ABSTRACT

Moront, Mary L. A Survey of Therapeutic Horseback Riding Programs. M.S. in Special (Adapted) Physical Education, 1984. 57 p. (Dr. Alan Freeman)

The purpose of this descriptive study was to explore operational, procedural, and managerial techniques utilized in a selected group of existing therapeutic horseback riding programs. Only programs listed in the North American Riding for the Handicapped Association Inc. 1983-1984 Annual Report and Journal were used. From a total of 230 programs listed, 30 were randomly selected. Questionnaires were mailed to directors of these programs to obtain the information needed. A 100% return rate from the 27 currently operating programs was achieved. The median number of students per program was 20 and the mean was 76.4, with mental retardation and cerebral palsy comprising the prevalent handicapping conditions serviced. More than half (59.3%) of the programs surveyed did not have a "certified" riding instructor but an equestrian instructor taught the lessons. Quarter horses and mixed breeds with an average age of 12 years were most utilized. Findings from the two on-site visits were consistent with those obtained from the survey.
A Survey of Therapeutic Horseback Riding Programs

A Thesis Presented
to
The Graduate Faculty
University of Wisconsin-La Crosse

In Partial Fulfillment
of the Requirements for the
Master of Science Degree

by
Mary L. Moront
August, 1984
Candidate: Mary L. Moront

We recommend acceptance of this thesis in partial fulfillment of this candidate's requirements for the degree:

Master of Science in Physical Education - Handicapped

The candidate has completed her oral report.

Thesis Committee Chairperson

Thesis Committee Member

Thesis Committee Member

This thesis is approved for the College of Health, Physical Education and Recreation.

Dean, College of Health, Physical Education and Recreation

Dean of Graduate Studies
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Finally, I would like to extend sincere thanks to my many friends, especially my roommate, Cathy, who faithfully supported my endeavors throughout the year.
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CHAPTER I

INTRODUCTION

I Saw a Child

I saw a child who couldn't walk,
sit on a horse, laugh and talk.
Then ride it through a field of daisies
and yet he could not walk unaided.
I saw a child, no legs below,
sit on a horse and make it go
through woods of green
and places he had never been
to sit and stare,
except from a chair.

I saw a child who could only crawl
mount a horse and sit up tall.
Put it through degrees of paces
and laugh at the wonder in our faces.
I saw a child born into strife,
take up and hold the reins of life
and that same child was heard to say,
Thank God for showing me the way....

John Anthony Davies
(NARHA, 1983, p. 1)

In the past ten years, the needs of the special populations of the
United States have become more evident to the people of this country.
The improvement in accessibility of special education, from the passing
of Public Law 94-142 in 1975 to the tremendous increase in educational,
therapeutic, and recreation programs, have all added a greater concern
for the well-being of handicapped individuals.

The outcome of such increases in therapeutic and recreation programs
seems to be twofold. These programs provide basic physical improvement
in such areas as cardiovascular endurance, general muscle strength, gross
and fine motor coordination, flexibility, and balance. In the psychological realm, participation and success in activities that were previously unthought of give a great boost in self-confidence, self-esteem, and overall mental health (Mayberry, 1978; Rosenthal, 1975; NARHA, 1983).

One such novice program being added to many handicapped individuals' lives is that of therapeutic horseback riding. This program in particular must be differentiated from the purely "recreational" (although fun); in fact, it is considered excellent therapeutic exercise (Freeman, 1984).

Horseback riding is widely recognized as one of the most beneficial forms of therapeutic recreation the handicapped can receive. Horseback riding develops self-confidence, and improves concentration and self-discipline. Horseback riding also strengthens and relaxes muscles, improves posture, balance and coordination and increases joint mobility (North American Riding for the Handicapped Association, NARHA Pamphlet, 1984, p. 1).

Therapeutic riding reaches many people, from the mildly mentally retarded to the severely emotionally disturbed. The effect of horseback riding seems to be just the right medicine to alleviate many of the physical and mental symptoms for a wide spectrum of individuals. Today, the number of people who can profit from this form of therapy far outweighs the number of people for whom it is contraindicated.

The history of the use of the horse as therapy is quite extensive and reaches as far back as the Roman and Greek eras. It was not until the 1952 Helsinki Olympic Games that a woman from Denmark enlightened many eyes with her display of courage and determination. Miss Liz Hartell was the silver medal winner for dressage; she was partially paralyzed in both legs from poliomyelitis and able to walk only a few
feet on crutches. Her ability once in the saddle was something every
equestrian works for and dreams of and up until that point something
unheard of. She performed with great triumph throughout Scandinavia
and caught the eye of Elsabet Rodthker, a Norwegian physical therapist
and horsewoman. Rodthker was so impressed with Miss Hartell's physical
and psychological progress that in the 1950's she developed a riding program
for children with polio (Davies, 1977).

In time, the idea of horseback riding for the disabled traveled across
to England and finally reached the United States in the late 1950's. The
first handicapped riding program in America was established in 1958
in Augusta, Michigan, at the Cheff Center. Today the Cheff Center
is the largest riding program for the handicapped in the world and, thus,
the model operation for other such programs.

In the past five years in the United States alone, the number of
therapeutic riding programs has grown tenfold, from 30 to 300. This
is quite a dramatic increase. As a result of this increase, the National
Riding for the Handicapped Association Incorporated (NARHA) was formed
in 1969 to act as an advisory board to govern the programs. It is
responsible for accreditation and supervision of both old and new programs.
The 1983-1984 NARHA Annual Report and Journal listed nine essential
criteria for accreditation and certification (Appendix A). An examination
of these criteria suggests that many questions about the operations
remain unanswered. The researcher decided upon the use of a questionnaire
to answer these questions as well as to explore some of the programs'
concerns, problems, and/or accomplishments.
Statement of the Problem

The purpose of the study was to explore operational, procedural and managerial techniques utilized in a selected group of existing therapeutic riding programs.

Need for the Study

Therapeutic horseback riding has been shown to be a positive form of physical and mental exercise for both handicapped children and adults. At present, research has not indicated a compilation of information pertaining to the operation and management of such programs. Therefore, this survey is a necessary attempt to gain such information.

Assumptions

The study involved the following assumptions:

1. The subjects responded to the survey truthfully and accurately.
2. The various survey questions accurately measured what they were intended to measure.
3. The person completing the questionnaire was an administrator or instructor in the riding program.
4. The statements were worded in vocabulary familiar to the persons completing the survey.
5. The programs surveyed were still in operation as of the date of the first mailing of the survey.

Delimitations

The study involved the following delimitations:

1. The questions were designed by this researcher with the belief
that the experimenter's background knowledge in the subject was sufficient to design the survey questions. Furthermore, the information gained in researching therapeutic riding from NARHA played a vital role in designing the survey questions. Members of the thesis committee were also consulted for their ideas and opinions.

2. The subjects were randomly sampled only from riding programs recognized by and listed in the 1983-1984 NARHA Annual Report and Journal.

Limitations

The study involved the following limitations:

1. There was a possibility that some questionnaires would not be returned.

2. The results of the study were based on the number of completed and returned questionnaires.

3. Conclusions and recommendations were based on those completed questionnaires.

Definition of Terms

Certified Riding Instructor - any person who has completed an accredited certification course and successfully passed the NARHA Instructor's Examination.
CHAPTER II

REVIEW OF RELATED LITERATURE

Introduction

Research to support the asserted benefits of riding as a therapeutic regime is practically nonexistent with the exception of a survey by Rosenthal relating to an increase in mobility, euphoria, elation, motivation, and courage in persons engaged in risk exercise activities (Mayberry, 1978, p. 192).

The use of horseback riding as a form of therapy for handicapped individuals has been shown to be effective. Literature on the subject is available to substantiate this statement, but the majority of it is in narrative format. Mayberry also states that since therapeutic riding does not have a checklist or a composite of knowledge to allow for a rationale of the physical and psychological values that are claimed for it, empirical reasoning and clinical observation must, for the present, serve as its justification.

History of Therapeutic Riding

Down through the ages, man has invested the horse with a powerful mistique, one which can be used as "strong medicine" to emeliorate some of his severe and chronic disabilities. This has, for many years been demonstrated in Scandinavian countries, Great Britain, Europe, and more recently, in the United States (Mayberry, 1978, p. 192).

The exact date when riding was recognized as being beneficial for individuals is difficult to pinpoint. Using the horse as a healing agent first appeared in ancient mythology. Aesculapius, the famous physician, is said to have prescribed that those afflicted with wounds and disease that could not be healed be given a horse to ride to cheer
their spirits (Haskin, 1974). In 1870, Dr. John Brown, a Scotsman and medical man, published an article discussing the use of horses as therapy. He hypothesized that a healthy life was a state of permanent excitation, maintained by a balance of stimuli. Riding provided the necessary stimuli to "stir the life forces" required for the maintenance of good health (Davies, 1977; Mayberry, 1978).

The impact of the great polio years following World War II had an exhausting effect on many of the overworked hospital staff in England and Scandinavia. Resulting from this situation was the recognition of the notion that horses could provide rehabilitation to those patients no longer in the acute stages of their polio (Davies, 1977). In 1952, Madame Liz Hartell of Denmark, a victim of poliomyelitis, won a silver medal in dressage in the Helsinki Olympic Games. This courageous achievement brought international attention to horseback riding for the disabled rider (NARHA, 1984; Freeman, 1984; Davies, 1977; Mayberry, 1978).

One such person affected by this display was Mrs. Elsabet Rodthker, a Norwegian physical therapist and noted horsewoman. She reacted to Hartell's example of courage and determination by starting lessons for children with polio. This news soon spread from Scandinavia into England, into the hands of Mrs. Norah Jaques. In 1957, Mrs. Jaques began giving riding lessons to handicapped children. Her operation expanded and resulted in the building of the first ring ever for the purpose of therapeutic riding (Bauer, 1971). The high degree of professionalism displayed by this movement and the foundation of a trust for this new Chigwell program, raised the standards of safety
and instruction, as well as the eyebrows of many people.

The move over to North America from Europe began in Toronto, Canada, around 1965-1966 with the efforts of Joseph Bauer. With the assistance and advice of Dr. Renaud and Dr. Fieldan, Bauer opened many doors for this new form of therapy with his dedication and promotion of therapeutic horseback riding. His work spread throughout Canada and parts of the United States (Davies, 1977).

The magic of this new combination of horses and handicapped people was producing numerous effects evident to those involved with handicapped individuals, yet, the medical profession was hesitant to accept this combination as a means of therapeutic recreation. This held true until the works of Mr. P. T. Cheff, an interested philanthropist, laid down a strong base of the benefits of therapeutic riding with the belief that the opportunities for these children to learn to ride were of great value to all involved.

Mr. Cheff of Holland, Michigan, with his strong interest and generosity was the driving force behind the beginning of the greatest foundation, The Cheff Foundation, used solely for the promotion of therapeutic horseback riding. Today the Cheff Center, located in Augusta, Michigan, is the largest operating center for the therapeutic riding in the world (NAHRA, 1983). It first opened its doors in 1970 and today services approximately 150-200 students per year (Cheff Center Pamphlet, 1983).

In 1969, The North American Riding for the Handicapped Association Inc. was formed in an attempt to coordinate the efforts of those working in the field of therapeutic riding. NARHA is a non-profit, tax-exempt
service organization that acts as an advisory and regulatory board for the United States and Canada, dedicated to promoting horseback riding for the handicapped. The Cheff Center was the first such program to be recognized by this board.

The number of physically and mentally handicapped persons who participate in programs of therapeutic riding as a form of habilitation and rehabilitation has risen dramatically in the last five years (Mayberry, 1978). As of this date, NARHA recognizes approximately 230 centers in 45 of the 50 states as published in the 1983-1984 Annual Journal and Report. In 1976, only 40 such programs were listed in this report.

Approximately 4,000-6,000 handicapped persons are reported to be serviced in programs affiliated with NARHA (NARHA Pamphlet, 1984). It is also estimated that a large number of disabled persons are serviced in programs unaffiliated with the national board.

Benefits

Therapeutic horseback riding for the handicapped is a controlled risk activity that has value in the habilitation of many children and adults handicapped by physical and mental disabilities. Suffice to say that the mystique of the horse is strong medicine (NAHRA Pamphlet, 1982).

The benefits achieved by participation in therapeutic riding programs seem to be many. For some it is physical. For others it is psychological. For most, it is a combination of both. For the purpose of this study, the benefits will be broken into two major headings: physical and psychological.

The physical benefits include improved relaxation of spastic muscles, increased muscle strength, coordination, balance and joint mobility,
as well as improved cardiovascular function (Mayberry, 1978). It is suggested that the smooth movement of the horse, along with the rider's need to concentrate on controlling the mount, tend to have a relaxing effect on spastic muscles. In 1984, a physical therapist described the physical benefits as:

Among the physical benefits are improvement of normal postural alignment, facilitation of normal movement, integration of sensory stimulation with motor-planning skills, and low-level cardiovascular conditioning. The orthopedically-handicapped child strengthens his/her remaining muscle power by using it to the maximum and enjoys the movement his/her body attains on the horse (Freeman, 1984, p. 23).

Freer and Tscharnuter (1974) indicated that riding a horse bareback or with a thin pad may reduce the spasticity of hip adductor muscles, thus taking advantage of the gait motion of the horse as well as the body warmth of the animal.

Dr. Rosenthal proposed quite an interesting theory on why children improve in various capacities when learning to ride (a risk activity). He stated that riding fulfills a primal atavistic need of man to engage in controlled risk activity and action. According to Dr. Rosenthal, primitive man underwent many physical risks in order to survive. These risks are almost eliminated from the life of modern man, but the needs for risks are still present in his genes (Mayberry, 1978). Thus, there are a variety of aspects considered to be part of the physical benefit of therapeutic horseback riding, all of which suggest one thing—riding allows a handicapped person to move his/her body in a way they may never have done before.
In the psychological realm, there was much evidence of an increase in self-awareness, self-confidence, and an improvement in concentration and self-discipline. The self-concept of disabled people who participated in therapeutic riding programs has been shown to improve significantly. Also, gains in self-respect, courage, euphoria, attention span, motivation, spatial awareness, self-control, sense of self-achievement, concentration and body management were noted (Bauer, 1972). Kittredge (1981) discussed the improvement in self-control and the control of fear; also, that these participants develop self-esteem and a sense of pride in being able to do things correctly. The most important psychological benefit, especially for the emotionally disturbed or learning disabled, is that of creating a chance for success. For many of these children, success is not a common occurrence. These improvements in the children also have an indirect affect on many of the parents and teachers involved, in that these beneficial characteristics may carry over into the home and the classroom.

In 1979, Rosenfeld reported on a therapeutic riding program offered at the Rock Creek Riding Center in Washington, D.C. A group of educable mentally retarded children were studied in an attempt to identify the benefits of riding. There were areas in which the program was shown to have little or no effect on the children but there were also areas in which the children scored impressively. The latter areas include the following changes: listening skills and the ability to follow instructions were up 80%, self-confidence rose by 62%, interest in learning rose 41%, physical orientation rose by 60%, and 76% more of the children were using and retaining new vocabulary.
The majority of programs were designed to serve children from early elementary age through junior high school who have neurological or orthopedic disabilities. "Children having cerebral palsy make up the majority of riders, followed by those with various orthopedic disabilities, including amputees" (Mayberry, 1978, p. 24). Today there are many more programs being started for the mentally retarded and multihandicapped population, as well as many programs just making an expansion into these areas.

According to NARHA (1982), people with mental disorders, especially autistic children, have been shown to benefit from this type of physical activity because of the great amount of discipline and concentration demanded for riding. Children with learning disabilities and emotional disturbances seem to find much warmth in the fuzzy and friendly horse. A human relationship is often foreign to these children but a horse provides a unique security to them to which they are unaccustomed. For a few precious moments they are able to come out into the real world and love and be reassured in their relationship with the horse.

Riding gives the handicapped person a feeling of complete freedom and independence and an awareness of body inspace that is otherwise very difficult to achieve in conventional therapy. The physical activity and individual accomplishment can be psychologically uplifting and rewarding to the student, providing a tremendous boost to self-esteem (NARHA Annual Report and Journal, 1983, p. 21).

**Contraindications**

Although the positive aspects of therapeutic riding do tend to outweigh the negative aspects, there are still some individuals for whom this may not be the most appropriate form of exercise. Some
of these people include epileptics, who endanger themselves with the height of the horse in the case of a seizure, and severely mentally retarded individuals who may not be aware of their environment. Contraindications also exist for the child who may have a progressive neurological disability and lack the strength to sit erect or balance himself safely and effectively in the saddle, or to the person with osteogenesis imperfecta or other bone or joint abnormalities which could easily cause severe damage with the slightest of jolts from the horse (Mayberry, 1978).

**Summary**

The use of therapeutic riding as a tool for rehabilitation for the physically and mentally disabled has been shown to be both physically and psychologically beneficial. Although there have been many narrative-type articles about the field and about particular programs, as well as some work on the benefits and contraindications, more research is necessary in the field of therapeutic riding.
CHAPTER III
METHODS AND PROCEDURES

It was the purpose of this descriptive study to gather information from selected ongoing therapeutic horseback riding programs to explore their operational and procedural techniques. In doing so, additional knowledge about therapeutic riding may be generated to create a greater overall awareness of the positive qualities of such programs. A questionnaire directed at the program administrators was considered to be an effective method for gathering this information.

Subject Selection

For the purpose of this study, only riding programs recognized by the North American Riding for the Handicapped Association Inc. as published in the 1983-1984 Annual Report and Journal were surveyed. A randomized sample of 30 programs of the listed 230 was utilized.

Development of Instrumentation

Statements for the survey were developed by this researcher using the following guidelines:

1. The statements must allow for more than one response to be correct.
2. The statements must be as brief as possible.
3. Each statement must be clear-cut, direct, and unambiguous.
4. Each statement should be worded in the vocabulary familiar to the persons completing the survey (Wang, 1932). The questionnaire consisted of both open and closed ended response questions.
Procedures

For this study, only riding programs recognized by NARHA and published in the 1983-1984 Annual Report and Journal were utilized. All operating centers are listed alphabetically by state in this journal. Each program was sequentially given a number. With the use of a computer, 30 random numbers were extracted and then matched to the corresponding program in the Journal (Appendix B).

A cover letter and a questionnaire were mailed to each chosen program as well as a stamped self-addressed return envelope (Appendices C & D). Each survey and return envelope were coded with the corresponding number for easy identification. Approximately two weeks were allowed for the return from the initial mailing of the surveys. After that time, a second letter and questionnaire were mailed out to the programs who had failed to return the initial survey (Appendix E). Phone calls were then made to the remaining nonrespondents.

The use of a survey was helpful in obtaining important information concerning procedures utilized as therapeutic riding programs. In an attempt to gain further knowledge as well as to answer many more specific questions, visits were made to two ongoing therapeutic riding centers operating within the country.

The two programs visited were The Orange County Riding Center outside of Los Angeles, California, and The Shadow Creek Ranch in Forest Lake, Minnesota. These centers did not participate in the survey section of this study but are recognized by NARHA. Both programs were recommended by other centers associated with NARHA. The visits occurred at a time that was convenient to the researcher and
the program involved. Arrangements were made by telephone prior to both visits concerning the presence of the researcher as an observer at class sessions.

Statistical Treatment of Data

The short answer questions were tabulated and analyzed by Digital Vax 11/780 computer at the University of Wisconsin-La Crosse computer center. The frequency, percentage, and mean were computed for each question involved. It must be noted that when entering many of the respondents answers into the computer, several respondents failed to answer each question appropriately. As a result of this, decisions had to be made by this researcher in order to gain complete data. An effort was made to make consistent decisions and judgements in order to conclude with reliable results. The open ended questions were subjectively analyzed by this investigator and conclusions were drawn.
CHAPTER IV

RESULTS AND DISCUSSION

The purpose of this study was to reveal information concerning operational, procedural, and managerial methods utilized in a selected group of operating centers throughout the country. A questionnaire containing a total of 23 questions was mailed to 30 therapeutic riding programs. Of the 30 questionnaires mailed, 28 were returned. Contact was made by phone with the two nonrespondents and both revealed that their programs were no longer in operation. One survey that was returned was from a program no longer in operation, but the program administrator completed and returned the questionnaire anyway. Therefore, as stated in the Assumptions section of Chapter I, only programs still in operation as of the date of the initial mailing would be included in the results. Thus, a 100% return rate of the 27 respondents was achieved in this study. It was possible that the 100% return rate to the survey was due to the specific population sampled.

Results

Each of the short answer questions was entered into the computer for tabulation and analysis. The frequency, percentage, and mean for each question were obtained and are presented in the following tables along with the responses from the open ended questions.

1. When asked how long their programs had been in operation, most respondents reported a 2-5 year existence (Table 1).
Table 1
Years in Existence

<table>
<thead>
<tr>
<th>Time</th>
<th>Tallies</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Less than 1 year</td>
<td>2</td>
<td>7.4</td>
</tr>
<tr>
<td>1-2 years</td>
<td>8</td>
<td>29.6</td>
</tr>
<tr>
<td>2-5 years</td>
<td>9 *</td>
<td>33.3</td>
</tr>
<tr>
<td>More than 5 years</td>
<td>8</td>
<td>29.6</td>
</tr>
</tbody>
</table>

* Indicates the highest percent

2. Respondents were asked for the number of students they serviced and results indicated that the median score was 20 and the mean was 76.4. Most programs reported approximately 20 students serviced, but four programs surveyed had numbers over 100, and one program even reported servicing 654 students (Table 2).

Table 2
Number of Students

<table>
<thead>
<tr>
<th>Number</th>
<th>Tallies</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-15 students</td>
<td>9 *</td>
<td>33.3</td>
</tr>
<tr>
<td>16-35 students</td>
<td>8</td>
<td>29.6</td>
</tr>
<tr>
<td>35-75 students</td>
<td>6</td>
<td>22.2</td>
</tr>
<tr>
<td>Over 100 students</td>
<td>4</td>
<td>14.8</td>
</tr>
</tbody>
</table>

* Indicates the highest percent
3. Respondents were asked to rank by number, from highest to lowest, the primary age range of students they service. Most programs reported that adults composed most of their lessons with the elementary age child being next (Table 3). These results only indicate the primary age group serviced in each program, not the number of students.

Table 3

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Tallies</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elementary school range (4-10)</td>
<td>6</td>
<td>22.2</td>
</tr>
<tr>
<td>Middle school range (11-13)</td>
<td>5</td>
<td>18.5</td>
</tr>
<tr>
<td>High school range (14-18)</td>
<td>5</td>
<td>18.5</td>
</tr>
<tr>
<td>Adults</td>
<td>11</td>
<td>*40.7</td>
</tr>
</tbody>
</table>

* Indicates highest percent

4. Each respondent was asked to identify by number the students with physical handicaps. Table 4 indicates that cerebral palsy was clearly the most prevalent physical disability served; blindness was next. Three programs failed to give numbers and merely checked the conditions appropriate; therefore, their responses could not be included in the tabulations.
Table 4
Physical Handicaps Served

<table>
<thead>
<tr>
<th>Category</th>
<th>Number of Students</th>
<th>Number of Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tallies</td>
<td>Percent</td>
</tr>
<tr>
<td>Blind</td>
<td>77</td>
<td>15.0</td>
</tr>
<tr>
<td>Cerebral Palsy</td>
<td>293</td>
<td>*57.5</td>
</tr>
<tr>
<td>Deaf</td>
<td>60</td>
<td>11.8</td>
</tr>
<tr>
<td>Amputee</td>
<td>10</td>
<td>1.2</td>
</tr>
<tr>
<td>Other</td>
<td>**70</td>
<td>13.7</td>
</tr>
</tbody>
</table>

Total Students = 510  Total Tallies = 58

* Indicates the highest percent

**The Other category included spina bifida, head trauma, spinal cord injury, arthritis, stroke, multiple sclerosis, arthrogryposis, muscular dystrophy, scoliosis, EhlersDaners Disease, microcephalis, cleft palate, Frederick's Ataxia

5. The number of students with mentally handicapping conditions was requested from each of the programs and results indicated that mental retardation was clearly the highest disability accounted for, followed by learning disabilities (Table 5). Again, three programs failed to give numbers of their students and merely checked the conditions appropriate; therefore, their responses could not be included in the tabulations.
### Table 5

Mental Handicaps Served

<table>
<thead>
<tr>
<th>Category</th>
<th>Number of Students</th>
<th>Number of Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tallies</td>
<td>Percent</td>
</tr>
<tr>
<td>Mental Retardation</td>
<td>491</td>
<td>42.7</td>
</tr>
<tr>
<td>Learning Disabled</td>
<td>292</td>
<td>25.4</td>
</tr>
<tr>
<td>Emotionally Disturbed</td>
<td>93</td>
<td>8.0</td>
</tr>
<tr>
<td>Autistic</td>
<td>73</td>
<td>6.4</td>
</tr>
<tr>
<td>Other (please identify)</td>
<td><strong>200</strong></td>
<td>17.4</td>
</tr>
</tbody>
</table>

Total Students = 1149  
Total Tallies = 53

* Indicates the highest percent

**The other category included disadvantaged children, teenagers from reform school, and children from normalization programs.

6. In response to the question about where most of the students reside, the answer most common was in private homes (Table 6).

7. Each respondent was asked to report each type(s) of facility available for use for their programs. Table 7 indicates that the majority of the respondents had access to both indoor and outdoor arenas. Some of the programs also noted having use of trails and open fields.

8. When asked to reveal if the students help to groom and tack their horses, the majority of the respondents reported that the students did participate in this task (Table 8).
### Table 6

**Student Residences**

<table>
<thead>
<tr>
<th>Places</th>
<th>Tallies</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Homes</td>
<td>20</td>
<td>74.1%</td>
</tr>
<tr>
<td>Group Homes</td>
<td>2</td>
<td>7.4%</td>
</tr>
<tr>
<td>Institutional Setting</td>
<td>3</td>
<td>11.1%</td>
</tr>
<tr>
<td>Other (please identify)</td>
<td><strong>2</strong></td>
<td>7.4%</td>
</tr>
</tbody>
</table>

* Indicates the highest percent

**The Other category included residential and foster homes.**

### Table 7

**Facilities**

<table>
<thead>
<tr>
<th>Type</th>
<th>Tallies</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outdoor Arena</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>24</td>
<td>88.0%</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>11.1%</td>
</tr>
<tr>
<td>Indoor Arena</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>20</td>
<td>74.1%</td>
</tr>
<tr>
<td>No</td>
<td>7</td>
<td>25.9%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>11</td>
<td>40.7%</td>
</tr>
<tr>
<td>No</td>
<td><strong>16</strong></td>
<td>59.3%</td>
</tr>
</tbody>
</table>

* Indicates the highest percent

**The Other category included trails, open fields, classrooms, and bridle paths.**
Table 8

Grooming and Tacking

<table>
<thead>
<tr>
<th></th>
<th>Tallies</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>21</td>
<td>77.8</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>22.8</td>
</tr>
</tbody>
</table>

* Indicates the highest percent

9. Each respondent was asked to identify the horse they felt best suits the needs of therapeutic riding. As shown in Table 9, the most common breed chosen was a mixed breed, followed closely by quarter horses and other breeds such as Arabians and appaloosas. Three programs did not identify any preference and noted that temperament rather than breed was of greater importance; thus, their responses could not be included in the tabulations and results.

10. The most common response given in the best age range for horses used in therapeutic riding was between 8-16 years (Table 10) with older horses used next.

11. Next the respondents were asked to reveal what size horse best suits the needs of students in therapeutic riding. Table 11 indicates that most programs tend to agree that horses over 15 hands are of preferable size, possibly due to the high percentage of adult riders.
Table 9
Best Breed of Horse for Therapeutic Riding

<table>
<thead>
<tr>
<th>Breed</th>
<th>Tallies</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morgan</td>
<td>2</td>
<td>7.4</td>
</tr>
<tr>
<td>Thoroughbred</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Shetland Pony</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Quarter Horse</td>
<td>7</td>
<td>25.0</td>
</tr>
<tr>
<td>Mixed Breeds</td>
<td>8</td>
<td>*29.6</td>
</tr>
<tr>
<td>Other (please identify)</td>
<td>**7</td>
<td>25.9</td>
</tr>
</tbody>
</table>

* Indicates the highest percent

**The other category included appaloosa, Arabian, Welsh pony, Icelandic horses.

Table 10
Best Age Range

<table>
<thead>
<tr>
<th>Years</th>
<th>Tallies</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-8 years</td>
<td>1</td>
<td>3.7</td>
</tr>
<tr>
<td>8-16 years</td>
<td>19</td>
<td>*70.4</td>
</tr>
<tr>
<td>Over 16 years</td>
<td>7</td>
<td>25.9</td>
</tr>
</tbody>
</table>

* Indicates the highest percent
Table 11
Best Height

<table>
<thead>
<tr>
<th>Height</th>
<th>Tallies</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 14 hands</td>
<td>2</td>
<td>7.4</td>
</tr>
<tr>
<td>14-15 hands</td>
<td>4</td>
<td>14.8</td>
</tr>
<tr>
<td>Over 15 hands</td>
<td>21</td>
<td>*17.8</td>
</tr>
</tbody>
</table>

* Indicates the highest percent

12. When responders were asked what type of training their horses acquire prior to acceptance, the most frequent responses included being exposed to "loud noises, crutches, ramps, sidewalkers," "unexpected hits and/or touches with braces or legs," "ability to be controlled by voice command," and the "ease of the horse to be loaded and unloaded from the trailer." Two programs reported a two week training session for each new horse brought into the program to fully accustom them to the above occurrences.

13. The majority of the responders reported grouping their students by riding ability level (56%). Groupings also listed in approximate order of preference were those done by disability (19%) and age (15%), and by the "facility they came from," "geographic car pool," "school time and classroom arrangement." Two programs even reported giving private lessons.
14. Students tended to be grouped by ability level as seen in the previous question and this question pertained to the number of students per riding group. Table 12 indicates that the most frequent number of students per group was between 3-5 students followed by 1-3, which suggests that fairly small groupings are preferred over larger ones.

Table 12
Number of Students per Lesson

<table>
<thead>
<tr>
<th>Number of Students</th>
<th>Tallies</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-3</td>
<td>9</td>
<td>33.3</td>
</tr>
<tr>
<td>3-5</td>
<td>11</td>
<td>*40.7</td>
</tr>
<tr>
<td>5-8</td>
<td>3</td>
<td>11.1</td>
</tr>
<tr>
<td>8-10</td>
<td>4</td>
<td>14.8</td>
</tr>
<tr>
<td>More than 10</td>
<td>0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

* Indicates the highest percent

15. The responders were asked to report how many times a week each student rode. Once a week was found to be the most common number of times each week the student participated (Table 13).

16. The length of each lesson was requested and most programs reported that the lessons usually ranged from 30-60 minutes (Table 14).
### Table 13

**Sessions per Week**

<table>
<thead>
<tr>
<th>Tallies</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once</td>
<td>23</td>
</tr>
<tr>
<td>Twice</td>
<td>3</td>
</tr>
<tr>
<td>More than twice</td>
<td>1</td>
</tr>
</tbody>
</table>

* Indicates the highest percent

### Table 14

**Time in Lessons**

<table>
<thead>
<tr>
<th>Minutes/Hours</th>
<th>Tallies</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 minutes</td>
<td>4</td>
<td>14.8</td>
</tr>
<tr>
<td>30-60 minutes</td>
<td>20</td>
<td>74.1</td>
</tr>
<tr>
<td>Over 1 hour</td>
<td>2</td>
<td>7.4</td>
</tr>
<tr>
<td>Other (please identify)</td>
<td><strong>1</strong></td>
<td>3.7</td>
</tr>
</tbody>
</table>

* Indicates the highest percent

**The Other category included lessons of 20 minutes.**
17. and 18. When asked if the programs had a "certified" instructor the majority of them (59.3%) said no (Table 15). These programs without "certified" instructors reported that mostly equestrian instructors taught the lessons (Table 16). The next most likely person to teach the lessons was a person with training in physical education, special education, or equestrian instruction.

Table 15
Certified Instructor

<table>
<thead>
<tr>
<th></th>
<th>Tallies</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>11</td>
<td>40.7</td>
</tr>
<tr>
<td>No</td>
<td>16</td>
<td>*59.3</td>
</tr>
</tbody>
</table>

* Indicates the highest percent

Table 16
Type of Instructor

<table>
<thead>
<tr>
<th>Type of Instructor</th>
<th>Tallies</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical educator</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Special educator</td>
<td>1</td>
<td>3.7</td>
</tr>
<tr>
<td>Equestrian instructor</td>
<td>10</td>
<td>*37.0</td>
</tr>
<tr>
<td>Combination of any of the above</td>
<td>5</td>
<td>18.5</td>
</tr>
</tbody>
</table>

* Indicates the highest percent
19. When responders were asked to identify the type of exercises their students participated in, all of the programs indicated some type of stretching and/or range of motion exercises. These include "toe touches," "touching the horses ears and tail," "around the world," "trunk twisting and arm circles." Other exercises reported were those for riding posture and overall strengthening including "standing up in the stirrups and knee squeezes."

20. A variety of activities were suggested by the responders. Some of the more common ones included "Red Light, Green Light," "relay races," "Follow the Leader and musical stalls," "obstacle courses," "Simon Says," "rings on the cones," and "barrel cutting."

21. Each respondent was asked to identify the skill level of students they work with. All of the respondents reported that beginners participate in their programs and that most programs do have some intermediate level students (Table 17).

22. Each respondent was asked to describe some of the strengths of their program. Typical comments were "great volunteers," "trained instructors," "high standards of safety," "public support," and the "individual attention allowed the riders." Other strengths listed were the "normalization process occurring" as well as the "development of self-confidence and better body management" in many of the students.

At the other end of the spectrum, the responders were asked to reveal some of the weaknesses of their operation. Many of the more common answers included "less than ideal horses," "shortage of volunteers,"
"lack of funds," and "no certified riding instructors." Programs also mentioned that there was a "low social interaction because of the small groupings" and "being too far out in the country."

Table 17

<table>
<thead>
<tr>
<th>Skill Level</th>
<th>Tallies</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginner level</td>
<td>Yes</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Intermediate level</td>
<td>Yes</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>10</td>
</tr>
<tr>
<td>Advanced level</td>
<td>Yes</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>20</td>
</tr>
</tbody>
</table>

* Indicates the highest percent

23. A hypothetical question was posed to each program. If money and time were of no concern, what additions or changes would they make in their program? Many of the respondents had similar needs and concerns including "more and better horses," "a paid staff," "a heated arena," "bathroom facilities," "classrooms," "year round riding," "better staff training," and "the opportunity to offer more classes."
On-Site Visits

In an attempt to answer some of the more specific questions pertaining to the actual procedures and techniques used in therapeutic riding, two on-site visits were made to ongoing riding centers. These centers did not participate in the survey section of the study. The first program visited was the Orange County Riding Center which is located just outside Los Angeles, California. The second site visited was The Shadow Creek Ranch located in Forest Lake, Minnesota.

Orange County Riding Center

The Orange County Riding Center is located approximately 45 miles south of Los Angeles, California, in the town of San Juan Capistrano. The therapeutic riding program is part of the Orange County Riding Stables but operates separately from the main training center.

The program is a non-profit, tax-exempt organization run by a board of directors which include parents whose children are involved in the program. The funding from the students' lessons is used to permit a minimal salary to be paid to the instructors. The board's responsibilities also included promotional activities and alternate funding sources for students unable to afford participation.

The program had use of one large outdoor ring, one ramp, several pieces of equipment for making obstacle courses, approximately 12 horses and a saddling area. The horses utilized at this program included three mixed breed horses, two quarter horses, one buckskin, and two Arabians. The boarders' horses were used to replace injured ones if necessary. Each rider was required to wear a hard helmet and certain
students used break away stirrups.

The riding instructor was NARHA certified as well as an Instructor Trainer for other potential therapeutic riding instructors. She had been involved with the program for approximately two years and was also a member of the board of directors. The two other assistant instructors were not NARHA certified but were experienced equestrian instructors. Parents and teenagers worked as volunteer leaders and sidewalkers for the riders.

The classes were arranged by ability level rather than disability. Age levels were also considered in the groupings. Approximately 75-100 students participate yearly in this program. The first lesson observed included a variety of disabled adults with such handicaps as autism, spinal cord injury, mental retardation, cerebral palsy, and multiple sclerosis. The second lesson was composed of teenagers and included such disabilities as learning disabilities, mental retardation, blindness, deafness, as well as some normal children for the purpose of socialization and normalization.

Lessons ran five days a week, about three hours each day. Each student rode once a week for approximately one hour each lesson. The lessons lasted between 45-60 minutes, allowing about 20 minutes for mounting and dismounting. The second group of riders cleaned and tacked their own horses and were responsible for putting them away. This was due to the higher ability level of these students.

The ramp was utilized only by a cerebral palsy woman who ambulated with a walker. Other riders mounted independently or with a physical assist (leg up) from the riding instructor.
The content of both lessons included warm up stretches and exercises and a brief adjustment period composed of walking and a slow trot. Each rider in Lesson One had a leader and at least one sidewalker while only the blind and deaf students in Lesson Two had leaders. The instructor maintained strict control of the lesson to ensure safety. Both lessons also included an obstacle course and this was repeated several times by each rider, independent riding being stressed. The lessons ended with a race to test control each rider had on their mount. The ramp was again utilized for dismounting for the cerebral palsy woman.

The Shadow Creek Ranch

The Shadow Creek Ranch is located in Forest Lake, Minnesota, approximately 45 miles north of Minneapolis. The ranch itself is used for hunter and jumper lessons, as well as lessons in dressage for approximately 50-75 students. The therapeutic riding program occurs whenever the other lessons are not in progress. Therefore, lessons to handicapped individuals are given four to five days a week for a total of about 13 hours a week.

This program is funded by TEAM, a non-profit, tax-exempt organization composed of parents of many of the riders as well as some of the local businessmen, and has been in operation for about two years. Similar to the Orange County program, TEAM also does promotional activities and collects money from the students to pay the instructor and owner of the ranch a minimal fee. It was certified by NARHA about one year ago and is currently the only NARHA certified program operating in Minnesota.
The facilities utilized at the program included an indoor and outdoor arena, an indoor and outdoor ramp, approximately 10-12 horses with the same policy as the Orange County program for replacing injured animals. The different breeds of horses used during the visit included an Arabian, an appaloosa, a quarter horse, and two mixed breed horses. The safety equipment included hard helmets, break away stirrups, and safety reins.

Approximately 26-30 students participate in this program and they have such disabilities as mental retardation, learning disabilities, blind, deaf, amputee, and cerebral palsy. The riding groups were arranged by disability and rider's age was also considered in groupings. At the visit, two lessons took place. Similar to the Orange County program, the lessons lasted about 45-60 minutes with about 20 minutes allowed for mounting and dismounting. The first lesson was a group of five moderately retarded men from an institutional setting. This was their second lesson in a series of 12 lessons; therefore, a good deal of time was spent on adjustment to the movement and feeling of the horse. Exercises such as standing up in the stirrups, and touching the horses ears were done to stretch out the muscles. The riders also worked on sitting the trot and holding the hunt seat position at the walk.

The second lesson included three learning disabled teenage girls, one blind girl, and a deaf woman. Their ability level was somewhat higher than the previous lesson so leaders were only needed for two of the students. More challenging exercises as around the world and toe touches were accomplished and work on the posting trot and the hunt seat position at the trot comprised the skill work for this lesson.
Discussion

The purpose of this survey was to obtain and gather information from a random sample of therapeutic riding programs in the hope that this information might be indicative of other such programs. From the survey, it was reported that the median number of students being serviced per program was 20 and the mean score being 76.4, with mental retardation and cerebral palsy being the most prevalent handicapping conditions serviced. Of these two conditions though, mentally retarded students outnumbered cerebral palsied students almost two to one. The numbers may indicate a change in the type of disabled people serviced now as opposed to five years ago when orthopedically and physically handicapped individuals were prevalent in therapeutic riding programs.

Temperament rather than breed was noted by several respondents as being the most important feature of a horse used in therapeutic riding. This characteristic of good temperament is true of many breeds and these breeds were the ones most indicated for use in these programs, specifically the quarter horse, the mixed breed, and the morgan.

A middle aged horse with fairly good size (over 15 hands) for many of the adult riders was chosen by the programs surveyed to be best suited for therapeutic riding. Five seemed to be the average number of students per session. This is most likely due to safety, individualization, and horse accessibility. The riders participated once a week for approximately one hour. This finding was consistent with that found at the programs visited. About 20 minutes was allowed for mounting and dismounting and the skill work of the lesson lasted approximately
40 minutes.

The majority of responders reported not having a certified riding instructor on staff and instead lessons were given primarily by equestrian instructors. It is felt by this researcher that these figures may indicate that many of these programs are subsets of actual training centers and thus utilize a more convenient instructor rather than finding a "certified" instructor.

Due to the subjects involved in therapeutic riding, it is easily understood that beginners are present at each of the programs surveyed. Having intermediate and advanced riders is less likely than beginners but occurrence of them was reported in some of the programs and would seem to be a positive progression.

Overall, the findings at the on-site visits were very consistent with the information obtained from the questionnaire. This consistency in information may be indicative for the rest of the programs offered for therapeutic riding.
CHAPTER V
SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The purpose of this study was to explore operational, procedural, and managerial techniques utilized in a selected group of therapeutic riding programs in the United States. In a review of related literature, the history of therapeutic riding, the physical and psychological benefits, and the contraindications involved in this form of therapeutic recreation were summarized.

To effectively gather information pertaining to the methods used at therapeutic riding programs, a survey was conducted. Only programs listed in the 1983-1984 NARHA Annual Report and Journal were used. From the 230 listed, 30 were randomly sampled and surveyed. A 100% return rate of the 27 currently operating centers was achieved from the questionnaire. Most of the data gathered were compiled and tabulated for analysis at the University of Wisconsin-La Crosse computer center. The open ended questions were subjectively analyzed by the researcher. Two on-site visits were also made to operating centers outside of Los Angeles, California, and Lake Forest, Minnesota, to answer more specific questions pertaining to actual equipment and operation of therapeutic riding programs. A summary of results follows:

1. The median number of students serviced in the programs surveyed was 20.
2. Thirty-three percent (33%) of the programs had been in operation between 2-5 years.

3. Mental retardation was the most prevalent handicap serviced, followed by cerebral palsy and learning disabilities.

4. Most of the participants in riding programs reside in private homes and adults make up the largest group of riders.

5. More than half (59.3%) of the programs surveyed did not have a NARHA "certified" instructor, and of these programs, equestrian instructors taught the lessons.

6. Most of the horses used in the program included quarter horses and mixed breeds, and were between 8-16 years old and over 15 hands in height.

7. The students at the programs surveyed rode once a week for approximately 30-60 minutes and usually helped groom and tack their mounts.

8. Strengths of the programs included "great volunteers," "a trained instructor," and "individualization of riders." Weaknesses included "less than ideal horses," "lack of volunteers," "unheated arenas," "lack of funds," and "no certified instructor."

Conclusions

Based on the results of the study, the following conclusions can be made:

1. The number of therapeutic horseback riding programs has increased tenfold since 1978. If this trend continues to occur, a continual rise may be seen in the number of therapeutic riding centers. Furthermore,
more schools, private and public, may increase the use of therapeutic riding for many of their emotionally disturbed and leaning disabled students, and therapeutic horseback riding may continue to rise as a prescription from doctors and physical therapists as a healthy form of therapeutic recreation.

2. Such mental handicaps as mental retardation and learning disability have overcome orthopedic handicaps and cerebral palsy as the prevalent handicapping conditions serviced today as opposed to 1978.

3. Although the majority of programs currently do not have "certified" instructors because of their limited number, there will be an increase in the number of instructors who will get their certification in the future because of the demand for them.

**Recommendations**

Based on the results and conclusions of this study, the following recommendations can be made:

1. A replication of this study should be conducted on a broader population.

2. A pilot study of the survey should be conducted prior to the initial mailing.

3. Another aspect to be added to the questionnaire could be that of funding and the promotional responsibilities of the administrator.

4. More experimental research on the effects of therapeutic riding should be conducted (i.e., pre and post tests to determine a decrease in spasticity, increase in range of motion from participation in a riding program).
5. A study should be conducted to survey doctors and physical therapists to identify the attitudes and interests concerning their patients' participation in therapeutic riding programs in the hope of alleviating some of the symptoms and characteristics of their disabilities.
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Mayberry, R. The mystique of the horse is strong medicine: riding as therapeutic recreation. Rehabilitation Literature. 1978, 192-196.


Full Accreditation

1. Safety Awareness - Most important aspect throughout program. Program with risks under control.
2. Horses - Appropriate for disabilities being served or contemplated being served. Are they properly schooled? (If contemplating having students riding alone, have been schooled together and are they utterly trustworthy?) Cleanliness, care of feet-shoeing, worming, etc. Would expect to see horses carefully "tuned" for their job. Some provision made to combat dullness created by boredom. Awareness of methods to combat boredom.

Exercises
Games
Teaching riding skills

Innovative, clear explanation to students of how and why is expected. Follow through. Create positive atmosphere so each student has room to develop. * Instructor will be closely examined on ability to teach up to the level of the student.
5. Lesson - Having innovative plan appropriate for the level of student's ability. Positive. Organized. Safe. Students made to stretch themselves in all aspects. Progression is a goal.
8. Administration - Proper forms: releases Dr./therapist evaluation forms.

Basic progress reports
Accident-appropriate plan
First aid-it-people and horses
Insurance-NARHA standard or equivalent

9. Students - Selection of students. Appropriate disabilities grouped together. Numbers-appropriate for the ability of the instructor. Maximum number of students suggested is six.

(NARHA, 1983-1984, 31)
Appendix B
California

All Seasons Riding Academy
43510 Osgood Road
Fremont, CA 94538

Rehab Camps, Inc.
218 B. Frederick Street
San Francisco, CA

Connecticut

Sire, Inc.
Rt. 2, Bull Road
Harwinton, CT 06791

Florida

Anmar Stables
P.O. Box 638
Lynn Haven, FL 32444

R.I.D.E.
4628 Janet Road
Cocoa, FL 32922

Idaho

Panhandle Horsemanship for the Handicapped
Rt. 1, Box 279
Samuels, ID 83862

Illinois

Friends of Handicapped Riders
Suite 1614, 203 North Wabash
Chicago, IL 60601

Pegasus X of Northwestern Illinois
848 West Stephenson Street
Freeport, IL 61032
Indiana

Red Cedar Center for Special Services, Inc.
3900 Hursch Road
Fort Wayne, IN 46825

Massachusetts

Handicapped Equestrian Center
91 Holten Street
Danvers, MA 01003

Minnesota

Circle-K-Ranch
1135 NE 33rd
Rochester, MN 55901

We Can Ride
2611 Cedar Avenue South
Minneapolis, MN 55407

Montana

Shawna Riding Academy for the Handicapped, Inc.
1226 Whispering Pines Road
Billings, MT 59101

New Jersey

S.P.U.R.
Monmouth County Park System
645 Newman Springs Road
Lincroft, NJ 07738

New York

Albany Therapeutic Riding Center
RD 2, Box 140, Martin Road
Voorheesville, NY 12186

The Easter Seal Society
Rt. #2, Brick Chapel
Canton, NY 13617
Pegasus-Fox Hill
227 Kelburne Avenue, North
Tarrytown, NY 10491

North Carolina

Trailblazers Handicapped Riding Program
P.O. Box 527
Mocksville, NC 27028

Ohio

Project Ride
4740 Kingsbury Road
Medina, OH 44256

Oklahoma

Hisson Memorial Center
Rt. 4, Box 14
Sand Springs, OK 74063

Pennsylvania

Operation Ride
195 Jackson Street
Dallas, PA 18612

Reynolds School District
531 Reynolds Road
Greenville, PA 16125

Sebastian Riding Associates, Inc.
3389B Water Street
Collegeville, PA 19426

Venango Area Riding for the Handicapped Association
RD 3, Box 369
Franklin, PA 16323

South Carolina

Whitten Center
P.O. Box Drawer 239
Clinton, SC 29325
Vermont

Three Meadows Farm
Peru, VT 05142

Virginia

Old Dominion School of Therapeutic Horsemanship
P.O. Box 104
Great Falls, VA 22066

Washington

Saddle Acres Riding for the Handicapped
4525 S. Palouse Highway
Spokane, WA 99203

Wisconsin

REINS
Lakeshore Technical Institute
1290 North Avenue
Cleveland, WI 53015
Appendix C
Dear Program Director:

I am a Graduate student at the University of Wisconsin-La Crosse working towards my Masters of Science degree in Special Physical Education. In partial fulfillment of my degree, I am writing a thesis. My thesis topic is to survey therapeutic riding programs throughout the country to gain basic knowledge from them about the organization and development of a therapeutic riding program.

I realize that filling out this survey is a time consuming task. Please accept my $3.50 donation towards a cup of coffee on me as you relax and fill out my questionnaire. Thank you very much for your time.

Sincerely yours,

Mary Moront
Please answer the following questions by placing the correct number in the space provided or write in the appropriate answers.

1. How many years has your program been in operation?
   (1) less than 1 year
   (2) 1-2 years
   (3) 2-5 years
   (4) more than 5 years

2. How many students do you presently service?

3. Please rank by number, from highest to lowest, the primary age range of students you service.
   (1) Elementary school age (4-10)
   (2) Middle school age (11-13)
   (3) High school age (14-18)
   (4) Adults

4. Please identify the number of students you presently service with the following physical handicapping conditions.
   (1) blind
   (2) cerebral palsy
   (3) deaf
   (4) amputee
   (5) other (please identify)

5. Please identify the number of students you presently service with the following mentally handicapping conditions.
   (1) mental retardation
   (2) learning disabled
   (3) emotionally disturbed
   (4) autistic
   (5) other (please identify)

6. From which of the following settings do most of the participants of your program reside?
   (1) private homes
   (2) group homes
   (3) institutional setting
   (4) other (please identify)
7. Check all type(s) of facilities at your program that apply.
   - outdoor arena
   - indoor arena
   - both
   - other (please identify)

8. Do your students usually help in grooming and tacking the horses?
   (1) yes
   (2) no

9. Place the number of the horse that you feel best adapts to therapeutic riding.
   - Best
   - Second
   - Third
   - Fourth
   - Fifth
   - Sixth
   (1) Morgan
   (2) Thoroughbred
   (3) Shetland Pony
   (4) Quarter Horse
   (5) Mixed Breeds
   (6) Other (please identify)

10. What age range of horses do you feel is best suited for therapeutic riding?
    (1) 3-8 years
    (2) 8-16 years
    (3) over 16 years

11. What size horse do you feel best suits the needs of the students you service?
    (1) under 14 hands
    (2) 14-15 hands
    (3) over 15 hands

12. Please explain the type of training your horses acquire before acceptance to your therapeutic riding program?

13. How are the students arranged into riding groups for lessons?
14. What is the average number of students per riding lesson?

(1) 1-3
(2) 3-5
(3) 5-8
(4) 8-10
(5) more than 10

15. Approximately how many times per week do the students attend your program?

(1) once
(2) twice
(3) more than twice

16. What is the average length of time in minutes/hours of each lesson?

(1) 30 minutes
(2) 30-60 minutes
(3) over 1 hour
(4) other (please identify)

17. Does your program have a "certified instructor" at it?

(1) yes
(2) no

18. If not, who does the primary instruction?

(1) physical educator
(2) special educator
(3) equestrian instructor
(4) combination of any of the above

19. If you have your students participate in exercises, please explain what types of exercises they are.

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

20. Please describe some of the activities/games you use in your program.

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
21. What skill levels of instruction do you deal with in your program?

1) beginner level
2) intermediate level
3) advanced level
4) all levels

22. What do you feel are some of the strengths of your program:

__________________________________________________________________________

__________________________________________________________________________

weaknesses:

__________________________________________________________________________

__________________________________________________________________________

23. Suppose time, space and money were of no concern (wishful thinking !!), what additions or changes would you make in your program to make it more efficient?

__________________________________________________________________________

__________________________________________________________________________
Appendix E
March 26, 1984

Dear Program Director,

Hi! Here I am again! I realize that spring has sprung on us and that the beautiful weather we are receiving (Well, some of us!) has taken us outdoors to begin our everlasting journey towards the "ultimate tan". But...... I also am on an everlasting journey, that of graduation and thesis completion by August 1984. To succeed in this hope, I really need your cooperation in filling out my questionnaire. I do realize that it is time consuming but think about the great cup of coffee (tea, soda, or beer) you can enjoy when you are all done with this and I'm not bothering you anymore. Thanks again for your time. Have a nice year!!

Sincerely yours,

Mary L. Moront