

Confusion often arises between the terms *hippotherapy* and *therapeutic riding*. The purpose of this article is to clarify the differences between the two.

The term Hippotherapy literally means "treatment with the help of the horse" from the Greek word "hippos" meaning horse. **Classic hippotherapy** reflects the German model; it is purely the horse's movement that influences the rider. The rider passively interacts with, and responds to the horse's movement. The therapist is responsible for analyzing the client's response and grading the type of movement appropriate for the rider.

**Hippotherapy** uses the movement of the horse based on the methodology of classic hippotherapy with the addition of the treatment principles that apply to the particular profession of the therapist providing the service. It can be used by PT, OT, or SLP.

**Therapeutic Horse Riding** is a global term which embraces all horse-related activities for people with disabilities. A medical professional and a horse professional work with the rider, determining a specific program to answer the rider's needs.\*\* The horse is a precious partner in helping the rider to attain his objectives.

Within the 'therapy' classification, there are three approaches: riding therapy, developmental riding therapy and hippotherapy.

<b>Hippotherapy</b>	<b>Therapeutic Riding</b>
A medical treatment	A form of therapy with possible progression towards competitive or independent riding goals.
Specific treatment goals with outcome measures and reassessments.	Educational, recreational as well as therapeutic.
Individual session.	Group or individual sessions.
Horse is led or long-lined	Horse is led, lunged or ridden independently.
Sheepskin or flat pads, occasionally a saddle.	Usually, but not exclusively, a saddle.
Horse is chosen for its appropriate gait and conformation.	Chosen for height, width and temperament match with rider.
Horse facilitates the movement of the rider who has no control of the horse.	The rider or leader influences the horse.
Practiced by PT, OT or SLP with specific training in hippotherapy through the American Hippotherapy Association.	CANTRA instructor, AI, II, or coach with the help of therapist/specialist to give advice on: <ul style="list-style-type: none"> <li>○ Exercises beneficial for rider</li> <li>○ Choice of horse</li> <li>○ Rider goals</li> <li>○ Explain medical terms</li> <li>○ Advice on mounting/dismounting</li> </ul>

The above mentioned Hippotherapy professionals follow an educational level system currently set by the American Hippotherapy Association, including equine skills and treatment principles up to the level of clinical specialist.

\*\*Reference: CanTRA Instructor Manual, 1997 edition

## **THE IMPORTANCE OF A PARTNERSHIP BETWEEN INSTRUCTORS AND THERAPISTS IN THERAPEUTIC RIDING AND HIPPO THERAPY**

In an efficient teamwork, the end result is greater than the sum of each party. Considering his/her training and nature of his/her responsibility, the therapeutic riding instructor is dedicated to teamwork. The purpose of this article is to value the importance of including the therapist (OT, PT, SLP) among the therapeutic riding team and to propose a method of functioning with the team.

Teamwork offers different functioning systems. The **multidisciplinary approach** (Delle Vergini, 2001) is characterized by the presence of several disciplines. People are present but do not influence each other. They are said to function in 'isolation.' On the other hand, a team operating with the **interdisciplinary approach** promotes interaction between partners and allows an integrated understanding of problems and needs. In other words, exchange of information resulting from numerous interactions offers team members a mutual enrichment of knowledge, satisfaction of client needs and their overall evaluation. *This last approach is highly recommended.*

Setting up an interdisciplinary team requires optimal organisational conditions for efficient teamwork. Respect and trust are of the utmost importance amongst team members. We hereby present an adaptation of such conditions to the equestrian team.

1. A coordinator ensures a link between team members and sets the schedule.
2. A team must have a leader who will take control in case of an emergency. With Cantra, this leader is always the therapeutic instructor.
3. Each team member must have a status calling for a specific role. Individuals know what they have to do and how to do it.
4. Therapies are discussed before and after each session with team members. Caucus before treatment informs everyone on equipment to be used and in which order. Discussion after session offers opportunity for exchange of knowledge.

When there is presence of a therapist and a therapeutic riding instructor, the role of the instructor is modified. We hereby suggest strategies which can be utilized by instructors to improve the therapist's work.

1. Verify that actions occurring on the left-hand side are equivalent to those on the right-hand side ensuring that both horse and rider are worked in a symmetric fashion.
2. Verify that mounting techniques and activities suggested by the therapist are safe, having been tried out with the horse prior to the lesson.
3. Ensure that the horse can perform at different speeds and obeys leg yielding as these are important tools used by the therapist. Share information with therapist on strengths and weaknesses of the horse.

4. Ensure that horses and volunteers have adequate amount of working hours within a week's time.

In this type of team, the therapist is responsible for evaluation and execution of the treatment plan. The therapist will define objectives, gradation and execution of the treatment plan. Therapist and instructor evaluate and recommend the best horse to use during the treatment. The plan is then presented to the parents.

All musculo-skeletal mobilizations done prior to treatment or during mounting and dismounting are the exclusive responsibility of the therapist. The therapeutic riding instructor will reserve a medical opinion on the rider's status in the presence of the therapist only. Only therapists are qualified to quantify psychomotor evolution of the children they treat. If parents ask questions on this subject, concerning their child, it is preferable that instructors refer parents to the therapist. The instructor is mostly qualified to discuss the child's riding ability.

There are certain risks involved when working without a therapist for certain types of clientele such as CP with moderate to severe spastic components. More precisely, a child who cannot sit without support for 5 seconds, OR who cannot hold his/her head straight up without help, must be under the supervision of a therapist trained in therapeutic riding preferably in hippotherapy. The presence of the therapist in both cases ensures safety for the integrity of the musculo-skeletal structures and favourable evolution of the treatment.

It is just as important for the therapist to understand the importance of working with a therapeutic riding instructor rather than a regular instructor. The therapeutic riding instructor has a superior knowledge of the overall activity which simplifies and improves largely the teamwork. There is a shared contribution between therapeutic riding instructor and therapist allowing for the updating of the treatment plan in choosing the horse, the equipment, the volunteers and also the choice of techniques for mounting and dismounting and the material used during the treatment. The instructor will be responsible for the training and knowledge updating of the volunteers.

## References

Delle Vergini, N. (2001). Le Plan d'Intervention Individualisé Interdisciplinaire (PII) au service du Projet de Vie de la Personne Âgée.

## **Who can “do” Hippotherapy?**

By Judy Todd, PT, AHA Level 2 Therapist

Hippotherapy is a medical treatment utilizing the movement of the horse; the key word is *medical*. It requires the ability to make an assessment and a diagnosis (if required) and then to develop a treatment program with specific outcomes. As such, Hippotherapy lies solely within the scope of practice of a Physiotherapist (PT), Occupational Therapist (OT) or Speech-Language Pathologist (SLP) who has received additional specialized training in Hippotherapy. Currently, Hippotherapy educational standards in North America are set by the American Hippotherapy Association.

In addition to taking the required Hippotherapy training, a PT, OT or SLP who wish to practice Hippotherapy must be licensed with their provincial College and carry appropriate malpractice insurance.

The AHA does make an initial Hippotherapy course available to all-comers who may wish to assist a Hippotherapy professional. Qualified PT and OT assistants who have taken this introductory course can also “do” Hippotherapy, but only under the immediate direction and supervision of a qualified PT or OT; the assistants cannot assess a client or design a treatment plan.

Does this then exclude a doctor, kinesiologist or nurse, all of whom have a strong movement background, from having a Hippotherapy practice or working in one?

A doctor has extensive medical training and, in a Hippotherapy setting, are very much a referral source and part of a Hippotherapy team along with the therapist and horse expert. However, a doctor acts only in an advisory or consulting capacity.

A kinesiologist studies human anatomy and movement in depth but their training does not cover the medical treatment of clients such as the neurologically impaired in any way. While a kinesiologist may well be a valued member of a therapist-led Hippotherapy team they are not licensed to actively treat.

A nurse also studies anatomy but lacks the depth of biomechanics and movement and is not registered to treat clients with varying diagnoses in either a Hippotherapy or rehab setting.

The American Hippotherapy Association has come a long way in their 22 years and the prerequisites for their upper level courses make it very clear that PTs, OTs and SLPs are the professionals to offer Hippotherapy. As mentioned earlier, an introductory course is available to all-comers, but the advanced training is only open to these three professions.

Hippotherapy Canada is not a regulatory body and has no control over anyone advertising their “Hippotherapy” skills. A number of people offering the service, while they may have some horses, in fact lack all qualifications in what is a very specialized field. We urge anyone considering taking Hippotherapy to use caution.

# GUIDELINES AND PREREQUISITES FOR THE PRACTICE OF HIPPO THERAPY

## INTRODUCTION

Hygiene protocols for the protection of instructors, therapists, volunteers and clients.  
Be aware of :

- flu
- gastroenteritis
- body liquids
- MRSA, VRE
- C. diff (nosocomial disease)
- E. coli
- HIV

## IMPORTANT NOTICE!

It is of the utmost importance that clients be fully oriented to premises and procedures and fully assessed in order to ensure maximum safety for the client/rider through the competence and respect offered by each profession.

### Eligibility criteria for clients in hippotherapy and therapeutic riding

<b>Hippotherapy</b>	<b>Therapeutic riding</b>
<b><u>Age</u></b> Minimum 2 years old	<b><u>Age</u></b> Minimum 4 years old
<b><u>Head</u></b> Hold head still for 30 seconds with or without soft cervical collar (limiting range of motion of the neck and head wobble) with feet flat on the floor and hands on thighs.	<b><u>Head</u></b> Hold head still during lesson (30-45 minutes) sitting upright on a horse at walk.
<b><u>Trunk</u></b> Hold trunk still while sitting 5 seconds with feet flat on the floor and hands on thighs. No fixed structural scoliosis over 30 degrees and no Harrington rods.	<b><u>Trunk</u></b> Hold trunk still while sitting 30 seconds Backriding not recommended No scoliosis without medical authorization

<p><b><u>Pelvis and hips</u></b>  All except structural deformations in anterior pelvic tilt.  Wound level 1 and worse only in the saddle region.  Adductors with no inhibition in a sitting position.</p>	<p><b><u>Pelvis and hips</u></b>  Able to hold neutral position of the pelvis.  Wound level 1 and worse only.</p>
<p><b><u>Lower limbs</u></b>  Knees and feet may have malformations or contractures.</p>	<p><b><u>Lower limbs</u></b>  Feet in continuous contact (&gt;80 %) in the stirrup with or without orthoses, except for amputees.</p>
<p><b><u>Cognitive</u></b>  Able to follow simple instructions</p>	<p><b><u>Cognitive</u></b>  Able to follow simple instructions</p>
<p><b><u>Emotional</u></b>  Therapist is able to reason with the client</p>	<p><b><u>Emotional</u></b>  Therapist and instructor are able to reason with the rider</p>

\*Those are general guidelines which can be adapted by the therapist, who will render a final decision on the participation of the client into a hippotherapy program.

CanTRA hippotherapy committee Canada

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