

APPLYING SENSORY INTEGRATION TECHNIQUES TO THE CANINE PATIENT

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Signalment: 6 year old Female Shetland Sheepdog (Keeper)

History: Keeper presented as a rehab candidate due to a front leg lameness issue, however she also had a severe aversion to touch, which made treatment quite difficult. The owner confessed that she was a very difficult puppy to bond with, taking more than a year before the animal would come to her willingly, without the enticement of food. Additionally the dog disliked being near others (human or animal), was generally unaffectionate and panicked at fast moving objects near her head. She was examined by several dog trainers and a few vets for her behavioral issues, without adequate improvement. Her eyes were also examined and found to be normal.

Physical Examination Findings: This dog was found to have a strain of the Teres Major muscle, but treatment was difficult due to the Keepers dislike of touch. When trying to hold or touch the animal lightly she would stiffen up and lean away with visible distress. Eye contact was never made by the dog and given the chance she would pace around the room purposely avoiding contact.

Diagnosis: In addition to the strain of the Teres Major muscle, this dog showed signs of being sensory defensive / tactile hypersensitive.

Problem List: The reticular formation in the brainstem filters information to and from the body. Much stimuli is filtered out and hence never registered at a conscious level. One must be able to get past external stimuli to do a task. When the filtration system is not working correctly, then the sensory stimuli in the world around us can become a distraction or simply overwhelming. This is the case with Autism in children. Although Autism is not currently a recognized condition in the canine, much can be extrapolated from the human model in regards to recognition and physical treatment for canine patients that present with a similar profile. This particular patient disliked touch, had problems socializing (with humans or other dogs), and fit the sensory and tactile defensive profile

Rehabilitation Treatment: In addition to treating the muscle strain, this patient was also treated with sensory integration techniques to calm her and minimize any stress. Treatment primarily consisted of deep pressures, joint approximation and compression, ear pulls and tail pulls. The owner was also shown how to handle Keeper utilizing slow, firm touch to aid in relaxing the sensory system. A year following the resolve of the muscle strain, the owner requested to resume treatments specifically for the sensory issue. She was also treated with craniosacral therapy (focusing on the cranial bones) which provided her with longer lasting calming effects.

Follow-Up and Assessment of Outcome: Prior to her muscle strain treatments, a total body compression was applied. Keeper actually fell asleep on the ground during this time, to which the owner reported it was the calmest she had ever seen her. In learning how to appropriately handle Keeper to address her sensory defensiveness issues, the owner has noticed significant improvements in Keepers quality of life within the last three years. She now seeks out her owner's company, sleeps on her bed at night and has recently made her first human friend (in a next door neighbor); allowing herself to pet and handled. As well she better tolerates her canine housemates and will make eye contact with people now.

References:

1. Galipeau, Margaret (PT): Sensory Integration Dysfunction. Presentation September 1997.
2. Grandin, Temple: Thinking In Pictures. Doubleday. New York. 1995

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