

Animal Physical Therapist

SPECIAL INTEREST GROUP

Orthopaedic Section, APTA, Inc.



THE ANIMAL PHYSICAL THERAPIST SPECIAL INTEREST GROUP (ANIMAL SIG) UPDATE:

1. Proceedings of the 2nd International Symposium for Rehabilitation and Physical Therapy in Veterinary Medicine – August 2002, Knoxville, TN. Available now for \$20. They are a great resource. Contact David Levine at david-levine@utc.edu.
2. Orthopaedic Section Member and Non-member directories are available through the Section Office 800-444-3982 ext 203, Fax: 608-788-3965, or E-mail: tfred@orthopt.org. There currently are 544 members.
3. State Liaisons: To date there are 33 states that have Animal SIG Liaisons. Contact Charles Evans at chazzzevans@netscape.net for more information.
4. The APTA has a web site that lists all of the State Practice Acts: www.apta.org/advocacy/state/state-practice.
5. If you would like to have your clinic listed on the Animal Physical Therapy SIG website, please contact Debbie Gross Saunders at WizofPaws@aol.com.

ANIMALS AS MEMBERS OF THE HUMAN HEALTH TEAM

Brad Jackson, PT, MS

The Eden Alternative, a popular organizational philosophy for nursing centers, encourages animals to live within the facility to facilitate regular interactions with residents. A large number of hospitals, such as the National Institutes of Health and the Mayo Clinics Saint Mary's Hospital provide animal visits (animal-assisted-activity) and animal facilitated therapy (animal-assisted-therapy, AAT) services for their patients.

The human-animal bond and its positive effects on human health have been recorded anecdotally for hundreds of years and recent analytical research studies suggest positive physiologic and psychological benefits when animals interact with human health care patients receiving therapeutic services. Positive physiological and psychological benefits have been found when patients have the opportunity to interact with animals (Allen, 2001; Barker & Dawson, 1998; Beck, 2001; Hart, 2000; Marr, et al. 2000; McNicholas, Collis, Kent, et al., 2001; Walsh, Mertin, Verlander & Pollard, 1995). Contact with animals reduces blood pressure and heart rate in patients in the intensive care unit and lowers cortisol levels in anxious patients (Barba, 1995; Cole & Gawlinski, 1995; Nagengast, Baum, & Megel, 1997; Odendaal, 1999). Older adults who are in long-term care

isolate themselves less and are less depressed when visited on a regular basis by a friendly dog (Fine, 2000). Patients treated for disorders of communication have demonstrated benefits from AAT (Harbour & Kahn, 2002; Mosier & Kahn, 2000). The AAT sessions were shown to decrease loneliness among residents of long-term care facilities.

Professional publications and coursework, such as Delta Society's Animal-Assisted-Therapy Applications 1 Course, have been developed to educate health care professionals about AAT. The increasing prevalence of animals in human health care has lead leaders in the field to establish of standards of practice so AAT can be delivered effectively, efficiently, and safely (Delta Society, 1996). Involvement of animals with people raises the concern of infectious disease and biting and/or scratching. However, healthy, domesticated animals, free of internal and external parasites, and with current vaccinations, pose minimal infection risk to humans, even those who are immunocompromised (Centers for Disease Control website; American Veterinary Medical Association website). Safety screening programs that exam animal and handler behavioral safety, and are specific to animals in health care settings, have been developed. Delta Society's Pet Partners Program comprehensively evaluates both the animal and its owner/handler.

Universal utilization of AAT could enhance the treatment offerings of the 7.5 million healthcare professionals currently practicing worldwide. It is estimated that as few as 1% of these healthcare professionals have the ability to provide AAT treatment. What can you do to bring animal assisted therapy to your patients?

1. Visit Delta Society's website at www.deltasociety.org.
2. Read from the reference list below.
3. Talk with health care professionals already involved in animal assisted therapy.
4. Attend Delta Society's National Conference, which is held in May of each year.
5. Read Brad's lecture, An Introduction to Animal Assisted Therapy, can be found at the American Physical Therapy Association website (www.apta.org).

If you have further questions about animals in human health care, feel free to email Brad Jackson: umdt@chartermi.net

CALENDAR OF EVENTS

- The home study course BASIC SCIENCE FOR ANIMAL PHYSICAL THERAPISTS is still available. Contact 800-444-3982 x 216 or 608-788-3982 x 216 for more information.

REFERENCES

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2. Banks MR, Banks WA. The effects of animal assisted therapy on loneliness in an elderly population in long-term care. *J Gerontol.* 2002;57A(7):M428-M432.
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13. McNicholas J, Collis GM, Kent C, et al. The Role of Pets in the Support Networks of People Recovering from Breast Cancer. *Paper presented at: the 9th International Conference on Human-Animal Interactions, People and Animals.* September 13-15, 2001; Rio de Janeiro, Brazil.
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16. Pet Partners Information, Organizational Information, and Animal Assisted Therapy Information. *Delta Society Website.* Available at: <http://www.deltasociety.org>. Accessed April 22, 2002.
17. Preventing Infections from Pets—a guide to individuals with HIV. *Centers for Disease Control Website.* Available at: http://www.cdc.gov/hiv/pubs/brochure/oi_pets.htm. Accessed May 2, 2002.

Over the course of several years Brad Jackson noticed the positive effect his Chocolate Labrador Retriever *Boomer* had on friends and family. Smiles, excitement, and fun were the norm. When Brad finished his Masters Degree in Physical Therapy in 1994, it was only natural to give Boomer a chance to work with patients at the local hospital where he was employed. Boomer's tail wagging therapy was a huge success. Upon moving to Marquette, Michigan in 1996, Brad decided a community organization was needed to foster the integration of dogs into health care settings. He founded the Upper Michigan Dog Therapy Partnership in 1997 and serves as the organizations Executive Director. Brad has 8 years of clinical experience treating physical therapy patients with animal assisted therapy (AAT). Brad assisted in writing an instructional course, *AAT Applications 1*, which focuses on the education of health care professionals to effectively utilize AAT, and has presented this course to over 100 people. He has spoken on the subject of AAT at national and regional conferences. Brad is highly involved in AAT research through his collaborative work with Northern Michigan University's Communications Disorders Department. Brad's professional goal is to play a role in the mainstreaming AAT into the medical model guiding the United States health care system.

MESSAGE FROM THE VICE PRESIDENT

Steve Strunk, PT

Dear Animal Physical Therapist Special Interest Group (APT SIG) members:

Since most APT SIG members have no idea who the new VP is, a brief background seems in order. Those I have met, either at the 1st or 2nd International Symposia, the Orthopaedic Section sponsored "Equine 1" and "Canine 1" courses or elsewhere, may also wish to know more about my involvement with PT for animals. Most importantly, to describe my experiences in order to determine how I can best contribute to the APT SIG and serve you, the SIG members.

My first experiences with what I would later know as physical therapy came as a teenager treating my own family's and neighbor's pets. These interventions included wound care, massage, range of motion, stretching, other manual techniques, and exercise. When I became educated as a PT, my knowledge became much more sophisticated and advanced with these and other realms of human physical therapy. Adapting this knowledge for animal applications became extremely valuable in managing the myriad injuries and chronic degenerative conditions of my dog.

In 1995, a friend who is a dog breeder and trainer approached me with a business proposition. This friend knew of my experience and stated he and his veterinarian wanted to start a small animal rehabilitation facility where I would be the working partner. A building was available and plans were made for extensive remodeling and equipping of this facility. However, as this project was being formulated, it occurred to me that this venture might not be within the

scope of physical therapy practice. Upon investigation, as this was to be a stand-alone facility without a veterinarian on the premises, the project would be in violation of the state codes. I reluctantly informed my friend that investing our time and money would be risky and the plans were abandoned.

Later, after investigating other practices at the time, I advised my friend that he could establish his facility for wellness or exercise purposes. I let him know that my PT license would just be a liability in offering treatment for animals. This notion did not sit well with him, as he wanted a real rehab facility with a PT director.

I did not let this disappointment deter me from pursuing my interest in animal PT. I continued to study the field by reading veterinary, physical therapy, and related textbook, journal, and magazine articles, and by continuing to practice on my own animals. When I received news of the formation of the SIG, I joined immediately. While attending the first "Equine 1" course offered by the Orthopaedic Section, APTA, Inc., I was struck by a comment made by the instructor, Amanda Sutton, MCSP, SRP, Grad. Dip Phys. She stated that as a 13-year-old all she could think of to be when she grew up was an Equine Physiotherapist. Since that day, I have always felt that a 13-year-old growing up in Maryland (or anywhere else) should have the opportunity to fulfill this dream.

Continuing my interest in PT for animals, I attended the Orthopaedic Section "Canine 1" course and took the home study "Basic Science" courses when they became available. Knowing full well that I would not receive reimbursement and that the Maryland State Board of Physical Therapy Examiners (MSBPTE) had stated they could not grant continuing education credits for animal related course work. (Later, they revised this by stating they must accept any course offered by the APTA). I discussed establishing a rehabilitation clinic in veterinary hospitals; however, was unable to come to terms in negotiations. Then in 1999 my world changed. Without getting into details here, career, family, and other issues prevented me from continuing formal education and establishing a practice in the field.

In late 1999, I became the third Maryland State Liaison for the SIG when Micki Fox could no longer serve in this capacity. In response to continued interest from PTs and PTAs, the MSBPTE assembled the Maryland Animal Physical Therapy Task Force (TF) in August 2001. I was appointed chair of the TF due to the work Micki and I had done as SIG State Liaisons.

The TF adopted the APTSIG's original goals as follows: promote physical therapy for animals; share information; collaborate with other health professionals; develop educational programs; foster research; create guidelines for practice; encourage appropriate legislative changes; establish a nationwide/worldwide network, and; protect professional

practice. Although overwhelmed at times by the enormity of this undertaking, I remain optimistic about the possibilities for constructive change acknowledging PTs and PTAs as providers of physical therapy for animals.

It would be misleading for SIG members to believe I am replacing David Levine as your VP. I do not have the background in education and authorship that Debbie Gross-Saunders, Cheryl Riegger-Krugh, and Dave have; the research experience and university faculty status of Cheryl and Dave; nor the verve, experience, and energy of Lin McGonagle. To my great relief and reassurance Lin, Cheryl, and Dave have all told me they will continue to contribute to the SIG in some capacity.

What I do have is an abiding dedication to the field and the commitment to serve you, the SIG members. So please contact me if you have any issues to address, comments, concerns, or questions to discuss that you think important to the SIG. During Combined Sections Meeting, developing a listserv for SIG members was discussed to facilitate communication. This is a great idea to be implemented. Another exciting development was the addition of 'Animal Assisted Therapy', a discipline that perhaps should have been included all along!

Clarification: It was reported in the previous newsletter that I had suggested a meta-analysis for animal physical therapy. Although this is a grand and ultimate goal, what I actually have in mind is a database of literature, similar to the APTA's "Hooked on Evidence" for the SIG. This idea grew out of the contention by the Florida Veterinary Association (reported in OPTP, 2001, Volume13, #2) that no body of knowledge exists for the practice of physical therapy with animals. This is simply not true. After having so many animal studies quoted by some of my PT school instructors I recall asking the question, "are you teaching us to treat rats or humans?" There is an abundance of species-specific studies in basic science and modalities related to physical therapy in many different journals, from both human and veterinary medicine.

Having just attended the APTA sponsored course "Evidence Based Practice in Your Clinic" by Robert Wainner, PT, PhD, ECS, OCS, FAAOMPT, I have a more thorough understanding of what an endeavor like this involves. Rob gave me some excellent information on how the SIG can perform literature reviews and compile a database. These techniques could be performed by anyone interested and articles added to the database. It would be relatively easy to compile individual research articles. However, systematic reviews or the ultimate meta-analyses probably do not currently exist for animal physical therapy. A much more daunting task would be to assemble a panel of content experts for such reviews. But it can be done!

*Sincerely yours,
Steve Strunk, PT*