

Hippotherapy Clinical Specialist® Certification Examination



Candidate Handbook 2023

Application Deadline*	Testing Window
January 18, 2023	February 4 – February 18, 2023
July 5, 2023	August 5 – August 19, 2023

***Applications will not be accepted after this deadline**

Administered by:



1350 Broadway, Suite 800 | New York, NY 10018
www.ptcny.com/contact

TABLE OF CONTENTS

TABLE OF CONTENTS	1
CONTACT INFORMATION.....	2
ATTENTION CANDIDATES.....	2
HIPPOTHERAPY	3
CERTIFICATION.....	3
PURPOSE OF CERTIFICATION	3
THE CERTIFICATION PROCESS	5
COMPLETION OF APPLICATION	6
EXAMINATION ADMINISTRATION AND SCHEDULING.....	7
EXAMINATION FEES	9
TESTING ACCOMMODATIONS	10
PREPARING FOR THE EXAMINATION	11
WHAT TO EXPECT AT THE TESTING CENTER	12
RULES FOR THE EXAMINATION.....	13
TESTING CONDITIONS OR EXAMINATION FEEDBACK	14
REPORT OF RESULTS	14
REQUESTING A HANDSCORE.....	14
CONFIDENTIALITY OF EXAMINATION SCORES	14
RE-EXAMINATION	14
ATTAINMENT OF CERTIFICATION.....	14
REVOCAION OF CERTIFICATION	15
CONTENT OF THE EXAMINATION	15
SAMPLE EXAMINATION QUESTIONS.....	20
REFERENCES.....	22

*This Handbook contains necessary information about the Hippotherapy Clinical Specialist® Certification Examination. Please retain it for future reference. **Candidates are responsible for reading these instructions carefully and in their entirety.** This Handbook is subject to change.*

CONTACT INFORMATION

Who to Contact	Topics, Actions, Requests
Professional Testing Corporation (PTC) www.ptcny.com (212) 356-0660	<ul style="list-style-type: none"> • Apply for examination • Obtain general application policy and procedure information • Obtain information about testing policies and procedures • Transfer to a new testing period • Request Test Accommodations • Request Hand Score • Question about score reports • Miscellaneous inquiries
Prometric www.prometric.com/AHCB (800) 741-0934	<ul style="list-style-type: none"> • Schedule test appointment • Reschedule test appointment (within a testing period) • Cancel test appointment • Find directions to test site • Questions regarding testing sites and appointments
AHCB https://hippotherapy-certification.org/	<ul style="list-style-type: none"> • Examination content outline/Reference list • Recertification information

ATTENTION CANDIDATES

This Handbook contains necessary information about the AHCB Hippotherapy Clinical Specialist® Certification Examination. It is required reading for those applying for and taking the Examination. All individuals applying for the examination must comply with the policies, procedures, and deadlines in this Handbook and attest to this by signing the Candidate Attestation found on the application. Please retain this Handbook for future reference. This Handbook is subject to change. See www.ptcny.com for Handbook updates.

ACCESSING CELL PHONES AND ELECTRONIC DEVICES AT ANY TIME WHILE YOU ARE TAKING THE EXAM IS PROHIBITED. YOU CAN ONLY REMOVE SNACKS, DRINKS, MEDICINE OR PERSONAL HEALTHCARE ITEMS FROM YOUR LOCKER- NO BACKPACKS, BAGS, POCKETBOOKS OR CLOTHING CAN BE REMOVED WHILE YOUR EXAM IS IN SESSION.

HIPPOTHERAPY

The term hippotherapy refers to how occupational therapy, physical therapy, and speech-language pathology professionals use evidence-based practice and clinical reasoning in the purposeful manipulation of equine movement as a therapy tool to engage sensory, neuromotor, and cognitive systems to achieve functional outcomes. Best practice dictates that occupational therapy, physical therapy and speech-language pathology professionals integrate hippotherapy into the patient's plan of care, along with other therapy tools and/or strategies.

The American Hippotherapy Certification Board (AHCBS) is the certifying body of the American Hippotherapy Association, Inc. (AHA, Inc.). The AHCBS is comprised of Hippotherapy Clinical Specialists® and represents the physical, occupational, and speech and language therapy professions. For more information, visit www.hippotherapy-certification.org.

CERTIFICATION

The American Hippotherapy Certification Board (AHCBS) endorses the concept of voluntary, periodic certification by examination for all professionals who incorporate hippotherapy in their practice. This examination is specifically for professionals who utilize hippotherapy at an advanced level in their practice and meet the eligibility requirements to take this examination. **The Hippotherapy Clinical Specialist (HPCS) designation is highly regarded. It provides formal recognition of advanced knowledge and clinical reasoning in the incorporation of hippotherapy into patient treatment. Alternately, the AHCBS Hippotherapy Certification recognizes essential, fundamental knowledge in hippotherapy for therapists and assistants (see AHCBS Hippotherapy Certification Candidate Handbook).** Certification is one part of a process called credentialing. It focuses specifically on the individual and is an indication of current knowledge in a specialized area of practice in the use of hippotherapy as a treatment tool. (However, AHCBS does not warrant the performance of any individual.) Board certification in hippotherapy is highly valued and provides formal recognition of a high level of knowledge in the clinical specialty.

PURPOSE OF CERTIFICATION

The purpose of certifying qualified therapists is to promote the delivery of safe, effective treatment incorporating hippotherapy. Specifically, certification:

1. Formally recognizes those individuals who meet the eligibility requirements of the American Hippotherapy Certification Board and pass the Hippotherapy Clinical Specialist® Certification Examination.
2. Encourages continued personal and professional growth in the use of hippotherapy within professional practice.
3. Measures and validates the level of knowledge required for clinical specialty certification in utilizing hippotherapy as a therapy tool.

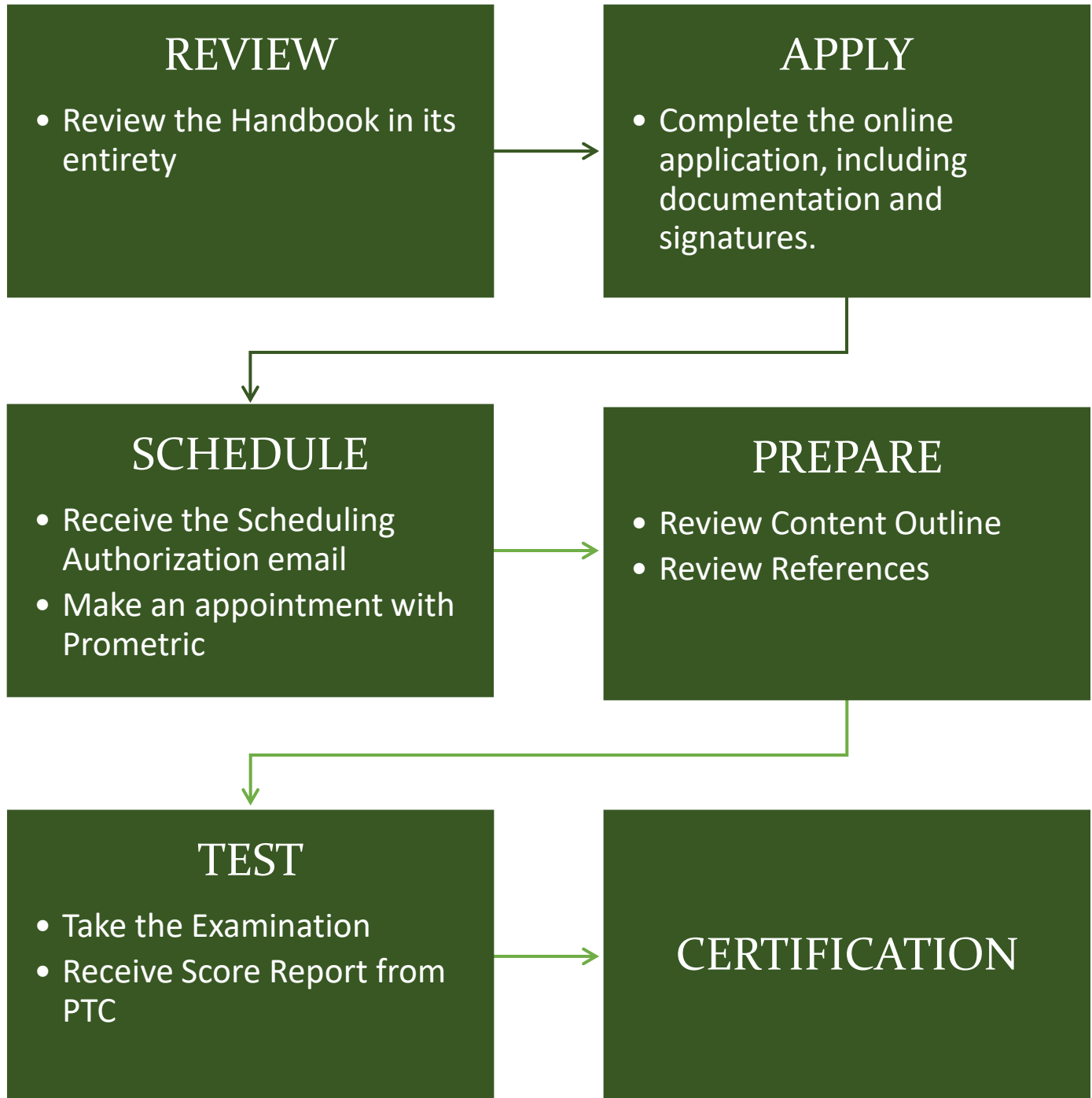
4. Provides a high standard of knowledge requisite for clinical specialty in hippotherapy, thereby assisting the employer, the public, and members of the health professions in the identification of professionals who are Hippotherapy Clinical Specialists® utilizing hippotherapy as a therapy tool.

ELIGIBILITY REQUIREMENTS

1. Currently licensed or certified to practice as a Physical therapist, Occupational therapist, or a Speech and Language Pathologist in the United States or the equivalent in other countries.
Upload a copy of your current license to the application.
2. Completed at least three years of full-time or the equivalent (6,000 hours) experience in the practice of physical therapy, occupational therapy, or speech and language pathology beginning from receipt of licensure as a therapist prior to the application deadline (refer to cover of this Handbook).
3. Completed a minimum of 100 hours of one-on-one direct treatment in clinical practice as a licensed therapist utilizing hippotherapy within the three years prior to the application deadline. Please note that treatment experience that is part of an educational course or mentoring process does not qualify for this eligibility requirement.
4. Experienced and comfortable working with horses and able to safely ride independently at the walk, trot and canter. See Attestation Statement for verification.
5. Agrees to abide by the AHCB Testing Agreement.
6. **Uploaded** a completed and signed **Hippotherapy Clinical Specialist® Certification Examination Attestation Statement** to the application.
7. Submitted a completed and signed Hippotherapy Clinical Specialist Examination Application.
8. Payment of the required examination fee.

Payment is due at the time of application. All applications will be reviewed for eligibility once payment is received. Candidates found to be ineligible or applications incomplete as of 21 days before the start of the chosen testing period will be refunded their examination fee minus a \$75.00 administrative fee.

THE CERTIFICATION PROCESS



COMPLETION OF APPLICATION

Step 1 – Complete Application

Go to <http://www.ptcny.com/test-sponsors/ahcb> to view examination testing periods, application deadlines, and link to the online application. You must complete the examination application in full, using your name exactly as it appears on your current government issued photo ID such as a driver's license or a passport. The application will have a separate space for applicants to enter their name as they wish it to appear on their certificate. Applications are not considered complete until all information and payment has been provided. The completed application must be submitted and paid for online. Retain the link to the application and your login information.

Please note, for new applications you will be asked to create a PIN number. This PIN will be used if you need to log back into your existing application.

Step 2 – Submit Examination Fee and Application for Review

Receive email from PTC stating that your payment and application has been received and under review.

Step 3 – Receive Approval of Application

Receive email from PTC stating that your application has been approved.

Step 4 – Receive Scheduling Authorization and Schedule Testing Appointment

Within eleven (11) weeks prior to the start of the testing period, candidates will receive a Scheduling Authorization from PTC via email from notices@ptcny.com. The Scheduling Authorization includes an eligibility number and information on how to set up your examination location, date, and time through Prometric. Retain this document.

You must present your current driver's license, passport, or U.S. Military ID at the testing center at the time of your examination appointment or you will be refused admission. The first and last name on the ID must exactly match the first and last name on the Scheduling Authorization.

Applicants who are not approved to sit for the examination or whose applications are incomplete 21 days prior to the first day of the testing window will receive a refund of their application fee minus the \$75 administrative fee. Refunds will be processed approximately 30 days after the end of the testing period.

EXAMINATION ADMINISTRATION AND SCHEDULING

The AHCB Hippotherapy Clinical Specialist® Certification Examination is administered during an established two-week testing window daily, excluding holidays, at computer-based testing facilities managed by Prometric.

Scheduling Authorization

PTC will send approved candidates an email called the Scheduling Authorization. These emails are sent out about 11 weeks before the first day of the testing window. The emails come from notices@ptcny.com. Candidates cannot make an appointment until they receive a scheduling authorization. If you don't receive your email 3 weeks before the start of your testing window contact PTC.

Scheduling Examination Appointments

The Scheduling Authorization will indicate how to schedule your examination appointment with Prometric as well as the dates during which testing is available. Appointment times are first-come, first-served, so schedule your appointment as soon as you receive your Scheduling Authorization in order to maximize your chance of testing at your preferred location and on your preferred date. **Candidates who wait until the last minute run the risk of missing out on their preferred date, time, and testing center. Candidates unable to schedule an appointment will forfeit their fees.**



After you make your test appointment, Prometric will send you a confirmation email with the date, time, and location of your exam. Please check this confirmation carefully for the correct date, time, and location. Contact Prometric at (800) 741-0934 if you do not receive this email confirmation or if there is a mistake with your appointment.

Note: International candidates may also schedule, reschedule, or cancel an appointment online at www.prometric.com/AHCB.

IMPORTANT!

You **MUST** present your current driver's license, passport, or U.S. military ID at the test center. Expired, temporary, or paper driver's licenses will **NOT** be accepted.

The first and last name on your Scheduling Authorization **MUST** exactly match the first and last name on your photo ID.

Fees will not be refunded for exams missed because of invalid ID.

Call PTC at 212-356-0660 if you need a duplicate Scheduling Authorization or if your name is not correct.

Rescheduling Examination Appointments within a Testing Period

Candidates are able to reschedule their examination appointments within the same testing period as long as the request is submitted within the timeframe described below. Reschedule within the permitted time frame by calling or going to the Prometric website: www.prometric.com/AHCB.

Time Frame	Reschedule Permitted?	Stipulations
Requests submitted 30 days or more before the original appointment	Yes	None
Requests submitted 29 to 5 days before the original appointment	Yes	Candidate must pay Prometric a rescheduling fee of \$50.
Requests submitted less than 5 days before the original appointment	No	Candidates who do not arrive to test for their appointment will be considered a no-show and all their examinations fees will be forfeited. Candidates will need to reapply and pay fees for a future testing period.

Transferring to a New Testing Period

Candidates unable to take the examination during their scheduled testing period may request a **ONE-TIME** transfer to a future testing period. **There is a transfer fee of \$220.00.** After you have transferred once by paying the \$220.00 fee, you will need to pay the full examination fee in order to transfer a second time; so, ***please plan carefully.***

Please note: requests to transfer to a new testing period must be received within 30 days of your originally scheduled testing period.

Candidates wishing to transfer to a new testing period need to follow the steps below.

1. Go to <http://secure.ptcny.com/apply>.
2. Click "Start New Application."
3. Choose AHCB-HPCS in the first drop-down menu; then choose the new examination period in the second drop down menu and fill out the rest of the information on the page.
4. Fill out the application making sure you answer yes to the question asking if you are transferring.
5. When you have finished the application, click "Submit Transfer Request."
6. PTC Support will send you an email letting you know your transfer application was approved and that you can log back into your application and pay the one-time \$220.00 transfer fee.

Call 212-356-0660 if you have any questions regarding the transfer process.

If candidates are unable to attend the examination on the date for which they registered and elect not to transfer to another testing period the application will be closed and all fees will be forfeited. There will be no refund of fees.

The transfer fee is based on costs and is not punitive in nature. The transfer fee must be paid at the time the request is approved. The candidate is responsible for contacting Prometric and canceling the original examination appointment, if one was made.

Exams may only be transferred to a new testing period once; please plan carefully.

Please note: Transferring your Examination only refers to instances when a candidate is unable to take their exam during a testing period for which they have already applied. Candidates who did not pass their examination and are retaking the examination need to pay the full Examination Fee.

Failing to Report for an Examination



If you fail to report for an examination, you will forfeit all fees paid to take the examination. A new completed application and examination fee are required to reapply for the examination.

EXAMINATION FEES

Fee Type	Amount	Details
Application Fee – AHA Members (Upload a copy of your AHA Membership card to your application)	US \$450.00	<ul style="list-style-type: none"> • Non-refundable¹ • Non-transferable • Includes testing center fees • Includes non-refundable \$75 administrative fee
Application Fee – Non-AHA Members	US \$550.00	
Transfer Fee (Moving to a new testing window; see page 8)	US \$220.00	<ul style="list-style-type: none"> • Applies to candidates who request rescheduling to a new testing period • Must submit new Application & fee to PTC
Rescheduling Fee (29-5 days prior to scheduled appointment; see page 8)	US \$50.00	<ul style="list-style-type: none"> • Applies to candidates who need to move their appointment within their current testing period • Payable directly to Prometric • Reschedule with Prometric online or over the phone



- **There will be no refund of fees unless applicants are ineligible for the examination.**
- **Ineligible candidates will be refunded their fees minus an administrative fee.**

¹ Applicants who are ineligible to take the examination or whose applications are incomplete by the application deadline will have their examination fees returned minus an administrative fee.

- **No refunds will be issued for applying for the incorrect examination or testing period, for failing to make an examination appointment, or for failing to appear at your scheduled appointment.**

Please be advised: Prometric does not have the authority to grant transfers to another testing period or refunds.

TESTING ACCOMMODATIONS

AHCB and PTC support the intent of and comply with the Americans with Disabilities Act (ADA). PTC will take steps reasonably necessary to make certification accessible to persons with disabilities covered under the ADA. According to the ADA, an individual with a disability is a person who has a physical or mental impairment that substantially limits a major life activity (such as seeing, hearing, learning, reading, concentrating, walking) or a major bodily function (such as neurological, endocrine, or digestive system). If you will need to use your cell phone or another electronic device to monitor a medical condition, such as diabetes, please be sure to include this on Part 1 of the Request for Test Accommodations Form so that we can notify Prometric in advance.

The information you provide and any documentation regarding your disability and test accommodations will be held in strict confidence.

All approved testing accommodations must maintain the psychometric nature and security of the examination. Accommodations that fundamentally alter the nature or security of the exam will not be granted.

Testing arrangements may be made upon receipt of the application, examination fee, and a completed and signed Request for Testing Accommodations Form, available from www.ptcny.com or by calling PTC at (212) 356-0660. This Form must be submitted with the application form no later than 8 weeks prior to the start of your chosen testing window. Candidates who do not submit their Testing Accommodations Form with their application may not be able to test during their chosen testing period and therefore be subject to rescheduling or transfer fees.

Only those requests made and received on the official Request for Test Accommodations Form will be reviewed. Letters from doctors and other healthcare professionals must be accompanied by the official form and will not be accepted without the form. All requests must be made at the time of application. Accommodations cannot be added to an existing exam appointment.

Please note: do not go to www.prometric.com or contact Prometric to request test accommodations as Prometric is not authorized to approve accommodations. All requests for test accommodations must be submitted on the PTC Request Form.

PREPARING FOR THE EXAMINATION

- Check your government issued photo ID (driver's license, passport or U.S. Military ID) when you make your examination appointment. Is it expired? Does the first and last name on your ID match the first and last name on your Scheduling Authorization email? Proctors at the Prometric testing center will refuse admission to candidates with expired IDs, IDs with first and last names that do not match their records, and temporary paper IDs. Candidates will be marked as no-shows and will forfeit their exam fees.
- Check your PTC Scheduling Authorization email and Appointment Confirmation email from Prometric to make sure everything is accurate (i.e. your name, exam name, appointment date, time and location).
- Make yourself familiar with the location of your chosen testing site and any requirements they may have for parking and check the weather and traffic conditions before you leave for the testing center. Allow plenty of time to arrive as late arrival may prevent you from testing.
- In the event of inclement weather, check the Prometric website for site closures: <https://www.prometric.com/closures>.
- Prometric's website provides information on what you can expect on your test day, including a walkthrough of check in and security procedures: www.prometric.com.
- This Handbook provides the Content Outline for the Examination (see appendix). Use the content outline as a guide for studying for the examination.
- Review What to Expect at the Test Center and Rules for the Examination on the next pages before your appointment.

WHAT TO EXPECT AT THE TESTING CENTER

PTC has partnered with Prometric Testing Centers to deliver examinations to candidates. Here is what you can expect when you arrive at your Prometric Testing Center.

- Candidate Check-In
 - Candidates will be asked to present their IDs.
 - Candidates will be asked to empty and turn out their pockets.
 - Candidates will be “wanded” or asked to walk through a metal detector.
 - Inspection of eyeglasses, jewelry, and other accessories will be conducted. Jewelry other than wedding and engagement rings is prohibited.
 - Religious headwear may be worn into the testing room; however, it may be subject to inspection by a testing center administrator before entry into the testing room is permitted.
 - Prometric provides lockers for candidates to store their purses, mobile phones, jackets, food, drinks and medical supplies.

- During the Exam
 - No breaks are scheduled during the exam. Candidates who must leave the testing room to take a break will not be given extra time on the exam.
 - Candidates are only permitted to leave the testing room to use the restroom or access food, drink, or medicine from their assigned locker.
 - Candidates who take an unscheduled break are subject to additional security screenings before being permitted to reenter the testing room.
 - Accessing mobile phones, electronic devices, bags, study materials, or anything other than food, drink, or medicine during the examination is prohibited.
 - Smoking is prohibited at the testing center.
 - All examinations are monitored and may be recorded in both audio and video format.

Please keep in mind: other exams will be administered at the same time as your examination. Therefore, examinees may hear ambient noises such as typing, coughing, proctor conversations, or people entering and exiting the testing room that cannot be avoided. Prometric is unable to provide a completely noise-free environment. However, headphones may be requested to minimize impact.

Please see [Prometric’s website](#) for more information about what to expect on testing day.

RULES FOR THE EXAMINATION

Please read the information below carefully. You are responsible for adhering to the examination rules while at the testing center.

- ⇒ You must present your current driver's license, passport, or US Military ID at the testing center. Candidates without valid ID will NOT be permitted to test. Temporary or paper copies of your ID will not be accepted.
- ⇒ Cell phones, watches, and all other electronic devices are strictly prohibited at the testing center. Please leave these items in your car or in your assigned locker at the testing center. You may NOT access your cell phone, any electronic devices, clothing, bags/backpacks, or study materials from your locker at any time.
- ⇒ No papers, books, or reference materials may be accessed during a break at a locker, taken into or removed from the testing room.
- ⇒ You may ONLY access snacks, drinks, medicines or personal healthcare items from your locker.
- ⇒ No questions concerning content of the examination may be asked during the examination session. The candidate should read carefully the directions that are provided on screen at the beginning of the examination session.
- ⇒ Candidates are prohibited from leaving the testing room while their examination is in session, except for going to the restroom, or accessing their locker for food, drink, or medicine only.
- ⇒ Bulky clothing, such as sweatshirts (hoodies), jackets, coats, and hats (except hats worn for religious reasons), and most types of jewelry may not be worn while taking the examination. Proctors will ask you to remove such items and place them in your locker. Please see [Prometric's statement on Test Center Security](#) for more information.
- ⇒ All watches, including fitness/smart watches and similar devices, cannot be worn during the examination.
- ⇒ No food/beverages are permitted inside the testing room. Leave these items in your assigned locker.



Contact PTC at (212) 356-0660 or www.ptcny.com/contact with any questions about the Examination Rules.

Irregular or improper behavior that is observed, made apparent by statistical analysis, or uncovered by other means before, during or after the examination will be considered a violation of these rules and may constitute grounds for invalidation of a candidate's examination. AHCB will initiate an investigation and request suitable analyses and appropriate documentation.

TESTING CONDITIONS OR EXAMINATION FEEDBACK

Any candidate who feels that the examination effort was negatively impacted by the test center conditions should notify the proctor immediately. The situation should also be reported to PTC at www.ptcny.com/contact within 15 days of the test appointment. Any comments about the test itself should also be reported to PTC at www.ptcny.com/contact within 15 days of the test appointment.

REPORT OF RESULTS

At the end of the examination, candidates will receive information on how to receive their unofficial test score report. Candidates are not eligible to use the HPCS credential until their official score is received. Candidates will be notified via email by PTC within four weeks after the close of the testing window whether they have officially passed or failed the examination. This is necessary to allow for the psychometric review and administrative time required to ensure accurate and reliable scores. Scores on the major areas of the examination and on the total examination will also be reported.

REQUESTING A HANDSCORE

Candidates who fail the examination may request a hand scoring of their data file. Hand scoring is a manual check of the data file by the testing service to determine if there have been any errors in scoring. Although the probability of such an error is extremely remote, this service is available. Requests for hand scoring must be received by PTC no later than 90 days after the date of the examination by completing and returning the Request of Handscore form on www.ptcny.com with payment of \$25. Candidates who fail the examination will not be permitted to see the examination questions. For reasons of test security, no candidate is allowed to review the examination or any of its items.

To ensure correct reporting of results, PTC automatically performs handscores of examinations of candidates who score within 3 points of passing as a quality control measure. Thus, it is extremely doubtful that any examination results will change from “fail” to “pass” through handscoring.

CONFIDENTIALITY OF EXAMINATION SCORES

AHCB will release the individual test scores ONLY to the individual candidate. Any questions concerning test results should be referred to AHCB or PTC.

RE-EXAMINATION

The Hippotherapy Clinical Specialist® Certification Examination may be taken as often as desired, upon filing of a new Application and fee. There is no limit to the number of times the examination may be repeated.

ATTAINMENT OF CERTIFICATION

Candidates must answer 200 out of 250 questions correctly to pass the examination. Eligible candidates who pass the Hippotherapy Clinical Specialist® Certification Examination are eligible to use the designation

HPCS after their names and will receive certificates from the AHCB. A database of Hippotherapy Clinical Specialists® is maintained by the AHCB and will be reported to the American Hippotherapy Association, Inc. (AHA, Inc.).

Certification for Hippotherapy Clinical Specialists® is recognized for a period of five years, at which time the candidate must retake the current Certification Examination or meet alternative requirements as are in effect at that time to retain certification. For more information regarding recertification visit hippotherapycertification.org.

REVOCATION OF CERTIFICATION

Certification will be revoked by the AHCB for any of the following reasons:

1. Falsification of an Application.
2. Revocation or suspension of current professional license.
3. Misrepresentation of clinical specialist status.
4. Violation of any other rule as adopted by AHCB.

The appeals process of the AHCB provides the mechanism for challenging the revocation of Board Certification. It is the responsibility of the individual to initiate this process.

CONTENT OF THE EXAMINATION

The AHCB Hippotherapy Clinical Specialist® Certification Examination is a computer-based examination composed of a maximum of 250 multiple-choice, objective questions with a total testing time of four (4) hours. The content for the examination is described in the Content Outline on the next page.

The questions for the examination are obtained from individuals with expertise in hippotherapy and are reviewed for construction, accuracy, and appropriateness by the AHCB.

AHCB, with the advice and assistance of the Professional Testing Corporation, prepares the examination.

The AHCB Hippotherapy Clinical Specialist® Certification Examination will be weighted in approximately the following manner:

I.	History/Theory/Evidence	8%
II.	Horsemanship	25%
III.	Movement Science	22%
IV.	Application of Hippotherapy Principles	35%
V.	Program Administration	10%

I. HISTORY/THEORY/EVIDENCE

- A. Evolution of Hippotherapy as a Treatment Tool/Strategy
- B. Theoretical Framework for Hippotherapy
 - 1. Dynamic Systems/Systems Theory
 - 2. Principles of Motor Learning and Skill Acquisition
 - 3. AHA Conceptual Framework
 - 4. Sensory Integration Theory
 - 5. Other
- C. Evidence of Effectiveness of Hippotherapy
 - 1. Research and Case Studies
 - 2. Clinical Observations
- D. Best Practice Statements for the Use of Hippotherapy by OT, PT, SLP Professionals
 - 1. Treatment Team
 - 2. Professionalism
 - 3. Safety
 - 4. Other

II. HORSEMANSHIP

- A. Conformation
 - 1. Characteristics
 - 2. Relationship of Conformation to:
 - a. Soundness
 - b. Movement Quality
 - c. Selection
 - d. Breed
- B. Horse Psychology and Behavior
 - 1. Temperament and Personality Traits
 - 2. Age and Gender
 - 3. Environment
 - 4. Communication
 - 5. Causes and Signs of Stress
 - 6. Intelligence
 - 7. Instinctive and Learned Behaviors
 - 8. Sensory Systems
 - 9. Breed Characteristics
- C. Equine and Stable Management
 - 1. Feeding and Nutrition
 - 2. Stable/Barn Routine
 - 3. Basic Health Maintenance and Vital Signs
 - 4. Basic First Aid
 - 5. Hoof Care
 - 6. Turn Out Schedule
 - 7. Exercise and Training Schedules
 - 8. Grooming

- 9. Safety
- D. Equipment
 - 1. Storage, Repair, Maintenance
 - 2. Types (Purpose, Safety, Fit)
 - a. Lead Ropes/Lines
 - b. Bridles
 - c. Bits
 - d. Halters
 - e. Side Reins
 - f. Surcingles
 - g. Saddles
 - h. Stirrups
 - i. Pads
 - j. Whips
- E. Riding Skills Based on Dressage Principles
 - 1. Warm-Up/Cool-down of Horse and Rider
 - 2. Mounting and Dismounting
 - 3. Rider Position/Biomechanics
 - 4. Center of Gravity of Horse and Rider
 - 5. Use of Natural or Artificial Aids
- F. Horse Handling
 - 1. Tying and Restraining
 - 2. Handling Techniques: Safety and Quality
 - a. Leading
 - b. Lungeing
 - c. Long Lining
 - 3. Training of the Horse Handler
 - 4. Emergency Situations
- G. Training and Conditioning Principles
 - 1. General Principles
 - 2. Relationship to:
 - a. Behavior
 - b. Horse Welfare
 - c. Rider Welfare
 - d. Movement Quality
 - 3. Training the Horse used in Hippotherapy
 - a. Handling
 - b. Aids
 - c. Equipment
 - d. Patient Behavior
 - e. Side-Walkers
 - f. Tandem Hippotherapy
 - g. Mounts and Dismounts
 - h. Desensitization
 - i. Other

III. MOVEMENT SCIENCE

A. Patient Posture, Balance, Mobility, and Function

1. Neuromotor Systems
2. Musculoskeletal Systems
3. Sensory Systems, Organization, Processing
 - a. Visual
 - b. Proprioceptive/Kinesthetic
 - c. Auditory
 - d. Vestibular
 - e. Tactile
 - f. Olfactory
4. Limbic System
 - a. Arousal
 - b. Motivation
 - c. Fear
 - d. Emotion
 - e. Memory
 - f. Self-Concept/Body Image
5. Cognition
6. Communication/Language
7. Cardiovascular System
8. Respiratory System
9. Environmental/Contextual Factors
 - a. Support Surfaces
 - b. Assistive Devices
 - c. Natural Environment
 - d. Other
10. Motor Control
 - a. Strategies
 - b. Praxis
 - c. Coordination
 - d. Other
11. Tasks and ADLs (Sitting, Standing, Walking, Speaking, Reaching, etc)
12. Other

B. Horse in Motion

1. Therapeutic Qualities of the Walking Horse
 - a. Rhythmicity
 - b. Symmetry
 - c. Bilaterality
 - d. Multiple Planes of Movement
 - e. Multisensory
 - f. Movement Through Space
 - g. Repetition

2. Gaits-Walk, Trot, Canter, Gallop

- a. Biomechanics
- b. Footfalls
- c. Qualities

3. Movement Qualities

- a. Rhythm
- b. Tempo
- c. Energy
- d. Impulsion, Engagement, Tracking Up
- e. Calmness and Relaxation
- f. Balance and Self-Carriage
- g. Straightness
- h. Suppleness
- i. Freedom of Movement

4. Movement Variations

- a. Lengthening and Shortening
- b. Accelerating and Decelerating
- c. Transitions
- d. School Figures
- e. Lateral Movements
- f. Half-Halt
- g. Trotting
- h. Reinback

5. Effects of Handling on Horse Movement

- a. Leading
- b. Long Lining
- c. Lungeing

6. Effects of Environment on Movement

- a. Ground Surface
- b. Sensory Inputs
- c. Other

C. Patient/Horse Interaction

1. Effects of Patient on Horse's Movement

- a. Patient Weight and Distribution
- b. Patient Position
- c. Patient Emotions and Behaviors

2. Effect of Biomechanics of Horse's Gait on Patient

- a. Walk
- b. Trot

3. Sensory Effects of Horse's Movement

Qualities and Characteristics on the Patient

4. Effects of Horse's Movement Variations on Patient

IV. APPLICATION OF HIPPO THERAPY PRINCIPLES

A. Indications and Contraindications

1. Indications

- a. Diagnoses
- b. Age Considerations
- c. Weight Considerations
- d. Potential for Functional Gains

2. Contraindications

- a. Medical-Physical
- b. Behavioral-Emotional
- c. Sensory Processing

3. Precautions

- a. Medical-Physical
- b. Behavioral-Emotional
- c. Sensory Processing
- d. Cognitive-Communicative
- e. Pharmacological

4. Screening Potential Patients

B. Patient Evaluation (standard therapy evaluation with specific emphasis on the following)

1. Off the Horse

- a. Relevant Medical History
- b. Functional Abilities/Limitations
 1. Gross and Fine Motor
 2. Communicative
 3. Patient/Family Goals
 4. Assistive/Medical Devices
- c. Systems Assessment
 1. Neuromuscular
 2. Biomechanical
 3. Sensory Processing
 4. Cardiovascular
 5. Respiratory
 6. Limbic System
 7. Cognitive
 8. Linguistic
 9. Behavioral
 10. Communication

2. On the Horse

- a. Baseline Response to the Horse and Equine Movement
- b. Response to Equipment/Environment
- c. Prognostic Indicators

3. Treatment Plan

4. Reassessment during Course of Treatment

5. Other

C. Treatment

1. Treatment Goals and Objectives

2. Treatment Protocol

- a. Hippotherapy Environment
- b. Hippotherapy Team (Selection, Number, Roles)
- c. Prognostic Indicators
 1. Conformation and Size Considerations
 2. Movement Dynamics
 3. Temperament Considerations
 4. Training of the Horse
 5. Treatment Objectives
 6. Sensory Processing Issues
 7. Communication
- d. Horse Handling Method
- e. Equipment Selection for Patient
 1. Patient Response
 2. Safety
- f. Patient Positioning
 1. Forward Astride
 2. Rear-facing Astride
 3. Alternative Positions
- g. Mounting and Dismounting Procedures
- h. Tandem Hippotherapy
 1. Indications for Use
 2. Practice Standards
 3. Horse Requirements
 4. Equipment Requirements
 5. Safety Concerns
- i. Length and Frequency of Session using Hippotherapy
- j. Integrating PT/OT/SLP Objectives

3. Implementation
 - a. Preparatory Activities
 - b. Intervention Strategies/Activities/Procedures
 - c. Safety Protocols
 - d. Emergency Procedures
 - e. Treatment Progressions
 - f. Post-Hippotherapy Activities
 - g. Discharge Considerations
 - h. Other
4. Treatment Outcomes
 - a. Documenting Treatment Effectiveness Within and Across Sessions
 - b. Objective, Functional Outcome Measures
 - c. Interpretation of Treatment Results
 - d. Clinical Problem Solving
 1. Ongoing Diagnostic Indicators during Hippotherapy
 2. Modifications to Therapy Horse and Movement
 3. Modifications to Equipment
 4. Modifications to Horse Handling Methods
 5. Modifications to Intervention Strategies
 6. Modifications to Team
 7. Modifications to Environment

V. PROGRAM ADMINISTRATION

- A. Clinical Documentation
 1. Written Evaluation
 2. Progress Notes for Hippotherapy as a Treatment Tool/Strategy
 3. Discharge Summary
- B. Record Keeping

1. Patient
 - a. Attendance
 - b. Patient Billing
 - c. CPT Codes
 - d. Occurrence Reports
2. Personnel
 - a. Application and Resume
 - b. Job Description
 - c. Confidentiality Statement
 - d. Training Records
 - e. License/Certificates
 - f. CPR/First Aid
3. Reimbursement Issues
4. Equine
 - a. Health/Veterinary
 - b. Farrier
 - c. Training
 - d. Use/Schedule for Hippotherapy
 - e. Special Considerations
5. Releases
- C. Facility Safety and Suitability
 1. Treatment Area
 2. Stable Area
 3. Accessibility
 - a. Mounting Ramp and Block
 - b. Designated Areas
 4. Emergency and First Aid
 - a. Equipment
 - b. Emergency Plan
 - c. Environmental Hazards
- D. Legal and Ethical
 1. Liability
 - a. General
 - b. Professional
 2. ADA Compliance
 3. Animal Welfare
 4. Contracts
 5. Confidentiality/HIPAA
 6. AHA Code of Ethics
- E. Quality Assurance
 1. Personnel Performance Evaluation
 2. Continuing Education
 3. Patient/Family Satisfaction
 4. Safety Record

SAMPLE EXAMINATION QUESTIONS

1. A child with spina bifida exhibiting progressive loss of motor ability, rapidly increasing scoliosis, increasing incontinence, and the appearance of worsening spasticity is demonstrating symptoms of
 1. hydromyelia.
 2. herniated disk.
 3. tethered cord syndrome.
 4. atlantoaxial instability.
-
2. Four characteristics of a horse showing severe fatigue are
 1. high pulse rate, low respiration, dull eyes, and increased forging.
 2. low pulse rate, high respiration, dull eyes, and increased forging.
 3. high pulse rate, high respiration, dull attitude, and staggering gait.
 4. high pulse rate, high respiration, bright eyes, and staggering gait.
-
3. A patient demonstrates the same sacral sitting position whether on a bench, a horse, or a wooden swing. According to dynamic systems theory, this position is indicative of
 1. adaptability.
 2. entrainment.
 3. variability of practice.
 4. preferred pattern of behavior.

(continued)

Refer to this information to answer the following questions.

A 5-year old patient with cerebral palsy characterized by hypotonia, adequate head control, low arousal, and poor oral motor control has increased intelligibility of his speech after 5 minutes of equine movement.

4. The most appropriate way to initially address the patient’s articulation goals when incorporating hippotherapy is to

1. complete periodic articulation drills at the working walk.
2. integrate brief articulation drills at the halt between periods of walking.
3. do extensive articulation drills off the horse as a post hippotherapy activity.
4. do brief articulation drills seated at a table, getting back on the horse, and repeating the process.

5. Additional goals are to increase oral motor tone, decrease drooling, and increase lip rounding. The horse tacked with a vaulting surcingle supplies medium impulsion and significant vertical displacement. The most optimal alternative position for addressing these goals would be to place the patient

1. prone over the barrel.
2. backwards on the horse, propping on elbows.
3. facing forward with both hands on the vaulting surcingle handles.
4. supine on the horse with the head propped in a “tucked chin” position.

ANSWER KEY	
Q	A
1	3
2	3
3	4
4	2
5	2

REFERENCES

The following list of references may be of some help in preparing for the examination. Please note there may be more recent editions available. This list does not attempt to include all acceptable references nor is it suggested that the Hippotherapy Clinical Therapist Examination is necessarily based on these references.

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American Hippotherapy Certification Board
AHCB Testing Agreement

APPLICATION ACCURACY: I certify that all information contained in my Application for the Hippotherapy Clinical Specialist® Certification Examination (HPCS) is true and accurate to the best of my knowledge.

RELEASE OF INFORMATION: I agree that if I pass the examination, AHCB may release my name and the fact that I have been granted AHCB certification to newspapers and other publications. I agree that AHCB may release my name and address in a listing of certified therapists to individuals, organizations, or employers interested in hippotherapy as directed by AHCB's Board of Directors.

EXAMINATION PROCEDURES: I understand that AHCB reserves the right to refuse admission to any AHCB examination to me if I do not have the proper identification (current government-issued photo ID) or if I am late to my examination appointment. If I am refused admission for any of these reasons or fail to appear at the examination site, any refund of fees or credit for future examinations will be in accordance with the policies stated in the AHCB Handbook or the discretion of AHCB. I understand that the proctors at my assigned examination site will have the discretion to maintain a secure and proper test administration. I acknowledge that in this capacity the proctors may relocate me before or during the examination. I will not communicate with other examinees in any way.

SECRECY OF EXAMINATION: I understand that I may seek admission to sit for the AHCB examination only for the purpose of seeking AHCB certification, and for no other purpose. Because of the confidential nature of the AHCB examination, I will not take any examination materials from the test site, reproduce the examination materials, or transmit the examination questions or answers in any form to any other person.

DISMISSAL FROM EXAMINATION/CANCELLED SCORES: I understand that I may be dismissed from the examination and that my test score may be cancelled for any of the following reasons: (1) failing to present current government-issued photo identification; (2) using unauthorized aids; (3) failing to follow test directions or procedures; (4) creating a disturbance; (5) giving or receiving help on the examination; (6) attempting to remove test materials or notes from the examination room; (7) impersonating another candidate. I agree that if I am dismissed from the examination or my test score is cancelled because of such violation, I will receive no refund of the Application fee and there will be no credit for any future examination.

EXAMINATION REVIEW: I understand that if I fail an AHCB examination, I must reapply to qualify; all applicable fees and documentation at each step of the Application process will be required. I agree to resolve any disagreements I have in regard to the examination through AHCB's own internal processes, and release AHCB from legal liability with respect to the examination. I agree that with respect to the examination portion of the certification process, my only permissible challenge is a challenge to the accuracy of the computation of the scores. I waive all further claims of examination review and agree to indemnify and hold harmless AHCB and its representatives for any action taken pursuant to the rules and standards of AHCB with regard to this Application, the AHCB examination and/or certification.

I hereby apply for certification as a Hippotherapy Clinical Specialist® (HPCS) offered by AHCB. I understand that certification depends upon meeting all eligibility criteria as well as successful

completion of the AHCB written examination. I understand that information supplied is subject to audit and that failure to respond to a request for further information may be sufficient cause for the AHCB to bar me from the written examination, to invalidate the result of my examination, to withhold certification, to revoke certification, or to take other appropriate action. I further understand that the information acquired in the certification process may be used for statistical purposes and for the evaluation of the certification program.

To the best of my knowledge, the information supplied in the Application for Hippotherapy Clinical Specialist® Certification Examination is true, complete, and correct, and is made in good faith. Furthermore, by signing the Application, I acknowledge that I have read and understand the information included in the AHCB Testing Agreement and agree to abide by these terms.



Hippotherapy Clinical Specialist[®] Certification Examination Attestation Statement

CANDIDATE FULL NAME:	CANDIDATE EMAIL:
CANDIDATE ADDRESS:	CANDIDATE PHONE:

VERIFICATION OF HIPPO THERAPY EXPERIENCE BY OPERATING CENTER DIRECTOR OR EQUIVALENT

I certify that the candidate named above has a minimum of 100 hours of direct patient treatment using hippotherapy within the last three (3) years.

OPERATING CENTER DIRECTOR SIGNATURE	DATE:
PRINT NAME:	EMAIL:
OPERATING CENTER NAME WHERE CANDIDATE HAS INCORPORATED HIPPO THERAPY:	PHONE:

VERIFICATION OF HORSE EXPERIENCE BY RIDING INSTRUCTOR WITH CREDENTIALS ACCEPTABLE TO AHCB*

I certify that the candidate named above conducts the following activities safely and independently:

- a. groom and tack up a horse
- b. mount and dismount
- c. ride safely with control at a walk, trot, and canter (lope)
- d. work with horses in a comfortable and confident manner

CREDENTIALLED INSTRUCTOR/JUDGE SIGNATURE	DATE:
PRINT NAME:	EMAIL:
INSTRUCTOR/JUDGE CREDENTIALS:	PHONE:

*Examples of acceptable credentials: USPC, USDF, PATH International, CHA, BHSAI