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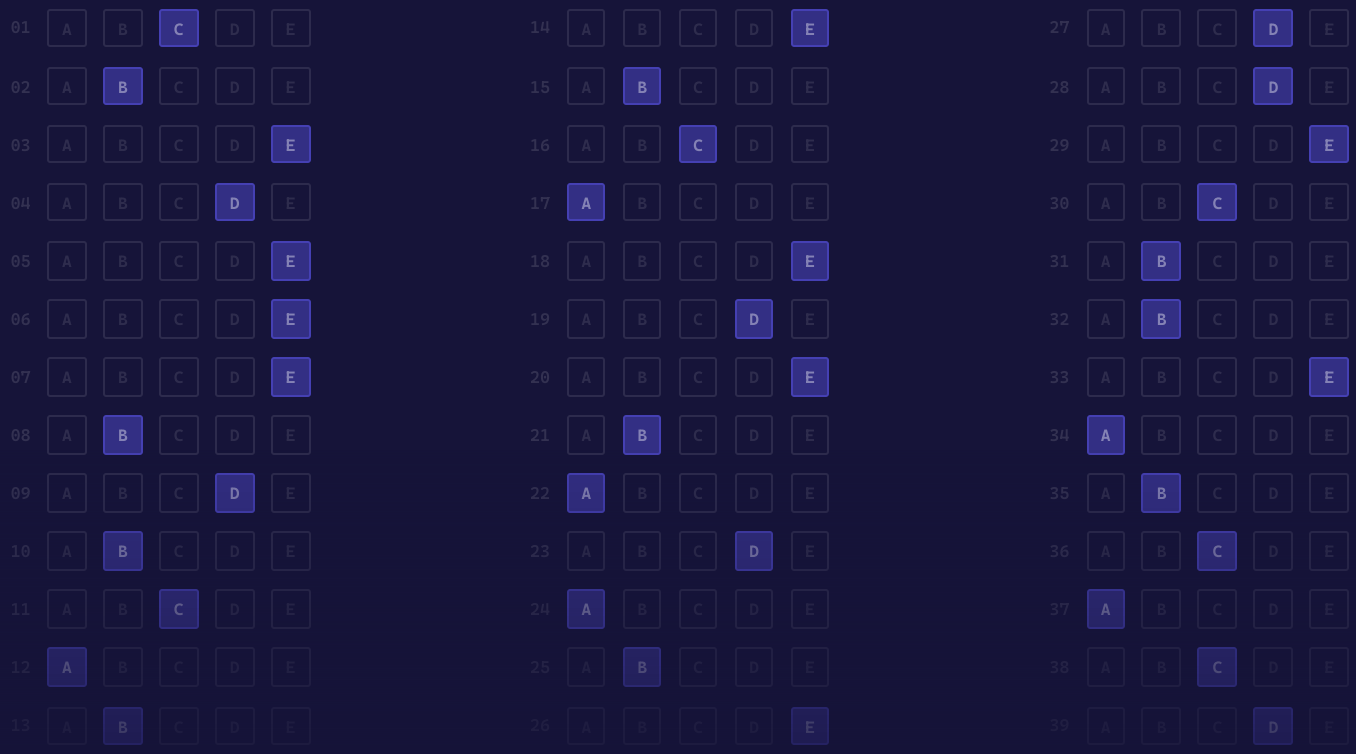

PRACTICE QUESTIONS

American Hippotherapy Certification Board (AHCB)

HPCS

Hippotherapy Clinical Specialist Certification Examination

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

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Before you begin

What this is

9 practice questions for American Hippotherapy Certification Board (AHCB) `HPCS`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `HPCS`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1 SINGLE CHOICE

Which characteristic of the horse's walk most directly contributes to multi-directional postural reactions in a patient positioned on the horse's back?

A The horse's symmetrical, steady-state walk produces primarily sagittal-plane weight shifts equivalent to those elicited by treadmill gait training.

B The horse's walk provides a rhythmic, three-dimensional movement pattern requiring continuous graded postural adjustments in frontal, sagittal, and transverse planes.

C The horse's movement reduces vestibular input by limiting head motion during the gait cycle.

D Equine walk provides a rigid, non-variable base that allows the patient to maintain static upright posture without reactive postural demands.

ANSWER B

WHY The horse's walk provides a three-dimensional, dynamic movement pattern that challenges the patient's postural control system across multiple planes. This is a core therapeutic mechanism of hippotherapy, eliciting graded motor responses and vestibular processing. Option A is incorrect because the movement is three-dimensional, not limited to the sagittal plane. Option C is incorrect because equine movement enhances, not reduces, vestibular input. Option D is incorrect because the equine base is dynamic and variable, not rigid.

QUESTION 2 SINGLE CHOICE

During hippotherapy, the patient's pelvis receives rhythmic sensory input at approximately 100 to 110 multi-dimensional movement impulses per minute at the horse's walk. This input primarily serves which therapeutic function?

A It provides cardiovascular conditioning equivalent to treadmill walking exercise.

B It primarily strengthens the pelvic floor muscles through resistance loading.

C **It delivers graded somatosensory and vestibular input that facilitates the development of automatic postural reactions, balance, and coordinated motor responses.**

D It replaces the need for manual facilitation by the therapist by directly retraining isolated muscle contractions.

ANSWER C

WHY The rhythmic, multi-dimensional movement of the horse's walk provides graded somatosensory and vestibular input that facilitates automatic postural reactions, balance, balance reactions, and coordinated motor responses. This is the foundational neurophysiological mechanism of hippotherapy. Cardiovascular conditioning (A) is not the primary purpose; hippotherapy is a therapy tool, not exercise. Pelvic floor strengthening through resistance (B) is incorrect as the movement is passive from the patient's perspective. (D) is incorrect because the therapist's facilitation and clinical reasoning remain essential.

QUESTION 3 SINGLE CHOICE

A patient with cerebral palsy (GMFCS Level III) is being evaluated for hippotherapy. Which clinical reasoning step is MOST important when determining appropriate treatment goals?

A Selecting goals based primarily on the patient's age and the typical progression of hippotherapy groups.

B Selecting goals that focus exclusively on improving the patient's score on standardized gross motor assessments without considering functional activities.

C Selecting individualized, functionally meaningful goals based on the patient's comprehensive evaluation findings, including postural control, tone, sensory processing, and family priorities.

D Selecting goals identical to those used for all other patients at the same GMFCS level to ensure consistency in hippotherapy programs.

ANSWER C

WHY Clinical reasoning in hippotherapy requires individualized goal-setting based on a thorough, comprehensive evaluation that considers the patient's postural control, tone, sensory processing, functional limitations, and family priorities. Goals must be functionally meaningful and patient-centered. Options A, B, and D each represent flawed reasoning—using age/group norms only, focusing exclusively on standardized scores without functional relevance, or applying identical goals to all patients at a similar GMFCS level ignores patient-specific needs.

QUESTION 4 SINGLE CHOICE

Which of the following conditions is recognized as an absolute contraindication for participation in hippotherapy?

A Mild cerebral palsy with adequate head and trunk control.

B Well-controlled seizure disorder with physician clearance.

C Atlantoaxial instability that has not been medically cleared.

D Mild hypotonia with delayed motor milestones.

ANSWER C

WHY Atlantoaxial instability that has not been medically cleared is a well-recognized absolute contraindication for hippotherapy due to the risk of catastrophic spinal cord injury from movement of the head and neck on the horse. Well-controlled seizure disorders with physician clearance, mild cerebral palsy, and mild hypotonia are not absolute contraindications and may be appropriate with proper screening.

QUESTION 5 SINGLE CHOICE

Which safety protocol is essential prior to every hippotherapy session?

A Relying solely on verbal confirmation that the horse is calm before beginning the session.

B Inspecting all equipment (helmet, surcingle, reins, stirrups, ramp, mounting platform) and confirming the horse has been assessed for soundness and appropriate temperament that day.

C Allowing the patient to mount the horse without a helmet if the patient has previously tolerated sessions without one.

D Skipping helmet inspection if the helmet was purchased new within the past year.

ANSWER B

WHY A pre-session safety check is essential and must include inspection of all equipment (helmet with ASTM/SEI certification, surcingle/pad, reins, stirrups, mounting equipment, and the treatment area) as well as daily assessment of the horse for soundness, behavior, and appropriate temperament. (A) is insufficient—horses must be assessed objectively. (C) violates the standard of care that all patients wear properly fitted, certified helmets at every session regardless of prior tolerance. (D) is incorrect because helmets must be inspected regularly for damage, fit, and certification regardless of age.

QUESTION 6 SINGLE CHOICE

Which characteristic is most important when selecting a therapy horse for hippotherapy sessions?

A Breed and pedigree of the horse, with warmbloods being the only acceptable breed.

B **A consistent, rhythmic, three-dimensional walk with even cadence and symmetrical movement that can be sustained throughout treatment sessions.**

C A high-energy, forward-moving horse with rapid tempo to maximize sensory input.

D A young horse in active training to ensure the horse remains responsive throughout the session.

ANSWER **B**

WHY The single most important selection criterion for a therapy horse is a consistent, rhythmic, three-dimensional walk with even cadence, symmetrical movement, and the temperament to sustain this throughout sessions. Therapeutic quality of movement is paramount. (A) is incorrect—breed is not the determining factor; many breeds and types can be suitable. (C) is incorrect because high-energy, rapid movement is inappropriate and unsafe. (D) is incorrect because experienced, well-trained, mature horses with proven reliability are required for therapy work.

QUESTION 7 SINGLE CHOICE

When working to address a patient's asymmetrical postural control, which principle regarding patient positioning on the horse is most therapeutically relevant?

A All patients should be positioned facing forward regardless of clinical presentation.

B **Reversing the patient (facing backward, prone over the withers, or facing the croup) alters the direction of the horse's movement impulse on the patient's pelvis and trunk, providing a different therapeutic input.**

C Patient positioning has no effect on therapeutic input.

D Patients should always be positioned in a side-sitting position to maximize vestibular input.

ANSWER **B**

WHY Patient positioning on the horse is a critical clinical tool in hippotherapy. Forward sitting, prone (over withers), backward facing, and side-sitting positions each provide different directional movement inputs to the pelvis and trunk and elicit different postural and motor responses. The therapist intentionally selects positioning to address the patient's specific impairments. (A) is too rigid. (C) is incorrect because positioning has substantial therapeutic effect. (D) is too absolute—one position is not universally indicated.

QUESTION 8 SINGLE CHOICE

Which statement best describes the role of the credentialed Hippotherapy Clinical Specialist within the interdisciplinary treatment team?

A The specialist independently replaces the patient's primary therapist and provides all therapeutic input during the session.

B The specialist provides hippotherapy as a treatment tool integrated into the licensed therapist's plan of care, working collaboratively with the patient's healthcare team and documenting outcomes in alignment with professional scope of practice.

C The specialist supervises the prescribing physician's medical management of the patient.

D The specialist is responsible only for selecting the horse and not for any clinical reasoning about the patient.

ANSWER B

WHY The Hippotherapy Clinical Specialist provides hippotherapy as a treatment tool/strategy that is integrated into the licensed therapist's plan of care (such as physical therapy, occupational therapy, or speech-language pathology). The specialist collaborates with the patient's broader healthcare team and operates within their own professional scope of practice while documenting clinical reasoning and outcomes. Hippotherapy is an adjunct, not a replacement, for the primary therapist's work. (A) is incorrect because hippotherapy augments, not replaces, the primary therapist. (C) is incorrect because the specialist does not supervise the physician. (D) is incorrect because horse selection is only one component of the specialist's responsibility.

QUESTION 9 SINGLE CHOICE

Which sensory system is primarily responsible for processing the rhythmic, multi-dimensional movement of the horse's walk at the patient's pelvis during hippotherapy?

A Vestibular system

B Somatosensory/proprioceptive system

C Visual system

D Auditory system

ANSWER B

WHY While the vestibular and visual systems contribute, the somatosensory/proprioceptive system is the primary system responsible for receiving and processing the rhythmic, three-dimensional movement impulses transmitted through the pelvis from the horse's gait. These proprioceptive inputs provide the foundation for neuromuscular recruitment and postural control responses.