

How To Use Therapy Based Strategies Into Your Riding Lessons



**WEARING THE THERAPISTS HAT AND WEARING
THE INSTRUCTORS HAT**

Introduction



Therapy Background and Team



What are the differences between the 2 hats?



| Hippotherapy | Therapeutic Riding |
|---|--|
| Physical, Occupational or Speech Therapy. Every step and movement of the horse is a treatment tool. | Adapted recreational horseback riding lessons. |
| Hippotherapy is <u>NOT</u> a horseback riding lesson. It is physical, occupational or speech therapy which is prescribed by a physician and delivered by a team that includes a licensed therapist. | Therapeutic riding is a recreational horseback riding lesson adapted to individuals with disabilities. |
| Hippotherapy is completed by a professional therapist in conjunction with a professional horse handler and a specially screened and trained therapy horse. | Therapeutic riding is completed by a professional riding instructor in conjunction with volunteers. |
| Direct hands-on participation by the therapist at all times. | The individual is often taught riding lessons in a group format which runs in sessions. The instructors must respond to the group as a whole. |
| The horse's movement is essential to assist in meeting therapy goals. | There is occasional hands-on assistance by the riding instructor and/or volunteers, but the instructor usually teaches from the center of the arena. |
| The goal of hippotherapy is for professional treatment to improve neurological functioning in cognition, body movement, organization and attention levels. | Horses used for therapeutic riding instruction have been screened to make sure they have the appropriate temperament for this job. |
| Hippotherapy is a one-on-one treatment and generally occurs year round until the client meets discharge criteria. | In therapeutic riding, the emphasis is on proper riding position and rein skills, not functional therapeutic goals. |
| In hippotherapy, the treating therapist continually assesses and modifies therapy based on the client's responses. | Because therapeutic riding is an adaptive sport, NOT therapy, is it not covered by insurance. |
| Insurance should pay for physical, occupational or speech therapy in which hippotherapy is used. | |

Different Therapies



- **Occupational Therapy:** Occupational therapy is the use of assessment and intervention to develop, recover, or maintain the meaningful activities, or occupations, of individuals, groups, or communities. It is an allied health profession performed by occupational therapists and Occupational Therapy Assistants. [Wikipedia](#)
- **Physical Therapy:** Physical therapy is a healthcare specialty that includes the evaluation, assessment, and treatment of individuals with limitations in [functional mobility](#).
- **Speech Language Pathology:** work to prevent, assess, diagnose, and treat speech, language, social communication, cognitive-communication, and swallowing disorders in children and adults.

Treatment Strategies



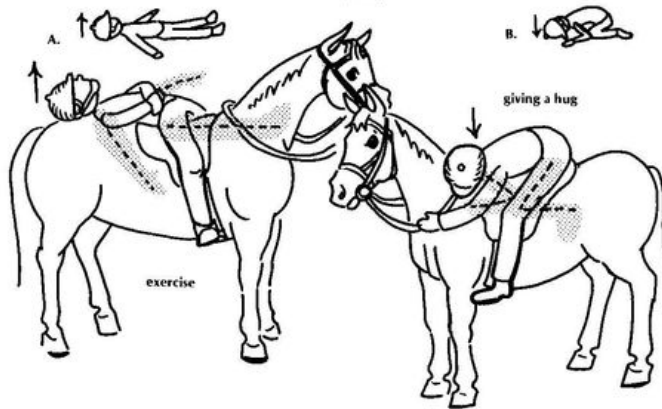
TLR could be affecting depth perception



Tonic Labyrinthine Reflex

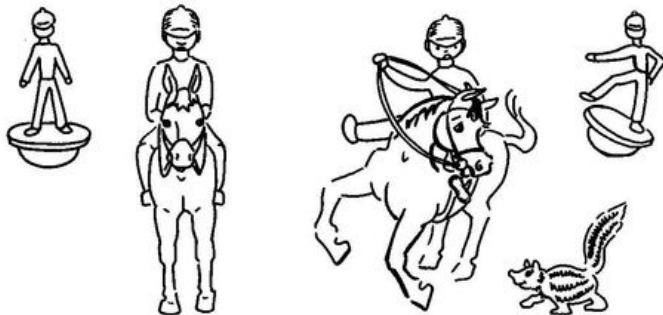
Reflex Action Result of Head Position

- A. When head is face up, body moves into extension.
- B. When head is face down, body moves into flexion.



Equilibrium Reactions - Balance

ex: When tipped off balance, arm and leg on uphill side will stretch out away from body; head and trunk will curve toward uphill side.

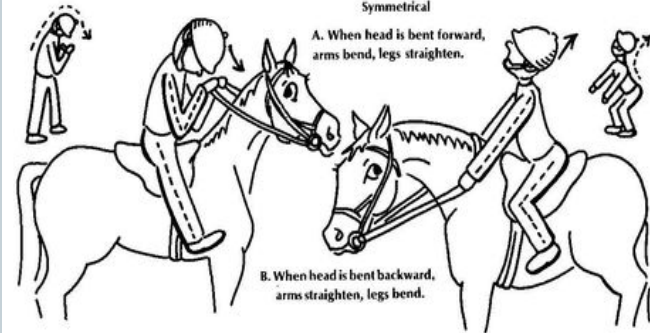


Tonic Neck Reflex

Reflex Action Result of Head Position

Symmetrical

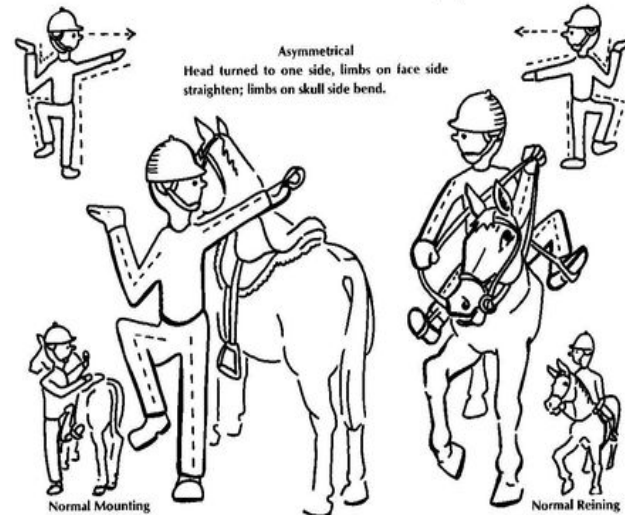
- A. When head is bent forward, arms bend, legs straighten.



- B. When head is bent backward, arms straighten, legs bend.

Asymmetrical

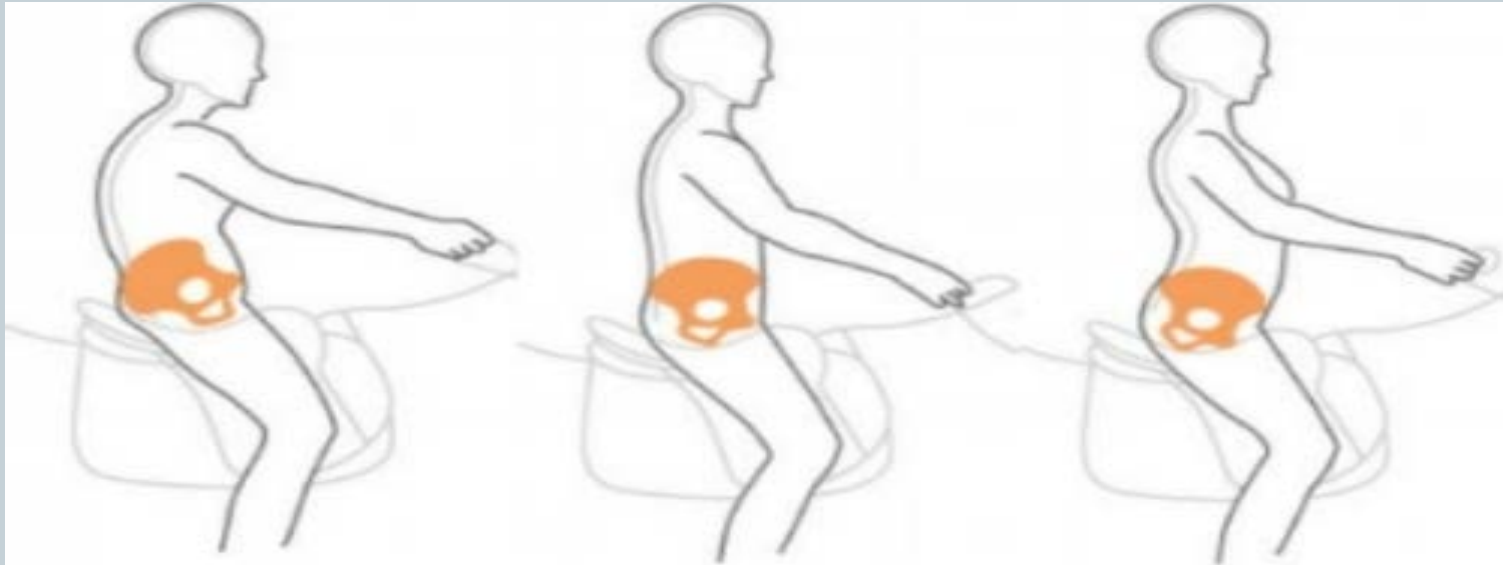
Head turned to one side, limbs on face side straighten; limbs on skull side bend.



Normal Mounting

Normal Reining

Position adaptations in the saddle



Posterior

**Neutral
Pelvic Tilt**

Anterior

The deep core muscle is engaged in all postures.

Adaptations or Modifications



- **What materials could you use?**

Foam, towel, wedge, kineosotape, theraband, neoprene wrap.

Diagnosis or other factors that affect positioning are:

Cerebral palsy, Down Syndrome, Autism....

Sensory Deficits



- **Visual:** Brightness levels, visual acuity issues, different colored backgrounds, visors, sunglasses
- **Tactile:** wear gloves, joint compressions to joints, lotion rubs or tactile rubs before holding reins
- **Olfactory:** scented lotions, calming oils



Wearing the 2 hats

Differences in Documentation



- For therapy, I am using the equine as my treatment modality to achieve therapy goal. I.e. Attention span, increasing core strength, bilateral skills, etc.
- For therapeutic instructing I am teaching a riding skill, so my goal will include a riding skill.



In the arena



- In the arena when doing Hippotherapy, I am not instructing. My goal is to treat the client, not monitor horse behavior. There is an instructor on site for this as well as communication from the handler.
- When instructing I am in charge of the lesson monitoring clients and horse behavior

Question and Answer?



- How many of you have transitioned clients from Hippotherapy to Adaptive Riding?
- How many have worked directly with a therapist?
- What experiences do you guys have?
- What worked and what did not work?



Case Study



- Come up with questions that you would ask the therapist directly?
- What riding goal would be the first thing you would work on?
- What modifications would you make to achieve your riding goal based on the video?

Selected frames from the movie below (not evenly spaced from the 29.95 fps).
Time 1 of L canter (counter-canter). Time 2 of LC is diagonal pair LH-RF.
transitional diagonal pair sets up time 1 LC
transitional diagonal established LF-RH
LH-RF diagonal pair of trot

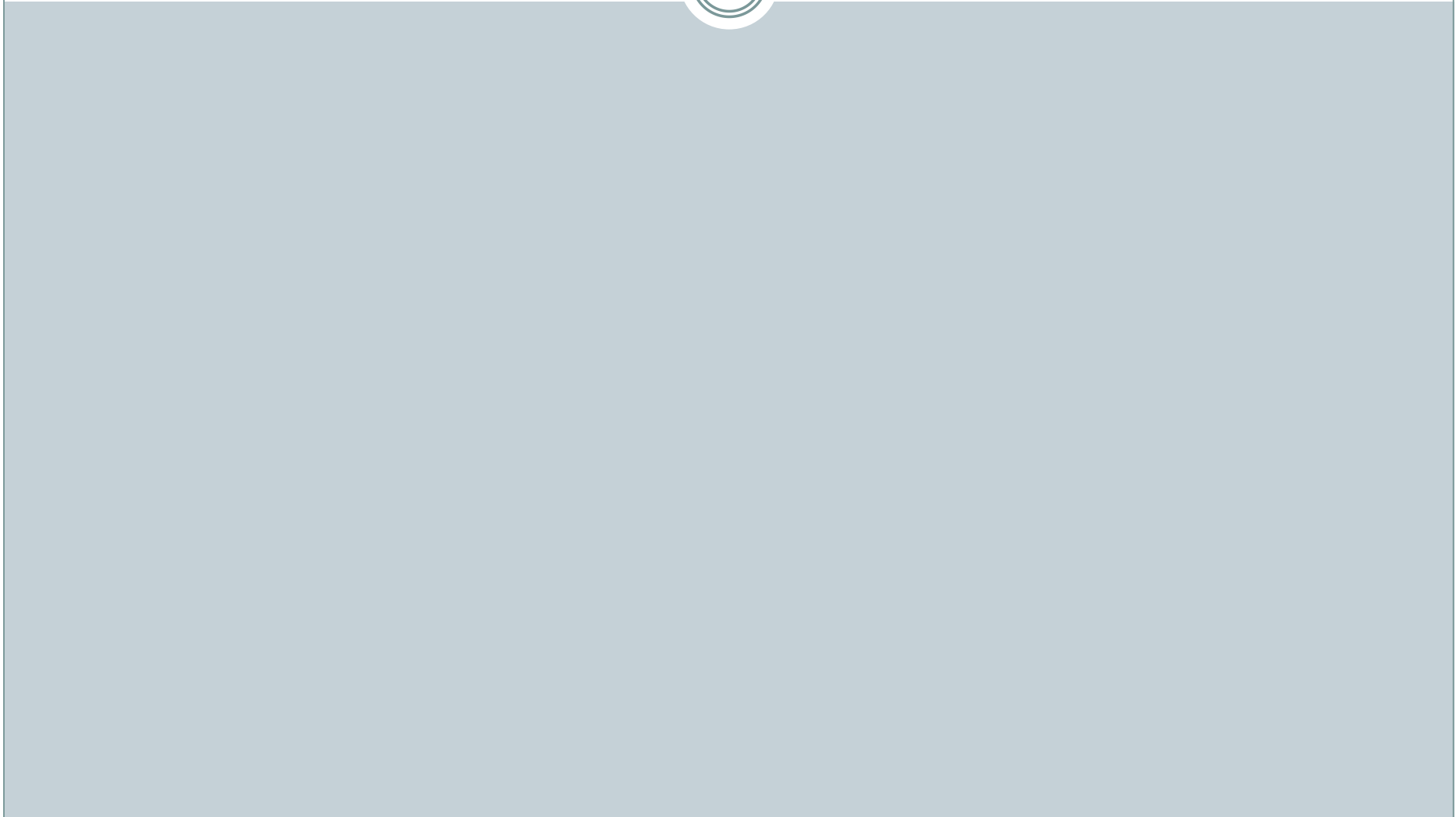


Case Study video



- Charlie is a 41 year old with Down Syndrome.
- Was referred to OT /PT due to weak core strength and bilateral skills. Needs to increase socialization and emotional regulation skills.
- Has participated in 6 weeks of Hippotherapy
- Is verbal
- Loves black coffee, The Muppets, and anything that deals with numbers

Video



What to ask yourself when transitioning a client from HPOT or starting with a new client.



- **Riding goals and how to effectively achieve them?**
- **Look at riders diagnosis, age, limitations?**
- **How do you need to modify the riding goals achievable?**
- **What equipment will you need? Will modifications need to be made?**
- **Do I need to talk with a therapist first to affectively treat this client?**

Questions and Comments / Thanks for attending

