



American Physical Therapy Association.

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May 5, 2012

Debbie Silkwood-Sherer PT, DHS, HPCS
President, American Hippotherapy Association
P.O. Box 2014
Fort Collins, CO 80522-2014

Dear Dr. Silkwood-Sherer:

On behalf of the American Physical Therapy Association's (APTA) more than 80,000 member physical therapists, physical therapist assistants, and students of physical therapy, I am happy to provide a letter to the American Hippotherapy Association on the use of a hippotherapy as a treatment strategy that is an appropriate part of physical therapy practice. Physical therapists' practice in a wide variety of settings and perform evidenced-based screening and evaluation for individuals with neuromuscular, cardiovascular, integumentary, and musculoskeletal conditions and provide interventions that focus on mobility and function to enable an individual's participation and improving their quality of life.

The physical therapy plan of care is based upon an individualized examination and evaluation of the patient to address impairments and functional and participation limitations and environmental barriers. The plan of care consists of the patient's/client's goals and intended outcomes and the treatment strategies and interventions directed to achieve a functional outcome. Hippotherapy is a treatment strategy that when incorporated into the physical therapist plan of care utilizes the equine movement as part of an integrated program to achieve outcomes such as improved balance, strength and flexibility. In cases where a physical therapist treatment plan utilize hippotherapy, the services rendered by that physical therapist, in such a context, should be recognized as physical therapy interventions and not the specific treatment strategy, device, equipment or adjunct used to deliver these interventions. In contrast, therapeutic horseback riding in which the goal is to achieve the skill of riding or other equine-related activities is not considered physical therapy intervention due to it not being a component of the individuals' physical therapy plan of care.

While the 2003 *Guide to Physical Therapist Practice* does not specifically mentioned hippotherapy, it is considered a treatment strategy consistent with interventions of therapeutic exercise. The *Guide* states that therapeutic exercise may include "balance and coordination training; motor function training or retraining; neuromuscular education or re-education; neuromuscular relaxation, inhibition and facilitation; perceptual training; posture awareness training; and sensory training or retraining".



When an individual's physical therapy plan of care includes hippotherapy as a treatment strategy it is appropriate for services to be billed as neuromuscular education, therapeutic exercise, therapeutic activities or sensory integration, depending the intent of the intervention, the patient goals, and assuming all other payer requirements are met.

Thank you and if you need any further information, please feel free to contact APTA's Clinical Practice and Research Department at practice@apta.org

Sincerely,

R. Scott Ward, PT, PhD
President

RSW/jm/mfd



American Physical Therapy Association

April 12, 2000

Barbara Heine, PT, HPCS
President, American Hippotherapy Association
5001 Woodside Road
Woodside, CA 94062

Dear Ms. Heine:

The APTA recognizes that hippotherapy is a treatment tool in which the movement of the horse and related activities are used to address impairments and functional limitations in patients primarily with neuromusculoskeletal dysfunction in order to achieve functional outcomes. Within the 1997 *Guide to Physical Therapist Practice* hippotherapy is not specifically mentioned because it is considered a treatment tool under the specific direct intervention of therapeutic exercise. In this context, therapeutic exercise uses a horse, where the horse should be regarded similar to a piece of equipment and not the treatment itself. The Guide does not mention any particular piece of equipment in its description of therapeutic exercise, but states that therapeutic exercise may include "balance and coordination training; motor function training or retraining; neuromuscular education or re-education; neuromuscular relaxation, inhibition and facilitation; perceptual training; posture awareness training; and sensory training or retraining."

It is appropriate for physical therapy services that include hippotherapy as a treatment tool to be billed as neuromuscular education, therapeutic exercise or therapeutic activities depending on the way in which the horse is used in the treatment session, assuming all other payer requirements are met.

The physical therapist is responsible for designing a plan of care that is based upon an examination and evaluation of the patient. In cases where a physical treatment plan and goals utilize a horse to assist in achieving those goals, the services rendered by that physical therapist, in such a context, should be recognized as physical therapy intervention. It is understood that the use of the horse as a treatment tool should be considered no differently than any other treatment tool applied to other interventions within the scope of physical therapist practice. In contrast, therapeutic horseback riding in which the goal is to achieve the skill of riding or other equine-related activities, is not considered physical therapy intervention.

Sincerely,

Andrew A. Guccione, PT, PhD, FAPTA
Senior Vice President
Division of Practice and Research



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Occupational Therapy
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*Occupational Therapy:
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December 15, 2011

Jacqueline Tiley, Executive Director
American Hippotherapy Association

Dear Ms. Tiley:

The American Occupational Therapy Association, Inc. (AOTA) recognizes the use of the movement of the horse (hippotherapy) as one of many interventions that may be used by occupational therapy practitioners, as long as it is based on an appropriate occupational therapy evaluation, and integrated into a broader occupational therapy program and plan of care with the overall goal of supporting engagement in daily activities and occupational performance. Documentation should be explicit in linking the occupational therapy intervention to the client goals and outcomes.

Selection of an appropriate intervention is dependent on the medical diagnosis (e.g. neurological, muscular, psychosocial) and the specific client's performance goals (e.g. improvement in mobility, balance, or sensory responses), for occupational therapy (OT). Therapeutic horseback riding in which the goal is to achieve the skill of riding would not be considered occupational therapy. For example, an occupational therapy goal might be to work on dynamic balance, a skill involved in the performance of various daily activities e.g. completing morning dressing, playing on playground, etc.

In addition, from both an ethical and reimbursement perspective, it is incumbent upon the occupational therapist to provide documentation which objectively supports the rationale for this choice of intervention, how and why it is appropriate to meet the specific goals and needs of the client.

As per the Code and Ethics Standards of the profession, the occupational therapy practitioner using this approach must be competent to provide this intervention, which will likely require receipt of special training to work in this area.

Sincerely,

Maureen Freda Peterson, MS, OT/L, FAOTA
Chief Professional Affairs Officer



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July 31, 2000

Barbara Heine, PT, HPCS
President, American Hippotherapy Association
5001 Woodside Road
Woodside, CA 94062

Dear Ms. Heine:

The American Occupational Therapy Association, Inc. (AOTA) recognizes the use of the movement of the horse (hippotherapy) as an intervention tool as long as it is based on an appropriate occupational therapy evaluation, treatment plan, and goals and assists in achieving the appropriate functional outcome.

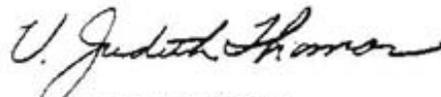
It is appropriate for occupational therapy services using the movement of the horse (hippotherapy) as a treatment tool to be billed as neuromuscular reeducation, therapeutic activities, therapeutic exercise, or sensory integrative activities provided that all payer requirements have been met and depending upon the treatment goals and the way hippotherapy is used during the treatment session. Therapeutic horseback riding in which the goal is to achieve the skill of riding would not be considered occupational therapy.

The occupational therapy practitioner using the movement of the horse also should be specifically trained in the use of this tool.

Sincerely,


Deborah Lieberman, MHSA, OTR/L, FAOTA

Practice Department



V. Judith Thomas, MGA
Director

Reimbursement and Regulatory Policy



October 12, 2017

Ms. Tina Rocco
President
American Hippotherapy Association
P.O. Box 2014
Fort Collins, CO 80522

Dear Ms. Rocco:

On behalf of the American Speech-Language-Hearing Association, I write with respect to the treatment technique known as hippotherapy.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 191,500 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

While ASHA does not endorse particular treatment programs, products, or procedures, hippotherapy is one of many treatment techniques that may be used by speech-language pathologists (SLPs), provided that SLPs have the necessary education, training, and expertise, and abide by the profession's Code of Ethics. 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. As with all treatment techniques, ASHA maintains that it is the clinician's responsibility to justify the choice of using hippotherapy, and how it meets the goals of each individual. ASHA strongly encourages its members to use treatments and methods that have a strong evidence base.

If you have any questions, please contact Diane Paul, ASHA's director of clinical issues in speech-language pathology, at dpaul@asha.org.

Sincerely,

Gail J. Richard, PhD, CCC-SLP
2017 ASHA President