

# Hippotherapy Certification Examination



## Candidate Handbook 2024

Application Deadline*	Testing Window
April 10, 2024	May 11 – May 25, 2024

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

Administered by:



1350 Broadway, Suite 800 | New York, NY 10018  
[www.ptcny.com/contact](http://www.ptcny.com/contact)

---

## TABLE OF CONTENTS

TABLE OF CONTENTS .....	2
CONTACT INFORMATION .....	3
ATTENTION CANDIDATES .....	3
HIPPOTHERAPY .....	4
CERTIFICATION .....	4
PURPOSE OF CERTIFICATION .....	4
THE CERTIFICATION PROCESS .....	6
COMPLETION OF APPLICATION .....	7
EXAMINATION ADMINISTRATION AND SCHEDULING .....	8
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
EXAMINATION SECURITY .....	15
ATTAINMENT OF CERTIFICATION .....	15
REVOCATION OF CERTIFICATION .....	15
CONTENT OF THE EXAMINATION .....	16
SAMPLE EXAMINATION QUESTIONS .....	20
REFERENCES .....	21

---

*This Handbook contains necessary information about the Hippotherapy 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
<b>Professional Testing Corporation (PTC)</b> <a href="http://www.ptcny.com">www.ptcny.com</a> (212) 356-0660	<ul style="list-style-type: none"> <li>• Apply for examination</li> <li>• Obtain general application information</li> <li>• Obtain information about testing policies</li> <li>• Request Test Accommodations</li> <li>• Request Hand Score</li> <li>• Question about score reports</li> <li>• Miscellaneous inquiries</li> </ul>
<b>Prometric</b> <a href="http://www.prometric.com/AHCB">www.prometric.com/AHCB</a> (800) 741-0934	<ul style="list-style-type: none"> <li>• Schedule test appointment</li> <li>• Reschedule test appointment (within a testing period)</li> <li>• Cancel test appointment</li> <li>• Find directions to test site</li> <li>• Questions regarding testing sites and appointments</li> </ul>
<b>AHCB</b> <a href="https://hippotherapy certification.org/">https://hippotherapy certification.org/</a>	<ul style="list-style-type: none"> <li>• Exam content outline/reference list</li> <li>• Recertification information</li> </ul>

---

## ATTENTION CANDIDATES

This Handbook contains necessary information about the AHCB Hippotherapy 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](http://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 principles dictate 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](http://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 in their practice and meet the eligibility requirements to take this examination. **The AHCBS Hippotherapy Certification recognizes essential, fundamental knowledge in the incorporation of hippotherapy for therapists and assistants. Alternately, the Hippotherapy Clinical Specialist (HPCS) designation provides formal recognition of advanced knowledge and clinical reasoning in the incorporation of hippotherapy by therapists only (see HPCS 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.) AHCBS Hippotherapy Certification designation provides recognition of basic knowledge in hippotherapy.

---

## PURPOSE OF CERTIFICATION

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

1. Recognizes those individuals who meet the eligibility requirements of the American Hippotherapy Certification Board and pass the AHCBS Hippotherapy 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 certification in utilizing hippotherapy as a therapy tool.
4. Provides a standard of knowledge requisite for certification, thereby assisting employers, the public, and members of the health professions in the identification of professionals who are certified in utilizing hippotherapy as a therapy tool.

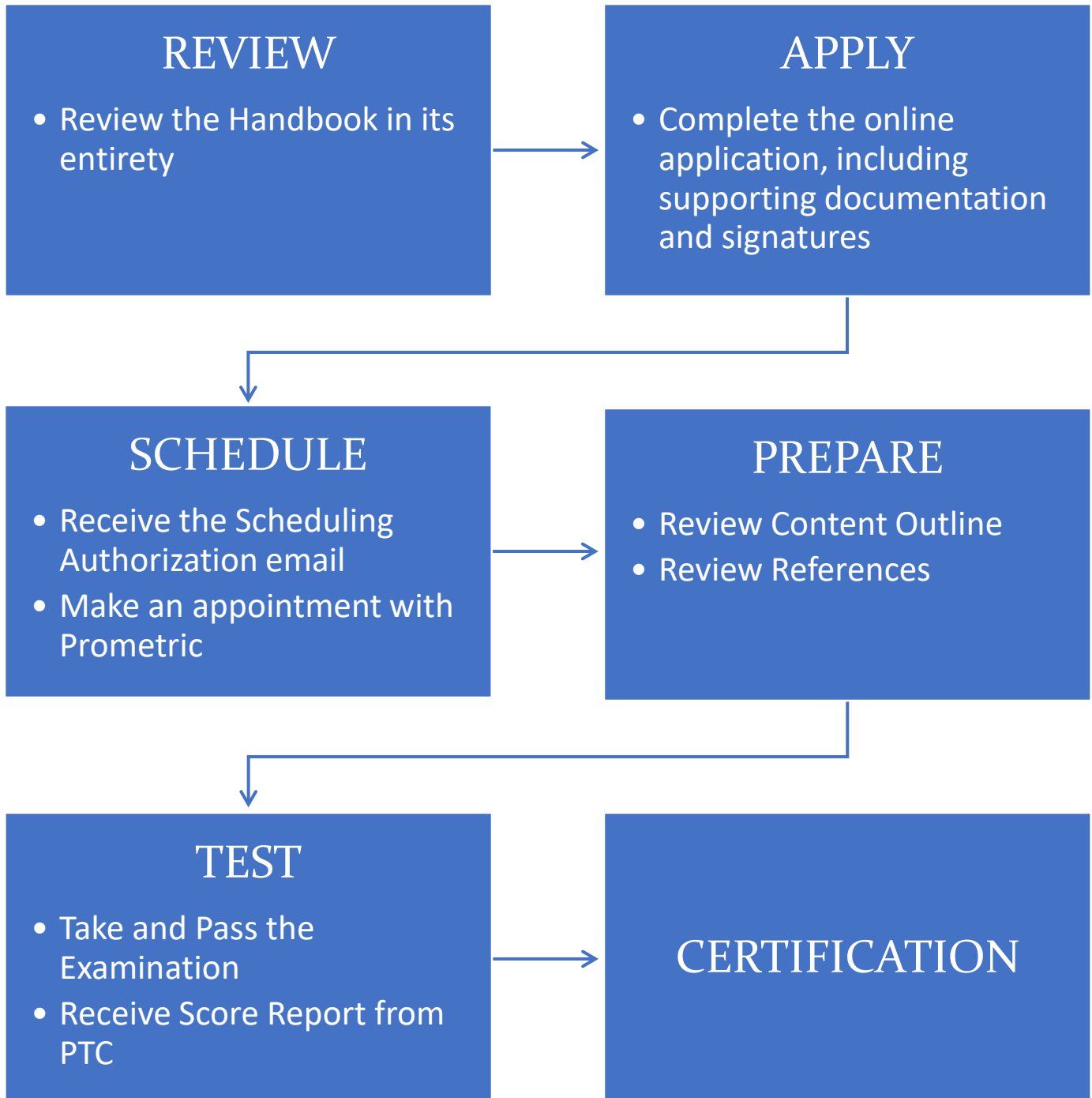
---

## ELIGIBILITY REQUIREMENTS

1. Currently licensed or certified to practice as a therapist or therapy assistant in the fields of physical or occupational therapy, or speech and language pathology, in the United States or the equivalent in other countries. **Upload your current license to the application.**
2. Completed at least one year of full-time or the equivalent (2,000 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 American Hippotherapy Association (AHA) Hippotherapy Treatment Principles Level/Part I and Level/Part II courses or equivalent graduate level courses. **Upload copies of your certificates to the application.**
4. Completed a minimum of 25 hours of one-on-one direct patient treatment incorporating hippotherapy prior to the application deadline. Please note that treatment experience that is part of an educational course does not qualify for this eligibility requirement. See Attestation Statement for verification.
5. Experienced and comfortable working with horses and able to safely ride independently at the walk and trot. See Attestation Statement for verification.
6. Agrees to abide by the AHCB Testing Agreement.
7. **Uploaded** a completed and signed **Hippotherapy Certification Examination Attestation Statement** to the application.
8. Submitted a completed and signed Application for the Hippotherapy Certification Examination.
9. Payment of required examination fee.

---

## THE CERTIFICATION PROCESS



---

## COMPLETION OF APPLICATION

### **Step 1 – Fill Out the Application**

- Go to <http://www.ptcny.com/test-sponsors/AHCB>
  - View testing periods and application deadlines
  - Fill out online application completely and upload supporting documentation.
    - Use your first and last name exactly as it appears on your current driver’s license, passport, state issued non-driver ID or military ID.
    - Applications are not complete until all information, documentation, and payment has been provided.
    - When you start a new application, you will be asked to create a PIN number. This PIN will be used if you need to come back to the application to finish it later. Keep the link to the application and your PIN number for later use.

### **Step 2 – Submit Exam Fee and Application for Review**

PTC will send you an email that says that your payment and application have been received and are being reviewed. Please allow up to 10 business days for review.

### **Step 3 – Receive Application Status Update**

- After your application is reviewed PTC will update you with another email.
  - **REOPENED FOR MORE DOCUMENTS**
    - This means we are missing the required documentation. Follow the directions in the email.
    - Applications that are incomplete as of 14 days before the start of the testing window will be refunded minus the administration fee (see fees page 10).
  - **REJECTED**
    - This means you are not eligible to take the exam. The reason will be explained in the email.
    - Rejected applications will be refunded minus the administration fee (see fees page 10)
  - **APPROVED**
    - This means your application is approved. You will move on to Step 4.

### **Step 4 – Receive Scheduling Authorization and Schedule Testing Appointment**

- Approved candidates will receive an email with their Scheduling Authorization, within 11 weeks before the start of the testing window. Scheduling Authorization emails come from [notices@ptcny.com](mailto:notices@ptcny.com). Do not lose this email.
- If you don’t receive your Scheduling Authorization email 3 weeks before the start of your testing window, contact PTC.

The Scheduling Authorization includes important information including:

- Your PTC Candidate ID number
- Instructions on how to make your Exam appointment with Prometric.

**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 AHCBC Hippotherapy 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

Follow the steps on your Scheduling Authorization to schedule your examination appointment with Prometric.



- Appointment times are first-come, first-served, so schedule your appointment as soon as you receive your Scheduling Authorization.
- **Candidates who wait until the last minute run the risk of missing out on their preferred date, time, and/or 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. Check this confirmation carefully and 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](http://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 can 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](http://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 should contact AHCB directly for further instructions.

## 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 (Upload AHA Membership Card to application)	US \$400.00	<ul style="list-style-type: none"><li>• Non-refundable</li><li>• Non-transferable</li><li>• Includes testing center fees</li><li>• Includes non-refundable \$75 administrative fee</li></ul>
Application Fee – Non-AHA Members	US \$500.00	
Rescheduling Fee (29-5 days prior to scheduled appointment; see page 8)	US \$50.00	<ul style="list-style-type: none"><li>• <b>Applies to candidates who need to move their appointment within their current testing period</b></li><li>• Payable directly to Prometric</li><li>• Reschedule with Prometric online or over the phone</li></ul>



- **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.**
- **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.**

**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) and 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 test accommodations is confidential and is not included in scoring or reporting.

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.

To request test accommodations, follow these 4 steps:

1. Download the Request for Test Accommodations Form, available from [www.ptcny.com](http://www.ptcny.com) or by calling PTC at (212) 356-0660.
2. Complete Test Accommodations Form with your doctor/healthcare professional.
3. Upload the completed and signed Test Accommodations Form with the online exam application.
4. Submit fully both the Test Accommodations Form and the application at least 8 weeks prior to the start of your chosen testing period.

### NOTES:

- Only those requests made and received on the official Request for Test Accommodations Form will be reviewed.
- All requests must be made at the time of application. Accommodations cannot be added to an existing exam appointment.
- If you miss the 8-week deadline, you may not be able to test during your chosen testing period and you will be subject to rescheduling or transfer fees.
- Do not go to [www.prometric.com](http://www.prometric.com) or contact Prometric to request test accommodations as they are not authorized to approve accommodations. All requests for test accommodations must be submitted on the PTC Request Form.
- If you 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.
- Only pre-approved test accommodations will be permitted on the day of the examination. Test center personnel are not authorized to make any changes to the test accommodations on the day of the testing session and any such change may result in your examination score being canceled.

---

## PREPARING FOR THE EXAMINATION

- Check your driver's license, passport, non-driver state issued ID or U.S. Military ID.
  - 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 ID, 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 Prometric Appointment Confirmation email to make sure everything is accurate (i.e., your first and last name, exam name, appointment date, time and location).
- Make yourself familiar with the location of your test center and parking options and check the weather and traffic conditions before you leave for the test center. Allow plenty of time 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: <https://www.prometric.com/test-center-security>.
- This Handbook provides the Content Outline for the Examination (see appendix). Use this 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

- Candidate Check-In
  - Candidates will be asked to:
    - present their IDs.
    - empty and turn out their pockets.
    - walk through a metal detector or get “wanded”.
  - Eyeglasses, jewelry, and other accessories will be inspected.
    - Jewelry other than wedding and engagement rings is prohibited.
    - Leave these at home or place them in your locker.
  - Religious headwear may be worn into the testing room; however, it is subject to inspection by test center staff.
  - Prometric provides lockers to store purses, backpacks, mobile phones, jackets, food, drinks and medical supplies.
  - Water in a clear plastic containers (no labels) may be brought into the testing room.
  
- During the Exam
  - No breaks are scheduled during 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. The exam timer will NOT be paused.
  - Smoking is prohibited at the testing center.
  - All examinations are monitored and may be recorded in both audio and video format.
  
- Keep in mind:
  - Other exams will be administered at the same time as your examination.
  - You 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.
  - Headphones may be requested to minimize the impact of ambient noise.
  - Proctors will periodically walk through the testing room as part of their monitoring process.
  - See [Prometric’s website](#) for more information about what to expect on testing day.

---

## RULES FOR THE EXAMINATION

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

- DO NOT BRING

These items are strictly prohibited at the testing center. Leave these items in your car or your assigned locker.

- Cell phones and all other electronic devices
- Watches
- Jackets/coats/bulky clothing such as sweatshirts
- Hats (except hats worn for religious reasons)
- Jewelry, including watches and wearable technology.



- ⇒ You may NOT access the following at any time during your exam or breaks: papers, books, any reference materials; electronic devices including your cell phone. Candidates may access the following items from their locker: snacks, drinks, medicine, or other personal healthcare items.
- ⇒ No questions concerning content of the examination may be asked during the examination session. Read carefully the directions that are provided on screen at the beginning of the examination session.
- ⇒ You are prohibited from leaving the testing room while your examination is in session, except for going to the restroom. Candidates who do go to their lockers or the restroom will need to repeat the security screening before being permitted to reenter the testing room. **Candidates who leave the center will have their examinations terminated.**
- ⇒ See [Prometric's statement on Test Center Security](#) for more information.

Contact PTC at (212) 356-0660 or [www.ptcny.com/contact](http://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](http://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](http://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 claim certified status 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.

### Setting the Passing Score

The passing score for the Hippotherapy Certification Examination has been reviewed and approved by AHCB and has been determined using a criterion-referenced methodology.

### 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.

### 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](http://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.

### Reexamination

The Hippotherapy 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.

---

## EXAMINATION SECURITY

Candidates seeking admission to take the examination do so for the purpose of pursuing registration, and for no other purpose. Because of the confidential nature of the examination, candidates may not make or keep copies, excerpts, or notes of examination materials, and to not use or divulge information learned from the examination. The examination is the exclusive property of AHCB and candidates may not use examination information in any way without the express prior written consent of AHCB.

The Hippotherapy Certification Examination is confidential. Candidates are required to sign a confidentiality agreement prior to the start of the examination.

Candidates agree to abide by the testing rules in effect at the time of their test appointment. AHCB, PTC, and/or Prometric staff may refuse a candidate admission to the examination if they do not have the proper identification as detailed in the Candidate Handbook. Candidates who do not abide by the testing rules may have their exam terminated during the exam administration in order to maintain a secure and proper exam administration and/or exam scores invalidated.

---

## ATTAINMENT OF CERTIFICATION

Candidates must answer 120 out of 150 questions correctly to pass the examination. Eligible candidates who pass the Hippotherapy Certification Examination may describe themselves as AHCB Hippotherapy Certified, **BUT** do not receive initials to be placed after their names. Successful candidates will receive certificates acknowledging certification from AHCB. A database of those who are AHCB Hippotherapy Certified is maintained by the AHCB and will be reported to the American Hippotherapy Association, Inc. (AHA, Inc.).

The AHCB Hippotherapy Certification is recognized for a period of five years. At that time, the candidate must retake the current examination or meet alternative requirements as are in effect at that time to retain certification.

For more information regarding recertification, visit [www.hippotherapycertification.org](http://www.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 certified 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 Certification Examination is a computer-based examination composed of a maximum of 150 multiple-choice, objective questions with a total testing time of three (3) 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 Certification Examination will be weighted in approximately the following manner:

I.	Program Administration	15%
II.	Basic Horsemanship	30%
III.	Posture and Movement Principles	30%
IV.	Hippotherapy Application	25%



## **I. PROGRAM ADMINISTRATION**

- A. Evolution of Hippotherapy as a Treatment Strategy
  - 1. History
  - 2. General Principles
  - 3. Best Practice Statements for the Use of Hippotherapy by OT, PT, SLP Professionals
    - a. Treatment Team
    - b. Professionalism
    - c. Safety
    - d. Other
- B. PATH International Standards for Certification and Accreditation
- C. Selecting and/or Starting a Program Incorporating Hippotherapy
  - 1. Facility Suitability and Safety
    - a. Treatment Area
    - b. Stable Area
    - c. Mounting Ramp and Block
    - d. Maintenance
  - 2. Personnel
    - a. Horse Professionals
    - b. Treatment Team
    - c. Barn Staff
    - d. Other
  - 3. Role of Therapist/Assistant
- D. Clinical Documentation
  - 1. Written Evaluation and Plan of Care
  - 2. Progress Notes
  - 3. Discharge Summary
- E. Record Keeping
  - 1. Patient
    - a. Attendance
    - b. Patient Billing
    - c. CPT Codes
    - d. Occurrence Reports
  - 2. Equine
    - a. Health/Veterinary
    - b. Farrier
    - c. Training
    - d. Use/Schedule for Hippotherapy
  - 3. Releases
- F. Reimbursement Issues
- G. Legal and Ethical
  - 1. Liability
    - a. General
    - b. Professional

- 2. Contractual Issues

## **II. BASIC HORSEMANSHIP**

- A. Conformation
  - 1. Characteristics
  - 2. Relationship of Conformation to:
    - a. Soundness
    - b. Movement Quality
    - c. Selection
- B. Horse Psychology and Behavior
  - 1. Temperament and Personality Traits
  - 2. Age and Gender
  - 3. Responses to Environment
  - 4. Communication
  - 5. Causes and Signs of Stress
  - 6. Instinctive and Learned Behaviors
  - 7. Sensory Systems
  - 8. Breed Characteristics
- C. Equine and Stable Management
  - 1. Feeding and Nutrition
  - 2. Basic Health Maintenance
    - a. Turnout and Exercise
    - b. Recognizing Unsoundness
  - 3. Basic First Aid and Vital Signs
  - 4. Hoof Care
  - 5. Grooming
  - 6. Safety
  - 7. Horse Welfare
- 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 – Balanced Seat
  - 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. Emergency Situations
- G. Selecting a Horse for Hippotherapy
  - 1. Temperament and Behavior
  - 2. Movement Quality
- H. Training Requirements for the Hippotherapy Horse
  - 1. Handling
  - 2. Aids
  - 3. Equipment
  - 4. Patient Behavior
  - 5. Side-Walkers
  - 6. Mounts and Dismounts
  - 7. Desensitization
  - 8. Other

### III. POSTURE AND MOVEMENT PRINCIPLES

#### A. Human Posture, Balance, Mobility, and Function

- 1. Neuromotor Systems
- 2. Musculoskeletal Systems
- 3. Sensory Systems, including Organization and 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 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
  - 5. Effects of Handling on Horse Movement
    - a. Leading
    - b. Long Lining
  - 6. Effects of Environment on Movement

- a. Ground Surface
- b. Sensory Inputs
- c. Other
- C. Human/Horse Interaction
  - 1. Effects of Human on Horse's Movement
    - a. Weight and Distribution
    - b. Position
    - c. Emotions and Behaviors
  - 2. Effect of Biomechanics of Horse's Gait on Human
    - a. Walk
    - b. Trot
  - 3. Sensory Effects of Horse's Movement Qualities and Characteristics
  - 4. Effects of Horse's Movement Variations

#### IV. HIPPO THERAPY APPLICATION

- A. Indications and Contraindications
  - 1. Indications
    - a. Diagnoses
    - b. Age Considerations
    - c. Weight Considerations
    - d. Potential for Functional Gains
  - 2. Precautions and Contraindications
    - a. Medical-Physical
    - b. Behavioral-Emotional
    - c. Sensory Processing
    - d. Cognitive-Communicative
    - e. Pharmacological
  - 3. 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. System Assessment
      - 1. Neuromuscular
      - 2. Biomechanical
      - 3. Sensory Processing
      - 4. Cardiovascular

- 5. Respiratory
- 6. Limbic System
- 7. Cognition
- 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. Goals and Objectives
  - 2. Considerations
    - a. Hippotherapy Environment
    - b. Hippotherapy Team (Selection, Number, Roles)
    - c. Matching Patient to Horse
      - 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. Length and Frequency of Sessions Incorporating Hippotherapy

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

---

## SAMPLE EXAMINATION QUESTIONS

---

1. Which of the following is most important to consider in a potential horse being considered for use in hippotherapy?

1. Gender
2. Responsiveness
3. Movement quality
4. History of soundness

---

2. Which of the following is a sign of stress in a horse?

1. Ewe neck
2. On the forehead
3. Tail held high
4. Pinned ears

---

3. What is the sequence of footfalls for a left lead canter?

1. Left hind, right hind-right fore, left fore
2. Left hind, right hind-left fore, right fore
3. Right hind, left hind-left fore, right fore
4. Right hind, left hind-right fore, left fore

<b>ANSWER KEY</b>	
<b>Q</b>	<b>A</b>
1	3
2	4
3	4

## 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 Certification Examination is necessarily based on these references.

American Hippotherapy Association, Inc. Web site: <a href="http://www.americanhippotherapyassociation.org">www.americanhippotherapyassociation.org</a>
American Hippotherapy Association, Inc. <u>Bibliography</u> . <a href="http://www.americanhippotherapyassociation.org">www.americanhippotherapyassociation.org</a>
American Hippotherapy Association, Inc. <u>Level/Part I &amp; II. Course Manuals and PowerPoint handouts. Hippotherapy Treatment Principles.</u> (current edition). <a href="http://www.americanhippotherapyassociation.org">www.americanhippotherapyassociation.org</a>
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). <a href="http://www.americanhippotherapyassociation.org">www.americanhippotherapyassociation.org</a>
Bundy, A. C., Lane, S. J., & Murray, E. A. (Eds.). (2002, 2020). <i>Sensory integration: Theory and practice</i> . F. A. Davis Co.
Harris, S. E. (2005, 2016). <i>Horse gaits, balance, and movement</i> (Rev. ed.). Turner Publishing Company.
Harris, S. E. <i>The United States Pony Club Manuals of Horsemanship: D Level; C1-2 Level; B, HA, A Levels</i> . John Wiley & Sons, Inc.
Hill, C. (1991). <i>Becoming an effective rider: Developing your mind and body for balance and unity</i> . Storey Communications, LLC.
Kamm, K., Thelen, E., Jensen, J. L. (1990). A dynamical systems approach to motor development. <i>Physical Therapy</i> , 70(12), 763-775.
PATH International. <i>PATH Intl. Standards for Certification and Accreditation Manual</i> . Current Edition. c/o PATH International, PO Box 33150, Denver, CO 80233. <a href="http://www.pathintl.org">www.pathintl.org</a> or 1-800-369-RIDE.
Roley, S. S., Blanche, E. I., & Schaaf, R. C. (Eds.). (2001). <i>Understanding the nature of sensory integration with diverse populations</i> . Pro-Ed.
Schmidt, R. A. (1988, 1998, 2011). <i>Motor control and learning</i> , (2nd -5 <sup>th</sup> eds.). Human Kinetics Publishers.
Shumway-Cook, A. & Woollacott, M. (1995, 2001). <i>Motor control theory and practical applications</i> (1 <sup>st</sup> – 2 <sup>nd</sup> eds.). Williams & Wilkins.
Shumway-Cook, A. & Woollacott, M. (2007, 2012, 2016). <i>Motor control: Translating research in clinical practice</i> (3 <sup>rd</sup> – 5 <sup>th</sup> eds.). Lippincott Williams & Wilkins.
Umphred, D. A. (Ed.) (2001, 2006, 2012, 2019). <i>Umphred's Neurological rehabilitation</i> . Mosby.

PTC22038

**American Hippotherapy Certification Board**  
**AHCB Hippotherapy Certification Examination**  
**Testing Agreement**

**APPLICATION ACCURACY:** I certify that all information contained in my Application for the AHCB Hippotherapy Certification Examination 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 AHCB certified 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.

**SECURITY 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 the AHCB Hippotherapy Certification Examination as offered by AHCB. I understand that registration depends upon meeting all eligibility criteria as well as successful completion of the AHCB Hippotherapy Certification 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 AHCB Hippotherapy 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 Hippotherapy Certification Examination Testing Agreement and agree to abide by these terms.



## Hippotherapy 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 25 hours of direct patient treatment using hippotherapy in addition to completing AHA Inc. Level/Part I and II courses or equivalent graduate level courses.

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 or trot
- 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