



*"Treatment with the help of the horse"*

## AMERICAN HIPPO THERAPY ASSOCIATION, INC.

2537 Research Blvd. Suite #203, Fort Collins, CO 80526

(970) 818-1322 • FAX: (877) 700-3498

[americanhippotherapyassociation.org](http://americanhippotherapyassociation.org) • [info@americanhippotherapyassociation.org](mailto:info@americanhippotherapyassociation.org)

# American Hippotherapy Association, Inc. Statements of Best Practice for the Use of Hippotherapy by Occupational Therapy, Physical Therapy, and Speech-Language Pathology Professionals

These statements are published by the American Hippotherapy Association, Inc., a nonprofit organization whose mission is to promote excellence through education in equine-assisted therapies.

AHA, Inc. is not responsible for the use or misuse of the information presented in the Statements of Best Practice for the use of hippotherapy by occupational therapy, physical therapy, and speech-language pathology professionals.

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## Introduction and History

The American Hippotherapy Association (AHA), Inc. is committed to its members and the public to promote excellence in the use of hippotherapy in treatment by occupational therapy, physical therapy, and speech-language pathology professionals to improve patients' functional outcomes. AHA, Inc. has developed the following statements of best practice to support therapists in providing optimal treatment. These statements, which are supported by evidence-based research where possible, are used in addition to a therapist's clinical decision-making skills for provision of high-quality professional care. These statements are intended to provide guidance in decision-making and application of hippotherapy treatment strategies; however, state practice acts, scope of practice, and, where appropriate, PATH Intl. standards supersede these statements. In accordance with the mission of AHA, Inc. they have been developed to promote excellence through education in equine-assisted therapies.

The statements are divided into 3 elements: the statement, the rationale, and the references. The use of the word SHALL in this document represents a strong recommendation and indicates that the therapist considers the recommendations and their own clinical reasoning to reach the best conclusion possible for the safest and best outcomes.

In 2014 a group of dedicated individuals representing the Board of Directors, faculty, and membership embarked on a project that ultimately led to the development of the Statements of Best Practice. This work will hopefully stand up to the test of time and guide therapists through any uncertainty in practice.

## Description of Hippotherapy

AHA, Inc. describes hippotherapy as follows:

The term hippotherapy refers to how occupational therapy, physical therapy, and speech-language pathology professionals use evidence-based practice and clinical reasoning in the purposeful manipulation of equine movement to engage sensory, neuromotor, and cognitive systems to achieve functional outcomes. In conjunction with the affordances of the equine environment and other treatment strategies, hippotherapy is part of a patient's integrated plan of care.

## Acknowledgements

AHA, Inc. would like to recognize the efforts of the original task force: Chair: Susie Rehr, PT, HPCS; Jane Burrows, DPT, HPCS; Bonnie Cunningham, MA, PT, HPCS; Lisa Harris, MSVS, PT, HPCS; Lauren Janusz, OTR, HPCS; Meredith Bazar, MS, CCC-SLP, HPCS; Sara Goodstone, DPT, HPCS; and Janet Weisberg, OTR, HPCS. Their hard work combined with the contributions of the 2015 Board of Directors and faculty culminated in this version (Dec 2015). This work will continue into the future and will be the backbone of the organization's guidance to the membership and the community.

## Disclaimer

American Hippotherapy Association, Incorporated (“AHA, Inc.”) Statements of Best Practice (“Statements”) are intended to encourage, educate, and promote best practices by its professional members for the practice of incorporating hippotherapy in treatment. AHA, Inc. provides these Statements as best practice recommendations in coordination with other related professional organizations involved in the provision of equine-assisted therapy. These statements are merely suggestive and not a requirement or prerequisite for membership in AHA, Inc. Any therapist who is practicing at a Professional Association of Therapeutic Horsemanship International (“PATH Intl.”) center shall adhere to those standards for the practice setting and the Statements for their delivery of therapy. The exclusion of practices and procedures not included in the statements does not suggest or imply that such practices and procedures are substandard or unsafe.

These AHA, Inc. Statements have been developed based upon input and recommendations of experienced therapists and are offered to present a suggested approach toward the practice of incorporating equine movement in treatment. AHA, Inc. does not monitor, assure, or oversee its professional members’ compliance with the Statements. AHA, Inc. does not warrant, guarantee, or ensure that compliance with these Statements will prevent any or all injury, loss, claims, or litigation that may be caused by or associated with a therapist’s adherence to these Statements; nor, does AHA, Inc. assume any responsibility or liability for any such injury, loss, claims, or litigation.

AHA, Inc. hereby expressly disclaims any responsibility, liability, or duty to its professional members and their directors, staff and volunteers, and to patients and their families treated by professional members of AHA, Inc. for any such liability arising out of injury, loss, claims, or litigation to any person as a result of a professional member’s adherence or non-adherence to these Statements.

## Best Practice Statements

### 1.0 Treatment Team

- 1.1 All therapy professionals (occupational therapists, certified occupational therapy assistants, physical therapists, physical therapy assistants, speech-language pathologists, and speech-language pathology assistants) incorporating hippotherapy into their practice shall hold a current license in their state and work within the scope of their state practice act. It is further recommended that they have a minimum of 1 year (2000 hours) experience as a practicing therapist, including, but not limited to, the areas of sensory, neuromotor, and cognitive systems. If practicing less than 1 year, a mentor is recommended. After meeting these criteria, all therapists shall have attended an AHA, Inc. Level I Treatment Principles course. It is highly recommended that therapists also attend an AHA Inc., Level II course and become either American Hippotherapy Certification Board (AHCBS) Certified or a Hippotherapy Clinical Specialist® (HPCS).

**Rationale:** It is imperative that the therapist demonstrate sufficient practical knowledge and clinical judgment to safely and effectively integrate hippotherapy into a plan of care. One year of clinical experience working with individuals with neuromotor and sensorimotor disorders, in addition to specialized training and education, supports the development of practical skills and ensures the safety and efficacy of the therapeutic intervention.<sup>1</sup>

**Reference:**

1. American Hippotherapy Association, Inc. Level I Treatment Principles Course Manual (5<sup>th</sup> Ed). 2015. Denver, CO.

- 1.2 All therapists incorporating hippotherapy into their practice shall recognize their role as team leader and communicate effectively with their treatment team for the highest quality of patient care and safety. This includes, but is not limited to, the following:
- The most effective use of hippotherapy is carried out by a team of skilled professionals and ancillary personnel: licensed therapy professionals, equine professional, horse handler, sidewalker(s), and the specially trained horse.
  - All therapists incorporating hippotherapy into their practice shall be able to perform and teach each team member's tasks, and/or recognize the level of expertise needed from others recruited to work on the team.
  - All therapists incorporating hippotherapy into their practice shall understand the role and duties of the horse handler/equine professional. It is their responsibility to evaluate whether the horse professional is providing the expertise at a level to allow the therapist to conduct safe and effective therapy.
  - The horse handler is responsible for the training, conditioning, and handling of the horse for optimal therapeutic movement during treatment session.

Together, therapist and equine professional shall oversee the safety of the environment, the behavior of the horse, utilization of appropriate tack and equipment, and the training of the horse

**Rationale:** It is imperative that when incorporating hippotherapy, there is a coordinated team approach for the safety of the client and all team members.<sup>1</sup> This is not an environment where the therapist works in isolation. Effective communication and teamwork is essential for the delivery of safe, high quality patient care. Communication failures are an extremely common cause of inadvertent patient harm. The complexity of medical care, coupled with the inherent limitations of human performance, make it critically important that clinicians have standardized communication tools, create an environment in which individuals can speak up, express concerns, and share common critical language to alert team members to unsafe situations. Too frequently, effective communication is situation- or personality-dependent. Other high-reliability domains, such as commercial aviation, have shown that the adoption of standardized tools and behaviors is a very effective strategy in enhancing teamwork and reducing risk.<sup>2</sup> If a therapist does not have the skill to safely navigate this complex environment they need to recognize the need for qualified equine support staff. It is ultimately the therapist's responsibility, in conjunction with the equine professional, to evaluate the appropriateness of all therapy horses. In a collaborative discussion, the equine support staff may provide guidance that includes, but is not limited to horse care/management, handling, horse and tack selection, evaluation of movement, lameness, grooming, tacking, and desensitization.

See Addendum for Statement 1.2.

#### **References:**

1. American Hippotherapy Association, Inc. Level I Treatment Principles Course Manual (5<sup>th</sup> Ed). 2015. Denver, CO.
2. Leonard M, Graham S, Bonacum D. The human factor: the critical importance of effective teamwork and communication in providing safe care. *Qual Saf Health Care*. 2004;13:i85-i90. doi:10.1136/qshc.2004.010033
3. Professional Association of Therapeutic Horsemanship International. [www.pathintl.org](http://www.pathintl.org). Accessed December 20, 2015.

- 1.3 All therapists incorporating hippotherapy into their practice shall have sufficient equine knowledge and skills to provide a safe and effective treatment. If they do not possess this level of skill and knowledge as evidenced by credentials such as AHCB Certified or HPCS, they shall practice with the support of equine professionals to ensure a safe environment for the treatment team, the horse, and the patient.

**Rationale:** It is imperative that when incorporating hippotherapy, the therapist has the skill to safely navigate this complex environment. Literature has shown that to acquire minimal proficiency working around horses, an individual needs 100-200 hours to learn about horse behavior, safety, and movement/gaits. For an optimal learning environment, it is recommended that a therapist consult an instructor from national credentialing organizations such as the Professional Association of Therapeutic Horsemanship International (PATH Intl), the Certified Horsemanship Association (CHA), the United States Dressage Federation (USDF), the United States Pony Club (USPC), the United States Equestrian Federation (USEF), or the British Horse Society (BHS). If the therapist does not have this skill, they shall recognize the need for qualified equine support staff. In a collaborative effort, the equine support staff may provide guidance that includes, but is not limited to, horse and tack selection, evaluation of movement, lameness, grooming, tacking, desensitization, and general equine fitness.<sup>1-9</sup>

See Addendum for Statement 1.3.

#### References:

1. American Hippotherapy Association, Inc. Level I Treatment Principles Course Manual (5<sup>th</sup> Ed). 2015. Denver, CO.
2. Northey G., *Interpreting horse and human interactions: Equestrian injuries, a literature review. A Report for the Accident Compensation Corporation.* 2006. New Zealand.
3. Srinivasan V, Pierre C, Plog B, Srinivasan K, Petaglia A, Huang J. Straight from the horse's mouth: Neurological injury in equestrian sports. *Neurological Research.* 2014;36(10):873-877.
4. United States Dressage Federation. [www.usdf.org](http://www.usdf.org). Accessed March 6, 2015.
5. United States Equestrian Federation. [www.usef.org](http://www.usef.org). Accessed March 6, 2015.
6. United States Pony Club. [www.ponyclub.org](http://www.ponyclub.org). Accessed March 6, 2015.
7. British Horse Society. [www.bhs.org.uk](http://www.bhs.org.uk). Accessed March 6, 2015.
8. Professional Association of Therapeutic Horsemanship International. [www.pathintl.org](http://www.pathintl.org). Accessed December 20, 2015.
9. Certified Horsemanship Association. [www.cha-ahse.org](http://www.cha-ahse.org). Accessed March 6, 2015.

1.4 In order to provide safe and effective treatment, all therapists incorporating hippotherapy shall have the following skills related to the horse:<sup>1</sup>

- a. All therapists shall be able to evaluate the therapy horse for conformation and movement for the purpose of effective treatment.



- b. All therapists shall be able to interpret the horse's basic mood and behaviors and recognize signs of stress.
- c. All therapists shall be able to sit astride a horse at the walk without saddle and reins, while being led, long-lined or lunged, with the purpose of assessing the horse's movement for therapy.

**Rationale:** It is imperative that when incorporating hippotherapy, the therapist shall demonstrate an understanding of the horse and equine behavior. The therapist shall also possess skills sufficient to evaluate equine movement to provide safe and effective treatment.

**Reference:**

1. American Hippotherapy Association, Inc. Level I Treatment Principles Course Manual (5<sup>th</sup> Ed). 2015. Denver, CO.

- 1.5 All therapists incorporating hippotherapy into their practice shall have theoretical and practical knowledge about all equipment related to the horse and the patient.

**Rationale:** It is imperative that when incorporating hippotherapy the therapist has the skill to utilize clinical knowledge to make appropriate choice of equipment to meet the needs of the patient. The fit and use of specific equipment is essential to therapeutic outcomes and the therapist shall be knowledgeable about how these factors impact the patient and horse for a safe and effective treatment.<sup>1</sup>

**Reference:**

1. American Hippotherapy Association, Inc. Level I Treatment Principles Course Manual (5<sup>th</sup> Ed). 2015. Denver, CO.

- 1.6 All therapists incorporating hippotherapy into their practice shall work in conjunction with the equine professional to ensure that the horse is safely and effectively led or long-lined and produces the movement required for the treatment session. The equine professional shall:
  - a. Have the ability to produce quality movement of the horse during a treatment session.
  - b. Recognize safety issues and control the horse during an emergency.
  - c. Recognize signs of stress in the horse and effectively respond.
  - d. Control the horse during all transitions, including transitions on and off the horse as well as position changes.
  - e. Know the school figures that the therapist will be using in sessions.
  - f. Communicate to the therapist any issues regarding the horse prior to and during treatment sessions.

**Rationale:** When incorporating a treatment strategy utilizing the movement of a horse, the therapist shall understand the inherent differences in the varied equine movements, as well as their performance and effect. Additionally, therapists shall request specific movements efficiently and effectively for optimal therapeutic outcomes. The horse handler is responsible for engaging the horse in such a manner, whether leading or long-lining, which provides the greatest opportunity for carefully modulated equine movement. Horse handlers, trainers, and therapists shall consider that long-lining is an advanced skill requiring greater fitness and strength. Time shall be given for the horse and handler to integrate the physical and cognitive expectations necessary for treatment.<sup>1</sup>

**Reference:**

1. American Hippotherapy Association, Inc. Level I Treatment Principles Course Manual (5<sup>th</sup> Ed). 2015. Denver, CO.

- 1.7 All therapists incorporating hippotherapy into their practice shall collaborate with an equine professional/equine support staff that fulfills the following expectations:
  - a. Has knowledge and experience developing and implementing a training and conditioning program specific to each therapy horse in consultation with the therapist.
  - b. Prepares therapy horses for treatment sessions relative to session requirements, including warm-up and equipment.
  - c. Participates in educational opportunities related to implementation of therapy treatment sessions.
  - d. Monitors status of all equine equipment, horses, and general procedures to ensure quality, safety, and productivity.
  - e. Participates in the decision-making process for all horses in the practice including:
    - i. Evaluating a horse for the therapy program
    - ii. Maintaining ongoing oversight of appropriateness of horses remaining in therapy program (retirement, vacation)
  - f. Assists in determining the horse handler/horse pairings and selection of horse/patient pairing.
  - g. Monitors workload and schedule for horses.
  - h. Assists therapist in selecting appropriate equipment.

**Rationale:** Implementation of hippotherapy requires the controlled direction of equine movement, and thus it is important that equine welfare be a collaborative effort between the therapist and a qualified equine specialist. Depending on size of practice and equine knowledge base, the therapist may not be able to fill both roles. It is

ultimately the therapist's responsibility to evaluate whether the equine professional and/or horse handler is providing the expertise at a sufficient level to ensure a safe and effective treatment intervention.<sup>1,2</sup>

See Addendum for Statement 1.7.

**Reference:**

1. American Hippotherapy Association, Inc. Level I Treatment Principles Course Manual (5<sup>th</sup> Ed). 2015. Denver, CO.
2. Professional Association of Therapeutic Horsemanship International.  
[www.pathintl.org](http://www.pathintl.org). Accessed December 20, 2015.

- 1.8 All therapists incorporating hippotherapy into their practice shall select or supervise the selection of the horse used in treatment sessions, ensuring they meet the following criteria:
- a. The therapy horse meets a minimum standard of conformation as set forth in AHA, Inc. Level I Hippotherapy Treatment Principles Course Manual (5<sup>th</sup> ed.).
  - b. The therapy horse walks, trots, and canters exhibiting self-carriage and no signs of lameness, physical discomfort, and/or psychological distress.
  - c. The therapy horse maintains straightness, symmetry, and engagement of the hindquarters while being led or long-lined, provides smooth transitions between and within all gaits used for the therapy session, stops with square halts, and tolerates all positions and transitions used within the therapy session without signs of increased stress or physical discomfort.
  - d. The therapy horse shall have ongoing management and training to maintain optimal physical and psychological fitness for the job being performed.
  - e. The therapy horse shall be free of any signs of lameness, obvious physical discomfort, and psychological distress.

**Rationale:** It is ultimately the therapist's responsibility, in conjunction with the equine professional, to evaluate the appropriateness of all therapy horses. Implementation of hippotherapy treatment principles requires the controlled manipulation of equine movement. The horse handler is responsible to engage the horse in a manner, whether by leading or long-lining, that provides the greatest opportunity for carefully modulated equine movement. Horse handlers, trainers, and therapists shall consider that long-lining is an advanced skill requiring greater fitness and strength. Time shall be given for the horse and handler to integrate the physical and cognitive expectations necessary for treatment.<sup>1</sup>

**Reference:**

1. American Hippotherapy Association, Inc. Level I Treatment Principles Course Manual (5<sup>th</sup> Ed). 2015. Denver, CO.

**2.0 Professionalism**

- 2.1 All therapy professionals incorporating hippotherapy into their practice shall conduct themselves in a manner that demonstrates compliance with state and federal regulatory guidelines, as well as recommendations for ethical conduct as published by each of the appropriate national organizations. It was discussed that the names should be parallel however these are the actual “names” of the codes of ethics are per each organization.

**Rationale:**

The Occupational Therapy Code of Ethics and Ethics Standards (2010) is a guide to professional conduct when ethical issues arise. Ethical decision-making is a process that includes awareness of how the outcome will impact occupational therapy clients in all spheres. Applications of Code and Ethics Standards Principles are considered situation-specific, and when a conflict exists, occupational therapy personnel must pursue responsible efforts for resolution. These Principles apply to occupational therapy personnel engaged in any professional role, including elected and volunteer leadership positions.<sup>1</sup> The specific purposes of the Occupational Therapy Code of Ethics and Ethics Standards (2010) are to:

- a. Identify and describe the principles supported by the occupational therapy profession.
- b. Educate the general public and members regarding established principles to which occupational therapy personnel are accountable.
- c. Socialize occupational therapy personnel to expected standards of conduct.
- d. Assist occupational therapy personnel in recognition and resolution of ethical dilemmas.

The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the APTA.<sup>1</sup> This Code of Ethics was developed to:

- a. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.
- b. Provide standards of behavior and performance that form the basis of professional accountability to the public.
- c. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.

- d. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
- e. Establish the standards by which the APTA can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive, nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.<sup>2</sup>

The Code of Ethics- American Speech -Language –Hearing Association states that the preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by speech-language pathologists, audiologists, and speech, language, and hearing scientists.<sup>3</sup> This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose.

- a. Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.
- b. Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.
- c. Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions, including the dissemination of research findings and scholarly activities, and the promotion, marketing, and advertising of products and services.
- d. Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of other professions and disciplines.

#### **References:**

1. American Occupational Therapy Association. Occupational therapy code of ethics. <http://www.aota.org/-/media/Corporate/Files/Practice/Ethics/Code-of-Ethics-draft-review.pdf>. Accessed March 16, 2015.
2. American Physical Therapy Association. Code of ethics for the physical therapist. [http://www.apta.org/uploadedFiles/APTAorg/About\\_Us/Policies/Ethics/CodeofEthics.pdf](http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Ethics/CodeofEthics.pdf). Accessed March 16, 2015.
3. American Speech-Language-Hearing Association. Code of ethics [Ethics]. [www.asha.org/policy](http://www.asha.org/policy). Accessed March 6, 2015.

- 2.2 All therapy professionals incorporating hippotherapy into their practice shall comply with supervisory recommendations as per state regulatory requirements and as outlined by national organizations as it relates to the use of certified occupational therapy assistants, physical therapist assistants, and speech-language pathology assistants.

**Regulations:** The following recommendations have been made by the national therapy organizations:<sup>1</sup>

As per the American Occupational Therapy Association (AOTA), supervision involves guidance and oversight related to the delivery of occupational therapy services and the facilitation of professional growth and competence. It is the responsibility of occupational therapists and occupational therapy assistants to seek the appropriate quality and frequency of supervision to ensure safe and effective occupational therapy service delivery. It is the responsibility of occupational therapists and occupational therapy assistants to recognize when supervision is needed and to seek supervision that supports current and advancing levels of competence. The certified occupational therapy assistant should understand that each state has supervision requirements, guidelines, and standards that are unique to that state.<sup>2</sup>

As per the American Physical Therapy Association (APTA),<sup>3</sup> the physical therapist assistant must work under the direction and general supervision of the physical therapist. In all practice settings, the performance of selected interventions by the physical therapist assistant must be consistent with safe, legal physical therapist practice, and shall be predicated on the following factors: complexity and acuity of the patient's/client's needs, proximity and accessibility to the physical therapist, supervision available in the event of emergencies or critical events, and type of setting in which the service is provided.

When supervising the physical therapist assistant in any off-site setting, the following requirements must be observed. A physical therapist must be accessible by telecommunications to the physical therapist assistant at all times while the physical therapist assistant is treating patients/clients. There must be regularly scheduled and documented conferences with the physical therapist assistant regarding patients/clients, the frequency of which is determined by the needs of the patient/client and the needs of the physical therapist assistant. In those situations in which a physical therapist assistant is involved in the care of a patient/client, a supervisory visit by the physical therapist will be made: upon the physical therapist assistant's request for a reexamination, when a change in the plan of care is needed, prior to any planned discharge, and in response to a change in the patient's/client's medical status; at least once a month, or at a higher frequency when established by the physical therapist, in accordance with the needs of the patient/client. A supervisory visit should include an onsite reexamination of the patient/client, onsite review of the plan of care with appropriate revision or termination, and evaluation of need and recommendation for utilization of outside resources.

As per the American Speech-Language-Hearing Association (ASHA), the minimum requirements for the frequency and amount of supervision are as follows: <sup>4</sup>

**First 90 workdays:** A total of at least 30% supervision, including at least 20% direct and 10% indirect supervision, is required weekly. Direct supervision of student, patient, and client care should be no less than 20% of the actual student, patient, and client contact time weekly for each speech-language pathology assistant. This ensures that the supervisor will have direct contact time with the assistant as well as with the student, patient, or client. During each week, data on every student, patient, and client seen by the assistant should be reviewed by the supervisor. In addition, direct supervision should be scheduled so that all students, patients, and clients seen by the assistant are directly supervised in a timely manner. Supervision days and time of day (morning/afternoon) may be alternated to ensure that all students, patients, and clients receive some direct contact with the SLP **at least once every 2 weeks**.

**After first 90 workdays:** The amount of supervision can be adjusted if the supervising speech-language pathology determines the speech-language pathology assistant has met appropriate competencies and skill levels with a variety of communication and related disorders.

Minimum ongoing supervision must always include documentation of direct supervision provided by the speech-language pathologist to each student, patient, or client **at least every 60 calendar days**.

A minimum of 1 hour of direct supervision weekly and as much indirect supervision as needed to facilitate the delivery of quality services must be maintained.

Documentation of all supervisory activities, both direct and indirect, must be accurately recorded. Further, 100% direct supervision of speech-language pathology assistants for medically fragile students, patients, or clients is required.

**Rationale:** It is expected that therapy services are delivered in accordance with applicable state and federal regulations, relevant workplace policies, national therapy Codes of Ethics, and continuing competency and professional development guidelines.

#### **References:**

1. American Hippotherapy Association, Inc. Level I Treatment Principles Course Manual (5<sup>th</sup> Ed). 2015. Denver, CO.
2. American Occupational Therapy Association. Guidelines for supervision, roles, and responsibilities during the delivery of occupational therapy services.  
<http://ajot.aota.org/article.aspx?articleid=1867156>. Accessed March 6, 2015.

3. American Physical Therapy Association. Practice supervision. <http://www.apta.org/uploadedFiles/APTAorg/AboutUs/Policies/Practice/DirectionSupervisionPTA.pdf>. Accessed March 16, 2015.
4. American Speech-Language-Hearing Association. Professional issues: speech-language pathology assistants. <http://www.asha.org/Practice-Portal/Professional-Issues/Speech-Language-Pathology-Assistants/>. Accessed March 6, 2015.

- 2.3 All therapy professionals shall perform due diligence in analyzing the risk of injury or death compared to associated benefits when using hippotherapy in their plan of care.

**Rationale:** The risk associated with utilizing hippotherapy for sensorimotor and neuromotor disorders shall be considered within a clinical reasoning framework. That is, the risk may vary somewhat depending on the patient's individual clinical presentation, particularly in the presence of risk factors secondary to the complexity of the patient's diagnosis. It is therefore the responsibility of the therapist to recognize and consider whether the risk for a particular patient is increased, and to do whatever is reasonable to minimize any risk associated with hippotherapy.<sup>1</sup>

**Reference:**

1. Physiopedia. Framework for evaluating risk. [http://www.physio-pedia.com/Section\\_6:\\_Risk\\_versus\\_benefit\\_analysis](http://www.physio-pedia.com/Section_6:_Risk_versus_benefit_analysis). Accessed March 6, 2015.

- 2.4 All therapists incorporating hippotherapy into their practice shall know and follow all precautions and contraindications specific to this intervention.<sup>1</sup>

**Rationale:** It is imperative that, when incorporating hippotherapy, the therapist have extensive knowledge of all contraindications and precautions in order to perform a risk benefit analysis to determine efficacy of treatment preference.

See Addendum for Precautions and Contraindications

**Reference:**

1. American Hippotherapy Association, Inc. Level I Treatment Principles Course Manual (5<sup>th</sup> Ed). 2015. Denver, CO.

- 2.5 All therapy professionals incorporating hippotherapy into their practice and providing services for medically complex patients shall consider the following variables:<sup>1</sup>
- a. Ensure that the entire therapy team acquires an appropriate knowledge base for complex diagnoses.
  - b. Consider suitability of the team. To facilitate safe, effective treatment, additional staff may be needed.



- c. Consider factors related to specific farm, equine, and patient equipment that may have an impact on the horse and staff.
- d. Evaluate the impact of the equine movement on the patient.
- e. Review the altered mobility and alignment of the patient.
- f. Consider any factors that may increase risk to the patient, staff, and horse.
- g. Address potential challenges during transitions on and off the horse.
- h. Include secondary effects of patient medications in evaluations.
- i. Notice the effect that varying environmental changes (e.g., temperature, time of day, dust, hair) have on the patient.
- j. Conduct an altered risk versus benefit analysis. Remember that the first goal of treatment is to do no harm.
- k. Remain aware of precautions and contraindications relative to complex diagnoses.
- l. Identify any increased need for medical consultation to facilitate understanding of the specific treatment plan of care.

**Rationale:** Medically complex patients have comorbidity of several medical conditions that significantly compromise ability to function.<sup>2</sup> Treatment of the medically complex patient in the equine environment requires increased levels of knowledge, extensive expertise with varying diagnoses, and clear communication with the team to maximize effectiveness of treatment and minimize risk.

**References:**

1. American Hippotherapy Association, Inc. Level I Treatment Principles Course Manual (5<sup>th</sup> Ed). 2015. Denver, CO.
2. Eyal Cohen, Dennis Z. Kuo, Rishi Agrawal, Jay G. Berry, Santi K. M. Bhagat, Tamara D. Simon, Rajendu Srivastava. Children With Medical Complexity: An Emerging Population for Clinical and Research Initiatives. *Pediatrics*. 2011 March; 127(3): 529–538.

- 2.6 All therapy professionals incorporating hippotherapy into their practice shall follow appropriate documentation and billing procedures in compliance with state and federal regulatory guidelines, as well as recommendations of appropriate national organizations.<sup>1,2,3</sup>

**Rationale:** Therapists shall comply with their national organization’s code of ethics and state legal requirements for documentation and billing.

**References:**

1. American Physical Therapy Association. Standards of Practice for Physical Therapy and Defensible Documentation. [www.apta.org](http://www.apta.org). Accessed March 6, 2015.
2. American Occupational Therapy Association. Standards of Practice for Occupational Therapy. [www.aota.org](http://www.aota.org). Accessed March 6, 2015.

3. American Speech-Language-Hearing Association. Documentation in the Health Care Setting and Evaluation Guidelines. [www.asha.org](http://www.asha.org). Accessed March 6, 2015.

- 2.7 All therapists incorporating hippotherapy into their practice shall use current AHA, Inc.-approved terminology in professional documentation, research publications, personal communications, and educational and marketing materials to promote clarity of understanding in the use of the term *hippotherapy*.<sup>1</sup>

**Rationale:** Current terminology and technical terms have been developed to better describe the use of equine movement and environmental affordances within a plan of care. This terminology assists in accurately identifying the treatment strategy as part of a plan of care developed by a licensed medical professional for each patient. Use of current terminology avoids confusion of terms used by other fields involved in equine-assisted activities.

**Reference:**

1. Terminology documents. [www.americanhippotherapyassociation.org](http://www.americanhippotherapyassociation.org). Accessed December 6, 2015.

- 2.8 All therapy professionals shall strive to implement evidence-based practices into their clinical decisions.

**Rationale:** Evidence-based practice is the conscientious and judicious use of current best evidence in conjunction with clinical expertise and patient values to guide health care decisions.<sup>1-4</sup> Best evidence includes empirical evidence from randomized controlled trials, evidence from other scientific methods such as descriptive and qualitative research, and use of information from case reports, scientific principles, and expert opinion.

**References:**

1. Cook D. Evidence-based critical care medicine: a potential tool for change. *New Horiz.* 1998;6(1):20-25.
2. Jennings BM, Loan LA. Misconceptions among nurses about evidence-based practice. *J Nurs Scholarsh.* 2001;33(2):121-127.
3. Sackett DL, Straus SE, Richardson WS, et al. Evidence-based medicine: how to practice and teach EBM. London: Churchill-Livingstone; 2000.
4. Titler MG. Developing an evidence-based practice. 6th ed. St. Louis, MO: Mosby;2006.

- 2.9 All therapy professionals shall strive to support the planning and execution of rigorous research projects to promote the development of an evidence base for the use of hippotherapy within the therapy plan of care. The areas of endeavor shall include, but not be limited to, the following:<sup>1</sup>
- a. Supporting the efforts of researchers to design and execute rigorous investigations.
  - b. Partnering with institutions and individuals conducting research when appropriate.
  - c. Assisting professional cohorts to be knowledgeable partners in outcomes-based research through the use of multifaceted interventions.<sup>2</sup>
  - d. Facilitating dialogue and communication among the research community, as well as other organizations or individuals interested in that research.
  - e. Supporting efforts for the dissemination and sharing of published research.

**Rationale:** Evidence-based practice is the conscientious and judicious use of current best evidence in conjunction with clinical expertise and patient values to guide health care decisions.<sup>1,3-5</sup> Best evidence includes empirical evidence from randomized controlled trials, evidence from other scientific methods such as descriptive and qualitative research, and use of information from case reports, scientific principles, and expert opinion. Facilitation of use of current research to develop treatment plans is best promoted through multifaceted interventions and is more likely to improve practice than single interventions such as audit or feedback.<sup>2</sup>

**References:**

1. Professional Association of Therapeutic Horsemanship, International. Research statement proposal. 2015.
2. Boaz A, Baeza J, Fraser A; European Implementation Score Collaborative Group (EIS). Effective implementation of research into practice: an overview of systematic reviews of the health literature. *BMC Res Notes*. 2011;4:212.
3. Sackett DL, Straus SE, Richardson WS, et al. *Evidence-Based Medicine: How to Practice and Teach EBM*. London: Churchill-Livingstone; 2000.
4. Titler MG. *Developing an Evidence-Based Practice*. 6th ed. St. Louis, MO: Mosby;2006.
5. Bero LA, Grilli R, Grimshaw J, et al. Getting research findings into practice: Closing the gap between research and practice: an overview of systematic reviews of interventions to promote the implementation of research findings. *BMJ*. 1998;317(7156):465-468.

- 2.10 All therapists incorporating hippotherapy into their practice shall attend continuing education directly related to hippotherapy or supporting clinical and equine skills and knowledge.

**Rationale:** It is imperative that when incorporating a treatment strategy such as hippotherapy, all therapists participate in professional development not only to ensure

the acquisition and maintenance of minimally acceptable standards of practice, but also to garner new knowledge and skills to ensure optimal therapeutic outcomes.<sup>2</sup> Professional development beyond entry-level academic degree work that is intended to provide advanced or enhanced knowledge in a particular area is the foundation for therapists assuming an attitude of inquiry and engaging in an ongoing process of assessment and evaluation of knowledge, skills, and abilities.<sup>1</sup> The acquisition of new knowledge, skills, and behaviors is a planned activity, based on assessment and re-assessment of self and of the environment in which one practices.<sup>2</sup> The therapist shall determine the appropriateness, relevance, and meaningfulness of the professional development activity to their practice setting.<sup>3</sup>

#### **References:**

1. American Occupational Therapy Association. Model continuing competence guidelines for occupational therapists and occupational therapy assistants: A resource for state regulatory boards. <https://www.aota.org/-/media/Corporate/Files/Advocacy/State/Resources/ContComp/modceguidelines.pdf>. Accessed March 6, 2015.
2. American Physical Therapy Association. Professional development. [http://www.apta.org/uploadedFiles/APTAorg/About\\_Us/Policies/Professional\\_Development/ProfessionalDevelopment.pdf](http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Professional_Development/ProfessionalDevelopment.pdf). Accessed March 6, 2015.
3. American Speech-Language-Hearing Association. Professional development. <http://www.asha.org/certification/ProfDevelopment/>. Accessed March 6, 2015.

### **3.0 Safety**

- 3.1 All therapists incorporating hippotherapy into their practice shall use American Society for Testing and Materials /Safety Equipment Institute (ASTM/SEI) approved equestrian helmets for all clients who can safely wear them. The helmet shall fit properly and the client shall be able to accommodate the helmet. If these parameters cannot be met, then by using a risk/benefit analysis and best clinical judgement an alternative solution can be considered.

**Rationale:** Multiple equestrian helmet research studies show that helmets do not prevent concussions, but do help prevent intracranial damage and head lacerations. Some states also have helmet laws that require the use of a helmet while on the horse.<sup>1-14</sup> There is no research on the use of alternative helmets during therapy as regards protection from head injury or concussions. No safety survey has yet reported head injury statistics. However, research has been completed with similar helmets in other sports such as wrestling, which has reported similar results to equestrian helmet studies. Additionally, no studies exist regarding neck injuries with lightweight helmets on patients with limited head control. Lightweight helmets have traditionally been

recommended by therapists for children or adults who are at increased risk for falls. Helmet usage in general has been shown to disperse forces and energy resulting from a physical trauma. Information regarding proper fit, wear, and care of helmets, as well as a discussion of alternative helmets, can be found in the AHA, Inc. Level I Hippotherapy Treatment Principles course manual.<sup>5,16</sup>

#### References:

1. Ball C, Ball J, Kirkpatrick A, Mulloy R. Equestrian injuries: Incidence, injury patterns, and risks factors for 10 years of major traumatic injuries. *Am J Surg*. 2007;193:636-640.
2. Bond G, Christoph R, Rodger B. Pediatric equestrian injuries: Assessing the impact of helmet use. *Pediatrics*. 1995;95(4):488-489.
3. Harmon K, Drezner J, Gammons M, et al. American Medical Society for Sports Medicine position statement: concussion in sport. *Br J Sports Med*. 2013;47:15-26.
4. Hendricks K, Downes A, Gibbins J, et al. Regulations. In: *An Overview of Safety and Health for Workers in the Horse-Racing Industry* (p10). Atlanta, GA: National Institute for Occupational Safety and Health. 2009.
5. American Hippotherapy Association, Inc. Level I Treatment Principles Course Manual (5<sup>th</sup> Ed). 2015. Denver, CO.
6. Lim J, Puttaswamy V, Gizzi M, et al. Patterns of equestrian injuries presenting to a Sydney teaching hospital. *ANZ J Surg*. 2003;73(8):567-571.
7. Northey G. *Interpreting horse and human interactions: Equestrian Injuries, a literature review. A Report for the Accident Compensation Corporation*, 2006. New Zealand.
8. Srinivasan V, Pierre C, Plog B, et al. Straight from the horse's mouth: Neurological injury in equestrian sports. *Neuro Res*. 2014;36(10):873-877.
9. Equestrian Medical Safety Association. [www.emsaonline.net](http://www.emsaonline.net). Accessed March 6, 2015.
10. United States Pony Club. [www.ponyclub.org](http://www.ponyclub.org). Accessed March 6, 2015.
11. 2001 Standard for Protective Headgear. North Highlands, CA: The Snell Memorial Foundation, Inc.
12. Haider A, Saleem T, Bilaniuk J, Barraco R; Eastern Association for the Surgery of Trauma Injury Control Violence Prevention Committee. An evidence based review: efficacy of safety helmets in the reduction of head injuries in recreational skiers and snow boarders. *J Trauma Acute Care Surg*. 2012;73(5):1340-1347.
13. McIntosh A, McCrory P. Preventing head and neck injury. *Br J Sports Med*. 2005;39:314-318.
14. Professional Association of Therapeutic Horsemanship International. [www.pathintl.org](http://www.pathintl.org) Accessed December 20, 2015.
15. Epilepsy Foundation. [www.epilepsy.com](http://www.epilepsy.com). Accessed March 6, 2015.

- 3.2 All therapists incorporating hippotherapy into their practice shall develop comprehensive safety policies and training plans for the treatment team that include, but are not limited to, the following:<sup>1-7</sup>
- a. Safety concerns involving instruction in emergency transfer procedures with practice opportunities both on a regular basis and prior to providing services.
  - b. The availability of an appropriately trained first aid responder at all times, with development of policies and procedures to handle minor and major first aid incidents.
  - c. Equipment maintenance checks to assure serviceability, appropriate usage, fit, support, and comfort prior to, during, and after a treatment session.
  - d. The use of various items of protective equipment for the team members including, but not limited to, proper footwear for protection and support and gloves for protection during leading and long-lining.
  - e. Policies concerning the use of gait belts and/or patient protective items such as equestrian vests or other supportive vests as appropriate for trunk support, proprioceptive input, or general protection during therapy. Orthoses such as stabilizing pressure input orthosis (SPIO), TheraTogs, and Benik may also be used and can benefit the client through improved stability and sensory input. However, no research has been completed regarding the use of these devices for injury prevention in equestrian activities.
  - f. Current certification in first aid and CPR.

**Rationale:<sup>1-7</sup>**

- a. Emergency procedures need to be planned and practiced before an emergency situation arises to minimize risk of injury to the patient or any team member.
- b. A minimum of 1 team member shall have first aid training to ensure proper care if an incident were to arise. Two trained members is preferable in the event the injured person is the trained person.
- c. Well-maintained equipment will ensure client safety and minimize the risk of equipment breakage resulting in an unexpected transfer off the horse. Safety stirrups allow the foot to be released quickly in an emergency situation. Please see references for information on proper fitting.
- d. Literature has shown that appropriate footwear and hand protection will reduce risk of injury to those riding or working around horses. Proper leading and long-lining techniques provide safe and efficacious movement to enhance a patient's functional gain.
- e. Literature reports that equestrian vests may prevent soft tissue injuries when used in equestrian sports.

**References:**

1. American Hippotherapy Association, Inc. Level I Treatment Principles Course Manual (5<sup>th</sup> Ed). 2015. Denver, CO.
2. Long Lining: How to Maximize Your Horse's Potential (1<sup>st</sup> ed). Fort Collins, CO: American Hippotherapy Association, Inc.
3. Northey G. *Interpreting horse and human interactions: Equestrian Injuries, a literature review. A Report for the Accident Compensation Corporation, 2006*. New Zealand.
4. Srinivasan V, Pierre C, Plog B, et al. Straight from the horse's mouth: Neurological injury in equestrian sports. *Neuro Res*. 2014;36(10):873-877.
5. American Red Cross. [www.redcross.org](http://www.redcross.org) . Accessed March 6, 2015.
6. Equestrian Medical Safety Association. [www.emsaonline.net](http://www.emsaonline.net) . Accessed March 6, 2015.
7. United States Pony Club. [www.ponyclub.org](http://www.ponyclub.org) . Accessed March 6, 2015.

- 3.3 Therapy professionals shall maintain a safe clinical space in addition to the equine environment to provide ongoing diagnostic assessment and treatment. This space shall be clean, organized, and designated as clinic space, but can vary in size, location, and equipment dependent on the needs at any given time.

**Rationale:** This additional space is used for providing evaluation, consultation, treatment, or other interventions to patients with a primary purpose of instruction, research, or public service. This space provides a safe and organized environment for evaluation and/or treatment.<sup>1</sup>

**Reference:**

1. American Hippotherapy Association, Inc. Level I Treatment Principles Course Manual (5<sup>th</sup> Ed). 2015. Denver, CO.

- 3.4 Therapy professionals shall have at their disposal adequate work space for equine-related activities. The minimum recommended requirement for an arena is 20 x 60 meters, although this can vary. The number of concurrent sessions may be limited by arena size.

**Rationale:** Adequate arena space, with appropriate footing and drainage, is necessary to provide appropriate space for effective treatment maneuvers. A 20 x 60 meter arena is desirable. However an arena with a length sufficient for the horse to complete a transition if needed and a patient to have enough time to accommodate to the movement of the horse may be appropriate.

**Reference:**

1. American Hippotherapy Association, Inc. Level I Treatment Principles Course Manual (5<sup>th</sup> Ed). 2015. Denver, CO.

- 3.5 All therapists incorporating hippotherapy into their practice shall ensure a safe work environment. Consider the following in respect to environmental factors, buildings, work spaces, and other considerations:<sup>1</sup>
- a. Keep buildings free of trash, litter, tools, or other items that could start or feed a fire, cause falls, or obstruct movement.
  - b. Keep all stairs and permanent ladders in good condition. Clear stairs of objects and slippery substances and install handrails where needed.
  - c. Repair or replace all rotted or broken floorboards and repair concrete floor defects.
  - d. Remove all nails before stacking loose boards.
  - e. See that all buildings have adequate lighting. Light fixtures in storage areas that contain combustible materials need to be protected against breakage.
  - f. Make all electrical repairs promptly. Check all electrical wiring regularly and verify that it is sound. Also, visually check portable equipment power cords before each use.
  - g. Install lightning protection systems in all major buildings. Check the systems annually to ensure that air terminals and conductors are properly grounded.
  - h. Organize and store supplies so that items cannot fall or block walkways. Ensure that shelving is stable and can bear the weight of items stored. Provide needed equipment (ladder, lift, etc.) for easy access to supplies.
  - i. Close and secure doors and gates to hazardous areas (e.g., silos, manure storage, chemical storage, animal quarters) to prevent children and visitors from entering unescorted.
  - j. Mount a fire extinguisher of the proper size and type at each building entrance. Also maintain an on-site adequate supply of water for use in fighting fires, and have readily available ladders that can reach the roof of the highest building.
  - k. Post No Smoking signs in prominent locations and enforce smoking rules.

**Rationale:** Observance of these practices addresses the areas of professionalism and risk reduction in this environment.

**Reference:**

1. Liberty Mutual Insurance. Agriculture and Farm Hazard Checklist. © 2013

- 3.6 All therapists incorporating hippotherapy into their practice shall make appropriate accommodations that reflect the relationships between environment, equine and client.



- a. Considerations of environmental factors
  - i. temperature
  - ii. wind speed
  - iii. humidity
  - iv. severe weather-lightning, snow, ice
- b. Considerations for the equine include but are not limited to the following:
  - i. equine fitness - adequate conditioning for work in adverse temperatures
  - ii. equine health - consideration of metabolic issues, arthritis, respiratory status and/or weight status
  - iii. equine age – consideration of factors of aging
  - iv. equine weight – consideration of effect of over/under ideal weight
  - v. equine hair/coat thickness – consider necessity for clipping due to metabolic issues or temperature extremes
- c. Considerations for the client include but are not limited to the following:
  - i. Client health – Pertinent health issues related to diagnosis, age, tonal set, respiratory, metabolic or weight status
  - ii. Client fitness – ability to tolerate temperature extremes, ability to regulate internal temperatures, clothing available to help regulate temperature
  - iii. Ability to communicate distress during session activity level that may influence apparent temperature levels
  - iv. Would the weather conditions result in decreased outcomes of the therapy session?
  - v. Would the client receive greater benefit from treatment if the session was held indoors/in the clinic?

**Rationale for the equine:** It has been shown that environmental factors can affect a horse's temperature by as much as three degrees<sup>1</sup>. Therefore, it is exceedingly important to utilize a comfort index in the heat as a guideline for decision making in the interest of equine welfare.

A calculation of a comfort index<sup>2</sup> for horses can be made with the following formula:

$$\text{Temperature (F)} + \text{relative humidity (\%)} - \text{wind speed} = \text{Comfort Index}$$

#### **Evaluating your answer**

**Less than 130:** All go-horses can function to cool themselves assuming adequate hydration.

**130 - 170: Caution-**a horse's cooling mechanisms can only partially function as intended. His body will not be able to cool itself properly and some cooling management procedures will need to be performed.

**180 or above: Stop-**a horse's cooling systems cannot and will not function adequately. All cooling procedures will need to be utilized to keep the horse out of serious trouble.

Wintertime considerations<sup>3</sup>- Attention to adequate heat and hydration to maintain body temperature; attention given to post work "cool down"; clearing of snowballs from hooves. Blanketing a horse is necessary to reduce the effects of cold or inclement weather when:

- There is no shelter available during turnout periods and the temperatures drop below 5°F, or the wind chill is below 5°F
- There is a chance the horse will become wet (not usually a problem with snow, but much more of a problem with rain, ice, and/or freezing rain)
- The horse has had its winter coat clipped
- The horse is very young or very old

**Rationale for the Client:** Client health and fitness will mitigate temperature concerns. High environmental or apparent temperatures can be dangerous. In the range of 90° and 105°F (32° and 40°C), you can experience heat cramps and exhaustion. Between 105° and 130°F (40° and 54°C), heat exhaustion is more likely. You should limit your activities at this range. An environmental temperature over 130°F (54°C) often leads to heatstroke.<sup>4</sup>

Calculation of environmental or apparent temperature - Inclusion of the dewpoint in apparent temperature calculations increases the specificity of the calculation. Dewpoint is available on the National Oceanic and Atmospheric Administration (NOAA), the national weather service, website. Apparent temperature or "feels like" temperature can then be located on this graph:<sup>5</sup>

		AIR TEMPERATURE (°F)																				
DEW POINT TEMPERATURE (°F)		80	82	84	86	88	90	92	94	96	98	100	102	104	106	108	110	112	114	116	118	120
	60	81	83	85	87	89	91	93	95	97	99	102	104	106	108	111	113	115	117	119	121	123
	62	82	83	85	87	89	92	94	96	98	101	103	105	107	110	112	114	116	119	121	123	125
	64	82	84	86	88	90	93	95	97	99	102	104	107	109	111	113	116	118	120	122	124	127
	66	83	85	87	89	91	94	96	98	101	103	106	108	110	113	115	117	120	122	124	126	128
	68	83	85	88	90	92	95	97	100	102	105	107	110	112	115	117	119	122	124	126	128	130
	70	84	86	89	91	94	96	99	101	104	107	109	112	114	116	119	121	124	126	128	130	132
	72	85	87	90	93	95	98	101	103	106	109	111	114	116	119	121	123	126	128	130	133	135
	74	86	88	91	94	97	100	102	105	108	111	113	116	119	121	124	126	128	131	133	135	137
	76	87	90	93	96	99	102	105	108	110	113	116	119	121	124	126	129	131	133	136	138	140
	78	89	92	95	98	101	104	107	110	113	116	119	121	124	127	129	132	134	137	139	141	143
	80	90	94	97	100	103	107	110	113	116	119	122	125	127	130	133	135	138	140	142	144	147
	82		96	99	103	106	110	113	116	119	122	125	128	131	134	136	139	141	144	146	148	150
	84			103	106	110	113	117	120	123	126	129	132	135	138	140	143	145	148	150	152	155
	86				110	114	117	121	124	127	131	134	137	140	142	145	148	150	152	155	157	159
	88					118	122	125	129	132	136	139	142	145	147	150	153	155	157	160	162	164
	90						127	131	134	138	141	144	147	150	153	156	158	161	163	165	167	169

The speed of the wind and external body moisture can also cause a chill that can dramatically affect the body's rate of cooling. In extremely cold weather, especially with a high wind chill factor, hypothermia is a factor to consider, especially for the age groups younger than 4 or over 65.<sup>6</sup> Local wind chill temperature is available through the national weather service.

## References:

1. <http://www.horsechannel.com/horse-exclusives/too-hot-to-ride.aspx>
2. <http://happyhorsemanship.webs.com/apps/forums/topics/show/1237243>
3. <http://www.extension.umn.edu/agriculture/horse/care/equine-winter-care>
4. <http://www.healthline.com/health/extreme-temperature-safety#Extremeheattemperatures2>
5. <http://thevane.gawker.com/this-is-why-the-heat-index-is-so-important-1609195413>
6. <http://www.healthline.com/health/extreme-temperature-safety#Extremeheattemperatures2>

# American Hippotherapy Association, Inc.

## Statements of Best Practice for the Use of Hippotherapy

### Addendum

#### Addendum to Best Practice Statements in reference to therapists practicing at PATH International Centers

**PLEASE NOTE:** The following terms are used in reference to the same person: Horse handler vs equine specialist/horse or equine professional.

#### 1.2 Reference PATH Intl. Standards A34 and EQM5

**A34** - Is there an implemented procedure that requires the appropriately credentialed PATH Intl. professional to approve the following prior to each participant's session?

1. Selection of equine
2. Equipment for equine
3. Equipment for participant
4. Staff and volunteer assignments

**EQM5** – Is there an implemented procedure for the appropriately credentialed PATH Intl. Certified Professional to do the following?

1. Check for changes in physical soundness and behavior of each equine prior to its assignment to an activity or therapy session so as to ensure that the equine is able to perform as needed?
2. Make assignment and proceed with session as scheduled or remove equine from participation in session(s) until soundness and behavior issues can be addressed?

#### 1.3 Reference PATH Intl. Standard A34

**A34** – standard listed above

**Note:** If your practice is located at a PATH Intl Center, then collaboration with a PATH certified instructor is required.

#### 1.7 References Standards EQM1, 2, 3, 6, and 7

**EQM1** - Does the center have written criteria for the initial screening of prospective equines appropriate for the activities/therapies offered?

**EQM2** - Does the center have written procedures for the:

1. Evaluation of the suitability of new equines prior to participating in center activities/therapies?
2. Evaluation for the permanent removal of equines no longer/not suited for participating in center activities/therapies?

**EQM3** - Is there an implemented equine training and conditioning program that is specific to each equine assisted activity or therapy at the center?

**EQM6 –MANDATORY**- Is there documentation regarding equine workload limits that includes the following:

1. A written policy that sets a maximum limit for each equine's working session to no more than three continuous hours and workday to no more than six hours?
2. Written records of the number of hours and types of sessions for each equine per day?

**EQM7** - DNA (does not apply): If equines are not under center's jurisdiction.

Are there current, written equine health records available on-site that include the following:

1. Vaccinations?
2. De-worming schedule?
3. Hoof care?
4. Teeth care?
5. Sickness and injury?

### 3.1 References PATH Intl. Standard A36

**A36** - Does the PATH Intl. credentialed individual ensure that equipment safety checks are conducted at the beginning of each lesson or activity?

**For full interpretation of and compliance demonstration related to the above PATH Intl. 2016 Standards please reference the *2016 PATH Intl. Standards for Certification and Accreditation*.**

## **PRECAUTIONS AND CONTRAINDICATIONS TO HIPPOTHERAPY**

### **Rationale for determining the use of Hippotherapy**

The treating therapist, in conjunction with the referring physician and with the patient's consent, is ultimately responsible for choosing the safest and most effective treatment. This document will help you to be more effective when considering whether precautions will limit or contraindications will prevent a patient from having equine movement included in their plan of care.

### **Essential Considerations**

The primary concern is to provide a safe, productive treatment session for all patients. As with any treatment, there is the need to do no harm. Recognizing that horse-related activities do hold inherent risks, we need to assess patient participation with a risk/benefit analysis. The essential question for all patients is, "Will the benefit of equine movement outweigh the risk?" This question must be answered by consensus with the entire therapy team: patient, parent or guardian, therapist(s), horse expert, and physician. There may be others included, depending on the individual situation. All individuals must be comfortable with the decision to participate by being familiar with all pertinent information and risks.

### **Medical Precautions and Contraindications**

Knowledge of current precautions and contraindications to the use of equine movement is essential. A **precaution** is a situation where additional investigation may be needed and caution should be taken when proceeding with the treatment plan. Additional investigation could be contacting the physician or other treating therapist(s) before choosing hippotherapy. It could include doing further preparation of the environment, the horses, or the team. It requires careful monitoring throughout the patient's treatment program.

The presence of a **contraindication** makes including hippotherapy inappropriate for that patient. Few contraindications are clear-cut. A descriptive list follows on p31. This list is subject to periodic review, though it does *not* include every medical condition that could make equine movement inappropriate or unsafe. Use this list as a guide only.

It is the therapist's responsibility to practice responsibly and choose treatment within their level of expertise and their scope of practice. If a therapist does not include equine movement for that patient, the therapist should explore alternative treatment or make appropriate referrals and/or recommendations.

The decision-making process used to determine inclusion of hippotherapy for a patient is also used to determine whether equine movement remains appropriate in the longer term. Continual re-evaluation, on an informal and formal basis, is a necessity. Without periodic reassessment, a medical contraindication can develop and remain unknown to the therapist. This contraindication can raise safety, liability and credibility issues. **It is the responsibility of**

the therapist to maintain up-to-date information regarding the patient's health and functional status.

**Essential considerations for continued use of equine movement:**

**Hippotherapy inherently involves movement.** If the movement will cause a decrease in the patient's function, an increase in pain, or generally aggravate the medical condition, hippotherapy may not be an appropriate choice.

**Hippotherapy establishes a human-animal interaction.** If this interaction is detrimental to the patient or the horse, hippotherapy may be contraindicated.

**Hippotherapy requires the use of certain equipment in a prescribed environment,** and is, by definition, interaction with a horse. The outdoor environment for hippotherapy is much less controlled than that of an indoor clinic. If the therapist cannot accommodate the patient's equipment needs, or the environment will aggravate his or her condition, hippotherapy may not be appropriate.

**There is always potential risk for a fall in hippotherapy.** In most instances, the fall would be from four or six feet above the ground. Such a fall may cause a greater functional impairment than the patient originally had. The possibility of a fall should be given careful consideration, and may lead to the informed decision that hippotherapy is not appropriate for that patient.

**Participating in activities around a horse involves risk.** Even the well -trained horse is sometimes unpredictable, subject to its instinctive fight or flight responses. Horses are large, move quickly and can be dangerous to the patient who is unable to respond appropriately.

**Hippotherapy requires intervention by a team.** The treatment team most often involves the therapist, horse handler, therapy horse, and side walker/therapy aides. If any members of the team are not qualified or trained in appropriate hippotherapy procedures, including safety; or, if an essential member of the team is absent, then hippotherapy is contraindicated.

**Medications** - As with all therapy sessions, consideration must be given to the medications, prescription and over the counter, the patient is taking. Of special concern is that hippotherapy takes place in the outdoor environment, with considerations such as weather (heat/cold/sunlight/wind) and allergens. Be familiar with all of the patient's medications, dosages, time of administration, recent changes, and side effects. Your best resource regarding medications is the patient's physician and/or pharmacist.

- Interactions between medications is an important consideration; for example, erythromycin may cause acute elevations of the commonly used anti-convulsion carbamazepine (Tegretol).

- Know your patient's needs regarding medications, including as needed/PRN medications that may be necessary for the special environmental factors such as bronchodilators for reactions to airborne irritants such as dust and allergens.
- Realize that some medications will cause sensitivities in the equine environment. For example, antibiotics may make the patient more photosensitive in the sunlight.

### **ABSOLUTE CONTRAINDICATIONS FOR HIPPO THERAPY**

- Active mental health disorders that would be unsafe (fire setting, suicidal, animal abuse, violent behavior, etc.)
- Acute herniated disc with or without nerve root compression
- Chiari II malformation with neurologic symptoms
- Atlantoaxial instability (AAI) – a displacement of the C1 vertebra in relation to the C2 vertebra as seen on x-ray or computed tomography of significant amount (generally agreed to be greater than 4 mm for a child) with or without neurologic signs as assessed by a qualified physician; this condition is seen with diagnoses which have ligamentous laxity such as Down syndrome or juvenile rheumatoid arthritis
- Coxa arthrosis – degeneration of the hip joint; the femoral head is flattened and functions like a hinge joint versus a ball and socket joint. Sitting on the horse puts extreme stress on the joint
- Grand mal seizures – uncontrolled by medications
- Hemophilia with a recent history of bleeding episodes
- Indwelling urethral catheters
- Medical conditions during acute exacerbations (rheumatoid arthritis, herniated nucleus pulposus, multiple sclerosis, diabetes, etc.)
- Open wounds over a weight-bearing surface
- Pathologic fractures without successful treatment of the underlying pathology (e.g. severe osteoporosis, osteogenesis imperfecta, bone tumor, etc.)
- Tethered cord with symptoms
- Unstable spine or joints including unstable internal hardware

The above sections have been adapted from the PATH Intl. Standards for Certification and Accreditation Manual: *Precautions and Contraindications* and the AHA, Inc. Level I Treatment Principles Course Manual.



## AHA, Inc. Terminology Paper

In the interest of clarity and consistency, American Hippotherapy Association (AHA, Inc.) has adopted the following glossary to describe the therapists, the therapy team and the setting in which AHA, Inc. trained professional members work. We have also included terms related to the field of equine assisted activities and therapies (EAAT) to help with clarification. Using this terminology accurately in all written and verbal communications, including but not limited to website design, marketing materials, media, research and clinical documentation will facilitate greater understanding throughout the equine and medical communities. Please review these terms and use them when describing equine assisted activities and therapies.

**ADAPTIVE RIDING (AR):** A riding lesson for individuals with special needs taught by specially trained instructors. The primary goal of adaptive riding is to teach the recreational activity or sport of horseback riding to an individual with special needs. Adaptive riding instructors adapt equipment and teaching style to facilitate success. AHA, Inc. does not recommend the use of the term “therapeutic riding” (see definition of “Therapeutic” below) to describe this activity. Goals of adaptive riding may address areas of competitive sports, recreation and leisure, education, socialization, and fitness. It is not the goal of the instructor to rehabilitate, but rather to improve riding skills and quality of life through participation in an enjoyable activity.

**AHCB:** American Hippotherapy Certification Board (AHCB) –Administers certifying exams and maintains records of AHCB Certified and AHCB Hippotherapy Clinical Specialist® Certification.

**AHCB CERTIFIED:** A licensed therapist (OT, COTA, PT, PTA, SLP or SLPA) who has attended both the AHA, Inc. Level I and II courses (or an equivalent) and successfully completed a national board written exam showing a baseline level of competency in using hippotherapy in treatment.

**AHCB HIPPOThERAPY CLINICAL SPECIALIST® (HPCS):** An experienced, licensed therapist (OT, PT, SLP) who has demonstrated an advanced level of knowledge in using equine movement/related activities as a treatment strategy. All candidates must successfully complete a national board written examination.

**BEST PRACTICE:** Statements of best practice reflect a technique, methodology, or benchmark which, through experience and research, has been shown to reliably lead to a desired result. They are a set of guidelines, ethics or ideas that represent the most efficient or prudent course of action. While best practices generally indicate the recommended course of action, some situations require such practices to be followed.

**CENTER:** A structured organization that provides equine-assisted activities and therapies to persons with or without disabilities.

**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.

**EQUINE ASSISTED ACTIVITIES (EAA):** Any activity within an equine environment, mounted or un-mounted, where the goal is skill attainment, education, recreation and/or leisure. Examples of activities include: adaptive riding, equine facilitated learning, grooming, horsemanship, stable management, competition, parades, or demonstrations.<sup>1</sup>

**EQUINE ASSISTED THERAPY (EAT):** Therapy or treatment that incorporates equine activities and/or the equine environment. Rehabilitative or habilitative goals are related to the client's needs and the medical professional's standards of practice. When referring to EAT it is advised to specify the specific professional license that you are working under (i.e. Equine Assisted Physical Therapy).<sup>1</sup>

**EQUINE FACILITATED LEARNING (EFL):** An educational approach to equine-assisted activities. EFL content is developed and organized by credentialed practitioners with the primary intent to facilitate personal growth and development of life skills through equine interactions.<sup>1</sup>

**EQUINE FACILITATED MENTAL HEALTH (EFMH):** An approach to improving a client's mental health that involves the use of equines as an interactive therapy and activities.<sup>1</sup>

**EQUINE FACILITATED PSYCHOTHERAPY (EFP):** An interactive process in which a licensed mental health professional working with, or as, an appropriately credentialed equine professional partners with suitable equine(s) to address psychotherapy goals set forth by the mental health professional and the client.<sup>1</sup>

**EQUINE PROFESSIONAL:** A formally trained individual whose job description may include training and conditioning of horses, handling during a therapy session, training horse handlers, and ensuring safety and optimal performance of the horse within a treatment session.

**FACILITY:** The premises at which the center and/or practice conducts its activities and business including the buildings and grounds.

**HABILITATION:** Healthcare services that help an individual acquire, keep, learn or improve skills and functioning for communication and daily living.<sup>2</sup>

**HIPPOTHERAPY (HPOT):** The term hippotherapy refers to how occupational therapy, physical therapy and speech-language pathology professionals use evidence-based practice and clinical reasoning in the purposeful manipulation of equine movement to engage sensory, neuromotor and cognitive systems to achieve functional outcomes. In conjunction with the affordances of the equine environment and other treatment strategies, hippotherapy is part of a patient's integrated plan of care.<sup>3</sup>

**HORSE HANDLER:** Indicates the individual preparing and handling the horse prior to and during a treatment session. They respond to directions by the therapist to alter the movement of the horse to cause an adaptive response in the client during a therapy session.

**MENTAL HEALTH PROFESSIONAL:** A person who by education and experience is licensed/credentialed and is professionally qualified to provide counseling, psychotherapy and/or mental health treatment designed to facilitate individual achievement of human development goals and remediate mental, emotional or behavioral disorders and associated distresses that impact mental health and/or development.<sup>1</sup>

**OCCUPATIONAL THERAPIST:** Licensed healthcare provider who treats people of all ages in order to participate in the things they want and need to do through the therapeutic use of everyday activities (occupations). OTs address the physical, psychological, and cognitive aspects of well-being through engagement in occupation.<sup>4</sup>

**OCCUPATIONAL THERAPY ASSISTANT:** Occupational therapy assistants help patients develop, recover, and improve the skills needed for daily living and working under the direction of occupational therapists.<sup>5</sup>

**PARTICIPANT:** An individual who participates in a research project. Although the term “subject” is used in some venues, participant is preferred terminology.

**PATH Intl.:** Professional Association of Therapeutic Horsemanship International.

**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 in which they teach.<sup>4</sup>

**PATIENT/CLIENT:** A general description of the person who receives equine assisted therapies. There will be varied usage depending on the discipline and setting. Use of terminology related to persons with functional limitations 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 (CP).' Incorrect: 'Cerebral Palsy (CP) patient.'

**PRACTICE:** The exercise of a profession in which knowledge and skill is applied to benefit clients/patients. It also may include the organizational body supporting the practice.

**PHYSICAL THERAPIST:** Licensed health care professionals who examine each individual and develop a plan, using treatment techniques to promote the ability to move, reduce pain, restore function, and prevent disability.<sup>6</sup>

**PHYSICAL THERAPIST ASSISTANT:** Physical therapist assistants provide physical therapy services under the direction and supervision of a licensed physical therapist.<sup>7</sup>

**REHABILITATION:** Healthcare services that help an individual restore previous level of function for communication and daily living.

**SERVICE:** Therapy services are skilled habilitative and rehabilitative services (such as occupational therapy, physical therapy, and speech-language pathology) provided according to

the standards and conditions of state boards of practice or Centers for Medicare and Medicaid Services (CMS) and within the scope of practice of the qualified licensed health professional.

**SIDEWALKER:** An individual who has received specific training and aids a therapist in maintaining the safety of the patient on and off the horse during a therapy session.

**SPEECH-LANGUAGE PATHOLOGIST:** Licensed medical professionals who work to prevent, assess, diagnose, and treat speech, language, social communication, cognitive-communication, and swallowing disorders in children and adults.<sup>8</sup>

**SPEECH-LANGUAGE PATHOLOGIST ASSISTANT:** Speech-language pathology assistants are support personnel who perform tasks prescribed, directed, and supervised by speech-language pathologists.<sup>9</sup>

**TANDEM HIPPOThERAPY (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. AHA, Inc. has a written position statement on the use of T-HPOT in which tandem hippotherapy is no longer considered best practice.

**THERAPEUTIC:** A common term to define an activity that has a benefit to overall function of an individual. Therapeutic is a term that falls under one of several billable codes used by therapists (OT, PT, SLP). Use of this term outside the realm of therapy can lead to confusion when a licensed therapist is not present.

**THERAPY:** Treatment interventions provided by a licensed/credentialed health professional such as an OT, PT, SLP, (and licensed assistants), psychologist, social worker, MD, among others.

**TREATMENT:** A session by a licensed medical professional with a patient during which an integrated plan of care is implemented.

**TREATMENT STRATEGY:** The interventions/activities/techniques selected, implemented and graded by the therapist with the goal of making a functional adaptation.

**VOCATIONAL REHABILITATION:** Work re-entry, vocational exploration and work hardening may all utilize equine assisted therapy if integrated by the therapist as part of a medical treatment plan.

## References

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