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# Horse-Related Injuries: Causes, Preventability, and Where Educational Efforts Should be Focused

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# **ANIMAL HUSBANDRY & VETERINARY SCIENCE | RESEARCH ARTICLE**

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# ANIMAL HUSBANDRY & VETERINARY SCIENCE | RESEARCH ARTICLE Horse-related injuries: Causes, preventability, and where educational efforts should be focused

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Abstract: A high percentage of equestrians will experience accidents, with different degrees of severity, throughout their riding careers. Horse-related injuries have the highest likelihood of requiring hospitalization based on individuals visiting US emergency departments. Studies have shown that the majority of injured riders said they could have prevented the accident and the injury was due to rider/handler error. Therefore, equestrians reported their injuries, and a panel of experts analyzed these reports to better understand the causes, how to prevent, and where to invest educational resources to generate a reduction in horse-related accidents. The majority of riders reported intermediate riding skills, most accidents occurred in the arena, and most were preventable. The most severe accidents occurred when the weather played a major role, as opposed to the least severe accidents when riders were in the horse's space. Avoidable accidents included when tack broke, as opposed to unavoidable accidents such as horses slipped or fell. Educational Impact Index was calculated with combined results of the cause of injury, avoidability, and severity. Other humans, horse spooked, and tack/equipment problems were the main causes of accidents with the highest educational impact index, and authors believe that educational efforts should be focused on these categories.

Subjects: Agriculture; Environment & Society; Environment & Health; Environmental Policy; Development Studies; Environment, Social Work, Urban Studies; Sports and Leisure; Social Sciences; Tourism, Hospitality and Events; Behavioral Sciences; Education

Keywords: equestrian safety; horseback riding safety; preventable injuries, equestrian helmet, helmet, horse

# 1. Introduction

Horseback riding is a rewarding and thrilling sport and recreational activity. However, it does not come without risks. A high percentage of riders will experience some sort of injury, with different degrees of severity, throughout their riding careers. It is well known within the equestrian

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# PUBLIC INTEREST STATEMENT

Horseback riding is a rewarding and thrilling sport and recreational activity. However, it does not come without risks. A high percentage of riders will experience some sort of injury, with different degrees of severity, throughout their riding careers. The goal of this paper was to evaluate the most common causes of horse-related accidents, their severity, and how to prevent them in order to promote this healthy and wholesome activity.





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community that the longer one rides, the greater the likelihood of an accident and injury requiring medical care. Mayberry, Pearson, Wiger, Diggs, and Mullins (2007) noted that 81% of 679 equestrians studied had experienced at least one riding injury in their lifetime requiring medical care. In the pediatric population, as high as 21% of young riders are injured in any year (Havlik, 2010). Injuries caused by horses have the highest likelihood of requiring hospitalization based on individuals visiting US emergency departments with injuries caused by one of the 250 recreational activities tracked. The horse riding injury admission rate to a hospital is 16.6% higher than the next activity—All Terrain Vehicles (ATV)/motorcycle riding at 12.0% (United States Consumer Product Safety Commission, 2014). It has been reported that horseback riding has the highest mortality rate of all sports, with death rate as approximately 1 per million populations per annum in South Africa (Pounder, 1984) and 0.5 per million populations per annum in Sweden (Ingemarson, Grevsten, & Thorean, 1989). Horse-related injuries are reported to occur at a rate less than 1 per 1,000 riding hours (Paix, 1999), and younger females are at a higher risk (Abu-Zidan & Rao, 2003). Several studies have also shown that anywhere from 38-64% of injured riders said they could have prevented the injury and that the injuries were due to horse rider/handler error (Ball, Ball, Mulloy, Datta, & Kirkpatrick, 2009; Ekberg, Timpka, Ramel, & Valter, 2011; Newton & Nielson, 2005). Many respondents also believed that with education and good knowledge of horse behavior, several of these injuries could be prevented (Chitnavis, Gibbons, Hirigoyen, Parry, & Simpson, 1996; Ingemarson et al., 1989).

To help increase awareness of horse-riding safety and to reduce the number and severity of horse related injuries, SaddleUp SAFELY, a coalition of over forty horse and medical organizations based in Lexington Kentucky, was launched in 2009. A complete list of members can be found at saddleup-safely.org.

As part of the launch of SaddleUp SAFELY a website was created where, among other resources, equestrians could report with detail any horse-related accidents and injuries they had experienced. The aim of this study was to analyze the horse-related injuries reported, assess the circumstances surrounding the accidents, evaluate the severity and whether the accident could be prevented; with the goal to better understand where to invest educational resources to reduce the number and severity of horse-related accidents.

# 2. Materials and methods

From October 2009 until November 2011, 342 riders reported with detail their accidents and injuries they experienced. The saddleupsafely.org injury form (Appendix 1) provided areas for each respondent to explain how the horse-related injury occurred, if they were hospitalized and/or went to the emergency room, saw a doctor or other medical professional, missed school or work or lost employment. Further, respondents were asked to provide a detailed account of the circumstances surrounding their injury, if they thought the accident could have been prevented, as well as advice for how others might avoid a similar injury in the future. Additional information, such as horse-related experience; e.g. how often they ride, whether they raise or keep horses, whether they competed at an amateur or professional level, or if they make their living working with horses. Data regarding gender and age were not collected. However, respondents needed to be over 18 years of age to submit their reports.

Of the 342 respondents, 42 provided safety tips only and 35 of the injury forms had significant missing data leaving a useable sample of 266 cases for analysis. The same accident could have led to multiple injuries, and these were accounted for.

The forms submitted were jointly reviewed, discussed and quantitatively coded by a team of four expert equestrian professionals associated with the Kentucky 4-H Horse Program, The United States Pony Clubs, the Certified Horsemanship Association, and the University of Kentucky Equine Programs. The experts assessed each accident and assigned the causative reason for each resulting accident. The reasons and explanations are depicted on Table 1. All coding discrepancies were debated and solved by reviewer consensus. Finally, the coded data was imported into a Statistical Package for the

Table 1. Causative reasons for accidents and their explanation				
Buddy/Barn Sour Behavior	Horse refused to move away from barn because it was missing its friend, or vehemently wanted to return to the barn, causing the accident			
Error, Other horse	Another horse, which may or may not have a rider, was the cause of the accident			
Error, Other human	Someone else, who is not directly related with the rider, was instrumental in causing the accident			
Fresh Horse	Horse was not warmed up and supple enough for the task, or horse was full of energy from the get go			
Green Horse	The horse is in the beginning of training, or new to learning a specific task			
Hit Horse's Neck/Body/Head	Accident was the result of the rider, as he/she was falling, hitting the horse on the neck, on the body, or on the head			
Holes in Ground/Obstacle	Accident was the result of holes in the ground or right before an obstacle			
Horse Ill, Sore Back	Horse was showing signs of disease, or had back pain			
Horse Keeping/Maintenance	Accident happened while handler was either feeding or grooming the horse			
Horse Not Tied/Tying	Accident happened when handler was trying to tie the horse, or handler thought the horse was tied, and it was not			
Horse Refused	Horse refused to perform designated task, which may include jumping, crossing water, or any other maneuver the horse is vehemently refusing to perform			
Horse Slipped	Horse slipped, which could have been the result of a number of situations, for example, metal horseshoes on pavement			
Horse Spooked	Horse reacted in fear of something, unseating the rider			
Horse Tripped and Fell	Something out of the control of the rider caused the horse to stumble and also fall			
Horse Tripped	Horse tripped, but did not fall			
Human Medical Problems	The rider had a medical problem, such as diabetes or heart condition, or any other medical problem			
Ill-Mannered Horse	The horse crowded, was pushy, acted aggressively, or otherwise refused to heed the commands of the rider or handler			
In Horse's Space	Handler did not respect the horse's space, and did not pick up on horse's cues when the horse was indicating something was wrong or bothering him			
Incorrect Leading	The handler was not following proper safety procedures for leading a horse			
Incorrect Lunging	Handler was incorrectly trying to lunge the horse (for example, lunge line was wrapped around the hand, or was dragging and handler tripped) when accident occurred			
Incorrect Riding Apparel	The rider did not wear proper clothing and footwear to protect against common riding incidents			
Jumping	The accident occurred while the rider and horse were intentionally jumping or preparing to jump an obstacle			
Loose Horse in Pasture/Gate	The accident happened when handler was turning horse out, or catching horse from pasture			
Mount/Dismount	Accident occurred either during mounting or dismounting			
Mud/Rain/Ice/Slick	Accident was the result of terrain			
New Horse	Horse is new to the rider, regardless of any or level of training			
No Safety Check	Rider or whoever tacked the horse, did not perform a pre-riding safety check of the tack to ensure it was intact and safe			
Other/Not Clear	The reviewers were not able to identify the specific cause of the accident			
Rider Fell/Handler Fell	No other explanation was given for what resulted in the fall			
Runaway Horse	The rider lost control of the horse, which resulted in the horse running off			
Saddle Slipped	The saddle, for whatever reason, moved out of proper position causing either unbalance for the rider or discomfort for the horse, which resulted in the accident			
Tack Broke	The correct tack was used but something caused it to tear or break resulting in the rider falling or losing control of the horse			
Tack/Equipment Problem: or the purpose of the ride	The tack and or equipment was ill-fitting for the horse or rider, or the incorrect tack was used for the training level of horse			
Unsafe Speed	Horse was going too fast for the task it was about to perform			
Weather (Heat/Cold)	The weather is windy, too hot, there is a storm approaching, or any sudden change in weather patterns			

Social Science (IBM SPSS Statistics, version 21) file for analysis. Means and Z-scores were calculated for each cause of accident to assess severity, avoidability, and educational impact index.

To calculate the severity of the injury, the consequence of the reported injury was used. The severity of the injury was coded depending on whether a rider did not seek medical care (the least serious outcome, with a coded value of 1), sought medical care but did not visit an emergency department (a less serious outcome, with a coded value of 2), just visited the emergency department (a serious outcome, with a coded value of 3) or was hospitalized as a result of the injury (the most serious outcome, with a coded value of 4). To allow for more intuitive comparisons of injury severity by causes, the injury severity data was transformed into Z-scores (calculated by subtracting the raw score for each rider from the mean seriousness of injury score within the data, divided by the standard deviation of the population). As such, Z-score values represent the degree to which an original data value is above or below the mean injury severity within the data-set, as expressed in units of standard deviation from the mean value. Therefore, the higher the Z-score value the more severe the injury, from a relative standpoint.

The avoidability of the injury was created based on whether the accident or injury was avoidable, based on the expert coders' assessment of the description and circumstances surrounding the injury event (rated on a six point scale where 1 = not at all avoidable and 6 = completely avoidable). This data was also transformed into Z-scores. The higher the Z-score, the more avoidable the injury is.

The educational impact index was calculated using information on percent of injury by cause, avoidability, and severity of resulting injury. This value was used to create an educational impact index, which allows us to see the greatest opportunities to educate humans with the goal of reducing injury. Note, since the avoidability and seriousness of resulting injury are each presented as *Z*-score values, our index of the opportunity to reduce injuries gives equal weight to avoidability and severity, though other weighting schemes are certainly possible. The educational impact index provides a relative measure that shows which causes of severe injuries could be reduced the most thorough education/prevention efforts.

# 3. Results

An overview of the participant population can be found in Table 2. "Level of riding experience" was primarily intermediate (52.5%) with similar proportions of novice/beginner (24.2%) or advanced/ professional (23.4%).

Table 3 provides an overview of the injury results. Thirty-eight percent (n = 101) of the injuries occurred "at home", while 23.3% (n = 62) happened when the horse was "away from home". We were unclear about the location for 38.7% (n = 103) of the accidents. Over half of the injuries took place in the "arena" (22.3%), on the "trail" (20.8%) or in the "pasture" (11.7%). Most of the injuries took place while "mounted" (95.1%) as opposed to "on the ground" (4.9%). Overall 55.8% had an injury serious enough to be "hospitalized" (26.0%) or to go to an "emergency department" (29.8%). About 66% of the injured riders said their injury was avoidable and the study experts who reviewed the injury/accident narrative indicated that they strongly agreed or agreed that 60.8% of the injuries were preventable.

Table 2. Study population description of their riding experience				
Riding experience	n	%		
Novice	10	3.8		
Beginner	54	20.4		
Intermediate	139	52.5		
Advanced	48	18.1		
Professional	14	5.3		
Total	265	100.1		

Table 3. Injury information				
	n	%		
Location where injury occurred				
Arena	59	22.3		
Trail	55	20.8		
Pasture	31	11.7		
Barn	20	7.5		
Trailer	10	3.8		
Round pen	2	0.8		
Other/Not clear	88	33.2		
Injury occurred mounted or dismounted				
Mounted	253	95.1		
Dismounted	13	4.9		
Location when injury happened				
Home	101	38.0		
Away	62	23.3		
Unclear or missing data	103	38.7		
Injury consequence				
Hospitalized	69	26.0		
Emergency Room visit but not hospitalized	79	29.8		
Sought medical attention not Emergency Room	44	16.6		
Did not seek medical attention	73	27.5		
Injured equestrian indicated: Accident/Injury preventable				
Yes	175	66.2		
No	90	33.8		
Expert panel rated: Accident/Injury preventable				
Preventable	161	60.6		
Neutral	54	20.3		
Not preventable	40	15.0		
Unclear (needed more explanation)	11	4.1		

Table 4 shows the cause of injury in descending order with the more frequent events at the top. A "spooked horse" was the leading cause responsible in 27% of the cases followed by "error caused by other humans" 16%, "green horse" 11%, "new horse" 11% and "error caused by other horse" 9%.

Table 5 depicts the severity of the injuries, with the most severe injuries having a higher Z-score. "Weather", such as sudden weather changes while riding, and "human medical problems", such as diabetes, while consisting of low number of respondents, had the highest severity of injury scores at 1.920 and 1.476 respectively. The top five causes of injuries with number of respondents over 18 resulting in the most serious injuries were "runaway horse" (1.371), "error caused by other human" (1.360), followed by "jumping" (1.107), "new horse" (1.092) and "green horse" (1.072), "tack and equipment problem" (1.033) and "error by other horse" (1.033).

Table 6 depicts the avoidability of injuries based on their Z-scores. The top three most avoidable causes were tack related: "tack broke" (1.937), "saddle slipped" (1.859) and "no safety check" (1.859). Four of the first six causes that were most avoidable were tack-related.

Table 4. Causes of injury (multiple causes were allowed)				
Cause	n	%		
Horse Spooked	71	26.69		
Error, Other human	41	15.47		
Green Horse	29	10.90		
New Horse	28	10.53		
Other/Not Clear	26	9.77		
Error, Other horse	25	9.43		
Tack/Equipment Problem	25	9.40		
Jumping	24	9.02		
Horse Tripped and Fell	20	7.52		
Runaway Horse	18	6.77		
Horse Refused	17	6.39		
Ill-Mannered Horse	16	6.02		
Hit Horse's Neck/Body/Head	15	5.64		
Mount/Dismount	13	4.89		
Mud/Rain/Ice/Slick	13	4.89		
Holes in Ground/Obstacle	12	4.51		
Saddle Slipped	11	4.14		
No Safety Check	11	4.14		
Horse Keeping/Maintenance	11	4.14		
Unsafe Speed	10	3.76		
Fresh Horse	10	3.76		
Horse Tripped	10	3.76		
Loose Horse in Pasture/Gate	9	3.38		
Rider Fell/Handler Fell	8	3.01		
Incorrect Leading	7	2.63		
Incorrect Riding Apparel	7	2.63		
Horse Not Tied/Tying	7	2.63		
Horse Slipped	7	2.63		
Tack Broke	6	2.26		
In Horse's Space	6	2.26		
Weather (Heat/Cold)	5	1.88		
Buddy/Barn Sour Behavior	5	1.88		
Horse Ill, Sore Back	4	1.50		
Human Medical Problems	2	0.75		
Incorrect Lunging	1	0.38		

Being able to ascertain the educational impact index of an injury was a key component to this study. Table 7 depicts the educational impact index. Using the method described above, this study suggests that additional education would have the greatest impact on injuries caused by other humans, which had the highest index. The 0.222 index score indicates that, relative to other injury causes, "other human" involved injuries are a multiplicative combination of very common,

Table 5. Severity of injury by cause				
Cause	n	Z-Score		
Weather (Heat/Cold)	5	1.920		
Human Medical Problems	2	1.476		
Runaway Horse	18	1.371		
Tack Broke	6	1.371		
Error, Other Human	41	1.360		
Incorrect Leading	7	1.341		
Horse Ill, Sore Back	4	1.318		
Mount/Dismount	13	1.306		
Horse Refused	17	1.122		
Jumping	24	1.107		
New Horse	28	1.092		
Green Horse	29	1.072		
Tack/Equipment Problem	25	1.033		
Error, Other Horse	25	1.033		
Fresh Horse	10	1.033		
Incorrect Lunging	1	1.002		
Horse Spooked	71	0.999		
Loose Horse in Pasture/Gate	9	0.948		
Holes in Ground/Obstacle	12	0.948		
Horse Tripped and Fell	20	0.938		
Saddle Slipped	11	0.929		
Other/Not Clear	26	0.916		
Unsafe Speed	10	0.906		
Horse Slipped	7	0.888		
Horse Keeping/ Maintenance	11	0.872		
Hit Horse's Neck/Body/Head	15	0.864		
Horse Tripped	10	0.843		
No Safety Check	11	0.814		
Incorrect Riding Apparel	7	0.798		
Horse Not Tied/Tying	7	0.798		
Ill-Mannered Horse	16	0.764		
Rider Fell/Handler Fell	8	0.684		
Mud/Rain/Ice/Slick	13	0.672		
Buddy/Barn Sour Behavior	5	0.146		
In Horse's Space	6	0.104		

comparably severe, and generally avoidable injuries, such that educational efforts directed to their prevention would likely result in a more meaningful reduction of the most harmful injury events, relative to causes with lower index scores. "Spooked horse" was the second area with the most potential for reduction in injury consequences (0.212) followed by "tack and equipment problem"

Table 6. Avoidability by cause of injury				
Cause	n	Z-Score		
Tack Broke	6	1.937		
Saddle Slipped	11	1.859		
No Safety Check	11	1.859		
Incorrect Leading	7	1.849		
In Horse's Space	6	1.814		
Tack/Equipment Problem	25	1.706		
Incorrect Riding Apparel	7	1.534		
Buddy/Barn Sour Behavior	5	1.471		
Runaway Horse	18	1.446		
Mount/Dismount	13	1.437		
Horse Not Tied/Tying	7	1.429		
Unsafe Speed	10	1.397		
Horse Keeping/ Maintenance	11	1.391		
Green Horse	29	1.374		
Human Medical Problems	2	1.324		
Horse Refused	17	1.280		
Loose Horse in Pasture/Gate	9	1.242		
Horse Slipped	7	1.113		
Error, Other Human	41	1.054		
Other/Not Clear	26	1.040		
Fresh Horse	10	1.029		
Ill-Mannered Horse	16	1.002		
Incorrect Lunging	1	1.000		
New Horse	28	0.982		
Hit Horse's Neck/Body/Head	15	0.980		
Rider Fell/Handler Fell	8	0.956		
Mud/Rain/Ice/Slick	13	0.927		
Error, Other Horse	25	0.882		
Horse Tripped	10	0.882		
Horse Spooked	71	0.795		
Holes in Ground/Obstacle	12	0.772		
Horse Ill, Sore Back	4	0.772		
Weather (Heat/Cold)	5	0.735		
Jumping	24	0.680		
Horse Tripped and Fell	20	0.367		

problems (0.166). The next four categories; "green horse" (0.161), "runaway horse" (0.134), "new horse" (0.113) and "horse refused" (0.092) are similar in that there is a horse behavior theme involved, and relate to injuries that could possibly be prevented with improved horse training.

Table 7. Greatest opportunities to reduce injury: Educational impact index					
Cause of injury	Percent of injury x	Avoidability x	Severity =	Educational impact index	
	%	Z-Score	Z-Score	Index	
Error/Other Human(s)	15.47	1.054	1.360	0.222	
Horse Spooked	26.69	0.795 0.999		0.212	
Tack/Equipment Problem	9.40	1.706	1.033	0.166	
Green Horse	10.90	1.374	1.072	0.161	
Runaway Horse	6.77	1.446	1.371	0.134	
New Horse	10.53	0.982	1.092	0.113	
Horse Refused	6.39	1.280	1.122	0.092	
Mount/Dismount	4.89	1.437	1.306	0.092	
Other Horse(s)	9.43	0.882	1.033	0.086	
Saddle Slipped	4.14	1.859	0.929	0.071	
Jumping	9.02	0.680	1.107	0.068	
Other/Not Clear	9.77	1.040	0.916	0.066	
Incorrect Leading	2.63	1.849	1.341	0.065	
No Safety Check	4.14	1.859	0.814	0.063	
Tack Broke	2.26	1.937	1.371	0.060	
Horse Keeping/ Maintenance	4.14	1.391	0.872	0.050	
Hit Horse's Neck/Body/ Head	5.64	0.980	0.864	0.048	
Unsafe Speed	3.76	1.397	0.906	0.048	
Ill-Mannered Horse	6.02	1.002	0.764	0.046	
Fresh Horse	3.76	1.029	1.033	0.040	
Loose Horse in Pasture/ Gate	3.38	1.242	0.948	0.040	
Holes in Ground/Obstacle	4.51	0.772	0.948	0.033	
Incorrect Riding Apparel	2.63	1.534	0.798	0.032	
Mud/Rain/Ice/Slick	4.89	0.927	0.672	0.030	
Horse Not Tied/Tying	2.63	1.429	0.798	0.030	
Horse Tripped	3.76	0.882	0.843	0.028	
Weather (Heat/Cold)	1.88	0.735	1.920	0.027	
Horse Slipped	2.63	1.113	0.888	0.026	
Horse Tripped and Fell	7.52	0.367	0.938	0.026	
Rider Fell/Handler Fell	3.01	0.956	0.684	0.020	
Horse Ill, Sore Back	1.50	0.772	1.318	0.015	
Human Medical Problems	0.75	1.324	1.476	0.015	
In Horse's Space	2.26	1.814	0.104	0.004	
Buddy/Barn Sour Behavior	1.88	1.471	0.146	0.004	
Incorrect Lunging	0.38	1.000	1.002	0.004	

# 4. Discussion

It is well known that equestrians can be injured many ways. Many studies have identified horseback riding as a higher risk-activity than car racing, motorcycle riding, football and skiing (Buckley, Chalmers, & Langley, 1993; Macnab & Cadman, 1996; Norwood et al., 2000; Sorli, 2005). Our data

shows a wide variety of causes with varying degrees of preventability. It is unfortunate that reported head injuries can be as high as 48% in some study populations (Ball, Ball, Kirkpatrick, & Mulloy, 2007), being that the use of proper riding helmets has significantly reduced the number of severe and fatal head injuries (Chitnavis et al., 1996; Ingemarson et al., 1989).

The knowledge, through education, of risk factors associated with horse-related injuries, and horse behavior can be invaluable in preventing many horse-related injuries. It is noteworthy that the minority of the population in this study reported to compete professionally, or to make their living working with horses. This implies that the majority of this study's population either compete as amateurs, or ride recreationally, and the authors of this study anticipate that this population will be receptive to horse-related education.

One study (Abu-Zidan & Rao, 2003) reported that the majority of injuries admitted in their hospital was caused by fall from a horse (67%), followed by being kicked by a horse (16%), and most accidents occurred in public places (55%). Our results support their findings, in that the great majority of accidents happened after the rider fell from the horse (83.4%, which includes "fell off horse", "bucked off", "knocked down", "horse fell on rider", "horse fell with rider", "dragged"), whereas being "kicked" or "stepped on" by a horse reportedly happened 19.5% of the time. However, our results show that the majority of the reported injuries happened "at home" (n = 101) whether in an "arena", "trail" or "pasture", as opposed to "away from the horse's home" (n = 62), which differs from Abu-Zidan's report.

This current study finding of 66% of riders reporting their injuries were preventable is very similar to Mayberry et al.'s (2007) and Ball et al. (2007) findings (both report 64%) and supports the potential value of increased safety awareness and education.

The primary cause reported by the respondents in this current study is that their "horse spooked" (n = 71), followed by "error of another human" (n = 41), "green horse" (n = 29), "new horse" (n = 28), "tack and equipment problem" (n = 25) and "error of another horse" (n = 25). Horses, being prey animals, are known to be unpredictable and spook at numerous things. However, it is also known that the more a horse is trained, the likelihood of it randomly spooking is much lower when compared to green, less trained, horses (McGreevy & McLean, 2010). Therefore, the authors believe that having a horse-related accident as a result of a horse that spooks can be prevented by riding horses that are better trained. This can be achieved by sending the horse off to professional trainers, or through training and education of the owners/riders.

Regarding injuries caused by "green horse" and "new horse", they can also be somewhat prevented by education or safer practices. Many times equestrians think they are more proficient than they actually are, and that notion will make a person ride a green or new horse when they probably do not have the necessary skill set and ability to ride such horses. Although it is reported that professional equestrians suffer more serious accidents than the non-professionals (Mayberry et al., 2007), their accidents happen less often, and are generally due to more complex causes, such as the increased level of difficulty of their activity, as compared to a "green horse". The authors highly recommend that people ride horses that are adequately trained for the rider's level of expertise. Horse and rider suitability is a main area where coaches and instructors may assist in the prevention of injuries. A "green horse" should never be paired with a rider that is less than advanced. Green horses can be unpredictable, maybe not intentionally, but this unpredictability is somewhat predicted and expected by advanced riders, who have enough training and skill to not have an accident or injury. It is up to coaches and instructors to identify gaps in horse and rider suitability and be able to adjust accordingly, pairing up the appropriate horses with the riders' proficiency level.

Increasing levels of difficulty of riding results in increased levels of risk. In disciplines where speed, jumps, or rough terrain are a factor in competition, caution must be taken when considering footing, environment, materials and construction of obstacles, and level of training of the horse and rider.

These factors should be evaluated not only by the rider and instructor, but also the show or facilities manager. Proper safety equipment, which includes an approved helmet, is recommended. Helmets have the potential to diminish the chances of serious head injury, but will not protect the spine and other parts of the body, or even prevent all head injuries.

What was surprising to the authors, who are lifelong equestrians, is that the second highest reported cause of accidents was the "error of another human". This includes people that honk their horn or rev their engine as they drive by, spectators at shows and competitions that display inappropriate behavior around horses, such as flailing of the arms, shaking loud plastic bags, opening umbrellas, running toward a horse, or even riders and new horse owners who do not know proper show ring/trail ride riding etiquette. Although this is a group of people that may be difficult to reach since they are not necessarily an audience that would seek information on horse behavior, it is imperative that horse organizations make an effort to educate the general public on equine behavior and safety. As our society becomes more modernized and moves away from an agrarian upbringing, it is expected that people may know less about horse behavior than previous generations, and, therefore, do not know how to behave near a horse. Consequently, to ensure the safety of equestrians, equine organizations need to address this issue. Educational materials, signs, increased personnel to help and inform individuals of proper behavior are all ways to help minimize this element as a factor in horse-related injuries.

The severity of injuries that resulted from unexpected weather patterns was somewhat unforeseen. However, the conclusion the authors derive from changes in weather is that a horse being a prey animal may feel more fear with the smells and sounds that accompany an incoming thunderstorm and other inclement weather. It is the recommendation of the authors, that unless the rider absolutely has to ride during those types of weather, to just wait for the weather pattern to calm down. When the weather issue is created by extreme heat, it is recommended that the rider take measures to elevate the hydration status and glycemic index for both themselves and their horse. This will help to prevent overheating and fainting both of the rider and the horse, which can be catastrophic.

When the injuries caused by "tack and equipment problems", "tack broke", "saddle slipping", and "failure to perform a safety check", were combined, the second largest category of accidents (second to "spooked horse") was generated, with varying degrees of severity. This category also includes but is not limited to, saddle, stirrup, bridle, or girth breaking during the ride, saddle slipping, incorrect bit or other equipment, as well as poorly fitting tack. With a total of 53 accident reports (19%) related to tack and equipment, the authors believe that more educational efforts need to be geared toward this subject. Pre-ride tack check is paramount for a safe ride. This will include, making sure the tack fits properly (both to the horse and rider), leather that is not frail (tack that is in adequate working order), intact stitching, a girth that is tight enough (girth will tend to get loose a few minutes after the horse is tacked and starts to move, so it needs to be readjusted), tack that is free of debris (including saddle pads and wraps), and correct bit for the specific horse. It is important to check and adjust the tack as needed especially if someone else tacked the horse for the rider. This becomes more complicated when the instructor tacks the horse for the student for several reasons; (1) the instructor has a leadership role over the student, (2) the instructor allegedly knows more/is more proficient than the student, (3) the horse and tack may belong to the instructor, (4) the instructor has taught the student how to properly tack a horse, (5) student may feel awkward going behind the instructor to adjust the tack, and likely many other reasons. However, the authors believe that for safety and potential liability issues, the instructors should put the responsibility of the final tack check on the student. This way the student may feel more comfortable in doing a final check.

In agreement with reports previously cited about the severity of horse-related accidents (Guyton, Houchen-Wise, Peck, & Mayberry, 2013), these results show that over 25% of the cases resulted in hospitalization. However, the data-set did not provide information on the duration of hospitalization.

The data used in this retrospective study were derived from information that respondents freely gave. Therefore, without the use of a more complete questionnaire, there are many causes of injuries that could be grouped together. For example, using the educational impact index (Table 6), the top 10 causes could be grouped into four categories: "errors by other humans", "horse behavior", "tack and equipment", and "mounting and dismounting". The authors recommend that horse-related organizations should discuss how to address these four areas in their safety lectures and materials.

It is also important to note that there is an inherent risk that everyone assumes when handling, riding, or just being around horses. This fact is made evident by approximately 15% of the injuries reported were deemed not preventable by our expert reviewers, with the reviewers being unsure of the preventability of another 20% of the injuries.

There are limitations with the data collected for this study. First it is self-initiated. Participants had to find out about our website and accident-reporting form. Therefore, the group that responded is more likely to have internet access and be comfortable using the internet. It is likely our research participants are more educated and motivated about horse riding and handling safety than the general horse riding population.

Second, the data is self-reported and retrospective. There can be discrepancies between actual and remembered facts. Haegeli, Falk, Brugger, Etter, and Boyd (2011) and Boyd, Haegeli, Abu-Laban, Shuster, and Butt (2009) both indicated that minor injuries are often under reported in those injured by avalanches. Gabbe, Finch, Bennell, and Wajswelner (2013) did note that major elements of an injury are more likely to be recalled a year later as opposed to minor details. Therefore, it is likely that there is some inaccuracy in the data reported in our study as there was no limit on time since injury and it is likely minor injuries were not reported.

However, self-reported data is, sometimes, the only way to acquire medical data. Mitchell, Finch, and Boufous (2010) noted that in a study of 2,414 respondents involved in sports activities, 31% had reported an injury in the previous 12 months. Only 2.8% were hospitalized and 6.1% had visited an Emergency Room. This means over 90% of those injured would not have been identified through use of hospital data alone. This highlights that self-reported data is often the only cost-effective and accessible method to collect information from a targeted population.

A third limitation of our data is that it represents equestrians who had more severe injuries. Using the 2014 National Electronic Injury Surveillance System data, 16.6% of those visiting an Emergency Room due to a horse riding injury were hospitalized. On the other hand, in this present study 43% who visited an Emergency Room were hospitalized.

However, the literature in general shows that self-reported data is valid and an acceptable approach for measuring accident injury recall (Bavarian, Mehrkhanl, Ziaee, Youseti, & Nourian, 2009; Lubeck & Hubert, 2005; Stathokostas, Theou, Vandervoort, & Raina, 2012).

# 5. Conclusion

The horse riding community has long recognized that injuries are one of the potential consequences of participating in the equestrian sport or recreational activity. This study indicates that some kinds of injuries are more likely to be preventable than others. For example, it is easier to prevent an accident caused by tack breakage than by a horse tripping and falling, which can be near impossible to prevent under certain circumstances. It is imperative that riders learn equine behavior and safety practices around horses to prevent the majority of accidents while on the ground. Safety practices when dismounted include correct leading, turn out in the pasture, approach, grooming, lunging, mounting and dismounting.

This study shows that a constituted effort needs to be made on the part of equine organizations everywhere to educate not only riders but also the general public on horse safety. This study has identified some key areas where injuries are frequent that could easily be avoided by increased knowledge and practice. Educational efforts should be targeted at those causes in hopes to lessen the frequency and severity of injuries that occur around horses. The educational impact index created provides a starting point for considering where to invest education and training resources. It is our hope that more people will be able to enjoy and benefit from horseback riding if many preventable injuries can be reduced.

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Competing interest

The authors declare no competing interest.

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#### References

- Abu-Zidan, F. M., & Rao, S. (2003). Factors affecting the severity of horse-related injuries. *Injury*, 34, 897–900. https://doi.org/10.1016/S0020-1383(03)00054-8
- Ball, C. G., Ball, J. E., Kirkpatrick, A. W., & Mulloy, R. H. (2007). Equestrian injuries: Incidence, injury patterns, and risk factors for 10 years of major traumatic injuries. *The*

#### American Journal of Surgery, 193(5), 636–640. https://doi.org/10.1016/j.amjsurg.2007.01.016

- Ball, J. E., Ball, C. G., Mulloy, R. H., Datta, I., & Kirkpatrick, A. W. (2009). Ten years of major equestrian injury: Are we addressing functional outcomes. *Journal of Trauma Management and Outcomes*, 3(2), 1–5.
- Bavarian, P., Mehrkhanl, F., Ziaee, V., Youseti, A., & Nourian, R. (2009). Sensitivity and specificity of self-reported symptoms for exercise-induced bronchospasm diagnosis in children. *Iran Journal of Pediatrics*, 19(1), 47–51.
- Boyd, J., Haegeli, P., Abu-Laban, R. B., Shuster, M., & Butt, J. C. (2009). Patterns of death among avalanche fatalities: A 21-year review. Canadian Medical Association Journal, 180(5), 507–512.

# https://doi.org/10.1503/cmaj.081327

- Buckley, S. M., Chalmers, D. J., & Langley, J. D. (1993). Injuries due to falls from horses. Australian Journal of Public Health, 17, 269–271.
- Chitnavis, J. P., Gibbons, C., Hirigoyen, M., Parry, J., & Simpson, A. H. (1996). Accidents with horses: What has changed in 20 years? *Injury*, 27, 103–105.

# https://doi.org/10.1016/0020-1383(95)00176-X

Ekberg, J., Timpka, T., Ramel, H., & Valter, L. (2011). Injury rates and risk-factors associated with eventing: A total cohort study of injury events among adult Swedish eventing athletes. International Journal of Injury Control and Safety Promotion, 18(4), 261–267.

#### https://doi.org/10.1080/17457300.2010.545129

- Gabbe, B. J., Finch, C. F., Bennell, K. L., & Wajswelner, H. (2013). How valid is a self-reported 12 month sports injury history? British Journal of Sports Medicine, 37, 545–547.
- Guyton, K., Houchen-Wise, E., Peck, E., & Mayberry, J. (2013). Equestrian injury is costly, disabling, and frequently preventable: The imperative for improved safety awareness. The American Surgeon, 79(1), 76–83.
- Haegeli, P. H., Falk, M., Brugger, H., Etter, H., & Boyd, J. (2011). Comparison of avalanche survival patterns in Canada and Switzerland. *Canadian Medical Association Journal*, 183(7), 1–7.
- Havlik, H. S. (2010). Equestrian sport-related injuries: A review of current literature. *Current Sports Medicine Reports*, 9(5), 299–302. https://doi.org/10.1249/JSR.0b013e3181f32056
- Ingemarson, H., Grevsten, S., & Thorean, L. (1989). Lethal Horse-riding Injuries. *The Journal of Trauma: Injury, Infection, and Critical Care, 29*(1), 25–30. https://doi.org/10.1097/00005373-198901000-00005
- Lubeck, D. P., & Hubert, H. B. (2005). Self-report was a viable method for obtaining health care utilization data in community-dwelling seniors. *Journal of Clinical Epidemiology*, 58, 286–290. https://doi.org/10.1016/j.jclinepi.2004.06.011
- Macnab, A. J., & Cadman, R. (1996). Demographics of alpine skiing and snowboarding injury: Lessons for prevention programs. *Injury Prevention*, 2, 286–289. https://doi.org/10.1136/ip.2.4.286
- Mayberry, J., Pearson, T., Wiger, K., Diggs, B., & Mullins, R. (2007). Equestrian injury prevention efforts need more attention to novice riders. *The Journal of Trauma, Injury, Infection and Critical Care*, 62(3), 735–739. https://doi.org/10.1097/ta.0b013e318031b5d4

- McGreevy, P., & McLean, A. (2010). Equitation science. Hoboken: Wiley-Blackwell. ISBN: 978-1-4051-8905-7.
- Mitchell, R., Finch, C., & Boufous, S. (2010). Counting organised sport injury cases: Evidence of incomplete capture from routine hospital collections. *Journal of Science Medicine in Sport.*, 13, 304–308. https://doi.org/10.1016/j.jsams.2009.04.003
- Newton, A. M., & Nielson, A. M. (2005). A review of horserelated injuries in a Rural Colorado Hospital: Implications for outreach education. *Journal of Emergency Nursing*, 31(5), 142–146.
- Norwood, S., McAuley, C., Vallina, V. L., Fernandez, L. G., McLarty, J. W., & Goodfried, G. (2000). Mechanisms and patterns of injuries related to large animals. *The Journal* of *Trauma: Injury, Infection, and Critical Care,* 48, 740– 744. https://doi.

## org/10.1097/00005373-200004000-00025

Paix, B. (1999). Rider injury rates and emergency medical services at equestrian events. *British Journal of Sports* 

#### Medicine, 33, 46–48. https://doi.org/10.1136/ bjsm.33.1.46

- Pounder, D. J. (1984). The grave yawns for the horseman. Equestrian deaths in South Australia 1973–1983. *Medical Journal of Australia*, 141, 632–635.
- Sorli, J. M. (2005). Equestrian injuries: A five year review of hospital administrations in British Columbia, Canada. *Injury Prevention*, 6, 59–61.
- Stathokostas, L., Theou, O., Vandervoort, T., & Raina, P. (2012). Psychometric properties of a questionnaire to assess exercise-related musculoskeletal injures in older adults attending a community based fitness facility. British Medical Journal Open, 2, e001777. doi:10.1136/ bmjopen-2012-001777
- United States Consumer Product Safety Commission. (2014). 2014 calendar year national electronic injury surveillance system. Retrieved from www.cpsc.gov/en/researchstatistics/NEISS-Injury-Data/

# Appendix 1. Online form where riders described their accidents and resulting injuries

## We want to know how you avoid riding injuries!

## Have you ever had a horse-related accident? Please tell us about it!

- 1. What caused the injury?
- 2. What area of the body was injured and how badly?
- 3. Were you hospitalized for the injury?
  - a. Yes
  - b. No
- 4. If you sought medical attention, did you:
  - a. Go to the emergency room
  - b. See a doctor or medical professional
  - c. Miss school or work
  - d. Lose employment/got laid off
- 5. Do you think your accident could have been prevented?
- 6. What advice do you have for the other riders of horse handlers for avoiding this kind of accident?
- 7. Do you have any safety tip?
- 8. What is your experience with horses?
  - a. I only ride occasionally
  - b. I ride weekly or more often
  - c. I raise or keep horses
  - d. I compete on an amateur level
  - e. I compete on a professional level
  - f. I'm a p.erson who makes their living working with horses

# Appendix 2. Injury form developed by committee to code each cause of accident and resulting injury

#### **SUS Injury Form**

- 1. ID #: \_ \_ \_ \_
- 2. Date submitted tip: \_ \_ \_ \_ ( day, month, year)
- 3. Cause of Accident:

#### Initial Cause

- , \_\_\_\_, \_\_\_\_, \_\_\_\_, 01. No safety check 02. Tack broke 03. Horse slipped 04. Horse tripped 05. Horse spooked other 06. Unknown 07. Vehicle 08. Animal 09. Paper/material 10. Noise 11. Bees/Wasps/Flies 12. Horse ill, sore back 13. Loose horse in pasture/gate 14. Green horse 15. New horse 16. Weather (Heat, Cold) 17. Jumping Problem 18. Horse Refused 19. Horse Tripped/Fell 20. Rider Fell 21. Saddle Slipped 22. Hit horse's neck/body/head 4. Primary Injury Broken Bone Concussion Bruises Bleeding Internal bleeding
  - 23. Tack Problem
  - 24. Holes in ground 25. Horse not tied
  - 26. In horse's space
  - 27. Mud/rain/ice/slick
  - 28. Runaway horse
  - 29. Mount/dismount
  - 30. Buddy/barn sour behavior
  - 31. Incorrect Leading
  - 32. Human medical problems 33. Alcohol/Drugs
  - 34. Horse not lunged
  - 35. Unsafe speed
  - 36. Ill-mannered horse
  - 37. Other/Not Clear

#### **Resulting Cause**

- 01. Fell off horse
- 02. Bucked off
- 03. Emergency dismount
- 04. Horse fell on rider
- 05. Finger/hand caught
- 06. Pulled muscle
- 07. Stepped on by horse
- 08. Bit by horse
- 09. Dragged
- 10. Slammed/struck tree/fence
- 11. Kicked
- 12. Other/Not Clear
- 13. Wagon/buggy
- 14. Horse fell with rider

# 1=yes 2=no

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Cuts Sprains/Strains/tear\_ Pain Swelling

	Joint dislocation		
5.	Secondary injury 1=yes	2=no	
	Broken Bone Concussion Bruises Bleeding Internal bleeding Cuts Sprains/Strains/tear Pain Swelling Joint dislocation		
6.	Third Injury 1=yes 2=no	Fourth Injury	Fifth Injury
	Broken Bone Concussion Bruises Bleeding Internal bleeding Cuts Sprains/Strains/tear Pain Swelling Joint dislocation	Broken Bone Concussion Bruises Bleeding Internal bleeding Cuts Sprains/Strains/tear Pain Swelling Joint dislocation	Broken Bone         Concussion         Bruises         Bleeding         Internal bleeding         Cuts         Sprains/Strains/tear         Pain         Swelling         Joint dislocation
7.	Injured Body Part	Yes = 1	No = 2
	1.       Head          Chest          Arm(s)          Leg(s)          Hand          Foot          Ribs          Abdomen	Knee Back Hip Shoulder Elbow Ankle Neck Wrist Face	
	2.       Head          Chest          Arm(s)          Leg(s)          Hand          Foot          Ribs          Abdomen	Knee Back Hip Shoulder Elbow Ankle Neck Wrist	

Face

<ol> <li>Sought Medical Attention :</li> <li>A. Immediate</li> <li>B. Delayed</li> </ol>		1=Yes	s 2=No	3=Not clear	4=NA
9. Went to Emergency Room		1=Yes	s 2=No	3=Not clear	4=NA
10. Hospitalized		1=Yes	s 2=No	3=Not clear	4=NA
11. Missed School or work		1=Yes	s 2=No	3=Not clear	4=NA
12. Lost employment/laid off		1=Yes	s 2=No	3=Not clear	4=NA
13. Error 1=Human 2=Horse 14. On or Off 15. Accident happened at	3=Both 1=Groun	4=Neither d 2=On ho	5=Not ( orse	Clear	
Home (where horse lives) <u>Y/N/N</u>	<u>4</u>				
Away <u>Y/N/NA (Show, competition</u>	<u>s, trail rid</u>	<u>es, etc)</u>			
Barn or Stall Pasture Pen Unclear	Arena	Trail_	Tr	ailer R	lound
16. Accident Avoidable	1=	Strongly a	gree 2=	Agree 3=Ne	utral
	4=	Disagree	5=Stron	gly Disagree	
17. Rider implies accident was preve	entable Ye	s No			
18. Riding level to understand preve	ntion mea	sures			
Novice Level         Beginner Level         Intermediate Level         Advanced Level         Expert/Professional Level	vel				
19. Experience:	1=	=Yes 2=No	D		
<ul> <li>I only ride occasionally</li> <li>I ride weekly or more often</li> <li>I raise or keep horses</li> <li>I compete on an amateur lev</li> <li>I compete on a professional</li> </ul>	– el level				

I'm a person who makes their living working with horses \_\_\_\_\_



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