

HIPPOTHERAPY

More Than Just Horseplay

By ELIZA MCGRAW
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One spring Saturday morning in Great Falls, occupational therapist Colleen Zanin prepares for a day of treating clients. Instead of assembling floor mats and exercise balls, however, she is checking the halter of a tall gray horse named Traveler.

Three-year-old Zachary Hoffman is Zanin's first client of the day. He arrives crying because he had to leave his bagel behind, but once on horseback he's happy and responsive, looking directly at Zanin and reaching for Traveler's mane. During his session, Zanin has Zachary ride backward, hang rings on a post and give Traveler voice commands.

Zachary, who has low muscle tone, developmental delays and problems with sensory integration, is one of a growing number of participants in hippotherapy, which uses the natural movements of the horse as a tool for physical, occupational and sometimes speech therapy.

While people such as Zanin and Sharalyn Hoffman, Zachary's mother, have no doubt that these sessions help Zachary, hippotherapy is rarely covered by health insurance, partly because it does not lend itself to the kind of statistical evaluation that measures more conventional medical treatment.

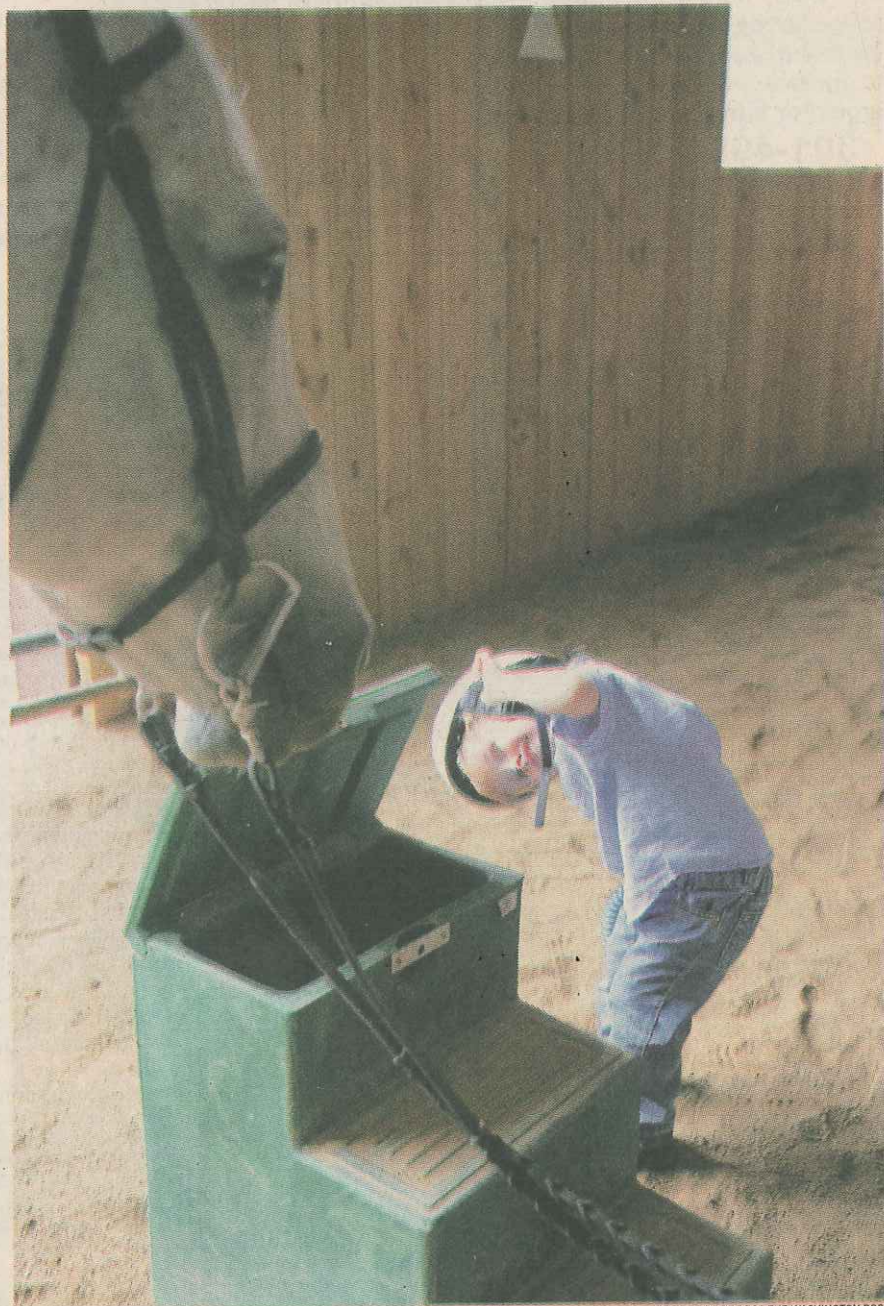
Nonetheless, it is sought out by people who believe that riding a horse can bring psychological as well as physical benefits.

Hoffman says that Zachary's condition led her to seek forms of therapy that might help him in areas where his development was delayed. Zachary has been coming to Lift Me Up!, Zanin's nonprofit riding center, for more than six months.

"We had a long list of goals," says his mother, "and they [the Lift Me Up! staff] integrate them all in."

Unlike therapeutic riding, which teaches people with special needs how to ride, hippotherapy (the name derives from the Greek word for "horse") focuses purely on the repetitive motion of the horse's walk, which mimics an average person's gait.

"The big difference is that it is a session,"



BY DAYNA SMITH FOR THE WASHINGTON POST

Zachary Hoffman, 3, peeks at one of the horses at a therapeutic riding center in Great Falls.

ALTERNATIVE MEDICINE

Therapists See Bareback Riding as a Tool

HIPPOThERAPY, From F1

says physical therapist Jill Wagner, who works with hippotherapy clients at Simple Changes, a nonprofit center in Lorton that offers both hippotherapy and therapeutic riding. "With therapeutic riding, the basic goal is to teach . . . a lifelong love of riding, where in physical therapy, it is always one-on-one, and we change the movement of the horse to get the movement we want."

Used in Europe since the 1960s, hippotherapy took off in the United States in the 1970s. The American Hippotherapy Association, which just celebrated its 20th anniversary, began with a group of North American physical and occupational therapists, including Zanin, traveling to Germany to learn from therapists there. Now, the AHA holds training sessions and certifies therapists.

Most therapists are supportive of hippotherapy, Zanin says, although they are aware that it is not cheap. Hippotherapy requires not only a horse, but also a lot of volunteer support, and stabling and a riding arena make for a much more complex setting than a traditional clinic, hospital or school.

Some therapists enter the field knowing little about horses. "[My motivation is] just a love for the kids," Wagner says. "I've had to learn a lot of horse stuff that some people go in knowing."

Even Zanin, a lifelong rider, offers an analytical assessment of the horse's role in hippotherapy. "The horse is a conduit for us to reach our goals," she says. "The horse is just custom-made to give rhythmical dynamic input to the flexors and extensors of the trunk, and even the obliques that give you rotation. It's just a beautiful tool."

Zanin chooses another horse, named Finn, for her next client, Daniel King, a 9-year-old boy with cerebral palsy. For most of his day, Daniel sits in a wheelchair and struggles to keep his head up. Zanin and his father lift him directly from his chair onto Finn's back. At Daniel's side, Zanin in-

structs him in exercises such as leaning back, with his head settling on Finn's rump, and turning from side to side. "Daniel? Head up! Where's Daddy?" calls his father, Steven King, from the arena gate.

"If you're sitting 15 hours a day, you get weak abdominals and weak backs," Zanin says. "With a horse, you have the broad base of straddling, and you can move through space independently."

"We've done quite a few different things with Daniel," his father says, "and this is one we've stuck with, because of his interactions with the horse."

Parents and therapists agree that these interactions are what makes hippotherapy work. Candidates for the therapy include people with cerebral palsy and those with traumatic brain injury and autism.

Therapists may work with adults as well. But William Benda, an emergency physician and advocate of hippotherapy in Big Sur, Calif., is more enthusiastic about hippotherapy's effects on children than on adults. "The future benefit is much greater for the 4-year-old than a 40-year-old," he says. "Injury to the brain is static, but the function worsens over time. Children's bodies have to grow around an asymmetrical disability, and they get worse. So we try to catch them as early as possible."

Benda also has a less quantifiable reason to involve the young. "I think children, before they become so numbed by culture, can sense another creature's energy and love and power, whereas adults are desensitized to that," he says.

To maximize the connection between horse and rider, hippotherapy horses are rarely saddled. Instead, therapists use bareback pads so riders stay attuned to the motion of the animal. For more physically challenged riders, additional gear might include a foam bolster to lean on, or a surcingle — a strap around the horse's chest — to grip for balance. One person generally leads the horse, and side walkers — one of whom is often the therapist — monitor each side.

Helen Tuel runs the nonprofit Therapeu-



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Zachary Hoffman receives hippotherapy at Lift Me Up! to deal with his developmental delays.



PHOTOS BY ELIZA MCGRAW

At left, occupational therapist Colleen Zanin holds the hand of Daniel King as volunteer Mark Leland steadies the horse. At right, Zanin and physical therapist Katie Labuda assist Zachary.

tic and Recreational Riding Center (TRRC) in Glenwood, which caters to riders with special needs. TRRC is outfitted to support hippotherapy clients, with gentle horses, therapists on staff and a hydraulic lift, designed and built by an Eagle Scout, to help wheelchair users onto their horses.

Trails winding through the center's woods feature an alphabet's worth of signs telling riders what they might see in the woods, such as D for deer, or O for owl. "If you're in a wheelchair, the horse may be your only way into the woods," Tuel says.

Funding presents an ongoing problem for

those seeking and giving hippotherapy. Zanin says she relies upon volunteers and donors. She charges clients \$40 per session, which she says is about a quarter of the cost.

Hippotherapy's adherents hope that its benefits will become more obvious and are constantly seeking funds for more research. In a study published in the *Journal of Alternative and Complementary Medicine* in 2003, Benda focused on children with cerebral palsy, measuring their muscular spasticity. A control group of seven children "rode" a 55-gallon drum with a fleece pad on it, while eight others rode horses. Those in the horse group had a reduction in spasticity after only 10 minutes of riding. Those astride the barrel showed no significant change. He's in the process of repeating the study with a larger group.

The psychological aspect of hippotherapy — the simple joy of horseback riding — appears to help clients as well. "We tend to think of physical results," Benda says, "but what we don't understand is kids with disabilities spend their lives in a wheelchair or in bed, and there is a huge psychological benefit there. To be honest, not that many kids ride horses, and it does an amazing thing for their sense of self-worth, what they perceive to be risk behavior. It is a sport, and they can't play sports. In essence, they are leapfrogging beyond what a normal child can do, and that is what they need."

Twelve-year-old Daniel Gesalman has spastic quadriplegic cerebral palsy. He goes from wheelchair to Finn. "He is learning the balance to sit independently, which until recently seemed pretty unlikely," says his mother, Claire Gesalman. "Riding gives more dynamic input, and he's made excellent progress."

Gesalman sees another, potentially more important result. "He realizes it's something he can do that is something sort of normal."

Eliza McGraw, a frequent contributor to *The Post*, is a horse owner. Comments: health@washpost.com.