



"Treatment with the help of the horse"

AMERICAN HIPPO THERAPY ASSOCIATION, INC.

PO Box 2014, Fort Collins, CO 80522 • (877) 851-4592 • FAX: (877) 700-3498

info@americanhippotherapyassociation.org • americanhippotherapyassociation.org

Use of Hippotherapy in Occupational Therapy, Physical Therapy and Speech Therapy

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.

- National professional associations (AOTA, APTA, ASHA) recognize hippotherapy as an appropriate treatment strategy within scope of practice.
- Hippotherapy differs from horseback riding and therapeutic riding.
- CPT codes consistent with OT, PT, SLP scopes of practice should be used.

Medical professionals have incorporated equine movement in therapy practice in the United States since the 1970s, and in Germany, Switzerland and Austria since the 1960s. Today, this treatment strategy is incorporated into physical, occupational and speech therapy treatment plans throughout the world. The American Hippotherapy Association, Inc. (AHA, Inc.) was formed in 1992 to provide a forum for education, communication, and research among health professionals interested in the use of equine movement 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 for incorporating equine movement in therapy practice in 1997. The framework was developed to (a) provide therapists with a theoretical basis for the utilization of equine movement for improved function, (b) promote effective clinical problem-solving, and (c) generate hypotheses for scientific research. The current conceptual framework is based on motor learning principles, dynamic systems theory, and sensory processing strategies.

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 therapists: AHCBS Certified Therapist and Hippotherapy Clinical Specialist®.

A therapist may choose to incorporate equine movement 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 to match the specific needs of the patient. During treatment incorporating hippotherapy, the therapist continually monitors patient response and modifies equine movement to provide an appropriate challenge.

Horses selected for use in physical, occupational or speech therapy must meet specific selection criteria regarding movement quality, temperament, and training. Even when an ideal horse is used, the treatment quality and results are based on the specialized training of the therapist, his/her clinical experience and expertise, and how well he/she integrates equine movement into a comprehensive treatment plan. Expert handling of the horse is critical.

In occupational, physical or speech therapy incorporating equine movement, 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.

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 physical, occupational or speech therapy procedures when incorporating hippotherapy are recommended for use by AHA, Inc.

Occupational, physical or speech therapy incorporating hippotherapy should not be billed as horseback riding, therapeutic riding, or equestrian therapy/activities. An "S code" exists from the Healthcare Common Procedure Coding System (HCPCS) section of the American Medical Association (AMA) coding guide as "equestrian/hippotherapy" (S8940). "Equestrian" implies the recreational activities of horseback riding. Furthermore, it implies that "hippotherapy" is a separate service from occupational therapy, physical therapy and speech therapy, which is inaccurate. The billing code S8940 should not be used for reimbursement for occupational, physical or speech therapy incorporating hippotherapy.

Hippotherapy differs from horseback riding and therapeutic riding. Horseback riding is a recreational activity with the rider controlling the horse. Therapeutic riding is a lesson adapted for individuals with special needs taught by specially trained instructors. This activity is recreationally based and goals may address leisure, education, socialization, and competition in the sport, or fitness and does not focus on rehabilitation. 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. AHA, Inc. recommends the use of the term adaptive riding, in place of therapeutic riding, as it more accurately describes the activity and is consistent with other activities such as adaptive skiing, adaptive basketball, and adaptive swimming.

The use of equine movement in occupational, physical and speech therapy is supported by 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.

There is widespread acceptance of occupational, physical 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 strategy are given at many regional, national, and international professional conferences. Most major third party payers and state Medicaid providers reimburse for physical, occupational and speech therapy services that include the use of equine movement as appropriate under the patient's coverage for occupational, physical and speech therapy. School districts have paid for therapy that incorporates equine movement because it produces educationally relevant functional outcomes. Universities contract for placement of their health professional students in affiliations with a clinician who may include equine movement as part of an integrated plan of care for their patients.

AHA Inc. is committed to its members and the public to promote excellence in the use of equine movement in treatment to improve patient function. AHA, Inc. will continue to provide education, facilitate research, and promote the use of equine movement in order to improve the quality of life for individuals with disabilities.