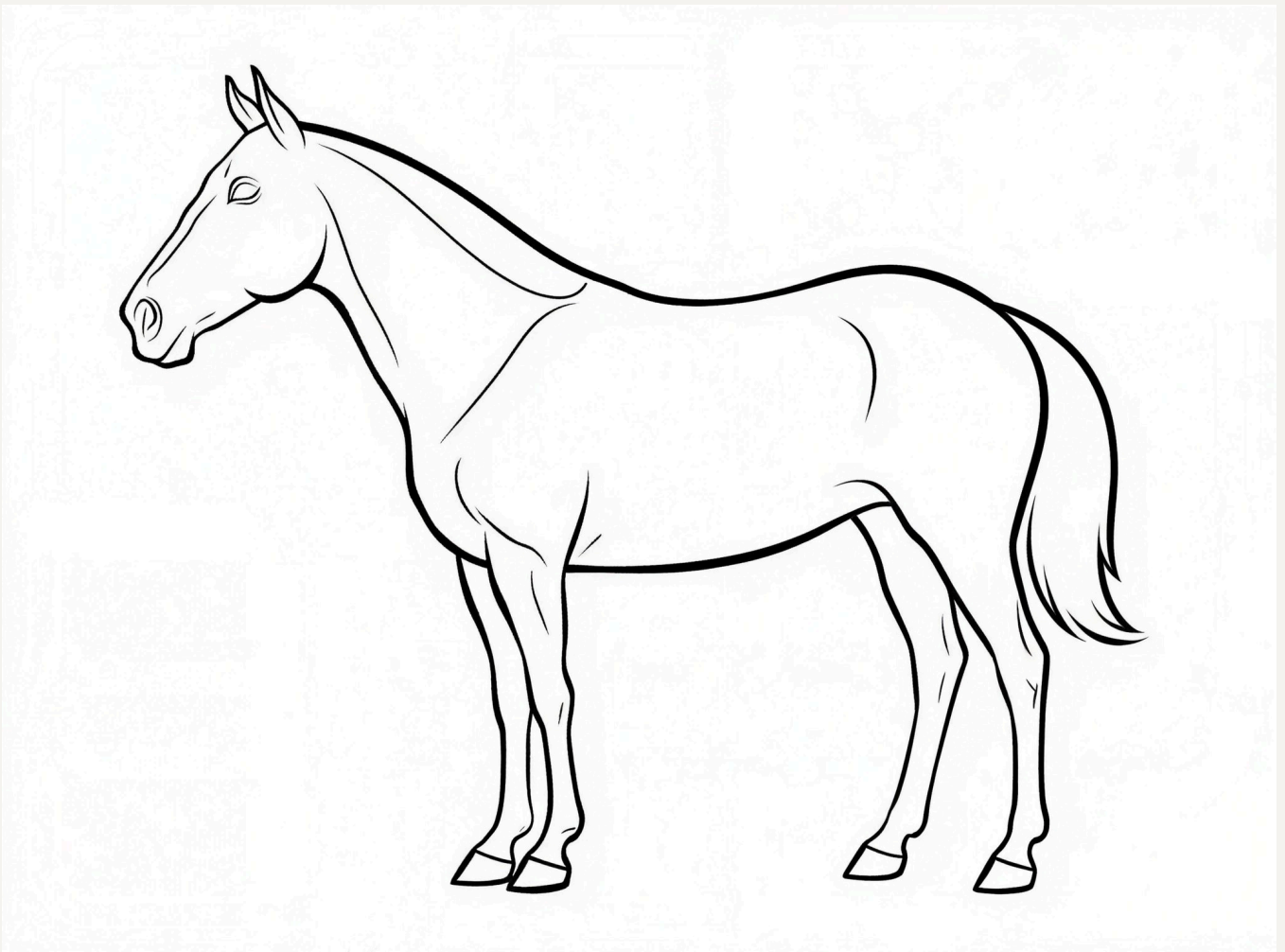

Bowen Therapy for Horses

A practitioner's handbook



Heather Hartley

Australian College of Animal Bowen & Complementary Therapies

Copyright and disclaimer

Bowen Therapy for Horses

The Equine Studies course manual

Heather Hartley

Australian College of Animal Bowen & Complementary Therapies

Charleston, South Australia

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ISBN: to be assigned

Disclaimer

The course presented does not dispense medical advice or medical treatments either directly or indirectly. The contents of this document are presented for information and discussion purposes only.

The information contained herein is not recommended as an alternative to seeking sound medical or veterinary advice from a professional practitioner. The use of the information contained in this book is at the discretion, and is the responsibility, of the individual.

Heather: the college contact details from the 2016 cover (PO Box 139 Charleston SA 5244, 0401 691 329, heather.hartley@bigpond.com) are left off until you confirm them.

Blessed are the hands that heal
Hands beneath whose touch we feel
Pain relieved and strength renewed
I think with constant gratitude of hands that serve humanity

Hands that well and skilfully,
Bruised and broken bodies tend
Hands that save and soothe and mend
Helping, assisting, comforting, dressing, feeding and bandaging

I remember gratefully the hands that have bestowed on me
Life's best gift, its greatest wealth
The gift of healing and of health.

Anonymous

About the author

Heather: you asked for a call about this page. It is set here as it was in 2016 until we speak; it will need cutting to a short biography.

Heather Hartley Dip.B.T.

Heather studied sports and remedial massage and has been involved with the Cycling Federation of Australia as the State Development Officer and the Australian Team Manager and masseur. She was in the Australian Revolver and Pistol Association as a coach, team manager and competitor. Her interests and involvement extended into St John Ambulance as a volunteer, and she was a member of several winning teams competing nationally in first aid practices.

Heather's study and interests lie in holistic therapies such as Reiki, animal communication, Reconnection Healing, Photonic Therapy and general animal husbandry. Heather is a Justice of the Peace and is at present studying Community Law.

Heather became interested in Bowen Therapy after reading about Tom Bowen's death and his life work in 1982. She has practised this technique since 2001, after completing formal studies.

Heather also extended her service as a Bowen Therapist by practising, when necessary, as a transitional advocate. In this capacity she has been able to help human patients access mainstream medical services that had otherwise been delayed or denied to them.

As an animal lover, Heather then decided to extend the service she provided to her human patients to animals. They also suffer from muscular and stress-related problems in a similar way to humans. Heather has been involved with animals for approximately 50 years and has adapted the human technique to animals by observing their movements and their reaction to the moves she has performed on them. She has continued to study the animals she treats so as to improve their quality of life.

Since that time Heather has successfully used Bowen Therapy techniques to treat horses, goats, cats, dogs, alpacas, sheep, rabbits, cattle, birds, reptiles and native animals.

Heather has completed Equine Studies in South Australia and holds a Certificate IV in Training and Assessment, and has studied Photonic Therapy under Dr Brian McLaren B.V.Sc., QDAH, P/Grad.Dip., M.App.Sc., Dip.Phot.Thpy., Adv.Dip.App.Neurophysiol., Member of the International Association for the Study of Pain, Member of the Bioelectromagnetic Society. She is a member of the Australasian College of Zookeepers.

Currently Heather is running a successful human practice based in a medical centre and is contracted to several government departments. She is also teaching Bowen Therapy in specialised animal courses. This is a relatively new field with much scope, and she enjoys and finds rewarding her involvement in being able to provide relief for animals. As part of this, the RSPCA contacted Heather to request her assistance in rescue and rehabilitation.

Heather also provides her services to the Lions Hearing Dogs free of charge.

Acknowledgements

Heather would like to thank Dr Brian McLaren B.V.Sc., Q.D.A.H., P/G Dip. (I.V.A.S.), Grad. Dip. Acup., M.App.Sc. for giving her permission to use his diagnostic technique for horses. Thanks also to Teri O'Neil RN, RM, Dip. T., B.Ed., Professional Development, Grad. Dip. Legal Studies for providing content structure during the creation of this curriculum.

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- *Understanding your horse's lameness* by Diane Turner
- Craig from Bonnetts Saddlery
- *All Systems Go* by Nancy Loving DVM
- *Animal Points* by Jack Meagher
- Master Farriers Association of South Australia
- Government of South Australia, Primary Industries and Resources
- *Health for Race Horses*
- Rural Industries Research and Development Corporation

Thanks also to all friends and colleagues who have provided critical review, proof reading and other help, encouragement and support in this project.

Thanks especially to all clients, past and present, animal and human. They are the inspiration for the creation of this work and they provide the major vehicle for learning and refinement of skill and technique.

Heather's philosophy: you need to be a detective. Treat what you see, feel and hear.

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History of Bowen Therapy

Tom Bowen, Geelong, and how a technique for people came to be used on horses.

Bowen Therapy history

Mr. Thomas A Bowen (1916-1982) developed the therapy known as The Bowen Technique in Geelong, Victoria. After returning from World War II, (1945) Mr. Bowen became interested in alleviating the suffering in humans and developed this technique over the next several years. Mr. Bowen developed the technique without any formal training in the health field and claimed the work was simply a 'gift from God'. He eventually opened his clinic full time and practiced in Geelong until his passing in 1982.

The 1975 Victorian Government inquiry into Alternative Health Care Professionals cited Mr. Bowen as seeing some 13,000 patients per year (as assessed over a 27 week period).

Mr. Bowen did not have any charts or manuals but allowed six men to observe and document his technique. This was subsequently verified by Mr. Bowen and his assistant, Mrs. Rene Horwood, as a true representation of the original technique.

Mr. Bowen did treat horses on occasion but preferred his human patients.

Because this technique is so effective, it has now been accepted by a wide range of people throughout the world and has the capability to address many different problems.

DEVELOPMENT OF TOM BOWEN'S TECHNIQUE

A truly gifted man Mr. Thomas Bowen (1919-1982) developed his own outstanding and innovative technique but did not record how or why his technique was performed. He described it as energy being temporally trapped in one area, then being released.

As an example - as a musician must tune his instrument for it to perform efficiently, so to the body also reacts to these small deviations to vibration frequency or tone. Therefore the gentle non manipulative, subtle moves of Bowen treatment also stimulates the body creating a balance and stimulating energy flow enabling the body to heal itself.

The Bowen technique has now been expanded to treat animals and humans health problems from birth to old age.

As a complementary technique it can be used very successfully by itself or included into any other healing modality.

Bowen therapy is now taught worldwide.

Explanation of Bowen Therapy

What the technique is, what it works on and the schools that grew from it.

Explanation of this technique

The technique provides a very gentle, non-manipulative, non-aggressive sequence of moves or holding positions. These create stimulation of the lymphatic system and assist in the elimination of waste products, speed the flow of nutrients and oxygen that revitalise the body, which in turn improves muscle function and creates a deep sense of relaxation. In theory this then allows the body to re-pattern energy fields to enable physical, mental and emotional healing.

By combining moves, both in placement and combination, the practitioner is able to address the body as a whole or target a specific problem.

Bowen Therapy is a "complementary" modality, which means it will enhance and complement, and not interfere with, other medical attention.

The technique is simple once mastered and **works on human and animal complaints**, including:

- | | |
|------------------------------------|---|
| 1. relieving pain | 11. sciatica |
| 2. sore shins | 12. TMJ |
| 3. back and neck problems | 13. stress |
| 4. bowel problems | 14. musculo-skeletal problems from lumbar to neck |
| 5. jaw problems | 15. increasing energy |
| 6. sport and work related injuries | 16. improving behavioural problems |
| 7. foot and ankle problems | 17. encouraging natural movement |
| 8. digestive complaints | 18. correcting uneven gait |
| 9. respiratory complaints | 19. lameness |
| 10. frozen shoulder | 20. and many more |

The information contained herein is not recommended as an alternative to seeking sound medical advice from a professional medical practitioner.

The use of information contained in this document or discussed by the course presenters is at the discretion, and is the responsibility, of the individual.

Bowen theories

Bowen is based on Tom Bowen's work, with some of the newer theories being Myopractic, Fascial Kinetics, NST, ISBT, EMRT (equine muscle release therapy) and others.

Information regarding any of these theories can be researched on the internet.

Anatomy, physiology and the schools of Bowen

Heather: this page and page 23 are from the human Cert IV framework. Not on your list, so they stay for now.

2.2 Relevant anatomical and physiological terminology is explained as necessary to the client/ patient in performance of Bowen therapy treatments.

As a Bowen therapist, education should be your chief work and so it will be necessary to explain some of the client's problems using commonly known medical terminology. Although you will need to interpret those areas that they may not understand.

2.3 The relevant knowledge of anatomy and physiology is applied in Bowen therapy treatments. Bowen therapy is a modality that lives anatomy and physiology. All its discoveries are based on the body's principles. Muscles move bones is a clear example as to how Bowen therapy works side by side with physiology. When bones are clearly out of alignment then you will be able to apply the relationship to the muscle that was responsible for the movement. 2.4 Relationships of the body's systems and functions are integrated in the conduct of Bowen therapy treatments.

This was clearly mentioned above.

2.5 Principles of the body's systems and functions as they relate to Bowen therapy treatments are applied in the provision of aftercare recommendations, service and advice. Addressing Postural issues is an important aspect of the successful recovery of a client. To put it simply poor posture is a state of muscular imbalance whereby one or more muscle groups are dominant while the other opposing groups are weak. Applying this principle client homework in the form of corrective stretches and exercises is utilising the body's principles to bring about a positive change.

Element 3. Apply techniques of different Bowen schools or advanced Bowen techniques in Bowen therapy treatments

3.1 DIFFERENT SCHOOLS OF BOWEN THERAPY ARE IDENTIFIED

Myopractic, Smart Bowen, NST, Fascial, ISBT and Bowtech 3.2 Factors that may interfere with the effectiveness of proposed advanced Bowen treatments are outlined. The client may be too sensitive to the treatment, The problem may have been there too long. The client may be too old or sick to obtain benefits from the technique. 3.3 Advanced techniques of any school additional to those in traditional basic Bowen moves are demonstrated in treatment of prescribed conditions.

Assessed at workshop

3.4 ADDITIONAL TECHNIQUES EMPLOYED ARE DETAILED AND RECODED

It is important to keep a record of all your treatments techniques including the additional ones that you employ to obtain the improvement that you are looking for.

Professional expertise

3.5 ATTRIBUTED OUTCOMES ASSOCIATED WITH THE TECHNIQUES EMPLOYED ARE EVALUATED IN A CLINICAL SETTING IN TERMS OF PATIENT RESPONSE

In order to measure your success or failure with your techniques it is important to use a measurement of some kind. For example, having the patient rotate their head from side to side before treatment and afterwards supplies you with a patient response that will tell you whether you have succeeded or not, and to what degree the technique worked.

Element 4. Develop professional expertise

4.1 CONDITIONS AND/OR TREATMENTS IN WHICH RESEARCH IS TO BE UNDERTAKEN ARE DEFINED

It is obvious that when you undertake any research with your work as a Bowen therapist that you define the area of research. Are you researching a structural imbalance, a disease, or a new technique?

4.2 RESEARCH OBJECTIVES AND REQUIREMENTS ARE IDENTIFIED

List your objectives and also the requirements that you will need to complete the task.

4.3 RESEARCH STRATEGIES ARE DESCRIBED

The strategies that you will need to employ to be able to reach your objectives need to be defined. For example, if you are researching a new technique, will you perform the research on everyone who has a particular problem, or on all people?

4.4 LITERATURE AND/OR CLINICAL STUDIES ARE ACCESSED, ANALYSED AND EVALUATED

If available, you need to be able to access information that other people have developed. There is an old saying: "why reinvent the wheel".

4.5 RESEARCH OUTCOMES IN CASE PRESENTATIONS AND/OR LITERATURE REVIEWS ARE PROFESSIONALLY PRESENTED

When it comes time to release your research outcomes, ensure they are professionally presented. Perhaps you could use other researchers' articles as guidelines. For example, scientific studies are published in journals such as JAMA. Journals such as these are available in hospital libraries.

Item 3.6 removed at Heather's request.

Occupational health and safety

Every animal can bite, scratch or kick. Safety checks before you start.

Occupational health and safety guidelines

WorkCover OHS regulations will be adhered to.

No matter how experienced you are, please prepare yourself for an adverse reaction from the animal you are treating. No matter how small or large, or how long you have been working with or handling an animal, they can all bite, scratch or kick.

Whilst all reasonable care has been taken to ensure the health, safety and welfare of both humans and animals attending this course, we cannot be held responsible for accidents occurring which are beyond our control.

Safety requirements: animal

1. Check the area is safe, with no dogs, ropes or other equipment around that could cause you or your patient damage.
2. Electric fences are off.
3. Ensure leads are in good condition.
4. Remove any other animal if possible, so as not to upset the animal in your care.
5. Is the area safe from interruption?
6. Is the area free of objects lying on the ground?
7. Is a safe area available?
8. Is it as flat as possible?
9. Is a competent person available to assist you?
10. Carry all equipment with you.

Safety requirements: location

1. Note emergency exits, both on the property and on roads travelled, in case of fire.
2. Many locations have their own fire drill. It is your responsibility to be aware of these.
3. Is there a problem with the terrain? Can you get your vehicle on and off the property?
4. Obtain clear directions to the property.
5. Obtain clear information on the condition of the animal.

6. Is there mobile phone reception?

Insurance

It is suggested that for your own protection some insurance be obtained, for example income protection. Contact an insurance company for advice.

Membership of the Bowen Therapist Association of Australia will provide the necessary information on professional insurance at successful completion of the course.

The student will need an up-to-date Medicare card and/or private health insurance. Students are responsible for their own health care costs.

The Flexible Learning paragraphs that followed on this page in 2016 repeated page 6 and have been dropped.

Client information: the first visit

What to settle with the owner before you arrive, and the record you keep.

Client and owner information, first visit

1. Time taken for the first visit can depend on the problems you are presented with, but allow at least one hour for the initial consultation.
2. Gather as much information as you can on the location of the property and the problem with the patient. This could assist with what you need to take with you.
3. Explain costs: hourly rate plus travelling?
4. Is WorkCover to be considered?
5. After-hours service: phone number and charges provided.
6. Home visits are recommended for all animals. They are more relaxed in their own environment and the treatment is not "undone" on the way home.
7. Proof of qualification and identity: carry these with you in case they are requested.
8. Explain the preferred conditions for treatment, for example a shed, shade or a flat area, and how the animal is to be contained or restrained. Remember the OH&S information.
9. Ask the owner if there are any questions.
10. Give the owner a care plan for the next few days.

Client data

NAME _____ PARTNER'S NAME _____

ADDRESS _____

PHONE _____ MOBILE _____

EMAIL _____

PET'S NAME _____ BREED _____

AGE / DOB _____ SEX _____ DESEXED _____

PET'S NAME _____ BREED _____

AGE / DOB _____ SEX _____ DESEXED _____

NOTES

Your presentation

How you arrive, greet, explain and leave.

Professional presentation

1. Arrive on time, or contact the client to keep them informed of any delays.
2. Introduce yourself in a professional manner.
3. Greet the patient in the manner of its breed. This will be explained in the course.
4. Ask to be taken to the patient.
5. Explain to the client what you want them to do if the patient reacts to your treatment, and what the patient's reaction could be.
6. Ask the client to walk the patient out (if possible) so you can watch the patient's movements and check for results.
7. Ask for the client's observations of the patient.
8. Explain to the client the expectations of the treatment and the changes which could occur over the next few days.
9. Give exercise information if necessary.
10. Wash hands and boots prior to leaving the property.
11. Be polite but firm with your information and follow-up treatment requests.
12. Record all client information.
13. Always be clean, neat and tidy.
14. Remember privacy regulations.

Code of ethics

The standards every practitioner trained by the College works to.

Code of ethics

- Demonstrate commitment to provide the highest quality Bowen Therapy and animal care to those who seek our professional service.
- Acknowledge the inherent worth and individuality of each person by supporting and treating colleagues, peers and clients with courtesy.
- Demonstrate professional excellence through regular self-assessment of strengths, limitations and effectiveness, and by continued education and training.
- Acknowledge the confidential nature of the professional relationship with clients and respect the client's right to privacy.
- Conduct all business and professional activities within our scope of practice and project a professional image.
- Avoid claims of cure or alleviation of medical conditions.
- Accept responsibility to do no harm to the physical, mental or emotional wellbeing of ourselves, our clients and associates.
- Work with respect and integrity to the highest good of the client and refrain from sexual misconduct.

Clinical record and assessment

Care advice, the palpation and flexion tests, being a detective, and the forms.

Care advice before and after a Bowen treatment

- Animals may relax and may even go to sleep after treatment.
- If an animal falls asleep during treatment it has had enough.
- Animals may drink a large amount of water after treatment.
- An animal's personality may change.
- Gentle walking after the treatment, or light exercise as you recommend for the welfare of your patient. Depending on the animal's situation a week off work may be beneficial.
- Any vaccinations should be at least 4 days after a treatment or at least 1 week prior.
- Do not worm the animal for at least 4 days before or after a treatment.
- Any dental work should be finalised 4 days prior to treatment.
- Do not put the animal on a walker or swim it in one direction.
- Try not to constrain the animal for at least 2 days so the healing process has the best opportunity to work.
- Do not use heat or cold pads, ultrasound etc. for at least 4 days after treatment.
- Changes in the animal could be noticed up to 5 days after treatment.
- A follow-up treatment is recommended in 1 week.
- If there is a possibility the animal has re-injured itself, a repeat treatment is recommended as soon as possible.

Contra-indications

Do not use the coccyx procedure if there is a possibility of pregnancy.

Possible changes to the animal during or after treatment

- The back may straighten
- Gait may improve
- Hair may stand up
- Lustre and texture of the coat may improve; the removal of toxins by improved lymphatic drainage will improve the condition of the coat
- The coat could change direction

- Fluid could move into the legs

Palpation tests

Spinal: gentle pressure along both sides of the spine to check for flinching or bounce.

Nerve: does the animal flinch when you run your fingers approximately 3 inches (8 cm) from the edge of the spine?

Shoulder: bend the front foot back; it should nearly touch the lower leg. The greater the distance from the foot to the leg, the greater the problem in the shoulder on that side.

Diagnostic technique for a horse

Dr Brian McLaren has very kindly given his consent for his technique to be taught in this course.

Flexion tests

Flexion tests are non-conclusive, but nevertheless are a tool to guide us to a lameness site. The diagnostic technique for horses will present you with this information first.

Interpretation of a suspect problem as a result of a flexion test or a reaction to palpation should be confirmed by ultrasound or radiograph if you or the owner requests that service. Only then can a more accurate diagnosis result.

Assessment checks for animals

These can vary with the animals presented.

- Do not pat or rub the animal during treatment
- Focus on the animal
- Do not make eye contact
- Stay relaxed but alert yourself
- Don't overdo the treatment: less is best
- Watch if the animal is sore; it may get aggressive

You need to be a detective

Treat what you see and feel.

Use your eyes

Watch the animal walk from all directions if possible: front, side and back.

- What is the head doing?
- What are the legs doing?
- What is the tail doing?
- Is it stepping short?
- Is it swinging its legs?
- Is the rump level?
- Is there any clicking in the joints?
- Is the animal placing its back legs in line with the front? (Tracking correctly)
- What are the shoulders doing?

- Is there any swelling?
- Is there any deformity?
- Is the animal dragging a foot?
- Watch the animal at an easy trot or run if possible from all sides and see if any of the above change
- What is the surface of the ground like?
- Are there any visible injuries?
- What is the condition of the feet?
- What does the animal do when asked to move in a circle, in both directions?

Use your hands

- Is there any heat?
- Is there any spasm?
- Is there any other reaction to your touch?

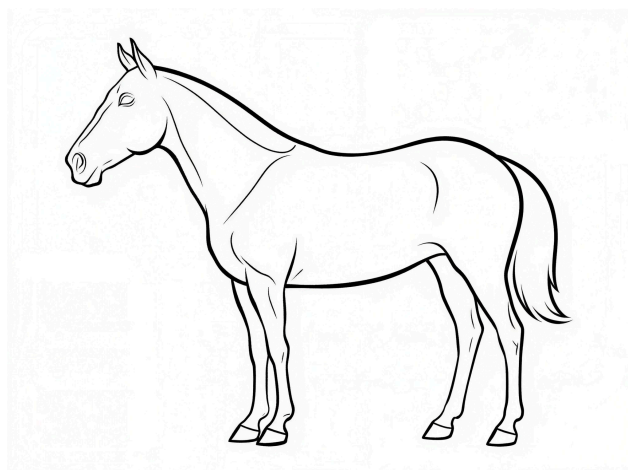
Equine analysis form

NAME _____

SIRE _____

DAM _____

AGE _____



Key points

- | | | |
|--------------------------------|---------------------------------------|------------------------------------|
| ☐ Long | ☐ Masseuse | ☐ Worse |
| ☐ Where | ☐ Chiropractor | ☐ Lifestyle |
| ☐ When | ☐ Acupuncture | ☐ History |
| ☐ Vet | ☐ Alternatives | ☐ Future |

Does your horse suffer from

- | | | |
|--|--|--|
| ☐ Abscesses | ☐ Haematomas | ☐ Lactic acid associated problems |
| ☐ Sore shins | ☐ Vertebrae problems | ☐ After-race stiffness |
| ☐ Joint and tendon problems | ☐ Foot problems | ☐ Pulled ligaments |
| ☐ Sore or cold back | ☐ Lymphatic and swelling problems | ☐ Muscle and jarred shoulder problems |
| ☐ Swollen knees | | |

Additional comments

Health care chart (dog and cat)

DATE _____ CLIENT _____ PET _____ DOG / CAT _____

Heart	Normal ☐	Ears	Normal ☐
Urogenital system	Normal ☐	Eyes	Normal ☐
Digestive system	Normal ☐	Mucous membranes	Normal ☐
Lungs	Normal ☐	Teeth score	1 · 2 · 3 · 4 · 5
Skin	Normal ☐	Lymph nodes	Normal ☐
Nervous system	Normal ☐	Body score	1 · 2 · 3 · 4 · 5
Musculoskeletal system	Normal ☐		
Body weight	 kg	Vaccination	Current / overdue
Pulse		Flea control	Current / overdue
Respiration		Parasite prevention	Current / overdue
Temperature		Heartworm	Current / overdue

Comments

Treatment plan

Teeth score: 1 healthy teeth and gums · 2 gingivitis · 3 early periodontal disease · 4 moderate periodontal disease · 5 severe periodontal disease. **Body score:** 1 emaciated · 2 poor · 3 ideal · 4 solid · 5 obese.

Case card (horse)

OWNER _____

ADDRESS _____

POST CODE _____

PHONE (H) _____

PHONE (W) _____

MOBILE _____

VET _____

VET PHONE _____

FARRIER _____

FARRIER PHONE _____

HORSE'S NAME _____

BREED _____

COLOUR _____

SIZE _____

WEIGHT _____

BORN / AGE _____

MARKINGS _____

DISCIPLINE _____

DATE _____

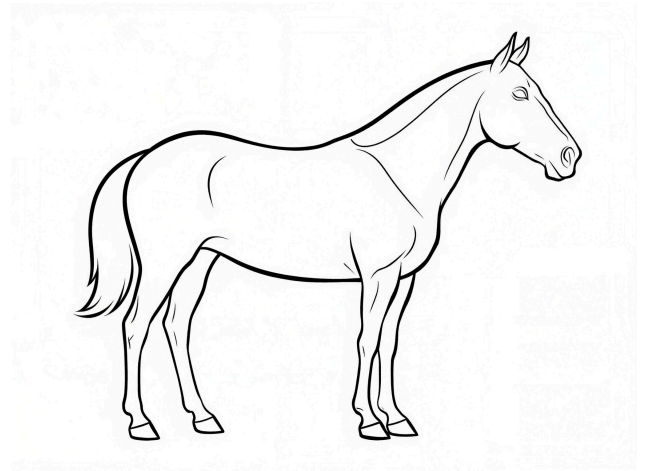
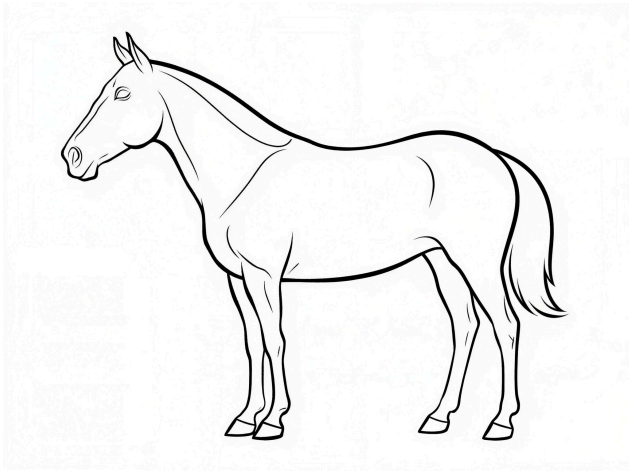
Conditioning: Low ☐ Moderate ☐ High ☐ Overweight ☐ Underweight ☐

Major complaints: where, what, when and how

History of present problems

History of past problems

Examination and palpation



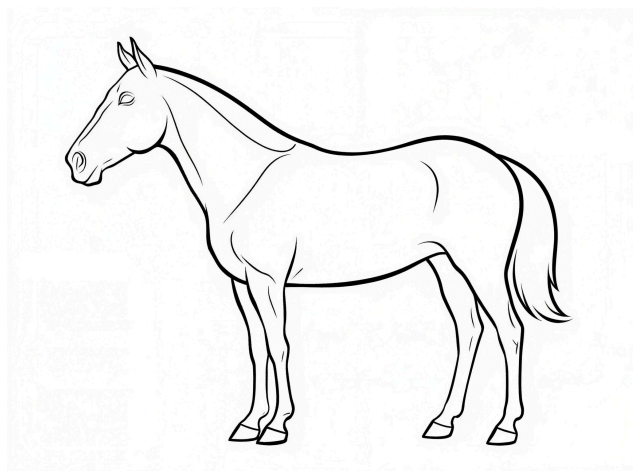
Treatment

Maintenance program

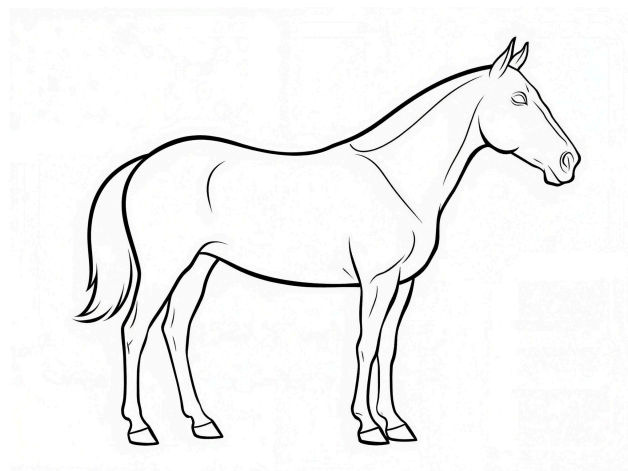
Exact markings to be shown

Please tick the box if there are no white markings ☐

Fill in the diagrams with the exact position of markings, brands and permanent scars.



NEAR SIDE

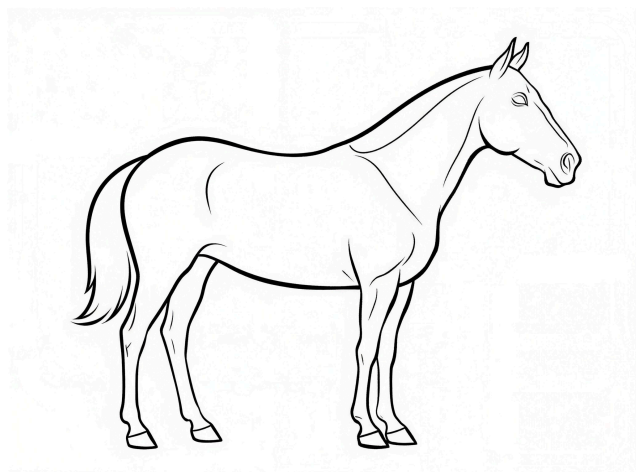


OFF SIDE

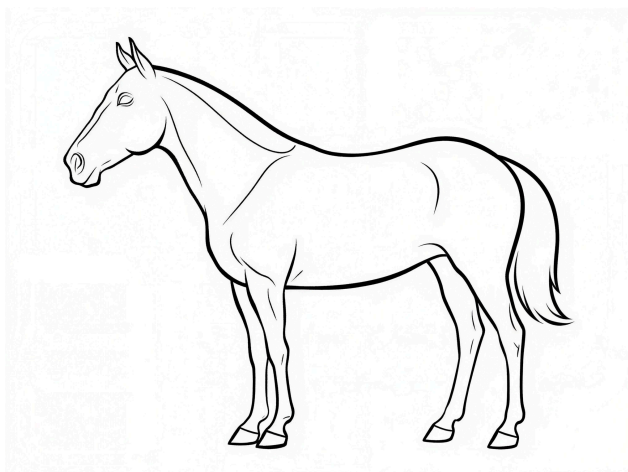
Heather: the front view of the head from the 2016 form still needs drawing in the new style; the two side views are in.

Horse outline for marking

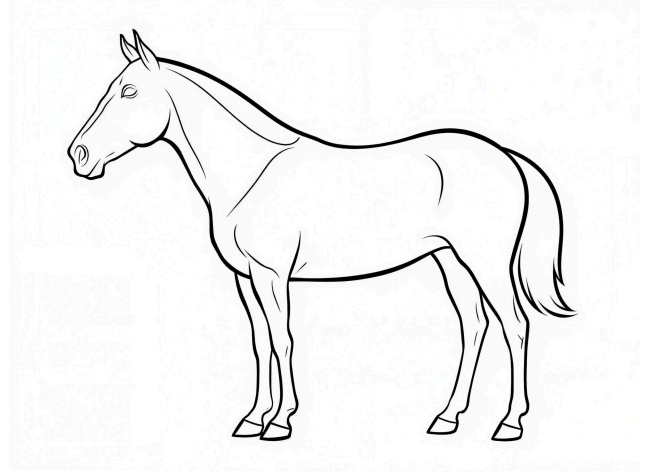
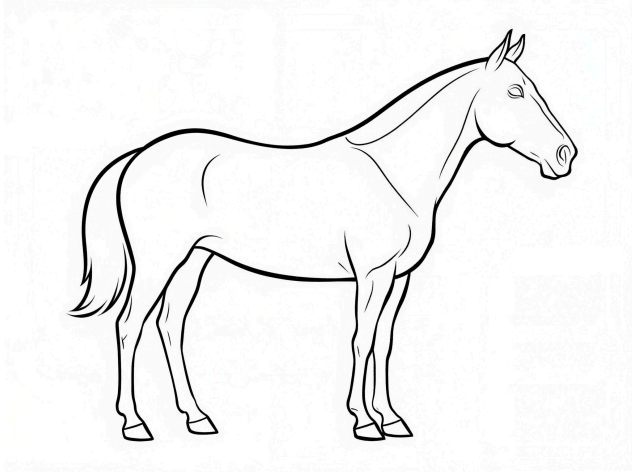
Use these outlines to mark where you find heat, spasm, swelling or a reaction to touch. Near side on the left, off side on the right.



Near side



Off side

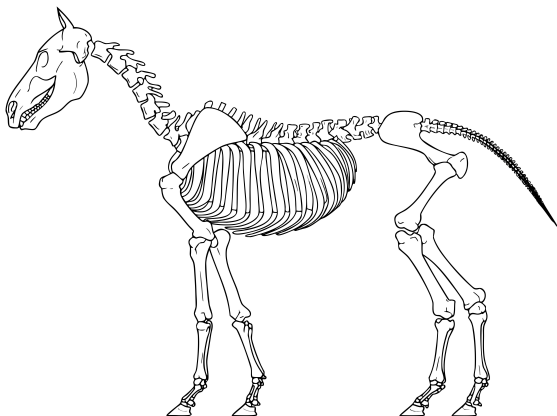


Equine skeletal points and human comparison

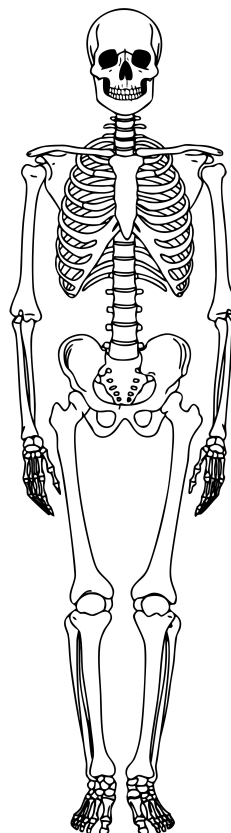
Where the bones and muscles are, and how they map onto our own.

Skeleton of horse and man compared

The horse stands on the equivalent of our fingertips and toes. Once you see which joint answers to which, the horse's leg makes sense.



The horse. Left side view.

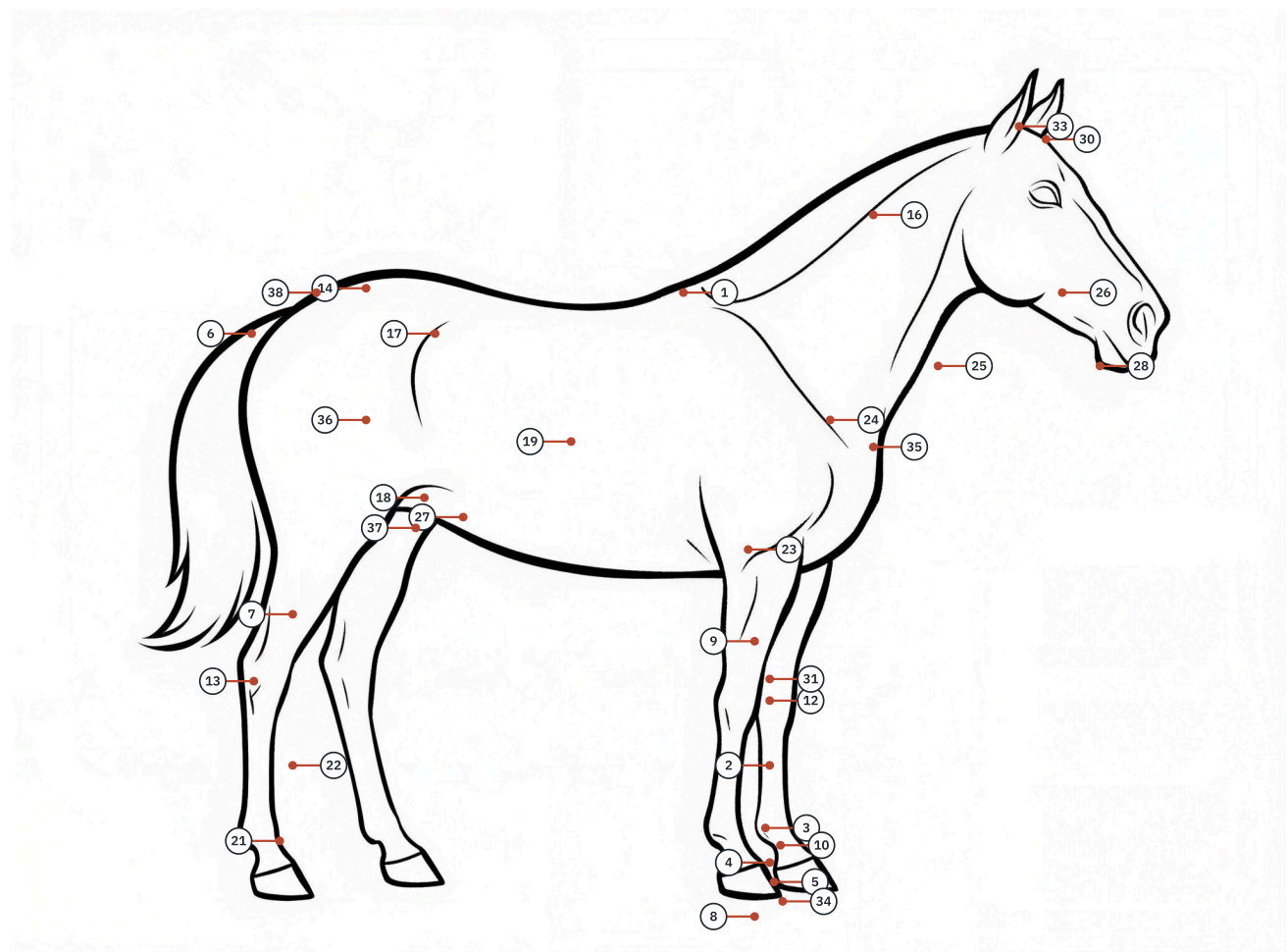


Man. Front view.

HORSE	HUMAN EQUIVALENT	NOTE
Shoulder blade (scapula)	Shoulder blade	The horse has no collarbone; the forequarter hangs in a sling of muscle.
Elbow	Elbow	Sits against the body, level with the bottom of the chest.

Knee	Wrist	The horse's "knee" is the carpus, a wrist.
Cannon bone	Middle finger bone (metacarpal)	One bone carries the leg; the splint bones are the vestiges of two more fingers.
Fetlock	Knuckle	The joint that drops almost to the ground at the gallop.
Pastern	Finger bones	The long and short pastern bones.
Hoof	Fingernail and fingertip	The coffin (pedal) bone sits inside the hoof.
Stifle	Knee	The true knee, with a kneecap (patella).
Hock	Ankle and heel	The point of the hock is the heel bone.
Hip	Hip	The point of the hip is the tuber coxae of the pelvis.

Points of the horse



- | | | |
|------------------------|-------------------------|-------------------------|
| 1 Withers | 7 Second thigh | 13 Hock |
| 2 Cannon bone | 8 Foot | 14 Loin |
| 3 Fetlock joint | 9 Chestnut | 15 Angle of heel |
| 4 Pastern | 10 Ergot | 16 Crest |
| 5 Coronet | 11 Cleft of frog | 17 Point of hip |
| 6 Dock | 12 Knee | 18 Stifle joint |

19 Ribs

20 White line

21 Fetlock

22 Tendons

23 Elbow

24 Shoulder

25 Gullet

26 Projecting cheek bone

27 Flank

28 Curb groove

29 Frog

30 Forelock

31 Forearm

32 Sole

33 Poll

34 Wall

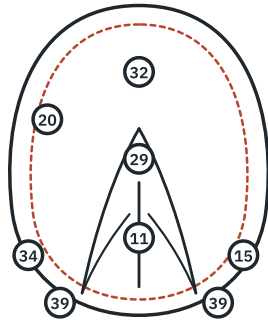
35 Point of shoulder

36 Hip joint

37 Point of stifle

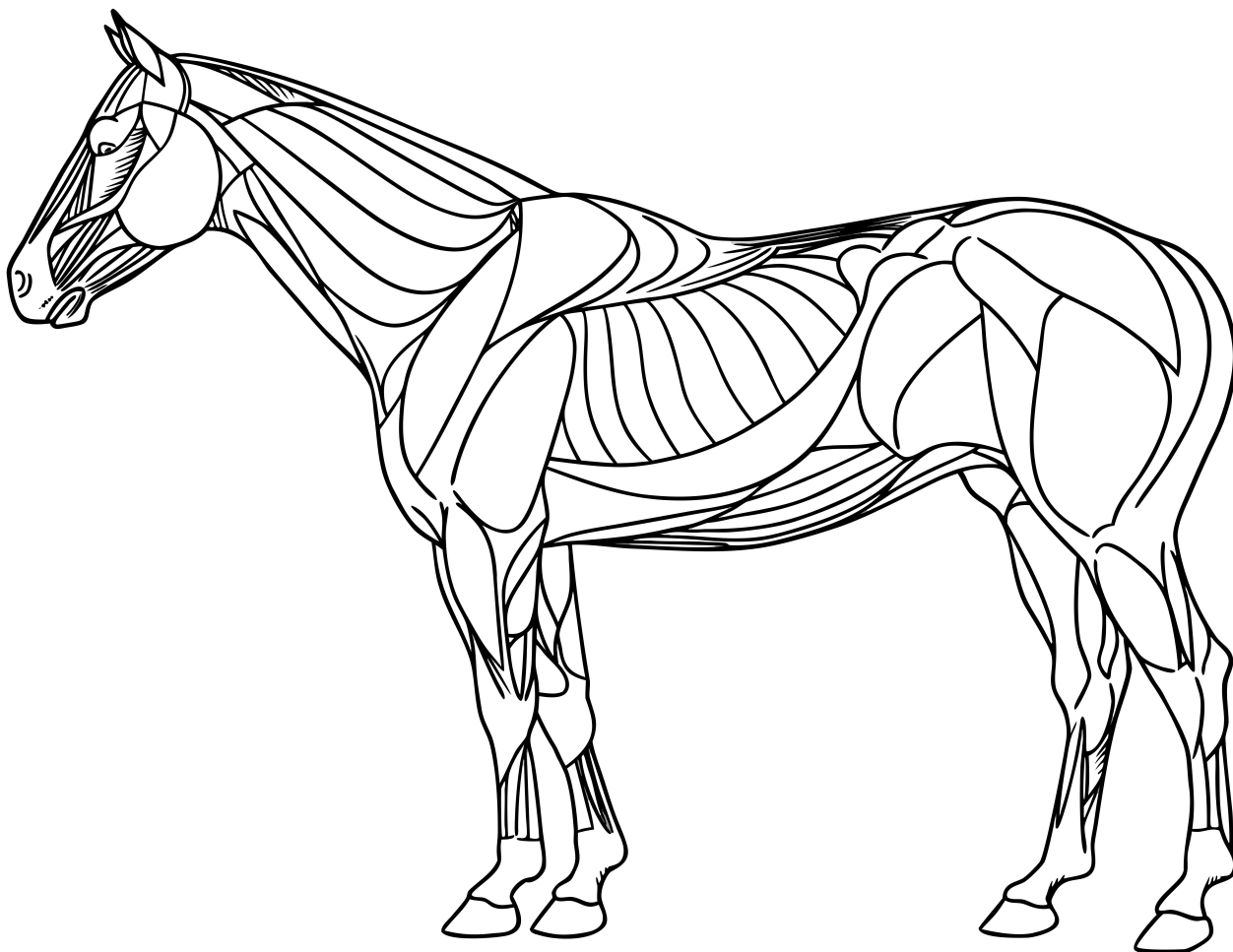
38 Croup

39 Heels



The foot from below. 11 cleft of frog · 15 angle of heel · 20 white line · 29 frog · 32 sole · 34 wall · 39 heels

Deeper muscles of the horse



The muscle groups of the horse, left side. The stress points in Section 12 sit on the muscles named on each page.

The big groups you will work most: the muscles of the neck (brachiocephalicus, splenius, the multifidus chain), the shoulder (supraspinatus, infraspinatus, triceps), the back (longissimus dorsi and iliocostalis, running the length of the spine), the hindquarter (the gluteals, biceps femoris, semitendinosus and semimembranosus) and the gaskin (gastrocnemius).

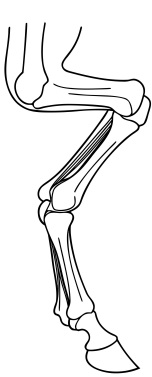
Heather: this drawing is unlabelled. If you want individual muscles named on it, tell me which ones and they will be added with leader lines.

Observe and assess movement

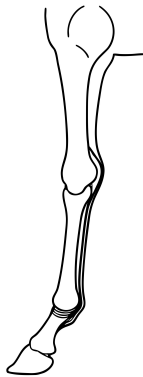
Joints, the way of going, hoof and pastern, conformation and farriery.

Diarthrodial joints: movements of the limbs

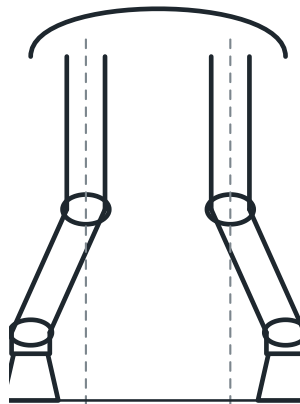
A diarthrodial joint is a freely moving joint. The joints of the limbs move in four ways.



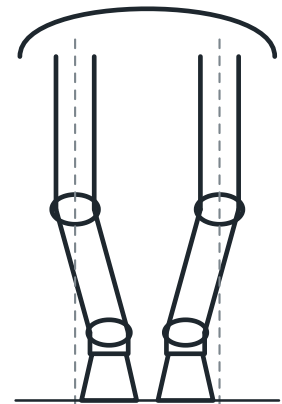
A • Flexion. The joint closes.



B • Extension. The joint opens.



C • Abduction. The limb moves away from the midline.



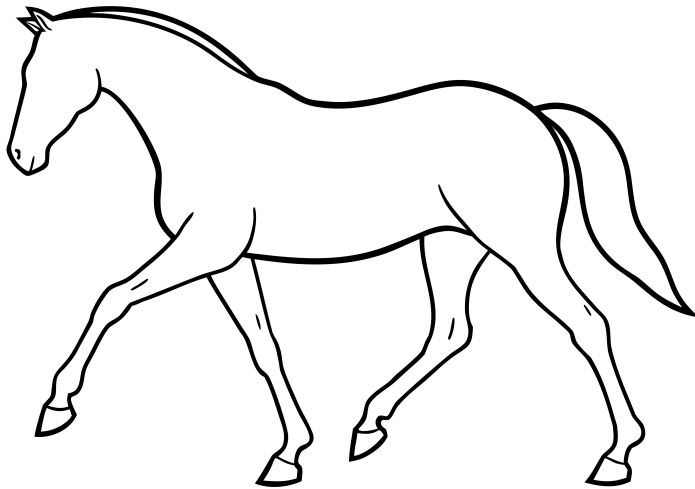
D • Adduction. The limb moves towards the midline.

Supporting leg interference

This occurs when the striding hoof contacts the opposite limb (the supporting leg). Front legs can hit each other, or hind legs can hit each other, at the hoof, pastern, fetlock, cannon or knee. This is commonly called "brushing".

Striding leg interference

Striding leg interference occurs when the hind leg and the folding foreleg on the same side come into contact.

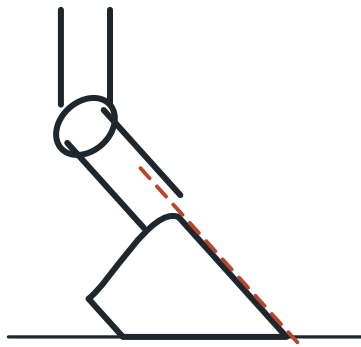


Forging. The toe of the hind hoof about to strike the front hoof at the trot.

- **Forging.** The toe of the hind hoof contacts the sole or shoe of the front hoof. This is the "click click" sound commonly heard at a slow trot. It often occurs in young, unbalanced horses but usually disappears as the horse matures and gains strength.
- **Over-reaching.** The toe of the hind hoof hits the heel of the front hoof, often resulting in deep lacerations.
- **Scalping.** The toe of the front hoof hits the front of the hind hoof, at about the coronet.
- **Speedy cutting.** The front hoof (usually the outside quarter of the hoof) hits the inside of the hind leg, anywhere between the pastern and the hock, at a canter or gallop.

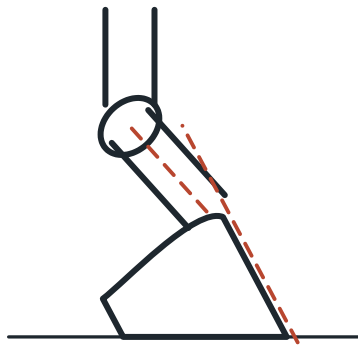
Hoof care

Most of the faults below come from overuse of the rasp.



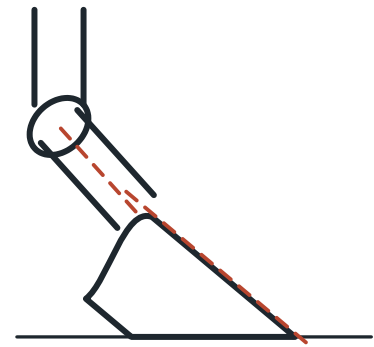
Correct

Correct. A full bearing surface at the toe and both heels.



Dumped toe

Dumping the toe. Excessive toe has been rasped away. This reduces the bearing surface and may expose the underlying soft horn.



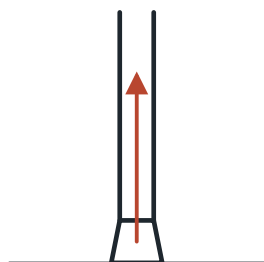
Uneven bearing

Uneven bearing surface. The toe and the opposite heel, or one side of the foot, have been over-dressed, so the hoof no longer meets the ground level.

Defects in the way of going

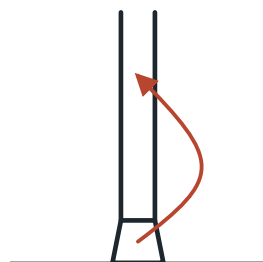
These defects can be classified as deviations in the flight of the hoof, striding leg interference and supporting leg interference.

Deviations in the flight of the hoof



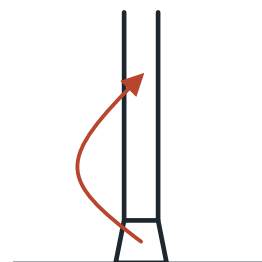
Straight

Correct. The hoof travels forward in a straight line.



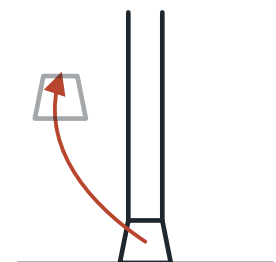
Paddling

Paddling or winging out. Associated mostly, but not always, with pigeon toes. The hoof swings outwards as it is carried forward.



Dishing

Dishing or winging in. Associated with toed-out conformation. The hoof swings inwards in flight.



Rolling

Rolling. The horse places the hoof in front of the opposite leg, as if tightrope walking.

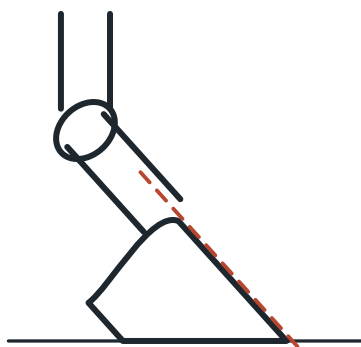
- **Choppy action.** A short, quick, irregular stride.
- **Pounding.** Associated with a straight shoulder, an excessively heavy forequarter or a long weak back. The front hooves contact the ground with a heavy concussive force.

Conformation and flight patterns: the hoof and pastern

Normal conformation and deviation from normal

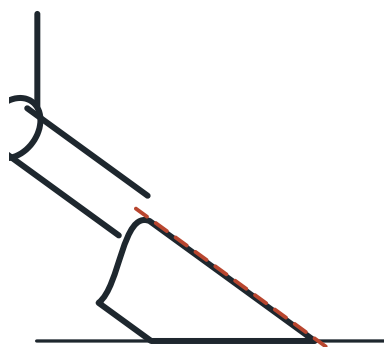
Viewed from the side, the hoof should be at the same angle as the pastern. A broken angle results in excessive stress on the joints of the lower leg. The angle of the pastern to the ground should be 45 to 50 degrees, because this angle is best for absorbing concussion and greatly reduces the risk of injuries to the joint, tendons or ligaments.

The hoof should be of good size, rounded and set wide at the heels. The frog should be large and fleshy. When the hoof hits the ground the heels spread and the frog comes in contact with the ground. This absorbs the concussive shock and pumps blood back up the leg, a vital aspect of lower leg circulation. The hoof wall expands slightly at the neck and heels when the hoof hits the ground; this action also absorbs concussion.



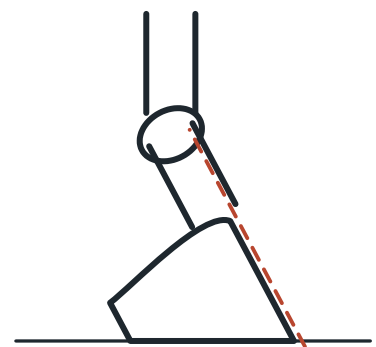
a · Normal

Normal foot. Hoof and pastern on one axis at 45 to 50 degrees.



b · Sloping

Sloping foot. A long, low axis.



c · Upright

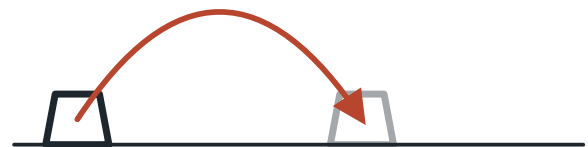
Upright (stumpy) foot. A short, steep axis.

Stride elevation



Sloping pastern

Sloping pastern. A long, low stride.



Upright pastern

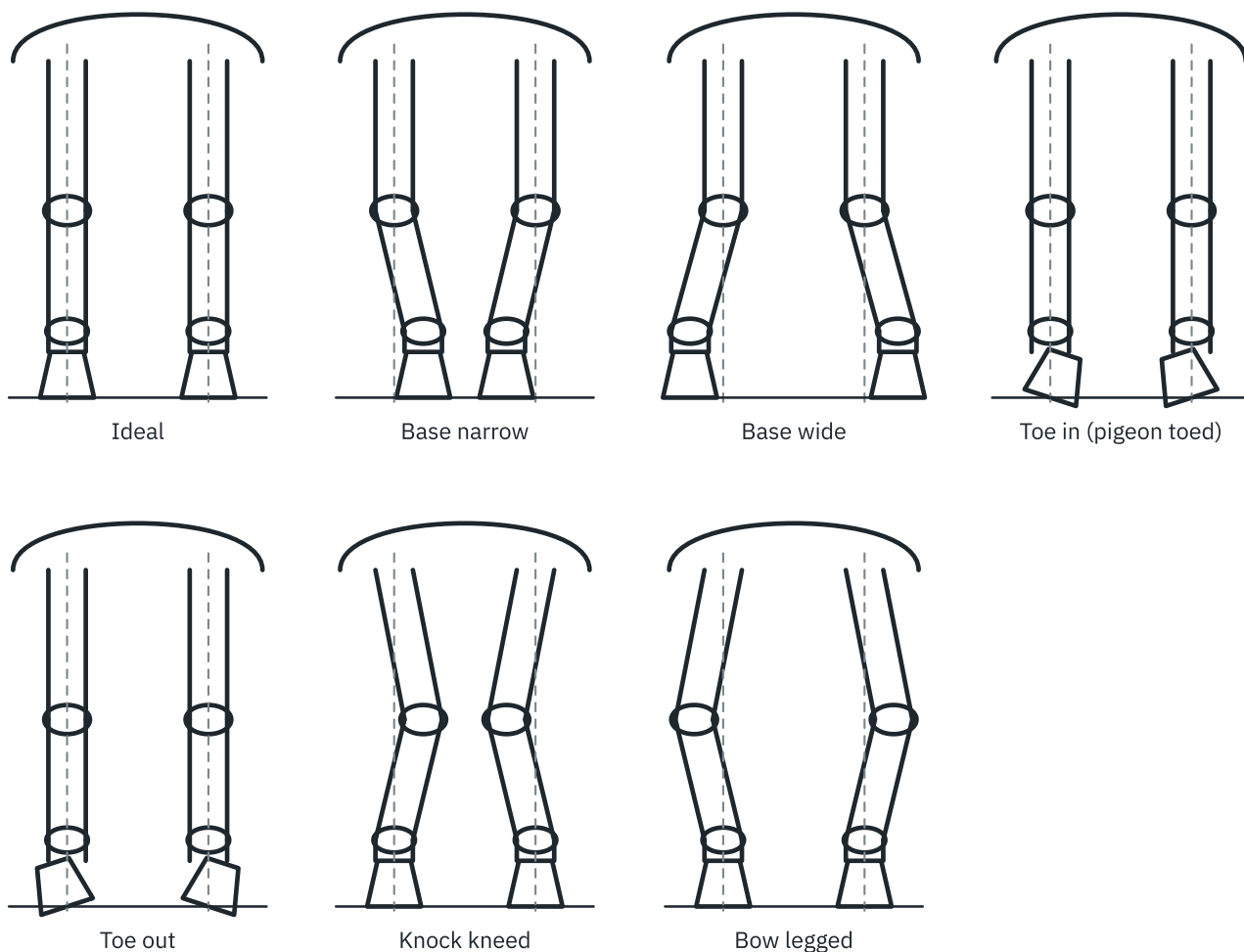
Upright pastern. A short, high, jarring stride.

Conformation of the legs

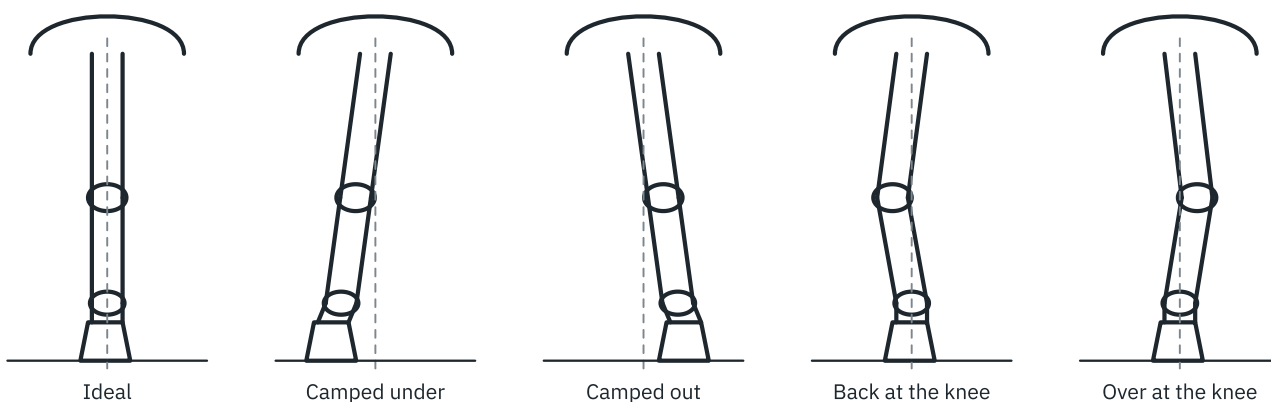
In the diagrams below the ideal conformation results in an imaginary line running down the centre of the leg from the point of the shoulder to the centre of the hoof. The weight is borne evenly down the leg and, in action, the leg moves forward in a straight line.

The limb deviations shown result in excessive stress along one side of the limb, which may result in strains or concussive injury. The deviations will also affect the swing of the legs: for example, the pigeon-toed stance will result in a winging-out or paddling action, whilst the toed-out stance will result in winging-in or dishing, which may cause interference with the opposite limb. Stress forces move away from the centre of the leg. These affect both the length of stride and the wear and tear of the joints of the foreleg.

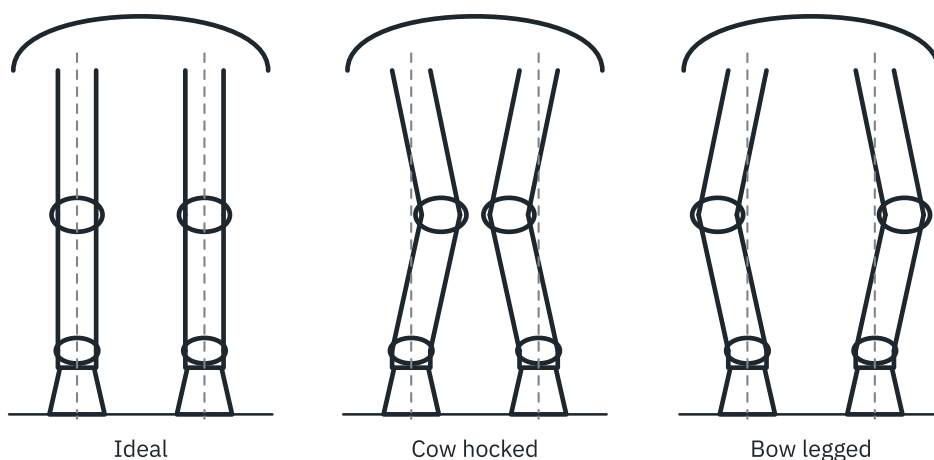
Front legs, seen from the front



Front legs, seen from the side



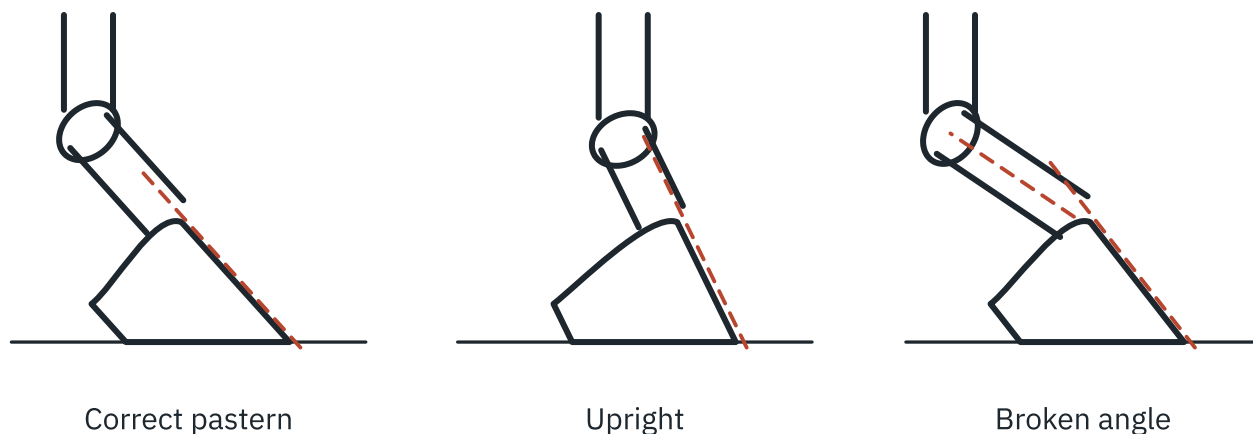
Hind legs, seen from behind



Conformation of the deviation of the pastern

When the pastern and hoof do not align with the leg, the uneven stress predisposes the horse to degenerative diseases of the pastern joints (for example ring bone).

The pastern should be of medium length with a good slope, between 45 and 50 degrees, to provide good shock-absorbing capacity. If the pastern is too short or too upright then concussion is poorly absorbed, giving a jarring stride. If the pastern is too long or too sloping then the fetlock is poorly supported, resulting in excessive strain of the ligaments and tendons along the back of the leg, and sometimes the sesamoid bones at the back of the fetlock become damaged.



Correct. One unbroken axis.

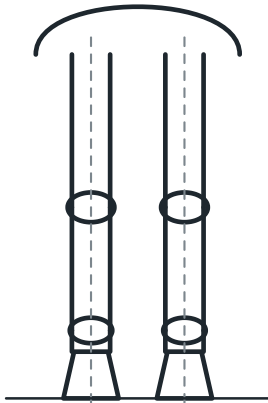
Upright. Short and steep; concussion is poorly absorbed.

Sloping with a broken angle. The pastern slopes more than the hoof; the fetlock is poorly supported.

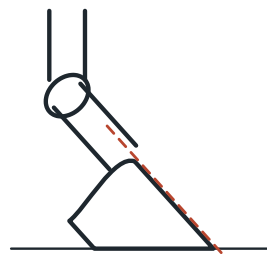
At every stride when galloping, or landing over a jump, the fetlock joint comes almost to the ground. This stretching is controlled by the flexor tendons and the suspensory ligament, and the strain is shared by these structures. Extra stress usually falls upon the suspensory ligament and some of its fibres may be torn. Over-flexion of the fetlock joint can result in strained tendons and ligaments and fractured sesamoids.

Evaluation of farriery procedures

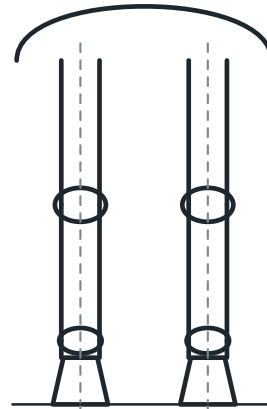
All horse owners need to develop basic skills in evaluating farriery procedures. Many unsoundness problems or poor performance could result from less than good hoof care. Four checks:



From the front. The plumb line from the centre of the leg should split the hoof in half: A should equal B.



From the side. Check the hoof-pastern angle: one straight axis at 45 to 50 degrees.



From the rear. Check for a level bearing surface: both heels meet the ground together.



From the side, in motion. Check the flight pattern: the hoof should travel forward in a smooth, low arc.

Working within a Bowen Therapy framework

Philosophy, principles, the schools, and the clinic and legal guidelines.

Work within a Bowen framework

Heather: this section (pages 62 to 77) is the human Cert IV framework text with Queensland legislation. Not on your list, so it is set here as it was, auto-typeset and lightly proofread.

Certificate IV Units

1. Work within a Bowen Framework

Underpinning Knowledge

Knowledge of philosophical tradition of Western and Eastern body therapies Western therapy has evolved from the early pioneers of Paracelsus and Pasteur and others to modern day medicine as found in western countries such as Europe, America and Australia. It believed that disease is caused by germs, viruses or toxins: although it admits that it does not know the cause to most diseases. It uses mostly synthetic drugs to produce the opposite reaction to the local symptom or process. For example contracted bronchial (windpipe) is creating difficulty in breathing and therefore a drug that possesses a dilating (opening) effect will obviously improve the symptoms. This western approach is known as allopathic or orthodox medicine.

Eastern therapy has evolved over thousands of years particularly from China where disease is considered a state of imbalance caused by an energy disturbance. It believes that energy flows through certain channels in the body to each organ. If the energy supply is either deficient or too high then the tissue or organ will become abnormal in its function. Treatment to rectify the imbalance is given by herbs, acupuncture or by rubbing certain points. This eastern approach is called traditional Chinese medicine.

Bodywork may also be divided up into western and eastern approaches, although there is some overlapping in some areas. Physiotherapy, chiropractic, osteopathy and many soft tissue techniques including massage come more from a western approach following the idea that there is a specific problem or symptom that can be located requiring a specific correction. Acupressure, shiatsu and other meridian based bodywork systems are derived from the east and are concerned more with energy flows that may be interrupted anywhere in the body which in turn will create a disorder of some kind. Bowen

therapy while its approach is more western, it nevertheless, has some of the eastern concepts in its understanding.

Knowledge of the history and development of Bowen Therapy See under this section headed '1.2 history of Bowen therapy' Knowledge of the effects of Bowen Therapy on the body surface Bowen Therapy sees the body in terms of energy flows as well as proper body physical alignment. A mechanical distortion caused by a soft tissue "knotting up" may obstruct the energy from flowing to its destination. This soft tissue abnormality is referred to as a muscular lesion. A muscle lesion may create local pain, discomfort or reduced mobility, or it may create referred pain or various may cause the misalignment of the skeletal system which in turn may impinge on nerves creating pain and bodily dysfunctions.

The Bowen therapy moves are designed to release the muscle lesions and bone misalignments. In doing this the energy, circulation and nerve flow will normalise. The typical Bowen move will within a matter of a few minutes of its execution release lymph pooling in the affected area and begin to cool the heated and irritated spot back to normal.

Knowledge of sociology of health and the health care system The health care system in Australia is made up of the mainstream, more largely accepted western orthodox medical system and alternative health care. While the medical profession is still the most accepted way of a person receiving treatment, in more recent years the alternative methods are more widely sought for. In the main the medical profession is the one to go to in emergencies and for operations to correct conditions beyond the body's ability to repair. However, in the areas of general diseases, alternative health care now offer other stiff opposition to orthodoxy. Companies and government agencies representing health rebates and work care claims cover both systems allowing people to make a fairer choice as to which system suites them best. This is also true in the field of body work.

Knowledge of ethical issues in body therapies The following is a quote from Thurston regarding the general behaviour of practitioners towards their patients and colleagues, "in a general way the same policy will hold in dealing with adult patients as with children; kindness, but firmness, with an even temper and perfect self-possession. N indifference or how impatient, exacting and unreasonable the patient may be, one should never be seen to lose temper, however provoked one may feel. It is better with a few kindly expressed and 'fit words aptly spoken', to bid the patient good-bye and leave saying I will be glad to return and do all I can for you when you can be reasonable and treat me right."

Knowledge of OHS requirements in the workplace In Queensland as with other states of Australia legislation have been introduced to ensure that there are regulations regarding safety in the workplace. In Queensland the regulations are under the Workplace Health and Safety Act 1995.

Aim of Act

To ensure that your health and safety is not put at risk because of your association with the workplaces.

Persons covered under the act

- Persons who conduct a business or undertaking
- Employers
- Self Employed people
- Persons in control of workplace
- Principle contractors

- Designers, manufacturers and suppliers of plant
- Erectors and installers of plant
- Owners of specified high risk plant
- Manufacturers and suppliers of substances to be used at workplaces
- Persons in control of buildings or structures used at workplaces
- Persons in control of fixtures, fittings and plant situated in buildings or structures used as workplaces
- Workers and other persons at workplaces – eg customers and visiting sales people.

If this act applies to you then there are workplace health and safety obligations you must meet.

Workplace obligations

As the first three categories apply to Bowen therapists the obligations that you need to meet are as follows:-

- Business- You must ensure the health and safety of each person who performs a work activity for the business undertaking
- Employers- you must ensure the health and safety of each of your workers and the health and safety of yourself. You are also required to ensure the health and safety of other people is not adversely affected by the way you conduct your business and work activities.
- Self-employed- You must ensure that your own health and safety and the health and safety of others is not adversely affected by the way you conduct business and work activities.

Meeting obligations

This can be done in the following ways:-

- Regulations- Either prohibit exposure to a risk or prescribe ways to prevent or minimise exposure to risk.
- Advisory standards- State ways to manage exposure to risks common to industry. To meet your obligations under the act you should follow advisory standards, although you may adopt another way if you think it is more suited to your business or work activity. This flexibility is designed to allow you to choose the most appropriate way to manage exposure to risks at your workplace.
- Industry codes of practice- As under advisory standards you should follow the codes of practice pertaining to your industry, unless you choose more appropriate method according to your circumstances.

Where there are no regulations, advisory standards or codes of practice you may choose your own methods. However you must take reasonable precautions and exercise proper diligence in making sure the risk is managed. At a very least a risk assessment should be conducted to identify hazards and determine appropriate control measures.

Knowledge of the rationalistic, analytical approach to an understanding of disease is a common entity throughout both the animal and plant kingdoms. However at the same time we can observe many living organisms experiencing a state of health whereby they appear to not have any symptoms of disease at all. They appear to have some inbuilt resistance or are living in an environment whereby

disease forces are not as strong. In humans this is particularly true because while other life forms live primarily or entirely by instinct, human kind has the power of choice that is governed by the intellect. This power of choice has changed many modern people's environment and lifestyle that is quite diverse from other more simple living peoples and those of the past. In order to understand disease then we need to just digress for a moment.

The facts are that while we are spending more money year by year then ever before on health care, we are in fact no better off. It is true that we are living longer than people of the past that were subject to a wide range of infectious diseases. However we are suffering from heart disease, cancers and a while host of chronic diseases that are a definite pattern of our modern lifestyle. Contemporary peoples of Northern Pakistan and in the Caucasian mountains of Russia are in fact living to an average of well over one hundred years with an unusual high resistance to disease. These people live a more natural lifestyle which in contrast to ours gives them a greater level of health.

So logic tells me that there are both disease processes and health processes. It tells me that disease processes will gain the ascendancy when the external environment is unclean, the vital elements that sustain living organisms are deficient and the living organism has some primary abnormalities within its structure. On the other hand health processes will gain the ascendancy when the organism possesses a normal structure. While Bowen therapy needs to have some insight into all of these processes that effect human health in particular we are concerned mainly with structure. We are concerned with making sure that the patient's body mechanics is performing at a high level with minimal or no obstructions.

Knowledge of the empirical lines of evidence used in Bowen therapy At this point in time the procedure of Bowen therapy cannot be proven scientifically. However as with most healing modalities there is ample empirical evidence on which to base a strong foundation.

Assessment, treatment and the philosophy of Bowen Therapy

Assessment

The following evidence has in the past been cited:-

- Palpation of soft tissue reveals knotted areas of muscle fibres
- The viewing of certain areas of the body reveals fluid or lymph pooling
- Tests for the mobility of various joints have been undertaken
- Palpation of bones has revealed misalignments of various kinds
- Client presenting symptoms of pain or discomfort have been recorded
- Various medical tests of specific clients have been noted.

After a few visits Bowen Therapists have corrected all or many of the above assessed states.

Treatment

The following information of treatment procedures are based on well established principles.

- The hollows of edges of muscles if challenged by a certain amount of force will create a stimulatory/vibratory effect through the muscle fibres which will in turn create the normal proprioceptive response of relaxation.
- Cross fibre moves over crossed and irregular knotted fibres logically will split the irregularities apart, resulting in a comparative smoother and normal area of fibres.
- Most of the treatment moves of Bowen therapy are performed along the Chinese meridian channels, therefore removal of the muscle fibre blockage and fixated fluid areas will result in an improved energy flow in that area of the body.
- Trial and error over many years have resulted in procedures that produce results despite the scientific proof of what the procedure actually does.

Ability to communicate in group and one-on-one settings See element 4 Element 1. Demonstrate commitment to the central philosophies of Bowen therapy practice 1.1 Definition of Bowen therapy and the Bowen therapy technique in treatment is provided

1.2 HISTORICAL DEVELOPMENT OF BOWEN THERAPY IS PROVIDED

1.3 BOWEN THERAPY PHILOSOPHY IS EXPLAINED

1.4 Practitioner draws on Bowen therapy philosophy to interpret health issues

1.1 DEFINITION OF BOWEN THERAPY

Bowen Therapy incorporates a series of cross fibre muscle moves using the thumb or fingers to release the tension of various body tissues. It could be likened to a moving acupressure. It realigns the body and the musculature and balances the flow of energy around the spine, extremities and body organs. This technique can assist a wide range of body disorders, including acute and chronic neck, back and joint pain. It also can treat trauma-caused disorders of the feet, knees, wrists, arms and shoulders. Even certain internal organ malfunctions can be assisted with specific routines. All of this information is given out to clients via a clinical brochure.

1.2 HISTORY OF BOWEN THERAPY

The Founder

The late Thomas Bowen (1916-1982) developed this very unique form of soft tissue therapy. He had been continuously applying his methods to a wide range of human disorders since the Second World War. His clinic was situated in Geelong, Victoria, and he received recognition from many areas for his outstanding results. Most of the football clubs and other sporting organisations clamoured for his services for their injured players. The regional jail often called for his assistance for an injured inmate and even the horse and greyhound racing trainers rang for assistance. Tom gave his services freely to the physically handicapped. Every fortnight on a Saturday they came to him to experience his magic fingers on special nerve points. Many of them had not had the use of their limbs from birth. Most of these were delighted to be able to feed themselves and even improve their mobility, including in some cases being able to walk for the very first time.

Tom's success could also be measured by the amount of clients that poured into his clinical premises day after day. During his peak years Tom would see up to one hundred clients per day. This amount is

magnified still further when one realises they he only say the client for 2 visits spaced one week apart. Tom believed that the second visit was just a check-up or final once over.

The development

Oswald Rentsch one of Tom Bowen's students started training other in the technique from the mid 1980's onwards. Oswald spread the technique throughout Australia and finally to other countries. Neil Skilbeck and Kevin Ryan two other students of Tom Bowen's also trained people in Australia. Various schools nowadays offer different forms of Bowen therapy. The chief ones being Fascial Kinetics, Smart Bowen, NST, ISBT, Bowtech and Myopractice. A section of this historical background is also included in literature given out to clients.

1.3, 1.4 Philosophy of Bowen Therapy Bowen Therapy like most other body therapies believes that the body's structure must be in symmetry if it is to function correctly. It also believed that a misaligned structure will create lack of harmony and disorder to the function of organs and systems of the body leading to disease. In other words Bowen therapy believes in holistic approaches to the health of the body rather than a specialised or segmented approach. It believed that nature is the healer rather than a specialised or segmented approach. It believes that nature is the healer and that all the practitioner can do is to improve the structure via he muscles to the best of his or her ability and then let nature do the rest. Bowen therapy believes that as a result of physical and emotional traumas our muscles become contracted and become knotted at specific critical points. These knotted lesions affect the motion of joints, pathways of nerves, lymph and blood vessels and the free flowing energy of the body. Bowen therapy believes that its cross fibre style of moves over specific points of the muscles are the quickest and most efficient way to bring about the necessary changes to most structural abnormalities.

It is important as a practitioner to draw from this philosophy when interpreting the various presenting symptoms that clients will exhibit.

Element 2. Identify and describe the principles and practices of Bowen therapy

2.1 PRINCIPLES OF BOWEN THERAPY ARE EXPLAINED

2.2 THE TREATMENT PROCESS USED IN BOWEN THERAPY IS DESCRIBED

2.3 BOWEN THERAPY ASSESSMENT TECHNIQUES ARE OUTLINED

2.1 PRINCIPLES OF BOWEN THERAPY

The person is assessed to find out if we can help them and if so what treatment technique needs to be applied for the best results.

- Treatment moves are performed by using either the thumb (Mostly on the trunk and some extremity moves) the middle fingers (mostly on the neck) the whole hand or a combination of fingers. The basic move begins with the taking out of skin slack, a challenging or a slight build up of pressure at the edge or the tissue followed by a roll over the muscle fibres.
- The amount of pressure used in an important principal- The amount of pressure in some cases may only be very little, as the following case will illustrate.

I (neil Skilbeck) was in Tom's treatment room one day, where Tom had previously instructed me to check a client's neck out. After having felt the client's muscles gently with my fingers, Tom returned and

processed to check the client's neck himself. He rose from his usual crouched position and said "We will see you next week Mrs A" (I had corrected the problem without knowing it). He would occasionally say to me "you do not use pressure with this method". My interpretation from this was to mean that you require only just enough pressure to move the muscle successfully. If you use too much pressure the surrounding tissues will contract and you then require more pressure to overcome the reactionary tight surrounding muscles. Many practitioners use far too much pressure. This no doubt has been due to years of heavy muscle work such as remedial massage of various kinds. In the time allowed for the practical instruction of this manual, time will be set aside for you to learn the required pressure, which will vary accordingly to the point that you are on and the make up and age of the client. Strong pressure may be necessary. However unless the client understands, they may not express any pain or adverse reactions while they are being treated, but they may just not choose to go back for a further follow up visit believing that it will be too traumatising for them.

- Guidelines on order of moves- All moves are performed to the left side points of the body first, followed by the corresponding right side points unless otherwise directed. Moves lower in the body are normally performed before those above. (5)When should improvement be felt by the client?- The client may feel looser and be freer of pain at the conclusion of the visit or may not feel any noticeable difference at that point at all. The client needs to be advised that the effects of the moves will continue to work over the next few days, as gravity allows the corrections to take full effect.
- It is usual that only 2-3 corrective treatments are necessary for most recent disorders, each treatment being one week apart. Further treatments are done according to the need e.g. if the client is still experiencing pain and/or discomfort, or if a new problem arises. The number of visits will also depend on how long the problem has been there. For best results no massage or any other treatment other than hand/foot reflexology should be given at the same time as a Bowen session.

2.2 BOWEN THERAPY TREATMENT PROCESS

The practitioner will follow their treatment plan using the above principles as a guide for each treatment session.

- For most visits the treatment session begins with the client lying in the prone position. They normally have their outer clothes removed and have a couple of large towels, sheet or blanket covering them.
- The practitioner goes through each move of a particular routine using either two thumbs or fingers accordingly to principal number 2.
- Two minutes pauses are observed after certain selected moves to allow the area to drain of the accumulated lymph fluid.
- The pressure of the moves are adjusted to the type of build of the person and also from feedback that is supplied by the client.
- When the treatment session is completed an assessment is made to determine how effective the treatment moves have been
- All of your treatment procedures given is documented on your client record cards

2.3 BOWEN ASSESSMENT PROCESS

In the past Bowen therapy has either not had any assessment process at all or at the best a very scanty one. In more recent years this has changed a little so that nowadays most schools had some degree of

assessment in their program. As this will vary from school to school we will just include some of the basic fundamentals.

The first interview This is where most of the assessment information is gathered. The following would constitute the most important approaches.

- Health history- Previous illness, old injuries and surgical operations.
- Current health problems- diseases or symptoms that the client is currently experiencing.
- Visual observations
- Palpation of relevant body parts, especially muscles and bones.

ELEMENT 3. DEVELOP KNOWLEDGE OF COMPLEMENTARY THERAPIES

3.1 Other complementary therapies to Bowen therapy are identified and described

3.2 INFORMATION ON OTHER COMPLEMENTARY THERAPIES IS PROVIDED

3.3 Similarities and differences between physiotherapy, osteopathy, chiropractic therapy and Bowen therapy are explained 3.4 The characteristics between the allopathic and naturopathic approaches to treatment are described

3.5 RELATIONSHIP BETWEEN THERAPIES IS IDENTIFIED

3.1, 3.2 Complementary Therapies These are the therapies that have found their way into our modern world through gaps that exist in the orthodox system. They also provide another choice of treatment to that of the orthodox in many areas. The following is a list of the most common ones with a short explanation of their approach. This list will be helpful for you when you later may have to refer your patient on to another practitioner. Most of them should not interfere with the process of the Bowen cross fibre moves and may well complement our work.

Acupuncturist- (may also include acupressurists and shiatsu therapy) One who inserts fine needles into certain points on the body to treat various body conditions. These are normally trained in the Chinese traditional methods of meridian pulse testing or by the use of electro-analysis either from the Japanese Ryodarako or the German derived systems.

Herbalist-

One who uses traditional herbs for the treatment of various illnesses. The western orientated person may be trained in various assessment techniques such as symptomology, iridology and electro-

Complementary therapies and their relationship to Bowen

analysis. The eastern or Chinese herbalist is normally trained in detecting energy abnormalities via meridian pulse assessments.

Hydrotherapist-

One who uses water in various forms and various temperatures to treat illnesses.

Psychology, psycho-therapy and Counselling-

These are various systems that assess patients from an mental/ emotional point of view in order to find out imbalances that may be creating not only disturbances in the mental/ emotional areas but which may also be affecting the person's health in general.

Naturopath-

One who uses natural remedies such as herbs, nutrients, homoeopathic medicine, diet and other natural remedies to build up the healing forces to a sick bod. It may use a number of assessment tools to find out where the body is breaking down. These may include:- Iridology, symptomology, electro-analysis, computer analysis, hair, blood, urine, saliva and stool analysis.

Chiropractor-

One who primarily manipulates the spine using sharp thrusts with the hand or hands on offending spinal segments. Most chiropractors are also trained to treat other joints and segments of the body. They believe that the spinal segments are encroaching on to the all-important spinal nerves that may create not only pain but also disease.

Osteopathy-

One who uses various positions of body leverage to manipulate all of the body's joints in order to realign the offending ones back into their proper place. As with chiropractors they believe that the spinal nerves may create various forms of disorders.

Physiotherapy-

This system of treatment which may employ various methods form joint manipulation to soft tissue treatments. These are used to treat various disorders. They are also prescribe various treatments and exercises to rehabilitate people back from accidents or surgery.

Nutritionists-

These people are trained in the uses of certain diets for the improvement of people who have specific disorders.

Homoeopath-

One who uses extremely small diluted liquids or tablets to effect positive changes for various illnesses. The traditional ones are trained in using a very sophisticated system of symptomology to arrive at a medicine.

However many are trained in electro-analysis whereby a particular machine chooses what the person requires to bring back the required balance.

3.3 BOWEN THERAPY & ITS RELATIONSHIP TO REGISTERED BODY WORKERS

Bowen therapy describes a practitioner who uses principally cross fibre muscle techniques to treat body diseases and disorders. Some Bowen therapists use the body skeletal assessment procedures similar to chiropractic and osteopathy as well as established soft tissue assessment procedures of other body workers.

Bowen therapy treatment procedures are confined to the soft tissues of the body, however it uses the well proven physiological principle of muscles moving bones to bring about positive changes in the body's alignment. Therefore it is able to achieve success in many of the areas that the registered body workers also deal with. The average Bowen therapist would however work as a complementary therapist to chiropractors, osteopaths and physio therapists. There would be times when a referral would be an appropriate action taken by the Bowen therapists to one of the registered body workers.

3.4 NATUROPATHY AND ALLOPATHY

Allopathy is the not so well known name for the orthodox western medical profession. Some of its principles have been shown under the section "philosophical traditions of Western and Eastern Therapies." And so it is now necessary to compare this to another system known as Naturopathy. Naturopathy is primarily also a western derived system and while some of its origins were the same as allopathy the two systems have totally different philosophies.

Naturopathy basis its understanding on nature. It believes that disease is process that takes place when the person is out of harmony with the laws of nature. It believes that organisms such as bacteria are not the cause of the disease but are a product of it. Each cell must be fed with the vital ingredients necessary for both its maintenance and building processes and each cell needs to be cleansed of all its waste products to ensure a clean environment devoid of bacteria, to support its living processes. On the quality of these two fundamental processes health and life depend. A "cure of a disease" or a restoration of ill health can only take place when the person brings themselves back into harmony with the natural laws. Its medicines used are those that will supply the body with proper nutrition and yet will not leave behind any deleterious effect. Its primary corrective methods are pure air, pure water, sunshine, proper diet, rest, exercise and a proper mental attitude. In its philosophy it does not believe in treating the disease but in building up health processes such as the immune system so that the body itself will treat the disease.

Allopathy believes in correcting an abnormality primarily by the use of synthetic chemical drugs and surgery. Both of these treatment approaches may have side effects which cause other systems of the body to malfunction. As stated earlier it does not have an answer as to what causes a wide range of diseases and therefore treatment in most cases is directed at the symptom and not the cause.

3.5 RELATIONSHIP BETWEEN THE VARIOUS THERAPIES

Up until present me time medical system of therapies being conservative by nature is only open to referring patients to the various alternative systems of healing. Although individual medical practitioners do have a very good relationship with other forms of therapies and cross referrals happens on a regular basis. Natural therapists refer clients to one another and will refer clients to the medical profession when it is recognised that the patient needs medical care.

ELEMENT 4. REPRESENT BOWEN THERAPY FRAMEWORK TO THE COMMUNITY

4.1 Practices and principles of Bowen therapy can be explained in an easily understood way in a one-to-one and group setting

4.2 ENQUIRIES ARE CLARIFIED AND APPROPRIATE INFORMATION IS PROVIDED

4.3 The importance of client/ patient to bringing relevant data to the consultation is explained
4.4 Alternative sources of information / advice are discussed with the client/ patient

Representing Bowen Therapy to the community

4.1,4.3 The initial communication of Bowen therapy Normally the first communication that you will have with a client will be over the phone. It is important that you are able to understand their requests and provide the information required.

- Answering phone calls should begin by saying “Good morning or good afternoon ABC Bowen Therapy Centre, this is (name) speaking, how may I help you”. Smile while you are talking as if you were talking face to face with the other person, they cannot see your smile but they can feel it- wait for a response.
- If a client is wishing to make an appointment be as accommodating as possible but directing them to a time that you have available on or around the day of their request. It is important that the receptionist suggest the time and not be dictated to by the client. This shows firmness and direction that is an attribute that clients are looking for. However, at the same time the receptionist needs to consider the client's wishes particular if they are busy and are hard pressed to make an appointment at the time of our choosing.
- If any information needs to be supplied to the inquirer it should be performed in a positive and confident manner. Ahs and Ums and any hesitations should not be displayed. If the inquirer's questions cannot be answered successfully then you need to say so but assuring them that you will contact them back or you will get someone else to contact them with the information that they are seeking.
- All of your words need to be warm and friendly but at the same time firm and confident.
- If a client wants to talk past a reasonable time (it could be just a couple of minutes if clients are waiting for attention at the desk, or no more than 5 minutes during other times) you need to be able to close the conversation tactfully. For example, the client may be telling the details of their recent accident. You would say well I can understand why you need treatment; however I need to go now so we will see you this Thursday at 10am. During these kinds of situations it is important not to be short and sharp with inquirers as you need to display an interest of their welfare but you need to be firm about your commitment to the demands of your duties.
- Regarding the ability to treat specific conditions. If they are the common conditions that we have on a day-to-day basis you can express that we can normally handle these types of health problems successfully. If it is something less common and complex but nevertheless within the scope of our work you need to avoid making a judgement and suggest an appointment time. In all cases you need to say that we cannot make judgements over the phone as to how successful we can help the person. The next step is for them to be examined by one of our practitioners and they can advise you accordingly.

- New clients need to come prepared for their first visit. They may need you bring bathers or tight fitting clothing so that we can obtain useful postural views which may include photos.

They need to bring any medical reports or other information given to them by other therapists.

- Further information on Bowen therapy should be given on their first visit in the form of a Bowen brochure or other clinic literature.
- If you need to address a group on your work as a Bowen therapist then explaining the definition of Bowen therapy and the principles that you use would be an excellent start, followed by a short demonstration.

ELEMENT 5. WORK WITHIN CLINIC AND REGULATION GUIDELINES

5.1 CLINIC GUIDELINES ARE ACCESSED AND FOLLOWED

5.2 LEGAL AND REGULATORY GUIDELINES ARE IDENTIFIED AND FOLLOWED

5.3 RELEVANT DOCUMENTATION IS DESCRIBED

Clinic guidelines and the client's rights

5.1 CLINICAL GUIDELINES

The following are the clinic guidelines that all Bowen therapists need to follow in their association with their clients in private practice.

- Importance of the client The client should be your primary focus. You are not working with a set of symptoms, a misaligned posture or a neuromuscular lesion you are working with your client, a living breathing person. It is important to understand the needs of your client and to understand their fears/ doubts/ concerns. You need to provide the necessary reassurance to make them feel comfortable with you as a practitioner prior to commencing treatment. Remember, respect is earned, it does not automatically go with the title of Bowen Therapist.
- Importance of Communication Establishing a good rapport will provide you with valuable information about the cause of their condition. This will provide you with the possible precipitating factor.
- From physical perspective e.g. type of work performed, leisure activities, a pattern to the symptoms
- From an emotional perspective e.g. holding patterns of stress related to job, relationship, finance etc.
- Greeting your client First impressions are lasting impressions! It is important to greet your client in a friendly, cheerful manner. Even if you are experiencing your own hardships at that particular time. Your client come first and deserves your full attention and a smile.
- Client History Client history may be collected by:-
- A standard questionnaire, which the client completes, or
- Interviewing the client Regardless of which method you use, it is important to keep accurate details of your clients history.

This will not only assist you in formulating their plan, but may be required for your protection if any legal proceedings take place. Further information on client history will be covered in subsequent practical units.

- Client privacy A) All communication, both written and oral, between you and your client, is privileged information, and must be kept in the strictest confidence.

Documents relating to your client should be kept in a secure location and preferably lockable.

B) Although your assessment and treatment of the client is best performed with the client in their underwear, this may not be acceptable to every client. In this situation, client needs come first, the client should not feel pressured to meet your requirements - it is your responsibility to compromise at times to meet your clients' needs or wishes.

- Special considerations

It is important to address all factors regarding your client's condition whilst you are with them. Some of these factors include: age, sex, previous medical history, mental/ emotional state, frailty

- Clients rights The following is extracted from the "Australian Charter" of Natural Health Practitioners "Executive Summary and Code of Ethics".

Professional service without discrimination Article 5: Recognise a responsibility which each in each practitioner to render professional service to any person regardless of race, colour, religion or political belief and, so long as it lies within the limits of expertise and legal allowance as a Natural Health Practitioner, render that service regardless of the nature of the ill-health suffered by the patient.

Patients to be informed of their state of health Article 6: Recognise and accept the right of all patients to be informed of the nature of any ill-health from which they are known to suffer, the probable cause of that ill-health if it is known, and its available treatments.

Patients' rights to choice of Practitioner Article 7: Without seeking to unduly influence the decision of a person, allow all patients the right to choose their practitioners freely.

Alternative Professional opinions to be sought Article 8: Recognise one's professional limitations and, where it is properly indicated, recommend to the patient that additional opinions and services should be obtained.

Confidential information not to be divulged Article 9: Keep in confidence all information derived from a patient, or from a colleague regarding a patient, and, except where the law requires otherwise, divulge the information only with the express permission of the patient.

Recommendations of particular therapies Article 10: Recommend only those procedures which are, in your professional opinion, necessary and lawful and which may assist in the care of the patient and recommend only a particular therapy which, in your professional opinion, is necessary for the well-being of the patient. Exchange of information with patients Article 11: Exchange such information with patients as may be necessary for them to make informed choices where alternatives to treatment exist and, where requested, assist any patient by supplying information that may be required so as to enable the patient to receive any benefits to which he or she may be entitled.

Urgent medical care requiring assistance Article 12: Within the limits of one's abilities, render all assistance possible to any patient where an urgent need for medical care exists until the responsibility

for the patient can be assumed by other appropriate medical personnel.

What is expected of a Natural Therapist Adapted from Harrison's "Principles of Internal Medicine", 10th Edition- Part 1 Introduction to Clinical Medicine.

"Tact, sympathy and understanding are expected of the practitioner for the patient is no mere collection of signs, disordered functions, damaged organs and disturbed emotions. He is human, fearful, and hopeful, seeking relief help and reassurance. To the practitioner, as to the anthropologist, nothing human is strange or repulsive. The misanthrope may become a same diagnostician of organic disease, but he can scarcely hope to succeed as a practitioner. The true practitioner has a Shakespearean breadth of interest in the wise and the foolish, the proud humble, the stoic hero and the whining rogue. He cares for people." The responsibilities of the Bowen Therapist

- To provide a safe, nurturing environment for the client
- To act in a professional manner at all times
- To respect the rights, privacy and confidentiality of the client at all times
- To comply with all statutory obligations
- To educate the client about their condition in easy way to understand language
- To understand the needs and concerns of their client
- To maintain strict personal hygiene standards
- To refer the client to an appropriate practitioner for tests/ treatment where indicated
- To treat fellow Bowen therapists and other health professional with respect and dignity
- To only apply pressure, which is appropriate to your client's condition.

Ethical Behaviour

The following is a quote from Thurston regarding the general behaviour of practitioners towards their patients and colleagues In a general way the same policy will hold in dealing with adult patient as with children; kindness, but firmness, with an ever temper and perfect self-possession. No indifference how impatient, exacting, unreasonable the patient may be, one should never be seen to lose temper, however provoked one may feel. It is better with a few kindly expressed and "fit words aptly spoken", to bid the patient good-bye and leave saying, "I will be glad to return and do all I can for you when you can be reasonable and treat me right".

The following is extracted for the "Australian Charter" of Natural Health Practitioner "executive

Summary and Code of Ethics"

Ensure that all professional conduct within the practice of the professionals is above reproach, and that neither physical, emotional nor financial advantage is taken of any patient.

Rules for Prognosis

Prom Thurston's 'Philosophy of Physiomedicalism'

1.Never venture to predict the outcome of a case without a careful and thorough examination of the patient. As already stated, only true basis of prognosis is scientific and accurate diagnosis. Of course,

the practitioner is often called to cases of sickness or injury that the conditions are self-evident as to require little examination for a prognosis; but if he is naturally loose in diagnosis, or even if he is a careful diagnostician and relaxes his vigilance in prognosis because of the seeming self-evident conditions, he is surely doomed to make a grave mistake sooner or later, for nature always has surprises in store for the different practitioner.

2. Be reserved and conservative as to positive predictions, unless there is most unmistakable data for definite prognosis. There is so much of the unknowable in the inscrutable potentialities of vital force and living matter that the therapist who justly appreciates the grand concept of physiologic vitalism, is awake to the possibility of his being easily mistaken in apparently most positive surface signs. Therefore, the judicious prognosticator will provide liberal margin for possible chances of mistake in his predictions. It is far more pleasant to give a reserved and even vague opinion than to find oneself utterly mistaken in a very positive prognosis.
3. Be deliberate, systematic and logical in making up an opinion as to the outcome of a case, carefully weighing every prognostic factor with a broad comprehension of their relative values.

There is nothing the Practitioner says about his patient that is so carefully noted, treasured up, and anxiously looked forward to by patient and friends, as his prognostications; and also there is no subject that he is so often misunderstood and misconstrued as in his prognosis.

4. Use plain, common sense language and demeanour in rendering a prognosis, always giving logical reasons for your conclusions. There are some people who will not be satisfied with anything less than a medical deity in their physician, and are therefore subject to very frequent and bitter grievances against medical men. But an intelligent clientele will readily understand the difference between prognosis and prophesy. Therefore, beware of attempting to make an intelligent public believe that you are the seventh son of a seer.

5.2 LEGAL AND REGULATORY REQUIREMENTS

The following acts will cover most of the legal requirements for Bowen therapy practitioner.

Legislation

WORKPLACE HEALTH & SAFETY

Workplace Health & Safety Act 1995 & 1999 www.whs.qld.gov.au

ANTI-DISCRIMINATION & SEXUAL HARRASSMENT

Qld Anti-Discrimination Act 1991

Federal Racial Discrimination Act 1975

Federal Sexual Discrimination Act 1984

Federal Disability Discrimination Act 1992 www.acdq.qld.gov.au

DEPARTMENT OF EMPLOYMENT AND TRAINING

www.det.qld.gov.au www.qld.gov.au/you_andyour_government/legislation.html

TRAINING AD EMPLOYMENT LEGISLATION

www.training.qld.gov.au/admin/trainleg.htm www.training.qld.gov.au/registration INDUSTRIAL
RELATIONS, WORKCOVER, HEALTH & SAFETY, FREEDOM OF INFORMATION
www.dir.qld.gov.au/legislation.htm

QUEENSLAND LEGISLATION

Contains QLD electronic reprints. Acts passed, and subordinate legislation as made
www.legislation.qld.au/Legislation.htm

Legal and regulatory requirements

Heather: the legislation links here are Queensland sites from 2016. They need South Australian and national replacements or removing.

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www.privacy.gov.au/act

AGED CARE STANDARDS

www.accreditation.aust.com

POISONS ACT

www.health.qld.gov.au/atods/legislative/drugpoisons/htm

CHIROPRACTIC AND OSTEOPATHY

www.healthregboards.qld.gov.au

Plan a treatment

Strategy, contra-indications, time allocation and the language of anatomy.

Plan the Bowen Therapy treatment strategy

Any changes to the treatment plan are negotiated with the client to ensure optimal outcomes

PLAN THE BOWEN THERAPY TREATMENT STRATEGY

Underpinning Knowledge

There are 17 aspects regarding human body This is covered under Anatomy and Physiology Knowledge of indications and contra-indications for Bowen therapy Covered under basic assessment procedures/ underpinning knowledge Knowledge of basic assessment procedures and options See previous one Skills in applying basic assessment techniques This is best demonstrated at the workshop Demonstrated ability to comprehend common medical terminology This is best demonstrated at the workshop Ability to identify prominent bones, structures and muscle groups through palpation This is best demonstrated at the workshop Ability to transcribe assessment findings and treatment in a patient history This is best demonstrated at the workshop Knowledge of ethical and legal implications of enquiry and treatment See under 5.1 Principles of Bowen therapy and 5.2 Legal requirements Knowledge of environmental physiology and practice of Bowen therapy

Covered under Anatomy and Physiology

Ability to manage time throughout consultation and treatment This is best demonstrated at the workshop Knowledge of indications for Bowen therapy After conducting the assessment procedure supplied on the previous page and taken into account the contra-indications given in the index you will be able to give the indications for Bowen therapy. Demonstrate communication skills to gain and convey required information This is best demonstrated at the workshop Knowledge of ethical and legal implications of enquiry and treatment See under “Work within a Bowen Framework” -5.1 Principles of Bowen therapy and 5.2 Legal requirements.

ELEMENT 1. DEVELOP A TREATMENT STRATEGY AND PLAN

1.1 Alternative treatment approaches and strategies for treatment are evaluated according to assessment of client/ patient condition and circumstances 1.2 Contra-indications to treatment and possible complicating factors are ascertained and treatment strategy is modified according to Bowen therapy principles 1.3 A treatment plan appropriate to the client/patients condition and circumstances is developed to include time allocation and dates as required.

1.1 ALTERNATIVE TREATMENT

After going through the clients health history, reading any medical reports, recording their presenting symptoms and performing all Bowen assessments pathways of treatment may open up to you. If the problem is clearly a medical issue r needs some medical tests then it will be necessary to refer the client back to their medical doctor. It may that the condition is more functional than structural and so another complementary practitioner may be more applicable. It ay be that part of the solution lies in some Bowen therapy visits coupled with another form of treatment.

1.2 CONTRA-INDICATIONS

It is important in planning your Bowen therapy treatment strategy that you're aware of contra-indication or cautions to treatment. Following basic list with a more comprehensive list supplied in the appendix.

1. The leg lever move (as used on the lumbar/ thoracic section on the spine and coccyx procedures etc)- Hip replacements, an significant knee injuries or reconstructions.
2. Coccyx moves f the women is pregnant. Although it is useful in later stages to induce the birth process
3. Cervical moves C3 in cases of cysts, tumours in the brain. Tom Bowen performed his moves for the physically handicapped in this region and he believed that as these moves have direct access to the brain they could generate enough vibration to burst the encased abnormality.
4. All abdominal work such as on the psoas is very fresh abdominal operations, pregnancy, hernias and aneurysms
5. Jaw moves with people who have had major dental work, unless authorised by the client.
6. Posture changing moves in the very old or those that have permanently fixed postures

1.3 TIME ALLOCATION AND THE PATHWAY OF FUTURE VISITS

During the initial visit/s where time has been allocated to a comprehensive assessment process then more time needs to be given. One or two of these visits would take up as much as an hour. Follow up visits should take no longer than around 30 minutes. With experience, visits will most likely be reduced right down to 15 minutes. A pathway of future visits will most likely be 3 or 4 weekly visits and then depending on the age of the complaint, fortnightly or monthly visits over a period of months or years will be in order.

Element 2. Confirm and gain agreement to the treatment strategy & Plan with the client/ patient 2.1 The treatment strategy and plan is discussed with, questions answered and understanding confirmed 2.2 Any perceived risks of the client/ patient's condition and treatment are explained 2.3 The client/ patient agreement with the strategy and plan is confirmed 2.4 The roles of practitioner and client/ patient within the treatment plan are discussed 2.5 Client/ patient acknowledgement their role in recommended post treatment activities is negotiated and recorded.

Medical terminology

Abdomen

Underside of the stomach

Abductor	A muscle which draws a limb away from the midline of the body
Abduction	To move a limb away from the body midline
Adductor	A muscle which draws a limb towards the midline of the body
Adduction	To move a limb towards the body midline
Anatomy	The science of the structure of the body
Anterior	Situated at or facing the front of the body
Anteriorly	Towards the front
Brow	Forehead
Buttock	Back of the leg, from the tail to the knee
Cannon bone	Distal to the knee (front leg) and hock (hind leg)
Chestnut	Almond-shaped callus on the inside of the legs
Coccyx	Terminal bones of the spinal column
Coronet	Hoof attachment
Croup	Just in front of the highest point on the rump, through to the top of the horse's tail
Distal	Situated away from the centre of the body or point of origin
Distally	Towards the end of the limb, moving away from the trunk of the body
Dorsal	Relating to the back or posterior part of an organ
Dysfunctional	Not a normal action
Extensor	Muscle which extends or straightens a limb
Extension	The straightening out of a joint, e.g. the knee
Fetlock	Bone distal to the cannon bone; part of the wrist or ankle joint
Flexor	Muscle which flexes or bends a limb or joint
Flexion	The bending of a joint
Gaskin	Hind leg bone distal to the stifle joint
Haunch	Point just anterior to the iliac crest (hip bone)
Hoof	Foot of the horse
Iliac crest	The crest of the hip bone or pelvis
Inferior	Towards the bottom or lower point
Inferiorly	Move downwards
Lateral	Situated at the side or towards the outer edge of the body
Laterally	Move outwards, away from the centre of the body

Loins	Lumbar region of the back
Medial	The middle or inner side
Medially	Move towards the centre line of the body
Nape	Top of the head between the ears (poll)
Palpation	Examination of the body tissue by touch, usually with the fingers or the flat of the anterior surface of the hand

We know the skin is the largest organ of the body, comprising approximately 16% of bodyweight, and has two main functions: protection and sensory.

Under the skin is connective tissue, which converts any stimulation (pressure etc.) into electrical impulses. When the skin and tissue are stimulated, the information is conveyed to the brain via nerve cells.

The brain has the ability to switch off and ignore pain signals. If a condition goes on for more than four to six weeks, the brain learns to accept the problem and we then experience non-healing problems or progressive diseases, such as arthritis, diabetes or glaucoma.

By stimulating certain skin areas, we can change the perception or messages the brain is receiving. This causes the brain to release certain chemicals (neuro-transmitters), pain killers and anti-inflammatories, which activate the body's healing processes.

The last two paragraphs of page 83 (2016) were removed at Heather's request.

Perform a treatment

Providing the treatment, the contra-indications, the point locations and the 21 stress points.

Provide the Bowen Therapy treatment

Underpinning knowledge

Knowledge of history, philosophy and beliefs of Bowen Therapy within a health framework. See under element 1 of “work within a Bowen Therapy Framework” There are nine aspects regarding knowledge of the human body Refer to your qualifications in Anatomy and Physiology.

Knowledge of indications and contra-indications for Bowen therapy After performing the health assessment (see below) you will be able to work out your indications for Bowen therapy treatment. For contra-indications see Appendix.

Knowledge of basic assessment procedures and options

- **Health History** The best way to obtain this information is by using a client questionnaire. This is normally a set clinic confidential form that can be given to the client on the first visit prior to their interview.

After greeting your client, show them to the room, subtly observing any postural deviations and other general observations about the client. Ensure you are familiar with your clients history. During the interview extra information may be gathered by asking the right questions to gain an expansion on what was recorded in the questionnaire. Areas that are important to know in advance are:- is the client pregnant or suspects she may be pregnant? Does the client have any artificial hip(s)? Does the client have cancer? Does the client have osteoporosis?

The health history and client current problems help you to establish whether there are any indications or contra-indications for Bowen Therapy. It also helps you to determine if a referral is necessary to medical doctors or alternative practitioners.

- **Current Health Problems** Their current health problems will include the reason why they have come to see you. To obtain all of the information regarding their condition you may need to ask some relevant questions. These would include:

-When did the problems occur?

-What do they believe caused the problem?

-Is this been an ongoing problem?

-Have they had previous treatment from a practitioner in the past for this problem? -What type of treatment has produced the best results for them?

- Visual Observations You need to observe the clients gait and the way they hold themselves right from the time that you greet them in the waiting area through to the consultation room. First of all you have the weight bearing examination.
- Walking
- Standing During these examinations you will be noticing their posture, whether they are limping, the direction their feet are pointing the way their hips, shoulders and other joints are moving when walking or are placed when standing. Next you will conduct an examination while they are laying prone on the

Manage, apply, advise and review

Heather: page 87 sits between "86 remove" and "88 adjust" in your note with no instruction, and page 88 is marked "adjust". Both are set here as they were until you say what changes.

formation of fixed lesions, postural imbalances, old age, work or lifestyle stresses and contra-indications to specific techniques

- You will need to explain to the client about the principles of Bowen therapy and the method of treatment that you will be administering to them according to the treatment plan.
- Ensure that you obtain the client's consent to give them treatment, even if their consent is implied in that you get no objections when proceeding with the treatment.
- The client is draped to expose only the part of the body being worked on.
- The client needs to monitor any reactions that they may have after any treatments and to contact the practitioner if at all necessary
- Any reactions to treatment are recognised and responded to if necessary.

ELEMENT 2. APPLY BOWEN THERAPY TECHNIQUE

2.1 Bowen Therapy techniques are applied according to the treatment plan 2.2 Client feedback is sought, acknowledged and acted on.

2.1-2.2- Apply Bowen therapy technique The practitioner will follow their treatment plan incorporating the following steps.

1. For most visits the treatment session begins with the client lying in the prone position. They normally have their outer clothes removed and have a couple of large towels, sheet or blanket covering them.
2. The practitioner goes through each move of a particular routine using either the thumb or fingers
3. Two minute pauses are observed after certain selected moves to allow the area to drain of the accumulated lymph fluid
4. The pressure of the moves are adjusted to the type of build of the person and also from feedback that is supplied by the client.

5. When the treatment session is completed an assessment is made to determine how effective the treatment moves have been.
6. All of your treatment procedures given is documents on your client record cards.
7. While giving treatment obtain some feedback from the client from time to time as to how they are feeling. Are they experiencing too much pain? Act on any reactions that they provide for you so that the treatment will be as comfortable and yet as effective as possible.

ELEMENT 3. ADVISE AND RESOURCE THE CLIENT/ PATIENT

3.1 Client/ patient queries are answered with clarity using the appropriate language 3.2 Honesty and integrity are used when explaining treatment plans and recommendations to the client/ patient 3.3 Appropriate interpersonal skills are used when explaining treatment plans and recommendations to the client/ patient 3.4 Client/ patients independence and responsibility in treatment are promoted wherever possible. 3.1-3.4 Advise and resource the client/ patient During your consultation with a client it is important that you are able to communicate the information that you are giving to them particularly in response to their queries with clarity using appropriate language.

As a practitioner your reputation is vital and so be conscious of being honest upholding your integrity at all times when explaining treatment plans and recommendations to the client. Use appropriate interpersonal skills when explaining treatment plans and recommendations to the

client. Remember to promote a client's independence and responsibility in their pathway of treatment wherever possible. Advise a client of any recommendations that you make regarding referring them off to another practitioner in light of the evidence that you have gathered.

ELEMENT 4. REVIEW TREATMENT

4.1 TREATMENT OUTCOMES ARE EVALUATED WITH THE CLIENT/ PATIENT

4.2 Progress from any of previous treatments are identified and all outcomes recorded

4.3 PREVIOUS TREATMENT PLAN IS REVIEWED

4.4 NEED FOR ONGOING AND/ OR ADDITIONAL TREATMENT IS EVALUATED

4.5 Changes to the plan are negotiated with the client/ patient to ensure optimal outcomes 4.1-4.5 Review the treatment plan Progress is evaluated with the client at selected intervals. These intervals would include;- (A) at the commencement of each treatment a simple "how have you been going" will initiate a response from the client. (B) On the twelfth week or 3 months standing postural photos may need to be taken. All of these periodical assessments are then compared to the previous ones to review the treatment plan.

Contra-indications and Cautions for Bowen Therapy

Definition

From "Dorland's Illustrated Medical Dictionary (30th Edition- Page 414):

- Contra-indication: "any condition, especially any condition of disease, which renders some particular line of treatment improper or undesirable." From "The Australia Concise Oxford Dictionary

(1987 edition –page 159)

- Caution: “prudence, taking care, avoidance of rashness, attention to safety”

Source

The members of Council of Schools (COS), from the Bowen Therapists Federation of Australia Incorporated, have developed this list of contra-indications and cautions. COS members at the time of writing were Fascial Kinetics (FK), International School of Bowen Therapy (ISBT), Myopractic Neuro Structural Integration Technique (NST), and Smart Bowen.

Introduction

There is currently only a short list of contra-indications and cautions in Bowen Therapy, because the technique is relatively gently and non-invasive. Relying on a list of specific contraindications is unwise, because the very nature of a contraindication means that it can vary from person to person and region to region in the body. A good medical dictionary and access to the internet are important resources for researching specific information as needed. Be aware that contradictions are just as relative for mental health problems as they are for physical. At any time, if you are in doubt, refer, or seek medical advice.

When referring onto a medical practitioner either as a precaution or seeking clarification regarding a contraindication or caution, it is important that you don't attempt to make a diagnosis. It is generally best to indicate that the symptoms that are present are outside of your normal scope of practice and would like the medical practitioner to investigate the further. Referral for a medical investigation is also advisable when a client hasn't responded in any way to your treatments. Practitioners are not

Contra-indications: regional avoidance

The coccyx move is contra-indicated at any time during pregnancy. This contra-indication has been handed down in Bowen Therapy training since its inception. The theory is that it may cause a spontaneous abortion of the foetus. I am unsure of the reasons for this, but do not wish to prove the theory!

Everything else on this page removed at Heather's request ("coccyx move only").

Cautions

Posture changing moves in the very old or those that have permanently fixed postures.

Skin conditions: bacterial, viral, fungal, benign and allergic. Open wounds or sores. Recent burn. Undiagnosed lump. Gouty arthritis.

Cautions

Unconscious. Any person who has been unconscious for any reason in the preceding 48 hours should be treated with caution, and only after the cause of the unconscious state has been established by a

medical practitioner.

Transplant recipient clients should be treated after consultation with their medical practitioner or specialist, as we are unsure of any reactions that Bowen Therapy may have with the client's anti-rejection or other drugs.

Implants. Breast, pectoral and buttock implants should be worked over with caution, as there is an extremely small chance they may rupture with site-specific pressure on them. Treatment when applied on these implant areas should be gentle.

Post-surgery. When working with clients post-surgery of any kind, caution must be exercised when working in the region where the surgery was performed. This includes abdominal work such as on the psoas, in very fresh abdominal operations, pregnancy, hernias and aneurysms. Remember that Bowen work at the site of surgery can be extremely beneficial and should be applied whenever possible, and post-operatively as soon as possible, but with appropriate caution and pressure. Working the scar tissue is very beneficial for the client.

Pregnant women in their third trimester should not lie supine for any length of time; side-lying is OK, preferably on the left side. This is because the baby can put a fair amount of pressure on the inferior vena cava (a large vein), reducing the return blood flow from the legs to the heart and thus reducing the effectiveness of the whole circulatory system.

Areas of haematoma (bruising) should be avoided during a treatment. Working gently around the area is the best approach and will assist in the healing process.

Areas of high inflammation should be avoided. This includes conditions such as cellulitis.

Fever. People with a significant fever should be treated with caution.

Prescribed drugs. Any client who is taking large quantities of prescribed drugs should be treated with caution. Bowen appears to increase the actions of some medications, making them more effective within the body. This can be detrimental in some cases, so if in doubt about the effects or side effects of the drugs someone is taking, treat them with caution by applying only a small treatment, especially during the first visit. It is advisable to contact the client's medical practitioner if you are still unsure about the drugs being taken. The above may also apply to complementary medicines.

The oedema paragraph has moved to the start of the treatment section (page 94) at Heather's request.

Heather: pages 89 and 90 either side of this one are removed or cut to one paragraph. Does the rest of this page stay?

Further cautions and other considerations

Anecdotal evidence would indicate that some client's may experience some adverse reactions to Bowen treatments while they are taking some medications. This applies to both legal and illegal drugs.

The ankle moves need caution in a case where the injury is new and has not been assessed by a medical practitioner. It is always wise to remember the term "RICED"- rest, ice, compression, elevation and Doctor in these circumstances, as there is a risk of there being a fracture in any ankle injury. This

caution exists in all limb and or joint injuries of a violent nature. Sprains and Strains of any kind need to be treated with caution as underlying tissue damage may be greater than anticipated.

Hernias- caution applies as this condition is painful and may be aggravated with the application of any pressure over the site of the hernia.

Cancer- there are two streams of thoughts on the treatment of patients with any form of cancer.

- Most people now believe that applying Bowen Therapy to cancer patients is beneficial. The experience of touch therapy is nurturing is believed to be essential for the general wellbeing of cancer patients. This belief is now beginning to be promoted by some medical practitioners and oncologists with some even referring patients to Bowen and Massage therapists.

Many practitioners have treated patient's right through both Radiation therapy and Chemotherapy treatment regimes, assisting them to cope with those therapies in a very positive manner. People receiving the treatments have enjoyed a greater quality of life and most have enjoyed life for much greater periods of time than the original medically diagnosed prognosis had anticipated.

- There is another believe in some quarters that physical therapies such as Bowen or Massage therapy may hasten the movement of free cancer cells within the body. Because of this theory it is important to have 'informed consent' when working with these patients. Both sides of the coin should be explained to the patient, and allow them time to absorb and process the pros and cons of the situation before they make their decision on progressing with treatments.

From Bowen Therapy prospective, it is ideal to work with the medical general practitioners and specialists when working with patients who have been diagnosed with any form of cancer. It is not in our interest or that of the patient to alienate the western medical world.

Haemophilia- many of these people bruise very easily. It is advisable to communicate with their medical practitioners regarding treatment with Bowen Therapy.

Any medical condition that you do not understand as a practitioner, should be considered a caution to treatment, until your investigations into that condition prove otherwise.

If in doubt, don't do it! Remember a truly professional Therapists refers to other people when the problem they are presented with is outside of their knowledge and skills range.

Other considerations

It is worth noting that if a client is injured at work and turns up for a treatment (without medical referral) then we have a duty of care to let them know that to proceed with a treatment on that day (without referral) may affect the outcome of any future work-cover claim.

- If a client turns up as a result of a MVA (motor vehicle accident), then if we treat them- then this may also affect their ability to claim via the RTA (Road Traffic Authority)

Apply basic Bowen Therapy techniques

The distances in the measurements below are all relative to the animal being treated.
The measurements given are for an adult horse.

Caution: oedema (moved here from page 91). Any large area of oedema should be treated with extreme caution. There is always a reason for the oedema and this should be sought prior to treatment. The area should be treated with caution.

Lumbar

This area is often highly stressed and tight. It is involved with the flexion of the body laterally. One of the many causes of this injury is poorly fitting saddles in horses, or from serving females in males.

Start from the left side of the body.

MUSCLE	ACTION
Longissimus costarum	Largest and longest muscle of the body; extends the back or turns it to one side
Multifidus dorsi	Extends the back or turns it to one side
Intertransversalis lumborum	Holds the back rigid or turns it to one side
Coccygeus	Presses the tail down or turns it to one side
Sacro-coccygeus	Raises the tail and/or turns it to one side

LOCATION At the hip protuberance at the top of the tensor fasciae latae.

INDICATIONS Constipation, colic, flatulence.

MOVE Place the heel of the right hand on the point of the hip. Hold for 10 seconds, then make a gentle roll with your thumb towards the hip, crossing over the edge of the tensor fasciae latae. Repeat on the right side.

LOCATION At the midpoint of an imaginary line from the tuber coxae to the dorsal ridge, one hand width from the spine.

INDICATIONS Constipation, colic, flatulence.

MOVE Place the thumb on the muscle and roll gently towards the spine. Repeat on the right side.

Middle of back and thoracic

Once again this area can be affected by poorly fitting equipment in horses. Other animals have their own particular causes for this. Each of these moves is to be performed on the right side directly after each left move.

LOCATION One hand width below the dorsal ridge, in line with the interspace between the transverse processes of L1 and L2. This acts as a blocker.

INDICATIONS Pain in the lumbar region, constipation, diarrhoea.

LOCATION Approximately one hand width below the dorsal ridge, between C10 and C9, in the body of m. iliocostalis.

INDICATIONS Breathing problems.

LOCATION	Approximately one hand width below the dorsal ridge, between C18 and C17, in the body of m. iliocostalis.
INDICATIONS	Digestive problems.
LOCATION	Approximately one hand width below the dorsal ridge, between C18 and C17, in the body of m. iliocostalis.
INDICATIONS	Digestive problems.

HEATHER: this point and the one above have identical text in the 2016 edition (points 6 and 8). Is one of them a different vertebra? Also, "C18" and "C17" read as thoracic (T18, T17).

LOCATION	Approximately one hand width below the dorsal ridge, between C14 and C13, in the body of m. iliocostalis.
LOCATION	Approximately one hand width below the dorsal ridge, between C12 and C11, in the body of m. iliocostalis.
INDICATIONS	Breathing problems.
LOCATION	Caudal to the scapula, at the junction of the scapula and the scapular cartilage of prolongation.
INDICATIONS	Pain of the suprascapularis.
LOCATION	Approximately one hand width and two finger widths below the middle of the superior border of the scapular cartilage of prolongation.
INDICATIONS	Pain of the suprascapularis, shoulder lameness, shoulder atrophy, shoulder inflammation.
LOCATION	Approximately three finger widths below the thoracic vertebral spinous processes and two finger widths caudal to an imaginary continuation of the line of the scapular spine onto the scapular cartilage of prolongation.
INDICATIONS	Breathing problems.

Coccyx

On the dorsum of the tail, in the depression between the first and second tail vertebrae.

Neck

MUSCLE	ACTION
Brachiocephalicus	Moves the head and neck and pulls forward; a sprain causes lameness
Sternocephalicus	Moves the head and neck
Sterno-thyro-hyoideus	Assists in swallowing and sucking movements
Omo-hyoideus	Moves the hyoid bone and root of the tongue
Cervicalis ascendens	Extends the neck
Rectus capitis ventralis minor	Flexes the head
Longus colli	Turns the neck to the side

Splenius	Extends the neck to the side
Longissimus capitis et atlantis	Extends the neck or turns it to the side
Complexus	Extends the neck or turns it to the side
Multifidus cervicis	Extends the neck or turns it to the side
Obliquus capitis posterior	Rotates the head
Obliquus capitis anterior	Extends the head or turns it to the side
Rectus capitis dorsalis major	Extends the head
Rectus capitis dorsalis minor	Extends the head

LOCATION Anterior border of the scapula at the junction of the scapula and scapular cartilage of prolongation, in a depression about four finger widths below the mane line.

INDICATIONS Pain of the suprascapularis, shoulder lameness.

LOCATION Approximately four finger widths behind the ear and three finger widths lateral to the mane line.

INDICATIONS Pain in the nuchal region, feverish shivering.

LOCATION About two finger widths below the mane line and some four finger widths anterior to the superior angle of the scapula.

INDICATIONS Pain in the nuchal region, wheezing.

LOCATION About two finger widths below the mane line, approximately three finger widths from the last position.

INDICATIONS Pain in the nuchal region.

LOCATION About two finger widths below the mane line, approximately three finger widths from the last position. Repeat the neck points on the right side.

INDICATIONS Pain in the nuchal region.

Thigh

Heather: this is the content of page 97, which is on your remove list. It is kept here because the thigh muscles and these six points sit in the middle of the treatment sequence. Please confirm.

MUSCLE	ACTION
Biceps femoris	Extends the limb in rearing, kicking and galloping
Semitendinosus	Extends the hip joint and adducts the leg
Semimembranosus	Extends the hip joint and adducts the leg
Sartorius	Flexes the hip joint and adducts the leg
Gracilis	Adducts the leg
Pectineus	Adducts the leg and flexes the hip joint

Adductor	Adducts the limb and extends the hip joint
Quadratus femoris	Extends the hip joint and adducts the thigh
Obturator externus	Adducts the thigh
Obturator internus	Rotates the femur outward
Quadriceps femoris (rectus femoris, vastus lateralis, vastus medialis, vastus intermedius)	Extends the stifle and flexes the hip joint
LOCATION	Between m. biceps femoris and m. semitendinosus at the posterior border of the ischium bone depression.
INDICATIONS	Hormonal problems.
LOCATION	In the middle of the trochanter major line.
INDICATIONS	Sacral and femoral nerve damage.
LOCATION	Lateral to the tail root, two hand widths laterally below the dorsal ridge at the level of the ischium, in the muscle groove formed by m. biceps femoris and m. semitendinosus.
INDICATIONS	Sacral and femoral nerve damage, hip joint inflammation.
LOCATION	In the centre of the depression over the anterior limit of the hip joint.
INDICATIONS	Disturbed gait rhythm, joint and hindquarter pain.
LOCATION	In the depression behind and below the trochanter tertius femoris.
INDICATIONS	Pain in the hindquarters.
LOCATION	In the muscle groove between m. semitendinosus and the caudal part of m. biceps femoris, four finger widths above the hollow at the distal end of this muscle, at the level of the knee joint.
INDICATIONS	Hip lameness or pain in the hind limb.
LOCATION	Between m. flexor hallucis longus and tibialis posticus, about half way along the tibia, approximately two finger widths from the caudal side of the flexor tendon.
INDICATIONS	Stifle joint pain or inflammation.
LOCATION	At the lower third of a line joining the point of the hock to the external malleolus, about a finger width below this line.
INDICATIONS	Hock joint pain, inflammation.

Stifle and hindquarters

MUSCLE	ACTION
Psoas minor	Flexes the pelvis on the back
Psoas major	Flexes the hip joint and rotates the thigh outwards
Iliacus	Flexes the hip joint and rotates the thigh outwards
Quadratus lumborum	Flexes the pelvis on the back

Tensor fasciae latae	Flexes the hip and extends the stifle joint
LOCATION	In the depression above the patella.
INDICATIONS	Pain in the hind limb or knee joint.
LOCATION	Inner aspect of the thigh, on the vena saphena, some finger widths below the midpoint where thigh and torso join.
INDICATIONS	Hip or knee joint pain or inflammation.
LOCATION	Lower border of the patella, between the lateral and medial ligaments.
INDICATIONS	Pain or inflammation in the hind limb.

Lower legs (hind)

MUSCLE	ACTION
Long digital extensor	Extends the toe and flexes the hock
Lateral digital extensor	Extends the toe and flexes the hock
Peroneus tertius (entirely tendinous)	Mechanically flexes the hock when the stifle is flexed
Tibialis anterior	Flexes the hock joint; a bursa is placed between the tendon of the muscle and the medial ligament of the hock joint
Gastrocnemius	Extends the hock and flexes the stifle joint; a bursa lies between the tendon of the muscle and the point of the hock; the tendon is known as the Achilles tendon
Superficial digital flexor	Flexes the toe and extends the hock; a bursa is placed under the joint; the tendon of the muscle runs behind the hock
Deep digital flexor	Flexes the toe and extends the hock; a synovial sheath surrounds the tendon behind the hock
Popliteus	Flexes the stifle
LOCATION	In the muscle triangle formed between m. extensor digitalis longus and extensor pedis lateralis on the lateral ligament. The point lies in a depression below the head of the fibula.
INDICATIONS	Arthritis of the knee or hock joint.
LOCATION	On the concave surface over the vena saphena superficialis ramus cranialis, at the level of the metatarsal joint.
INDICATIONS	Hock joint, flexor tendon.
LOCATION	On the vena digitalis lateralis, at the upper border of the fetlock joint.
INDICATIONS	Fetlock, hock joints and tendons.
LOCATION	Anterior centre of the coronary band at the junction of hairy and hairless integument.
INDICATIONS	Sole of the foot, frog.

LOCATION	Medial lower segment of the leg, between m. flexor digitalis longus and m. tibialis posticus where they become sinewy, on the subjacent portion of m. flexor hallucis longus, about three finger widths from the caudal border of the flexor tendon.
INDICATIONS	Inflammation of the metatarsal joint.
LOCATION	On the vena digitalis medialis at the upper border of the fetlock joint.
INDICATIONS	Contusion of the fetlock and hock joints; tendon and tendon sheath inflammation.

Lower legs (fore limbs)

MUSCLE	ACTION
Biceps brachii	Flexes the elbow joint; a bursa is present between the tendon of biceps brachii and the humerus
Brachialis	Flexes the elbow joint
Tensor fasciae antebrachii	Extends the elbow joint
Triceps brachii (long, medial and lateral heads)	Extends the elbow and flexes the shoulder joint
Anconeus	Extends the elbow joint
Extensor carpi radialis	Extends the knee and flexes the elbow; the tendon has a synovial sheath from 4 inches (10 cm) above the middle of the knee
Common digital extensor	Extends the toe and knee and flexes the elbow; the tendon has a sheath from above the knee to the upper cannon and a bursa at the fetlock joint
Lateral digital extensor	Extends the toe and knee; synovial sheath over the knee and bursa at the front of the fetlock
Extensor carpi obliquus	Extends the knee joint; synovial sheath over the knee
Flexor carpi radialis	Flexes the knee and extends the elbow; synovial sheath from 3 inches (7.5 cm) above the knee to the cannon
Flexor carpi ulnaris	Flexes the knee and extends the elbow
Ulnaris lateralis	Flexes the knee and extends the elbow
Superficial digital flexor	Flexes the toe and extends the elbow; synovial sheaths from above the knee to the middle third of the cannon, and from the lower cannon to the middle of the second phalanx
Superior check ligament	Supports the superficial flexor tendon above the knee
Deep digital flexor	Flexes the toe and knee and extends the elbow; shares synovial sheaths with the superficial digital flexor; the navicular bursa lies between the tendon and the navicular bone behind the pedal bone
Interosseus medius (suspensory ligament)	Broad elastic band of fibrous tissue behind and attached to the cannon bone; a branch continues across the pastern to join the extensor tendon inserted into the front of the pedal bone

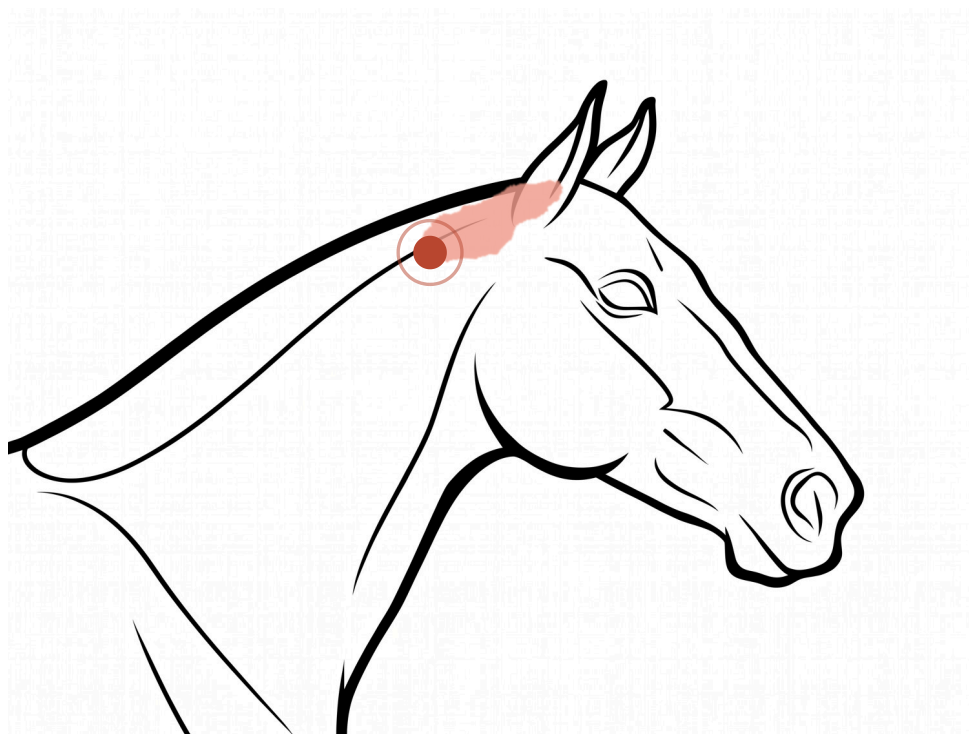
LOCATION	In the depression about two finger widths below the olecranon process, medially from the elbow to the lower part of the vena thoracica externa.
INDICATIONS	Pain and paresis in the region of the elbow and chest; shoulder and elbow joint inflammation.
LOCATION	One hand breadth below the elbow joint, in the depression under the lateral tuberosity of the radius, between m. extensor digitorum communis and m. extensor carpi ulnaris.
INDICATIONS	Shoulder lameness, elbow and carpal joint inflammation, radial paralysis, myositis of the shoulder musculature.
LOCATION	About four finger widths below the above position, in a groove between m. extensor carpi radialis and m. extensor digitorum communis.
INDICATIONS	Arthritis of the elbow and carpal joint, radial paralysis, tendonitis and tendovaginitis in the area.
LOCATION	At the junction of the middle and distal thirds of the radius on the medial aspect of the fore limb, between m. flexor carpi and the humeral head of m. flexor carpi ulnaris.
INDICATIONS	General debility, over-strain.
LOCATION	About two finger widths above the lateral aspect of the carpal joint, in the hollow formed by the posterior border of the radius and m. flexor digitorum profundus.
INDICATIONS	Carpal joint inflammation, stiffness of the joint.
LOCATION	Forefoot, medial aspect, between the metacarpus and the medial splint bone at the proximal quarter of the metacarpus and the proximal third of the splint bone.
LOCATION	Forefoot, lateral aspect, between the metacarpus and the lateral splint bone at about the proximal quarter of the metacarpus and the proximal third of the splint bone.
LOCATION	Forefoot, lateral aspect, on the vena digitalis lateralis at the upper limit of the fetlock joint.
INDICATIONS	Fetlock strain.
Points 99 and 100 of the 2016 edition had identical text and have been merged into this one entry.	
LOCATION	About 1 cm lateral to the midpoint of the anterior coronary band at the junction of the hairy and hairless integument.
INDICATIONS	Pedal, hoof, frog and fetlock joint discomfort.

The stress points

Twenty-one places where a horse's muscles tighten under stress. Each page shows where the point lies, what you will feel, the problem it causes, the therapy and the muscle's job.

All 21 pages use the same two drawings of the horse: the forequarter for the head, neck and shoulder points and the whole horse for the back and hindquarter points. The pink shape is the muscle; the dark dot is the stress point.

Heather: the highlight and dot on each page are placed from your 2016 drawings and are approximate. Please mark any that need moving. The text on these pages refers to numbered points from the source it was adapted from ("SP-1", "Point 3", "SP-25"); those numbers have been removed.



Where to find it Just behind the poll, on the side of the neck below the ear, running back along the base of the skull.

Muscle Stress point

Rectus capitis lateralis

M. rectus capitis lateralis · poll

STRESS POINT

When mild pressure applied to the stress point produces the reaction of flinching, pulling away and dropping the head, excessive tightening and stress build-up are present.

It will be felt as a tight line of fibres running to the base of the skull; it will be tender along the entire length.

PROBLEM

At rest: head pulled to one side with a tendency to hold the head low. The horse makes continuous stretching movements with the head.

In motion: obvious head discomfort; resists sideways movement in the opposite direction.

THERAPY

Direct pressure and cross-fibre friction to the stress point.

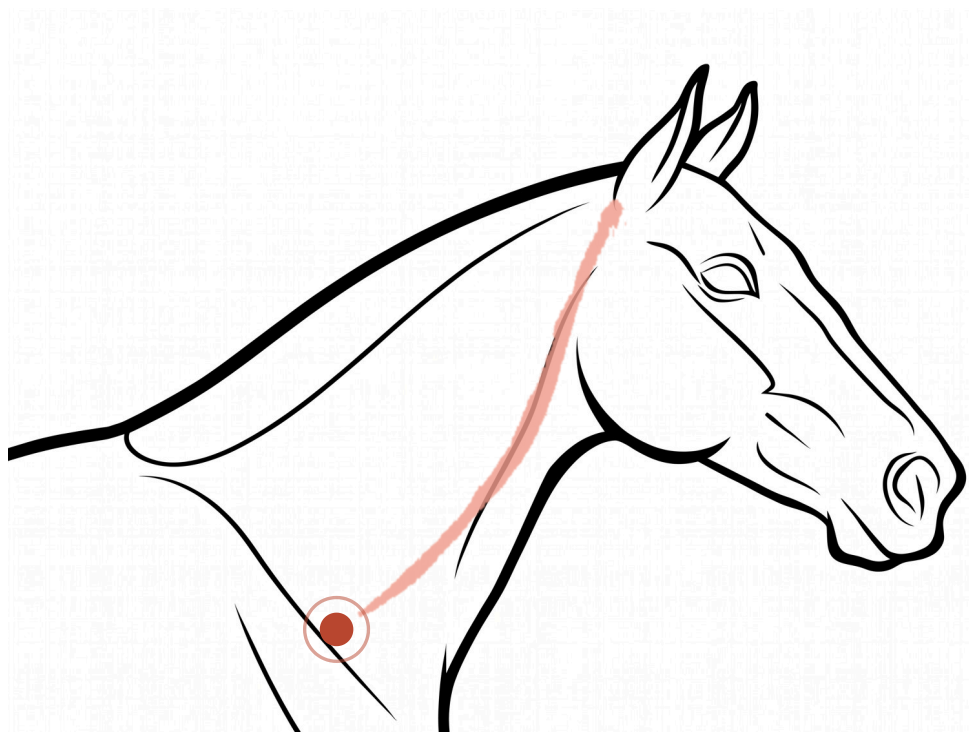
Follow with light active exercise, no collected work.

This particular problem will usually require a number of treatments, no closer than three days apart.

A neck yoke or other restraint is advisable in acute cases to prevent the horse accidentally overstretching.

MUSCLE ACTION

To flex the head; to incline the head to the side.



Where to find it The long line of the neck from just behind the poll down to the front edge of the shoulder blade. The knot sits against the anterior edge of the scapula.

■ Muscle ● Stress point

Multifidus cervicis

M. multifidus cervicis · neck

STRESS POINT When moderate pressure to the point causes the horse to flinch and move away from you, excessive tightening and stress build-up is present.

The cause will be felt as a rigid knot lying right against the anterior edge of the scapula (shoulder blade).

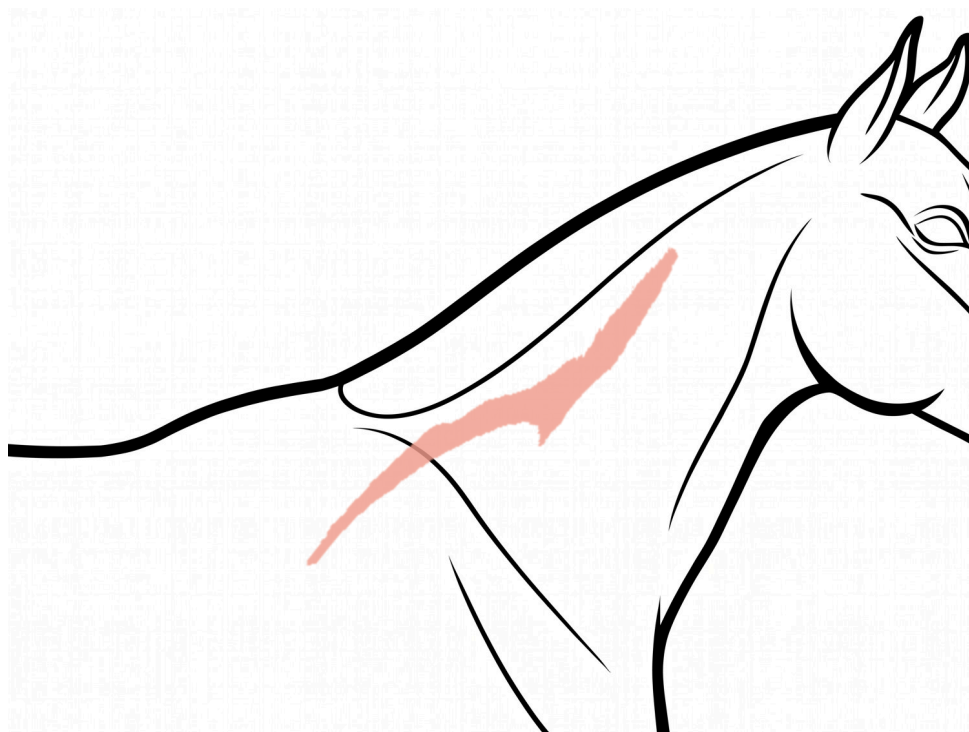
PROBLEM The horse resists neck motion in the opposite direction.

THERAPY Follow with exercises that require a short turning radius.

To retain neck flexibility, the best ongoing mounted exercise is to turn the horse from a standstill into a complete nose-to-tail circle, thus forcing extreme bending of the neck.

Usually one treatment suffices. Doing this as part of the warm-up will keep the neck muscles as supple as possible.

MUSCLE ACTION Flexes the neck to the side of the contraction; rotates the head to the opposite side.



Where to find it The top of the neck just in front of the withers, running from the vertebrae down to the upper edge of the shoulder blade.

Muscle Stress point

Rhomboids and trapezius

Mm. rhomboideus and trapezius · withers

STRESS POINT

When drawing the finger across the area with moderate pressure causes a tremor in the forequarter, excessive tightening and stress build-up is present.

When drawing the finger produces a rocking movement of the forequarter, extreme tightening and stress build-up is present.

Will be felt as tight lines running from the vertebrae to the upper edge of the scapula.

PROBLEM

Generalised tightening of the shoulders and loss of free scapula action, resulting in non-specific loss of power, coordination, motion and ability.

Very often responsible for setting up a compensatory problem behind; will always be accompanied by other shoulder spasms.

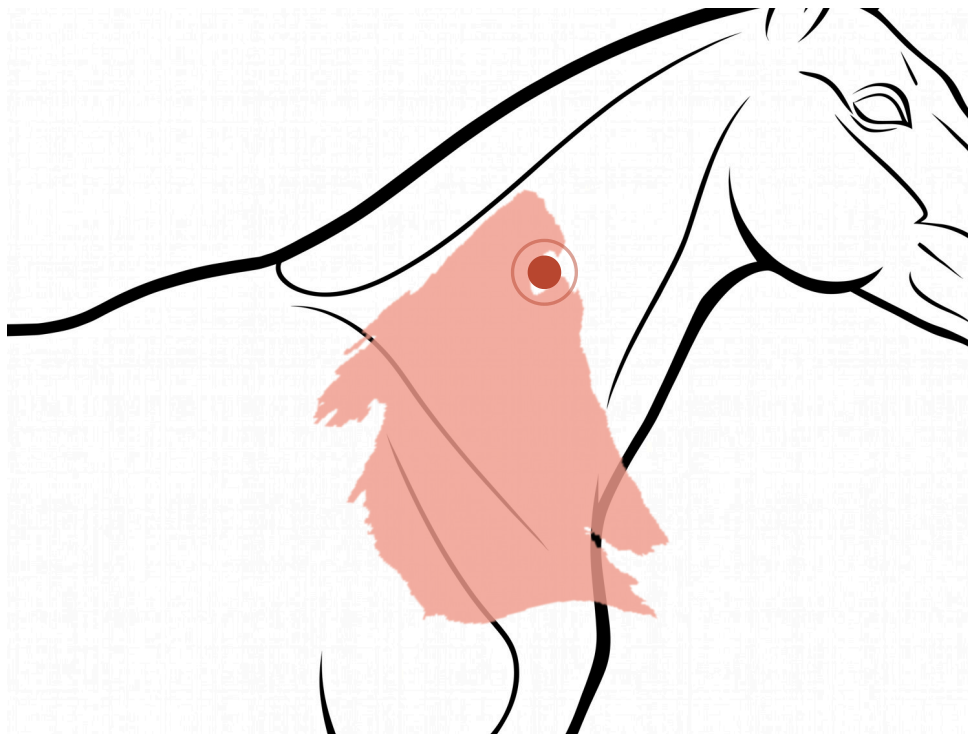
THERAPY

Follow with active exercise using as much free forward motion as the fitness of the horse will allow.

Responds very quickly when caught early.

MUSCLE ACTION

To draw the scapula upwards and forwards; to elevate the shoulder; to draw the scapula upwards and backwards.



Where to find it Over the front half of the shoulder blade, between the base of the neck and the point of the shoulder. Work across the muscle fibres.

 Muscle  Stress point

Supraspinatus

M. supraspinatus · shoulder

STRESS POINT When moderate pressure causes the horse to flinch, move away or bend his knee, excessive tightening and stress build-up is present.

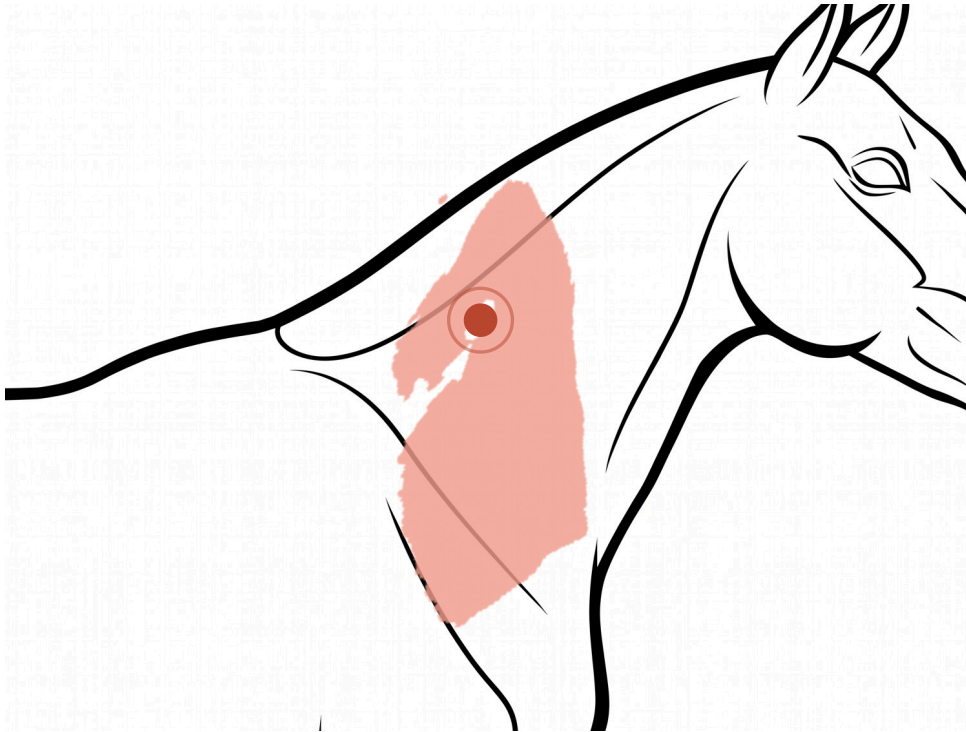
You will feel a tight knot about an inch (2.5 cm) long running across the muscle.

PROBLEM Will refer symptoms into the shoulder joint as an up and down or backwards and forwards lameness.

THERAPY Follow with graduated forward exercise up to and including a canter.

Responds very quickly, even when spasm has been present for some time. Long-standing cases will often recur. If so, repeat the therapy until completely cured.

MUSCLE ACTION Extends the shoulder joint and acts as a lateral ligament to prevent dislocation.



Where to find it Over the back half of the shoulder blade, behind the spine of the scapula, running down towards the point of the shoulder.

 Muscle  Stress point

Infraspinatus

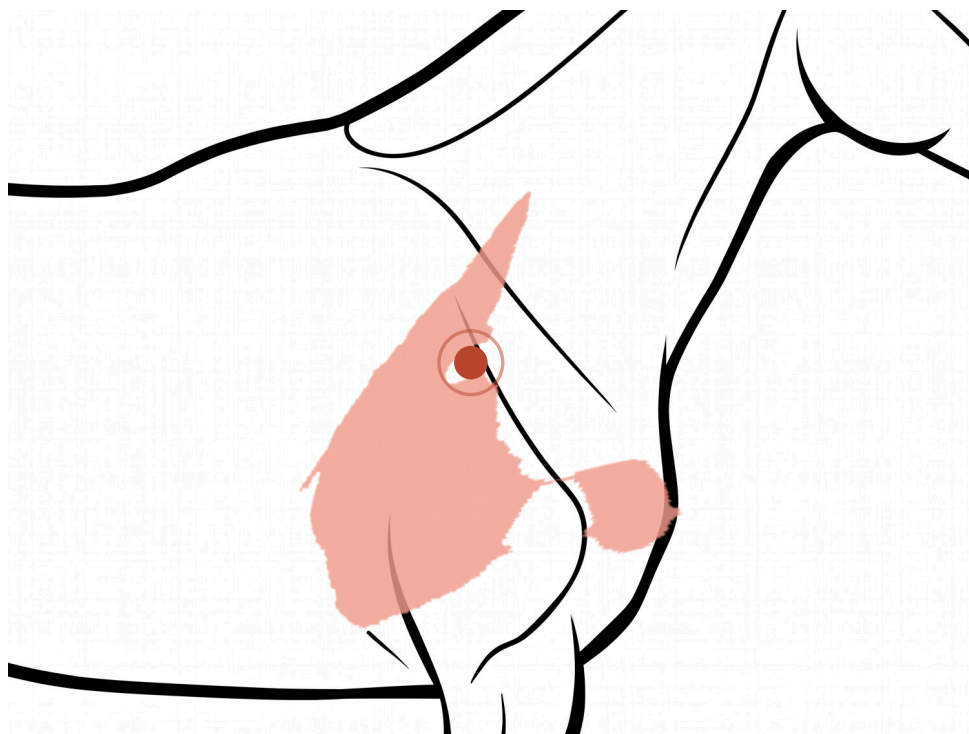
M. infraspinatus · shoulder

STRESS POINT When moderate pressure causes flinching, moving away and knee bending, excessive tightening and stress build-up is present.
Spasm will be felt.

PROBLEM Will refer into the shoulder joint as an up and down or backwards and forwards lameness.

THERAPY Follow with graduated forward exercise up to and including a canter.
Responds very quickly even when spasm has been present for some period of time. Long-standing cases will often recur. If so, repeat therapy until completely cured.
The two spinatus muscles are most stressed by lateral work such as half-pass. They also serve as lateral ligaments to prevent dislocation of the shoulder joint and can become stressed by casting in the stall. They are the most susceptible muscles to strain.

MUSCLE ACTION Abducts the arm and rotates it outward. Serves as a lateral ligament to prevent dislocation.



Where to find it Behind the shoulder blade, at the top of the triceps where it meets the back edge of the scapula, running down the arm towards the elbow.

Muscle Stress point

Upper end of triceps

M. triceps brachii, upper end · arm

STRESS POINT When the horse moves away or bends the knee in response to moderate pressure, excessive tightening and stress build-up is present.

Spasm will be felt as a small knot against the back edge of the scapula.

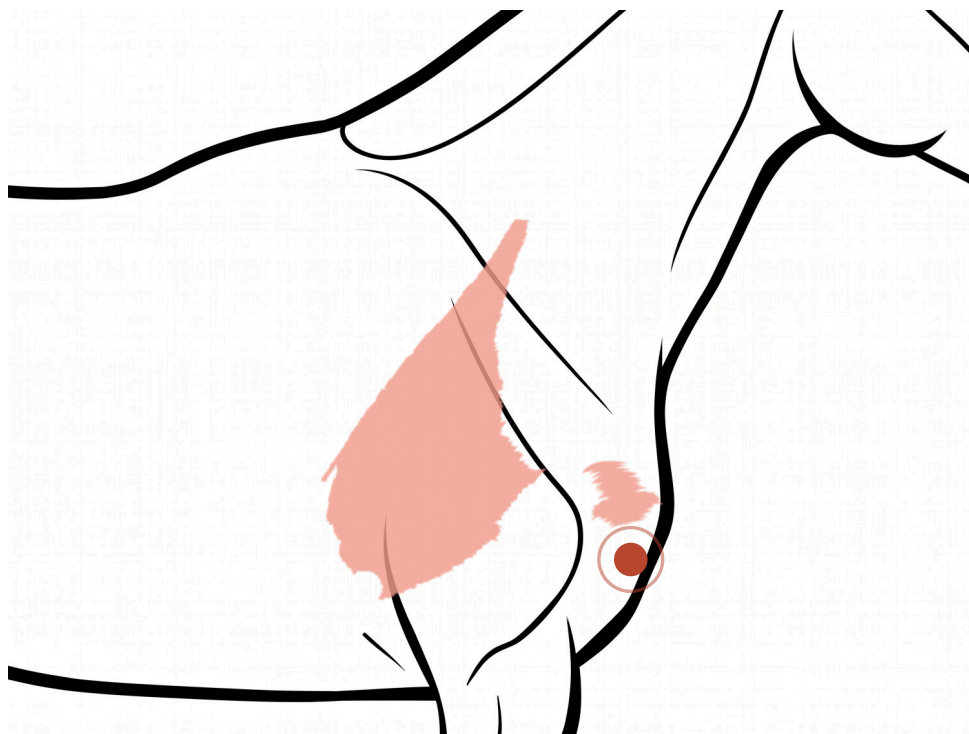
There will be a tight line of muscle fibres running down the length of the muscle to the knee.

PROBLEM Shortened stride; horse jumping flat or hanging a leg; may look lame at extended trot.

THERAPY Follow with active exercise. Walking up hills is best; gradually work up to fully extended trot.

Two treatments are usually adequate when caught early.

MUSCLE ACTION To flex the shoulder joint.



Where to find it The lower part of the triceps, just above and behind the elbow, where the muscle narrows to its tendon.

 Muscle  Stress point

Lower end of triceps

M. triceps brachii, lower end · arm

STRESS POINT

When the horse stiffens and moves the leg away in response to mild pressure, excessive tightening and stress build-up is present.
Spasm will be felt as a small rigid knot of tissue.

PROBLEM

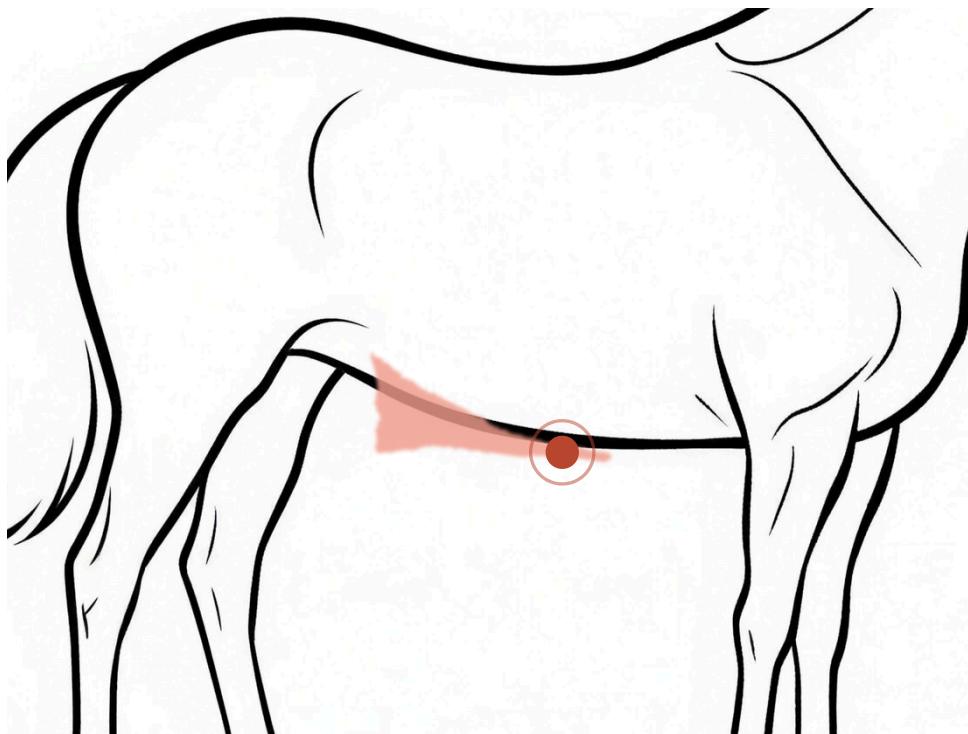
Shortened stride; uncomfortable lead and may avoid that lead when jumping; will not lock out the knee joint completely.

THERAPY

The best exercise is walking up hills.
Will require four or five sessions to release completely.

MUSCLE ACTION

Extends and locks the elbow joint.



Where to find it Under the belly just behind the foreleg, a tight line of muscle running forward to its attachment under the back of the foreleg.

Muscle Stress point

Posterior pectoral

M. pectoralis profundus · behind the foreleg

STRESS POINT

When flinching, moving away, or when pronounced contraction of the area muscles takes place with mild pressure, excessive tightening and stress build-up is present.

There will be a tight line of muscle running forward to the attachment under the back of the foreleg.

A very sensitive area, especially forward against the ribcage.

The back of the foreleg area will be more sensitive and will feel like a wire.

PROBLEM

The most common cause of shortened extension, switching or refusing to take proper leads.

May react to girth tightening by showing discomfort or becoming stilted.

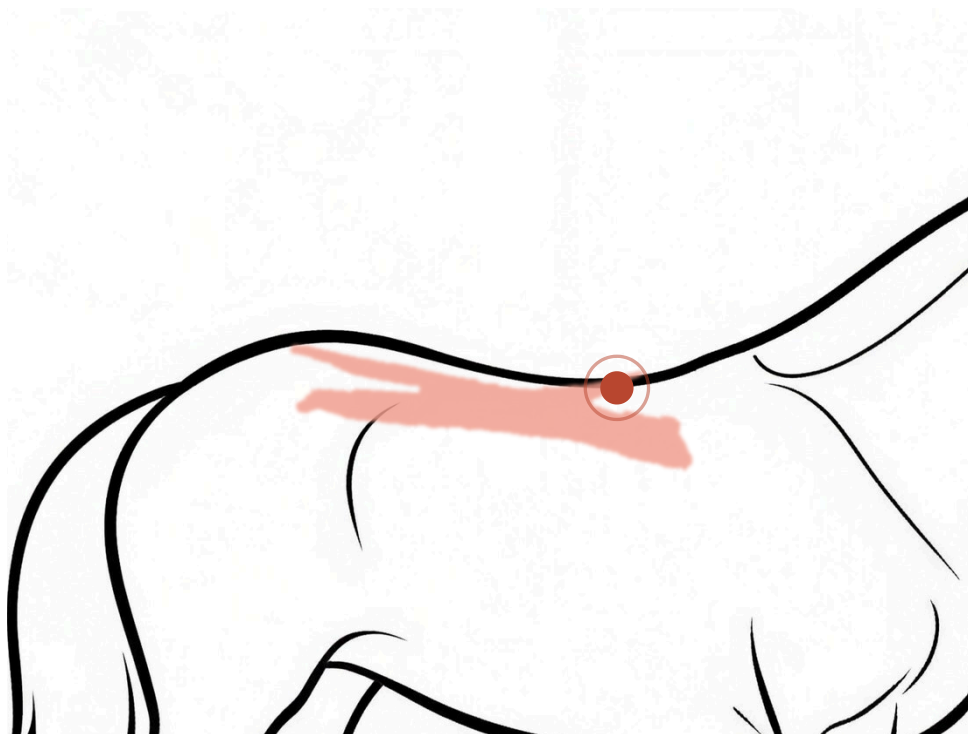
THERAPY

Follow with active exercise of walking up hills, jogging, and forward motion up to an easy gallop.

Responds very quickly.

MUSCLE ACTION

To draw the leg backwards.

**Where to find it**

Along the top of the back just behind the withers, where the long back muscle attaches, a hand width below the spine.

Muscle Stress point

Forward attachment of longissimus dorsi

M. longissimus dorsi, cranial attachment · behind the withers

STRESS POINT

When mild pressure causes flinching, arching or moving away, excessive tightening and stress build-up is present.

Spasm will be felt as a rigid knot.

PROBLEM

Muscular sore back; loss of coordinated power while in motion; produces compensatory tightening to the longissimus dorsi on the opposite side.

A common cause of back problems in jumping horses due to the jar of landing.

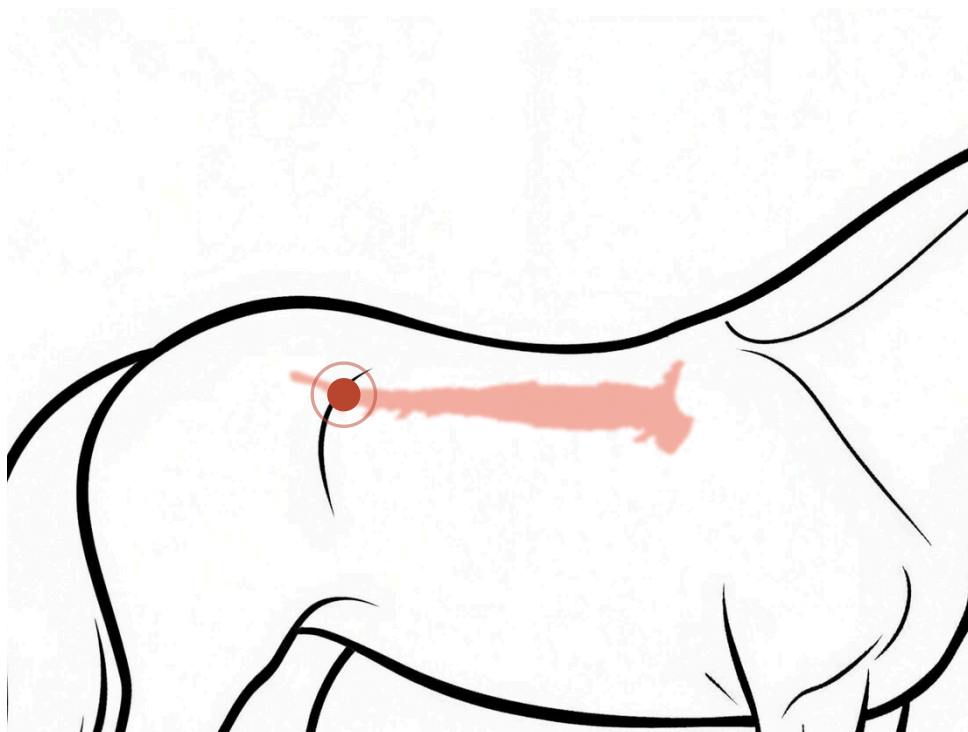
THERAPY

Follow with active exercise; when the back problem is severe, hand walk or lunge at walk, trot and canter; when mild, ride at walk, trot and canter.

When caught early, responds quickly; severe cases will require a number of follow-up treatments.

MUSCLE ACTION

Extensor of the back and loins; lateral flexion.



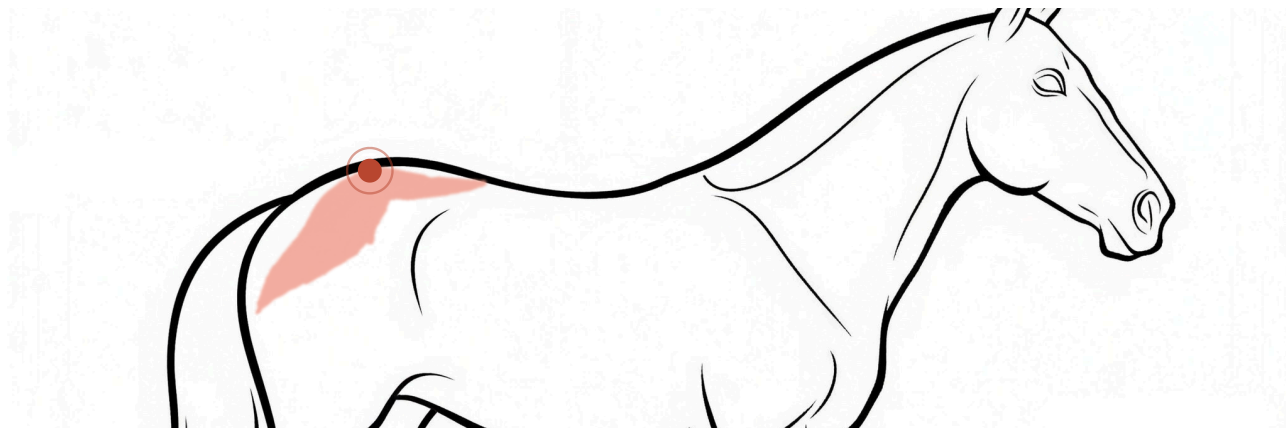
Where to find it Along the side of the back over the ribs, below the longissimus dorsi, with the knot against the last rib.

Muscle Stress point

Longissimus costarum

M. iliocostalis · along the ribs

STRESS POINT	When mild pressure causes flinching or moving away, excessive tightening and stress build-up is present. Spasm will be felt as a rigid knot against the last rib.
PROBLEM	Will restrict lateral bending; will often develop secondary to a back problem or may refer its tightening into the back.
THERAPY	A very sensitive area. Follow with forward movement exercises including canter and side bending. Responds very quickly.
MUSCLE ACTION	Lateral flexion of the trunk.



Where to find it Over the loins where the long back muscle meets the gluteal muscles of the croup, about two inches from the spine.

Muscle Stress point

Junction of gluteus maximus and longissimus

Gluteus and longissimus junction · croup

STRESS POINT When the horse sinks down or sags in response to light or moderate pressure, excessive tightening and stress build-up is present. Will be felt as a rigid knot about two inches (5 cm) away from the spine.

PROBLEM Sore back! Cold back!

The combination of the gluteus and longissimus provides the main source of power for running, jumping and rearing.

This one point receives more constant stress than any other point; the chief cause of muscular back problems with horses.

THERAPY Follow with active exercise. When severe, hand walk or lunge at walk, trot and canter. When mild, walk up hills, free rein at walk, trot and canter.

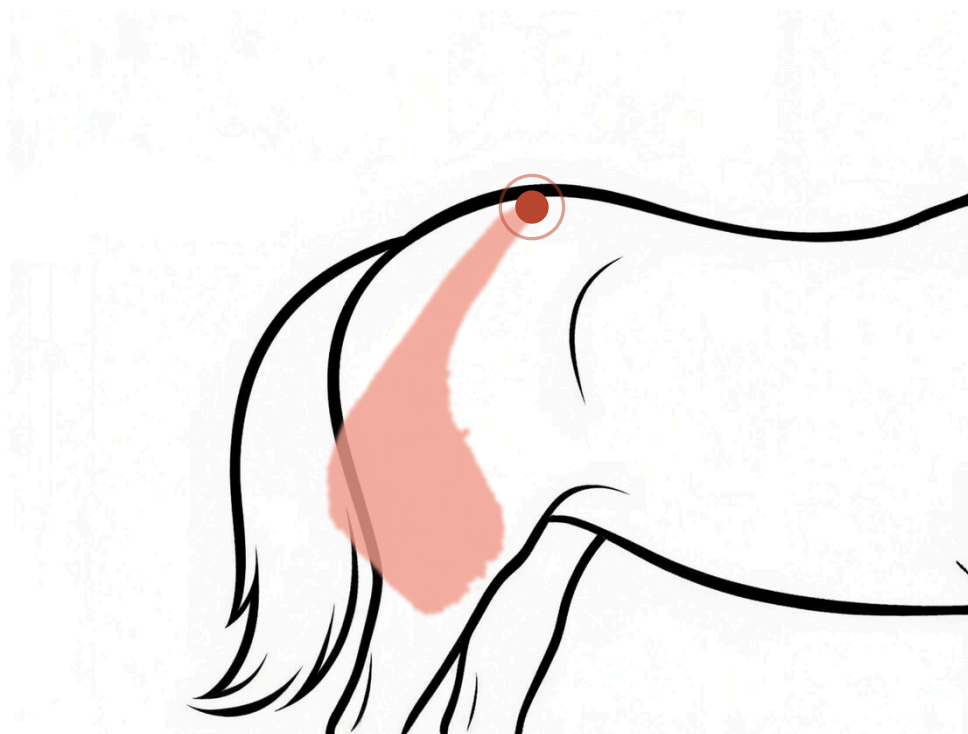
Canter is the absolute best motion because pelvic action takes place that utilises the longissimus in concert with the gluteus. It is also the most efficient movement of the horse.

Let the horse dictate the pace; as the pain eases, the horse will automatically pick up the pace.

When caught early, responds quickly; severe cases will require a number of follow-up treatments.

There are three main checks for superficial lower back problems (cold back). Run your finger lightly down the spine: if the horse reacts, saddle pressure is causing the problem. Draw the fingers lightly down the side about three inches from the spine: if the horse reacts it can be neuritis or sensitive skin; check your pad. When pressure to the two loin points produces a reaction it is muscular. When none of the above produce a reaction, have your vet check for urinary or other internal infection.

MUSCLE ACTION Forward propulsion.



Where to find it The big muscle of the outer thigh, running from the croup down and forward towards the stifle. The tightened mass sits about two inches from the spine at the top.

Biceps femoris

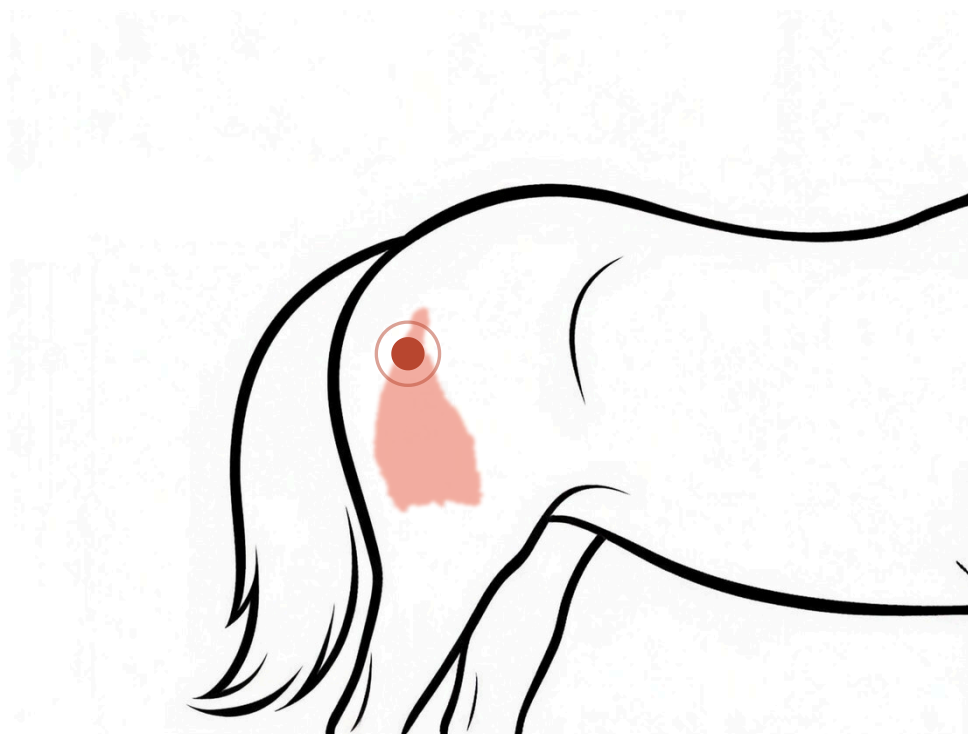
M. biceps femoris · thigh

STRESS POINT When light to moderate pressure causes the horse to tuck his hind end under, excessive tightening and stress build-up is present.
It will be felt as a tightened mass of muscle about two inches (5 cm) from the spine.

PROBLEM Scuffing with the hind leg; shortening of forward movement.

THERAPY Follow with active exercise at all rates of movement.
Unless there has been an accident causing tearing or excessive straining of tissues, this will show tremendous results with one session of therapy.

MUSCLE ACTION To extend and abduct the limb; to extend the hip and flex the stifle; assists in extending the hock.



Where to find it The thick middle of the biceps femoris on the back of the thigh, where the muscle divides to serve both the stifle and the hock.

 Muscle  Stress point

Belly of biceps femoris

M. biceps femoris, belly · thigh

STRESS POINT Not a reaction point. There will be a hard, unyielding mass of muscle; this is normal thickening.

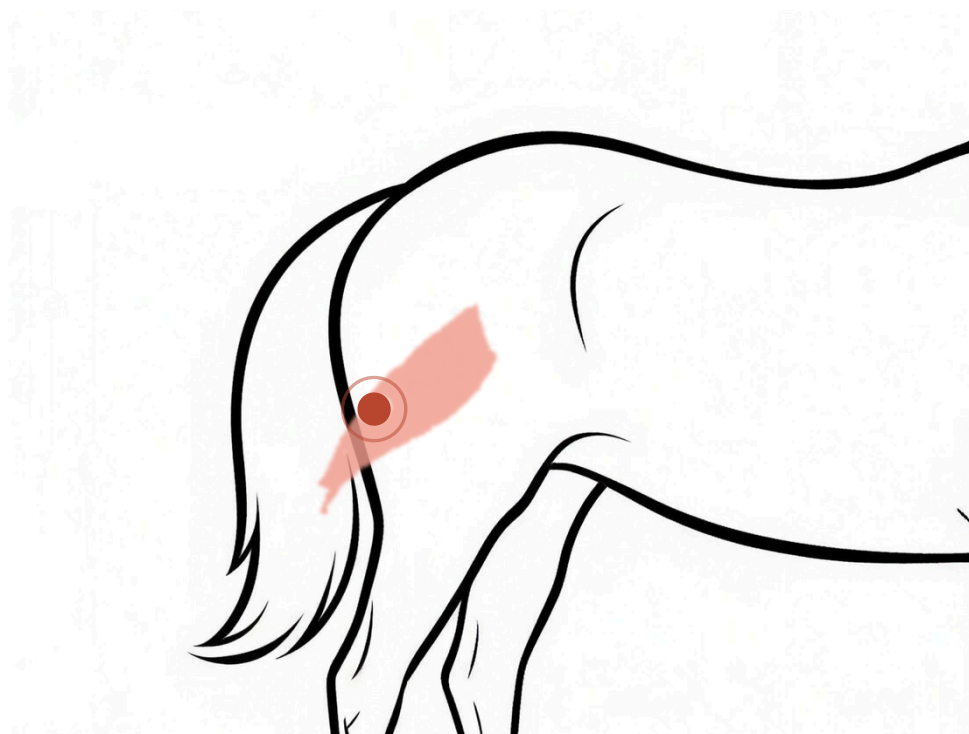
A bifurcation area: the biceps femoris serves both the stifle and the hock.

PROBLEM Scuffing with the hind leg; shortening of forward movement.

THERAPY Pressure is inward and sideward.

The idea is to make the mass move from side to side. In the beginning the mass will not do this; once it moves sideways for you, the entire length of muscle will have released its tightening and will take the pressure off.

MUSCLE ACTION To flex the stifle and hock.



Where to find it The back of the gaskin, about three inches above the point of the hock, where the muscle runs into the Achilles tendon.

Muscle Stress point

Gastrocnemius

M. gastrocnemius · gaskin

STRESS POINT

When moderate pressure causes flinching or lifting of the leg, excessive tightening and stress build-up is present.

Will be felt as a tight, hard, stringy area about three inches (7.5 cm) above the stifle.

PROBLEM

Restricted motion, stifle or hock; discomfort while standing; stifle will not straighten fully.

THERAPY

Direct pressure and cross-fibre friction with both thumbs.

This area of the gastrocnemius is heavily interspersed with tendinous fibres and is not easily moved. It requires deep pressure and, therefore, should be applied for a short period of time.

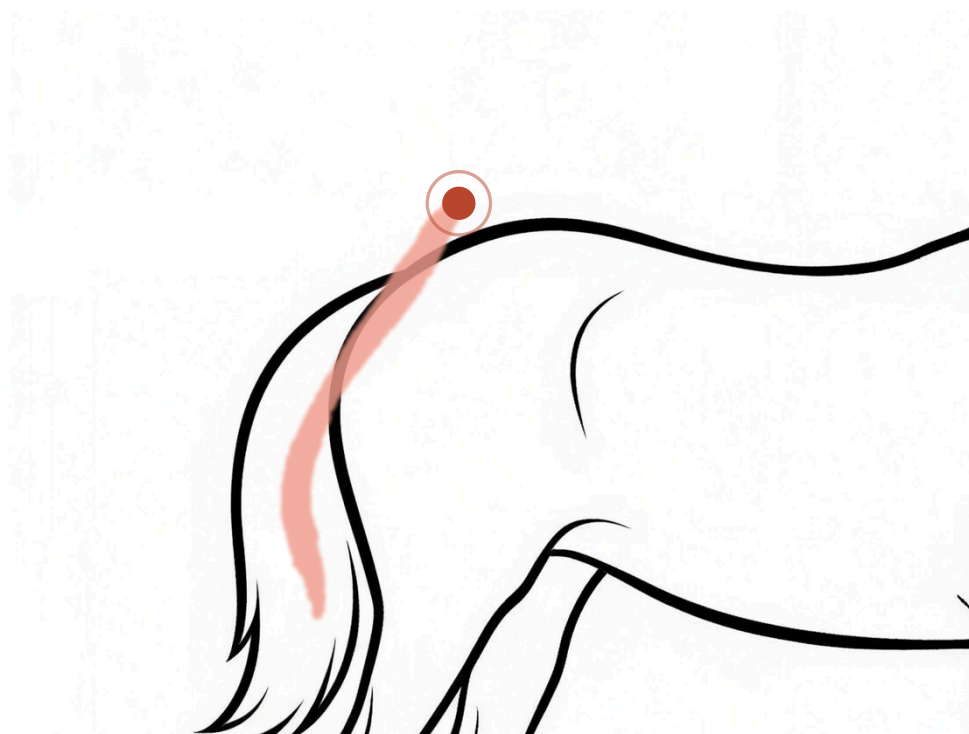
Exercise should be easy walk, trot and canter; no jumping until recovered.

Slow to fully respond; will require a number of follow-up treatments no closer than three days apart.

Due to its tendinous interspersing, the gastrocnemius can reinjure from overstretch more quickly than areas with more pliability and resiliency.

MUSCLE ACTION

To extend the hock and flex the stifle.



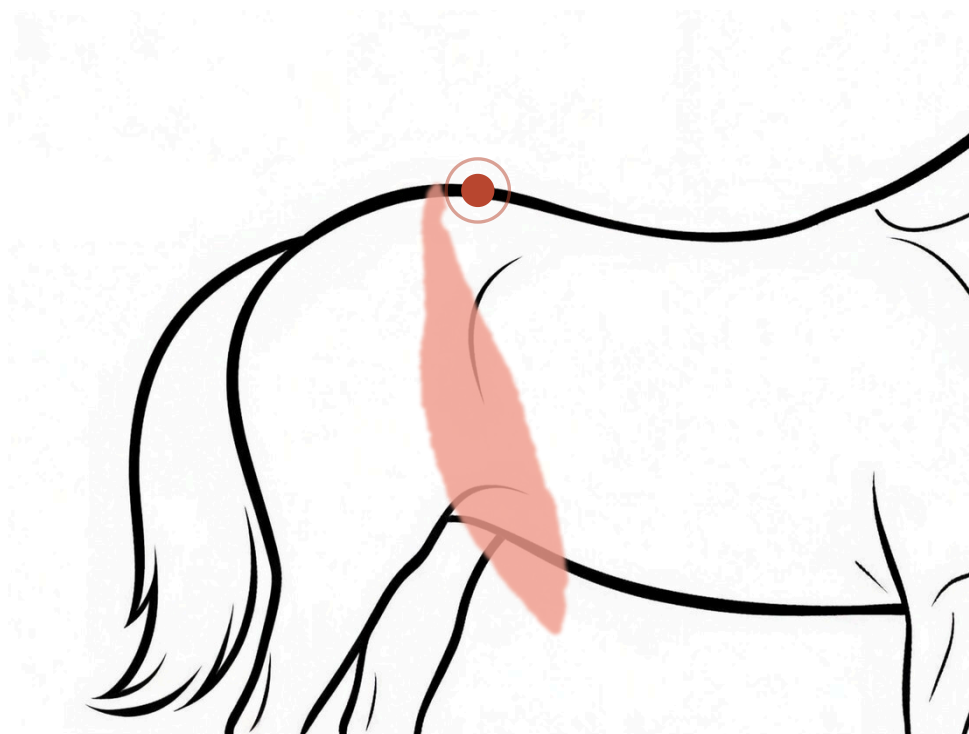
Where to find it The long hamstring muscle running from the point of the buttock down the back of the thigh to the inside of the gaskin.

■ Muscle ● Stress point

Semitendinosus

M. semitendinosus · hamstring

STRESS POINT	When the horse tucks the hind end under in response to light or moderate pressure, excessive tightening and stress build-up is present. Spasm may be felt either as a rigid knot or as a tight line of tissue running down from the attachment. When a tight line is felt, it has already assumed dangerous proportions.
PROBLEM	Shortening of forward movement; discomfort straightening the stifle. The initial cause of a severe pulled or torn hamstring.
THERAPY	Follow with exercise tailored to the severity of the problem. If a pull or tear has occurred, hand walk until the horse starts to track evenly; gradually increase to walk, trot and canter on the lunge line, walk mounted up hills. If mild, mounted at walk, trot and canter on the flat and up hills at walk. Very susceptible to reinjury. Once discovered, keep an eye on it and maintain tissue pliability.
MUSCLE ACTION	To extend the hip and hock joints; to flex the stifle and rotate the leg inwards.



Where to find it The inner hamstring on the back of the thigh, from the point of the buttock down the inside of the thigh. Seen best from behind.

Muscle Stress point

Semimembranosus

M. semimembranosus · inner hamstring

STRESS POINT

When flinching or tightening of the hind leg occurs in response to mild or moderate pressure, excessive tightening and stress build-up is present. Will be felt as a rigid knot or tight line of tissue running down from the attachment. When a tight line is felt it has already assumed dangerous proportions.

Retained tightening will often be the cause of a horse carrying the tail to that side.

PROBLEM

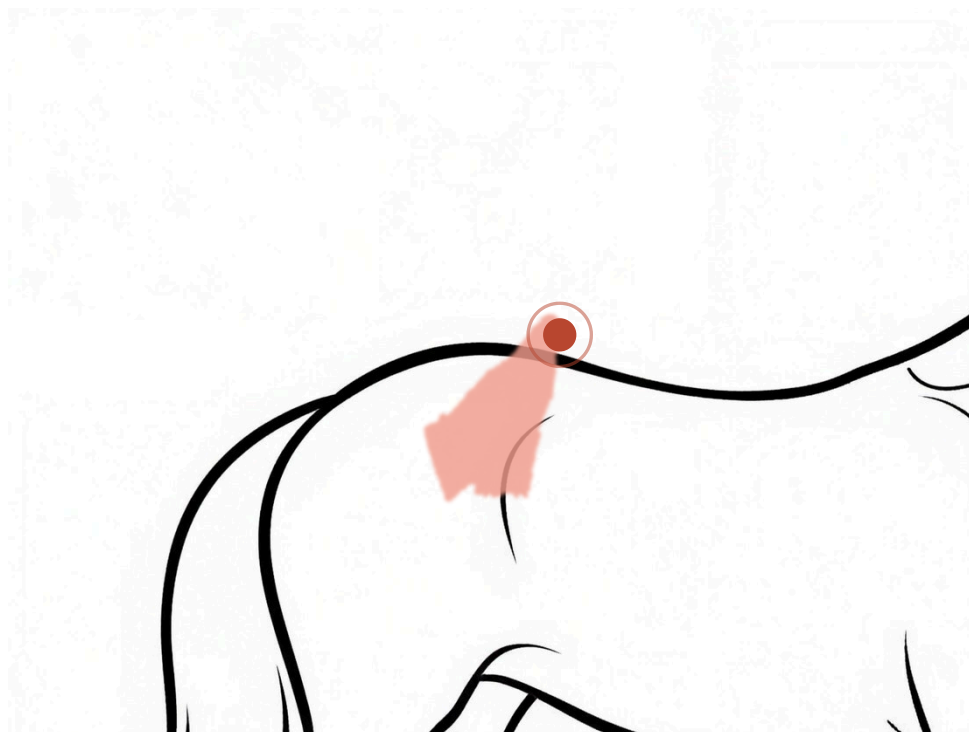
Shortening of forward movement; discomfort straightening the stifle; resists lateral movement; tracks inward during forward movement. Initial cause of a severe hamstring pull or tear to the inner thigh.

THERAPY

Follow with exercise tailored to the severity of the problem. If a pull or tear has occurred, hand walk until the horse starts to track evenly; gradually increase to walk, trot and canter. Walk up hills. Very susceptible to reinjury; keep an eye on it.

MUSCLE ACTION

To extend the hip joint and adduct the leg.



Where to find it On the front of the hip, fanning down from the underside of the tuber coxae (the point of the hip) towards the stifle.

Muscle Stress point

Tensor fasciae latae

M. tensor fasciae latae · point of hip

STRESS POINT

When moderate pressure causes flinching, moving away and stiffening of the leg, excessive tightening and stress build-up is present.

Will be felt as a tight knot against the underside of the tuber coxae (the visible bony projection).

PROBLEM

Throws the leg outwards on the forward stride; restricts lateral movements.

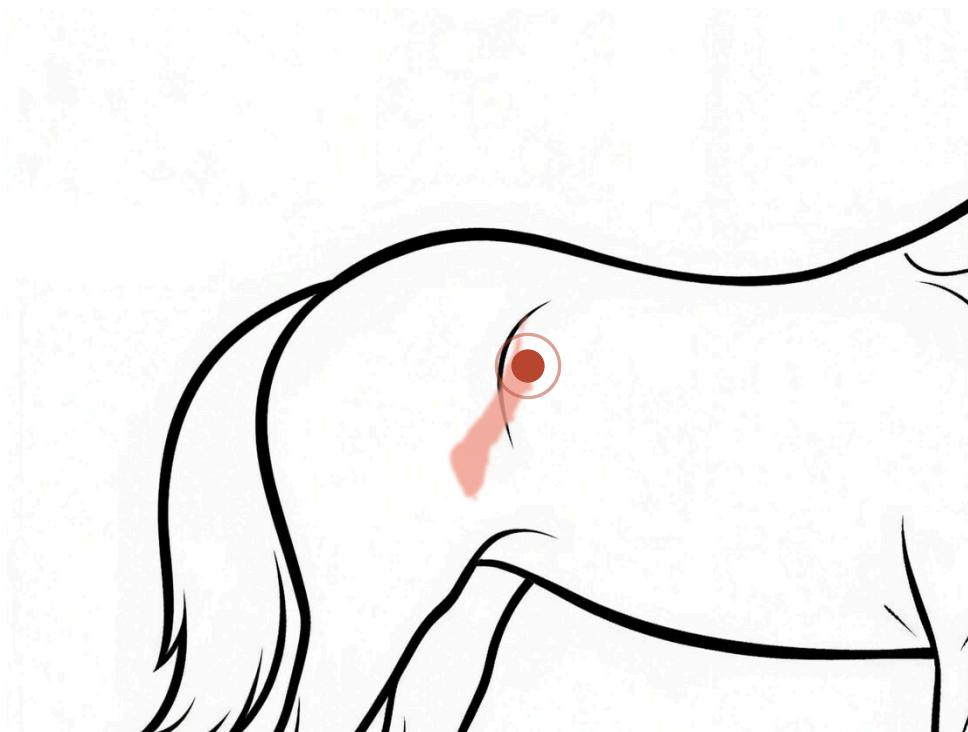
THERAPY

Follow with active exercise at any level of movement. Easy on lateral work at first. Responds well to therapy; while this can be an aggravating problem, it is seldom a dangerous one.

Due to the consistency of the muscle and its action there is little chance of an actual pull or tear.

MUSCLE ACTION

To flex the hip and extend the stifle.



Where to find it Deep on the front of the hip, a tight line from the pelvis to the head of the femur, felt below and behind the point of the hip.

Muscle Stress point

Iliacus

M. iliacus · inside the hip

STRESS POINT

When moderate pressure causes flinching, tucking under, stiffening and drawing the leg inwards, excessive tightening and stress build-up is present.

Will be felt as a tight line against the bone; as rigidity from the bone to the head of the femur, and as a knot at the femur (thigh bone).

PROBLEM

Off in hind leg movement; may actually buckle; will be more pronounced on circles to that side; may appear as back discomfort.

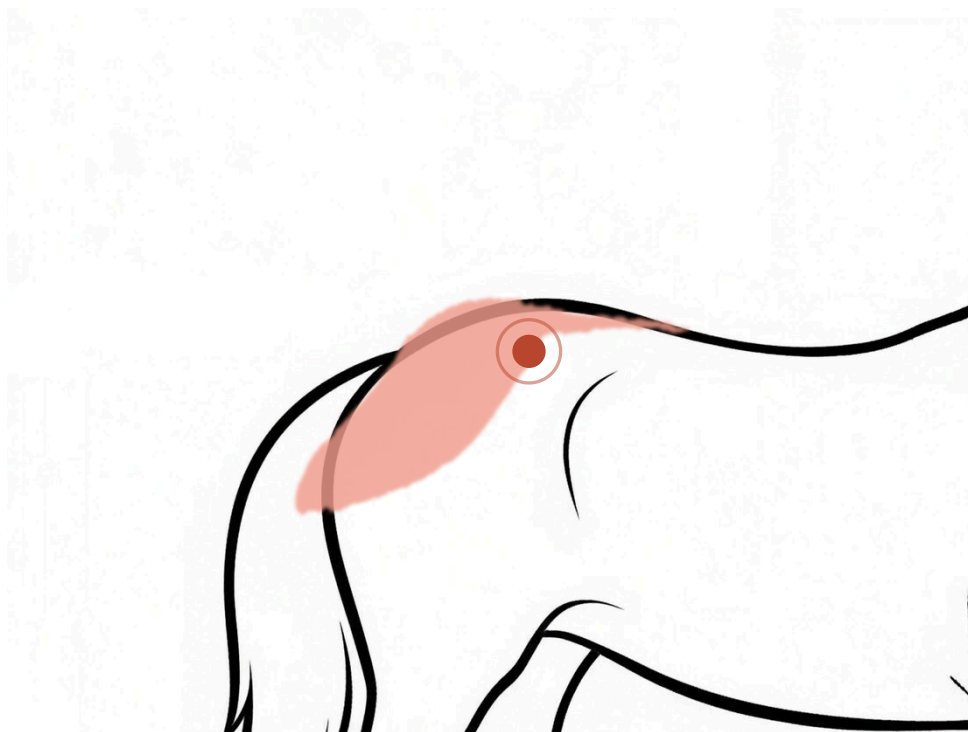
THERAPY

Resume normal activity except for jumping if symptoms are severe.

Jumping and racing horses will constantly be stressing this area. If you keep ahead of it, you will save both of you a great deal of problems in the hind end.

MUSCLE ACTION

To flex the hip joint and rotate the thigh outward.



Where to find it Over the croup, about an inch above the point of the hip, running back from the loins across the top of the hindquarter.

Muscle Stress point

Gluteus accessorius

M. gluteus accessorius · croup

STRESS POINT

When flinching, sagging, moving away from moderate pressure, excessive tightening and stress build-up is present.

A hard little knot will be felt about 1 inch (2.5 cm) above the tuber coxae (one of the more easily felt lesions).

PROBLEM

Restricted hip motion; back discomfort; shortened forward stride.

THERAPY

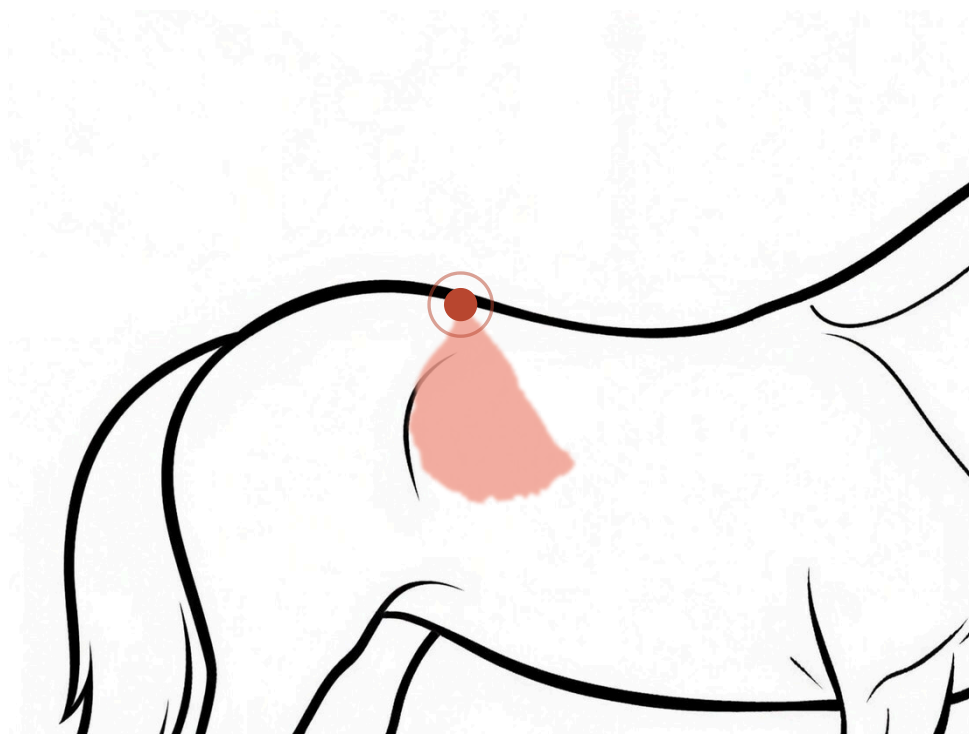
Follow with moderate exercise of all movements.

This problem usually develops as the result of a back problem and should always receive attention when there has been a back problem.

Has a tendency to recur; therapy should be maintained for a period of time even though symptoms have disappeared.

MUSCLE ACTION

Assists the gluteus muscle in extending the hip; rotates the thigh outward.



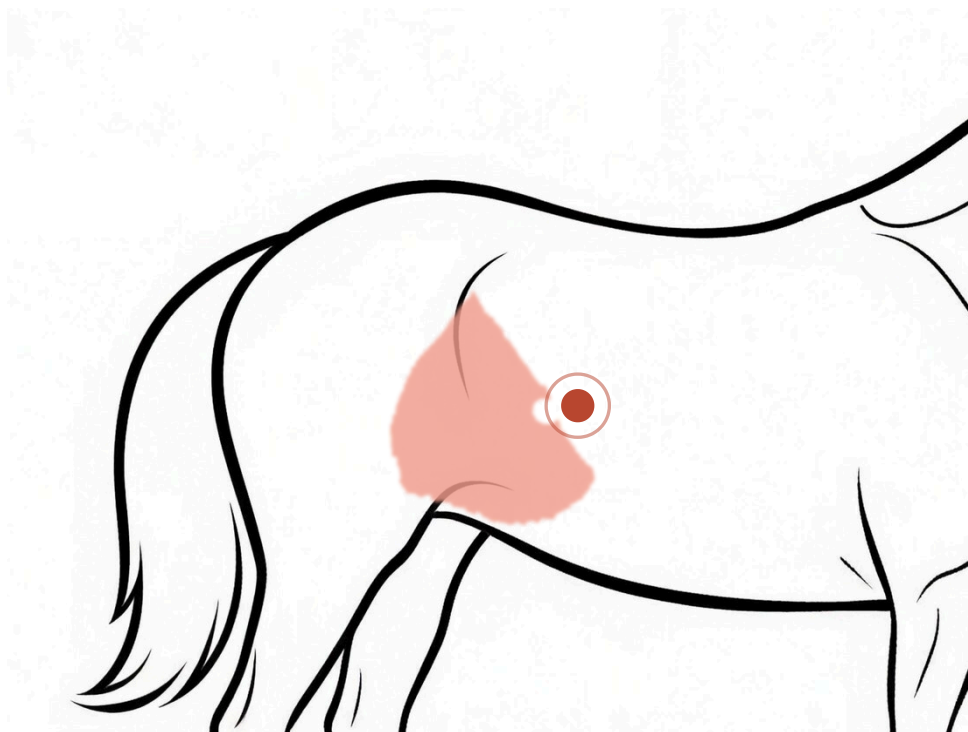
Where to find it On the flank just in front of and below the point of the hip, where the belly muscle attaches to the edge of the bone.

Muscle Stress point

External oblique

M. obliquus externus abdominis, attachment to tuber coxae · flank

STRESS POINT	Attachment to the tuber coxae. When light to moderate pressure causes flinching and arching away, excessive tightening and stress build-up is present. Will be felt as a small knot against the edge of the bone.
PROBLEM	Lugging in of the hip; restriction of lateral movement in the opposite direction.
THERAPY	Follow with active exercise at any level. This point should always be checked and worked if the horse has had severe tying-up. This muscle arises from the rectus abdominis in the belly; it is partially responsible for a tied-up horse being unable to move the hind legs backwards, as the posterior pectoral restricts the forward movement of the forelegs. Following a tying-up, treatment will effectively restore the ability to walk and move normally.
MUSCLE ACTION	To flex the trunk; to flex the trunk laterally.



Where to find it Further forward on the flank, where the external oblique attaches to the last ribs; a thickened area against the rib.

■ Muscle ● Stress point

External oblique (rib attachment)

M. obliquus externus abdominis, rib attachment · flank

- STRESS POINT** When mild pressure to the point causes flinching and moving away, excessive tightening and stress build-up is present.
Will be felt as a thickened area against the rib.
- PROBLEM** By itself this point is not associated with any motion problem, but it must be especially treated in conjunction with the external oblique in a tying-up situation.
- THERAPY** The horse will dictate the amount that you can apply as it is a sensitive area.
Use easier pressure therapy, applied daily, until you are satisfied with the condition.
- MUSCLE ACTION** To flex the trunk; to flex the trunk laterally.

Record observations and treatment given

Keep a case card for every animal you treat.

Record forms

Record every consultation on the case card, and the first assessment on the equine analysis form. Both forms, the markings sheet and the dog and cat health care chart are in Section 7, where they can be photocopied for use.

In the 2016 edition this section repeated all five forms from Section 7 unchanged (pages 125, 127, 128, 129 and 130) and included a scanned vet clinic flyer (page 126). The forms are printed once, in Section 7; the flyer is not carried over.

Heather: you have not mentioned these pages yet. If you want the forms printed here again, say so and they go back in.

Assessment techniques: be a detective

Analysing, recording and explaining what you find.

Apply the Bowen Therapy assessment framework

Heather: pages 132 to 136 are the human Cert IV assessment framework (draping, removing outer clothing). Not on your list, so they stay as they were.

Apply Bowen Therapy Assessment Frame Work

Underpinning Knowledge

7 Aspects of the human body

Covered under Anatomy and Physiology

Ability to identify bone landmarks, structures and individual muscles through palpation Covered at the workshop Knowledge of the indications, possible responses and contra-indications to treatment After conducting the assessment procedure supplied and taken into account the contra-indications given in the index you will be able to give the indications for Bowen therapy. Ability to access and interpret Covered at the work shop Knowledge of data analysis techniques This is simply referring to your knowledge of being able to access client's files and being able to analyse the various places of data that has been stored away by you in the past. Demonstrate ability to interpret up-to-date information Covered at the workshop Knowledge and understanding of methods of preparing treatment and management plans Under "Provide the Bowen therapy treatment" you were trained on the steps required on how to provide a Bowen therapy treatment and how to manage the treatment. Included in these steps was the recording of the information of the individual client. This therefore forms the bases for your treatment and management plans.

Knowledge of the correct preparations required for specific treatment Under " Provide the Bowen therapy treatment" the knowledge was given under Manage treatment. Knowledge and understanding of further investigation available Under "Plan the Bowen therapy treatment strategy"- Alternative treatment was presented. This gave you information on the knowledge to refer the client to other health professionals for further investigation outside of your area of expertise.

Interpersonal and questioning skills Covered at workshop Knowledge of ethical and legal implications of the practice of Bowen therapy See under "Principles of Bowen therapy" and "Legal requirements"

Element 1: Analyse, interpret, evaluate, utilize and record assessment outcomes

1.1 RESULTS OF THE HEALTH ASSESSMENT ARE CORRELATED WITH CASE HISTORY

1.2 Identified signs and symptoms of possible underlying conditions in the client/ patient are evaluated as indicators or contra-indicators of treatment procedures 1.3 Information is collated, recorded and organised in a way which can be interpreted readily by other professionals 1.4 Body patterns are analysed and differentiated by assessing signs and symptoms

1.1-1.4 Analyse and record assessment outcomes The following are important actions required in analysing and interpreting information received during the client's visit:

- The results of the overall assessment are correlated with the case history.
- Signs and symptoms of the condition in the client are recognised and identified as pre- requisites or contra-indications for treatment/care.
- Information gathered is assessed and assigned priority in consultation with the client using the knowledge and experience and theoretical principles applied by the practitioner.
- Information is gathered, recorded and organised in a way which can be interpreted readily by other professionals
- Body patterns analysed by weight bearing and non-weight bearing assessments and are noted separately to the presenting symptoms of the client.

ELEMENT 2. INFORM THE CLIENT/ PATIENT

2.1 Rationale for the treatment priorities are discussed with the client/ patient 2.2 Practitioner responds to client/ patient enquires using language the client/ patient understands 2.3 Referral and collaborative options are discussed with the client/ patient as necessary.

2.1 INFORMING THE CLIENT

If you as a practitioner perceive that there are treatment priorities that need to be undertaken to achieve the best outcome then this needs to be discussed with them so that they can understand your reasons. For instance you may see a casual principal (eg. In their pelvis) that is a priority which may be far removed from their symptoms (a painful neck).

2.2 While medical terms are the health professionals special language it is important to break this down into simple everyday terms when answering any of the client's queries.

2.3 If you are deciding to refer a client to another health professional it is vital that they are told the reasons and who you would suggest. If you feel you are dealing with a special case that needs the collaborating of another practitioner then it may be important to inform them of your intentions. Although this will depend on the case and the person involved.

Perform a Bowen Therapy health assessment

Perform Bowen Therapy Health Assessment

Underpinning Knowledge

Skills in using appropriate assessment techniques Covered at the workshop Knowledge of history, philosophy and beliefs of Bowen therapy within a health framework See under “Work within a Bowen therapy framework” There are 4 aspects of knowledge of the human body

Covered under Anatomy and Physiology

Knowledge of best practice Bowen therapy principles See under “Work within a Bowen therapy framework- clinic guidelines” Ability to identify prominent bones/structure and phasic and postural muscles Covered at workshop Ability to gather and interpret information through the tactile senses Covered at workshop Ability to identify contra-indications for Bowen therapy Covered at workshop Knowledge of indications for Bowen therapy After conducting the assessment procedure supplied on the previous page and taken into account the contra-indications given in the index you will be able to give the indications for Bowen therapy. Knowledge of technical and practical knowledge treatment Knowledge of treatment procedures have been given under “provide Bowen therapy treatment techniques- Apply the Bowen therapy treatment techniques” Knowledge of indications, possible reactions and contra-indications to treatment After conducting the assessment procedure supplied on the previous page and taken into account the contra-indications given in the index you will be able to give the indications for Bowen Therapy. Ability to manage time throughout consultation and treatment Covered at the workshop Demonstrate communication skills to gain and convey required information Covered at workshop Knowledge of ethical and legal implications of enquiry See under “Principles of Bowen Therapy” and “Legal requirements” Element 1. Determine the scope of assessment and the client/ patients’ needs 1.1 The client/ patients reasons for seeking a consultation are established and the symptoms experienced are identified 1.2 The client/ patients suitability for treatment is determined based on Bowen principles and clinic/ personal policies 1.3 The treatment able to be provided and any limitations are clearly explained 1.4 The client/ patients expectation of treatment/ clinic are explored and clarified 1.5 Factors that may influence or limit assessment are identified in consultation with the client/ patient any such limitations are explained and discussed as to how they may be overcome 1.6 Professional practice guidelines and parameters of the role are explained to the client/ patient as the basis of treatment and case management 1.7 Client/ patient is referred to other health care professionals where the needs of the client/ patient are identified as beyond the scope of treatment able to be provided, or if in the opinion of the practitioner the needs of the client/ patient are best met by doing so

1.8 THE LEGAL RIGHTS OF THE CLIENT/ PATIENT ARE IDENTIFIED

1.1 REASON FOR THE CONSULTATION

You will need to know the reason for the clients visit to you. You may include this question in your initial client questionnaire. However it will be necessary to discuss it with them at the first interview so that you can obtain a clear picture of the symptoms that they are experiencing.

1.2 TREATMENT SUITABILITY

From your preliminary investigations you may be able to determine the client's suitability for Bowen therapy treatment. If not then at a point that you determine, you need to be able to express to the client whether you believe that you can help them or not.

1.3 TREATMENT LIMITATIONS

After your assessment it may be clear that you may be able to assist the client but let them know at the same time if there are any limitations to the help that you can give to them

1.4 CLIENTS EXPECTATIONS

Expectations by clients will vary from person to person. Ensure you explore just what they expect from their visits to you.

1.5 FACTORS INFLUENCING ASSESSMENT

A proper assessment includes visual assessment. If a client does not want to remove their clothing for example then your ability to help them will be hindered. This needs to be discussed and ways of overcoming this problem could be suggested.

1.6 PROFESSIONAL PRACTICE GUIDELINES SEE UNDER "CLINIC GUIDELINES"

It is not necessary to relate all of these to the client as most of them are implied within a professional setting.

1.7 REFERRALS

From time to time a client's problem will fall outside of your field of expertise and it will be necessary for you to make this clear to them and offer any assistance necessary for them to obtain some help.

1.8 ETHICS

See under "Clinic Guidelines"

Element 2. Obtain and record an accurate history of the client/ patient 2.1 Preliminary information required from the client/ patient for completing the client/ patients history to complement assessment is sought in a professional manner 2.2 Accurate, relevant and well organised information is collected and recorded in a form which can be interpreted readily by other professionals

2.3 INFORMATION IS MANAGED IN A CONFIDENTIAL AND SECURE WAY

2.1-2.3 See under "Provide the Bowen therapy treatment- Health History"

ELEMENT 3. PREPARE THE CLIENT FOR ASSESSMENT

3.1 Client/patients body is not unnecessarily exposed during the assessment/ treatment 3.2 Client/patient boundaries are established and respected at all times

3.3 CLIENT/PATIENT FEEDBACK IS SOUGHT ON COMFORT LEVELS

3.1 – 3.3 Draping of client Ask client to remove their outer clothing, leaving the room whilst the client is preparing. Observing the client's right to privacy, knock or request permission before re-entering the room. Your client is within their rights to refuse your request to remove their outer clothing. If in this

case, your treatment can still proceed, however you will need to adjust to completing both the assessment and treatment entirely through their clothing.

A client needs to be draped at all times by the use of a towel, sheet or blanket. Always ensure that sexual organs (including breasts for females) are covered at all times. Only uncover those areas which you are examining or treating at the time. Remember, being semi-clothed and lying on the treatment table generally increases your client's feelings of vulnerability and apprehension. Paying attention to draping not only demonstrates your professionalism and regard for your client, but leaves the client feeling more relaxed and comfortable.

ELEMENT 4. PERFORM AND RECORD ASSESSMENT OF THE CLIENT

4.1 Informed client/patient consent is obtained prior to conducting assessment in accordance with the relevant regulations and legislation 4.2 Essential requirements for the maintenance of clinical and practitioner hygiene are identified, and routinely observed 4.3 Potential sensitivities of the client/patient are anticipated and the practitioner's approach is adapted accordingly.

4.4 CONTRA-INDICATIONS TO ANY SUBSEQUENT TREATMENT ARE IDENTIFIED

4.1 CLIENT CONSENT FOR ASSESSMENT

It is not necessary to literally ask the client for their consent to perform an assessment on them; however you will need to explain your examination procedures. In addition to this you will need to explain when you are going to perform them. In the case of a standing postural assessment you would say to them, I would like to see your posture now while you are standing over in this corner. I would like your coat and shoes off. This gives them the opportunity to agree or disagree with your instructions.

4.2 HYGIENE

The practitioner should always wash their hands before and after every client to prevent the possibility of spread of disease. Cuts or wounds should be covered and suitable clothing should be worn if either party has a severe skin condition.

4.3 SENSITIVITY OF THE CLIENT

We are not all of the same makeup. Some clients may be very sensitive about a whole lot of things. It is important that the practitioner anticipate any event in the consultation that could potentially affect the client/practitioner relationship. In short practitioners need to be flexible to accommodate the full range of client peculiarities that come into their clinic.

4.4 CONTRA-INDICATIONS TO TREATMENT

As one has previously been stated it is important to note any contra-indications to any one of the treatment techniques (See appendix for the full list)

Infection control

Biosecurity and disinfection when you move between properties.

Biosecurity and disinfection procedures for horse owners

Good on-farm biosecurity and personal hygiene prevent not only exotic diseases but any infectious disease that can affect horses. Prevention is better than cure: every horse owner, and everyone who works in the industry, needs to reduce the risk of a disease being introduced to a property and spread by themselves or the horses in their care.

Biosecurity is a set of disease control measures designed to break the cycle of, and reduce the spread of, infectious diseases.

Top biosecurity tips

- Wash your hands.
- Isolate sick horses, new arrivals and horses returning to the property.
- Clean and disinfect properly, in three steps: remove loose material, wash, disinfect.
- Disease can be spread by horses, people and equipment. Assess the risk for your property.
- Take action to improve your biosecurity today.

New arrivals

The most common way infectious diseases are spread is via a new horse arriving at the property. Even though the horse may not be showing symptoms it could still be a carrier of disease. A veterinary examination is recommended prior to purchasing a horse; depending on where the horse has come from, the veterinarian may advise specific tests to rule out infectious diseases. On the arrival of any new horse:

- Isolate it from the resident horses for at least two weeks.
- Check the horse twice daily for signs of illness, taking its temperature as well as monitoring food and water intake.
- Have separate equipment for the new arrival: stable and yard equipment, buckets, grooming supplies and tack.
- Handle the newly arrived horse last, morning and night, or put on disposable overalls and change footwear, removing them before tending to other horses on the property.
- Wash your hands on leaving the horse's yard.

Attending activities: coming and going

Horse-to-horse or human-to-horse contact with an infected horse at an event is another common way disease is spread. Simple steps at events:

- Take your own equipment: buckets, tack and grooming supplies.
- Do not share your equipment.
- Do not use communal water troughs.
- Monitor your horse's health while at the event.
- Avoid tying or yarding your horse with other horses, so there is minimal direct contact.
- Do not allow your horse to graze at the event; take your own feed.
- Pick up any manure and dispose of it at the designated place.
- Insect repellent on yourself and your horse can help prevent transmission of disease by insect bite.
- Wash your hands if you have touched other people's horses.
- Monitor your horse's health on returning home and, where possible, isolate it for two weeks and avoid nose-to-nose contact with other horses on your property.
- Keep records of horse movements on and off the property: dates, time, venue.
- Clean and disinfect your float or truck, tack, grooming equipment and stable equipment immediately on returning home.
- Do not touch other horses at your property until you have showered, changed your clothes and cleaned and disinfected your footwear.

Visitors to your property

Many diseases spread just as easily from human to horse: from the owner visiting a horse on another property, or from someone visiting yours, whether a friend or a service provider like a farrier, dentist, vet or riding instructor. Simple measures:

- Have only one entrance and a designated parking area for visitors, away from the horses. If a service provider needs to park closer, have an area for this.
- If you have many visitors coming and going, consider foot baths at the entrance.
- Be set up for visitors to wash hands and disinfect equipment: antibacterial hand gel, disinfectant wipes, a spray pack of disinfectant.
- Keep a record of visitors: date, time, name and purpose of visit. On larger properties, record which horses the visitor came in contact with.

Visiting other horse properties

This applies directly to you as a therapist. If you have been in contact with other horses away from your property:

- Wash your hands, change your clothes and disinfect your boots before handling horses on your property.
- If you work in the industry or regularly visit properties with horses, keep a detailed log of where you have been.
- Any equipment you take with you must be cleaned and disinfected before it is used on other horses or your own.

- Have equipment, clothing and boots for work purposes only. Keep them separate from your own horses and keep your vehicle clean.

Neighbouring properties and good husbandry

Nose-to-nose contact over neighbouring fence lines can be managed by double fencing and planting trees between fences. Electric fencing will not completely eliminate contact but it deters most horses if the other options are not available.

Good husbandry practised day to day is an effective way to reduce the spread of disease. Horses should be checked daily to ensure they are healthy and not at risk of injury. Worming and vaccination programs should be implemented and records kept for each horse. Where horses are stabled or yarded, manure should be cleaned up twice a day and disposed of properly. Keeping vermin and insects under control also matters: empty the manure pit regularly, keep feed in vermin-proof containers, dispose of old and uneaten feed and limit places for vermin to hide and breed. Keep equipment and tack well cleaned, wash and rinse feed and stable water buckets daily, and clean paddock water troughs weekly. Ensure prompt removal and hygienic disposal of deceased stock.

Signs of illness and disease reporting

Any horse suspected of being ill must be isolated immediately. Call your local vet. Do not handle any other horses until you have changed your clothes and washed your hands. Wash and disinfect any gear that has been in contact with the horse: rugs, halters and leads, feed bins, water buckets and grooming equipment.

If a high number of horses fall ill, or there are any sudden unexplained deaths, call your local vet or the Emergency Animal Disease Watch Hotline. Do not allow anyone to come in contact with your horses and do not remove any deceased horses until your vet has assessed the situation. Under South Australian legislation, if you suspect the presence of an emergency (exotic) animal disease you must report it to PIRSA Biosecurity, Animal Health.

Emergency Animal Disease Watch Hotline: 1800 675 888.

How to disinfect

There are three steps, in order, for disinfection to be effective.

1. **Remove loose material.** Surfaces must be cleaned first or disinfectants will not work. Brush all manure and dirt off the surface.
2. **Wash.** Wash the item or surface with warm soapy water, then rinse thoroughly and dry.
3. **Disinfect.** Once the item or surface is dry, apply disinfectant. Tack and footwear can be wiped with a disinfectant wipe, or sprayed with disinfectant and wiped over with a clean dry cloth. Horse transport vehicles and stable floors can be sprayed with disinfectant made up in a spray bottle; a weed sprayer suits larger areas.

Always wear gloves when mixing disinfectants, read and follow the manufacturer's instructions, and take care with your clothes and equipment.

PRODUCT

USE

Bleach (any bleaching agent containing hypochlorite)	One part bleach to ten parts water is a cost-effective way to disinfect buckets, stable forks and shovels, and grooming equipment.
Spray disinfectants (quaternary ammonium compounds)	Mix as per the label. Good for the inside of transport vehicles and tyres, stable floors and walls, and stable equipment. Some are suitable for foot baths.
Antibacterial or alcohol wipes	Make sure they kill both virus and bacteria. Quick and effective for wiping over helmets and tack without water.
Soap and warm water	Sufficient for skin.
Waterless antibacterial hand gels	Available as gel or wipes at most supermarkets and pharmacies.
Chlorhexidine hand wash	Used in most hospitals and veterinary surgeries. In rare cases people are hypersensitive to chlorhexidine, so it should not be used on damaged skin of allergy sufferers.

Disinfection procedures for skin, clothes and equipment

Infected horses excrete huge quantities of equine influenza virus when they cough or sneeze, and people who have been in contact with infected horses can spread it. The virus can survive on hard, non-porous surfaces such as plastic and stainless steel for up to 48 hours, and on fabrics and skin for up to 12 hours or longer. It is killed easily by cleaning and disinfection; you just need to be thorough. Pay extra attention to areas in the firing line of coughing, sneezing or snorting, and remove all snot and mucus.

- **Stables and floats.** Scrub clean walls and ceilings as well as floors.
- **Yourself.** Follow a rigorous scrub-in and scrub-out procedure when visiting horse properties. Wear a protective overcoat or overalls when handling an infected horse; single-use disposable overalls are preferable. Remove them after handling horses from one property, discard if disposable, otherwise launder before using again, bagging the clothing to take home to clean. Blow your nose into a tissue and discard it before you wash your hands, as your own nose may be a source of contamination. Wash your hands thoroughly with soap or detergent, every finger and under the fingernails, right up to the elbows, for at least two minutes.
- **Bridles, feed bowls, troughs, lead ropes and twitches** can harbour snot and mucus. Bridles should be thoroughly cleaned and disinfected; where possible do not share bridles between horses, and never between properties. Feed bowls and troughs can be disinfected satisfactorily, but lead ropes and rope twitches should be discarded if they may have been used on an infected horse.
- **Surfaces.** Clean away all dirt and faecal material with water and household detergent, then spray with a disinfectant such as household bleach or citric acid. Read the label directions and take the recommended precautions.

Source: Government of South Australia, Primary Industries and Regions SA (PIRSA), Biosecurity SA. Reproduced with attribution under the terms printed on the original fact sheets. The information is provided as general guidance; check the current PIRSA fact sheets for updates.

When to call the veterinarian

Call immediately, call the same day, or call within 24 hours.

When to call your veterinarian

A Bowen therapist is not a vet. Part of your duty of care is knowing which signs mean the owner should be on the phone to one now, which can wait until later today, and which can wait until tomorrow. If in doubt, call.

A • Call immediately

Choke	Distressed; extends the head and neck; salivates, coughs, grunts, paws the ground; food and saliva may come back through the nostrils.
Collapse or loss of balance	Over-reaction to stimuli, depression, staggering, knuckling over, walking in circles, down and unable to get up, general muscle tremor, rigidity, paddling movements of the legs, coma.
Continual straining	Trying to pass a motion or urinate with little or no result.
Heavy bleeding	From any part of the body and will not stop. Apply pressure while you wait.
Difficulty breathing	Gasping; noisy breathing.
Inability to foal	No foal after about 25 minutes of obvious contractions and straining; the mare gives up after straining for 20 minutes; part of the foal (for example a leg) appears but nothing else follows after 20 minutes.
Injury	Severe continuous pain; severe lameness; a cut with bone exposed; a puncture wound, especially to the chest or abdomen.
Pain	Severe, continuous or spasmodic.
Poisoning	Chemical, snake or plant. Keep a sample of the suspected poison so the vet can identify it quickly.
Urine or diarrhoea	Evidence of blood; putrid fluid diarrhoea in a young foal.

B • Call the same day

Abortion	Any abortion.
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Afterbirth	Retained for 8 hours.
Breathing difficulties	Laboured breathing (heaving); rapid, shallow breathing with or without a cough.
Diarrhoea	Fluid and putrid.
Eye problems	Tears streaming down the cheeks; eyelids partly or completely closed; the surface of the eye hazy, opaque or bluish-white.
Injuries	Not urgent but liable to become infected; a cut through the full thickness of the skin that needs stitching; a puncture wound of the foot; sudden acute lameness.
Itching	Self-mutilating; damaged skin; bleeding sores.
Not eating	Depressed, together with other signs such as laboured breathing, diarrhoea, lying down, pain or sweating.
Swelling	Hot, hard and painful, or discharging.

C • Call within 24 hours

Diarrhoea	Cow-like, with no sign of abdominal pain, no blood and no straining.
Itching	Moderate, with no damage from self-mutilation.
Lameness	Still able to bear weight on the leg; eating and other functions unaffected.
Not eating	With no other sign or symptom.

Heather: rewritten from the list in the 2016 edition so the wording is our own. Please check it against your own experience and your vet's advice before it is published.

Equine first aid

The kit, wounds and bandaging, vital signs, and saddle fitting.

Suggestions for an animal first aid kit

Vet's phone number:

- Torch
- Lead ropes and halter
- Dog collars and leads
- Carry cage
- Scissors
- Tweezers
- Splinter probe
- Bowl for washing wounds
- Old towels
- Bandages
- Cotton wool
- Thermometer
- Stethoscope
- Syringes
- Vaseline
- Plastic bags
- Antihistamine
- Berg oil
- Tape measure
- Swabs
- Rubber gloves
- Paper towels
- Washing soda
- Colloidal silver
- Feeding tube
- Spray bottle
- Nail brush
- Bucket
- Ear cleaning equipment
- Blanket
- Thermal blanket
- Peroxide or alcohol
- Vegetable oil
- Hand washing equipment
- Clippers
- Note book and pens
- Betadine
- Panadol
- Cetrigen (purple spray)
- Water
- Rapid gel
- Pottie's electric oil
- Hoof tester
- Black cotton cloth
- Wire cutters
- Pliers
- Bailing twine
- Twitch
- Hoof pick
- Fire blanket
- Mentholated spirits
- Tissue salts
- Bot scraper
- Duct tape
- Bran

Please add any of your own requirements. Check the kit regularly to keep it up to date.

First aid for horses

First aid is what you do for a horse before the vet arrives. Done well it can save the horse's life; at the least it stops the condition getting worse, and sometimes it is all that is needed. Whatever the problem, always restrain the horse without putting yourself at risk, calm it, and move it somewhere suitable for treatment.

Types of wounds

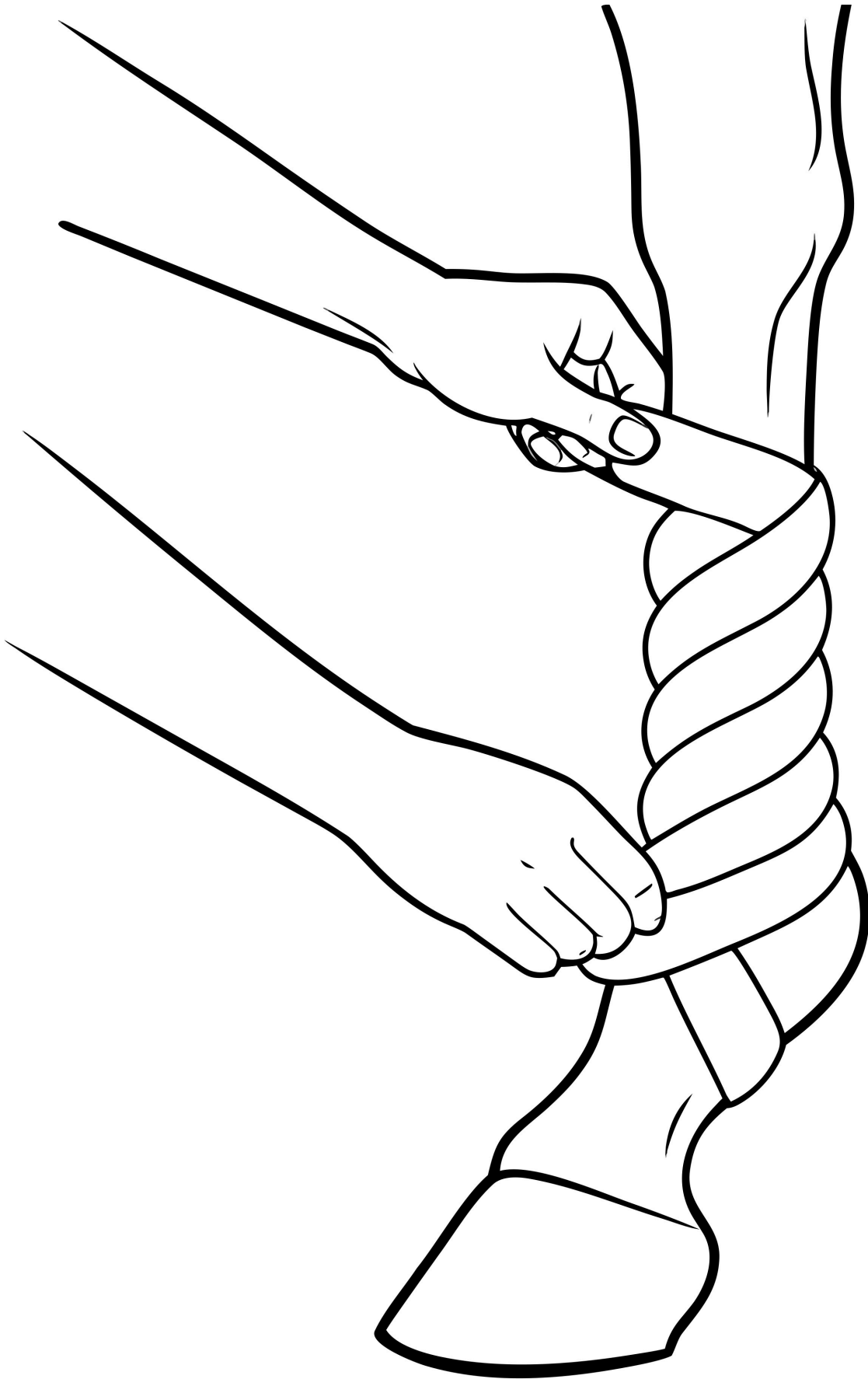
Incision	A clean cut from a very sharp object: glass, sharp metal, jagged wood.
Abrasion	Friction that wears away the top layer of skin and hair: rubbing from leg straps, rope burns, chafing from brushing boots, a horse going down in a float.
Laceration	A torn, ragged wound, typically from skin caught in wire.
Puncture	Deeper than it is wide: a small surface wound that may go deep into the flesh, usually from a nail, stake or wire.
Contusion	A bruise or swelling without the skin being broken, from a hard blow or a fall onto a hard surface.
Burn	Damage to the skin from heat, cold, electricity or chemicals.

How a wound heals

Wounds that break the skin heal in four broad phases. In the **inflammatory phase** (days 0 to 3) clotting controls the bleeding and the surrounding tissue swells; the worse the wound, the greater the swelling. In the **destructive phase** (days 1 to 6) white blood cells arrive to clear dead and dying cells and a new layer of cells begins to form under the scab; this phase drags on if there is a lot of dead tissue or foreign material in the wound. Repair and remodelling follow over weeks and months.

Stopping the bleeding

Apply pressure. Gauze swabs or cotton wool held over the wound with gentle pressure will slow bleeding in most cases. A bandage can then be put on over the pad and left until the vet arrives. Avoid tourniquets: they cut off the blood supply for too long and cause tissue damage.



1. Put a non-stick dressing on first, so the clot is not disturbed when you change it. **2.** Wrap padding around the leg; do not worry if the wound is still bleeding, it can take up to 30 minutes to stop. **3.** Bandage over the padding, starting at the top to secure the dressing and working down over the wound. **4.** Use all the bandage, leaving an edge of padding showing at top and bottom. Take your time and do it well.

Controlling infection

Any wound left untreated for more than twelve hours should be assumed to be infected. Infection is much less likely in wounds treated with antibiotics within the first six hours.

- **Topical antibiotic.** Useful for small open wounds, as a powder or spray. To use a spray, hold the can upright 30 to 48 cm from the skin and spray briefly. Some horses dislike the noise, so spray into the air first to see how the horse reacts; cotton-wool plugs in the ears can help.
- **Systemic antibiotics.** Should be started as early as possible in wounds where infection is likely. A broad-spectrum antibiotic such as penicillin is usual, but the choice belongs to the attending veterinarian.
- **Tetanus.** A horse with current tetanus vaccination should be given a booster of tetanus toxoid. An unvaccinated horse needs both tetanus antitoxin, for immediate but temporary protection, and a tetanus toxoid vaccination, with a second toxoid four weeks later.

Reducing swelling, and proud flesh

A poultice reduces the swelling of the inflammatory phase, and the vet may prescribe an anti-inflammatory such as phenylbutazone. Keeping a leg wound bandaged also limits swelling.

Proud flesh is excess granulation tissue, mostly a problem in wounds below the knee and hock. The best way to limit it is pressure on the wound and keeping the skin still by immobilising the area: an elastic bandage may be enough for a small wound, larger wounds may need more rigid support. Cortisone ointments also limit proud flesh but must not be used too soon after injury, and only with care where infection is a risk, because cortisone lowers the body's defences. Established proud flesh has to be reduced to below skin level or the skin cannot grow across the wound. Depending on size, that means copper sulphate, cutting it back (a job for the vet) or, where a large area of skin has been lost, a skin graft.

Eye injuries

Eye injuries must be recognised and treated promptly or permanent damage and impaired vision can follow. The eyeball, and especially the cornea, is damaged by grass seeds, sand, chaff particles, mud thrown up by other horses and fly worry, particularly in summer. Look for a discharge, clear or infected, a tacky trail from the eye, an inflamed conjunctiva, squinting because light hurts, and a cornea that has turned cloudy or blue over part or all of its surface.

Because eyes are so easily damaged, veterinary assessment is recommended. If it is not available: remove any foreign body such as a grass seed if you can (the horse may need to be twitched) and flush the eye with saline, or use a swab dampened with saline; keep the horse in a darkened stall; get prompt veterinary attention if the surface of the cornea changes in any way; and use a fly veil to keep flies off the eyes.

Assessing the vital signs

- **Temperature.** Shake the mercury down, insert two thirds of the thermometer into the anus with the end resting on the rectal wall, leave it for at least two minutes, then remove and read. Normal range 37.0 to 38.5 °C.

- **Pulse or heart rate.** Find the facial artery where it runs over the underside of the jaw bone and count for a full minute. With a stethoscope the heart can be heard on the left side, low on the chest behind the elbow. Normal at rest: 30 to 40 beats a minute.
- **Respiration.** Count the breaths taken over one minute. Normal: at least 10 to 12 a minute.
- **Mucous membranes.** The colour of the gums is a useful monitor in a sick horse, but you must know what is normal for that horse first. Very pale points to anaemia or shock (though many normal horses have pale pink gums); very red or brick red to septicaemia, toxemia or dehydration; blue to a lack of oxygen.
- **Capillary refill time.** Press a finger on the gum until it goes white, then release. Normal colour should return within one or two seconds. It takes longer if the horse is in shock.
- **Lymph nodes.** The submandibular nodes are easy to feel midway between the cheeks. They enlarge, and can abscess, in strangles, and enlarge with any infection of the head and neck, grass seeds in the mouth, respiratory infections, or general disorders of the lymphatic system.

Injections

The three routes are subcutaneous (under the skin), intramuscular (into the muscle) and intravenous (into the vein). The route depends on the drug, and it is dangerous to inject any drug by the wrong route. Sterility is essential whatever the route: always use a sterile needle and syringe, never reuse a needle, and only reuse a syringe if it can be sterilised between uses. Needle size depends on the drug and the site; 18 gauge is the most common in the horse. Large intramuscular doses, over 20 ml, can be split between two sites, and daily injections should move to a different site each time. Subcutaneous injections are given under a fold of skin, usually on the neck.

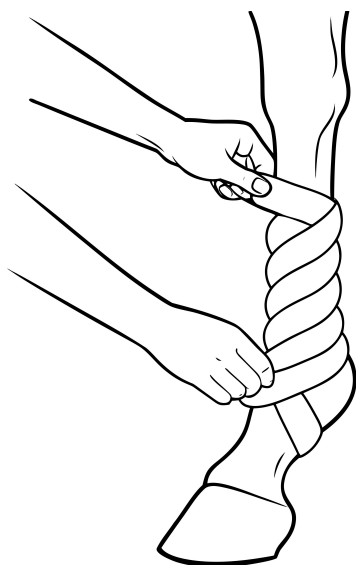
Heather: this section is rewritten in our own words from the textbook pages in the 2016 edition, with new drawings, so it is ours to publish. It is veterinary content: please have a vet read it before it goes to print.

Bandages

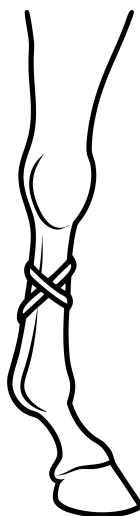
Bandages protect wounds, immobilise a limb, hold dressings and poultices in place and protect the legs during exercise. Whatever the purpose, the same rules apply.

- **Secure.** A bandage must not slip or unravel. Exercise bandages should be stitched or taped, and self-adhesive bandages should run onto the hair so they cannot slide.
- **Firm, even pressure.** Unroll a self-adhesive bandage in short lengths and lay it on; unrolled straight off the roll around the leg it will be too tight. Uneven pressure over a tendon inflames the tendon sheath. Always use padding.
- **Joints.** Bandaging over a joint reduces flexibility in a working horse.
- **Rigid immobilisation** needs every pressure point well padded. At the back of the knee a small slit in the padding stops pressure necrosis over the accessory carpal bone.
- **Never stop mid-tendon.** Carry the bandage on to the nearest joint.

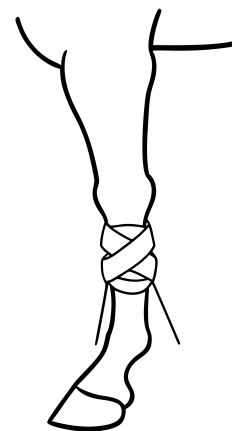
Bandaging below the knee



Below the knee. Non-stick dressing on the wound; gauze bandage overlapping by at least half its width each turn; then padding (gamgee or cotton wool), with the end of the outer bandage tucked under the overlap of the padding, one spiral around the limb, then work downwards; finish with a conforming elastic bandage, the tapes laid flat and tied at the side of the limb. Add extra padding if the pastern is included.



An injured knee. The bone at the back of the knee is the sensitive point: a bandage that restricts circulation there can turn a minor injury into a severe one. Stable-bandage the lower leg first for support, pad generously around the knee, bandage in a figure of eight, leave the back of the knee free of pressure and allow movement. Check no bony prominence is under pressure when you finish; a second turn of elastic bandage above may be needed to hold it.



An injured hock. Stable-bandage both hind legs first. The prominent bone on the inside of the hock is vulnerable to pressure, so avoid it. Pad above and below the joint with a large roll of gamgee; bandage a couple of turns above the hock, cross over the front, a few turns below and over the stable bandage, then back up in front of the hock. Check the bandage is not pressing on the bone, that the point of the hock is well protected, and finish with elastic bandage around the top of the leg to hold it in place.

Bandaging materials

Wound dressings

Must not stick to the wound: paraffin gauze, non-adherent pads, a gauze swab with ointment.

Padding

Goes over the dressing so the outer bandage cannot put uneven pressure on the leg: cotton wool, combine dressing, sponge-rubber leg protectors for exercise.

Gauze bandages

Applied over the padding.

Self-adhesive bandages

Elastic adhesive bandage, cohesive wraps, equine support bandages.

Poultices

Reduce swelling and bring an abscess to a head. Applied over the wound dressing, or directly on the skin if there is no wound: a multi-purpose poultice dressing used hot or cold, a clay-based astringent paste that needs no bandage, or a heat-producing poultice.

Examining the mouth and worming

Two routine jobs done at the head: opening the mouth to check the teeth and gums, and giving a worming paste over the tongue with the head held steady. Keep a worming and vaccination record for every horse.

Recording veterinary treatments

Record every treatment given to the animals in your care, and keep the record up to date. A diary, an exercise book, a card file or a computer database all work; what matters is that it is written down on the day.

Heather: rewritten in our own words from the textbook pages in the 2016 edition, with new drawings.
Veterinary content: please have a vet read it before print.

Taking a horse's temperature

A sudden rise in temperature to 38.5 °C or higher is usually the first clinical sign of equine influenza, and of many other infections. Every therapist should be able to take a temperature cleanly and safely.

Thermometers

Two types are available: the mercury bulb thermometer, which is cheap but easily broken, and the electronic thermometer, which costs more but lasts longer and is easy to read. Buy one from your veterinarian or chemist.

Technique

1. Stand on the near side (the left-hand side of the horse), close to the horse, to avoid being kicked.
2. Lubricate the end of the thermometer with soapy water.
3. If using a mercury thermometer, gently shake the mercury down to the bottom of the tube.
4. Lift the tail and gently insert the thermometer into the rectum. Make sure the tip rests against the rectal wall and is not inserted into dung.
5. Hold the end of the thermometer so it cannot disappear into the rectum.
6. A mercury thermometer needs at least 60 seconds before you remove and read it. An electronic thermometer beeps when it has an accurate reading.

Source: Government of South Australia, Primary Industries and Regions SA (PIRSA), Biosecurity SA. Reproduced with attribution under the terms printed on the original fact sheets. The information is provided as general guidance; check the current PIRSA fact sheets for updates.

Normal temperatures and heart rates, shock and fever

Normal rectal temperature (°C)

Horses	37.2 to 38.3
Alpacas	37.5 to 38.3
Cattle	38.3 to 38.6
Sheep	38.3 to 39.0
Cats	38.3 to 38.9
Dogs	38.3 to 38.9
Pigs	38.3 to 39.2
Rabbits	38.3 to 39.4
Goats	38.9 to 39.4
Guinea pigs	37.8 to 39.5
Ducks and geese	40.6 to 41.1
Turkeys	40.6 to 41.1
Chickens and guinea fowl	41.1 to 42.2

Normal heart rate (beats per minute)

ANIMAL	TYPICAL	RANGE
Horses	40	23 to 70
Alpacas		60 to 90
Cattle	55	45 to 70
Sheep	75	60 to 120
Goats	90	70 to 135
Dogs		100 to 130
Cats	120	110 to 140
Rabbits	205	123 to 304
Guinea pigs	280	260 to 400

Shock can lower the temperature by one or two degrees and can mean the animal is dying. Fever can raise it by one or two degrees and can cause brain damage.

Always refer to your vet

TREATMENT FOR SHOCK

Shock can kill, so quick action is important. Raise the animal's temperature with heat lamps or heat pads; blankets on their own are not enough. The silver emergency blankets sold by chemists may help until other heating can be arranged. Check the colour of the gums: pale gums mean shock, internal bleeding or both.

FEVER

A high temperature can destroy brain cells. In an emergency it may help to cool the patient down to reduce the fever until the antibiotic begins to work. Do not give aspirin or use cooling at the same time as the antibiotic unless your vet suggests it.

Heather: the temperature and heart-rate figures are the ones in the 2016 edition; the source was not named. Please confirm them, or name the reference, before publication.

Vital signs: pulse, respiration, gut sounds and dehydration

It is recommended that you check and record your animal's vital signs regularly so that you have a diary of their activities and responses to refer back on and if necessary to give to the vet.

PULSE

HOW TO MEASURE

The pulse in the horse can be taken from an area under the jaw, from beneath the tail at its bone or from an area on the side of the horse's foot.

The simplest and most effective way is by placing your hand or stethoscope on the left (near side) of your horse's chest under the elbow. (If you can't find the pulse your veterinarian will be happy to show you). Since most horses will not stand still enough to count heart beats for a full minute, count for 15 seconds and multiply by four.

Be sure to count each lub-dub as 1 beat.

UNDERSTANDING THE INFORMATION

The pulse measures the rate and strength of the heartbeat. A normal resting horse has a rate of 38- 40 beats per minute, foals 70-120, yearlings 45-60 and 2 year olds 40-50, cats 120, dogs, 100> alpacas 60>, goats 90>, Maximum heart rate in a horse can exceed 180 bpm, but a rate above 80 should be considered serious in most non exercising horses. Heart rates that stay above 60 in a horse that is can be a sign of trouble.

Exercise, stress, fear, pain and excitement will elevate the animal's heart rate. Infection will cause an increased rate as will traumatic cuts, kicks, fractures and so forth. The most common cause of elevated heart rate is colic or intestinal pain. Such pain can cause mild to severe elevations, and the degree of increase can be a sign of the severity of the colic pain.

The intensity or force of the pulse is sometimes an indicator of other problems in the horse. A weak or soft pulse means the heart is not pumping forcefully and may indicate heart disease. A hard, forceful pulse can be felt in a horse that has been exercising and is pumping a lot of blood to carry oxygen to working muscles. This forceful pulse can also be felt as a reaction by the body to some drugs, toxins or some disease condition. Knowing your animal's normal heart rate and pulse quality allows you to make comparisons in order to evaluate situations and judge your animal's response.

RESPIRATION

The average respiration rate of a mature horse at rest is 8-15 breaths per minute. An animal's respiration rate increases with hot or humid weather, exercise, fever or pain. Rapid breathing at rest should receive veterinary attention and keep in mind that the respiration rate should NEVER exceed the pulse rate. A horse should spend equal time inhaling and exhaling. You should wait at least 30 minutes after work before checking the respiratory rate at rest to obtain a true reading.

HOW TO UNDERSTAND THE INFORMATION

Watch or feel your animal's ribcage for one minute. Be sure to count 1 inhale and 1 exhale as one breath (not 2) each breath is fairly slow if you are having difficulty seeing the rib cage move try watching the animal's nostrils or place your hand in front of the nostrils to feel the animal exhale. An even better method is to place a stethoscope to the animal's windpipe to listen to his breathing. This will also give you strange sounds if the animal's windpipe is blocked by mucous or if he has allergies or heaves.

GUT SOUNDS

he gut sounds that come from your animal's stomach and intestines can be very important information which your vet uses to diagnose an illness. Gut sounds should always be present. The absence of gut sounds is more indicative of a problem than excessive gut sounds. Usually an absence of gut sounds indicates colic. If you can't hear any sounds contact your veterinarian.

HOW TO CHECK FOR GUT SOUNDS

Press your ear up against your animal's barrel just behind his last rib. If you hear gurgling noises, he's fine. Be sure to check gut sounds from both sides if you do not hear any sounds, try using a stethoscope in the same area.

DEHYDRATION

Healthy horses drink a minimum of 20 litre of water per day. If your horse is dehydrated it is very important that you urge him to drink. If he refuses to drink water, try adding flavour to it (molasses or cordial) and contact your veterinarian if he still won't drink.

During hot, humid conditions horses should drink a lot more. A horse in work may drink up to 70 litres per day.

If a horse is stabled all day it is better to use buckets for the water rather than automatic systems so that you can keep a check on how much it is drinking.

HOW TO PERFORM A PINCH TEST

Pinch the skin on your horse's neck. If the skin flattens back into place in less than 1 second when you let go, the horse is fine. If it doesn't, it means he isn't drinking enough water and is dehydrated. The longer the skin stays pinched up before flattening, the more dehydrated the horse is.

Post dental care

Post Dental Care

- Your pet may be quiet and less active for the next 24 hours
- Keep them inside and warm for the first night- body temperature is lowered during the anaesthesia and their ability to regulate their own body temperature is restricted for up to 12 hours after surgery.
- There may be a minor amount of swelling around the jaw line - this is normal. If there is a lot of swelling, or foul smelling discharge from the mouth, please call the clinic.
- Your pet will need to continue on pain relief for at least 3 days, and then until there is no discomfort evident. Start medication the day after surgery.
- Continue with antibiotics as instructed until they are all finished. Start medication the day after surgery.
- If teeth have been extracted, your pet will need to be fed on raw, chunky meat for at least 7 days, so food cannot pack into the open sockets.
- Please book in for a check with a vet 7 days after surgery so it can be assessed when normal food will be able to be fed

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Placeholder · Third-party material, permission or replacement needed. A small-animal vet clinic handout scanned into the 2016 edition. Section 21 of the old contents ("Dental care, guest speaker") had no content; this may be where it belongs. Heather to decide.

Saddle fitting: what a good fitter will tell you

A poorly fitting saddle is behind a great many of the back problems you will treat. You do not need to fit saddles, but you need to know what a good fit looks like and what to send the owner away to check. The notes below distil what professional saddle fitters teach.

What is the perfect fit?

One that is comfortable for the rider and, above all, comfortable for the horse. The horse is the first priority. Its comfort depends on the position of the saddle, the gullet width, how the panels contact the back, the length of the saddle and how all of those affect its balance. The hard part is that a horse's back is always changing: with the amount and type of work, the feed, the season and the horse's age. A saddle's fit therefore has to be checked constantly. Fitters recommend a check every six months, because the flocking changes too.

The most common problems fitters see

- **Position.** Most people put the saddle too far forward, over the shoulder blade.
- **Gullet width.** Too narrow pinches; too wide sits down on the spine. A saddle that rocks like a see-saw often has a gullet that is too wide or too little packing in the front of the panels.
- **Bridging.** The front and back of the panel touch the horse but the middle does not.
- **Spine clearance.** Needed not only above the wither but along both sides of the spine.

Questions owners ask

Do some saddles simply not fit some horses? Yes. A fitter brings a range and works from the horse, not from the catalogue. Saddles made for one breed type often suit that type and not another; no single make suits every horse. An adjustable tree gives the fitter far more flexibility.

Horse first or rider first? The horse. A fitter wants a full description of the horse (age, type, wither, work), the discipline, and the rider's height and weight before choosing saddles to try. The aim is to keep the pressure on the back low and spread over the panel, and if the panel cannot go further back because of the last rib, it has to come down the side.

Should a new saddle be oiled? Rarely now. Most good saddles are made of pre-oiled leather and only need oil about once a year if they are exposed to sun or salt air. Most soaps and creams have enough oil in them.

Numnahs and pads? Saddles are fitted with nothing underneath. A thin quilted numnah or saddle cloth does not change the fit; a thick pad added after fitting does, like thick socks in fitted shoes. Gel pads have a place for horses with chronic sore backs, but the saddle should then be fitted with the pad in place.

The saddle sits crooked because the horse is uneven. A common problem, and one you will see. An old horse set in its muscling can have the panel adjusted so it sits the rider straight. A young horse should be fitted correctly and worked more on its weaker rein, in consultation with the instructor, until it

evens up. A horse with one shoulder bigger than the other often has a sacro-iliac problem throwing the weight onto the forehand.

Second-hand saddles? A used saddle carries the shape of the last horse it was on, like someone else's shoes. It will never fit quite as well as a saddle fitted from new.

One saddle for several horses? No. A saddle fits one horse, and competition margins are too small to give away.

Is the fitter competent? Look for a qualified saddle fitter with a wide range of saddles who runs through a full fitting plan. Expect the fitting to take about an hour and several saddles to be tried.

Heather: rewritten in our own words from the course notes in the 2016 edition. If you would like a named saddle fitter to check it, say who.

Where the saddle sits: the skeleton under the saddle

Three rules of saddle position, and the bones that explain them.

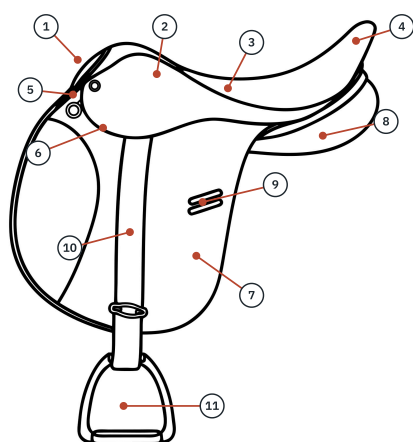
- | | | |
|-----------------------------|---------------------------|-----------------------|
| 1 Skull | 8 Ribs | 15 Femur |
| 2 Cervical vertebrae (neck) | 9 Last (18th) rib | 16 Stifle and patella |
| 3 Scapula (shoulder blade) | 10 Humerus | 17 Tibia |
| 4 Withers (thoracic spine) | 11 Elbow, radius and ulna | 18 Hock (tarsus) |
| 5 Lumbar spine (loins) | 12 Knee (carpus) | 19 Hoof, pedal bone |
| 6 Pelvis and sacrum | 13 Fetlock | |
| 7 Tail vertebrae | 14 Hip joint | |

1. **Clear of the shoulder blade.** The front of the saddle must sit behind the top of the scapula (3), so the horse can rotate the blade freely and bring its front legs forward. A saddle pushed forward onto the shoulder is the most common fault fitters see.
2. **Room for the spine.** The gullet must be wide enough to clear the spine along its whole length, not just at the wither (4). Too narrow and it pinches, bruising or even damaging the spinous processes; too wide and it presses straight down on the spine.
3. **No further back than the last rib.** The saddle should not extend behind the 18th rib (9). Beyond it there is only soft tissue over the loins (5), which cannot carry weight.

Heather: this replaces the Bonnetts guide that was photocopied into the 2016 edition. The rules are the same, the drawing and wording are ours. Craig from Bonnetts is still thanked in the acknowledgements.

Parts of a saddle and bridle

Parts of a saddle

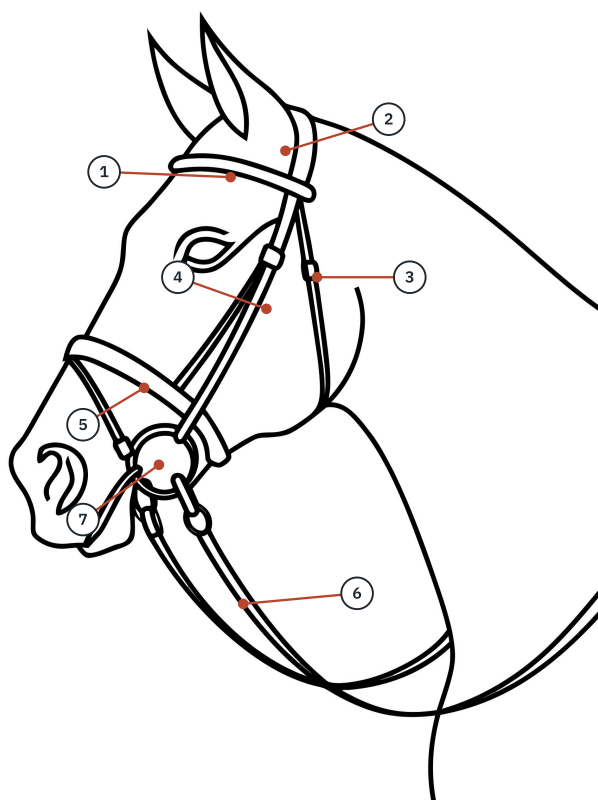


- | | | |
|-----------------|--------------------|---------------------------------|
| 1 Pommel | 6 Skirt | 9 Girth straps and buckle guard |
| 2 Waist | 7 Saddle flap | |
| 3 Seat | 8 Panel and lining | 10 Stirrup leather |
| 4 Cantle | | 11 Stirrup iron |
| 5 Stud (D ring) | | |

How to measure

1. Tree size is measured from the saddle stud to the centre of the cantle.
2. Seat size: measure to the lowest point on the seat.

The snaffle bridle

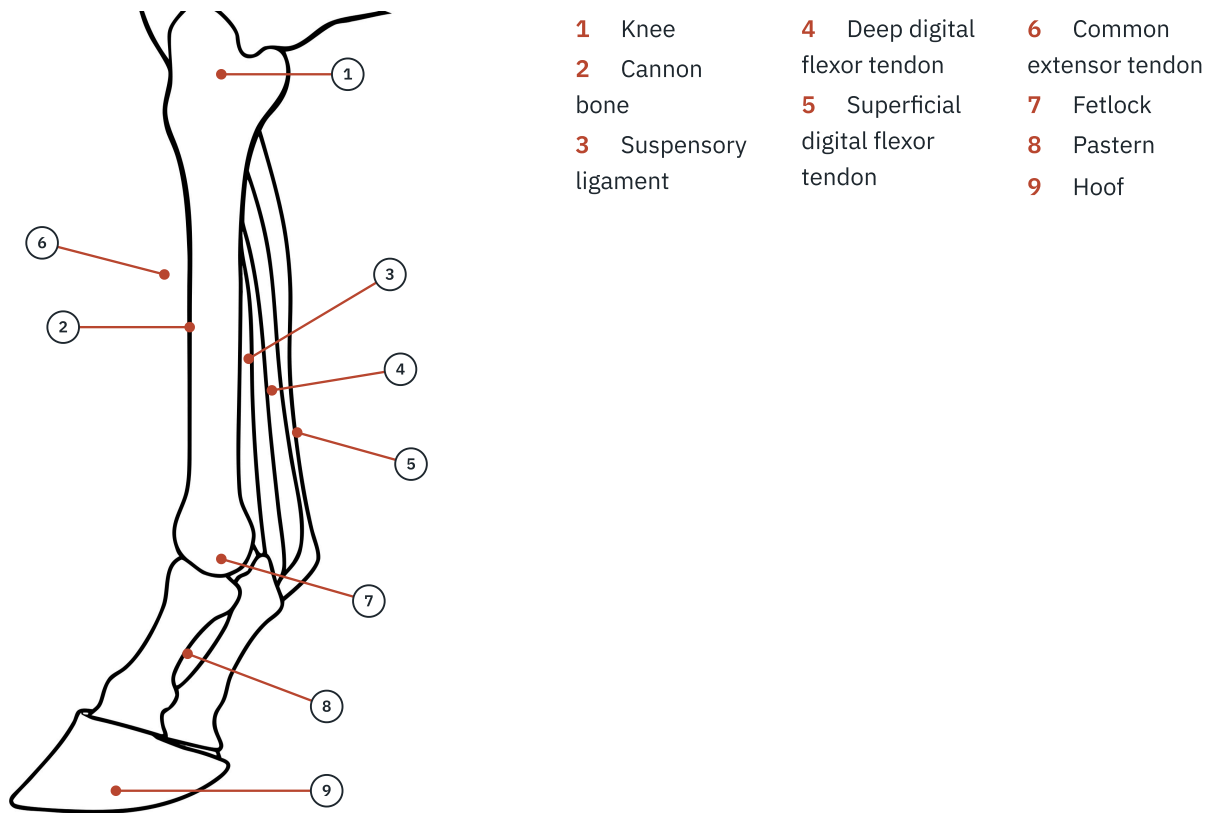


- | | | |
|---------------|---------------------|--------|
| 1 Browband | 4 Cheek strap | 6 Rein |
| 2 Headpiece | 5 Cavesson noseband | 7 Bit |
| 3 Throat lash | | |

Heather: the 2016 page also showed a Weymouth (double) bridle with twelve numbered parts. It can be drawn the same way if you want it kept.

Diagnosis aids and the tendon palpation exercise

The lower leg: tendons and the palpation exercise



Directions: proximal = towards the spine; distal = away from the spine; anterior or dorsal = the front of the leg; posterior or volar = the back of the leg. Flexion closes the joint, extension opens it.

Exercise

Run your hand down one side of the leg and a finger down the other. Feel the following:

- A thick fibrous ligament with a diameter greater than two fingers at the back of the leg. This is the **superficial digital flexor tendon**.
- Move your hand closer to the cannon and feel the hollowing of the leg.
- Move your hand closer again and feel the very tight tissue next to the cannon. It extends from one side of the leg to the other. This is the **suspensory ligament**.
- Move your fingers onto the back of the cannon bone and run them down towards the fetlock. You will feel the bumps of the ends of the splint bones on each side of the back of the cannon. These bumps are commonly known as the **"buttons" of the splints**.

- Go back to the flexor tendon and feel it a little more closely. You will feel a little indentation on either side dividing it into front and back sections. The part towards the cannon is the **deep digital flexor tendon**.
- Run your fingers down the front of the cannon. You will feel the **common extensor tendon**, not nearly so big as the flexor tendons.

Incident and injury reporting

Record any incident on the day it happens.

Incident and injury report form

Please print clearly. Complete sections 1 to 5 on the day. Sections 6 to 11 are completed by the co-ordinator.

POSITION ☐ Student ☐ Employee ☐ Volunteer ☐ Contractor OUTCOME

☐ Near miss ☐ Injury ☐ Property damage

1 · Details of the person involved

NAME _____ PHONE (H) _____ (W) _____

ADDRESS _____

SEX ☐ Male ☐ Female DATE OF BIRTH _____ POSITION _____ EXPERIENCE IN THE JOB _____

WORK ARRANGEMENT ☐ Casual ☐ Full-time ☐ Part-time ☐ Other START TIME _____ ☐ am ☐ pm

2 · Details of the incident

DATE _____ TIME _____ LOCATION _____

DESCRIBE WHAT HAPPENED AND HOW

3 · Details of witnesses

NAME _____ PHONE (H) _____ (W) _____

ADDRESS _____

4 · Details of injury

Include the nature of the injury (burn, cut, sprain), its cause (fall, kicked, bitten), where on the body (back, left forearm) and the agent (the horse, a gate, hot water).

5 · Treatment administered

FIRST AID GIVEN ☐ Yes ☐ No FIRST AIDER'S NAME _____ SIGNATURE _____

TREATMENT

REFERRED TO

Sections 6 to 11 are completed by the co-ordinator.

6 • Did the injured person stop work?

☐ Yes ☐ No IF YES, DATE _____ TIME _____ TIME LOST (DAYS) _____

OUTCOME

☐ Treated by doctor ☐ Hospitalised ☐ Workers compensation claim ☐ Returned to normal work ☐ Alternative duties
☐ Rehabilitation

7 • Incident investigation

Comments to include causal factors. Add extra sheets if needed.

8 • Risk assessment

LIKELIHOOD OF RECURRENCE _____		VERY LIKELY	LIKELY	UNLIKELY	HIGHLY UNLIKELY
SEVERITY OF OUTCOME _____					
LEVEL OF RISK _____	Fatality	Extreme	High	High	Medium
	Major injuries	High	High	Medium	Medium
	Minor injuries	High	Medium	Medium	Low
	Negligible injuries	Medium	Medium	Low	Low

9 • Actions to prevent recurrence

ACTION	BY WHOM	BY WHEN	DATE COMPLETED

10 • Actions completed

SIGNED (MANAGER) _____ TITLE _____ DATE _____

☐ Feedback given to the person involved DATE _____

11 • Review comments

OHS COMMITTEE / STAFF MEETING

REVIEWED BY MANAGER (SIGNED) _____ DATE _____

REVIEWED BY HSR (SIGNED) _____ DATE _____

Student section

Competency assessment and the learning journal.

Assessment

Heather: you asked for "a good amount of assessments". This is what the 2016 edition had. Tell me whether you want more self-test questions here, and on which topics.

Assessment should be on 10 horses And include

- Owners name, phone number, horses name, age, bands or specific markings
- Any WH&S problems you felt you needed to address
- Temperature- mentioning if it was taken prior and or post exercise
- Pulse rate- Mentioning if it was taken prior and or post exercise
- Record your observation of the horse
- List your treatment and what the horse did while you were treating it
- What Changes did you or the owner notice? o Straight away o The next day o Four days later
- List any other problems you noticed and what you did to correct them
- What advice did you give the owner after the treatment and why

Please retype all your answers on the computer.

Cross reference information of pre-reading with the work book.

SCENARIO

You have received a call out for a dog which is having problems getting up

1. What questions will you ask the client?
2. What advice could you give prior to your arrival?
3. What equipment could you need when attending this animal consultation?
4. How would you assess the animal?
5. What treatment would you give?
6. What follow up advice would you give at the end of the consultation?

QUESTIONS

Explain the following:

- 1. WH&S Regulations regarding a Bowen Therapy practice
- 2. List the safety precautions you would consider when attending a property to treat an animal
- 3. What infection control measures would you put into practice?
- 4. Draw the animal of your choice and mark its points

Learning journal

Please include the date of each event.

THE FACTS	YOUR THOUGHTS AND ACTION PLAN

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