

**Presenter's name:** Karol Hornacek

**Degree, affiliation:** ass. prof., MD, PhD.

**Curriculum vitae:**

In 1984, he graduated from the Faculty of Medicine in Bratislava. He obtained a specialization in internal medicine in 1987 and in Physical and Rehabilitation Medicine (PRM) in 2001. In 2009, he obtained the PhD degree and 2012 ass. professor. He is the head of the Department of PRM of the Faculty of Medicine of the Slovak Medical University in Bratislava. In 1994, he was a co-founder of the Slovak Hippotherapy Association, and until 2012 its chairman. He was the president of the Slovak Society of PRM. He is the representative of the Slovak Republic in European PRM companies (ESPRM, UEMS PRM). He is co-author of textbooks (rehabilitation, algiology, surgery) and monographs (EAT, obesity, diabetic foot), 150 professional publications. He is editor-in-chief of the Rehabilitácia magazine. From a theoretical point of view, he enriched the method of equine assisted services (influencing factors, action, contraindications, eval. tests), and elaborated its implementation also in babies.

**Category:** oral presentation

**Topic:** Disabilities & Symptoms: Cerebral Palsy

**Authors:**

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**Title:**

STIMULATING POSITIONING ON A HORSE AND HUMAN – A FORM OF EQUINE ASSISTED THERAPY FOR THE CHILDREN FROM THE FIRST MONTHS OF LIFE

**Keyword 1:** EAT

**Keyword 2:** infants, toddlers

**Keyword 3:** cerebral palsy

**Abstract:**

**Objective:** At the FRDI congress in Budapest in 2003, we initially introduced our perspective that the age limit of 4 years, previously considered a contraindication for Equine-Assisted Therapy (EAT) in children, should be reconsidered. Our video on stimulating positioning on a horse (SPHo) with 5-month-old babies generated a heated discussion. We are developing our methodology, and it is spreading around the world. Besides SPHo we can use stimulating positioning on a human (SPHu) with children only a few weeks old. By positioning the child on these living and unstable platforms, we facilitate the individual phases of postural ontogenesis using positions fitting their development age.

**Design:** In our ambition to find more objective effects of SPHo, we classified 20 prematurely born 6-month-old infants with developmental motor delay into locomotion stages according to their developmental age according to Vojta (0-7). Based on this classification, we placed 10 babies in an experimental and 10 babies in a control group and paired them according to their corresponding locomotion stage. The control group continued Vojta's reflex locomotion (VRL) 4 times daily. The

experimental group continued in rehabilitation but additionally received SPHo twice a week. On those days received VRL only 3 times. During next 6 month, we followed psychomotor progress every second month. We evaluated results using nonparametric tests ( $\alpha = 0,05$ ).

**Results:** The spontaneous motor activity, postural reactions, primitive reflexes, muscular tonus, and locomotion stages according to Vojta resulted in significant improvements in both groups, often after two months. The results also indicated that the combination of SPHo and VRL – was significantly more effective in the child's psychomotor progress than solitary application of VRL.

**Conclusion:** SPHo is an effective form of EAT and can be combined with VRL. Since it has the same kinesiotherapeutic principles, it is advisable to combine it with SPHu, quadrupedal and bipedal form and games with horse motifs.