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THE EFFECTS OF RIDING THERAPY FROM CLIENT'S POINT
OF VIEW

Degree Programme in Physiotherapy
2014

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Degree Programme in Physiotherapy

December 2014

Supervisor: Törne, Mari

Number of pages: 23

Appendices: 2

Keywords: Riding therapy, Hippotherapy, Neurophysiology, Equine assisted psychotherapy, Effects, Questionnaire

The purpose of this thesis was to find out what kind of effects riding therapy clients experience and how those effect on their everyday lives. This thesis also aims to explain the concept of riding therapy and its benefits from the physiotherapy point of view. Its implementation and requirements are also explained.

This study's main aim was to figure the clients' point of view about the effects of riding therapy, and to gain knowledge of how they experience them, via a questionnaire. In this study the clientele was not limited in any way, because that way the sampling would be more comprehensive. This questionnaire was sent to 5 riding therapists around Finland, according to each therapists' clientele. Altogether 51 questionnaires were sent, and 16 returned.

According to the received results, the effects of riding therapy were mostly experienced as benefits that make activities of daily living (ADL), like putting clothes on, easier to manage. Many of the clients also mentioned a decrease in physical pain as an effect, which is directly related to the general well-being. Decreasing of the spasticity, improvement of the ability to walk and the enjoyment of riding and being outside were also often mentioned in the results.

In conclusion, it is important to be aware of all the effective forms of rehabilitation available, and also to focus on preventative rehabilitation, so that the problems, especially psychosocial ones in children, can be noticed and treaded as early and as gently as possible.

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1 INTRODUCTION

Riding therapy is implemented together with the horse and trained therapist. It is goal-oriented, individual and systematic form of therapy, which is integrated to the client's rehabilitation plan, and is implemented simultaneously with other therapeutic treatments, for example physiotherapy. (Website of Suomen Ratsastusterapeutit ry, 2013)

Riding therapy is a form of functional therapy, in which the client is in continuous interaction with the horse and its environment with his whole body. This interaction happens on both motoric and emotional levels, and is facilitated by the therapists. (Website of Suomen Ratsastusterapeutit ry, 2013)

Popularity of a riding therapy has been growing quite rapidly in Finland. It is fun, different, and comprehensive form of rehabilitation, which effects and activates all senses of human being at once. It also offers completely different environment for rehabilitation in the stables where the horses live, and the therapy itself is usually implemented outside, which can be the one of the most rehabilitating factors of the therapy for some clients.

This study was made to find out how client experience the effects of riding therapy, and how the effects are seen in everyday life, via questionnaire. The questionnaire was sent to 5 riding therapists around Finland and the clientele was not limited in anyway. That way the results would be as comprehensive as possible. Additionally, this study was made to add knowledge of riding therapy as a form of rehabilitation, rationalize its use and increase its popularity even more.

2 RIDING THERAPY

Riding therapy can be divided into two concepts; Hippotherapy and Equine assisted Psychotherapy (EAP). Equine assisted psychotherapy focuses more on the psychological, social and educational aspects of human being and hippotherapy is more about the physical rehabilitation of a client. (Kulmala&Liikala, 2002, 6)

Riding therapy is defined to be individual, comprehensive, goal-oriented and planned form of rehabilitation, implemented by the therapist together with the horse. Depending on the professional background of the therapist the emphasis of the therapy can be on the goals for motor skills, pedagogy or psychology. Riding therapy is a part of the client's rehabilitation plan, and is usually carried out simultaneously with other therapies, like physiotherapy. Its goal is not to teach riding skills, but to teach the client to control his body, mind and behavior, which is what separates riding therapy from riding for disabled/para-equestrian. (Website of Suomen Ratsastusterapeutit ry, 2013)

Riding therapy is highly motivational form of rehabilitation for clients from all age groups and it suits almost all different disabilities. Clients also get to participate in taking care of the horse, which itself is rewarding and rehabilitative. (Lanne&Sironen, 2006, 17) Compared to other animals, a horse suits therapy use often better than for example a dog or a cat. A horse can awake feelings of respect and motivation in the clients with for example behavioral problems. (Kulmala&Liikala, 2002, 19) Horse's appearance is dimensional, as it is big, elegant, strong and quick, it also is sensitive, cautious of its environment in case of predators. Once the human understands this, he understands and gains the confidence to control the horse through understanding, not through force. (Yrjölä, 2011, 99)

2.1 Riding therapy in Finland

Finnish association of rehabilitation (Suomen Kuntoutusliitto) started providing riding for disabled in the beginning of 1970 as a form of adapted physical activity. The education for riding therapists started 1988. (Kulmala & Liikala, 2002, 4) Riding as a form

of therapy came to Finland in the end of 1980 from Switzerland in the form that focused mostly on psychosocial aspects (Heilpädagogisches Reiten). Since then, it has been developed to be a therapy form, which supports and supplements rehabilitation, by combining it with thoughts from hippotherapy. (Kulmala&Liikala, 2002, 5)

Nowadays, Finnish model of riding therapy includes thoughts from hippotherapy and equine assisted psychotherapy (heilpedagoginen ratsastusterapia). In middle-Europe these are two different concepts, but as the Finnish model sees the human as a psychophysical being, it does not separate the concepts. What comes to the terminology used in riding therapy, a common, internationally approved one does not exist. (Kulmala&Liikala, 2002, 6)

2.2 Riding Therapist, therapy-assistant and the horse

In Finland, the education for riding therapist is held in Ypäjä Equine College in collaboration with Suomen Ratsastusterapeutit ry. Entrance requirements for the education are completed degree on bachelor's level in social- or healthcare services, and two years of working experience in that profession and of course really strong base in horsemanship. The education includes 52 credits, takes approximately three (3) years and costs 9 500€. (Website of Ypäjän Hevosopisto, 2014)

Some therapists, often physiotherapists, use assistant in their therapy sessions for safety reasons and for quality of the therapy, especially with neurological clients with limited functional capability. The main task of the therapy-assistant is to be responsible of the horse, so that the therapist can focus on the client. The therapy assistant acts as a support and a leader to the horse, which maintains the horse's calm and therapeutic state of mind. There is no official education for therapy-assistants in Finland, but every therapist trains their assistant based on their knowledge. The therapist decides the content of the assistant's work based on their needs; in addition to walking the horse in therapy sessions, it can include work in the stables and preparations of the therapy horses. The work of the therapy-assistant is a challenging and important part of successful implementation of the riding therapy. (Järvinen, 2011, 224-225)

Therapist has to be able to choose the right horse for every client according to the client's needs and the properties of the horse; one horse does not necessarily suit every client. When the communication is good between the horse and the therapist or/and therapy-assistant, the horse trusts the humans and functions as they ask it to. A horse that is experienced and both physically and mentally in good condition is able to sense when the rider needs support and encouragement and, on the contrary, also know when the client has to be made to see his own limits. A good therapy horse is stable, calm and gentle, and a good therapist know her horse and reads its body language clearly. (Kulmala&Liikala, 2002, 8)

3 EFFECTS OF RIDING THERAPY

With recent studies and knowledge about neurophysiology, the effects of the movements of the horse and caring for the horse can be explained. Main effect is the improvement of the body awareness, which is the base of all learning experiences. While learning new skills and knowledge, things about oneself are also learned; who am I, what I can do and what I am capable of? These kinds of positive experiences also increase the level of motivation, which is closely related to the psychosocial well-being. (Sandström, 2011, 20)

3.1 Neurophysiological effects

In riding therapy, the four-beat walk of the horse is most therapeutically beneficial of the horse's gaits. It is rhythmical movement, which transverses to the rider from the horse, causing movements to three directions; vertical (up-down), horizontal (forward-backward) and transversal (side-to-side). These movements create impulses that stimulate the sensory functions in the brain, which improve the client's body awareness and control. By performing carefully selected therapeutic exercises on the horse, the therapist can influence on the results of the therapy based on client's needs, for example challenge the balance a bit more. The correct sitting position on the horse creates long term stretches which decreases spasticity. Also the warmth transferred from the horse to the rider decreases the spasticity, as the horse's body temperature is about 1,5°C higher than humans. (Karlsson&Takala, 2001, 21-23)

Sensory functions are essentially needed to create sensations. Sensations; like smells, touches, sounds, of one's own body and from environment are subjective experiences. Sensation takes place on the primary receptors of the cortex. Sensation is automatic, which means that understanding these sensations requires the ability to organize and select them into clear entiretys. The integration, filtering and selecting are very important when it comes to the sensory action. Because of them, the brain can select and react on the things that are the most important at that moment. Riding therapy is believed to increase the forming of the entiretys from sensations. (Sandström, 2011, 36-37)

Riding therapy has also an effect on proprioception, commonly known as sensation of the movements and positions. Vision is a supporting sensation for proprioception, and it transfers information about the body and environment to the proprioceptors. TABLE1 explains what stimulates which proprioceptor; this table is translated by author of this thesis from a book about neurophysiology in riding therapy by Sandström (2011).

STIMULI	PROPRIOCEPTOR
The static length of a muscle, the speed and magnitude of the change in the muscle length.	Primary and secondary sense endings of the muscle spindle
The magnitude of the strength of the contraction of a muscle	The Golgi tendon organ
The change of the angle in the small joints	The ruffini- and pacinian receptors of the joint capsule
Touch and pressure	Quickly and slowly adaptive receptors of the skin

TABLE1: Stimulus and the proprioceptors reacting to them (Sandström, 2011, 38)

The movement transferred the horse causes the body to sway forward, backward, up, down and from side-to-side. This kind of swaying happens generally while sitting, standing and moving around. The connective- and muscle tissues' passive mechanisms and active muscle activity correct this kind of swaying. Even relaxed muscle has muscle tonus, which is the resistance created in a muscle when stretched. (Sandström, 2011, 57-58) Riding therapy relaxes and activates the muscles equally, which decreases spasticity, because at the same time as the spastic muscle is stretched, its opposite muscle is activated. (Sandström, 2011, 68-69)

The main benefit from the movement transferred to the client from the horse is the passive movements of the pelvis. They set in motion the position-correcting mechanisms, increase the mobility of the pelvis and lumbar spine, and activate the proprioceptors in the pelvic area. These effects can also be linked to other functions of the body, in this case is about the stimulations of the central pattern generators that create

walking-motions. Central pattern generators are neural networks that regulate positions of the body. Most likely also humans have neural networks in the spinal cord of the first two lumbar vertebrae, L1-L2 area, of which some activate the motor nerves of the muscles of the lower extremities and some function as regulators. To these regulators, so-called gate cells, the stimuli comes from ranges of motions, receptors of the skin and joints, muscle spindles and Golgi tendon organs. Through these stimuli the central pattern generators change the leg's support phase to pendulum phase in walking, for example. Same principles applies to the so-called "walking pattern generators"; without the sufficient amount of stimuli, the movement is incomplete and inefficient. (Sandström, 2011, 64-65)

Even though there is no any walking movement of the lower extremities while riding, the movements transferred to the pelvis from the horse are similar to the movements of the pelvis while human is walking, so the proprioceptors of the pelvic area receive the same kind of stimuli during both activities. The movements of the pelvis create also movements to the thoracic spine and to scapulae. This is why riding therapy is used, and found beneficial, for the clients who have difficulties in walking. (Sandström, 2011, 65-66)

3.2 Psychosocial effects

"The horse evokes some form of emotion in all of us. In Western cultures the almost tangible yearning of prepubescent girls for a horse or pony companion is undeniable. The thundering of hooves as galloping horses race for a finish line can bring whole nations to a standstill. The gentle enquiring tickle of a nostril can produce the hint of a smile in the most disabled child." (Frewin & Gardiner, 2005, 4)

Equine assisted psychotherapy (EAP) is suitable for a large variation of clients with psychosocial problems, like trouble with communication, anxiety, depression, psychosomatic disorders, chronic diseases or pain, eating disorders, developmental disorders and anger management issues. EAP is usually considered when other therapy forms have failed. (Yrjölä, 2011, 172-173) The horse acts as a third party in therapy situation and creates calm and liberating atmosphere, when it is easier for the client do deal with

his emotions. The therapist gets information of the client's emotions by reading the horse's body language and reactions. (Yrjölä, 2011, 92)

The presence of a horse effects to clients strongly on emotional level. The horse lives in vertical time, here and now in this moment, which clients adapt to and which allow them to relax psychosocially. Also the change in the environment, where the therapy takes place, affects on the clients' mood in a positive way; huge difference can be seen in tired and depressed clients. (Yrjölä, 2011, 92) Therapy horses have the ability to calm down even the most energetic or nervous clients. Horse enjoys touch and affection, and seeks that from the client as well as from other horses. Horses have big eyes and they are on the right level for humans to make eye contact, which can be hard for clients to with other humans. (Yrjölä, 2011, 95) Horses are quite similar to humans on many levels, and when client is trying to understand something similar to himself, the base for evaluation is the client himself. That is also how EAP helps clients to determine their identities, and furthermore, developing and defining their self-image. (Yrjölä, 2011, 97-98)

Usually the first emotion that horse awakens in client is fear, because they are big. Fear is a normal and necessary feeling and it is based on survival instinct. In humans, there is usually some unprocessed issue from past, but in horses it is just their nature for being alert for predators. This helps the client to differentiate his past fears from the situation on hand, and prevents the past fear from dominating the situation, and later on the client can learn how to deal with them. Fear and aggression are related emotions, and they often appear together depending on the situation. (Yrjölä, 2011, 100)

Failure can sometimes be hard to admit and endure. It is still part of life, and also part of riding. Success requires patience and repetitions, and failure evokes feelings of disappointment, helplessness and anger. With horses, the failure usually happens due to unawareness and lack of skills, but it can also be because of the horse. In EAP, the situation is not that hard due to the effects of the horse, and it is usually simpler and easier to understand in comparison to conflicts in for example relationships. And there is an immediate chance to try again. EAP helps clients to deal with failure, and in the best case, to take responsibility from his actions and emotions. (Yrjölä, 2011, 101-103)

Riding therapy usually takes place outside in different landscapes, for example in the forest regardless of the weather. Clients with depression experience it really difficult to leave home, especially when the weather is bad; it is raining or it is too cold or hot. Nature has a really energizing effect on humans and it is usually really positive experience for the clients, and with the horse the effect is even more profound. (Purola, 2011, 186) This effect is important also in clients with physical trauma, that prevents moving, because with horse they get to experience things that otherwise would be difficult to organize. This as an effect in particular is highly motivational, and it has great effect on the quality of the client's life also. (Aula, 2011, 254)

Pain can be caused by physical and/or psychological traumas, which support the idea of psychophysical human, that the mind should not be separated from the body. (Aula, 2011, 248) The relief of the physical pain can cause the psychological problem behind it to be surfaced, and that way treated, and the physical pain can cause psychological problems, which can be treated once the pain is under control. (Yrjölä, 2011, 92-93)

4 RESEARCH QUESTIONS AND AIMS

Aim of this study was to find out the effects of riding therapy from the client's point of view via a questionnaire. Research hypothesis was that riding therapy has positive effects on the clients' general well-being, and this questionnaire was made to find out how, and more importantly, how the clients have experienced the benefits. The research questions were as follows.

Research questions

1. Do the clients experience the therapy form beneficial?
2. How has riding therapy effected to their general well-being?

5 THESIS PROCESS

In the TABLE2 below the time frame of my thesis process is explained in detail.

November 2013	I got the idea of making my thesis about riding therapy
December 2013	Contacted Saila Simula, a riding therapist and a physiotherapist, participated on riding therapy session, and discussed about my possible topics → idea of the questionnaire
April 2014	I participated in riding therapy sessions a lot, and also acted as the therapy-assistant while we worked on the questionnaire.
May 2014	I contacted riding therapist from different part of Finland and sent my questionnaire for them.
October-November 2014	Writing the thesis
December 2014	Final touches to the thesis and presentation

TABLE2: Time frame of the thesis process

5.1 Co-operation partner and the questionnaire

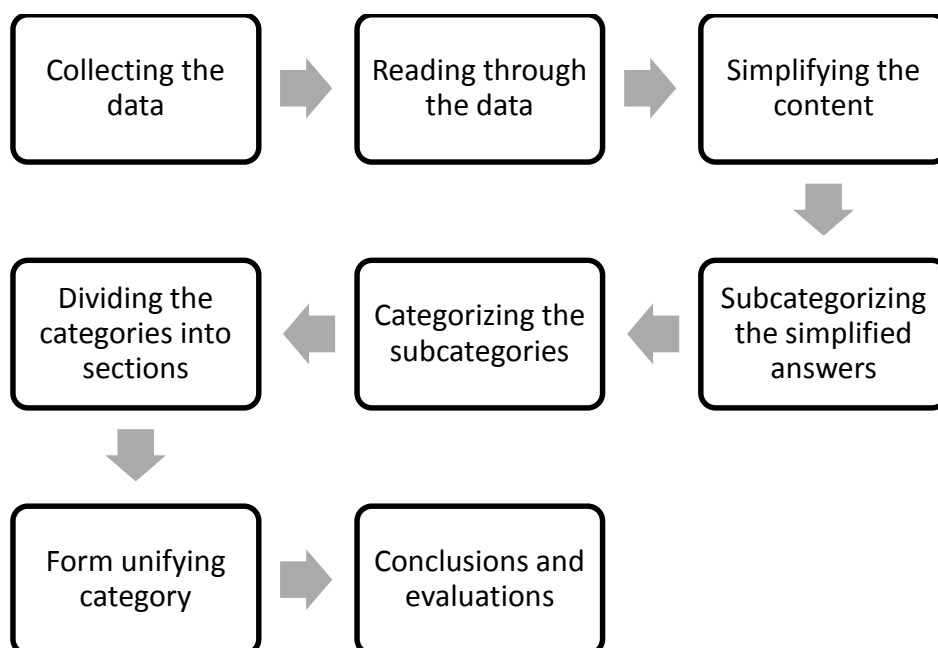
I made contact with Saira Simola, a physiotherapist who is also a riding therapist and asked if she would be willing to work with me on my thesis. We made a contract and started working on the actual questionnaire form. After discussing on what I wanted to learn with the questionnaire, the questions were formed. I decided to include all the client groups of riding therapy, so that I would get a more comprehensive view about the subject.

Once I had contacted the riding therapists, and they had agreed to give y questionnaire to their clients, I send 10-15 questionnaires, depending in the amount of their clients, with a stamped, addressed envelope to return them in.

The questionnaire can be found from the appendices along with the covering letter I send with the questionnaires.

5.2 Research methods

This was a qualitative study and a questionnaire, with open questions, was used to collect data. The collected was analyzed by using the Content analysis method, which is a widely used method with what the documents can be analyzed systematically and objectively. With it the data is organized, described and quantified. In content analysis method, the aim is to build models that explains the data in summarized form and enables it to be conceptualized. This is done by simplifying, organizing and categorizing the data. (Kulmala&Liikala, 2002, 28) This is process described in the PICTURE1, which was translated by the author of this thesis, and it is loosely related to the one in the pro gradu by Suominen (2011).



PICTURE1: Process of content analysis (Suominen, 2011, 32)

6 THE RESULTS

There was altogether 51 questionnaires sent, from which 16 were returned. The response rate to the questionnaires was ~32%. In this chapter the answers are analyzed and summarized, and the conclusions are made based on the results.

6.1 Variation in clients

The variation in the clients that answered the questionnaire was quite big, but then again, that was my goal. The clients differed in age, gender and the reason for therapy. Age varied between 7-61 years of age and the gender distribution was 56% males and 44% females. Since the therapists were all also physiotherapists, the clientele consisted mostly from different neurological conditions. With the children the therapy was based on developmental disorders in both physical and psychosocial problems.

6.2 Analysis of the questionnaires

By using a content analysis method, the answers received from all the questionnaires were first listed. Then they were organized into groups so that all the similar answers were in the same group. From there the categorizing the answers was continued to make them clearer and easier to read. This process is presented in the TABLE3.

SUBCATEGORIES	CATEGORIES	MAIN SECTIONS	UNIFYING CATEGORIES
Improved balance Improved walking Improved motor skills Noticeable difference to when not receiving therapy	Improvement in functional capacity	Physical improvements	Psychophysical human being AND Riding Therapy
Improved mobility and control of the body Decreased pain Alleviation/relaxation of the spasticity Improved posture	Improvement in general well-being		
Increased independency/self-esteem Increased sociality Enjoyment of riding and being outside in the nature Improved patience and concentration	Effects on psychosocial well-being	Psychosocial improvements	

TABLE3: Content analysis of the data

6.3 Conclusion

According to the answers, the clients' experiences of riding therapy are in general very positive. The improvements to balance, walking and body control were mentioned in over a half of the answers, and with clients under the age of ten the effects mentioned were all somehow related to supporting the development of the child. Self-esteem and independence were also often mentioned by the clients. Those things are often taken as granted but these are also among the first things that, for example neurological clients, lose. Also the child's lack of self-esteem, for example, can result in developmental disorders, isolation and self-destructive behavior, if left untreated.

In support to the Finnish model in riding therapy, that was mentioned previously, the answers divided quite evenly between physical and psychosocial improvement, and in most cases the clients did not differentiate these two from each other, but their answers included them both. Most importantly, all the clients listed some kind of improvement as an effect of riding therapy. Also the fact that, the replies came from different part of Finland, did not show in the answers in any way was a positive finding. This answers to my first research question.

The content analysis method resulted in two unifying categories, which were psycho-physical human being and riding therapy, and two main sections that were physical improvements and psychosocial improvements. This tells me that my hypothesis of the study was right. The ways, how clients have experienced the benefits are listed as subcategories in TABLE3, and in almost every questionnaire there was some kind of mention of the better general well-being. This shows how effective and comprehensive form of rehabilitation riding therapy really is, and here is also an answer to my second research question.

7 DISCUSSION

Riding has been my hobby for almost 15 years now, out of which I have had my own horse for about 5 years. When I look my hobby from physiotherapy point of view, I recognize the effects that, riding therapy has on the clients, on myself. It makes me even more appreciative of my hobby, and it also intensifies my interest and belief in riding therapy.

Because of my background with horses, it was clear to me from the beginning that my thesis would somehow be related to riding therapy and horses. So the figuring out the subject for thesis was the easy. Once the idea of the questionnaire was made, I had quite a clear picture of my thesis, the phases of it and of the theoretical parts as well. The hardest part for me was to find the motivation and time to start writing. So I should have started the writing process a bit earlier, but I still think that my thesis includes everything I planned and wanted it to and I did not have exclude anything.

Finding references was second challenge I faced. At first it seemed that I did not have any, but once I started the writing part, and knew more specifically what kind of references I would need, they were easier to find. I also spent few days just looking for references, sometimes catching myself reading something that, although related to the topic, I would not need to use as a reference. This leads me to another challenge I faced; staying in topic, and not wandering too far from it in my text.

I would change a few things in the practical part of my thesis. Firstly I should have set some kind of deadline for the questionnaires to be returned at the time I sent them to the therapists. That could have improved the response rate a bit. I would also reshape the questions in the questionnaire a bit, or at least add a question about the negative experiences that clients could have had, but since there was no question about those, they did not mention them. That could have had quite significant effect on the results.

What comes to the reliability of the results I got, the sampling was quite small and the response rate was relatively small also. Although the answers were analyzed objectively and systematically, they might not reflect to the situation in the whole Finland, and might not tell the whole truth.

I have few suggestions for the future studies of this subject. There is a need of case studies of particular client or client groups. Case studies can also be made to study the effects some particular impairment, for example spasticity. A study similar to this this one can also be carried out, but with a bigger sampling of clients and different questionnaire, that reflects the needs of its author comprehensively.

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APPENDIX 1

Opinnäytetyö ratsastusterapian vaikutuksista

Olen fysioterapian opiskelija Satakunnan Ammattikorkeakoulussa ja tutkin opinnäytetyössäni ratsastusterapian vaikutuksia. Tässä tekemäni kysely, jota lähetän teille X kpl, ja palautuskirjekuori jossa kyselyt lähetetään takaisin minulle. Kysely annetaan ratsastusterapia-asiakkaille tai heidän omaisilleen/hooltajilleen täytettäväksi, jonka jälkeen se palautetaan terapeutille, joka lähettää kaikki täytetyt kyselyt palautuskuoressa minulle.

Toivon opinnäytetyölläni lisääväni ratsastusterapian tunnettavuutta ja suosiota sekä myös luovan tutkimuspohjaa sen vaikutuksille. Terapiamuotona ratsastusterapia kiinnostaa minua hyvin paljon ja tahdon oppia siitä ja sen monipuolisuudesta mahdollisimman paljon, ja kenties tulevaisuudessa itsekin valmistua ratsastusterapeutiksi.

Jos tulee kysyttävää minuun voi olla yhteydessä puhelimitse nro: 040-XXXXXXX tai sähköpostitse osoitteeseen jenni.koivuniemi@XXXXXXX.XXXX.fi

Fysioterapian Opiskelija Jenni Koivuniemi

Allekirjoitus _____

Yhteistyössä Ratsastusterapeutti Saila Simula

Allekirjoitus _____

Pvm ja Paikka: _____

Kysely ratsastusterapian vaikutuksista

1. Ikäsi ja sukupuolesi: _____
2. Kuinka kauan olet käynyt ratsastusterapiassa? _____
3. Miksi olet saanut lähetteen ratsastusterapiaan? _____

4. Onko ratsastusterapia vaikuttanut:

Tasapainoon (esim. kaatuilun määrä, liikkuminen jne.), miten: _____

Puheeseen, miten: _____

Aineenvaihduntaan (esim. vessareissujen määrä, hikoilu jne.), miten: _____

Kävelyyn (kävelyt matkat, itsenäisyys, sujuvuus jne.), miten: _____

Spastisuuteen, miten: _____

Itsenäiseen elämiseen/Avustettavuuteen (esim. siirrot, pukeminen, syöminen jne.), miten: _____

Sosiaalisuuteen, miten: _____

5. Tähän kyselyyn vastasi

- Ratsastusterapian asiakas
- Asiakkaan huoltaja/lähiomainen/hoitaja

6. Muuta lisättävää?

Lined writing area for notes.

7. Tämän kyselyn tietoja saa käyttää nimettömästi fysioterapia opiskelijan opinnäytetyön tutkimus-
materiaalina?

Kyllä

Ei

Allekirjoitus: _____ Pvm ja paikka: _____