

SUPPORT
for the
THINKING
RIDER

SPRING 2010

VOL. XXIII
NO. 2



Equestrian Medical Safety Association

Prescription for Equestrian Safety

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.

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Equestrian Injuries and their Rehabilitation

The following is a summary of two excellent articles by Chad G. Ball, M.D. and colleagues. One is entitled "Equestrian Injuries: incidence, injury patterns, and risk factors for 10 years of major traumatic injuries," published in *The American Journal of Surgery* (2007), volume 193 and the sequel is "Ten years of major equestrian injury: are we addressing functional outcomes?," published in *The Journal of Trauma Management and Outcomes* (2009), volume 3.

Although these articles emanated from the experiences in Calgary, Alberta and are thus primarily based on "Western" riding, they are applicable to either Western or English technique. Over half of the 854,032 horses in Canada live in Alberta, which also hosts the largest rodeo in the world.

Because the hospital admission rate for injured riders (0.49/1000 hours) is greater than motorcycle riding (0.14/1000 hours), football and skiing, it is definitely considered a high-risk activity.

As the risk factors are poorly defined, Dr. Ball's study

identified the body areas of major injury. Due to the nature of care distribution in Alberta, the authors' institution received most tertiary care patients. Their study did not include those patients who died from their injuries.

This study was based on a telephone survey and questionnaire, as well as an analysis of a trauma patient data registry. The survey itself was created by clinicians including trauma surgeons, recreational and professional horsemen and an occupational therapist.

Of their medical center's 7941 trauma admissions, 1541 (19.4%) were due to equestrian injury. Ten patients died and the survey response rate of the remaining 141 was 55%. 60% of respondents were male (a figure consistent with other trauma patients at this center).

The most common injuries were chest 54% (81), head 48% (72) and abdomen 33% (22). Skull (18%), extremity (17%), spine (17%) and pelvic (15%) fractures were fairly equal. Spinal cord (6%) and neck (1%) injuries were rare.

Most patients were thrown from or fell off the horse (60%). 16% were fallen on and 12% were kicked or stepped on. The remainder were injured by a variety of mechanisms.

The respondents believed the horse was "spooked" in 35% or not fully trained in 27%. Bad temperament of the horse was blamed in 15%, and 12% of horses involved simply fell. Equipment failure (6%) and rider inexperience (5%) were rare.

Rider characteristics suggested an experienced group (mean of 27 years experience) who owned their own horses. Helmet use was infrequent (9%). 56% wore "other" potentially protective gear such as chaps.

The environment (rainy, slippery) and time of day were noncontributory. Nearly half (47%) of all riders felt that their accident was preventable. Most (87%) continued to ride subsequently, although 55% reported ongoing physical difficulties as a result of their accident. 47% admitted to changing their riding practices as a result of their injury.

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Pamela Roberts

Letter from the President

Deborah F. Stanitski, M.D.
EMSA President



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Fellow Equine Enthusiasts,

I am happy to report that the EMSA is now an organizational member of Saddle Up SAFELY, a rider safety awareness program sponsored by the University of Kentucky Health Care. This rider safety program includes such groups as the Certified Horsemanship Association, the Kentucky Horse Park, and Alltech, Inc. This organization has its own website, saddleupSAFELY.org, and has already produced two excellent brochures: "Horse Transmitted Diseases" and "Horseback Riding Safety". The EMSA is listed as a resource in the safety brochure. I am currently assisting their marketing director in the development of their two new brochures concerning horse related injuries and child safety.

Unfortunately, after many years of service, Dr. Bixby Ham-

mett resigned from her post as medical editor and remains an emeritus member of the EMSA BOD. Ms. Dru Malavase, a well-known helmet expert, resigned from the EMSA BOD. They will both be sorely missed and their former contributions are greatly appreciated.

Again this year, Mr. John Nunn, owner of Bit of Britain saddlery and former EMSA BOD member, donated space to the EMSA in his sponsor row tent at the Rolex 3-Day Event. Assistance in manning the EMSA table was cheerfully given by Dr. Jean Cibula (neurologist from Gainesville, Fla.). Her help was instrumental and greatly appreciated. I hope that if the EMSA is fortunate enough to be able to do this in 2011 that additional offers of help will be forthcoming.

Due to the serious injury to dressage Olympian Courtney King Dye, the helmet discussion has again surfaced. (See commentary on page 7.) Courtney is currently in a rehabilitation facility in New Jersey. The eventual outcome of her injury is unknown. Suffice it to say she was unhelmeted and suffered a closed head injury and skull fracture. Once again, the importance of a proper helmet in potentially reducing serious injury surfaces and is being widely discussed. It is truly sad, however, that this type of injury needs to occur to focus individuals on the importance of protective gear and safe practices.

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EMSA presence at Rolex



John Nunn (inset, right) graciously gave EMSA space at his Bit of Britain booth at Rolex. Jean Cibula (above) and Debbie Stanitski staffed the EMSA table.

DISCLAIMER

The Equestrian Medical Safety Association provides the articles in its newsletter and publications for educational and informational purposes only. In doing so, the EMSA and its board, officers and directors do not necessarily endorse the articles within any of its publications. Nor does the EMSA make any claims, promises, or guarantees about the accuracy, completeness, or adequacy of the information provided. EMSA makes no warranties as to the results, if any, that may be obtained from following any of the suggestions in its publications and cannot guarantee that those who follow or implement the publication's information will be free of accidents, injuries, or litigation.

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The difficulty with numbers is that up to 96% of equestrian injuries are never hospitalized and many may never see a physician. The low rate of admission to hospital (0.49/100 hour of riding) suggests the benign nature of many injuries (bruises, scrapes etc.) and a possible lack of recognition by both the rider and emergency room staff of the significance of seemingly minor head injuries.

The population studied in this paper represented a more severely injured population with a mean ISS (Injury Severity Score) > or equal to 12 (mean 26) and a mortality rate of 7%. Unlike other studies, chest injuries (54%) exceeded head injuries (48%). These injuries included collapsed lung (pneumothorax) and blood in the chest cavity (hemothorax).

Despite the fact that chest trauma exceeded head injuries in numbers, all of the deaths were secondary to head injury. This supports the contention that prevention of death in riders equates to the prevention of head trauma.

This paper differs from other reports in that most of those severely injured were male (60%) with a mean age of 47 and 11 years riding experience. Specific details can be found in the paper itself. Again the specific reference (as previously mentioned) is *The American Journal of Surgery*, 2007, volume 193.

Chad G. Ball M.D., Jill E. Ball, Andrew Kirkpatrick M.D., & Robert Mulloy M.D.

Jill E. Ball, Chad G. Ball M.D., Robert Mulloy M.D., Indraneel Datta and Andrew Kirkpatrick

Even with the practice of safe riding techniques there is still the possibility of accidents and injuries. From our collective experience, we can say “there are those that have and those that will”. First Aid is the provision of initial care for an illness or injury. It is generally provided by a non-medical lay person.

Individuals can be trained to perform potentially life saving, simple procedures until more definitive interventions can be arranged. This short article is hoped to get you in the mind-set of a first responder.

The first recorded instances of First Aid were provided by the Knights Hospitaller in the 11th century treating battlefield injuries. The Red Cross was organized in Geneva, Switzerland in 1863 with a key mission to aid the sick and wounded soldiers in the field. This was followed by the formation of the St. John Ambulance in 1877, organized to teach First Aid and deliver aid to the general public.

Your goal as a First Responder and giving First Aid is to:

- Preserve Life
- Prevent further harm, prevent the condition from worsening
- Promote recovery

Although you may expect the major hurdle to providing initial first aid response is having an extensive First Aid Kit. This is not the case. Education and training are the key elements to a First Aid response. Possessing the key skills to accomplish the goals of First Aid is paramount. More on this later.

Planning your First Response

Have a plan to manage the worst-case scenario. To address those “what if” concerns, know how you will enlist assistance for human injuries.

Your first goal in any equestrian activity is self-preservation. Whether you deal with horses as work or sport, you want to maintain your well-being. You expect to end each session safe and sound, and be as healthy as when you approached the horse.

Recognize that the horse's instinct also is for self-preservation. Even the most gentle animal can be transformed by panic and will make every effort to escape a perceived life-threatening emergency. Jan Dawson of the American Association for Horsemanship Safety, advised, “Learn how horses view the world in which they live, and accept that.”

You and your barn/show/or trail ride need to have a plan for alerting the local Emergency Medical Response (EMS) system. This can be as simple as a cell phone. But, the caller needs to be able to describe the exact location. Do you know your barns' exact address? Posting it in the facility, next to the First Aid kit will assist the caller when the stress of the situation is high.

If you are on trail, then consider one of the new 406 Mhz Personal Locator Beacons sold in many camping/outdoor stores. They can be purchased for \$300-\$400 and work anywhere in the world. They will send an instant distress message with GPS location to the National Search and Rescue

Center. This proven technology has been used in the marine and aviation fields for some time.

You may also purchase a handheld or wrist GPS. These will give you coordinates that can be passed onto EMS and a rescue helicopter if needed.

The First Response is just that, it is not a surgical field hospital (MASH Unit) nor the time to secure a definitive diagnosis of the trauma or illness. Remember the three P's: Preserve Life/Prevent Further Injury/Promote Recovery.

KEY SKILLS:

The most important thing to do before you ever get on a horse, is take a basic CPR (cardio pulmonary resuscitation) and first aid class. They are relatively inexpensive ranging from \$50.00-\$100.00. (Call your local American Heart Association or American Red Cross office for class information). As stated before, having the SKILLS to respond to an emergency is as important as the supplies.

In the CPR/first aid class you will learn to perform a head-to-toe assessment and how to care for the most life threatening injuries first. The Most important assessment is of the ABC's.

- A=Airway
- B=Breathing
- C=Circulation of blood (heart beat)

If any of these are compromised, you will die in just a few minutes.

After the ABC's are secured, then we move onto our B.S. = Bleeding and Shock.

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IT'S YOUR CHOICE

BY CAMEO MILLER

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Companies today are fond of saying how important their employees are to them. But if it comes to a choice between money and their people, the money wins every time. Recently, companies have jumped on the environmental bandwagon and are touting how “green” their company is. But guess which wins if it comes to a choice between green environment or green cash? There’s an old saying that “talk is cheap”, but it’s your actions that really count in the final analysis. And your actions are a direct result of the choices you make, whether you are aware of them or not.

For example, as ARIA instructors we are supposed to be committed to safety. What about when the “cowboy” or the “dressage queen” doesn’t want to wear a helmet? What if someone with a really big name wants a clinic from you, but they don’t want to wear a helmet? What choice do you make — safety or money? Maybe you believe your students are most important — but what if they are abusive to your horses and/or to you? “Oops, I meant the horses are the most important” — but what if they are no longer able to be any useful part of your program? And if that’s where you immediately went from the abusive question, why would you allow anyone to abuse *you*? What kind of a precedent are you setting with that?

Many things are important for us to survive. We need

money in this economy. We need safety for our students, our horses, ourselves and our liability. We need students so we don’t have to work at a fast food joint, and we definitely need those great horses. It isn’t that many things can’t have an important place in our lives, but we need to define their place and put them in it; not let them rule us because we haven’t really looked within ourselves and defined who we really are and what’s really important to us. Where do family and friends fit in; under what circumstances do they become most important? What about values such as honesty, spirituality, and happiness — how do they fit in? How about health issues—eating in a healthy way and taking quiet time to regroup and replenish ourselves? Maybe you list several things as MOST important to you — but what if it comes to a choice among those things? How do you decide what is most important at that moment in your life?

Are you living in accordance with what is most important to you? If not, why not? Your choices really define who you are — so they should be clear to you so they can be clear to others. You should be comfortable with them and proud of them. We are each free to make our own choices. We often forget this, but it is a given for every person. If you do not believe you have free choice, you need to do some serious thinking about why you think you do not. This does not mean that we do whatever we feel like at the moment we think or feel it. Sometimes the choice we

make is to do what someone else wants, to do what needs to be done rather than what we would like to be doing, to do what we believe in rather than what is popular. There is a huge difference between us *choosing* each of these rather than feeling like we *have to* with no choice available. Every thing we do is actually a choice we have made whether consciously or not. If we recognize something we might feel we were “forced to do” as something we have made a choice to do for whatever reason, then we can look at it as what was right for us to do at that moment, or as something we need to reassess doing in the future. I love when people tell me “I **had** to...” because that gives me a chance to say, “No, you didn’t **have** to.” Maybe the alternatives were worse, maybe they didn’t see any alternatives, but they were there nonetheless. Every single choice we make has consequences, pros and cons, positive and/or negative effects. We all have to live with the consequences of our choices. Some people don’t want that responsibility, so try to let others choose, or to put things off until someone or something effects the change. But even that is a choice and there are consequences to that behavior, too.

Our choices define our behavior, which in turn defines us. It shows others who we are. It creates our life, moment to moment, for each of us. I believe this should be a conscious creation, so each of us should be aware of all the big and little choices we make

all the time every day. Who are you creating with your choices? Do you like you and the choices you are making? If not, there really is always a choice. If you do, then you are probably quite happy with most of your life, and I am happy for you. Making good choices isn’t so others will think well of us — it is so that we are creating a person and a life that we think well of.

Cameo Miller is a Masters-level clinical psychologist and a Level IV ARIA Certified Instructor based in Michigan. She is a member of the ARIA Evaluation Panel and National Riding Instructors Convention Staff.

First Aid

Continued from page 3

Following our ABC+BS, we care for all other injuries such as sprains, fractures, allergic reactions, etc. Again, all of these skills will be covered in your basic first aid class.

Reported head injuries are less frequent, but more serious. Concussions range from 4%-8% of injuries, yet head injuries cause two-thirds of deaths. A concussion is any alteration in mental state after a blow to the head.

Falls account for about 80% of injuries. On a horse, your head is eight to 10 feet off the ground. If you fall, the force of deceleration upon impact can result in trauma. (Equine-Related Human Injuries by Charlene Strickland, October 1, 2000, Article #109, The Horse.com)

There are MANY excuses for not wearing a helmet (I don't want "hat-hair", "western riders don't wear helmets", "they are too hot", etc), BUT what is your Brain or your Life worth? Wear a helmet, EVERY RIDE.

The First Aid Kit

The EMSA has a suggested First Aid kit on the website. This kit can be assembled for under \$30. The supplies can be obtained from any pharmacy store. Alternatively, there are a number of good First Aid kits available at outdoor sports stores and online.

However you assemble your kit, be sure it is well marked and is placed in a accessible location. All potential first responders need to know where it is and be able to get to it. In other words, don't have it locked in a trainer's office.

Remember, if you use any component of the kit, make sure the item(s) are replaced as soon as possible. Imagine the added stress of dressing a wound if someone took the last gauze and did not replace it. Another suggestion is to periodically (yearly) review the contents. Medications do expire and alcohol pads do dry out over time. Note the date that the contents were examined for completeness and currency on the kit box. Have a content list in the kit and assure all is there on the yearly review.

Summary

The Boy Scout motto "Be Prepared" is a concept to apply to any equestrian endeavor. Have the training, the plan, and the resources to address the possibility of an equestrian medical emergency. It is not a matter of "if" but "when". Ride Safe.

CHUCK CRINNAN, MD,
CHRISTINE VAN SOLINGE

Good Parenting Helps Youth to be Safe and Successful

There is often concern about kids being pushed too hard. As youthful bodies and minds develop it is hard for them to know how much is too much until they have gone beyond that point. For the blossoming athlete being sidelined by injury is a great disappointment. Riders learn this lesson twice, once for them and once with their horse. Some riders are competing year round specializing in a single sport rather than engaging in multiple disciplines that enable cross-training and multiple levels of skill and expertise. (No one is equally good at everything and profits from the experience). Understanding the psychological processes of training, participating on teams, competing (winning and losing) and balancing athletic achievement with the rest of personal development are important and complex. Learning to manage appropriate risk taking behavior and judgment are key outcomes engaged in competitive experiences.

Many young people are working with trainers and coaches which can require substantial investments of time and money. Pressure to perform successfully comes from all directions. Other young folks don't have access to much adult training and go it alone. With this comes the risks inherent in having to invent every step themselves. Parents play a crucial role in how both sets of athletes develop. Most parents want to be supportive, have their child be successful and be proud of those accomplishments. However, the media is full of outrageous adult behavior around youth participation

in sport. The following are food for thought for adults whose children participate in sports. Although the second is focused on baseball principals and feelings are the same for parents of riders.

—PAT MAYKUTH

Eleven Ways to be a Successful Youth Sports Parent

- Make sure your children know that—win or lose—you love them and are not disappointed with their performance.
- Be realistic about your child's physical ability.
- Help your child set realistic goals.
- Emphasize improved performance, not winning.
- Positively reinforce improved skills.
- Don't relive your own athletic past through your child.
- Provide a safe environment for training and competition. This includes proper training methods and use of equipment.
- Control your own emotions at games and events. Don't yell at other players, coaches, or officials.
- Be a cheerleader for your child and the other children on the team.
- Respect your child's coaches. Communicate openly with them. If you disagree with their approach, discuss it with them.
- Be a positive role model. Enjoy sports yourself. Set your own goals. Live a healthy lifestyle.

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Coupons 4 Causes will donate 20% of the proceeds from articles bought online to EMSA. Details can be obtained on the program by logging on to http://www.couponchief.com/coupons4causes/equestrian_medical_safety_association_emsa_santa_fe_nm. Specific articles available can be searched at <http://www.couponchief.com/coupons4causes>.

Sports Parents: Your Support Makes All the Difference

Years ago, there was nothing in my world outside of the baseball diamond. I could not even fathom a life that existed without stealing second or making a diving play. Any day that I was not playing ball I was thinking about the next game or dreaming about hitting the game-winning home run in the bottom of the ninth. All through middle school, high school, and into college I knew nothing else except the smell of grass and the sounds of metal bats against balls.

And then one day baseball was no longer the center of my universe. I still “liked” to play but the “love” had moved on to other arenas. Grades, future careers, and where my life was going were more important than putting in an extra 20 minutes at the batting cage or waking up at 6 a.m. to work out. My passion for excellence still existed but developed into something greater, something

lasting and growing with each passing day.

Every step of the way

I smile when I look back on those days. Not because of the great plays I made, the games won, or the moments of excellence but for a reason that I never appreciated at the time: my parents were there every step of the way. There was never a second where my parents were not supportive of my dreams and ambitions. They stood cheering at every game, never drew negative attention to themselves when a bad call was made, made almost every game, and were apologetic for the few they missed.

My dad would throw whiffle balls to me in the backyard to improve my opposite field hitting or smash grounders at me until I cried uncle because of a sore glove hand. Through all the angst of my teenage years and the self-deluded visions of

grandeur that I experienced, like most high school athlete, I never felt that my parents weren't there to support me.

Their support was not limited to sports but was for everything I did. Whether it was writing contests, cross country, college, graduate school, finding my first job, and even as I write this article, they have supported everything that I have done that demonstrates commitment, passion, ambition, and lasting fortitude. They allowed me to learn from my mistakes but were always there to catch me if I fell too hard. Because of this trust, this unyielding commitment, I have the confidence to break through walls that without their support seemed impenetrable.

Just showing up makes a difference

One day your child will be someone great, but, honestly, it likely won't be in the big

leagues. They will take their passions and carry them to other arenas, growing to make their own waves in this world. The support you give your child in the stands will be something they will carry with them the rest of their lives. Knowing that someone is there to be supportive in success and defeat is the most powerful intangible force that a parent can offer their child. Believing in oneself starts with others believing in you, whether its showing up to practice, offering positive words in defeat, providing constructive feedback or clapping like crazy at their games.

In short, showing up is half the battle. It makes all the difference.

—KEITH CRONIN, DPT, CSCSI

An excellent article on equestrian athlete development is found on this site http://www.emsa-online.net/pdf/long_term_athlete_development%5B1%5D.pdf

Tetanus

Anyone spending any time around a barn or farm should be protected against possible tetanus infection. This organism lives in soil everywhere and is anaerobic (lives without the need of oxygen). In the unprotected individual tetanus infection is a very serious, potentially life-threatening infection.

All children in North America should have had a series of five doses of DTaP (offering protection against diphtheria, tetanus, and pertussis) by age seven (2 months, 4 months, 6 months, 15-18 months and 4-6

years). Children are usually not admitted to school without this. However, home schooling would obviate this and some parents are “anti vaccine”. As this vaccination protocol is recommended by the AAP (American Academy of Pediatrics) a child's physician usually suggests and provides this immunization. A booster for diphtheria and tetanus (Td) is suggested between ages 11 and 13.

Adults should have a booster (Td) every 10 years. The CDC (Center for Disease Control and Prevention) statistics state that less than half of Americans

age 60 or older have antibodies (produced on exposure to the vaccine or organism) to tetanus. Those adults who have never been vaccinated start with a series of three Td injections over 6-12 months and subsequent boosters as recommended above.

Keeping wounds and scratches clean is important in preventing infection. Open wounds can be cleaned with tepid water and regular soap, dried with a clean gauze pad, covered with antibiotic cream or ointment, and covered by a bandage.

Following a wound, in order to rapidly produce anti-tetanus antibodies, a TIG (tetanus immune globulin) injection is often given if the individual's immunization history is unclear. Tetanus antitoxin is administered at the same as TIG but in a different site. Allergies to current “tetanus shots” is very rare, but in the past, with antitoxin derived from horse serum, this was more common.

—DEBORAH F. STANITSKI, M.D.
EMSA PRESIDENT

Courtney Dye's Gift

The Chronicle of the Horse
Reprinted with permission.

Commentary

By now most of our readers have heard about Courtney Dye's tragic riding accident on March 3 that's left her in a coma.

During the Palm Beach Dressage Derby CSI-W in Wellington, Fla., not far from Loxahatchee where Courtney's accident occurred, riders honored Courtney by wearing green ribbons to signify brain injury awareness. But, more importantly, many also wore approved safety helmets, including Canadian Jacqueline Brooks who competed in a helmet instead of a top hat.

While I pray that Courtney will recover—and according to updates from her husband Jason and trainer Lendon Gray there's reason to be optimistic—I hope that other riders

will honor her by always wearing a helmet.

As I was writing this Commentary, I received a timely letter from dressage rider and physician Donna Richardson. Donna noted that even professionals such as Steffen Peters and Guenter Seidel showed their national-level horses at the Dressage Affaire CDI (Calif.) a week later wearing helmets and warmed up their FEI horses in helmets before changing to top hats just prior to entering the show ring.

"What a pity it took a tragedy like Courtney's to get everyone to do what they should have been doing all along," she said.

Donna, an emergency physician for 31 years, said she's seen hundreds of times what happens when an unprotected head meets a solid object. "Death or lifelong disability

is the all-too-frequent result," she said. "And while not every traumatic brain injury can be prevented by a properly fitting helmet, many of them can. The severity of the others can be greatly reduced."

The evolution from hunt caps to ASTM/SEI-approved helmets in the hunter/jumper world took many years with some fierce battles, but now these helmets are standard practice and traditional show attire. I hope the dressage leaders take their sport down this same path.

If you're still not convinced, check out the National Injury Prevention Foundation website (www.thinkfirst.org). Head injuries are associated with approximately 60 percent of all equestrian deaths. And, sadly, on 20 percent of equestrians wear protective headgear every time they ride. On a positive note, wearing a properly filled

ASTM/SEI helmet is estimated to decrease death from head injury by 70 to 80 percent.

I know, cold hard facts only mean so much. It's really the people we lose or the lives we see permanently affected by brain injuries that tell the story. If you don't choose to wear a helmet for yourself, wear it for your spouse or your children—they're the ones left behind.

And as Donna so eloquently concluded in her letter, "If all of us, everywhere, would determine never to get on a horse without a helmet, we would do honor to Courtney. We will remember her elegance and skill on a horse, but if because of her tragedy, one more life can be saved, one more disability prevented, she will have given us a legacy more enduring than any Olympic medal."

Amen.

—TRICIA BOOKER
EDITOR

The Chronicle of the Horse

Dear Ms. Booker,

Thank you for your excellent editorial in the March 26 edition of your magazine, *The Chronicle of the Horse*. I was also thrilled with the commentary by and picture of Jacqueline Brooks in her shadbelly competing with a helmet.

I am the current president of EMSA (Equestrian Medical Safety Association) and a former practicing pediatric orthopedic surgeon who became unable to operate due to the *sequelae* of a closed head

injury sustained while riding with an approved helmet. I also am pleased at your allusion to NEISS (National Electronic Injury Surveillance System) and the excellent resource website of the National Injury Prevention Foundation.

As you stated and I am well aware of, an approved helmet cannot prevent all serious injury but it goes a long way in decreasing death due to head injury, which sadly remains the leading cause of equestrian death.

The hunter-jumpers, eventers and endurance riders "got it" long ago but I still see FEI riders being bad role models at shows as they school hatless or in baseball caps.

It is a shame that it took such a dramatic injury in the dressage community to make a big impression. I can only hope that the USDF will heed this wake up call and start requiring proper harness helmets. They may not be as attractive as top hats but, when fitted properly, they help prevent catastrophic injury.

An individual only has one brain and unfortunately, complete recovery from an injury is not a guarantee.

Sincerely,

Deborah F. Stanitski, M.D.

President and Editor
Equestrian Medical
Safety Association

Skin Infection May Be MRSA

LINDSAY BARTON

MRSA (methicillin-resistant staphylococcus aureus) or the “super bug” skin infection often looks like an ordinary skin infection. Considering a possible MRSA infection is important for all those participating in an activity where they may be exposed to other individuals. The initial exposure may or may not be related to a riding incident but nevertheless is important. The innocuous wound or boil can rapidly develop into a large abscess (24-48 hours). Accurate diagnosis require wound culture and, most-importantly, it should be remembered that penicillin-related antibiotics are ineffective.

Coaches, parents, and athletes should therefore be on the lookout for:

- Skin infections that may appear as pustules or boils at the site of visible skin trauma, such as cuts and abrasions, and areas of the body covered by hair (e.g. back of neck, groin, buttock, armpit, beard area);
- Fever;
- Pus or other drainage;
- Swelling; and/or
- Pain

MRSA: Suspicious Skin Infections



Skin abscess:

- localized collection of pus associated with tissue destruction
- can become superinfected

- body shaving, especially areas covered by clothing, predisposes to infection
- Abscess that develops from staph folliculitis



Carbuncle:

- series of subcutaneous abscesses
- drain through multiple hair follicles
- looks like a “spider bite”



Cellulitis:

- Infection of the skin surface without pus formation



Impetigo:

“It’s important for coaches and parents to be aware MRSA might be a cause of skin problems in children,” Dr. Dan Jernigan, a CDC medical epidemiologist, told the Associated Press.

Treatment

If your child has a suspicious skin/soft tissue infection, take him to the doctor, who should obtain a culture of the lesion, which will guide selection of the appropriate antibiotic.

- The primary treatment of an abscess or purulent skin lesion (one discharging pus) is incision and drainage.
- Although this is usually adequate to clear up the infection, it is sometimes insufficient, in which case a course of antibiotics will be necessary.
- Antibiotic therapy may include clindamycin, trimethoprim-sulfamethoxazole (TMP-SMX, Septra, Bactrim), and tetracycline.
- Using antibiotics following the incision and drainage of the lesion is left to the discretion of the treating physician based on the size of the lesion, cellulitis, age of the patient, fever, signs of systemic infection, and the presence and effect of other disorders or diseases.

Other prevention tips

- Clean and cover all wounds. If an athlete’s skin is injured, it should be washed immediately with soap and warm water, dried and covered with a clean bandage. If a wound cannot be covered adequately, the program should consider excluding players with potentially infectious skin lesions from practice or competition until the lesions are healed or can be covered adequately;
- Exclude infected athletes from participation. Athletes with evidence of spreading, cellulitis or systemic infections (i.e. fever and chills) should be excluded from sports participation. Athletes with contained infections but no systemic symptoms may be able to participate on a case-by-case basis.
- Anti-bacterial ointment. Clean any cut with soap and water and then applying a topical over-the-counter “maximum strength” or “triple antibiotic” anti-bacterial ointment.

While there are, as of yet, no peer-reviewed clinical studies

to confirm the results, a laboratory study conducted at the College of Pharmacy at Oregon State University (OSU), which was presented at a December 2007 meeting of the American Society of Health-System Pharmacists, found that an ointment containing benzethonium chloride with tea tree and white thyme oil worked best against all four tested MRSA strains, while ointments containing neomycin, polymyxin, and gramicidin also had some antibacterial effectiveness.

Source: Centers for Disease Control; Weber, Kathleen.

“Community-Associated Methicillin-Resistant Staphylococcus aureus Infections in the Athlete.” Sports Health: A Multidisciplinary Approach 1 (2009): 405-410.

Updated November 9, 2009



TROXEL
PERFORMANCE HEADGEAR

For more than 100 years, Troxel has been a leader in safety innovation, with contributions ranging from advancements in the bicycling industry to life-saving children's car seats for the automotive industry. When, in 1990, Troxel spun off from its parent company to enter the equestrian market, certified helmets did not exist. Helmets were only obtainable for English-style riders. Western enthusiasts, steeped in years of tradition, carried a stigma against wearing helmets. Catalyzed by the success of its first schooling helmet, and followed thereafter by the first certified show helmet, Troxel quickly emerged as the world's leading provider of ASTM / SEI certified equestrian helmets.

Today, Troxel dedicates all its resources to equestrian helmets and accessories. The company offers fifteen helmet models in thirty-nine different styles, serving riders in both English and Western & Trail disciplines. To date, Troxel has placed more than three million helmets into the North American market, and continues to introduce new styles and technological advancements each

Dr. Richard Timms' influence on the helmet industry

year. Its most notable achievements include the creation of the first lightweight, ventilated ASTM approved equestrian helmet, GPS micro-adjustable fit system, Flip Fold™ Fit System, and Soft-Tip™ visors.

At the core of this innovation is Dr. Richard Timms, the founder of Troxel's equestrian business and benevolent chairman. Troxel is the only physician-owned equestrian helmet manufacturer and Dr. Timms' influence has been significant. His background as a specialist in critical care at the University of California and as a research professor at The Scripps Institute provided the foundation for Troxel's advanced research and innovative products.

Since 1992, Dr. Timms has personally reviewed every case and helmet (if available) from accidents reported to Troxel in which there has been a head injury of any degree. As part of Troxel's warranty and Accident Replacement program, the company requests the related accident story from the rider and usually receives them. From this information, Dr. Timms has become knowledgeable on the broad range of circumstances related to equestrian head injuries, such as the conditions leading up to the accident and the details of the helmet impact.

Dr. Timms entered medicine at Johns Hopkins Medical School in 1963 after spending three years at Denison University in Ohio. His experiences in Vietnam as a medical company commander in the 101st Infantry and as Walter Reed Hospital

were supplemented by specialty training in internal medicine and critical care medicine, an emerging medical specialty in the late 1960s and 1970s. In 1980, Dr. Timms traveled to China as a scientist under an exchange program of the United States Department of State, one of the first such exchanges after the Mao's Cultural Revolution had closed the nation. Dr. Timms' interest in preventive medicine was encouraged through a close friendship with his uncle, Dr. Luther Terry. Dr. Terry famously served as Surgeon General of the Public Health Service under President Kennedy. Among many preventive medicine contributions, Dr. Terry introduced automotive seatbelts and produced the ground-breaking Surgeon General's Report of 1964 which raised public awareness of the health risks of cigarette smoking.

While working at the University of California, San Diego, and Scripps Research Institute in the 1970s, Dr. Timms advised Troxel Company on injury prevention. Troxel was partnering with Fisher-Price to develop children's car seats, high chairs, bed rails and other safety products. Then headquartered in Memphis, Tennessee, Troxel became the leading producer of injury prevention products in North America.

In the decade that followed, Dr. Timms continued his career as a pioneering advocate for injury prevention helmets. Following his vision and prior to entering the equestrian field, Troxel was a major developer and producer of helmets for

cycling, mountain climbing and skateboarding.

"Troxel designed and produced helmets for the 1984 Olympic cycling team that reached the cover of Scientific American magazine," said Timms. "When I saw the photo of the best athletes in the world with protective helmets, I knew this modeling was meaningful from an injury-prevention perspective. More riders will be accepting safety helmets and less riders will be killed or disabled. Not only will untold numbers of families be saved extreme loss and grief, our society will be less burdened by the severely head-injured riders who often become wards of the state."

Cycling helmets became a commodity in the early 1990s and became available to everyone. This caused Dr. Timms to turn Troxel's attention toward the equestrian field: "I recognized an unmet need for equestrian-related head protection, an issue I first discussed with the Chairman of the American Academy of Pediatrics Committee on Injury Prevention in the late 1980s. The equestrian field had missed the surge in protective helmets experienced by cycling even though equestrian riding was more dangerous than cycling on a per-minute basis. Unfortunately, the stylish equestrian 'hunt caps' of the 1970s and 1980s were poorly protective, and emergency rooms or ICUs were seeing many preventable deaths and serious head injuries in equestrian riders. For equestrian riders who

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Troxel: Richard Timm *continued from page 9*

wanted to wear more protective headgear, there were no good alternatives.”

Initially deep-seated resistance to protective helmets has been true of every helmet program—cycling, skiing, hockey, and baseball helmets—as in other fields of injury prevention, including automotive seat belts and children car seats. Dr. Timms’ philosophy to overcome this natural and understandable resistance has three components. In order for the public to change their behavior and embrace new safety equipment, scientists and manufacturers must first prove their effectiveness, they must educate consumers regarding their benefits, and then products must be engineered to the point that their use becomes increasingly easier and affordable.

“Interestingly, equestrian helmets are one of the most effective injury prevention products on a per-minute-of-use basis over all that I have studied,” Dr. Timms said. “I certainly know and feel what these products mean to riders and families. I have experienced some heart wrenching moments with the dark side of severe injuries and deaths. It is worth emphasizing that the safer a recreational activity, the more likely it is that it will be supported by parents. I can assure you that ASTM helmets make the great activity of horse owning, riding and competing a safer activity. Not all, but most deaths and injuries can be prevented. We are learning in our culture how to do this and at the same time enjoy a free, unrestricted society. We can

accomplish this. In the field of injury prevention, the best of medicine, business and technology can be and is being brought together to achieve major advances that benefit everyone whether directly or indirectly. It is a worthy goal at both a personal and cultural level and it preserves precious human and financial resources.”

Now semi-retired, Dr. Timms still maintains an active role in driving Troxel’s research and development efforts. But it is safe to assume his successor shares a similar vision: Troxel’s current CEO is Shay Timms, Dr. Timms’ daughter. With a wealth of experience in Troxel’s sales, marketing and finance, and from her time as a corporate attorney specializing in business law, Ms. Timms is well-positioned to take Troxel’s

safety, quality and innovation to new levels.

As a result of this steadfast commitment to innovation, Troxel can boast one of the finest safety records in the world, having prevented countless deaths and injuries. This remarkable record validates the work of Troxel’s dedicated research and development team giving active attention to advances in head protection technology.

For more information about Troxel please visit: www.troxelhelmets.com and please visit Troxel’s new Safety Center: www.troxelhelmets.com/safety.

KARISA DERN
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