

A LOOK AT CLINICAL EDUCATION

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Clinical education is an important step in the journey from student to clinician and is the backbone of training for physical therapists, occupational therapists, and speech-language pathologists. Students with an interest in using hippotherapy in their future practice can benefit from placement at a facility that includes hippotherapy in their treatment regime. This perpetuates the specific profession and provides a foundation for future education in hippotherapy. In a carefully planned clinical curriculum, hippotherapy principles are integrated into a pediatric outpatient setting. This emphasizes the concept of “therapist first” and minimizes the idea of “hippotherapist;” there are no hippotherapy clinical placements.

Advantages and difficulties exist when using the hippotherapy treatment model as a platform for clinical education. A clinical education placement emphasizing hippotherapy plays a significant role in reminding clinicians of the current theories in neuromotor, sensorimotor, and motor control and how these didactic concepts are pertinent to the use of the movement of the horse as a treatment strategy. Hippotherapy is a highly integrated treatment strategy and therefore requires significant understanding of its components. Consistency in documentation is a significant advantage of hippotherapy as a clinical education model. Documentation reinforces the “profession first” language in all aspects: evaluation, treatment planning, documentation, and billing. It also encourages a future generation of qualified researchers to ask the clinical questions that are essential to both theoretic research and case studies.

Educators have an important responsibility to their profession, patients, and treatment team. Specially trained physical therapists, occupational therapists, and speech language pathologists can all integrate hippotherapy into their treatment repertoire and clinical education model where appropriate. This article presents three models of clinical education based on these professions at three different clinical sites.



**USING THE
HIPPO THERAPY
TREATMENT
MODEL**

PHYSICAL THERAPY

SPECIAL STRIDES — MONROE, NJ

A physical therapy clinical learning experience at Special Strides is only open to students on their final clinical affiliation. At this point, students have completed all academic education and have started integrating the splinter skills gained in their previous experiences. This clinical experience in a center emphasizing hippotherapy as part of the treatment plan forces students to merge their academic paradigms, their emerging clinical competence, and the theories of hippotherapy.

The clinical experience flows through a circumscribed course of didactic and experiential learning with a specifically formulated set of objectives: equine, profession specific (physical therapy), and hippotherapy. This allows the student with equine experience as well as the novice to be successful in this environment. A minimum of 12 weeks is required for the students, which comprises a clinical and didactic flow of lectures and practice experiences that follow their client caseload. The student is also required to attend a beginning sidewalker workshop during their first week to gain the necessary safety skills. Upon completion of their clinical affiliation, the student is expected to have entry level skills in all of the following areas: professionalism, evaluation, assessment, treatment planning and implementation, clinical reasoning, and documentation.

ABBREVIATED EXAMPLES OF DIDACTIC LEARNING PROGRESSION

WK	DIDACTIC TOPICS	STUDENT PROGRESSION	TEACHING ENHANCEMENT
1	Equine/ Equipment: Safety, tack, Sidewalking	First Week; Safety First	Orientation manual, sidewalking workshop, guided observation (using observation sheet)
2	Equine: Gait, riding experience	Understanding the tool before applying it	Observation of various equines movements on and off the horse, use of a variety of tack
3	Normal Development	Understanding what “should” be happening—use of videotape analysis of various ages and specific motor skills	Utilization of video library, observation of infants, toddlers, and preschoolers who have been invited into the clinic
4	Atypical Development	Observing/ understanding what “is” happening—use video library and video of treatment sessions to categorize atypical movement; enhance observation skills	Utilization of video library

ABBREVIATED EXAMPLES OF LEARNING OBJECTIVES

EQUINE	PHYSICAL THERAPY	HIPPOTHERAPY
Identify appropriate tack for a hippotherapy treatment	Assess sitting balance and utilize appropriate balance paradigms on/off horse	Utilize different gaits (walk, trot) to reach therapeutic goals
Understand the movement of the equine at walk and trot	Assess/utilize various interventions to affect a child's tone (hypo/hypertonic)	Be able to adapt all handling techniques to the child on the horse
Understand the role of the horse leader to treatment	Perform gait analysis and gait training	Utilize different movement planes of the horse/positions of child to reach therapeutic goals



OCCUPATIONAL THERAPY

MANE STREAM — OLDWICK, NJ

It is important for fieldwork educators to remember that this is not a “hippotherapy” placement, but rather an occupational therapy placement. Occupational therapy students complete Level I and Level II fieldwork in a variety of practice settings. Students leaving the supervised setting must be able to provide quality therapy with entry level skills.

For occupational therapy students, a Level I placement provides a look at the therapy setting and an opportunity to gain basic competencies. All of the target skills (ROM, transfers, interview skills, and intervention design) can easily be addressed for a student placed at a facility where hippotherapy is part of the patient’s plan of care.

Level II students will be expected to treat a full caseload of clients with entry level skills. Therefore, the following criteria for acceptance are set to ensure safety: second or later Level II placement, horsemanship background with basic riding skills, completion of an interview and facility-required training prior to beginning fieldwork. Students gained treatment skills on their first Level II fieldwork placement, therefore the current focus is on refining their occupational therapy treatments, clinical reasoning, and evaluation skills. They must understand horses and their inherent safety concerns and risks, and be comfortable around horses prior to this placement. Finally, the student must be a good fit for the facility and therapy team; the interview and facility training allow the fieldwork educator and Mane Stream staff to evaluate the students’ professionalism and people skills before committing to an 8-12 week placement. Accepted students have a vigorous schedule that includes application of basic occupational therapy skills while incorporating new knowledge and using the horse as part of treatment. The expectation for all students is to understand that they provide occupational therapy, regardless of the strategy employed.

SPEECH LANGUAGE PATHOLOGY

MSB THERAPY, LLC — STARLIGHT FARMS, RINGWOOD, NJ

As with most medical professions, clinical practice and observation are essential elements of speech-language pathology instruction. In order to earn certification, ASHA requires prospective speech-language pathologists to clock at least 400 hours of supervised clinical practicum (25 clinical observation and 375 direct patient contact), with at least 325 as a graduate student.

Graduate students typically complete 3-4 practica,



and often opt for a wide range of experiences to broaden their educational base. A practicum that exposes a student to hippotherapy is an excellent experience, but should be done near the end of graduate studies as the student must have some mastery of speech and language evaluation and treatment prior to incorporating hippotherapy. A student struggling with new clinical skills can be challenged by the myriad variables present in a hippotherapy session. Rarely do other practica involve animals, changing weather, constant motion, or the presence of equine specialists. It helps significantly if students have some experience with horses, but at MSB Therapy this is not required.

For those students who can manage the challenges, a practicum utilizing hippotherapy is a valuable experience. It is a powerful way for students to understand the importance of incorporating the whole body into treatment for the most efficient and effective outcomes. Even if students never again incorporate horses into their treatment sessions, the lessons they learn about body mechanics, proprioception, and vestibular input will improve the treatment they provide throughout their careers.

MSB Therapy offers graduate students a 12-16 week practicum experience. During the initial two weeks the student must observe treatment sessions, complete chart reviews, interview families/patients and complete Starlight Farms’ sidewalker orientation and training. Demands on students increase progressively, with larger caseloads of treatment, evaluation, and caregiver/staff education. Daily meetings are held to review session plans and documentation. Emphasis is placed on maximizing the language rich environment and tailoring treatment sessions to each patient’s motivations, needs, desires, and augmentative technology. These skills will be essential no matter the student’s career path.

By the end of the practicum experience, students have an understanding of a variety of treatment disorders, techniques, strategies (strongly emphasizing hippotherapy), evaluation, planning, and individualized hierarchies of goals, clinical reasoning skills, and the flexibility to complete a speech and language session in any environment.

SUMMARY

Clinical educators devote a great deal of time and energy to developing new generations of clinicians. It is a team effort; clients and families take part in student projects, interviews, and learning initiatives. Therapy facilities offer opportunities for co-treatment, staff/student development, and in-services, as well as employment opportunities for students after licensure. Offering a clinical education experience is a significant commitment from all involved, but can be a win-win situation. When hippotherapy is introduced as a primary part of the treatment repertoire that commitment has even greater implications: it enables the educators to forge their student's identity as an OT, COTA, PT, PTA or SLP and provides a foundation for future learning experiences in hippotherapy. ◀

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Excerpts from Student Journal Special Strides – Monroe, NJ

Today was a really good day. It was challenging and exhausting, as most Saturdays are, but I walked away feeling very satisfied. I feel like I finally had a few treatments that went smoothly and they were really fun. I'm not sure if the fun made them smooth, or the smoothness made them fun, but either way it was a really nice way to spend the day and know that the kids got some really great therapy. I know I still have miles and miles to go in improving and I will certainly have a lot more days that I leave frustrated with myself, but today made me look forward to more days like this that will hopefully come. I also left thinking about how my day is so different than the work day of my non-PT friends. And they should be jealous. I spent the day helping to move some great kids towards goals, felt challenged and stimulated by conversation and tons of other elements around, and yet my day was dominated by laughter and smiles, not stress.

Today was a day that really puts a lot of things in perspective. During Ray's lesson, Susie and Laurie let me take Laurie's place while we walked around the indoor. From an outside perspective, this may not seem like a big deal but knowing how protective Susie and Laurie are of Ray's care, it was really special to be given an opportunity to work hands on with him. In my observation of Ray, it is clear that his impairments are incredibly significant but when my hands were on him, it blew my mind. Maybe the reason that being a therapist is a fit for me is because what I feel through my hands and body always makes the most significant impact on me. I felt like I was holding a glass bobble head doll that was worth millions and trillions of dollars and I can't remember the last time I was so focused in on my movements. The main line going through my head was, "Do not trip. Now is not the time to trip. Do not trip."

We sat down this week and last to talk about sensory integration and all of the ways that we use neuromuscular reeducation. I felt such a light bulb go on. It made so much sense. I know that I am not expected to have come into this affiliation with complete knowledge on some of these topics, but it is so deeply engrained in the treatment here that I felt like my lack of understanding was really holding me back. I certainly am not an expert after one or two discussions, but I think I can at least say "I get it."

Before I started my clinical all I could think of is... how do you treat a child on a horse? Now all I think is.... How will I treat a child without a horse and be as successful.

Today while getting a chance to assess one of the horse's movements I realized the key to hippotherapy... when you ride a horse, the rider affects the movement of the horse but in hippotherapy the horse affects the movement of the rider (client).