

VDRC Head Injury and Concussion Rules and Guidelines

Horseback riding has the highest mortality of all sports. The vast majority, if not all causes of death in equine activities are related to severe head injury. Lesser injuries (concussions) are no less important because of their potential to cause a second more severe brain injury as well as significant long and short-term symptoms. Of all sports related head injuries requiring a hospital visit, equestrian sports make up 10%. Furthermore, concussions constitute 9.7-15 % of equine related sports injuries requiring an emergency room visit.

Equestrian Canada has recognized the significance of this and has become one of the first national governing bodies to implement an “Accidents and return-to-play protocol”. Effective January 1, 2017 all EC sanctioned events must comply with the EC Accidents and return-to-play rule found here; Link (<https://www.equestrian.ca/programs-services/rules/concussion-awareness>)

The vast majority of Equine events are practised in amateur non-EC sanctioned settings such as the Vernon District Riding Club. The Board of Directors believes the importance of the initiative started by EC and is implementing its own “VDRC head injury and concussion rules and guidelines” which will be effective January 1, 2018.

VDRC Head Injury and Concussion Rules and Guidelines:

- 1) All junior aged riders are required to wear helmets while riding on our facilities or associated grounds. All other participants are strongly encouraged to wear helmets. Helmets do not prevent concussions, but the trauma literature clearly shows they reduce the severity of brain injury incurred with any associated fall.
- 2) All non-certified instructors must have a coach concussion awareness certificate either from Making Headway in Sport (Multisport) or Equestrian Canada: Concussion Awareness. Please submit the certificate of completion with your application for coaching approval. A concussion awareness certificate will also be required for all non-approved coaches (e.g. family members who instruct other family members). The certificate will be required to be current and provided on a yearly basis. The concussion awareness tool is part of the Equestrian Canada certification process.
- 3) We encourage all parents and riders to complete either the NCCP’s Making Headway in Sport (Multisport) or EC: Concussion Awareness. They are invaluable educational tools that may prevent serious injury or even death.
- 4) In 2022, all Equestrian Sport Licence holders were required to complete EC: Concussion Awareness. It is free with a current sport licence or \$24.95. It can be found by following this link: https://campus.equestrian.ca/student/catalog_detail.php?courseid=1135
- 5) Alternatively, the Coaching Association of Canada course can be found by following this link: <https://coach.ca/nccp-making-head-way-sport>

6) All non-equestrian Canada events such as shows, clinics, and educational seminars involving horses will require a minimum of one first aid certified attendant present at all times during the event.

7) Rental of our facilities for any equine related event, will require a minimum of one first aid certified attendant whose presence will be required at all times during the event. This will be included as part of the rental contract.

We have instituted the above policy to educate and make our sport safer as recommended by **all** the trauma literature. Concussion awareness training in no way makes the certificate holder an expert. The ultimate decision for riders' continued participation in a show, clinic or event after a fall will be left to the designated medical attendant. However, VDRC guidelines will follow EC A101.2 whereby the rider after a fall "is solely responsible for ensuring the onsite medical assessment takes place by the onsite qualified medical personnel".

Board of Directors Vernon District Riding Club Jan 1, 2018 (Updated Feb., 2023)

References: Zuckerman SL, Morgan C et al: Functional and structural traumatic brain injury in equestrian sports; A review of the literature. *World Neurosurg* 2015 Jun;83(6):1098-113