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Therapeutic Riding & Hippotherapy

Something as simple as being on the back of a horse can change a child’s life forever in a positive way. Children and adults with disabilities find joy in riding horses, hardly noticing they are improving their impairments drastically with every step the horse takes. These magnificent animals put similes on the people’s faces when they have no reason to smile, they are their friend when nobody else is, and most important part the horse plays is helping them in many extreme ways that the child does not see. Thousands of children and adults participate in weekly lessons of therapeutic riding or hippotherapy, depending on which of these two therapies fits the individual better. Through years of research, experiment, and experience it has been proven that therapeutic riding and hippotherapy improve impairments of those who are disabled.

According to Google, hippotherapy is “the use of horseback riding as a therapeutic or rehabilitative treatment, especially as a means of improving coordination, balance, and strength.” According to researchers hippotherapy is a task-orientated strategy that lets children realize their own solutions for improving postural control. It provides many useful benefits that forces a patient to develop and refine motor patterns with simultaneous practice in integrating sensory information in a controlled environment as a task activity. Therapeutic riding “is the use of horses and equine-assisted activities in order to achieve goals that enhance physical, emotional, social, cognitive, behavioral, and educational skills for people who have disabilities.” These two therapies are completely different in how they use the horses and the different exercises they preform, but in a sense both therapies are accomplishing the same thing just in different ways (Hippotherapy-Children Movement).

The main difference between therapeutic riding lessons and hippotherapy is that therapeutic lessons focus on teaching the rider the sport of riding horses. Hippotherapy is put on by a licensed physical therapist, occupational therapist, or speech therapist. Hippotherapy mainly focuses on using the horses as a therapeutic tool to help treat the rider’s disability (Equine Therapy).

These therapies help improve many different impairments and are very effective in helping people with hypertonia, hypotonia, cognitive impairments, sensory impairments, and learning disabilities; The first, hypertonia, “is the increase in muscle tone,” it is commonly seen in cerebral palsy, stroke, multiple sclerosis, spinal cord injury or traumatic brain injury. According to scholars, when the horse moves it reflects their own motion at a walk, which helps the patients muscles to relax, increasing balance and flexibility. Different builds of horses are also taken into consideration with each patient. A narrowly- built horse with smooth gaits, which is how smooth or rough the rough is at a walk, trop, and lope, helps the rider increase the control over their limbs while enjoying freedom and confidence (Therapeutic Riding).

Hypontia “ is the decrease of muscle tone, particularly in the trunk of the body”, frequently seen in patients with ataxic, hypotonic cerebral palsy, down syndrome, multiple sclerosis, or traumatic brain injury. Scholars found when these riders ride wider horses, with bigger gaits, in order to greater stimulate their weakened muscles. With hyponita most riders are not able to support themselves when they start, but after just a few months they able to support themselves entirely on their own (Therapeutic Riding).

Cognitive impairments are “any abnormal development or impairment in the social or mental processes involved in interaction, communication, gaining knowledge, planning, etc.” This is commonly seen in people with down syndrome, autism, and fragile X syndrome. Improvements in these riders are both physical and cognitive. Professionals found practicing riding skills and playing games on the back of a horse, increases the riders balance, and body awareness. Accomplishing these skills provides the rider with self-confidence and independence (Therapeutic Riding).

Children and adults with learning disabilities also use these therapies. Learning disability is defined as . “… a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations.” Expects say it is generally seen in patients with attention deficientcy disorder, attention hyperactivity disorder, or dyslexia. The specific movement of a horse, and also the building muscle tone, has been proven to help rider’s concentration and short-term memory (Therapeutic Riding).

When riding a horse, the patient is continually thrown off- balance, this requires the rider’s muscles to relax and contract while he or she tries to rebalance him/herself. The horse’s movement is also very similar to the motion of humans while walking and provides sensory and motor input. By putting the rider in different positions, different set of muscles are used. Also by starting and stopping and by changing speed and direction of the horse makes the rider work harder to stay balanced (Horses for the Handicapped). Although some people do not like horses, the new smells, new people, and being moved by a horse can be difficult and frightening to some people, but most people grow to enjoy and to love the horses and the experience (Therapeutic Riding).

Explanations have been shown that the three- dimensional movement of a walking horse inactively moves a child’s pelvis for those that are essential for walking; this provides perturbations to the child’s center of gravity in the sagittal, frontal, and transverse planes (Hippotherapy- Children Movement). Once the patient is on the horse and moving, they are getting sensory input, their pelvises are being stimulated and their trunks are being strengthened (Therapeutic Riding). These riders feel a sense of freedom, movement, and mobility that they more than likely have never experienced before, especially if they have been in a wheel-chair.

Research has shown that the rhythm and symmetry of a horse’s movement are perfect tools for a riders posture, balance, verbal communication, and muscle tone. Riding also improves concentration, memory, sequential thought processing, and it can even help emotionally disabled riders articulate their feelings. Improvements are often rapid because the riders are having tons of fun barely noticing they are accomplishing repetitive therapy exercises. The ability to rider these magnificent animals gives the rider tremendous physical and psychological benefits to those who don’t get to participate in outdoor activities (Therapeutic Riding).

Riding horses requires a lot of coordination and since the horse provides instant feedback to every little action the rider does, it is easy to know when they having giving the correct cue. With the repetition of movement that is required in controlling the horse, the rider’s reflexes are quickened. When there is more than one rider in the ring at the same time, each with their own therapist. Together they may play games, such as basketball, or have relay races on the horses. They also have games they play with just their therapist, such as the games of red light, green light using the horse (Children Therapeutic Riding).

Different exercises that the riders participate in that help them with their disabilities; are pre mounting, mounting, and mounted work. Pre- mounting is a warm up exercise that focus on balance and coordination, this comes into place when the patient is stretching. Also during these warm up exercises the therapist might have the patient look into a mirror and identify body parts. Doing this helps the patient learn visual perceptual (Equine Therapy.) Mounting can be done several different ways, depending on the rider. A small child might walk up the lower level of the ramp and use a two-step block to get on the horse. But for another rider, they might use an aerobics step bench to increase their weight shifting. When getting on a horse the patient does takes a single step up, when he or she shifts their weight onto their left leg to stabilize themselves while lifting their right leg. When the client is mounted the most work is being accomplished. The lessons start off with a few laps around the arena to articulate their posture. Monitoring the client’s posture and ability to focus is very important and determines activities that are used to optimize the lessons (Equine Therapy.)

To keep these programs running there has to be volunteers. Volunteers vary in age from teenagers to retirees. There are two spots the volunteers have to fill, the leader and side walker. The leader has one of the most challenging jobs. The number one responsibility for the leader is the horse, but they also have to make sure there is enough room along the fence and around objects for the side walkers to get by. Also remember when being the leader whenever the horse is stopped, they are to stand in front of the horse. This creates a psychological barrier for the horse that will make him/her stand still because there is nowhere for the horse too go besides into the leader if he starts walking forward. If there is ever an accident the leader is to stay with the horse and get him or her out of the way, there are other people to attend to the rider. More than likely the horse that is being used for lessons are old, will be very stubborn, and won’t want to move. When the leader starts to walk again and the horse won’t move, use short tugs instead of a steady pull to get the horse to move and to keep moving. A horse can set himself/ herself against a steady pull, but tugs keep him moving and awake (Tucker).

Sider walkers get the most hands- on duties; they are directly responsible for the rider. There are two different ways that the side walkers hang on or hold the rider on the horse so they don’t fall off. The first and most common way is the arm-over-the-thigh hold; the side walker grips the front of the saddle with the hand closest to the rider. Then the fleshly part of the forearm rests gently on the rider’s thigh. Sometimes pressure on the thigh can increase or cause muscle spasticity, especially for patients with cerebral palsy. The second way to hold the rider on the horse is by placing one hand on the safety belt around the rider’s waist, and the other hand holding on the saddle. It is important to stay in good position by the riders knee, being too far back or forward will make it difficult to help the rider with instructions and provide security if the horse would trip or shy. When holding on to the rider’s safety belt, be sure not to wrap an arm around the riders waist. It will often provide too much support and force the rider to lose their balance and make riding the horse more difficult (Tucker, Lingua).

At one point in time safety belts were required for each rider to wear during a lesson. The main purpose for this belt was so the volunteers would have something to hold on too. But it has been discovered that the weight of the volunteers arm pulling on each side can throw the rider off balance with the different amounts of weight pulling. By getting rid of the safety belts the arm-over-the-thigh hold replaces them (Tucker, Lingua).

To get on the horse the “leader” walks the horse in between two tightly placed boxes. If the patient is not able to get on the horse with help from the therapist, they supply a lift chair that lifts them up and gently places them on the horse. Next, a safety belt that the side walkers hang on to is placed around the rider’s waist, if one is used. When the rider is ready to move forward and the therapist confirms it and the rider is to say “move on.” The leader then walks the horse so it is no longer in between the two boxes. At this point the side walkers come into place, depending on the rider; there are either one or two side walkers.

These therapies are not new, having been around for quite some time. They were used by the Greeks 2,000 years ago. The therapies started being used for wounded soldiers during World War II at the Oxford Hospital. In 1950 the British explored the potentials of riding horses as therapies for all types of mental and emotional disabilities (Horses for Handicapped).

Most of these organizations are paid by funding and grants. Expenses that are covered by grants are outcome measures, data collection, treatment phase, statistical analysis, and treatment cost for subjects. But these programs just don’t get all the money they want; they have to complete a grand review and that determines the amount of money that will be given for the projected budgets. Grants are not allowed to exceed $1,000 per research study (Equine Therapy.)

Riding horses is just one of the many things about therapeutic riding and hippotherapy that benefit the patients. One of the other significant factors about these lessons is the unique enhancements of the natural surroundings. Being in the barn compared to a clinic has many benefits including, natural light, sounds, fresh air, interesting scenery, unusual smells, and the opportunity for meaningful activities in the context of the barn (Equine Therapy.) The stables also afford a multitude of therapeutic experiences; children may use grooming equipment to fix work on grooming the horses. Being in the stables also teaches sequencing, and gives both gross and fine motor stimulation, sweeping or shoveling the barn is considered “heavy work” to improve muscle tone (Child Therapeutic Riding). The rider is also expected to take part in the care of the horses and the equipment they use. Because the horse has a mind of this own, the rider has to learn patience as he or she attempts to perform skills on the horse when horse is not co-operating (Horse for Handicapped.)

With hippotherapy and therapeutic riding no special tack or equipment is used. Standard English and Western saddles for everyday riding is what the patients use. The patients can stay in the lessons for as long as they want. Most stay in for a couple of months to a year, but many patients leave the lessons as they get older and their interests change. Other riders stay and continue lessons to see improvements for many, many years (Equine Therapy.) These therapies are not cheap, and most insurance companies do not cover the cost of therapeutic riding lesson, but some hippotherapy lessons that are instructed by a physical therapist may be covered under some insurance companies.

Before horses are allowed to be used for lessons, they have to go through a strict evaluation to ensure that they have the necessary physical abilities and movement, a long with a calm and patient temperament. Each horse comes from a wide variety of backgrounds and a lot of experience, but one that is always the same with all the horses is, they are all gifted when it comes to this work and working with patients with impairments (Equine Therapy).

Maryellen has congenital rubella, which adversely affects her sight, hearing, speech, and severely limits her muscle function for almost all of her limbs. When Maryellen started riding, she required a leader and two side walkers and she didn’t have enough neck strength to support her head while riding. But patiently working with her, she now is able to ride independently both at a walk and a trot.

Hippotherapy and therapeutic riding are very beneficial to many children and adults with all kind of disabilities. Their therapist find the most beneficial ways for the client to improve in the areas they struggle with the most. These therapies help millions of people every day overcome their impairments and make them feel normal, as they could accomplish anything.

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