

UNIVERSITY *of*
INDIANAPOLIS®

School of Occupational Therapy

Hippotherapy Specific Outcome Resources to Improve Reimbursement Rates

Kyli Luna

May, 2023



A capstone project submitted in partial fulfillment for the requirements of the Doctor of Occupational Therapy degree from the University of Indianapolis, School of Occupational Therapy.

Under the direction of the faculty capstone advisor:

Kaylin Shiver, MS, OTR, BCP, CAS

Abstract

Children's TherAplay is the largest pediatric rehabilitative medical facility exclusively providing hippotherapy in the country. The needs assessment identified a need for hippotherapy resources to increase insurance reimbursement rates. The Hippotherapy Assessment and Evaluation Tool (HEAT) was trialed, implemented, and taught to therapists at the facility as well as creating a packet of information about why hippotherapy matters. Five patients were chosen using purposeful sampling to include a variety of diagnosis and ages. These patients were tested at the beginning and end of an eight-week period using the HEAT. There were significant improvements in the total HEAT scores with all patients. An educational presentation was provided to therapists to introduce the HEAT, provide details on efficiency, and receive feedback/concerns. Completing this assessment helped identify new deficits to target with patients and identify potential need for other services. Staff members were excited to utilize the HEAT as well the informative packet.

Introduction

In 2001, Children's TherAplay Foundation, a non-for-profit organization, became the first and only therapy center in Indiana to provide hippotherapy (HPOT). Occupational therapists (OTs), physical therapists (PTs), and speech-language pathologists (SLPs) utilize equine movements as a treatment to provide motor and sensory input for children of varying diagnosis helping patients reach their functional goals. It has now grown to be the largest pediatric rehabilitative medical facility exclusively providing hippotherapy in the country.

The chosen project at Children's TherAplay will focus on incorporating and developing effective assessment strategies for a non-standardized outcome measure in the clinic called the Hippotherapy Evaluation and Assessment Tool (HEAT), which has never been utilized by the clinic. Insurance companies all over the nation are vulnerable to reimbursing hippotherapy services due to the lack of scientific research and data showing the impact hippotherapy has on children amongst a variety of disabilities (Stolz et. al., 2022). Utilizing a hippotherapy specific outcome measure to measure progress using hippotherapy as a treatment tool will plan to help insurance companies see a direct measurement of progress utilizing hippotherapy for treatment (Stolz et. al., 2022). Therapists will be provided with educational materials on how to utilize the HEAT as well as raw data on patients who were assessed using this tool. Alongside of this research, a visual informative will be created that will be used to advocate and educate third party payers as well as caregivers on the various components of hippotherapy.

This project will be guided by theories and models that best suit the needs of the targeted populations as well as supporting the need for insurance reimbursement for hippotherapy services. Data will be analyzed through raw data reporting outcomes and discussing the importance of outcomes leading to future implications for utilizing HPOT in practice.

Background

Hippotherapy is a treatment tool that has been established since the 1960's and is utilized by occupational therapy, physical therapy, and speech therapy (Leidig, 2018; Koca & Ataseven, 2015). The natural movement of the horse provides varied motor and sensory input that can be translated in the use of everyday activities. There are centers all over the world that are using hippotherapy as a treatment tool with research showing improvements with children of varying diagnosis including Autism Spectrum Disorder, Cerebral Palsy, etc. (Peters et. al., 2022; Champagne et. al., 2017).

Children's TherAplay Foundation's mission "is to provide children with disabilities a foundation for developing life skills through innovative therapies, including physical, occupational, and speech therapies using a horse as a treatment tool, in a safe and caring environment" (Children's TherAplay Foundation, Inc., 2022). They believe that "bringing together different experiences, beliefs, and cultures allows us to collectively and more effectively serve our constituents, our community, and our world" (Children's TherAplay Foundation, Inc., 2022). Their core values include support, inclusiveness, excellence, community, education, and empowerment.

Children's TherAplay serves children of all disabilities and conditions including ASD, Down's Syndrome, Cerebral Palsy, ADD, SCI, TBI, and many more. Children usually participate in a 20-minute horse riding session and then continue the rest of the treatment in the clinic. This facility follows best practice statements presented by the American Hippotherapy Association including; children must be in the age range of 18 months to 12.5 years and must weigh no more than 80-100 lbs. due to ensuring safety for the patients, therapists, and horses; must be willing to wear safety protection when on the horse and be able to maintain adequate

head control; and there are only to be three horses at a time on the floor and each horse must be assisted with a therapist, a side walker, and most importantly a horse handler (AHA, 2021). All children and family have access to hippotherapy services if they meet the criteria and have a referral from a physician. They accept all insurance providers including third party payors. Hippotherapy is currently covered under Medicaid but there are some third-party providers that will not cover hippotherapy services. or require patients and therapists to jump through many hoops as reported by the billing coordinator and lead therapists at Children's TherAplay.

One of the biggest challenges that needs to be addressed in the hippotherapy world are insurance barriers (Pham & Bitonte, 2016). Insurance companies all over the nation are vulnerable to reimbursing hippotherapy services due to the lack of scientific research and data showing the impact hippotherapy has on children amongst a variety of disabilities (Stolz et. al., 2022). The therapists at Children's Theraplay are asking for resources to send to insurance as a means of advocating for their patients and increasing insurance reimbursement rates. Reimbursement rates can also likely increase with the use of direct related outcome measures measuring progress using a specific intervention (Stolz et. al., 2022), which is where the implementation of the HEAT at the clinic will come into play.

After reviewing the literature, it was found that this is very common for hippotherapy services not being covered under insurance even though there is literature showing how beneficial hippotherapy is to children and even adults with disabilities (Ballard et. al., 2020). Hippotherapy has been shown to increase improvements in communication, interpersonal relationships, and mobility (Potvin-Bélanger et. al., 2022). At Children's Theraplay Foundation, children of many diagnoses are treated, some including complex medical conditions. In an article addressing children with high medical complexities, caregivers reported that it is difficult to get

the coverage they need without putting up a fight due to the patients requiring a lot of maintenance work whereas insurance wants to see continuous intensive progress (Foster et. al., 2021). This is especially noted with private paying insurers as this is an issue in many aspects of healthcare, noted with children receiving less referrals for specialty care if they have private insurance compared to public insurance (Skinner & Mayer, 2007). Private insurances bring about the most barriers at Children's Theraplay requiring frequent prior authorizations and increased appeals for services impacting delayed services or decreasing reimbursement rates as reported by the billing coordinator and lead therapist. The therapists at the clinic are open and excited about incorporating a new tool demonstrating direct progress utilizing hippotherapy.

There is currently no research showing other clinics incorporating the HEAT at their clinic or the impact it has had, however there are quality thesis studies that confirm statistical reliability and validity (Abrams et al., 2019; Barnette et. al., 2018) as well as showing statistically significant relationships with the Pediatric Evaluation of Disability Inventory (PEDI) and the Gross Motor Function Measure (GMFM) (Austin et. al., 2013; Snyder et al., 2012). The HEAT looks at a variety of domains including static posture, dynamic motor behavior, sensory processing, and psychosocial/behavior. Various studies demonstrate improvements in similar characteristics noted within the HEAT including increased social skills, mobility, gross motor function, and increasing motivation (Potvin-Belanger et. al., 2021; Grockiené et. al., 2018).

The goal at Children's Theraplay is to provide a new assessment tool and a new resource for therapists to have in their toolbox so that they will have numerical data showing progress of patients utilizing equine movements. This work is different from a more systemic approach because it allows for a short-term solution while a bigger plan for policy change is in the works.

Theories

The Person-Environment-Occupation (PEO) occupation-based model and the Lifespan/Development frame of reference (FOR) has been chosen as a best fit to guide this project. These two theories fit together as the PEO model looks at how the person, occupation, and environment come together to create an optimal fit for occupational performance for the client over the lifespan and throughout the lifespan we need to be able to understand the mastery of skill is corresponding with the age of the person (Cole & Tufano, 2008).

Hippotherapy is appreciated by parents (persons) in that it encompasses “physical and psychosocial benefits that impact the social environment and occupations” and have noticed changes in their children (persons) after various hippotherapy sessions as seen in various research studies including neuromotor function, life habits, mobility, social skills, and interpersonal relationships (occupations) (Potvin-Belanger, et. al., 2021; Moriello, et. al., 2020; Anderson, et. al., 2019). The environment is practicing occupations on the horse or in the barn and being able to translate them over to the clinic, the home, and the community. Children with ASD showed increased participation with activities of daily living (ADLs) after participating in a variety of equine-assisted activities including grooming, feeding, and communicating with the horses demonstrating mastery skills across context (Borgi, et. Al., 2016). As children develop, they begin to reach new skills of mastery and it’s important to know how to utilize hippotherapy throughout those different stages of development for each child.

It is important to see how patients and their families benefit from hippotherapy and how it helps them progress throughout their developmental stages. Bringing together data and use of the PEO and Lifespan/Developmental FOR will help guide research in order to increase rates for reimbursement through third party payers.

Project Design and Implementation

While exploring the literature, looking for ways to help improve insurance reimbursement rates, a research article on the HEAT came up in the search. Showing direct quantitative objective measurements directly related to hippotherapy services has been reported to portray progress to third party payers increasing chances for reimbursement (Stolz et. al., 2022). This was the only hippotherapy specific outcome that appeared in a deep dive literature search.

As stated above, the HEAT has also been confirmed to show statistical reliability and validity. It is a free convenient assessment tool based on observations and can be used to measure progress over short periods of time. A few articles completed hippotherapy interventions over an eight-week or eight session time spans with success which is why progress was measured with the HEAT over an eight-week period equaling eight total sessions (Glen S. Cotton, 2021; Gabrielle Moriello, 2020).

Five patients were chosen using purposive sampling in order to assess and treat a variety of ages and diagnosis; refer to Table 1. *Descriptive Patient Data*. Interventions were tailored to each individual based on their first assessment with the HEAT. Different diagnosis and medical complexities were tested in order to be able to use the info as a demonstration for all therapists to be able to learn about the HEAT and how it can be utilized across a variety of patients. Using a generalizable collection of data, the HEAT will be presented to the therapists at the clinic using personal experience to help further educate them on the tool.

During free time throughout the 8-week testing period, an informative packet was created for HPOT incorporating ways of measuring it utilizing the HEAT. This packet was developed to meet the eye of third-party payers, so it was filled with research, guidelines, supporters, and

ways of measuring HPOT. This packet was then shared with leaders and coordinators at Children's TherAplay. Please refer to Appendix A: DCE Weekly Planning Guide to see a week-by-week schedule on my project design and implementation.

There were many varying challenges and successes to implementing this new assessment tool. Before implementing this tool, communication was made with barn staff to inform them on the plan utilizing the HEAT and making sure it was safe for the horses. One big challenge with administering this assessment was having to adapt on spot based on the behaviors of the horse. It was also crucial that the assessment was looked over and you had a very well understanding of the tool as it is difficult to manipulate paper items while your patient is riding the horse. However, patients interacted well with the assessment and administration of the tool was able to be easily adapted to maximize performance.

Project Outcomes

The HEAT was found to be a free, convenient assessment tool that was confirmed to be reliable and valid. Across an eight-week span, significant changes were noted in the static posture domain, dynamic motor behavior domain, and the total score overall. However, there was not significant changes noted in the sensory processing domain and psychosocial/behavioral domain as scores either decreased or remained stagnant; refer to Table 2. *Pair Samples Test for HEAT Outcomes*; Figure 1. *HEAT Domain Outcomes Pre vs Post Hippotherapy Interventions*. These outcomes were shared with therapist via PowerPoint along with how to be effective with administration utilizing the horses at their facility. Therapists reported concerns for utilizing this assessment including it not being standardized, being able to know if PTs and OTs are scoring domains correctly, discriminating between vision deficits and attention regulation, and appropriateness depending on cognitive functioning for certain patients. Overall, we were able to

see increased total scores for all our patients across an eight-week period. It also demonstrated the thought process for our patients who scored higher and close to reaching max scores if they are still appropriate for HPOT services. With this assessment new deficits were able to be on the horse that were not usually easily looked over. It also identified a need for possible referrals for other services including speech or physical therapy.

The informative packet on HPOT was shared with the billing coordinator as she would be a main user of the packet to use for caregivers and third-party payers; refer to:

https://www.canva.com/design/DAFbIxo4DPc/ZRA_UMMnxXbiPEIzt4QuAg/view?utm_content=DAFbIxo4DPc&utm_campaign=designshare&utm_medium=link&utm_source=publishsharelink

As she read through it, she verbally stated “I was able to learn more about what and how hippotherapy was used and how it was measured, this will be really helpful for me.” The lead therapist also loved the packet and believed it would be a great visual overall for Children’s TherAplay Foundation.

Summary

Children's TherAplay has been battling the need for hippotherapy specific resources in order to inform third party payers and community members who are not familiar with hippotherapy treatment and process. These resources plan to decrease insurance challenges for reimbursing services. A way of tackling this challenge was trialing, implementing, and teaching HEAT that is not being utilized within the facility as well as creating a hippotherapy specific informative that can be used to inform community members and third-party payers.

It was found that the HEAT did well at measuring outcomes, and we were able to see noticeable improvements over an eight-week period. Although not significant in all domains of

the HEAT, hippotherapy has been shown to show improvements in motor function across a variety of diagnosis and ages. While completing these assessments we were able to identify challenges from certain horse personalities to finding motivating techniques to complete bilateral integration techniques. These challenges and methods of assessing to increase efficiency and patient outcomes were shared with the therapists in the clinic. Majority of therapists were excited to start integrating this assessment within their practice and increased understanding was demonstrated by people who were not as familiar with the hippotherapy process.

Conclusion

During the time spent at Children's Theraplay, new skills were obtained by being able to analyze, put together educational resources, and teach professionals the importance of hippotherapy and why it is important to use a hippotherapy specific assessment tool. Hippotherapy was shown to be an effective intervention treatment in order to reach functional goals as demonstrated through improved HEAT scores. Children's TherAplay will benefit from this project as it will continue to challenge their clinical skills with a new assessment as well as provide additional objective data to third party payers directly related to the hippotherapy treatment they provide. They will also benefit from long term use of an updated wide-spanned informative addressing the varying aspects of hippotherapy, its benefits, how it is used, how its measured, and who supports it.

Future implications consist of advocating and encouraging use of the HEAT with new therapists starting at Children's Theraplay Foundation as well as beginning to advocate to other facilities on the importance of utilizing this tool within their practice. The therapy professions utilizing hippotherapy should continue to thrive at finding new methods of advocating and expanding the knowledge and resources of hippotherapy in order to continue increasing

insurance reimbursement rates. Using these tools can help therapists pinpoint specific interventions utilizing equine movements in order to create more challenge for higher functioning patients.

References

- Abrams, B., Black, K., Buttler, C., & Long, T. (2019). *Interrater Reliability of the Hippotherapy Evaluation and Assessment Tool (HEAT) Between Students and Clinicians* [Masters Thesis, Brenau University]. Accessed at [://heatassessment.com/research/](https://heatassessment.com/research/)
- American Hippotherapy Association. (2021). American Hippotherapy Association, Inc. Statements of Best Practice for the Use of Hippotherapy by Occupational Therapy, Physical Therapy, and Speech-Language Pathology. *American Hippotherapy Association, Inc.* Accessed at americanhippotherapyassociation.org
- Anderson, S. K., Loy, D. P., Janke, M. C., & Watts, C. E. (2019). The Effect of Therapeutic Horseback Riding on Balance. *Therapeutic Recreation Journal*, 53(4), 307-321. <https://doi.org/10.18666/TRJ-2019-V53-14-9773>
- Austin, A., Bridges, K., Pledger, D., & Truitt, L. (2013) *Establishing Concurrent Validity of the Hippotherapy Evaluation and Assessment Tool* [Masters Thesis, Brenau University]. Accessed at <https://heatassessment.com/research/>
- Ballard, I., Vincent, A., & Collins, C. (2020). Equine Facilitated Psychotherapy with Young People: Why Insurance Coverage Matters. *Child and Adolescent Social Work Journal*, 37, 657-663. <https://doi.org/10.1007/s10560-020-00712-1>
- Barnette, S., Cager, K., Kern, K., & Payne, L. (2018). *Inter-rater Reliability of the Hippotherapy Evaluation and Assessment Tool (HEAT)* [Masters Thesis, Brenau University]. Accessed at <https://heatassessment.com/research/>

- Borgi, M., Loliva, D., Cerino, S., Chiarotti, F., Venerosi, A., Bramini, M., Nonnis, E., Marcelli, M., Vinti, C., De Santis, C., Bisacco, F., Fagerlie, M., Frascarelli, M., & Cirulli, F. (2016). Effectiveness of a Standardized Equine-Assisted Therapy Program for Children with Autism Spectrum Disorder. *Journal of Autism & Developmental Disorders*, 46, 1-9. DOI: 10.1007/s10803-015-2530-6
- Champagne, D., Corriveau, H., & Dugas, C. (2017). Effect of Hippotherapy on Motor Proficiency and Function in Children with Cerebral Palsy Who Walk. *Physical & Occupational Therapy*, 37(1), 51-63. DOI: 10.3109/01942638.2015.1129386
- Children's TherAplay Foundation. (2022). Children's TherAplay Foundation, Inc. About Us (childrenstheraplay.org)
- Cole, M & Tufano, R. (2008). Applied Theories in Occupational Therapy: A Practical Approach. *SLACK Incorporated*, p. 127 & 209.
- Glen, C. S. (2021). Effect of Hippotherapy on Sensory Integration Among Children with Autism Spectrum Disorder: A Pilot Study. *American Journal of occupational Therapy* 75(2) DOI: 10.5014/ajot.2021.75S2-RP368
- Grockienė, A., Dovidatienė, G., Kerizienė, S., & Stankevičius, R. (2018). Influence on Functional Mobility and Motivation of Hippotherapy for People with Special Needs. *Veterinarija ir Zootechnika*, 76(98), 29-32. ISSN 1392-2130
- Foster, C., Fuentes, M., Wadlington, L., Jacob-File, E., Desai, A., Simon, T., & Mangione-Smith, R. (2021). Caregiver and provider experiences of physical, occupational, and speech therapy for children with medical complexity. *Journal of Pediatric Rehabilitation Medicine: An Interdisciplinary Approach Throughout the Lifespan* 14:505–516. DOI:10.3233/PRM-190647

Koca, T. T. & Ataseven, H. (2015). What is hippotherapy? The indications and effectiveness of hippotherapy. *Northern Clinics of Istanbul*, 2(3) 247-252.

DOI:10.14744/nci.2016.71601

Leidig, M. (2018). An Examination of Hippotherapy as a Tool to Deliver Physical, Occupational, and Speech Therapy. *WWU Honors Program Senior Projects*. 101.

https://cedar.wvu.edu/wwu_honors/101

Moriello, G., Terpstra, M. E., & Earl, J. (2020). Outcomes Following Physical Therapy

Incorporating on Neuromotor Function and Bladder Control in Children With Down

Syndrome: A Case Series. *Physical & Occupational Therapy in Pediatrics*, 40(3), 247-

260. <https://doi.org/10.1080/01942638.2019.1615601>

Peters, C., Wood, W., Hepburn, S., & Moody E. (2022). Preliminary Effect of Occupational

Therapy in an Equine Environment for Youth with Autism Spectrum Disorder. *Journal of*

Autism and Developmental Disorders 52:4114-4128 [https://doi.org/10.1007/s10803-021-](https://doi.org/10.1007/s10803-021-05278-0)

05278-0

Pham, C., & Bitonte, R. (2016). Hippotherapy: Remuneration issues impair the offering of this therapeutic strategy at Southern California rehabilitation centers. *Neuro Rehabilitation*,

38, 411-417. DOI:10.3233/NRE-161332

Potvin-Bélanger, A., Freeman, A., & Vincent Claude. (2021). Hippotherapy and life habits with children with motor deficit and neurodevelopmental impairment: A pilot survey of

parents. *Journal of Pediatric Rehabilitation Medicine: An Interdisciplinary Approach*

Throughout the Lifespan, 14, 41-49. DOI: 10.3233/PRM-190641

- Potvin-Bélanger, A., Vincent, C., Freeman, A., & Flamand, V.H. (2022) Impact of Hippotherapy on the Life Habits of Children with Disabilities: A Systematic Review. *Disability and Rehabilitation*, 44:26, 8161-8175, DOI: 10.1080/09638288.2021.2012847
- Skinner, A. & Mayer, L. (2007). Effects of insurance status on children's access to specialty care: a systematic review of the literature. *BMC Health Services Research*, 7:194
doi:10.1186/1472-6963-7-194
- Snyder, J., Smith, D., Mapp., K. & Wade, K. (20120) establishing Concurrent validity of the Hippotherapy Evaluation and Assessment Tool [Masters Thesis, Brenau University].
Access at <https://heatassessment.com/research/>
- Stolz, I, Anneken, V., & Froböse, I. (2022). Measuring Equine-Assisted Therapy: Validation and Confirmatory factor of an ICF-Based Standardized Assessment-Tool. *International Journal of Environmental Research and Public Health*, 19, 2738.
<https://doi.org/10.3390/ijerph19052738>

Table 1*Descriptive Patient Data*

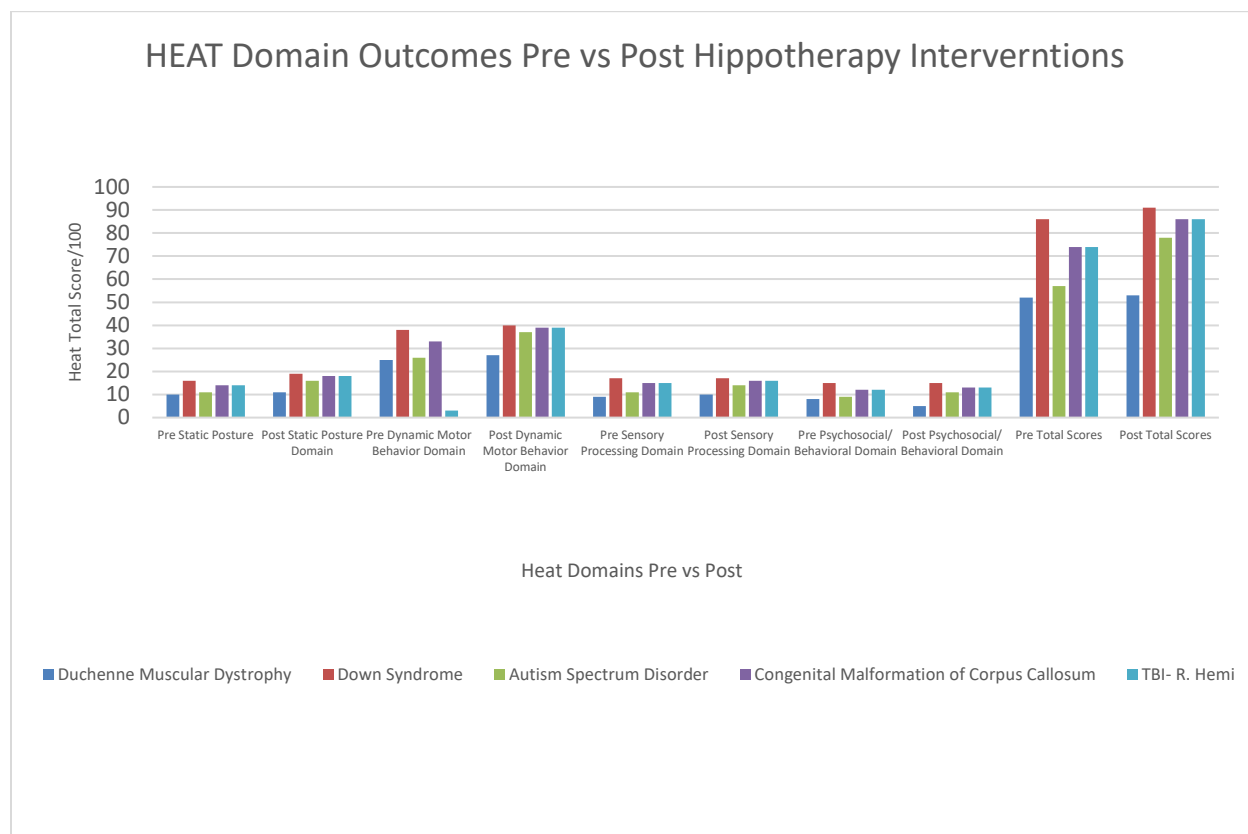
Diagnosis	Age
Duchenne Muscular Dystrophy	5
Down Syndrome	8
Autism Spectrum Disorder	3
Congenital Malformation of Corpus Callosum	4
Right Hemiparesis due to Acquired TBI	10

Table 2*Pair Samples Test for HEAT Outcomes*

Paired Samples Test									
		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	PostStaticPostureDomain - PreStaticPostureDomain	2.80000	1.78885	.80000	.57884	5.02116	3.500	4	.025
Pair 2	PostDynamicMotorBehaviorDomain - PreDynamicMotorBehaviorDomain	5.20000	3.70135	1.65529	.60417	9.79583	3.141	4	.035
Pair 3	PostSensoryProcessingDomain - PreSensoryProcessingDomain	1.60000	1.34164	.60000	-.06587	3.26587	2.667	4	.056
Pair 4	PostPsychosocialBehavioralDomain - PrePsychosocialBehavioralDomain	.00000	1.87083	.83666	-2.32294	2.32294	.000	4	1.000
Pair 5	PostTotalScore - PreTotalScore	9.60000	7.60263	3.40000	.16009	19.03991	2.824	4	.048

Figure 1

HEAT Domain Outcomes Pre vs Post Hippotherapy Interventions



Appendix 1

DCE Weekly Planning Guide

Week	DCE Stage (orientation, screening/evaluation, implementation, discontinuation, dissemination)	Weekly Goal	Objectives	Tasks	Date complete
1	Orientation	Become oriented with site	Meet staff and patients	Fill out onboarding paperwork	1.9.2023
		Review needs assessment	Observe hippotherapy sessions	Schedule 1:1 meetings with Billing Coordinator and Director of Therapy Services	1.12.2023
			Update needs assessment and continue to ask questions		1.12.2023 (updated 2.8.2023 due to slight project revamp)
				Create Weekly Timeline	
2	Screening/Evaluation	Complete new Literature Search	Continuing observing patients	Meet with Billing Coordinator to begin understanding insurance process	1.13.2023
		Begin writing Introduction Rough Draft	Read through literature articles about hippotherapy		1.18.2023
		Introduced to EMR system (Practice Perfect)	Begin to think about 5 patients to treat and implement the HEAT on	Meet with Director of Therapy Services	1.24.2023
		Finalize MOU		Create surveys for therapist and parents about insurance barriers	1.19.2023

				Gather all HEAT materials	
3	Screening/Evaluation	Finish Introduction Rough Draft Begin writing Background Draft Begin thinking about outcome assessment	Continue observing hippotherapy sessions Continue reading articles and understanding insurance process Review and gather a deep understanding of the HEAT	Schedule 1:1 meeting with barn manager about HEAT implementation Chart review patients Complete training module for the HEAT Send out surveys to therapists and parents	1.17.2023 1.26.2023 1.19.2023 Not completed due to revamp of project (not directly insurance focused)
4	Screening/Evaluation	Finalize project plan Complete Background Rough Draft Begin learning about different insurance requirements for hippotherapy Determine outcome measure for project	Review the HEAT with site mentor Identify 5 patients to complete the HEAT on Update barn on HEAT implementation and what to expect	Meet with barn manager Meet with site mentor Print out needed materials to complete the HEAT on 5 patients Create HEAT administration binder Begin creating HEAT educational resources	2.2.2023 2.1.2023 2.2.2023 2.7.2023 2.1.2023 2.2.2023

				Met with capstone coordinator to address project revamp and redirect focus on implementing and educating therapist on HEAT, will also make a packet of resources for billing coordinator to inform insurance companies	
5	Implementation	Administer the HEAT on 5 patients Complete Project Design and Implementation on Rough Draft	Complete 5 treatment sessions with documentation Begin creating an outline for package of resources	Communicate with horse handlers on new assessment Create excel spreadsheet with patient scores from the HEAT Finish and receive updates on documenting hippotherapy sessions Update Weekly Timeline	2.6.2023 2.7.2023-started 2.20.2023 - finished 2.8.2023 2.9.2023

6	Implementation	<p>Begin gathering resources for insurance advocacy</p> <p>Complete 5 treatment sessions</p>	<p>Reflect on HEAT administration, what can be better, what went well?</p> <p>Continue working on HEAT PowerPoint slides</p>	<p>Make edits to introduction</p> <p>Make edits to background draft</p> <p>Make edits to project design and implementation</p>	<p>2.14.2023</p> <p>2.15.2023</p> <p>2.16.2023</p>
7	Implementation	<p>Complete 5 treatment session</p> <p>Complete 2 pages of package of resources</p> <p>Complete midterm evaluation</p>	<p>Document treatment sessions</p> <p>Identify 5 resources to send package of resources to</p> <p>Attend Capitol Hill Day February 22nd</p>	<p>Begin putting together scholarly report draft</p> <p>Meet with site mentor</p>	<p>2.20.2023</p> <p>2.23.2023</p>
8	Implementation	<p>Complete 5 treatment sessions</p> <p>Complete 2 pages of package of resources</p>	<p>Document treatment sessions</p> <p>Continuing reading articles about project</p>	<p>Make edits to already completed package of resources</p> <p>Meet with site mentor to share already developed resource pages</p> <p>Continuing searching for resources to share resources with</p>	<p>2.28.2023</p> <p>3.2.2023</p> <p>2.27.2023</p> <p>-</p> <p>3.3.2023</p>

9	Implementation	<p>Complete 5 reassessments with the HEAT</p> <p>Complete 2 pages of package of resources</p>	<p>Begin working on Project Outcomes Draft</p> <p>Document treatment sessions</p> <p>Continuing finding articles about project</p>	<p>Read new articles</p> <p>Make edits to package of resource pages</p> <p>Meet with barn staff on HEAT thoughts</p>	<p>3.8.2023</p> <p>3.10.2023</p> <p>3.9.2023</p>
10	Implementation	<p>Complete 5 treatment sessions</p> <p>Complete 2 pages of package of resources</p>	<p>Turn in Project Outcomes Draft</p> <p>Begin working on Dissemination Plan</p> <p>Document treatment sessions</p> <p>Continuing finding articles about project</p>	<p>Read new articles</p> <p>Make edits to package of resource pages</p> <p>Continue asking barn staff about HEAT thoughts</p>	<p>3.14.2023</p> <p>3.16.2023</p> <p>3.17.2023</p>
11	Implementation	<p>Complete 5 treatment sessions</p> <p>Complete 2 pages of package of resources</p>	<p>Turn in Dissemination Plan</p> <p>Begin working on abstract</p> <p>Document treatment sessions</p> <p>Continuing reading</p>	<p>Read new articles</p> <p>Make edits to package of resources</p>	<p>3.20.2023</p> <p>-</p> <p>3.24.2023</p> <p>3.20.2023</p> <p>-</p> <p>3.24.2023</p>

			articles about project		
12	Implementation	Complete 5 treatment sessions Finalize package of resources	Document treatment sessions Continuing reading articles about project	Find more resources for package of resources Make final edits to package of resources Begin sending out package of resources	3.27.2023 3.30.2023 3.31.2023
13	Discontinuation	Complete 5 final HEAT reassessments Finalize HEAT PowerPoint with educational materials	Complete 5 treatment sessions with documentation Make final edits on package of resources Continue working on abstract, conclusion, and summary	Identify appropriate time to meet with therapists Identify appropriate times to meet with Billing Coordinator and Director of Therapy Services Create PDF and make sure it is added to S-Drive	4.3.2023 4.3.2023 4.6.2023
14	Dissemination	Complete Final Evaluation Disseminate HEAT outcomes and educational resource to therapist	Receive feedback and thoughts on HEAT from therapists Document satisfaction and likelihood of utilizing	Meet with site mentor Meet with faculty mentor Gather all final resources for the HEAT for	4.13.2023 4.11.2023 4.11.2023 4.13.2023

		Disseminate package of resources to Billing Coordinator and Director of Therapy Services	assessment tool Complete final scholarly report	easy access use by the therapists Say final goodbyes	
--	--	--	--	---	--

Doctoral Capstone Experience and Project Weekly Planning Guide