



PRESENT USE OF EQUINE MOVEMENT BY PT, OT, AND SLPS IN THE UNITED STATES

Hippotherapy is a term that refers to the use of the movement of the horse as a treatment strategy by physical therapists, occupational therapists, and speech-language pathologists to address body structure and function, activity limitations, and participation restrictions in patients. This strategy is incorporated into the plan of care to achieve functional outcomes.

Physical therapists, occupational therapists and speech-language pathologists have incorporated the movement of the horse in therapy in the United States and internationally, for over 40 years. The American Hippotherapy Association Inc. (AHA, Inc.) was formed in 1992 to provide a forum of education, communication and research among health professionals interested in the use of the horse's movement in treatment. The AHA, Inc. membership is comprised primarily of physical therapists, occupational therapists, and speech-language pathologists.

AHA, Inc. created a conceptual framework for incorporating equine movement as a treatment strategy in 1997. The conceptual framework is based on dynamic systems theory, integrated with other theories such as motor learning and sensory integration, etc. The framework was developed to (a) provide therapists with a theoretical basis for the treatment strategy, (b) promote effective clinical problem-solving, and (c) aid the generation of hypotheses for scientific research.

Therapists who are considering incorporating equine movement as a treatment strategy are encouraged to pursue specialized training in this area. AHA, Inc. has developed two 4-day courses: Level I and II Equine Skills and Treatment Principles, taught by AHA, Inc. approved faculty. A separate entity, the American Hippotherapy Certification Board (AHCBC), has developed two levels of certification: Entry Level and Hippotherapy Clinical Specialist*.

* Hippotherapy is not horseback riding or therapeutic riding. Horseback riding describes a recreational activity with the rider controlling the horse. Therapeutic riding is an adapted riding lesson for individuals with special needs. In therapeutic riding, specially trained riding instructors establish goals for the riders that are educational or recreationally based. Secondary gains may be made with this population, but it is not the goal of the instructor to rehabilitate, but rather to improve riding skills and quality of life. AHA, Inc. suggests the term adaptive riding, versus therapeutic riding, as it more accurately describes the activity and is consistent with other activities such as adaptive skiing, basketball, and swimming.

* Hippotherapy is used as one part of a patient's integrated rehabilitation plan of care. The treatment plan is based on the therapist's evaluation and the functional goals of the patient. The therapist may choose hippotherapy if it is the most effective and efficient means for the patient to achieve positive functional outcomes. This decision is reflective of the therapist's own profession, specialized training, clinical reasoning, and theoretical model of treatment. The therapist may incorporate the horse in a variety of ways depending on the needs of the patient. Equine movement is continually modified during a treatment session and over a period of time in response to patient needs and rehabilitation progress. Standard documentation reflects progress of treatment, and follows the guidelines of the therapists' profession. Current Procedural Terminology (CPT) codes used for billing are chosen based on how this strategy is used to address specific goals of treatment. The American Physical Therapy Association, the American Occupational Therapy Association, and the American Speech and Hearing Association all recognize using hippotherapy and using CPT codes that are consistent with each scope of practice for example Therapeutic Exercise 97110, Neuromuscular Reeducation 97112, or Therapeutic Activities 97530.

* Hippotherapy is often mistakenly described as horseback riding, therapeutic riding, or equestrian therapy or activities. In fact, an S code exists as "equestrian/hippotherapy" (S8940). Equestrian implies the recreational activities of horseback riding. Furthermore, it implies that hippotherapy is a separate service from physical, occupational and speech-language therapy, which is not the case. The current S code is inappropriate and should not be used.

Revised March 2013

AMERICAN HIPPO THERAPY ASSOCIATION, INC. (AHA, INC.)

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The use of hippotherapy as a treatment strategy is within the scope of practice for Physical Therapy, Occupational Therapy and Speech-Language Pathology as it has been shown to be an effective strategy to achieve functional outcomes for many patients. The movement of the horse can be compared to other well recognized treatment strategies such as Neuro-Developmental Treatment (NDT), Proprioceptive Neuromuscular Facilitation (PNF), or Myofascial Release (MFR). The attributes of the horse's movement include the ability to provide rhythmic, symmetric, multi-dimensional movement that can be repeated consistently during a treatment session. This treatment strategy offers the patient organized motor and sensory input that can be modified by the therapist to meet the needs of the patient. In accordance with motor learning theory, these qualities of sensory-motor input are ideal for learning or re-learning functional tasks.

Horses chosen for patient treatment must meet specific selection criteria regarding movement quality, temperament and training. Even when an ideal horse is used, the treatment quality and results are based on the specialized training of the therapist, his/her clinical experience and expertise, and how well he/she integrates the horse's movement into a comprehensive treatment program. Also crucial is the expert handling of the horse during treatment, to meet the movement needs of the patient.

There is widespread acceptance of hippotherapy within the medical/professional and educational communities. APTA, AOTA and ASHA recognize hippotherapy as part of the licensed professional scope of practice. Many universities request placement of their health professional students in affiliations with a clinician that may include hippotherapy as an integrated plan of care for their patients. A number of school districts pay for school based therapy that includes hippotherapy in a treatment plan because it produces educationally relevant functional outcomes. Many major third party payers throughout the country reimburse for treatment that includes the movement of the horse as a treatment strategy. Continuing Education Units (CEU's) are routinely granted for AHA, Inc. approved and other courses taught by clinicians with recognized expertise in hippotherapy. As of 2012, research on incorporating the horse in treatment has been published 18 times in peer reviewed journals such as Physical Therapy, Physical and Occupational Therapy in Pediatrics, Developmental Medicine and Child Neurology, and Archives of Physical Medicine and Rehabilitation in addition to numerous other clinical publications. Presentations on hippotherapy are given at many regional, national and international professional conferences. The record of safety, as noted by multiple national surveys, shows that therapy including equine movement is as safe, or safer, than other treatment strategies when used by therapists with appropriate training and continuing education.

Hippotherapy, the use of equine movement as a treatment strategy, has evolved over 40 years. Through education and clinical experience, therapists will continue to refine the use of hippotherapy in treatment using the movement of the horse as the strategy of choice has resulted in improved functional outcomes for a wide variety of patients. These positive results ensure that hippotherapy will continue to be used in treatment for many years to come.

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AHA, INC. TERMINOLOGY

In the interest of clarity and consistency, AHA, Inc. has adopted the following suggested glossary to describe the therapy team and the setting in which AHA, Inc. members work, we have included terms related to the field of equine assisted activities and therapies as a whole as well to help with clarification. Using this terminology accurately in all communications will facilitate greater understanding throughout the equine and medical communities. Please review these terms and use them when describing hippotherapy (equine movement/related activities), equine assisted therapy, equine facilitated mental health, as it relates to PT, OT and SLP practices.

ADAPTIVE RIDING (AR)

Mounted activities, including traditional riding disciplines (i.e. English, Western) where instruction and/or equipment may be modified by a specially trained riding instructor for a person with a disability to ensure successful progression of equestrian skills.

COMPETITION

Individual or team sports at the local, regional, national, or international level. Integrated or specialized competition can be breed or activity based.

EDUCATOR

An educator/teacher licensed or sanctioned by the state, school district, department of education or equivalent designation.

EQUINE

A general description inclusive of horses, ponies, mules, donkeys, or miniatures. Of special note: the equine is not inanimate, therefore, we refrain from phrases such as 'using the horse' or 'a pony is used'. We might 'use' the movement of the horse, or we may 'use' examples of equine behaviors, we do not 'use' the animal. Consider phrases such as: work with the horse, incorporating the equine, the horse assisting the therapist, or the pony facilitating the therapy.

EQUINE ASSISTED ACTIVITIES (EAA)

Any activity within an equine environment, mounted or un-mounted, where the goal is not therapy but activity driven, i.e. adaptive riding, grooming, horsemanship, stable management, shows, parades, demonstrations, etc., for pleasure and/or recreation. EAA are supervised by a PATH certified instructors at all PATH member centers.

EQUINE-ASSISTED THERAPY (EAT)

A goal directed intervention in which a specially trained equine is an integral part of the treatment process. EAT is directed and/or provided by a human/health service professional with specific expertise and within the scope of their practice.

EQUINE-FACILITATED MENTAL HEALTH (EFMH)

Inclusive of equine-assisted activities and therapies with a focus on mental health issues. (EFL and EFP)

EQUINE-FACILITATED PSYCHOTHERAPY (EFP)

Experiential psychotherapy that includes equine(s). It may include, but is not limited to, a number of equine activities such as handling, grooming, lunging, riding, driving, and vaulting. EFP is facilitated by a licensed/credentialed mental health professional working with and/or as an appropriately credentialed equine professional/instructor.

HIPPOTHERAPY (HPOT)

Hippotherapy is a physical, occupational or speech therapy treatment strategy that utilizes equine movement. This strategy is used as part of an integrated treatment program to achieve functional outcomes. www.americanhippotherapyassociation.org

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AHCB HIPPO THERAPY CERTIFIED THERAPIST- ENTRY LEVEL

An entry level exam which licensed therapist (PT, PTA, OT, COTA, SLP, and SLPA) who have attended both the AHA, Inc. Level I and II courses may take. Successful completion of this national board written exam shows a baseline level of competency in equine movement/related activities as a treatment strategy.

AHCB HIPPO THERAPY CLINICAL SPECIALIST (HPCS)

An experienced, licensed therapist (PT, OT, SLP) who has demonstrated an advanced level of knowledge in using equine movement/related activities as a treatment strategy by successfully completing a national board written examination.

HORSE HANDLER/LEADER

Indicates the individual preparing and handling the equine during a treatment sessions.

MENTAL HEALTH PROFESSIONAL

A licensed and/or credentialed medical professional who specializes in the treatment of individuals with psychiatric, psychological, emotional or behavioral diagnoses.

PARTICIPANT

An individual who participates in a research project. Although subject is used in some venues, participant is preferred terminology.

PATH Intl.

Professional Association of Therapeutic Horsemanship International

PATH Intl. CENTER

A center that has established membership with PATH Intl. and agrees to comply with the PATH Intl. standards by signing an annual compliance form.

PATH Intl. CERTIFIED INSTRUCTOR

A riding instructor certified by PATH Intl. at the registered, advanced, master level or specialty, i.e. driving, interactive vaulting, who holds an approved certification in the specific equine activity they teach.

PATH Intl. PREMIER ACCREDITED CENTER

A member center that has been successfully evaluated to be in compliance with PATH Intl. standards. A PATH Intl. Premiere Accredited Center may use the PATH Intl. PAC logo and present itself as a PATH Intl. Premier Accredited Center.

PATIENT/CLIENT

A general description of the person who takes part in equine assisted therapies. There will be varied usage depending on the discipline and setting. For instance, in a therapy setting, it is appropriate to use patient or client; in a school setting, one may refer to therapy patients/clients as "students". Use of terminology related to persons with disabilities will follow the common usage by the World Health Organization (WHO) that is 'people first, disability or diagnosis second'. Preferred statement: 'patient with cerebral palsy.' Incorrect: 'CP patient.'

TANDEM HIPPO THERAPY (T-HPOT)

A treatment strategy in which the patient is handled by the therapist or skilled designee who is mounted on the horse behind the patient.

THERAPEUTIC

An activity is therapeutic if a participant benefits, shows improvement or feels better once engaged. An activity can be therapeutic without being considered as therapy. In general, EAA's may be described as therapeutic, but they are not therapy or are not considered treatment without fulfilling specific requirements. (See Therapy, defined below)

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THERAPY

May only be done only by a licensed/credentialed professional such as a PT, OT, SLP, (and licensed assistants), psychologist, social worker, MD, among others.

TREATMENT

Services in which therapy is provided. This is generally thought of in a medical model. (See Therapy)

VOCATIONAL REHABILITATION

Equine related activities that may include work hardening, work re-entry or vocational exploration. Participants are young adults or adults. May be considered equine assisted therapy if integrated by the therapist as part of a medical treatment plan.

TERMS TO AVOID

CLASSIC OR CLASSICAL HIPPO THERAPY

These terms were used at one time by the American Hippotherapy Association (AHA) to differentiate types of hippotherapy practiced. It is no longer necessary to make this distinction and the term Hippotherapy is inclusive of all variations as long as the discipline fits the definition as outlined by AHA, Inc. (See Hippotherapy)

HIPPO THERAPIST/EQUINE THERAPIST/EQUINE-ASSISTED PSYCHOTHERAPIST

These terms (and other similar terms) are never to be used, as there are no such professions, professional education or licensing in North America. An appropriate description would be the therapist first (recognized profession) with the equine-assisted therapy following (i.e. PT using HPOT, clinical psychologist doing EFP).

MODALITY/TOOL

The use of the movement of the horse is defined as an treatment strategy rather than a modality. Legally, hippotherapy or the use of the movement of the horse is not a modality, and the term modality should not be used. Additionally, the equine is not the tool; the movement and/or the behavior of the horse is the facilitator for change. (See Equine)

RIDER

This refers to the individual who participates in a therapeutic riding lesson or an able bodied riding lesson.

USING THE HORSE/THE HORSE IS USED

The equine is a sentient being and participates in EAAT by facilitating or assisting in the provision of services. Humane treatment is quintessential, including respectful verbiage in discussing the equine's participation.

“THERAPY”

Laws differ by state. If non-licensed/credentialed personnel claim to be doing therapy or providing treatment, this is often considered fraudulent and practicing without a license. Marketing strategies (brochures, website) must utilize appropriate terminology. A therapist must be present in order to represent an individual or an organization as offering “therapy”.

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May 5, 2012

Debbie Silkwood-Sherer PT, DHS, HPCS
President, American Hippotherapy Association
P.O. Box 2014
Fort Collins, CO 80522-2014

Dear Dr. Silkwood-Sherer:

On behalf of the American Physical Therapy Association's (APTA) more than 80,000 member physical therapists, physical therapist assistants, and students of physical therapy, I am happy to provide a letter to the American Hippotherapy Association on the use of a hippotherapy as a treatment strategy that is an appropriate part of physical therapy practice. Physical therapists' practice in a wide variety of settings and perform evidenced-based screening and evaluation for individuals with neuromuscular, cardiovascular, integumentary, and musculoskeletal conditions and provide interventions that focus on mobility and function to enable an individual's participation and improving their quality of life.

The physical therapy plan of care is based upon an individualized examination and evaluation of the patient to address impairments and functional and participation limitations and environmental barriers. The plan of care consists of the patient's/client's goals and intended outcomes and the treatment strategies and interventions directed to achieve a functional outcome. Hippotherapy is a treatment strategy that when incorporated into the physical therapist plan of care utilizes the equine movement as part of an integrated program to achieve outcomes such as improved balance, strength and flexibility. In cases where a physical therapist treatment plan utilize hippotherapy, the services rendered by that physical therapist, in such a context, should be recognized as physical therapy interventions and not the specific treatment strategy, device, equipment or adjunct used to deliver these interventions. In contrast, therapeutic horseback riding in which the goal is to achieve the skill of riding or other equine-related activities is not considered physical therapy intervention due to it not being a component of the individuals' physical therapy plan of care.

While the 2003 *Guide to Physical Therapist Practice* does not specifically mentioned hippotherapy, it is considered a treatment strategy consistent with interventions of therapeutic exercise. The *Guide* states that therapeutic exercise may include "balance and coordination training; motor function training or retraining; neuromuscular education or re-education; neuromuscular relaxation, inhibition and facilitation; perceptual training; posture awareness training; and sensory training or retraining".

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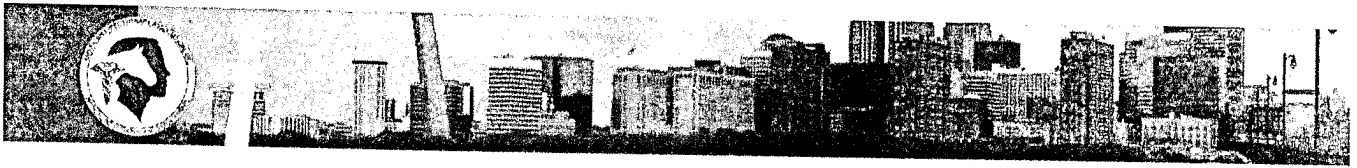
When an individual's physical therapy plan of care includes hippotherapy as a treatment strategy it is appropriate for services to be billed as neuromuscular education, therapeutic exercise, therapeutic activities or sensory integration, depending the intent of the intervention, the patient goals, and assuming all other payer requirements are met.

Thank you and if you need any further information, please feel free to contact APTA's Clinical Practice and Research Department at practice@apta.org

Sincerely,

R. Scott Ward, PT, PhD
President

RSW/jm/mfd



American Physical Therapy Association

April 12, 2000

Barbara Heine, PT, HPCS
President, American Hippotherapy Association
5001 Woodside Road
Woodside, CA 94062

Dear Ms. Heine:

The APTA recognizes that hippotherapy is a treatment tool in which the movement of the horse and related activities are used to address impairments and functional limitations in patients primarily with neuromusculoskeletal dysfunction in order to achieve functional outcomes. Within the 1997 *Guide to Physical Therapist Practice* hippotherapy is not specifically mentioned because it is considered a treatment tool under the specific direct intervention of therapeutic exercise. In this context, therapeutic exercise uses a horse, where the horse should be regarded similar to a piece of equipment and not the treatment itself. The Guide does not mention any particular piece of equipment in its description of therapeutic exercise, but states that therapeutic exercise may include "balance and coordination training; motor function training or retraining; neuromuscular education or re-education; neuromuscular relaxation, inhibition and facilitation; perceptual training; posture awareness training; and sensory training or retraining."

It is appropriate for physical therapy services that include hippotherapy as a treatment tool to be billed as neuromuscular education, therapeutic exercise or therapeutic activities depending on the way in which the horse is used in the treatment session, assuming all other payer requirements are met.

The physical therapist is responsible for designing a plan of care that is based upon an examination and evaluation of the patient. In cases where a physical treatment plan and goals utilize a horse to assist in achieving those goals, the services rendered by that physical therapist, in such a context, should be recognized as physical therapy intervention. It is understood that the use of the horse as a treatment tool should be considered no differently than any other treatment tool applied to other interventions within the scope of physical therapist practice. In contrast, therapeutic horseback riding in which the goal is to achieve the skill of riding or other equine-related activities, is not considered physical therapy intervention.

Sincerely,

Andrew A. Guccione, PT, PhD, FAPTA
Senior Vice President
Division of Practice and Research

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AHA, INC. BIBLIOGRAPHY AND REFERENCE LIST

PEERED REVIEWED HIPPO THERAPY RESEARCH ARTICLES

This section includes articles that use scientific research and inquiry methods that include more than one research participant. Although some articles use the term “therapeutic riding”, “riding therapy”, “horse therapy”, or “equine assisted therapy” in their title or text, the description of the actual methods is consistent with current AHA definition of hippotherapy and are therefore included in this category. Many of these are older articles or were conducted in countries where terminology differs slightly from current AHA definitions.

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PEER REVIEWED CASE STUDIES

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