

PHYSICAL THERAPY FOR

# EQUESTRIAN ATHLETES

BY EMILY BLAKER, SPT



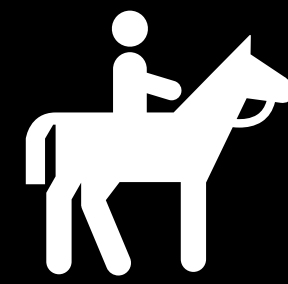
THE FACTS

# WHAT DO WE KNOW ABOUT EQUESTRIAN INJURIES?



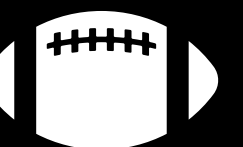
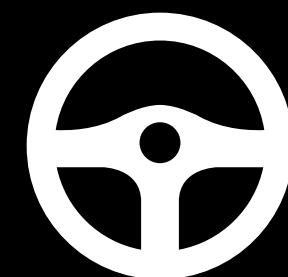
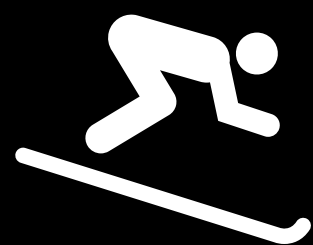
Photo by Irene Powlick





“Horseback riding is considered more dangerous than motorcycle riding, skiing, automobile racing, football, and rugby.”

—BALL ET AL<sup>1</sup>

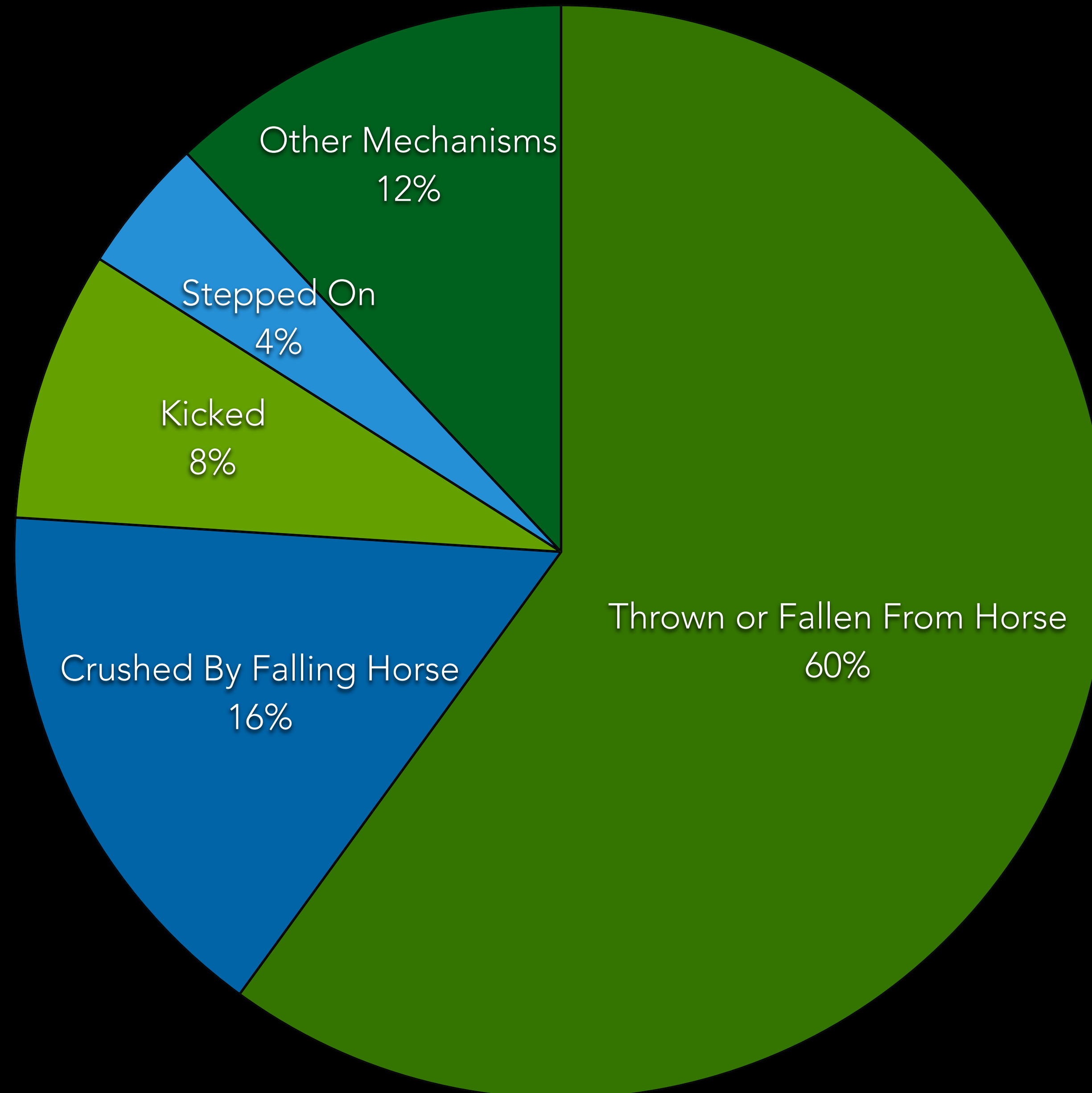


“Along with outdoor soccer and skiing, horseback riding is one of the three major sporting activities within the northern hemisphere most likely to result in long-term disability.”

–BALL ET AL<sup>1</sup>



# GENERAL MECHANISMS OF MAJOR INJURY





**Stepped On**



Photo by Angela King

**Crushed By Falling Horse**



Photo by Irene Powlick

**Thrown or Fallen From Horse**



Photo by Irene Powlick



WITHOUT SAFETY GEAR

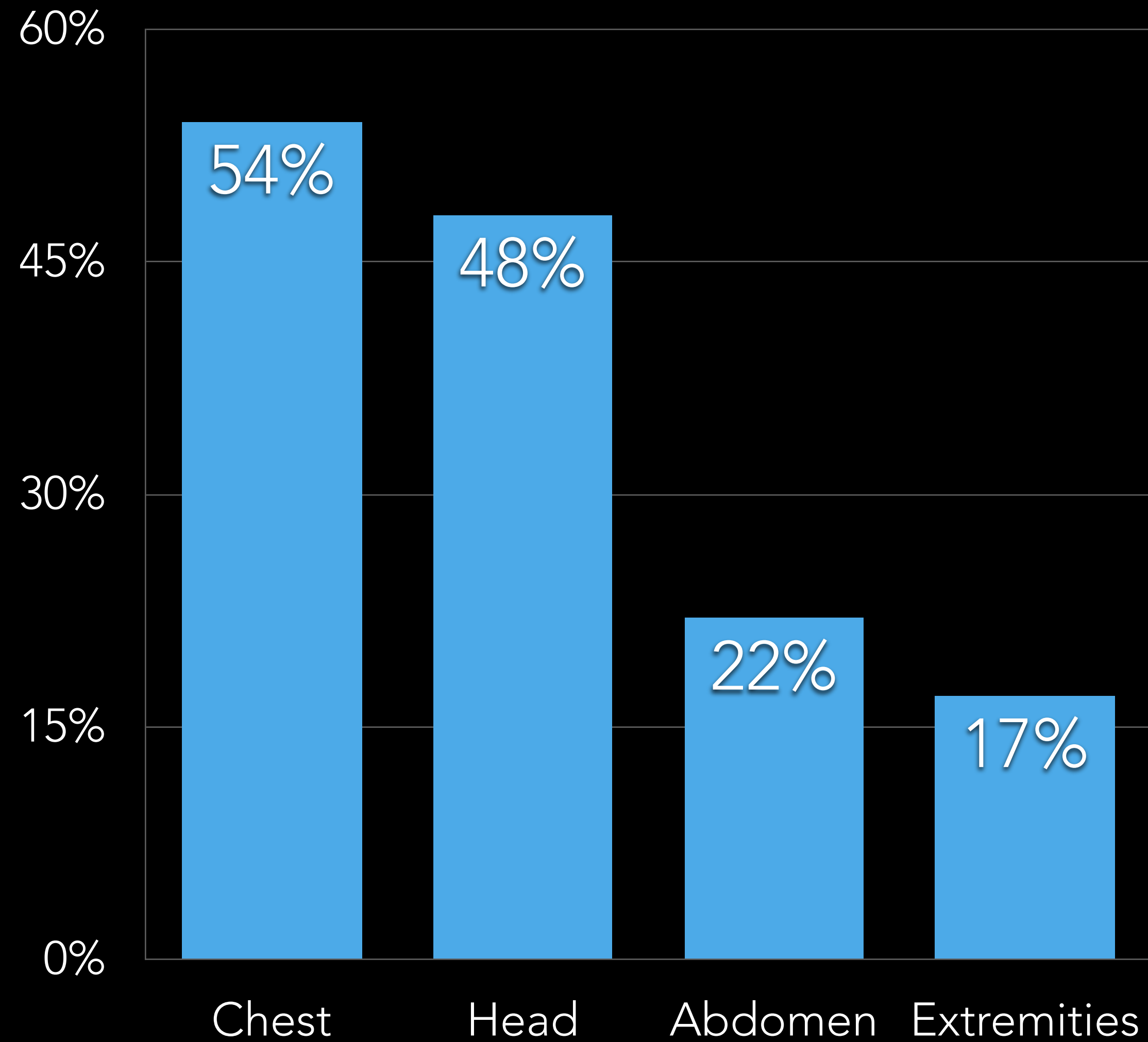
INJURIES SEEN IN  
RIDERS WHO DO NOT  
USE HELMETS OR OTHER  
SAFETY EQUIPMENT



Photo by TK210GraphiK



HEAD AND CHEST INJURIES ARE THE MOST COMMON SITES OF MAJOR INJURY IN RIDERS WHO DO NOT UTILIZE HELMETS OR OTHER SAFETY EQUIPMENT



Ball et al<sup>1</sup>



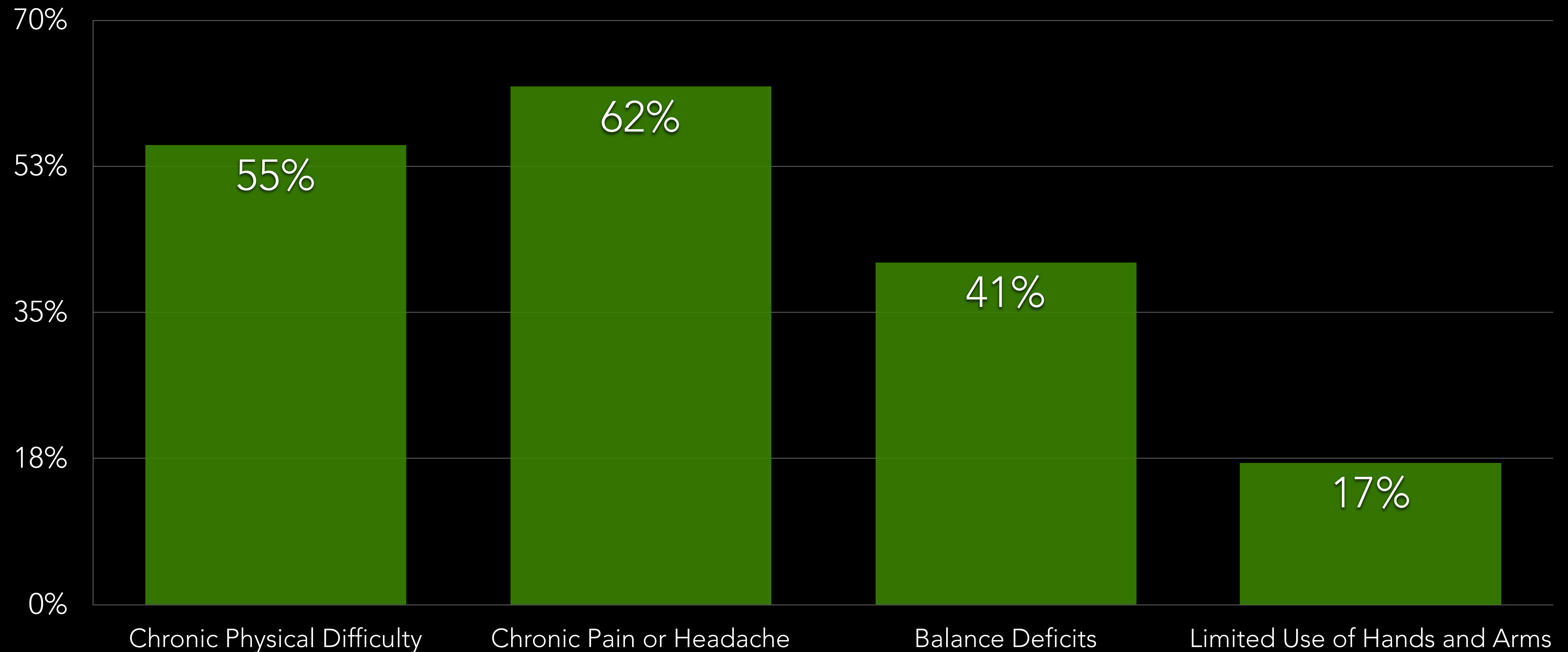
\*\*\*Rider pictured sustained back and shoulder injury, but was wearing helmet.



Photo by Eliza DeSantis



ONE STUDY SHOWED THAT THE MAJORITY OF THESE PATIENTS EXPERIENCED LONG TERM DISABILITIES AS A RESULT OF THEIR ACCIDENT





DESPITE HAVING EXPERIENCED A  
TRAUMATIC INJURY AND RESULTING  
LONG TERM DISABILITY, ONLY 49% OF  
THIS POPULATION OF EQUESTRIANS  
RECEIVED ANY TYPE OF  
REHABILITATIVE THERAPY

49%





WITH SAFETY GEAR

# INJURIES SEEN IN RIDERS USING HELMETS AND OTHER SAFETY EQUIPMENT



Photo by Irene Powlick

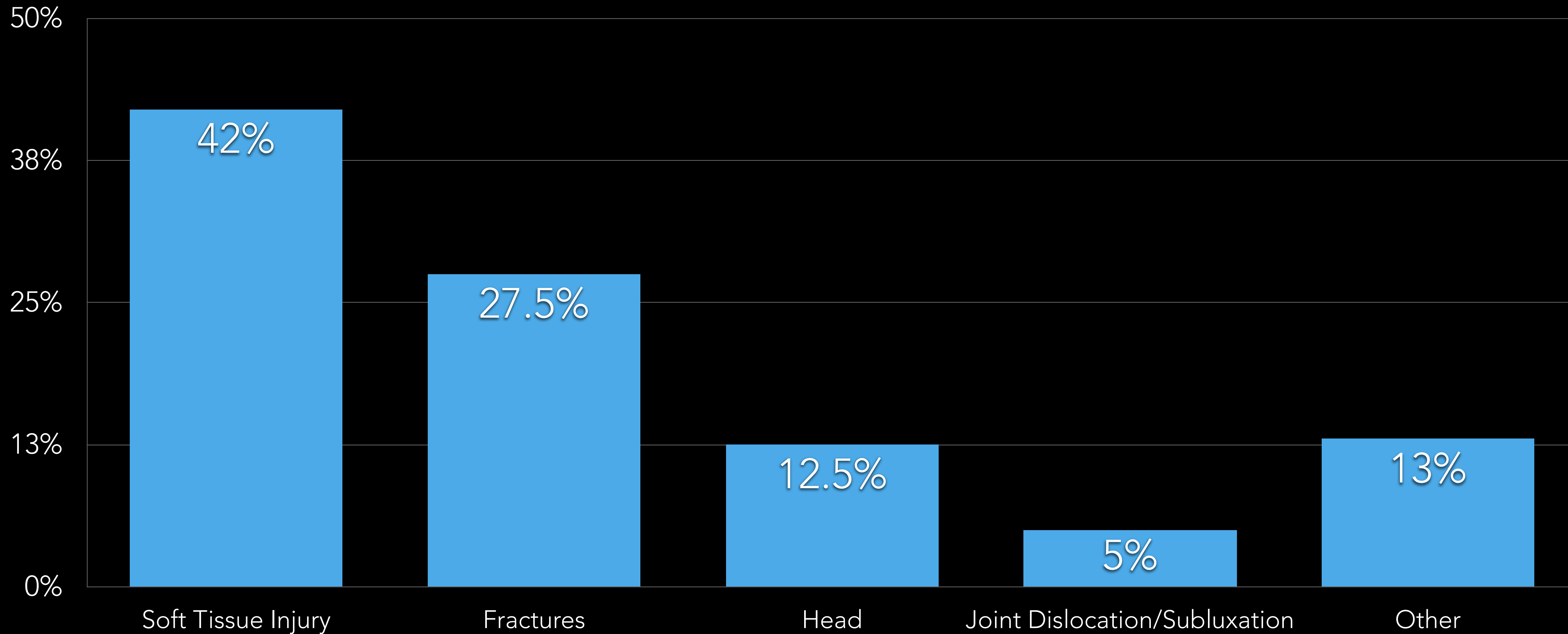


ONE STUDY LOOKED AT  
EQUESTRIAN INJURIES AT A  
REGIONAL TRAUMA CENTER  
IN IRELAND. IN IRELAND  
HELMETS ARE MANDATORY  
FOR MANY COMPETITIVE  
AND PROFESSIONAL  
EQUESTRIAN ACTIVITIES.





IN THIS POPULATION HEAD INJURIES MADE UP ONLY 12.5% OF THE INJURIES RESULTING IN A TRAUMA CENTER VISIT, AND SOFT TISSUE INJURIES WERE MOST COMMON



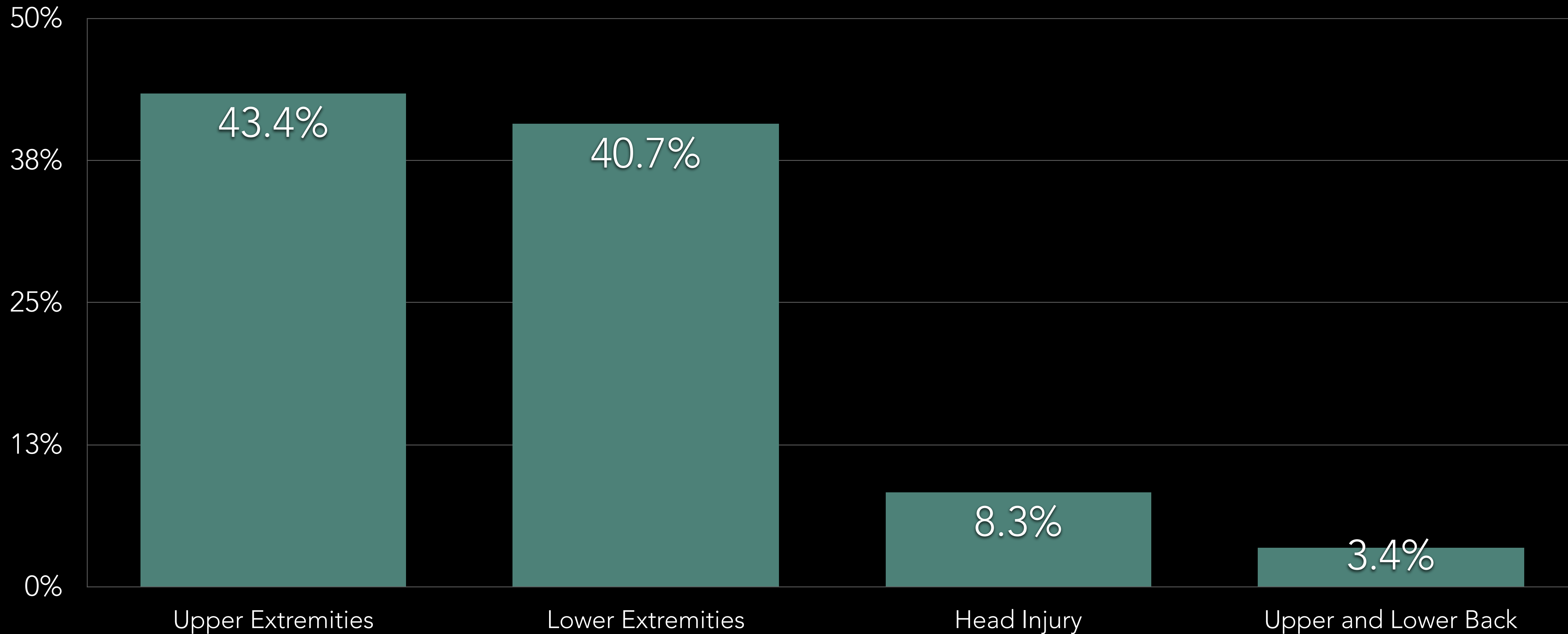


A STUDY IN  
MALAYSIA LOOKED  
AT EQUESTRIANS  
WITH 100% HELMET  
USE





# IN THIS EQUESTRIAN POPULATION HEAD INJURIES MADE UP ONLY 8.3% OF INJURIES





HOW BIG A  
DIFFERENCE DO  
HELMETS REALLY  
MAKE?

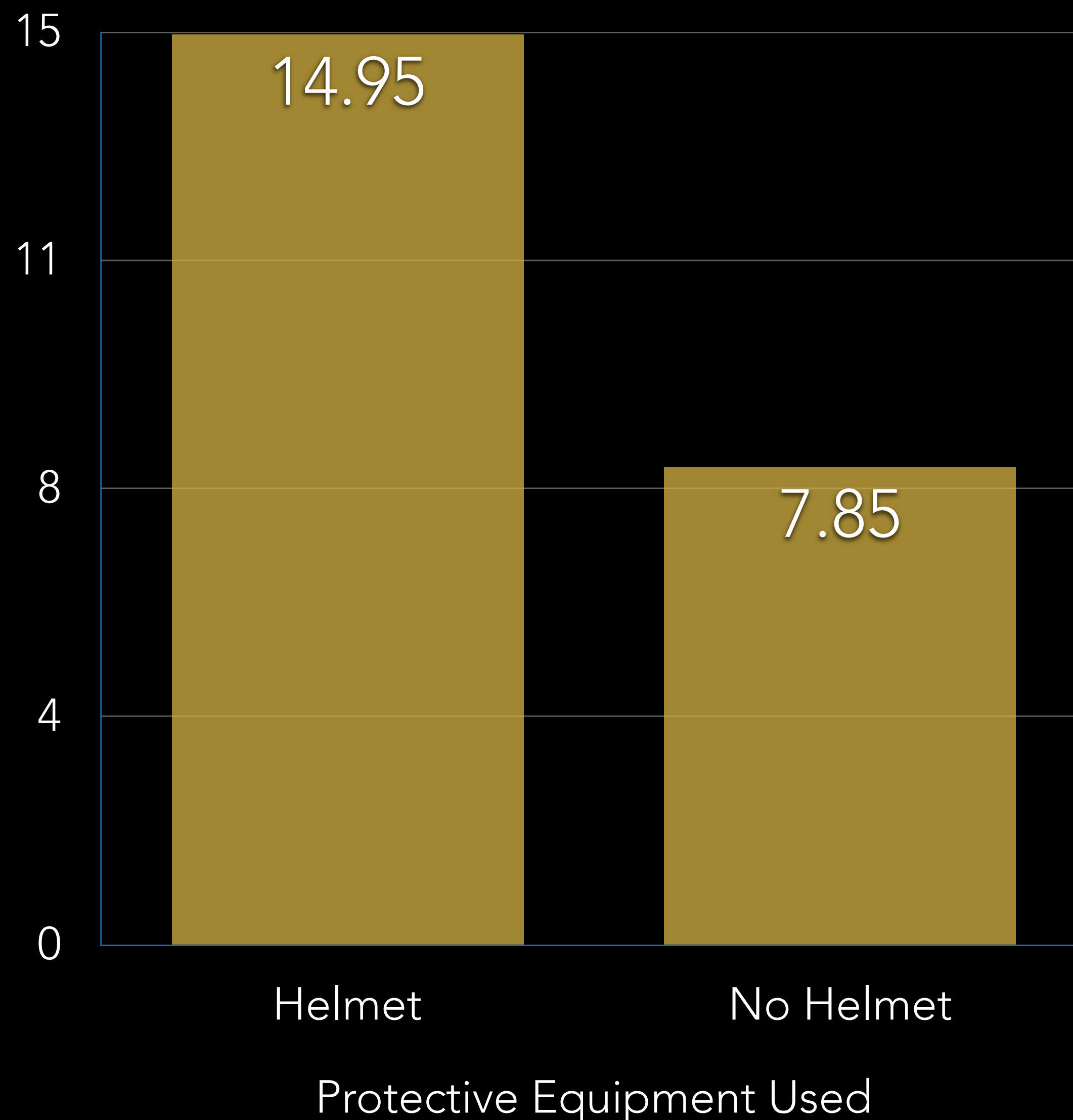


Photo by Sara Hernandez Whorten



# HELMET USE RESULTS

Glasgow Coma Scale Value



**TABLE 38-2**

## Glasgow Coma Scale

The Glasgow Coma Scale or GCS is a neurological scale that aims to give a reliable, objective way of recording the conscious state of a person for initial as well as subsequent assessment.

BEHAVIOR	RESPONSE	SCORE
Eye opening response	Spontaneously	4
	To speech	3
	To pain	2
	No response	1
Best verbal response	Oriented to time, place, and person	5
	Confused	4
	Inappropriate words	3
	Incomprehensible sounds	2
	No response	1
Best motor response	Obeys commands	6
	Moves to localized pain	5
	Flexion withdrawal from pain	4
	Abnormal flexion (decorticate)	3
	Abnormal extension (decerebrate)	2
	No response	1
Total score:	<i>Best response</i>	15
	<i>Comatose client</i>	8 or less
	<i>Totally unresponsive</i>	3



“Use of a safety helmet was accompanied by a relative risk reduction of 96% and riders without a helmet were exposed to a 5-fold higher risk for inter cranial hemorrhage.”

–BIER ET AL<sup>4</sup>



# HOW ABOUT SAFETY VESTS?

- There are only two studies on air vests. One was of such low quality that it should be disregarded (although the study itself found inconclusive results). The other study retrospectively showed that riders wearing air vests were injured more often and more severely, but could not prove a causation.
- Standard safety vests were studied in the pediatric population in one study, which concluded that the use of one did not lower the risk of torso injuries. (Hessler<sup>5</sup>)
- Dr Mark Hart (USEF's team physician) says there is research showing that standard body protectors reduce penetrating injuries to the torso and reduce frequency of rib fractures. (Potter<sup>6</sup>)



Photo by Emily Blaker



# HOW ABOUT SAFETY VESTS?

- “Military studies examining injuries as the result of being thrown through the air show that the way the spine moves in an impact can be a predictor of injury. They found that the more rigid the body was held on impact, the greater the spine injuries. The issue with air vests is they can force the spine into a rigid frame, likely increasing the axial forces along the spine. Riders are held rigid until the vest deflates (about 2 minutes), so are held in a rigid frame on impact, likely affecting spine injury.” - Reed Ayers (Research scientist and equestrian)





OTHER PAIN

PAIN FROM NON-  
TRAUMATIC INJURIES

horse people waking  
up each morning



Original Image source unknown



# HORSEBACK RIDING IS A FULL BODY SPORT, SO DYSFUNCTION CAN OCCUR IN ALMOST ANY BODY PART.

## PHYSIOWORKS AUSTRALIA COMPILED THIS LIST:

Back Injuries	Calf and Leg Injuries	Wrist Injuries	Thigh Injuries	Knee Injuries
<ul style="list-style-type: none"> <li>• Back Muscle Pain</li> <li>• Bulging Disc</li> <li>• Degenerative Disc Disease</li> <li>• Facet Joint Pain</li> <li>• Pinched Nerve</li> <li>• Sacroiliac Joint Pain</li> <li>• Sciatica</li> </ul>	<ul style="list-style-type: none"> <li>• Achilles Tendon Rupture</li> <li>• Achilles Tendonitis / Tendinitis</li> <li>• Calf Muscle Tear</li> <li>• Shin Splints</li> <li>• Stress Fracture</li> </ul>	<ul style="list-style-type: none"> <li>• de Quervain's Tenosynovitis</li> </ul>	<ul style="list-style-type: none"> <li>• Hamstring Strain</li> <li>• Thigh Strain</li> </ul>	
Hip & Groin Injuries	Ankle & Foot Injuries	Elbow Injuries	Knee Injuries	
<ul style="list-style-type: none"> <li>• Adductor Tendinopathy</li> <li>• Femoroacetabular Impingement (FAI)</li> <li>• Gluteal Tendinopathy</li> <li>• Greater Trochanteric Pain Syndrome</li> <li>• Groin Strain</li> <li>• Hip Arthritis (Osteoarthritis)</li> <li>• Hip Labral Tear</li> <li>• Osteitis Pubis</li> <li>• Piriformis Syndrome</li> <li>• Poor Hip Core</li> <li>• Trochanteric Bursitis</li> </ul>	<ul style="list-style-type: none"> <li>• Anterior Ankle Impingement</li> <li>• Heel Spur</li> <li>• High Ankle Sprain</li> <li>• Metatarsalgia</li> <li>• Morton's Neuroma</li> <li>• Peroneal Tendonitis</li> <li>• Pes Anserinus Bursitis &amp; Tendinitis</li> <li>• Pes Planus – Flat Feet</li> <li>• Plantar Fasciitis</li> <li>• Posterior Ankle Impingement</li> <li>• Retrocalcaneal Bursitis</li> <li>• Severs Disease</li> <li>• Sprained Ankle</li> <li>• Stress Fracture Feet</li> <li>• Tibialis Posterior Tendinopathy</li> </ul>	<ul style="list-style-type: none"> <li>• Tennis Elbow or Squash Elbow</li> <li>• Golfers Elbow</li> <li>• Olecranon Bursitis</li> </ul>	<ul style="list-style-type: none"> <li>• ACL Injury</li> <li>• Bursitis Knee</li> <li>• Chondromalacia Patella</li> <li>• Fat Pad Syndrome</li> <li>• ITB Syndrome</li> <li>• Knee Arthritis</li> <li>• Knee Ligament Injuries</li> <li>• Lateral Collateral Ligament</li> <li>• Medial Collateral Ligament Sprain</li> <li>• Meniscus Tear</li> <li>• Osgood Schlatter's</li> <li>• Patella Tendonitis (Tendinopathy)</li> <li>• Patellofemoral Pain Syndrome</li> <li>• Plica Syndrome</li> <li>• Posterolateral Corner Injury</li> <li>• Sinding Larsen Johansson Syndrome</li> </ul>	<ul style="list-style-type: none"> <li>• ACL Injury</li> <li>• Bursitis Knee</li> <li>• Chondromalacia Patella</li> <li>• Fat Pad Syndrome</li> <li>• ITB Syndrome</li> <li>• Knee Arthritis</li> <li>• Knee Ligament Injuries</li> <li>• Lateral Collateral Ligament</li> <li>• Medial Collateral Ligament Sprain</li> <li>• Meniscus Tear</li> <li>• Osgood Schlatter's</li> <li>• Patella Tendonitis (Tendinopathy)</li> <li>• Patellofemoral Pain Syndrome</li> <li>• Plica Syndrome</li> <li>• Posterolateral Corner Injury</li> <li>• Sinding Larsen Johansson Syndrome</li> </ul>
		Shoulder Injuries		
		<ul style="list-style-type: none"> <li>• AC Joint Injury</li> <li>• Bursitis Shoulder</li> <li>• Dislocated Shoulder</li> <li>• Rotator Cuff Calcific Tendinitis</li> <li>• Rotator Cuff Syndrome</li> <li>• Rotator Cuff Tear</li> <li>• Shoulder Impingement</li> <li>• Shoulder Tendonitis</li> </ul>		
		Neck Injuries		
		<ul style="list-style-type: none"> <li>• Facet Joint Pain</li> <li>• Neck Arm Pain</li> <li>• Neck Headache</li> <li>• Neck Sprain</li> <li>• Pinched Nerve</li> </ul>		



# PAIN IN 80 SHOWJUMPING RIDERS (PRELIMINARY STUDY)

- Median age 23 years
- 89% female, 11% male
- 70% amateur competitive riders, 12.5% recreational, 17.5% professional
- 59% (47 people) of these riders currently were experiencing pain
  - 67% of these had chronic pain, 33% had acute pain
  - 15% had a diagnosis
  - 47% used therapy (usually physiotherapy) and 25% utilized an exercise program to manage and treat the pain

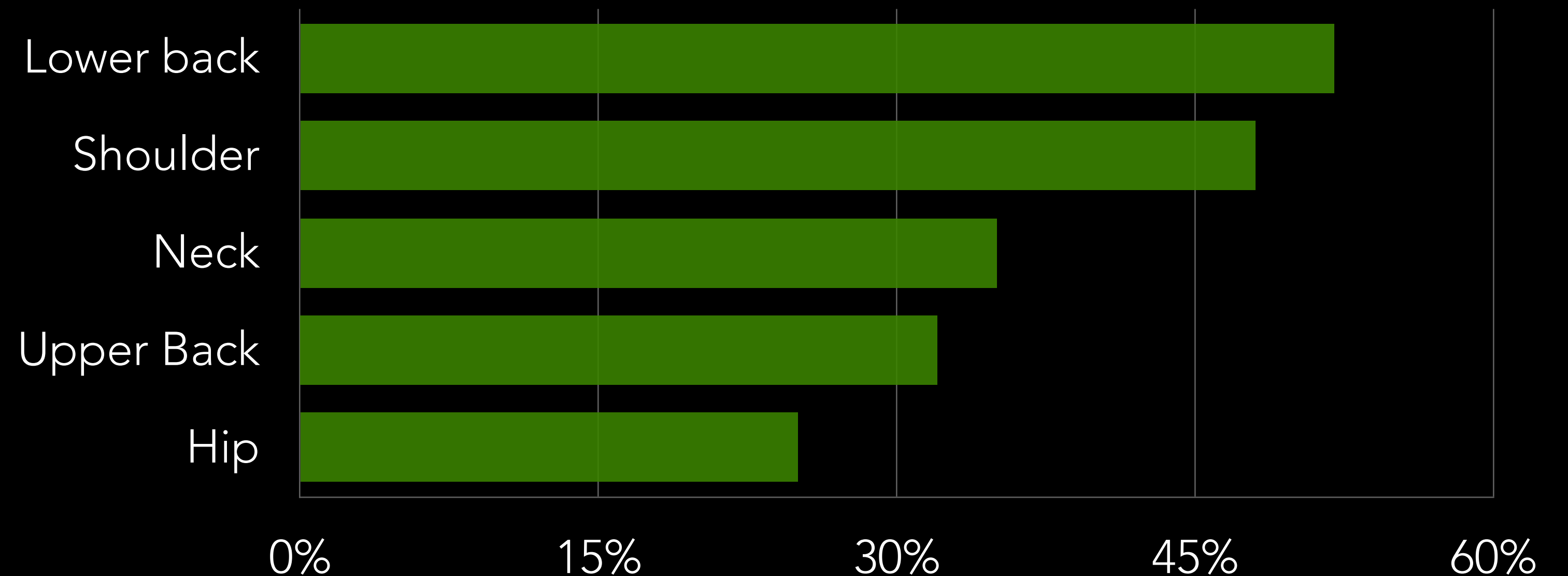
Location of Pain	Participants	Median Level of Pain	Highest Level of Pain	Median Pain Duration (Years)
Lower back	29 (62 %)	Mild	Severe	2 - 3
Knee	22 (47 %)	Mild	Severe	2 - 3
Ankle	17 (36 %)	Mild	Severe	2 - 3
Neck	15 (32 %)	Mild	Severe	4 - 5
Hip	13 (28 %)	Moderate	Moderate	2 - 3
Upper back	11 (23 %)	Moderate	Moderate	2 - 3
Elbow	7 (15 %)	Mild	Mild	4 - 5
Head	6 (13 %)	Mild	Mild	4 - 5
Wrist	6 (13 %)	Mild	Mild	4 - 5



# PAIN IN 31 EVENTING RIDERS (PRELIMINARY STUDY)

- Median age 32.5 years
- 58% female, 42% male
- 96% of these riders currently were experiencing pain
- 96% treated pain with medications
- 19% used physiotherapy to treat pain

Percent of Riders with Each Pain Type





SO WHAT CAN WE DO FOR  
EQUESTRIAN ATHLETES?





Photo by Sara Hernandez Whorton

#1



Photo by Irene Powlick

# ADVOCATE FOR HELMET USE TO PREVENT TRAUMATIC BRAIN INJURY



Photo by Cyd Ross



Photo by Eliza DeSantis





#2

ADVOCATE FOR PHYSICAL THERAPY  
TREATMENT FOR EQUESTRIAN  
ATHLETES FOLLOWING INJURY OR  
TO PREVENT INJURY.

WE CAN DISCUSS WITH LOCAL PHYSICIANS ABOUT THE IMPORTANCE OF  
REHABILITATIVE THERAPY FOR THIS POPULATION FOLLOWING CONCUSSION  
OR MUSCULOSKELETAL INJURY. WE CAN ALSO ADVERTISE EQUESTRIAN  
SPECIFIC PHYSICAL THERAPY SERVICES AT LOCAL EQUESTRIAN CENTERS.





#3

EDUCATE RIDERS ABOUT THE  
IMPORTANCE OF UNMOUNTED  
FITNESS PROGRAMS TO BUILD  
MUSCLE STRENGTH AND ENDURANCE.





#4

REHABILITATE THESE ATHLETES  
WITH THE SPECIFIC DEMANDS  
OF THEIR SPORT IN MIND



WHAT DO WE KNOW ABOUT RIDER FITNESS  
DEMANDS?



# A REVIEW OF THE LITERATURE ON FITNESS DEMANDS IN EQUESTRIAN ATHLETES:

- As a horse progress through the gaits (walk, trot, canter) the rider's heart rate and oxygen consumption increase. This is thought to be due to increase in tonic muscular contraction of the trunk.
- Faster gaits and jumping require rider to move into a forward riding position which necessitates weight bearing through rider's legs as opposed to a seated position, where weight bearing is mainly through the pelvis.
  - The forward position increases metabolic cost and increases levels of blood lactate

- *“Only when further physiological and biomechanical data are available from a greater range of equestrian disciplines and from a range of levels of athletes, will the demands of these sports be more clearly understood. Until such time, the development of evidence-based sport specific and potentially performance enhancing rider strength and conditioning programmes cannot be realised” - Douglas et al*



“Muscular fitness is important for the rider to withstand long periods of tonic or quasi-isometric muscle contraction as their position is maintained. [...] The human muscles specific to posture maintenance during riding are the adductor magnus, erector spinae, and the rectus abdomenus.”

–LEE<sup>11</sup>



“Although research in this field is limited, a few published studies have concluded that riding alone only minimally improves equestrian fitness and that cross-training is necessary to reach optimal physiological fitness. [..] However, riders have above average upper body and abdominal strength when compared to non-rider norms.”

–LEE<sup>11</sup>



# IMPORTANCE OF CORE STRENGTHENING EXERCISES

- A study published in the International Journal of Performance Analysis in Sport showed that an 8 week long unmounted equestrian core fitness program can significantly decrease left-right mean pressure differential. The mean stride length of the horse was also shown to increase by 8.4%
- This study shows that rider core fitness has a significant impact on rider symmetry and can improve both human and equine performance
- \*an asymmetrical rider may be more at risk for falls, back pain, and other dysfunction





# A LOOK AT AN 8 WEEK THERABAND ISOMETRIC STRENGTHENING PROGRAM FOR DRESSAGE RIDERS

- Significant improvements were seen in muscular endurance
- Significant improvements were seen in USEF Training Level Rider Test scores at the end of the 8 weeks
- It was found that there was no significant correlation between changes in muscle strength and improvement in riding test scores. However, there was a significant correlation between changes in muscular endurance and changes in total riding test score.
  - This indicates we may want to focus on muscle endurance more than strength alone when working with equestrian athletes.

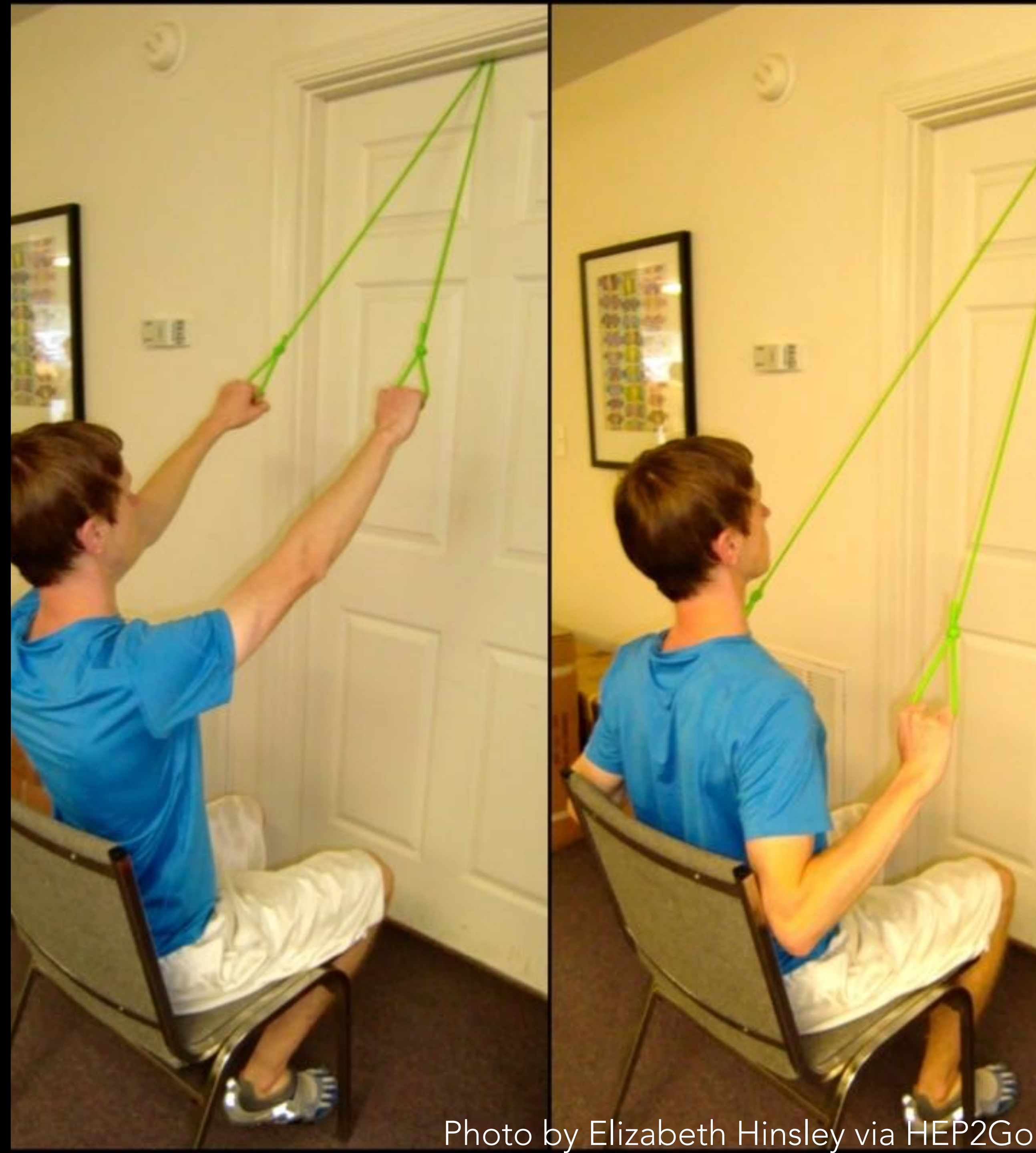
**Table 4.0:** Physical Fitness and Riding Test Performance Scores (mean ± SD)

Test	Pre-Intervention (N=18)	Post-Intervention (N=18)
Step Test Recovery Heart Rate (bpm)	97.7 ±18.9	93.4 ± 17.3*
Isometric Row (ftlb.)	19.2 ± 4.4	27.6 ± 5.1*
Right Hip Adduction (ftlb.)	35.8 ±10.9	57.6 ± 19.1*
Left Hip Adduction (ftlb.)	36.1 ± 9.1	52.7 ± 16.5*
Hip Adduction Total	71.9 ± 19.1	110.3 ± 33.0*
Right Handgrip (lb.)	31.4 ± 4.9	32.7 ± 4.8*
Left Handgrip (lb.)	30.4 ± 6.0	30.5 ± 5.5
Handgrip Total (lb.)	61.8 ± 10.5	63.2 ± 10.1*
Composite Muscular Strength <sup>∞</sup>	152.8 ±29.5	201.1 ± 43.5*
Partial Curl Up (reps)	38.1 ± 13.9	45.9 ± 12.5*
Isometric Chest Raise (sec)	111.7 ± 73.4	163.3 ± 105.5*
Composite Muscular Endurance <sup>^</sup>	149.8 ± 82.2	209.2 ± 112.3*
USEF Training Level Rider Test Total Score (#/100)	57.9 ± 7.4	60.9 ± 5.1*
Rider Position Component Score (#/20)	11.2 ± 1.9	11.9 ± 1.4
Effective Use of Aids Component Score (#/20)	11.4 ± 1.7	11.9 ±1.0



# EXERCISES IN THE 8 WEEK PROGRAM

- 1) **Back Extensions:** Subject should attach elastic to a non-moveable object at shoulder height, be seated and grasp the elastic with both hands at their chest, pull backwards straightening the trunk then slowly return to starting position and repeat.
- 2) **Isometric Seated Row:** Subject should attach elastic to non-moveable object, hold elastic in their hands, sit upright keeping bent elbows near their sides and squeeze shoulder blades together while pulling the resistance band and hold the position.





# EXERCISES IN THE 8 WEEK PROGRAM

- 3) **Hip Adduction:** Subjects should attach the elastic to a non-moveable object at ankle level at their side, place the foot that is on the same side of elastic in the elastic loop, keep their knee straight, pull the leg inward and hold the position.
- 4) **Wall Squats:** Participants should put their back on a wall, squat down with knees bent at a 90-degree angle, place a tennis ball between the knees and maintain weight in the heels. Elbows or hands should not come in contact with the thighs and squatted position should be maintained.





EQUESTRIAN, HEALTH  
EXPERT, AND PERSONAL  
TRAINER AMY KNEELAND  
RECOMMENDS AN  
EXERCISE ROUTINE  
INCORPORATING STABILITY  
BALLS, BALANCE, DISCS,  
AND WOBBLE BOARDS,  
WHICH TRAIN THE USER TO  
BALANCE AND DEVELOP  
CORE STRENGTH.







Photos by HEP2go



# WHAT DO WE NEED? FROM THE PERSPECTIVE OF A RIDER:

- Proper safety equipment
- Good balance and proprioception
- Strong core muscles
- Strong upper limbs
- Strong legs, particularly hip adductors, quadriceps, and hip extensors
- Full range of motion in all joints, but particularly spine, hips, ankles, and shoulders
- General cardiovascular fitness and muscle endurance



Photo by Irene Powlick



# KEY TAKE AWAYS:

- Horse sports are dangerous
- Helmet use significantly reduces risk of traumatic brain injury
- Equestrian athletes can experience injuries and pain in any body part
- Chronic pain is common in this population
- We need to advocate for more physical therapy treatment in this patient population
- Physical therapy should focus on balance, core strength, and muscle endurance





Photo by Sara Hernandez Whorton



Photo by Alan Farrow



Photo by TK210GraphiK



Photo by Irene Powlick



Photo by US Department of State



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