **Epilepsy**

Epileptic seizures are due to abnormal discharges of nervous energy in an injured portion of the brain. More than half of all children with epilepsy can achieve full or partial control of their seizures with medication. Many individuals with epilepsy have normal intelligence and appearance; however, epileptic seizures of some people are the result of a general brain damaged condition. These individuals may also have abnormal body movements, lower intelligence or abnormal behavior.

### **Developmental Delays (DD)**

A broad term used to describe an individual that develops at a below-normal rate in terms of physical, cognitive and emotional development.

### **Down's Syndrome- Also known as Trisomy 21**

It is one of the most widely identified genetic conditions. Individuals with Down's Syndrome often present with hypotonia (low tone), particular facial characteristics and varying degrees of cognitive deficits.

### **Hearing Impaired**

It may vary from mild to severe and may be congenital or acquired. True deafness is defined as hearing loss in both ears severe enough to prevent communication through the ear even with amplification. Communication with the deaf may involve lip reading, finger spelling (the manual alphabet), or sign language.

### **Learning Disability (LD)**

Learning disabled is a "catch-all" phrase for individuals who have problems processing, sequencing, and problem solving, but who appear to have otherwise normal intelligence skills. New learning generally takes time to be integrated and may need to be reviewed frequently to ensure retention.

### **Muscular Dystrophy (MD)**

A hereditary disorder usually appearing in infancy or early childhood. It is characterized by progressive skeletal and muscle deterioration. There is no known cure for MD, which often reduces life expectancy.

### **Spina Bifida**

A congenital defect where there is incomplete closure of the spinal column at birth. There are usually varying degrees of paralysis of the lower limbs, loss of sensation, lack of bowel and bladder control, increased risk of infection and hydrocephalus; life expectancy is not necessarily shortened.

### **Stroke or Cerebrovascular Accident (CVA)**

Involves paralysis to one side of the body resulting from either a hemorrhage into the brain, a clogged artery or a rupture of an artery outside the brain. Degree of severity and recovery varies from person to person.

### **Traumatic Brain Injury (TBI)**

Injuries may be closed head (inter cranial bleeding causes pressure) or open penetration (profuse bleeding and open wounds ensure permanent damage). Deficits may include gross and fine motor skills, cognitive disabilities, speech, balance, and psychological alterations. Social skills may be affected and appear inappropriate. Amount of recovery depends on the severity of the injury.

### **Visually Impaired**

Visual deficits may range from severely limited to total and may be caused by congenital defect, traumatic illness, or injury. If the onset of impairments occurs after five years of age, they are accompanied by memories of people, places, and things.

## **Understanding Horse Behavior**

The beneficial interaction and relationship with the horse lies at the core of all work at Children's TherAplay. Our horses are valued partners and members of the team. Their health, safety, and welfare are a primary responsibility of the Children's TherAplay leadership. Horses are not tools or "beasts of burden"; they are valuable assets, with individual personalities, talents, and aptitudes that they bring to this difficult work.

**Communication** is the key to developing relationships and working with horses. It is critical to providing a safe environment for equine-assisted activities. Learning to understand horse senses, instincts, and body language is a step in predicting behaviors, managing risks, and positively influencing relationships.

### **Sense of Smell**

The horse's sense of smell is thought to be very acute and allows the animal to recognize other horses and people. Smell also enables the horse to evaluate situations and people.

- Smelling allows horses the opportunity to become familiar with new objects and their environment.
- It is recommended that treats not be carried in your pockets since horses may attempt to retrieve them. Do not feed treats without permission.
- Volunteers should not have food in the arena.

### **Hearing**

The horse's sense of hearing is also thought to be very acute. The horse may also combine their sense of hearing and sight to become more familiar with new or alarming sounds. The situation of a horse “hearing and not seeing” is often the cause of the *Flight response*.

The position of the horse's ears communicates attentiveness and interest, distress and aggression. Reading your horse's ears is learning his language. Your horse's ears and actions are the key to his emotions. He can tell you what he is paying attention to by the way he uses his ears and the way he acts.

- Forward ears communicate attentiveness and interest.
- Stiffly-pricked ears indicate interest and alertness.
- Drooping ears indicate relaxation or inattentiveness, exhaustion or illness. An inattentive horse can be easily startled.
- Flattened ears indicate anger, threat, fear, or pain.
- Ears flicking back and forth indicate attentiveness or interest.

### **Implications**

- Always speak to a horse before approaching them or touching them.
- Avoid shouting or using a loud voice. This can upset or scare the horse.
- Before entering the arena through any door, look first to make sure there is not a horse nearby. If so wait until it is on the other side of the arena before entering. When entering say “DOOR” and make sure to walk in slowly and shut the door quietly behind you...**do not let the door slam**.
- Dry leaves are LOUD and they tend to gather near arena doors. When you are walking through them, be conscious to do so slowly and as quietly as possible.

### **Sight**

The horse's eyes are set on either side of the head. There is good peripheral (lateral) vision, but poor frontal vision. Horses focus on objects by raising and lowering their heads. The horse's visual memory is very accurate. Horses are thought to see quite well in the dark due to the large size of their eyes. There is still controversy as to whether horses see in color, but most believe they do see shades of red, yellow, pink and green.

### **Implications**

- The horse may notice if something in the arena is out of place or different. Allow the horse an opportunity to look at new objects. Do not wave or shake objects like therapy toys around a horse's face.
- Since the horse has better peripheral vision, consider two blind spots—directly in front and directly behind the horse. The best way to approach a horse is at the shoulder. It may startle a horse if you approach from behind or directly in front.
- The horse may be unable to see around the mouth area, which is a safety consideration when feeding.

### **Touch**

Touch is used as a communication between horses and people. Horses are sensitive to soft or rough touch with a person's hands and legs.

### **Implications**

- Horses have sensitive areas. It is important to be familiar with them. (e.g. flank and belly area, ears, under tail).
- Watch the rider's leg position. The rider may need appropriate assistance to reduce tightening of the legs. Ask the therapist what the best handling technique is for this situation.

## **Taste**

Taste is closely linked with the sense of smell and helps the horse to distinguish palatable foods and other objects.

- A horse may lick or nibble when becoming familiar with objects and people. Be careful—this could lead to possible biting.

## **Sixth Sense**

Horses do have a “sixth sense” when evaluating the disposition of those around them. Horses can be hypersensitive in detecting the moods of their handlers and riders. A good therapy horse is chosen for its sensitive response to the rider. At times, there may exist a personality conflict between handlers and horses. It is important for the horse handler or therapist to know if you're having a difficult time relating to or getting along with a particular horse.

## **Other Signs to Watch for**

- Tucking the tail down tightly indicates danger to the rear. The horse may bolt, buck, or kick. Especially watch out if ears are flattened too!
- Switching the tail indicates annoyance and irritation at biting flies, stinging insects, and tickling/bothersome actions of a rider, another horse, or you.
- Droopy ears and cocking one hind leg to rest on the hoof reveals a calm, resting horse that may be dozing. Don't wake him up by startling him!
- Wrinkling up the face, ears flat back against the head, and swinging the head is the threatening gesture of an angry or bossy horse. Watch out for biting or kicking.
- Being aware of horse behaviors is one of the best safety precautions that can be practiced.
- Knowing how to read your horse can prevent an accident and increase the quality of your “mutual” relationship. If you are uncomfortable working with an individual horse, please speak to a horse handler or therapist.

## **The Horse's Lifestyle**

In addition to understanding the horse's sixth sense and how they communicate with us, we need to appreciate and increase our awareness of the horse's lifestyle. This will assist us in responding to the horse's reaction to situations.

### **Flight & Other Instincts**

Horses would rather turn and run away from danger than to face and fight it. Remember, in the wild, horses are prey animals. They run for survival.

### **Implications**

- At a sudden movement or noise, the horse might try to flee. Speak quietly and use slow movements.
- Be sure not to stand directly behind the horse.

### **The Herd Animal**

Horses like to stay together in a clearly defined herd or group where one or two alpha horses are “in charge” and the rest of the group lives in an established social hierarchy. It is not unusual for horses in a long, established herd to have “separation anxiety” and be barn sour.

### **Implications**

- Be aware that a horse may not like being alone. That is a consideration when horses are leaving the ring or a horse loses sight of the others.
- If one horse spooks at something, the surrounding horses may also be affected.