

Michigan Interscholastic Horsemanship Association  
Standard Operating Procedure



**Guidelines for Districts for Equestrians With Disabilities (EWD)**

Purpose-to allow Districts to offer alternatives and accommodations to the standard class list so that EWD riders may ride for their educational institution. The classes would allow for Walk/Walk Trot Showmanship, Equitation, Horsemanship and Trail. These classes would be added based on participation of EWD riders and the classes may be run in one of the following ways:

1. Start before each discipline
2. Be held at a separate agreed upon start time (ie..lunch)
3. May be run congruent with ongoing classes

These classes are exposition only and do not count for points and/or against slot allocation.

**Exhibitors**

Competition is open to riders with physical or cognitive disabilities (see eligible conditions for examples), that causes a permanent impairment that can be measured objectively.

To participate in EWD events, a rider will provide the following documentation to MIHA District chairperson at least 30 days in advance

- A licensed medical physician signature on a MIHA Special Diagnosis form
- Acceptable Adaptive Equipment Form (form to be completed by a certified instructor or coach of Professional Association of Therapeutic Horsemanship International (PATH Intl.), Special Olympics, US Para-Equestrian, Certified Horsemanship Association or IRD or a certified therapeutic riding instructor).
- Parents will sign waiver of liability holding MIHA, District chairperson, Coaches, any member of MIHA or relatives of MIHA members harmless against injury or property damage (attached, included in our Registration form)
- EWD rider is required to fill out our MIHA registration form
- EWD rider is required to conform to team rules included fees for team they join
- EWD rider shall not show in any other class
- EWD riders should bring their own equine mount. This equine mount shall be registered and/or leased by the EWD family.
- Stallions are not eligible to be show in any EWD activities

\*\*Documents to be updated every 2 years

**Handlers**

- Must be registered as Adult Volunteer
- Indicate for which rider they are handling

- Procure coach's insurance through MIHA and pay fee
- Handlers shall stand quietly in a designated area, not obscuring the judge's line of vision, unless their assistance is required and requested by the judge or ring steward,
- Blind or deaf exhibitors may have an assistant who communicates via verbal or sign language or cue cards to the competitor, so they may hear the judge's directives or pattern instructions. This assistant will be outside the ring, and their position known to the judge and ring steward.
- Leaders and sidewalkers: The supported exhibitor must have a leader with a loose lead without a chain, attached to the halter in a manner that does not interfere with reining of the horse. The supported exhibitor may need the assistance of the one or two side walkers. Once the class has started, unauthorized assistance from horse leaders, spotters and side walkers will result in penalties. Side walker may not give verbal commands or extra physical prompting, except in case of emergency
- Handlers, leaders, sidewalkers or extra spotters, other than the required horse handler, are not considered tack or equipment

### **Equipment-**

- EWD Exhibitors must wear properly fitted and fastened with harness, ASTM approved protective helmet.
- EWD exhibitors can use Special Adaptive Equipment including but not limited to the attached form, Special Adaptive Equipment and Riding Ability form
- Said EWD equipment is the sole responsibility of the EWD to provide, maintain and care for
- EWD exhibitors shall be required to have 1-2 sidewalkers (must be registered as Adult Volunteer and opt for Insurance) and 1 horse handler to facilitate the safety of the horse and exhibitors.
  - handlers must be 18 years of age or older
  - handler must have a lead line without chain attached to the halter only in a manner that does not interfere with reining of the horse
  - handlers will lead and stand quietly during the exhibition of the equine, not obscuring the judges line of vision, unless their assistance is required and/or requested by the judge or ring steward, in the event of a safety issue
  - EWD participants shall abide by the NSBA General Rules for Tack and Equipment; section 358 in the NSBA rulebook, EWD competition for Independent & Supported Exhibitors, v 2022 Page 188 Section 361  
<https://www.nsba.com/rulebook>

### **Class Procedure-**

- EWD classes will be treated as an exposition event where riders are able to participate with their team but not count for point or used as a slot
- EWD classes shall consist of Walk Only/Walk Trot Fitting and Showing, Walk only/Walk Trot English Equitation, Walk only/Walk Trot Western Horsemanship, Walk only/Walk Trot Trail.

- In the absence of EWD participants normal class lists and procedures would prevail
- EWD exhibitors that walk only shall show in a separate EWD class than EWD Walk Trot class
- Trail class should be modified with exhibitors' disability in mind and temperament of equine partner. Sharp turns, long reaches should be avoided for this class. Handler(s) may aid rider with any obstacle which becomes too extreme for riders ability.(ie..helping rider with gate) When posted trail pattern calls for a lope, EWD walk trot riders shall trot/jog. Walk only will walk the entire course.

**\*\*Eligible conditions:**

Ankylosis  
 Amputation (partial to full joint)  
 Arthrogyposis  
 Asperger syndrome  
 Autism spectrum disorder  
 Batten disease  
 Cerebrovascular accident (CVA/Stroke)  
 Cerebellar ataxia  
 Cerebral Palsy  
 Coffin-Lowry Syndrome  
 Cystic Fibrosis  
 Down Syndrome,  
 Dwarfism  
 Fragile X Syndrome  
 Friedreich's Ataxia  
 Guillain - Barre Syndrome  
 Hearing Impairment  
 Hunter Syndrome  
 Intellectual disability  
 Juvenile Rheumatoid Arthritis  
 Microcephaly  
 Multiple Sclerosis (MS)  
 Muscular Dystrophy  
 Paresis  
 Post-Polio Syndrome  
 Prader-Willis Syndrome  
 Rett Syndrome  
 Spina Bifida  
 Spinal Cord Injury  
 Tourette's Syndrome  
 Traumatic Brain Injury  
 Trisomy Disorders  
 Visual Impairment  
 Upper Motor Neuron Lesions

\*Additional diagnosis will be considered upon request

All EWD riders are a case by case, and will be reviewed by the District Chair and EWD Committee. With that, safety is paramount for not only EWD riders, but for handlers, riders, coach's, and all other individuals within MIHA. District Chairs will submit paperwork to the EWD Committee for acceptance or rejection (paperwork is not completely satisfied within this SOP). EWD Committee will

**MIHA Equestrians With Disabilities (EWD) Special Diagnosis Form**

**PLEASE NOTE:** According to official MIHA rules and regulations, participants in the equestrians with disabilities competition with a diagnosed mental or physical condition attest to by a licensed medical physician. This form must be completed, signed by a licensed medical doctor and submitted to MIHA prior to competing in approved classes for Equestrians With Disabilities.

Exhibitor Name: \_\_\_\_\_  
School: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Eligible Conditions**

From the list below, please indicate each condition which applies to the applicant. Other conditions will be considered upon request (please list in space provided). *\*\*All statements are confidential\*\**

- Amputation    Arthrogyrosis    Asperger's Syndrome    Autism    Batten's Disease
- Cerebrovascular Accident (Stroke)    Cerebella Ataxia    Cerebral Palsy
- Coffin Lowry Syndrome    Cystic Fibrosis    Down Syndrome    Dwarfism
- Fragile X Syndrome    Friedreich's Ataxia    Guillain Barre Syndrome
- Hearing Impairment    Hunter's Syndrome    Juvenile Rheumatoid Arthritis
- Microcephaly    Multiple Sclerosis    Muscular Dystrophy    Post-Polio Syndrome
- Prader Willie Syndrome    Rhatt Syndrome    Spina Bifida    Spinal Cord Injury
- Tourette's Syndrome    Traumatic Brain Injury    Trisomy Abnormalities
- Cognitive Disabilities: \_\_\_\_\_    Visual Impairments: \_\_\_\_\_

Medical Statement in accordance with MIHA Rules, this applicant has been diagnosed with the above designated condition(s).

Name of Physician: \_\_\_\_\_  
Signature of Physician: \_\_\_\_\_  
License City and State/County of Practice: \_\_\_\_\_  
Date: \_\_\_\_\_

**PLEASE NOTE:** According to MIHA Rules and Regulations, each participant or their parent/guardian by allowing participation, assumes all risk of personal injury or property damage occurring as a result of the participation and does hereby release and discharge the MIHA and show management, their respective officers, directors, representatives, and employees from any and all liability, whenever or however arising, from such participation, except for the negligent act or omission, if any, of an indemnities. Further, as parent or legal guardian, they agree to indemnity and hold harmless MIHA and show management from such liability to the minor.

**Signature of participant or parent/guardian (if under 18)**

\_\_\_\_\_  
Date: \_\_\_\_\_

**MIHA Equestrians With Disabilities (EWD)  
Special Adaptive Equipment and Riding Ability Form**

**PLEASE NOTE:** The Special Adaptive Equipment Form must be completed by a certified instructor or coach of Professional Association of Therapeutic Horsemanship International (PATH Intl.), Special Olympics, US Para-Equestrian, Certified Horsemanship Association or IRD, or a certified therapeutic riding instructor. The completed form must be submitted to MIHA prior to competing in approved classes for Equestrians With Disabilities.

MIHA District: \_\_\_\_\_

School: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Exhibitor Name: \_\_\_\_\_

Exhibitor Address: \_\_\_\_\_

State: \_\_\_\_\_

Telephone: \_\_\_\_\_

EWD Level: (Check one) Walk \_\_\_\_\_ Walk-Trot \_\_\_\_\_

**Acceptable Adaptive Equipment** From the list below, please indicate the special adaptive equipment used by the competitor. Other equipment will be considered upon request.

**SADDLE**

- Raised pommel
- Raised cantle
- Hard hand holds
- Soft hand holds Seat saver
- Knee rolls/blocks
- Thigh rolls/blocks
- Padded saddle flaps

**STIRRUPS**

- Rubber bands around foot and stirrup
- Enclosed stirrups
- Strap from stirrup leather to girth/cinch
- Strap from stirrup to girth/cinch
- No stirrups
- One stirrup

**RIDING ATTIRE**

- No boots if using safety stirrups (Peacock, S-shaped irons or Devonshire stirrups)
- Modified riding boots
- Gaiters
- Half chaps
- Off-set spurs
- Safety vest

**BRIDLE/REINS**

- Looped rein/s
- Connecting bar reins
- Bridging rein
- Ladder reins
- Rein guides (rein through ring on saddle)
- Elastic insert in reins
- Side pulls

**POSTURE, POSTURAL SUPPORTS & ORTHOSES**

- L or R Arm sling
- Neck collar
- Ankle foot orthoses
- Prosthesis
- Wrist brace
- Back support
- Trunk support
- Gait belt
- Commander using sign language Enlarged arena letters Audio Communications (hearing impaired)
- Bareback Pads
- Surcingles

Other \_\_\_\_\_

**Type of Certified Instructor:** Instructor Statement; In accordance with MIHA Rules, this applicant will be using the above designated equipment while competing in MIHA Equestrians With Disabilities competitions and has the ability to ride in the designated classes.

PATH Certified Instructor       Certified Special Olympic Coach    Other: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Certification Number: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE NOTE:** Each participant or their parent/guardian by allowing participation, assumes all risk of personal injury or property damage occurring as a result of the participation and does hereby release and discharge the MIHA and show management, their respective officers, directors, representatives, and employees from any and all liability, whenever or however arising, from such participation, except for the negligent act or omission, if any, of an indemnities. Further, as parent or legal guardian, they agree to indemnity and hold harmless MIHA and show management from such liability to the minor.

**Signature of participant or parent/guardian (if under 18)**

\_\_\_\_\_  
**Date:** \_\_\_\_\_