Building the Evidence for Hippotherapy



BY RENEE CASADY, MS, PT, HPCS

Just as the stones in this pillar are different sizes and shapes, various kinds of research studies investigating the effect of hippotherapy are necessary to support the use of the movement of the horse as a therapy treatment strategy.

esearch is a process of formal, systematic inquiry. All research should be designed to explore, describe, explain or predict. Researchers need to resist the temptation to prove hippotherapy works by completing a study that tops all other studies. Instead, the true purpose of a researcher should be to test, probe or infer by gathering data that may supply new information or knowledge or add to the already existing body of knowledge.

It is has been said that the systematic inquiry of research may be described as 1% inspiration and 99% perspiration. There is no magic in good research. Through solid reasoning,

planning, diligence and persistence the professional contribution of good clinical research is invaluable.

In the three professional realms of occupational therapy, physical therapy and speech therapy, we have been using a treatment strategy, ie. hippotherapy, that has demonstrated itself to be an effective tool if used at the right time and with the right persons. So what are those right times, right persons and even right approaches? Our individual clinical experiences have led us to become firmly convinced in the value of using the movement of the horse. What are those clinical experiences? Quite simply, we need to support what we

have done or are doing with evidence from the field to establish cause and effect. Wouldn't we all like to say with confidence to third party payers, parents, physicians and the like:

If X, then Y
If hippotherapy, then outcome
and
If no X, then no Y
If no hippotherapy, then no outcome

Future Research

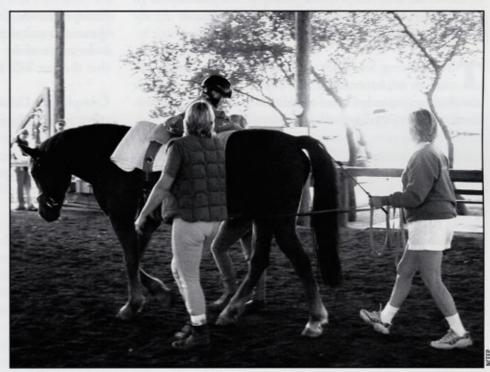
Future research articles to watch for: Research critique, Research Designs, Case Study Design, True Experimental vs. Quasi-Experimental Research, How Important is Internal and External Validity?, How to Select a Reliable Measure of Change, Sample Size and Population, Data Analysis, et.al.

Unfortunately it is not enough to merely demonstrate that when treatment is given then the expected outcome happens. Critics love to point out that there may have been reasons other than the treatment strategy we all call hippotherapy for why we observed an outcome or change in function. To establish causality, we must provide evidence for both of the propositions. Therefore, future research in hippotherapy is needed that shows when the treatment is presented then the outcome occurs and when the treatment is withdrawn then the outcome does not occur. Other research projects are needed to demonstrate what happens when an OT, PT or SLP does hippotherapy. How many treatment sessions created a worthwhile outcome? What type of horse was used? Was the outcome merely due to maturation or time going by, or was it truly due to hippotherapy?

It is in the mission of the AHA to promote active research in hippotherapy. With that in mind, we are continually trying to educate and encourage members to consider that research is within our grasp. But it is my bet that some of us just need to understand a few principles of research to launch a project of our own. Therefore, I am hereby asking readers who are considering trying a research study to let the AHA research committee know what might be holding you back. How can we help you get started? Hopefully, future articles in the Hippotherapy will shed some light on research methods and design.

Hippotherapy needs to be investigated by all of our respective disciplines. And different research designs with internal and external validity are needed to support why we believe the movement of the horse is an effective treatment strategy for our clients. The stones that build our pillar of evidence will not and do not need to look alike. Some of us may select adults as subjects in a study and others may select young children. Even if your study is a case study with one client, it is still valuable.

No matter what it appears to be to you, the true value of your contribution is probably way bigger than you can imagine. It will be all of our contributions together that make the solid pillar of evidence.



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"The stones that build our pillar of evidence will not and do not need to look alike." Renee Casady MS, PT, HPCS is member of the AHA Board of Directors and Chairs the Outreach Committee. Renee presented her master's thesis—a 30 week study in HPOT— at the 2002 NARHA Conference.