



VOLUNTEER HANDBOOK

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Xenophon Horses

Cocoa: 25 year old Morgan/Arab mare
Dandelion: 13 year old Quarter horse mare
Kiwanis: 13 year old Haflinger mare
Ozzie: 12 year old Pony Cross gelding
Starlight: 19 year old Morgan mare

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Xenophon Therapeutic Riding Center

Welcome to Xenophon Therapeutic Riding Center. This booklet will explain many things that will help you in your role as volunteer at Xenophon.

Many people ask why the name "Xenophon" was chosen for our Center. Xenophon was born in Greece in 586 B.C. He was a soldier of fortune and started his military career in the army of the King of Sparta. He was a friend and follower of Socrates. More importantly for our purposes, he was a noted horseman and teacher of horsemanship. His book *The Art of Horsemanship* is the first of its kind in recorded history.

Xenophon's theories of training the horse and rider are used to this day. Many of the principles of dressage are based on his teachings. First and foremost, he stressed kindness and patience in working with horse and rider. This is also a primary goal for our riding center. We provide caring and loving help to a population that responds to and craves this type of attention. Xenophon should be an inspiration to us all. In a time when horses and riders were generally trained using severe methods, he broke away from tradition to show that kindness and caring can be very successful. With Xenophon's principles in mind we do our best to provide a rich and rewarding environment for our disabled students.

Xenophon Therapeutic Riding Center started in August of 1993 with *two* students. We have grown consistently since that time and strive continuously to improve and enhance our program. Our volunteers are a very important part of our program and we are extremely grateful for your help.

Therapeutic Riding

Liz Hartzel of Denmark won a Silver medal in the Olympic Games in Helsinki in 1952. Her remarkable feat was even more notable since she had polio. She was an accomplished rider before she contracted the disease, but her disability left her unable to use her legs. Through riding, she was able to gain enough strength to leave her wheelchair and compete again. Her success was the inspiration for the first therapeutic riding centers.

The first centers were in England; then the trend slowly crossed the ocean to the United States. The first program started here in 1960 at the Cheff Center in Michigan. The value of therapeutic riding programs is widely recognized and the number in the United States has grown to five hundred.

The benefits of therapeutic riding are far-reaching. The movement of the horse at the walk approximates the human gait and allows the rider who uses a wheelchair to feel what it is like to walk. It allows them to view the world from above, rather than always having to look up. It gives them mobility and freedom. They can learn to control a powerful animal even though they may not be able to control their bodies.

Riding strengthens and relaxes spastic muscles. The warmth of the horse's body allows relaxation. The swinging gait of the horse and the constant shifting of the rider helps to improve balance. The exercise provided by the horse increases respiration that, in turn increases the ability to vocalize.

The horse is a social creature that will readily bond with people. If you are kind to him, he will be kind to you. He will respond to you without caring if you can walk or talk; he does not care if your body works. He will love you because you are kind. That's all he needs.

The rider's bonding with the horse can provide the motivation to do dramatic things. A ten year old autistic boy who had never spoken, joined a riding program. After several months of riding, he was waiting in line for his turn and someone cut in front of him. In a very strong voice he said, "It's my turn." This wonderful moment was the beginning of his entry into the speaking world.

The lessons that we provide will help the students to gain self-confidence and self esteem. The horse will motivate the riders to strive for higher goals. The motivations that the riders achieve through their lessons frequently will carry over into their everyday lives and make their world a happier place.

It has been documented that positive emotions and laughter have a healing effect on the human body. Please keep this in mind as you work with our students. If they have a good time, the rest of the benefits of therapeutic riding will follow.

This is just a small overview of therapeutic riding. If you would like more information, please ask and we will try to answer your questions. We also have many interesting articles on the subject.



General Volunteer Information

1. You should be at least 14 years old, to sidewalk in the arena.
2. You should be physically fit and able to trot along with a student in a lesson.
3. It is wise to keep your tetanus shots up to date.
4. You will receive orientation and training to explain the safety and procedural rules of the program.
5. You will need to fill out an application form and the emergency medical treatment form before you begin your work.
6. Suggested Volunteer Attire
 - i. T-shirts and shorts or long pants are the most comfortable and appropriate attire for your work at Xenophon.
 - ii. Shoes must be closed-toe tennis shoes or boots.
 - iii. Tank tops are not appropriate.
 - iv. Dangling jewelry may not be worn.
7. Volunteers should be able to do the following:
 - i. Work cooperatively with all
 - ii. Arrive on time and give advance notice if you are unable to make your scheduled time
 - iii. Accept full responsibility for any task you undertake and follow it through to its conclusion.
 - iv. Grow and learn and HAVE FUN.
8. We would like our volunteers to look at their involvement with Xenophon as a professional responsibility. We are interested in your opinions, comments, and input. We want this to be a collaborative effort, as you are a very important part of Xenophon.
9. We expect you to be very careful about the confidential nature of many things in our program. Never discuss our students' disabilities with outsiders.
10. Be honest about your feelings and sensitive to others' feelings. Above all, be yourself.

Who's Who in the Riding Lesson?

INSTRUCTOR: The instructor is in charge of the lesson. She decides the lesson plan, the equipment and the layout to be used, which riders ride which horses, and the allocation of volunteers to rider. Any questions should be raised with the instructor, preferably after the session. Suggestions are always welcome; however, unless it is an emergency try not to disturb a lesson.

HORSE HANDLER: Horse handlers are in charge of their horse and this is their sole responsibility.

SIDEWALKER: Sidewalkers act as bridges between the rider and instructor. They are there to relax the rider and to reinforce what the instructor is teaching. They are responsible for the safety of the student.

Guidelines for Working with Students

1. Be mindful of your rider's safety at all times and do not hesitate to ask for help at any time.
2. If you feel that there may be something amiss with your student or horse tell the instructor immediately. You are often the first person to become aware of the problem.
3. Help your student if he/she needs it, but give him/her plenty of time to perform independently. Allow students to perform at their own pace. Some of our students need additional processing time.
4. Students are mounted and dismounted under direction of the instructor.
5. Please do not talk with other helpers or students during class. Be friendly and answer direct questions from the student, but please keep your primary attention on the instructor. This helps the student to focus on the task at hand.
6. Horse handlers walk at the horse's shoulder and stand facing the horses left shoulder at the halt. Please avoid sharp turns or sudden stops. Wait for the student to give commands to the horse. Always let the student do as much as possible.
7. Keep three horse-lengths away from other horses at all times.
8. Sidewalkers should do the minimum to help students in a safe manner. Do not hold onto the student unless necessary. Follow the instructor's directions.
9. If another rider has a problem or a fall, do not rush to assist. Stay with your student and let the instructor handle the problem.
10. When taking a wheelchair down a slope, always walk backwards with the wheelchair in front of you. This prevents runaway wheelchairs and avoids injuries.
11. Students who use braces can stand independently and probably walk without assistance. Be alert to any obstruction in their path. Do not attempt to stop a

student from falling. You could interfere with their protective reaction and increase the chance of injury. Assist the student after a fall if necessary, but always ask first.

12. If for any reason, you are uncomfortable working with a particular student, let the instructor know. We can discuss the situation and make the appropriate changes.
13. Know the location of the nearest phone, emergency numbers, first aid kit and fire extinguisher.
14. Treat our horses gently. Do not lean against the horse. If a horse misbehaves, tell the instructor. Retraining and reprimands are generally done during schooling, not during class.

Volunteer FAQs

What does a volunteer do?

Most of our volunteers help out with lessons as sidewalkers. Horse Handlers groom the horses and tack them up. Typically, as an instructor teaches the lesson, one volunteer may lead the horse, while one or *two* volunteers walk along side. Some of our students don't need sidewalkers or leaders, in which case the volunteers get a break from sidewalking and perform other work around the barn. At the end of the session, the volunteers put the equipment away, help care for horses and feed.

If I were to volunteer. how much time would it take?

Volunteers assisting with lessons work about 3 or 4 hours on their day. It works best for the students, instructors and horses if you can commit to working at least one session (there are five sessions per year). Some of our volunteers come more than one time a week, depending on their availability.

Do I need to know about horses?

It's helpful, but not necessary. You can learn as you go - it's a great way to learn horsemanship. If you have experience with horses, we'll need to introduce you to the special techniques of therapeutic riding. Read our handbook to learn more.

If I don't want to work with the horses. is there anything else I could do?

Yes, there are other opportunities. We always love some help with landscaping and property maintenance. Please ask if you're interested in anything specific.

Xenophon Barn Rules

- ❖ *All children must be attended by an adult at all times*
- ❖ *No dogs allowed other than staff dogs*
- ❖ *Only authorized personnel allowed in the paddocks area and crossties*
- ❖ *Only volunteers and students allowed in mounting area*
- ❖ *Permission must be granted before feeding horse treats*
- ❖ *Parents are requested to observe students from the two viewing areas on the deck or at the table by small arena*
- ❖ *Please turn cell phones off during lessons*
- ❖ *Only parents of students may park in the 2 spaces across from the tack shed*
- ❖ *Please walk when on the property and yield to all horse traffic*
- ❖ *Please use quiet voices when in the vicinity of the mounting area*
- ❖ *NO SMOKING ON PROPERTY*

EMERGENCY PROCEDURES

In case of an accident (a fall, a seizure, etc.):

1. All riding stops until further notice is given by the instructor.
2. Sidewalkers are to stay with their student, leader stays with horse in halt position.
3. Horses and riders are to stay in the location of the halt unless otherwise notified by the instructor.
4. The instructor is in charge of any riding session emergencies.
5. There is to be no excessive talking or noise.
6. The sidewalker is to explain the situation quietly and reassure the other riders.
7. When removing a horse from an accident scene, back the horse away from the accident. DO NOT lead the horse forward or turn sideways to remove. The horse could become nervous, bolt forward, jump or kick, causing further mishap or injury.

ATTENTIVENESS IS THE BEST WAY TO AVOID ACCIDENTS.

If you feel that something is amiss with a student, **please stop immediately** and call it to the instructor's attention. Follow your gut instinct. No problem is too insignificant to investigate. Our vigilance will insure a safe program.

Please record all accidents in the logbook, which is in office.

Fire: Call 911 from the office if fire is outside. If fire is inside the office, call from cellphone or neighbor. Evacuate all riders to safe area. Use hose to try to stop fire until fire department arrives. Remove horses from fire area to safe location (upper or lower arena). **FIRE EXTINGUISHERS ARE LOCATED IN THE LOUNGE NEXT TO DOOR BY FRIDGE AND IN THE HAY BARN.**

Earthquake: Horses can remain in paddock during earthquake. Volunteers and staff leave office if inside and do not return if tremors continue. Go to safe area away from power lines: WASH RACK. Avoid driving anywhere until severe tremblers have stopped.

(INSTRUCTORS: SEE EXPANDED INSTRUCTIONS IN YOUR FOLDER.)

Loose Horse: An **experienced person** will calmly catch horse and return horse to paddock. Sidewalkers and volunteers are to remain still and in one place.

The **Phone** is located in blue bucket on deck during lesson hours and in the office at other times. An additional land line is located in the tack room.

Emergency numbers and **Directions** to Xenophon are on clipboard under lesson schedule or inside the door of the office on the left, hanging on the wall.

Dismissal Policy: All volunteers and guests must obey the rules and regulations of the riding center.

Instructors and staff enforce these regulations. If a volunteer is not able to perform his/her task safely and appropriately the instructor will talk to the volunteer to try to ascertain the scope of the problem. If it cannot be solved at this level the Program Director will be called, then the Executive Director. We will try to redirect the volunteer to a different job where they will be successful, but if that does not work, he/she will be asked to leave the program.

A guest will be asked to leave if any problem arises involving safety to students, volunteers or horses. This will be handled by the Program Director.

Disability Information

AUTISM: A neurological disorder that may produce the following characteristics:

- Preoccupation with self; may not relate to people.
- Avoids eye contact, has delayed or no social smile.
- Communication dysfunction; lack of speech or unusual speech patterns.
- Normal physical development.
- Perseveration: tends to get "stuck" in an action, becomes obsessed with something such as a possession, rocking, spinning an object, etc.
- Echolalia: repeating words or phrases which have just been heard.
- Can be very adept at specific skills.
- Function can vary from hour to hour.
- These conditions can exist in conjunction with other problems created by organic brain disorders.

BLIND OR PARTIALLY SIGHTED: Blindness may be the result of birth defects, disease, or injury. The blind have extra strong senses of hearing, smell, touch, and taste.

CEREBRAL PALSY: A non-aggressive disorder of movement or posture beginning in childhood. The cause of this malfunction or damage to the brain usually results from problems occurring during pregnancy or at the time of birth. Every effort should be made to improve muscle movement, as this helps to prevent the wasting away of muscle tissue. Types of cerebral palsy:

- Spastic: Limb muscles are tight, making smooth movements difficult. The rider cannot regulate the amount of movement or tension the arm or leg produces.
- Rigid: There is extreme stiffness. The rider displays excessive muscle tightness with little ability to move or bend.

- Ataxia: There is a lack of balance, a lack of position sense in space, and uncoordinated movement.

Some students may exhibit:

- Tremor: Shakiness or limb involved.
- Ataxia: Lack of balance, a lack of position sense in space and uncoordinated movement.

DEAF AND HARD OF HEARING: Deafness may be the result of birth defects, disease, or injury. Communication with deaf students occurs through signing or lip reading.

DOWN SYNDROME: A birth defect which can manifest in soft and floppy muscles; loose joints; unusually formed hips, small hand and fingers; poor balance; and below normal intelligence.

EPILEPSY: A brain disorder, which causes seizures. Generally seizures can be controlled with medication. The *two* most common forms are:

- Grand mal. The student may exhibit rapid and repeated motor activity or jerking. The jerking can involve the whole body or just one limb. These can be with or without losing consciousness. Incontinence is also possible.
- Petit mal. These attacks usually only last several seconds and can frequently be overlooked initially as if the student is daydreaming. The eyes may stare and a slight twitching of the face may occur.

LEARNING DISABILITY: Dysfunction of the brain caused by interference with the normal process of storing, processing, and producing information.

MENTAL RETARDATION: A disorder due to brain damage or genetic disorders. Difficulties that result can be seen in mobility, vision, hearing, speech, understanding, judgment and behavior.

MUSCULAR DYSTROPHY: A genetic disease marked by progressive weakening of the muscles. Intelligence is in the normal range.

MULTIPLE SCLEROSIS: A progressive disease of the nervous system. There are lesions in the myelin shafts of the nerves in the brain and spinal cord. This can cause unsteadiness, dizziness, spasticity of the arms and legs. Speech can become slurred and vision impaired.

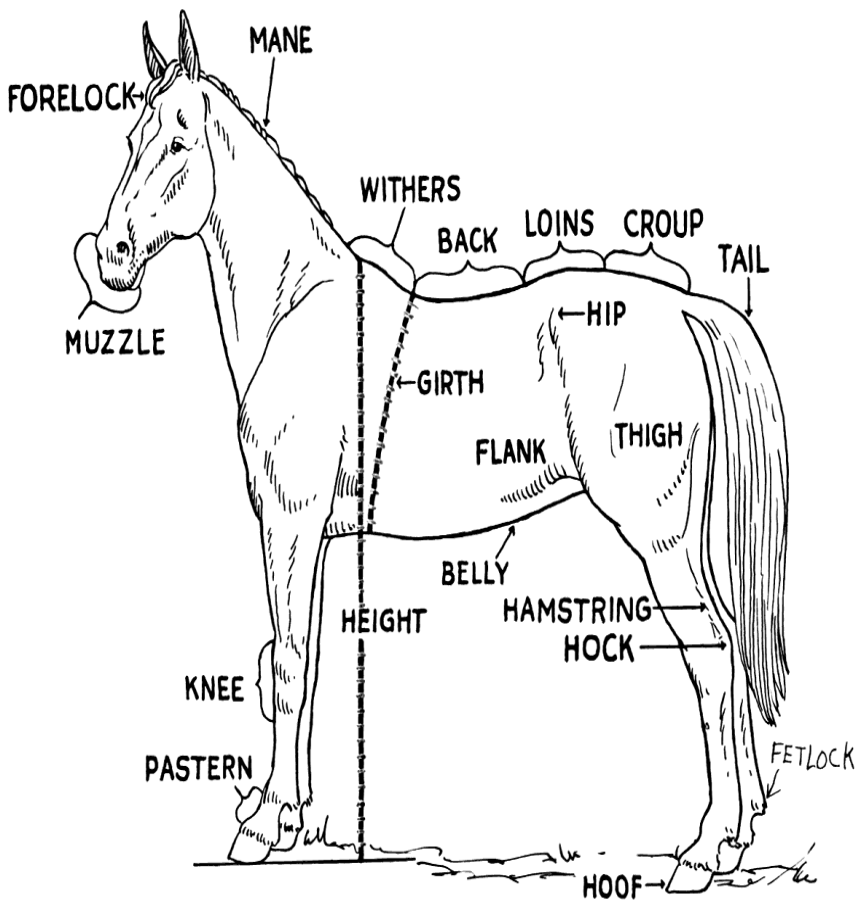
NOONAN'S SYNDROME: A genetic condition that can affect the heart, growth and mental and physical development. People with this condition may have behavior problems or [earning difficulties.

SPINA BIFIDA: A congenital defect in the structure of the vertebrae. Primary problems associated with Spina Bifida are trunk and/or lower extremity paralysis and loss of sensation.

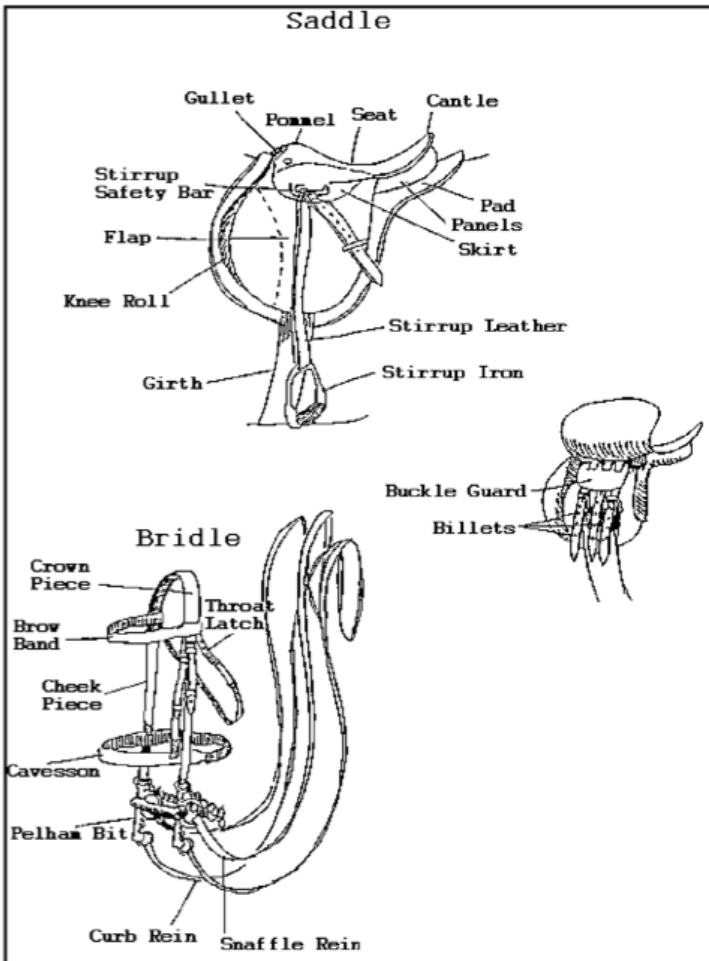
STROKE (CVA): A cerebrovascular accident is caused by an interruption of the brain blood supply, generally effecting one side of the brain, which causes impairment to the opposite side of the body.

These are very brief descriptions of some of the conditions you may observe in our students. If you have questions or want more information about a specific condition please ask the instructor.

Parts of the Horse



Parts of Saddle and Bridle



Glossary of Terms

ADAPTIVE EQUIPMENT: Riding equipment that has been developed or changed to allow a physically disabled person to ride.

BENDING POLES: Poles that stand upright and are used for reining and other exercises.

COGNITIVE: Involving conscious intellectual activity (as thinking, reasoning, or remembering).

DISABILITY: Any failure of function or skill.

GROUND POLES: Heavy poles placed on the ground for students to ride over.

HIPPOTHERAPY: Treatment on horse back done by a physical therapist trained in the theory of hippotherapy. "Hippo" means horse in Greek.

HORSE HANDLER: A person who has training in horsemanship skills and knows the psychological and physical needs of the horse. This person leads the horse in the lesson.

IMPAIRMENT: Loss of psychological, physical, or anatomical structure or function.

LONG LINING: The horse is driven from the ground by use of reins that reach from the bit to the person who walks behind and controls the horse.

LONGE: The horse is attached to a long line and made to go in a circle around a person standing in the middle of the arena. This is used in riding and vaulting. The person longeing the horse controls him so that the person riding can concentrate exclusively on his/her riding skills.

NEAR SIDE: Left side of the horse.

OFF SIDE: Right side of the horse.

PARALYSIS: Temporary or permanent loss of function.

PATH INTERNATIONAL: Professional Association of Therapeutic Horsemanship International. The national organization that accredits and oversees therapeutic riding programs

SIDEWALKER: A person who has been trained to help the rider. This person walks next to the horse at the rider's side and may assist the rider with balance and provide necessary security. There may be one or two sidewalkers.

SURCINGLE: A belt or girth of leather that goes around the horse behind the withers. There are two handles on the surcingle to provide stability for the rider.

TACK: Equipment worn by the horse.

XENOPHON

THERAPEUTIC RIDING CENTER



*“Serving our
community
one child
at a time”*

Volunteer Handbook

Written By Judy Lazarus
Revised By Christine Raddeck (April 2012)

Xenophon Therapeutic Riding Center

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