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Medical Benefit		Effective Date: 01/01/05	Next Review Date: 07/19
Preauthorization	No	Review Dates: 09/09, 09/10, 07/11, 07/12, 07/13, 07/14, 07/15, 07/16, 07/17, 07/18	

This protocol considers this test or procedure investigational. If the physician feels this service is medically necessary, preauthorization is recommended.

The following protocol contains medical necessity criteria that apply for this service. The criteria are also applicable to services provided in the local Medicare Advantage operating area for those members, unless separate Medicare Advantage criteria are indicated. If the criteria are not met, reimbursement will be denied and the patient cannot be billed. Please note that payment for covered services is subject to eligibility and the limitations noted in the patient's contract at the time the services are rendered.

Populations	Interventions	Comparators	Outcomes
Individuals: • With cerebral palsy	Interventions of interest are: • Hippotherapy	Comparators of interest are: • Standard clinical management	Relevant outcomes include: • Symptoms • Functional outcomes
Individuals: • With multiple sclerosis	Interventions of interest are: • Hippotherapy	Comparators of interest are: • Standard clinical management	Relevant outcomes include: • Symptoms • Functional outcomes
Individuals: • With stroke	Interventions of interest are: • Hippotherapy	Comparators of interest are: • Standard clinical management	Relevant outcomes include: • Symptoms • Functional outcomes
Individuals: • With gait and balance disorders other than cerebral palsy, multiple sclerosis, and stroke	Interventions of interest are: • Hippotherapy	Comparators of interest are: • Standard clinical management	Relevant outcomes include: • Symptoms • Functional outcomes

DESCRIPTION

Hippotherapy, also referred to as equine-assisted therapy, describes a treatment strategy that uses equine movement to engage sensory, neuromotor, and cognitive systems to achieve functional outcomes. Hippotherapy has been proposed as a therapy for patients with impaired walking or balance.

SUMMARY OF EVIDENCE

For individuals who have cerebral palsy, multiple sclerosis, stroke, or other gait and balance disorders who receive hippotherapy, the evidence includes systematic reviews, randomized trials, and case series. Relevant outcomes include symptoms and functional outcomes. Studies in cerebral palsy, multiple sclerosis, stroke, and other indications have had variable findings. The randomized trials are generally small and have significant methodologic problems. In the largest randomized trial conducted to date (72 children), which had blinding outcome assessment, hippotherapy had no clinically significant impact on children with cerebral palsy. There are no randomized controlled trials showing that hippotherapy is superior to alternative treatments for patients with multiple sclerosis. Hippotherapy for other indications has been compared primarily with no intervention

and has not been shown to be more effective than other active therapies. The evidence is insufficient to determine the effects of the technology on health outcomes.

POLICY

Hippotherapy is considered **investigational**.

BACKGROUND

AMBULATION AND BALANCE DISORDERS

Patients with spastic cerebral palsy frequently have impaired walking ability due to hyperactive tendon reflexes, muscle hypertonia, and increased resistance to increasing velocity of muscle stretch. These abnormalities result in a lack of selective muscle control and poor equilibrium responses.

Hippotherapy

Hippotherapy has been proposed as a technique to decrease the energy requirements and improve walking in patients with cerebral palsy. It is thought that the natural swaying motion of the horse induces a pelvic movement in the rider that simulates human ambulation. Also, variations in the horse's movements can prompt natural equilibrium movements in the rider.

Hippotherapy is also being evaluated in patients with multiple sclerosis and other causes of gait disorders, such as strokes.

As a therapeutic intervention, hippotherapy is typically conducted by a physical or occupational therapist and is aimed at improving impaired body function. Therapeutic horseback riding is typically conducted by riding instructors and is more frequently intended as social therapy. It is hoped that the multisensory environment may benefit children with profound social and communication deficits, such as autism spectrum disorder and schizophrenia. When considered together, hippotherapy and therapeutic riding are described as equine-assisted activities and therapies.

This protocol addresses equine-assisted activities that focus on improving physical functions such as balance and gait.

Services that are the subject of a clinical trial do not meet our Technology Assessment Protocol criteria and are considered investigational. *For explanation of experimental and investigational, please refer to the Technology Assessment Protocol.*

It is expected that only appropriate and medically necessary services will be rendered. We reserve the right to conduct prepayment and postpayment reviews to assess the medical appropriateness of the above-referenced procedures. **Some of this protocol may not pertain to the patients you provide care to, as it may relate to products that are not available in your geographic area.**

REFERENCES

We are not responsible for the continuing viability of web site addresses that may be listed in any references below.

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