Hippotherapy Clinical Specialist®
Certification Examination

AHCB
American Hippotherapy Certification Board

HIPPOTHERAPY
HP CS
AHCB BOARD CERTIFIED
CLINICAL SPECIALIST

Candidate Handbook
2027

Application Deadline*	Testing Window
January 22, 2027	February 27– March 13, 2027

***Applications will not be accepted after this deadline**

Administered by:

PTC®
PROFESSIONAL TESTING CORPORATION

1350 Broadway, Suite 800 | New York, NY 10018
www.ptcny.com/contact

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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 and in their entirety.*** *This Handbook is subject to change.*

CONTACT INFORMATION

Who to Contact	Topics, Actions, Requests
AHCB **Hippotherapy Certification Board Home Page**	• Apply for Examination • Obtain general application information • Submit application and make payment • Candidate Handbook with Exam Content Outline/Reference list • Recertification information • Obtain information about testing policies • Request Test Accommodations
Professional Testing Corporation (PTC) PTC Home Page (212) 356-0660	• Obtain information about testing administration • Request Hand Score • Question about score reports • Miscellaneous inquiries
Prometric Prometric, AHCB page (800) 741-0934	• Schedule test appointment • Reschedule test appointment (within a testing period) • Cancel test appointment • Find directions to test site • Questions regarding testing sites and appointments

ATTENTION CANDIDATES

This Handbook contains necessary information about the AHCB Hippotherapy Clinical Specialist® Certification Examination. It is required reading for those applying for and taking the Examination. All individuals applying for the examination must comply with the policies, procedures, and deadlines in this Handbook and attest to this by signing the Candidate Attestation found on the application. Please retain this Handbook for future reference. This Handbook is subject to change. See Hippotherapy Clinical Specialist Exam Page for Handbook updates.

ACCESSING CELL PHONES AND ELECTRONIC DEVICES AT ANY TIME WHILE YOU ARE TAKING THE EXAM IS PROHIBITED. YOU CAN ONLY REMOVE SNACKS, DRINKS, MEDICINE OR PERSONAL HEALTHCARE ITEMS FROM YOUR LOCKER- NO BACKPACKS, BAGS, POCKETBOOKS OR CLOTHING CAN BE REMOVED WHILE YOUR EXAM IS IN SESSION.

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 as a therapy tool to engage sensory, neuromotor, and cognitive systems to achieve functional outcomes. Best practice dictates that occupational therapy, physical therapy and speech-language pathology professionals integrate hippotherapy into the patient's plan of care, along with other therapy tools and/or strategies.

The American Hippotherapy Certification Board (AHCB) is the certifying body of the American Hippotherapy Association, Inc. (AHA, Inc.). The AHCB is comprised of Hippotherapy Clinical Specialists® and represents the physical, occupational, and speech and language therapy professions. For more information, visit AHCB Certification Board Webpage.

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. **The Hippotherapy Clinical Specialist (HPCS) designation is highly regarded. It provides formal recognition of advanced knowledge and clinical reasoning in the incorporation of hippotherapy into patient treatment. Alternately, the AHCB Hippotherapy Certification recognizes essential, fundamental knowledge in hippotherapy for therapists and assistants (see AHCB Hippotherapy Certification Candidate Handbook).** 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 in the use of hippotherapy as a treatment tool. (However, AHCB does not warrant the performance of any individual.) Board certification in hippotherapy as HPCS is highly valued and provides formal recognition of a high level of knowledge in the clinical specialty.

PURPOSE OF CERTIFICATION

The purpose of certifying qualified therapists is to promote the delivery of safe, effective treatment incorporating hippotherapy. Specifically, certification:

1. Formally recognizes those individuals who meet the eligibility requirements of the American Hippotherapy Certification Board and pass the Hippotherapy Clinical Specialist® Certification Examination.

2. Encourages continued personal and professional growth in the use of hippotherapy within professional practice.

3. Measures and validates the level of knowledge required for clinical specialty certification in utilizing hippotherapy as a therapy tool.

4. Provides a high standard of knowledge requisite for clinical specialty in hippotherapy, thereby assisting the employer, the public, and members of the health professions in the identification of professionals who are Hippotherapy Clinical Specialists® utilizing hippotherapy as a therapy tool.

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. **Upload a copy of your current license to the application.**

2. Completed 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 as a therapist prior to the application deadline (refer to cover of this Handbook).

3. Completed a minimum of 100 hours of one-on-one direct treatment in clinical practice as a licensed therapist utilizing 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 and able to safely ride independently at the walk, trot and canter. See Attestation Statement for verification.

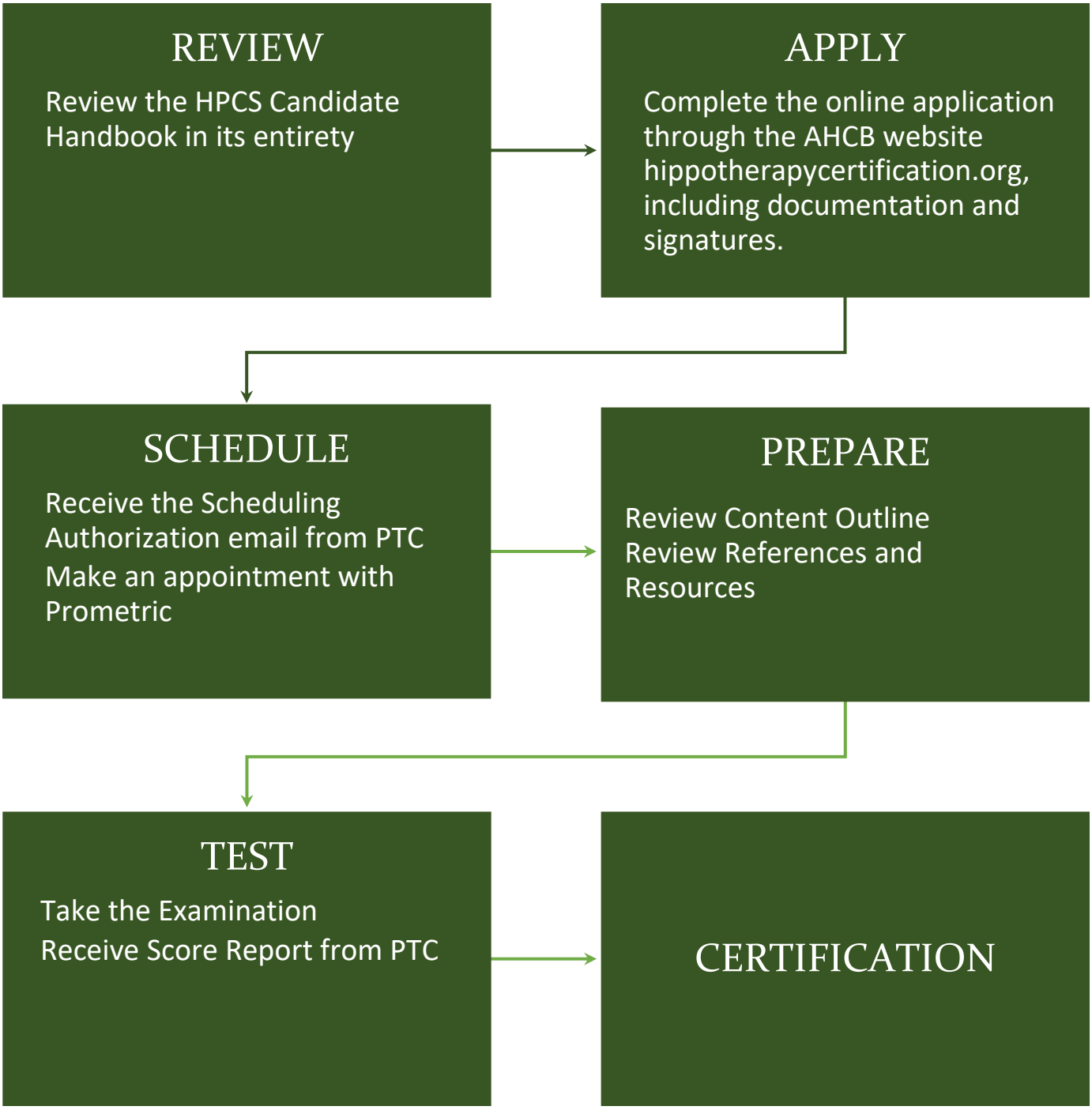
5. Agrees to abide by the AHCB Testing Agreement.

6. **Uploaded** a completed and signed **Hippotherapy Clinical Specialist® Certification Examination Attestation Statement** to the application.

7. Submitted a completed and signed Hippotherapy Clinical Specialist® Examination Application.

8. Payment of the required examination fee.

THE CERTIFICATION PROCESS



APPLICATION INSTRUCTIONS

Step 1 – Fill Out the Application

- Go to application link on AHCB's website: AHCB Hippotherapy Clinical Specialist Exam
- Select "AHCB Hippotherapy Clinical Specialist® Exam Application" link and complete the application using your name exactly as it appears on your current driver's license, passport, state issued non-driver ID or military ID. It is suggested to keep a copy of your completed application, including date.

Step 2 – Pay Exam Fee and Save Receipt

- Pay appropriate examination fee on the AHCB website (see above), **keep a copy of the receipt** for submission with other supporting documentation.

Step 3 – Submit Supporting Documents Within 24 Hours of Completing the Application (preferred document format: PDF or jpeg). If requesting accommodations, see section below for deadline.

- Submit the following in **ONE email** to: **applications@hippotherapycertification.org** and indicate your name and "HPCS Application" in the subject line:
  1. Completed Attestation Statement.
  2. Proof of online payment for appropriate exam.
  3. Proof of current license or credentials for professional practice (PT, OT, or SLP).
  4. Copy of current AHA, Inc. Individual membership card if paying the member price.
- Applications are considered complete when all information, documentation, and payment has been received. AHCB will send a confirmation email indicating receipt and/or status of all application components, please allow up to 10 business days for review.

Step 4 – Receive Application Status Update

After your application is reviewed, AHCB will send another email indicating your application status as one of the following:

- **Approved**: This means your application is approved. You will move on to Step 4.
- **Re-opened for more documents**: Required documentation is missing or incomplete, follow the directions in the email.
  - Applications that are incomplete as of 21 days before the first day of the testing window will be refunded minus the administration fee (see fees page).
- **Rejected**: This means you are not eligible to take the exam. The reason will be explained in the email. Rejected applications will be refunded minus the administration fee (see fees page).

***Note*: Any refunds will be processed approximately 30 days after the end of the testing period.**

Step 5 – Receive Scheduling Authorization and Schedule Testing Appointment

Approved candidates will receive an email from Professional Testing Corp. (PTC) with a PIN number and Scheduling Authorization, within 4-11 weeks prior to the start of the testing window.

- Scheduling Authorization emails come from notices@ptcny.com. **Do NOT lose this email**!
- The Scheduling Authorization includes important information including:
  a. Your PTC candidate ID number
  b. Instructions on how to make your exam appointment with Prometric.

***Note*: If you don't receive your Scheduling Authorization email 3 weeks before the start of your testing window, contact PTC.**

EXAMINATION ADMINISTRATION AND SCHEDULING

The AHCB Hippotherapy Clinical Specialist® Certification Examination is administered during an established two-week testing window daily, excluding holidays, at computer-based testing facilities managed by Prometric.

Scheduling Examination Appointments

Follow the steps on your Scheduling Authorization to schedule your examination appointment with Prometric.



- Appointment times are first-come, first-served, so schedule your appointment as soon as you receive your Scheduling Authorization.
- **Candidates who wait until the last minute run the risk of missing out on their preferred date, time, and/or testing center. Candidates unable to schedule an appointment will forfeit their fees.**

After you make your test appointment, Prometric will send you a confirmation email with the date, time, and location of your exam. Check this confirmation carefully and contact Prometric at (800) 741-0934 if you do not receive this email confirmation or if there is a mistake with your appointment.

Note: International candidates may also schedule, reschedule, or cancel an appointment online at Prometric, AHCB Page.

IMPORTANT!

You **MUST** present your current driver's license, passport, or U.S. military ID at the test center. Expired, temporary, or paper driver's licenses will **NOT** be accepted.

The first and last name on your Scheduling Authorization **MUST** exactly match the first and last name on your photo ID.

Fees will not be refunded for exams missed because of invalid ID.

Call PTC at 212-356-0660 if you need a duplicate Scheduling Authorization or if your name is not correct.

Rescheduling Examination Appointments within a Testing Period

Candidates are able to reschedule their examination appointments within the same testing period as long as the request is submitted within the timeframe described below. Reschedule within the permitted time frame by calling or going to the Prometric website: Prometric, AHCB Page.

Time Frame	Reschedule Permitted?	Stipulations
Requests submitted 30 days or more before the original appointment	Yes	None/No Fee
Requests submitted 29 to 5 days before the original appointment	Yes	Candidate must pay Prometric a rescheduling fee of $50.
Requests submitted less than 5 days before the original appointment	**No**	Candidates who do not arrive to test for their appointment will be considered a no-show and all their examination fees will be forfeited. Candidates will need to reapply and pay fees for a future testing period.

Transferring to a New Testing Period

Candidates unable to take the examination during their scheduled testing period should contact AHCB directly for further instructions.

Failing to Report for an Examination



If you fail to report for an examination, you will forfeit all fees paid to take the examination. A new completed application and examination fee are required to reapply for the examination.

EXAMINATION FEES

Application Fee – AHA Members **(Upload a copy of your AHA Membership card to your application)**	US $475.00	● Non-refundable ● Non-transferable ● Includes testing center fees ● Includes non-refundable $75 administrative fee
Application Fee – Non-AHA Members	US $590.00	
Rescheduling Fee (29-5 days prior to scheduled appointment)	US $50.00	● **Applies to candidates who need to move their appointment within their current testing period.** ● Payable directly to Prometric ● Reschedule with Prometric online or over the phone



- **There will be no refund of fees unless applicants are ineligible for the examination.**
- **Ineligible candidates will be refunded their fees minus an administrative fee.**
- **No refunds will be issued for applying for the incorrect examination or testing period, for failing to make an examination appointment, or for failing to appear at your scheduled appointment.**

Be advised: Prometric does not have the authority to grant transfers to another testing period or refunds.

TESTING ACCOMMODATIONS

AHCB and PTC support the intent of and comply with the Americans with Disabilities Act (ADA) and will take steps reasonably necessary to make certification accessible to persons with disabilities covered under the ADA. According to the ADA, an individual with a disability is a person who has a physical or mental impairment that substantially limits a major life activity (such as seeing, hearing, learning, reading, concentrating, walking) or a major bodily function (such as neurological, endocrine, or digestive system).

The information you provide and any documentation regarding your disability and test accommodations is confidential and is not included in scoring or reporting.

All approved testing accommodations must maintain the psychometric nature and security of the examination. Accommodations that fundamentally alter the nature or security of the exam will not be granted.

To request test accommodations, follow these 4 steps:

1. Download the Test Accommodations Request Form, available online from AHCB Hippotherapy Clinical Specialist Exam
2. Complete Test Accommodations Request Form with your doctor/healthcare professional.
3. Upload the completed and signed **Test Accommodations Request Form to be submitted with the other exam application supporting documents**. Form says to submit to PTC at bottom – do not!
4. **Submit completed Test Accommodations Request Form with other supporting documents and the HPCS exam online application per application instructions at least 8 weeks prior to the start of your chosen testing period**. **PLEASE NOTE DEADLINE!**

NOTES:

- Only those requests made and received on the official Test Accommodations Request Form will be reviewed.
- All requests must be made at the time of application, at least 8 weeks prior to the start of your chosen testing period. Accommodations cannot be added to an existing exam appointment.
- If you miss the 8-week deadline, you may not be able to test during your chosen testing period and you will be subject to rescheduling or transfer fees.
- Do not go to www.prometric.com or contact Prometric to request test accommodations as they are not authorized to approve accommodations. **All requests for test accommodations must be submitted to ACHB on the provided Test Accommodations Request Form as noted above.**
- If you need to use your cell phone or another electronic device to monitor a medical condition, such as diabetes, please be sure to include this on Part 1 of the Test Accommodations Request Form so that we can notify Prometric in advance.
- Only pre-approved test accommodations will be permitted on the day of the examination. Test center personnel are not authorized to make any changes to the test accommodations on the day of the testing session and any such change may result in your examination score being canceled.

PREPARING FOR THE EXAMINATION

- Check your driver's license, passport, non-driver state issued ID or U.S. Military ID.
    - Is it expired?
    - Does the first and last name on your ID match the first and last name on your Scheduling Authorization email?
    - Proctors at the Prometric testing center will refuse admission to candidates with expired ID, IDs with names that do not match their records, and temporary paper IDs. Candidates will be marked as no-shows and will forfeit their exam fees.
- Check your PTC Scheduling Authorization email and Prometric Appointment Confirmation email to make sure everything is accurate (i.e., your first and last name, exam name, appointment date, time and location).
- Make yourself familiar with the location of your test center and parking options and check the weather and traffic conditions before you leave for the test center. Allow plenty of time as late arrival may prevent you from testing.
- In the event of inclement weather, check the Prometric website for site closures: Prometric Test Center Closures.
- Prometric's website provides information on what you can expect on your test day, including a walkthrough of check in and security procedures: Prometric, What to Expect on Test Day
- This Handbook provides the Content Outline for the Examination (see appendix). Use this to help you start studying for the examination.
- Review What to Expect at the Test Center and Rules for the Examination on the next pages before your appointment.

WHAT TO EXPECT AT THE TESTING CENTER

- Candidate Check-In
  - Candidates will be asked to:
    - present their IDs.
    - empty and turn out their pockets.
    - walk through a metal detector or get "wanded".
  - Eyeglasses, jewelry, and other accessories will be inspected.
    - Jewelry other than wedding and engagement rings is prohibited.
    - Leave these at home or place them in your locker.
  - Religious headwear may be worn into the testing room; however, it is subject to inspection by test center staff.
  - Prometric provides lockers to store purses, backpacks, mobile phones, jackets, food, drinks and medical supplies.
  - Water in a clear plastic container (no labels) may be brought into the testing room.

- During the Exam
  - No breaks are scheduled during the exam.
  - Candidates are only permitted to leave the testing room to use the restroom or access food, drink, or medicine from their assigned locker. The exam timer will NOT be paused.
  - Smoking is prohibited at the testing center.
  - All examinations are monitored and may be recorded in both audio and video format.
  - **A zero-tolerance cell phone policy is in effect at Prometric testing centers**. Unless you have an approved accommodation to use a cell phone to monitor a medical condition, you must power off your cell phone and store it in your assigned locker before testing. You may not access your phone at any time during the examination or an unscheduled break. If you access your phone for any reason, your examination will be terminated immediately, will not be scored, and all examination fees will be forfeited. AHCB will also be notified of the incident and may take additional action.

- Keep in mind:
  - Other exams will be administered at the same time as your examination.
  - You may hear ambient noises such as typing, coughing, or people entering and exiting the testing room that cannot be avoided.
  - Prometric is unable to provide a completely noise-free environment.
  - Headphones may be requested to minimize the impact of ambient noise.
  - Proctors will periodically walk through the testing room as part of their monitoring process.
  - See Prometric, What to Expect on Test Day for more information about what to expect on testing day.

RULES FOR THE EXAMINATION

Read the information below carefully. You are responsible for adhering to the examination rules while at the testing center.



- DO NOT BRING
  These items are strictly prohibited at the testing center. Leave these items in your car or your assigned locker.
  - Cell phones and all other electronic devices
  - Watches
  - Jackets/coats/bulky clothing such as sweatshirts
  - Hats (except hats worn for religious reasons)
  - Jewelry, including watches and wearable technology.

⇨ You may NOT access the following at any time during your exam or breaks: papers, books, any reference materials; electronic devices including your cell phone. Candidates may access the following items from their locker: snacks, drinks, medicine, or other personal healthcare items.

⇨ No questions concerning content of the examination may be asked during the examination session. Carefully read the directions that are provided on screen at the beginning of the examination session.

⇨ You are prohibited from leaving the testing room while your examination is in session, except for going to the restroom. Candidates who do go to their lockers or the restroom will need to repeat the security screening before being permitted to reenter the testing room. **Candidates who leave the center will have their examinations terminated.**

⇨ See Prometric Statement on Test Center Security for more information.

Contact PTC at (212) 356-0660 or Prometric Contact Us with any questions about the Examination Rules.

Irregular or improper behavior that is observed, made apparent by statistical analysis, or uncovered by other means before, during or after the examination will be considered a violation of these rules and may constitute grounds for invalidation of a candidate's examination. AHCB will initiate an investigation and request suitable analyses and appropriate documentation.

TESTING CONDITIONS OR EXAMINATION FEEDBACK

Any candidate who feels that the examination effort was negatively impacted by the test center conditions should notify the proctor immediately. The situation should also be reported to PTC at Prometric Contact Us within 15 days of the test appointment. Any comments about the test itself should also be reported to PTC at Prometric Contact Us within 15 days of the test appointment.

REPORT OF RESULTS

At the end of the examination, candidates will receive information on how to receive their unofficial test score report. Candidates are not eligible to claim certified status until their official score is received. Candidates will be notified via email by PTC within four weeks after the close of the testing window whether they have officially passed or failed the examination. This is necessary to allow for the psychometric review and administrative time required to ensure accurate and reliable scores. Scores on the major areas of the examination and on the total examination will also be reported.

Setting the Passing Score

The passing score for the Hippotherapy Clinical Specialist® Certification Examination has been reviewed and approved by AHCB and has been determined using a criterion-referenced methodology.

Confidentiality of Examination Scores

AHCB will release the individual test scores ONLY to the individual candidate. Any questions concerning test results should be referred to AHCB or PTC.

Requesting a Hand Score

Candidates who fail the examination may request a hand scoring of their data file. Hand scoring is a manual check of the data file by the testing service to determine if there have been any errors in scoring. Although the probability of such an error is extremely remote, this service is available. Requests for hand scoring must be received by PTC no later than 90 days after the date of the examination by completing and returning the Request of Hand Score form on Professional Testing Corporation with payment of $25. Candidates who fail the examination will not be permitted to see the examination questions. For reasons of test security, no candidate is allowed to review the examination or any of its items.

To ensure correct reporting of results, PTC automatically performs hand scores of examinations of candidates who score within 3 points of passing as a quality control measure. Thus, it is extremely doubtful that any examination results will change from “fail” to “pass” through hand scoring.

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.

EXAMINATION SECURITY

Candidates seeking admission to take the examination do so for the purpose of pursuing certification, and for no other purpose. Because of the confidential nature of the examination, candidates may not make or keep copies, excerpts, or notes of examination materials, and to not use or divulge information learned from the examination. The examination is the exclusive property of AHCB and candidates may not use examination information in any way without the express prior written consent of AHCB.

The Hippotherapy Clinical Specialist® Certification Examination is confidential. Candidates are required to sign a confidentiality agreement prior to the start of the examination.

Candidates agree to abide by the testing rules in effect at the time of their test appointment. AHCB, PTC, and/or Prometric staff may refuse a candidate admission to the examination if they do not have the proper identification as detailed in the Candidate Handbook. Candidates who do not abide by the testing rules may have their exam terminated during the exam administration in order to maintain a secure and proper exam administration and/or exam scores invalidated.

ATTAINMENT OF CERTIFICATION

Candidates must answer 200 out of 250 questions correctly to pass the examination. 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, Inc. (AHA, Inc.).

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 AHCB Certification Renewal.

REVOCATION OF CERTIFICATION

Certification will be revoked by the AHCB 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.

CONTENT OF THE EXAMINATION

The AHCB Hippotherapy Clinical Specialist® Certification Examination is a computer-based examination composed of a maximum of 250 multiple-choice, objective questions with a total testing time of four (4) hours. The content for the examination is described in the Content Outline on the next page.

The questions for the examination are obtained from individuals with expertise in hippotherapy and are reviewed for construction, accuracy, and appropriateness by the AHCB.

AHCB, with the advice and assistance of the Professional Testing Corporation, prepares the examination.

The AHCB 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%

I. HISTORY/THEORY/EVIDENCE

A. Evolution of Hippotherapy as a Treatment Tool/Strategy

B. Theoretical Framework for Hippotherapy
- 1. Dynamic Systems/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 Horse used in Hippotherapy
  - 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
  - g. 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. Prognostic Indicators
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 Session using Hippotherapy
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 Tool/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
    6. AHA Code of Ethics

E. Quality Assurance
    1. Personnel Performance Evaluation
    2. Continuing Education
    3. Patient/Family Satisfaction
    4. Safety Record

SAMPLE EXAMINATION QUESTIONS

1. Which stirrup is MOST appropriate to use when promoting lower extremity weight bearing during equine movement for someone with increased tone in their plantar flexors?

    1. An S-curve English safety stirrup
    2. A Western quick release stirrup
    3. A covered Devonshire or endurance stirrup
    4. A Peacock English safety stirrup

SCENARIO FOR ITEMS 2 AND 3:

A client with cerebral palsy presents with increased tone in extremities and 20 degrees of abduction bilaterally. Client has postural control to briefly bench sit for 7 minutes with contact guard, demonstrating posterior pelvic tilt, thoracic rounding, and forward head posture with fair head control. Lack of saliva control is observed secondary to open mouth posture and forward head position. Active reach can be performed within base of support with visual cueing, but functional grasp and release are limited, bilaterally. It has been documented that postural control and alignment improve with equine movement.

2. Which equine would be MOST appropriate?

    1. A wide barrel to provide increased base of support and stretch hip adductors, large over-track for predominately lateral movement, moderate impulsion for A/P movement
    2. A narrow barrel to work on postural control and avoid overstretching hip adductors, steep angled shoulders to provide more vertical displacement, minimal impulsion and A/P movement
    3. A medium barrel width to provide a base of support without causing internal rotation of the hips, average ability to track up providing moderate rotational movement, moderate impulsion for A/P movement
    4. A narrow barrel width to work on postural control and avoid overstretching hip adductors, high degree of overtrack for predominantly lateral movement, well sloped shoulders to provide less vertical displacement.

3. Which of the following is the MOST appropriate method for addressing grasp and release skills?

    1. Weight bearing on upper extremities during portions of equine movement followed by reaching with trunk rotation and dropping a bean bag to a target while moving at a slow walk
    2. Weight bearing on upper extremities during portions of equine movement followed by reaching for a bean bag at midline and releasing to stationary target at a halt
    3. Passive range of motion at the halt followed by overhead reach and releasing a bean bag to a target on the ground at a halt
    4. Passive range of motion at the halt followed by reaching with trunk rotation and throwing a bean bag to a target while moving at a slow walk.

(continued)

SCENARIO FOR ITEMS 4 AND 5

A 5-year-old patient with generalized hypotonia, adequate head control, low arousal, and poor oral motor control has increased intelligibility of his speech after 5 minutes of equine movement.

4. The MOST appropriate way to initially address the patient's articulation goals when incorporating hippotherapy is to

    1. complete periodic articulation drills at the working walk.
    2. integrate brief articulation drills at the halt between periods of walking.
    3. do extensive articulation drills off the horse as a post hippotherapy activity.
    4. do brief articulation drills seated at a table, getting back on the horse, and repeating the process.

5. Additional goals are to increase oral motor tone, decrease drooling, and increase lip rounding. The horse tacked with a vaulting surcingle supplies medium impulsion and significant vertical displacement. The most optimal alternative position for addressing these goals would be to place the patient

    1. prone over the barrel.
    2. backward on the horse, propping on elbows.
    3. facing forward with both hands on the vaulting surcingle handles.
    4. supine on the horse with the head propped in a "tucked chin" position

ANSWER KEY	
Q	**A**
1	3
2	3
3	2
4	2
5	2

REFERENCES AND RESOURCES

The following list of references may be of some help in preparing for the examination. Please note there may be more recent editions available. This list does not attempt to include all acceptable references nor is it suggested that the Hippotherapy Clinical Specialist Examination is necessarily based on these references and resources.

American Hippotherapy Association, Inc. Web site: www.americanhippotherapyassociation.org
American Hippotherapy Association, Inc. Bibliography. www.americanhippotherapyassociation.org
American Hippotherapy Association, Inc. Statements of Best Practice for the Use of Hippotherapy by Occupational Therapy, Physical Therapy and Speech-Language Pathology Professionals
American Hippotherapy Association, Inc. Level/Part I & II. Course Manuals. Hippotherapy Treatment Principles. (current edition). American Hippotherapy Association Education Courses
American Hippotherapy Association, Inc. online course Equine Skills. Prerequisite for Hippotherapy Treatment Principles Part I.
American Hippotherapy Association, Inc. The Connection Series: Core, Sensory, Horse (Long Lining), Communication, Neuro, Vestibular, Treatment, and Business. Course Manuals (current edition). American Hippotherapy Association Education Courses
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A gait analysis manual, such as: ● Perry and Burnfield. (2010). Gait Analysis: Normal and Pathological Function. Slack, Inc. ● Richards, Levine and Whittle. (2012). Whittle's Gait Analysis. Elsevier ● Neumann, DA (2010) Kinesiology of the Musculoskeletal System: Foundations for Rehabilitation. Elsevier

AHCB
American Hippotherapy Certification Board

Hippotherapy Clinical Specialist® Examination Testing Agreement

APPLICATION ACCURACY: I certify that all information contained in my application for the AHCB Hippotherapy Clinical Specialist Examination 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 achieved the HPCS® Certification to media outlets as deemed appropriate and 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, through Prometric, 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 Candidate Handbook or at 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 Hippotherapy Clinical Specialist® Examination only for the purpose of seeking HPCS designation, and for no other purpose. Because of the confidential nature of this 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 violations, 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, and all applicable fees and documentation at each step of the application process will be required. I agree to resolve any disagreements I have regarding 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, the 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 from any action taken pursuant to the rules and standards of AHCB regarding this application, the AHCB examination and/or certification.

AHCB
American Hippotherapy Certification Board

Hippotherapy Clinical Specialist® Examination Testing Agreement – cont'd.

I hereby apply for the Hippotherapy Clinical Specialist® Examination as offered by AHCB. I understand that attainment of the HPCS® credential depends upon meeting all eligibility criteria as well as successful completion of the Hippotherapy Clinical Specialist® Examination. I understand that acknowledgement of my credential allows me to place the initials HPCS after my name as part of my professional signature. 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 evaluation of the certification program.

To the best of my knowledge, the information supplied in the Application for Hippotherapy Clinical Specialist® Examination is true, complete, 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 Hippotherapy Clinical Specialist® Examination Testing Agreement and agree to abide by these terms.

Hippotherapy Clinical Specialist® Examination
Attestation Statement

Candidate full name:	Candidate email:
Candidate address:	Candidate phone:

VERIFICATION OF HIPPOTHERAPY EXPERIENCE BY OPERATING CENTER DIRECTOR OR EQUIVALENT

I certify that the candidate named above has a minimum of 100 hours of direct patient treatment using hippotherapy.

Operating center director signature:	Date:
Print name:	Email:
Operating center name where candidate has incorporated hippotherapy:	Phone:

VERIFICATION OF HORSE EXPERIENCE BY RIDING INSTRUCTOR WITH CREDENTIALS ACCEPTABLE TO AHCB*

I certify that the candidate named above conducts the following activities safely and independently:

a. Groom and tack up a horse
b. Mount and dismount
c. ride safely with control at a walk, trot and canter
d. work with horses in a comfortable & confident manner

Credentialed instructor/judge signature:	Date:
Print name:	Email:
Instructor/judge credentials:	Phone:

*Examples of organizations whose credentials are acceptable include: USPC, USDF, PATH Int'l/CTRI, CHA, BHSAI, etc. If you have a question regarding acceptable credentials, please ask prior to submitting the application to avoid delays.