



Equestrian Medical Safety Association

# United States Equestrian Federation Forms Safety Task Force

Updated: June 12, 2007

Reprinted from [www.eventingusa.org](http://www.eventingusa.org).

The USEF has formed a Task Force to review current safety procedures at USEF competitions and to make recommendations to the USEF Safety Committee regarding possible changes to safety standards for licensed competitions, regardless of breed or discipline. "The USEF consistently monitors safety standards, they are not static, and they will consistently change with the growth of our sport and the technology available," said Andrew Ellis, Co-Chairman of the Task Force and a member of the USEF Board of Directors. "All of us have a stake in safety - the riders, instructors, organizers, and officials and we are open to input from everyone. We are also reviewing how other sports, such as skiing and snowboard-

ing, address safety." The initial Task Force meeting was April 25<sup>th</sup> and it is expected they will submit their recommendations to the USEF Safety Committee by mid-July.

Members of the Task Force on Safety are:

- Andrew Ellis, Task Force Co-Chair, Chair of the USEF Safety Committee, and Member of USEF Board of Directors
- David O'Connor, Task Force Co-Chair and President of the USEF, Olympic Gold Medal winner in Three-Day Eventing
- Dr. Kent Allen, Chair of the USEF Equine Drugs and Medications Committee, member of the USEF Board of Directors and member of FEI Veterinary Committee
- Malcolm Hook, Member of USEA Executive Committee and Board of Governors, FEI

Eventing Chief Steward and "R" TD, Chair of USEF Eventing Committee

- Jo Whitehouse, CEO of the United States Eventing Association
- Derek di Grazia, FEI "I" Eventing course designer, USEF "R" course designer; and member of the USEF committees on Drugs and Medications, Eventing and High Performance Eventing
- Dr. William Brooks, Physician at Neurosurgical Associates in Lexington, KY. He has served as Chief Medical Officer for the Rolex Kentucky 3-Day Event for the more than 20 years, and is former

chairman of the USPC Safety Committee

- Bill Moroney, President of the United States Hunter Jumper Association and member of USEF Board of Directors
- Robert Costello, member of USEF Board of Directors and former Olympian in Three-Day Eventing
- Shelly Lambert, Horse Trials and Three-Day Eventing Organizer at the Horse Park of Florida in Ocala
- Melinda Roalstad, served as the first full-time medical director for the U.S. Ski and Snowboard Association, and professionalized the medical programs and services for USSA

## IN THIS ISSUE

United States Equestrian Federation Forms Safety Task Force.....	1
Spotlight on EMSA Board of Directors: Joe Carr .....	2
Letter from the President.....	3
Letter from ASTM International .....	3
Susceptibility of Cervical Spine Injury and Concussion by Gender .....	4
Medical Advisory Committee created for the National Steeplechase Association.....	5
Why "A Helmet All the Time" .....	6
Humans and Horses Coping with and Training for Activity in the Heat.....	7

## A tip of the hat for EMSA support

GOOSE DOWNS FARM and JEFFRAY RYDING for support of EMSA through the Event Derby series. For more information, visit [www.goosedowns.com](http://www.goosedowns.com).



WENDY WERGELES for donations generated through The Event Derby competitions as well as sponsorship of *Wake Up to Concussion* brochure production/distribution. For more information, visit [www.TheEventDerby.com](http://www.TheEventDerby.com).

# Spotlight on EMSA Board of Directors



Joe Carr and his wife,  
Karen Winn

## Joseph E. Carr

Born and raised in the Boston area, Joe Carr has been active in the equine industry all his professional life. He began his career at the thoroughbred racetracks and later branched out into the show horse field.

Mr. Carr is a graduate of the University of Massachusetts, with continuing degrees from the University of Miami and the University of Kentucky. He has been President of the American

Medical Equestrian Association, an organization devoted to developing safe standards and practices in the field of show horses, as well as a member of the Safety Committee of the United States Pony Clubs.

Mr. Carr is a member of a number of local and national equine organizations, and has served as a regional horse show official for a number of years. He has acted as assistant to veterinarian Marty Simensen, a past president of the American Association of Equine Practitioners, and volunteered at international competitions including the Olympic Games at Atlanta, the Pan American Games at Fair Hill, and the Rolex Kentucky Three Day Event.

Mr. Carr has developed, marketed, and underwritten both new and existing equine insurance products for over 20 years. He created a very

successful affinity marketing program for the United States Dressage Federation, a national organization with over 35,000 members, which culminated each year in a series of highly popular regional competitions. In addition, he established a national training program for equine insurance agents, and has been a speaker and panelist at a variety of local and national equine insurance forums.

Mr. Carr is a licensed Property and Casualty agent, and holds a Surplus Lines Broker's license in the state of Kentucky. He is Director of Marketing for Risk Specialists Company of Kentucky, Inc., a member of the American International Group (AIG) and Risk Specialists Company, Inc., the largest wholesaler of specialty insurance products in the United States.



P.O. Box 91883  
Albuquerque, NM 87199  
1-866-441-2632

e-mail:  
emsa@equestriansafety.com  
www.emsaonline.org

Formerly known as the American Medical Equestrian Association/Safe Riders Foundation (AMEA/SRF), the **Equestrian Medical Safety Association (EMSA)** is dedicated to the philosophy, principles and application of safety of people in equestrian activities. This purpose is achieved through education, research and resource.

### MISSION STATEMENT

**EDUCATION** of health care professionals, organization 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.

## Your EMSA Board is here for you

Doris Bixby-Hammett, MD, Emeritus,  
Waynesville, N.C.  
Chuck Crinnian, MD, Scottsdale, Ariz.  
Robert Faulkner, MD, Covington, Ga.  
Eve Flanigan, Carlsbad, N.M.  
Betsy Greene, PhD, Burlington, Vt.  
Maureane Hoffman, MD, Durham, N.C.  
Rusty Lowe, Birmingham, Ala.  
Dru Malavase, Bloomfield, N.Y.  
Pat Maykuth, PhD, Decatur, Ga.  
Jean Mullin, Santa Fe, N.M.  
Mike Pilato, MSATC, Portville, N.Y.  
Wendy Wergeles, Los Alamos, Calif.  
Robert Wilson, MD, Emeritus, Surprise, Ariz.

### OFFICERS

Deborah F. Stanitski, EMSA President,  
Kiawah Island, S.C., stanitsd@yahoo.com  
Wendy Wergeles, EMSA Vice President,  
Los Alamos, Calif., wergeles@earthlink.net  
Jeffray Ryding, EMSA *ad hoc* Vice President,  
Galisteo, N.M., mjratgdf@aol.com  
Joseph Carr, Secretary,  
Lexington, Ky., equine-ct@insightbb.com  
Jean Mullin, Treasurer,  
Santa Fe, N.M., jean@mhw-foundation.org  
Wanda Franks, EMSA Administrative  
Director,  
PO Box 91883, Albuquerque, NM 87199,  
1-866-441-2632,  
emsa@equestriansafety.com,  
www.ameaonline.org

**Deborah Stanitski, MD**  
PRESIDENT

**Wendy Wergeles**  
VICE PRESIDENT

**Jeffray Ryding**  
*AD HOC* VICE PRESIDENT

**Joe Carr**  
SECRETARY

**Jean Mullin**  
TREASURER

**Eve Flanigan**  
EMSA EDITOR

**Doris Bixby-Hammett, MD**  
BOARD MEMBER EMERITUS  
MEDICAL EDITOR

**Pat Maykuth**  
ASSOCIATE EDITOR

*A tax exempt 501(c)3 organization.*

Newsletter layout: Pat Hutson  
pathutson@peak.org



*Editor's note: This letter was received by Wanda Franks in September 2007. Since many riders do not know what the role of ASTM International is, aside from putting labels in our helmets, here is a bit more about their work, especially as it pertains to headgear.*

To: Equestrian Medical Safety Association

Throughout the years, ASTM International has consistently developed and delivered world-renowned standards to a competitive global marketplace. We are the premier organization in the world devoted exclusively to standards. The World Trade Organization (WTO) Committee on Technical Barriers to Trade (TBT) has adopted a set of principles to which an organization engaged in the development of international standards must comply. ASTM is a leading developer of international standards that comply with the WTO TBT principles.

ASTM's primary policy objective is the elimination of barriers to the worldwide acceptance and use of ASTM Standards. We ask that government and industry officials recognize the WTO principles and allow the marketplace and individual industry sectors to choose international standards that best suit their needs, regardless of their source. Organizations of all sizes utilize ASTM standards to accomplish their business objectives, gain access to global markets, or demonstrate regulatory compliance. We are committed to working with our stakeholders to enhance global participation in ASTM and advance the worldwide acceptance and use of ASTM standards.

ASTM's Committee F08 on Sports Equipment and Facilities has more than 600 members from around the world who develop and maintain standards for products and facilities that are used globally. These standards and specifications serve the needs of active people in more than 30 different areas encompassing a broad range

of sports related products. Recently introduced was Work Item 13205 New Standard Guide for Labeling for Headgear Products and Their Manufacturers. This guide will set forth labeling and instruction guidelines for manufacturers of headgear for non-motorized sports and recreation such as bicycling, snow sports, skateboarding and equestrian activities just to mention a few. The purpose of the labels and instructions is to help alert and remind headgear users of important issues related to headgear and its use. This is just one example of how Committee F08 subcommittees respond to consumer and industry needs in their areas of specialization.

The international sporting goods industry must continue to communicate and engage the significance to both the private and public sectors in selecting and using the best possible standards based on technical merit and suitability for use. We ask for your assistance in promoting this initiative to your industry. Together we can leverage our organizational capabilities to drive this message for the benefit of the global sporting goods industry.

For more information about ASTM or Technical Committee F08 on Sports Equipment and Facilities, go to:

<http://www.astm.org>

<http://www.astm.org/COMMIT/F08.htm>

Should you have any questions please contact: Drew Azara, Vice President Corporate Development, [dazzara@astm.org](mailto:dazzara@astm.org), 1.610.832.9676



James Roberts

## Letter from the President

Dear Fellow Equine Enthusiasts,

The 2007 United States Eventing Association (USEA) Annual Convention will be held December 6-9, 2007 at The Broadmoor in Colorado Springs, Colorado. The USEA website, [www.eventingusa.com](http://www.eventingusa.com) contains all details. There will be an Eventing Summit Saturday, December 8. The Summit will include a review by David O'Connor on what the FEI and USEF have done thus far as well as a report of the USEA's Safety Task Force. As a member of the USEA Safety Committee, I will be giving a presentation on concussion and the medical armband. The time and length of the presentation is yet undetermined.

The past several months have been relatively busy. The officers have changed, with Jeffray Ryding becoming *ad hoc* vice president and Jean Mullin, treasurer. I gave an interview regarding concussion for an article submitted to *The Chronicle of the Horse*. On August 3, I attended the IMPACT Workshop at the University of Pittsburgh's Sports Medicine Center, a major site of ongoing concussion diagnosis and treatment. An article related to this will be appearing in the *United States Eventing* magazine. I am also working on an article for *Horse 'N Around* (editor Rahn Greimann), a national publication. The purpose of the article is a general overview of EMSA and the mission of the organization.

Dr. Doris Bixby-Hammett has been instrumental in connecting with the Australian Racing Commission which has excellent injury report forms for riders and non-riders. I have written letters to the Board of Directors for the U.S. Jockey Guild and am awaiting responses.

An EMSA committee composed of myself, Jeffray Ryding and Dr. Chuck Crinnian is currently investigating a Pony Club accident with the Pony Club committee. Dr. Crinnian has been very helpful in terms of medically useful information. The EMSA website has been revamped courtesy of Board member Dru Malavase and her son Dirk.

Finally, there are plans afoot to make board members responsible for generating newsletter articles by assigning specific topics of current interest. It is with regret that I announce the resignation of Mr. John Nunn, owner of Bit of Britain, from the board. We will miss his influence and wish him well.

Sincerely yours,

*Deborah F. Stanitski*

Sincerely,

James A. Thomas  
President, ASTM International

Martyn Shorten  
Chairman, Technical Committee  
F08

# Gender Differences to Susceptibility of Cervical Spine Injury and Concussion

Michael L. Pilato M.S.A.T.,C.

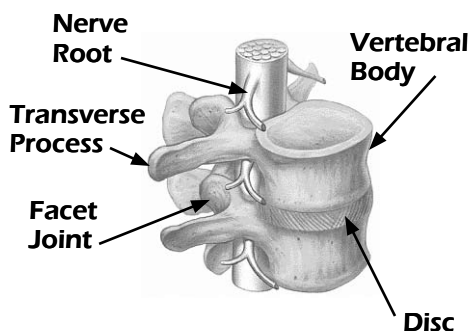
## Introduction

Head and neck injuries are not uncommon to the equestrian athlete. For many years the equestrian world has worked to reduce the potential for and trauma to the head and neck through advances in equipment. Yet there is one part of the safety equation where we do not have as much information — the rider.

Advances in the understanding of the human body have lead to many improvements in performance enhancement techniques. In turn, these techniques have improved the injury profile and safety of the athletes who utilize them. One area receiving increased attention is gender differences in susceptibility to cervical spine injury and concussion. A brief review of the findings is presented.

## Brief Review of Cervical Spine Anatomy

The cervical spine is a segmented column made up of 7 vertebrae. There is a large body between which the discs are located. Coming off the back of the vertebral body (and what a person sees and feels) are three processes in the 9:30, 12:00 and 2:30 position. They form a central canal which houses the spinal cord, and side tunnels which guide the nerves. Each of these segments balance and move on one another. The cervical spine is divided into an upper (C1-C2) and lower segment (C3-C7).



## Differences in Gross Anatomy and Muscle Strength

While males and females are anatomically and physiologically different, the implications of these differences are not fully understood when it comes to injuries. Differences include:

- Females having smaller diameter cervical vertebrae
- Females having greater shear motion of the lower cervical facet joints (the joints located on the back of the vertebral body in the 9:30 and 2:30 position)
- Less head-neck segment mass means decreased neck stiffness
- In a study looking at the ability to stabilize the cervical spine<sup>1</sup>, females demonstrated significantly less isometric neck strength (only 60-70% of males) and neck muscle girth (only 75% of males).
- Another study<sup>2</sup> utilizing cadavers when looking at forward/backward bending strength found male specimens to be 22 and 41 percent stronger than female specimens.

Taken in sum, these differences lead to greater motion and acceleration of the head/neck segment than what is seen in males. This has implications in terms of injury and injury potential.

## Cascade of Head and Neck Injury

The forces creating trauma can be linear (front to back or side-to-side) axial (down on the crown area of the head) or rotary (“head spinning”). Rotary forces are considered more dangerous as they tend to produce more severe brain injuries. Axial loading is the main culprit in cervical spine injuries.

Grossly defined, concussion is a disruption of brain function. The brain floats within the skull. Trauma occurs when the skull accelerates striking the brain and or the brain striking the skull when the skull stops moving. Blood vessels can also be damaged leading to bleeding. These same

forces can lead to cervical spine injury. The two gross categories of cervical spine injury are whiplash and buckling injuries.

**Whiplash injuries** — The torso is rapidly accelerated forward, this extends and rotates the neck and head back, resulting in trauma to the soft tissue and facet joints. Muscular activation is not fast enough to counter this distortion and stabilize the spine. The head then catches up with the torso, rapidly forward flexing the neck and rotation the head forward, leading to head “whiplashing.aq”

**Buckling Injuries** — result from axial loading on the crown (straight down) or lightly in front to the crown (15 to 30 degrees from the vertical) with or without the neck bending. The degree of axial load and bending of the cervical spine influences the probability of fracture, disc herniation and/or dislocation.

The full implication of these gender differences for the equestrian athlete has yet to be understood and is certainly an area that merits further study. The following articles are recommended for those interested in leaning more:

### *Screening for Catastrophic Neck Injuries in Sports*

Katherine L Dec MD, Stephen L Cople, ATC/CSCS Sarah Metivier ATC.

Current Sports Medicine Reports 6(1) Feb. 2007. p. 16-19.

### *Biomechanics of Injury Due to Compressive Loading*

Erik E Swartz, RT Floyd, Mike Eendoma  
Journal of Athlete Training 40(3) 2005. p.155-161.

### *<sup>2</sup> Strength of the Cervical Spine in Compression and Bending*

Andrzej S. Przybyla, et.al.  
Spine 32(15) p. 1612-1620.

### *Catastrophic Cervical Spine Injuries in the Collision Sport Athlete, Part 1: Epidemiology, Functional Anatomy and Diagnosis*

Rahul Banerjee, Mark A. Palumbo, Paul D. Fadale

*Continued on page 5*

## Susceptibility of Cervical Spine Injury and Concussion by Gender

*Continued from page 4*

American Journal of Sports Medicine  
32(4). June 2004 p.1077-1087.

*Equestrian Injuries: Incidence, Injury Patterns and Risk Factors for 10 Years of Major Traumatic Injuries*

Chad G. Ball, et.al.

The American Journal of Surgery (193)  
2007 p. 636-640.

*Gender and Region Dependant Local Facet Joint Kinematics in Rear Impact Implications in Whiplash Injury*

Brian D. Stemper PhD, Narayan Yoganandan PhD, Frank A. Pintar PhD

Spine 29(16) p. 1764-1771.

<sup>1</sup> *Gender Differences in Head-Neck Segment Dynamic Stabilization During Head Acceleration*

Ryan T. Tierney, et.al.

Medicine and Science in Posts and Exercise 37(2) Feb 2005. p. 272-279.

*Pathomechanics and Pathophysiology of Cervical Spinal Cord Injury*

Joesph S. Torg, et.al.

Clinical Orthopaedics and Related Research (321) 1995. p.259-269.

*National Athletic Trainer's Association Position Statement: Management of Sport-related Concussion*

Kevin M.Guskiewicz, et.al.

Journal of Athletic Training 39(3) 2004.  
p. 280-297.

# Medical advisory committee created for the National Steeplechase Association

Five doctors with strong backgrounds in equine sports were named to the recently created Medical Advisory Committee, which will provide medical oversight for the National Steeplechase Association.

In addition, the committee includes NSA senior steward Gregg Morris — a former jockey and race meet director (and a current physician assistant by profession). The committee will review current medically related policies and procedures and make recommendations for changes, if indicated, to the Stewards Advisory Committee, who will, in turn, present them to the NSA Board of Directors for approval.

The scope of the Medical Advisory Committee, however, will not be limited to existing protocols and will include any and every aspect of health care for participants of the sport. The mission is to minimize the potential for accidents and to insure best possible outcomes in the event of any accident.

The Medical Advisory Committee is composed of:

**Dr. Rush Fisher:** An orthopedic surgeon who specializes in the spine. He is currently head of the spine section of the Department of Surgery at Christiana Care in Newark, Del., and has extensive experience as a Level I trauma surgeon. He also happens to be the son of prominent trainer J.R.S. Fisher and brother of top NSA trainer Jack Fisher. He serves as course physician at the Pennsylvania Hunt Cup and Willowdale Steeplechase.

**Dr. Craig Ferrell:** An orthopedic surgeon and founder of the Bone and Joint Clinic in Franklin, Tenn. He is an avid polo player and has served as the team physician for the U.S. Olympic Equestrian Team since 1996. He is also international chairman of the FEI medical committee which oversees Olympic equestrian sports. He serves on the medical response team at the Iroquois Steeplechase.

**Dr. Jeff Sternlicht:** A specialist in emergency medicine. He is Clinical Director in the Department of Emergency Medicine at GBMC in Baltimore. He serves as course physician at My Lady's Manor, the Grand National, and the Maryland Hunt Cup.

**Dr. David Snyder:** A member of Blue Ridge Orthopedic Associates in Warrenton, Va. and is on the medical staff at Fauquier Hospital. He serves as course physician at the International Gold Cup.

**Dr. Edward Dickinson:** The Director of Emergency Medical Services and Field Operations for the University of Pennsylvania School of Medicine. He is also a nationally registered paramedic and EMS Medical Director for the Malvern Fire Company. He serves as course physician at the Radnor Races.

**Gregg Morris:** An NSA Senior Steward who has participated in the sport as a jockey, trainer, and race director. He currently works as a physician assistant at an Urgent Care/Occupational Health Clinic in Dover, Del.

—*Steeplechase & Eventing Times*, Vol. 4, #5, 06 Jun. 2007

# Why “A Helmet All the Time”

Michael L. Pilato M.S.A.T.,C.

“This injury has really impacted me ... and I’ve rolled snowmobiles, been in car wrecks, hit by a truck on my bicycle, and soloed airplanes with no fear. This has been a life changing experience.”

This was how Jill Mann ended our interview. On March 21, 2007, Jill was exercising a green horse, practicing collection for the upcoming show season. Then everything changed.

Jill, like many others, wanted to share her “helmet success” story with other riders. What she provided was not the typical plea to “please wear one,” but an unselfish look at her experience and perspective regarding the “to wear or not to wear a helmet” debate. Here is what she had to say:

**Q:** Can you tell me what happened?

**A:** I was in my riding arena with two other riders, working our horses for the upcoming show season. I was on a younger, green horse. My horse and I were having a great session, so I decided to stay a bit longer after they were done riding. They were outside untacking their horses and they heard crashing type noises. What exactly happened is still not clear. The horse tripped and I was either hit by the horse when I was down, or was thrown into the ground with enough force to crush the helmet in several places. For approximately 15 minutes, I was unconscious. I have lost about 3 days’ time from my memory and for approximately 45 days I had speech problems and headaches. My symptoms are much better now, although I still experience problems with numbness and memory.

**Q:** What about the physical injury itself?

**A:** I was diagnosed with a “brain tear” by the second hospital I went to. I live in a rural area and my mother had retired from the medical field. My husband was conferring with her and some things the first hospital was saying did not make sense,

so the decision was made to take me to the regional medical center. I was admitted on a Wednesday to the intensive care unit of the second hospital and discharged on a Friday.

*For those unfamiliar with the brain’s anatomy, it has layers, much like an onion. While a brain can physically tear, that specific injury is associated with an extremely low rate of survival. Based on Jill’s experience, the “tear” and associated bleeding was in one of the superficial layers that cover the brain, which has a much higher rate of survival.*

**Q:** You mentioned in your initial email that you wore helmets only part time. Why did you have a helmet on this time?

**A:** I tend to be more cautious around horses that are younger or I don’t know well. This was one of those times. It was a greener horse that I just did not fully trust. If it was a different horse, I don’t know if I would have had the helmet on.

**Q:** Comment on the importance of having/getting outside help.

**A:** I can’t say enough about it. Had my friends not been riding with me, I do not know what would have happened. I was not able to think or make decisions...it could have been much worse, and I may not have been found for awhile.

**Q:** How about at the hospital?

**A:** It was frightening. I woke up in intensive care not knowing where I was. I was grateful I had someone there advocating for me; someone to speak with the doctors to make sure I was getting the care I needed — not only at the hospital, but when I was recovering, as I had no memory of the events. I was confused about what happened and had difficulty with simple questions.

**Q:** You mentioned that you had been let go from your job during your medical restrictions. How is that situation working out?

**A:** That is a very complicated scenario that is still being sorted out by the EEOC. Suffice to say, when my old boss heard about the injury and being unemployed, he hired me back as soon as I was physically ready to work and function.

**Q:** What do you say to the person who says you have no right to regulate helmet use?

**A:** This goes beyond regulating use. Why would you want to put your family through that torture? I cannot describe the psychological damage the accident has done to me, nor the pain my family and friends went through, wondering about my outcome. When I went back to the ICU to thank my doctors and nurses, they were amazed at how well I was doing. If it weren’t for the helmet, I most definitely would not be here to wear one, and I will NEVER ride again without one.



**Wondering if your helmet is ASTM-certified?**

Check online:  
[http://www.seinet.org/CPL/astm1163\\_04a.htm](http://www.seinet.org/CPL/astm1163_04a.htm)

It is recommended that helmets be replaced every five years.

# Humans and Horses Coping with and Training for Activity in the Heat

Pat Maykuth, Ph.D.

In mid-summer I received a request for information about working horses in heat. A lower-level adult rider was objecting to information reproduced by her local riding association in Eastern Pennsylvania that said that riders needed to do exercise in the conditions they were likely to have to compete. In response, I explained that the work done in preparation for the Atlanta Olympic Games told us that horses and their riders needed to live and work in the high heat and humidity for at least two weeks to accomplish acclimatization. That is, their work would have to take place in the heat of the day and they needed to live in the climate (not in the air conditioning) in order for them to return to the baseline capacity that they had in their home environment. We will produce a more detailed article for the *EMSA News* over the winter as the topic again applies to the Games in Hong Kong as well as to folks escaping the ice and snow of winter for the balm of Florida or Arizona.

An additional finding of that international effort was that riders were the limit-

ing factor. Horses were far better athletes. Horses could work through higher levels of dehydration, balance their electrolytes better and could work for longer periods than humans. The research was documented in over 25 journal articles in 1995-1997. On a more practical level, readers may be interested in the current human research. To this end I refer the reader to some of the currently available information on heat stress:

The Centers for Disease Control and Prevention have an excellent and detailed site [www.bt.cdc.gov/disasters/extremeheat/heat\\_guide.asp](http://www.bt.cdc.gov/disasters/extremeheat/heat_guide.asp) that gives sound practical information for the prevention and identification of heat stress. This article speaks to practical treatments for heat problems and provides good examples of when problems could occur.

A group called Mom's Team does an excellent job of providing information from the best scientific databases as it applies to kids in sport. The site is [www.momsteam.com](http://www.momsteam.com)

Go there and type in "heat stress," "concussion" or "injury recovery" for a myriad of information valuable to the rider. The site is very user friendly with excellent graphics, good downloads and well researched information.

One excellent abstracted article on heat issues is from the American College of Sports Medicine, the largest sports medicine and exercise science organization in the world. More than 20,000 international, national, and regional members are dedicated to advancing and integrating scientific research to provide educational and practical applications of exercise science and sports medicine. Direct access to an article that, although based on football (yet with implications for all who engage in a contact sport, wear helmets and body protection, work in heat and start with a reasonable baseline of fitness) can be found at this link.

[www.momsteam.com/alpha/features/health\\_safety/football\\_info.shtml](http://www.momsteam.com/alpha/features/health_safety/football_info.shtml)

These online resources can aid anyone interested in sport health issues.

WE ARE PARTICIPATING IN THE COUNTRY CARE PROGRAM



Shop at the Country Supply website:

[www.countrysupply.com](http://www.countrysupply.com)

and they will donate a percentage of your purchases! Simply enter our Care Code when you complete your order.



Our Care Code: Saferiders

Send application and dues to:  
**Equestrian Medical Safety Association**  
PO Box 91883  
Albuquerque, NM 87199

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

**NEW**       **RENEWAL**      **Enclosed:**

Your membership fees fund our work and help in the production of the newsletter that is available online at [www.ameaonline.com](http://www.ameaonline.com). If you wish to have the newsletter mailed to you, please check here

NAME \_\_\_\_\_ IF MD, MEDICAL SPECIALTY \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/POSTAL CODE/COUNTRY \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_  
REFERRED BY \_\_\_\_\_

The EMSA is a 501c3 not-for-profit organization.

Equestrian Medical Safety Association



**MEMBERSHIP APPLICATION**



Equestrian Medical Safety Association

P.O. Box 91883  
Albuquerque, NM 87199

