



FourLegRehabInc

CANINE REHAB EDUCATIONAL RESOURCES

The PROFESSIONAL practice of canine rehab: Self-assessment questionnaire PART 1

Are you doing all that you can (most of what you can, or even a little of what you can) to improve upon your canine rehab knowledge and practice? Are you staying sharp? Are you paying attention to the right things within your practice and business? What should you be focusing on in order to be a better practitioner and in order to grow your canine rehabilitation / physiotherapy business?

Ask yourself these questions now!

THE PRACTICE of Canine Rehabilitation

1. THE ASSESSMENT

Are you utilizing PT/Physiotherapy assessment skills in your canine rehab/physio practice? I'm willing to bet that if you don't know what I mean, then you aren't! Here's what I mean...

- a. **Skills:** Do you understand how muscle stretching is part of an assessment? Can you recognize normal and abnormal end-feels for each joint and at what point in the ROM they appear? Are you aware and competent at performing the special tests for each joint? What is a capsular pattern of restriction and what does it tell you? How might pain on a joint compression test lead rule in or out different pathologies? Is your palpation specific enough? Which muscles give clues to pain at specific joints? Do you utilize joint glides when assessing a joint? When is the last time you checked for (or thought about) myofascial trigger points? Are you thinking about dermatomes and myotomes? Are you examining the whole body with every new evaluation?
- b. **Clinical Reasoning:** As you examine a dog, are you constantly asking yourself 'why would I be finding this?' Are you challenging yourself to make the links between the findings in your patient? Are you looking at the big picture and the whole of the animal? Are your trying to make all of the puzzle pieces 'FIT' into your diagnosis?
- c. **Pattern Recognition:** Are you taking mental (or physical notes) on what you find, all of the signs, and how each animal responded to

therapy so that you can better identify and treat a similarly presenting case when it comes in next?

- d. Did you evaluate the whole body?
- e. Are you analyzing the data and setting out your primary, secondary and tertiary diagnoses? (i.e. Primary: Partial cruciate tear; Secondary: Lumbar spine facet joint dysfunctions, + Myofascial trigger points in the quadriceps and Sartorius muscles; Tertiary: Suspected OA at the proximal interphalangeal joint of digit # 3 of the left forepaw.)
- f. Are you creating a problem list to guide HOW you will progress to your treatment planning?
- g. Have you made a PT/Physio/Physical Diagnosis (better termed as a 'pathofunctional diagnosis')? This is often several lines long and goes far beyond a simple 'left stifle partial cruciate tear' – which is the typical medical or veterinary diagnosis (which is termed a 'pathoanatomical diagnosis').
- h. Have you determined a prognosis based on your assessment? Can you yet give a prognosis?

OY! And that's just one category of the PRACTICE of canine rehab! There's more!!

2. TREATMENT PLANNING

There is no 'cookbook' for how to rehab a case... and if you ever come across one, run the other way. 'Cookbooks' are sure-fire ways to find yourself spinning down the drain into what I like to call 'crappy care'. Each case is individual. Each case is unique. How will you serve THIS case the best?

- a. Goal Setting: What are your therapy goals? In 'human physiotherapy' practice, we not only have to list the goals, but also assign a time line for when we want to achieve these goals. (I hate the latter... as I feel that not all injuries follow a time line, but it does potentially serve us well to strive for a goal with a deadline).
- b. Rationale: Do you know WHY you are going to be prescribing the treatment you will be utilizing? There had better be a rationale or justification for your therapy choices. For example, why put a supraspinatus tendinopathy in the underwater treadmill? What is the specific benefit? Is there one? (Pssst – the answer is no!)
- c. Prioritizing: When you have a long list of problems along with primary, secondary, and tertiary 'physical' diagnoses, what do you treat first, second, third and so on? It may not be practical to treat them all at the same time, so how will you break it up over your upcoming sessions? How will you focus your time? What therapies might be most beneficial out of ALL of the therapies you could choose?

3. TREATMENT SKILLS

One might think that this is ALL that canine rehab / physiotherapy is about, but that couldn't be farther from the truth. It's not just about how to do a laser treatment, but all of the thought-processing that goes into it!

- a. How to... (do a joint mobilization, apply ultrasound, thought-process regarding laser dosing, utilize the underwater treadmill most effectively, release a trigger point, get a dog to utilize it's hamstring muscle group better, and so on!)
- b. When to... (add a new exercise, increase the dose of modalities, discharge a modality or exercise, challenge the patient, advise return to sport activities, etc)
- c. Are you proficient at manual therapy (mobilizations, massage, ROM, stretching, etc)?
- d. Are you proficient at exercise prescription? Would you like a few more 'ideas' in this area?
- e. Are you up to date with modalities?
- f. Are you adequately educating the client?
- g. What sort of advise are you giving?

4. RE-EVALUATION

The PROFESSIONAL follow-up of an animal is often a significant 'signpost' of a great rehabilitation practitioner.

- a. Are you utilizing outcome measures?
- b. Are you spending enough time with the client to gauge their satisfaction and compliance with your prescribed home program?
- c. Are you re-evaluating the animal after every 3 treatments? This is at minimum... You should be re-evaluating MORE often if you have a neuro case or complicated case!
- d. Are you changing what you do or recommend for treatment if the animal is not progressing in a timely manner? Do you re-evaluate your diagnosis in these instances as well?

5. SCHOLARLY PRACTICE

Medical practice has gone from being empirical-based (i.e. we were told to treat cases this way) to evidence-informed (i.e. utilizing the best available evidence to guide practice). Notice, I did not say evidence-based, as there is so much that we are still learning, and things that we know work, but don't yet know why. As such, the human medical field is utilizing the term 'evidence-informed' to represent a mix of best-practice strategies.

- a. Do you engage in 'reflective practice'? Do you analyze your cases – what worked and what didn't?
- b. Do you ascribe to life long learning? How are you keeping up to date or getting better so that you can have a greater impact with your caseload?
- c. Do you participate in scholarly inquiry? Are you reading journal articles, keeping up to date at conferences, and are you applying that knowledge on a daily basis?

These are all of the things to think about and learn about in order to be a GREAT canine rehab practitioner! And I want to help you along this learning journey!