

Hippotherapy Clinical Specialist[®] Certification Examination



Candidate Handbook 2021

Application Deadline*	Testing Window
January 6, 2021	February 6 – February 20, 2021
July 7, 2021	August 7 – August 21, 2021

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

Administered by:



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

COVID-19 Precautions

Candidates are reminded that face masks are REQUIRED at Prometric testing centers. Candidates must bring and wear face masks for the duration of their time inside the testing center.

Masks with exhale/one-way valves are prohibited to use at the testing center, due to the lack of viral particle filtration provided by these masks. Masks with wearable technology are also prohibited. **Any test taker that comes to the test center without an acceptable face mask will not be allowed to test, marked as a “no show,” and will not be eligible for a free reschedule.**

Additionally, candidates must comply with all federal, state and local mandates and guidelines.

Note: if you fall into any of the following categories, you will not be permitted to test until you no longer fit the criteria:

- Have been diagnosed with COVID-19 in the past 14-days;
- Have been exposed to someone diagnosed with COVID-19 in the past 14-days;
- Are experiencing flu or cold-like symptoms; OR
- Have returned from travel to a highly infected area in the past 14-days.

Please contact PTC (www.ptcny.com/contact) if you fall into any of the above categories.

If you are diagnosed with or under quarantine due to exposure to COVID-19 during your testing window: PTC will allow a free transfer to a later testing window. We will need documentation of a positive test or a doctor’s note or letter from an employer to confirm quarantine dates.

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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. 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 Special 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.

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. 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.

PURPOSES OF CERTIFICATION

TO PROMOTE DELIVERY OF SAFE AND EFFECTIVE TREATMENT WHICH INCORPORATES HIPPOOTHERAPY THROUGH THE CERTIFICATION OF QUALIFIED HIPPOOTHERAPY CLINICAL SPECIALISTS® BY:

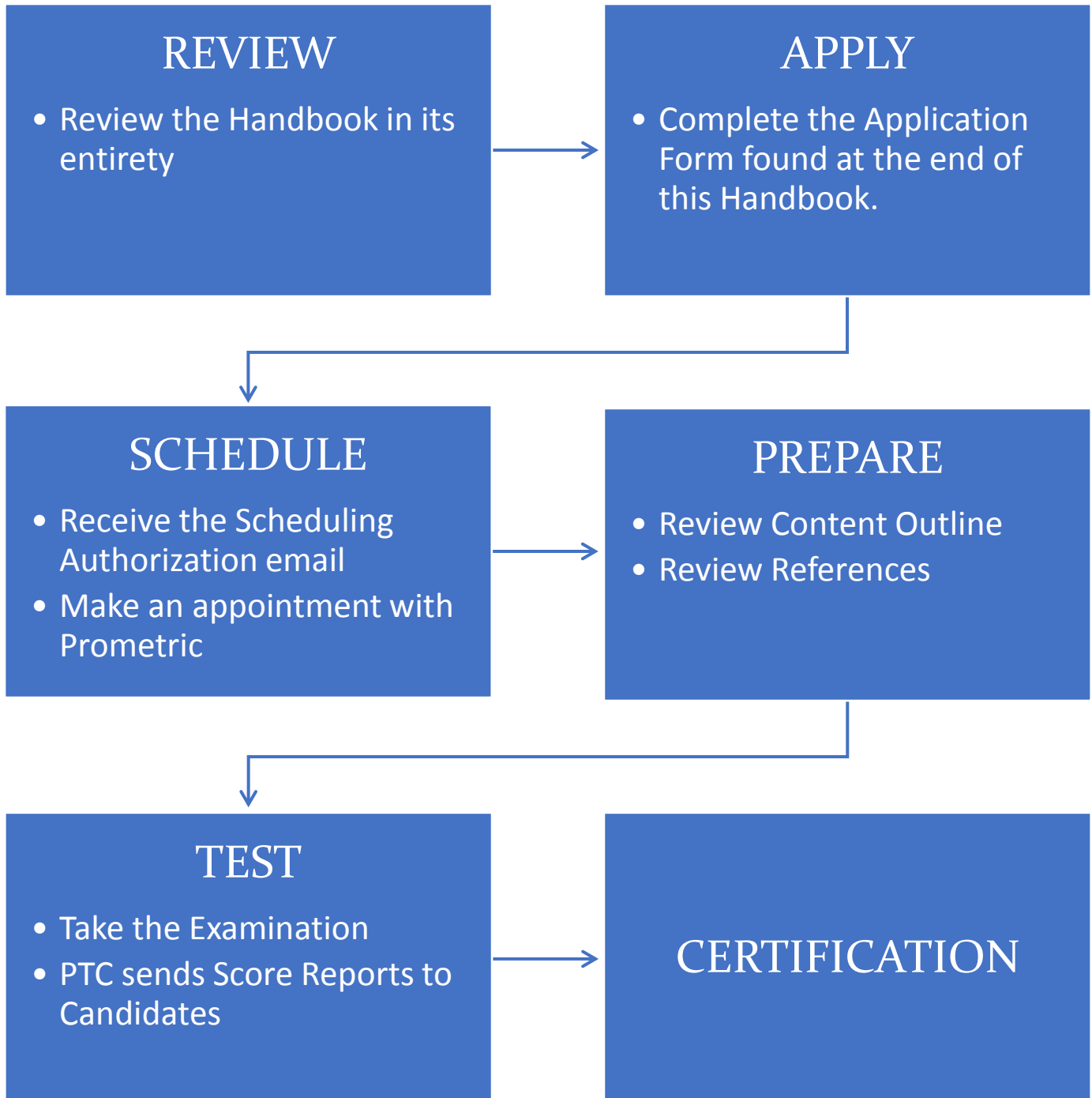
1. Formally recognizing those individuals who meet the eligibility requirements of the American Hippotherapy Certification Board and pass the Hippotherapy Clinical Specialist® Certification Examination.
2. Encouraging continued personal and professional growth in the use of hippotherapy within professional practice.
3. Measuring and validating the level of knowledge required for clinical specialty certification in utilizing hippotherapy as a therapy tool.
4. Providing a 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 individuals 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.
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 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 using 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. Demonstrate the ability to ride safely with control at a walk, trot and canter.
5. Agrees to abide by the AHCB Testing Agreement.
6. Completed and filed Application for the Hippotherapy Clinical Specialist Examination.
7. Payment of 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 14 days before the start of the chosen testing period will be refunded their examination fee minus a \$75.00 processing fee.

THE CERTIFICATION PROCESS



COMPLETION OF APPLICATION

Complete or fill in as appropriate ALL information requested on the Application. Mark one response only unless otherwise indicated.

NOTE: The name you enter on your Application must match exactly the name listed on your current government-issued photo ID such as driver's license, passport, or U.S. Military ID. Do not use nicknames or abbreviations.

Starting at the top of the Application, print your name, address, email address, daytime phone number, and test date preference in the appropriate row of empty boxes.

CANDIDATE INFORMATION - PART I: All questions must be answered. Mark only one response unless otherwise indicated.

Sign and obtain all necessary signatures in the spaces provided.

BACKGROUND INFORMATION: All questions must be answered. Mark only one response unless otherwise indicated.

OPTIONAL INFORMATION: These questions are optional. The information requested is to assist in complying with equal opportunity guidelines and will be used only in statistical summaries. Such information will in no way affect your test results.

CANDIDATE INFORMATION - PART II: Complete all questions in Part II and enclose a photocopy of your current license or certification for the practice of physical therapy, occupational therapy, or speech and language pathology and supplementary documentation as noted on the Application. Do NOT staple the photocopy to the Application.

SIGNATURE: When you have provided all required information, read the AHCB Testing Agreement, and obtained all necessary signatures, sign and date the Application in the designated place.

APPLICATION CHECKLIST: Candidates must check completion of the following:

- Application signed in each of the six areas required
- Photocopy of current license or certification
- Supplementary documentation as noted on Application
- Appropriate fee (see Examination Fees on page 9 below)

Mail the completed Application and the required documentation in time to be postmarked by the deadline shown on the cover of this Handbook to:

**AHCB EXAMINATION
PROFESSIONAL TESTING CORPORATION
1350 Broadway – Suite 800
New York, New York 10018**

NOTE: Candidates whose Applications are received after the deadline cannot be guaranteed acceptance.

EXAMINATION ADMINISTRATION AND SCHEDULING

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

Scheduling Examination Appointments



Approximately eleven (11) weeks prior to the start of the testing window, approved candidates will be emailed a Scheduling Authorization from **notices@ptcny.com**. Please ensure you enter your correct email address on the Application and add the 'ptcny.com' domain to your email safe list. If you do not receive a Scheduling Authorization eight (8) weeks prior to the start of your chosen testing window contact the Professional Testing Corporation at (212) 356-0660 or online at www.ptcny.com/contact.

The Scheduling Authorization will indicate how to schedule your examination appointment with Prometric as well as the dates that testing is available. Appointment times are scheduled on a first-come, first-serve basis. Therefore, we recommend that you 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.**

Candidates unable to take the examination during their chosen testing window will need to reapply for the examination and pay a new application fee. See page 8 for more information on transferring to a new testing window.

After you make your test appointment, Prometric will send you a confirmation email with the date, time, and location of your examination. 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.

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

There will be no refunds of fees.

Candidates unable to take the examination as scheduled may request a one-time transfer to the next testing period. The transfer request must be made within 30 days after the originally scheduled testing date and submitted with the transfer fee of \$210.00.

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

Both the transfer request and the transfer fee must be received within 30 days after the original examination date for the transfer to be granted. Written requests should be sent to:

AHCB EXAMINATION
Professional Testing Corporation
1350 Broadway – Suite 800
New York, New York 10018

Exams may only be transferred once; please plan carefully.

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 Form and examination fee are required to reapply for the examination.

EXAMINATION FEES

Fee Type	Amount	Details
Application Fee – AHA Members	US \$405.00	<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 \$505.00	
Transfer Fee (Moving to a new testing window; see page 8)	US \$210.00	<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

All fees are non-refundable and non-transferable. Please be advised: Prometric does not have the authority to grant transfers to another testing period or refunds. All requests must be made through PTC.

SPECIAL 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). The information you provide and any documentation regarding your disability and special 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.

Special testing arrangements may be made upon receipt of the Application, examination fee, and a completed and signed Request for Special Needs Accommodations Form, available from www.ptcny.com/PDF/PTC_SpecialAccommodationRequestForm.pdf 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 Special Accommodations Form with their

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.

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 Special Needs 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.

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 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. Make sure you give yourself 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 these to help you start 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
 - Accessing mobile phones or study materials 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, 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.
- ⇒ No Electronic devices that can be used to record, transmit, receive, or play back audio, photographic, text, or video content, including but not limited to, cell phones, laptop computers, tablets, Bluetooth devices; wearable technology (such as smart watches), MP3 players (such as iPods), pagers, cameras, and voice recorders are permitted to be used and cannot be taken in the examination room. Prometric provides lockers for your personal items.
- ⇒ No papers, books, or reference materials may be taken into or removed from the testing room.
- ⇒ 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, with the sole exception of going to the restroom.
- ⇒ 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 and "Fitbit" type 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.

Violation of any of the rules listed above may lead to forfeiture of fees, dismissal from the testing room, and cancellation of your test scores.

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 3 business days of the test appointment. Any comments about the test itself should also be reported to PTC at www.ptcny.com/contact within 3 business 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 handscoreing.

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.

REEXAMINATION

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

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 (AHA). Candidates must answer 200 out of 250 questions correctly to pass the examination.

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.

REVOCAION 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 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 Hippotherapy Horse
 - 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 HIPPOThERAPY 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
- 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.

American Hippotherapy Association, Inc. Web site: www.americanhippotherapyassociation.org
American Hippotherapy Association, Inc. Bibliography . www.americanhippotherapyassociation.org
American Hippotherapy Association, Inc. Level/Part I & II. Course Manuals. Hippotherapy Treatment Principles . (current edition). www.americanhippotherapyassociation.org
American Hippotherapy Association, Inc. online course Equine Skills. Prerequisite for Hippotherapy Treatment Principles Part I.
American Hippotherapy Association, Inc. The Connection Series: Core, Sensory, Horse (Long Lining), Communication, Neuro, Vestibular, Treatment, and Business. Course Manuals (current edition). www.americanhippotherapyassociation.org
Bundy, A. C., Lane, S. J., & Murray, E. A. (Eds.). (2002, 2020). <i>Sensory integration: Theory and practice</i> . F. A. Davis Co.
Dinatte, D.P. and Gutman, S.A. (2020). Occupational Therapy for Physical Dysfunction. 8th Ed Lippincott Williams & Wilkins
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Heriza, C. (1991). Motor development: Traditional and contemporary theories. In M.J. Lister (Ed.). Contemporary Management of Motor Control Problems; Proceedings of the II Step Conference (p 99-126). Alexandria, VA: Foundation for Physical Therapy. (www.apta.org). Click on "quick find," then "catalog," then "conference proceedings."
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PATH International. <i>PATH Intl. Standards for Certification and Accreditation Manual</i> . Current Edition. c/o PATH International, PO Box 33150, Denver, CO 80233. www.pathintl.org or 1-800-369-RIDE.
Portney and Watkins (2020). <i>Foundations of Clinical Research: Applications to Practice</i> . F.A. Davis Company
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Schell, B. and Gillen, G. (2018). <i>Willard & Spackman's Occupational Therapy</i> . 13 th Ed.
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Shumway-Cook, A. & Woollacott, M. (1995, 2001). <i>Motor control theory and practical applications</i> (1 st – 2 nd eds.). Williams & Wilkins.
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Studer, Mike. Medbridge Continuing Education Courses.
Umphred, D. A. (Ed.) (2001, 2006, 2012). <i>Umphred's Neurological rehabilitation</i> . Mosby.
A gait analysis manual, such as: <ul style="list-style-type: none"> • Perry and Burnfield. (2010). <i>Gait Analysis: Normal and Pathological Function</i>. Slack, Inc. • Richards, Levine and Whittle. (2012). <i>Whittle's Gait Analysis</i>. Elsevier • Neumann, DA (2010) <i>Kinesiology of the Musculoskeletal System: Foundations for Rehabilitation</i>. Elsevier

PTC19056

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.

Application for HIPPO THERAPY CLINICAL SPECIALIST® CERTIFICATION EXAMINATION

Directions: Read the directions in the Handbook for Candidates carefully before completing this Application.

MARKING INSTRUCTIONS: This form will be scanned by computer, so please print uppercase letters and avoid contact with the edge of the box. See example provided.

A	B	C	D	E	F	1	2	3	4	5	6
---	---	---	---	---	---	---	---	---	---	---	---

Mr.
 Mrs. First Name **Please enter your Name exactly as it appears on your current Government-Issued Photo I.D.** Middle Initial
 Ms.
 Dr.

Last Name Suffix (Jr., Sr., etc.)

Home Address - Number and Street Apartment Number

City State/Province

Zip/Postal Code Daytime Phone - -

Email Address (Please enter only ONE email address. Use two lines if your email address does not fit in one line.)

CANDIDATE INFORMATION - PART I

- A. Have you taken this examination before?
 No
 Yes; when and under what name?
 Date: _____
 Name: _____

- B. What is your current profession?
 Physical Therapist
 Occupational Therapist
 Speech and Language Pathologist

- C. Are you a member of AHA?
 No Yes

- D. Are you a member of PATH International?
 No Yes

- E. Have you taken the AHA Treatment Principles Level/Part II course?
 No Yes

- F. How many years have you been incorporating hippotherapy?
 One year or less 7 to 9 years
 2 to 3 years 10 or more years
 4 to 6 years

- G. Approximately how many hours per week do you incorporate hippotherapy?
 0 to 1 hour 11 to 15 hours
 2 to 5 hours 16 to 24 hours
 6 to 10 hours More than 24 hours

- H. What is the highest academic level completed?
 Bachelor's Doctoral
 Master's Other

- I. Have you taken an HPCS review course?
 No Yes
 If yes, indicate course: _____

(Continue on page 2)



Application for HIPPO THERAPY CLINICAL SPECIALIST® CERTIFICATION EXAMINATION

BACKGROUND INFORMATION

- A. What is the primary patient population which you treat using hippotherapy?
- Pediatric (2 to 4 years of age)
 - Pediatric (5 to 12 years of age)
 - Pediatric (13 to 18 years of age)
 - Adult (18+ years of age)
 - Mixed adult and pediatric
- B. What is your primary patient population type?
- Neurologic Orthopedic Mixed
- C. Have you ever cared for your own horse?
- No Yes
- D. Have you ever received formal riding instruction?
- No Yes
- E. Do you have any recognized riding instructor credential(s)?
- No Yes
- F. Reason for taking examination?
- Preparation for seeking employment incorporating hippotherapy
 - Preparation for seeking a new position incorporating hippotherapy
 - Required by current employer
 - To qualify for a higher position or salary increase
 - Personal choice/professional pride
 - To meet PATH International requirements
 - Other: _____

- G. Are you currently, or have you ever been, certified in hippotherapy by AHCB?

Never certified

Currently certified

Month/Year current certification expires: /

Month / Year

Certificate Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

- Previously certified but certification lapsed; applying for recertification

Month/Year certification lapsed: /

Month / Year

Certificate Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

OPTIONAL INFORMATION

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your test results.

- Race
- African American
 - Hispanic
 - Asian
 - Native American
 - Caucasian
 - No Response

- Age Range:
- Under 25
 - 40 to 49
 - 25 to 29
 - 50 to 59
 - 30 to 39
 - 60+

- Gender:
- Male
 - Female

CANDIDATE INFORMATION - PART II

- A. Enclose photocopy of current license or certification for the practice of physical therapy, occupational therapy, or speech and language pathology.
- B. Enclose photocopy of AHA Inc. Membership card if you are paying the AHA Inc. Member fee.
- C. Sign (and obtain, where required, the appropriate signatures) for the following statements:
1. STATEMENT OF PROFESSIONAL PRACTICE EXPERIENCE: I certify that I have at least three years of full time or the equivalent (6,000 hrs) experience in the practice of physical therapy, occupational therapy, or speech and language pathology.

CANDIDATE SIGNATURE: _____ DATE: _____

List places of most recent employment:

Place: _____	City: _____	State: _____	Phone: _____	Date: _____	To: _____
Place: _____	City: _____	State: _____	Phone: _____	Date: _____	To: _____
Place: _____	City: _____	State: _____	Phone: _____	Date: _____	To: _____

(Continue on page 3)



Application for HIPPO THERAPY CLINICAL SPECIALIST® CERTIFICATION EXAMINATION

CANDIDATE INFORMATION - PART II (continued)

2. STATEMENT OF HIPPO THERAPY EXPERIENCE: I certify that I have a minimum of 100 hours within the last three (3) years of direct patient treatment using hippo therapy.

CANDIDATE SIGNATURE: _____ DATE: _____

Verification of hippo therapy experience by operating center director or equivalent:

SIGNATURE (operating center director): _____

Printed name: _____ Title: _____ Phone: _____

Name of operating center where applicant has incorporated hippo therapy: _____

3. STATEMENT OF HORSE EXPERIENCE: I certify that I conduct 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

CANDIDATE SIGNATURE: _____ DATE: _____

Verification of horse experience by riding instructor with credentials acceptable to AHCB*:

SIGNATURE (credentialed instructor or judge): _____

Printed name: _____ Credentials: _____ Phone: _____

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

I certify that the information given in this Application is in accordance with the Handbook instructions and is accurate, correct, and complete. I further certify that I have read and agree to all conditions stated in the AHCB Testing Agreement.

CANDIDATE SIGNATURE: _____ DATE: _____

Please note: Application will be considered incomplete without all 6 REQUIRED SIGNATURES.

CREDIT CARD PAYMENT If you want to charge your application fee on your credit card provide all of the following information.

Name (as it appears on your card): _____

Address (as it appears on your statement): _____

Charge my credit card for the total fee of: \$

Expiration date (month/year): /

Card type: Visa MasterCard American Express

Card Number:

SIGNATURE: _____

FOR OFFICE USE ONLY

Date

Fee:

CC Check

