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## VOLUNTEER HANDBOOK

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### *Introduction*

Welcome to the Shumbashaba volunteer programme. We appreciate your interest in our programme and your kind offer of your services and time.

Shumbashaba offers various equine assisted therapy programmes within the community. The programmes include both riding and ground based work for the benefit of children and adults of formerly disadvantaged communities.

The therapeutic riding programmes focus on physical and psychological therapeutic strategies to assist the development of people with disability to reach their potential.

The growth and learning programmes focus on empowering all people to find the internal resource required to overcome many of the barriers to experiencing a functional and rewarding life.

Your contribution of skills, time and resources makes a considerable positive difference in all the lives that are touched by Shumbashaba. We trust that you too will experience a positive benefit of being involved.

### *How and where you can get involved*

Volunteering can take many guises, from being hands on with the riders and horses to assisting in the background with administration, fundraising, communications etc....

Please feel free to let us know where you feel most comfortable and how you can best fit in.

We really want this to be a reciprocal beneficial relationship for all parties involved. It is our experience that committed volunteers positively impact both their own lives and those of the people they touch in limitless ways.

Volunteer training sessions are an important part of our programme and are offered intermittently throughout the year. These sessions provide the opportunity for discussing the purpose and the needs that define the outcomes of the sessions. In addition they provide opportunities for skills training such horse handling, side walking, support techniques and knowledge of specific requirements for an individual's programme.

You will be notified of these training sessions in advance throughout the year.

## *Information about the Shumbashaba programmes*

“Therapeutic riding” is a broad term that is used to describe a number of different treatment strategies that use the horse and its environment for the therapeutic benefit of those who are engaged in the activities; usually people with disabilities, learning disabilities, and those with mental retardation. Examples of therapeutic riding activities include: hippotherapy, developmental riding therapy, psycho-educational vaulting and remedial riding, and riding as a sport and a skill for the disabled (riding for the disabled).

### **DEFINITIONS:**

#### **1. HIPPO THERAPY**

According to the American Hippotherapy Association, Hippotherapy is a physical, occupational, and speech-language therapy treatment strategy that utilizes equine movement as part of an integrated intervention program to achieve functional outcomes. Hippotherapy is done by an occupational, physical, and speech therapist that has been specially trained to use the movement of the horse to facilitate improvements in their client or patient.

#### **2. DEVELOPMENTAL RIDING THERAPY**

Developmental riding therapy is an extension of hippotherapy where the client is required to be more active on a moving horse.

#### **3. THERAPEUTIC RIDING**

Therapeutic riding is an extension of hippotherapy and uses equine-assisted activities for the purpose of contributing positively to cognitive, physical, emotional and social well-being of people with disabilities. Therapeutic riding provides benefits in the areas of therapy, education sport and recreation & leisure. It is in essence teaching riding to people with special needs being aware of the therapeutic benefit.

Kluwer has identified the following specific aspects of the horse that are important for both Hippotherapy and remedial riding:

- a) The three-dimensional swinging in the position of the saddle for the neuromuscular facilitation of the patient;
- b) The self-balance of the horse working as a kind of biofeedback to the balance of the rider;
- c) The motion-dialogue of rider and horse, that functions as a pre-gestural communication;
- d) The herd-typical behaviour of the horse within the triangular therapeutic relationship between horse, rider and therapist / instructor / volunteer. This triangular interaction mirrors that in early childhood – the basic condition of social learning. These effects can easily be related to the neuro-, sensory-, psycho-, and socio-motoric development.

The height and the flow of the horse’s movement provide many movement impulses that the rider has to react to. (It has been estimated that a rider receives 110 different movement stimulations a minute when riding) When considering horses for this work it is important to note the frequency of the steps and swinging in the back so that there is not too much pushing movement effected on the rider; however these important attributes would need to be assessed on a case by case basis.

#### **4. PSYCHO-EDUCATIONAL VAULTING**

Psycho-educational vaulting and remedial riding use principles of neuro-development, remedial education, and psycho-development in therapeutic strategies. Typically these forms of therapy occur in the group setting and have set developmental, psychological, social and educational goals. This is sometimes referred to as Interactive Vaulting and is an activity in which individuals perform movements on and around the horse. These movements can be very simple such as sitting without holding onto the surcingles or a more elaborate compulsory move such as kneeling or standing on the horse. It all depends on the individual needs of the vaulter. Most often the exercises and tasks required in sport vaulting are adapted to meet the psychological and educational needs of the clients.

The therapeutic value of vaulting is immense, as it promotes strength, flexibility, balance and coordination through the physical moves; as well as confidence, trust, patience and critical thinking as participants must learn routines and develop the skills necessary to perform these on a moving horse. It fosters teamwork, teaches respect for the horse, fosters independence, builds confidence, encourages social interaction, offers individualized instruction while mounted, and it introduces all gaits in a short period of time. Traditionally, all three gaits are used, though the intensity of the speed and movements can be easily adjusted for therapeutic programs.

#### **5. EQUINE ASSISTED GROWTH AND LEARNING - EQUINE ASSISTED PSYCHOTHERAPY (EAP) OR EQUINE ASSISTED LEARNING (EAL)**

Equine Assisted Psychotherapy and Growth and Learning (EAP/EAL) is a field of experiential psychotherapy where the horse is regarded as a member of the therapeutic team and not as a tool. The social and emotional interaction between the horse and the client is integral to the experience and success of the sessions. The horse is respected as a sentient being, with feelings, thoughts, emotions, memories and empathic abilities. During the sessions the behaviour and responses of the horse to and with the client act as support for increasing the client's self-awareness and personal growth. Rather than having a horse simply "perform" in a session, the horse's interactions are included as valid input to help further the personal development of the client. Within common sense parameters of safety for both horse and client, behaviours of each are integrated into the educational or therapeutic experience.

EAP / EAL offer a unique opportunity for the therapeutic use of metaphors. Horses elicit a range of emotions and behaviours in humans, which can be used as a catalyst for personal awareness and growth (Zugich et al., 2002). These sessions are facilitated by a credentialed mental health professional in conjunction with a horse professional.

#### **THE ROLE OF THE VOLUNTEER:**

In therapeutic riding volunteers are required to assist in the following ways:

- Saddling and unsaddling horses
- Leading horses
- Side walking with children or adults
- Instructor or Assistant Instructor
- Therapist = occupational, physiotherapy, speech or educational
- General support – assisting with children off the horse, fundraising, administration, etc.

In equine assisted learning volunteers are required to assist in the following ways:

- Horse professional
- Mental Health professional
- Co-ordinating groups
- Promoting programmes
- General support, particularly with regards to feeding the participating youth

## *Guidelines on Indications and Contraindications for Therapeutic Riding*

Therapeutic riding is suitable for both adults and children. However, an adult who does not have independent head and neck control is not suitable for therapeutic riding. In addition one must very carefully assess the suitability of an adult who cannot sit independently. Such adults are very difficult to secure safely on the horse, and pose a possible risk of injury to the horse's back, due to the fact that they sit heavily and are unable to lift their bottom in order to adjust back to the midline. In fact the weight of both adults and children is an important consideration in assessing the suitability of therapeutic riding for a particular client. The recommended maximum weight is 90kg. I would recommend assessing how "light" or "heavy" the client carries himself naturally, riders with physical disability often are heavier on the horse than they appear as a result of their asymmetry and tonicity.

Where riding is contraindicated it is recommended that an individual not be allowed to participate in riding classes due to the risk of severe injury or death because of their condition. Any riding client having any of the following precautions/contraindications must be evaluated to determine if a safe and beneficial riding experience can be provided for them. All clients must obtain their physician and or therapist's medical consent prior to starting a riding programme.

This list is a guide and is by no means exhaustive.

**Cerebral Palsy** - The exercises used during therapeutic riding must be appropriate to the child's developmental age. The minimum age is recommended at around 2 years of age. Of great importance is the treatment of the neuromotor system through inhibition of abnormal muscle tone and facilitation of normal muscle function. Sensorimotor and psychomotor deficits are treated simultaneously. Achieve the best possible reflex-inhibiting starting position, as this permits initiation of movement training and of movement pattern imprinting. Assess flexor and abductor contractures, and remain vigilant where there is any danger of hip dislocation. Hip dislocation could be a contraindication for therapeutic riding.

The intensive movement impulses of the horse may initially cause undesired increases in muscle tone; this can be eliminated by a short trot. When using the trot it is essential the client has a symmetric seat and is adequately secured – the horse's trot must also be quiet and soft. The positive effects of therapeutic riding on breathing can be used in speech therapy. Motor functions of the mouth are activated and articulation is thus stimulated; furthermore the client is often motivated to establish verbal, or at least vocal, contact with the horse. Hippotherapy is usually the initial treatment method of choice.

**Minimal Cerebral Dysfunction** – the decision is to decide whether to treat with hippotherapy or with psycho-educational methods. An alternative is to start with hippotherapy for a period of six months, and then begin a psycho-educational program.

**Multiple Sclerosis (MS)** – This movement disorder occurs as a result of demyelination of the nerve sheath and can occur anywhere in the central nervous system. This movement disorder is mainly spastic in nature, affecting primarily the legs. Ataxia, mono- or hemiplegia, or paraplegia characterizes the movement deficit. The progression of MS is characterized by periods of remission followed by periods of exacerbation of the symptoms. So, treatment plans must anticipate the continual deterioration of the condition, and thus of the client. The client must not be over stressed, and should they become fatigued and it cannot be alleviated through relaxation phases on the horse then the treatment session must be stopped early. They are prone to secondary disease, and sessions will have to be halted during those times. Be aware of the effects of long-term cortisone treatment which could lead to demineralization of the bones – osteoporosis, which entails a greater risk of fractures and the possibility of spontaneous fractures. Osteoporosis is therefore contraindicated. Decreased spasticity can result in leg weakness

immediately after riding, so keep a wheelchair near the dismounting area so that the client can be assisted to sit. Pressure sensitivities must also be carefully monitored as this can lead to pressure sores. The pad must be flat and the seams of trousers smooth.

**Consequences of neurological trauma – CVA, head injury, spinal cord injury** – assess whether or not the trauma has caused any changes in bone structure of the joints, which may be a contra-indication. Contra-indications are any skull injuries which are not covered by bone, fractured vertebrae which have healed together incorrectly, and fractures which are held together with plates, screws or wire. Clients with artificial hip joints may ride provided they remain well positioned. Spinal cord injuries above T6 are contraindicated as well as complete quadriplegia secondary to spinal injury. In paraplegic clients who have bladder or bowel incontinence assess the catheter adaptation. Always have the client empty the bags before riding.

**Epileptic seizures** – uncontrolled seizures are contraindicated, extreme vigilance must be observed with clients and be aware of when a seizure occurs. Assess each situation as it may be necessary to take a client off the horse, or allow the horse to stand with the rider mounted until the seizure has passed. Be aware that after a seizure a client may be very tired and not want to continue the riding session.

**Hydrocephalus/Shunt** - if associated with poor head control then this is contra-indicated. If a shunt is present – this reduces brain pressure by draining liquid via a catheter to for example the atrium of the heart – watch for fatigue, nausea, slowing down, headaches, noticeable behaviour changes. The shunt may be blocked or have moved. Many children ride with shunts and experience very favorable results.

**Spina Bifida** – permission to ride is dependent on the extent and location of the malformation. This is caused by the incomplete closure of the spinal canal. If the spinal process of the 5<sup>th</sup> lumbar vertebra press against the open vertebral arch of the sacrum (S1) causing pain then hippotherapy can be of great help without any problems. Incomplete vertebral arches and malformations of the sacrum and of the vertebral bodies are contraindications if static stress together with compression and rotation of the vertebral bodies could lead to mechanical damage. See information regarding shunts as it may be present.

**Congenital Malformations of the Extremities (Dysmelia)** – the degree of malformation of the extremities varies greatly from one-sided peripheral malformation to the absence of both arms and/or legs. Dysmelia always results in impairment of trunk function and of the spinal posture with all its implications. The greater the damage to the extremities the greater the adverse effect. If malformation of the legs is present, then gait training of the pelvis must be carefully developed as a prerequisite to trunk righting and coordination. Available muscles are trained to fulfill compensatory functions. Affected persons often begin with hippotherapy and then are able to move into riding as a sport.

**Poliomyelitis** – flaccid paralysis resulting from the effects of poliomyelitis on the spine. The neurological loss cannot be influenced. Hence treatment goals are practicing and improving compensatory muscle activities.

**Parkinson's Disease** – degenerative or post-inflammatory lesions, arteriosclerotic, post-traumatic or drug-related factors can bring on Parkinsonian syndrome. Symptoms include increasing stiffness, slowing tremors and akinesia. Very little documented experience with therapeutic riding. Strauss, 1995 showed some success with younger patients who were not suffering from akinesia or whose symptoms were in remission. Her patients showed noticeable relaxation and easing of rigidity, righting of the trunk, lessening of the flexion of the elbow joints and improvement of pelvis and hip mobility, which beneficially influences stride length. They tend to show greater fear of the horse's movement than individuals with other disabilities.

**Muscular Dystrophy** – progressive muscle loss. The progression of this condition depends in part on the physical demands made on the patient. Since all influences on the horse cause stretching stress of the muscle and its remaining strength, any form of therapeutic riding is contraindicated.

**Orthopaedic conditions** - Coxa arthrosis (degeneration of hip joint, hip dislocation, subluxation, dysplasia with significant restriction or asymmetry of hip abduction and ROM) / Pathological fractures / Osteoporosis-moderate to severe / Spinal fusion-organic or operative, with insufficient spinal mobility / Atlanto-axial Instability (**See Down's Syndrome**) / Spinal Instability producing excessive uncontrolled head and neck movement / Internal Spinal Stabilization Devices / Structural Scoliosis greater than 30%

**Down's Syndrome** – a genetic disorder with typical facial features and stature. They all show reduced muscle tone. Therapeutic riding is contraindicated if they have instability of the atlanto-axial (C1/C2) joint. The exam must include full extension and flexion x-rays of the neck. If the atlanto-axial status is normal they go on to enjoy riding as a sport.

**Blind or visually impaired** – no contraindications for riding. Riding requires a fundamental change in perceptions. They are taught how to solve movement tasks instead of copying movement techniques.

**Mental Retardation** – receive enormous benefit from therapeutic riding. They can progress from hippotherapy through educational riding to riding as a sport.

**Movement disorders and learning disabilities** – children who show signs of constant restlessness; show signs of problems with balance and hand-eye-coordination; slow down movements in many situations usually tied to a clear decrease in strength; are dragging, slowly moving and can hardly be motivated to do any physical exercise to excessive weight; are insecure and have low self-esteem.

**Medical / surgical considerations – the following are contra-indicated**

- Acute arthritis
- Acute Multiple Sclerosis
- Agitation with severe confusion
- Recent Surgery
- Anti-coagulant medication
- CVA secondary to unclipped aneurysm or similar conditions
- Open decubital ulcer/wound on weight bearing surface
- Excessive kyphosis, lordosis or hemi vertebrae with decreased spinal mobility
- Unstable spine for any reason

## **PRECAUTIONS**

All conditions listed above can also fall into this category depending on the severity of the condition and current treatment. Each client/rider will be evaluated on an individual basis to determine if a safe and beneficial riding experience can be provided for them.

In addition, the following conditions should also be considered precautions to riding therapy:

- Allergies/Asthma (horsehair, dust, etc.)
- Obesity
- Abnormal fatigue
- Peripheral vascular disease
- Age-related consideration
- Poor endurance
- Disruptive Behavior
- Varicose veins
- Cancer
- Recent surgery
- Diabetes
- Substance abuse
- Hypertension
- Recent dorsal rhizotomy (3months-1 year)
- Heart/cardiac condition
- Skin grafts
- History of skin breakout
- Sensory deficits
- Incontinence
- Indwelling catheters
- Remember that if you are not comfortable working with a particular individual then you have the right to refuse or refer them elsewhere.



**SHUMBASHABA – Horses Helping People**  
**VOLUNTEER REGISTRATION AND INDEMNITY FORM**

**a) VOLUNTEER REGISTRATION**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone/s: \_\_\_\_\_

E-mail: \_\_\_\_\_

**b) IN CASE OF EMERGENCY**

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone/s: \_\_\_\_\_

Doctor: \_\_\_\_\_

Phone/s: \_\_\_\_\_

Medical Scheme: \_\_\_\_\_

Special Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

I hereby consent to a responsible member of Shumbashaba securing necessary medical treatment for me in the event of an emergency.

Volunteer's Initials: \_\_\_\_\_

**c) VOLUNTEER LIABILITY AND RELEASE**

While Shumbashaba will take all reasonable measures to ensure the safety of all those involved in equine assisted therapy under its auspices, I acknowledge the risks involved in equine assisted therapy and the risks inherent in dealing with large animals such as horses. I undertake, and bind my successors thereto, not to hold Shumbashaba or its members liable for damages in the event of mishap or injury sustained while participating in the Shumbashaba equine assisted therapy programme.

**d) PHOTO RELEASE**

I hereby consent to the use by Shumbashaba of any photographic and audiovisual material of me for promotional material, educational activities or any other use for the benefit of Shumbashaba.

**e) VOLUNTEER NON-DISCLOSURE OF CONFIDENTIAL INFORMATION**

I acknowledge that I may from time-to-time come into possession of medical and other confidential information during the course of my participation in the activities of Shumbashaba, which information I undertake to hold and keep confidential, and not to disclose same to third parties without the written consent of the persons concerned and/or Shumbashaba.

I, \* \_\_\_\_\_, hereby agree to be bound by the conditions set-out herein, which conditions as appropriate shall survive termination of my membership of Shumbashaba, and to uphold the aims, principles and objects of Shumbashaba.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

\* Insert volunteer's or parent's name if the volunteer is under the age of 18.

**PLEASE COMPLETE THE FOLLOWING AND RETURN WITH YOUR COMPLETED REGISTRATION AND INDEMNITY FORM.**

**PLEASE INDICATE PREFERRED AREA OF INVOLVEMENT:**

PLEASE TICK ONE OR MORE OF THE FOLLOWING BOXES TO INDICATE YOUR PREFERENCE

- a. Therapeutic riding with children – side walking and/or horse leading
- b. Therapeutic riding with adults – side walking and/or horse leading
- c. Assistance with ground based learning programmes
- d. Assistance with specific events / competitions / open days
- e. Assistance with background activities

**WHICH OF THE FOLLOWING MUCH NEEDED SKILLS DO YOU BRING WITH YOU?**

- f. Horsemanship
- g. Riding
- h. Therapeutic
- i. Educational
- j. Administrative
- k. Communications / Media / Marketing / Design
- l. Fundraising
- m. Book keeping / Accounting
- n. Legal
- o. Catering
- p. Website / social media
- q. Other - details.....