EPILEPSY POLICY

Epilepsy, including uncontrolled epilepsy, is not automatically a bar to riding.

At one time the advice was that uncontrolled epilepsy represented an unmanageable level of risk to the rider and others and was therefore incompatible with riding. However, more recent experience and advice suggests that this is a grey area warranting further consideration especially in light of equalities legislation.

The coach in charge of a riding session should discuss an individual's particular situation with the person in question and their parents, carers, etc. (as appropriate). They may also consult with those involved in their medical care. This will allow them to assess what adjustments, if any, could reasonably be made to allow riding and respond to the individual's needs, while also considering the impact on other riders, the volunteers and the horses.

They will approach the decision whether or not to allow taking part from a 'why not?' stance and decide if the risks and necessary actions to mitigate the risks are possible, reasonable and practical.

It may be possible to make reasonable adjustments that allow and support someone with epilepsy, including intractable uncontrolled epilepsy, to ride. RDA Groups are diverse and what is possible at one venue may not be manageable at another. Ultimately the RDA coach in charge of the riding session will decide if riding/driving can be allowed and their decision is final.

As will be understood from the notes below about seizures, the effects of epilepsy range from an absence, a momentary loss of awareness that is not a bar to riding, to a seizure with loss of awareness and muscle tone causing the person to flop from a standing, sitting or other self-supported position to the ground. This type of seizure creates serious risks in an equestrian context yet it may be possible to mitigate them.

For instance, if a potential rider is willing and able to decide they wish to run the risk of losing control and experiencing injury they can be allowed to do so if the attendant risk to their horse and others can be contained, perhaps by disallowing riding in proximity to other riders and having someone on hand to catch the horse. An example of a reasonable adjustment would be to give such a rider a warm up arena to themselves and a horse catcher before a dressage competition. Such an arrangement should be the result of prior discussion and formal written agreement.

The key to managing the risks associated with epilepsy is a shared commitment on the part of RDA and the potential participant and any carer(s) to honest and timely communication. This requires that any change in the participant's condition is immediately communicated to those with responsibility for facilitating RDA sessions and that any preconditions to taking part are subject to written agreement and fully complied with.

September 2015 (Reviewed 2021)

Guidance Notes on Epilepsy

Epilepsy is an umbrella term that describes a recurrent disturbance in the electrical activity of the brain manifesting in seizures of various types, duration and regularity. People with epilepsy and those who care for them can sometimes discern a pattern to the seizures that can help reduce the risks and disruption to everyday life.

Epileptic seizures usually occur suddenly; some people may experience sensations that tell them a seizure is imminent. Seizures are usually short and recovery spontaneous. After a seizure some people are left momentarily confused or drowsy.

People with epilepsy can be helped with medication and, when appropriate, by implantable stimulators. In extreme cases they may resort to a temporal lobectomy (major brain surgery). However, some epilepsy cannot be controlled. A person experiencing a seizure only requires medical assistance if the seizure continues for more than a few minutes or if the seizure is different from their usual seizure, or if they fail to recover in their usual way over their usual timescale.

RDA is advised by Epilepsy Research UK and the following text is adapted from 'What is epilepsy?' a leaflet written by Professor Mark Richardson, consultant neurologist.

There are two broad categories of seizure:

1. **Generalised seizures**. In generalised seizures large areas on both sides of the brain are affected by the disruption and consciousness is often lost. Seizures in this category include:

   Absences: the person looks blank for a few seconds and may not respond when spoken to or realise they have had a seizure. This type of seizure can happen repeatedly and can be mistaken for daydreaming

   Tonic-clonic seizures: the person stiffens, then jerks, loses consciousness, convulses and may fall. They may also lose bladder control.

   Tonic and atonic seizures, or drop attacks: the person briefly loses consciousness, may stiffen and fall heavily or lose muscle tone and crumple to the ground.

   Myoclonic seizures: rhythmic muscle jerks that can affect part of/the whole body and can be strong enough to throw the person to the ground.

2. **Focal seizures**. During focal seizures only part of the brain is affected and consciousness may be altered but not lost. Seizures in this category include:

   Auras (or warnings as they are sometimes called): some people experience a particular smell/sound/ feeling before a seizure starts. This is known as an aura and it is itself a focal seizure.

   Focal seizures with awareness fully retained: the person may experience unusual sensations and/or movement in one part of the body, e.g. tingling or twitching. This is also sometimes called a simple focal seizure.

Focal seizures with awareness reduced or lost: the person may experience strange feelings and awareness may be disturbed or lost. They may be unaware of their surroundings, be unable to respond when spoken to and their behaviour may appear unusual. This is also sometimes called a complex focal seizure.

Some focal seizures can evolve, with electrical disturbance spreading to large regions of both sides of the brain. This can result in a focal seizure evolving into a convulsion, which may look very like a generalised tonic-clonic seizure.

Unclassified seizures. Some seizures are unclassified, i.e. they don't fit into any category. Others occur as part of a syndrome – a set of symptoms occurring together – particularly in childhood.

Medical emergencies:

Serial seizures, prolonged seizures, status epilepticus (convulsive/ nonconvulsive)

These can occur with all types of seizures and **require urgent medical attention**.

Serial seizures: these are seizures that occur one after another without full recovery in between.

Prolonged seizures: these are seizures that last over five minutes or two minutes longer than usual.

Convulsive status epilepticus: this is convulsive seizure activity lasting for 30 minutes or more without a return to normal breathing or full consciousness. Do not wait 30 minutes to seek medical help!

Non-convulsive status epilepticus: status epilepticus can occur in non-convulsive seizures, e.g. absences and focal seizures.

Epilepsy Research UK has many useful resources: www.epilepsyresearch.org.uk

CEO Leigh Slocombe, has approved the advice given in this RDA policy.

Anyone requiring additional information and support with decision making about managing epilepsy in an RDA environment is strongly encouraged to access suitably qualified colleagues within RDA and the Chartered Physiotherapists in Therapeutic Riding and Hippotherapy (CPTRH).