

But Does it Really Work?

By

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For those of us who practice hippotherapy (HPOT), we answer this question with a definite YES. Unfortunately, not everyone is in agreement with us. Several years ago when I first began HPOT, I continued to work part time in home health. A 35 year old man was referred for home health physical therapy. He recently had had a stroke which left him without left arm and leg function. He also was non-ambulatory and dependent with transfers. Family circumstances dictated that he had to move back in with his parents' home with no socialization. My supervisor at the home health agency and I thought that it would be much more appropriate for him to have HPOT rather than stay at home. His parents initially seemed excited at the prospect, but unfortunately his medical doctor did not. He had never heard of HPOT and convinced the parents that it was some type of Voodoo therapy. Research on the beneficial effects of HPOT was very limited at the time, especially with adults, and I lacked the necessary scientific documentation needed to adequately discuss the situation with the MD and the family. Research in refereed journals that supports the progress that we observe daily as we use HPOT to treat our clients continues to be limited.

Society demands credibility and accountability and we need objective evidence of what we see happening as a result of our intervention using HPOT. Today outcomes research is being used in various medical fields to justify policies regulating practice. We need direct evidence of the degree to which HPOT affects an impairment and to what degree it will improve the functional outcome of the client. Because I am a physical therapist who uses the tool of HPOT, this article will focus on the importance of research in HPOT. However, what is said here applies to anyone who uses the movement of the horse to enhance the physical or mental outcomes of the clients that employ their services.

Research is a process of gathering data to advance existing knowledge, to explain what is occurring and to make predictions of what may happen. By comparing the outcomes of various approaches in treatment, researchers are able to assist others in decision-making processes. The term "research" often conjures up visions of well-equipped laboratories and we may believe that we are unable to conduct any worthwhile data collection in our rural settings. However, there are various approaches to gathering important data that do not require special environments. Case studies are nothing more than the documentation of routine treatment and, increasingly, editors from refereed journals are requesting these studies. Via the case study, clinicians are able to promote high standards of patient care by discussing their relevant concerns and their approach to dealing with them. Their observations, descriptions and rationales are shared. Often, clear descriptions are given as to the treatment approach used and the result(s) observed. Clinicians discover what works and what does not work. Practical problems that need solving are addressed and areas that lack information may be emphasized. Case studies frequently provide the groundwork for experimental studies as the sharing of successful outcomes assists others with the formation of general research questions.

We have few articles in peer-reviewed literature about the most basic information on what occurs during HPOT. As therapists use the tool of HPOT, information is gathered on a daily basis. This information should be shared. It is not only the atypical client and novel treatment approach that needs to be shared, but also customary approaches to commonly seen problems are worth discussing. We lack a collective body of knowledge concerning how long it takes before HPOT has an effect and how long these effects last once HPOT is discontinued. We don't know if there is an optimum frequency and duration of treatment for the various types of clients we see. No profession can generate a scientific basis without a common body of evidence to present to the medical doctors to the insurance companies and to our clients to demonstrate in an objective manner that HPOT works. Then hopefully individuals, like my patient described above, will not be denied the chance of experiencing HPOT.

To learn more about how you can perform research at your facility and assist in justifying HPOT as a treatment tool, please consider attending the NARHA annual conference in November 2000 in Bloomington, Minnesota. At this meeting, representatives from NARHA, EFMHA and AHA are organizing a research booth and seminar to present information on suitable topics and how to conduct and design a project. Moreover, these three groups plan to initiate a global research project that will require multi-facility participation. More information on how you can assist with this study will be available. If you are unable to attend this meeting but would like more information please contact the research chairperson of the AHA, Lisa Harris at lharris@qx.net or (606)233-7018.