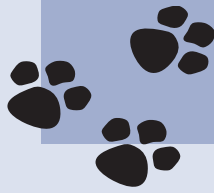


Animal Physical Therapist

SPECIAL INTEREST GROUP Orthopaedic Section, APTA, Inc.



ANIMAL PHYSICAL THERAPIST SPECIAL INTEREST GROUP DIRECTORY OF OFFICERS & CHAIRPERSONS

President

Deborah Gross Saunders, MSPT, OCS, CCRP™
PO Box 287
Colchester, CT 06415
Phone: 860-227-7863
Fax: 860-537-8705
E-mail: wizofpaws@aol.com

Vice President and International Liaison

Steve Strunk, PT
PO Box 691
Rockville, MD 20848-0691
Work: 301-424-9194
Fax: 301-962-7782
E-mail: stevestpt@earthlink.net

Treasurer

Sandy Brown, MSPT, CCRP™
1624 Prestwick Dr.
Lawrence, KS 66047
Phone and Fax: 785-749-9254
Email: sandyb@sunflower.com

Secretary

Susan Giegold
Email: sgiegold@earthlink.net

Public Relations Coordinator

(Newsletter, Logo, Brochure)
Becky Newton, MSPT
1710 SW 25rd Court
Cape Coral, FL 33991
Phone: 239-283-1824
Fax: 239-283-1824
Email: jbeckyn@yahoo.com

Committee on Practice

Caroline Adamson, MSPT, CCRP
Colorado Canine Sports Medicine/
Rehabilitation Clinic
Alameda East Veterinary Hospital
9870 E. Alameda Avenue
Denver, CO 80231
Work: 303-366-2639
FAX: 303-344-8150
E-mail: cadamson@aevh.com

Chair of Education

Ginamarie Epifano, PT
The Animal Rehabilitation and Fitness Center
918 Houndslake Dr.
Aiken, SC 29803
Phone: 803-649-4965
Fax: 803-649-3949
Email: k9rehabcenter@aol.com

Newsletter Coordinator

Becky Newton, MSPT
1710 SW 25rd Court
Cape Coral, FL 33991
Phone: 239-283-1824
Fax: 239-283-1824
Email: jbeckyn@yahoo.com

State Liaison Coordinator

Charles S. Evans, MPT, CCRP
26 Lamprey Lane
Lee, NH 03824-6552
Phone: 603-749-6686
E-mail: chazzzevans@netscape.net

Nominations Committee

Amie Lamoreaux-Hesbach, MSPT, CCRP™
Mid-Atlantic Animal Specialty Hospital
4135 Old Town Road Suite B
PO Box 1168
Huntingtown MD 20639-1168
Phone: 410-414-8250
Email: amiept@yahoo.com

PTA Representative

Angela D. Frye-Lewelling, PTA
235 Douglas Dam Road
Kodak, Tennessee 37764
Work in human practice: (865) 429-6584
Work in animal practice: (865) 974-2995
E-mail: K9LPTA@aol.com

Orthopaedic Section Board Liaison

Joe Godges, DPT, MA, OCS

SIG Coordinator and Off-Site

Continuing Education Coordinator
Tara Fredrickson

rehabilitation have not produced successful results (ie, neuromuscular electrical stimulation to the quadriceps and hamstrings, underwater treadmill, land treadmill, balance and proprioceptive work, Theraband, etc.) In addition, all the adjacent joints have been cleared for pathology. Some other areas to examine for compensatory problems:

Are there restrictions in hip flexion from the limb being carried in hip and stifle flexion? Is there a flexed posture of the lumbar spine?

The iliopsoas muscle comprises a fusion of the psoas major and the iliacus. The action of the iliopsoas muscle is to draw the hindlimb forward by flexing the coxofemoral joint. When the femur is in a fixed position, the iliopsoas acts to flex and fixate the vertebral column. (It originates on the transverse process of L2 and L3, attaches by means of the ventral aponeurosis of the quadratus lumborum on L3 and L4, and attaches on the ventral and lateral surfaces of L4, L5, L6, and L7. It then attaches to the trochanter minor of the femur.

As the hindlimb is held in stifle flexion to compensate or protect the CCL reconstruction, the hip is also held in flexion. If the dog does not normally weightbear within 2 to 4 weeks, the iliopsoas becomes tightened and the muscle begins to shorten.

Areas to check:

- (1) Measure hip extension with a goniometer and compare it to the contralateral side. Keep in mind that pathology at the hip, such as hip dysplasia, may cause restrictions.
- (2) Palpate the iliopsoas—is there pain in this area with palpation? Are there soft tissue restrictions?
- (3) Is the spine held in a flexed or tucked under posture? Keep in mind that dogs with spinal stenosis will keep their spine in a flexed or tucked under posture.

Treatment:

- (1) Soft tissue massage or cross friction massage to the muscle to facilitate in the elongation.
- (2) Stretching of the hip flexors both in a weighted and non-weighted position.
- (3) Strengthening of the hip extensors.
- (4) Active range of motion and therapeutic exercise to encourage hip extension.

Is there a rotation at the iliosacral joint? Is the cranial dorsal iliac spine located more caudal on the affected side?

Rehab Pearl

Debbie Gross Saunders, MSPT, OCS, CCRP
wizofpaws@aol.com

Case Scenario: 3 to 4 month postoperative CCL reconstruction with a continued lameness. The stifle is stable (no significant drawer sign), no meniscal damage, and there is no edema or swelling present in the stifle. Attempts at typical

(The caudal dorsal iliac spine will also be located more caudal on the affected side.)

If the hip and stifle are held in continuous flexion, a caudal rotation of the ilium can occur on the affected side. If this is not corrected, it will cause a functional leg length discrepancy (because the affected side of the ilium is rotated caudally) or cause a compensation of increased stifle and hock extension in a stance.

Treatment:

- (1) Manually mobilize the ilium in to a cranial mobilization to correct the rotation.
- (2) Use a muscle energy technique to cause a firing of the hip extensors to correct the rotation. Hold the hip in more flexion and tap or percuss the gluteal area, attempting to get the dog to contract the gluteals and push in to hip extension. Once the dog is pushing in to hip extension, resist the movement for up to 5 to 10 seconds. Optimally, it should be repeated 3 times.
- (3) Both treatments mentioned above may be combined.

****Perform performing stretching and mobilizations, the areas to be treated should be warmed up with modalities, exercise, or massage.*

MEET OUR NEW OFFICERS

Sandy Brown, MSPT, CCRP

Sandy has been treating canine patients for over 5 years. Her private practice, Therapet, is located in the Veterinary Specialty and Emergency Center in Overland Park, Kansas and has the areas only underwater treadmill. Her patients range from elder dogs with osteoarthritis to champions who recently competed at Westminster. Although she treats dogs with a multitude of various diagnoses, she also focuses on canine fitness and conditioning (and in her spare time trains for triathlons).

Charles S. Evans, MPT, CCRP

Charlie is a licensed practicing physical therapist who has worked at the Dartmouth Hitchcock Medical Center in Manchester, NH and at Rehab 3 at Marsh Brook in Somersworth, NH. While at these facilities, he practiced in orthopaedic physical therapy utilizing both land-based and aquatic therapies. Charlie is presently working full time as the Director of Rehabilitation at the Dover Veterinary Hospital. He has had a life-long interest in working with animals and has many years of experience as a veterinary assistant. He received his Masters degree in Physical Therapy from Notre Dame College and has produced research papers in the area of veterinary rehabilitation. In December 2003 he received his certification as a Certified Canine Rehabilitation Practitioner from the University of Tennessee veterinary and physical therapy programs. Charlie is a member of the APTA as well as a member of the Animal Special Interest Group within the Orthopaedic Section. He is the NH Liaison to the Animal Special Interest Group and National Liaison Coordinator for the Animal Special Interest Group.

Susan Giegold, PT, LVT, CCRP

Susan currently works with both human and nonhuman patients in Syracuse, NY. She has been providing rehabilitation services for animals for the past 5 years and is the owner of Four Paws Rehabilitation. She works with several veterinarians in the greater Syracuse area. While most of her nonhuman patients are canine, she has a special interest in feline rehabilitation. Additionally, she is working on her DPT at SUNY Upstate Medical University.