



ALBANY THERAPEUTIC RIDING CENTER, INC.  
founded 1981

# Albany Therapeutic Riding Center, Inc.

P.O. Box 91  
Slingerlands, New York 12159  
(518) 898-0742  
albanytherapeuticridingcenter@gmail.com



## **Risk/ Benefit Assessment** of equine movement and therapeutic activities specifically for

---

### **Risk to Rider**

1. Possibility of contracting COVID-19 despite infection control measures taken by ATRC, Inc.
2. Potential to fall from horse despite safety measures and equine training taken by ATRC, Inc.

### **Risk Potential**

- \_\_\_\_\_ Is at higher risk due to having an underlying medical condition.
- \_\_\_\_\_ Is at higher risk because he/she struggles to maintain social distancing.
- \_\_\_\_\_ Is at higher risk because he/she is unable to comply with wearing a mask.
- \_\_\_\_\_ Is at higher risk because he/she touches their face frequently, drools,...

**Risk to Others** ( ex. Allergies, drooling, touching face, inability to resist touching others, etc.)

### **Benefits to Rider**

1. Provides general exercise and gentle cardio workout.
2. Provides sensory stimulation in a rhythmic way which modulates the sensory system that helps to calm the overactive areas and stimulate the underactive areas.
3. Requires rider to maintain midline and balance in response to each unique step of the horse, with the added balance challenges provided by games and/or riding skill challenges.
4. Works on social interaction, engagement, and command following.
5. Provides rider with a place to be normal and have fun.
6. Provides an activity that can be customized based on abilities on that day.
7. Provides an opportunity to use both hands equally in activities.
8. During COVID-19 pandemic, rider has fewer opportunities for social interaction, exercise and cognitive challenge.

**After assessing the risk/ benefit specifically for \_\_\_\_\_ and considering the attached infection control policies, the ATRC staff and parents both agree that the benefits outweigh the risks and that riding is appropriate at this time.**

**Participant/Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_**