



Dear Volunteer,

Thank you for your interest in volunteering with the Mane Solutions Therapeutic Riding Program. Volunteers are a vital part of our program! Volunteers help bring the magic of horses to a person with special needs. Therapeutic riding uses equine-oriented activities for the purpose on contributing positively to the cognitive, physical, emotional, and social well-being of people with special needs. The benefits range from improving coordination to improving self-esteem and confidence. By volunteering, YOU can help our riders gain such benefits. Please complete the forms included with this packet. It is necessary to attend a training session prior to volunteering with Mane Solutions. The training takes two hours and you only need to be trained once. When you attend the volunteer training session, bring the completed packet with you. Forms can be downloaded from our website [www.manesolutions.org](http://www.manesolutions.org). Please contact Karen Buccino at 864-356-5208 or email me at [karen\\_manesolutions@yahoo.com](mailto:karen_manesolutions@yahoo.com)

Sincerely,

Karen Buccino  
Director of Volunteers

# Volunteer Handbook



**Mane Solutions at Oxford Farm**  
312 Five Forks Road Anderson, South Carolina 29624  
(828) 320-3006

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# **I. Therapeutic Riding**

## **The History of Therapeutic Riding**

Developed in Germany in the late 1960s, therapeutic riding is a form of therapy for the physically impaired that can play a significant role in rehabilitation. Riding helps strengthen spine and pelvic muscles, as well as provide all the criteria of low-level aerobics. The discipline needed to master riding improves mental concentration and emotional control. Frequently, a strong bond develops between horse and rider.

## **History of Mane Solutions**

Mane Solutions was founded in 2006 by the parents of a young girl with autism. They saw the many benefits their daughter received through therapeutic riding and wanted to help others have similar experiences. In 2008, they acquired the property at 312 Five Forks Road, began to collect appropriate horses, and started renovating the buildings, arena, and pastures. In 2009, they hired their first instructor, qualified as a 501(c)3 public charity, began training volunteers, and offering lessons.

## **NARHA**

**NARHA**, a federally-registered 501(c)3 non-profit, was formed in 1969 as the North American Riding for the Handicapped Association to promote equine-assisted activities and therapies (EAAT) for individuals with special needs. Our instructors are all trained and certified by NARHA.

[www.narha.org](http://www.narha.org)

# **II. Volunteers**

## **Welcome!**

Volunteers are a vital part of our program! Volunteers help bring the magic of horses to a person with special needs. We rely on our volunteers to make the activities as safe and productive as they can be. Each of our riders deserve to be treated carefully and with loving consideration. By volunteering, YOU can help our riders experience life at a new level. We could not do this without you!

## Volunteer General Information

1. **Training:** A volunteer must be at least 16 years old or have a parent release form on file to assist with riding lessons. All volunteers who work with the riders as leaders and side-walkers must be physically fit to walk approximately two hours and jog occasionally. Volunteers are required to attend a training session.
2. **Paperwork :** Volunteer paperwork must be completed prior to volunteering with Mane Solutions. A SLED background check is required of ALL volunteers. One can be provided to you here at the farm at a cost of \$10.00
3. **Sign-In :** It is important for you to sign in when you come to Mane Solutions Therapeutic Riding Program. Maintaining records of volunteer hours is a requirement and provides an accurate record for those who need verification of hours. REMEMBER-sign in EVERY TIME you volunteer. Sign in sheets are located in a three-ring binder in the office.
4. **Arrival and Departure Times:** Please plan to arrive 30 minutes prior to scheduled lesson time, unless otherwise stated. Plan to stay 15 minutes after the conclusion of the lesson.
5. **Information:** We want to keep you informed with everything that happens at Mane Solutions. To do so, we post all announcements on the white boards outside the office or lounge area.
6. **Absences:** In order for the program to be consistent and successful, volunteers are expected to commit for a specific time period. We realize that emergencies can occur. It is your responsibility to call Karen at 864-356-5208 or leave a message with the office at 864-642-0086 if there is a change in your schedule.
7. **Cancellations:** At times it may be necessary to cancel a lesson due to inclement weather such as high winds, heavy rain, or thunderstorms. If you have any questions as to whether a lesson may be cancelled please call 864-356-5208.
8. **Rest Rooms:** The rest room is located inside one of the outbuildings behind the school barn.
9. **Parking:** Volunteer parking is located on the far side of the parking area closest to the gate. We reserve the space next to the office area for our clients.
10. **Water:** Drinking water is available in the office/lounge area. Donations are welcomed.
11. **Cell phones:** Please turn off cell phones during lessons. A volunteer's attention needs to fully be on the rider and/or horse.
12. **Smoking:** Please refrain from smoking around the office area, school barn, arena, and students.
13. **In case of Emergency:** Please inform us of any accident, no matter how minor it may seem to you. First aid supplies are located in the tack room of the school barn and on the side wall outside of the office. There is a fire extinguisher on the side wall outside the office. If you are asked to call for assistance, call 911 from the phone located in the office. The directions and emergency procedures are posted next to the phone.
14. **Dress:** Wear closed toe shoes, appropriate shirts, and no dangling jewelry.

## **Non-lesson Volunteer Opportunities**

Please let us know if you would like to be involved in any of the following areas.

Fundraising

Rider and Volunteer Recruitment:

Office Help

Publicity

General Farm Work

### **III. The Therapy Team**

It takes a team of people and horses working together to provide an environment where therapeutic riding goals and objectives are met. The therapy team includes:

1. **The rider** – A student with a disability who is receiving therapy
2. **The horse** –chosen for its quiet nature and good behavior with riders
3. **The instructor** – She evaluates a student and designs an individualized plan for the student. During a lesson, the instructor will communicate to the student what he/she needs to be doing.
4. **The horse leader** – The volunteer who leads the horse, but at the same is aware of the horse's behavior, the directions from the instructor, and the needs of the rider.
5. **The side walker** – The volunteer(s) whose main concern is the rider and his/her safety. One or two side walkers may be assigned according to the student's needs. Side walkers may need to help the student understand and follow the instructor's directions.

#### **(4)Volunteer Horse Leader**

The responsibility of a horse leader is to control the horse. For this reason, a horse leader should be someone with some *experience in horsemanship*. The rider has a leader because he or she is unable, at this time, to control the horse fully. Although the leader is responsible for guiding the horse, stopping and starting, the leader should allow the rider to do as much of this as possible, assisting only when necessary.

#### **Holding the Rope**

The leader holds the lead rope, six to eight inches from the horse's head, in the hand that is closest to the horse. The remaining rope is folded in a figure 8, not looped, and held in the free hand. Do not allow the lead rope to drag on the ground.

#### **Mounting**

When a rider is mounting at the mounting ramp or block, lead the horse to the top of the ramp, then move to the front of the horse and walk backward down the ramp, leading the horse as close to the ramp as possible. Remain standing to the side of the horse and keep him as still as possible during the mounting.

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## **Standing**

The leader usually stands on the side of the horse closest to the center of the arena, next to the horse's neck (between the head and the shoulder). During classes, horses should not stand at the rail (fence) except under the instructor's directions. If your rider needs to stop, come off the rail and move to the center of the arena so you don't block the movement of other riders.

## **Walking**

Walk next to the horse's neck, between the horse's head and shoulder. DO NOT drag the horse or walk ahead of it. If necessary, slow your speed to that of the horse's. The sidewalker can gently prod the horse on the barrel to encourage a faster pace. If the horse is walking too fast, a gentle tug on the lead rope will slow it down. When leading a rider in the arena, always walk on the inside (closest to the center of the arena).

## **Trotting**

After the rider cues the horse to trot, gently tug the lead rope and move into a gentle trot (not a run) next to the horse. Remain alongside the horse's neck during the trot. Control the speed with a tug backwards on the rope if the horse goes too fast. Never trot a horse up to or past a walking horse.

## **Stopping**

When the horse has come to a complete stop, the leader should stand in to the side of the horse. The lead rope is held folded in one hand, and the sides of the bit or halter are held gently with both hands to prevent the horse from moving forward. Never *yank* on the reins or lead rope to stop the horse. Pull slowly and steadily on the lead rope or reins. Yanking frightens the horse and can cause rearing or backing up. If a horse pulls back, do not resist. Move with him, holding the lead rope. The harder you pull a horse, the harder he will resist you

## **Circling**

Do not circle a horse near another horse. Watch that no other horses are in the way.

## **Passing**

When passing another horse, always pass on the inside (the side closest to the center of the arena) and at least 6 feet away from the horse being passed.

## **Paying Attention**

Pay attention to the instructor at all times. It is important that you not engage in conversation when leading, as this will interfere with your knowing what is going on. The instructor will tell the riders to walk, trot, turn right or left, or halt. The leader needs to hear these commands so as not to interfere with the rider's efforts, and to supplement them if needed.

## **Communication**

When leading or holding a horse with a mounted rider, always inform the rider BEFORE moving or changing directions. Avoid sharp turns or sudden stops. Allow the rider to initiate all movement if possible. Give the



rider time to give commands to the horse. ALWAYS let the rider do as much as possible.

### **Being Aware**

Be aware of other horses in the arena, and do not let the horse you are leading approach another horse too closely. There should be a two horse distance between riders at all times. Horses must NEVER be allowed to put their noses together.

### **Pulling on the Horse**

Do not hold the bit or halter too strongly, or the horse will resist and start to move around or pull its head back. You can calm the horse by holding the halter with one hand and stroking the horse below the forelock (on the forehead) with the other hand.

### **Fallen Riders**

If a rider should fall, the leader is responsible for the horse ONLY. Keep the horse calm and move it away from the fallen rider. Stay with the horse. The instructor will take care of the fallen rider.

### **(5)Volunteer Sidewalker**

The first responsibility of the sidewalker is the safety of the rider. Sidewalkers should not tell the rider what to do and how to do it unless the instructor tells you to do so.

### **HOW TO SIDEWALK:**

The sidewalker walks next to the rider's leg, helping to support the rider's balance if necessary. The Instructor will inform you if you need to use a support hold.

### **Arm-Over-Leg Support:**

Facing toward the rider's head, the hand closest to the horse holds the front of the saddle, with the arm resting lightly across the rider's thigh. If a rider slips, a gentle downward pressure with that arm will support the rider in place.

### **Ankle support**

Facing the front of the horse, the hand closest to the horse encircles the rider's ankle lightly without gripping or holding the ankle.

If the rider loses balance forward, move the leg forward to balance the rider. If the rider loses balance backward, move the leg backward to balance the rider.

### **Changing Sides**

If there are two side walkers, change sides before your arms tire too much. The horse should be stopped and one sidewalker should stay in place while the other one moves.

## **Fallen Riders**

Once a rider has fallen, the sidewalkers stay with the rider while the horse leader moves the horse out of the way. DO NOT attempt to help the rider – this is the responsibility of the instructor. Be prepared to go for help at the direction of the instructor.

## **Terms Heard in the Arena**

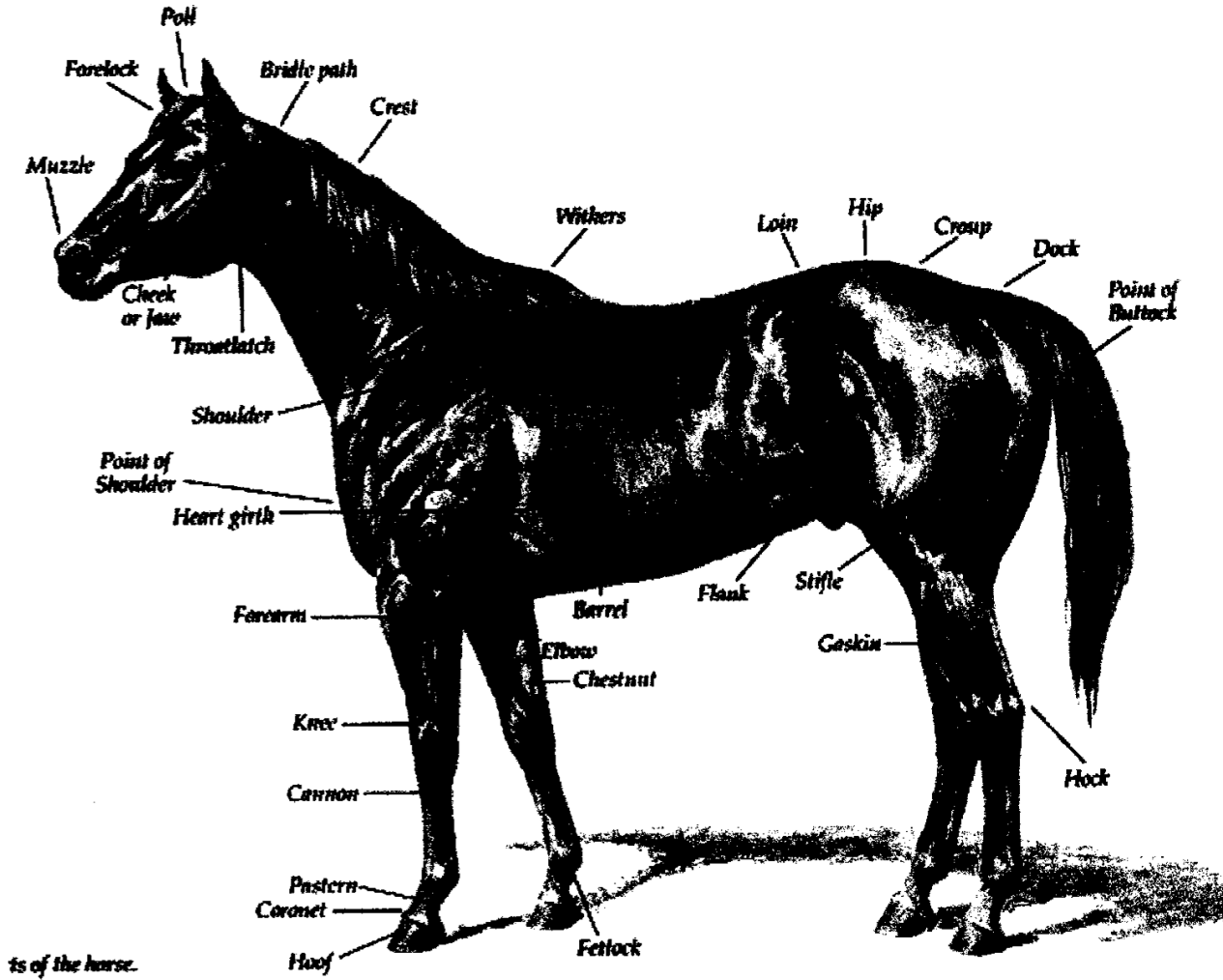
1. **Across the Arena:** Ride from one long side to the other, parallel to the short sides.
2. **Circle:** Each rider makes a big circle off the rail, without changing gait or tempo, and continues in the same direction.
3. **Down the Center Line:** Ride straight down the center of the arena, parallel to the long side.
4. **Diagonal:** From one corner of the arena to the other,
5. **Near Side:** Left side of the horse.
6. **Off Side:** The right side of the horse
7. **Spacing:** A minimum of three (3) horse lengths between riders. Stop and wait for the horse in front of you to move on.
8. **Two Point:** The rider gets into a “pre-jump” position, with buttocks off the saddle, and balances between feet and hands.
9. **Whoa:** Your rider will be shown how to ask for whoa (or “ho”) with voice and hands, and how to immediately release the hands when the horse responds.

## **Emergency Situations**

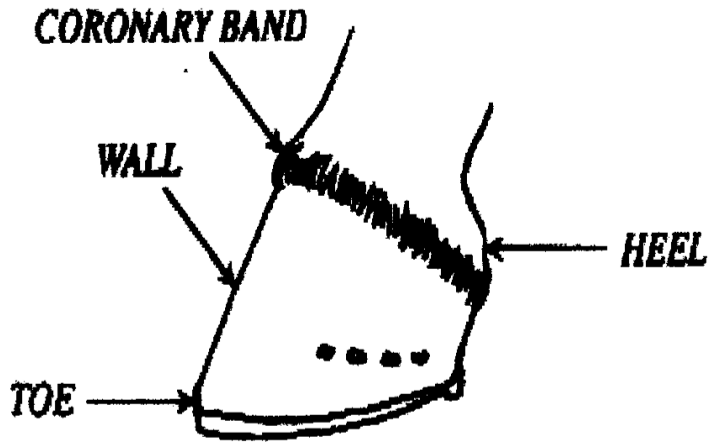
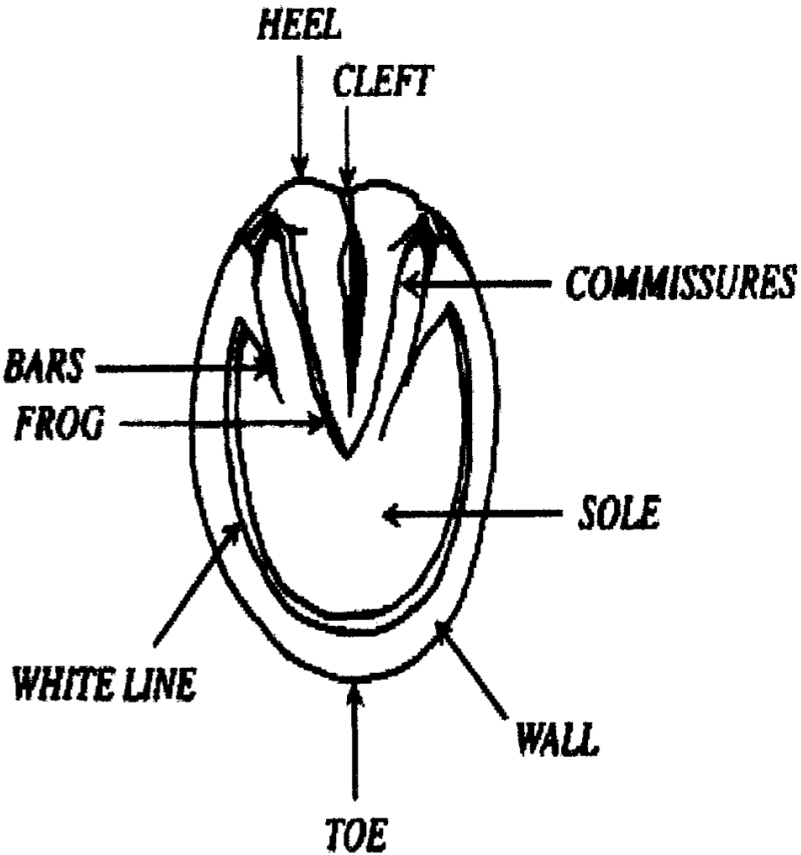
Understand what to do in an emergency situation. You are responsible for your horse or rider, depending on your duty. If another rider has a problem or a fall, don't rush to assist them. Stay with your student or your horse. They are your first responsibility

## **IV. Our Horses**

- We treat our horses GENTLY. If a horse misbehaves tell the instructor. Retraining and reprimands are generally done during schooling, not during lessons.  
If you must walk behind a horse, approach from the side, touch the horse and speak to it. Keep touching it as you walk very closely around the horse.  
Warn a horse that you are approaching. Use your voice and a gentle touch.  
Approach from the side, NEVER from the rear.  
When standing next to a horse, stand VERY close. If the horse kicks, he can't kick very hard if you are close.



**PARTS OF THE HOOF**



## **Grooming the Horse**

### **Reasons for grooming**

- To clean the horse and make him look good and feel comfortable
- To check for injuries or skin problems
- To prevent sores under the tack
- To condition his skin and make his coat shine
- To promote good circulation

### **Tools**

Currycomb, dandy brush, body brush, hoof pick, mane comb

### **How to Groom**

1. Tie the horse in a safe manner.
2. Pick out the hooves by running the hoof pick from the heel to the toe along the commissures
3. Using a circular motion, use a curry comb on the neck, body, and rump.
4. Brush with a dandy brush.
5. Brush with a body brush.
6. Untangle mane and tail with comb.

## **V. OUR STUDENTS**

### **Confidentiality**

All medical and personal information concerning students and personnel is confidential. It is expected that all persons affiliated with Mane Solutions Therapeutic Riding Program will respect the confidentiality rights of students and personnel. All volunteers will sign a confidentiality statement. Volunteers do not have access to students' files and only pertinent information which is needed for volunteers to perform their duties effectively is shared with volunteers. Always respect the confidentiality rights, dignity, and privacy of the riders. Students and guardians are made aware that information about their disability may be provided to volunteers. Confidentiality issues are reviewed with volunteers during volunteer training.

### **Treatment of Students**

We treat our students with RESPECT. Talk to them appropriately for their age, and never yell. Use positive rather than negative reinforcement. Be patient. He or she might need extra time to process what you asked. Be understanding of fear, but if you can't handle a problem with a student, ask the instructor for help.

## **Working with Students With Special Needs**

- Have fun! Talk about the same things you would with any person. A disability does not limit or dampen a person's sense of humor.
- Be yourself. Don't be sickly sweet. Don't offer pity or charity. Be honest and genuine at all times.
- Avoid asking embarrassing questions. If a rider wants to tell you about his disability, he/she will bring up the subject themselves.
- Help only if requested by the rider. When in doubt, ask, "May I help you?"
- Don't separate the rider from his wheelchair or crutches unless the rider asks you to remove them.
- Be patient. Let the rider set his own pace in walking or talking.
- Use help sparingly because it is important that the individual experience the satisfaction of accomplishing a task by himself.
- Respect the confidentiality rights, dignity, and privacy of the rider.
- Be optimistic about life in general and the rider's outlook in particular, however, don't encourage unrealistic goals or attitudes.
- Be supportive and encouraging.
- Please use proper terminology when you are on the premises.

# Glossary of Disabilities

*The following are brief, non-medical descriptions of some disabilities and conditions of participants one might encounter in a therapeutic riding setting. This is not intended as a comprehensive explanation of a specific disability. Rather, it is a general overview with an explanation of how therapeutic riding can be beneficial.*

## **Arthritis**

**Description:** Inflammatory disease of the joints.

**Types:** Osteo, rheumatoid and juvenile rheumatoid.

**Characteristics:** Pain, lack of mobility, deformity, loss of strength.

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**Benefits:** Gentle rhythmic movement to promote joint mobility and relieve pain.

## **Autism**

**Description:** A self-centered mental state from which reality often tends to be excluded.

**Characteristics:** Unresponsiveness to the presence of others; withdrawal from physical contact; severely delayed and disordered language; self-stimulating behaviors; unusual or special fears; insensitivity to pain; unawareness of real dangers; hyperactive; passive; unusual behaviors such as smelling/tasting/licking or mouthing all objects; ritualistic behaviors; developmentally delayed; unusual response to sounds; clumsiness; social withdrawal; resistance to change.

**Benefits:** Interactions in a group setting stimulates interest away from self and toward others and the horses. Postural and verbal stimulation.

## **Cerebral Palsy**

**Description:** Brain damage occurring before, at, or shortly after birth. It is a non-progressive motor disorder.

### **Types and Characteristics:**

*Spastic* – hypertonicity with hyperactive stretch reflexes, muscle imbalances and equilibrium. Increased startle reflex and other pathological reflexes.

*Athetoid* – extensor muscle tension, worm-like movements, abnormal posturing and slow and deliberate speech.

*Ataxic* – poor balance, difficulty with quick, fine movements and are often described as having a “rag doll” appearance.

### **Associated Problems:**

Seizures; hearing defects; visual defects; general sensory impairment; perceptual problems; communication problems; mental disability; emotional disturbance; learning disabilities.

**Benefits:** Normalization of tone, stimulation of postural and balance mechanisms, muscle strengthening and perceptual motor coordination.

## **Cerebral Vascular Accident (CVA or Stroke)**

**Description:** Hemorrhage in brain, which causes varying degrees of functional impairment.

**Characteristics:** Flaccid or spastic paralysis of arm and leg on same side of body. May cause mental impairment, impair speech, sight, balance, coordination

and strength.

**Benefits:** Promotes symmetry, stimulates balance, posture, motor planning, speech and socialization.

### ***Developmental Disabilities (DD)***

**Description:** A general term applied to children functioning two or more years below grade level.

**Characteristics:** Varied, but can include slow physical, motor and social development.

**Benefits:** Provides arena for success, opportunity for sport and recreation,  
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stimulates body awareness.

### ***Down Syndrome***

**Description:** Condition, in which a person is born with an extra chromosome, resulting in mental disabilities and developmental delay.

**Characteristics:** Broad flat face, slanted eyes, neck and hand are often broad and short. Usually Hypotonic, have hypermobile joints and tend to be short and slightly overweight. Prone to respiratory infections.

**Benefits:** Riding improves expressive and receptive language skills, gross and fine motor skills, balance, muscle tone, and coordination.

### ***Emotional Disabilities***

**Description:** A congenital or acquired syndrome often compounded by learning and/or physical disabilities incorporating numerous other pathologies.

**Characteristics:** Trouble coping with everyday life situations and interpersonal relations. Behaviors such as short attention span, avoidance, aggression, autism, paranoia and schizophrenia may be exhibited.

**Benefits:** Increases feelings of self-confidence and self-awareness, and provides appropriate social outlet.

### ***Epilepsy***

**Description:** Abnormal electrical activity of the brain marked by seizures with altered consciousness.

#### **Types and Characteristics:**

*Petit Mal:* Brief loss of consciousness with loss of postural tone. May have jerky movements, blank expression.

*Grand Mal:* Loss of consciousness and postural control, usually preceded by an aura. (Note: an active seizure disorder is a contraindication for horseback riding.)

Congenital or acquired hearing loss varying from mild to profound.

**Other Characteristics:** Communication difficulties – may use lip reading, finger spelling or sign language. Often phase out and have attention deficits.

**Benefits:** Stimulates self-confidence, balance, posture and coordination. It also provides appropriate social outlets and interactions.

### ***Learning Disabilities (LD)***

**Description:** Catch-all phrase for individuals who have problems processing, sequencing and problem solving, but who appear to have otherwise normal intelligence skills.

**Characteristics:** Short attention span, easily frustrated, immature.

**Benefits:** Effects depend upon the particular disorder. Stimulates attention

span, group skills, cooperation, language skills, posture and coordination.

### ***Mental Disabilities (MD)***

**Description:** Lack of ability to learn and perform at normal and acceptable levels. Degree of retardation is referred to as educable, trainable, severe or profoundly disabled.

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**Characteristics:** Developmentally delayed in all areas. Short attention span.

**Benefits:** Stimulates group activity skills, coordination, balance, posture, gross and fine motor skills and eye-hand coordination. Provides a structured learning environment.

### ***Multiple Sclerosis (MS)***

**Description:** Progressive neurological disease with degeneration of spinal column tracts, resulting in scar formation.

**Characteristics:** Most commonly occurs in the 20 to 40 year old range. It is progressive with periods of exacerbation and remissions. Fatigues easily.

Symptoms include weakness, visual impairment, fatigue, loss of coordination and emotional sensitivity. Associated Problems: Visual impairment, emotional lability, and impaired bowel and bladder function.

**Benefits:** Maintains and strengthens weak muscles and provides opportunities for emotional therapy.

### ***Muscular Dystrophy (MD)***

**Description:** Deficiency in muscle nutrition with degeneration of skeletal muscle. Hereditary disease that mainly affects males.

**Characteristics:** Progressive muscular weakness, fatigues easily, sensitive to temperature extremes.

Associated Problems: Lordosis, respiratory infection.

**Benefits:** Provides opportunity for group activity, may slow progressive loss of strength, stimulates postural and trunk alignment, and allows movement free of assistive devices.

### ***Polio***

**Description:** Infectious viral disease.

**Characteristics:** Flaccid paralysis, atrophy of skeletal muscle, often with deformity.

**Benefits:** Strengthens non-paralyzed muscles, stimulates posture.

### ***Scoliosis***

**Description:** Lateral curve of the spine with C or S curve with rotary component.

**Characteristics:** Postural asymmetry. May wear scoliosis jacket or have had stabilization surgery.

**Benefits:** Stimulates postural symmetry. Strengthens trunk muscles. (Note: Severe scoliosis is a contraindication for therapeutic riding.)

### ***Spina Bifida***

**Description:** Congenital failure of vertebral arch closure with resultant damage to spinal cord.

**Characteristics:** Varying degrees of paralysis of the lower limbs coupled with sensory loss. Associated Problems: Hydrocephalus, incontinence, urinary tract



infection, lordosis, scoliosis, and hip dislocations.

**Benefits:** Stimulates posture and balance, improves muscle strength and  
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self-image.

### ***Spinal Cord Injury (SCI)***

**Description:** Trauma to the spinal cord resulting in a loss of neurological function.

**Characteristics:** Paralysis of muscles below the level of injury – can be flaccid or spastic. Fatigue, sensory loss and pressure sores.

**Benefits:** Stimulates posture and balance, strengthens trunk muscles, is an option for sports participation and recreation.

### ***Traumatic Brain Injury (TBI)***

**Description:** Accidental injury to the head resulting in intra-cranial bleeding with death of brain cells.

**Characteristics:** Gross and fine motor skills deficits. Often have impaired memory,

speech and/or vision. May have psychological effects

**Benefits:** Stimulates balance, posture, gross and fine motor skills, speech and perceptual skills.

### ***Visual Impairment***

**Description:** Moderate to total loss of sight.

**Characteristics:** Insecure posture, lack of visual memory, anterior center of gravity, fearfulness and developmental delay.

**Benefits:** Stimulates spatial awareness, proprioception, posture and coordination. Provides social outlet, structured risk taking and freedom of movement.

*NARHA 2000 Publication*