

Horseback Riding

Horseback riding (equestrian) is a common activity in the United States; about 30 million people go horseback riding every year. Unlike other sports, the risk of injury is highest for the most inexperienced riders. As riders gain experience, they learn how to avoid injury as they learn to properly handle the horse.

Most horseback riding injuries happen when a rider falls or is thrown from a horse. Falls are more likely to produce serious injuries if the horse is moving quickly or if the rider is dragged or crushed by the horse. However, not all injuries happen while riding. The most serious injuries while off the horse are from horse kicks.

The following is information from the American Academy of Pediatrics about how to prevent horseback riding injuries. Also included is an overview of common horseback riding injuries.

Injury prevention and safety tips

- **Stable conditions.** Proper care of the horses is important. Stables should be well maintained and staffed with trained professionals.
- **Horse safety.** Riders should always be careful around horses and should be instructed to never walk behind a horse, or make sudden movements or loud noises near them. Riders should never ride unsupervised or ride horses with unknown temperaments. A trained professional should check that all equipment is in good working order. Girth strap, stirrup leathers, and reins should be securely fastened before children are allowed to ride.
- **Equipment.** Safety gear should fit properly and be well maintained.
 - **Helmets** should be worn by riders every time they ride. Helmets should meet the standards of the American Society for Testing and Materials and be certified by Safety Equipment Institute.
 - **Riding boots** should be sturdy, have a small heel, and completely cover the ankle.
 - **Saddles and stirrups** should fit the rider correctly. Young children and inexperienced riders should use safety stirrups (that break away if a rider falls off the horse) or toe stoppers (covers to keep the foot from sliding through the stirrup).
 - **Protective vests** can reduce the impact of a fall, especially for inexperienced riders.

Common injuries

Head injuries

Concussions in horseback riding usually occur when a riders' head hits the ground after a severe fall. A concussion is any injury to the brain that disrupts normal brain function on a temporary or permanent basis.

The signs and symptoms of a concussion range from subtle to obvious and usually happen right after the injury but may take hours to days to show up. Athletes who have had concussions may report feeling normal before their brain has fully recovered. With most concussions, the rider is *not* knocked out or unconscious.

Prematurely returning to riding after a concussion can lead to another concussion or even death. An athlete with a history of concussion is more susceptible to another injury than an athlete with no history of concussion. Head injuries are usually more severe when helmets are not worn.

All concussions are serious, and all athletes with suspected concussions should not return to riding until they see a doctor.

Ankle sprains

Ankle sprains are a common injury in horseback riders. They can prevent athletes from being able to ride. Ankle sprains often happen when a rider falls or is thrown from a horse and lands improperly, causing the ankle to roll in (invert). An ankle sprain is more likely to happen if a rider had a previous sprain, especially a recent one.

Treatment begins with rest, ice, compression, and elevation (RICE). Athletes should see a doctor as soon as possible if they cannot walk on the injured ankle or have severe pain. X-rays may be needed.

Wrist injuries

Wrist injuries usually happen when a rider falls onto an outstretched hand. Both bone and ligament injuries in the wrist can occur with a fall.

Treatment begins with RICE. Athletes should see a doctor if their wrists are swollen or painful the next day. X-rays may be needed.

Remember

Horseback riding injuries can be prevented when riders use the appropriate equipment and safety guidelines are followed, and after the rider has gained more experience.

NOTES

The information contained in this publication should not be used as a substitute for the medical care and advice of your health care professional. There may be variations in treatment that your health care professional may recommend based on individual facts and circumstances.

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