Pet physiotherapy: a complementary aid to companion animal health care

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Eileen Green VN Times editor, speaks to a registered veterinary nurse who trained as an animal physiotherapist to help canine and feline companions regain their mobility and quality of life

RVN Leanne Seymour’s interest in physiotherapy began after her pet dog slipped a disc. A vet suggested a few physiotherapy exercises, which worked... and she was hooked.

Miss Seymour started to investigate how she could learn more about veterinary physiotherapy. “Once you realise what you can do, you start looking at cases you see in practice and thinking what could be done to help,” she said.

At the time, animal physiotherapists had to qualify as a human physiotherapist first, which meant another four years at university and then two years working as a human physio – something Miss Seymour couldn’t afford to do. So, she did as much CPD on the subject as she could and learned every aspect of physiotherapy she was able to as a veterinary nurse.

Then the rules were relaxed, so animal physiotherapists didn’t have to be human physiotherapists first. “There were some very good courses about and I jumped at the chance,” she said. She gained a diploma with distinction from the College of Animal Physiotherapy in 2012.

“It was full on, to say the least – distance learning while working full-time as a veterinary nurse, plus there were quite a few practical days,” she said.
“I love learning and it was a lovely thing to add on to my nursing. Being a nurse really helped. There were some people on the course who weren’t nurses and I don’t know how they managed – the anatomy and physiology were trickier than in my nurse training. But I absolutely love the physiotherapy side of my work now and still really enjoy veterinary nursing as well. I really do have the best of both worlds.”

Miss Seymour, 32, qualified as an RVN in 2009. She had been working as a journalist and decided to have a complete career change. She now works for Cromwell Veterinary Group in Huntingdon three days a week as a VN and two as a physiotherapist.

The physiotherapy course cost her about £6,500, but she was fortunate in that the practice paid for all the equipment needed when she started practising. “The practice has really been behind the physiotherapy – they can see the value of it,” she said. “It meant I really hit the ground running.

“We haven’t had to advertise the services at all and they have proved very popular. We now have a second physiotherapist working with us and are looking to expand.”

Service offering

Miss Seymour provides therapy for cats and dogs at the practice, although she was trained to help horses as well. She sees a lot of post-orthopaedic surgery patients and animals with arthritis or hip and elbow dysplasia. Other patients might be road accident victims, or have soft tissue or tendon injuries and physiotherapy can also be used to help wound management.

Miss Seymour said: “As veterinary medicine advances, we offer more and more advanced surgery – tibial tuberosity advancement, for example.

“You have to be able to give aftercare as well. It’s no good carrying out this really advanced surgery and then having a dog lie in a cage for three months. You have to provide the aftercare to go with it, and keeping it all in-house is good for the practice.”

She said most post-orthopaedic patients had six weekly sessions, then perhaps returned a month later for a check-up. Arthritic patients also had weekly therapy for six weeks and then might be seen monthly for the long-term.

Other animals were brought in when their condition worsened, she said. “I see them for a month or so, get them back to a situation where they are coping again and then they might come back if it flares up again,” she said. “It really varies.

“I also get to help neurological and post-spinal surgery patients,” she said. “The University of Cambridge Veterinary School, for example, doesn’t have a physiotherapist, so animals might go there for surgery and then come back to us.”
One of those patients was a dog called Archie that was hit by a 4x4, which ran over his back end, shattering his pelvis. He had surgery in Cambridge and then came to Miss Seymour to be given intensive physiotherapy for about 10 days, only going home at night to sleep.

“It’s so rewarding to see him when he walks in now,” said Miss Seymour. “We didn’t think he would ever walk again.”

Some dogs – those with the most degenerative or advanced arthritis – are treated weekly. One of these is Winston, a dog that has serious neurological deficits after having a cyst on his spinal cord.

“He came two years ago at a time when the referral centre said he would probably have about six months before he wouldn’t be able to walk at all,” she said.

“His owner asked what could we do and the result was a brilliant example of a team effort between the vet, physiotherapist and a hydrotherapist. Between us, we came up with a plan and now, though that little dog walks very strangely, he does walk,” Miss Seymour said. “He has to come in weekly – he goes downhill if he misses a session.”

She said she referred her patients to a hydrotherapy centre she had visited and in which she had a lot of confidence. “In the longer term, I think we’ll get a hydrotherapy treadmill here – doing it in-house is the long-term goal,” she said.

“We also have a vet who does acupuncture. It’s great to have all these therapies to choose from. It’s about a team approach – if one thing doesn’t work we are honest about it, tell the client and suggest another therapy. Clients respect that honesty.

“I am keen on calling it complementary, not alternative, therapy; I am passionate that it should always be alongside veterinary care. It is not an alternative to proper veterinary care – we work together.”

**Procedure**

Veterinary physiotherapists use the same sort of equipment as human physiotherapists and most of the techniques used on people are transferable. Miss Seymour uses therapeutic ultrasound, pulsed magnetic field therapy, phototherapy and equipment including physiotherapy balls and muscle stimulators.

“But though the techniques are transferable, what isn’t is that my clients can’t tell me what’s going on and don’t lie still,” she said. “You can’t go to the same extent with animals – you have to go slower. The animals just won’t tolerate it.

“So what you might get done in one session with a person might take three with a dog – and
especially a cat. I’ve not been bitten yet, but I’m sure that time will come.

“You have to go at their pace. I’ve had some where for the first one or two sessions, I’ve done no more than sit on the floor with them. They have to trust me – if they don’t, we are not going to get anywhere with them.”

She treats all her patients on the floor. “I don’t like putting them on a table as they can’t demonstrate their natural movement,” she said. “Some dogs like lying on their side for 20 minutes – they even go to sleep – but some find it too stressful. Some find being on the table too much like being at the vets and tense up – if they are tense, I can’t work on them.

“If they want to move around, I don’t stop them. I work on them while they are walking. My mat on the floor has got thicker, purely for my knees. I get holes in my trousers and pins and needles. It’s physically quite demanding – sometimes I go home and ache.”

She said she had not had any animal that hadn’t tolerated the treatment, but some took longer than others. “They all come round in the end,” she said. “I’ve got some dogs now that when they come in, their owners let go of the lead and the dogs lie down on the floor ready for me, which is lovely. The dogs realise that when they walk out of the room after seeing me, they do feel better.”

Some owners can also be nervous – especially if they have experienced physiotherapy and it had been painful.

Miss Seymour said: “Other clients are already pro-complementary therapies – particularly for sporting dogs. They seek out physiotherapy and you know you’re going to be able to give them home exercise plans and they will see it through.

“You get clients who have never thought about physiotherapy and didn’t know it existed. When they come in they can be a little dubious, but I take a lot of time explaining what I will be doing.

“Generally, once they see the benefits – often avoiding surgery and therefore speeding up recovery – they are really keen. Now vets have seen the results, they are also more confident about referring patients to me.”

Last year, Miss Seymour completed an additional course and trained as a myofascial release therapist. This is a specialised physical and manual therapy used for the treatment and rehabilitation of soft tissue and fascial tension and restrictions.

“For some dogs, if the traditional physiotherapy doesn’t work, I can switch to myofascial release, which is much slower and more gentle,” she said. “Some dogs really respond well to it. Physiotherapy works on the joints, muscles, tendons and ligaments, and is movement/gait re-education-based. Fascia covers everything; if you get restrictions in your fascia, no amount of work
on the muscles underneath will get a release, so you have to work on the fascia as well.”

Vet relationship

She said becoming a physiotherapist had changed her relationships with vets at the practice. “As a nurse, you’re used to the vet handing you a treatment plan,” she said. “Suddenly, as a physiotherapist, the vet will say: ‘I’ve got this case, Leanne. What do you think?’ We converse on a par and I love that.

“Vets aren’t taught physiotherapy. When I started here, I did a CPD course for the vets as they didn’t know what I could do or what physiotherapy could be used for; it wasn’t on their radar. If you don’t understand something, you’re not going to use it.

“I wanted the vets to understand what could be done. I would go through cases here and say which would be suitable. Even the referral centres weren’t particularly thinking about it, though generally it is becoming more common. I think owners are getting more clued up, asking for it more frequently and once owners start asking, practices tend to do something.”

She said over the first few months she gained more appreciation for the stress vets suffered in the decision-making process. “Once I have the referral, I have to make the decision – that’s on me,” she said. “I go home and think: ‘Did I do the right thing?’ I’m not going to kill a dog, but I am going to influence its healing. I’ve always respected vets, but now I understand why they go home and worry.”

She said she thought her qualification had opened VNs’ eyes to further opportunities. “The nurses here are generally fascinated by physiotherapy and often ask if they can come in and watch,” she said. “It has also made them realise being a veterinary nurse isn’t where you have to stop – there is a bit of a ceiling unless you want to go up the management scale, become a head nurse, practice manager and so on. If you don’t want to do this, clinically, it can feel a bit like: ‘What now?’

“But they hear me say: ‘I love nursing. I don’t want to move away from it; I want to add to it.’ They realise they can do other things. We have VNs who’ve gone on to do emergency nursing, behaviour, specialising in cats and so on. It’s been motivating.

“We are very lucky here and I am sure there are nurses who don’t have the backing of their practice. But here, if you want to progress; if you can give a good reason why it will be beneficial, the practice will back it 100 per cent, which it has done with the physiotherapy.”

Miss Seymour said she had found it personally astounding to be in a position in which she could influence the path the practice took. “I now financially contribute to the practice I work for, which gives me satisfaction,” she said. “It invests heavily in equipment and so on and to know I
contribute to that and help grow the business is rewarding. I don’t always feel you do that as a nurse. Now I add value to the business.

“If VNs can demonstrate to vets, partners and the wider public that we are contributing to animal welfare; to their animals’ actual care; to the decisions that are made about them, it all adds to the professionalism of VNs – we are far more than just kennel maids.”

EXERCISE REGIME

LEANNE Seymour says physiotherapy is most effective when treatment from a qualified veterinary physiotherapist is combined with an appropriate home exercise plan.

As every injury, surgery and animal is different, there is no “one size fits all” plan; however, the following exercises are a selection appropriate for owners to carry out at home, after a careful demonstration and explanation from the physiotherapist:

Sit to stand

Exercise: The dog is asked to sit square, then stand up again.

Benefits: Strengthens hindlimbs and improves range of motion (ROM) of the hindlimb joints.

Give a paw

Exercise: The dog is encouraged to give a paw.

Benefits: Good for elbow and shoulder ROM.

Slow lead walking

Exercise: The dog is encouraged to walk as slowly as possible for short periods.

Benefits: Facilitates balance and encourages even weight bearing and a normal gait.

Varied surfaces

Exercise: The owner walks the dog over a variety of surfaces – for example, short and long grass, gravel, concrete and so on.
Benefits: Improves proprioception.

**Leg lifts**

**Exercise:** With the dog standing, each leg is lifted in turn and held for a short period.

**Benefits:** Helps to improve weight bearing, core strength and balance.

The specific exercises, the frequency they should be performed and the number of repetitions should be prescribed after a full and careful assessment of the patient by the physiotherapist.
A West Highland white terrier on a physiotherapy ball.
Leanne Seymour helps a Jack Russell terrier gently exercise.

IMAGE: Detheo Photography.
Getting a patient to trust you is vitally important.

IMAGE: Detheo Photography.
Miss Seymour carefully places the Jack Russell terrier on to a balancing board.

IMAGE: Detheo Photography.
Water therapy – even in a bath – played an important part in Archie’s recovery.

Archer suffered a shattered pelvis in an accident with a 4x4.