



Therapy vs. Adaptive Riding: Clarity of Conversation

You heard it at the 2013 AHA Conference in St. Louis Missouri, "Lead with the therapy, not the horse." In many of the AHA, Inc. courses, the participants ask, "How do I document what I do?" Below is a checklist of terms that may be beneficial to use for more accurate treatment documentation.

<i>Adaptive Riding</i>	<i>Therapy Terms</i>
Rider	Patient
Riding	Patient is on the horse/positioned on the horse/sitting on the horse
Tack	Equipment-those items that bridge between the patient and the horse; positioning devices, toys, orthotics, pads, orthotics
Mounts/dismounts	Transfers-adults/transitions-pediatrics
Lessons	Treatment, intervention, therapy session
Riding Time	Appointment Time
Sidewalker support	Min/mod assist
School Figures	Change of direction/weight shift
Trotting/walk to trot	Changes in velocity or transitions of movement; vestibular input/vestibular stimulation
Half seat/2-point	Partial sit to stand, modified squat, sustained partial stand
Posting	Fluid concentric/eccentric LE contraction; fluid coordination of sit to stand
Sitting sideways on the horse	<ul style="list-style-type: none"> • Dynamic sitting balance in the frontal plane to emphasize lateral trunk flexion • Promoting lateral balance reactions • Emphasizing lateral weight shifts

Therapy vs. Adaptive Riding (continued)

<i>Report rider behavior and statement of progress with riding skills</i>	<i>Report patient response to any of the above interventions</i>
"John is able to post for 30 feet at a trot."	"John is able to sustain co-contraction during transitions of movement in the anterior/posterior direction for 30 second intervals"
"John is able to groom his horse independently"	<ul style="list-style-type: none">• "John is able to reach above 90 of shoulder flexion for resisted shoulder extension x 10 repetitions."• "John is able to sustain a functional squat for 20 seconds and separate his UE for a functional task without loss of balance"• "John is able to maintain standing balance while performing resisted D2 PNF diagonals."

Can you think of others?

Please help us to continue to educate everyone (patients, families, insurance companies) that hippotherapy is a treatment strategy, not a different therapy, which is part of an integrated treatment plan.

American Hippotherapy Association, Inc.
Treatment with the Help of the Horse



"Treatment with the Help of the Horse"

Test your knowledge:

Which of the statements in each group lead with the therapy?

1. "Patient tolerated movement with consistent turning to the right more easily than consistent turning to the left. Changes of direction required contact guard assist for maintaining balance."
2. "Patient was able to tolerate school figures at a moderate pace better tracking R than L. Required contact guard assist for a shallow serpentine."

1. "Patient showed excessive flexor response with a rapid stop/deceleration."
- 2 "Patient showed excessive flexor response with a quick halt"

1. "Patient able to maintain standing with slight knee bend during slow velocity forward movement. He required verbal cues to turn head/glance around."
2. "Patient able to maintain half seat during at the walk. He required instruction to turn head to visually sight target."