

Throughout this outline, there are **electronic links to additional information**. Many of these documents are also posted to Outdoors for All's website: Get Involved → Training → Winter [Training Materials](#).

Clinic Schedule: AM, 9-11:30am // Lunch, 11:30am-12:30pm // PM, 12:30-3pm

On-Mt Clinic #3 – Stand Ski

Instructors will learn about teaching participants with intellectual or developmental disability. Instructors will practice using adaptive equipment and teaching assists, and will explore ways to modify the skiing progression.

Throughout the day, please introduce and reinforce [Outdoors for All guidelines \(pages 8-13\)](#). As a reminder, Instructors must follow these policies during clinics.

- A. Introduction and/or warm-up run to gauge skiing ability/knowledge of the group. Discuss clinic safety and expectations. **Please let Instructors know that they will be spending 30 minutes to 1 hour inside during the first portion of this clinic, so that they can plan and prep accordingly.**
- B. Mountain-Specific Considerations
 - Where to meet? Where to check-in?
 - Where are Progress Reports and PIFs? Review a sample – what information can you gather from this paperwork?
 - Where is participant equipment?
 - Discuss roles of Volunteer Leads, Equipment Managers and Outdoors for All staff.
- C. Common Diagnoses and Considerations
 - Autism Spectrum Disorders, Down syndrome, ADD/ADHD
 - Epilepsy or Seizure Disorder
 - Proper use of harness and retention strap
 - Good Questions: What triggers a seizure? What does a seizure look like?
 - Create a Schedule or Behavior Contract
- D. Equipment Fitting
 - Are your participant's skis the right length? How do you know?
 - Does your participant need poles?
 - How do you teach or help someone to put on their boots?
 - How do you orient a participant to new equipment?
- E. Participant Evaluation
 - Do we need adaptation? What are our clues or indicators? What (movement) are you trying to affect? What is your plan to remove adaptations?
 - Explore and practice different ways that a participant can carry their own equipment.
 - Explore and practice different ways that a participant can put on and take off their ski equipment, with a focus on independence.
- F. Guided Practice with Adaptive Equipment and Teaching Techniques – Please spend the majority of the afternoon, if not some of the morning in addition, practicing teaching with and using equipment. Discuss ways that you add/use equipment, with a plan/progression to remove it.
 - Skiing Backwards

- Two-Point Hold
- Bamboo Pole or Hula Hoop
- Tip Connectors, Stand-Up Tethers

G. Chairlifts

- Discuss, describe and practice how you would teach someone to ride a chairlift for the first time.
- Equipment Considerations
 - Use a non-locking carabiner for all retention straps. When loading, attach the retention strap as soon as possible. The timing for an unload is different for each chair. Please work with your Instructors to set appropriate guidelines for the chairs that they'll be using.
 - Always remove tethers from Instructor's wrist(s) before riding the chairlift. If a student needs a seizure belt, ensure they wear one and that it's attached correctly.
 - Address what to do in the event of a mis-load. Almost always, it's best to stop/bail as soon as possible, instead of getting into trouble further and further off of the ground.
- Line-Cutting Policy

H. Teaching Strategies

- How can we modify our "typical" ski progression?
- Participant "Challenges": Fear, Stubbornness, Balance, Low Muscle Tone
- Tips, Tricks and Games

I. Paperwork Practice

- Complete a sample Progress Report, individually or as a group.

J. Practice Scenarios:

- A 10-year-old boy with autism walks without assistance. He is mostly non-verbal, but responds to yes/no questions with basic sign language. This student's first season skiing was last year, but he has difficulty following directions and/or moving his body as directed by the instructor, and spent the entire season on the Magic Carpet. He has a "melt down" if given too much instruction, so Mom and Dad have asked you to keep the lesson moving. Mom and Dad want their son to ski independently with the family. >> Think about using stand tethers to help develop muscle memory!
- An 8-year-old boy with Down syndrome walks without assistance, but has relatively low muscle tone for his age. He is mostly non-verbal, but responds to yes/no questions with basic sign language. This is his first year of lessons with Outdoors for All, but has skied for two seasons with Mom and Dad, who used a waist tether to get their son down green terrain. They note that he likes to ride the chairlift and go fast, but that he doesn't seem to know how to turn/stop on his own. They want their son to ski independently with the family. >> Think about bringing this lesson back to the magic carpet, so the student can develop the ability to turn/stop on own. If needed, could think about using stand tethers to help the student develop muscle memory – more "functional" than a waist belt.

K. Chairlift Discussions:

- What are potential hazards associated with the use of this equipment?
- How can you make an "exit plan" for your participant's equipment adaptations? It's always good to have a plan in place to move towards the 'least restrictive environment'.

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On-Mt Clinic #4 – Stand Ski

Instructors will learn about and practice VI guiding, then will continue practicing the use of adaptive equipment and teaching assists for participants with intellectual or developmental disabilities. Instructors will also practice more “advanced” scenarios, to learn tips and tricks for teaching students who ski on intermediate terrain.

Throughout the day, please introduce and reinforce [Outdoors for All guidelines \(pages 8-13\)](#). As a reminder, Instructors must follow these policies during clinics.

- A. Introduction and warm-up run to gauge skiing ability/knowledge of the group. Discuss clinic safety and expectations.
- B. Review Outdoors for All's [Equipment Guidelines \(pages 9-10\)](#) with all Instructors:
 - Helmets – All participants and instructors must wear snow sports helmets during downhill snow sports lessons.
 - Rental Equipment – Anyone working with Outdoors for All's rental ski bindings (Equipment Managers & Staff) must be Marker Binding Certified for the current season. **Instructors may not make adjustments to a participant's ski bindings**, regardless of whether or not they are rental gear. Please refer any equipment issues to your Equipment Manager or Program Manager.
 - Seizure Belts – Required if grand mal within 24 months, recommended for any other type within 24 months.
 - Tethers – The tether line (for sit or stand equipment) must be attached with a girth hitch to the instructor's skin at the wrist.
 - 'Safety Bar' down on all lessons, when the bar is available.
- C. Common Diagnoses and Considerations – Visual Impairment
 - Partial Vision vs No Vision
 - Peripheral vs Central Vision; Cloudy vs Clear; Depth of Vision
 - Visual Impairment as a “Secondary Condition” – Is there anything else going on?
- D. Participant Evaluation
 - Vision Assessment – Inside **and** Outside
 - How does light (sunny) and dark (overcast or shadows) affect vision?
 - What is their visual field?
 - What color(s) can they see? Is the Guide Bib (bright orange) a good visual indicator?
 - Do we need any equipment adaptation? What are our clues or indicators? What (movement) are you trying to affect? What is your plan to remove adaptations?
 - Explore and practice different ways that a participant can carry their own equipment. Practice *describing* various techniques.
 - Explore and practice different ways that a participant can put on and take off their ski equipment, with a focus on independence.

E. Practice VI Guiding

- Discuss and practice different guiding techniques:
 - Visual (from Front or Side) – Remain in participant’s visual field as a guide
 - Auditory (from Front, Side or Back) – Verbal guide, pole tap, bells or clap
 - Kinesthetic (from Side or Back) – Stand tether, bamboo pole
- Practice in Pairs or Small Groups
 - Use VI goggles to practice different techniques, for different fields of vision.
- Practice different techniques to guide a participant through the lift line and onto chairlift.
 - Practice skiing while holding the same pole, to navigate crowded or tight spaces
- Discuss and practice other guiding techniques, such as the “clock” method.
- Discuss and practice verbal cues for consistency
 - Ex: Go/Stop/Sit/Slow/Aaaand Turn (Transition)/Hold (Traverse)
 - Think about safety and communication. If guide falls, call out a “stop” with confidence; if skier can no longer hear guide, must stop until reconnected.
- Practice skiing with different rhythms, for predictability.

F. Adaptive Equipment Review (As Needed), Guided Practice – Please spend majority of clinic with guided practice!

- Skiing Backwards
- Two-Point Hold
- Bamboo Pole or Hula Hoop
- Tip Connectors, Stand-Up Tethers

G. Paperwork Practice

- Complete a sample Progress Report, individually or as a group.

H. Intermediate Skier Practice Scenarios

- A 16-year-old girl with Down syndrome who has been skiing for two years wants to ski on blue runs with her family. She can make cautious, linked wedge turns on green terrain. >> Break down the goal – is it to ski with her family or on a blue run? What skills does your participant need to work on to ski blue terrain? Can you finish each lesson with a fun, family run on skill-appropriate green terrain?
- An 8-year-old boy with autism likes to go fast! He thinks turning is dumb, and doesn’t want to hear otherwise. >> Explore various safety considerations and possible consequences. Set boundaries and behavioral contracts, as needed. How can you creatively make turning fun?
- A 35-year-old man with intellectual disability has skied for his entire life, but only gets up to the mountain a few times each year. He prefers to ski on blue terrain, but still initiates turns with a wedge. He wants to learn how to ski the bumps, so he can keep up with his brother. >> Discuss appropriate terrain choices and progressions. What skills will you need to emphasize?
- A 45-year-old woman is a lifelong, advanced skier. She lost her vision two years ago, and is looking to start skiing again. >> Set realistic goals, and start slow, to build trust.
- A 5-year-old boy with a visual impairment is brand-new to skiing. When he walks into the office, you don’t immediately notice his vision loss – though after talking with both him and his parents, you learn that he has no vision in his left eye, and has no periphery vision in his right eye >> Remember that a child’s center of mass is higher than an adult’s, because their heads are proportionately larger. This is important to consider, if a student will be moving their head more actively, to see what is around them – think about their balance.

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On-Mt Clinic #5 – Stand Ski

Instructors will learn about teaching participants with various physical disabilities or diagnoses. Instructors will practice using adaptive equipment and teaching assists, and will explore ways to modify the skiing progression.

Throughout the day, please introduce and reinforce [Outdoors for All guidelines \(pages 8-13\)](#). As a reminder, Instructors must follow these policies during clinics.

- A. Introduction and warm-up run to gauge skiing ability/knowledge of the group. Discuss clinic safety and expectations.
- B. Common Diagnoses and Considerations
 - Brain Injury, Cerebral Palsy, Amputation/Limb Difference, Multiple Sclerosis
 - Communication:
 - Promote Independence – Don't talk "around" a participant.
 - Age-Appropriate
 - Communication Devices
- C. Participant Evaluation
 - Do we need adaptation? What are our clues or indicators? What (movement) are you trying to affect? What is your plan to remove adaptations?
 - Does the participant use a prosthetic? If yes, will they ski with it?
 - Does the participant use a walker, crutches or cane?
 - Explore and practice different ways that a participant can carry their own equipment.
 - Explore and practice different ways that a participant can put on and take off their ski equipment, with a focus on independence.
- D. Review Adaptive Equipment and Teaching Techniques for ID/DD Students
 - How can these techniques be utilized or modified for someone with physical disability?
 - Skiing Backwards
 - Two-Point Hold
 - Bamboo Pole or Hula Hoop
 - Tip Connectors, Stand-Up Tethers
 - Coaching or guiding from front/back/side
- E. Introduce Additional Equipment
 - Snow Slider
 - Outriggers for 3-Track/4-Track
 - Discuss various set-ups and scenarios.
 - Discuss, demonstrate and practice how this equipment fits into a standard ski progression.
 - Consider doing a group lesson for 3-Track, starting on the flats and only advancing in terrain when the group is safe/ready to go elsewhere on the mountain

- Discuss considerations when taking this equipment on the chairlift, and practice safe loading/unloading.
 - Always remove tethers for Instructor's wrist(s) before riding the chairlift. Remove any connections between participant and slider, and attach the Slider to the chairlift with a retention strap.
 - Load/unload chairlift with outriggers in "ski position" to prevent shoulder injury.
- How could we use this equipment to support a student with ID/DD? Discuss how the Slider can be used to support someone who needs a "frame" to stand, such as a child with Down syndrome, who has low muscle tone.

F. "Adaptive" Movement Analysis

- What is the ski doing? What is the body doing?
- Is the adaptive equipment solving an inefficiency, or creating a problem?
- Experiment with more/less efficient movements. For example, 3-Track with outriggers too short, and then with outriggers too tall.
 - What does efficient/inefficient movement look like? What does it feel like?

G. Paperwork Practice

- Complete a sample Progress Report, individually or as a group.

H. Practice Scenarios:

- A 52-year-old man is a lifelong skier, with a recent below-the-knee (BK) amputation. He has not skied with injury. Describe how you would select equipment, and what concerns you must consider. Do a "mock" fit-up on a peer, and start a beginner lesson. >> How recent is his injury? Does he walk with a prosthetic? If so, does he want to ski with his prosthetic? Does he have enough residual limb, and it is adequately healed? Will he 3T or 4T? Is he a candidate for sit?
- An 8-year-old boy with cerebral palsy struggles to keep a flat ski on his right side, making it difficult to turn in that direction. >>Can you add a cant or wedge inside his boot to help flatten his ski? If not, can you flatten a ski with stand-up tethers? Consider use of Hookease or stand outrigger.
- A 35-year-old woman with MS uses a wheelchair primarily, but wants to stand ski, if possible. She can stand and walk for short periods of time; in ski boots, she can shuffle her feet, but has a difficult time picking them up or making quick rotations. Describe and set-up what equipment you might use, and any particular concerns you must consider. >> Use of slider, with additional tip connectors to help with ski rotation. Consider bringing a chair on the mountain, for easier rest breaks mid-run.