



ANIMAL REHAB DIVISION



Spring 2021

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ARD Vision Statement

To improve the neuromuscular health of animals. To promote the advancement of clinical practice in animal rehabilitation. To increase the awareness of and access to animal rehabilitation by registered Physiotherapists.

ARD Mission Statement

The Animal Rehab Division of the Canadian Physiotherapy Association advocates that Registered Physiotherapists are the professionals of choice to provide animal rehabilitation. The ARD is a resource for the best practice of animal rehabilitation through education, professional development and communication within the animal health care industry.

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DANNA CAMPBELL **NEW!!**
Special Projects

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Course Calendar

Canine Home Study

Introduction to the
Canine Patient
Pre-requisite for
Introduction and
Advanced Canine Rehab
Available Anytime

[Click here to register!](#)

Equine Home Study

Introduction to the
Equine Patient.

Pre-Requisite for
Introduction to Equine
Rehab
Available Anytime

[Click here to register!](#)

IN-PERSON COURSES

Due to COVID, the CPA
has cancelled all
in-person courses until
further notice.

The ARD will resume
in-person courses as
soon as possible.

This is a great time to
get your Home Study
courses done!

A Word From the Chair

Kim Barrett, Co-Chair

Spring is in the air! These longer days and temperatures sure help with the Covid mental exhaustion. It has been a joy to see more of my colleagues get vaccinated, and see elderly friends and family get this protection. I can't wait to roll up my sleeve and get my shot. It's also nice with the warmer weather, to have the opportunity to treat more clients outside with better ventilation.

You've probably seen in our recent E-blasts all of the advocacy work that's being done in British Columbia. We still need your support and engagement! The B.C. Animal Owners Association has a campaign focused on lobbying the government for access to care by non-vet practitioners. The ministry is reviewing the file, and this will help B.C. animals get care they need from physios. Sign the letter now at:

https://oneclickpolitics.global.ssl.fastly.net/messages/edit?promo_id=10822

There is a new facebook group for collaboration and advocacy among Quebec based animal health and rehab professionals. Check out [Professionnels non-vétérinaires en santé animale](#) on Facebook to join.

And just so you know, we are open to submissions! Do you have an interesting case to share or some information to help other ARD members? We'd love to hear from you.

With the spring comes our annual shuffle of executive positions. The ARD would like to thank Nikita Bouwmeester (Newsletter) and Courtney De Vries Wirtz (Secretary) for all of their help over the last few years as they step down from the executive. At the same time, we welcome Katie Wood (Student Rep) and Danna Campbell (Special Projects) to the executive. We had a great response to our shout-out for help and now we have the pleasure of fitting more new faces into new roles and projects. Stay tuned for more info!

Enjoy the newsletter and stay healthy!

Kim Barrett, Co-Chair



Pay It Forward

Katie Wood, Student Rep, @thektwood

Pay it forward, such a simple concept. An unvarnished embodiment of Canadian culture and generosity. What could be more iconic Canadian culture than simply offering a small gesture or gift to the next person in line, with hopes that they will continue that tradition down the line? It brightens everyone's day, and for some, a small pay-it-forward gesture, especially as we continue to slog through pandemic life, can be a world of difference.

A couple weeks ago, I was contacted by the ARD's very own Laurie Edge-Hughes, asking if I would like to be the recipient of a pay-it-forward scheme. The lovely and generous Pat Leneck, veteran of both the canine and human physiotherapy professions, had decided to hang up her hat and officially retire, and as a thank-you to Laurie for her own overwhelming contributions to the field of canine rehab, she had offered to pass on her ultrasound unit.

However, Laurie was not really in need of an ultrasound unit, and was also in Alberta, while Pat was in Ontario. Therefore, Laurie proposed a pay-it-forward scheme. Few of you probably know me yet, but I am a first-year physiotherapy student, and the current Student Rep for the ARD. Laurie proposed that she, acting as the facilitator, could forward the US unit my way, as thanks for my stepping up to the student rep role.

It played out as the quintessential, almost comical, reflection of "passing the baton" as one career comes to a close and another is just beginning. I delightfully agreed, with the caveat that in 35 years or so, when my own career is coming to a close, I will enthusiastically and gratefully continue the tradition, passing down whatever I have to offer to the next generation of physical therapists.

In a time where we struggle with the realities of pandemic life, stress and quarantine fatigue, it's completely understandable that sometimes we get so wrapped-up just keeping our own lives together, we lose the ability to see forward to the next day, the next person, or the next generation. And while there is nothing wrong with the need to focus on ourselves as we continue through, I challenge anyone reading this letter to reflect on a time you were a pay-it-forward recipient. How did it make you feel? How much did that small act or gift impact your day and lift you up?

I imagine, if you're anything like me, it brought a light to your day, gave you a moment of pause and thanks, and prompted the motivation to try and provide that light to the next person in line. So, I challenge you, consider passing that feeling on today, as a thank you to Laurie and Pat for their generous contributions, and simply to bring a little light to the next person in line, with hopes they will pass it down, and we will all be better for it.



Want a Diploma in Canine Rehab? Here's How!

Introduction to the Canine Patient Home Study Course

Covers anatomy, physiology and common conditions. Please note this is a home study course with a physical manual which is mailed. This is not an online course.

Pre-requisite for all other ARD courses, available anytime.

Register for all ARD courses online ard.rostertrack.com/

Introduction to Canine Rehab

Hands-on course covers anatomy, palpation, handling skills, basic orthopaedic and neurological assessment and specific canine conditions and pathologies

Pre-requisite - Introduction to the Canine Patient Home Study Course

In-person courses suspended during Covid-19

Advanced Canine Rehab

Detailed joint by joint and spinal physical assessment, neurological evaluations and treatment, therapeutic exercise and sporting dog injuries, surgical review.

Pre-requisite - Home Study course and Introduction to Canine Rehab

One course per year taught by Laurie Edge-Hughes: September in Calgary

In-person courses suspended during Covid-19

Diploma in Canine Rehab Requirements:

Completion of all ARD canine courses

Written examination, written case study

Veterinary Clinic Observation (40 Hours)

Additional animal husbandry, handling & safety considerations

Laurie's Blog



FourLegRehabInc
CANINE REHAB EDUCATIONAL RESOURCES

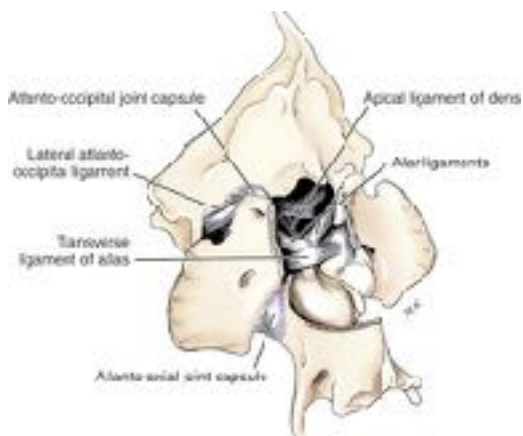


Professional practice is about the “stuff between the ears”!

A culmination of multiple different things led to this post and I didn't really know what to call it. Essentially, what I want to talk about is clinical reasoning, but that's not a captivating title!!! So instead, “Stuff between the ears” has a better ring to it! (Ha ha!)

Okay, so things that led to this blog.

1. A regular patient of mine has a strange sudden onset neurological episode without history of any trauma. They went to their primary care vet who did x-rays of the dogs back and commented that they didn't see any issues, prescribed a non-steroidal and advised a wait and see approach or referral to the neurologist. The client brought the dog to me (as her regular therapist) and I found the dog to have full body ataxia, which, as the owner showed me, worsened when the dog looked up and to the left. Now, I'm guessing that most of you see the trouble – no neck x-rays were taken despite the ataxia being x4 limbs. Essentially, my clinical reasoning skills led me to assessing the neck which led me to finding pain with doing a stress test of the Alar ligaments. Fast forward: Note sent to vet. Treated with high doses of laser, PEMF, and home active ROM (small amplitude cookie exercises). Dog has improved to almost normal. Owners are happy. Vet has told owners how amazed she was that I had found this. And why did I find this? **Clinical reasoning.**

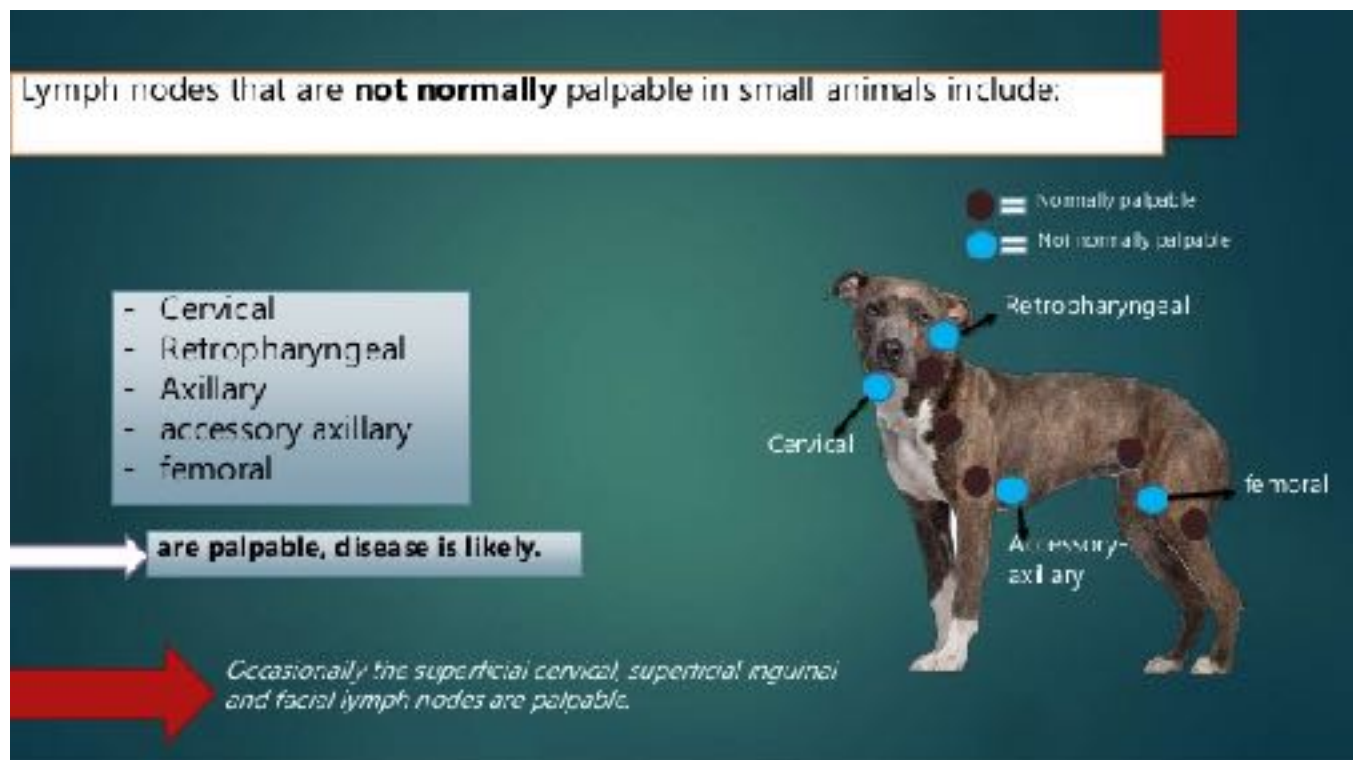


Picture from:

<https://veteriankey.com/surgery-of-the-cervical-spine/>

2. I saw a FB post about a case where the rehab DVM was 'beating herself up' for a case that turned out to be neoplastic in origin. I never did get around to responding on that post, but I meant to post about learning from the case (see my point number 3 below) and using that for future cases when the presentation doesn't add up to what you would expect to see for a certain diagnosis (or presumed diagnosis).

This case was a Newfoundland Dog that I saw as part of her maintenance check-ups / treatments. The owner was about to leave for a 10-day trip out of town but had noted that the dog was a little lethargic lately. Clinically speaking, lethargy isn't a typical finding in musculoskeletal cases. So, I had mentioned that she should set an appointment with her vet about that when she returned. However, on my exam, I found a huge axillary lymph node (as in the size of a hockey puck)! I pointed it out to the owner and told her to see her vet immediately, that this shouldn't wait until she was back from her trip. I sent a note to the vet, and let the owner know that this was concerning enough to NOT postpone a consult. Fast forward: Her vet got the dog in that day and found the dog had pyometra and was put on antibiotics immediately and a spay was done shortly thereafter. The owner said that the vet was amazed – "Laurie found this (as in the lymph node)? Laurie told you to come right away?" And why did I find this and respond the way I did? **Clinical reasoning.**



Picture from: <https://www.slideshare.net/GansbaaiSA/examination-of-superficial-lymph-nodes-in-dogs-and-cat>

3. In the same week, I saw another post where a vet physiotherapist was asking about a dog with severe atrophy of the scapular muscles and lameness that came on after a prolonged period of 'rest'. In this case, I responded raising the suspicion of a nerve sheath / peripheral nerve tumour.

This case reminded me of a dog that I had treated years ago. She had a front leg lameness. Her vet had x-rayed the dog's neck and leg and authorized a rehab consult. I found mild supraspinatus tenderness. Treated that but the dog was still lame. Found 'maybe' mild biceps tenderness and 'maybe' some medial shoulder hypermobility. Treated that, but no change in lameness. Treated the neck and cranial thoracic spine & ribs, just presumptively, but still no lameness improvement to be had. Unfortunately, the owner moved across the country, but we facilitated a transfer of records to a practitioner near her (a Rehab Vet Tech) who eventually facilitated a referral to a neurologist. They found a nerve sheath tumour. Kudos to the tech! And for me, this was my first nerve sheath tumour case and I have never forgotten the presentation, the lack of response to treatment, and the dramatic atrophy of the scapular muscles despite lack of a structure to pinpoint as the cause. I learned from that case. I never forget that case. I vowed I would never miss one of these again. And since then I have counselled dozens of other practitioners (of all disciplines) on how to recognize nerve / nerve sheath tumours. How did I get to this point? **Reflective practice** as part of my **clinical reasoning**.



Picture from: <https://brewerneurovet.com/peripheral-nerve-sheath-tumors/>

4. There have been discussions on various forums, in direct messaging, and in my dealings with various veterinary boards regarding concerns over non-vets treating animals that seem to start with “What if...” Follow that with various clinical scenarios. I’ve been wracking my head to come up with a way to express how as a physiotherapist, when I approach a patient, it is not just with a bag of tools and tricks, but it also includes my clinical reasoning skills. Fundamentally, they are the underpinning of the profession of physical therapy.

Communicating clinical reasoning as a skill set is a tough one. Then I remembered a form that we used for presenting a case study as part of my Master's Degree in Animal Physiotherapy. I have turned it into a document, and it can be downloaded from here:

<https://www.fourleg.com/media/Clinical%20Reasoning.pdf>

I was going to post it in point form... but it would lose context. All in all, this is how I think when I approach a patient, with each and every appointment. This is how I was taught to think as a Physiotherapist, and this form was created by Physiotherapists to help us as students in the animal physiotherapy program to remind us continue to Think Like Physios even when facing an animal patient compared to a human patient. I love this form and I’d encourage anyone in animal rehab practice to try using it as a way to enhance your clinical practice.

On that note, I wish you a wonderful week ahead and **Happy Clinical Reasoning!!!**

We'd like to welcome our newest member to the ARD Executive!

Meet Danna Campbell!

Danna graduated from Oxford Brookes University (UK) in 2011. After working for 2 years in Scotland, she returned to her hometown of Whitehorse, Yukon, where she is working in private practice and opened her own equine rehab business called Bluebell Physio. Danna is the incoming President of the Physiotherapy Association Yukon.

Danna has always been a horse lover. She spent a year learning classical Dressage in California, and she is the proud owner of 2 horses and a pony. She continues to pursue classical riding and natural horsemanship, and loves being outdoors with her husband and children.

Welcome Danna!



Clinical Reasoning Diploma Form

A look at the ARD form

Part A – To be completed following the subjective (owner and veterinarian) examination.

1. List the functional problems being experienced by the patient.

Cues: Is the animal lame, potential pain mechanisms, physical impairments, external influences i.e. farrier, rider – tack, racing surfaces and psychosocial issues such as sleeping environment, training-exercise regime, age, diet etc. Include the primary Veterinary diagnosis, including orthopaedic and systemic conditions.

2. Complete the following:

Primary hypothesis for source of symptoms	Patho/biological process	Likely physical findings
Alternative hypothesis (1) for source of symptoms	Patho/biological process	Likely physical findings
Alternative hypothesis (2) for source of symptoms	Patho/biological process	Likely physical findings

3. Indicate any sport specific, functional oriented or economic consequences of the functional problems.

4. Will you complete a full assessment today? Explain.

Critical Reasoning in a Lamé Labrador

Carrie Smith, BScPT, CCRT, CAFCI

Gunner is a 1-year-old Chocolate Lab with a 3-week history of left hind leg lameness.

History:

Gunner is a young, healthy dog with no history of any medical or orthopaedic issues. He is in good shape, 70 lbs (his ideal weight according to the vet), and very active. He lives on large country property with his parents and his sister Daisy, who is a 2-year-old Mastiff. Gunner was neutered in July at the age of 7 months.

3 weeks ago, Gunner was playing fetch with his owner and his favourite tennis ball. After a few minutes of fetch, the owner noticed that Gunner was holding his left hind leg up off the ground. He stopped the game, brought Gunner inside and everything seemed to be fine.

1 week later, Gunner was wrestling with Daisy when the owner heard him howl and start whimpering. He had completely tucked the left hind leg up under his body and was ambulating on 3 legs. It took about 10 minutes before he would start weight bearing again, and since that time he has been intermittently lame.

Gunner was taken to his veterinarian the following day, who thought that it could potentially be a cruciate injury, and he was referred to rehab. No x-rays were taken, and he was given Medicam for pain control.

Clinical Reasoning Point

In my opinion, if you have a Labrador with a hind leg lameness, this is a cruciate injury until proven otherwise! Labs are one of the top 3 breeds to sustain CCL injuries, and although the majority of CCL injuries are of a chronic nature and usually present around 6-7 years old, acute tears can happen in young dogs during activity.

Let's follow the ARD Clinical Reasoning Form:

Primary hypothesis for source of symptoms: Partial left CCL tear

Patho/biological process: Partial tear caused by sudden stop/rotation of the leg while playing ball.

Likely physical findings: Reduced left stifle ROM, possible swelling around stifle, possible medial buttress starting to form, laxity during stress tests (anterior drawer or tibial thrust), tenderness on palpation of the stifle, increased tone of left quadriceps and psoas

(compensation pattern from holding the leg up and not wanting to weight bear), thoraco-lumbar junction stiffness (secondary to tension/pain in psoas), reduced left hip extension (secondary to psoas tension/pain), sloppy sit on left, shortened stride on left when walking, reluctance to jump.

Alternative hypothesis #1: Partial tear or strain of left psoas

Patho/biological process: Muscle strain caused by fast acceleration or deceleration or rotary motion while chasing ball.

Likely physical findings: Full ROM of stifle, decreased hip extension with pain, increased tone in quads and psoas, reactive to palpation of either origin or insertion of psoas (or both), reduced mobility through TL junction, shortened stride on left when walking, reluctance to jump, sloppy sit, normal ligament stress tests at stifle.

Alternative hypothesis #2: Injury to thoraco-lumbar junction

Patho/biological process: Facet jam or strain of left side from excessive rotational movement while playing ball.

Likely physical findings: Normal stifle ROM and ligament stress tests, reduced hip extension, reduced PA's and side glides of TL junction facet joints, trigger points along left psoas and pain on palpation of left psoas origin or insertion, shortened stride on left when walking, reluctance to jump.

You can see that all three of these hypotheses have very similar signs and symptoms. In my experience, a small, partial tear of the CCL will cause signs of a psoas injury and a TL junction injury. It can be very hard to tell what the primary problem is and what are the compensation problems.

Objective Assessment

1. No swelling or medial buttress palpated around stifle joint
2. Full PROM of stifle, hock and toes
3. No laxity noted of anterior drawer or tibial thrust
4. Reduced left hip extension with pain (pulling back with leg, dog looks at leg, wide eyes)
5. Increased tension in quads but no pain reaction
6. Pain reaction on palpation of left psoas insertion
7. Mild reduction of PA glides T12-L2
8. Quivering reaction to side glides T12-L2 (left side bending)
9. Normal CP reflexes bilaterally
10. Shortened stride on left at a walk (trotting not tested)
11. Straight sit
12. Girth measurements equal bilaterally
13. Equal weight bearing (paper test) bilaterally

From my objective examination, a psoas injury is looking more likely, but I will never rule out a partial CCL, particularly in this breed. I discussed with the owners my 3 hypotheses, and the good news is that the rehab will be the same for all of them. Our rehab goals are:

1. Restore full hip extension
2. Restore full facet mobility
3. Reduce spasm in quads and psoas
4. Restore normal gait
5. Initiate strength training program

Initial Treatment (note – I have only seen this dog once so far!)

1. Laser to acupuncture points of the left hind limb (12 joules) – GV2, GV3, GB29, 30, LV12, UB40, UB60, LV3, K1, ST36
2. Laser to specific muscles – quads and psoas
3. Laser to left stifle (surround the joint) – medial and lateral joint line and patella
4. Myofascial release techniques to psoas and TL junction
5. Home exercises to facilitate TL junction mobility, psoas flexibility and core strength – cookies at the hip, front legs up, 2 leg stand (left hind on ground), tunnel squats and backing up

Treatment Plan:

1. Follow 1/week x 3 weeks, progress exercises each week
2. I have a 3-treatment rule. I always book the assessment (includes initial treatment) and 2 follow-up visits when I first see a dog. I find that if I'm on the right track and treating the right thing, there will usually be a significant difference by the 3rd treatment. If not, I put my critical thinking hat back on and re-asses!
3. For this dog, I expect that within a few treatments the hip and facet joints will be moving normally. What I am really looking for is whether this problem keeps reappearing! If this is actually a small CCL tear (which I think it is), this lameness will keep coming back. At this point I don't think it's worth sending to a surgeon, but if we see that every 6 months this lameness is coming back, then it's time for a more detailed look at the CCL.
4. Warn the owner what to expect! I always let them know that we may be looking at a CCL tear. They can start a savings account, or there still may be time to put insurance on the dog. In this case, the vet has already documented a possible CCL, so insurance would not cover it. You may find cases where you are seeing repeated psoas injuries, but there has been no documentation of a CCL injury. This is when owners could put insurance on their dogs just in case!
5. Exercises for life. This dog is young, fit and healthy, but I think he has a small CCL tear. The stronger he is throughout his life, the more likely this will not progress to a full tear. Weight control (especially in a lab!) is critical as well. Giving the owners this information early on will help them see the value in ongoing fitness and weight control.

Points to consider...do you think an early neuter might have been one of the underlying factors here? There is some debate about spaying or neutering before full growth has occurred and whether that plays a role in CCL tears. Do you think Gunner can return to playing fetch? Think about this and I will update Gunner's progress in another ARD newsletter!

Guidelines for Age of Neutering

Assisting Decision-Making on Age of Neutering for 35 Breeds of Dogs: Associated Joint Disorders, Cancers and Urinary Incontinence. ORIGINAL RESEARCH ARTICLE

Front. Vet. Sci., 07 July 2020 | <https://doi.org/10.3389/fvets.2020.00388>

<https://www.frontiersin.org/articles/10.3389/fvets.2020.00388/full#supplementary-material>

As professionals working in animal rehab, we often get asked about the best time to spay and neuter. Here is a new research article that can help answer that question!

This study looked at 2 parameters with respect to age of neutering (and spaying):

1. Joint disorders - hip dysplasia, CCL tear or rupture, elbow dysplasia
2. Cancers - lymphoma, mast cell tumour, hemangiosarcoma, osteosarcoma

In previous studies, neutering before a year of age was associated with an increased risk of one or more joint disorders (2-4 times that of intact dogs), particularly when neutered before 6 months of age. In other studies, early spay and neuters were shown to increase the incidence of cancers.

The goal of this study was to research a large number of dogs over multiple breeds, looking at age of spay/neuter and incidence of joint disorders and/or cancers. They found major breed differences in vulnerability to neutering, both with regards to joint disorders and cancers.

In most cases, the owner or caregiver can choose the age of neutering without increasing the risks of joint diseases or cancers. Small dog breeds seemed to have no increased risk of joint disorders associated with neutering, but Boston Terriers and Shih Tzus had a significant increase in cancer.

The study looked at 35 breeds of dogs over a 15 year period at a busy Veterinary Medical Teaching Hospital (n=a lot!).

The table below is just an example of some of the study results. This is worth looking at if you are being asked about spaying and neutering by your clients. It is worth noting that there were two breeds where the recommendation was to avoid spaying and neutering at all...but you'll have to read the article to find out which two breeds!

Breed	Choice	Beyond 6 months	Beyond 11 months	Beyond 23 months
Australian Cattle Dog	*			
Australian Shepherd	*			
Beagle			*	
Bernese Mountain Dog				*
Border Collie			*	
Boston Terrier			*	
Boxer				*
Bulldog	*			
Cocker Spaniel		*		
Collie	*			
Corgi		*		
Dachshund	*			
English Springer Spaniel	*			
German Shepherd				*
Golden Retriever			*	
Great Dane	*			
Irish Wolfhound				*
Jack Russell Terrier	*			
Labrador Retriever		*		
Miniature Schnauzer	*			
Pomeranian	*			
Poodle (Toy)	*			
Poodle (Mini)			*	
Poodle (Standard)				*
Rottweiler			*	
Saint Bernard			*	
Shetland Sheepdog	*			
Shih Tzu	*			
Yorkshire Terrier	*			

ARD/AP Division Webinars

New ARD Acupuncture Certification Course

We are happy to announce that the ARD is joining forces with the Acupuncture Division and will be presenting a series of four webinars over the next few months (you may have already seen the first one!).

This was a great collaborative project between Divisions (and the first one that we have ever done). The first webinar “Acupuncture for the Senior Dog” is available free for ARD and AP Division members:

<https://embodiaacademy.com/webinars/387-acupuncture-for-the-senior-dog-hind-end-part-1-sponsored-by-the-cpa-acupuncture-and-animal-rehab-divisions>

Webinar #2: Acupuncture for Front End Injuries will be on Thurs. April 1 (no joke!) from 12-1pm.

<https://embodiaacademy.com/webinars/388-acupuncture-for-the-senior-dog-front-end-sponsored-by-the-cpa-acupuncture-and-animal-rehab-divisions>

Webinar #3: Acupuncture for Hind End Injuries will be on Thurs. May 6, 12-1pm.

<https://embodiaacademy.com/webinars/396-acupuncture-for-canine-hind-end-injuries-sponsored-by-the-cpa-s-acupuncture-and-animal-rehab-divisions>

Webinar #4: Dry Needling and Ashi Points in the Canine Patient (no date yet).

The ARD is also working on a new acupuncture/dry needling certification course. There are no courses available for Physiotherapists to learn how to do acupuncture on animals, so we're starting our own! This will be an online course, prerequisites will be (1) Diploma in Canine Rehab and (2) Acupuncture Rostering in your own province (ie. you are already doing acupuncture or dry needling on humans).

This course is in the planning process so we don't have all the details yet, but this is a great time to finish your Diploma if you've already completed your Intro and Advanced Canine courses. Stay tuned for more information!

Shoulder Injuries in Agility Dogs (from a Facebook post!)

*Risk Factors for the Development of Shoulder Injuries in Dogs Competing in Agility.
Kieves NR, Markley AP, Shoben A. The Ohio State University College of Veterinary Medicine.*

Introduction:

- Surveys have found the shoulder to be the most commonly injured anatomic region in the agility dog
- The aim of this study was to determine the potential risk factors for shoulder injuries in canine agility athletes
- Hypothesis: Earlier contact training and weave training, along with competition at the national or international level would lead to increased risk of developing a shoulder injury, while later onset of training and competing on turf would decrease the risk of shoulder injury. The second hypothesis was an increasing number of competitions per year and number of runs per trial would result in an increased risk of developing shoulder injury.

Materials and Methods:

- Internet based survey
- Injury = dogs with a shoulder injury that kept them from competing in agility > 1 week
- Logistic regression used to estimate association between shoulder injury history and variables of interest
 - demographics (age, weight, sex, experience, breed, country)
 - competition level (primary organization, frequency of competition, surface of competitions)
 - initial training factors (age of each obstacle training, trained contact obstacle behaviour, method for weave training)
- 4,197 dogs in the sample, 524 reported a history of shoulder injury

Discussion:

- Frequency of shoulder injuries was substantially higher than injuries at other locations, and higher than previously reported
- Competing at a national and international level increased the odds of shoulder injury
- No association between trained contact behaviours, weave training method or age of starting contacts or weaves
- No association between contact surface and shoulder injuries
- *Competitiveness of the handler may be the most important factor for developing shoulder injuries!*

Run Forrest Run!

Sandra Oxtoby MScPT, Dip. Equine and Canine Rehab

Chart notes from Teresa Humpage, EEBW, EST

Forrest was born with a severe bilateral carpal deformity and carpal varus of the right front limb.

He was immediately placed in heavy shoes and full forelimb splints. At the age of one day, he underwent surgery to cut the ulnaris lateralis and flexor carpi ulnaris tendons bilaterally. He had a temporary screw placed in the right distal radius for 2 weeks and then was splinted for another 3 weeks.

The rehabilitation assessment was done when Forrest was one year old. Post surgery and splinting, Forrest did not receive any treatment. The veterinarian could not offer any prognosis as they had never had a case like this. The owner was quite discouraged as she had been hoping that Forrest would be a show jumping horse. Now her goal is to improve function as much as possible.

This was an interesting case for many reasons. Assessing a yearling horse can be difficult, it's hard to do a hands-on assessment because they won't tolerate too much palpation at this age. Most of our assessment was observation of his gait and posture.



Forrest - Day of Birth



Custom heavy heeled shoe to help drop extensor tendons



Splints post-surgery

4 days old



Forrest at 1 year of age, legs are much improved!

Walking Gait : Right front limb carpal locking is not controlled. The joint collapses but the patient has developed a compensation strategy to shorten his gait.

Trotting Gait: Good impulsion, no lameness noted, more controlled than at a walk.

The “critical reasoning” of how to treat Forrest relies on function and a home exercise program. A daily home program will be much more beneficial to Forrest than manual therapy or modalities.

Rehabilitation is always based around what the owners goals of treatment are. Before he was born with this condition, he was breed for show jumping bloodlines. The owner is aware this may not be possible but why not try to maximize FUNCTION with the goal being to perform a walk/trot/canter safely with a rider on his back.

Treatment Plan:

1. Massage to extensors and flexors of front legs
2. Scapular mobilizations (all directions, Grade 3)
3. Shoulder mobilizations (all directions, Grade 3)
4. Wither Rocks (thoracic rotation) 5 reps each side, 3 sets
5. Flexion and extension of fetlocks (5 reps) - this can be done in conjunction with picking out the feet
6. Flexion and extension of all other front limb joints (5 reps)
7. Laser to flexor and extensor muscle bellies of front limbs (6 joules)
8. Turn on haunches both directions for 3-5 steps each way (much more difficult for him to cross the left front limb over the right)
9. Specific home exercises to be done (forelimb massage, cross-overs, stretching all muscle groups, wither rocks)

I was able to incorporate most of these mobilizations and stretches into the home program for the owner to follow 5 days per week. I will be back in a month to follow up with Forrest and to help progress his home program.

Critical Reasoning:

Rare cases - This is not a typical case where the veterinarian has a clear path of Forrest's prognosis. They have advised us to "experiment and see what we can do". Through a Facebook group (Physical Therapists in Animal Rehabilitation), I was able to locate a physio in Finland who has worked with these surgeries. I am eagerly awaiting her suggestions!

Animal Handling - You cannot always do the perfect assessment objectively. Sometimes you have to speculate as to what the issues might be based on your clinical experience and critical reasoning.

Attention Span - Forrest's tolerance is minimal for any handling, including the farrier. This is typical of all paediatric patients. If any practitioner takes too long, it's not a good experience for the animal, the owner, or the practitioner.

Jump In - I decided to just jump right into treatment, even though I did not have the perfect assessment! I wanted to get some things accomplished before Forrest started to dislike the rehab process. Teaching the owner a home exercise plan was my top priority. I integrated a balance of hands-on techniques and movement for the home exercise plan. Most yearlings are not handled this much, so this will help Forrest become more used to handling, without stressing him out too much.

Conclusion:

Sometimes critical reasoning is not making fancy decisions using differential diagnosis and special tests. Sometimes, it is simply to work with what's in front of you, and making decisions on the fly...do I do less, do I do more? We learn from every patient we see and from every treatment we do.

You can follow Forrest's progress on Instagram: [watch.forrest.run2020](https://www.instagram.com/watch.forrest.run2020)



Forrest sporting his new blanket!

I did a thing!

Shauna Slobodian, Author

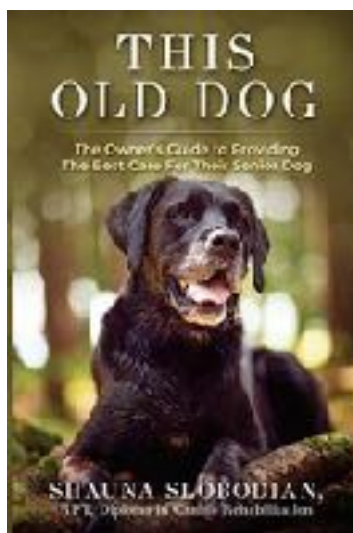
What did I do? I wrote a book! Holy chihuahua I did!

On February 14th, my book *"This Old Dog. An owner's guide to providing the best care for their senior dog."* was released! It was over a year in the making but it was such a moment of achievement to finally have it out to the world!

2020 was a bit of an unexpected year wouldn't you say? This book was actually supposed to be done on March 15th of 2020...but it took a little longer. Why did I do it? I wanted to create an easy to consume, user friendly book that actually gave owners THINGS TO DO with their senior dogs, without getting too technical. As physiotherapists working with animals, we have a lot of knowledge to share with people and they are gifts we should be giving!

What has happened since the book was released? Well I blew past my initial goal of selling 100 copies and I'm past 150 copies sold (and a lot of people are waiting to buy directly from me because they want signed copies...CRAZINESS!). I've been an Amazon bestseller in several categories including Physical Therapy, Dog Care and Animal & Pet Care. I've done two interviews with other canine rehab therapists and they've shared the book with their audiences. I've finally turned someone into a paying customer after she's been on the fence for 16 months and I've had past customers turn into repeat customers! I've also been asked by the organization I volunteer for (Elderdog Canada) to do a 2-part workshop for the membership. It has opened so many doors I didn't know even existed!

Want to make your mom cry? Write a book and dedicate it to her:



This Old Dog is available through Amazon

Dedication

To my mom Vicky. She brought home my first dog when I was 10. She had no idea the impact it would have on my life or my future career path. She did so many things for Bubbles that truly showed what the love for a dog is. Bubbles, our beloved yellow Labrador retriever, lived until 16.5 years old. That old dog and my young mom are the inspiration for writing this book. Thank you, mom, for all the support and guidance you have provided me over the years. I love you.



Me, my brother Donovan, my mom and that "old dog" Bubbles in 1977.

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Please e-mail Barbara Lee, PT, Dip. Canine Rehab at barbara@canineconditioningcentre.ca



Ontario Update:

The College of Veterinarians of Ontario has put together a special interest group to include non-veterinary rehab professionals. This includes Physiotherapists, Chiropractors, Massage Therapists and Registered Veterinary Technicians. Barbara Lee (pictured above) and Carrie Smith (ARD Co-Chair) have been invited to be members of this group. The first meeting is later in March, and we are hopeful that this will be a step forward for all non-veterinary rehab practitioners. We will keep you posted!

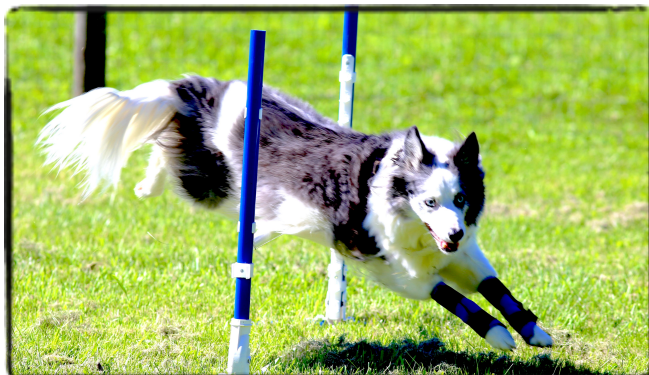


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The Animal Rehab Division is promoting student involvement in both animal rehab and our division by introducing a new student scholarship program.

The ARD will award up to 4 scholarships per year to Canadian Physiotherapy students. Successful submissions have a choice of the following 2 scholarships:

Scholarship 1

- Canine or Equine Home Study Program (\$317)

Scholarship 2

- \$250 pre-paid Visa card, copy of Successful Practitioners in Canine Rehabilitation and Physiotherapy

Requirements

- Successful completion of ONE of the following tasks
- Currently enrolled in a Canadian University Physiotherapy Program or new Physiotherapy graduates who have completed their course work in the last year. Maximum of one award per applicant.



Completed electronic applications should be submitted to:
carriephysio@bellnet.ca

Deadline for submission:
Annually on Jan. 31

Applications will be scored on content, style, use of video/YouTube (if appropriate), pictures and originality.

Successful applications will be published in the ARD newsletter.

Choose 1 of the following tasks, be creative and have fun!

1. Create a YouTube Video about Animal Rehab
2. Shadow a practicing ARD member and create a video or article about your experience.
3. Complete a summary of 2 veterinary research papers related to rehabilitation.
4. Perform a literature review on anything related to canine or equine rehab.
5. Develop hand-outs for owners illustrating at least 5 commonly used exercises for a variety of conditions (canine or equine), in conjunction with videos of the same exercises available to ARD members via YouTube.
6. Write a 2-3 page article for the ARD newsletter on any topic of your choice. Article must be referenced, have corresponding photographs and may have a YouTube link.

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Laurie Edge-Hughes, BScPT, MAnimSt(Animal Physio), CAFCI, CCRT



One Last Thing...

SUMMER 2021 Newsletter

We are gathering ideas for our next series of newsletters, so if you have an idea about what you would like to see in upcoming newsletters, we would love to hear from you! Our summer newsletter will be all about Acupuncture.

Newsletter Editor: Carrie Smith

carriephysio@bellnet.ca

Animal Rehab Insurance

BMS is our CPA insurance company for animal rehab practitioners. Information on policies can be found on the CPA/ARD website.

<http://www.cpa.bmsgroup.com/en/coverage-for-animal-rehabilitation-therapists>

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