



American Medical Equestrian Association Safe Riders Foundation

Support for The Thinking Rider

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A New View: Bringing Sports Medicine to the Equestrian Athletes

IT IS RARE the rider who does not experience a fall during his or her career. In fact, the longer you ride, the more likely you are to have fallen and incurred an injury. Many books and articles have proposed how to minimize the chance of injury in horse activities. One common theme is that if you improve your seat stability (your ability to stay in the saddle) you minimize the chance of falling. The many authors who have written on this topic feel their method will be most effective for achieving this goal.

Two years ago I met Dru Malavase through my work on the ASTM body padding committee. She invited me to the Stuart Horse Trials so I could get a better idea of what riders had to experience on an eventing course. I was researching snowmobile racing injuries and ways to maximize physical performance at the time and commented to her on what I thought were similarities between the two sports in terms of what it took to be an effective riding athlete. I had developed a successful conditioning program for the

snowmobile racing athlete and hence began the transformation of that program to one designed specifically for the equestrian riding athlete.

This is the first in a series of articles detailing that work. These articles combine the latest sports medicine research regarding how muscles function – tailored to the equestrian athlete – with conditioning methods used by athletes in other sports. For those who have never read a sports medicine or professional strength and conditioning publication, much of the material will seem strange and non-traditional. This first article will review some of the thoughts and rationale that went into the development of this program.

Injury Management

There is no doubt that injuries are a part of riding. Like athletes in other sports, riders know one of the best ways to decrease the chance of injury is to practice. The fact that there are two bodies that need to work together during practice to accomplish this presented a unique difference from the traditional athletic setting. What struck me as

most interesting though, is that many riders will place more emphasis on improving the skill and physical condition of the horse, while they focus on the technical side of the contest (i.e. how make the most efficient run through the course).

This is the first point.

Maximizing your physical fitness will not only minimize the chance of injury, but will also help you in your recovery should you become injured. However, this is not just going out for longer or more intense rides or increasing the amount of time you practice. Granted these will help, but it is conditioning for the horse first. The best way to maximize your personal fitness and minimize the chance of injury is to get off the horse and participate in a well-organized conditioning program designed to meet the rider's specific individual needs. How to design such a program and the considerations one needs to know make up one article.

How skills are taught and learned

This is a tough one for several reasons.....

The body has an inherent aversion to riding because the horse is essentially a multi-directional unstable surface and controlling the linear and landing forces applied to the rider requires a high degree of body activation.

When people are initially learning a skill, their movements are not coordinated (stiff) and as they become familiar with the skill their movements become more coordinated (loose). The amount of loosening up depends on their strength, how they are hard wired, and of course, injury. We can create exercises to help with some of the limitations, but in some cases, no amount of practice or training can improve their skill.

There are biological factors that cause females to have to work harder than males to counteract the negative effects that this surface produces.

There is the obvious difference in strength. Two other factors play a larger role. Many people have heard of the "core", but few probably know what is really is. Its full effects will be explained later.

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Editor's Corner

Spring has sprung! Welcome to the first 2006 issue AMEA-SRF newsletter. Here's hoping that you and yours are in good health and already beginning a successful new season.

This issue's feature article by Mike Pilato, the first of what is expected to be a series on injury prevention through proper conditioning, is a great reminder that there is much that we can do to prevent new injuries, and perhaps manage the remnants of old ones, in the pursuit of

improving our skills as equestrians. In Pilato's introduction, you will find a reference to someone who has been a driving force behind the dissemination of accurate, science-based equestrian safety information throughout the country—Drusilla Malavase. "Dru" recently received well-earned recognition by ASTM International for her numerous contributions. Details are in this issue. Another AMEA-SRF stalwart, Rusty Lowe EMT-P, provided a realistic perspec-

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MISSION

STATEMENT

The American Medical Equestrian Association/ Safe Riders Foundation is dedicated to the philosophy, principles and application of safety of people in equestrian activities. This purpose is achieved through education, research and resource.

▲ EDUCATION of health care professionals, organizational representatives and individuals, including an emphasis on public awareness;

▲ RESEARCH to better define injury patterns and risks, efficacy of safety measures and equipment, and assistance in equipment design;

▲ A RESOURCE of experience and expertise to be shared and utilized for the benefit of equestrian safety.

A New View: Bringing Sports Medicine to the Equestrian Athletes

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For now it is sufficient to say that it is made up of two muscle groups that work together to create stability of the torso. Unfortunately females have more of a tendency for one of the groups to shut off due to the up and down motion of the horse. If that is combined with a pelvis that is rolled backward, you have an enormous problem in terms of effectively using both muscle groups.

The second factor that is significantly more prominent in females is the "position of no return." This is a term taken from the sports medicine world. If you look at the rider from the front, the knee is inside a line drawn between hip and the foot. In my research, this position is naturally (although not intentionally) used by riders to grip the

horse harder. An explanation of what this position is and its influences on the rider will be discussed later.

Chain Theory

Most riders have a baseline understanding of how the muscles of the lower extremities function to keep the knee in position. There are two chains (groups of muscles that start at the pelvis/spine and end at the ankle) and when your foot goes in the stirrup, how these chains operate change. They go from an open chained position (foot is not fixed in place and free to move) to what I refer to as a loosely packed closed chain position (foot is fixed in the stirrup but the stirrup is free to move).

If you start from the common ball of foot on the stirrup position...

Research says that riding with a down heel or toe up essentially shuts off part of the anterior chain, hence overloading the posterior chain. It is interesting to note that in many pictures, riders have a foot that has changed to a more in home (foot centered over the stirrup) position. In actuality, a foot that is closer to home provides a more stable position for the foot/ankle and allows it to be used effectively as a shock absorber and force transmitter vs. a down heel/up toe which takes out the shock absorbing/force transmitting capacity of the ankle joint in this situation.

If you place the foot in a more in home position which allows the ankle to be closer to 90 degrees and allow it to be naturally reactive, you allow the calf muscle (in this case the deeper soleus muscle) to act in its' natural role, contributing to stability of the tibia. This also helps free the quadriceps to assist the hamstring with knee function.

To make this chain complete and tie together the torso with the lower extremity, you have to increase the function of a force couple (made up of deeper parts of the glute muscle and adductors) centered about the pelvis that increases the grip of the lower leg at the barrel of the horse, with out going into the position of no return.

I hope this has raised your interest in what has been said to be a successful adaptation of sports medicine information for the equestrian athlete.

The articles to follow will deal with:

- How the torso functions by itself and in relation to

changes in lower extremity position

- How to construct a well rounded conditioning program
- Managing shoulder pain
- Managing low back pain

Mike Pilato is an NATA-certified athletic trainer and medical researcher with 17 years experience keeping all levels of athletes healthy and active. He is employed by Charles Cole Memorial Hospital in Coudersport, Penn. where he provides medical coverage for three high schools. He is also affiliated with the University of Rochester's Sports Medicine Program in Rochester, New York.

He began researching how to minimize equestrian injuries and maximize a rider's physical fitness two years ago after meeting Dru Malavase. His other research projects include body padding and snow mobile racing injuries.

He is an active member of ASTM F08-55 on body padding and chair of the lacrosse body padding committee.

His equestrian colleague through this time has been Amy Brown. Amy is a lifelong horsewoman and event rider with eight years of experience teaching lower level event riders and pony club. Amy is presently studying for her personal fitness training certification through the American Council on Exercise.

They are the founders of Fit, Focused Forward project, a conditioning system based on Mr. Pilato's research.

Mike and Amy can be contacted for clinics or individual work via email (mikep316@yahoo.com or dobe808@hotmail.com) or phone (585-329-6463 or 585-734-4245).

Editor's Corner

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tive on helmet safety that was published in Chronicle of the Horse and is reprinted here with permission.

This organization's strength, in this editor's humble opinion, is in the depth and breadth of expertise spanned by its Board and contributors, and in the unflagging passion of those who support and maintain its operations, both functionally and financially. While geographical distance keeps many of us from ever meeting face to face, technological tools provide a more or less tolerable and timely means of communication. It is by way of this sometimes incredibly efficient,

sometimes unwieldy path that this newsletter takes form.

If there is an equestrian safety or sportsmedicine question that you would like to see addressed here, please contact me to help you take advantage of our organization's treasure trove of specialized knowledge. Many thanks to the contributing authors and those who work "behind the keyboard"—especially Dr. Doris Bixby-Hammett and Pat Hutson—for helping to put this information in publishable form.

Eve Flanigan

Editor

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"I'd Have Been Better Off With No Helmet"

A rider vows her own research will change the rule requiring ASTM/SEI-approved helmets that goes into effect next month.

Reprinted with permission from *Chronicle of the Horse*, November 18, 2005 edition.

Last year I sustained serious cervical injuries, spinal cord compression, and head injury due to the faulty construction of one of the ASTM/SEI-approved helmets, so I had to submit my thoughts on the rule requiring these helmets that goes into effect on Dec. 1.

The helmet, which I bought because I thought it was safer for riding jumpers, slid down my face after jumping a triple bar to a bending three-stride line to a skinny jump. I couldn't see where I was going, hit the standard, and fell off. I hit the back right side of my head on very soft ground.

When I bought the helmet I tried on every ASTM/SEI-approved helmet in the store. None of them fit properly, but the sales girl sold me the one that fit the closest.

Rider Debbie Stephens sent me to Dr. Barth Green, president and clinical program director of the Miami Project To Cure Paralysis, for evaluation of my injuries.

Dr. Green informed me that the helmet had caused the injuries because it was cut too high on my head, did not protect the back of my head, was moving on my head, and caused the concussion to go to my neck.

Dr. Green, a founder of the Miami Project To Cure Paralysis, has more than 25 years

of extensive experience with head and spinal cord injuries. As I was suffering from post-concussive syndrome, I was further stunned and angered by his analysis of my fall and injuries. I thought I was doing something safer, but one of the leading experts in the world informed me that I would have been better off with no helmet on my head.

No Perfect Helmet

I also learned from Dr. Green that at the present time there is no safe helmet on the market. A safe helmet is one that protects the head, without injuring the neck, on impact at all angles. There is no helmet that does that.

Some may test safe for frontal impact, for example, but not impact from the side. Dr.

Green is working with Tommy Lee Jones and Tim Gannon on designing a safer polo helmet. When I return to Florida, I hope to be working with Dr. Green on developing a safer helmet for hunter/jumper riders.

Dr. Green told me to never wear one of the ASTM/SEI-approved helmets again. His suggestion was to wear the Patey helmet until a safer one is designed. Dr. Green concluded that the Patey helmet is the safest one because of the way the helmet is cut. It protects the back of the head and neck, is custom-fit to the rider's head, and is balanced.

As a sports psychologist, I work with many riders. Ninety percent of the junior riders with whom I work complain

constantly that their required ASTM/SEI-approved helmet falls in their face and they can't see where they're going. Their parents spend hundreds of dollars buying helmet after helmet, trying to get the proper fit. That is not safe or right. Fit is where safety begins.

Since my injury, I have learned of at least 50 serious head and neck injuries blamed on the helmet. This summer, while at Spruce Meadows (Alta.), the owner of one of the local tack stores told me that he would not sell ASTM/SEI-approved helmets because of the large number of injuries attributed to that helmet.

I'll Wear My Patey

After having to take a year off from jumping to heal, I started showing again this past spring. I plan on showing next year, wearing my Patey helmet, and I will go to whatever length it takes to obtain permission from the U.S. Equestrian Federation to wear my Patey helmet, which has been prescribed to me by my neurologist, Dr. Green.

Dr. Green has far more expertise and practical experience than Andrew Ellis or any of the USEF Safety Committee members regarding helmet safety, head and spinal cord injuries.

I truly believe in safety, and I'm now riding around the jumper courses in my Patey helmet, without distraction. I'm wearing a harness at the current time, but the helmet doesn't move without the harness, because it was properly fit to my head. It fits like a glove.

Since I also truly care about the safety of all riders, I plan to pursue this issue and do the necessary research (which I am qualified to do since part of my doctoral degree was in statistics and research) to develop a safety helmet that is constructed to protect the head and neck properly.

I have written to the USEF Safety Committee and USEF President David O'Connor, with no response to my letters. I also obtained letters from several professional grand prix and hunter riders who have not received responses either. I'm beginning to wonder if the USEF's leaders really care about their members' input in this issue or if they think we're just wasting their time.

USEF members need to be accurately informed about the supposed "safeness" of safety helmets. There is no helmet that is 100-percent safe, and there may never be one. I'm sure that Dr. Green would generously donate some of his time to meet with USEF officials and members, in Miami next month at the U.S. Hunter Jumper Association annual meeting.

I strongly suggest that the USEF hold off on requiring the use of ASTM/SEI-approved helmets until further, unbiased, competent, and reliable research (to the .01 level of confidence) is conducted, the results analyzed, and a truly safe helmet is designed and developed.

Qualitative and quantitative studies need to be conducted on the number

and types of head injuries in riders wearing helmets vs. no helmets, between the types of helmets, and with or without harnesses.

Perhaps members could receive educational materials on a yearly basis regarding the safety of each brand on the market and be afforded the choice as to which helmet they wish to wear. Members wishing to wear non-approved helmets could sign a waiver of consent. I think the USEF will endure more lawsuits by requiring ASTM/SEI-approved helmets than they will by leaving the responsibility to each member.

Riders entering competitions acknowledge that the horse show and the USEF are not responsible for accidents or injuries. Why not provide educational materials regarding safe helmets and let members make their own choices and take responsibility for themselves?

Ann S. Reilly, Ph.D., is a practitioner of sports psychology, from North Salem, N.Y. She competes in the amateur jumper divisions.

There's No Such Thing As The "Perfect Helmet"

But a USEF leader insists that the research shows the ASTM standard is the best.

Rusty Lowe:

Dr. Ann Reilly's forum echoes similar complaints mentioned in letters from Gary

Baker, Patty Heukeroth and others previously published in the Chronicle, suggesting that the research

that led to our rule requiring ASTM/SEI-approved helmets for riders competing over fences was flawed and that the helmets are unsafe.

Let me begin by saying that Dr. Reilly is correct about one thing—no helmet will prevent all injuries and/or death. There is, simply, no "perfect helmet."

And no equestrian helmet is designed to protect the rider's neck. Equestrian helmets manufactured to the ASTM/SEI-standard are designed to protect the rider's brain in one way—by absorbing the energy sustained by impact and reducing the amount of energy applied to the brain.

These helmets should be fitted properly with a secure harness to do their job. If not properly fitted, accidents like the one Dr. Reilly suffered can occur. I agree that we need more education and training for proper fit.

Mr. Baker alleges that the University of Virginia Trauma Center has seen many cases of

injury attributed to ASTM/SEI-approved equestrian helmets and that they've recommended that riders not wear them.

I have contacted the trauma coordinator at the University of Virginia Medical Center, who assured me that she knows nothing about such advice. She even followed up with physicians and other practitioners, and they knew of no cases where this was true.

Dr. Reilly alleges that Dr. Barth Green of Miami has been studying these issues for

years and has more experience than any member of the USEF Safety Committee. My research into Dr. Green's background indicates that he does have more "experience" in neurosurgery and spinal cord research than any of our committee members. But this is insignificant since we did not perform the helmet research ourselves.

We studied a myriad of investigations performed by professional researchers, but I could not find any research published by or attributed to Dr. Green specifically regarding equestrian helmet safety. Other investigations by him have no bearing on this particular rule.

No Response

Dr. Reilly further alleges that Dr. Green insists that "at the present time there is no safe helmet on the market."

Andrew Ellis, chairman of the USEF Safety Committee, and I each tried for at least two months to contact Dr. Green for his input and to verify these statements and others. But he has not responded to our calls or e-mails.

With all due respect, if Dr. Green were so focused on ASTM/SEI-approved helmets, I would hope that he (or any other expert) would relay to us his concerns, research and recommendations.

The USEF's rules affect thousands of equestrians, and if there is documented evidence, we could put it forward to other experts and revisit the issue. So far, no one has been able to provide us with any credible or documented

research against ASTM/SEI-approved helmets. All information has been anecdotal.

Dr. Reilly, Mr. Baker, Ms. Heukeroth and others have inferred that we only used two years of incomplete statistics and that helmet manufacturers provided the research to further their business.

Again, I will state that we did not do the research. The USEF Safety Committee studied research that has been done for many years by many different reputable researchers and organizations experienced in neurology, sports medicine, emergency medicine, pre-hospital care, helmet safety and engineering. In particular, Dr. Bill Brooks and Dr. Doris Hammett are leading researchers in equestrian injury and were very instrumental in our process. Drusilla Malavase, an experienced equestrian forensics expert, has also led the push for safer helmets for decades.

Legal experts also researched the issue, and the American Medical Equestrian Association/Safe Riders Foundation was also a tremendous source.

Anyone can search on the internet for equestrian helmet research and find many sources. We have also prepared an educational packet with references for anyone who requests it.

The U.S. Pony Clubs, U.S. Eventing Association, Federation Equestre Internationale and other equestrian organizations have used the same research worldwide.

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Reaching Out in California

By Wanda Franks

On October 29-30, 2005, American Medical Equestrian Association-Safe Riders Foundation (AMEA-SRF) Board member and SRF Founder Wendy Wergeles held The Event Derby, the final one for the season, at the Flintridge Riding Club in La Canada, California. The Flintridge Riding Club and The Event Derby sponsored this event to benefit the Safe Riders Foundation injured riders' fund. I joined Wendy at this horse show to assist in the promotion of the education and assistance available through AMEA-SRF. I arrived on Friday around noon and soon found myself helping Wendy set fences - there is always something to do to help no matter the situation. Wendy herself funded all my expenses for this venture.

In earlier telephone conversations, Wendy and I had discussed what she would like to accomplish and what materials to have available at the Event Derby. Wendy felt it was important to have someone there for the public to have personal contact with in promoting the Safe Riders Foundation. She made available to me AMEA-SRF banners, tables and a patio cover for the purpose of setting up a booth to display different materials. The following materials available for display were:

- Helmet Safety Posters
 - Heads up! Guidelines for Selecting a Riding Helmet, donated by the University of Vermont and Betsy Green
- Safety Books:
 - Self-Guided Horse Facility*

Analysis, donated by The University of Vermont and Betsy Greene

Horse and Rider Safety: A Practical Guide by Peter Skaste (initial costs donated by Wendy Wergeles)

- Neil Ayer, Rider Safety Video
- AMEA-SRF Brochures

The materials listed above were sold for donations to the Safe Riders Foundation. These materials are always available through Wendy Wergeles or President Jeffray Ryding (see contact information elsewhere in this publication). Costs are as follows: Posters - \$2; *Self-Guided Horse Facility Analysis* - \$10; Neil Ayer video - \$20; and *Horse and Rider Safety: A Practical Guide* by Peter Skaste - \$25

The summer and fall issues of the newsletter were inserted into rider packets, and more were handed out at the booth. Wendy provided little hand towels that she had embossed with the Safe Riders' logo, and they were placed in front of a large donation bottle (water bottle) with a sign - free towel for a donation. This was quite popular and everyone saw the humor in this. The large donation bottle is at all of the event derbies and is quite an attraction and very helpful to those who wish to donate.

I met many people and found that very few riders, parents, and observers had any knowledge of the Safe Riders Foundation and its purpose. I was asked, "If I join, what can the Safe Riders Foundation can do for me?" I explained that assistance can be in many forms. Educat-

ing yourself about equestrian safety with information from books, videos, and other articles written in horse journals, and help can also be made available in case of accidents, which I hoped would never be needed. Everyone I met and spoke with was genuinely interested in the Foundation after becoming aware that it exists. The announcer, Mike McClanahan, was very helpful in letting everyone know where the booth was located and telling them to go find out about and join Safe Riders Foundation. From this visit there are three new members and two membership renew-

als. Over the summer from Wendy's earlier event derbies, we have welcomed two new memberships and other donations. One of the riders, Lynda Larsen, generously donated her jackpot winnings of \$140 to the Safe Riders Foundation

The Flintridge Riding Club was a perfect setting and so very beautiful - to find land and trees in a city atmosphere was amazing. A friendly and gracious staff was always there for assistance for which I was very grateful.

Wanda Franks is the administrative officer for AMEA/SRF.

“Perfect Helmet” *continued from page 5*

It's interesting that the subject of Patey helmets keeps appearing in these letters. Margie Hough-Sabotini of Regal Crowne, a distributor of custom-fitted, non-certified helmets, has been a vocal critic of this rule. And I've been told that she, Dr. Green and others are working to develop a new standard and design for a helmet that will meet SEI certification. A proposal was also submitted to the USEF asking for an extension of the effective date of the new helmet rule, probably to allow this particular brand of helmets time to gain certification.

USEF staff members have assisted Ms. Hough-Sabotini in understanding the certification process, and we have invited her to provide input. If and when this helmet gains certification and meets the

standards set forth in the rule, riders will be able to wear this helmet in competition.

But on Dec. 1, 2005, all riders must comply with the rule by wearing ASTM/SEI-approved helmets that are currently available.

We Welcome More Research

Many years of work by experts and advocates prior to my involvement have helped me understand the need for this rule. We will never be able to prevent every injury or death. But at the present time, equestrian helmets meeting the ASTM/SEI standard are the best available.

The U.S. Pony Clubs have used this standard for 15 years, and eventing and junior hunter/jumper riders have had

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Helmet Ratings and Prices

Dear Gretchen:

I am the helmet expert for the American Medical Equestrian Association, and the Co-Chairman of the Equestrian Protective Headgear Committee for the American Society for Testing and Materials (ASTM).

Your question is the one I answer most often on the internet and on the telephone.

All the helmets which are certified to the ASTM standard F1163 (list can be found at www.seinet.net) meet and surpass the standard. The problem with direct comparisons is

that one helmet may surpass the standard by more at one of the sites where it is tested, and another may do so in another site. Since every model on the list more than meets the minimum, and considering that we don't know the exact site which will be impacted in a particular fall, it's impossible to say which will be the best for any particular rider. Of more concern is which helmet of the type you prefer for your riding discipline fits you the best and the most comfortably.

For some reason there is a myth in the horse world that

the GPA is better than other helmets....possibly because its price was highest for a couple of years and because it pays high profile riders to wear it in competition. There are now more expensive models available, and my answer remains the same; price has nothing at all to do with the protective qualities of the helmet, as long as what you are buying fits you properly. The helmets which come in a wider range of sizes, made in 1/8 inch increments, have a slightly better chance of fitting more riders, but with the use of the spacer foam pieces the helmets made in Small/Medium/Large sizes there is very little difference. In the case of the small percentage of riders who need an oval or long oval helmet and are not comfortable in helmets which don't come in those configurations (International and Charles Owen products do) they will have to make a special effort to find just the right model. For the hard to fit, International has a new system where they will send you a plastic strip which

is heated with a hair dryer and then shaped to your head. You send it back to them and they will tell you which model style and size you need.

All of this being said, the British Mark Davies Injured Riders Fund had comparison tests done to parts of several standards....not exactly fair to any manufacturer, since they make their products to very particular complete standards. You can see the results.... 'ENHAP TESTING'....on their website, www.mdirf.co.uk. It's interesting to see the low price Troxel tested at the top of the list, and the GPA as not being rated as satisfactory. This was done several years ago, and most of the products on the SEI list were not tested....there are many, many new models, and the quality of all the products on it has improved, with better options for fit and ventilation.

I hope this answers your question!

Best regards,

Dru Malavase
2270 County Road 39
Bloomfield, NY 14469

“Perfect Helmet” *continued from page 6*

to comply with this standard for several years now. In that time, there have been no documented incidents of the retention harness killing anyone.

As time goes on and we compile ever more accident data, we may see a need for change, either with another standard or improvement of the current standard. The Safety Committee's job is to monitor this situation and seek input from many sources for review.

The critics of this rule and the research leading to it should provide factual, truthful and documented evidence to validate their claims. We will investigate all claims of injury, and no letter that we've received has gone unanswered.

Dr. Reilly is correct that

education is the key. Forums have been scheduled at the U.S. Hunter Jumper Association meeting in Miami next month and at the USEF convention in Cincinnati in January. Dr. Green is welcomed to properly provide his input, along with anyone else.

I encourage Dr. Reilly to do her own research, as she states she wishes. And I encourage Dr. Reilly, Ms. Hough-Sabotini and Dr. Green to design a better, safer helmet.

Rusty Lowe is an emergency medical technician from Birmingham, Ala. He's a member of the USEF Safety Committee, the USEA Safety Committee and the American Medical Equestrian Association/Safe Riders Foundation.

The opinions expressed here are his own.



Be Smart! Ride Safe.

Drusilla E. Malavase Honored with William F. Hulse Memorial Award

W. CONSHOCKEN, Pa., 30 January 2006—Drusilla E. Malavase, the STOP-DWI coordinator for Ontario County, New York, and a part-time consultant on safety issues in the equestrian world, received the 2005 William F. Hulse Memorial Award from ASTM International Committee F08 on Sports Equipment and Facilities. Committee F08 honored Malavase, an ASTM International member since 1985, for her “outstanding contributions in the development, promotion, and utilization of full consensus standards that enhance safety in sports and recreation.”

Malavase’s consulting work includes being an expert witness on accident and injury cases involving both horses and riders. And, in her position as the STOP-DWI -- Special Traffic Options Program for Driving While Intoxicated -- coordinator, she works to reduce alcohol and other drug-related traffic crashes in her county within the context of a statewide alcohol and highway safety program.

Before assuming her current position, Malavase had been the assistant coordinator/emergency management for the county; she previously had worked for the American Red Cross. Malavase is a member of the New York State STOP-DWI Coordinators Association, the U.S. Eventing Association, the U.S. Equestrian Federation, the American Medical Equestrian Association, and the New York State Horse Council.

ASTM International Committee F08 on Sports Equipment and Facilities is one of 138 technical standards writing committees. Established in 1898, ASTM International is one of the largest standards development and delivery systems in the world. ASTM standards are accepted and used in research and development, product testing, quality systems, and commercial transactions around the globe.

— ASTM International

Recognizing a Stroke

Rusty Lowe, EMT-P Chair, US Eventing Safety Committee, Co-Chair, US Equestrian Safety Committee, and Board of Directors, AMEA/SRF, submitted this three-step suggestion on recognizing stroke. “There have been very many improvements in the treatment of stroke including early warning signs. I have seen it make a difference,” said Lowe. “We focus on trauma so much, but there are other risk factors and conditions that can affect us. Recognizing a stroke and early treatment can make as much of a difference as doing the same with head injuries sustained while riding.”

Remember the “3” steps. Read and Learn!

Sometimes symptoms of a stroke are difficult to identify. Unfortunately, the lack of awareness spells disaster. The stroke victim may suffer brain damage when people nearby fail to recognize the symptoms of a stroke.

Now doctors say a bystander can recognize a stroke by asking three simple questions:

1. Ask the individual to SMILE.
2. Ask him or her to RAISE BOTH ARMS.
3. Ask the person to SPEAK A SIMPLE SENTENCE coherently (i.e. . . It is sunny out today) If he or she has trouble with any of these tasks, call 9-1-1 immediately and describe the symptoms to the dispatcher.

Non-medical people can identify facial weakness, arm weakness and speech problems. Readers are urged to learn the three questions. Widespread use of this test could result in prompt diagnosis and treatment of the stroke and prevent brain damage.

The Cincinnati Pre-Hospital Stroke Scale is used by emergency responders to evaluate whether a person may have experienced stroke. The scale is as follows:

Facial Droop

Normal: Both sides of face move equally

Abnormal: One side of face does not move at all

Arm Drift

Normal: Both arms move equally or not at all

Abnormal: One arm drifts when compared to the other

Speech

Normal: Uses correct words with no slurring

Abnormal: Slurred or inappropriate words or mute

More information on stroke for medical professionals and laypeople is available at www.strokecenter.org.

Can I Borrow Your Horse?

Julie I. Fershtman, Attorney at Law

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Can I borrow your horse?

Friends, acquaintances, co-workers, and relatives sometimes pose this question. For most people who answer yes, what follows is a fun and pleasurable experience. For a small number of people, however, what can follow is a costly and burdensome lawsuit.

This article briefly discusses why people sue others who lend out horses and what horse owners can do to protect themselves.

Liabilities of Lending

Why could you, a horse owner, be at risk when you lend out your horse to a friend? The answer is simple: As the horse's owner, you are the prime target if the horse should injure your friend and even if the horse injures someone else while your friend is using the horse. Examples could include:

- Your friend gets thrown by the horse and claims that you, the owner, knew or should have known that the horse had unusual propensities to cause these problems.
- After your friend falls off, your horse runs loose onto a highway and collides with some cars. Injured motorists, possibly pointing to an applicable state law, may claim that you are primarily responsible for their injuries and their damaged cars.
- Whether or not the horse owner really should be sued

is not the issue. The fact is, injured persons sometimes seek to blame everyone having any connection to the horse or the accident.

How Equine Liability Acts Affect the Arrangement

As of March 2006, 46 states have passed laws that, in some way, are designed to limit or control liabilities in certain equine related activities. All of these laws differ, but many share common characteristics.

Already, lawsuits have emerged against people who allow others to ride their horses. When these suits are brought, the most common provision under many equine liability statutes, by far, is the exception that applies to horse owners or equine professionals who provide the equine and fail to make reasonable and prudent efforts to determine the ability of the participant to engage safely in the equine activity and determine the ability of the participant to safely manage the particular equine based on the participant's representations of his or her ability. Whether the horse owner eventually wins or loses will depend on the facts and the applicable law.

Tips for Avoiding Liability

Horse owners can do several things to reduce their risks of legal or financial liability. Here are some examples:

- **Liability insurance**
Insurance policies are available that protect horse owners from claims that might be brought against them in-

volving the actions of their horses. Policies include, for example, Commercial General Liability Insurance or Equine Professional Liability Insurance for equine professionals, and Personal Horse Owner's Liability Insurance (some insurers call it Private Horse Owner's Liability Insurance) for horse owners. Homeowner's liability insurance policies may or may not protect the average horse owner who lends out a horse. Discuss your coverage with your insurance agent, and make sure you are properly protected.

• Liability Waivers/Releases

In most states, well-written liability releases can be powerful and enforceable. Of course, remember that having a liability release is no substitute for having good liability insurance in place. People who sign releases can, and occasionally do, bring lawsuits. My books and articles have explained over the years the benefits and limits of liability waivers and releases.

• Informed Decisions

You're best to match your horse with the person who asks to use him. Keep in mind your horse's history, disposition, and training as well as the age and experience of the person who wants to handle or ride him.

Conclusion

This article is not meant to suggest that people should not lend out their horses to others. Rather, the article is meant to

make people aware that these actions can sometimes carry consequences and to help people prepare for them.

This article does not constitute legal advice. When questions arise based on specific situations, direct them to an attorney.

About the Author

Julie Fershtman, a lawyer for nearly 20 years, is one of the nation's most experienced and best-known Equine Law practitioners. In 2004 alone, she won jury trials in 3 states, 2 appeals, and a major federal court case, all on equine lawsuits. An independent lawyer rating service gave her its highest rating. She can be reached at (248) 851-4111, ext. 160. For more information, visit <http://www.equinelaw.net> and <http://www.equinelaw.info>.

Save money and avoid costly legal disputes by reading Ms. Fershtman's books, MORE Equine Law & Horse Sense and Equine Law & Horse Sense. Order both books together for \$42.90, first-class shipping included. To order, call Horses & The Law Publishing at 866-5-EQUINE, a toll-free number. Or, mail check or money order to Horses & The Law Publishing, P.O. Box 250696 Franklin, MI 48025-0696.

Kentucky Saddlebred Trainer Afflicted with Leukemia

Eddy Leidenheimer, 23, a Saddlebred trainer in Kentucky, was diagnosed with Acute Monoblastic Leukemia with the sub-type being M5a (AML M5a) in January 2006. After an extended hospitalization, he has returned home and is in his mother's care. Leidenheimer has a number of horses in his barn and has taken a ride since his return from the hospital. He is in need of donations for his own and his horses' care, but the most pressing need is for a bone marrow transplant. These needs are beyond the current scope of AMEA-SRF, however we wish him the best and want to pass along information on how readers can contact or assist him. Thanks to Board member Joe Carr of Lexington, KY for checking out the information forwarded to us via the internet.

Eddy's mother Bobbie may be reached at 859-319-9440.

Information is available at the Bone Marrow Foundation website, www.bonemarrow.org.

Other donations may be made to:
ATTN: Paula
Eddy Leidenheimer Medical and Emergency Fund
Members Heritage Federal Credit Union
2420 Members Way
Lexington, KY 40504
or
Pay Pal — a non-profit charitable account is set under Dreamviewstables@ix.netcom.com.

Leidenheimer's direct contact information is:

Eddy Leidenheimer
859-753-0620 (cell)

Dream View Stables
202 East Mason
Danville, KY 40422
Donations of hay and feed are appreciated via:
Southern States
Central Kentucky Service
— Boyle Branch
1244 Lebanon Rd
Danville, KY 40422
859-236-2914

or

McRay Feed and Grain
268 Munday's Landing Rd
Harrodsburg, KY
859-734-4077

How to Become a Bone Marrow Donor

Excerpted from www.bonemarrow.org. It just takes a small vial of blood for you to be typed as a bone marrow donor. There are many patients who are desperately waiting to find a donor match. You may be able to save someone's life. (For additional information, see Q&A section at right.)

There are donor registry sites throughout the country. To find the one closest to you contact either:

The American Bone Marrow Donor Registry
1-800-736-6283

The National Marrow Donor Program
1-800-654-1247

DONATION Q&A

Q: How do I sign up to be a volunteer donor?

A: *You must be between the ages of 18 and 60 and in general good health. A simple blood test given through an*

authorized National Marrow Donor Program Donor Center or Recruitment Group is needed to obtain your HLA tissue type so it can be entered onto the National Registry.

Q: If there is not a National Marrow Donor Program Donor Center or Recruitment Group in my area, how can I join the National Marrow Donor Program Registry?

A: *Call the National Marrow Donor Program Donor Center or Recruitment Group nearest you. They may have a satellite office near you or a donor recruitment drive coming up in your area. Also, some Donor Centers will mail out blood test kits after you fill out consent forms and return them to the Donor Center.*

Q: Will it cost anything to be a donor?

A: *The cost for HLA tissue typing ranges from \$45 to \$96 depending on the Donor Center, the level of testing performed, and the laboratory that analyzes the test results. Some Donor Centers can defer the cost of your testing by asking for a donation of whole blood or blood components. There also may be funding available or a waiting list through the Donor Center. After the initial testing, all medical expenses are covered by the recipient or the recipient's insurance. Please contact your local Donor Center for further information.*

Q: What are the risks?

A: *Bone marrow donation is a surgical procedure. There is minimal risk involved. Serious complications are rare but could include anesthesia reactions, infection, transfusion re-*

actions, or injury at the needle insertion sites. Donors can expect to feel some soreness in the lower back for several days or longer following the donation.

Q: How do I become a donor if I live outside the United States?

A: *The National Marrow Donor Program has several International Donor Centers as well as Cooperative Registries throughout the world.*

Q: Can I get tested for a specific patient (i.e., family member or friend)?

A: *The National Marrow Donor Program maintains a Registry of unrelated potential donors willing to help any patient that they might match. Individuals can be tested through the National Marrow Donor Program and ask for a copy of their results at the time of testing. If they are interested in getting tested only for a specific friend or family member, they will need to have the blood test done privately. For private testing, contact the Transplant Center or the patient's transplant physician for suggestions.*

Q: I've already been tested for a family member and would like my results added to the National Marrow Donor Program Registry. How can I do this?

A: *Obtain a copy of your HLA tissue typing and contact the National Marrow Donor Program Donor Center in your area for information on joining the Registry. The donor center will have you fill out some*

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How to Become a Bone Marrow Donor

Continued from page 10

health history forms and a consent form. The Donor Center will then place your results into the Registry so you will be cross-referenced for any patient searching the Registry for an unrelated stem cell donor.

Q: How can I verify that I am on the Registry?

A: *Each year, the National Marrow Donor Program and its Network of Donor Centers mail out an annual publication, The Marrow Messenger, to all potential stem cell volunteers registered through the National Marrow Donor Program. If you received the publication, you are on The National Marrow Donor Program Registry. In addition to this annual publication, some Donor Centers send newsletters and mailings throughout the year. If you have never received The Marrow Messenger, but have moved since you originally joined the Registry, you may still be listed but would need to contact the National Marrow Donor Program Donor Center where you were tested in order to verify this.*

Q: Why does a person have to be 18 to be a donor? Can't my parents sign the consent form for me?

A: *National Marrow Donor Program standards require that volunteer marrow donors must be between the ages of 18 and 60. This is standard medical practice. The reason an individual must be 18 to donate marrow is because the donation is done through a surgical procedure and the person undergoing the procedure must be able to give his or her informed consent. A guardian*

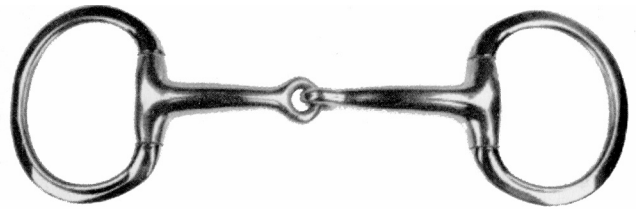
or parent is not able to sign a release or give consent because unrelated marrow donation is a voluntary procedure and is not beneficial or lifesaving to the donor. Because the patient's physician may request either donation procedure, a volunteer must be medically eligible for both procedures.

Q: If I'm over 60, why can't I be a donor?

A: *The National Marrow Donor Program recognizes that chronological age does not necessarily correlate to physiological age. However, the National Marrow Donor Program must rely on chronological age when determining eligibility. In addition, with age comes a small increase in the risk of side effects from anesthesia. And recent National Marrow Donor Program studies reveal that patients receiving stem cell transplants from older donors have a somewhat poorer survival rate. These age guidelines are meant to protect the safety of the donor and provide the best possible cure for the patient. They are not meant to discriminate.*

THANKS

AMEA-SRF thanks The Event Derby and its new sponsor, **First American Title**, for the recent donations to the assistance fund. Board of directors member and Safe Riders Foundation co-founder Wendy Wergeles of Los Alamos, Calif., is the organizer of The Event Derby.



From the President

Hi Everyone,

I hope this finds everyone healthy, well and gearing up for a "return to play" as the season starts up.

As president of this organization, I was so very pleased with both the annual meeting of AMEA/SRF and with the programs that we provided for ourselves and the membership of the USEA. The annual meeting, scheduled for New Orleans and hastily relocated to Charlotte, NC, was amazing in the energy and scope for our plan forward. We came away with ideas for both the education and assistance arms of the organization, and beyond that, plans and ways to implement these ideas.

With our new internal furnace stoked I have been able to look around at our organization's interface with the riding public and have been pleased to see a ripple effect. We have cast ourselves into that pool of people who ride horses, and the word of who we are and what we do is spreading through that pool. It is very exciting to have AMEA/SRF be sought out by riders for help and information, by the press for reliable data, and by educators for safety information and resource checks.

We are doing our job.

Thanks to all of our board, Wanda Franks (our administrator) and to the volunteers all around who spread our word and do our work.

We can all look forward with enthusiasm to our upcoming year.

Jeffray Ryding

MEMBERSHIP APPLICATION

NAME _____ IF MD, MEDICAL SPECIALTY _____

ADDRESS _____

CITY/STATE/POSTAL CODE/COUNTRY _____

TELEPHONE _____ E-MAIL ADDRESS _____

Your membership fees fund our work and help in the production of the newsletter which is available online at www.ameaonline.com. If you wish to have the newsletter mailed to you, please check here .

Send application and dues to:


**American Medical Equestrian Association
Safe Riders Foundation**
PO Box 91883
Albuquerque, NM 87199

Enclosed: _____ (\$ 50) Member
 _____ (\$ 100) Organization (100 or less members)
 _____ (\$ 250) Large Organization (more than 100 with staff)
 _____ Other donation

Application for: NEW RENEWAL

The AMEA/SRF is a 501 c3 not-for-profit organization.

**American Medical Equestrian Association
Safe Riders Foundation**




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P.O. Box 91883
Albuquerque, NM 87199

