

Emerging Area of Practice: Understanding Equine Assisted Therapy as part of the Occupational Therapy Practice

Introduction

- Equine Assisted Therapy (EAT) is treatment that incorporates equine activities and/or the equine environment. Rehabilitative goals are related to the patient's needs and the medical professional's standards of practice.

Hippotherapy (www.AmericanHippotherapyAssociation.org)

- Hippotherapy is a physical, occupational or speech therapy treatment strategy that utilizes *equine movement*. This strategy is used as part of an integrated treatment program to achieve functional outcomes.
- Benefits can be seen in client factors such as: Balance, Body awareness, Multi-sensory processing, Righting reactions, Motor planning, Postural alignment, stability and security, and Mobility

How does Hippotherapy work?

- The use of hippotherapy is based on dynamic systems and motor learning theory.
- It also relies on the treatment principles for neurodevelopmental treatment and sensory integration theory and treatment.

Motor Learning

- Provides hundreds of practice opportunities
- Requires continuous problem solving
- Variability of practice

NDT Principles

- Continual facilitation of inhibition is provided by carefully graded equine movement
- The horse promotes symmetrical postural alignment
- The horse promotes movement disassociation within the context of an active movement
- The horse provides rhythmic repetitive, symmetrical, bilateral, weight shift and heightened feedback on midline orientation

SI Principles

- Provides opportunities for enhanced sensory processing and modulation in the context of a meaningful activity
- The horse provides graded vestibular, proprioceptive, tactile and visual flow to normalize sensory processing
- Allows for a just right challenge

Evaluation and Treatment

- Through interview or clinical observation prior to beginning treatment
- Must include a mounted portion
- Consider why this client would attend hippotherapy/occupational therapy session rather than traditional/clinical occupational therapy?
- What about EAT makes the benefit involved outweigh the greater risks?
- Explain the risks to the family.
- Clients should be 2year of age or older; the movement of the horse is a powerful tool and the movement may cause micro-trauma in young, developing musculoskeletal systems. Consider this when evaluating developmentally delayed children.
- Not everyone can benefit from EAT, certain conditions make equine movement detrimental, the equine environment unsafe or increase the risks associated with this intervention strategy

- These include: Compromised head control, Uncontrolled seizures, Unsafe behavior (running/wandering, fire setting, animal abuse)

Intervention

- *Create, Promote*- EAT may be used to promote social skills development with the equine as a facilitator or create a opportunity for leisure exploration and participation after discharge in a therapeutic riding program
- *Establish, Restore*- this is a main areas most EAT addresses, movement of the horse is used to establish independent sitting balance or restore pelvic mobility
- *Maintain*- typically, hippotherapy is not provided as a maintenance approach, however an occupational therapist may consult with a therapeutic riding instructor to provide a maintenance stretching and exercise program for the client during riding lessons
- *Prevent*- EAT can be used to prevent deformity, performance skill limitations and occupational deficits.

Outcomes

- Due to confusion in the use of terms it is often hard to assess research material
 - Many research studies did not differentiate between therapeutic riding and hippotherapy
 - Some studies used their own terminology: equine therapy, horseback riding therapy, etc
 - Therapeutic riding is directed by a riding instructor without use of a medical professional, compare this with hippotherapy and you may understand the difference in outcomes.
- *Occupational performance*- improving deficits and meeting functional goals
- *Client satisfaction*- tracking results through pre/post tests including use of the COPM
- *Health and wellness*- EAT can improve patients overall health and wellbeing
- *Prevention*- EAT can address unhealthy routines and develop active lifestyles to prevent declines in health
- *Quality of life*- Many times incorporating EAT into a treatment plan increases the quality of life for the patient and family. Patients enjoy interacting with the horse and feel a sense of freedom and empowerment in the EAT setting. EAT addresses self concept, health, functioning and progress towards the patients' goals.

Practitioner Qualifications

- There are no state laws regarding the practice of equine assisted therapy
- The American Occupational Therapy Association (AOTA) recognizes the use of the movement of the horse (hippotherapy) as an intervention tool as long as it is based on an appropriate occupational therapy evaluation, treatment plan, and goals and assists in achieving the appropriate functional outcome. The occupational therapy practitioner using the movement of the horse also should be specifically trained in the use of this tool.
- NARHA centers have standards regarding the qualifications and supervision of therapists
- Any therapist considering entering the Equine Assisted Therapy field should want to gain a solid background in equine behavior, anatomy and movement and riding skills

Further EAT Ideas

Groups

- The most recognized form of EAT is hippotherapy. However, occupational therapists bring expertise in working with group populations to effect change. Some ideas for groups in the EAT setting would be appropriate for development by an occupational therapist and could be run by other staff.

Wellness Perspective

- Working around the farm can foster healthy habits and routines, develops strength and motor skills and improves cardiovascular health.

- With a rising number of children facing obesity, EAT is a motivating environment to promote health and fitness.

Community Outreach

- Provide an after school program using equine assisted activities to boost self esteem, self care, responsibility, peer modeling and provide positive adult role models.
- Develop a program devoted to social and emotional growth in at risk youth. Provided through equine assisted therapy on and off the horse focusing on self esteem, social relationships, appropriate behavior, as well using reward and privilege based motivation.
- Respite care offered one week and one weekend night. Offers a change for parents with kids with disabilities a chance to have an adult only night.

Well Elderly

- Promote health and delay dependence on others for care services. This program could use equine assisted therapy to enhance physical, social and emotional well-being.
- Topics to include: injury prevention, diet and exercise, home adaptation, ergonomics and expected age related changes in all physiological systems

Life Skills

- Equine assisted therapy with discussion groups related to life skills to include dressing/bathing, hygiene, diet and exercise, medication management and community living
- These could include diagnosis specific groups such as depression, cancer/stroke survivor support groups as well as mixed inpatient psychiatric groups. May work well as a co-treat with mental health specialist.

Social Skills

- Designed for children with a variety of diagnosis experiencing difficulties with social skills. This group utilizes equine assisted therapy both on and off the horse to develop appropriate social skills, create interaction and utilize bonding with the horse.

Fieldwork Opportunities

■ NEW JERSEY

Somerset Hills Handicapped Riding Center

Oldwick, NJ 08858, 908 439 9636 www.shhrc.org

- SHHRC operates year round with OT, PT and SLP and currently has contracts with Kean, NYU, Seaton Hall and Philadelphia University for Level I and II fieldwork

■ NEW MEXICO

Skyline Therapy Services, Ruth Dismuke-Blakely, CCC/SLP,

Sandia Park, NM 87047, 505.281.1811.

- Skyline operates year round, 5 days per week treating 10-15 patients per day utilizing all disciplines.

■ MICHIGAN

The Right Step: Rebecca Cook, OTR.: Grass Lake, MI. 49240:

517.914.0800 www.rightsteptherapy.com

- The Right Step has 1 OTR and operates 12 months per year offering Hippotherapy, Sensory Integration treatment and Therapeutic Listening home programs.

■ INDIANA

Theraplay, Carmel, IN 46032, 317.872.4166

- This center accepts OT students (part time and full time) and operates Monday-Friday. Fifty percent of the time is in hippotherapy sessions. Theraplay has been

an affiliation site for University of Indianapolis, Western Michigan University and Indiana University.

Volunteer

- Choose a NARHA accredited or premiere center
- Ideally, look for a program that offers EAT
- Ask if possible to work with the therapist providing EAT and explain why.
- Volunteering with a therapeutic/adaptive riding program may allow you to see where an occupational therapist could assist the program through consultation or direct service
- Volunteers typically must attend a training at the center and will spend time working with the horses and participants, but each center will vary.

Summary

- Equine assisted therapy provides many options for including horses and the equine environment to address functional challenges in clients of all ages.
- Hippotherapy is the most common form of EAT used and utilizes the movement of the horse to produce functional outcomes.
- EAT may also utilize ground activities, educational experiences and working in groups.

Resources

American Occupational Therapy Association. (2002). Occupational therapy practice framework: Domain and process. *American Journal of Occupational Therapy*, 56, 609-639

EFMHA Glossary of Terms for Writers (and Readers). (2007, October). Retrieved on September 15, 2007 from <http://www.narha.org/SecEFMHA/Glossary.htm>

Engel, BT., MacKinnon, JR., (ed). (2007) *Enhancing Human Occupation Through Hippotherapy: A Guide for Occupational Therapy*. Bethesda, MD: AOTA Press.

Hippotherapy as a Treatment Tool. (2007). Retrieved on October 10, 2007 from http://www.americanhippotherapyassociation.org/aha_hpot_tool.htm

Hippotherapy Research and Supportive Evidence. (2007). Retrieved on September 21, 2007 from http://www.americanhippotherapyassociation.org/aha_cli_evidence.htm

Macauley, BL. (2007) Effects of Equine Movement on Attention and Communication in Children with Autism. *National Conference American Hippotherapy, Inc.* (Section X)

Hippotherapy vs. Therapeutic Riding: What is the Difference?

Hippotherapy	Therapeutic Riding
Conducted by a licensed therapist- a physical therapist, occupational therapist or a speech and language pathologist	Conducted by a NARHA or CHA certified riding instructor
Private one-on-one sessions	Conducted in groups of 2-4 riders
Direct hands on participation by the therapist	Therapist available for consultations only as needed
The quality of the horses movement is essential - the horses movement is the “tool” used by the therapist to attain goals	Although the horse’s movement is important, the horses temperament and training is key to the students’ success
A medical treatment used to improve neurological function, cognition, body movement, organization and attention levels	Recreational, educational or sport horseback riding in which the main focus is on teaching riding skills adapted to individuals with disabilities
May be covered by insurance	Is not covered by insurance
Children as young as 2 years old may participate	Generally five years old or older to participate

How do I know which is most appropriate?

Consider the following things:

- Does the potential participant require constant support and positioning to be able to maintain sitting balance?
- Does the potential participant need frequent assistance to maintain attention or alertness levels?
- Is the potential participant under the age of five?
- Does the potential participant have special medical needs that may require the knowledge and training from a licensed professional therapist?
- Does the potential participant have sensory processing challenges or frequent behavioral outbursts to sensory stimulus?
- Does the potential participant have specific neuro-motor goals to work on?
- Would the potential participant benefit most from private one-on-one sessions?

If you answered yes to any of the questions above then Hippotherapy may be most appropriate.