

ANIMAL REHABILITATION

SPECIAL INTEREST GROUP

PRESIDENT'S NOTE

I hope that this holiday season has found you well and that you, like me, are looking forward to a fabulous 2013. I have no choice but to reflect on these past 6 years as my term as ARSIG President draws to a close. I can't deny that the path that I've followed over these years has led me to grow both personally and professionally. Many of you who know me so well will agree that I'm a 'planner,' a list-maker, and a Type A through and through. This makes it even more amazing that this path that I've followed has had such twists, turns, bumps, and rough spots—and yet so "worth the trip." Some events that come to mind: motherhood, pursuing a tDPT, moving my family more than 500 miles from my adopted home state of Maryland to Massachusetts, the recession...

Similarly, the field of animal rehabilitation, or shall I say, "physical therapy for animals," has had its own 'off road experience' over these past years. Legislative challenges, turf wars, the recession...

My professional role has changed as well—from employee, to employer, to contractor, to manager, to solo practitioner, to team member. I've learned much from physical therapy colleagues and mentors as well as veterinary technicians, veterinarians, and veterinary specialists—though just as much from my

Newsletter Coordinator's Note: Amie Hesbach has graciously submitted a sample of an intake form that can be used with your canine rehabilitation patients. This is a very comprehensive form that covers demographic information, past medical/surgical history, medications, and potential red flags. Many thanks to Amie for sharing this with the Animal Rehabilitation SIG readers.

Screening for Medical Disorders Amie Lamoreaux Hesbach, MSPT November 5, 2012

Caregiver Health History Questionnaire for Small Animal Rehabilitation

To ensure that your pet receives a complete and thorough evaluation, please provide us with the following important background information. If you do not understand a question, please leave it blank and your pet's therapist will assist you. Thank you!

PET'S NAME: _____ YOUR NAME: _____

BREED: _____ AGE: _____

SEX: M / F SPAYED OR NEUTERED: YES / NO

Reproductive History

If spayed or neutered, at what age? _____

If female, number of litters? _____ Size of litters? _____

If female, age at first heat cycle? _____

Activity/Social History

When did you adopt your pet? _____ From where/whom? _____

Has your pet ever travelled to another state or country? YES / NO

If yes, please specify where and when: _____

patients and clients. The field of "physical therapy for animals" will continue to grow. My only hope is that those of us who have been along for the ride for a bit will mentor and nurture the future generation of physical therapists and assistants who will be so fortunate as to have animals as patients. Never have I known a day's work to be so rewarding.

*So long, farewell, auf Wiedersehen, goodbye. It's been a fun ride.
Amie*

CSM IS COMING

Mark your calendars for January 20-24, 2013 and head to San Diego for CSM! The ARSIG has been granted a preconference course for the first time, so please support this effort! The course is entitled "Manual Therapy for Mechanical Dysfunctions of the Canine Lumbar Spine: Human and Canine Comparisons," presented by Cindy McGregor, PT, PhD, OCS, and Laurie Edge-Hughes, BScPT, M.AnimSt, CAFCI, CCRT. The ARSIG also has its regular programming during the conference. This year, the topic is "Measuring Change in Canine Rehabilitation: Outcome Tools for Clinicians," and is presented by Cindy McGregor, PT, PhD, OCS, and Amie Hesbach, PT, MSPT, CCRP, CCRT. Part 1 runs 8-10 a.m., Part 2 runs 11-1 p.m., with the ARSIG business meeting immediately following.

Leisure activities (prior to this injury/surgery): _____

Does your pet have a job? (Specifically, a therapy pet, service animal, etc.) _____

Does your pet participate in any type of competition? (Specifically, agility, field trial, conformation, etc.) _____

Is your pet regularly exposed to tobacco smoke? YES / NO

What percentage of the day does your pet spend indoors? _____ Outdoors? _____

Has your pet had any formal obedience training? YES / NO

Is your pet boarded when you travel? YES / NO

Has your pet ever attended doggie day care, gone on group dog walks, or visited a dog park? YES / NO

Does your pet have any diagnosed or suspected allergies or sensitivities (ie, food, environmental, or other)? YES / NO

If so, please specify: _____

Medical History

Please check (✓) any of the following who have ever provided medical care for your pet:

- | | |
|--|--|
| <input type="checkbox"/> Acupuncturist | <input type="checkbox"/> Neurologist (DVM/DACVIM) |
| <input type="checkbox"/> Cardiologist (DVM/DACVIM) | <input type="checkbox"/> Oncologist (DVM/DACVIM) |
| <input type="checkbox"/> Chiropractor (DC) | <input type="checkbox"/> Physical Therapist (PT) |
| <input type="checkbox"/> Dermatologist (DVM/DACVIM) | <input type="checkbox"/> Rehabilitation Veterinarian (DVM/DACVSMR) |
| <input type="checkbox"/> Surgeon (DVM/DACVSS) | <input type="checkbox"/> Other Rehabilitation Practitioner (CCRP/CCRT) |
| <input type="checkbox"/> Internal Medicine Specialist (DVM/DACVIM) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Massage Therapist | |

Date of last physical examination by your pet's regular veterinarian: _____

If your pet has seen any of the above during the past three months, please explain the reason (ie. illness, medical condition, physical, etc.):

Has your pet EVER been diagnosed as having any of the following conditions?

YES NO Cancer. If YES, what kind: _____

YES NO Heart problems. If YES, please describe: _____

YES NO Tick-borne diseases (Lyme, Erlichiosis, Baseosis, Rocky Mountain Spotted Fever, Anaplasmosis)

YES NO Breathing problems. If YES, please describe: _____

YES NO Gastrointestinal problems. If YES, please describe: _____

YES NO Thyroid problems.

YES NO Diabetes.

YES NO Autoimmune disorder. If YES, please describe: _____

YES NO Osteoarthritis.

YES NO Neurological disorder. If YES, please describe: _____

YES NO Intervertebral disc disease.

YES NO Stroke or fibrocartilagenous embolism (FCE).

YES NO Kidney disease. If YES, please describe: _____

YES NO Blood clotting disorder. If YES, please describe: _____

YES NO Other _____

Please list any surgeries or other conditions for which your pet has been hospitalized, including the approximate date and reason for the surgery or hospitalization:

Surgeries/Hospitalizations (Include Date and Reason)

1. _____
2. _____
3. _____
4. _____
5. _____

Please describe any significant injuries for which your pet has been treated (including fractures, dislocations, sprains) and the approximate date of injury:

Injuries (Include Date of Onset)

1. _____
2. _____
3. _____
4. _____
5. _____

Which of the following medications have you given to your pet in the past week?

- | | |
|---|----------|
| Pain medications (Tramadol, Gabapentin, Amantadine, etc.) | YES / NO |
| Anti-inflammatories (Deramaxx, Metacam, Rimadyl, etc.) | YES / NO |
| Vitamin/mineral supplements | YES / NO |
| Herbal remedies | YES / NO |
| Others NOT prescribed by a veterinarian _____ | YES / NO |

Please list any other veterinarian-prescribed medication you are currently giving your pet (INCLUDING pills, injections, and/or skin patches. Please include dosage and frequency.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

- | | |
|---|----------|
| Is your pet up to date on his/her vaccinations? | YES / NO |
| If not, do you ask your veterinarian to titer your pet? | YES / NO |
| Do you give your pet a monthly heartworm preventative? | YES / NO |
| Do you give your pet a monthly flea or tick preventative? | YES / NO |

Please circle any of the following that are NEW, UNUSUAL, or ATYPICAL for your pet.

- | | | | |
|----------|------------------------------|----------|-----------------------|
| YES / NO | weight loss/gain | YES / NO | joint/muscle swelling |
| YES / NO | vomiting | YES / NO | easy bruising |
| YES / NO | fatigue | YES / NO | excessive bleeding |
| YES / NO | weakness | YES / NO | panting |
| YES / NO | excessive grooming | YES / NO | coughing |
| YES / NO | tremors | YES / NO | eye redness |
| YES / NO | seizures | YES / NO | skin rash |
| YES / NO | excessive itching/scratching | YES / NO | constipation/diarrhea |
| YES / NO | pacing | YES / NO | blood in stools |
| YES / NO | vision problems | YES / NO | blood in urine |
| YES / NO | increased whining/barking | YES / NO | restless sleep |
| YES / NO | hearing problems | YES / NO | fecal incontinence |
| YES / NO | anxiety | YES / NO | urinary incontinence |

Therapist signature _____ Date _____

Client signature _____ Date _____