Information for Participants in the Certificate Program in Canine Physical Rehabilitation

Canine VI – Externship/Case Studies

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General Information

- **Cost: 250,- Euro + Tax (including case evaluation – Part VI)**

- **Register with U-TENN&Schloss-Seminar at www.u-tenn.com**

- Five *canine case studies* are required for course six (1 feline case is acceptable):
  - Two Orthopedic cases
  - Two Neurologic cases
  - One case of your own choosing
  - Case Study Deadlines (no exceptions will be made):

	Exam Date	Case Studies Due No Later Than
3	30th September/1st October 2007	July 1st 2007

- Case studies must be original work of the participant and the dogs must have been treated by the participant as well.
  - Case studies cannot:
    - Be developed using information found in patient files (cases must come from active patients)
    - Include patients the participant treated and discharged prior to him or her completing Part II, III and IV
    - Be started prior to successful completion of Part II, III and IV
  - Case studies must be original and current work.

- The attached standard format must be used.
  - Case studies not adhering to this format will not be accepted and will be returned to the participant.

- Submitted case studies:
  - Will be reviewed by one or more instructor(s)
  - Must be approved in order:
    - For a certificate of completion to be issued
    - For the participant to take the certification exam

- The pre-requisite for Part VII, the certificate exam:
  - Successful completion of courses I, II, III, IV, V and VI
  - Successful completion of externship
  - No outstanding balance

Questions about your case studies?
Please email Beate Egner at beate.egner@u-tenn.com or phone Beate Egner at +49 – 6073 725 836

Where do I send my final case studies?
Send your final case studies – but not your original copy – to U-TENN & Schloss Seminar at he following address:

U-TENN & Schloss Seminar
Dr. Beate Egner
Im Schloss
D 64832 Babenhausen
Germany

Standards

Veterinarians and Veterinary Technicians will:

1. Complete their clinical observation at either a human physical therapy practice/clinic, or a canine rehabilitation center.
2. Choose the site and location of this observation however:
    a. Participant must observe a licensed physical therapist.
3. Complete an information form stating where the training will be obtained 30 days prior to beginning their experience.
4. Spend a minimum of 40 hours observing patient treatments and interacting with physical therapists and/or physical therapist assistants at a physical therapy clinic, or a canine rehabilitation clinic.
5. Observe a variety of patients and rehabilitation techniques.
6. Be responsible to make sure the sponsoring physical therapist documents the hours spent at the clinic.

It is not necessary for participants to spend 40 consecutive hours at the clinic, or to spend all hours at a single clinic. The goal is for participants to gain an appreciation for contemporary physical therapy treatment and have an adequate appreciation for progression of patient care.

Physical therapists and physical therapy assistants will:

1. Complete their clinical observation at a veterinary clinic/hospital (the clinic does not need to provide rehabilitation).
2. Choose the site and location of this observation however:
    a. It must be at a veterinary clinic/hospital.
    b. Participant must observe a licensed veterinarian.

3. Complete an information form stating where the training will be obtained 30 days prior to beginning their experience.
4. Spend a minimum of 40 hours observing patient treatments and interacting with veterinarians at a veterinary clinic/hospital.
5. Observe a variety of patients and rehabilitation techniques.
6. Be responsible to make sure the sponsoring veterinarian documents the hours spent at the clinic.

It is not necessary for participants to spend 40 consecutive hours at the clinic, or to spend all hours at a single clinic. The goal is for participants to gain an appreciation for contemporary veterinary practice and have an adequate appreciation for progression of patient care.

Using a Pre-Approved Externship Site

- Participants are responsible for:
  - Paying all clinic fees.
    - Please contact the clinic directly to find out the daily fee charged.
  - All travel and room and board expenses.

The following should be discussed with the therapist at the clinic prior to arranging a visit:

- Length of stay.
- Goals you wish to achieve.
- Training you wish to obtain.

Pre-Approved Site Information

University of Tennessee College of Veterinary Medicine
Knoxville, TN
Phone number: 865-974-8387
Contact: Teresa Glick, P.T., L.V.T.

- Site is able to accommodate veterinarians, veterinary technicians, physical therapists and physical therapy assistants
- A site fee is applicable and payable directly to University of Tennessee Veterinary Teaching Hospital.

Chattanooga Canine Rehabilitation
Chattanooga, TN
Phone number: 423-903-9874
Contact: Cassy Englert, M.P.T., C.C.R.P.

- Site is able to accommodate veterinarians, veterinary technicians, physical therapists and physical therapy assistants
- A site fee is applicable and payable directly to the clinic
- The clinic has an apartment within it which may be available for use

Alameda East Veterinary Hospital
Denver, CO
Phone number: 303-366-2639
Contact: Carrie Adamson, P.T., C.C.R.P.

- Site is able to accommodate veterinarians, veterinary technicians, physical therapists and physical therapy assistants
- A site fee is applicable and payable directly to Alameda East Veterinary Hospital.

Animal Rehabilitation and Wellness Institute
Raleigh, NC
Phone number: 919-861-5868
Contact: Annie Janis

- Site is able to accommodate veterinarians, veterinary technicians, physical therapists and physical therapy assistants
- A site fee is applicable and payable directly to the Animal Rehabilitation and Wellness Institute. For more information please contact Annie Janis
- If you are student in one of the accepted professions, please inform Annie

Windhover Veterinary Hospital
Walpole, MA
Phone number: 508-668-4520
Contacts
-Veterinarians and Veterinary Technicians: Elizabeth Wagner, P.T., C.C.R.P.
-Physical Therapists and Physical Therapist Assistants: Cathy Symons, V.T., C.C.R.P. for an externship with Marjorie McMillan, D.V.M., D.A.C.V.R., C.C.R.P.

- Site is able to accommodate veterinarians, veterinary technicians, physical therapists and physical therapy assistants
- No fee charged at this time*

*Intensive or prolonged site visits may be subject to a nominal fee; no fees charged for the regular externship

University of Vienna/Austria
Phone number: 0043 1 25077

Canine Rehabilitation Center Gföhl
Other Centers

Participants may find their own placements; *however,* placements must be approved *prior to participants beginning their externship* (see above). Failure to achieve prior approval may result in completed hours not being counted toward the 40 required.

Information Form for Course Six

Participant Name: ____

Certificate courses completed (please check off each course you have completed):

☐Part I ☐ Part II ☐ Part III ☐ Part IV ☐ Part V

Pre-Approved Clinic Location

Check location if applicable. If you are using a location of your own choosing complete the **Private Clinic Approval Information** below.

☐ **University of Tennessee College of Veterinary Medicine**
☐ **Chattanooga Canine Rehabilitation**
☐ **Alameda East Veterinary Hospital**
☐ **Animal Rehabilitation and Wellness Institute**
☐ **Windhover Veterinary Hospital**
☐ **University of Vienna**
☐ **Rehabilitation Center Sabine Mai/Gföhl**

Private Clinic Approval Information

Clinic name: ____

Clinic address: ____

Clinic webpage: ____

Clinic phone number: ____

Supervisors Name and Credentials: ____

____
Supervisors Signature **Date**

____
Participants Signature **Date**

Clinical Log for Course Six

Clinic name: ____

Clinic address: ____

Clinic phone number: ____

Total number of hours: ______________________

____

Supervisor/s name and credentials (P.T., D.V.M., etc.) **Date**

____

Signature of Supervisor/s and credentials (P.T., D.V.M., etc.) **Date**

____

Participants name and credentials (P.T., D.V.M., etc.) **Date**

____

Signature of Participant and credentials **Date**

Review

Case Studies

1. Part II, III and IV must be completed prior to beginning your case studies.
2. Case studies begun prior to completion of Part II, III and IV will not be counted toward the completion of the case study portion for Canine Six.
3. Each participant is expected to complete five canine case studies; two in ortho, two in neuro and one of their own choosing.
4. Case studies cannot be developed based solely on patient files or past patient treatment.
5. Case studies must reflect original and current hands-on rehabilitation by the reporting participant.
6. Case studies should include an initial evaluation, at least ten treatments and a discharge. Ideally, the participant should follow the animal through the course of it's rehabilitation treatment.

Observation

1. Veterinarians and veterinary technicians must observe a licensed physical therapist or CCRP. They cannot observe a physical therapist assistant, veterinarian without the degree of a CCRP or a veterinary technician. The physical therapist is responsible for making sure you meet the competency requirements of Part VI.
2. Physical therapists and physical therapist assistants must observe a licensed veterinarian. They cannot observe a physical therapist, physical therapist assistant or a veterinary technician. The veterinarian is responsible for making sure you meet the competency requirements of Part VI.
3. If you are completing all 40-hours at a Pre-Approved Site you simply need to turn in all the forms prior to starting your observation, you do not need to receive prior approval.
4. If you are completing your 40-hours at a site that is not pre-approved, you must receive site and supervisor approval a minimum of 30-days prior to beginning your observation from U-TENN/Schloss-Seminars. Failure to do so could mean that the hours you complete prior to receiving approval will not be accepted and counted toward the 40-hour fulfillment requirement.
5. If you are planning to do part of your 40-hours at a pre-approved site and the other part somewhere else, you still need to have your secondary site and supervisor approved a minimum of 30-days prior to beginning your observation.
6. Observation hours and case studies do not have to be completed concurrently.

Case Study Format

Each case study will consist of four portions:

- History of the case
- Physical therapy evaluation
- Description of all of the physical therapy treatments
- Summary of the case

1. Each individual will be expected to write up five case studies, depending upon the length and complexity of the case.
2. Case study presentations should be similar to the cases presented in Part IV.
3. Photographs, pictures of radiographs, reports of diagnostic testing, and a signed referral from a veterinarian will be required on each case.
4. Case study formats must be in Microsoft word or a convertible file in order to facilitate correspondence via email. Large files have to be sent in by mail: printed version and additionally safed on a CD/DVD.
5. The participant will be expected to present one of the submitted cases at the Part VII examination.

History of the Case

Name:

Age:

Breed:

Sex: Altered:

- Dog's lifestyle/occupation:

- Brief history of dog's family history (i.e. adopted from Humane Society, owner has owned since puppy, etc):

- Brief history of problem in which dog is referred for (i.e. date of injury or onset of problem, how owners' noticed a problem, type of problem noticed):

- Interventions (i.e. medication, restrictions, exercise, rest, etc.):

- Referring veterinarian's diagnosis:

- Test Results (please include a photograph or digital picture of the appropriate test):

    - Radiographs
    - Laboratory results
    - CT Scan/MRI

- Surgery (if appropriate):

    - Type of procedure
    - Date
    - Special surgical precautions

- Past medical history:

Evaluation

- Observation

- Gait Assessment (if lameness present[0-4] indicate degree and limbs – utilize the lames scale you commonly use and site the source).

    - Walk:

    - Trot:

- PROM – Affected joints with a comparison to uninvolved joints.

- Neurological testing (all appropriate neurological testing, results, and meaning of the outcomes):

- Pain assessment [0-10] (using pain assessment scale from, Matthews, K.A., *Pain assessment and general approach to management*, Management of Pain, The Veterinary Clinics of North America, Small Animal Practice, July 2000, p. 729-755):

    - Assessment:

    - Problems

- Goals

- Treatment Plan (examples):

    - Home exercise program
    - Program within clinic or hospital
    - Instructions for technicians/assistants
    - Turning schedule
    - Gait schedule

<u>Actual History of Treatment</u>

Please provide descriptions of the individual treatments in S.O.A.P. format. In addition, please include photographs of the dog during treatment.

- **<u>S</u>**ubjective

- **<u>O</u>**bjective
  - Treatment and parameters
    - Modalities
    - Therapeutic exercise
    - Manual intervention
  - Owner education
  - Home exercise program
  - Program within the hospital
  - Measurable outcomes
  - Observation of gait pattern, function, etc.
- **<u>A</u>**ssessment
  - Progress
  - Deficits remaining from initial plan
  - Assessment of barriers
  - Remaining problems and goals
- **<u>P</u>**lan – plan of care for next visits

Discussion

The discussion should include the following information buy may also include additional information relevant to this patient treated.

How many visits?

Veterinarian feedback:

Owner compliance:

How do you feel physical therapy made a difference in this particular case?

What is your speculation of the case if the patient did not receive physical therapy?

What could have been altered in the physical therapy care of this case?

Where there any barriers to the outcome of the case?

How was billing performed in this case?

Competencies

VETERINARIANS (VET)/Physiotherapists (PT)/Veterinary Technicians (V TECH)

TITLE: Certified Canine Rehabilitation Practitioner (CCRP)
At the completion of this certificate program, the participant will be able to:

1.
    a. Recognize the role of the veterinarian as the team leader/case manager for the dog's care (VET)
    b. Recognize the veterinarian as the case manager for the dog's overall care and the physical therapist as the rehabilitation coordinator: Primary role in examination and evaluation of movement dysfunction of canines and in developing the rehabilitation intervention and plan of care (PT)
    c. Recognize the roles of the veterinarian and physical therapist: Respond to the veterinarian as team leader and physical therapist if applicable in carrying out the rehabilitation program (V TECH)

2. Describe the benefits of physical rehabilitation and its role in veterinary practice
3. Adopt terminology from a physical rehabilitation perspective to include terms such as, but not limited to, those defined in the *www.utc.edu/canine* glossary
4. Describe and have a working knowledge of the canine anatomy and physiology as related to rehabilitation
5. Palpate bony landmarks and soft tissue structures on a live dog
6. Define muscle groups, ligaments, joints and nerve supplies in a dog
7. Describe and have a working knowledge of common orthopedic and neurologic conditions and their basic medical and surgical management
8. Describe common breed-specific orthopedic and neurologic conditions
9. Describe and have a working knowledge of tissue responses to injury and the effects of immobilization and remobilization
10. Describe and have a working knowledge of time frames for tissue healing in dogs
11. Describe canine behavior and safety issues as related to rehabilitation
12. Describe and demonstrate correct safety precautions / techniques for yourself (e.g. body mechanics, when to apply restraint techniques in rehabilitation)
13. Describe and demonstrate correct techniques for your canine patients [e.g.-towel-walking, weight-bearing status, hydrotherapy, passive range of motion (PROM)]

14. Describe mechanisms of action, side effects and physiology behind commonly used analgesics, NSAIDS and chondroprotectants and their effects on recovery
15. Identify common canine conditions and how they may benefit from rehabilitation
16. Describe and have a working knowledge of basic surgical procedures as related to rehabilitation
17. Describe and have a working knowledge of physical rehabilitation procedural interventions (e.g.- range of motion, therapeutic exercise, use of assistive devices, functional mobility training) and their benefits
18. Cite the concepts of outcome assessment and be able to demonstrate their application on dogs (e.g.-goniometric measures, limb girth, effusion measures, etc.)
19.
    a. Determine any contraindications or precautions to rehabilitation based on the dog's medical history, surgical history, past medical history and/or physical examination. (VET)
    b. Recognize illnesses that require emergency medical intervention and provide emergency transport and referral as appropriate (PT, V TECH)

20. Describe the role of rehabilitation in the management of the recumbent dog
21. Describe normal and abnormal gait, muscle and joint biomechanics in the dog
22. Evaluate a dog's gait and other functional movements
23. Cite the mechanisms of action, uses, benefits, contraindications and risks for physical agents and mechanical modalities (e.g.- hot and cold therapy, ultrasound, electrical stimulation, etc.)
24. Demonstrate correct application of physical agents and mechanical modalities in specific cases
25. Describe the types, uses, benefits, contraindications and risks of massage
26. Demonstrate basic massage techniques
27. Develop and describe the rationale behind a rehabilitation plan of care for specific conditions
28. Establish realistic rehabilitation outcome goals for canines
29. Demonstrate the appropriate progression of a plan of care for canine patients with consideration of prevention of injury for the owner/caretaker
30. Develop training programs / wellness programs to prevent potential future pathologies in athletic and working dogs
31. Demonstrate correct basic therapeutic exercise techniques (e.g.- PROM, strengthening techniques, proprioceptive exercises, etc.), as well as when to start intervention or progress intervention
32. Discuss the benefits, precautions and contraindications associated with hydrotherapy
33. Describe various types of coaptation devices (i.e.-Ehmer slings, Robert Jones bandages, splints, slings etc.) and orthotics, their indications and contraindications, their advantages and disadvantages and complications associated with each

34. Explain different types of mobility equipment (e.g. – carts, assistive devices) and their advantages and disadvantages
35. Develop and describe considerations in the development of individualized home care programs according to specific conditions
36. Demonstrate effective communication via record keeping as related to rehabilitation
37. Describe the education and scope of practice for a licensed veterinarian, physical therapist, certified veterinary technician and physical therapist assistant regarding to rehabilitation
38. Define the roles of veterinarians, physical therapists, physical therapist assistants, and veterinary technicians in the collaboration of canine rehabilitation regarding individual state practice acts

An Orthopedic Case Study*

*This case study is to be used as a guideline. Photographs as well as x-rays, which are not included in this print out were included in this case study. A great big thanks goes out to Robert Porter for sharing this information with new Part VI students!

History of the Case

Name: Fuzz Ball
Age: 13 months
Breed: Lhasa Apso
Sex: Female   **Altered:** Yes

Dog's Lifestyle/Occupation: Household pet/ family member

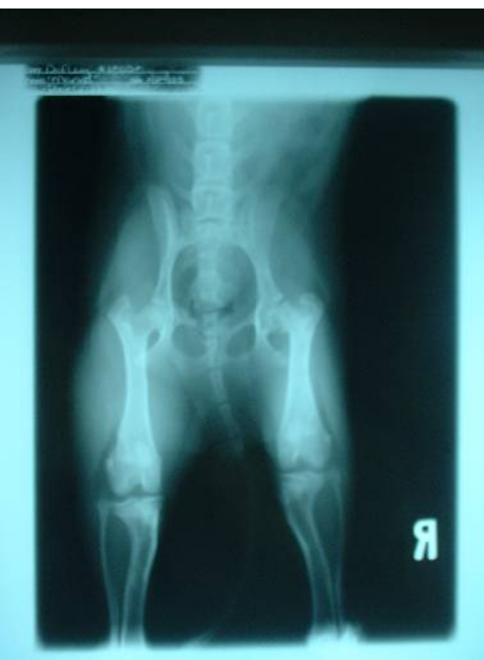
Brief history of dog's family history: (i.e. adopted from Humane Society, owner has owned dog since puppy, etc.) A friend gave the owner the dog.

Brief history of problem in which dog is referred for: (i.e. date of injury or onset of problem, how owners' noticed a problem, type of problem)

Early January 2003 the patient started limping on her right rear limb. Saw RDVM; Rx rest, Rimadyl, and Glucosimine. No change after one month. RDVM referred to Dr. Blank DVM, MS, Diplomate College of Veterinary Surgeons, for surgical evaluation. Dr. Blank Dx. Bilateral medial patella luxations and femoral head lyses and irregularity – right. Surgical plan: FHO on the right leg first. Rx physical rehabilitation for 3-4 weeks then plan to stabilized the patella luxations in approximately 3-4 weeks depending on how she is doing after the FHO.

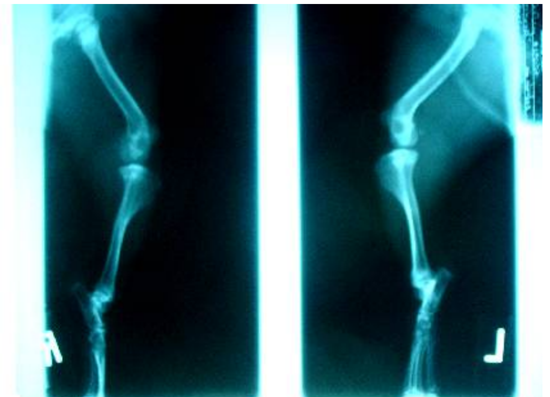
The FHO went well with no complications on February 25, 2003. The surgical stabilization of both stifles was preformed on March 25, 2003 and appeared to be successful. Though on April 7, 2003 there was significant fluid accumulation beneath the left stifle incision. The left patella, stable immediately after surgery, could now be easily luxated medially during examination. The left stifle was then operated on once again on April 8, 2003.

Interventions: (i.e. medications, restrictions, exercise, rest, etc.)
Clavamox 125mg - give 1 tablet twice daily until all are given
Carprofen 25mg (Rimadyl) - give 1/2 tablet twice daily until all are given
Cage rest 7-10 days post op FHO (no running, jumping or excessive walking)
Cage rest 4 weeks post op patella stabilization (no running, jumping or excessive walking)
Non-weight bearing exercise

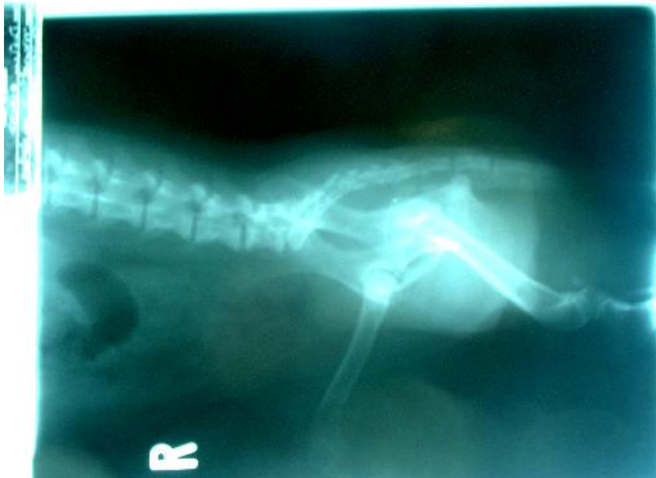


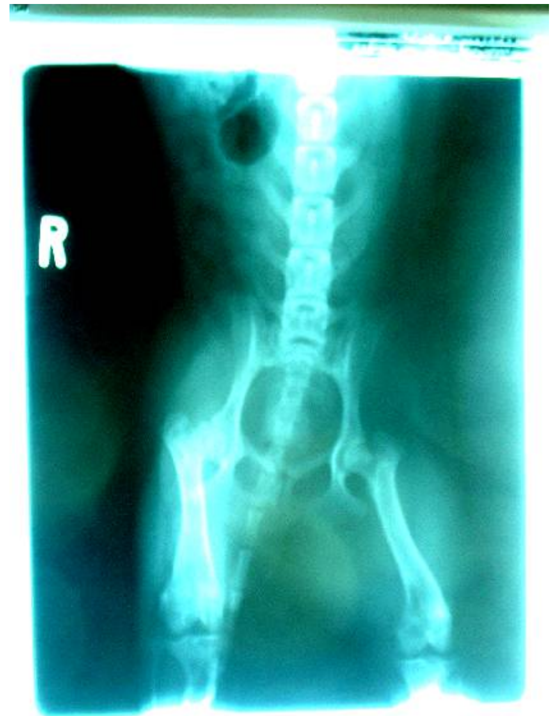
Referring veterinarian's diagnosis: Bilateral medial patella luxation and femoral head lyses and irregularity – right.

Radiographs: February 24, 2003 Preoperative Radiographs of the pelvis revealed severe lysis and irregularity of the right femoral head. The left femoral head appears normal. Suspect possible Legg Perthes disease or chronic capital physeal fracture on the right side. Dr. Blank, DVM, MS, Diplomate College of Veterinary Surgeons



Radiographs: April 7, 2003





Laboratory results: CBC Results

Total WBC	5.o m/mm3
Lymphocytes	34.4 m/mm3
Monocytes	4.0 m/mm3
Granulocytes	61.6 m/mm3
RBC	6.35 M/mm3
MCV	67.5 fl
HCT	42.8 %
MCH	19.6 pg
MCHC	29.2 g/dl
RDW	11.2
Hb	12.5 g/dl
Platelets	305 m/mm3
MPV	8.3 fl
Pct	0.25%
PDW	10.4

Differential

Segmented Neutrophils	2.0 m/mm3
Band Neutrophils	m/mm3
Eosinophils	0.1 m/mm3
Basophils	0.1 m/mm3
Lymphocytes	2.65 m/mm3
Monocytes	0.15 m/mm3

Chemistry Panel Results

Albumin		3.2
Alkaline phosphatase (ALP)	64	
Alanine aminotransferase (ALT)	39	
Amylase	351	
Total bilirubin	0.3	
BUN	21	
Calcium		11
Phosphorous	3.7	
Creatinine	0.7	
Glucose	212	
Sodium	133	
Potassium	2.9	
Total Protein	6.1	
Globulin		3.0

CT Scan/MRI: N/A

Surgery
Type of procedure: Sx. FHO
Tuesday, February 25, 2003

A standard craniolateral approach to the right hip was performed. The femoral head was found to be markedly irregular in shape and consistency ("mushy"). The epiphysis appeared to be detached from the remaining neck and did not appear to be attached to the acetabulum by the round ligament. An FHO was performed with an oscillating saw. The femoral neck was palpated and any remaining sharp points were removed with a rongeur. The joint was moved through a range of motion and no crepitus or bony impingement of the soft tissue was noted. The area was lavaged and closure was routine with 3-0 PDS in a cruciate pattern in the musculature. Closure of the skin was performed with 3-0 PDS in a continous intradermal pattern. No external skin sutures were placed.

Fuzz Ball was diagnosed with degeneration of the femoral head presumably due to a capital physeal fracture. Bilateral medial patella luxation was noted at the same time. An FHO was performed on the right side for the femoral head disease approximately 3 weeks ago. Fuzz Ball has recovered well from that surgery and is now ready for her patellas to be secured.
Dr. Blank DVM, MS American College of Veterinary Surgeons.

Surgical Procedure Performed: Sx. Patella lux. - Medial-Mild Tuesday, March 25, 2003

Description of Technique: A standard craniolateral approach to the right stifle was performed. The trochlear groove was found to be shallow. A groove was created with a block recession trochleoplasty using a 4mm osteotome. The tibial crest appeared to be in normal alignment with the patella and quadriceps mechanism, therefore no tibial crest transposition was performed. The joint was lavaged thoroughly and imbrication of the lateral joint capsule was performed with 2-0 Prolene in an interrupted pattern. The patella could not be manually luxated after joint capsule closure. Closure of the lateral joint fascia was performed with 3-0 PDS in a continuous pattern. Closure of the skin was performed with 3-0 PDS in a continuous intradermal pattern. No external skin sutures were placed. The left stifle was approached similarly, and the patella was palpably secure prior to closure. Closure was performed as per the right side.
Dr. Blank DVM, MS American College of Veterinary Surgeons.

Surgery Performed (10:12:14 AM) Dr Blank DVM, MS Diplomate Collage of Veterinary Surgeons
Tuesday, April 8, 2003

Surgical Procedure Performed: Sx. Miscellaneous

Description of Technique: A standard craniolateral approach to the left stifle was performed through the previous incision site. The obvious seroma was drained and a culture was obtained. The femoral trochlea appeared to be healing very well from the previous trochleoplasty. The previously placed prolene suture in the joint capsule appeared to have pulled free from its lateral attachment and was still sitting in the parapatellar position. The joint was lavaged thoroughly. The suture was removed and additional sutures of 2-0 Prolene were placed in the joint capsule to provide secure stabilization of the patella. The patella could not be manually luxated after joint capsule suture placement. Additional reinforcing sutures of 2-0 Prolene were placed in the biceps fascia in a continuous pattern. Again the patella was palpably secure. The subcutaneous fascia was closed with 3-0 PDS in a continuous pattern. The skin was closed with 3-0 PDS in a continuous intradermal pattern. No external skin sutures were placed.
Dr. Blank DVM, MS American College of Veterinary Surgeons.

Special surgical precautions: Discharge instructions from Veterinary Surgeon

(FHO) Thursday, February 27, 2003
Discharge instructions from Surgeon: Keep your dog calm for 10 days to allow her wound to heal.
She can begin her physical therapy next week. Therapy is extremely important after this type of surgery and our therapist will work closely with you to achieve a good outcome.
Monitor the incision for any signs of swelling or discharge.
We will tentatively plan her knee surgery in 2 weeks. This will give her some time to become stronger after her hip surgery.
Dr. Blank DVM, MS Diplomate American College of Veterinary Surgeons.

(Sx. Patella Lux. - Medial-Mild) Tuesday, March 25, 2003
Discharge instructions from Surgeon: Fuzz Ball should not be allowed to run and jump for 4 weeks. This is very important to allow the bones to heal in their new position.
Evaluate the incisions for signs of swelling or discharge.
Beginning 2 weeks after surgery, begin moving the knees through a full range of motion (flexion and extension). This is important to help her return to her normal function. More aggressive physical therapy can be scheduled with our therapist and is strongly recommended.
Dr. Blank DVM, MS Diplomate American College of Veterinary Surgeons.

(Sx. Patella Lux. - Medial-Mild) Wednesday, April 9, 2003
Discharge instructions from Surgeon: Fuzz Ball should not be allowed to run and jump for 4 weeks. This is very important to allow the bones to heal in their new position.
Evaluate the incisions for signs of swelling or discharge.
Beginning 2 weeks after surgery, begin moving the knees through a full range of motion (flexion and extension). This is important to help her return to her normal function. More aggressive physical therapy can be scheduled with our therapist and is strongly recommended.
Dr. Blank DVM, MS Diplomate American College of Veterinary Surgeons.

Evaluation

February 25-26, 2003(Acute post op)

- **Observation: 2-26-03:** Doing well after surgery, bright alert and responsive.
  The patient appeared to have mild swelling and redness in region of the right hip.

- **Gait assessment: (if lameness present (0-4) indicate degree and limbs – utilize the lameness scale you commonly use and site the source)**
  - **Walk:** Grade 4/4 lameness of the right rear limb.

  - **Trot:** Grade 4/4 lameness of right rear limb. Head appears to be in a slightly lowered position.

- **PROM:** affected joints with a comparison to uninvolved joints. PROM of the right rear hip was severely restricted. All other joints were WNL.
- **Neurological testing: (all appropriate neurological testing, results, and meaning of the outcomes)** No neurological deficits were observed at this time.

- **Pain assessment: 0-10 (using pain assessment scale from: Mathews KA. Pain assessment and general approach to management, *In* Management of Pain, The Veterinary Clinics of North America, Small Animal Practice, July 2000, p. 729-755)**

5-6/10

- **Assessment:**
  - **Problems:** Non-weight bearing on right rear limb. Mild pain associated with manipulation of right hip. Mild muscle atrophy of right quads/ hamstrings. Bilateral medial patella luxation.

  - **Goals:** Increase muscle mass, facilitate weight bearing, and control pain.

- **Treatment plan: (examples)**
  - **Home exercise program:** No home exercise was recommended at this time. Patient is to be cage rested till first therapy visit on March 3, 2003.
  - **Program within clinic or hospital:** Outpatient treatment three times a week/ Mon. Wed. and Fri.
  - **Instructions for technicians/assistants:** N/A
  - **Turning schedule:** N/A

Actual History of Treatment

Description of the individual treatments in SOAP format. In addition, please include photographs of dog during treatment.

Monday March 3, 2003 (visit 1)

- **Subjective:** Doing okay, appears to be a little uncomfortable/painful. Still holding up on right rear leg.
- **Objective: (examples listed below)**
- **Treatment and parameters**
  - **Modalities:** E-stim- 30Hz. Ramp 5, contraction ON for 7sec., OFF for 21sec. Duration of treatment 15min.
  - **Therapeutic exercise:** Standing with weight shifting 5-10 min. BID. Controlled swimming for 5 min. BID
  - **Manual intervention:** PROM to all limbs with a concentration of right hip extension.
- **Owner education:** N/A
- **Home exercise program:** PROM to right hip 2 times a day for 10 min.
- **Program within the hospital:** outpatient therapy
- **Measurable outcomes:** Hip extension@ 140 degrees.
- **Observation of gait pattern, function, etc.** Grade 4/4 lameness to right rear limb.
- **Assessment:** Post op FHO
- **Progress:** No remarkable progress at this time.
- **Remaining problems and goals:** Lameness and restricted ROM of right hip.
- **Plan: plan of care for next visits:** Continue therapy three times weekly.

Wednesday March 5, 2003 (visit 2)

- **Subjective:** Doing okay, appears to be a little uncomfortable. Toe touching of right rear limb.
- **Objective:**
- **Treatment and parameters**
  - **Modalities:** E-stim- 30Hz. Ramp 5, contraction ON for 7sec., OFF for 21sec. Duration of treatment 15min.
  - **Therapeutic exercise:** Standing with weight shifting. Controlled swimming for 7 min. BID. Wobble board for 10-15min.
  - **Manual intervention:** PROM to all limbs with a concentration of extension of right hip.
- **Owner education:** N/A
- **Home exercise program:** PROM to right hip 2 times a day for 10 min.
- **Program within the hospital:** Outpatient therapy

- **Measurable outcomes:** Hip extension@ 130-140 degrees.
- **Observation of gait pattern, function, etc.** Grade 3/4 lameness to right rear limb.
- **Assessment:** Post op FHO
- **Progress:** Lameness appears less
- **Remaining problems and goals:** Lameness and restricted ROM of right limb
- **Plan: plan of care for next visits:** Continue therapy three times weekly.

Friday March 7, 2003 (visit 3)
- **Subjective:** Doing better/less painful, using right limb more. Appears to have more energy.
- **Objective: (examples listed below)**
- **Treatment and parameters**
    - **Modalities:** E-stim- 30Hz. Ramp 5, contraction ON for 7sec., OFF for 21sec.
    - **Therapeutic exercise:** Standing with weight shifting. Controlled swimming for 5 min. BID. Wobble board for 10 min.
    - **Manual intervention:** PROM to all limbs with a concentration of extension of the right hip.
- **Owner education: N/A**
- **Home exercise program:** PROM to right hip 2 times a day for 10 min.
- **Program within the hospital:** Outpatient therapy
- **Measurable outcomes:** Hip extension@ 140-150 degrees.
- **Observation of gait pattern, function, etc.** Grade 3/4 lameness to right rear limb.
- **Assessment:**
- **Progress:** No remarkable progress from last visit.
- **Remaining problems and goals:** Lameness and restricted ROM of right hip, increase muscle mass/ control atrophy.
- **Plan: plan of care for next visits:** Continue therapy three times weekly.

Monday March 10, 2003 (visit 4)
- **Subjective:** Appears to be getting better everyday.
- **Objective: (examples listed below)**
- **Treatment and parameters**
    - **Modalities:** Discontinued E-stim
    - **Therapeutic exercise:** Controlled swimming for 10 min. SID. Wobble board for 10 min. SID
    - **Manual intervention:** PROM to all limbs with a consideration of hip extension of right hip.
- **Owner education:** N/A
- **Home exercise program:** PROM to right hip 2 times a day for 10 min.
- **Program within the hospital:** outpatient therapy
- **Measurable outcomes:** Hip extension@ 140 degrees.
- **Observation of gait pattern, function, etc.** Grade 3/4 lameness to right rear limb.
- **Assessment:**
- **Progress:** No remarkable progress at this time.
- **Remaining problems and goals:** Lameness and restricted ROM of right limb
- **Plan: plan of care for next visits:** Continue therapy three times weekly.

Wednesday March 12, 2003 (visit 5)
- **Subjective:** Doing okay, appears to be a little uncomfortable. Still non-weight bearing on right hip.
- **Objective: (examples listed below)**
- **Treatment and parameters**
    - **Modalities:** N/A
    - **Therapeutic exercise:** Controlled swimming for 10 min. SID
    - **Manual intervention:** PROM to all limbs with a concentration of hip extension of right hip.
- **Owner education: N/A**

- **Home exercise program:** PROM to right hip 2 times a day for 10 min.
- **Program within the hospital:**
- **Measurable outcomes:** Hip extension@ 140 degrees.
- **Observation of gait pattern, function, etc.** Grade 2/4 lameness to right rear limb.
- **Assessment:**
- **Progress:** Weight bearing of right limb appears to be more normal. Intermittent lameness.
- **Remaining problems and goals:** Lameness and restricted ROM of right limb, increase muscle mass/ control atrophy.
- **Plan: plan of care for next visits:** Continue therapy three times weekly.

Friday March 14, 2003 (visit 6)

- **Subjective:** Using affected limb more
- **Objective: (examples listed below)**
- **Treatment and parameters**
    - **Modalities:** N/A
    - **Therapeutic exercise:** Controlled swimming for 10 min. SID
    - **Manual intervention:** PROM to all limbs with a consideration of extension of right hip.
- **Owner education: N/A**
- **Home exercise program:** PROM to right hip 2 times a day for 10 min.
- **Program within the hospital:** outpatient therapy
- **Measurable outcomes:** Hip extension@ 140 degrees.
- **Observation of gait pattern, function, etc.** Grade 2/4 lameness to right rear limb.
- **Assessment:**
- **Progress:** No remarkable progress from last visit
- **Remaining problems and goals:** Lameness and restricted ROM of right limb, increase muscle mass/ control atrophy.
- **Plan: plan of care for next visits:** Continue therapy three times weekly.

Monday March 17, 2003 (visit 7)

- **Subjective:** Doing okay, appears to be a little uncomfortable. Still non-weight bearing on right hip.
- **Objective: (examples listed below)**
- **Treatment and parameters**
    - **Modalities:** Discontinued E stim.
    - **Therapeutic exercise:** Controlled swimming for 10 min. SID
    - **Manual intervention:** PROM to all limbs with a consideration of hip extension of right hip.
- **Owner education: N/A**
- **Home exercise program:** PROM to right hip 2 times a day for 10 min.
- **Program within the hospital:** outpatient therapy
- **Measurable outcomes:** Hip extension@ 140 degrees.
- **Observation of gait pattern, function, etc.** Grade 2/4 lameness to right rear limb.
- **Assessment:**
- **Progress:** No remarkable progress at this time.
- **Remaining problems and goals:** Lameness and restricted ROM of right limb
- **Plan: plan of care for next visits:** Continue therapy three times weekly.

Wednesday March 19, 2003 (visit 8)

- **Subjective:** Doing well. Still lame but appears to be bearing more weight on the affected limb.
- **Objective: (examples listed below)**
- **Treatment and parameters**
    - **Modalities:** Discontinued E stim.
    - **Therapeutic exercise:** Controlled swimming for 10 min. SID. Wobble board for 10 min.

    - **Manual intervention:** PROM to all limbs with a consideration of hip extension of right hip.
- **Owner education: N/A**
- **Home exercise program:** PROM to right hip 2 times a day for 10 min.
- **Program within the hospital:** outpatient therapy
- **Measurable outcomes:** Hip extension@ 140 degrees.
- **Observation of gait pattern, function, etc.** Grade 1/4 lameness to right rear limb.
- **Assessment:**
- **Progress:** Lameness appears only at a trot and is intermittent.
- **Remaining problems and goals:** Lameness and restricted ROM of right limb
- **Plan: plan of care for next visits:** Continue therapy three times weekly.

Friday March 21, 2003 (visit 9)

- **Subjective:** Doing very well, does not appear to be uncomfortable from her surgery.
- **Objective: (examples listed below)**
- **Treatment and parameters**
    - **Modalities:** N/A
    - **Therapeutic exercise:** Controlled swimming for 10 min. SID
    - **Manual intervention:** PROM to all limbs with a consideration of hip extension of right hip.
- **Owner education: N/A**
- **Home exercise program:** PROM to right hip 2 times a day for 10 min.
- **Program within the hospital:**
- **Measurable outcomes:** Hip extension@140 degrees.
- **Observation of gait pattern, function, etc.** Grade 1/4 lameness to right rear limb.
- **Assessment:**
- **Progress:** Lameness less
- **Remaining problems and goals:** Lameness and restricted ROM of right limb
- **Plan: plan of care for next visits:** Surgery (Medial patella stabilization bilaterally) scheduled with Dr. Blank for Tue. March 25, 2003

Tuesday March 25, 2003 (Second Surgery)

- **Subjective:** Acute Post op medial patella luxation stabilization **(**block recession trochleoplasty)
- **Objective:**
- **Treatment and parameters**
    - **Modalities:** Ice packs to stifles bilaterally at post op and after bandage removal.
    - **Therapeutic exercise:** no exercise was facilitated at this time.
    - **Manual intervention:** Soft (Robert Jones Type) bandage was applied to both rear legs. Was removed March 26, 2003 at 10:00AM
- **Owner education:** N/A
- **Home exercise program:** Patient hospitalized.
- **Program within the hospital:** N/A
- **Measurable outcomes:** ROM WNL in both stifles post op.
- **Observation of gait pattern, function, etc.:** Patient recovering from anesthesia.
- **Assessment:** Mild swelling in both stifle regions.
- **Progress:** Right hip has smooth feeling (false) joint. With good to excellent ROM. Extension of right hip at 155 degrees respectively. Measurement taken while sedated.
- **Remaining problems and goals:** Facilitate weight bearing and active ROM of both rear legs.
- **Plan: plan of care for next visits:** Next visit, Friday March 28, 2003

Friday March 28, 2003 (visit 11)

- **Subjective:** Did well over the last few days. Eating and drinking well and is BAR. Standing while in the cage at home.

- **Objective: (examples listed below)**
- **Treatment and parameters**
  - **Modalities:** E-stim to quads and hamstrings bilaterally/ Hz. 30, Ramp 5, Contraction ON 10sec. OFF 50 sec. Treatment time 15 min.
  - **Therapeutic exercise:** Standing with weight shifting. 10-15 min. BID
  - **Manual intervention:** Gentle PROM to hip and stifles bilaterally.
- **Owner education:** N/A
- **Home exercise program:** PROM to right hip and stifles bilaterally 2 times a day for 10 min.
- **Program within the hospital:** Outpatient
- **Measurable outcomes:** N/A
- **Observation of gait pattern, function, etc.** Sloping Topline, increased angles to joints of both pelvic limbs.
- **Assessment:** Doing as well as expected after surgery.
- **Progress:** Patient is able to stand and slowing walk on her own.
- **Remaining problems and goals:** Facilitate weight bearing and active ROM of both rear legs.
- **Plan: plan of care for next visits:** Continue therapy three times a week.

Monday March 31,2003 (visit 12)

- **Subjective:** Doing well, very little discomfort.
- **Objective: (examples listed below)**
- **Treatment and parameters**
  - **Modalities:** E-stim to quads and hamstrings bilaterally/ Hz. 30, Ramp 5, Contraction ON 10sec. OFF 50 sec. Treatment time 15 min.
  - **Therapeutic exercise:** Standing exercise with weight shifting, duration 10 min. BID
  - **Manual intervention:** Gentle PROM to stifles and hips
- **Owner education: N/A**
- **Home exercise program:** PROM to right hip and stifles bilaterally 2 times a day for 10 min.
- **Program within the hospital:** outpatient therapy
- **Measurable outcomes:** Joint angles of stifles WNL.
- **Observation of gait pattern, function, etc.** 2/4 lameness of both rear limbs
- **Assessment:**
- **Progress:** No remarkable progresses at this time.
- **Remaining problems and goals:** Facilitate weight bearing and active ROM of both rear legs.
- **Plan: plan of care for next visits:** Continue therapy three times a week. Discontinue E stim and start controlled swimming as active exercise.

Wednesday April 2,2003 (visit 13)

- **Subjective:** Doing well, very little discomfort.
- **Objective: (examples listed below)**
- **Treatment and parameters**
  - **Modalities:** N/A
  - **Therapeutic exercise:** Standing exercise with weight shifting, duration 10 min. BID. Controlled swimming for 10-12 min. SID
  - **Manual intervention:** Gentle PROM to stifles and hips
- **Owner education:** N/A
- **Home exercise program:** PROM to right hip and stifles bilaterally 2 times a day for 10 min.
- **Program within the hospital:** outpatient therapy
- **Measurable outcomes:** Stifle joint angles of stifles WNL. Right hip at 140 degrees.
- **Observation of gait pattern, function, etc.** 2/4 lameness of both rear limbs
- **Assessment:**
- **Progress:** No remarkable progresses at this time.
- **Remaining problems and goals:** Facilitate weight bearing and active ROM of both rear legs.

- **Plan: plan of care for next visits:** Continue therapy three times a week as described above. With the addition of wobble board at 10 min. SID

Friday April 4, 2003 (visit 14)
- **Subjective:** Doing well, very little discomfort.
- **Objective: (examples listed below)**
- **Treatment and parameters**
    - **Modalities:** N/A
    - **Therapeutic exercise:** Standing exercise with weight shifting, duration 10 min. BID. Controlled swimming for 10-12 min. SID. Wobble board for 10 min.
    - **Manual intervention:** Gentle PROM to stifles and hips
- **Owner education:** N/A
- **Home exercise program:** PROM to right hip and stifles bilaterally 2 times a day for 10 min.
- **Program within the hospital:** outpatient therapy
- **Measurable outcomes:** Stifle joint angles of stifles WNL. Right hip at 140 degrees.
- **Observation of gait pattern, function, etc.** 2/4 lameness of both rear limbs
- **Assessment:**
- **Progress:** No remarkable progresses at this time.
- **Remaining problems and goals:** Facilitate weight bearing and active ROM of both rear legs.
- **Plan: plan of care for next visits:** Continue therapy three times a week as described above.

Monday April 7, 2003 (visit 15)
- **Subjective:** Swelling over left stile incision.
- **Objective: (examples listed below)**
- **Treatment and parameters**
    - **Modalities: N/A**
    - **Therapeutic exercise: N/A**
    - **Manual intervention: N/A**
- **Owner education: N/A**
- **Home exercise program:** Discontinue Home Exercise until a surgical evaluation can be done.
- **Program within the hospital:** Surgical consultation for acute swelling over left stifle region.
- **Measurable outcomes:** ROM WNL in both stifles, though left has an audible "pop" during manual flexion of the joint. Right hip at 140 degrees.
- **Observation of gait pattern, function, etc.:** 2/4 lameness of both rear limbs
- **Assessment:** Traumatically induced seroma over left stifle. Positive medial patella luxation of the left stifle(grade 2).
- **Progress:** No remarkable progress
- **Assessment of barriers:** Acute swelling over left stifle region, positive medial patella luxation of the left stifle.
- **Remaining problems and goals:** Facilitate weight bearing and active ROM of both rear legs.

Plan: plan of care for next visits: Needs surgical evaluation of left stifle before therapy continues.

Tuesday April 8, 2003 (visit 16)
- **Subjective:** Acute post op, re-stabilization of left stifle (see surgical report on April 8 2003)
- **Objective: (examples listed below)**
- **Treatment and parameters**
    - **Modalities:** Ice pack to left stifle post operatively for 15 min.
    - **Therapeutic exercise: N/A**
    - **Manual intervention:** Soft (Robert Jones Type) bandage post surgery and ice pack.
- **Owner education: N/A**
- **Home exercise program:** D/C home therapy for one week.
- **Program within the hospital:** Hospitalized patient

- **Measurable outcomes:** Postoperatively, stifle angles were WNL bilaterally.
- **Observation of gait pattern, function, etc.**
- **Assessment:**
- **Progress:** Surgical Stabilized stifle (left) Dr. Blank DVM, MS Diplomate College of Veterinary Surgeons.
- **Assessment of barriers:** Additional surgery may cause more scar tissue build up as well as increasing cage rest time, overall.
- **Remaining problems and goals:** Facilitate weight bearing and active ROM of both rear legs.

Plan: plan of care for next visits: Continue therapy three times a week. Discontinue swimming for one week to allow incision to heel.

<u>April 11, 2003 (visit 17)</u>

- **Subjective:** Doing well, Second stifle surgery did not appear to hinder weight bearing status or comfort.
- **Objective: (examples listed below)**
- **Treatment and parameters**
  - **Modalities:** E stim/ Hz. 30, Ramp 5, ON time 10 sec. OFF time 50sec.
  - **Therapeutic exercise:** Standing with weight shifting for 10-15 min.
  - **Manual intervention:** Gentle PROM to stifles and hips
- **Owner education: N/A**
- **Home exercise program:** No home care was recommended at this time.
- **Program within the hospital:** outpatient therapy.
- **Measurable outcomes:** Angles of stifles are WNL with a small amount of restriction of left stifle during extension.
- **Observation of gait pattern, function, etc.:** Grade 2/4 lameness of both rear limbs. Cranial weight shift to fore limbs.
- **Assessment:**
- **Progress:** Little to no swelling over left stifle region.
- **Assessment of barriers:** Additional surgery may cause more scar tissue build up as well as increasing cage rest time, overall.
- **Remaining problems and goals:** Facilitate weight bearing and active ROM of both rear legs.

Plan: plan of care for next visits: Continue therapy three times a week. Discontinue E stim and start swimming with permission of Veterinary surgeon (Dr. Blank)

<u>April 14, 2003 (visit 18)</u>

- **Subjective:** Doing well, appears to owner that her dog is walking much better with little to no sign of lameness.
- **Objective: (examples listed below)**
- **Treatment and parameters**
  - **Modalities: N/A**
  - **Therapeutic exercise:** Controlled swimming for 5-10 min. SID. Standing exercises for 10 min. BID
  - **Manual intervention:** PROM to stifles and hips.
- **Owner education: N/A**
- **Home exercise program:** Start home exercise on March 16, 2003
- **Program within the hospital:** outpatient therapy
- **Measurable outcomes:** Angles of stifles are WNL with a small amount of restriction of left stifle during extension.
- **Observation of gait pattern, function, etc.:** Lameness grade 1/4.
- **Assessment:**
- **Progress:** Less cranial weight shifting than from last visit.
- **Remaining problems and goals:** Return to normal function. Control muscle wasting with swimming.

Plan: plan of care for next visits: Continue therapy three times a week as described above and start wobble board therapy. Reinstate home care.

April 16, 2003 (visit 19)

- **Subjective:** Doing very well at home.
- **Objective: (examples listed below)**
- **Treatment and parameters**
    - **Modalities: N/A**
    - **Therapeutic exercise:** Controlled swimming for 10-12 min. Wobble board for 10 min.
    - **Manual intervention:** PROM to hips and stifles bilaterally.
- **Owner education: N/A**
- **Home exercise program:** PROM to hips and stifles, standing exercises with weight shifting.
- **Program within the hospital:** outpatient therapy
- **Measurable outcomes:** Angles of stifles are WNL with a small amount of restriction of left stifle during extension.
- **Observation of gait pattern, function etc.:** Lameness grade ¼ of left rear limb. Right rear appears functionally normal.
- **Assessment:**
- **Progress:** Lameness appears subjectively better but does still appear evident.
- **Assessment of barriers:** Grade ¼ lameness on left rear limb
- **Remaining problems and goals:** Grade ¼ lameness on left rear limb

Plan: plan of care for next visits: Continue therapy three times a week. Keep doing home care.

April 18, 2003 (visit 20)

- **Subjective:** Doing very well at home.
- **Objective: (examples listed below)**
- **Treatment and parameters**
    - **Modalities: N/A**
    - **Therapeutic exercise:** Controlled swimming for 10-12 min. Wobble board for 10 min.
    - **Manual intervention:** PROM to hips and stifles bilaterally.
- **Owner education: N/A**
- **Home exercise program:** PROM to hips and stifles, standing exercises with weight shifting.
- **Program within the hospital:** outpatient therapy
- **Measurable outcomes:** Angles of stifles are WNL with a small amount of restriction of left stifle during extension.
- **Observation of gait pattern, function etc.:** Lameness grade ¼ of left rear limb. Right rear appears functionally normal.
- **Assessment:**
- **Progress:** Lameness appears subjectively better but does still appear evident.
- **Assessment of barriers:** Grade ¼ lameness on left rear limb
- **Remaining problems and goals:** Grade ¼ lameness on left rear limb

Plan: plan of care for next visits: Continue therapy three times a week. Keep doing home care.

April 21, 2003 (visit 21)

- **Subjective:** Patient doing very well physically, though owner and patient are getting aggravated with cage rest.
- **Objective: (examples listed below)**
- **Treatment and parameters**
  - **Modalities: N/A**
  - **Therapeutic exercise:** Controlled swimming for 10-12 min. Wobble board for 10 min.
  - **Manual intervention:** PROM to hips and stifles bilaterally.
- **Owner education: N/A**
- **Home exercise program:** PROM to hips and stifles, standing exercises with weight shifting.
- **Program within the hospital:** outpatient therapy
- **Measurable outcomes:** Angles of stifles are WNL with a small amount of restriction of left stifle during extension.
- **Observation of gait pattern, function etc.:** Lameness grade ¼ of left rear limb. Right rear appears functionally normal.
- **Assessment:**
- **Progress:** Lameness appears subjectively better but does still appear evident.
- **Assessment of barriers:** Grade ¼ lameness on left rear limb
- **Remaining problems and goals:** Grade ¼ lameness on left rear limb. Referred patient to Dr. Blank for sedation Rx: Rx Acepromazine 10mg PRN

Plan: plan of care for next visits: Continue therapy three times a week. Keep doing home care.

April 23, 2003 (visit 22)

- **Subjective:** Patient and owner are doing much better with the sedation. The patient appears to be much more tolerable.
- **Objective: (examples listed below)**
- **Treatment and parameters**
  - **Modalities: N/A**
  - **Therapeutic exercise:** Controlled swimming for 10-12 min. Wobble board for 10 min.
  - **Manual intervention:** PROM to hips and stifles bilaterally.
- **Owner education: N/A**
- **Home exercise program:** PROM to hips and stifles, standing exercises with weight shifting.
- **Program within the hospital:** outpatient therapy
- **Measurable outcomes:** Angles of stifles are WNL with a small amount of restriction of left stifle during extension.
- **Observation of gait pattern, function etc.:** Lameness grade ¼ of left rear limb. Right rear appears functionally normal.
- **Assessment:**
- **Progress:** Lameness appears subjectively better but does still appear evident.
- **Assessment of barriers:** Grade ¼ lameness on left rear limb
- **Remaining problems and goals:** Grade ¼ lameness on left rear limb

Plan: plan of care for next visits: Continue therapy three times a week. Keep doing home care.

April 25, 2003 (visit 23)

- **Subjective:** Doing well
- **Objective: (examples listed below)**
- **Treatment and parameters**
  - **Modalities: N/A**
  - **Therapeutic exercise:** Controlled swimming for 10-12 min. Wobble board for 10 min.
  - **Manual intervention:** PROM to hips and stifles bilaterally.
- **Owner education: N/A**
- **Home exercise program:** PROM to hips and stifles, standing exercises with weight shifting.
- **Program within the hospital:** outpatient therapy
- **Measurable outcomes:** Angles of stifles are WNL with a small amount of restriction of left stifle during extension.
- **Observation of gait pattern, function etc.:** Lameness grade ¼ of left rear limb. Right rear appears functionally normal.
- **Assessment:**
- **Progress:** Lameness appears subjectively better but does still appear evident.
- **Assessment of barriers:** Grade ¼ lameness on left rear limb
- **Remaining problems and goals:** Grade ¼ lameness on left rear limb

Plan: plan of care for next visits: Discontinue hospital therapy due to financial status. Keep doing home care. Recheck with Dr. Blank one month postoperatively.

Discussion

How many visits? 23

Veterinarian feedback:
The Veterinary Surgeon seemed to be please with the outcome of this case. Though the patient had a severe complication following her first stifle surgery, it appeared to entice her to bear more weight on her FHO limb. Therefore speeding up her recovery of her right hip and stifle.

Owner compliance:
The owner was very compliant with the home care as well as bringing her in for rechecks and therapy. The owner did run out of money to spend on therapy and had to stop.

How do you feel physical therapy made a difference in this particular case?
I feel physical rehabilitation in this case was very important in the full recovery of the patient's many orthopedic problems. The owner appeared very pleased that she had someone there to help guide her though the long recovery periods. I believe I was able to facilitate active exercise and help preserve her ROM/ muscle mass during the time of cage rest.

What is your speculation of the case if the patient did not receive physical therapy? If this patient did not receive physical rehabilitation I believe that she may have had severe muscle wasting and a real loss of ROM, due to the extended cage rest period. In hindsight if she was not under my care we may not have discovered that the left stifle was not stable two weeks postoperatively.

What could have been altered in the physical therapy care of this case?
I feel good about the outcome of this case and would not really change anything at this time. I do think an underwater treadmill would have done a more controlled job of facilitating active exercise, though one was not available.

Were there any barriers to the outcome of the case?

The patient had many orthopedic problems to address, which made it difficult to assess her gait and home in to her daily therapeutic needs. It was also very hard on the patient, owner, surgeon and I to have a surgery fall apart two weeks into rehab.

How was billing performed in this case?
Payment was made at time of services rendered.

Example case provided by:

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