

# AHCB

American Hippotherapy Certification Board

## HIPPOTHERAPY CLINICAL SPECIALIST® CERTIFICATION EXAMINATION

### HANDBOOK FOR CANDIDATES

#### Testing Periods

Application Deadline: January 2, 2019  
Testing Window: February 2—February 16, 2019

Application Deadline: July 1, 2019  
Testing Window: August 3—August 17, 2019



## **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 to engage sensory, neuromotor, and cognitive systems to achieve functional outcomes. In conjunction with the affordances of the equine environment and other treatment strategies, hippotherapy is part of a patient's integrated plan of care.

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.hippotherapycertification.org](http://www.hippotherapycertification.org).

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.

## **CERTIFICATION**

The American Hippotherapy Certification Board (AHCB) 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. (However, AHCB 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 HIPPO THERAPY THROUGH THE CERTIFICATION OF QUALIFIED HIPPO THERAPY CLINICAL SPECIALISTS® BY:

1. Recognizing formally 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. Establishing and measuring the level of knowledge required for clinical specialty certification in hippotherapy.
4. Providing a standard of knowledge requisite for clinical specialty in hippotherapy, thereby assisting the employer, public, and members of the health professions in the identification of the Hippotherapy Clinical Specialist®.

## **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. 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 and must be met as of the application deadline listed on the front cover of this handbook.
3. 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, independent skilled riding ability.
5. Agree to abide by the AHCB Testing Agreement.
6. Complete and file Application for the Hippotherapy Clinical Specialist® Certification Examination.
7. Pay required fees.

## **ADMINISTRATION**

The AHCB Hippotherapy Clinical Specialist® Certification Examination is sponsored by the American Hippotherapy Certification Board (AHCB), [www.hippotherapy certification.org](http://www.hippotherapy certification.org). The Hippotherapy Clinical Specialist® Certification Examination is administered for the AHCB by the Professional Testing Corporation (PTC), 1350 Broadway – Suite 800, New York, New York 10018, (212) 356-0660, [www.ptcny.com](http://www.ptcny.com). Questions concerning the examination should be referred to PTC.

## **ATTAINMENT OF HIPPO THERAPY CLINICAL SPECIALIST 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 [hippotherapy certification.org](http://hippotherapy certification.org).

## **REVOCA TION OF CLINICAL SPECIALIST CERTIFICATION**

Certification will be revoked 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.

## **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:** These questions relate to 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. 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 space provided.

**APPLICATION CHECKLIST:** Candidates must check completion of the following:

\_\_\_ Application signed in each of the six areas required

\_\_\_ Photocopy of current license or certification

\_\_\_ Appropriate fee (see Fees below)

Fold the completed Application and mail together with the appropriate 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.***

## **FEES**

Application Fee for the Hippotherapy Clinical Specialist® Certification Examination:

AHA Inc. Members .....	\$355.00
Non-AHA Inc. Members .....	\$455.00

Fees must be submitted in U.S. dollars. **DO NOT SEND CASH.**

VISA, MASTERCARD AND AMERICAN EXPRESS ARE ACCEPTED.

MAKE CHECK OR MONEY ORDER PAYABLE TO: **PROFESSIONAL TESTING CORPORATION**

## **EXAMINATION ADMINISTRATION**

The Hippotherapy Clinical Specialist® Certification Examination is administered during an established testing period on a daily basis, Monday through Saturday, excluding holidays, at computer-based testing facilities managed by PSI. PSI has several hundred testing sites in the United States, as well as Canada. Scheduling is done on a first-come, first-serve basis. To find a testing center near you visit: <http://www.ptcny.com/cbt/sites.htm> or call PSI at (833) 207-1288. Please note: Hours and days of availability vary at different centers. ***You will not be able to schedule your examination appointment until you have received a Scheduling Authorization from notices@ptcny.com.***

### **TESTING SOFTWARE DEMONSTRATION**

A Testing Software Demonstration can be viewed online. Go to <http://www.ptcny.com/cbt/demo.htm>. This online Testing Software Demonstration can give you an idea about the features of the testing software.

### **SCHEDULING YOUR EXAMINATION APPOINTMENT**

Once your application has been received and processed and your eligibility verified, you will be sent a receipt from PTC confirming receipt of payment and acceptance of application. Within six weeks prior to the first day of the testing period, you will be sent a Scheduling Authorization via email 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 at least three weeks before the beginning of the testing period, contact the Professional Testing Corporation at (212) 356-0660 for a duplicate copy.

The Scheduling Authorization will indicate how to schedule your examination appointment as well as the dates during which testing is available. Appointment times are first-come, first-serve, so schedule your appointment as soon as you receive your Scheduling Authorization in order to maximize your chance of testing at your preferred location and on your preferred date.

**You MUST present your current driver's license, passport, or U.S. military ID at the test center. Temporary, paper driver's licenses are not accepted. The name on your Scheduling Authorization must exactly match the name on your photo I.D.** PTC also recommends you bring a paper copy of your Scheduling Authorization and your PSI appointment confirmation with you to the testing center.

After you make your test appointment, PSI will send you a confirmation email with the date, time and location of your exam. Please check this confirmation carefully for the correct date, time and location. Contact PSI at (833) 207-1288 if you do not receive this email confirmation or if there is a mistake with your appointment.

- **It is your responsibility as the candidate to call PSI to schedule the examination appointment.**
- **It is highly recommended that you become familiar with the testing site prior to the test date.**
- **Arrival at the testing site at the appointed time is the responsibility of the candidate. Please plan for weather, traffic, parking, and any security requirements that are specific to the testing location. Late arrival may prevent you from testing.**

### **INTERNATIONAL TESTING**

Candidates outside of the United States and Canada must complete and submit the Request for Special Testing Center Form found on the [www.ptcny.com](http://www.ptcny.com) homepage. This form must be uploaded to your application no later than 8 weeks prior to the start of the chosen testing period. Fees for testing at an international computer test center (outside of the United States and Canada) are \$100.00 in addition to the examination fee. PTC will arrange a computer based examination at an international test center for you.

Please note that all examinations are administered in English.

## ***SPECIAL NEEDS***

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. 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](http://www.ptcny.com) or by calling PTC at (212) 356-0660. This Form must be uploaded with the online application at least EIGHT weeks before the testing period begins. Please use this Form if you need to bring a service dog, medicine, food or beverages needed for a medical condition with you to the testing center.

**Only those requests made and received on the official Request for Special Needs Accommodations Form (found at [www.ptcny.com](http://www.ptcny.com)) 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.**

Information supplied on the Request for Special Accommodations Form will only be used to determine the need for special accommodations and will be kept confidential.

## ***CHANGING YOUR EXAMINATION APPOINTMENT***

If you need to cancel your examination appointment or reschedule to a different date within the two-week testing period, you must contact PSI at (833) 207-1288 no later than noon, Eastern Standard Time, of the second business day PRIOR to your scheduled appointment.

## ***RESCHEDULING & REFUNDS***

**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 PSI 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 rescheduled once; please plan carefully.**

## **RULES FOR THE EXAMINATION**

1. All 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 not permitted to be used and cannot be taken in the examination room. The test center may have lockers or you may be asked to lock your personal items in your car. For this reason, we suggest that you do not bring personal items with you, other than what is specifically needed for your examination.
2. No papers, books, or reference materials may be taken into or removed from the examination room.
3. Simple, non-programmable calculators are permitted with the exception of calculators as part of cellular phones, etc. A calculator is also available on screen if needed.
4. 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.
5. Candidates are prohibited from leaving the testing room while their examination is in session, with the sole exception of going to the restroom.
6. Bulky clothing, such as sweatshirts (hoodies), jackets, coats and hats, except hats worn for religious reasons, may not be worn while taking the examination.
7. All watches and “Fitbit” type devices cannot be worn during the examination. It is suggested that these items are not brought to the test center.

## **REPORT OF RESULTS**

Candidates will be notified in writing by PTC within approximately four weeks after the testing period has ended whether they have passed or failed the examination. Scores on the major areas of the examination and on the total examination will be reported. Successful candidates will also receive certificates from the AHCB.

Candidates may request a handscoring of their examination once results are received. A handscore may be performed to verify the accuracy of the computerized grading of the examination as well as confirming that any questions marked as incorrect were not the correct answer. A fee is required by PTC to handscore an exam, this fee is not refundable regardless of the results of the handscoring. All requests for a handscore of the examination should be submitted directly to PTC with the required fee for handscore. The Request for Handscore Form can be found on the PTC website [www.ptcny.com](http://www.ptcny.com).

## **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.

## **CONFIDENTIALITY**

1. The AHCB will release the individual test scores ONLY to the individual candidate.
2. Any questions concerning test results should be referred to the Professional Testing Corporation.



## **CONTENT OF EXAMINATION**

1. The Hippotherapy Clinical Specialist® Certification Examination is a computerized examination composed of a maximum of 250 multiple-choice, objective questions with a total testing time of four (4) hours.
2. The content for the examination is described in the Content Outline starting on page 8.
3. Questions for the examination are solicited from therapists with HPCS designation. Questions are reviewed and modified as needed to ensure desired accuracy and appropriateness by the AHCB.
4. The AHCB, with the advice and assistance of the Professional Testing Corporation, prepares the examination.
5. The 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%**

## CONTENT OUTLINE

### I. History/Theory/Evidence

- A. Evolution of Hippotherapy as a Treatment 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
    - h. 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. 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. Tandem Hippotherapy
  - 1. Indications for Use
  - 2. Practice Standards
  - 3. Horse Requirements
  - 4. Equipment Requirements
  - 5. Safety Concerns
- i. Length and Frequency of Hippotherapy Sessions
- 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 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

In the following questions, choose the one best answer.

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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.

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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.

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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.

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4. When completing an HCFA 1500 form for billing, which of the following is NOT necessary?

1. ICD-10 code
2. Treatment goals
3. Date of service
4. Procedure Codes

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5. A sensory under-responsive patient would be UNLIKELY to exhibit

1. a high arousal level.
2. delayed reaction times.
3. increased pain tolerance.
4. low muscle tone/endurance.

CORRECT ANSWERS TO SAMPLE QUESTIONS

1. 3; 2. 3; 3. 4; 4. 2; 5. 1

## REFERENCES

The following list of references may be of some help in preparing for the examination. This list does not attempt to include all acceptable references nor is it suggested that the Hippotherapy Clinical Specialist® Certification Examination is necessarily based on these references.

American Hippotherapy Association, Inc. Web site: [www.americanhippotherapyassociation.org](http://www.americanhippotherapyassociation.org)

American Hippotherapy Association, Inc. Bibliography. [www.americanhippotherapyassociation.org](http://www.americanhippotherapyassociation.org)

American Hippotherapy Association, Inc. Level/Part I & II. Course Manuals. Hippotherapy Treatment Principles. (current edition). [www.americanhippotherapyassociation.org](http://www.americanhippotherapyassociation.org)

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](http://www.americanhippotherapyassociation.org)

American Hippotherapy Association, Inc. Hippotherapy Conceptual Framework. (1998, 2002). [www.americanhippotherapyassociation.org](http://www.americanhippotherapyassociation.org)

Bundy, A.C., Lane, S.J., & Murray, E.A. (eds.) (2002). Sensory Integration: Theory and Practice (2<sup>nd</sup> edition). Philadelphia: F.A. Davis Co.

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## American Hippotherapy Certification Board AHCB Testing Agreement

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

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

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

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

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

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

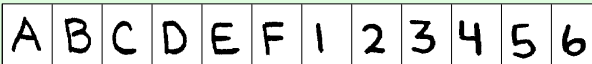
I hereby apply for certification as a Hippotherapy Clinical Specialist® (HPCS) offered by AHCB. I understand that certification depends upon meeting all eligibility criteria as well as successful completion of the AHCB written examination. I understand that information supplied is subject to audit and that failure to respond to a request for further information may be sufficient cause for the AHCB to bar me from the written examination, to invalidate the result of my examination, to withhold certification, to revoke certification, or to take other appropriate action. I further understand that the information acquired in the certification process may be used for statistical purposes and for the evaluation of the certification program.

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

# 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.



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

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 practicing 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 practice 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 in hippotherapy
- Preparation for seeking a new position in 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:  /

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

**Age Range:**

- Under 25
- 25 to 29
- 30 to 39
- 40 to 49
- 50 to 59
- 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)*



