



## 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.

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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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