

EQUINE FACILITATED THERAPY

An introduction to the methodology



CZECH REPUBLIC - TURKEY - BULGARIA

Project 2018-2020 Innovations in Hippotherapy - Extending Lector Competencies

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PREFACE

The Project 2018-1-CZ01-KA204_048149 of strategic partnerships within the ERASMUS+ program, referred to as Key Action 2 (KA 2), was dedicated to adult education aiming to exchange experience, good practice and expand lecturers' competencies for EFT (equine facilitated therapy and activity) courses.

The Project aimed to create, test and implement innovative educational methods in EFT. It was about increasing the lecturers' competencies of EFT courses. All partners wanted to improve teaching approaches to future therapists and instructors for EFT by exchanging teaching experiences. The acquired expertise, theoretical knowledge, practical skills, and examples of good practice gained during meetings served as a foundation for creating project outputs - new methods, tools and approaches in adult education in EFT, especially in implementing the outcomes into their teaching process.

Erasmus+ is an EU program supporting education, training, youth and sport in Europe, offering support and opportunities through partner organisations participating in the program. In our case, it was a partnership of three organisations from three countries with entirely different cultural, social, and historical traditions, including traditions of horses' use, which cooperated in the implementation of the Project within 30 months.

The results are the **Introduction to the EFT methodology** and a **model of the [e-learning course](#)** representing a way to streamline educational work, address a more significant number of applicants, and create study materials for further education. It increases the flexibility of education and makes education more attractive through modern teaching techniques. Each organisation participated in designing, testing, and implementing innovative methods into practice.

The **Česká hiporehabilitační společnost** (**[The Czech Equine Facilitated Therapy Association – CEFTA](#)**) was the coordinator of the Project and the mentor for the partners. The CEFTA has been involved in the training of EFAT specialists since 1994. The advanced education system allows acquiring post-gradual specialisation in Equine Facilitated Physiotherapy and Occupational Therapy, Learning and Psychotherapy and Equine Specialisation. Furthermore, the association organises workshops and conferences at an international level. CEFTA lecturers and tutors have been invited to several foreign EFAT



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centres. In 2018, the association published two books in English – EFT and Therapy Equine Certification Program. See more about [educational activities](#).

The Turkish partner was [The Equestrian Application and Research Center \(AT-BIN\)](#) within Nevşehir Hacı Bektaş Veli University in Turkey. Employees of the University Department of Physical Education and Sport planned to include courses on Equine Facilitated Activities in their education curriculum. In 2018 -19, Equestrian Application and Research Center was built within the university; stables and facilities for 40 horses also serve as an EFT centre for those interested in the area. As part of Nevşehir Hacı Bektaş Veli University's performance, participants of the Project were interested in the possibilities of connecting research in the field of EFT. Turkish team presented the work of the university's bio laboratory and its connection to study in EFT.

The Bulgarian partner was **BETA ([Horse Therapy Association](#))**, a newly established Bulgarian equine-facilitated therapy association. In Bulgaria, equine-facilitated therapy is still developing; the organisation's interest was to obtain as much information as possible to create educational programs for future instructors and therapists.

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1. INTRODUCTION TO METHODOLOGY

1.1. Terms used

Equine Facilitated Therapy (EFT, formerly Hippotherapy) is physiotherapy and occupational therapy technique performed by a qualified physiotherapist/occupational therapist with the EFT course. A physiotherapist/occupational therapist utilises the equine back movement as a balance board to positively affect the sensor, neuromotor and cognitive functions to improve the client's quality of life. A therapy equine assigned to EFT has completed special training.

Equine Facilitated Activities and Therapies ("EFAT") is a holistic approach covering all therapies and activities where therapy equine and individual with special needs come into contact. A superordinate umbrella term including EFT, Equine Facilitated Learning ("EFL"), Equine Facilitated Psychotherapy ("EAP") and Para-equestrian riding.

Client – a patient, client, child or adult having a physician referral for EFT and written consent regarding EFT program. In the text is referred to as "he".

EFT provider – a legal entity or an individual providing EFT ("provider").

EFT team – a group of professionals working together in EFT; these people are jointly responsible for the correct resources being used and provide the best conditions and facilities for EFT program and quality. The team's key members are the therapist and the equine specialist. The other members are the equine leader and an assistant.

Therapist - a physical or occupational therapist with a special course in EFT. In the text is referred to as "she".

Equine specialist is a trained person of legal age who prepares horses for EFAT. Ideally also leads horses during treatment sessions.

Therapy equine – a specially selected and trained equine or pony used for EFAT.

Equine leader – a trained person of legal age who leads horses during treatment sessions. It can also be specialists.

Assistant – a trained person who helps the therapist achieve the objectives of EFT treatment sessions. It may be a person of legal age accompanying the client.

EFT treatment sessions ("session") – a period between 5 and 20 minutes during which the therapist utilises the equine movement and environment to achieve the treatment goals set for the client. The client can be passively positioned on horseback or actively maintain a position; he might grasp handles or rest against various positioning aids. Sessions are done 1 to 3 times a week over a minimum of 3 months or an intensive week. An equine leader leads the equine, and the client is always protected on one side by the therapist and, if required, by an assistant on the other.



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Therapy/EFT – the terms therapy and EFT are used in this document in context to indicate the total duration of EFT intervention.

1.2. The effects and principles of EFT

The therapeutic effect of EFT takes place on an equine's back. A client with a locomotion disorder predominantly finds himself at a low height in everyday life – on the ground, in a pushchair or a wheelchair. If placed on an equine's back, he rises to a higher position, at least 1.35 metres off the ground. Under these conditions, he is forced to respond to a change in perspective and find his bearings in the space offered.

The fact that the centre of gravity continually shifts with the equine's rhythm means that the client is forced to hold his posture (the axis of his body and the position of joints) and react to the offered motion pattern-based. This dynamic action brings excellent sensory afference, the processing of which leads to a subsequent increase in the reactivity of motoric and balance centres in the cerebral cortex and the subcortex and to the provocation of new and qualitatively better motoric patterns (a unique movement programme).

Muscle tension is modified based on the influence on cortical excitability, and the spasticity and pathological posture of body segments are thus affected. Moreover, a change of muscle tension and a change of therapeutic environment is often accompanied by a positive emotional experience, resulting in the fact that clients have a strong affinity to this therapy and frequently leads to a positive change in communication, anxiety levels and socialisation. EFT "takes" people with psychomotor disabilities (particularly children) and their parents (guardians) out of the closed environment (home care) and helps their adaptability (re-socialisation).

We employ the following on clients during EFT:

- stimulation of the global postural and locomotive pattern;
- influencing the deep stabilisation system and limb-girdle and axial stability;
- proprioceptive facilitation;
- tactile skin stimulation;
- activation of the vestibular system – labyrinth reflexes; ideomotor response through the activation of the limbic system;
- the influence of heat (38°C – the body temperature of the equine influences ligamentous elements and promotes blood circulation);
- interoceptive stimulation (digestive tract – peristalsis, respiratory function).

1.3. Contraindication

First of all, any contraindication to EFT is ruled out in relation to the client.

1.3.1. Absolute contraindication

- Life-threatening conditions.
- Acute inflammations, feverish illness.
- The application of vaccination (1-3 days).
- Decompensated allergy to animal allergens, dust and pollen.
- Decompensated epilepsy.
- Open bed-sores in the places in which the client comes into contact with the equine.
- A deterioration of the primary diagnosis during therapy.
- The client is under the influence of alcohol, drugs or other narcotic or psychotropic substances.
- The terminal stages of progressive illnesses.
- An insurmountable fear of horses.
- The client does not consent to treatment.

1.3.2. Relative contraindication

- Hydrocephalus – the VP shunt valve's location and the head's size from the perspective of using a protective riding helmet.
- Luxation and subluxation of the hip joints in the sitting position.
- Percutaneous endoscopic gastrostomy (PEG) in the backward prone position.

1.4. Physician referral

The client is admitted to the EFT program with a physician referral.

1.5. Initial assessment

The assessment of the client for assignment to EFT is conducted according to assessment sets and consists of the following:

- anamnesis;
- kinesiological analysis;
- an examination according to official records pointedly compiled for the needs of EFT;

- the determination of a short-term and long-term treatment plan.

1.6. The practical course of treatment sessions

Treatment sessions come in a specific order:

- The client arrives.
- Welcome, information about the present medical condition.
- The client is wearing a riding helmet and makes contact with the equine.
- Mounting or positioning the client on the equine.
- Therapy itself.
- The completion of therapy.
- The client is dismounting and saying goodbye to the equine.
- The client is taking off the riding helmet,
- The therapist evaluates the session together with the client, saying goodbye.
- The client departs.
- The therapist evaluates the sessions and writes into the documentation.

1.6.1. Regularly checking the client

Before beginning a session, the therapist finds out from the client or legal representative (LR) if there has been a change in the medical condition since the last treatment session. If temporary contraindication arises, sessions can only proceed once this has disappeared. If required, the therapist can conduct a re-evaluation and adjust the treatment plan based on this. The client or LR is duly informed of this.

1.6.2. Preparing the equine

The equine is prepared for sessions by the equine leader, who brings a harnessed equine according to the therapist's requirements and leads it to the mounting ramp at a safe distance for the client and the equine. The leader is responsible for the equine staying calm during mounting.

1.6.3. Mounting the equine

The equine is only mounted once a riding helmet has adequately been fitted (except exceptional contraindication cases for medical reasons or due to the equine position). The client mounts the equine under the therapist's guidance once the equine leader confirms that the equine is ready to be mounted.

1.6.4. Setting off

The therapist instructs the equine leader to move off when she is standing on the ground beside the equine (if the equine is led from the front, the therapist stands on the same side as the equine leader) and has safely secured the client. The therapist tells the client that the equine is going to move. The leader is responsible for the equine moving off smoothly and in a controlled way and keeps a distance from the ramp to ensure equine and client safety.

1.6.5. Therapy itself

After moving off, the therapist adjusts the equine's speed of step through the leader and chooses the appropriate surface, terrain, and direction for the relevant session. She uses the therapy positions based on the examination and according to the treatment plan. She also responds to the client's present condition and needs and determines the length of the session.

1.6.6. The completion of therapy

The therapist ends the treatment session and, following her instruction, the leader takes the equine to the ramp, at a distance safe for the client and equine. The therapist tells the client that the equine is going to stop. The leader and the equine slow down and come to a complete standstill. The leader is responsible for the equine standing calmly during dismounting.

1.6.7. Dismounting the equine

When the equine leader confirms that the equine is ready, the therapist can begin the process of dismounting. The client takes off the riding helmet after dismounting the equine and leaves the mounting ramp area.

1.7. The risks of EFT

Ensuring safety during EFT is of the utmost importance, and the therapist must always consider all risks to avoid any complications in risk management procedure. The following are among the principal dangers of EFT:

- underestimating how much the client or LR knows about the principles and conditions of undertaking the relevant treatment;
- incorrect functional diagnosis or overestimating the abilities of the client;
- the risk involved in moving the client when mounting or dismounting;
- the wrong choice of the equine;

- failure to respect or inability to recognise the movement and coordination fatigue of the client's organism, leading to the promotion of pathological movement patterns;
- the incorrect choice of position, speed or terrain during sessions;
- an injury caused by falling from the equine;
- the harm caused by being kicked/bitten by the equine;
- underestimating safety rules when working with horses;
- underestimating the importance of special training for horses by using an equine without special training.

2. EFT TECHNIQUES

A comprehensive initial assessment, which defines the short-term and long-term goals, is conducted to achieve the maximum effect of EFT. For this to be achieved, the therapist must be able to knowledgeably put together the factors outlined below in such a ratio that they accomplish the objectives. Otherwise, therapy might have a negative pathological influence, something which must be prevented. Multi-disciplinary knowledge of these factors places high demands on the therapist's expertise and is conditional on engaging in interdisciplinary communication and the need for lifelong learning.

The following are among the unique techniques of EFT:

- choosing an equine;
- using the equine;
- choosing therapy positions;
- correcting therapy positions.

2.1. Choosing an equine

Given that the therapeutic effect is based on the therapist's ability to use an equine's potential as a therapeutic tool, therapists need to broaden their expert knowledge to overlap into EFT. The therapist examines the client and puts together a treatment plan. She must also define requirements on the dynamic attribute of the therapeutic area made of the horseback. Together with the equine's specialists, they choose suitable horses and discuss and modify their training and education concerning the clientele.

2.2. Using the equine

Rhythmic and regular gait are the basis of generating as stereotypical an effect on the client as possible, intending to invoke and, above all, teaching, creating a reaction programme – within the scope of motoric instruction. A well-chosen and well-prepared equine carry the client on a relaxed back during treatment sessions, the motion impulses of its back acting on his body. The equine's back's motion impulses are generated by the properties of the equine's step, which changes depending on how the equine is handled and the environment in which the equine finds itself.

2.3. Choosing therapy positions

The therapist uses the equine's back as a balance board, which she can use to achieve the targeted therapeutic effect. The therapist chooses the client's positions on the equine based on her knowledge of other physiotherapeutic methods and approaches.

2.4. Correcting therapy positions

It is a skill of experienced therapist to adjust the client's position on the equine to achieve the therapeutic goals. The therapist may use verbal, manual or equipment to achieve it. It has to be done not to interrupt the equine movement's influence and encourage as much client's independence as possible.

3. QUALIFICATION AND TECHNICAL REQUIREMENTS

3.1. EFT team members

EFT team is a group of professionals and experts to provide the best quality and safety services. The team's essential part is an accountant, a centre manager/coordinator, a fundraiser, and a PR person.

3.1.1. The therapist

A therapist practising EFT is a physical or occupational therapist having passed a specialised course in EFT.

To practice EFT with toddlers and infants, she has a specialised course focusing on developmental kinesiology (e.g. the Vojta method, the Baby Bobath concept, Dynamic Neuromuscular Stabilising or EFT application for toddlers and infants). She has a minimum of 2 years of experience in paediatrics rehabilitation.

3.1.2. The physician

The physician refers the client to EFT and is aware of indications and contraindications.

3.1.3. The equine specialist

His task is to choose and train an equine for the needs of EFT. The specialist prepares and leads the equine according to the therapist's instructions, concentrating on its therapeutic effect and safety. According to the country law, he is governed by equine welfare and rules for equine protection.

An equine leader is a person of legal age who has knowledge and experience in handling horses. The specialists may also be the leader.

3.1.4. The assistant

No special education is prescribed. The person must be over 18 years of age and underwent special training in the EFT centre.

3.2. Technical requirements

Below are listed the conditions and equipment for the quality and safe EFT program:

- Specially selected and trained equine, safe and well-maintained harness and the equipment;
- riding helmet for the client, which corresponds to the standard for riding helmets;
- equipment to ensure the best position of the client during therapy – handles, pads, cushions, balls, rolls etc.;
- appropriate mounting ramp;
- the surroundings and terrain in which sessions are undertaken - sufficiently large space with the proper surface – for example, open or indoor riding hall (minimum of 20 x 40 m) or track in open terrain;

- technical and social amenities for the client and his companion.

3.3. Safety measures

The primary emphasis in EFT is placed on safety.

3.3.1. Implementation team

- An equine assigned to EFT is specially selected and trained.
- Members of the EFT team have the requested qualifications and have undergone due training in safety and fire prevention by the provider. The written record is kept about this.
- Before clients are engaged in EFT, all members of the team are practically and theoretically familiarised with the following:
 - the "house rules" for working in stables and with horses – ensuring safety in direct contact with horses, basic handling of horses when cleaning, manipulating, riding or providing therapy, checking the condition of equipment, checking the safety of the harness on the equine;
 - how the equine behaves, intending to avoid risk situations (recognising and evaluating the behaviour and reaction of the equine in unexpected problems which might arise in the future during sessions);
 - the primary ways of handling the client – mounting and dismounting, lifting and carrying, stabilising and securing on the equine, familiarising with aids, such as pads, cushions, balls, rings, towels, etc., and their use;
 - the plan for getting the client on/off the equine in the case the equine has a shock reaction or the client is suddenly indisposed;
 - the right way to react in unusual situations – e.g. the equine jumps, the client falls, the client is injured, fire etc.;
 - the location of the first-aid box and the principles of first aid (epileptic fits, asthma attacks, injuries from kicks or bites from the equine, falling from the equine etc.);
 - coordinated teamwork during therapy itself.

3.3.2. On the part of the client

The client or LR is familiarised with the risks and safety rules of EFT.



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3.4. Documentation

3.4.1. The client's personnel file

This file contains the application form comprising informed consent to EFT, the physician referral, initial assessment and discharge evaluation, short-term and long-term care plans, and each session's records. Records are taken regularly and reflect actual therapy and its modification based on the response of the client.

3.4.2. Documentation about work with an equine

The centre keeps written records of the equine's use, mainly the number of hours each equine works in EFT per day and week. The Rules provide the regulations for documentation.

3.4.3. Injury book

Each centre keeps an injury book according to the Standards of quality care in EFT.

4. THERAPY EQUINE CERTIFICATION PROGRAM

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Since 2011, the Czech Therapeutic Riding Association (CHS) has opened a licenced program for horses participating in Equine facilitated activities and Therapies (EFAT) called "**Therapy equine certification program**". This specialised testing system aims to verify equine characteristics and its acquired skills that meet a therapy equine's needs. The aim is to confirm the equine's suitability for working in the EFAT field. The therapy equine certification program puts particular emphasis on the examination of the equine's character - the degree of its willingness to cooperate with humans – e.g. during activities with a client, where the client



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is often dependent on the help of others, and or is not able to self-correct his actions and reactions, and or has difficulty or inability to estimate the equine's behaviour.

Because of different requirements on horses working in EFT (EFT), Equine Facilitated Learning (EFL) or Equine Facilitated Psychotherapy (EFP), the equine can get licensed for EFAT, but also EFT, EFL or EFP only. The testing system assesses the equine behaviour and its reactions in the stable and routine activities within EFAT programs.

The Therapy equine certification program is open for all horses regardless of the breed, including horses without a proven pedigree. There are three conditions to be fulfilled: minimum age of 5 years; meeting "Rules for the protection of horses at public display during EFAT activities organised by CHS"; gender - gelding or mare (in the Czech Republic, stallions are not allowed to participate in EFAT programs).

The testing occurs in a location designated by the applicant; thus, the equine passes the exam in its familiar environment.

The exam is divided into two parts. The first part consists of the equine identification and evaluation of its movement mechanics. The committee evaluates the equine's character and specific skills required for EFAT programs during the second part. Each activity is assessed on a rating scale from 0 to 10 points. Committee members provide average ratings for both parts of the exam. An equine that successfully passes the exam has to achieve a global minimum of 6.1 total points but cannot get less than 5 points during each assessed activity.