



Occupational Therapy, Physical Therapy and Speech Therapy Incorporating Hippotherapy as a Treatment Tool

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.

Best practice dictates that occupational, physical and speech-language pathology professionals integrate hippotherapy into the patient's plan of care, along with other therapy tools and/or strategies.

- *The American Occupational Therapy Association (AOTA), American Physical Therapy Association (APTA) and the American Speech-Language-Hearing Association (ASHA) have recognized hippotherapy as a standard therapy tool that can be utilized by therapists while working within their professional scope of practice as an occupational therapy, physical therapy and speech-language pathology professional since the mid 1980's.*
- *As of 2019, there are 8 systematic reviews, 98 peer reviewed research articles and 11 peer reviewed cased studies listed on the AHA Inc. Bibliography and Reference list that support the value of equine movement as a treatment tool to improve function within a therapy plan of care.*
- *Equine movement provides a dynamic multi-dimensional input that can be effectively utilized to facilitate the neuro motor systems that support functional outcomes in a patient's occupational therapy, physical therapy or speech-language therapy plan of care.*

Occupational therapy, physical therapy, and speech-language pathology professionals have incorporated hippotherapy in practice in the United States since the 1970s. The American Hippotherapy Association, Inc. (AHA, Inc.) was formed in 1992 to provide a forum for education, communication, and research among therapy professionals interested in the incorporation of equine movement as a tool in treatment. The AHA, Inc. membership is comprised primarily of physical therapy, occupational therapy, and speech-language pathology professionals located in the United States and abroad.

AHA, Inc. created a conceptual framework in 1997 to (a) provide therapists with a theoretical basis for the utilization of equine movement as a tool to aid in facilitating improved function, (b) promote effective clinical problem-solving, and (c) generate hypotheses for scientific research. The current conceptual framework is based on the well accepted principles of motor learning theory, dynamic systems theory, and sensory processing strategies.

A therapist may choose to incorporate hippotherapy as a treatment tool if it is an appropriate means for the patient to achieve positive functional outcomes. This decision is reflective of the therapist's profession, specialized training, clinical reasoning, and theoretical model of treatment. Each treatment plan is based on the therapist's evaluation and the patient's functional goals. The therapist selects a horse/equine movement to match the specific needs of the patient. During treatment, the therapist continually monitors patient's adaptive response and modifies equine movement to provide an appropriate challenge that will support the patient in working towards their functional goals. The outcome measure for the patient is a change in functional performance and/or a change in a functional impairment across environments. Standard documentation reflects progress of treatment within the patient's plan of care and follows the guidelines of the therapist's profession.

It is recommended by AHA, Inc. that therapists who are considering incorporating hippotherapy into their practice pursue specialized training. AHA, Inc. has developed continuing education courses which emphasize safe and effective treatment. A separate entity, the American Hippotherapy Certification Board (AHCBS), has developed two levels of certification for therapy professionals: AHCBS Certified and Hippotherapy Clinical Specialist®. AHA, Inc. published its "Best Practices" document in 2014 to further support safe and effective use of equine movement as one therapy tool within an occupational therapy, physical therapy or speech-language therapy plan of care.

The use of equine movement as a treatment tool in occupational therapy, physical therapy and speech therapy is supported by clinical research which has been published in numerous peer-reviewed journals including *Physical Therapy*, *Physical and Occupational Therapy in Pediatrics*, *American Journal of Occupational Therapy*, *Developmental Medicine & Child Neurology*, *Communication Disorders Quarterly*, and *Archives of Physical Medicine and Rehabilitation* in addition to numerous other clinical publications. Statistically significant outcomes include improvements in patient balance, strength, mobility, gait, sensory processing and regulation, coordination, speech, language, communication, vocal intensity, and participation in daily activities. The most recent AHA Inc. Bibliography and Reference list contains 8 systematic reviews, 98 peer reviewed research articles and 11 peer reviewed case studies supporting the efficacy of equine movement as an occupational therapy, physical therapy or speech language pathology treatment tool.

There is widespread acceptance of occupational therapy, physical therapy and speech therapy incorporating hippotherapy within the medical community. Referrals for treatment routinely come from physicians and other medical professionals. The American Physical Therapy Association (APTA), the American Occupational Therapy Association (AOTA), and the American Speech-Language-Hearing Association (ASHA) all recognize the use of hippotherapy in treatment to be within the therapist's scope of practice. Continuing Education Units (CEU's)

are consistently granted for AHA, Inc. approved courses taught by clinicians with recognized expertise in the use of hippotherapy in treatment. Presentations on hippotherapy as a physical, occupational and speech therapy treatment tool are given at many regional, national, and international professional conferences. Most major third party payers and state Medicaid providers reimburse for occupational therapy, physical therapy, and speech therapy services that integrate hippotherapy as appropriate under the patient's coverage, as do many school districts because it can be used to promote educationally relevant functional outcomes. Universities contract for placement of their graduate students in occupational therapy, physical therapy and speech-language pathology affiliations with clinicians who may include hippotherapy as a tool in an integrated plan of care for their patients.

As per the national therapy associations, the HCPCS Level I - Current Procedural Terminology (CPT) codes are used when billing for occupational therapy, physical therapy or speech therapy. CPT codes, consistent with each scope of practice, include but are not limited to: Therapeutic Exercise, 97110; Neuromuscular Reeducation, 97112; Therapeutic Activities, 97530; Treatment of speech, language, voice, communication, and/or auditory processing disorder, 92507; Treatment of swallowing dysfunction, 92526. These codes best describe occupational therapy, physical therapy, or speech therapy procedures when equine movement is included as one of the therapy tools, and are recommended for use by AHA, Inc., the American Medical Association, APTA, AOTA, and ASHA.

**AHA Inc. is committed to its members and the public to promote excellence in the use of hippotherapy as an effective therapy tool in treatment to improve patient function. AHA, Inc.'s mission is to improve lives by advancing education, best practices and resources for licensed healthcare professionals who incorporate horses in therapy. AHA Inc.'s vision is to have skilled therapy services that incorporate horses readily available to every person who has the potential to benefit.

***Hippotherapy differs from horseback riding and adaptive riding (sometimes referred to as "therapeutic riding"). Adaptive riding is a riding lesson adapted for individuals with special needs taught by horseback riding instructors. This activity is recreationally based, and goals may address leisure, education, socialization, competition in the sport, and fitness. It is not the goal of the riding instructor to rehabilitate, but rather to improve riding skills and quality of life through participation in an enjoyable activity. It is important for consumers to understand the difference between medical treatment provided by a licensed health care professional and adaptive/recreation activities.*