

# Hippotherapy vs. Therapeutic Riding

What is the difference? And how do I know which one is most appropriate for my child?

## Hippotherapy

Physical, Occupational or Speech Therapy. The movement of the horse is a treatment tool.

Hippotherapy is not a horseback riding lesson. It is physical, occupational or speech therapy, which is approved by a physician and implemented by a team that includes a licensed, credentialed therapist.

Hippotherapy is implemented by a professional therapist (occupational therapist, physical therapist or speech language pathologist) in conjunction with a competent horse handler and a specially screened and trained therapy horse.

There is direct hands-on participation by the therapist at all times.

The horse's movement is essential to assist in meeting therapy goals.

The goal of hippotherapy is to improve neurological functioning in cognition, body movement, organization, and attention levels to improve function off the horse.

Hippotherapy is a one-on-one treatment and generally occurs until the client meets discharge criteria.

In hippotherapy, the treating therapist continually assesses and modifies therapy based on the client's responses.

Physical, occupational or speech therapy in which hippotherapy is utilized, is reimbursable by medical insurance (third party).

## Therapeutic Riding

Adapted recreational horseback riding lessons

Therapeutic riding is recreational horseback riding lessons adapted to individuals with disabilities.

Therapeutic riding is completed by a certified therapeutic horseback riding instructor in conjunction with volunteers.

In therapeutic riding, the individual is often taught riding lessons in a group format, which runs in "sessions". The instructor must respond to the group as a whole, in addition to fostering individual success.

There is occasional hands-on assistance by the riding instructor and/or volunteers, but the instructor usually teaches from the center of the arena.

Horses used for therapeutic riding instruction have been screened to make sure they have the appropriate temperament for this job.

In therapeutic riding, the emphasis is on proper riding position and reining skills, not functional therapeutic goals.

Because therapeutic riding is an adaptive/recreational/sport activity, NOT therapy, it is not covered by insurance.



created 12/2010

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[www.americanhippotherapyassociation.org](http://www.americanhippotherapyassociation.org)

This fact sheet was created by AHA volunteers and students from Central Michigan University for the use by AHA members for the purpose of educating others about Hippotherapy. AHA grants permission for this use by our members and facilities. Any altering of this material is not endorsed by AHA.



## AHA, INC. TERMINOLOGY

In the interest of clarity and consistency, AHA, Inc. has adopted the following suggested glossary to describe the therapy team and the setting in which AHA, Inc. members work, we have included terms related to the field of equine assisted activities and therapies as a whole as well to help with clarification. Using this terminology accurately in all communications will facilitate greater understanding throughout the equine and medical communities. Please review these terms and use them when describing hippotherapy (equine movement/related activities), equine assisted therapy, equine facilitated mental health, as it relates to PT, OT and SLP practices.

### **ADAPTIVE RIDING (AR)**

Mounted activities, including traditional riding disciplines (i.e. English, Western) where instruction and/or equipment may be modified by a specially trained riding instructor for a person with a disability to ensure successful progression of equestrian skills.

### **COMPETITION**

Individual or team sports at the local, regional, national, or international level. Integrated or specialized competition can be breed or activity based.

### **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. Of special note: the equine is not inanimate, therefore, we refrain from phrases such as 'using the horse' or 'a pony is used'. We might 'use' the movement of the horse, or we may 'use' examples of equine behaviors, we do not 'use' the animal. Consider phrases such as: work with the horse, incorporating the equine, the horse assisting the therapist, or the pony facilitating the therapy.

### **EQUINE ASSISTED ACTIVITIES (EAA)**

Any activity within an equine environment, mounted or un-mounted, where the goal is not therapy but activity driven, i.e. adaptive riding, grooming, horsemanship, stable management, shows, parades, demonstrations, etc., for pleasure and/or recreation. EAA are supervised by a PATH certified instructors at all PATH member centers.

### **EQUINE-ASSISTED THERAPY (EAT)**

A goal directed intervention in which a specially trained equine is an integral part of the treatment process. EAT is directed and/or provided by a human/health service professional with specific expertise and within the scope of their practice.

### **EQUINE-FACILITATED MENTAL HEALTH (EFMH)**

Inclusive of equine-assisted activities and therapies with a focus on mental health issues. (EFL and EFP)

### **EQUINE-FACILITATED PSYCHOTHERAPY (EFP)**

Experiential psychotherapy that includes equine(s). It may include, but is not limited to, a number of equine activities such as handling, grooming, lunging, riding, driving, and vaulting. EFP is facilitated by a licensed/ credentialed mental health professional working with and/or as an appropriately credentialed equine professional/ instructor.

### **HIPPOTHERAPY (HPOT)**

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. [www.americanhippotherapyassociation.org](http://www.americanhippotherapyassociation.org)

*Revised March 2013*

AMERICAN HIPPO THERAPY ASSOCIATION, INC. (AHA, INC.)

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### **AHCB HIPPO THERAPY CERTIFIED THERAPIST- ENTRY LEVEL**

An entry level exam which licensed therapist (PT, PTA, OT, COTA, SLP, and SLPA) who have attended both the AHA, Inc. Level I and II courses may take. Successful completion of this national board written exam shows a baseline level of competency in equine movement/related activities as a treatment strategy.

### **AHCB HIPPO THERAPY CLINICAL SPECIALIST (HPCS)**

An experienced, licensed therapist (PT, OT, SLP) who has demonstrated an advanced level of knowledge in using equine movement/related activities as a treatment strategy by successfully completing a national board written examination.

### **HORSE HANDLER/LEADER**

Indicates the individual preparing and handling the equine during a treatment sessions.

### **MENTAL HEALTH PROFESSIONAL**

A licensed and/or credentialed medical professional who specializes in the treatment of individuals with psychiatric, psychological, emotional or behavioral diagnoses.

### **PARTICIPANT**

An individual who participates in a research project. Although subject is used in some venues, participant is preferred terminology.

### **PATH Intl.**

Professional Association of Therapeutic Horsemanship International

### **PATH Intl. CENTER**

A center that has established membership with PATH Intl. and agrees to comply with the PATH Intl. standards by signing an annual compliance form.

### **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 they teach.

### **PATH Intl. PREMIER ACCREDITED CENTER**

A member center that has been successfully evaluated to be in compliance with PATH Intl. standards. A PATH Intl. Premiere Accredited Center may use the PATH Intl. PAC logo and present itself as a PATH Intl. Premier Accredited Center.

### **PATIENT/CLIENT**

A general description of the person who takes part in equine assisted therapies. There will be varied usage depending on the discipline and setting. For instance, in a therapy setting, it is appropriate to use patient or client; in a school setting, one may refer to therapy patients/clients as "students". Use of terminology related to persons with disabilities 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.' Incorrect: 'CP patient.'

### **TANDEM HIPPO THERAPY (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.

### **THERAPEUTIC**

An activity is therapeutic if a participant benefits, shows improvement or feels better once engaged. An activity can be therapeutic without being considered as therapy. In general, EAA's may be described as therapeutic, but they are not therapy or are not considered treatment without fulfilling specific requirements. (See Therapy, defined below)

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### **THERAPY**

May only be done only by a licensed/credentialed professional such as a PT, OT, SLP, (and licensed assistants), psychologist, social worker, MD, among others.

### **TREATMENT**

Services in which therapy is provided. This is generally thought of in a medical model. (See Therapy)

### **VOCATIONAL REHABILITATION**

Equine related activities that may include work hardening, work re-entry or vocational exploration. Participants are young adults or adults. May be considered equine assisted therapy if integrated by the therapist as part of a medical treatment plan.

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## **TERMS TO AVOID**

### **CLASSIC OR CLASSICAL HIPPO THERAPY**

These terms were used at one time by the American Hippotherapy Association (AHA) to differentiate types of hippotherapy practiced. It is no longer necessary to make this distinction and the term Hippotherapy is inclusive of all variations as long as the discipline fits the definition as outlined by AHA, Inc. (See Hippotherapy)

### **HIPPO THERAPIST/EQUINE THERAPIST/EQUINE-ASSISTED PSYCHOTHERAPIST**

These terms (and other similar terms) are never to be used, as there are no such professions, professional education or licensing in North America. An appropriate description would be the therapist first (recognized profession) with the equine-assisted therapy following (i.e. PT using HPOT, clinical psychologist doing EFP).

### **MODALITY/TOOL**

The use of the movement of the horse is defined as an treatment strategy rather than a modality. Legally, hippotherapy or the use of the movement of the horse is not a modality, and the term modality should not be used. Additionally, the equine is not the tool; the movement and/or the behavior of the horse is the facilitator for change. (See Equine)

### **RIDER**

This refers to the individual who participates in a therapeutic riding lesson or an able bodied riding lesson.

### **USING THE HORSE/THE HORSE IS USED**

The equine is a sentient being and participates in EAAT by facilitating or assisting in the provision of services. Humane treatment is quintessential, including respectful verbiage in discussing the equine's participation.

### **“THERAPY”**

Laws differ by state. If non-licensed/credentialed personnel claim to be doing therapy or providing treatment, this is often considered fraudulent and practicing without a license. Marketing strategies (brochures, website) must utilize appropriate terminology. A therapist must be present in order to represent an individual or an organization as offering “therapy”.

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*Occupational Therapy:  
Living Life To Its Fullest®*

December 15, 2011

Jacqueline Tiley, Executive Director  
American Hippotherapy Association

Dear Ms. Tiley:

The American Occupational Therapy Association, Inc. (AOTA) recognizes the use of the movement of the horse (hippotherapy) as one of many interventions that may be used by occupational therapy practitioners, as long as it is based on an appropriate occupational therapy evaluation, and integrated into a broader occupational therapy program and plan of care with the overall goal of supporting engagement in daily activities and occupational performance. Documentation should be explicit in linking the occupational therapy intervention to the client goals and outcomes.

Selection of an appropriate intervention is dependent on the medical diagnosis (e.g. neurological, muscular, psychosocial) and the specific client's performance goals (e.g. improvement in mobility, balance, or sensory responses), for occupational therapy (OT). Therapeutic horseback riding in which the goal is to achieve the skill of riding would not be considered occupational therapy. For example, an occupational therapy goal might be to work on dynamic balance, a skill involved in the performance of various daily activities e.g. completing morning dressing, playing on playground, etc.

In addition, from both an ethical and reimbursement perspective, it is incumbent upon the occupational therapist to provide documentation which objectively supports the rationale for this choice of intervention, how and why it is appropriate to meet the specific goals and needs of the client.

As per the Code and Ethics Standards of the profession, the occupational therapy practitioner using this approach must be competent to provide this intervention, which will likely require receipt of special training to work in this area.

Sincerely,

Maureen Freda Peterson, MS, OT/L, FAOTA  
Chief Professional Affairs Officer



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Barbara Heine, PT, HPCS  
President, American Hippotherapy Association  
5001 Woodside Road  
Woodside, CA 94062


Dear Ms. Heine:

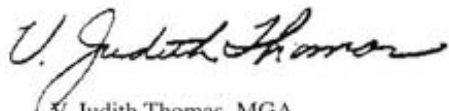
The American Occupational Therapy Association, Inc. (AOTA) recognizes the use of the movement of the horse (hippotherapy) as an intervention tool as long as it is based on an appropriate occupational therapy evaluation, treatment plan, and goals and assists in achieving the appropriate functional outcome.

It is appropriate for occupational therapy services using the movement of the horse (hippotherapy) as a treatment tool to be billed as neuromuscular reeducation, therapeutic activities, therapeutic exercise, or sensory integrative activities provided that all payer requirements have been met and depending upon the treatment goals and the way hippotherapy is used during the treatment session. Therapeutic horseback riding in which the goal is to achieve the skill of riding would not be considered occupational therapy.

The occupational therapy practitioner using the movement of the horse also should be specifically trained in the use of this tool.

Sincerely,

  
Deborah Lieberman, MHSA, OTR/L, FAOTA  
Practice Department

  
Judith Thomas, MGA  
Director  
Reimbursement and Regulatory Policy



American Physical Therapy Association.

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May 5, 2012

Debbie Silkwood-Sherer PT, DHS, HPCS  
President, American Hippotherapy Association  
P.O. Box 2014  
Fort Collins, CO 80522-2014

Dear Dr. Silkwood-Sherer:

On behalf of the American Physical Therapy Association's (APTA) more than 80,000 member physical therapists, physical therapist assistants, and students of physical therapy, I am happy to provide a letter to the American Hippotherapy Association on the use of a hippotherapy as a treatment strategy that is an appropriate part of physical therapy practice. Physical therapists' practice in a wide variety of settings and perform evidenced-based screening and evaluation for individuals with neuromuscular, cardiovascular, integumentary, and musculoskeletal conditions and provide interventions that focus on mobility and function to enable an individual's participation and improving their quality of life.

The physical therapy plan of care is based upon an individualized examination and evaluation of the patient to address impairments and functional and participation limitations and environmental barriers. The plan of care consists of the patient's/client's goals and intended outcomes and the treatment strategies and interventions directed to achieve a functional outcome. Hippotherapy is a treatment strategy that when incorporated into the physical therapist plan of care utilizes the equine movement as part of an integrated program to achieve outcomes such as improved balance, strength and flexibility. In cases where a physical therapist treatment plan utilize hippotherapy, the services rendered by that physical therapist, in such a context, should be recognized as physical therapy interventions and not the specific treatment strategy, device, equipment or adjunct used to deliver these interventions. In contrast, therapeutic horseback riding in which the goal is to achieve the skill of riding or other equine-related activities is not considered physical therapy intervention due to it not being a component of the individuals' physical therapy plan of care.

While the 2003 *Guide to Physical Therapist Practice* does not specifically mentioned hippotherapy, it is considered a treatment strategy consistent with interventions of therapeutic exercise. The *Guide* states that therapeutic exercise may include "balance and coordination training; motor function training or retraining; neuromuscular education or re-education; neuromuscular relaxation, inhibition and facilitation; perceptual training; posture awareness training; and sensory training or retraining".

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When an individual's physical therapy plan of care includes hippotherapy as a treatment strategy it is appropriate for services to be billed as neuromuscular education, therapeutic exercise, therapeutic activities or sensory integration, depending the intent of the intervention, the patient goals, and assuming all other payer requirements are met.

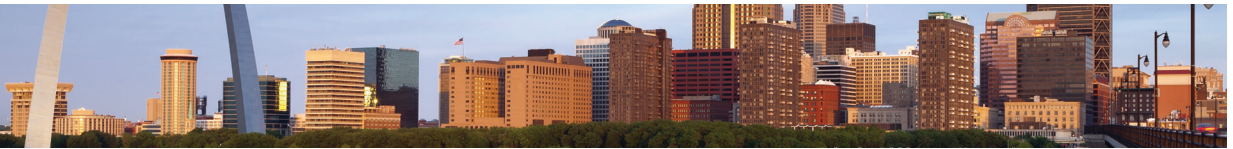
Thank you and if you need any further information, please feel free to contact APTA's Clinical Practice and Research Department at [practice@apta.org](mailto:practice@apta.org)

Sincerely,

R. Scott Ward, PT, PhD  
President

RSW/jm/mfd





American Physical Therapy Association

April 12, 2000

Barbara Heine, PT, HPCS  
President, American Hippotherapy Association  
5001 Woodside Road  
Woodside, CA 94062

Dear Ms. Heine:

The APTA recognizes that hippotherapy is a treatment tool in which the movement of the horse and related activities are used to address impairments and functional limitations in patients primarily with neuromusculoskeletal dysfunction in order to achieve functional outcomes. Within the 1997 *Guide to Physical Therapist Practice* hippotherapy is not specifically mentioned because it is considered a treatment tool under the specific direct intervention of therapeutic exercise. In this context, therapeutic exercise uses a horse, where the horse should be regarded similar to a piece of equipment and not the treatment itself. The Guide does not mention any particular piece of equipment in its description of therapeutic exercise, but states that therapeutic exercise may include "balance and coordination training; motor function training or retraining; neuromuscular education or re-education; neuromuscular relaxation, inhibition and facilitation; perceptual training; posture awareness training; and sensory training or retraining."

It is appropriate for physical therapy services that include hippotherapy as a treatment tool to be billed as neuromuscular education, therapeutic exercise or therapeutic activities depending on the way in which the horse is used in the treatment session, assuming all other payer requirements are met.

The physical therapist is responsible for designing a plan of care that is based upon an examination and evaluation of the patient. In cases where a physical treatment plan and goals utilize a horse to assist in achieving those goals, the services rendered by that physical therapist, in such a context, should be recognized as physical therapy intervention. It is understood that the use of the horse as a treatment tool should be considered no differently than any other treatment tool applied to other interventions within the scope of physical therapist practice. In contrast, therapeutic horseback riding in which the goal is to achieve the skill of riding or other equine-related activities, is not considered physical therapy intervention.

Sincerely,

Andrew A. Guccione, PT, PhD, FAPTA  
Senior Vice President  
Division of Practice and Research



# AHA, INC. BIBLIOGRAPHY AND REFERENCE LIST

## PEERED REVIEWED HIPPO THERAPY RESEARCH ARTICLES

**This section includes articles that use scientific research and inquiry methods that include more than one research participant. Although some articles use the term “therapeutic riding”, “riding therapy”, “horse therapy”, or “equine assisted therapy” in their title or text, the description of the actual methods is consistent with current AHA definition of hippotherapy and are therefore included in this category. Many of these are older articles or were conducted in countries where terminology differs slightly from current AHA definitions.**

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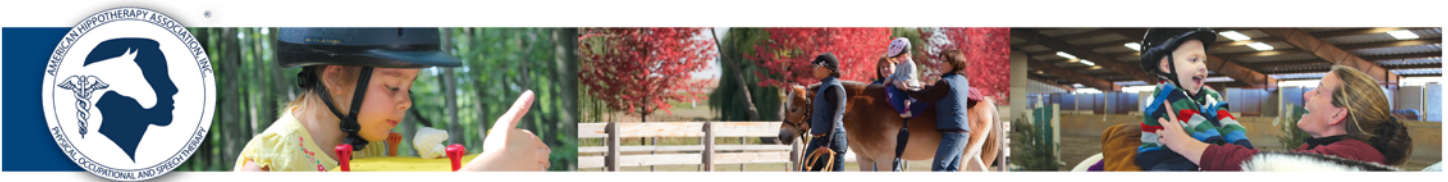
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## PEER REVIEWED CASE STUDIES

**This section includes articles that are single case studies (i.e. one participant). These articles are more difficult to generalize to large populations, but still provide useful information and were conducted in a scientific manner.**

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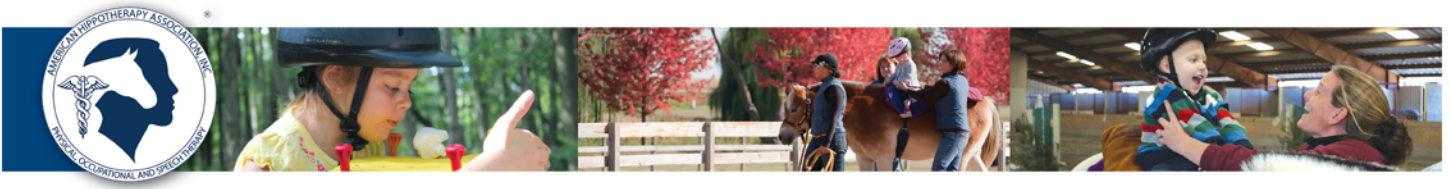
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