

THERAPYSHARE

CASE STUDY

BY SHARI MANGAS, OTR
KIM ANDERSON, COTA
JENNA SCHYMA



Eli H. is a beautiful young 19-year-old rider at the True Strides/True Friends, Camp Courage location in Maple Lake, MN. At the age of 13, she was diagnosed with juvenile onset of Huntington's chorea. She is one of approximately 40 patients nationwide with early onset of this disease. She came to True Strides in October of 2016 and became a weekly rider with hippotherapy incorporated into her plan of care.

Huntington's chorea is a genetic neurodevelopmental disease that can affect a person's movement, emotions and thinking. It usually strikes adults; only 5% to 10% of the population develops symptoms at a young age. The symptoms worsen over time, with tight muscles and decreased range of motion, strength, and stamina.

Upon arriving at True Strides, Eli was unable to raise her arms beyond 90 degrees of shoulder flexion and 20 degrees of extension. Her lower back was tight and immobile and her gait appeared to be very side-to-side with little heel-toe pattern. She walked with her arms held in flexion and her fists clenched. Her affect was blank and her speech was barely audible.

Since riding at True Strides and working with occupational therapist Shari Mangas, COTA

Kim Anderson, and PATH Intl. Certified Riding Instructor Jenna Schyma, Eli has shown dramatic improvements as noted by her physician. The therapists implemented a program of massage, myofascial release, stretching, and therapy provided on horseback. Riding includes jump position in an English saddle and trotting bareback incorporating a variety of games and upper extremity work. Riding includes jump position in an English saddle and trotting bareback incorporating a variety of games and upper extremity work. Eli is now able to raise her arms to 180 degrees in shoulder flexion and completes full arm circles. Her gait has a heel-toe pattern due to strengthened ankles, calves, quad, and the anterior compartment of the leg along with gluteus maximus, minimus, and medius. Eli now has a much narrower gait pattern with hip flexion and extension, and she no longer waddles side-to-side. She moves more smoothly and efficiently while walking.

Another key improvement is her ability to move through space looking up and out at her environment instead of at her feet. This demonstrates that neurological changes have occurred, allowing for improved balance and equilibrium reactions.

Eli is now volunteering after her lesson each week, giving back to the other children who ride. Eli's kind spirit and never-ending smiles keep our staff energized and in wonderful spirits. ◀



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PATH Intl. Certified Riding Instructor
Director, True Strides

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Have a creative idea? This is a section to share ideas, treatment tools, or strategies. Email the description and photos to magazine@theahainc.org

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TRICK FOR A TREAT

BY E. JEANNI BONINE,
MS, OTR/L, HPCS



The general consensus among most therapists whose practices incorporate hippotherapy is that the horse's movement is only ONE of the valuable tools that can be used therapeutically. The horse and equine environment offer so many interactions that can be integrated into a session, there are no limits to how creative one could be with it. Being creative stimulates not only the client, therapist, and volunteers, but is also helpful for avoiding burnout in our equine partners. Being new to trick training, we chose to start with "smile."

EQUIPMENT REQUIRED

- Patience!
- Small treats, or break up training treats into smaller pieces
- Optional: Sock or cloth with a

drop of orange or lemon essential oil applied; a cold water bottle works too

ASSEMBLY/PREPARATION

- Open area free from distractions
- Halter and lead on horse
- Training done outside of sessions initially

SETUP/USE

- Present stimulus (we chose tickling the muzzle with an index finger, but you can also use essential oil or a cold water bottle) to cause the horse to wiggle its upper lip.
- Provide verbal praise, petting, and/or a treat (if treats are not able to be used, a scratch may be

incentive enough).

- Work on this regularly when handling the horse for grooming before sessions; integrating the training into a routine helps the horse know what is expected. Later, you can work on generalizing the concept to other situations.
- As the horse consistently wiggles the lip, begin to add the "cue" that will replace the stimulus, before the stimulus is added. We chose the verbal cue "smile" with both hands elevated as though taking a picture. The stimulus was evolved into movement of the index finger like a camera shutter.
- Consistently present the cue first, then add stimulus, treating when the desired response is



achieved. Eventually the horse will respond from only the visual cue and will no longer need the stimulus.

IDEAS FOR INTEGRATION INTO TREATMENT

- Client to follow directions to elicit trick.
- Work with upper extremity range of motion or fine motor coordination to form posture for cue.
- Promote verbalization —“SMILE”—or cue for trick.
- Use as a motivator following a session or a difficult task.
- Teaching the horse empowers the client and volunteers who may be helping.

PRECAUTIONS

- Be cautious with hand feeding in scenarios with clients or volunteers (we chose to use a bowl to avoid this).
- Assess horse to ensure they know when it is time for the trick and when it is not; discourage “begging.”
- It may be wise to have distinct individuals who are supervised or trained to assist with tricks to avoid creating mouthiness. ◀



E. JEANNI BONINE, MS, OTR/L, HPCS

E. Jeanni Bonine, MS, OTR/L, HPCS is owner of and occupational therapist at Heightened Potential Co., where she provides OT incorporating hippotherapy, home-based early intervention, and clinic contract services. In addition to OT, Jeanni has a master’s degree in complementary and alternative medicine and is also part-time faculty at Northern Illinois University.

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AUGMENTATIVE AND ALTERNATIVE COMMUNICATION AND HIPPO THERAPY

BY TINA ROCCO, MA, CCC-SLP, HPCS



According to the American Speech-Language and Hearing Association (ASHA), augmentative and alternative communication (AAC) includes all of the ways we share our ideas and feelings without talking. There are two main types of AAC: unaided and aided.

Unaided AAC refers to any non-verbal communication that does not require anything other than your own body. This includes pointing, gesturing, facial expressions, and body language. It is quite simple and natural to incorporate unaided AAC into the equine environment. In fact, most people use unaided AAC naturally in their day-to-day communication without any thought or planning.

Aided AAC refers to a tool, device, or system that a person uses to augment their verbal and unaided communication. This is often broken up into 3 main categories:

- 1. NO-TECH OR LOW-TECH SYSTEMS:** This refers to things such as pen and paper, communication boards, picture exchange communication system (PECS) books, or pointing to pictures or letters on a board. These systems do not offer voice output, nor do they have an electronic component.
- 2. MID-TECH SYSTEMS:** This refers to voice output devices and systems such as single buttons

with a pre-recorded message on them, or a grid of buttons that can be recorded with various messages and picture overlays.

- 3. HIGH-TECH SYSTEMS:** This refers to systems that are essentially computers. They can be found in app form, on personal computers, or on tablets. Some are equipped with advanced technology that responds to the user's movement in the absence of switches or touch activation, such as eye gaze systems.

It can be difficult to identify an appropriate AAC system for a client with speech and language difficulties. Identification and implementation of AAC is generally led by a licensed speech-language pathologist. However, a team of individuals may be involved in selecting the best access method for the client and making adaptations to ensure that the client has access to the system.

The intent of AAC is for the system to be utilized across environments and communication partners so the user can make his or her wants and needs known, ask questions, and express thoughts and ideas. Having the opportunity to practice AAC use as often as possible with different communication partners in a variety of places outside of the home and school environments

is critical. Even if you are not a speech-language pathologist, if your client utilizes AAC it is ideal for you to make it possible for them to access their AAC system during your treatment whether that treatment takes place on or off of a horse. Consult with your client's speech-language pathologist about the best way for you to use AAC in your sessions.

As a speech-language pathologist, you may find that therapy incorporating equines, equine movement, the equine environment, and the presence of a treatment team offers numerous unique opportunities for modeling and teaching AAC use. But incorporating AAC use into the equine environment and during a therapy session incorporating hippotherapy does present therapists with some unique challenges.

Having the client wear the device on their neck, shoulder, or torso puts them at risk of having the device get caught on something. Having the client hold the device while on the horse does not allow them to use their hands for other activities and creates a potential for the device to be accidentally dropped or thrown. Having a sidewalker or the therapist carry the device means that they will not have both hands free to support the client. Recruiting an extra team member just to carry the device around may not

be realistic, and likely will limit the client's access because the device will not be right in front of them or easily accessible. Bringing the device to the client is considered a prompt to use it and does not foster independence.

To address these challenges, consider making some affordable and simple adaptations that can make low-tech, mid-tech and high-tech AAC use while on the horse easy and readily accessible for your client.

LOW-TECH OPTIONS:

1. Consider football playbook wrist bands to hold low-tech options such as communication boards, letter boards, or core vocabulary boards. The client can wear this on their forearm or thigh, and the Velcro closure can keep it shut when it is not in use.



2. Consider using a wedge with a strap that can hold PECS books or other communication books, eliminating the need for the client to wear the book or for someone to carry it.



MID-TECH OPTIONS:

1. Attach single-message buttons such as a "big mac" to a surcingle, wedge, or other piece of equipment using Velcro or a switch mount. Be sure to consider placement based on hand dominance and access when the client is not on the horse.



2. Consider attaching grids or other mid-tech devices to a wedge or mount that holds the device securely on the horse, or building them into a bolster.



HIGH-TECH OPTIONS:

1. Utilize a wedge that creates an appropriate angle for your client to see and access the screen. Attach a tablet mount that will hold the device securely in place. Hard foam wedges work well for this, as they are easy to cut through while still being sturdy enough to support the device.



2. For clients who use auditory scanning to access vocabulary within a high-tech device, place the switches or buttons in an appropriate location using Velcro, a wedge, or switch mounts, and then place the device in a backpack that can be worn by the therapist or another team member. Turn up the volume to ensure that the client can hear the scanning voice.



OTHER CONSIDERATIONS FOR AAC USE IN THE EQUINE ENVIRONMENT:

1. Being outdoors creates the potential for sun glare on the screen, particularly for laminated communication boards and high-tech devices. This may make it difficult for the client to see the icons. Consider treating in an indoor arena or shaded arena. You can also use anti-glare screen covers and turn up the brightness on the screen. These tips will help your client any time they are using AAC outdoors.





2. Be sure that the horse you work with is comfortable with your client's AAC system and any adaptations you make, such as wedges, switch mounts, communication boards, and Velcro before you use them within a therapy session. Any devices, pictures, or picture-based systems should be secured so they do not blow in the wind or move around as

the horse moves. As with any props or items we introduce, communication boards or picture icons can be dropped, thrown, or blown in the wind. It is important that the horse you are working with is comfortable with that and will not be startled if it occurs.

3. If you don't have the ability to keep AAC available while on the horse, ask the client's speech-language pathologist to teach them to sign, gesture, raise a hand, or point when they need to access their device. This will be a functional skill for the client to acquire for other environments and activities as well.
4. Any vocabulary or AAC systems implemented in the equine environment should be functional and appropriate for communication in other settings and generalized to other locations.

5. For clients with motor deficits, have the horse stop while the client is accessing the device to increase accuracy.
6. Be sure that any AAC systems placed on the horse do not irritate the horse's withers or back.

CONCLUSION

Communication happens everywhere. Including and encouraging communication in all contexts and environments is critical to success for AAC users. Speech-language pathologists and other professionals should support AAC use with the client's communication system whenever possible. If you are not a speech-language pathologist, contact your client's speech-language pathologist to ask how you can best support communication. ◀



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Tina currently
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