

# ANIMAL REHABILITATION

## SPECIAL INTEREST GROUP

### President's Message

Kirk Peck, PT, PhD, CSCS, CCRT

#### CSM Indianapolis:

It gives me great pleasure to announce that animal rehabilitation as a niche practice in physical therapy hit a new mark at CSM this year. Lisa Bedenbaugh, PT, CCRP, presented to a packed house on the topic of, “*Designing an Effective Therapeutic Exercise Program for Canine Clients.*” An additional 25 minutes was spent in Q&A following the presentation that generated a multitude of excellent inquiries regarding the practice of animal rehab. Topics of discussion included legalities of practice, liability coverage, access to clients, and the relationship between physical therapists and veterinarians.

During CSM, the SIG held its annual Business Meeting prior to the two-hour programming. Unfortunately, the majority of those who attended Lisa’s programming stood outside the conference room as they were apparently unaware that the Business Meeting is open to all CSM participants interested in SIG activities. I hope to get this issue clarified in the description used for SIG Business Meetings for CSM 2016. It is vitally important that SIG members and those interested in participating in the SIG be present during the Business Meeting in order to generate valuable discussion and move the SIG forward on many initiatives.

#### Legitimizing the Practice of Animal Rehabilitation:

Have you ever asked yourself how the practice of human physical therapy became more formally recognized by society, higher education, and governmental agencies? Rest assured it did not occur overnight. In reality, it took several years following the service of Reconstruction Aides during World War I for the profession of physical therapy to finally emerge as a viable health care entity on American soil.

The professional organization, known initially as the “*American Women’s Physical Therapeutic Association,*” was initially formed in 1921. Many years of political struggles and restructuring of the association ensued due in part to many dedicated individuals who truly believed that physical therapists offered something unique by way of rehabilitation. Today, physical therapy has evolved to a doctoring profession that shares varying levels of direct access to patient care in all 50 states. Pretty remarkable when you consider that the first educational programs to prepare “Re-Aides” were only 3 months in duration. So what does this have to do with animal rehabilitation? The answer is simple—a lot.

Legitimizing the practice of animal rehab by licensed physical therapists can hopefully be accomplished in fewer years than it took for human care, but nonetheless, there is much work to be done. During CSM, the ARSIG officers communicated with representatives from APTA Government Affairs and Orthopaedic Section Board members about the current status of animal rehab in PT practice. The outcome of those conversations led to a robust action plan that will involve ALL SIG members in addition to as many non-SIG members who also treat animals

as part of practice. Below is an outline of action steps that need to occur over the next several months:

1. **Conduct a comprehensive “Practice Analysis” of Animal Rehab** – will entail the development of a member survey to collect data on animal practice, in addition to a review of other documents related to PT practice on animals.
2. **Create a “White Paper” on Animal Rehab** – will help educate professional, public, and political entities about the history, safety, liability, educational training, practice description, legislative authority, and relationship of PTs with the veterinary profession.
3. **Develop “Model Legislative Language”** – will establish recommended language for APTA Chapter Components and state regulatory entities to use in drafting language for the practice of physical therapy on animals.

The process of justifying and validating practice will require a great deal of time and effort among volunteers, but most importantly, a collective input from all SIG members. In preparation for this lofty endeavor, a task force will be developed by the SIG officers to specifically focus on achieving the items just noted.

#### Legislative Front:

In this edition of *OPTP*, I am going to focus on one very important concern regarding PTs who practice on animals. On more than one occasion, I have received a direct inquiry from a PT (almost always a non-ARSIG member) asking about liability insurance for animal practice. The PT, unfortunately, often resides in a state where either no explicit legal language exists for PTs to practice on animals or even worse, the PT Practice Act specifically uses the word “humans” in relation to whom PTs are allowed to deliver care. There are two problems with this scenario.

First, the PT in question is technically practicing “at risk” when treating animals. If their practice was called into question, it would be left in the hands of regulatory agencies and potentially legal counsel to decide if they were practicing within the scope of law. Second, if a PT encountered a situation where professional liability was needed to cover an injury related to animal care, the incident would not be covered by the insurer if the PT was practicing outside their scope of practice.

The two scenarios previously described emphasize exactly why I have been so adamant about therapists striving to acquire legal language in all 50 states to explicitly allow for animal practice. It only takes one incident of legal interpretation of language to set a national precedence for PTs in all 50 states. Point being, if a state does not have explicit language or if the language is highly open to interpretation, then PTs are practicing “at risk” when treating animals.

#### ARSIG Logo:

A *draft* logo for potential use by the ARSIG has been presented to SIG officers for review. The logo was shared at CSM

during the Business Meeting, but will not be shared to all SIG members until finalized. The SIG officers will continue to work on the logo with a goal of approving a final version to be shared during CSM 2016.

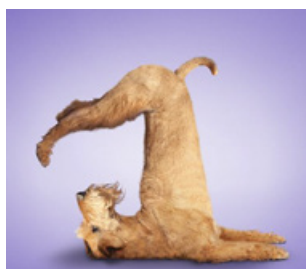
### California Veterinary Medical Board:

It is hard to believe I can repeat myself on a topic so many times, but the California Veterinary Medical Board (VMB) public hearing on proposed regulatory language to mandate “direct supervision” over PTs was postponed again until at least April, if not July. The latest deadline to hold a hearing in January 2015 came and went, just like it did back in October 2014 and many times before that as well. I will emphasize one more time that the CA Vet Board position on supervision is a very concerning issue that would directly impact a lot of physical therapists practicing on animals.

### Call for OPTP Submissions:

To promote, educate, and advance the practice of animal rehabilitation, I encourage members to submit articles related to clinical pearls, critiques of recently published articles, unique case studies, or abstracts of primary research. Please contact the President or Vice President of the ARSIG if interested in submitting an article for review.

### Spring Yoga Pose!!



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## Professional Liability Insurance for Animal Rehab – Are you Covered?

Stevan Allen, MAPT, CCRT

In recent months, the ARSIG officers have received an increased number of questions concerning Professional Liability Insurance (PLI) for animal rehab. In the last edition of OPTP (VOL. 27, No. 1 2015), several common Questions Regarding PT Scope of Practice were outlined in the President’s Message. A note of clarification however is in order for the response given to Question #2. The question asked, “Does my human PT malpractice liability insurance plan cover me when treating animals?” The answer provided was “NO,” however, a more accurate response is, “It Depends.” I will outline some of the nuances to this topic below.

If you are currently insured through HPSO (the APTA sponsored insurance program), animal rehab is a covered entity as long as such practice is legal in your jurisdiction. Previously in OPTP, I outlined some of the specifics (including the modification of the exclusion) from a year ago, which specified if

you were treating animals greater than 50% of your time, the plan would not protect you. The Healthcare Providers Service Organization modified the program to eliminate that limitation in 2014. The animal rehab coverage is actually included under the category of “damage to property,” as animals are considered property in all 50 states. Current limits as outlined in the basic insurance policy are set at \$10,000/year, but can be increased to \$25,000/year for an additional fee. These policies will cover you regardless of what type of animal you treat (eg, dogs, cats, horses, birds).

Now returning to the point of clarification for Question #2 as to whether or not HPSO insurance covers animal rehab, it truly does “depend.” It depends on exactly what is legal by way of scope of PT practice law in your state of residence. The question that must be answered is, “Are you legally allowed to treat animals based on scope of practice law?” Point being, exactly how do your state practice laws declare the type of entities you can treat as a physical therapists; eg, individuals, clients, patients, humans, other? If the state law specifically uses the term “humans,” then treating animals is clearly not intended to be part of PT scope of practice in that jurisdiction and liability insurance will not cover incidents related animal rehab.

In conclusion, a fundamental policy for animals in the APTA sponsored PLI is currently present, however, coverage does not apply in all state jurisdictions. Therefore, PTs who desire to treat animals in states where language for animal rehab does not exist are encouraged to explore options for change in scope of practice laws to legally allow for an expansion of services offered by physical therapists.

Please don’t hesitate to contact me if you have any questions or concerns (Stevan.allen@gmail.com).

## Common Injuries Related to the Sport of Equestrian Showjumping

Sharon Classen, PT

Showjumping is a fascinating Olympic level sport that involves an intricate relationship between both horse and rider. It requires strength, agility, and an incredible amount of sheer athletic talent (Figure 1). It is a serious athletic test for both horse and rider. Horses competing in showjumping are required to jump obstacles from 0.90 meters to upwards of 1.7 meters in elite competition at major championships. Not only are the heights a challenge, but the jumping obstacles are presented in combinations at distinct striding intervals to test the horses’ ability to shorten or lengthen their stride on course. The stress on horse and rider is increased in classes against the clock, with tight turns placing additional strain on the musculoskeletal system. When performed correctly, it is a beauty of grace mixed with explosive power. There is a rare trust and symbiotic relationship that forms between the Equestrian and Equine athlete not found in any other sport.

Like any sport, there are specific injuries uniquely germane to professional show jumpers, and if not properly addressed, can be career ending. However, with proper fitness and specific exercises targeted toward strengthening core muscles of the equine

athlete, many injuries can be prevented. Some of the most common injuries seen with the equine athlete include back pathology, superficial and deep digital flexor tendon injuries in the forelimb, sacroiliac dysfunction, hock injuries, and desmitis.

### BACK PATHOLOGY

A lot of back problems in horses are related to osteoarthritis of the articular facets and repetitive stress on those areas where instability may be present. Improper tack and saddle fit, along with direct rider effects, can also cause back pain and muscle spasms. Common treatments for spinal related dysfunction includes injections, ice, acupuncture, joint mobilization (Figure 2), ultrasound, EMS, laser, myofascial release, and trigger point therapy.

### SUPERFICIAL AND DEEP DIGITAL FLEXOR TENDONS

Superficial and deep digital flexor tendon injuries are either traumatic or occur over time, causing micro-overloading and weakness. Overloading, along with stress fatigue, are generally contributing factors to tendon injury. When a horse is on final approach to the fence during competition, the forelimbs are responsible for breaking the stride and providing vertical force upon take-off. This places significant strain on the lower joints of the leg. On landing from jumps, the front lower joints of the horse are hyperextended, placing a significant strain on the flexor tendons and the suspensory ligaments in the forelimbs (Figure 3). Depending on the extent of injury, the initial treatment is much like in humans and includes ice and rest, along with compression. Use of therapeutic agents to reduce pain and swelling, and stimulate the healing process may also be incorporated.

### HOCK INJURIES

Injuries to the hock comprise the most common cause of hind limb lameness in jumping horses. It is usually associated with arthritis in the bottom joints of the hock. Since the hind

limbs provide the majority of force during takeoff, there is a significant loading of the involved joints. Treatments include intraarticular medication with corticosteroids, corrective shoeing, and a judicious use of nonsteroidal antiinflammatory agents such as phenylbutazone. The horse should be placed on a strengthening program to increase surrounding musculature and provide dynamic support to the joints. In addition, ice, ultrasound, and laser are also common treatment options to control pain and swelling.

### SACROILIAC DYSFUNCTION

The hind limbs of the horse are often compared to the engine of a car, and the horse's sacroiliac joint is analogous to the transmission. With show jumpers, the sacroiliac joints are key components in providing stability both in movements on the flat and over fences. Poor conformation, weak musculature, or mechanical limitations lend themselves to creating dysfunction in this anatomic region. Body weight of the human rider hinders lumbosacral flexion in the horse and can cause undue pain and suffering as well. A physical therapist must perform a complete spinal evaluation along with assessment of muscle strength and symmetry while analyzing functional movements to create a comprehensive treatment plan. Modalities are generally not as effective in treating the sacroiliac areas since the joints are anatomically too deep. However, specific joint mobilization techniques and strengthening are key to successful recovery of sacroiliac joint pathology (Figure 4).

### DESMITIS

Showjumpers, as seen in human athletes as well, are prone to ligamentous injuries secondary to high loading forces placed on joints and soft tissues. Showjumping places significant repeated loading forces on ligaments that occur both during competition and practice sessions. These injuries are treated similarly to those of human athletes using many of the same techniques. Rehabilitation protocols must allow for proper healing time along with slow loading of soft tissue structures to achieve full recovery.

Human use of the horse for competitive purposes is counter to a horse's evolutionary design. During a course of competitive



Figure 1. Olympic level showjumping.



Figure 2. Spinal mobilization to the lumbar region.



Figure 3. Forelimb extension.

jumps, a horse is required to canter for lengthy periods of time and perform repetitive movements that are not natural during normal conditions. Such lengthy periods of high volume work, and the act of clearing jump after jump in succession, all while balancing the weight of a rider on its back, places the horse at increased risk for injury.

Sports involving horses are designed to challenge both animal and rider, and horses are often pushed beyond their physical limits, leaving them vulnerable to injury and disease. What makes the sport of equestrian showjumping so unique is that you have two athletes - the Equestrian and the Equine - imparting direct mechanical effects on each other. With additional education in equine science, physical therapists offer a unique skill set and knowledge base to evaluate and combine the concept of an "athletic team" consisting of human rider and horse, enabling both athletes to reach peak performance.

## ACKNOWLEDGEMENT

Photo images courtesy of Kelly Davis, 2015.

## SUGGESTED READINGS

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Figure 4. Traction pulls for lumbosacral dysfunction.

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