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An Introduction to Hippotherapy as a Treatment Tool for Speech-Language Pathologists

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- [Amy] And at this time, it is a pleasure to introduce Meredith Bazaar, who is presenting: An Introduction to Hippotherapy as a Treatment Tool for SLPs. Meredith is a New Jersey and New York Licensed Speech Language Pathologist and lifetime equestrian. She is a past president of the American Hippotherapy Association and a Board-Certified Hippotherapy Clinical Specialist, serves on the American Hippotherapy Certification Board, coordinating faculty for HS, I'm sorry, AHA, a PATH International Certified Riding Instructor and Founder of MSB Therapy, LLC, which provides speech and language evaluation and treatment to adults and children in a variety of settings. She has presented at international conferences, guest lectured at universities and colleges, conducted training seminars and supervised graduate students. Meredith was the 2010 recipient of the AHA President's Award. She received a Bachelor of Arts from the George Washington University and a Master's of Arts in Speech Language Pathology from Northwestern University. So welcome, Meredith. It's a pleasure to have you with us today.

- [Meredith] So what we're going to talk about today is the tool of equine movement and how speech and language pathologists can incorporate it into their practice. This is going to be an introduction, kind of a taste, and you can let myself know or let speechpathology.com know if you're interested in more or AHA, the American Hippotherapy Association, if you would like some more information or get started on this path. As the business side of it, I have no financial interests in this. The content is the event does not focus exclusively on any foods, or products, or services, and this is presented by speechpathology.com. As Amy had introduced me, Amy Hansen, thank you, introduced me before, I am a Board-Certified Clinical Specialist in Hippotherapy and the past president of the American Hippotherapy Association.

I am currently coordinating faculty for the American Hippotherapy Association and a PATH Certified Riding Instructor. I wanna thank the American Hippotherapy Association for some of the materials and also my company, MSB Therapy. You'll see some of the

slides. During this course, I'm going to describe the use of hippotherapy as a treatment tool, explain the benefits of integrating the tool of hippotherapy within a treatment session for functional gains, list training and certification requirements necessary for the speech and language pathology professionals to utilize the tool of hippotherapy. We'll review those at the end so that we fulfill all of our CE requirements and make sure that we fulfilled our learning outcomes as well. And please ask questions in the Q&A box as we go along, but I will answer them at the end. I will throw in some cute, silly slides, but kind of how I picture things, and love to do my sessions at my outdoor offices, I've indoor offices and outdoor offices. I often look at all of the outdoor animals and people in the environment, and you're always thinking, what are they thinking? So, very, very cute. Speak up, I can't hear you.

I'll try, but I'm a little horse. Very, very cute, especially for us SLPs. The term hippotherapy refers to, and this is a description and it is by the American Hippotherapy Association, and it's refers to how occupational therapy and physical therapy and speech and language pathology professionals use evidence-based practice and clinical reasoning in the purposeful manipulation of equine movement as a therapy tool to engage sensory, neuromotor and cognitive systems to promote functional outcomes. It's a lot because there's so much in this tool that describing it and referencing this term becomes pretty wordy.

The best practice dictates, and you can see the best practice guidelines on the American Hippotherapy Association website, that the occupational therapy, physical therapy, and speech and language pathology professionals integrate hippotherapy into the patient's plan of care, along with other tools and/or strategies. Hippotherapy is not a standalone strategy, not a standalone tool. It is just one more in our box of tricks. A little bit of the history of hippotherapy. In the '60s, 1960s, physiotherapists in Germany and Switzerland and Austria were using equine movement to accomplish functional gains. In 1987, a group of 18 PTs, OTs, and one SLP in North America went over to

Germany and brought the philosophies and the concepts of hippotherapy, this tool back to America. In 1992, AHA, the American Hippotherapy Association, became a section of NARHA, which is currently PATH, which is Professional Association of Therapeutic Horsemanship International. In 1999, the American Hippotherapy Certification Board, AHCB, offered the first Hippotherapy Clinical Specialist Exam. We'll talk more about that later in the presentation. The American Hippotherapy Certification Board, AHCB, developed the first Clinical Specialist Exam. In 2004, AHA separated from PATH, then NARHA, to become it's own independent 501c3 not-for-profit organization. And in 2013, the AHCB Board put out a second exam. The AHCB certification exam was offered, and the certification exam, again, we'll talk about it a little bit further as we go along, but it's a different exam than the Clinical Specialist. So now there's two exams, certification exams, two types of certification exams.

This is so important, this slide. In 2017, Gail Richard was the President of ASHA and we received a letter from ASHA talking about hippotherapy and recognizing hippotherapy, that hippotherapy is one of many treatment techniques that speech and language pathologists in the United States may use, given that they have the necessary education, training and expertise and abide by professional code of ethics. And Miss Richards also stated that hippotherapy may be used by SLPs as an approach to meet designated communication or swallowing treatment goals as part of a larger plan of care. It is the clinician's responsibility to justify the choice of using hippotherapy and how it meets the goals of each individual. So looking at hippotherapy, equine movement, how the horse moves as a tool. So just like any other tool that we use, we need to justify it in our plan of care and does it help to facilitate those individualized goals? And so it was so important that we received this letter from ASHA. We had been trying... When I was president of AHA, worked with ASHA, unlike AOTA and APTA, ASHA often recognizes the things that they don't recommend. APTA and AOTA have written many letters of many different tools and strategies that they recommend, but this was different from ASHA 'cause they really put it out there that

this is another tool that speech and language can use. This is part of our toolbox. Why is the tool of hippotherapy used? Why would a speech and language pathologist incorporate the use of hippotherapy? Some of the theoretical explanations include: the Dynamic Systems Theory, neuro-physiological theory, sensory integration theories and motor learning theories. This is not going to be a theory course. And again, this is just a taste, an introduction to this tool, but it really gives you a good understanding of how this tool can affect individuals in such a massive way. When we think of Dynamic Systems Theory, we have a horse and a patient. You have internal systems, external systems. So the movement of the horse, the equine movement, that is the tool. It's purposeful, manipulated movement, and that's why it's so important that you are educated in your tool as a speech and language pathologist.

Like any of our other tools, we need to be educated and understand how to use it and who to use it for. So in Dynamic Systems, we changed the system with this tool. The body organizes, and we're changing function. We're reorganizing for that moment in time or the task that needs to be completed in that moment in time. And when you break the Dynamic Systems Theory, when you look at it a little bit further and you think about all the different systems that are involved when you're sitting on a horse, think about the systems that are involved in just sitting in a chair or standing up: our breathing, our heart rate, our musculoskeletal system, I'm trying to talk in a rhythmical way that keeps everyone engaged, what your feet are doing, how we're balancing our visual systems, all of these, and how if someone came up behind me and scared me or something, how would it accommodate and change and how we can change as therapists through movement to affect a patient's function. When we think about Neuro-physiological Principles, again, how does this hippotherapy, how does that act as a therapy tool for speech and language pathologists? This is skillful manipulation of graded equine movement. So this dynamic surface, the horse, it's rhythmical, it's repetitive, it's symmetrical. It provides these bilateral weight shifts. I'm kinda doing it for you. Continual adjustments. The body has to continually adjust as they're sitting

astride and you're working towards symmetrical, postural alignment. Disassociation between the trunk and the pelvis. Think about, as speech pathologists, how essential that is for speech production and visual flow for language organization. Then also, with the Neuro-physiological Principles, understanding the heightened feedback in the midline position and how crossing midline and using our eyes and getting that visual flow. So all of these neurological physiological principles are so important and achieved during a session where hippotherapy is incorporated at times. It doesn't have to be used the whole session, can be used at times. Sensory Integration Principles.

So we're getting not only neurological and physiological, we're getting sensory changes as well. And so clearly supporting speech and language and why this use of hippotherapy as a therapy tool is so important that using the horse as movement, we can modulate and you can enhance the sensory processing opportunities. You can provide simultaneous vestibular, proprioceptive, tactile, and visual flow. And again, it's this graded input that the therapist is changing and monitoring throughout the whole session. We're also providing the just-right challenge in meaningful and motivating contexts and activities. We accomplish our goals when it's meaningful, when it's fun, and when our clients, patients are motivated, The farm environment and the equine movement is a wonderful place to create these opportunities, to get meaningful and motivating activities.

So you're getting the one-stop shopping where the whole body is activated, and then you're getting Motor Learning Principles with this equine graded movement, hundreds of practice opportunities, continuous problem-solving adjustments, variability of practice. In 30 minutes, the horse will take 2,000 to 2,500 steps. That's hundreds of practice opportunities for them to get with this repetitive, rhythmical movement. I like to think about it as you're sitting or you're using a dynamic surface that's on a metronome. So it's this great big metronome that you can use, but yet I could slow it down and I could speed it up and I can go up a hill and down a hill so that I'm getting a

variety of practice and different opportunities, and I have my clients problem solve and continually adjust. So there's always that cognitive level. It's the system-wide impact that we're seeing, this one-stop shopping, that we're getting this three-dimensional pelvic movement through, as we move through space and these repetitive opportunities, 2,000 to 25. So the human pelvis moves three dimensionally and the horse's pelvis moves three dimensionally. The human on the horse will receive that same three dimensional pelvic movement that the horse is providing. If they, as the human, are not able or limited, or it doesn't feel right to have that three dimensional pelvic mobility, we need a neutral pelvis to communicate. We need to be able to move side-to-side, lateral. We need to move forward and back, anterior, posterior, front and back. We need to move and rotate and twist somewhat.

We need to be able to do what our pelvis provides and allows us so that we can look around and absorb language in our environment and also feel it in our mouth. It's one stop-shopping. You get this whole system-wide impact, and then on top of that three dimensional pelvic mobility, as you're moving that movement through space, it's providing all of that sensory integration and processing, following those sensory theories. So we're getting that neurodevelopmental, the physiological, we're getting motor planning. The horse is moving through space.

A client is sitting on top as a dynamic surface, and we are, in a very organized manner, as a trained therapist using this tool, to this graded equine movement to give rhythmical, coordinated, symmetrical input. So the horse is the only thing we can sit on that simulates the three dimensional movement of the human body, and that could sustain that rhythmical coordinated input for 30 minutes. So we will get to some videos and see how this is in action, this system-wide impact. Again, one of my favorite clients. These are my clients too. I need a glass of water, I'm a little horse. That's my voice client. This is as schematic that I put together many, many years ago when I first started and it's still very valid and it's valid If you cover up the horse and you change it

with a different tool, if you put in there tactile cues or you used a ball. And so those are your inputs that you're providing with your tool, but with this tool, with the equine movement, you're changing position, again, that three-dimensional movement of the human following the three-dimensional movement of the horse. The only thing we can sit on that provides this. I like to think about also we borrow the horse's neurological system for this period of time while we're receiving this movement and we receive this movement in a repetitive, rhythmical, coordinated, symmetrical way. So not just any horse can do this. And then we receive all this input through the movement, sensory, through the motor planning systems, addressing all of those systems, and then you have all this input through the environment that we're in, my outside offices. We can treat anywhere, speech and language pathologists.

We treat them in the playground. We treat in the cafeteria. We treat in people's homes. I treat outside sometimes at a farm. Sometimes I treat in my office with four walls, inside or outside. And then what is impact by your input? What impacts you? What do you see as your outcome? You have your input and your outcome, and you see all these physical changes, the sensory and thinking about cognition, those executive functions I'm think on every level are so important.

You need to be able to sequence and plan and problem solve physically, cognitively, in every way, emotionally with your attention, motor planning, everything. So you really have to have that cognition, and then we can go to speech and language, our expressive and our receptive, our pragmatic language skills. Our voice, our swallowing can be added on there. Whatever your outcome is, you can kind of cover it up and kinda fill in the blanks if you want. When we look at the benefits of incorporating hippotherapy as a therapy tool, it is not used exclusively. I use prompt. I use picture cards. I use semantic cues. I use lots of tactile supports. I definitely believe less is more. And in an outdoor office, you have a lot of tools and strategies and stimuli just at your fingertips that you don't need to bring with you. So I incorporate the equine

movement, the hippotherapy as part of my session, when it is needed. And the benefits and what I'm looking at to change, what impairments I'm looking at to change for the benefits are changes in arousal, attentional focus, postural stability for speech production, respiratory support for phonation, motor planning for speech production. Again, thinking about those theories, that Dynamic Systems Theory, that if I'm getting that postural control, that core stability, look at that, my little friend here, and that visual flow, I'm getting the improved arousal, the attention. I'm ready to learn. I am getting, again, I'm working with the whole body, the system-wide approach, where we're getting the motor planning with this rhythmical coordinated inputs. Within a 30-minute period, I can get 2,000 to 2,500 steps from the horse.

So that is going to be this metronome for 30 minutes, this rhythm and this coordination for 30 minutes that the body needs. We need rhythm. We need coordination to breathe, to talk, to walk. Walk and talk, it's a whole other story. Further benefits or impairments that we're looking at. I like to focus on the positive, the benefits, comprehension, word finding, syntax, language organization, relevant context, content, pragmatic language usage, what we use in any and all of our sessions, we're looking at these benefits for speech and language skills. Comprehension. This is a picture board asking one-step questions or two-step, language finding, word finding, and language organization, creating a story during the session.

Again, maybe getting the arousal and attention that's needed before to achieve the word finding and language organization. You need to have a level of motivation and a level of arousal and organization so that we can word find and organize our sentences and narratives. Like any other environment and as a speech pathologist, first and foremost, if we're referred or the parents are looking for a evaluation or a consult or the family, again, this is adults and children can be seen with this tool, but there's always an evaluation done and you do your traditional and any other eval that you would do, whatever you lead with your practice and whatever your license mandates as a speech

language pathologist in your state. Just because it's an outdoor office or at a farm doesn't change your evaluation. You wanna collaborate as much as possible, standard therapy evaluations. I see primarily pediatrics at this point in my career. So I'll be using a self or a Goldman-Fristoe. I do a lot of voice evaluations actually. So, whatever your standard protocol is, and you're going to establish medical necessity for skilled therapy service. Is speech and language therapy warranted? And if so, you put it in your patient's plan of care. And as a licensed speech pathologist, I choose the safest and most effective treatment for that individual patient. If equine movement is an option, for me, it is, I have been trained for years and years, but if you have been trained to utilize hippotherapy, utilize it if it's appropriate. If it's not, refer to a trained therapist, and you can go to the American Hippotherapy Association website to find a list of therapists. This is a list of diagnosis and medical conditions that often benefit from the use of hippotherapy as a tool. However, it is not limited to these.

And I do therapy with many of my clients in the outdoor environment or used to do when I was doing in-person therapy. We're on break right now because of COVID, but it is not limited to this. In my evaluation, if it's in my plan of care and I think the tool of hippotherapy is the most beneficial, I will recommend it and include it in my plan of care, even cases for the letter articulation for r or sh. So my plan of care is just as it is in my indoor office or when I worked in a hospital. It includes my treatment tools, strategies that I might utilize to facilitate functional gains. So whatever is in my toolbox for that individual client, I put in that plan of care and just I can't emphasize enough that the tool of hippotherapy, just like any other of our other tools and strategies, you wanna have multiple ones accessible to you. Not every individual is the same and will respond the same way to your treatment with one tool. You wanna have multiple tools to accommodate all of your clients. So we're always addressing function. We're not teaching to ride. It is not a different type of therapy. There is training, but we're always addressing function as a speech pathologist. First and foremost, you are a speech and language pathologist, and this is one more tool looking at our functional gains. It's a

nice picture that you can see, the similarities between the horse and riding a bike with your upper extremities and the weightbearing, your postural control, alternating weight shifts, and then another cute one. When is a singer not a singer? When she's a little hoarse, aaw. Considerations and precautions, 'cause again, like all tools, this may not be the most appropriate. So understanding the equine environment, understanding equine movement, that it's very important to understand these, that there's a risk-benefit analysis that you should do given each patient. Do you have a qualified team? This takes many more people than just being in an inside office with one-on-one. So do you have people that are familiar with that individual's, impairments? Does your team get along with that individual? Do they really understand how the horse is moving or what the plan is? What are your functional goals? And again, you're working with a team so that you're the most effective, but also being discreet and not...

They don't need to know the diagnoses. However, it's important to understand what your goals are and what you're trying to get across so that in this environment, it really helps to have everyone working together. You must understand the risk of a fall. The more independent an individual is and the higher level an individual is, the more risk there is of a fall. And this is all education and education with the family and education with the caregivers. And you also wanna really think about what level of communication they're at and what level of mobility they are in your environment that you have outside as related to safety 'cause obviously communication is our goal.

Mobility, can they navigate the environment? It's gonna be uneven surfaces. Can you accommodate their mobility? Can you accommodate, if you have a ramp or you only have stairs. So really thinking what you have at your disposal and is that appropriate for that environment and that individual for your environment? When we're thinking of other precautions and considerations, we think of age in the United States. It is recommended that the tool of hippotherapy, equine movement for PT, OT, and speech

and language pathologists, we do not use this tool for anyone under the age of two. When we're thinking of our client's height and weight, we need to think of the tool that we're using as well and we need to make sure that it is appropriate for that individual, and we're not going to harm the horse as well. We need to consider the patient's sitting balance. And as speech pathologists, I don't wanna be doing physical therapy the whole time. So, do they have some level of sitting balance on a dynamic surface? They may be able to sit statically supported, but can they do it dynamically, moving through space? As soon as a lot of individuals receive that visual flow, it's very different. Their balance might be thrown off. Think about alignment and do you have the right tool for your individuals? Different medications might interact with the outdoor environment. People's fears, allergies, sensitivities, can change, we're outside. So given where you are, if you're in a part of the United States that or part of the world that it is very hot, can people... I have an client who doesn't sweat.

We don't do sessions when it's extremely hot. I have done sessions with individuals that have allergies to horses, and you have to be really, really careful how you do it. This'll be interesting with COVID also how we handle things, but covering up the horse is possible and I often have families bring their own towels and cloths so that the horse is covered so that we don't cover allergies, and fears, gravity. You're up high. The fear of leaving mom and dad or a caregiver, usually individuals get over that pretty quickly, like in most environments when it's motivating and fun, but gravity and gravitational insecurities and fears of animals is a real thing. So, again, always doing that risk-benefit analysis and is it worth it to get them through that? Are you gonna get that much benefit given maybe their fear, and some things change. One of my longest families that I've worked with, their son developed a fear of animals as he grew older and it took a long time to kinda convince all of us that this was not gonna work anymore. We were gonna use different environment and different tools. Absolute Contraindications. This is put out by the industry standards, which are based off of PATH industry standards and their standards. So that's a list and you can run through

those, but really, understanding those are absolute contraindications. We're not gonna see anyone with Grand Mal seizures. With petite seizures, it's pretty awesome to watch what the horse can do. Often the horse detects a seizure before an individual has a seizure. In one case, I had an individual with seizures. Again, I've educated and talked to the families about the risk and am I gonna get your son off this horse quick enough if in this situation. We practiced it, not with my client, but with ourselves. That's so important, but the one time in our sessions that we had to really experience this amazing situation where the client had a seizure, the horse stopped, but none of us knew the client was having a seizure.

We just were wondering why the horse stopped, and then the individual, we all observed that he was having the seizure. It was pretty amazing that the horse felt it, first and foremost. It was great. Continued Absolute Contraindications. Again, things change. If you're seeing adults with MS, might go through exacerbations, individuals that go through different surgeries, tethered cord with neurological symptoms, with no neurological symptoms, open wounds. So really communication is so important in every environment, but especially in this environment. A lot of understanding if anything changes that this tool may not be appropriate, even though it was recommended two weeks ago. So this is one of my favorite little pictures. This is my friend's six-month-old puppy. What's wrong with your voice?

I'm a little horse. This puppy is like a horse, it's crazy. That's Mac. All right. I'm gonna show you some videos of some treatment. Those first two videos are Garrett, nine years old, diagnosed with Down Syndrome. His parents sought out the evaluation to get another opinion. I'm a primarily do private practice, I do some consulting for schools, but primarily private practice, and I did recommend the tool of hippotherapy. I included it in the plan of care as one of my tools for functional gains. We're gonna watch this video and we'll watch the first video, and then talk a little bit, and then we'll watch the second video and really looking at a system-wide impact effect, looking at

neuro-physiological changes, sensory changes and motor planning improvements, but my goals were for comprehension of simple Wh-questions. Amy, can we have that video? Thank you. Good, all right. Let's see what we have here. Okay, let's quickly do the driveway and put these out here. What do I have? What do I have? I have two what?

- [Garrett] A-A.

- [Meredith] You have it here?

- Yes.

- All right, what do I have here? It's a? You want help? Okay. That was the beginning of the session and I'll back up a little bit. In the start of the session you saw there was a big green barn and we had a lot of trouble getting his coat on that day and we were very disorganized getting out of the car, but we started our session and you can see, I believe it's about a three-minute walk straight down the driveway on gravel and it's a slow-graded uphill walk and you can see how Garret's sitting. His hands are upright. His arms are a little bit short for his statue, which is common in individuals with Down Syndrome. He sits extremely posterior in his pelvis, kinda back. You guys, assess how you're all sitting now in your chairs. Think about what position you're sitting in and how you're paying attention here. And he's got a very traditional look for an individual with Down Syndrome, kind of the open jaw, the tongue protruding. And so that's the beginning of the session and it was very disorganized. The session has actually probably gone on about 10 minutes, but the movement was provided for only about three. So we're gonna watch him go in the next video now. He'll have walked down the driveway a little bit further on pavement. And whoa. All right, last one. Last one. What's that? Use your lips.

- [Garrett] E.

- You're awesome. Throw it in. Oh, oh. It didn't go in. What do I need to do? I need to pick it... Use your lips, ah.

- [Garrett] Ba.

- Nice try. Here you go. In, in, thank you. Thanks- All right. So you see that system-wide impact so beautifully. He walked down the driveway. So we're using the horse on pavement, walking on pavement, which he's gonna get a lot more impact and input from the horse's equine movement than I would if I was in the arena on the soft sand and I'm using straight lines so that it's just continual. I'm not zigzagging, I'm not circling. It was straight lines, providing this equine movement for another three minutes, two, three minutes down a long driveway and you saw that neurologically and that physiological change where he's more upright, he's got better postural control. His arms dropped somewhat and he wasn't in that such a posterior position. It's a little hard to see because of his coat, but we got that coat on and I wasn't taking it off. His change in arousal system was amazing, his attention, his response time to the question and motor planning on top of it. Again, that one-stop shopping. My functional goal was really the comprehension of the Wh-questions. However, I'm not gonna not do address his speech production as well and the motor planning part of it and using that forward movement with the horse slow and graded, yet on pavement, so it's deep and it's got an auditory input. Also, we're on sand, it does not. 'Cause it's still on the pavement of the gravel, it does. He's getting this auditory, rhythmical, coordinated input as well, and really addressing the thinking of planes of movement and really thinking about his front and his back, that AP movement, which individuals with Downs often sit kinda back, kinda hanging back. And what we see in the pelvis and his belly, we often see in the mouth. And so, especially with Garrett and in clients like Garrett, we bring them upright, all of a sudden he has better jaw alignment. He's able to use the mouth a little

bit more. He can grade it. He can move the front and the back of his mouth, which is our first way to develop through that plane of movement, and he's starting to attempt to do pig or up. So that's system-wide impact. We're gonna look now at Nate, I'm gonna bring us back this way, ooh, there you go, to Nate, and Nate is diagnosed with a developmental speech and language disorder. He's four years old. The evaluation was completed. His doctor had referred his parents to me for a speech and language evaluation. They had not ever heard of this tool of hippotherapy. I educated them that it might be something that would motivate Nate and we would possibly accomplish our goals a little bit faster. I included it into my plan of care with the other tools. And again, we'll look at this video to see a system-wide impact of the neuro-physiological changes, sensory changes and the motor planning. And my goals for Nate were: to improve his oral-motor praxis and use of age-appropriate articulation, but he's now at this level... He did so well and achieved goals so quickly in spontaneous speech for a four year old. Okay. Yeah, go ahead over here, over here, go get the side. Go get my left. Go get it, go get it. Good job, you got it. That was great. Go get it over there. Nice job, all right. We're gonna have to throw 'em in a puddle

- No.

- 'Cause he's got to take a bath. He's very dirty. He's got mud all over him. All right, you can hold his hips and let's go walking till we find a nice puddle.

- [Nate] A nice puddle.

- To take a bath, a monkey bath. good question. Maybe we'll go to the same puddle. You might up here. All right. Think you got using your sides? Think you got using your sides? See about using your sides. And ready? Whoa.

- [Nate] What?

- Throw 'em in the puddle. I'm gonna help him go take a bath. All right, take a bath monkey. Let's go. He's taking a bath. He's taking a bath. Because the yellow, yellow . I'm just going to make you all aware of watching the horse's movement from behind, and that's the equine movement, that's our tool, using their pelvis to achieve different goals with the client sitting astride. Slow. All right. You ready? Let's go to the front. All right. Should I go get something?

- Yes.

- Okay, remember your front and your back. Tell me what to do. Tell me again, I didn't hear you. I'm over here. I'm gonna go get it. I'm gonna go get it. What should I do? Oh, no. Oh no, where did your words go? Do we want yellow, no? We don't want it?

- I don't want it. You do?

- Sophie,

- Oh, you think Sophie's gonna take it? No, we won't let Sophie take it.

- Sophie! Don't take it.

- Don't take it, Sophie. All right, so why do I need to do? I need to...

- Pit it up.

- I would love to pick, right, pick it up. That was great using your front and your back.

- Pick it.

- All right. So addressing Nate's system wide and that one-stop shopping. Sophie is his sister and he saw her from very far away. So now that he had all this postural control and we turned him to the front, and I'll talk to you about why we turned him to the side in a second, we turned him to the front and he clearly saw his sister because his eyes were working, everything was aroused, he was paying attention. And that's why he got a little distracted from his sister, but that he was easily able to return back to our task was great. He was moving sideways on the horse or experiencing the tool sitting sideways. And again, this is a training that you want to really understand the movement and what it does, but I'm working on getting lateralization of his tongue and making him really aware of his lateral sides of his body through the lateral movement of the horse. And with this horse, who's one of my favorites, Dude, you could really see that rhythmical coordinated input and watching, if you watch this over and over again, you would see how the lateral, and if Nate, we also have a jacket issue here, but you would really see how Nate becomes so much more aware of his sides, of his whole body, then we incorporate the front and the back of his whole body.

So again, taking this whole body approach, system-wide, and looking at all of our planes of movement so that he can absorb the language that he needs within his environment around him and develop his oral motor skills and articulation, which following planes of movement is essential that we have it. If you can't rotate, you don't have the use of your body and the understanding to use your mouth in that similar pattern for sh or ch. So it's so important that we experience it with our whole body. We're gonna go back to the slides, and let's see, all right. So we saw Nate. And so if you are interested and think this tool is, as I do, the most efficient and one of the best ways to accomplish my goals, you have to follow your state laws as a speech pathologist. We always practice within our scope of practice and follow ASHA's Code of Ethics, and it's our ethics and our morals to have the necessary training and understanding and expertise to use all the different tools that we have in our practice.

I'm not gonna do a modified barium swallow study unless you're trained, same as using the movement of a horse. It's a big live being, although it's extremely beneficial and so efficient. Certification in hippotherapy can be achieved through the AHCB Board Exams. The American Hippotherapy Association, this gets a little confusing, but the American Hippotherapy Association is an education organization. They provide multiple courses and education opportunities for speech and language pathologists, physical therapists, occupational therapists, to learn how to incorporate this tool. A different organization, the AHCB Board, develops these two exams, the Hippotherapy Certification Exam and the Hippotherapy Clinical Specialist Certification Exam. The Hippotherapy Certification Exam is more of an entry-level exam, and it is essential and a requirement that you take the American Hippotherapy Association level one and level two or part one and part two treatment principles courses.

The Clinical Specialist Exam, you need to be licensed as a speech and language pathologist as a PT, as an OT. It was the original exam that was developed and the AHCB Board did not feel like they had to require a therapist to take all of the AHA courses, but it is an amazing exam. I sit on the Board also. The Clinical Specialist Exam is much more of a case situation exam and it doesn't require to take the AHA courses. However, you really should have a really good education and understanding and I would recommend you take the AHA courses before you take it, but it's not a requirement, where the certification exam, you must take those AHA part one, part two courses, level one, level two. The Clinical Specialist Exam gives you a lot of case scenarios and it talks about the business side of incorporating the tool into your practice, the horsemanship side, the PT side, the OT side and the speech and language. So it really has us understanding the whole body and the use of this tool, understanding so much about the other disciplines as well. There's not too many tools that all three disciplines use. So it really makes us look at the other disciplines as well. And if you're using this tool, you should understand how it affects every system to achieve your speech and language goals. The certification promotes the delivery of

safe and effective treatment. It encourages continued growth and a standard knowledge of a requisite for certification for employers. So just to review, I wanna make sure that everyone really has a good understanding of the hippotherapy as a treatment tool. I went over some of the benefits of integrating the tool for speech and language treatment sessions for functional gains. Again, it has to be in your plan of care, if it would be appropriate for that individual, and taking training and certification requirements necessary for the speech and language professionals to utilize the tool of hippotherapy. And now, here are a list of references. This is evidence-based practice. We have a lot of PT-dominated research, not a lot of speech and language. Go out and do some more research, everyone, but here are some references, and thank you. Please feel free to email me directly if you have any questions or want to look into things further, but I definitely be glad to answer any questions now in our limited time.

- [Amy] All right, thank you, Meredith and we're gonna actually pull up a notes pod over here. Actually, we have it on the screen for you right now. Here are just some links to the associations that you and the Board that you were mentioning. So we thought maybe that would be helpful for everybody to have. So let's go through some of the questions while we have a few moments. Before we do that, I just wanna let our participants know, this does bring us to the top of the hour. If you do need to log off at this time, certainly feel free to do so. You'll be given credit for today's webinar. If you are able to stick around for some of the questions, feel free to do so. Okay, so "is the horse specifically trained to work with students and clients in hippotherapy?"

- [Meredith] Yes. You will absolutely use horses that go through... There's no, in the United States, in Europe, there is actually, a protocol of certification for horses that are incorporated by physiotherapists. Speech pathologists are starting in Europe to use the equine movement, but physiotherapists across Europe use equine movement and there is a certification. You should work with horse trainers, be aware of as much horsemanship as you can so that you're know what you're looking for to get that

coordinated rhythmical input. Is that horse symmetrical? Is that horse, the movement, is it similar to the movement that that individual's pelvis or hips can accommodate? If you have a little kid that is very tight diagnosed with cerebral palsy, and you only have a very large, big, big horse, you're not gonna be able to use that tool. That's gonna be way too big. So really understanding what your limitations are and also you're looking for that right horse. Probably the hardest part of using this tool is coming up with and finding these sources who provides symmetrical rhythmical coordinated input 'cause it's probably the hardest job for a horse out there to sustain the same movement for 30 minutes. Traditional sessions are 30 minutes.

- [Amy] Very, very good. I like that explanation. I think that helps. Okay, so could you just clarify, "for the specialist, do you need your SLP license and a certification? There's no additional training in hippotherapy?"

- [Meredith] So for the Clinical Specialist Exam, because it was the original exam, it's a little confusing, because that was the original exam that was put out there, you need to be licensed. For the testing service who administers the test, you really just need to be licensed. That is all that you need. To take the Certification Exam, you need to take the part one or part two. It might be level one, level two. I forget, we've changed the name a little bit, but you can check the AHCB website and see all their prerequisites and what the recommendations are and how long... There are a lot of guidelines, but again, it's a lot of your ethics and morals of what you feel you wanna do before you take this exam.

- [Amy] Thank you. Can you address, so our, excuse me, "If these are your personal horses in farm setting, how do you manage liability and additional insurance? Are you able to write off the care of the animals on your taxes?" And then just as a follow-up, another participant was asking if this is covered by insurance.

- [Meredith] So, AHA does offer a business course and things change so quickly, and especially in today's day and age, there's so many variables in it. So, there's so many ways to use this tool. They can be your own horses and you definitely wanna have professional and general liability. You wanna have farm liability. HPSO I believe is an insurance company that most farms and therapists use. many speech pathologists use, but they will not give you a general liability for a farm location today, they used to 20 years ago when I originally did it, they won't today, but HPSO will, will give you a general liability policy for a farm location, your outdoor office, and writing it off as your taxes, you would have to refer to your business and your accountant, and then your lawyers. Yeah, I don't wanna guide you in whatever, based on your state and things like that. Absolutely, just make sure you're separating your person, you, personally, from a business is one of the big things I would recommend. And as far as insurance, again, depends on where you are and you should have your families or yourself, or given the state. Occasionally some insurance companies have exclusions, but again, this is a tool and this is another strategy and if it's in your plan of care and it's under your scope of practice and you feel it's beneficial, it's your therapy. Insurance companies, we could do a whole webinar just on, actually like 25 webinars just on the insurance companies and what tools they like and what they don't, but they wanna know, did you accomplish your goals, not so much of how you accomplish them, but it's in your notes. You need to document it, what you used, but again, it's one of the tools you're using. It's not the only one.

- [Amy] Great, thank you for clarifying that. All right, I think we're gonna go ahead and wrap it up there since we're able to address some of the questions. And once again, thank you so much Meredith for joining us today and giving us a good peak at what this is all about. The videos were fantastic to watch and actually see it being done. So thank you for sharing those and thanks to all of our participants for joining us today. We appreciate your time and look forward to seeing you again soon. Take care, everyone.