



Horse-related injuries

Information for patients, relatives and carers

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Although you might have fallen from a horse or experienced a horse-related injury, we think that you can be safely discharged home, after clinical review. If you have sustained a fracture (broken bone) you will be followed up in the virtual fracture clinic where you will be advised on further treatment.

How you might feel after falling from your horse or your horse related injury

Everyone is different, and riding accidents can range from minor to very severe. It is normal to feel sore after any accident (often from soft tissue injuries such as bruises, grazes and minor cuts). Many people have sore muscles. Often sprains and strains only become painful hours later or the next day.

Each section below outlines common injuries experienced by horse riders. Not every injury will be relevant to you – ensure you check with the emergency medicine clinician if you are unsure which parts of your body have sustained injury, if you are unsure.

Head injuries

If you were discharged from hospital following a head injury, it was not felt to be severe. We felt that you were on the road to recovery and very unlikely to have any further problems. However, if you develop any of the following symptoms, please go to the Emergency Department (A&E) as soon as possible:

- Unconsciousness or lack of full consciousness.
- Confusion.
- Drowsiness that goes on for longer than one hour, when you would normally be wide awake.
- Difficulty waking up.
- Problems understanding or speaking.
- Loss of balance or problems walking.
- Weakness in one or both arms or legs.
- Problems with your eyesight.
- A very painful headache that does not go away with simple pain relief (such as paracetamol or ibuprofen).
- Vomiting.
- Fits.
- Clear fluid leaking from your ear or nose.
- New bleeding from your ear.

Things you should not worry about:

- Mild headache.
- Nausea (but no vomiting).
- Dizziness.
- Unusual irritability or bad temper.
- Problems concentrating or problems with your memory.
- Tiredness or problems sleeping.
- Lack of appetite.

If these mild symptoms do not go away after two weeks you should go and see your GP. We would also recommend that you ask your GP about your eligibility to drive.

Symptoms of concussion (a 'minor brain injury') can improve within a few days or less. However, in some people it can take weeks, and information on this longer-term "Post Concussion Syndrome" is available on the "Patient UK" website: www.patient.info/brain-nerves/post-concussion-syndrome. Perhaps a member of your family or a friend could get this for you if you do not have internet access. Alternatively ask at our reception desk if a member of the team could help you.

Neck injuries

Serious neck injuries will have been ruled out when you were seen in the Emergency Department. Most neck injuries are not serious and will recover with time and care. Maintaining good posture and regular movement can help reduce your recovery time.

There is a separate patient information leaflet "Looking after your neck injury" on our website which details neck exercises to maintain a full range of movement. The link is: www.yorkhospitals.nhs.uk/seecmsfile/?id=6837 or you can scan the QR code. If you do not have internet access perhaps you could ask family or a friend to do this for you or alternatively ask at our reception desk for a member of staff to assist.



Rib and chest injuries

When we discharged you, your chest injuries were not thought to be concerning. We do not routinely x-ray for isolated rib fractures. This is in order to minimise radiation exposure from unnecessary x-rays.

The treatment of bruised and broken ribs is the same. Rib fractures (broken ribs) are usually identified through physical examination. X-rays and CT scans are used to exclude complications such as damage to internal organs by the sharp ends of broken bones, if these are suspected.

The main treatment for rib injury is pain relief. Pain killers that can be bought over the counter at the chemist such as paracetamol, ibuprofen or co-codamol, should be sufficient if taken regularly. Ensure these are taken as recommended on the packaging and that none of the contra-indications on the leaflet apply to you.

Codeine (contained in co-codamol) is addictive, introduces a risk of a 'pain-relief induced headache', and makes you constipated so you might want to avoid this unless really necessary. Ice packs can be used at the site of injury to reduce swelling (and therefore pain) in the first few days.

The biggest risk of minor rib and chest injuries is of chest infection weeks after the injury, due to not breathing deeply enough due to the pain when doing so. It is therefore **very important** to try to take deep breaths and cough several times a day. **Do not** strap the chest. While this might help with the pain it will restrict lung expansion and risk pneumonia, use pain killers instead.

Serious complications are usually identified whilst you are still in hospital but can occur up to a few days later. A complication is that the sharp end of fractured bones pierces the lining of the lung allowing air or blood to move into the membrane that surrounds the lung (a pneumothorax or haemothorax). This can restrict the lungs, cause pain away from the broken ribs, and result in shortness of breath. If you experience new, or worsening, shortness of breath, you should return to the hospital for assessment.

Air can also leak out of the lungs into the surrounding tissue causing a swollen bubbly area which is crunchy when pressed ("surgical emphysema"). This can be associated with a pneumothorax; you should immediately return to hospital for assessment. Another serious complication that might require further investigation is coughing up blood. Please return to the Emergency Department (A&E) if you do this.

Rib injuries can take up to six weeks to recover and sometimes longer depending on the severity. Unfortunately, pain can worsen at days five to 10 of recovery as the healing mechanisms in your body (inflammation) continue to help repair the injury or injuries.

Abdominal injuries

When we discharged you, we were not concerned about severe abdominal injury. However, because of the uncertain and variable mechanisms of injury that can be sustained when falling or receiving an impact from a horse, it is important to think about potential abdominal (tummy) injuries. The symptoms sometimes only become apparent later, or once other injuries have become less distracting. Pain and swelling of the abdomen, blood in the urine (pee), stool (poo), or from genitalia (vagina or penis) and not associated with a period (menstruation) should all warrant further assessment. If you are feeling faint and very unwell this should be as a matter of urgency (call 999 or go to A&E immediately).

Sprains, strains and soft tissue injuries

For the first 24 - 48 hours first aid treatment is the focus:

Ice

Use an ice pack for 20 minutes every few hours to try to reduce swelling and help stop bleeding. This could be a bag of ice cubes or a bag of frozen vegetables. Wrap the ice pack in some fabric such as a tea towel to avoid direct contact with the skin and any cold burns.

Elevate

Keep the affected area elevated to reduce inflammation; aim for higher than the heart if possible. Use cushions, pillows or a sling or footstool to facilitate this.

Avoid

Follow the Patient UK “Avoid HARM” guidance: www.patient.info/bones-joints-muscles/sports-injuries/sprains-and-strains:

- Avoid **H**eat, as this can make the swelling and bleeding worse.
- Avoid **A**lcohol, as this can increase bleeding.
- Avoid **R**unning, avoid increasing exercise which could worsen the injury.
- Avoid **M**assage as with Heat could make the swelling and bleeding worse in the first 48 hours. But, massage might be beneficial if done gently after 72 hours.

Most sprains will see an improvement in 10 days with full recovery expected in three weeks. More severe cases can go on for much longer. If you are not recovering as expected a GP or physiotherapist review might be beneficial to see if further investigations are needed for ruptured or torn ligaments and if specific rehabilitation advice would be beneficial.

If you would like to find out more about your injury, please see this link to the Harrogate and District NHS Trust website, www.harrogatehealthhub.co.uk, or the CHCP website <https://www.chcpmsk.org.uk>.

Physiotherapy self-referral services

You can refer yourself to physiotherapy services to assist you with the recovery from your musculoskeletal (joints, bones, muscle and / or nerves) injury. The services available to you depend on your Local Authority.

North Yorkshire residents

- Telephone self-referral (dependent upon town of residence):
Scarborough and Ryedale: 01653 609609
Pickering, Pocklington, and York: 01759 448322
Whitby: 01947 899200 (option 1)
- Online self-referral: www.yourphysio.org.uk for those living in the Vale of York (York, Selby, Malton)

East Riding residents

- Online self-referral: www.chcpmsk.org.uk/self-referral-form-introduction
- Telephone self-referral, all residents: 01482 247111

Other useful numbers

- Virtual Ward, East Riding: 01482 247110
- Out of hours district nurse, North Yorkshire: 07581 054358
- Urgent Community Response (UCR), North Yorkshire: 01653 609609
- Virtual Ward, North Yorkshire: 07890 057629
- Virtual Ward, ward clerk, North Yorkshire: 07977 830679

The psychological element

Horses are flight animals, so do not take it personally. While you may have a unique relationship with the horse you were riding or handling, their instinct is flight when alarmed, and you may have just been caught up in this.

Anxiety

Anxiety is a normal and natural response to feeling threatened and can be helpful as stress hormones such as adrenaline give you the boost to “fight or flight” (just like the horse).

It is normal to feel anxious after a traumatic incident such as falling from a horse.

Physical symptoms of anxiety can include:

- Rapid heart rate or feeling a “thumping heart”.
- Dry mouth.
- Nausea.
- Shaking.
- Breathing fast.

Your experience may also have psychological impact, causing you to:

- Have difficulty sleeping.
- Have worries about the past.
- Be fearful of this happening again.

Recognising and understanding the symptoms of anxiety can be beneficial to your recovery and prompt you to seek support – consider talking with a friend, family member, or riding instructor. Professional help may only be required if anxiety symptoms interfere with your daily life.

Further information about anxiety and its treatment is available on the Patient UK website www.patient.info/mental-health/anxiety. If you do not have access to the internet, you could ask family or friends to help access the information or ask an Accident and Emergency member of staff for assistance.

Riders Minds is an online bespoke resource dedicated to supporting the mental health and well-being of all. They are open to all horse riders, of all ages, levels, and experience.

Phone: 0800 0882073

Text: 07480 488103

Web address www.ridersminds.org

Getting back in the saddle

We would advise that you avoid horse riding for at least two weeks after your symptoms have cleared up (such as pain) following a horse-related injury.

Following a head injury, concussion can be a particular problem in sport because of the risk of a subsequent concussion, and a worsening brain injury as a result. This may happen with a minor further event such as trotting on a horse for example. So, we recommend that you do not ride again until all head injury symptoms (outlined on page 2 above) have gone.

Injury prevention

When you return to riding, you should consider precautions that could reduce the risk of significant injury.

We recommend you take measures to prevent significant injury from participation in horse-related sports:

- Remember to replace your helmet following an impact. It may not work so well on a second impact. Though the helmet may not appear damaged, it should be replaced.
- There are some very good body protection products on the market aimed at preventing injuries to the chest, back, and abdomen. Please consider using these when you return to riding.

❗ If you have further concerns about your condition, please contact your GP. If you are not sure what to do, **call 111 or get help from 111 online:** <https://111.nhs.uk/> When to use NHS 111 online or call 111 - NHS (www.nhs.uk)

Patient Advice and Liaison Service (PALS)

We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services. PALS can be contacted on 01904 726262, or email yhs-tr.PatientExperienceTeam@nhs.net.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

If you require this information in a different language or format, for example Braille, large print, Easy Read or audio, please ask the staff who are looking after you.

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