

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 Snowboard

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 snowboarding 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 riding 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
 - Is your participant's board the right length? How do you know?
 - 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 snowboard 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. Please review the [AASI Adaptive Snowboard Guide \(see pages 20-25\)](#) for additional information about the following techniques:

- Riding Switch
- Hand-in-Hand, Hands-on-Waist
- Bamboo Pole or Hula Hoop
- Tethering from Tip or Tail of Board

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, its 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" snowboard 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 snowboarding 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 ride independently with the family.
- 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 snowboarded 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 ride independently with the family.

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 Snowboard

Instructors will learn about and practice VI guiding. Instructors will also experiment with equipment modifications to support individuals with physical disability.

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 riding 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. Instructors may adjust snowboard bindings, if needed.
 - 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 snowboard 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 riding while holding a short ski 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 rider can no longer hear guide, must stop until reconnected.
- Practice riding with different rhythms, for predictability.

F. Common Diagnoses and Considerations – Physical Disability

- Brain Injury, Cerebral Palsy, Amputation/Limb Difference, Multiple Sclerosis
- Communication:
 - Promote Independence – Don’t talk “around” a participant.
 - Age-Appropriate
 - Communication Devices

G. 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 he ride 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 snowboard equipment, with a focus on independence.

H. Introduce Adaptive Equipment - Please review the [AASI Adaptive Snowboard Guide \(see pages 20-21\)](#) for additional information about snowboarding with outriggers.

- Stand outriggers for stability.
- Discuss various set-ups and scenarios.
- Discuss, demonstrate and practice how this equipment fits into a standard snowboard progression.
- Discuss considerations when taking this equipment on the chairlift, and practice safe loading/unloading.

I. “Adaptive” Movement Analysis

- What is the snowboard 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, use an outrigger that is too short, and then an outrigger that is too tall.
 - What does efficient/inefficient movement look like? What does it feel like?

J. Paperwork Practice

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

K. Practice Scenarios

- A 16-year-old girl with Down syndrome who has been snowboarding for two years wants to ski/ride on blue runs with her family. She can make cautious turns on green terrain, but falls most time she transitions to toe side. >> Break down the goal – is it to ride with her family or on a blue run? What skills does your participant need to work on to ride blue terrain? Can you finish each lesson with a fun, family run on skill-appropriate green terrain?
- A 25-year-old woman is a lifelong, advanced snowboarder. She lost her vision two years ago, and is looking to start riding again. >> Set realistic goals, and start slow, to build trust.
- A 40-year-old man with hemiplegia from a stroke wants to get back into snowboarding. He has significant weakness on his right side.
- A 10-year-old girl is new to snowsports and wants to ski. She is a double above the knee amputee and walks with prosthetics. >> Mechanically, it will be much easier for this student to snowboard! Discuss participants who might be better suited to snowboard – AK amputees, participant who cannot hold flat ski, participant who is duck-footed, participant with dwarfism – and discuss how you would give them a first lesson.