



# ANIMAL REHAB DIVISION



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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.

# THE ARD HOME TEAM

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The ARD changed executive roles at our meeting in June.  
Here's your new executive!

A big thank-you to our outgoing members Sandra Oxtoby,  
and Miranda Shumborski for their hard work and  
contributions. These two will be staying on as part of our  
special projects and social media teams.

Welcome to our newest member Inderdeep Dhugge!

## Course Calendar

### Canine Home Study

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

### Introduction to Canine Rehab

Coming soon!

### Advanced Canine Rehab

Coming soon!

### Equine Home Study

Introduction to the Equine  
Patient  
Pre-Requisite for  
Introduction and Advanced  
Equine Rehab  
*Available Anytime*

### Introduction to Equine Rehab

July 23-25/21 &  
Aug. 20-22/21

Calgary, AB

### Advanced Equine Rehab

Sept. 17-20/21 &  
Oct. 1-4/21

Calgary, AB

To register for all courses:

[ard.rostertrack.com](http://ard.rostertrack.com)



## Report from the Chair

Kim Barrett, ARD Co-Chair

Welcome to our summer newsletter!

I just had my second vaccine and am feeling optimistic about moving forward. Fingers crossed that the worst is behind us in this pandemic. The ARD is also optimistic moving forward and making plans for education, advocacy and content to serve our members.

We are pleased to open registration for several of our courses. Keep your eyes peeled for registration for the equine and canine intro and advanced courses. We will be resuming our in-person courses in the fall, with limited registration numbers to allow social distancing.

Our student rep Katie Wood has been hard at work on creating some fabulous content for our social media channels. Please share and spread awareness and give us some likes. The more people that are aware of the great work we do the better.

We also have had some changes on our executive. Carrie Smith has completed her term as Co-Chair and Laurie Edge-Hughes is starting her term in this position. I'd also like to welcome Inderdeep Dhugge as secretary. Thanks to all of our volunteers that make the ARD possible. Have a wonderful summer!

Kim Barrett



### Meet Inderdeep Dhugge!

Inderdeep is our newest member of the ARD Executive and is taking on the role of secretary.

She graduated from the University of Toronto in 2016. Inderdeep is currently working towards completing her Diploma in Canine Rehabilitation and is finishing off her internship hours at the Niagara Canine Conditioning Centre. She looks forward to adding dogs to her caseload!

# Want a Diploma in Animal Rehab? Here's How!

## **Introduction to the Canine or Equine Patient Home Study Course**

Covers anatomy, physiology and common conditions

Great for owners and those interested in canine or equine rehab

Pre-requisite for all other ARD courses

[ard.rostertrack.com](http://ard.rostertrack.com)

*Available Anytime*

## **Introduction to Canine Rehab / Introduction to Equine 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 or Equine Patient Home Study Course

Intro courses run 1-2 times per year.

[ard.rostertrack.com](http://ard.rostertrack.com)

## **Advanced Canine Rehab / Advanced Equine Rehab**

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

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

Advanced courses are held once per year

[ard.rostertrack.com](http://ard.rostertrack.com)

## **Diploma in Canine Rehab or Equine Rehab Requirements:**

Completion of all ARD canine or equine courses

Written examination, written case study

Veterinary Clinic Observation (40 Hours)

Additional animal husbandry, handling & safety considerations





## PEACE & LOVE for Acute Injuries

Are you stuck in the past when it comes to acute injuries? Are you still prescribing RICE? (Rest, Ice, Compression, Elevation)? Maybe you moved on to PRICE (Protect, Rest, Ice, Compression, Elevation). Maybe you actually thought you were already up to date because you followed the POLICE protocol (Protect, Optimal Loading, Ice, Compression, Elevation)? What if I told you that all of these acute injury management acronyms were out of date? Well, hold onto your shorts, because that's what's coming! No more RICE. No more PRICE. Out with POLICE! We're now at PEACE & LOVE.

Read on to stay up to date!!!

The RICE protocol dates back to 1978 and was coined by Dr. Gabe Mirkin. It was back in the day when we held the belief that ice was needed to minimize the inflammatory response in order to speed up healing. That was the cornerstone of acute injury management for 20 years! Then we added the 'P' (Protect). 14 years after the 'P' comes along the POLICE. (Those keeping track in your head, this takes us up to 2012.) The OL (Optimal Loading) came along after recognizing that loading tissues aids in recovery via cell regeneration and that rest or lack of movement is detrimental to recovery.

Next to take the hit is Ice. Research is showing that ice may delay healing as well. We need some inflammation for our body for the cells in the area to release Insulin-like Growth Factor (IGF-1). IGF-1 has growth-promoting effects on almost every cell in the body and in turn stimulates healing. Dampening this effect with ice is counterproductive.

Now, fast forward to 2019 when we Ice is formally dethroned and the PEACE & LOVE moment takes hold. Here's what it stands for; Protection, Elevation, Avoid Anti-Inflammatory Drugs, Compression, Educate and Load, Optimism, Vascularization and Exercise.

**P****PROTECTION**

Avoid activities and movements that increase pain during the first few days after injury.

**E****ELEVATION**

Elevate the injured limb higher than the heart as often as possible.

**A****AVOID ANTI-INFLAMMATORIES**

Avoid taking anti-inflammatory medications as they reduce tissue healing. Avoid icing.

**C****COMPRESSION**

Use elastic bandage or taping to reduce swelling.

**E****EDUCATION**

Your body knows best. Avoid unnecessary passive treatments and medical investigations and let nature play its role.

**&****L****LOAD**

Let pain guide your gradual return to normal activities. Your body will tell you when it's safe to increase load.

**O****OPTIMISM**

Condition your brain for optimal recovery by being confident and positive.

**V****VASCULARISATION**

Choose pain-free cardiovascular activities to increase blood flow to repairing tissues.

**E****EXERCISE**

Restore mobility, strength and proprioception by adopting an active approach to recovery.





**Protect:** Unload or restrict movement for 1 – 3 days to minimize bleeding or aggravation of tissues... but should be confined to as shortened of a period as possible.

**Elevate:** Little evidence exist on this one, but it is not harmful and may help to promote interstitial fluid flow out of swollen tissues.

**Avoid anti-inflammatories:** NSAID use may negatively affect long term healing. Soft tissue injuries in particular should not include NSAID medications. Avoiding ice also fits into this category.

**Compress:** Conflicting studies surround compression, however it may reduce swelling, so could be utilized (if practical).

**Educate:** The education to be done is about the benefits of an active approach to recovery with less of a reliance of passive modalities. Additionally, education regarding realistic expectations about recovery times is also of importance.

**LOVE** comes in after the first few days have passed, when the tissues are less reactive and pain is less of a factor.

**Load:** Mechanical stress needs to be incorporated early on. Optimal loading without exacerbating pain promotes repair, remodelling and builds tissue tolerance and the capacity of tendons, muscles and ligaments.

**Optimism:** Optimism is associated with better outcomes and prognosis. The psychological aspects of injury (such as catastrophizing, depression, and fear) can represent barriers to recovery.

**Vascularization:** Pain-free cardiovascular activity should be started early to improve blood flow to and through the injured structures.

**Exercise:** Exercise not only aids in the treatment of soft tissue injuries, but it also helps to reduce the prevalence of recurrent injuries.

Managing soft tissues injuries should be about more than dealing with the short-term damage. As clinicians, we must also aim for the most favourable long-term outcomes as well. Whether they are dealing with an ankle sprain or a hamstring strain, we hope this editorial will encourage clinicians to give PEACE a chance, because perhaps all soft-tissue injuries need is LOVE.

Wikipedia. Insulin-like growth factor 1. [https://en.wikipedia.org/wiki/Insulin-like\\_growth\\_factor\\_1](https://en.wikipedia.org/wiki/Insulin-like_growth_factor_1) Accessed June 12, 2021.

Dubois B, Esculier J Soft-tissue injuries simply need PEACE and LOVE. *British Journal of Sports Medicine* 2020;54:72-73. <https://bjsm.bmj.com/content/54/2/72>

Wood, Z. To Ice or Not to Ice An Injury? *Physio Network*. <https://www.physio-network.com/blog/ice-for-acute-injury/> Accessed June 12, 2021.

## Acupuncture in Horses

Danna Campbell, BScPT, ACC

I have used acupuncture in my daily practice on humans for several years now, finding it an incredibly effective treatment for so many reasons; it reduces pain, improves circulation in the tissues, improves muscle tone, normalizes nerve functioning and just generally helps to boost the healing process. The use of acupuncture began more than 3,000 years ago, but is recently starting to gain popularity in western medicine with scientific evidence to back up its beneficial effects. When I started treating horses, I naturally wanted to try acupuncture hoping the amazing effects on humans would help my equine patients.

Horses are incredibly sensitive animals, and especially sensitive to energy; their primary communication within a herd is via life energy, or Chi. Chi energy is the foundation of Chinese Medicine, and acupuncture affects chi through stimulation of specified points along the body's meridians, which are the channels that chi travels through. In a nutshell, acupuncture works by stimulating the points with a needle (or with pressure which is called acupressure) which releases endorphins and positively effects the autonomic nervous system causing physiological change in the body. (Gösmeier).

Because of the sensitivity of horses, I have found in my practice that they require fewer needles and shorter time to see positive effects. I try to treat with as few needles as possible for a few reasons:

- Safety- horses move around and usually don't stay still on command like humans, therefore needles falling out is a possibility, as well as getting lost in long hair.
- Horses can easily be over-stimulated

One reason I love treating horses is they are very honest- they don't lie or fabricate or exaggerate- they live in the moment, and if you are sensitive to their cues you can see what they are feeling. As prey animals, horses are constantly on alert and if they feel in any way frightened, threatened or uncomfortable they will show this. On the flip side, signs of relaxation and release in horses include: licking, yawning, sneezing and blowing, releasing gas, lowering head, sleepy eye lids, etc. These signs often start very quickly after starting acupuncture- sometimes within seconds. One observation I have made while treating horses with tight and painful spines, is that they make a lot of gut noises as the tissue starts to release. This makes sense considering that in humans the spine and gut are closely linked.



Most horses tolerate acupuncture very well as the needles are very thin and do not cause pain. A few horses (including one of mine) are so highly sensitive that needles are too much, and they do better with light acupressure instead.

My favourite acupuncture point to treat in horses is Bai Hui (point of 100 meetings), which is in the lumbosacral space and benefits the hindquarters and back, helps with colic and estrous cycles, over exertion and arthritis. It is generally well tolerated, even by my sensitive guy who I can't needle anywhere else. Other points I use regularly are on the bladder meridian along the spine and Tui Men (Extra point FL-13) which is a unique point in equines and a highly important point stimulating the flow of Qi for all leg conditions (Bruno).

As a physiotherapist, my training in anatomical acupuncture is limited to physio-related issues including neuromusculoskeletal conditions, functional imbalances and pain conditions. My go-to reference books are, "Acupressure for Horses" by DMV Ina Gösmeier, and "Acupuncture Points on the Horse" by Dr. Gene C Bruno. Even in my limited scope I have found acupuncture one of my most useful and favourite 'tools' in treating humans and horses, and I would love to one day expand my knowledge and practice into neuro-acupuncture and traditional acupuncture methods. I highly recommend trying acupuncture to treat yourself or your horse, and furthermore for physiotherapists to become trained in acupuncture to use in their daily practice.



Danna's horse  
standing patiently  
while receiving  
acupuncture

Tui Men (FL-13)

#### Extra Point FL-13 "Leg Gate"

One of the most important points on the horse. Indicated for obstruction of Qi or blood, lameness, laminitis, leg or joint pain in the front legs, navicular syndrome, tenderness on the bottom of the hoof, all circulation problems in the leg, any inflammation of the leg.

*Reference: Acupuncture Points on the Horse. Dr. Gene C. Bruno*

## Circle the Dragon

Carrie Smith, BScPT, CAFCI, CCRT

I recently took an online course entitled “Canine Trigger Point Therapy” with Dr. Cheryl Cross from Integrative Veterinary Academy. I highly recommend this course if you want to delve deeper into how and why acupuncture and dry needling work. I will be using this course material as a main reference in our next newsletter about dry needling and trigger points.

<https://www.integrativevetacademy.org/about-copy/>

In this course Dr. Cross reviewed the acupuncture technique called “Circle the Dragon” or “Surround the Dragon”. I remember this technique from the dark ages when I took my first acupuncture course through the AFCI, but I must admit I had forgotten about it and have really never used it.

This was a great review of how simple and powerful this technique can be. You will thank me for not going through the four hours of scientific data, neurological, chemical and molecular changes that occur in the body during an acupuncture treatment (if you want to know this, take the course!), suffice it to say there is a lot of stuff happening in there! I really like Dr. Cross’s term for it, she calls it an “inflammatory soup”. This soup has a domino cascade effect to attract red blood cells, white blood cells, histamine, neurotransmitters, neuropeptides, CGRP, and so on. This helps to kick in the body’s own healing mechanisms.

I decided to try Circling the Dragon on one of my patients. Sidney is a 2-yr-old Australian Shepherd who suffered a complete left CCL rupture in October 2020 while chasing another dog (who was a little more agile!). Due to Covid, there was quite a backlog for surgery, and he ended up having a left TPLO surgery in January, 2021.

Sidney’s recovery was normal, I started seeing him about 2 weeks post-op and he progressed normally through our rehab program. What was not normal was the fact that the hair over the shaved area on his spine was not growing back. The leg hair was growing normally, but not the hair over the back (see the amazing pictures on the next page!).

From Dr. Chan Gunn’s work in IMS (intra-muscular stimulation) and signs of neuropathy, we know that hair loss is a sign of neuropathy. Well this was as much hair loss as you could get, so in addition to the CCL rehab, I decided to try Circle the Dragon over the hair loss to see what would happen.

Check this out!





Sidney before first treatment of Circle the Dragon (May 11, 2021)



The left leg and the back were shaved at the same time (January 20, 2021)



Start of 2nd treatment (May 15, 2021)

You can already see some hair re-growth!



Start of 3rd treatment (May 18, 2021)

Wow! What a difference!





Start of 4th treatment (May 25, 2021)

The Dragon is Waking :)



Discharged!

June 8, 2021

So that was pretty amazing! The hair had not grown back at all over a period of almost four months, and in three weeks we had total coverage again!

Circle the Dragon involves putting needles around the periphery of the area you want to target. I used 1" needles around the edge of the bald area, directed towards the center and they were quite superficial. Sydney did not have any issues with the needles (we distracted him with peanut butter). I used 14 needles for the first few treatments. Why 14 needles you ask? The needles I use come in packets of 5, so I opened up 3 packets for a total of 15 needles, and then I dropped one so I was down to 14! There is no certain number of needles you need to use for this technique, just circle the area and be aware of the dog's reaction to needling.

You can see how powerful this inflammatory soup is! I am now trying it on a young Labrador Retriever who had a CCL tear and extracapsular repair bilaterally. Her hair has not grown back on her legs and she is a show dog. Her knees are doing well, but the owner is concerned that she will not be able to get back into the show ring because of the hair loss. We're hoping a diet of inflammatory soup over the next few weeks will make the difference!

## Jethro's Journey

Katie Wood, ARD Student & Social Media Rep

Like any physiotherapist making the foray into the world of animal rehab, we all have to, at some point, dive in with our first patient and complete our first assessment. As messy, awkward, and uncomfortable as it may be, it starts us on a path into something new, and maybe in a direction where we can help more species than just the humans that cross our table. Like many of us, my first patient came through in the form of my own pet, Jethro (named in the height of an NCIS binge), a 12 year old yellow Labrador Retriever. Four years ago, like many other labs, Jethro ruptured his left CCL. As a dog owner naive to the world of animal rehab and conditioning, I assumed simply following the post-surgical protocol would get him back to his old self.

Fast forward 4 years, as a fledgling physiotherapy student with an interest in animal rehab, I started to take a closer look at my dog's condition. Atrophy through the quads and gluteals, a heavy set front end with laxity through the carpals and digits, and a non-healing ulcer between the second and third digits on his left front due to offloading his surgical leg. That's not to mention the heavy pain meds and pain behaviour he'd been displaying as well. The more I learned, the more I realized that my dog had been displaying a clinical pattern of weakness and discomfort for some time, and the only treatment I'd sought out were traditionally prescribed medications, which just weren't sufficient.

So, hence, my first canine assessment! With the help of Carrie Smith from Kemptville Canine Centre, she walked me through a virtual assessment to address Jethro's impairments and formulate a treatment plan. Unsurprisingly, his left stifle had fairly limited range of motion and a hard end feel. He was also fairly weak as he tried to balance on three legs, and continually tried to lie down. Palpating through this thoracic and lumbar spine, there were multiple spinal levels that produced a pain reaction, and he was very restricted in his cervical extension and bilateral side flexion when tested actively. His gait included a pronounced limp on the left front, and he displayed several other pain behaviours such as hesitating at the bottom of the stairs, bunny hopping up stairs, and walking forward while trying to poop.

So, Carrie and I worked together to develop some treatment goals to address our problem list, including increasing his walking endurance, and hopefully eliminating the bunny hops and walking poops.

Our treatment plan included Carrie's CCL post-surgical protocol of exercises, laser therapy for his toe ulcers and to treat pain-targeting acupuncture points, talking to his vet about some medication adjustments, progressively longer walks added onto his regular exercise, and Manuka Honey applied topically 2-3x per day to the ulcers as well.



Because of Jethro's deconditioned nature and hind end weakness, he hasn't been progressing as rapidly through the exercise protocol as some dogs, and there's had to be some mixing and matching from week to week, but we have been starting to see improvements. I only received my laser recently, so we've just started treatments with that, but from the exercises, he's already improved with his stair hesitancy, and has even gone up the steps one foot at a time once or twice (though he still prefers the bunny hop). His lateral flexion and extension were the fastest to improve, to where he is comfortable getting within 4 or 5 inches of each hip now. He's also been getting incrementally faster off the box when getting up from a box-sit (we've only just started introducing a few sit to stands from the ground, as he still tries to compensate after one or two reps).

I expect it will be a slow battle of consistency and small progressions as we work through the treatment plan, but the goal in the end is just for him to be comfortable, and to have the energy to join us in some light activity so he doesn't feel left out. It will be a long road, and I expect there will be steep learning curves for the both of us, but it's the little win's that count, and we've already started to see those peeking through.



His preferred sit at the start of the rehab plan. We'll be keeping an eye on him as he, hopefully, starts to get more comfortable tucking that leg in.



His interdigital ulcers. They have started to improve in redness and irritation with the honey treatments, and hopefully the laser will expedite the process of healing.



Jethro demonstrating his handsome box sit. The sock is to keep him from licking off the Manuka honey while we do our exercises!

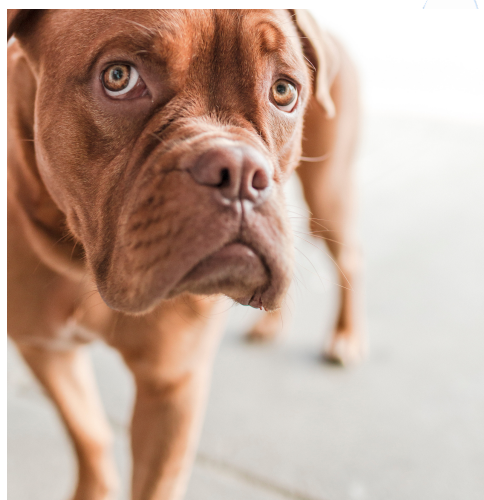


## Student Scholarship Submission

Kristi Striegler, Queens University

*Thanks Kristi Striegler for our first student submission of 2021! Kristi recently finished a placement at Kemptville Canine Centre and decided to do an owner hand-out about how to recognize signs of pain in their pets. Throughout her 6-week placement, Kristi interviewed owners on what signs and symptoms they look for. The ARD will post this on our Facebook page so that members can download it if they would like.*

*If you know a student who's looking for a scholarship, look for our Student Scholarship page at the end of this newsletter. We want to give these scholarships away!*



### PET PAIN & BEHAVIOUR

What if you couldn't tell your loved ones that you were in pain? You could imagine the feelings that would follow...sadness, loneliness, frustration, anger, irritability, and anxiety. Your pet feels these too! Subtle behaviour changes could mean your furry friend is in pain:

Common behavioural changes to look out for:

- facial expression changes: look at their eyes!
- limping or not wanting to weight bear
- vocalizations: growling, howling, whining
- refusal or hesitation to move
- decreased social interaction
- increased aggression and irritability
- increased guarding or reactivity
- pacing back/forth, unable to sit still, circling
- increased hiding or retreating to small spaces
- changes in urinary/defecation habits

### STOIC PAIN

Unfortunately, our pets can often be very stoic when they are in pain... some so stoic you might not even catch it. Owners are in the best position to recognize stoic pain, which are often just very subtle changes that may indicate your pet is in pain. Here are a few common stoic signs to look out for. It is very important to stay alert and aware of these signs... as the sooner your pet's pain is recognized and diagnosed, the sooner it can be treated - often through animal rehab!

Common subtle changes to look out for:

- tail between the legs
- ears pinned back
- postural changes
- breathing changes or panting
- self-mutilation: biting/scratching
- sloppy sitting (legs are not tucked square)
- grooming: coat lacks shine or hair stands up
- weaker tug on toys when playing
- weight loss
- sleeps more than usual or insomnia
- seeks more affection than usual, or the opposite and doesn't want to be touched or held
- trembling, muscle twitching when touched
- repetitively lying down and getting up

### CATS & PAIN

It is not just our dogs that experience pain! Our cats can also experience pain. However, they are often even more stoic than dogs... which can make it even more tricky to spot! As cats are much more independent in day to day living, pay attention to any signs they may be straying away from their normal habits:

Common habitual changes to look for:

- lack or loss of curiosity
- reduced or increased activity
- absence or excessive grooming, matted fur
- absence of climbing into the litterbox
- stiff posture or gait
- lack of climbing or jumping
- loss of appetite
- increased hiding
- depression (indicative of severe pain) : quiet, immobile and distant

Common behavioural changes to look for:

- increased hissing or spitting
- altered breathing pattern
- increased or decreased purring
- increased tail flicking
- change in resting or sleeping posture
- squinted eyes and furrowed brow



**ANIMAL  
REHAB DIVISION**

Completed electronic  
applications should be  
submitted to:  
[carriephysio@bellnet.ca](mailto:carriephysio@bellnet.ca)

# ARD STUDENT SCHOLARSHIPS

FOR THE ENHANCEMENT  
OF ANIMAL REHAB

## PROMOTING STUDENT INVOLVEMENT

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

- **Canine or Equine Home Study Program (\$317) & one year free membership** in the ARD
- **\$250 pre-paid Visa card, copy of Successful Practitioners in Canine Rehabilitation and Physiotherapy, and one year free membership** in the ARD

## REQUIREMENTS

Currently **enrolled in a Canadian Physiotherapy Program** or new grad who completed coursework in the last year (max one award per applicant).

## SUBMISSION TASKS

Applicants will choose **ONE** of the following tasks as their scholarship entry:

- **Series of Instagram or Facebook posts** on a relevant Animal Rehab topic (feel free to reach out for suggestions).
- **Shadow a practicing ARD member** and creating an article, social media post(s), or case study on your experience.
- Write a short (2-3 page) **research review or article** on your animal rehab topic of choice.
- **Or get creative!** If you have an idea that is not listed here, reach out and we'll let you know if its appropriate.

DEADLINE FOR  
SUBMISSION IS  
DECEMBER 1,  
2021



## ARD on Social Media...share, share, share!

Katie Wood, ARD Social Media Lead

### What makes a Rehab Diagnosis Different?

A typical **veterinary diagnosis** of a disease or injury combines both the **specific condition or illness** with where it is **located** in the body. This is called a **pathoanatomical diagnosis**.

Nailing down a **pathoanatomical diagnosis** can be hard in some animals if the condition is **non-specific** (like general low back pain), **functional** (i.e. difficulty climbing stairs), or **simply challenging to diagnose** using traditional methods.

Imagine a horse that has a hard time bending through their neck on the left, but has no obvious lameness.

A traditional assessment of flexion tests, nerve blocks, and imaging may not reveal any specific problems, but the horse has a functional limitation.

This is where the animal rehab therapist differs.

They will typically base their **pathofunctional diagnosis** on **manual tests, patient signs and movement disorders**, and develop a **problem list** on which to base their **treatment plans**.

Often, a veterinarian and animal rehab therapist will **combine their assessment findings**.

The veterinarian's expertise will help discover the **source of a condition** through traditional means, and the rehab therapist will work with them to assess **secondary or mechanical and functional problems**.

Involving an animal rehab therapist in your pet's care can help to **develop a more complete picture** of the specific issues or condition, promoting the **best outcome for you and your pet**.

## Acupuncture Case Study

Telma Grant, BScPT  
Dip. Canine Rehab, Dip. Canine Acupuncture (ICET)

Libby is a beautiful, six-year-old F/S Italian Greyhound. She was brought into my clinic 2 months after a right patellar luxation surgery (December, 2020). She had previously had the same surgery on the left leg with no complications, but she was not weight bearing through the right hind leg post-operatively.

Libby was assessed on March 3/21 and presented with the following findings:

- roached and scoliotic appearance of the lumbar spine and pelvis
- significant tension in the right iliopsoas with a twitch response and gross restriction of right hip extension (would not allow any hip extension passively)
- reluctance to weight bear on the right hind leg, walking and standing on 3 legs
- right stifle ROM was normal with some stiffness at end range of flexion and extension, there were no issues around the surgical area
- very stiff on PA pressures from T12 to the sacrum
- a very nervous disposition

Libby was so nervous that she would not lie down during the assessment or treatment. Although it is my preference to do acupuncture with the dog lying down, you've got to work with what you have!

The owner agreed with my treatment plan of four acupuncture treatments and a home exercise program, to see if we could get Libby weight bearing again and extending her right hip.

RX # 1: GV 20 (opening point, calming and sedation point), Bai Hui (lumbo-sacral junction for weakness of hind legs, helps reduce back pain), UB 54 (gluteal point - right side only). I tried to needle UB 23 and UB 25, but she was holding herself so rigid that the needles just popped right out again! I used 13mm needles, .18 width, for 10 min.

RX #2: 6 days later, still walking on 3 legs but taking partial weight through the right hind leg in standing. This treatment was also done in standing. GV 20, Bai Hui, UB 23, UB 54. I was able to treat bilaterally and the needles stayed in this time! I added some lumbar and tail traction and taped her with kinesiotape over the lumbar spine and hips.



RX #3: Libby walked into the clinic on 4 legs today! Acupuncture to GV 20, Bai Hui, UB 54, UB 23, UB 25, plus manual traction.

Libby was still nervous in the clinic, so I changed tactics and started to use my laser over the acupuncture points rather than needles. She tolerated this much better, and I saw her three more times. Throughout my treatment sessions I also gave the owner some home exercises to do including traction and iliopsoas stretching. The owner admitted that she had a hard time doing these at home as Libby would run away and hide!

What did I learn from this case?

- This is the first time that I have had to treat a dog in standing. The muscles are more taut, and some needles bounced right out. This is not the way I would normally choose to treat, but I had to learn to become more adaptable!
- The points I chose were to normalize gait by addressing the roached/scoliotic spine and weakened glute muscles. I was unable to needle a lot of points that I would have like to needle - ST 40, ST 36, Bafeng, etc. She was just too reactive and too anxious.
- Since Libby was not tolerating a home program, I asked the owner to feed her in a hip extension pose (front legs on as high a surface as possible). At least she was getting some stretch through the hip and psoas!

Every dog teaches you something. Libby has taught me to be more flexible in my approach and that I can still achieve a good outcome even if things don't exactly go the way I planned!



Day 1: Non weight-bearing through right hind



RX #3: Starting to take weight but still standing for treatment!

## ARD Acupuncture Course and Roster

As most of you are aware, the ARD is in the process of creating a "Neuroanatomical Acupuncture and Dry Needling" course. We felt that this was an important course for our members, as provincial veterinary colleges are looking towards a rostering system for animal rehabilitation, much like the ones implemented by the physiotherapy colleges. We wanted to be pro-active and get ahead of the rostering requirements before they were put in place.

Pre-requisites for this course will be:

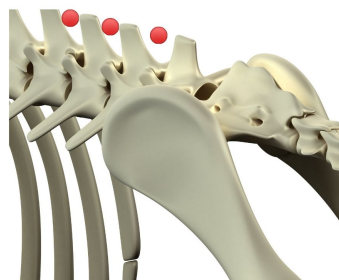
1. Diploma in Canine or Equine Rehabilitation (or equivalent approved by ARD)
2. Rostered in acupuncture or dry needling/IMS in your own province

We highly recommend members whom have taken both the Intro and Advanced canine or equine courses continue on and complete their Diploma! We recognize that courses and internships have been non-existent over the last 2 years, but things are opening up and it's time to finish off your diplomas.

For those who are practicing animal rehab but don't exactly fit the above pre-requisites (retired from human practice or other situations), we will look at each applicant independently.

The course will be hosted on Embodia and we expect it to be up and running by late fall. We are working hard to get this course out to members as quickly as possible! This will continue to be an online course for the foreseeable future.

Did you know that GV 3 changes locations depending on the dog?



The ARD/Acupuncture Division webinar series is always available to members for FREE.  
Use these coupon codes to access the webinars:

Webinar #1: Acupuncture Points in the Senior Dog cpa-webinar387

Webinar #2: Acupuncture Points in the Front End cpa-webinar488

Webinar #3: Acupuncture Points in the Hind End cpa-webinar396

Webinar #4: Dry Needling and Ashi Points cpa-webinar468



**Animal Rehab Division Position Statement: Acupuncture and Dry Needling of Animal Patients by Physiotherapists Engaged in Animal Rehabilitation Practice, Accepted February 2017.**

Physical therapists with training and certification in acupuncture and/or dry needling techniques who are additionally credentialed in animal (canine or equine) rehabilitation / physiotherapy are competent and capable of administering needling techniques to the animal patient for the purpose of treating musculoskeletal, neurological, and cardio-respiratory disorders or as a measure to improve functional health status.

**Background:**

Acupuncture and Dry Needling are physical modalities commonly used in human physiotherapy practice for musculoskeletal, neurological and cardio-respiratory disorders. Physiotherapists use clinical reasoning based on initial assessment findings and best available evidence to select the interventions and therapies used within their treatment plan. Treatment effectiveness is evaluated via outcome-based measures, which inform selection of interventions throughout the duration of treatment.

The Canadian Physiotherapy Association position statement on acupuncture and dry needling offers the following:

“Acupuncture has been utilized as a physiotherapy intervention in Canada since the 1980s. In recent years, physiotherapists have also incorporated additional dry needling techniques, such as Intra Muscular Stimulation (IMS) within their practice.”<sup>1</sup>

Physiotherapist have a strong background in anatomy, physical evaluation, clinical reasoning, and physical diagnosis. Animal rehabilitation training programs are available for physiotherapists to learn animal anatomy, conditions, and pathologies, enabling physiotherapists to transfer their physiotherapy skills and knowledge to an animal patient. A multitude of educational resources for physical therapists to learn the practice of acupuncture and/or dry needling on people exist in Canada and world-wide. Additional courses are available for physiotherapists to learn to localize acupoints on animals. All education combined provided physiotherapists with the skills and knowledge to utilize acupuncture and dry needling techniques to an animal.

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**Resources**

1. The Canadian Physiotherapy Association, Position Statement: Acupuncture and the Use of Dry Needling Techniques in Physiotherapy, Approved June 2006.  
[https://physiotherapy.ca/sites/default/files/positionstatements/acupuncture-and-the-use-of-dry-needling-techniques-in-physiotherapy\\_en-doc.pdf](https://physiotherapy.ca/sites/default/files/positionstatements/acupuncture-and-the-use-of-dry-needling-techniques-in-physiotherapy_en-doc.pdf)
- i. The term ‘dry needling’ refers to therapeutic techniques using solid needles, and does not include injection of a substance into the tissues.

Animal Rehab Division of the Canadian Physiotherapy Assn, Box 2001, Cochrane, AB, T4C 1B8  
Ph./Fax: 403-932-4432 - E-mail: [AnimalRehab@physiotherapy.ca](mailto:AnimalRehab@physiotherapy.ca)





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# ARD BROCHURES!



For ARD Members!

The ARD has new, personalized, Canine Rehabilitation Brochures available for purchase.

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You will find a blog, some open access educational materials & most importantly a place to sign up to receive e-blasts of educational information delivered weekly. For those craving more, there is a membership side to the website (to access tons of information that I have created and/or presented in the past (and present) and weekly educational 'programming' – videos, audios, articles, and a regular newsletter), plus opportunity to purchase additional informational / educational products, and for members; discounts on FourLeg products and some discounts on products from select vendors (with more to come).

**Let me know what you WANT to see, and I'll do my best to create it for you!**

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





## One Last Thing...

### FALL 2021 Newsletter

Our next newsletter will be about dry needling (to continue with our acupuncture theme).

If you have an idea about what you would like to see in upcoming newsletters, we would love to hear from you!

Newsletter Editor: Carrie Smith

[carriephysio@bellnet.ca](mailto:carriephysio@bellnet.ca)

### Animal Rehab Insurance

The ARD has changed companies along with CPA to the BMS Group.

Information on new policies can be found on the CPA/ARD website.

[https://www.cpa.bmsgroup.com/downloads/CPA\\_ARD\\_Application\\_2019.pdf](https://www.cpa.bmsgroup.com/downloads/CPA_ARD_Application_2019.pdf)

### A BIG THANK-YOU!

The ARD would like to say a big thank-you to our course sponsors,

**FourLeg Rehab Inc. and SpectraVet Lasers.**

FourLeg and SpectraVet have graciously donated to our Intro and Advanced Canine Rehab courses which allows us to continue to run courses for our members.

### Follow us on Facebook

For all kinds of great clinical ideas and to keep up with what's happening in the ever evolving world of animal rehab, follow us on Facebook.

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