



ANIMAL REHAB DIVISION



Winter 2021/22

Barnyard Rehab

ARD Courses	2
Laurie's Blog	5
Cats in your Caseload	7
Feline Pain Scale	9
When Life Gives You Lemons	12
Featured Therapists	15
Bitsie the Heifer	16
Barnyard Bracing	19
ARD AP Roster	22
Members in the news!	23
ARD Student Scholarship	25

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

KIM BARRETT
Co-Chair
Edmonton, AB

klbarret@dal.ca

DONNA HENNIG
Treasurer
Edmonton, AB

devonpt@telus.net

INDERDEEP DHUGGE
Secretary
Toronto, ON

idhugge@gmail.com

KATIE WOOD
Social Media &
Student Rep
Guelph, ON

kathleen.m.wood@hotmail.ca

LAURIE EDGE-HUGHES
Advocacy Lead & Co-Chair
Calgary, AB

physio@fourleg.com

CARRIE SMITH
Newsletter Editor
Kemptville, ON

carriephysio@bellnet.ca

SHAUNA SLOBODIAN
Education Chair
Kingston, ON

shauna@pawsitivelyfit.ca

DANNA CAMPBELL
Special Projects
Whitehorse, Yukon

danna.campbell@ymail.com

SUE VAN EVRA
Advocacy Committee
Calgary, AB

svanevra@gmail.com

NEW DIPLOMA GRADS

Congrats to our new Diploma in Canine Rehab Grad!

Lauren Peterson, Lethbridge, AB

Course Calendar

Canine Home Study

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

Introduction to Canine Rehab

Late April, TBD
Calgary, AB

Advanced Canine Rehab

Feb. 25 - 28, 2022
Calgary, AB

EQUINE COURSES

Equine Home Study

Introduction to the Equine Patient. Pre-Requisite for Introduction to Equine Rehab
Available Anytime

Introduction to Equine Rehab

July 22-24, 2022
Aug. 12-14, 2022
Calgary, AB

Advanced Equine Rehab

Sept. 16-19, 2022
Calgary, AB

To register for all courses:

ard.rostertrack.com

Report from the Chair

Kim Barrett, ARD Co-Chair

Happy Holidays everyone!

Can you believe that 2021 is almost over? I know many of us still are recovering from 2020. Do you plan any New Years resolutions? Maybe add completing your canine or equine diploma to your resolutions this year.

ARD is so pleased to be offering courses again after the gong show that was 2020. There definitely has been a hunger for folks to complete their studies and a backlog of people wanting to do this after the disruption of last year.

Carrie Smith has done a great job with this newsletter, featuring some animals we don't often see in practice. Have you got a great unusual animal rehab story to share? Please send it in for a future newsletter.

Kim Barrett



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. Please note, the canine and equine courses are separate streams and are not combined.

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

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

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



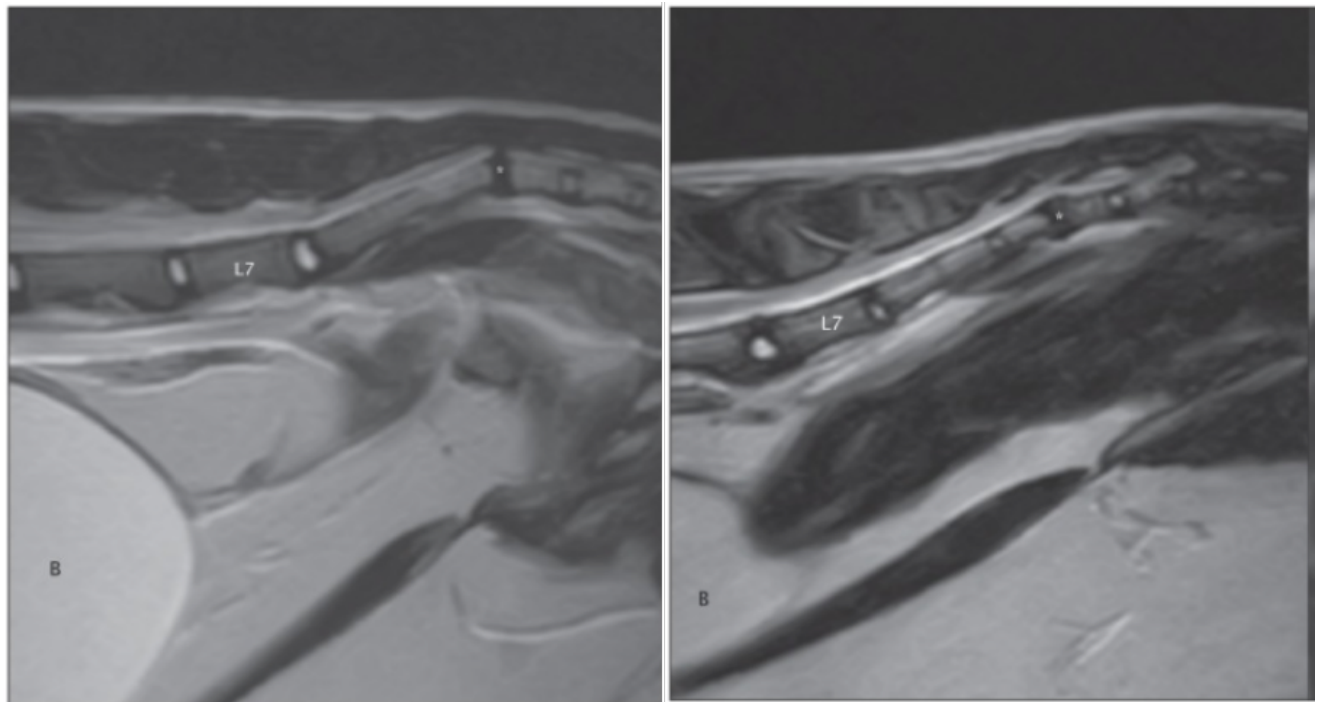
IVDD in Cats' Tails

In this week's blog, I just want to share a paper I found on a subject I didn't know about!

Here's the paper:

[Magi G, Cherubini GB, Taeymans O. Sacrocaudal \(sacrococcygeal\) intervertebral disc protrusion in 2 cats. Can Vet J. 2018;59\(4\):388-392.](#)

And you read that correctly! It's about disc protrusions at S3-Cxy1!!! I had never heard of it!



These pictures are taken from the article – Cat 1 and Cat 1 with the tiny asterisks denoting the intervertebral disc lesion.

Cat one presented for a neuro exam after 2 weeks of urinary retention, and a chronic history of intermittent constipation (due to a previous pelvic fracture). There was a thickened, hairless, ulcerated area on the ventral side at the base of the tail (thought to be from licking). The anal sphincter was hypotonic with reduced perineal and bulbocavernosus reflex and pain at the lumbosacral area and the cat was reluctant to move the tail.

Cat two presented with a 1-month history of reduced appetite, reluctant to jump, reduced level of activity, pain at extension of the pelvic limbs, and transient constipation. The physical exam and neuro exam were unremarkable other than a reluctance to move and pain at the lumbosacral area and with tail manipulation.

So, you already know the diagnostic punch line – sacrococcygeal IVDD.

Both cats were treated surgically. Dorsal decompressive laminectomy with fenestration in cat 1, and dorsal decompressive laminectomy alone in cat 2 were elected as the treatments of choice. And both did well.

The other fascinating aspects brought forth in this study were as follows:

“King and Smith reported both Hansen type 1 (extrusion) and type 2 (protrusion) intervertebral disc disease (IVDD) in as many as 1 of every 4 cats in a cadaveric study performed in a population with no related neurological signs. The relevance of this postmortem finding in live animals remains uncertain, however, as prevalence of clinically affecting IVDD in cats has been estimated to be between 0.02% and 0.24%. In cats, degenerative IVDD is considered a rare disease.”

“Caudal (coccygeal) and sacrocaudal (sacrococcygeal) IVDD have been reported sporadically in dogs, in which most of the animals were affected by disc extrusion. Clinical presentation for dogs with sacro/caudal (coccygeal) IVDD was mostly pain-related. Clinical signs in these dogs included pain associated with defecation, abnormal tail carriage, and pain elicited on manipulation of the caudal lumbosacral area and tail during neurological examination.”

“In dogs, caudal (coccygeal) discs have biochemical composition and metabolic properties similar to lumbar discs, making it likely that they undergo the same degenerative processes as discs elsewhere. Studies on caudal (coccygeal) discs in cats are lacking to our knowledge, but a similar mechanism to explain caudal (coccygeal) disc degeneration in cats may be plausible.”

And for nerds like me, the full article is available online! Wee!

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5855227/>

Cats in your Caseload

Carrie Smith, BScPT, CCRT, CAFCI

Although we don't learn specifically about cats or other small animals when we take our canine rehab training, I expect we all have a few cats in our caseload! I typically see one or two cats every week, and as I get to know cats more (my own cat just broke his tibia and fibula!), I have come to realize that you really can't treat them like they are just small dogs.

The most common conditions I see in cats are arthritis (cats can live a very LONG time) and post-op injuries (often hit by car). Here are a few tips I have discovered for treating cats:

- 🐾 Cats are easily stressed and they usually choose to run and hide to get away. They may also start to groom themselves or resort to aggression if they can't escape.
- 🐾 Being transported to the clinic may be a source of stress, and they may toilet or vomit in their carrier. Owners should bring the cat's own bedding, treats and toys to help the cat with familiar scents. I will often not touch the cat and just pull out the bedding from the carrier to get the cat out of the carrier. Carriers where the roof can be removed work well as you may not even have to remove the cat from the carrier initially.
- 🐾 Pheromone diffusers (Feliway, Comfort Zone) in the treatment room can help calm the cat (cats are extremely sensitive to scent). Keep waiting times to a minimum and keep dogs and cats separated in the waiting room. Keep cat carriers off the ground to help the cat feel less exposed.
- 🐾 Avoid sudden or rapid movements, everything you do with a cat needs to be calm and controlled. Give the cat some time to explore the treatment area, and the area should be quiet and secure. The general guideline when treating cats is "less is more".

Studies suggest that 50% of cats over 6 and 90% of cats over 12 have some evidence of arthritis. OA is often under diagnosed because cats are very good at hiding things! Cats suffering from pain usually change their behaviour/lifestyle rather than show lameness like dogs. Signs and symptoms of pain can include:

- 🐾 Decreased ability or willingness to jump up or down
- 🐾 Increased aggression or decreased interaction with owner
- 🐾 Reduced hunting or outdoor exploration
- 🐾 Reduced grooming or over-grooming in one area
- 🐾 Claw overgrowth
- 🐾 Changes in toileting or eating habits

Adaptations to the home for cats with arthritis can include:

- 🐾 Secure hiding places that are easy to access (Amazon boxes!)
- 🐾 Ramps or steps to replace the need to jump
- 🐾 Easy access litter-boxes (lower sides or a cutout section)
- 🐾 Horizontal scratching posts rather than vertical
- 🐾 Padded bedding and non-slip flooring
- 🐾 Raised food and water bowls
- 🐾 Weight control (may require a change in diet)

I have found that cats respond very well to laser and gentle manual techniques like myofascial release. Cats may not tolerate treatment as long as dogs do, so treat in shorter sessions to reduce stress. You can get a cat to exercise, but it has to be on their terms! Exercise works best when it's similar to hunting, playing or feeding. Try putting food or water dishes on different surfaces to encourage climbing or proprioception.

Another source of information is the multitude of animal rehab facebook groups out there. I was treating a cat who was having difficulty standing and walking, and was dropped significantly in the hind end. This cat was only nine so she seemed a little young for significant spinal degeneration and her orthopaedic exam was relatively normal. Not long after I started treating this cat, I was on an animal rehab site where someone had asked about this exact scenario. The answers from the group were to check the cat for diabetes, because one of the signs of diabetes in cats is hind end neuropathy in which the hind legs become weakened and the cat takes on an abnormally flat-footed stance and gait on the hind legs.

I let the owner know and she took the cat in to be tested, and low and behold, the cat WAS diabetic! Now that her diabetes is controlled, she is walking normally again.



References:

1. Drum MG, Bockstahler B, Levine D, Marcellin-Little DJ. Feline rehabilitation. Vet Clin North Am Small Anim Pract. 2015 Jan;45(1):185-201. doi: 10.1016/j.cvsm.2014.09.010. PMID: 25432686.
2. <https://todaysveterinarynurse.com/articles/feline-physical-rehabilitation>
3. <https://www.thesprucepets.com/can-feline-diabetes-be-cured-3384675>

Glasgow Feline Composite Measure Pain Scale

CMPS Feline

Glasgow Composite Measure Pain Scale: CMPS - Feline

Guidance for use

The Glasgow Feline Composite Measure Pain Scale (CMPS-Feline), which can be applied quickly and reliably in a clinical setting, has been designed as a clinical decision making tool for use with cats in acute pain. It includes 28 descriptor options within 7 behavioural categories. Within each category, the descriptors are ranked numerically according to their associated pain severity and the person carrying out the assessment chooses the descriptor within each category which best fits the cat's behaviour/condition. It is important to carry out the assessment procedure as described on the questionnaire, following the protocol closely. The pain score is the sum of the rank scores. The maximum score for the 7 categories is 20. The total CMPS-Feline score has been shown to be a useful indicator of analgesic requirement and the recommended analgesic intervention level is 5/20.

Choose the most appropriate expression from each section and total the scores to calculate the pain score for the cat. If more than one expression applies choose the higher score.

LOOK AT THE CAT IN ITS CAGE:

Is it?

Question 1

Silent / purring / meowing - 0

Crying / growling / groaning - 1

Question 2

Relaxed - 0

Licking lips - 1

Restless/cowering at back of cage - 2

Tense/crouched - 3

Rigid/hunched - 4

Question 3

Ignoring any wound or painful area - 0

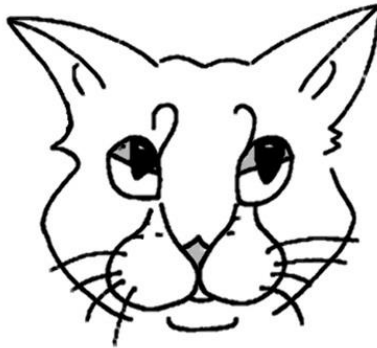
Giving attention to a wound or painful area - 1

Question 4

Look at the following caricatures. Which drawing best depicts the cat's ear position?



0



1



2

Look at the shape of the muzzle. Which appears most like that of the cat?



0



1



2

APPROACH THE CAGE, CALL THE CAT BY NAME & STROKE ALONG ITS BACK FROM HEAD TO TAIL

Question 5

Responds to stroking - 0

Unresponsive to stroking - 1

Aggressive - 2

IF IT HAS A WOUND OR PAINFUL AREA, APPLY GENTLE PRESSURE 5 CM AROUND THE SITE. IN THE ABSENCE OF ANY PAINFUL AREA APPLY SIMILAR PRESSURE AROUND THE HIND LEG ABOVE THE KNEE

Question 6

- Does it?
- Do nothing - 0
- Swish tail/flatten ears - 1
- Cry/hiss - 2
- Growl - 3
- Bite/lash out - 4

Question 7

General impression: Is the cat?

- Happy and content - 0
- Disinterested/quiet - 1
- Anxious/fearful - 2
- Dull - 3
- Depressed/grumpy - 4

Pain Score ... /20

© Universities of Glasgow & Edinburgh Napier 2015. Licensed to NewMetrica Ltd.
Permission granted to reproduce for personal and educational use only.

To request any other permissions please contact jacky.reid@newmetrica.com.

Reference:

https://novacatclinic.com/wp-content/uploads/2016/06/CMP_feline_eng.pdf#:~:text=The%20Glasgow%20Feline%20Composite%20Measure%20Pa in%20Scale%20%28CMPS-Feline%29%2C,tool%20for%20use%20in%20cats%20in%20acute%20pain.

When Life Gives You Lemons...Treat Them!

Telma Grant, BScPT, Dip. Canine Rehab

Lemon the Duck: A case of a slipped Achilles tendon

Owners Derek and Jenna got Lemon at 4 weeks of age, and noticed lameness about a week later. The vet diagnosed her with perosis of the Achilles tendon, which is also known as a “slipped” tendon. This is a condition in which the Achilles tendon slides off the bone and causes pain and difficulty walking. Ducks may limp, or may continuously land with one foot on top of the other. The vet referred Lemon to rehab.



I initially saw Lemon the first week of June and the assessment findings were:

1. significant swelling of the left hock
2. medial slippage of the Achilles tendons bilaterally, worse on the left but the right foot was more claw-like
3. hip flexors and adductors more contracted on the left (as if the left pelvis was twisted forward and adducted)
4. Lemon was unable to stand or walk on her own

Treatment consisted of PROM and stretching of the hips, hock and feet, and laser to all of the affected joints (1 minute continuous on lumbosacral plexus, then 10 seconds at 10 Hz for popliteal fossa, inner thigh, outer thigh, affected hocks, from at least 2 to 3 directions, and underside of the webbed feet). Post laser there was less tightness of the left adductors.

The treatment was well tolerated as the owners were feeding her bugs which made her happy!

Treatment goals were quality of life, improving joint and muscle mobility, assisting normal swimming motions and preventing sores on the hock.

It was not realistic to think the tendon will slip back into place hence normal gait will never be possible.

Lemon started daily swims and Derek did the stretches I taught him. Derek made a supportive sling with PVC pipes and webbing.

On the second treatment a week later, we did our stretches in a plastic tub and gave Theraband exercises to condition Lemon's core and hip muscles.

Reassessment on the seventh visit showed:

1. Clunking of the right hip, occasional clunking with range of motion.
2. A new clinical problem - abrasion on the lateral left hock with serous fluid. Lemon was put on anti-inflammatories and an anti-biotic ointment.

I consulted the referring vet and Derek. We decided Lemon was holding her own and visits were decreased to every second week. Derek was working on a wheelchair for Lemon.

The presenting clinical problem was:

Lemon was unable to propel with the right foot, hence it looks like she is pivoting on it. Despite mobilizations to the tissue and teaching Derek to do so at home we were unable to change this problem.



This was a severe case of slipped Achilles tendon. Lemon cannot waddle on land and is restricted in her ability to swim. Despite these limitations her owners are determined to give her a happy life. She has nightly swims and cuddles.

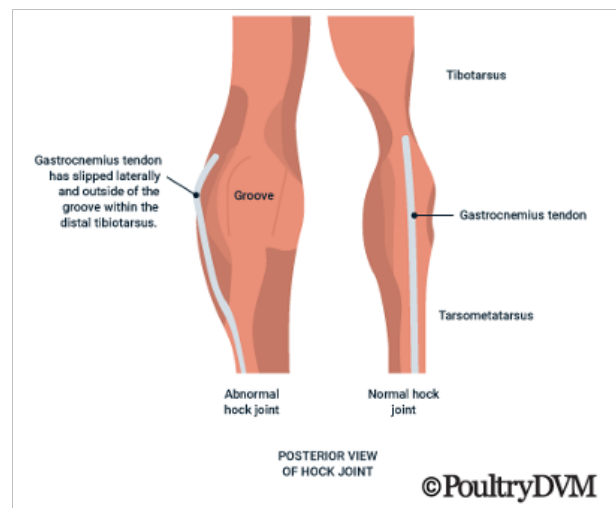
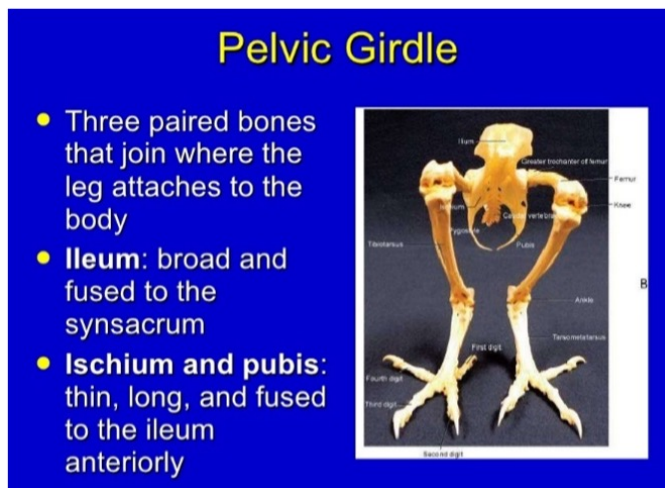
What I learned from this case:

Duck anatomy. Avian anatomy is unique and very different from quadrupeds. The pelvis is called a synsacrum, a strong bony plate which is the fusion of the lumbar and sacral bones. You can see the femur is very horizontal.

The leg muscles are primarily over the femur. The stifle is where the femur meets the tibiotarsus. The hock joint is where tibiotarsus meets the tarsometatarsus. Their feet are webbed, with the three front facing toes joined by webbing, and a small raised back toe. The foot is triangular in shape.

Collaboration with the veterinarian on coordinating physio management with veterinary management. The referring veterinarians advised that it is imperative we control / limit the sores on the hocks.

What laser dose would work best on ducks. I consulted Peter Jenkins of SpectraVet. (Personal communication, June 2021)



Watch Lemon's treatment on this Facebook link!

<https://www.facebook.com/thedogandhorsephysio/videos/584551979330360>

References:

1. *Avian Anatomy and Physiology*. n.d. 21 11 2021. <<https://www.slideshare.net/SUNYUsterInstructs/chapter-019-8586288>> .
2. SLIPPED TENDON. n.d. 21 11 2021. <<http://www.poultrydvm.com/condition/slipped-tendon>>.

Katie's Corner

kathleen.m.wood@hotmail.ca

The ARD is helping to promote members by featuring them in our social media posts.

If you are currently practicing in animal rehab and would like to join our growing group of featured therapists, just contact our Social Media Lead, Katie Wood.

We want to know who's out there treating animals!



FEATURED THERAPISTS

Get to know some of the amazing animal rehab therapists treating patients, educating owners, and promoting the benefits of animal rehab throughout Canada. 🍁



TANYA PLAOUDE

Ottawa, ON

Tanya treats all sorts of cases, including postoperative, arthritis, sprains and strains, neurological injuries, and general fitness. She treats both humans and dogs, and occasionally other small animals as well.



STELLA BARNETT

Paws in Motion, Huntsville, ON

Stella has been working with canine clients since 2013. She works within a force free philosophy, taking time to build trust with her patients. As well as rehab, She also runs canine conditioning sessions.



VICTORIA RENWICK

Pawstherapy, Chilliwack BC

Victoria has been helping keep sport dogs at the top of their game, working dogs on the job, senior dogs mobile and family pets happy since 2017. As a sports physio, her knowledge of human and canine kinetics adds to her therapeutic treatment.



SHAUNA SLOBODIAN

Pawstively Fit, Kingston, ON

Shauna specializes in helping senior dogs stay active and manage pain, improving overall quality of life. She is also the author of bestselling book "This Old Dog, The owners guide to providing the best care for their senior dog."

A Little Bitsie About Heifers!

Donna Hennig, BScPT, CERT, CCRT, CAFCI

Meet Bitsie –a newborn Holstein heifer

Bitsie is a young Holstein heifer calf born Aug 23, 2017. She was delivered independently and was ambulatory with her mother when retrieved from the pasture. Dairy cows are awesome at not needing or wanting much help after they've had their first calf! She was housed in the maternity barn that night with her mother. The next morning, she was found to be non-ambulatory. There were no



webcams in the maternity barn and neither mom nor baby were talking so no one is sure what happened. There were no apparent injuries, however, she had severe head tremors and full body shaking. She was not able to get up no matter how much encouragement Mom or the humans involved gave. She did have some movement in her hind limbs and was able to push herself forward a few feet using her hind limbs. She had no active movement in her front limbs. Passively she had full range of motion of all extremity joints except the right front hock. Passive extension of the right front hock was -20 degrees from neutral. She did have active movement of her head. She did have a sucking reflex but was slow and fatigued quickly. She was bright and alert and followed the care taker with her head and eyes.

The local physiotherapist was called (that's me - Donna Hennig). On examination Bitsie had full passive range of all the joints of her limbs. There was no tenderness on palpation or swelling of any extremity. She had normal range and joint mobility in all spinal joints. There was some tenderness on palpation of C6 – C7 left side greater than right. She was able to maintain sternal laying if placed in the position but was not able to achieve sternal laying from a side lying position on her own. She was not able to stand without maximum assist to lift her to her feet. With her hind limbs placed under her and maximum support under her front, she was able to maintain standing for a few minutes before collapsing forward.

Possible Diagnosis: Other than the PT assessment, no other investigations were done. There were clearly neurological indications in the marked weakness and ataxia when she was propped in standing and attempted to move her hind limbs. A literature search revealed no known neurological virus that suddenly affects young dairy calves. A fibrocartilagenous embolism was considered but again there is no research on this diagnosis in calves in the literature. Another possibility was selenium deficiency.

Selenium deficiency can often affect newborn herbivores in Western Canada as the soil in Western Canada is low in this mineral and animals that are dependent on forage crops can be deficient in selenium. This deficiency can be passed onto to their young – the animal lacks the ability to utilize selenium even if available and if this is the case, it is often fatal within a few days of birth. The second type of selenium deficiency is directly nutritional and can appear at birth or shortly after. Selenium deficiency affects the ability to contract muscle, especially large muscles. Symptoms can be mild to severe with just a slight inability to stand square or with the legs extended without buckling or they can be severe with the animal unable to contract its muscles at all. It can also affect the heart muscle leading to death by heart attack. Occasionally these animals will have heavy or wheezy breathing and be thought to have pneumonia and will often be treated for that with minimal success. On autopsy the muscles have a whitish appearance leading to the disease to also being called “White Muscle Disease”.

After a phone consultation with a local vet, the working diagnosis for Bitsie was nutritional selenium deficiency.

Bitsie was given an injection of selenium with vitamin E. She was also given an injection of Vitamin A and D when she was about 4 weeks old. At this time, she also seemed to have a bit of pneumonia and was given an injection of Resflor which cleared the pneumonia.

Bitsie was started on a physiotherapy treatment program consisting of weight bearing exercises, mobilizations to the cervical spine especially C5 – C7, and myofascial/neural mobilizations. Weight bearing exercises consisted of placing her over a bale of straw or turned over bin and then shifting her weight from side to side and front to back. This exercise was also done during feeding and using the tracking of the bottle to shift her weight and flex and extend her spine.

Please note the wide stance of the front limbs as she attempted to balance.



This treatment plan was continued with gradual improvement in her ability to independently achieve standing and then move forward without falling forward. Within 4 weeks she was able to stand independently for her entire bottle feeding which took approximately 10 minutes. She was then started on bucket feeding which required standing and drinking with her head lowered (but not to ground level) and with her weight shifted forward onto her front limbs. Initially to achieve this she needed to maintain a very wide stance but was gradually able to narrow her base of support. We continued to work on her balance and weight bearing with weight shifting exercises.

Unlike canines and felines, bovines do not weight shift easily into a 3-legged stance. For bovines and equines this is a fairly high-level skill to learn and they are not able to ambulate any distance with only 3 legs.

It took several weeks before Bitsie achieved sufficient strength and co-ordination to balance on her hind limbs and one front limb. It has only been in the last three weeks that she has been able to support herself on her front limbs and one hind limb for more than a few seconds. She has recently started running and playing with the other calves. She is still fairly easily displaced if bunted by another calf. Her stance is still somewhat abducted in her front limbs but this is not readily apparent to most observers. She is still very slightly ataxic but again this is not readily apparent to most observers.

Treating a new born calf required a bit of a different thought process than what I would normally use when treating equines or canines. New born calves are motivated only by milk. They do not yet eat hay, grass, chop, crumbles or things that might entice a horse, dog or cat such as “treats”. They are flight animals and so can be motivated into moving by fear but this is not a beneficial motivator long term in terms of mental health and animal management in the future.

With a front leg lifted she shifts her weight to the rear rather than to the other front leg. Her balance in this position still needs moderate to minimal support and she is not able to tolerate much displacement



Barnyard Bracing

Jen McNutt, BScPT, CGIMS, Dip. Canine Rehab

One of My More Eclectic Weeks in Animal Rehabilitation

As an animal physio I see many cats and dogs. I see many different breeds with many different injuries/impairments and this keeps animal rehabilitation interesting and challenging. However, up until this past June I had never seen so many different species of animals in one week.

Around mid-June, I was contacted by Stewart's owners and by Felix's owners for physio and possible bracing options for their pets. Stewart was a pot-bellied pig, whom I'd met years ago when he was about 6 months old and a cute little thing. Now Stewart was about 8 years old and close to 250 lbs. and was limping on and off due to a sore fore limb. Felix was a teenage rabbit who had suffered a nasty ligament tear in his tarsus.



Felix was a 3-year old rabbit who had a chronic intertarsal luxation and mild flexure contracture on his right hind leg. Apparently, he was a bit of a bully in the home and was trying to get over an x-pen fence to attack his brother when his hind leg got stuck in the top of the grate. He had been seen for a surgical consult, but was not a candidate for anesthetic, and there was concern that his bones would not hold up to an arthrodesis. The vet and owners contacted me through TheraPaw Canada to discuss bracing options for him.

The owners stopped through Nelson on their way back to the coast from their visit with the surgeon. This was the first time I had opportunity to assess a rabbit, but thankfully not the first time I've been around rabbits, so I know a little about their 'language'. Felix was nervous, which was evident by the number of times he stopped and thumped his foot, so I spent the first 30 minutes just talking to the owners while feeding Stewart blueberries before I even touched him. Rabbits can be very anxious and have been known to have heart attacks when they are too scared, so slow and steady was the pace for this visit.

Felix had developed a mild flexure contracture and a varus deviation at the tarsal/metatarsal joints along with thickening of the flexor tendon and a pressure sore on the calcaneus. On the plus side, he did have extension through the tarsus, and he was able to weight bear through the foot correctly when cued.

Bracing was the primary reason for the visit, so I measured him for a custom tarsal support; however, I did take extra time to give the owners some homework. After all, they had made a side trip to Nelson, just so I could see Felix. I found that if he was encouraged to reach for his blueberry that he would weight the right hind foot correctly, so we worked on making this an exercise to help strengthen the caudal muscles in the right hind. Additionally, I made sure the owners were comfortable with tarsus extension range of motion exercises to reduce the chance of a worsening contracture. Finally, I went back to my office to make one of the cutest tarsal supports I've made to date. The goal of the support was to prevent valgus deviation and encourage better loading through the foot.

On last report, Felix was using his brace well and not attempting any sly attacks on his housemates.



Later that week, I went out to visit the pig named Stewart. Stewart reportedly had intermittent lameness in his right forelimb for the last 6 months. Most recently, it had gotten sore enough that he was non-weight bearing on the leg for a few days. Looking at Stewart, I'd imagine weight bearing on only 3 legs would have been very difficult for a pig!

Now, I speak dog very well, and I speak cat quite well. As mentioned previously, I even speak a little rabbit. I discovered quickly, however, that I do not speak pig very well!

Stewart did not like visitors in general and was particularly ornery that day because he was in pain, and had just had his hooves trimmed. He was in quite the state and was being very vocal. The goal needed to be to glean as much information as I could, with as little time spent handling Stewart as possible. I was able to watch him walk and was able to go through an assessment of range of motion of the right front limb joints and stability testing. There was lots of protesting from Stewart throughout and a few attempted head butts, but I was able to discern that he had a medial sprain to his carpus and likely a mild extensor tendinopathy. I was able to do some laser on his carpus, while he hid his head under his blanket and we looked around the home to make some modifications which would reduce stress on the carpal joint. The most important home modification that was suggested was the use of a ramp (instead of the step down) to access the patio. I also suggested adding as many non-slip throw rugs on the hard surfaces as they could find. The owners also wanted to try a carpal wrap to help support the joint while it was healing.



The foot/hoof anatomy of a pig is quite a deviation from dog and cat forelimb foot anatomy I am accustomed to making braces for, but I came up with a design that fit well and was functional for his strolls around the yard (eventually). Initially, fitting the brace was even trickier than the first visit because Stewart was in an even feistier mood during my follow-up visit. Despite trying to bribe him with chunks of frozen mango (apparently his favourite), he was having nothing to do with me to the point when he charged at me, trying to head butt me, then tried to chase me around his yard. Luckily, I can move faster than a 250 lb. pig! After about 20 minutes of being charged, chased, head butted and squealed at, we decided the brace fitting would be done by the owner and we'd settle with some "sneaky" laser for the visit. Stewart has been feeling much better and is happy to not have to wear his carpal support any longer. The ramps and carpets have been working well.



Looking back at these visits as I write about them, I've been reflecting on them together and I've realized they had quite a few things in common. The visits were both with species of animals that were new to me assessment and treatment wise. The visits both presented new challenges in bracing. Most significantly, the visits both presented unique challenges and required some creative problem solving. Luckily, us physiotherapists meet these criteria in spades.

We adapt well to unique situations by adjusting assessment techniques and developing workable treatment techniques on the fly when needed. I think our adaptability is an unparalleled asset of our profession as physiotherapists.... and it's part of what makes animal rehabilitation such a great job!

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 (or previously rostered if retired from human practice)

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, we will look at each applicant independently.

The course will be hosted on Embodia and we expect it to be up and running in early 2022. 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.

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

ARD Members in the News - Sarah MacKeigan

Congrats to our very own Sarah MacKeigan from Nova Scotia! Sarah was short-listed for the prestigious Veterinary Rehabilitation Therapist of the Year Award!

Sarah founded Upward Dog Rehab and Wellness in 2019 after finishing her ARD Diploma in Canine Rehab. Today she provides both home and clinic treatments to clients from all over Nova Scotia and offers virtual services for those that she can't see in person. In addition, Sarah lectures, provides group classes, and was recently featured on the Forever Dog website.

Building on her experience as both a dog parent of a dog with Degenerative Myelopathy and as a canine rehab therapist, Sarah has dedicated a large portion of her work to helping those with dogs with neurological conditions, particularly DM. In the winter of 2021, she launched an online program called "Living with Dogs with Degenerative Myelopathy". Sarah's motto for these dogs is "It's Not Over...It's Just Different".

We are very proud of Sarah for contributing so much to the canine rehab world in such a short period of time!

To learn more or connect:

Website: <http://upwarddogrehab.com>

Virtual: [Virtual Program Services Website](#)

Facebook Group: [Living With Dogs With Disabilities](#)

Facebook Page: [Upward Dog Rehab FB Page](#)

Instagram: [Upward Dog Rehab Instagram](#)

YouTube: [Upward Dog Rehab YouTube Channel](#)

The Forever Dog: [Optimal Movement and Exercise](#)



2021 Nominees

- Carrie Adrian
- Amie Hesbach
- Barbara Houlding
- Sarah MacKeigan
- Diane Messum
- Robin Robinett
- Gillian Tabor
- Marinette Teeling

Veterinary Rehabilitation Therapist of the Year Award

Winner to be announced at vetrehabsummit.com
November 13th, 2021



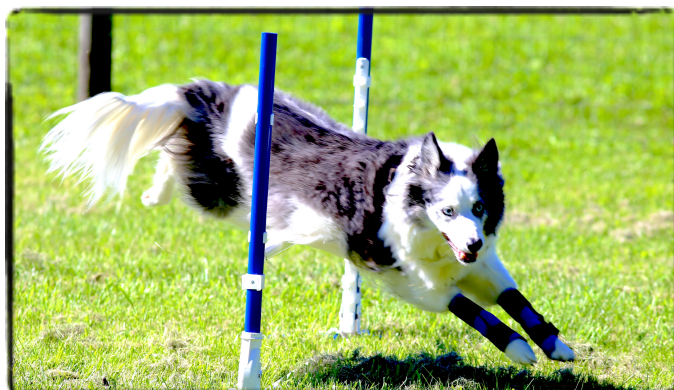


THERA-PAW-CANADA

250-352-9730

**606 Kary Crescent
Nelson, BC V1L 1B1**

therapawcanada@gmail.com



NOW OPEN

THERA-PAW CANADA



FOR YOUR CUSTOM BRACING NEEDS

**Custom-Fabricated
Carpal & Tarsal Supports for Pets**

- Custom supports are form-fitting and provide greater stability and comfort.
- Custom supports increase compliance, reduce the incidence of abrasion, and improve outcomes.
- Custom carpal and tarsal supports are ideal for strains, sprains, ligament injuries, deformities and deviations, and generalized stability and protection.
- Also available, bootie modifications.

Contact us at: therapawcanada@gmail.com



**ANIMAL
REHAB DIVISION**

Completed electronic
applications should be
submitted to:
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 BROCHURES!



For ARD Members!

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

A professional and informative way to introduce canine rehab to your clients. This brochure is designed to give information to the public about your rehab services. Printed in colour, on high quality paper, these individualized brochures can help to promote your practice.

Your name, contact and clinic information included.

Cost:

25 Brochures - \$40 + applicable tax

50 Brochures - \$60 + applicable tax

100 Brochures - \$100 + applicable tax



Canine Rehab Brochure Order Form

Name: _____

Name and Credentials as you want them to appear on the brochure:

Other Information as you want it to appear (clinic name, hours, fees, if applicable):

Contact Information as you want it to appear (phone, fax, e-mail, website, etc):

Mailing Address: _____

E-mail: _____

Phone: (Home) _____ (Cell) _____

A pdf proof will be sent to you electronically to ensure all information is accurate before printing.

I am ordering:

25 Brochures - \$40 + applicable tax _____

50 Brochures - \$60 + applicable tax _____

100 Brochures - \$100 + applicable tax _____

Payment:

1. Credit Card: Visa/MC # _____ Expiry _____ CV _____

Name on Credit Card _____

2. PayPal: ____ *Please invoice me through PayPal (secure online banking).*

Fax form to (613) 258-2374 or Email to carriephysio@bellnet.ca

Delivering light ...where it's needed.



With over 17 years' experience, and globally-recognized as experts in our field, SpectraVET specializes in the design & manufacture of veterinary therapeutic lasers offering professionals the largest range of output powers and wavelengths available.

We will provide you with the best-value laser system for your specific needs, and the information you need to use it safely and effectively.

www.spectravet.com

sales@spectravet.com

SPECTRAVET
THERAPEUTIC LASERS

SpectraVET™ Therapeutic Lasers offer reliable, effective and affordable treatment of musculoskeletal injuries and conditions commonly suffered by performance animals, pets and wildlife alike.

Designed for portable operation, SpectraVET's PRO-series and ZEUS laser control units are lightweight and simple to operate, yet rugged and powerful enough for the most demanding user.

SpectraVET designs and manufactures a wide and growing range of continuous wave and super-pulsed hand-pieces, each designed specifically for a particular application, such as multi-diode probes for covering large areas more quickly, and single-diode probes for precisely targeting pathologies, trigger points, acupuncture points, and for intra-oral/-aural applications.

Large or small animal, general or specialty practice, we can configure a SpectraVET system to best suit your particular clinical and budgetary needs. We even cater for exotics, and can customize our probes' powers and wavelengths to accommodate unique clinical, research and OEM requirements.





FourLegRehabInc

CANINE REHAB EDUCATIONAL RESOURCES

Are you like so many of the rest of your canine rehab colleagues out there?

- You took the courses.
- You obtained your certification.
- You had good intentions of applying your knowledge, but then daily life and routines got in the way!
- You forgot what you learned.
- You wonder if there was more you should have learned.

Thus, leaving you with the realization that you now have more questions than answers!

If this describes you, or you are someone simply looking for more canine rehab educational resources, on a regular basis, and from the convenience of your own home...



Then I have a resource for you!

www.fourleg.com

DON'T THROW THIS AWAY!

(Pssst... Ask around! You'll find others who are members!)

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...

SPRING 2022 Newsletter

Our next newsletter will focus on arthritis.

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

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

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.

<https://www.facebook.com/pages/Animal-Rehab-Division/305488696135603?ref=hl>