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Curriculum vitae:

2012-Special Needs Educator and Therapist (Physical Disabilities) at the Eötvös Loránd University, Budapest. 2011-Art therapy with specialisation in visual arts, University of Pécs 2013-Hyppotherapy at the Hungarian Riding for Disabled Federation 2014-present working at Lebenshilfe Böblingen GgmbH In the last few years several trainings, e.g.: Consultant in ASD, The SSCA method by Dr. Vass Zoltán 2022-present TSMT therapy - training 2018-HETI conference as a performer and got the chance to support the HRDF as lecturer. 2022-present own association for equine assisted therapy and art therapy Barbara Adorján: 2009-Physiotherapist, University Pécs 2011-Pediatric rehabilitation physiotherapist 2012-MSc in Human Kinesiology 2014-present own praxis as Paediatric rehabilitation physiotherapist 2016-TSMT I. therapist, BHRG Foundation 2016-present PHD, University Pécs

Category: Poster

Topic: Special Program / projects

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Title: CASE STUDY: NEW WAYS FOR DEVELOPEMENT OF THE PHYSICAL SKILLS IN THE EARLY CHILDHOOD IN CASE OF SMA II. DISIASE

Keyword 1: early childhood development

Keyword 2: TSMT (planned sensomotor therapy)

Keyword 3: Equine assisted therapy

Abstract:

In this very special case study, we would like to deal with the opportunity of the combination between physiotherapy and hyppotherapy for developing the physical skills of a patient with SMA II disease. Because special situations require special solutions. In this instance, we will present a segment of the developmental journey of a 26-month-old patient who received a genetic diagnosis at 12 months of age. Physiotherapy commenced when the patient was 11 months old, with the primary goal being to enhance movement skills through comprehensive therapy. The choice fell on equine assisted therapy because of jarring of the vestibular system, to give the crawl a boost and to stabilize this. The design of the therapy process started in the physiotherapy setting and the main criteria were to

maintain the stability of the spine and to force the abduction in the hip, always with an eye on joint protection and muscle load. Furthermore, essential conditions included regular consultations with the treating physiotherapist, determining the optimal position on the horse's back, and selecting suitable equipment. The results of three months of equine-assisted therapy as supplementary treatment were evaluated during the last orthopaedic and neurological review at the conclusion of last year. The patient shows development in the physical skills, so the learning/practicing of walking can be started. Thus, we can assert that with personalized planning, ongoing consultation with co-professionals, and regular medical monitoring, equine-assisted therapy proved to be effectively utilized by this patient with SMA II disease.