

Hippotherapy: Frequently Asked Questions (FAQs)

Who is this FAQ sheet for?

RDA is receiving more enquiries about hippotherapy and this information sheet attempts to answer the most frequently asked questions posed by:

- a. adults interested in hippotherapy for themselves or their child and
- b. coaches and colleagues within RDA and other organisations

Some of the people who contact us have been persuaded, often by a magazine article or something they have seen online, that hippotherapy is the best treatment for them or their child. It should be noted that the terms 'hippotherapy' and 'therapeutic riding' are used almost interchangeably in many overseas countries, however, in the UK they mean two different things. The information contained in this FAQ sheet refers solely to the UK context.

1. What is the difference between hippotherapy and therapeutic riding?

Hippotherapy is a physiotherapy treatment using the movements of a walking horse to bring about change in the client. It is carried out by a suitably qualified physiotherapist or occupational therapist (see question 6). Although clients are on horseback, they receive no riding instruction and their therapy does not involve taking charge of the horse in any way. The horse is controlled by the physiotherapist and their assistants and rarely operates outside of 'walk'.

Therapeutic riding at RDA includes the teaching of riding skills and organising riding sessions to improve rider capacity for communication, confidence, enjoyment, relating to others, physical improvement and horsemanship. All RDA Groups routinely provide therapeutic riding and some also offer vaulting (gymnastics on horseback) and carriage driving. Therapeutic riding is compatible with riding for leisure and competitive sport, which is also a huge feature of RDA activities. All RDA sessions are supervised by a riding coach qualified to adapt instruction to individuals with disabilities. The coach supervises the session and a team of trained volunteer helpers, who assist riders according to their need for support.

The table below summarises the main differences between hippotherapy and therapeutic riding.

Hippotherapy	Therapeutic riding within RDA
Not a riding lesson but physical therapy delivered by a registered chartered physiotherapist, or occupational	Riding supervised by a coach qualified to adapt instruction to individuals with disabilities.

therapist, qualified in hippotherapy. The horse is used as a treatment tool.	
The therapist may be aided by specifically trained assistants who may be volunteers – a horse leader and two side walkers per client.	The coach is aided by volunteers trained to lead, side walk and assist riders with disabilities.
The therapist sets goals, has outcome measures and maintains a record of progress.	The coach will have a lesson plan and a record of attainment. The coach may also use the RDA Tracker to assess outcomes in communication skills, confidence, enjoyment, relationship skills, physical change and horsemanship.
The horse is chosen for its temperament, movement pattern and shape. It is trained for hippotherapy.	The horse is chosen for its temperament and shape.
The session is one to one. Activity will depend on the assessment of capability noted during each session.	The lesson may be individual or in a group. The coach responds to the group's dynamics as well as fostering individual successes.
The horse is led.	The horse is led initially but the rider may progress to riding off the leading rein.
Usually the client sits on a pad without reins.	The rider usually sits on a saddle and learns to use the reins.
The therapist directs the horse's activity to facilitate the client's movement during an experience which is designed to be enjoyable as well as beneficial.	The aim is for the rider to learn to influence the horse themselves. Riding may focus on therapeutic benefit, competition and/or recreation, depending on the rider's interest.
The movement of the horse is essential in achieving therapy goals. The therapist may be involved beside the client, or work from a distance.	The coach may provide hands on assistance occasionally but will usually instruct from a distance.
Hippotherapy aims to improve neuromuscular function, cognition and attention levels, amongst other things.	Therapeutic riding aims to improve riding skills as well as concentration, communication skills, confidence, enjoyment, relationship skills, physical progress and horsemanship.
Hippotherapy has a goal end. Clients may progress to therapeutic riding	Riding skills can progress for many years.
Hippotherapy is a recognised treatment by qualified physiotherapists whose professional insurance covers the treatment, as long as Health and Safety issues are also covered.	Comprehensive insurance is granted to Groups provided activity is sanctioned by RDA and there is a person who is in charge, responsible and suitably trained and able to lead the session.

2. Who can benefit from hippotherapy?

Adults and children with congenital disabilities, i.e. disabilities they were born with, or disabilities resulting from an accident or medical condition, may benefit from hippotherapy. Frequently referred medical conditions include cerebral palsy (CP), developmental delay, stroke, multiple sclerosis (MS) and traumatic brain injury. Disabilities are various and may include reduced anti-gravity control, difficulties recruiting the posterior muscle chain, inability to use the hands for functioning when, for instance, they are needed for support by propping the body. Some clients have challenges related to increased or decreased muscle tone and poorly controlled hip and pelvis joints. The hippotherapy team may also work with clients whose problems relate to their cognition and behaviour.

3. What happens in a hippotherapy session?

The therapist provides their client with an assessment and the results inform the therapist as to specific activities and movements calculated to improve functional skills, both on and off the horse, which can improve individual capacity to engage in everyday activities.

The physical aim of hippotherapy is for the child or adult client to be able to remain balanced independently on a led or long reined horse. The natural movement of the limbs of a walking horse, i.e. its gait, is dynamic, three dimensional and closely mimics that of a human. The client is exposed to this movement by being placed in a variety of positions on the horse, often on a sheepskin or saddle pad that allows more freedom of movement and the warmth from the horse to be transmitted to help the client relax. Sometimes a saddle and stirrups are used depending on the goals of therapy e.g. to strengthen the leg muscles to improve walking ability. **The therapist supervises the session from the ground or they may sit on the back of the horse behind the client, if backriding is therapeutically justified** e.g. to improve head and trunk control, and supervise from that position.

The therapist may decide that therapeutic goals are best met without a riding hat, perhaps because the client has very poor head control and the additional weight of the hat would increase their difficulty. **This is a clinical decision made by the therapist in light of a detailed assessment.**

The team around the horse is variously teaching, training and coaching as well as engaging in constant risk assessment. They may make creative adjustments to best attend individual need e.g. by using Velcro, which can easily be undone, because it nonetheless gives a sense of support to a patient who otherwise feels physically insecure. The team aims to recruit from the patient an appropriate reactive response to the movement of the horse and may also try to facilitate trunk extension and rotation, diminish unhelpful physical responses as well as encourage and reward appropriate behaviour.

Many children attending hippotherapy sessions have attachment problems and the team works to diminish separation anxiety from the parent or carer during the session and bolster self-esteem and confidence of the youngsters in an atmosphere of opportunities to achieve and have fun.

4. How much does hippotherapy cost?

Hippotherapy is resource intensive; as well as the human team of therapist and up to 3 support workers per client, it requires a horse that is not only trained as a therapy horse but also a suitable fit for the client and their condition. Sessions take place in an indoor school or enclosed outdoor space.

The cost of hippotherapy is set by the therapist and will be influenced by the availability of resources necessary to the therapy. As well as paying for their training, registration and insurance, if the therapist has to rent space or the horse or pay helpers this will probably be reflected in the cost for sessions. If the sessions are provided in an RDA context it is likely that the cost will be subsidised, through fundraising and people donating their time, to be less than a commercial fee.

5. How long is a hippotherapy session and how long is a course of treatment?

A hippotherapy session usually lasts for 30 minutes. The length of a course of hippotherapy depends on many factors including the initial assessment of the therapist, the goals set for the client and subsequent review at regular intervals. Some clients might need just a few sessions before being able to join a therapeutic riding group. Others might enjoy riding and have a few sessions of hippotherapy now and then to work on specific areas. For some clients hippotherapy could be a regular treatment to complement other therapies.

Hippotherapy can be a bridge to riding, vaulting and carriage driving, depending on the wishes of the patient and their capacity.

6. Who can provide hippotherapy?

Hippotherapy (from the Greek 'hippos', meaning horse) is supervised in the UK by a chartered physiotherapist, or suitably experienced occupational therapist, who has completed further in-depth post registration training, who is registered with the Health and Care Professions Council (HCPC) and fully insured to work within their Scope of Practice. They often work with a support team that they both train and supervise.

7. How do I find a physiotherapist who can provide hippotherapy?

The Association of Chartered Physiotherapists in Equine Activities (ACPEA) is currently a UK training provider for hippotherapy. Contact them via their website: <https://www.acpea.org/contact/>

Elsbeth O'Donnell is the membership secretary of CPTRH and has a list of suitably qualified physiotherapists and occupation therapists from across the UK who can provide hippotherapy. Elspeth is also an RDA regional physiotherapist.

8. Can I have hippotherapy at RDA?

Currently there are only about 30 physiotherapists qualified to practice hippotherapy in the UK and some of them provide their skills to RDA. Hippotherapy is a scarce resource.

9. How can I or my child be referred for hippotherapy?

Adults can self-refer for hippotherapy for themselves or a child; the hippotherapy team will want to liaise with other therapists, if applicable, and the medical team in charge of patient care. There will be an unmounted assessment that will look at suitability for treatment and also takes baseline measures of ability and function, which will be re-measured at intervals during a course of treatment. Health professionals can also facilitate referrals.

The therapist will decide what s/he can safely work with, including physical conditions, behavioural issues and matters arising from artificial aids such as splints, boots and lycra suits etc.

If the therapist assesses the client as having the capacity to ride they will tell them how to access therapeutic riding.

10. Who is in charge of a hippotherapy session at RDA and what are the insurance implications?

In an RDA context it is not necessary for an RDA coach to supervise a hippotherapy session.

Whereas in a therapeutic riding session the coach is in charge, the physiotherapist or occupational therapist is in charge of a hippotherapy session at RDA.

Both the therapist and the treatment are covered by the therapist's own professional liability insurance.

RDA volunteer helpers and other aspects of the activity are covered by RDA insurance so long as the volunteers have their green cards of competence and have been trained to assist the hippotherapy team.

Therapists offering hippotherapy will require a close relationship with equine staff where they practice.

Thanks are due to ACPEA and Lynne Munro and Jenny Collings in particular for their help in the production of this FAQ sheet.