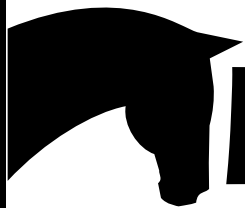


SUPPORT
for the
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RIDER

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EMSA

Prescription for Equestrian Safety

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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Broken Skull, Broken Heart

BY DORIAN HARGROVE

Inside the Live Wire, it was dark and dingy, and the music was cranked to 11, just the way I remembered the place. Only half of the six red vinyl booths were occupied. Five friends and I took the one at the far end of the narrow bar. It wasn't much of a celebration, but it was the closest thing to a party I'd been to since I'd fallen from a skateboard and landed in a coma, awaking 19 days later with a piece of my skull missing, scars on my arms, and a plastic pipe in my throat. Two days before entering the small bar in North Park, my doctor had said it was all right to consume an alcoholic beverage, and that is what I was there to do.

"Your tolerance will be way down. A half of a beer will feel like three," he said. Heading into the bar, I was nervous.



Aimee Hargrove photo

Nurses had told me I would never be able to drink again, others said I should wait a year, and most all of them warned me that drinking might induce posttraumatic epilepsy.

The nerves remained as I ordered a Bud Light from a dark-haired, tatted-up female bartender. They were there after

my first sip. I did my best not to think about the anxiety. Before I knew it, my beer was gone. My wife Aimee asked me how it tasted. She had a smile on her face but worry in her big brown eyes. I had grown accustomed to that look. I reminded her for the millionth time that I could no longer taste or smell. She asked how it felt going down. I said good.

I felt at home sitting in the bar, talking about movies, music, and life. It had been four months since the day I left the house with my dog's leash in one hand and my skateboard in the other.

That day was September 22, my second wedding anniversary. It was hot and cloudless, nearing five o'clock, an ideal time to take my dog Artie to the park. It was something I did nearly every day, and I had the routine down. I stuffed the essentials into my army green messenger bag: blue ball, water, treats.

Continued on page 3



Tobé Saskor Photos, 2010

September 26, 2011

Dear Fellow Equine Enthusiasts,

The second Helmet Safety Symposium was held July 23 at the Kentucky Horse Park. My prior letter detailed the first symposium held in Wellington, Fla., in January. Although I attended and spoke at the first symposium, I could not attend the second. The EMSA was represented by Dr. Pat Maykuth (a

Letter from the President

Deborah F. Stanitski, M.D.
EMSA President

BOD member) who has written an excellent article about this in the current newsletter.

The issue of non-life-threatening head injuries continues to be a prominent one in the media. Fortunately this attention has caused ever-increasing vigilance and concern for this matter. There are many reports of significant sequellae resulting from brain injuries not sustained by a blow to the head.

The EMSA has an interest in involving individuals of any age in any equine discipline in safety. Although head injury and helmet use have been recently publicized, clearly safety issues are not confined to the head. The EMSA wants ongoing

studies or publications relating to any horse-related safety issue (barns, tack, camps, etc.).

With respect to the website update, the EMSA is continuing to research affordable options. We are interested in hearing from anyone with expertise in website design or management. In this regard, please feel free to contact me by e-mail or toll-free number, 866-441-2632.

Mr. Kristian Kery, a stuntman who also shoots videos, has created a lovely helmet-promoting video, www.youtube.com/watch?v=p7RvpA15fZM. The link is also on our website. The rider is Sabine Schut-Kery.



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Newsletter layout: Pat Hutson
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Letter: Horse accidents happen

My name is Megan Dougherty. I am 18-years-old from Parker, Colo. Last October 30 I was attending a riding clinic when my horse came up to a jump and abruptly stopped. The momentum threw me forward where I slightly moved my head to the left, causing my neck to come down on his, I then rolled off his neck and sat on the ground slightly dazed. I got back on and proceeded to jump two more jumps before returning to the group in the center of the arena where I slid off my horse. My mother (who is a nurse) came to my side and discovered that I had had a stroke. I had no movement on my left side, and was in ICU for 12 days. I then went into Craig

Rehab Hospital. I was not moving on my left side when I went in, and six weeks later I walked out of Craig. I am very lucky to have a world-renowned rehab hospital here in Denver. I'm still doing outpatient rehab, and am improving every day. I accomplished my goal last May of walking across the stage of my high school graduation!! Yes, I have been back on my horse as he was a huge part of my motivation. Even though I know I will never be able to compete again, I still enjoy being on the back of my best friend Salsa. Doing some research through USEA this has only happened twice in 25 years, so don't be scared, but I do want to pass along the signs to look for if you suspect a possible stroke.

F-Face: Does one side of the face droop? Ask the person to smile.

A-Arms: Is one arm weak or numb? Ask the person to raise both arms, does one arm drift downward or doesn't move at all.

S-Speech: Is speech slurred or can't speak at all? Ask the person to repeat a simple sentence. Is sentence repeated correctly?

T-Time: If a person shows any of these symptoms call 911 and get to the hospital immediately. (Note time of stroke.)

This was a freak accident, but thank you for giving me a voice.

Broken Skull, Broken Heart from page 1

I put Artie's leash and harness on him, then placed my bag in the front basket of my old Schwinn and hopped on. Holding his leash in my left hand, we coasted down the driveway and onto the street. Fifteen feet from my house I squeezed the brake and turned back. I wanted to skate instead. That decision changed my life forever.

I grabbed my board and Artie's leash. The brown dog had some energy. Just moments after leaving the house, he was pulling me at full speed on the rough and rutted pavement. The wheels didn't seem to be gripping. I had speed wobbles. That day, construction trucks and a Bobcat cluttered the street. They were tearing up asphalt to replace water mains. I directed Artie toward the sidewalk.

Artie was again running at full speed. I crouched to steady myself. Fifty feet from my house, my wheels stopped at a crack. I didn't. Flying through the air, I looked at my right hand clutching the leash. That was my last memory before the right side of my forehead met the pavement.

A neighbor, Laurie, found me in the street, clawing at my head, screaming in pain. Artie stood next to me. There was no blood. No sign of injury. Laurie told me months later that I begged her not to call paramedics. I just had a headache — I wanted to go home and sleep. Then I vomited on myself, and she dialed 911.

When the fire department arrived, I refused service. I said I was fine, and I couldn't leave my dog. I threw up a second

time. The firefighters forced me inside the truck and took me to Scripps Mercy Hospital.

I had already been admitted by the time Aimee arrived. She sat next to me on a bed in the hallway. She says that I was alert and oriented. I knew I had fallen, but I assured her that I wasn't injured and insisted on going home. I was taken to get a CT scan. The scan revealed bleeding and bruising on the frontal lobes of my brain, and I was moved to the intensive care unit trauma room. Twenty minutes later, Aimee says I turned into a different person. I was disoriented and combative. As time progressed, my confusion turned violent. I fought the nurses. I ripped out my IV and stabbed a male nurse with the point. Aimee says it took nine people to restrain me and enough sedatives to tranquilize a horse.

Intensive care nurses ushered Aimee and my sister, who had driven down from San Marcos, out of the room. When they returned an hour later, I was in an induced coma; a blue breathing tube was inserted into my mouth, and a "tap" had been put into my head to measure the intracranial pressure, which was high due to swelling in my brain.

The intensive care unit would be my home for the next

19 days. All I have to go by are the passages in Aimee's journal and the nightmarish visions I had each time they tried to lower the sedatives and wake me from the coma.

Day 1: If the brain swelling goes down he will be here three days, best-case scenario. Worst-case scenario, he might have part of his skull removed to allow room for the swelling. Doctors said this is a long road to recovery and we are at the beginning. They put a tap on his brain to measure the pressure. The reading was 30. Normal is in the low teens.

Day 2: I signed a release for them to put a direct line into his carotid artery for medicine to control the swelling. They said they have begun aggressive medical treatment. I have decided to sit next to his bed full time. I am now going on 36 hours with no sleep. I have weird chest pains. I feel like I am in a dream.

Day 3, 3:30 p.m.: Dorian's family arrived from Colorado. To prevent further brain damage, doctors removed a four-by-five-inch piece of his skull to allow room for his brain to swell. Doctors said his skull will be taken to a UCSD tissue bank and kept there until he is ready to have it put back on. The brain has expanded, and the pressure has come down. We know that we have made the right decision.

Day 4: I asked the doctor to come and talk to us. He said that Dorian suffered major head trauma and patience from us is key to his recovery. He told us that we have to prepare for a new life, caring for Dorian. He said that Dorian will be different, but to what extent and for how long no one will know until he wakes up. He ended the discussion by telling us that Dorian is "not out of the woods yet."

Day 5: I am having a hard time holding it together.

Day 6: He has contracted pneumonia. Now his body is fighting two things. They said they have to treat his pneumonia, but when they do, the pressure in his brain goes up.

Day 7: Dorian's intracranial pressures are high today. I am so scared. Why aren't they going down? Doctors say if the pressure doesn't go down they will remove another portion of his skull. They also fear that the medicine might send him into renal failure. They took him off sedatives to check his responsiveness. No response.

Day 8: It's official: I think Dorian's family is falling apart.

Day 9: He's developed another case of pneumonia...more ice baths.

Day 11: Dorian is doing better today. He is on lower sedation. His pressure is in the low 20s. The nurses are smiling at me. He opened his eyes.

Day 12: Dorian looks even better today. Sedation has also been taken down. In a sense, they are trying to waken him a bit. His intracranial pressure is way down, and the nurses have

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Broken Skull, Broken Heart from page 3

not had to do any medication. They decreased the morphine.

Day 13: Today, Dorian woke up. Yeah! He was responsive and breathing so they took his ventilator tube out. He asked for me. I came running, and he said, "I love you. Where's Artie?" His voice sounded funny, and he was agitated. An hour later, his throat closed. They had to perform an emergency intubation. He almost died. He is back in the coma. My heart is broken. I think about all the things we won't be able to do, and it makes me so sad. We were going to start a family. We just bought a Volkswagen camper van. We were going to travel, write, and I was going to take pictures. Why is this happening to us?

Day 14: Dorian was given a tracheotomy. When they wake him next time he won't be agitated from the ventilator tube and his vocal cords won't be damaged. He's going to hate this. He's always been so sensitive about his throat. They also started him on a psych drug that will ease the wake-up process. There is a student in here now and they are teaching her about neuro patients. That's what they call Dorian, a neuro patient.

It was on day 15 that I started to have visions. The visions all were about my unquenchable thirst. After the tracheotomy I couldn't talk for a couple of days. I remember pointing at a large glass of iced tea that was feet from my bed. I did everything to get to it. I tried to wave down the faceless people in the room to get them to pay attention to me. I tried to grab the glass of tea

myself. Each time I tried, the wind would be taken from me. I imagined that one of the guys in the room punched me in the chest each time I tried to get up. I later was told that the tea I reached for was a cup full of my own urine.

On day 18, Aimee says that she brought me a dry-erase board and I wrote a whole paragraph. It was mostly illegible, but she could read one sentence: "Get me the f* out of here."

Nineteen days after my fall, I awoke for good, 25 pounds lighter, missing the right side of my skull, and fitted with a blue plastic tube in my throat. Still requiring constant supervision and still on morphine, I was transferred to a "safe room" on the tenth floor. My mind and body felt numb. I had no strength. I had no clear thoughts. I felt drunker than I had ever been — everyone and everything seemed in an alternate reality.

Two older men shared the hospital room with me. My bed faced theirs. I stared at them, trying to process the surrounding environment. One man had a bandage wrapped around the top of his head. The other had dark lesions on his face. He shot strange expressions my way if I stared too long, like the ones an adult might give a baby that's on the verge of tears. I remember him staring at me while pounding his head with a soft, axe-shaped toy. No one else saw this.

The second day on the tenth floor, a male nurse arrived holding what appeared to be a small metal crowbar. I felt the bar inch along the top of

my head, and then I felt a pain rip through my skull. Another pain, half an inch from the first. I yelled as he pulled out large metal staples. The staples, 30 in all, had been used instead of sutures to hold my scalp together. After the doctor had removed the piece of skull to allow my swelling brain to expand, he'd laid Gore-tex over my brain and pulled my scalp back in place, reattaching it with the staples. As the staples scraped my skull and tore through my skin, I cried out so loud that the nurse stopped, and a doctor was called in the next day to finish the job. It was the only real feeling I had in 21 days.

The next day, staples removed, two young paramedics placed me on a gurney and pushed me through the hallways of the tenth floor and into an elevator. They said they were taking me to Alvarado Hospital's rehabilitation institute in the College Area.

Once inside the institute's lobby, they transferred me from the gurney to a wheelchair. Aimee walked alongside as a heavyset nurse pushed me through the hallways. I wore a maroon helmet for protection. I had no idea what I needed protection from. The hospital reminded me of the asylum in *One Flew Over the Cuckoo's Nest*. It looked old and dilapidated. When we arrived at my room, the nurse helped me onto the bed. I felt dizzy each time I moved. I barely had the strength to lift my arm.

Although I'd been taken off the morphine and sedatives, the drugs were still in my system. I believed I was working on as-

signment, undercover. I told the nurse that the exposé focused on the bureaucracy of health-care. She laughed. After she left the room, Aimee, my mom, and my older brother stood near my bedside. They looked tired. They stared at me with glossy eyes. I thought they were over-reacting.

Later that day, I rose from my bed and shuffled toward the bathroom. I placed my palms on the walls for support. My legs and right arm trembled.

I took off my helmet in front of the mirror. It was the first time I'd seen my reflection since the fall. The right side of my head was missing. Scraggly brown hair covered the left side. I had no hair on the right, just a large crater and a dark red scar running along the crater's edge, from the top of my forehead, back above my ear, and then toward my face. A large pocket of fluid and tendon, cut during the surgery, bulged through the skin in front of my ear. My beard and mustache hairs were long, wiry, and out of control. I looked at my throat and at the blue plastic pipe stuck inside. It looked as if a kazoo were lodged in my neck. I was oblivious to what had happened. I stood there and stared, detached and devoid of emotion.

On the second day, I met my doctor. He was an arrogant, smug man in his 50s. He had long, slicked-back gray hair. I hated him at first sight. I hated the new shiny black shoes he wore. I hated that he looked at me as some long-haired, tatted-up skate punk, as if I deserved to be in the condition I was in.

He told me I needed to see the throat specialist. Two hours

later, Aimee wheeled me up to the specialist's office on the fifth floor. We waited inside for 15 minutes. I stared at the posters inside the examination room. They featured drawings of tubes inside throats. Then a doctor in his early 40s entered the room. His gray and black hair was long and wavy, tucked behind both ears. He asked about my accident. We talked about skateboarding and surfing. I saw his hand reach toward my throat as he talked. He grasped the blue pipe without giving me notice. I felt it shift inside my neck, and as he pulled the trach tube out, it felt like a slug crawling up my trachea. The tube was white and perhaps eight inches long. Brown and white phlegm coated its sides. I felt cold air enter the open hole. The doctor bandaged the hole and told me to put two fingers over it when I spoke. He told me it would close in two days. The next two nights, I would wake up gasping for breath. When I inhaled, I could hear air escape, a whistling through my neck. I had dreams that the opening never closed and I had to clean it with Q-tips and alcohol for the rest of my life.

I started physical therapy the following day. My therapist, fresh out of college, was a short, amiable Asian-American male. On our way to the hospital gym, he walked by my side.

"Did you always walk like this, crossing one foot in front of the other?" he asked.

"Yeah," I answered. "I used to be a runaway model."

During that first session, I realized my balance was gone. I couldn't walk in a straight

line. I couldn't balance on one leg. The therapist did not tell me why. I didn't find out for two weeks that my vestibular system, the part of the brain that controls balance, had been damaged in the fall.

An hour later, I had occupational therapy. A therapist scattered plastic objects of different shapes in front of me next to a game board that had cutouts of the same shapes. She asked me to fit the pieces into the matching slots. Despite a little tremble in my right arm, I was able to do this. My therapist looked surprised, and then she seemed unsure of the next task. I began to get the impression that the staff didn't know anything about brain injuries. I slowly realized that they had no way to know how badly my brain was damaged. My doctors and therapists were playing the waiting game to see what symptoms might arise.

Every other day, my doctor dropped by my room for minute-long checkups. He said nothing about my condition, nothing about my strengths and weaknesses. My disdain for him intensified. He never told me what to expect. I started a blog and wrote about him.

"This isn't just about my middle-aged doctor, who seems to be too busy battling his midlife crisis by gelling his hair and looking for new slick black leather shoes," I wrote in my blog, six days after waking from the coma. "This is about being a number, a policy number. This is about being nothing more than a bed-filler at night. Since admittance, I have not been properly evaluated, nor have I been given information on my injury, a prognosis, noth-

ing. Money and insurance rule this place. So much so, the patient is only an obstacle, and a nag. I guess that's what I am."

The next day, I collected my belongings. Aimee and my mom, sister, and brother begged me to stay. They said I was delusional. I didn't believe them and started to walk to the elevator, down the cream-colored linoleum floors, past a large meeting room that looked as if it hadn't changed since the swinging '70s. My case manager stopped me in the hallway. I said I would leave if I didn't get a new doctor. She agreed.

When I awoke the following morning I was more lucid. Things seemed in focus. I asked Aimee about my injury. She did her best to tell me about my condition. Maybe the morphine was out of my system. I began to understand the gravity of what I had been through and what my wife and family had been through. I told Aimee I wanted to help people. I told her I wanted to speak to kids about wearing helmets. I apologized to Aimee for what I had put her through. I told her that I was selfish. I vowed to become a better husband. I cried at the thought of her sitting by my bedside for 19 days while I was in a coma, reading to me and singing Wilco songs. I promised to embrace life, and her, more, instead of embracing the dark side, the Charles Bukowski image that I conjured up about what a writer should be. I promised her that I would change, not just for her but for myself and for everyone around me.

But, instead, in the days that followed, I grew irritable

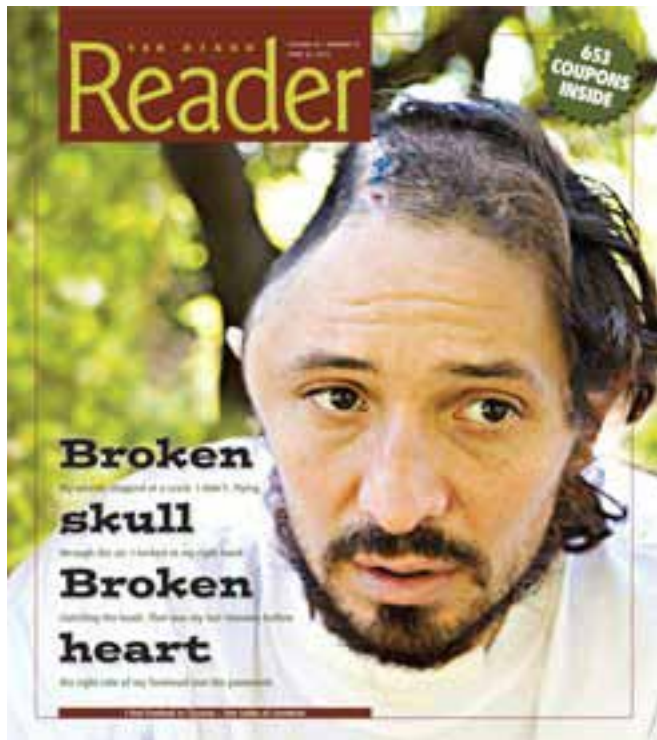
and depressed. I couldn't control the anger, and I was unable to break the sadness. My hands began to tremble uncontrollably. I had no focus. I couldn't read for more than a minute. I tried to post entries in my blog each day, but I had little to write. As the wound from the tracheotomy healed and I began to eat more solid food, I realized that I had lost my sense of taste and smell.

My new doctor and I met for the first time. He told me that more symptoms would appear as my brain healed, as my neural pathways reconnected. It was the first time that anyone told me it would get worse before it got better. I felt relieved to know what to expect.

Two days later, my sixth day at Alvarado, after solving more puzzles for therapists and trying to walk down more straight lines, with no new information about my injury or my recovery, I was released.

Suddenly, I was back home. I spent most of the next week and a half sitting in my big brown leather chair, feet propped up on the matching ottoman, staring at movies and bad TV. My head felt as though my brain were swollen, as though someone had pumped air into my skull. The feeling of pressure increased with fatigue. I was lightheaded, and I had no balance. When I stood up, no matter how slowly, I'd get dizzy. The red scar along my head itched nonstop. I'd scratch it and feel the rough, thick edge of my skull. It dropped off about an inch to the inside of my head, which was protected only by my scalp and Gore-tex. The skin over the area where

Continued on page 6



my skull was missing felt like a plastic balloon. If I pushed down on it, it would give, like the palm of your hand but without as much muscle. I didn't push down too hard, scared that I would touch my brain.

Aimee and I battled over wearing the helmet, which I was supposed to put on when I got up from the chair. I considered wearing the helmet to the bathroom weak, and I didn't want to be weak. Early on, stepping down three stairs, my legs buckled and I nearly fell. Aimee started crying immediately. After that, I didn't have the strength to argue, and I didn't want to upset her any more than she already was.

Every day, I woke up dizzy, irritable, and in a darker depression than the day before. I often wished that I had died. I was scared that I wouldn't be as smart. I was frightened that my

brain would be damaged for the rest of my life, that I would never again do the things I liked to do, such as surfing, skating, playing guitar, and writing. Shooting pains fired in my right arm. Nerve damage had finally showed up from fighting through the restraints. By seven o'clock every evening, I felt as if my brain were giving birth to an alien. The bulge of muscle and fluid near my ear was the alien's womb. It pounded and swelled. A few minutes later my mind and body would crash. I couldn't move, think, or talk. I just sat there like a big pile of nothing, as though I were in a vegetative state.

Aimee was constantly by my side, asking if I needed anything, trying to look strong. She would call through the bathroom door while I was in the tub, making sure that I was all right. Sometimes, sitting silently in my chair, I'd look over

to see tears streaming down her face.

My third day back from the hospital, Aimee and I walked to the Uptown District Shopping Center to fill a prescription. We stopped at the Blockbuster to get more movies. The music inside the store made my head spin — I felt confused, overwhelmed, and dizzy — and I told Aimee I'd wait outside. As I sat in front, wearing my maroon helmet, I heard someone yelling, "Hey, helmet head. Helmet man. Nice helmet."

I looked over and saw a guy in his mid-20s wearing baggy jeans and a large yellow T-shirt. He was cupping his hand over his mouth, laughing. "Go into a coma and see what you come out looking like, asshole," I snapped back. He turned around and walked away. Rage filled my mind. My right arm began to shake. The brief tantrum sapped all of my energy, and I barely had the strength to walk home.

On October 28, I was admitted into Sharp Hospital's Community Reentry Program for outpatient rehab. I was given neuropsych tests. The technician, a young guy in his 20s with long blond hair and a shaggy blond beard, asked me to draw a cube. I couldn't. He asked me to repeat 12 words. He said them out loud and waited a few seconds before asking me to repeat them. It took me four tries to get all 12. I couldn't do long division. I thought I was stupid and inept. I realized that my brain was more damaged than I had thought.

The next day at rehab, a young man in his late 20s sat

next to me in a wheelchair. His eyes wandered around in his eye sockets. A puffy red scar ran from his left earlobe to his left nostril. His dad flashed brightly colored objects in front of his face. Occasionally, he'd guess the right color. When he did, everyone around him cheered. He introduced himself to me later that day. His name was Chris. He asked me what had happened to me. I told him my story. He went into his. He was asleep one night when someone he didn't know broke into his apartment and butchered him and his girlfriend with a hatchet. His girlfriend survived. He died twice that night, but each time doctors resuscitated him.

"I'm so sorry to hear that happened to you," I said.

"It's okay. You have to try and stay positive, and each day you see some progress. It just takes time," he said. I couldn't believe what I was hearing. I was upset that I couldn't do long division, and this man, whose injuries seemed so much worse than mine, was telling me to stay positive. I began to think how fortunate I was to be able to walk, talk, swallow, and see.

Later that day, at a trauma checkup at Scripps, a nurse recognized me from my time in the intensive care unit. She was shocked at my present condition. She said that she and the other nurses didn't think I would survive, let alone come out in the state I was in. That, and the conversation with Chris in rehab, made me realize how close I had come to dying. It gave me a perspective and insight that I had lacked since

waking from the coma. I began to appreciate my second chance and vowed to focus on the positive and not get hung up on the negative.

At Sharp rehab, a month after waking from the coma, I finally learned about the damage that was inflicted on my frontal lobe. The area of the brain that I injured acts as the brain's emotional filter, or as my neurologist explained it, the frontal lobe acts as the conductor of the orchestra.

My neuropsychological tests revealed that out of a peer group of 100 healthy people — same age, same education, no brain trauma — I scored above average in most categories. I came in fourth from the bottom in spatial orientation. My visual memory was weak, as was my ability to adapt to new tasks. My neurologist said that depression, irritability, and a lack of focus would worsen as my recovery progressed, a recovery that could take years.

Now, six months after the fall, I see how right my neurologist was. I've started to write again. The missing piece of my skull has been reattached. I go to see bands play, and I go out for dinner — a waste of money considering I can't taste it. I am back surfing. But I am not the same person. I notice new things every day. I see blanks where thoughts once were. Not a day goes by that I don't think about the injury. That positive mind-set and renewed insight are difficult to hold on to when the depression and irritability take over. Post-brain injury, everything — not just minor accomplishments but also small setbacks — gets blown

out of proportion. Insignificant physical feats are treated as record-breaking achievements. A mistake on a math question is evidence of permanent brain damage. A minor headache could be the onset of a post-traumatic epileptic fit. The people around me react the same. If I take a nap during the day, Aimee congratulates me and praises me for changing gears and resting.

One day, I hope to speak to kids about wearing helmets. I think that if I can persuade one kid to put on a helmet before skating then something good will have come from my misfortune. Despite the desire, I can't concentrate long enough to write out my presentation and I don't have the energy to take on a new venture.

Occasionally, I think of the promise I made to Aimee that day in the hospital. I try to show her how much I appreciate her and how sorry I am for what I've put her through, but my irritability, caused by the brain injury, prevents me. I hate to think that I am returning to my former self: a self-centered, self-absorbed person who went skateboarding one day without a helmet because he considered helmets uncool and unnecessary, a person who fails to appreciate the second chance. I hate to think that I am just another ingrate caught up in the trivialities of life. I hate to think that even a major blow to the head and a near-death experience aren't enough to bring about change.

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Add an emergency contact designation

Always take your cell phone with you when you ride out away from your barn or any time you're riding by yourself with no one nearby. Wear it on the front of your belt or in a sealed front pocket to prevent your spine from being bruised if you fall.

Attach an ICE designation—in case of emergency—to your emergency contact numbers. EMTs are trained to look for ICE in cell phones of unconscious persons, so the phone can still help you even if cell service isn't available in remote areas.

If cell service is sketchy around your barn, make sure there's a land line available.

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Safety & Survival are hot topics at Riders4Helmets Symposium

BY LISA KEMP/KempEquine.com

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The day dawned clear and bright, with the sun shining down on the Kentucky Horse Park grounds for the 2nd Riders4Helmets Helmet Safety Symposium. The day-long event featured top equestrians, medical experts, industry leaders, helmet manu-

co-founder Lyndsey White and event co-organizer and U.S. Equestrian Team (USET) physician Craig Farrell, MD, a sobering video of Courtney King-Dye was shown upon the auditorium screen.

With Olympic memorabilia framed on the wall behind her, the video showed King-Dye as she is today, after her March, 2010, accident when the horse she was riding tripped and threw her. That moment forever changed her life and the lives of

her friends and family, simply because she wasn't wearing a helmet that day. Now, nearly 18 months after her weeks-long coma, King-Dye still has trouble speaking, although her point in the video was clear; a fall can happen no

matter how good the rider or how well-behaved the horse, and it can be forever.

Despite being still unable to do anything completely by herself, King-Dye considers herself lucky, and has plans to return to both riding and competition. Others who experi-

ence traumatic brain injury (TBI) aren't so lucky, as attendees learned by listening to Kemi O'Donnell, whose twelve year old daughter never returned from a riding lesson, one where she wore a velvet, chin-strapped hard hat. The O'Donnells thought it was there to protect her head; O'Donnell has since been fighting for legislation to improve basic safety standards for all hats and helmets on the market.

Other Symposium presentations included:

Medical experts discussing the internal mechanics of TBI and the higher incidences of serious and fatal injuries in equestrian sport as compared to other recreational activities.

A cross-disciplinary panel of top equestrians discussing the challenges in building awareness and the need for greater communication as well as industry support and rule changes in order to modify behaviors.

Discussion of helmet design for both safety and style, and what goes into ASTM/SEI helmet certification standards.

While head injury is a weighty topic and there were plenty of heart-wrenching moments and serious information shared throughout the day, there were also light-hearted ones. A post-lunch fashion



Couple inspects some of the helmets.

—Image courtesy Kent Ashley, Ashley Portraits LLC. AshleyPortraits.com



Helmets from many manufacturers were on display

—Image courtesy Kent Ashley, Ashley Portraits LLC. AshleyPortraits.com

facturers, head injury survivors and parents of those who didn't make it, all sharing their own knowledge and experiences in the hopes that one more rider, one more life might be spared through the use of a riding helmet whenever aboard a horse.

Following opening remarks by Riders4Helmets campaign

show featured 'hi-viz' riding gear with practical and horse-friendly features such as a roll-out panel on a jacket back admonishing drivers to pass slow and wide; the safety gear line was started by a UK-based designer after a close friend was involved in a tragic roadside accident. Helmet design and construction were also major topics, and samples of equipment showing internal construction and materials were passed around the audience.

A complete overview of the Symposium was written up by Jackie Baker of RegardingHorses.com, and is available for reading at the Riders4Helmets website.

The Riders4Helmets campaign was started as an eBay store, selling t-shirts to raise funds to assist with King-Dye's

medical expenses. It's evolved into a campaign to build awareness and promote industry change; the campaign, currently seeking 501(c)3 status, also recently launched a line of logowear to help raise funds to further the mission.

Held Saturday, July 23, this bi-annual Symposium made its debut last January in Wellington, Florida, but was moved to the Kentucky Horse Park to allow for greater access to equestrians across the country, and was a free event for the public, with sponsorship by helmet manufacturers and retailers.

While the campaign has gained tremendous support since its inception, White says the biggest challenges are still ahead. "Educating riders in both English and Western disciplines on the benefits of breaking with tradition by wearing a helmet will not be an easy task," she points out. "But, it's up to us to tackle the barriers that are in place and hope for changes to occur little by little, to save lives and make our sport safer for all."

◆ *Lisa Kemp is an award-winning writer and marketing/public relations consultant for the horse industry, blogging about equine business marketing at www.KempEquine.com. She lives on Chicago's north side, and relishes lakefront walks with her dog all year-round.*

Helmet Education – Riding Instructors Can Do It, Too

One of the Riders4Helmets Symposium speakers, Tonya Johnston, MA, is a mental skills coach located in Berkley, Calif. Through her business Peak Performance Consulting, Johnston works with riders and instructors on the mental preparation needed to excel in equestrian sport; she says it's important to find each individual's motivation when it comes to transitioning to full-time helmet use.

"It's very easy for students to put up resistance when they're told to do something and feel they have no say," she counsels. "We're a country of individualists, and many people have a reaction against being told what to do."

When we're talking about equipment that can literally save your life, it's surprising that so many resist. However, equestrian traditions have a long history, and overcoming ingrained helmet-free behavior isn't easy. Still, Johnston says asking questions is an approach that works well.

"You activate people by asking questions, so they're put in a position to think for themselves. You want someone to work with knowledge they already possess, rather than telling them to do something," she says. "Obviously, as the instructor you can also have rules, such as 'you have to be wearing a properly fitted, certified helmet in order for me to teach you,' but if you're wanting to encourage helmet use when you're not present, then it requires a different approach."

Johnston feels it's a good idea to further break down this type of method into age-appro-

priate tactics, which can look like this:

Youth or junior students: Junior riders have no frame of reference when it comes to mortality or serious injury; it just doesn't occur to them at that age that you'd ever get injured and not be able to ride. Asking questions such as 'why is your helmet part of being safer and more confident on your horse' and 'what would make you wear a helmet every day' are suitable for this age group. Instructors can also ask students to help in creating a system that demonstrates team spirit when it comes to wearing a helmet.

Teen students: There has been a great deal of discussion about making helmets 'cool' as an incentive for wear, so for teen riders you can ask questions like 'what would make you excited about wearing your helmet' and 'what can you do to make helmet wearing more enjoyable?' Tapping into personal creativity, individual expression, and a desire to belong can also work with this age group.

Adult students: Adult riders will often talk about doing it 'for their kids,' so that's a strong motivator for many. Adults have the ability to empathize and look at a situation with long-range awareness. It's key to listen to what they say, and ask them pointed questions such as 'what would happen if you were in a disabling accident' and 'whose lives would be changed if you were unable to do anything for yourself again?'

Johnston points out that there are generalizations you can make when talking with

students, but this is not a 'one size fits all' strategy.

"For some students, maybe it's tying this new habit into why they ride in the first place, and how helmets support that," she says. "For example, someone who's working toward particular riding goals...part of that is staying healthy and strong, which is facilitated by wearing a helmet. In the event you fall, you're more likely to bounce back up and recover quickly."

There's also the influence that a helmet has on a rider's actual performance in the saddle, and their ability to react quickly and with confidence should the need arise.

"When you're wearing a helmet, your stress response might not be activated in the same way when your horse does something unexpected, whether he's acting out or responding to something in the environment," she points out. "When you're wearing a helmet, your safety isn't going to occur to you in the moment because you're too busy reacting, but your body and mind will know you're safer because you trust your preparation routine - a routine that includes putting on your helmet."

And then there's the 'everyone's a role model for someone' approach, which applies to riding instructors, too. "Part of basic horsemanship is safety, and helmets are a huge part of that equation," Johnston adds. "As an instructor, you have an obligation to your students to model appropriate and safe riding practices all of the time. It simply comes with the job."

Report from the 2nd Riders4Helmets Helmet Safety Symposium

PAT MAYKUTH, PHD

On Saturday July 23, the 2nd Riders4Helmets Helmet Safety Symposium was held at the Kentucky Horse Park, Lexington, KY. The symposium was assembled by Riders4Helmets¹, John Long² and Craig Ferrell³. The symposium was sponsored by GPA, Samshield, Troxel, Ovation, Charles Owen, and Tipperary. Leading helmet manufacturers were present with a full variety of ASTM/SEI approved helmets for sale, fitting and evaluation. A stellar group of lecturers and panelists made the compelling science and experience-based case for wearing a helmet every time you get on a horse. There were serious discussions of arguments and objections to wearing helmets and what strategies are necessary to change that behavior. The problem solving tone of the seminar was one of “what needs to be done to have helmet use be as commonplace as bit use when riding.” Riders4Helmets continues to provide essential leadership in making the case for helmet use taking a problem solving approach to behavior change.

Riders4Helmets is a very new and social media-savvy organization. This great fortune means that all of the formal presentations from the Symposium were videoed and are/will be available online. Links to those already posted are included herein.

Making the human case for helmet use

The seminar started with a video presentation from Olympic dressage rider Courtney King. Kemi O'Donnell told of the loss of her daughter who was wearing a cap (not an ASTM/SEI-certified helmet) that provided no real protection. This reminder of the ongoing need for education, that visually similar apparel does not guarantee helmet safety standards were used manufacturing the headgear. Sallie Stewart told of her story of recovery from a 2008 fall. “The price that you pay for a TBI is huge. You will emotionally bankrupt yourself. The post traumatic stress disorder you live with is an absolute nightmare. The financial ruin is something else.” Len Clements of Tipperary Helmets presented head injury statistics for equestrian sports. These compelling presentations made clear why we were all chosen to attend the symposium.

Making the scientific and equipment case

Medical and rehabilitation costs of a TBI start at \$1.5 million, and can reach as high as \$3 million; and many people never make a full recovery. Graduate A Pony Clubber, former Eventing Young Rider and neurosurgeon, Dr. Lola Blackwell Chambliss, provided sobering statistics and useful information about concussion and TBI. The largest group (12%) of all TBI that occur in recreational sports come from riding injuries. From the other side of

the stethoscope, Dr. Chambliss sees prevention of head injury as the only reasonable choice. Roy Burek from Charles Owen traced the history of helmet development and use. And Dean Jones presented information on current helmet certification process and standards.

The dilemma

The clear and present need to prevent head injuries in riders combines with the availability of good equipment provide a solid and compelling logical basis for helmet use. There is really not much to argue with in the facts. Where, then, is the disconnect? Why is helmet use not as common as bit use? And how do we turn this around? The “reasons” for not wearing helmets are as many as there are riders: they are ugly; not cool; give hat hair; it's none of your business; stop taking way my individual choice; those I respect don't wear one (coach, successful in my discipline), I'm good enough, I don't need one; my horse never does anything wrong, I don't need one; nanny state, don't tell me what to do, etc.

A 2-track set of solutions: institutional and individual

John Long and Craig Ferrell, both leaders in getting helmet use mandated in domestic and international horse show competitions, commented throughout the day. John discussed how to proceed with broader implementation of helmet use. Both men are interested in having helmet use be the competition

norm, every time you mount. Both men are experienced in the struggle to codify helmet use for all competitors, not just for disciplines considered to be high risk.

As most injuries happen at home and not in competition, a panel of leading riding professionals discussed how they came to be committed to helmet use and lead by example. Part of the panel were traditional helmet users, others came to some tipping point in their lives where they resolved going forward they would always wear one. The importance of seeing successful riders in your discipline, your heroes or the “cool” riders routinely wearing a helmet was repeatedly noted. Early on in the day a presenter said “remember everyone is a hero to someone.” This quote was echoed throughout the day as important behavior modeling.

Panel member and competitive western rider (barrel racing and Extreme Mustang Makeover) Mary Miller Jordon had refreshing ideas for marketing and promoting helmet use among western riders. Commenting that she grew up riding without a helmet (and her parents loved her and did not wish her harm), and that we're going to have to do a style makeover adding color, bling and fun if helmets are to grace cowboy heads. Tanya Johnston approached individual reasons that would help motivate individuals to wear helmets.

Overview

When an individual goes to ride they are approaching the enjoyment of being outside with the horse, not concentrating on the tragedy of injury. Our mindset when with our horse is of pleasure not strapping on a helmet to prevent debilitating injury. Reasons and methods to motivate change a commitment to helmet use are a critical next step if we seek all riders wearing a helmet every time they get on. As the logic and risk reduction reasons for wearing a helmet when riding have been established for years, the symposium's willingness to tackle the "yes but..." reasons was a real step forward. The symposium contained ideas and mechanisms for behavioral

change that we need to incorporate into our thinking and actions. In private discussion, each of the vendors reported a year to date increase in helmet sales. Perhaps the message is already being heard differently.

As I looked around the attendees, there were mostly familiar faces; and nearly no young people. Attendees were mostly lifelong advocates of helmet use, many aging. We may be the few who would spend a summer Saturday at a symposium. We really were the choir. Yet the presentations were thought provoking and informative. The opportunity Riders4Helmets provides is that all of this symposium content is all available to everyone

online, for consumption at individual convenience or need. This makes the symposium a treasure-trove of great factual and educational material on helmet use. It is a very valuable asset to riders, leaders and those who care about the rider's head.

¹ Riders4Helmets mission is to educate equestrians on the basic facts of wearing a helmet, to promote the helmet wearing campaign on a National level by involving leading equestrians in various disciplines that hopefully encourage an increased use of helmets, and, to provide important links/resources to enable riders to become further educated on

the importance of wearing a helmet. The organization is lead by Lyndsey White and Jeri Bryant and was originated in response to the debilitating fall suffered by Olympian Courtney King Dye.

²John Long is CEO of the US Equestrian Federation whose leadership has been influential in helmet use during Federation affiliated competitions.

³Craig Ferrell US Equestrian Team Physician and Chair of the FEI Medical Council

Interests sought from EMSA Membership

I would like to know your topics of interest for our newsletter.

Please send all correspondence to
Debbie Stanitski;
stanitsd@gmail.com.

Thank you in advance for your interest.

Debbie Stanitski, MD
