Australian College of Animal Bowen & Complementary Studies

Equine Studies

For the Bowen Therapist ready to specialise in holistic horse health

Course Co-ordinator: Heather Hartley

Equine Studies takes the Human Bowen Practitioner to a new level of expertise. Learning skills required to work with horses is a safe, caring and professional manner. This course will enable a Human Bowen Practitioner to be qualified as an Equine Bowen Practitioner.

Australian College of Animal Bowen
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AUSTRALIAN COLLEGE OF ANIMAL BOWEN AND COMPLEMENTRY THERAPIES

ADMINISTRATION

SECTION ADMINISTRATION

COURSE STRUCTURE AND PRE- REQUISITES

ACKNOWLEDGEMENTS

DISCLAIMER

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 skillfully,

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

<u>DISCLAIMER</u>

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

PROFILE OF 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 Reikki, 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 practiced this technique since 2001afer completing formal studies.

Heather also extended her service as a Bowen Therapist by practicing when necessary as a transitional advocate. In this capacity she has been able to help human patient's access mainstream medical services that have been otherwise 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 as humans.

Heather has been involved with animals for approx 50 yrs and has adapted the human technique to the animals by her observation of 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 1V 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.DipApp Neurophysiol. .Member Intl.Assoc for the Study of Pain, Member Bioelectromagnetic Soc. 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 specialized 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 provide her services to the Lions Hearing Dogs free of charge.

Acknowledgements

Heather would like to thank Dr Brian Mclaren B.V.Sci., 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 of 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.

Richmond College of Equine Studies

Understanding your horse's Lameness by Diane Turner

Craig from Bonnets Saddler

All Systems Go by Nancy Loving DSM

Animal Points by jack Meagher

Master Ferrier Assoc of South Australia

Govt. 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 and proof reading and other help (encouragement and support etc) in this project.

Thanks especially to all clients both 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.

Heathers philosophy - ***you need to be a detective. Treat what you see feel and hear***

FLEXIBLE LEARNING

The thought of full-time study can be a little daunting for some people who need to balance their time with study, family and work. The learning program offers students access to tutorial programs in addition to, or instead of attending some classes. Extra tuition is available to those students who may wish to test or expand their knowledge.

Students are also encouraged to go to the internet to expand or confirm their studies.

Students who previously have had difficulty with study may be considered for a flexible learning program. Please arrange an interview with your Trainer or Lecturer to discuss.

The College has a strong emphasis on preparing the students in the area of animal health.

COMPETENCY-BASED STANDARDS FOR THE COMPLEMENTARY HEALTH CARE THERAPIES.

Courses are Competency Based so if a student does not reach this standard they may apply to repeat the section so that competency is attained.

The competency standards include both non specific and specific modalities of practice. The standard documents were accepted onto the Register of Professions Competency Standards in 1997. Seven of these documents are being used as the basis for curricula and course assessment panels Australia wide. Professions for which a standards document has been prepared are; Bowen Therapy, Acupuncture, Bioenergetic Medicine, Herbal Medicine, Remedial Massage Therapy, Herbal Medicine, Naturopathy, Traditional Chinese Medicine and Trichology.

The Competency Standards outline three levels of independent practice, the minimum proposed by the Federation, for independent practice, is Australian Standards Framework Level 5. This involves specification of standards for interaction with the patient, designing and implementing the treatment plan.

OBJECTIVES OF COMPETENCY-BASED STANDARDS AND TRAINING

The aim is to establish a minimum standard to which all natural and traditional therapy colleges must conform in order to graduate practitioners of natural and traditional therapies. This includes Establishing a Practice, legal requirements, conducting a consultation.

Your study commitment may involve both attendance at workshops and home study projects. You are also expected to complete a period of unsupervised practicum where you service your own clients and present case histories and treatment records and case history for assessment.

The language of training may seem a little formal and confusing, but it should make it easier for you to build a skills profile.

* ***A COMPETENCY*** *is the skill or knowledge that you can apply to your work.*
* ***ASSESSMENT CRITERIA*** *is the evidence that you must present to show that you can both do and repeat the skill.*
* ***A STANDARD*** *is the level at which you are expected to perform the work or skill.*
* ***PERFORMANCE CRITERIA*** *are the other elements that must be taken into account when judging your practical work and presentation.*
* *Copies of the nationally endorsed units are also available online on www.ntis.gov.au*
* *Copies of the College's units are available from the Principal.*

Since standards set out the outcomes in a different order from the way the course is presented in the classroom or for study modules, you will also be given outcome statements on your session sheets.

When you are assessed against these outcomes to a competency standard this provides you with evidence of a skills standard achievement. You can use this when seeking employment, Recognition of Prior Learning or extra study.

COURSE OUTCOMES

The major outcome is to produce a confident skillful practitioner who enjoys their work

STUDENT FACILITIES

The main venue is located in Charleston. The venue will also change periodically according to the needs of the course.

A round yard and crush is available for practical sessions.

Other sundry restraints and practice equipment is available.

The College also has a wide range of books and videos to assist in the learning process

CAR PARKING

There is plenty of free car parking available.

EDUCATION STAFF

Administration Office - Box 139 Charleston S.A. 5244

Office Hours *8.30am – 6pm* ***Telephone -*** *0401691329* ***Email*** *– heather.hartley@bigpond.com*

Course Coordinator - Heather Hartley

Lecturer/Tutors –

Guest lecturers will be in attendance at appropriate times.

ASSESSMENT

Student Assessment

The assessments are based on the therapeutic work you will perform and on the theoretical knowledge required to make informed assessment of the client's presenting condition and/or core issues and the most appropriate treatment required to alleviate the condition.

Students are primarily measured against set industry standards. Where tests and examinations are used it is with the purpose of consolidating learned knowledge and the intent of highlighting strengths and weaknesses for the individual themselves to rectify.

Assessments take place at all stages of the course, not just for the final outcomes. It is important to establish that a certain level of knowledge has been acquired, or that the level of competence attained is to the set standard, measurable and able to be repeated consistently.

Some components of the course require you to practice as a therapist under case supervision and you will be advised in advanced of how this is to be assessed and recorded.

Some assessments are conducted in 'closed book' conditions. An example of this is the short answer tests or examinations for Medical Terminology which are designed to test your retention of underlying concepts. For all other types of assessment, there is nothing

'hidden' about the assessment process. Some competency assessments will take place when you feel you are ready for it, not at any set time or dictated be the needs of other students.

For practical assessments your lecturer/trainer will give you checklists which outline the standards against which you will be matched during any practical session or examination. An example of what this type of assessment entails is;

* *Skill to be performed-*

  Observe client, decide on treatment to be given and why.

* *Record reaction to treatment...*
* *Health and safety issues*

  All relevant Codes of Practice observed, care techniques demonstrated at all times

  and Duty of Care observed towards others in all areas.
* *Business Practices*

  Government/legal requirements.
* *Client Standards*
* *Client treated with courtesy and empathy at all times, client safety and welfare*

  demonstrated at all times.

NOTE; All assignments must be satisfactorily and accurately completed before we can make a judgment of competence and issue Statements of Attainment or Qualifications.

NOTE; always make a copy of any material sent in and record the date. This will safeguard you should your assignments be lost in transit. It will also make it easier for you to continue work on your final assessments, or to study for examinations, while waiting for the marking process to be completed.

Feedback Forms

These will be given to you at the end of each study component or workshop. If you have

any comments or queries you should use this form to communicate with your lecturer/trainer.

Any longer enquiries may be made direct to Principle or by phone, fax or email.

RESULTS

Each topic will be checked off a central record and signed off by your trainer each time you complete assignments, or from your practical session assessment checklists. If there are any special instructions resulting from the marking process, your trainer will give you written comments to follow.

Academic work will be assigned a grade and is required for satisfactory completion of any course module or academic component of the course.

Assessments conducted against Units of Competency shall be judged under the following criteria.

CA = Competency achieved

NYC = Not yet competent

The judgment of competency must meet the appropriate work level standard for on-job performance.

Completion of only the home study program or theory workshops, alone does not make a competent practitioner. In order for you to claim to be a competent practitioner, we must, by law, actually see you demonstrate your professional skills to the standards set.

Written testing

If a student has a difficulty with a written test they are to contact the trainer/lecturer prior to test to organize an alternative means of testing.

Appeals against assessment outcome

If you disagree with the assessment decision, you can make an appeal. The College supports your right to do so, whether it is an RPL or coursework assessment.

If you receive a NYC (not yet competent) result without being given

the appeal form and you wish to appeal please contact the office to obtain one.

The RPL assessors report should also be accompanied by an appeal form.

The procedures for appealing and assessment or RPL decision are

* *You should begin an appeal within one month of receiving the assessment with which you disagree. This is because it is wise to discuss your claims while the events and content of the disputed assessment are still fresh in everyone's mind.*
* *Your first action should be to lodge a notice of appeal on the appropriate form and discuss this directly with your trainer or assessor.*
* *If the explanation you are given for being judged 'Not Yet Competent' against a particular assessment does not resolve your issues, you may next discuss the result with the Principal.*

Eligility

The course is not solely dependent on school results of candidates. Our aim is to attract students from diverse backgrounds, who will enhance the development of Bowen Therapy. Consequently applications are encouraged from both school leavers with formal qualifications and from students who have had appropriate hands on experience or show interest in the field of animal care.

Skills required by all learners include

* *Love of and the desire to help the animals.*
* *All students will hold current anatomy and physiology certificates.*
* *Current First aid certificates preferred but can be obtained during course.*
* *Current driver's license.*
* *Comfortable handling all animals.*
* *Police check.*
* *Willingness to be introduced to new concepts.*
* *Keep an open mind.*
* *Ability to take notes.*
* *Ability to devote time to study.*

* *Ability to communicate effectively.*

* *Lecturers of Bowen Therapy for Animals will not limit access to any student on basis of gender, social or educational background.*

COUNSELLING

All students are encouraged to discuss any difficulties or personal issues which could impact on their ability to complete course requirements. All such disclosures will be kept in strict confidence and no third party shall be consulted without the consent of the student.

Where the issue falls outside of the ability or expertise of the training or administrative staff, the student will be referred to the appropriate external agency for assistance.

STUDENT WITH SPECIAL LEARNING NEEDS

Students generally require at least a functional literacy level of year11 to complete the course requirements. This does not exclude students who might be accepted and who might have specific physical, language or educational needs that can be catered for with a reasonable adjustment to learning an assessment method.

If you have any special learning difficulties or needs please contact us so we can make arrangements to provide support.

The College will refer you to the most appropriate staff member or external support agency to assist you to overcome the difficulties.

Recognition of RPL

Under RPL, you may be eligible for status if you have completed any courses, work experience or clinical practice which is equivalent to the work you will do in these courses. If you feel you are competent in any area of the course standards, you should bring this to the attention of the Principal who can then consider an application for Recognition of Prior Learning.

If you wish to proceed with a claim for RPL, you will need to:

* *make a formal application for RPL.*

* *self-assess against the competency standards in the manual.*

* *gather suitable evidence as instructed in the manual.*

You may be able to participate in a 'skills gap' training to upgrade some of the components or provide alternative assessments by work place evidence. Your assessor will discuss your options with you after your application for RPL has been examined.

We can only grant RPL against full Units of Competency.

Please provide originals of Qualification or Statement of Attainment which list the relevant Units to gain immediate credit into our courses.

The qualifications must be current.

These qualifications or Statements should bear one of these statements;

* *This Statement of Attainment is recognized within the Australian Qualifications Framework.*

* *The Qualification certified herein is recognized within the Australian Qualifications Framework.*

If you are supplying the evidence of this through a photocopy of the original, the photocopy must be notarized as a true and exact copy by a Justice of the Peace.

Complaints/Grievance Policy

If you have a grievance or dispute that cannot be resolved by direct discussion between the parties, then you should:

* *First discuss this with a senior staff member.*

* *Formal mediation may commence which may include the principal educator.*

* *If the issue revolves around personal conflicts, the College may refer the parties to*

  an appropriate external mediator or councillor.

* *In the last resort, you may take your case to common law through the local*

Magistrate's Court. Please refer to the Policy and Procedures section for the avenues of mediation available. ***ALL*** *students have the right to pursue natural justice for a grievance without fear of reprisal or recrimination. All legitimate complaints will be taken seriously and we will support you in your right to have the matter resolved in a satisfactory manner.*

All outcomes of the grievance resolution process will be recorded and you will be given a copy of the resulting agreement to sign. A copy will also be kept on file.

POLICIES AND PROCEDURES

The policies and procedures apply directly to both the Student Services and the Management of your study program.

You are required to undertake an Induction Program and to sign a form indicating that you have been issued with all relevant information and that you have read them.

The major points which apply are your rights and responsibilities as listed in this document.

Fees and Charges Policy

Certificate in Bowen Therapy for animals	*TBA*
First Aid for Animals	*TBA*
First Aid for Humans	*TBA*
Business Management	*TBA*

A 20% deposit is usually required to secure a place in the course with the balance due at enrolment unless arrangements for deferred payment plan have been made.

Tuition refund policy / Deferrals

Please read the copy of the Refund Policy which is included in your enrolment pack, before making a claim for refunds.

Students eligible to obtain a full or partial refund must return all relevant documentation (in good order with the original receipt).

Students who wish to withdraw from the course after 14 days, due to unavoidable circumstances are able to request deferment of their studies to a future course upon negotiation with the Principal. In these circumstances, their fees, or such unused portion of fees that apply, will be held in the separate trust account until such time as the deferred studies commence.

If you have paid for a full course, but have to withdraw for any reason please refer to the Principal to view your rights and responsibilities.

In all cases, you should inform the Principal of your reasons for withdrawing and discuss the full implications of leaving the course early.

Short Courses

Short course will be offered in a number of different areas to assist the student with their studies and to provide extended tuition to promote further learning in these areas.

WHAT YOU WILL NEED FOR THE COURSE

Learning guides will lead you through a series of topics. In each topic you will be asked to complete associated learning and practice activities. These activities and tasks will assist you to gain knowledge and skills. You will be required to read notes, write answers to questions and undertake practical exercises.

It may take a few hours to complete the theory activities but it may take weeks to complete the practice activities.

Please contact your Lecturer or Workplace Trainer if you have any difficulties in completing a learning guide.

All tasks must be completed and signed off prior to progressing to the next level...

TAKE THE RESPONSIBILITY FOR YOUR OWN LEARNING

* *Complete the activities on time.*
* *Read/research information about the topic.*
* *Repetition of an activity will help develop your skills.*
* *Short test with model answers will let you know how you are going.*
* *Feedback from your lecturer will help you to apply your knowledge and skills.*
* *Extension exercises set by your workplace trainer or lecturer will further challenge and expand your knowledge and skills.*
* *Ask your workplace trainer to clarify a point if necessary.*
* *View videos on topic.*
* *Research internet on topic.*

In order to complete the practical course you will need the following:

* *pen/pencil*
* *Eraser*

* *Paper*

* *coloured pencils/pens*

COMMUNICATION

- *Both hard copy and email contact are acceptable.*
- *If a student is ill on a workshop or field day it is expected you will contact your lecturer trainer at your earliest convenience.*
- *You may contact lecturers by email or phone at the office numbers.*
- *You may submit assignments by email*

CODE OF CONDUCT FOR PRACTICAL COURSE WORK.

Behaviour:

- *You will be expected to role model, at all times, the professional behaviour and lifestyle ethos presented in this course. You are required to behave in a responsible manner at all times and to display respect, tolerance and non-discriminatory attitudes to all fellow students, staff and clients.*

Course attendance:

- *Students must attend all the classes, workshops retreats as set out for their chosen course of study.*
- *Home study components will require submission assessments and the instructions for these will be given out with course notes.*

Punctuality:

- *Students must be punctual for classes. Please arrive 10 minutes before the class begins.*

Dress Code:

- *All clothing must be modest, neat, clean and comfortable.*
- *Closed non-slip shoes are recommended for all practical workshops in the interests of safety.*
- *If there are any special dress and safety requirements for a particular topic your lecturers/trainers will give you advance notice.*
- *It is also recommended that loose fitting jewellery be removed for safety reasons.*

Valuables:

- *We cannot accept any responsibility for personal or valuable items.*
- *It is advisable to keep all purses, wallets and bags under your personal supervision at all times or you should leave them at home.*

Duty of Care:

- *The safety and welfare or clients, patients and staff are paramount.*
- *At all times you will display courteous, empathetic attitudes and be prepared to exercise Duty of Care to patients, clients, students and staff.*

- *All client/patient disclosures must be treated with the utmost confidentiality and their full consent must be given to any treatment offered.*
- *Should any client/patient sustain injury through any action or negligence on your part you will be immediately judged not competent and may be counseled out of the course.*

Telephone Calls:

- *No calls will be taken on your behalf, other than genuinely urgent messages. All mobile phones must be switched off during training session.*

Food, Alcohol, Drugs, Smoking:

- *No eating is allowed in the class or study areas.*
- *No alcohol or drugs are allowed on **any** premises at any time. Students who attend classes under the influence of alcohol or drugs will be withdrawn from course. Smokers must ensure that they use only designated smoking areas and they remain sensitive to the rights of others. This includes outdoor areas.*
- *No smoking in study areas.*

Visitors:

- *No visitors are allowed in the training areas for reasons of safety, privacy, and confidentiality of patients, clients and students. If there is an emergency the person should contact the office to arrange contact with you.*

Housekeeping:

- *Please notify trainers if an area is not as safe or clean as it should be.*
- *You are expected to leave areas clean and tidy.*

Health and Safety:

- *Always check that the area you are working in is clear of any dangerous objects i.e. ropes, rugs, feed bins, electrical cords, chemicals, damaged appliances or connections, other animals.*
- *Never run or hurry through an area where there are animals. Wet floors can be dangerous if these have not been marked please notify trainers.*
- *Observe all industry Codes of Practice relating to prevention of cross infection, handling and disposal of body and chemical wastes, chemical and body substance spills and back care.*

SECTION 1

HISTORY OF BOWEN THERAPY

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 11, (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 form 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.

SECTION 2

EXPLANATION OF BOWEN THERAPY

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 assists in the elimination of waste products, speeds the flow of nutrients and oxygen that revitalizes 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:-

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

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 Bowens 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.

Knowledge of the history and development, philosophies and beliefs of Bowen Therapy and its common interpretations, within the health care framework

See Under "Work within a bowen framework"

Knowledge of the variations of the moves/ procedures from the different interpretations of Bowen Therapy

The following are some of the variations of different interpretations of bowen therapy:-

1. Myopractic- development by Neil Skilbeck, a student of Tom Bowen.
   Uses both muscle and skeletal diagnostics to determine the clients problems. Moves are designed for maximum grip with a pronounces stop at the end of the move to create some vibration in the tissues.
2. Smart Bowen- Uses some basic body diagnosis. Developed from Bowtech methods combined with trigger point positions.
3. NST Derived mainly from Bowtech with some influence from Kevin Ryan's interpretation. Uses muscle testing for its diagnostics.
4. Fascial Kinetics- Derived from Bowtech. Has a strong explanation as to how it works, gathered from eastern philosophy and linking it to the body tissue fascia, hence the name. Moves are very smooth without any pronounced vibration.
5. ISBT- Derived from Bowtech. Has an eastern influence both in its treatment points and philosophy.
6. Bowtech- Developed by Oswald Rentsch a student of Tom Bowen. Traditionally developed without any diagnostics using a prescription treatment method of set routines.

Knowledge and understanding of advance Bowen Therapy techniques.

Assessed at the workshop

Ability to recognise when advanced Bowen Therapy techniques are required in a treatment plan for the best outcome for the client/ patient

Assessed at the workshop

Ability to effectively apply the advanced Bowen Therapy techniques from any of the different interpretations of Bowen Therapy

Assessed at the workshop

Ability to observe, recognise and record the influence of the application of the advanced Bowen Therapy techniques on the client/ patient

Assessed at the workshop

Knowledge and understanding of the best practice Bowen Therapy

See under "Worth within a bowen therapy framework-Clinic guidelines"

Knowledge of ethical issues in Bowen Therapy

See under 5.1 Principals of bowen therapy

Knowledge of OHS requirements in the workplace

See Under "Work within a bowen framework"

Knowledge of the rationalistic, analytical approach to an understanding of disease

See under "Work within a bowen framework"

Knowledge of the effects of Bowen Therapy on the body structures

See under "Work within a bowen framework". In addition to this bones and consequently

joints are strongly influenced by the cross fibre moves. Well designed moves will realign the skeleton, balance the hormones and nervous system.

Ability to identify prominent bones/ structure, body landmarks and skeletal muscles
Assess at the workshop

17 areas connected to an understanding of the human body
Refer to Anatomy and Physiology

Element 1. Demonstrate knowledge of complementary therapies

1.1 Principal therapies complementary to Bowen therapy are identified
1.2 General information on principal complementary therapies is provided
1.3 Primary focus and major differences between physiotherapy, osteopathy, chiropractic therapy, massage therapy and Bowen therapy are explained
1.4 The characteristics of allopathic and naturopathic approaches to treatment are described.
1.5 Relationships between conventional, complementary and alternative medicine or approached to treatment are outlined with the role of Bowen therapy described within this framework.

1.1 Principal therapies complementary to Bowen therapy are identified
See under "Work within a bowen framework"
1.2 General information on principal complementary therapies is provided
See under "Work within a bowen framework"
1.3 Primary focus and major differences between physiotherapy, osteopathy, chiropractic therapy, massage therapy and Bowen therapy are explained
See under "work within a bowen framework". No.3.3
1.4 The characteristics of allopathic and naturopathic approaches to treatment are described
See under "Work within a bowen framework". No. 3.4
1.5 Relationships between conventional, complementary and alternative medicine or approaches to treatment are outlined with the role of Bowen therapy described within this framework.
See under "Work within a bowen framework". No. 3.5

Element 2. Apply knowledge of anatomical and physiological terminology and principals to Bowen therapy treatments

2.1 Relevant anatomical and physiological terminology is used in the development of treatment plans.

All your records of assessment and treatment plans would be written in the common language used by all health professionals which is medical terminology. This not only assists other practitioners they may from time to time have t take over your clients in your absence, but will be an accepted source of information in legal cases and in referrals.

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 t 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 principals. 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 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 Principals 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 principals 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

Myopratic, 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.

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 to 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.

3.6 Attributed outcomes are discussed and recorded

All of these measurable outcomes need to be recorded on your patient card. These are discussed with the client so they are able to be involved with the process of change and appreciate the improvement that they are making.

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 therapies 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 down 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 will you do it to 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 that it is professionally presented. Perhaps you could use other research’s articles as guidelines. For example scientific studies are published in Journals such as the JAMA. Journal such as these are available in hospital libraries.

SECTION 3

OH&S GUIDELINES AND REGULATIONS

ANTI-DISCRIMINATION LEGISLATION

SAFETY REQUIREMENTS

OCCUPATIONAL HEALTH & SAFETY GUIDELINES AND REGULATIONS

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, 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 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. Assure leads are in good condition.
4. Remove any other animal if possible – so as not to upset animal in your care.
5. Is area safe from interruption?
6. Are areas safe from 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 property and 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 re the condition of the animal.
6. Is there mobile phone reception?

ANTI – DISCRIMINATION LEGISLATION

At no stage will discrimination be tolerated in any form by lecturers, student or clients and such breaches should be brought to the notice of the office.

Reference: - Anti Discrimination Act 1991

INSURANCE

It is suggested that for your own protection some insurance be obtained. I.e. Income protection or 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 course.

The student will need up to date Medicare card and/or private health Insurance.

Students are responsible for their own health care costs.

FLEXIBLE LEARNING

The thought of full-time study can be a little daunting for some people who need to balance their time with study, family and work. The learning program offers students access to tutorial programs in addition to, or instead of attending some classes. Extra tuition is available to those students who may wish to test or expand their knowledge.

Students are also encouraged to go to the internet to expand or confirm their studies.

Students who previously have had difficulty with study may be considered for a flexible learning program. Please arrange an interview with your Trainer or Lecturer to discuss.

The College has a strong emphasis on preparing the students in the area of animal health.

SECTION 4

CLIENT INFORMATION – FIRST VISIT

CLIENT – OWNER INFORMATIION – FIRST VISIT

1. TIME TAKEN FOR THE FIRST VISIT CAN DEPEND ON THE PROBLEMS YOU ARE PRESENTED WITH. BUT ALLOW AT LEAST 1 HJOUR FOR THE INITIAL CONSULTATION
2. GATHER AS MUCH INFORMATION ON LOCATION OF PROPERTY AND PROBLEM WITH THE PATIENT. THIS COULD ASSIST WITH WHAT YOU NEED TO TAKE WITH YOU.
3. EXPLAIN COSTS I.E. HOURLY RATE PLUS TRAVELLING?
4. IS WORKCOVER TO BE CONSIDERED?
5. AFTER HOURS SERVICE – PHONE NUMBER AND CHARGES PROVIDED
6. HOME VISITS ARE3 RECOMMENDED FOR ALL ANIMALS. THEY ARE MORE RELAXED IN THEIR OWN EWNVIROMENT AND TREATMENT IS NOT 'UNDONE' ON THE WAY HOME.
7. PROOF OF QUALIFICATION ANDE IDENTITY – CARRY WITH YOU INCASE THESE ARE REQUESTED.
8. EXPLAIN PREFERED CONDITIONS FOR TREATMENT I.E. SHED, SHADE OR FLAT AREA. HOW
9. THE ANIMAL IS TO CONTAINED OR RESTRAINED – REMEMBER OH&S INFORMATION
10. ASK OWNER IF THERE ARE ANY QUESTION
11. GIVE OWNER A CARE PLAN FOR THE NEXT FEW DAYS

CLIENT DATA

Name:……..Partners Name:…….

Address:……

Phone No:……Mobile Phone:……

Email Address:…….

Pets Name:	
Pets Breed:	Pets age/ DOB:
Sex:	Desexed:

Pets Name:	
Pets Breed:	Pets age/ DOB:
Sex:	Desexed:

Notes:

SECTION 5

YOUR PRESENTATION

Professional Presentation

1. Arrive on time or contact client to keep them informed of any delays
2. Introduce yourself in a professional manner
3. Greet patent in manner of breed- this will be explained in the course
4. Ask to be taken to 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 to patient out (if Possible) so you can watch patient's movements and check for results
7. Ask client's observations of the patient
8. Explain to the client expectations of the treatment and changes which could occur over the next few days
9. Give exercise information if necessary
10. Wash hands and boots prior to leaving property
11. *BE POLIET 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**

SECTION 6

CODE OF ETHICS

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 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.

SECTION 7

CLINICAL RECORD AND ASSESSMENT PRACTICES

Care advice Pre and Post 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
- Animals personality may change
- Gentle walking after the treatment, or light exercise as you recommend for the welfare of your patient. Depending on the animals 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 at least 4 days before or after a treatment
- Any dental work should be finalised 4 days prior top treatment
- Do not put on a walker or swim 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/cold pads ultra sound etc for at least 4 days after treatment
- Changes in the animal could be notices 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 animal during or after treatment

- Back may straighten
- Gait may improve

- Hair may stand up

- Luster and texture of 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 spinal to check for flinching or bounce

NERVE- does the animal flinch when you run your fingers approx. 3”or 8 cm from edge of spine?

SHOULDER- bend the front foot back, it should nearly touch the lower leg. The greater the degree is from the foot toe, the greater the problem in the same side shoulder

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 is 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 reaction to palpation should be confirmed by ultrasound or radiograph if you or the owner requests that service. It is only then that a more accurate diagnosis can result.

Assessment checks for Animals

These can vary with 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 treatment- less is best

- Watch if 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 & 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 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? (Both directions)?
  USE YOUR HANDS
- Is there any heat?
- Is there any spasm?
- Is there any other reaction to your touch?

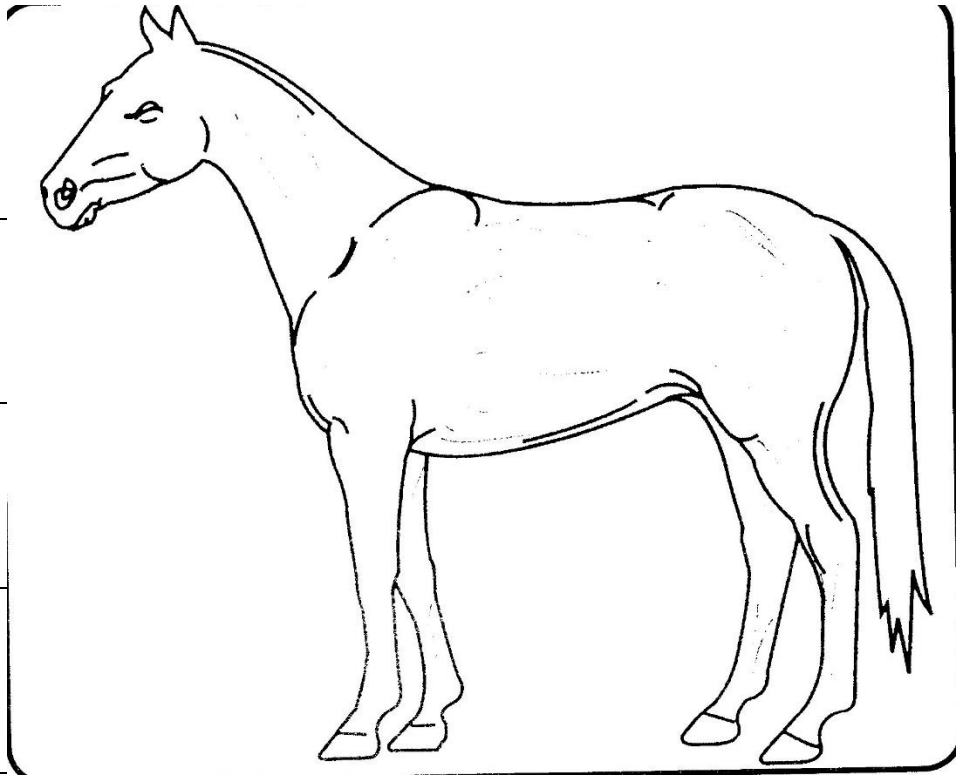
EQUINE ANALYSIS FORM

Name: _____

Sire: _____

Dam: _____

Age: _____



Key Points	
Long	□
Where	□
When	□
Vet	□
Masseuse	□
Chiropractor	□
Acupuncture	□
Alternatives	□
Worse	□
Lifestyle	□
History	□
Future	□

Does your horse Suffer From:

□ Abscesses
□ Sore Shins
□ Joint and Tendon Problems
□ Sore or Cold Back
□ Swollen Knees
□ Haematomas
□ Vertebrae Problems
□ Foot Problems
□ Lymphatic & Swelling Problems
□ Lactic Acid Associated Problems
□ After Race Stiffness
□ Pulled Ligaments
□Muscle and Jarred Shoulder Problems

Additional Comments:

Health Care Chart

Date:_____

Cleint:_____Pet:_____Dog/Cat

Heart:
Normal □

Urogenital System:
Normal □

Digestive System:
Normal □

Lungs:
Normal □

Skin:
Normal □

Nervous System:
Normal □

Ears:
Normal □

Eyes:
Normal □

Mucous Membranes:
Normal □

Teeth Score:
1 2 3 4 5

Lymph Nodes:
Normal □

Body Score:
1 2 3 4 5

Musculskeletal System:
Normal □

Body Weight:……..Kg

Pulse:……

Respiration:……..

Temperature:……..

Vaccination: CURRENT/ OVERDUE

Flea Control: CURRENT/ OVERDUE

Parasite Prevention: CURRENT/ OVERDUE

Heartworm: CURRENT/ OVERDUE

Comments: ……

……

……

Treatment Plan:

……

……

……

Teeth Score:
1= Healthy teetch & 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

Owner:……	Horse Name:……
Address:……	Breed: ……
Post Code:……	Colour: ……
Phone: (H)……..(W)……	Size:…. ……
Mobile: ……	Weight: ……
Vet: :……	Born: ……Age……
Phone: ……	Markings:……
Farrier: ……	Discipline:……
Phone: ……	Date: ……

Conditioning: Low □ Moderate □ High □ Overweight □ Underweight □

Major Complaints: Where, What, When & How:

……

……

……

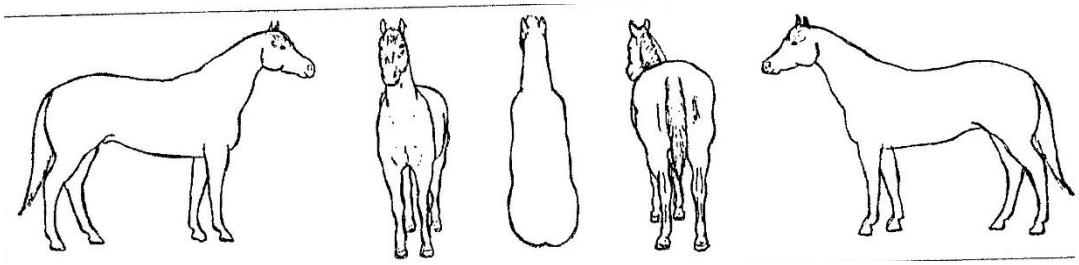
History of Present Problems:……

History of Past Problems: ……

Examination/ palpation: ……

……

……



Treatment: ……

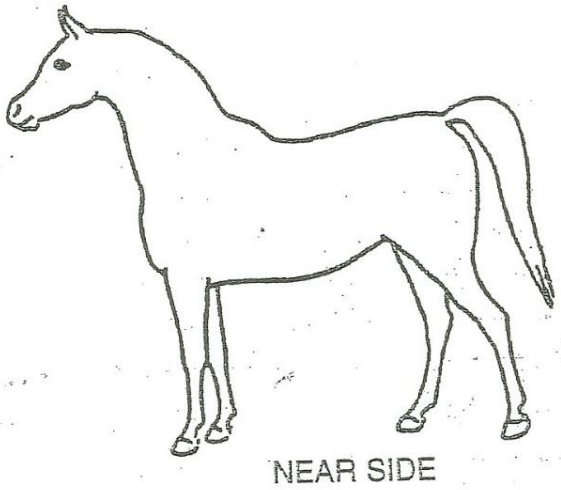
……

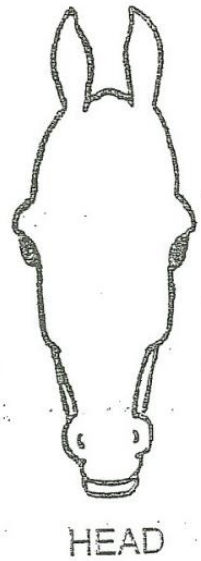
Maintenance Program: ……

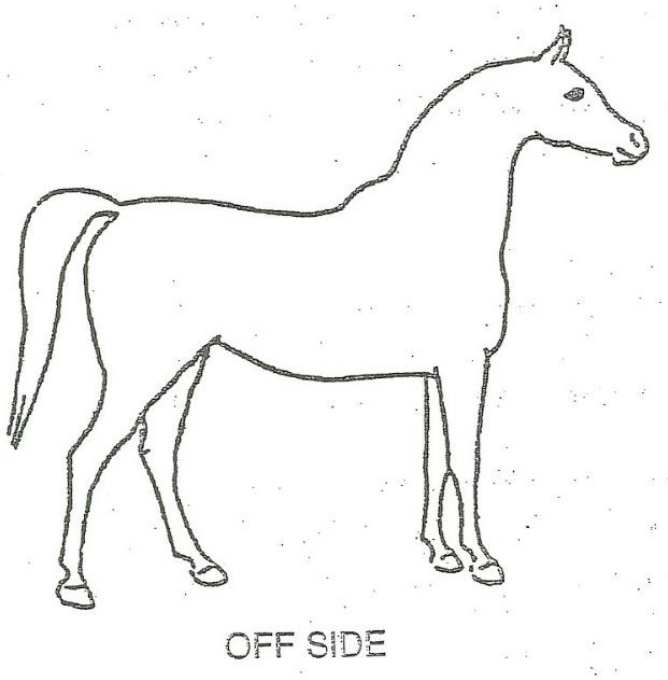
……

EXACT MARKINGS TO BE SHOWN

Please tick box f no white markings □

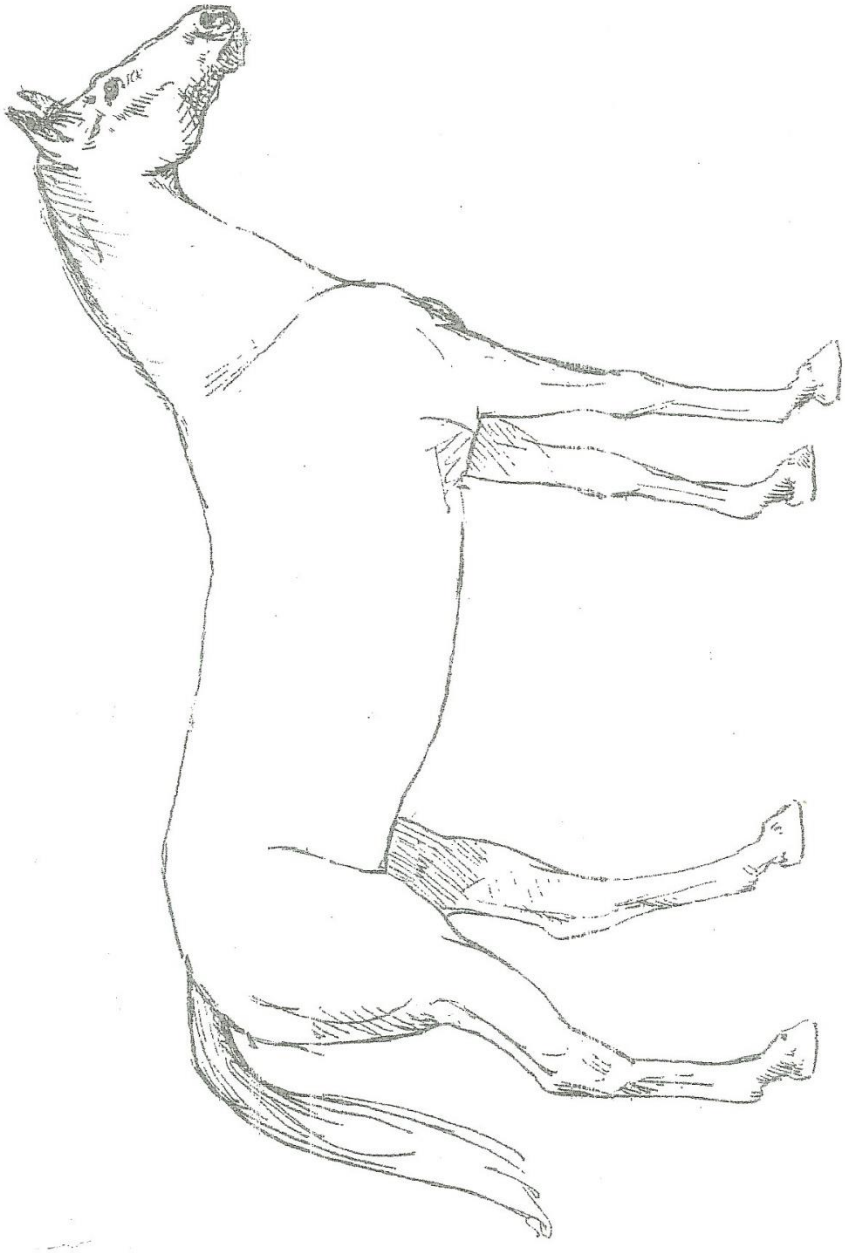






Instructions

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

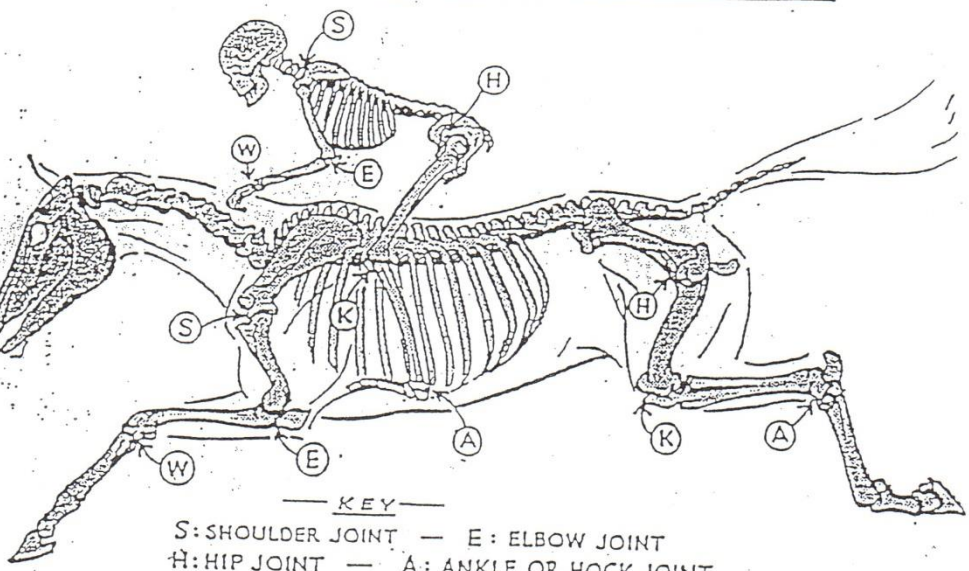


SECTION 8

EQUINE SKELETAL POINTS AND HUMAN COMPARISON

7

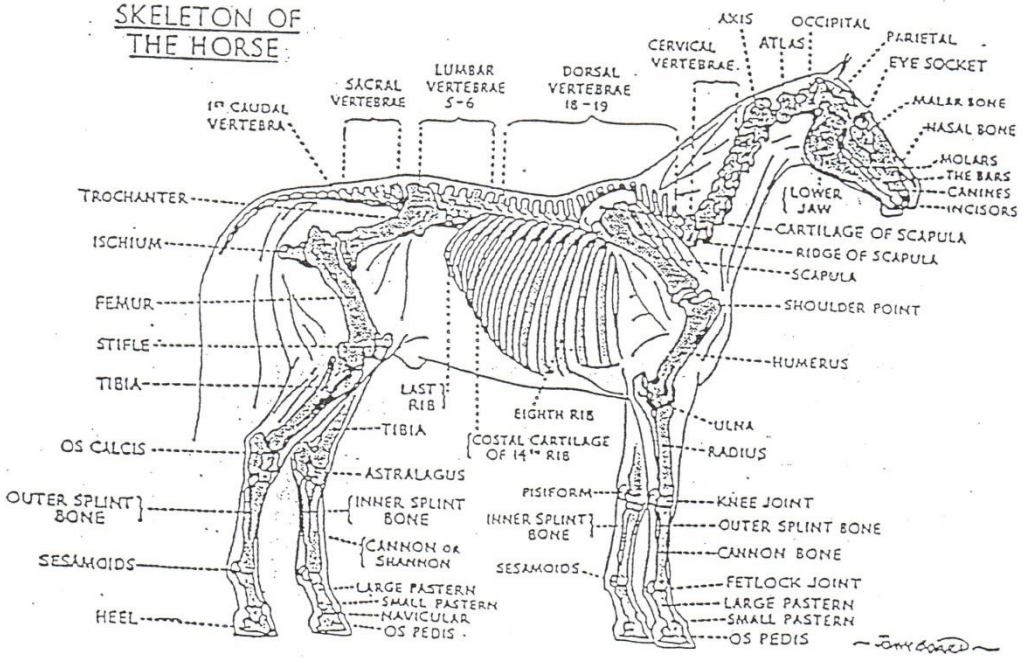
COMPARATIVE SKELETONS OF MAN & HORSE IN ACTION



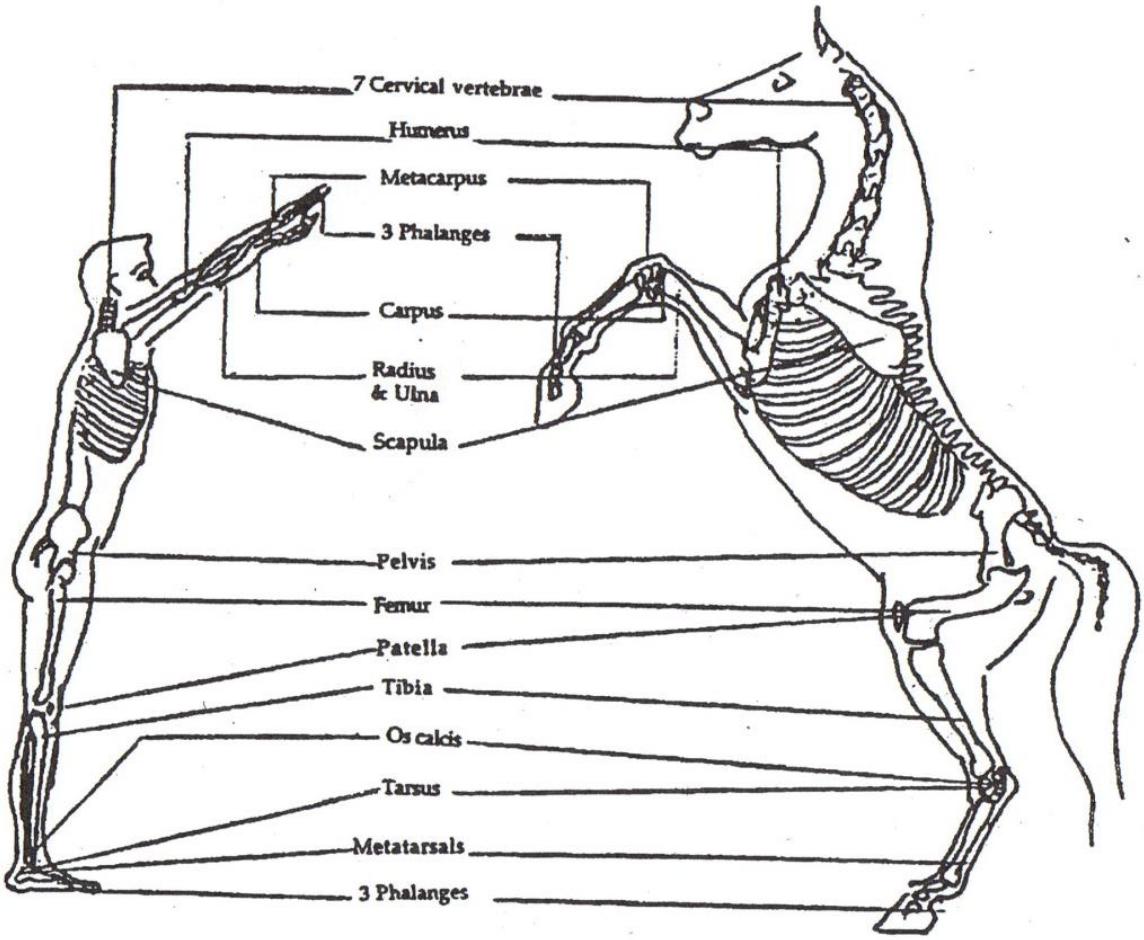
KEY

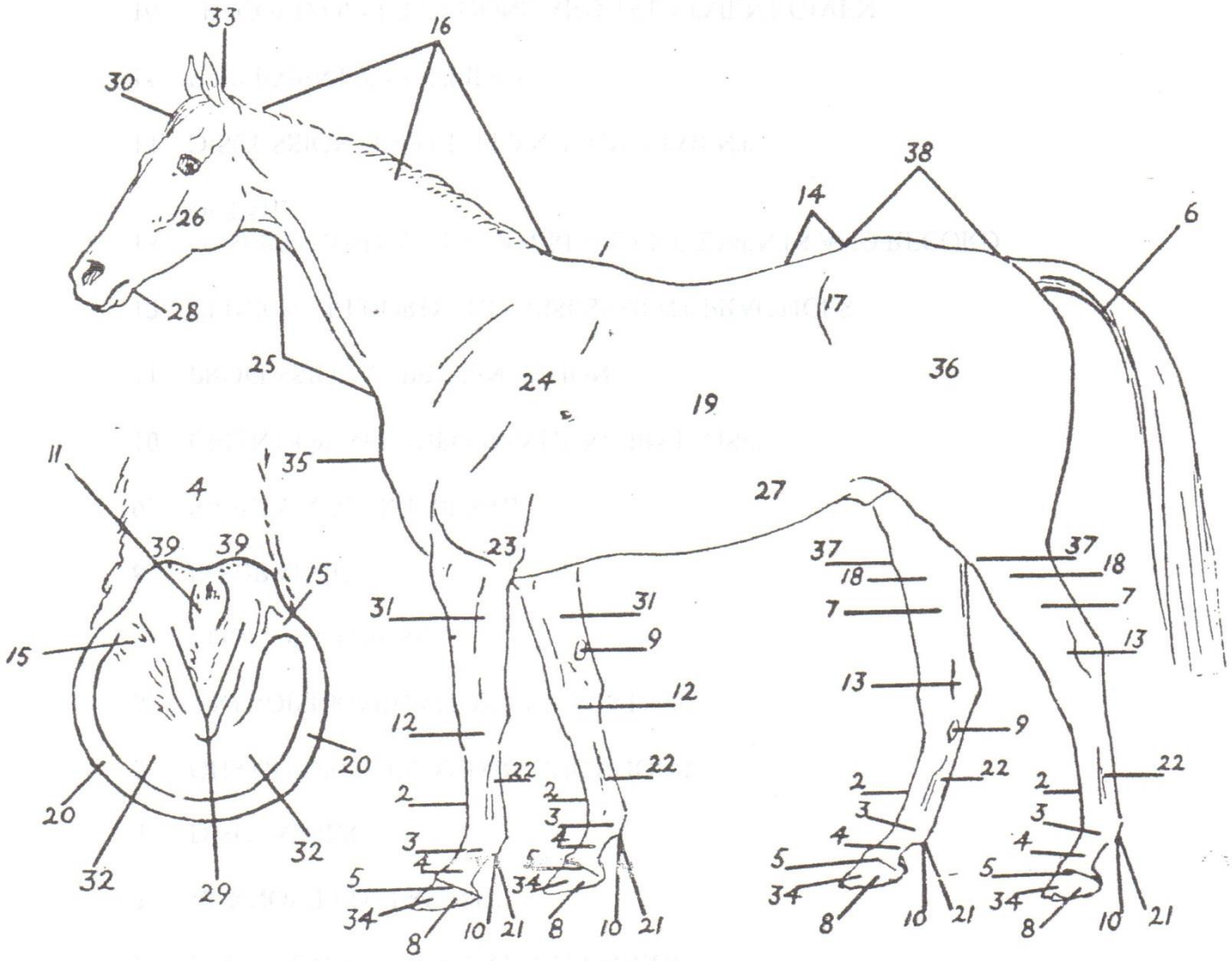
S: SHOULDER JOINT — E: ELBOW JOINT
H: HIP JOINT — A: ANKLE OR HOCK JOINT
K: STIFLE JOINT & HUMAN KNEE
W: KNEE OF HORSE & WRIST OF MAN

SKELETON OF THE HORSE



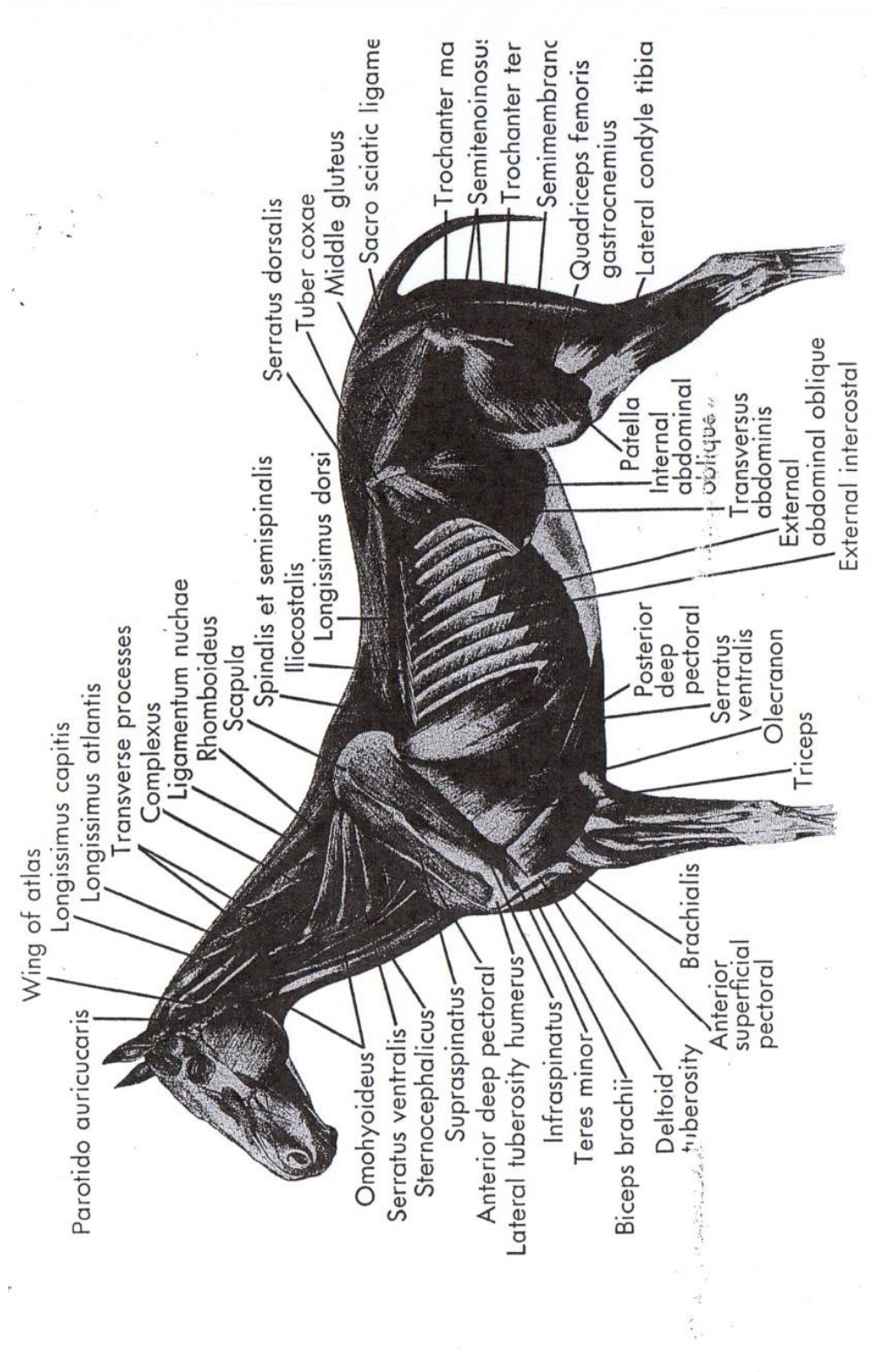
Skeleton of horse and man compared





1. WITHERS
2. CANNON BONE
3. FETLOCK JOINT
4. PASTERN
5. CORONET
6. DOCK
7. SECOND THIGH
8. FOOT
9. CHESTNUT
10. ERGOT
11. CLEFT OF FROG
12. KNEE
13. HOCK
14. LOIN
15. ANGLE OF HEEL
16. CREST
17. POINT OF HIP
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

Deeper Muscles of the Horse



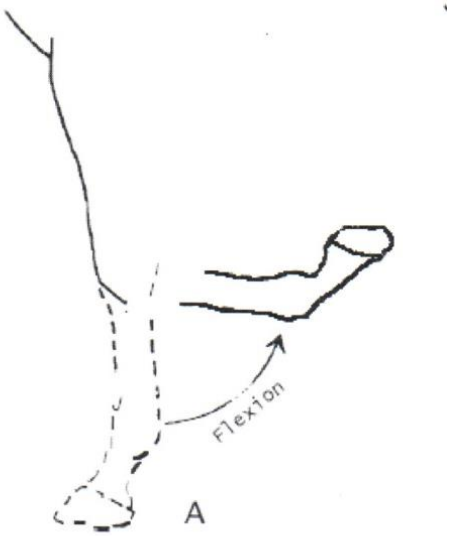
SECTION 9

OBSERVE AND ASESS MOVEMENTS OF HORSES AND RECORD

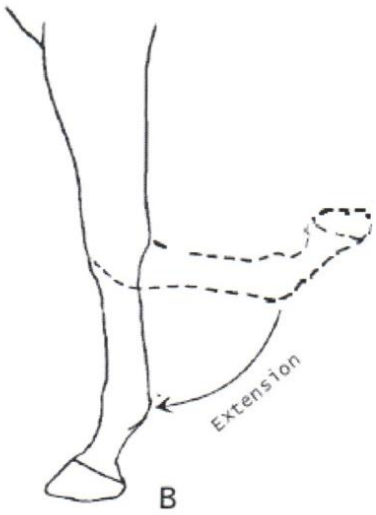
DIARTHRODIAL JOINTS

Movements of the front limbs

A - flexion

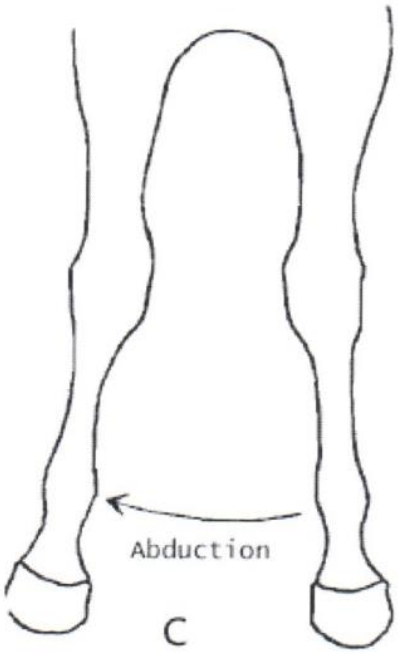


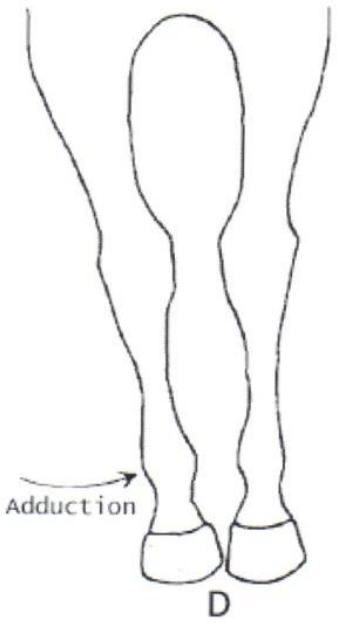
B – extension



C – abduction

D – adduction



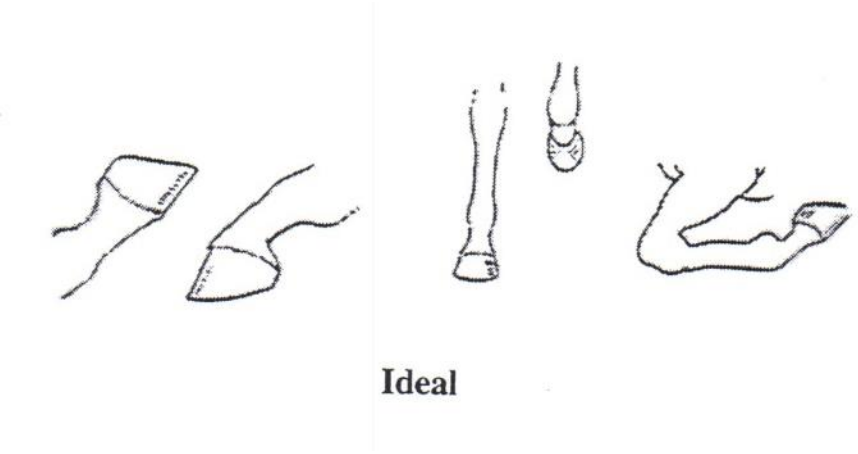


FARRIER

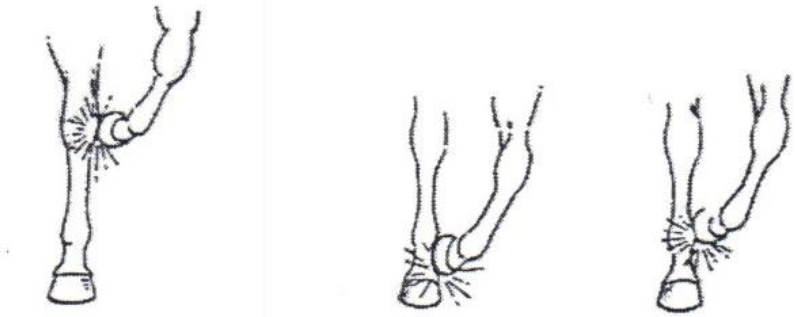
Supporting leg interference

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”

c



Common Problems



Knee-hitting (trot)

Brushing

Striding leg interference offurs when the hind leg and the folding fore leg on the same side come in contact.

- **Forging** - the tow 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.

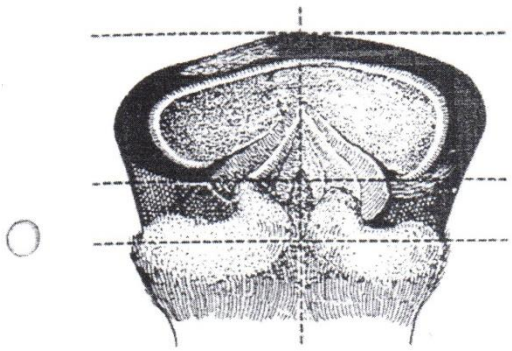
- **Over-reaching** - When the toe of the hind hoof hits the heel of the front hoof (often resulting in deep lacerations)

- **Scalping** - When the toe of the front hoof hits the front of the hind hoof (at about the coronet.)

- **Speedy Cutting** – When the front hoof (Usually the outside quarter if the hoof) hits the inside of the hind leg (Anywhere between the pastern and the hock) at a canter or gallop.

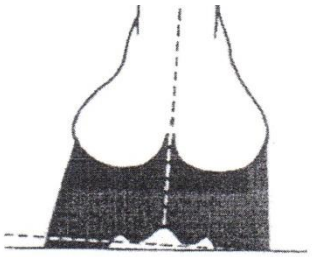
HOOF CARE

This generally occurs through overuse of the rasp



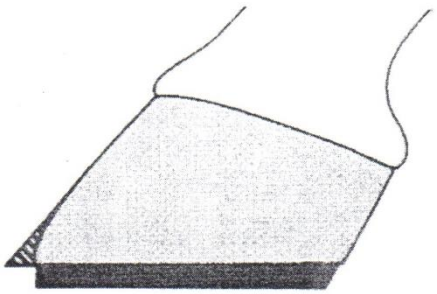
Uneven bearing surface.
The toe and opposite heel have
been overdressed.

One side of the foot has been over-dressed.



Dumping the toe

This occurs when excessive amounts of the toe has been rasped away. This practice reduces the bearing surface and may expose the underlying soft horn.



Dumping the toe

Defects in the way of Moving

Defects in the “Way of going”

These defects can be classified as:

- Deviation in the flight of the hoof
- Striding leg interference
- Supporting leg interference

Deviations in the flight of the Hoof

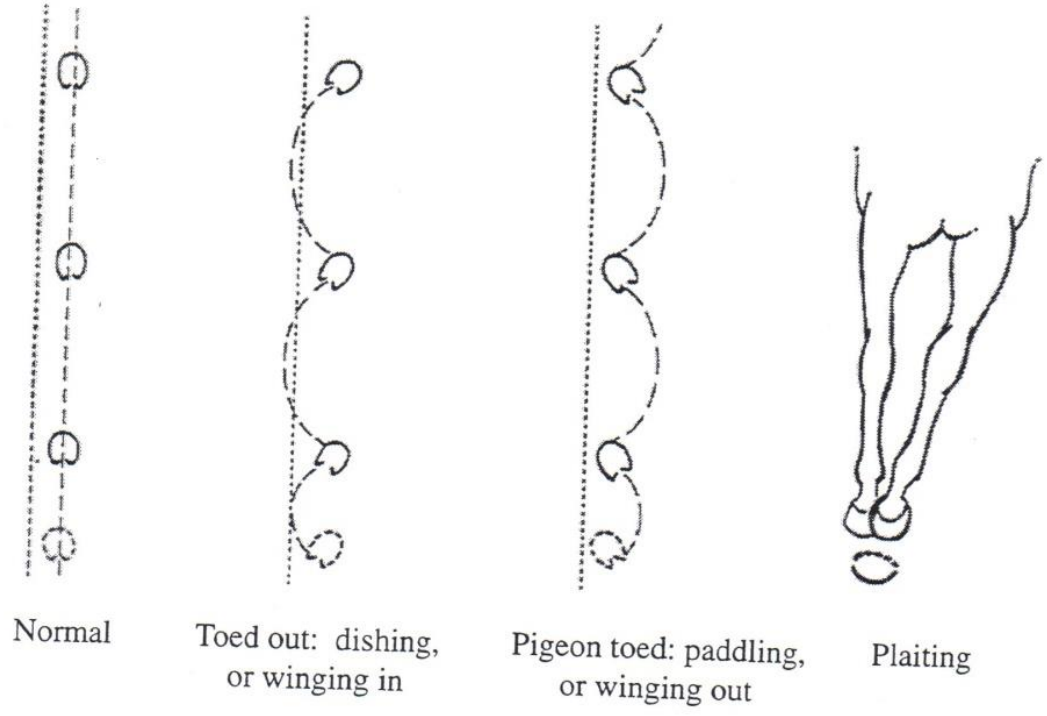
- **Paddling or winging out-** associated mostly, but not always, with pigeon toes. The hoof swings outwards as it is carried forward.

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

- **Rolling-** When the horse places the hoof in front of the opposite leg (as if tight rope walking)

- **Choppy Action**- a short quick irregular stride.

- **Pounding-** associated with straight shoulder, an excessively heavy forequarter or a long weak back. The front hooves contact the ground with a heavy concussive force.



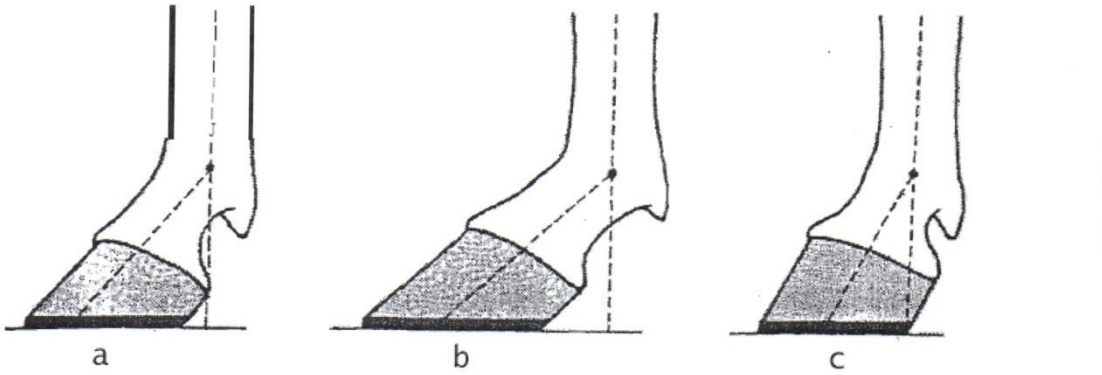
Conformation and flight Patterns

NORMAL CONFIRMATION 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.

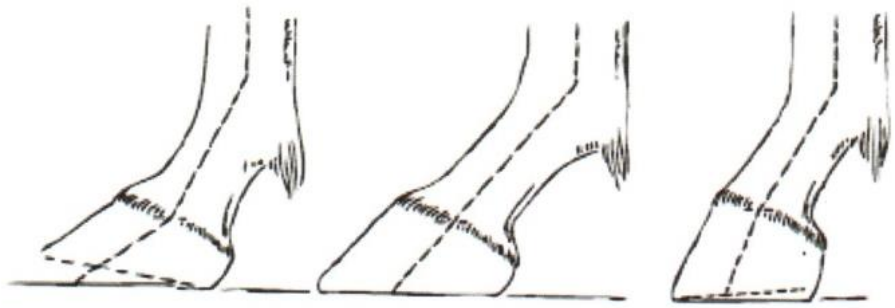
The hoof should be of good size, rounded and set wide at the heels. The frog should be large and fleshy.

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).



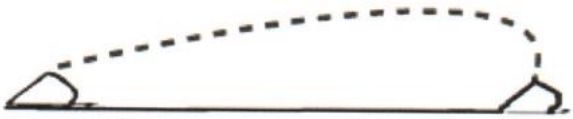
Side view of a normal pastern foot axis for: a) normal foot, b) a sloping foot c) an upright foot.

Sloping Ideal Stumpy



Broken Back Correct Broken Forward

The ideal



Low Elevation, increased length of stride

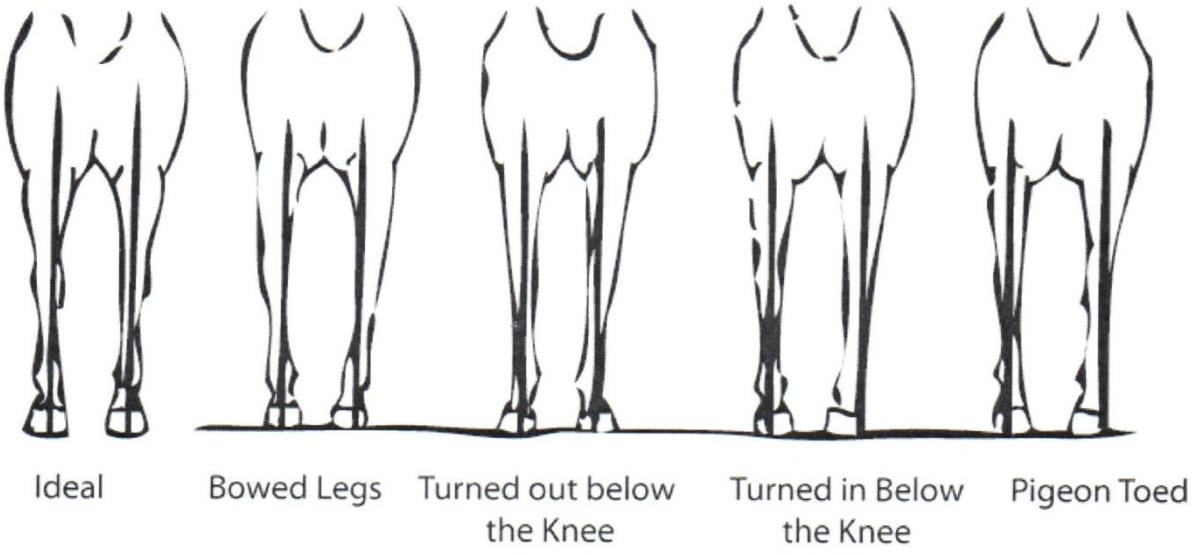
High elevation, depressed length of stride

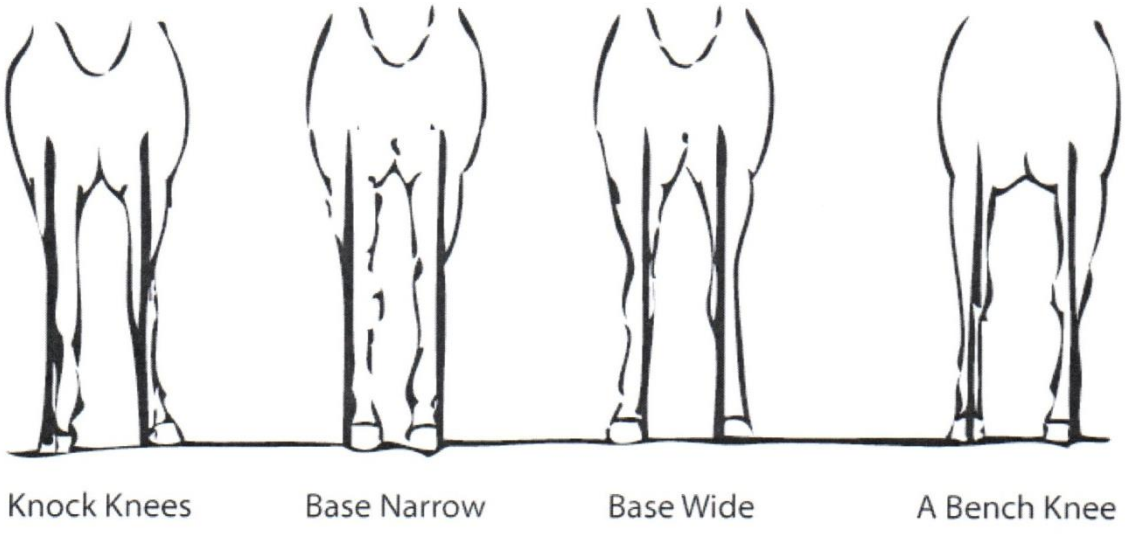
Conformation of the legs

In the diagram below the ideal conformation results in an imagery 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 in the diagram 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.

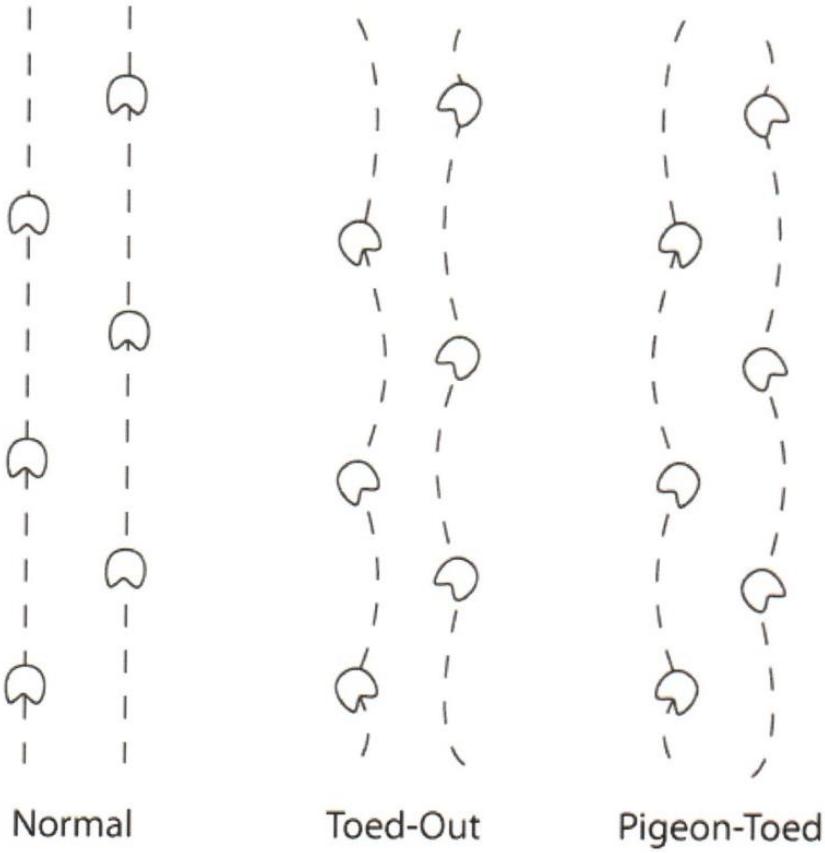
The deviations pictured how stress forces move away from the centre of the leg. These affect both the length of stride and the wear and tear of the joints of the foreleg.

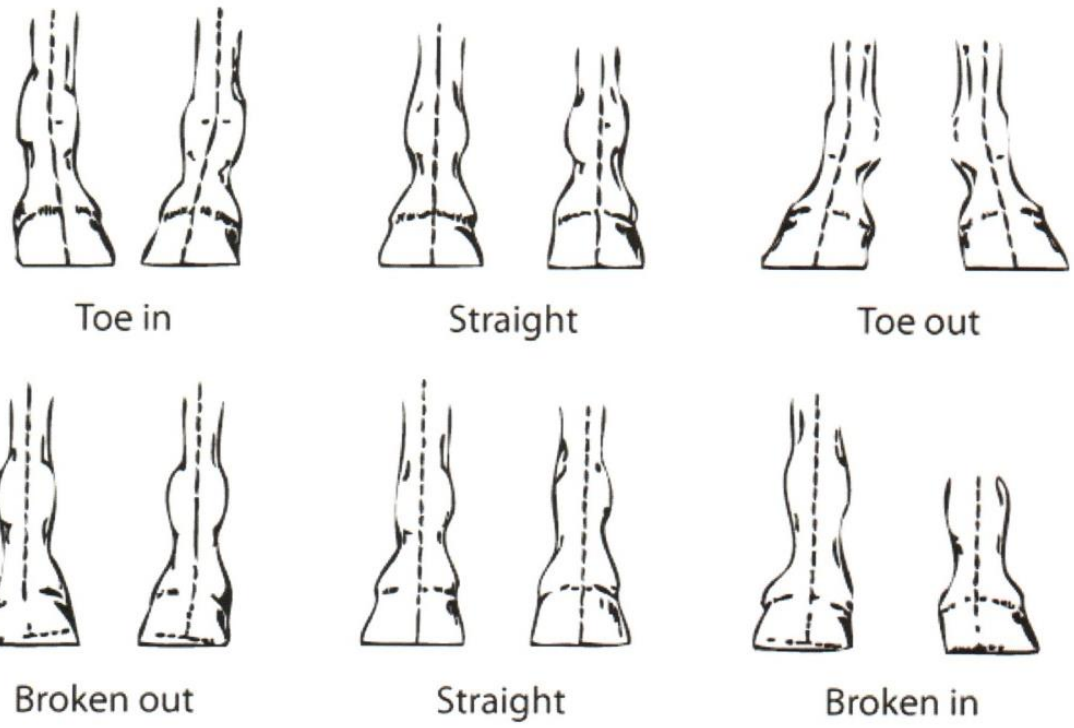




The hoof and pastern

The angle of the pastern to the hoof should be 45-50° because this angle is best for absorbing concussion and greatly reduces the risk of injuries to the joint, tendons or ligaments. The hoof wall





expands slightly at the neck and heels when the hoof hits the ground. This action also absorbs concussion.

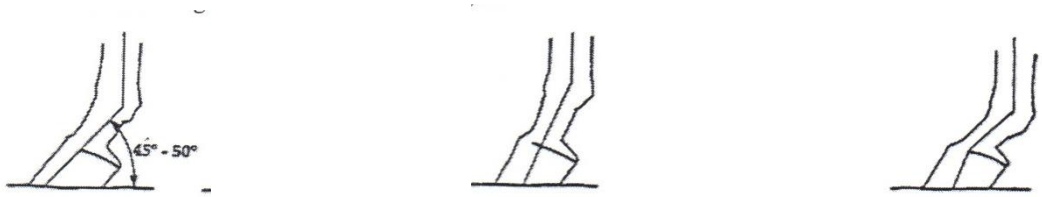
Conformation of the deviation of the Pastern

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

The pastern should be of medium length with a good slope (between 45 and 50 degrees) to provide good shock absorbing capacity.

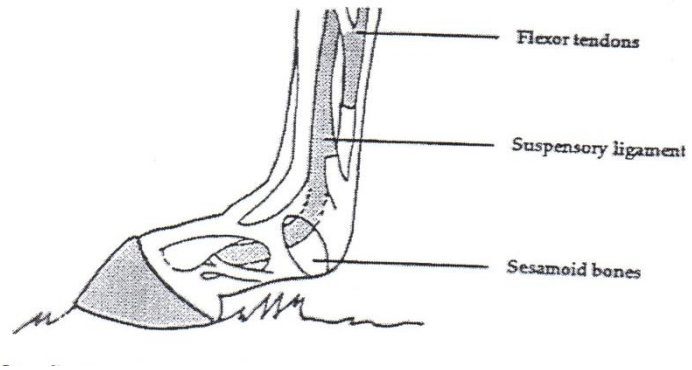
If the pastern is too short or too upright then concussion is poorly absorbed, giving a jarring stride.

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.



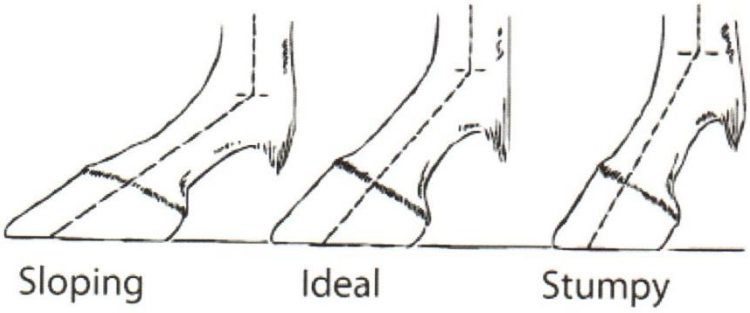
Correct pastern **Upright** **Sloping with broken angle**

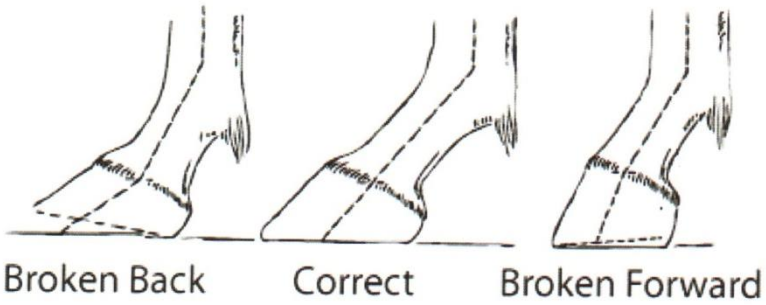
At every stride when galloping, or landing overt a jump, the fetlock joint comes almost to the ground. This stretching is controlled by the flexor tendons and the suspensory ligament. The strain is shared by these structures. Extra stress usually falls upon the suspensory ligament and some of its fibres may be torn

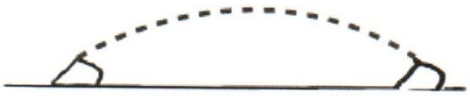


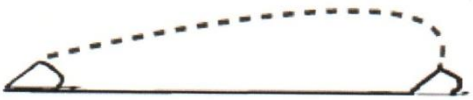
Over flexion of the fetlock joint can result in strained tendons and ligaments and fractured sesamoids.

The hoof and pastern





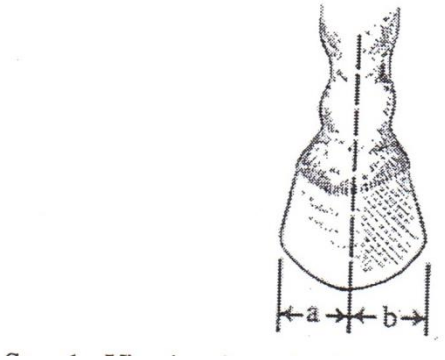

The ideal


Low Elevation, increased length of stride

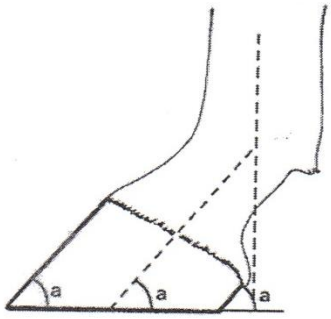

High elevation, depressed length of stride

Evaluation of farriery procedures

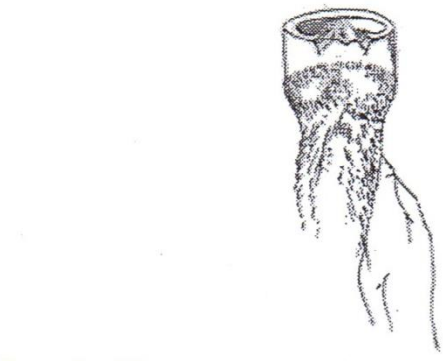
All horse owners need to develop basic skills in evaluating farriery procedures. Many unsoundness problems or poor performance could result from less the good hoof care.



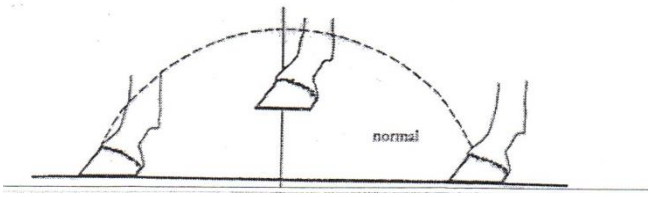
View from the front “A should equal B”



Viewing from the side checking hoof – pastern angle



Viewing from the rea, checking for a level surface.



Viewing from the side, checking flight pattern

SECTION 10

WORKING WITHIN A BOWEN THERAPY FRAMEWORK

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 form 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 mater 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:-

(1) Business- You must ensure the health and safety of each person who performs a work activity for the business undertaking
(2) 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.
(3) 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:-

(1) **Regulations**- Either prohibit exposure to a risk or prescribe ways to prevent or minimise exposure to risk.
(2) **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.
(3) **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

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 a 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 ascendency 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 ascendency 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

The following evidence has in the past been cited:-

(1) Palpation of soft tissue reveals knotted areas of muscle fibres
(2) The viewing of certain areas of the body reveals fluid or lymph pooling
(3) Tests for the mobility of various joints have been undertaken
(4) Palpation of bones has revealed misalignments of various kinds
(5) Client presenting symptoms of pain or discomfort have been recorded
(6) 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 principals.

(1) 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.
(2) 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.
(3) 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.
(4) 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 Secornd World War. His clinic was situated n Geelong, Victoria, and he received recognition form many areas for his outstanding results. Most of the football clubs and other sporting organisations clambered for his services for their injured players. The regional jail often called for his assistance for an injured inmate and event 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 me 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 te various presenting symptoms that clients will exhibit.

Element 2. Identify and describe the principals 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.

(2) 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.

(3) 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 side 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.

(4) 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.

(6) 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, of 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 principals as a guide for each treatment session.

(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 two thumbs or fingers accordingly to principal number 2.

(3) Two minutes 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 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 form school to school we will just include some of the basic fundamentals.

The first interview

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

(1) Health history- Previous illness, old injuries and surgical operations.
(2) Current health problems- diseases or symptoms that the client is currently experiencing.
(3) Visual observations
(4) Palpation of relevant body partys, 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 Complimentary 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 shiatisu therapy)

One who insert 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-

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:- Iridolody, 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 complimentary 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 principals 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 he 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 principals of bowen therapy can be explained in an easily understood way in a on-to-one and group setting

4.2 Enquiries are clarified and appropriate information is provide

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

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.

(1) 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 smily but they can feel it- wait for a response.
(2) If a client is wishing to make an appointment be as accommodating as possible but directing them to a tome 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 clients wishes particular if are busy and are hard pressed to make an appointment at the time of our choosing.
(3) 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 contra them with the information that they are seeking.
(4) All of your words need to be warm and friendly but at the same time firm and confident.
(5) 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.
(6) 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.
(7) 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.
(8) Further information on Bowen therapy should be given on their first visit in the form of a Bowen brochure or other clinic literature.
(9) 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

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.

(1) 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.

(2) 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.

(a) From physical perspective e.g. type of work performed, leisure activities, a pattern to the symptoms
(b) From an emotional perspective e.g. holding patterns of stress related to job, relationship, finance etc.

(3) 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.

(4) Client History

Client history may be collected by:-

(A) A standard questionnaire, which the client completes, or
(B) 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.

(5) Client privacy

A) All communication, both written an 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.

(6) 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

(7) 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 ones 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

COPYRIGHT

www.privacy.gov.au/act

AGED CARE STANDARDS

www.accreditation.aust.com

POISONS ACT

www.health.qld.gov.au/atods/legistative/drugpoinsons/htm

CHIROPRACTIC AND OSTEOPATHY

www.healthregboards.qld.gov.au

SECTION 11

PLAN A TREATMENT USING BOWEN THERAPY

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 Principals 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 Principals 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.

2.1-2.5 The treatment strategy agreement

This may be performed briefly at the first of second visits. The following are important considerations:-

- A pathway of bowen therapy care is set out before showing (1) The length of each visit (2) The number and interval of initial visits (3) The follow up postural correctional program including the interval of visits (4) follow up assessment times are outlined and their importance within the overall plan
- If appropriate any perceived risks are explained
- Rational for the treatment assessment is discussed with the client
- The responsibilities of the practitioner and client are discussed
- Client agreement with the strategy is confirmed, including any post treatment homework they need to perform
- Client compliance is negotiated.

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 LINE**
ANATOMY	**THE SCIENCE OF THE STRUCTURE OF THE BODY**
ANTERIOR	**SITUATED OR FAXING THE FRONT OF THE BODY**
ANTERIORLY	**TOWARDS THE FRONT**
BROW	**FORHEAD**
BUTTUCK	**BACK OF THE LEG, FROM THE TAIL TO THE KNEE**
CANNON BONE	**DISTAL TO THE KNEE (FRONT OF LEG) AND HOCK (HIND LEG)**
CHESTNUT	**ALMOND SHAPED CALLUS ON THE INSIDE OF 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 HORSES TAIL**
DISTAL	**SITUATED AWAY FROM CENTRE OF KBODY OR POINT OF ORIGIN**
DISTALLY	**TOWARDS THE END OF LIMB, MOVING AWAY FROM THE TRUNK OF THE BODY**
DORSAL	**RELATING TKO THE BACK OR POSTERIOR PART OF AN ORGAN**
DYSFUNCTIONAL	**NOT A NORMAL ACTIION**
EXTENSOR	**MUSCLE WHICH EXTENDS OR STRAIGHTENS A LIMB**
EXTENSION	**THE STRAIGHTENING OUT OF A JOINT E.G. KNEE**
FETLOCK	**BONE DISTAL TO THE CANNON BONE – PART OF RTHE WRIST OR ANKLE JOINT**
FLEXOR	**MUSCLE WHICH FLEXES OR BENDS A LIMB OR JOINT**
FLEXION	**THE BENDING OF A JOINT**

GASKIN	**HIND LEG BOND DISTAL TO THE STIFLE JOINT**
HAUNCH	**POINT JUST ANTERIOR TO THE ILIAC CREST – HIP BONE**
HOOF	**FOOT OF HORSE**
ILIAC CREST	**THE CREST OF THJE HIP BNONE OR PELVIS**
INFERIOR	**TOWARDS THE BOTTOM OR LOWER POINT**
INFERIORALLY	**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 REAGION OF THE BACK**
MEDIAL	**THE MIDDLE OR INNER SIDE**
MEDIALLY	**MOVE TOWARDS THE CENTRE LINE OF THE BODY**
NAPE	**TOP OF HEAD BETWEEN THE EARS – POLL**
PALPATION	**EXAMINATION OF THE BODY TISSUE BY TOUCH USUALLY WITH THE FINGERS OR THJE FLAT OF THE ANTERIOR SURFACE OF THE HAND**

We know the skin in the largest organ of the bocy, comprising approx. 16% of bodyweight, and has two main functions, which are protection and sensory.

Under the skin is connective tissue, which converts any stimulation (pressure etc0 into electrical impulses. When the skin and tissue are stimulated the information 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 experience then 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-inflammatory, which active the body's healing processes.

Medical Terminology

As all students will have studied Anatomy and Physiology medical terminology should already be part of their vocabulary.

BLOCKERS

Blockers and their use will be discussed during treatment.

SECTION 12

PERFORM A TREATMENT USING BOWEN THERAPY

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 our your indications for bowen therapy treatment. For contra-indications see Appendix.

Knowledge of basic assessment procedures and options
(1) 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.

(2) 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?

(3) 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.
(A) Walking
(B) 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

treatment couch. What do your eyes pick up? Skin discolouration, tiny vein visibility, swelling, symmetry, scars or other irregularities. Record all of this information on your client record card.

(4)Palpation of relevant body party

After your visual assessment it may become apparent to you which parts of the body need further investigation. Palpation of the various body tissues can give you important information as to what treatment processes will be required to release the relevant muscles. Your fingers will reveal knotted muscle fibres, contracted tendons and irregularities in ligaments binding certain joints. Again record all of your findings on your clients record card and correlate this information with the health history.

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, legal and regulatory implications of treatment
See under “Principals of bowen therapy” and “Legal requirements”

Knowledge of environmental physiology and the effects of drugs on the individual
This will be covered under Anatomy and Physiology

Ability to manage time throughout consultation and treatment
This will be 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 contradictions 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 “Principals of bowen Therapy” and “Legal requirements”

Element 1. Manage Treatment

1.1 Mode of administration and management of the treatment to the client/ patient is explained
1.2 Client/ patient is requested to monitor reactions and contact practitioner as required
1.3 Consent for treatment is ensured
1.4 Client/ patient is draped to expose only the part of the body being worked on
1.5 Reactions to treatment are recognised and promptly responded to if necessary

1.1-1.5 Manage Treatment

In managing the treatment with clients you will need to keep in mind the following points:-

- Explain to the client any factors that you encounter that may interfere with the normal effectiveness of the treatment. These may be long standing conditions that have lead to the

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 principals 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 ay have after any treatments and t 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 I 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

usually disciplined for referring on too soon, but many have been for referring too late. Referrals give you opportunities to develop professional relationships with medical practitioners who will observe your integrity around your scope of practice.

There are three types of approach to contraindications and cautions:

1. General avoidance of application- do not apply Bowen Therapy
2. Regional avoidance of application- apply Bowen Therapy but avoid a particular area.
3. Application with caution –apply Bowen Therapy under supervision of a suitably qualified medical practitioner. You will be taking into account the amount of Bowen applied in one session, the depth and frequency of the sessions.

Contra-indications- General avoidance- Do not apply Bowen Therapy at all.

In the client has been diagnosed by a medical practitioner as having Abdominal Aortic Aneurisms, they should NOT be worked on without consulting with the client's medical practitioner. These patients ca present with lower back pain and sometimes nausea. This condition is very difficult to detect and if present requires immediate medical attention. As Bowen Therapists it is virtually impossible for us to determine if a client has an aneurisms, nut if we suspect the client may be at risk we should refer the client to a medical practitioner for diagnosis BEOFRE we attempt to treat the,

Lymphatic drainage work is contraindicated with people who have a known history of congestive heart failure, chronic obstructive lung disease or cardiomyopathy, as the Lymphatic work increases the amount of fluid returning to the circulatory system, thereby increasing the load on the heart. This can be very dangerous to people suffering from these disease processes.

Convulsion- Sudden, involuntary series of muscle contractions, sometimes called a seizure. No Bowen work should be applied during convulsions or seizures. Consult a medical practitioner for advice if requested to work on a patient who has recently experience a convulsions or seizures prior to applying Bowen Therapy.

Osteomyelitis- inflammation of bone caused by infection, usually by a pyogenic organism, although any infectious agent may be involved. It may remain localized or may spread through the bone to involve the marrow, cortex, cancellous tissue and periosteum. Symptoms may include deep pain and fever. This would need to have been diagnosed by a medical practitioner for you know the patient was affected.

Head Injuries- Contusion (bump to the head), laceration (cut of break in the skin); subdural and epidural injuries may produce disorientation, nausea and uneven pupil dilation. Refer to a medical practitioner.

Deep Vein Thrombosis- thrombosis (blood clot) of one or more of the deep veins of the lower limb, characterized by swelling, warmth, and erythema (flush upon the skin), frequently a precursor to a pulmonary embolism (Dorlands Illustrated Medical Dictionary 30th Edition) often has pain described as aching and throbbing. Any hint that the client may have a thrombosis should be treated as a contraindication for treatment. This includes DVT's that people talk about today in regard to people who have been travelling for long periods by aircraft. If suspected refer to a medical practitioner for a diagnosis. If you work over an area of the thrombosis you may dislodge part of the clot, which has the potential to cause a myocardial infraction, a stroke or pulmonary embolism (clot in the pulmonary artery of the lungs or one of its branches) in the client.

Myocardial Infraction (MI)- Death of cardiac muscle cells, usually form inadequate blood supply, often from coronary thrombosis or coronary artery disease. Symptoms include severe chest pain, often described as crushing sensation, pain in the neck and arms (Often the left side), difficulty breathing, and weakness with the signs of shock i.e. cool, sweaty skin, pale complexion of face,

sometimes almost a grey look and often with a blue tinge in the lips. Refer to a medical practitioner via an ambulance emergency call!

Syncope- a temporary suspension of consciousness due to generalised cerebral ischemia; also called fainting. There are many causes of 'syncope' from reduced cardiac output for a variety of reasons, low blood pressure, to overheating and even coughing fits.

Appendicitis- Inflammation of the mucosal lining of the appendix, caused by trapped food or fecal matter; more common in individuals under age 25; symptoms include mild peri-umbilical pain, nausea, vomiting, increasing pain in the lower right quadrant, muscle spasm and rebound tenderness.

Cholelithiasis and cholecystitis- Gallstones formed as a result of inflammation; primary symptom in severe pain in upper abdomen radiating to back and right shoulder.

Contraindications- Regional avoidance

The Coccyx move is contra-indicated at any time during pregnancy. This contra0indication 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!

The TMJ procedure is contra-indicated if the client has had a major orthodontic procedures, unless authorised by the client, as it may alter the client's bite. This includes jaw surgery for the correction of the bite.

Dislocation- Displacement of a bone within a joint.

Vertebral Artery Syndrome- Any moves on the posterior of the neck are contra-indicated if the client has been assessed to have or you suspect they may have, "vertebral artery syndrome". Vertebral artery syndrome is when the arteries on the back of the neck, the vertebral arteries, have build-up of plaque in them and therefore become narrow and allow less blood flow through them. The plaque build-up could become dangerous if any of it were dislodged from the artery wall during a treatment of the neck, with the potential of creating a clot which could easily lodge somewhere in the brain potentially causing a stroke. There is a relatively simple test that can be performed that may show up the possibility of the client having vertebral artery syndrome that will be practiced during the course.

Varicose veins (larger ones) are a contraindication for any Bowen work being done directly over them. With varicose veins there is a small risk f the weakened vein wall rupturing when external pressure is applied to the vein. Some of these veins are not visible as they are at a deeper tissue level. If a client does have varicose veins it is advisable to have them remove clothing form the area of concern so that you can see what you are potentially going to work over.

Joint Replacement- Hip, knee or shoulder replacement operations make any flexion of those joints past 90 degrees, or any lateral movement of the limb, (especially the leg in the case of hip or knee operations), and any movement of the limb medically across the midline i.e. crossing the legs over) during treatment, contra-indicated. Medical advice should be sort prior to working with these clients if you are unsure what to do.

"*Cervical moves above 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'. (Quote from Neil Skilbeck)

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 either 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 client's 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 woman in their third trimester *should* not lay 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 thus reducing the effectiveness of the whole circulatory system.

Oedema- Any large area of oedema should be treated with extreme caution. There is always a reason for the oedema and this should be sort prior to treatment. The area should be treated with caution.

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

Area 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 on them 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.

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.

<u>Other considerations</u>

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 distance of the below measurements are all relative to the animal being treated. The measurements below are for an adult horse.

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.

Staring from the left side of the body.

Muscles involved:
Longissimus Costarum- largest and longest muscle of body, extends back or turns to one side.

Multifidus dodrsi
Extend back or turn to one side.

Intertransversalis Lumborum
Hold back rigid or turn to one side

Coccygeus
Press tail down or turn to one side

Sacro-coccygeus
Raise tail and or turn to one side

23) **Location:** At the hip protrudance at the top of the Tensor faciae latae.

Indications: constipation, colic, flatulence

Move:
Place heel on right hand on point of hip: Hold for 10 seconds, then make a gently roll with your thumb towards the hip crossing over the edge of the tensor fascia latae.

Repeat on the right side.

22) **Location:** At the mid point of an imaginary line from the tuber coxae to the dorsal ridge. One hand width from spine
Move: Place thumb on muscle and roll gently towards spine.

Indications: constipation, colic, flatulence

Move: repeat on right side

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

4) **Location:** One hand width, below the dorsal ridge, inline with the inter space between the transverse processes of L1 and L2.
This acts as a blocker.

Indications: Pain in lumber region, constipation, diarrhoea

14) **Location:** Approx one hand width, below the dorsal ridge, between C10 and C9 in the body of m. illocostalis

Indications: breathing Problems

6) **Location**: Approx one hand width below the dorsal ridge, between C18 and C17 in the body of m. iliocostalis.

Indications: digestive problems

8) **Location**: Approx one hand width below the dorsal ridge, between C18 and C17 in the body of m. iliocostalis.

Indications: digestive problems

10) **Location:** Approx one hand width below the dorsal ridge, between C14 and C13 in the body of m. iliocostalis.

12) **Location**: Approx one hand width below the dorsal ridge, between C12 and C11 in the body of m. iliocostalis.

Indications: breathing Problems

41) **Location**: Caudal to the scapula, at the junction of the scapula and the scapular cartilage of prolongation.

Indications: pain of suprascapularis.

42) **Location:** Approx one hand width and two finger width below the middle of the superior border of the scapular cartilage of prolongation

Indications: pain of suprascapularis, shoulder lameness, shoulder atrophy, shoulder inflammation

43) **Location**: Approx three finder width below the thoracic vertebral spinous processes and two finger width 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

Muscles Involved:

Brachiocephalicus
Moves head and neck and pull forward, sprain causes lameness.

Sternocephalicus
Move head and neck

Sterno-thyro-hyoideus
Assist in swallowing and sucking movements

Omo-hyoideus
Move hyoid bone and root of tongue

Cerviaalis ascendens
Extends neck

Rectus capitis ventralis minor
Flex Head

Longus Colli
Turn neck to side

Splenius
Extend neck to side

Longissimus capitis et alantis
Extend neck or turn to side

Complexus
Extend neck or turn to side

Multifidus cervicis
Extend neck or turn to side

Obliquus capitis posterior
Rotate Head

Obliquus capitis anterior
Extend head or turn to side

Rectus capitis dorsalis major
Extends head

Rectus capitis dorsalis minor
Extends head

44) **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 suprascapularis, shoulder lameness

54) **Location:** Approx four finger widths behind the ear and three finger widths lateral to the mane line

Indications: pain in nuchal region, feverish shivering

46) **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 nuchal region, wheezing

48) **Location:** About two finger widths below the mane line, approx. three finger widths from last position

Indications: pain in nuchal region

50) **Location**: About two finger widths below the mane line, approx. three finger widths from last position.
Repeat (12-16) on right side

Indications: pain in nuchal region

THIGH

Bicepts femoris
Extends limb in rearing, kicking and galloping

Semitendiosus
Extends hip joint and adduct leg

Semimembranosus
Extends hip joint and adduct leg

Sartorius
Flex hip joint ad adduct leg

Gracilis
Adduct Leg

Pretineus
Adduct leg and flex hip joint

Adductor
Adduct limb and extend hip joint

Quadratos femoris
Extend hip joint and adduct thigh

Obturator externus
Adduct thigh

Obturator internus
Rotate femur outward

Quadriceps femoris
1. Rectus femoris 2. Vastus lateralis 3. Vastus medialis 4. Vastus intermedius
Extend stifle and flex hip joints

106) **Location**: between m. biceps femoris and m. semi-tendinosus at the posterior border of the ischium-bone depression.

Indications: hormonal problems

115) **Location:** in the middle trochanter major line

Indications: sacral and femoral nerve damage

108) **Location:** lateral to the tail-root two hand widths laterally below the dorsal ridge at the level of the ischium in the muscle grove formed by the m. biceps femoris and the m. semitendinosus

Indications: sacral and femoral nerve damage, hip joint inflammation

119) **Location:** in the centre of the depression over the anterior limit of the hip joint

Indications: disturbed gait rhythm, joint and hindquarter pain

121) **Location**: In the depression behind and below the trochanter tertius femoris

Indications: Pain in hind quarters

112) **Location**: In the muscle groove between m. semitendinosus and the caudal part of M. biceps femoris, four finger widths above the hallow at the distal end of this muscle the level of knee joint.

Indications: Hip lameness or pain in hind limb

113) **Location:** Between m. flexor halluces longus and Tibialis posticus about half way along the tibia, approx. two finger widths from the caudal side of the flexor tendon

Indications: Stifle joint pain or inflammation

114) **Location**: At the lower third of a line joining the point of the hock to the external malleoulu, about a finger width below this line.

Indications: Hock joint pain, inflammation

STIFFLE/ HINDQUATRERS

Psoas minor
flex pelvis on back

Psoas major
Flex hip joint and rotate thigh outwards

Iliacus
Flex hip joint and rotate thigh outwards

Quadratus lumborum
Flex pelvis on back

Tensor fasciae latae
Flex hip and extend stifle joint

126) **Location:** In the drepression above the patella

Indications: Pain in hind limb or knee joint

127) **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

128) **Location**: Lower border of patella, between the lateral and media ligaments

Indications: Pain or inflammation in hind limb

LOWER LEGS (HIND)
Muscles involved

Long digital extensor
Extends toe and flex hock

Lateral digital extensor
Extend toe and flex hock

Peroneus Teitiulis anrtius- entirely tendinous
Mechanically to flex hock when stifle is flexed

Tibialis anterior
Flex the hock joints, jursa placed between tendon of m. and medical ligament of hock hjoint

Gastrocnemius
Extend hock and flex stifle joint, bursa between tendon of m. and point of hock, tendon known as Achilles tendon

Superficial digital flexor
Flex toe and extend hock, bura placedx under joint, tendon of m. behind hock

Deep digital flexor
Flex toe and extend hock, synovial sheath round tendon of m. behind hock

Popliteus
Flex Stifle

130) **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 knee or hock joint

133) **Location:** On the concave surface over the vena saphena superficialis ramas cranialis, at the level of the metatarsal joint

Indications: Hock joint, flexor tendon

136) **Location:** On the vena digitalis lateralis, at the upper border of the fetlock joint

Indications: Fetlock, hock joints and tendons

137) **Location:** Anterior centre of coronary band at the unction of hairy and hairless integument.

Indications: Sole of foot, frog

131) **Location**: Medial lower segment of the leg between m. flexor digitalis longus and m. tibilalis prosticus where they become sinewy, on the subjacent portion of the m. flexor halluces longus, about three finger widths from the caudal border of the flexor tendon.

Indications: Inflammation of metatarsal joint

135) **Location:** On the vena digitalis medialis at the upper border of the fetlock joint

Indications: Contusion of fetlock and hock joints tendon and tendon sheath inflammation

LOWER LEGS (FORE LIMBS)
Muscles Involved

Biceps brachii
Flex elbow joint, bursa present between tenton of biceps brachii and humerus bone

Brachialis
Flex elbow joint

Tensor fasciae antibrachii
Extend elbow joint

Triceps brachii (long, medial and lateral head)
Extend elbow and flex shoulder joints

Anconeus
Extend elbow joint

Extensor carpi radialis
Extend knee and flex elbow joints, tendon of m. possesses synovial sheath from 4” above middle of knee

Common digital extensor
Extend toe and knee and flex elbow. Tendon of m. has sheath extending from above knee to upper part of cannon. Bursa between fetlock joint

Lateral digital extensor
Extend toe and knee m. possess synovial sheath over knee and bursa at front of fetlock

Extensor carpi obliquus
Extend knee joint m. possesses synovial sheath over knee

Flexor carpi redialis
Flex knee and extend elbow joints m. posses a synovial sheath from 3”above knee to cannon

Flexorcarpis ulnaris
Flex knee and extend elbow joints

Ulnaris lateralis
Flex knew and extend elbow joints

Superficial digital flexor
Flex toe and extend elbow tendon of m. possesses synovial sheaths extending from above knee to middle third of cannon, and between lower end of cannon to middle of second phalanx

Superior check ligament
Supports superficial flexor tendon above knee

Deep digital flexor
Flex the toe and knee and extend the elbow. Tendon of m. possesses synoyial sheathes in common with superficial digital flexor. Qv. Buesa (navicular) placed between tendon and navicular bone behind pedel bone

Interosseur medius (suspensory ligament)
Broad elasticized band of fibrous tissue behind and attached to cannon bone. A branch continues across pastern bone to join extensor tendon inserted into front pedal bone.

91) **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 elbow and chest, shoulder and elbow joint inflammation

92) **Location**: One handbreadth below the elbow joint in the depression under the lateral tuberosity of the radius, betweens is, m. extensor digitorum communis and m. extensor carpi ulnaris.

Indications: Shoulder lameness, elbow and carpal joint inflammation, radialis paralysis, myositis of shoulder musculature

93) **Location**: About four finger widths below above position in a groove between m. extensor carpi radialis and m. etensor digitorum communis.

Indications: Arthritis of elbow and carpal joint radialis paralysis, tendonitis and tendovaginitis in the in the area.

94) **Location:** At the junction of middle and distal third of the radius on the medical aspect of the fore limb, between m. flexor carpi and humeral head of m. flexor carpi ulnaris

Indications: General debility, over strain

95) **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 the m. flexor digitorum profundus

Indications: Carpal joint inflammation, stiffness of joint

97) **Location:** Forefoot medical aspect between the metacarpus and the medical splint bone at the proximal quarter of the metacarpus and the proximal third of the splint bone

98) **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

99) **Location:** Forefoot lateral aspect on the vena digitalis lateralis at the upper limit of the fetlock joint

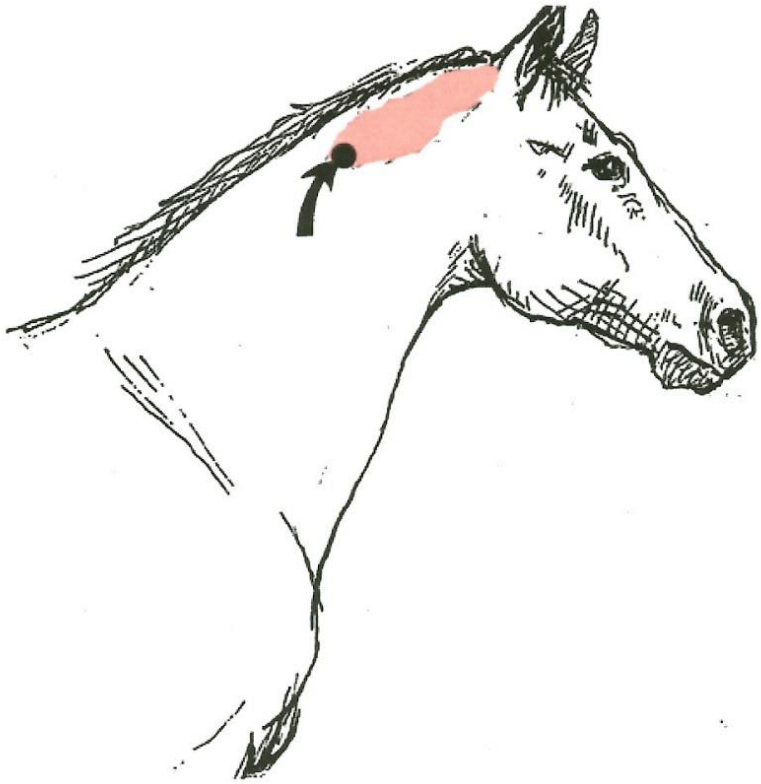
Indications: Fetlock Strain

100) **Location:** Forefoot lateral aspect on the vena digitalis lateralis at the upper limit if the fetlock joint

Indications: Fetlock Strain

101) **Location:** About 1cm lateral to the midpoint of the anterior coronary band at the junction of the hairy and hairless integument

Indications: Pedal, hoof, frog, fetlock joint discomfort



RECTUS CAPITUS LATERALIS

STRESS POINT

When mild pressure applied to Stress Point produces the reaction of flinching, pulling away and dropping head, excessive tightening and stress build-up are present.
It will be felt as a tight line of fibres running to the base of skull; it will be tender along the entire length.

PROBLEM:

AT REST:
Head pulled to one side with tendency to hold head low. Horse makes continuous stretching movements with head.

IN MOTION:
Obvious head discomfort; resists sideways movement in opposite direction.

THERAPY:

Direct pressure and cross-fibre friction to SP-1.
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.

MULTIFIDUS CERVICUS

STRESS POINT

When moderate pressure to Point 3 causes horse to flinch and move away from you, excessive tightening and stress build-up is present.

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

PROBLEM:

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 stand start into a complete nose-to-tail circle thus forcing extreme bending of 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.

RHOMBOIDS TRAPEZIUS

STRESS POINTS

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 vertabrae to upper edge of scapula.

PROBLEM:

Generalized tightening of 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 other shoulder spasms.

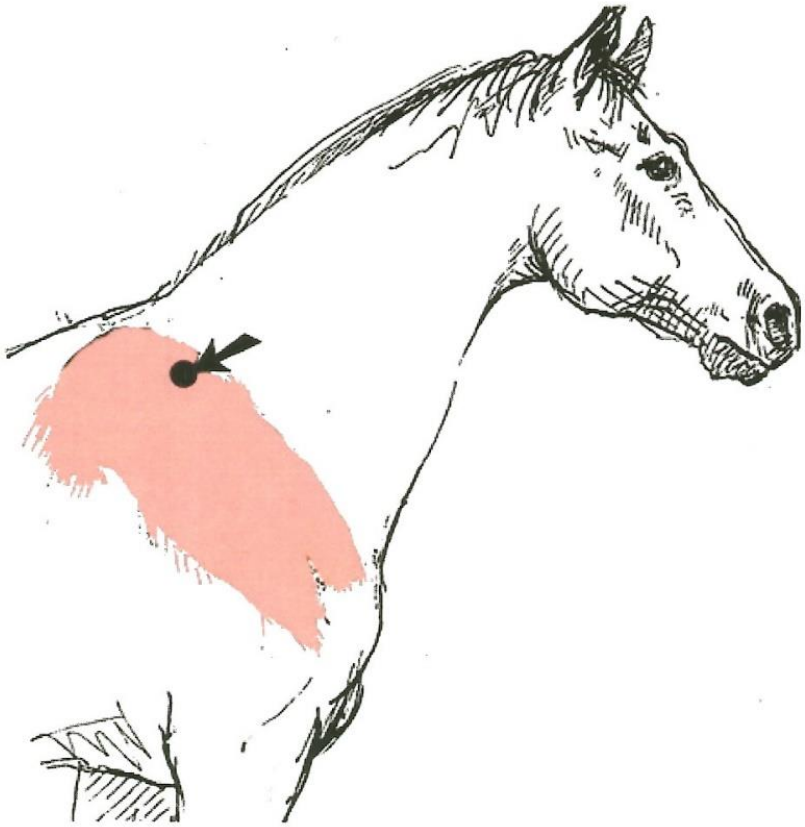
THERAPY:

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



SUPRASPINATUS

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 long running across the muscle

PROBLEM:

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

THERAPY:

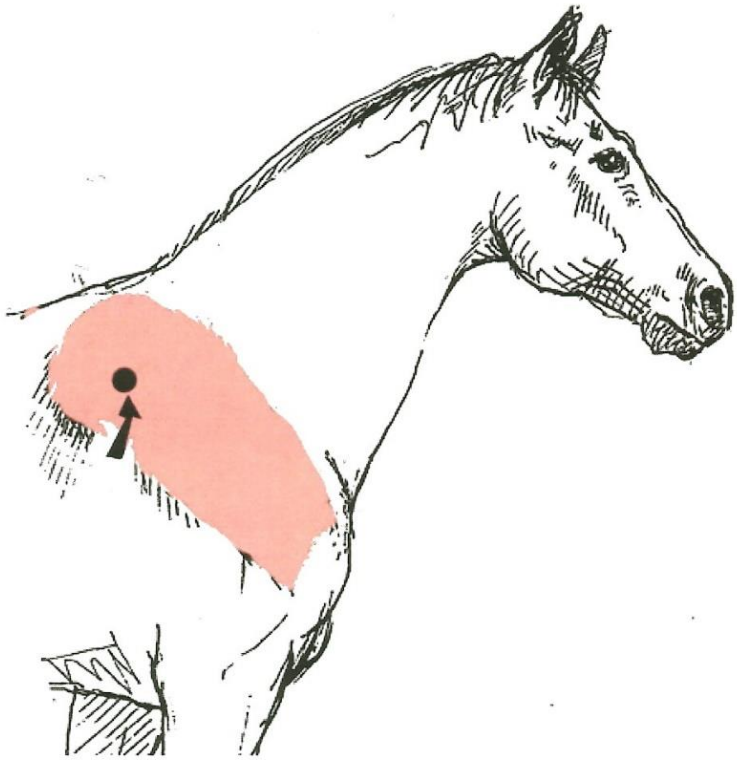
Follow with graduated forward exercise up to and including a canter.

Responds very quickly even when spasm has been present for some period of time.

Long standing cases will often reoccur. If so, repeat therapy until completely cured.

MUSCLE ACTION:

To extend the shoulder joint; acts as a lateral ligament to prevent dislocation.



INFRASPINATUS

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:

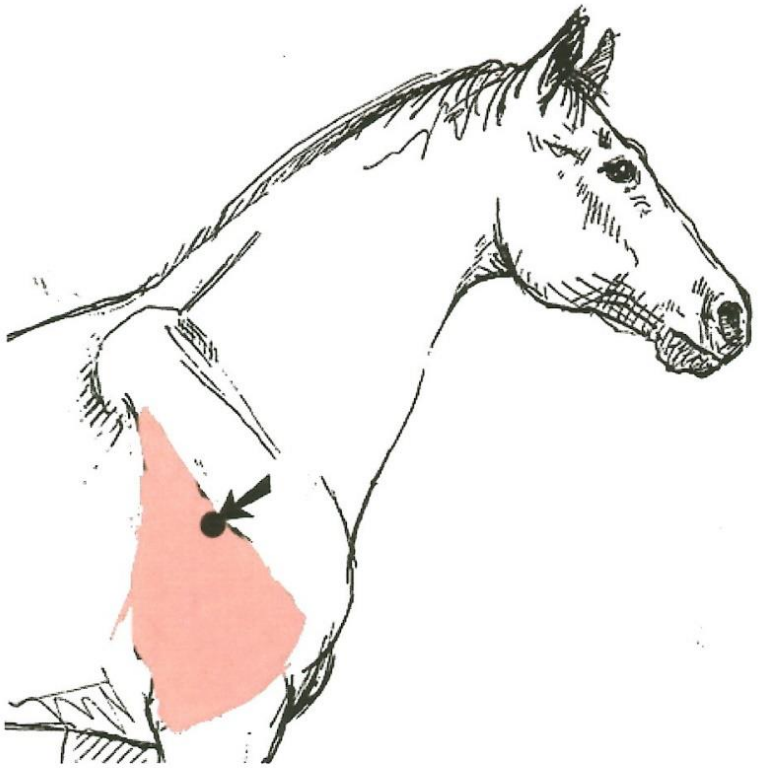
Will refer into the shoulder joint as an up/down or backwards/forwards lameness.

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 reoccur. If so, repeat therapy until completely cured.
The two spinatus muscles are most stressed by lateral as half-pass. They also serve as lateral ligaments to prevent dislocation of shoulder joint and can become stressed by casting in stall. They are the most susceptible muscles to strain.

MUSCLE ACTION:

Abducts arm and rotates outward. Serves as lateral ligament to prevent dislocation.



UPPER END OF TRICEPS

STRESS POINT

When horse moves away, bends knee in response to moderate pressure, excessive tightening and stress build-up is present.
Spasm will be felt as a small knot against the of the scapula.
There will be a tight line of muscle fibers running down the length of the muscle to the knee.

PROBLEM:

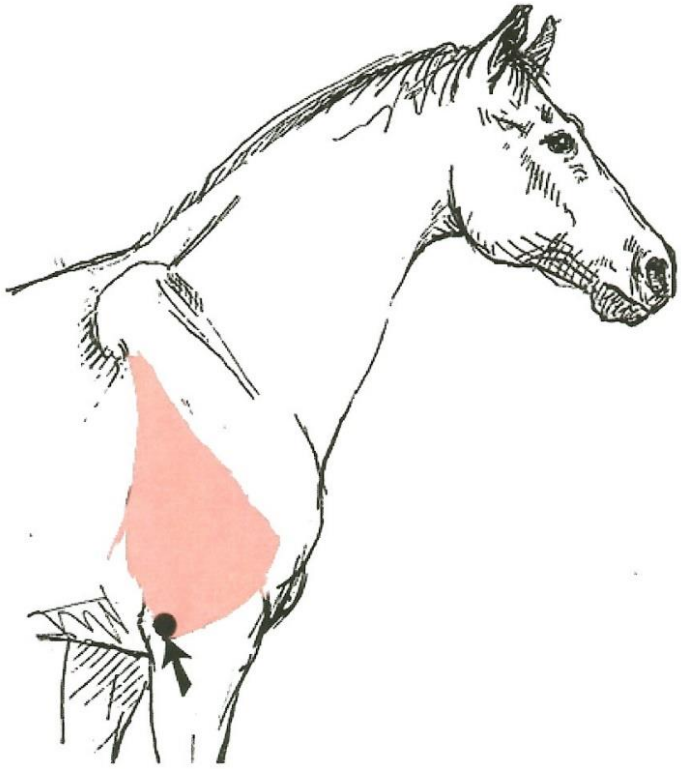
Shortened stride; horse jumping flat or hanging a leg; may look lame at extended trot.

THERAPY:

Follow with active exercise. Walking up hills is best; gradually work up to fully extended trot.
Two treatments usually adequate when caught early.

MUSCLE ACTION:

To flex shoulder joint.



LOWER END OF TRICEPS

STRESS POINT

When horse stiffens and moves 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 knee joint completely.

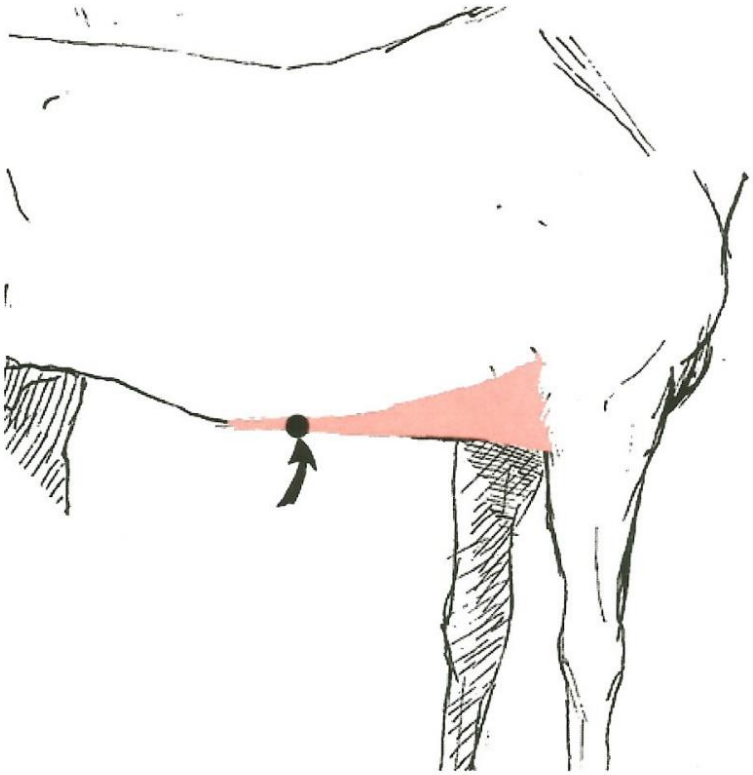
THERAPY:

Best exercise is walking-up hills.

Will require four or five sessions to release completely.

MUSCLE ACTION:

Extends and locks elbow joint.



POSTERIOR PECTORAL

STRESS POINT

When flinching, moving away, or when pronounced contraction of area muscles takes place with mild pressure, excessive tightening and stress build-up is present.
There will be tight line of muscle running forward to attachment under back of foreleg.
A very sensitive area especially forward against the ribcage.
Back of foreleg area will be more sensitive and will feel like a wire.

PROBLEM:

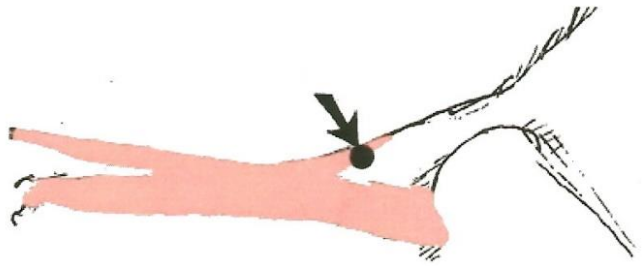
The most common cause of shortened extension, switching or refusing to take proper leads.
May react to girth tightening by showing discomfort or becoming stilted.

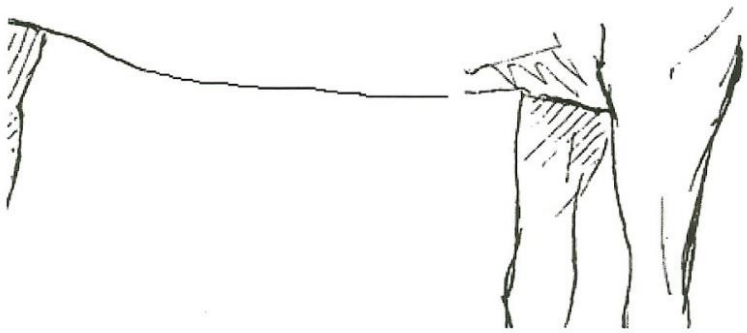
THERAPY:

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

MUSCLE ACTION:

To draw leg backwards.





FORWARD ATTACHMENT OF LONGISSIMUS DORSI

STRESS POINT

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

Spasm will be felt as rigid knot.

PROBLEM:

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

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

THERAPY:

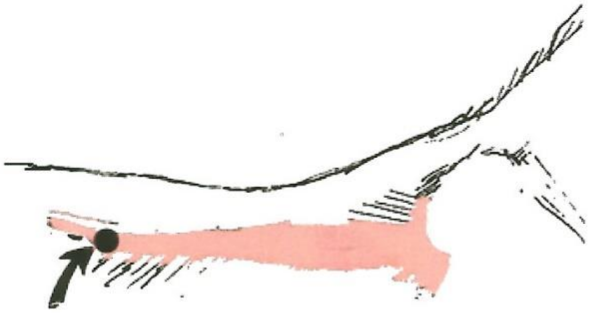
Follow with active exercise; when back problem is:

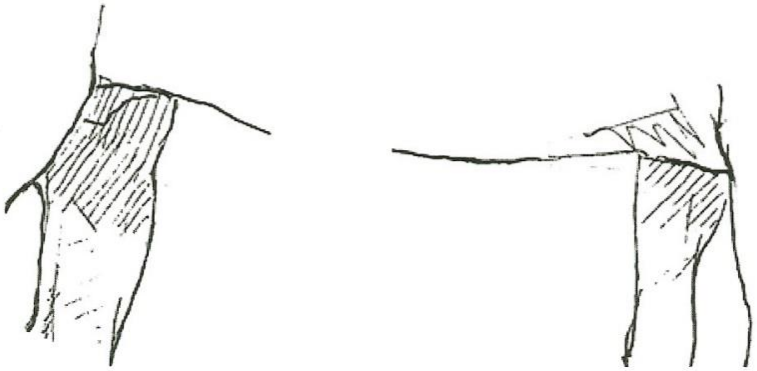
SEVERE -hand walk or lunge at walk, trot, canter.
MILD -ride at walk, trot, canter.

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

MUSCLE ACTION:

Extensor of back and loins; lateral flexion.





LONGISSIMUS COSTARUM

STRESS POINT

When mild pressure causes flinching or moving away takes place, 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 back problem or mayrefer its tightening into the back.

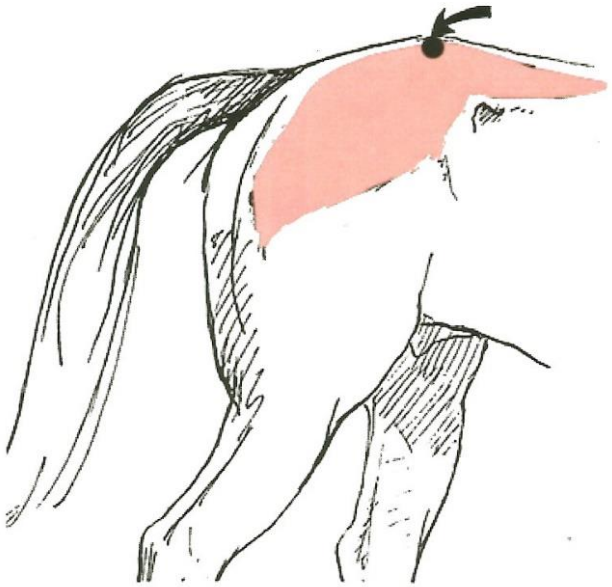
THERAPY: A very sensitive area.

Follow with forward movement exercises including canter and side binding.

Responds very quickly.

MUSCLE ACTION:

Lateral flexion of the trunk.



JUNCTION OF GLUTEUS MAXIMUS AND LONGISSIMUS

STRESS POINT

When horse sinks down or sags in response to light or moderate pressure, excessive tightening and stress build-up is present. Will be felt as rigid knot about two inches away from 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, 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 utilizes the longissimus in concert with the gluteus. It is also the most efficient movement of the horse.

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

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

NOTE: There are three main checks for superficial lower back problems (cold back):

Run your finger lightly down the spine. If horse reacts saddle pressure is causing problem.

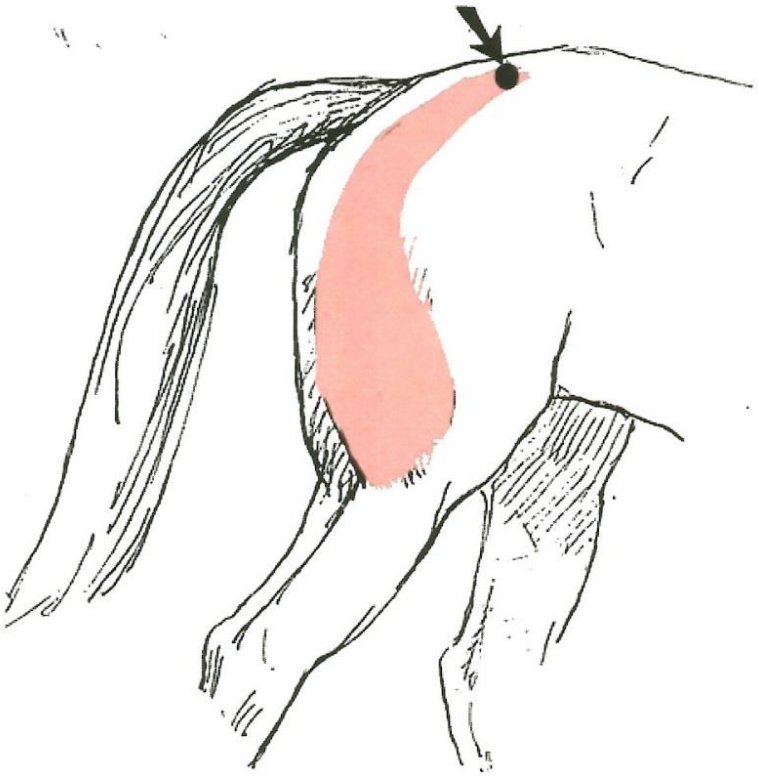
Draw fingers lightly down side about three inches from spine. If horse reacts it can be neuritis or sensitive skin. Check your pad.

When pressure to Points 13 and 15 produce reaction it is muscular.

When none of the above produce reaction, have your vet check for urinary or other internal infection.

MUSCLE ACTION:

Forward propulsion.



BICEPS FEMORIS

STRESS POINT NO.

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 from spine.

PROBLEM:

Scuffing with the hind leg; shortening of forward movement.

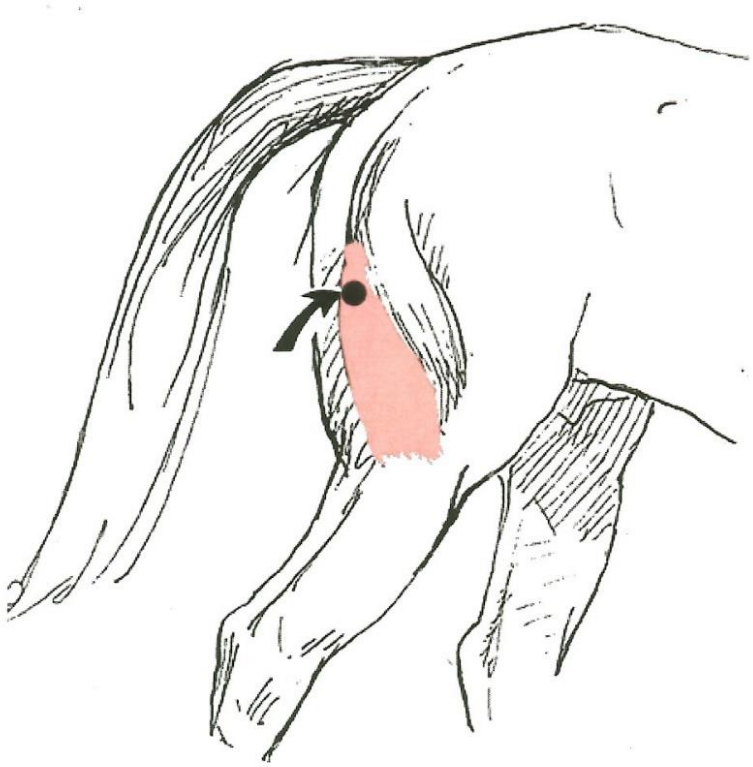
THERAPY:

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 hip and flex stifle; assists in extending hock.



BELLY OF BICEPS FEMORIS

STRESS POINT

Not a reaction point. There will hard, unyielding mass of muscle; this is normal thickening.
A bifurcation area, the biceps femoris serves both the stifle and hock.

PROBLEM:

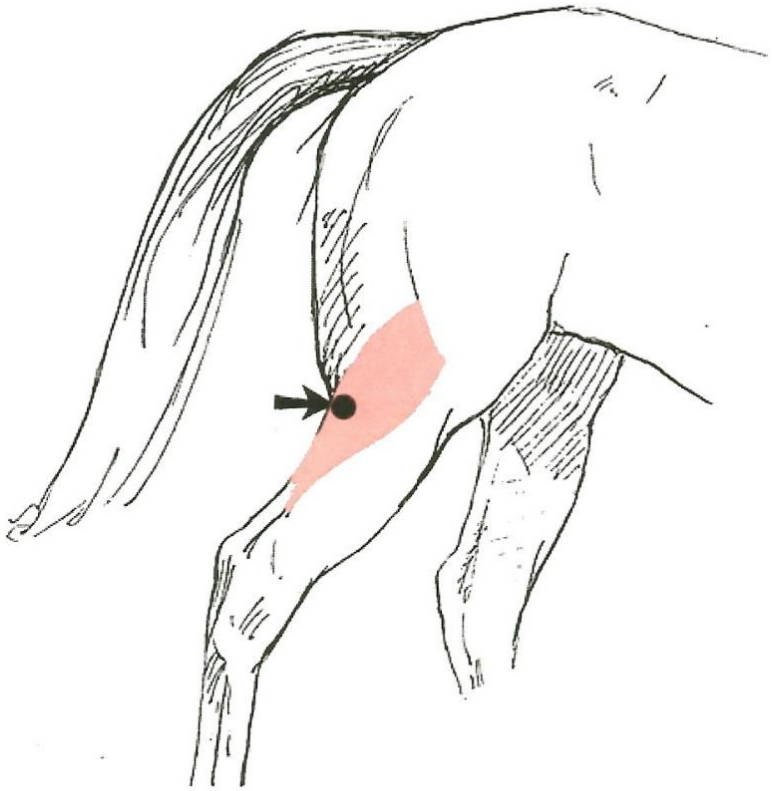
Scuffing with the hind leg; shortening of forward movement.

THERAPY:

Pressure is inward and sideward.
The idea is to make 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 stifle and hock.



GASTROCNEMIUS

STRESS POINT

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

Will be felt as tight, hard, stringy area about three inches above stifle.

PROBLEM:

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

THERAPY:

Direct pressure and cross-fiber friction with both thumbs.

This area of the gastrocnemius is heavily interspersed with tendonous fibers and is not easily moved.

It requires deep pressure and, therefore, should be applied for a short period of time.

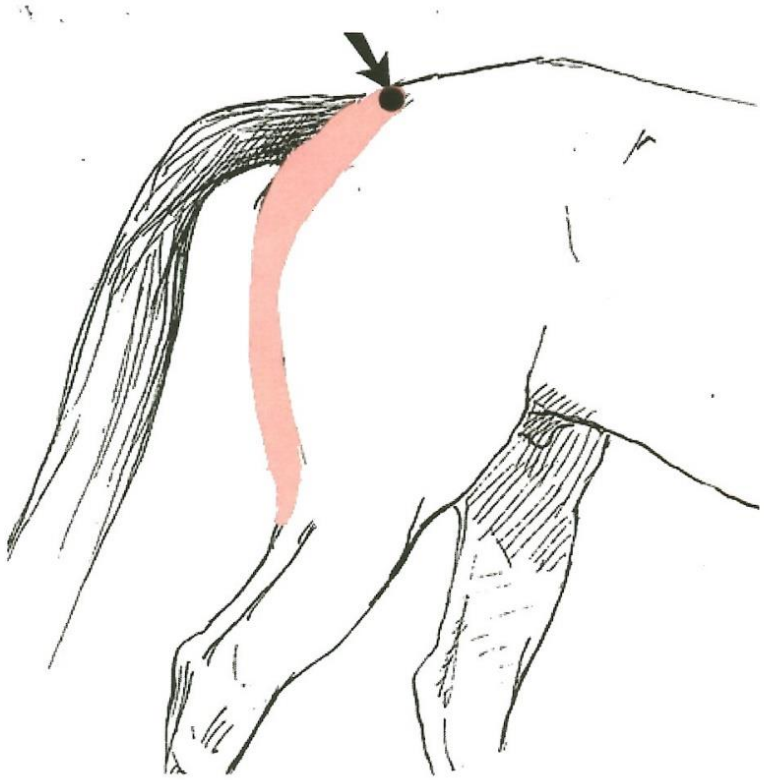
Exercise should be easy walk, trot and canter; no jumping until recovered.

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

Due to its tendonous interspersing, the gastrocnemius can reinjury from overstretch more quickly than areas with more pliabilityand resiliency.

MUSCLE ACTION:

To extend the hock and flex the stifle.



SEMITENDINOSUS

STRESS POINT

When horse tucks hind end under in response to light or moderate pressure, excessive tightening and stress build-up is present.

Spasm may be felt either as rigid knot or as tight line of tissue running down from attachment.

When tight line felt, it has already assumed dangerous proportions.

Shortening of forward movement; discomfort straightening stifle.

The initial cause of severe pulled or torn hamstring.

THERAPY:

Follow with exercise tailored to severity of problem.

If pull or tear has occurred, hand walk until horse starts to track evenly; gradually increase to walk, trot and canter on lungeline, walk mounted up hills.

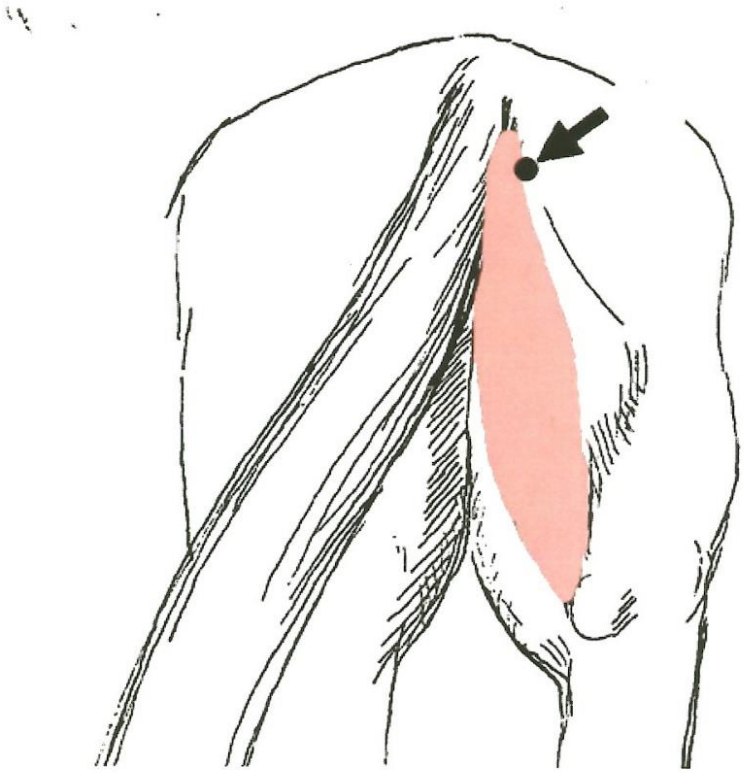
If mild, mounted at walk, trot and canter on the flat and up hills at walk.

Very susceptible to reinjury.

Once discovered, keep an eye on it and maintain tissue pliability.

MUSCLE ACTION:

To extend hip and hock joints; to flex stifle and rotate leg inwards.



SEMIMEMBRANOSUS

STRESS POINT

When flinching or tightening the hind leg occurs in response to mild or moderate pressure, excessive tightening and stress build-up is present.

Will be felt as rigid knot or tight line of tissue running down from attachment.

When tight line felt it has already assumed dangerous proportions.

NOTE: Retained tightening will often be the cause of horsecarrying tail to that side.

PROBLEM:

Shortening of forward movement; discomfort straightening stifle; resists lateral movement; tracks inward during forward movement.

Initial cause of severe hamstring pull or tear to inner thigh.

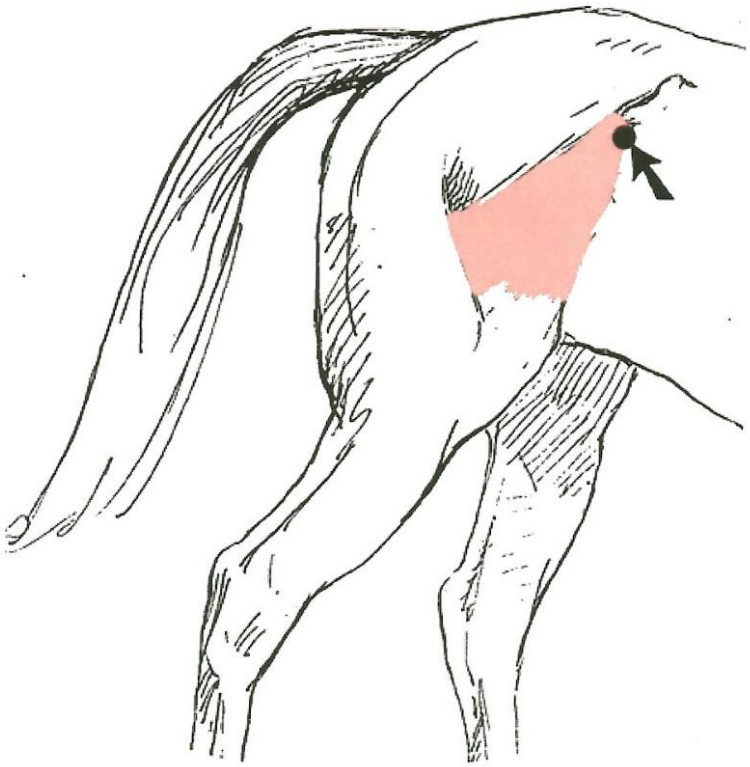
THERAPY:

Follow with exercise tailored to the severity of the problem.

If pull or tear has occurred, hand walk until 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 hip joint and adduct leg.



TENSOR FASCIA LATAE

STRESS POINT

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

Will be felt as tight knot against under side of the tuber coxae (the visable bony projection).

PROBLEM:

Throws leg outwards on forward stride; restricts lateral movements.

THERAPY:

Follow with active exercise at any levelof movement. Easy on lateral work at first.

Responds well to therapy; while this can 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 hip and extend stifle.

ILLIACUS

STRESS POINT

When moderate pressure causes flinching, tucking under, stiffening and drawing leg inwards, excessive tightening and stress build-up is present.
Will be felt as tight line against bone; as rigidity from bone to head of femur, and as knot at femur (thigh bone).

PROBLEM:

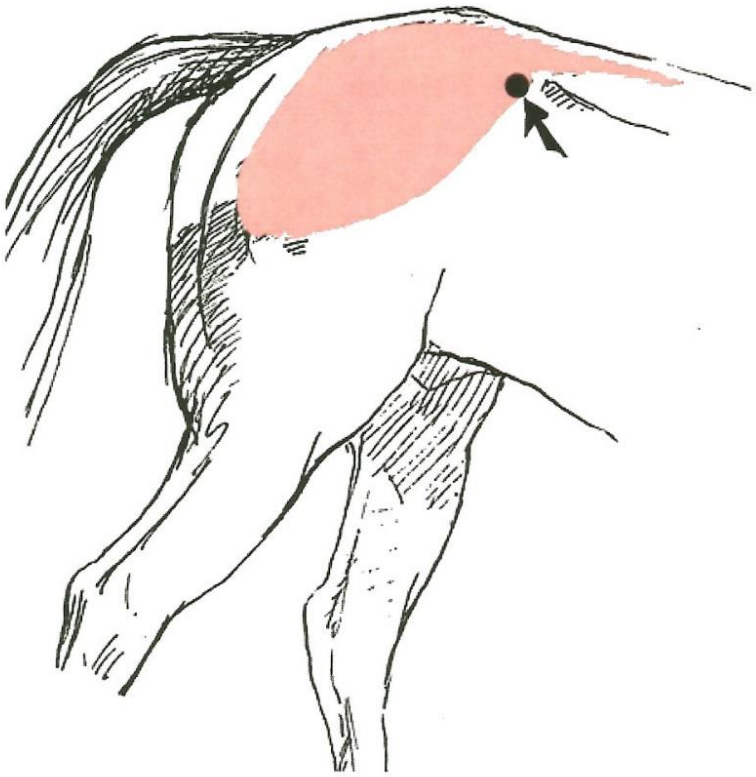
Off in hind leg movement - may actually buckle; will be more pronounced on circles to that side; may appear as back discomfort.

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 thigh outward.



GLUTEUS ACCESSORIUS

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 above the tuber coxae (one of the more easily felt lesions).

PROBLEM:

Restricted hip motion; back discomfort; shortened forward stride.

THERAPY:

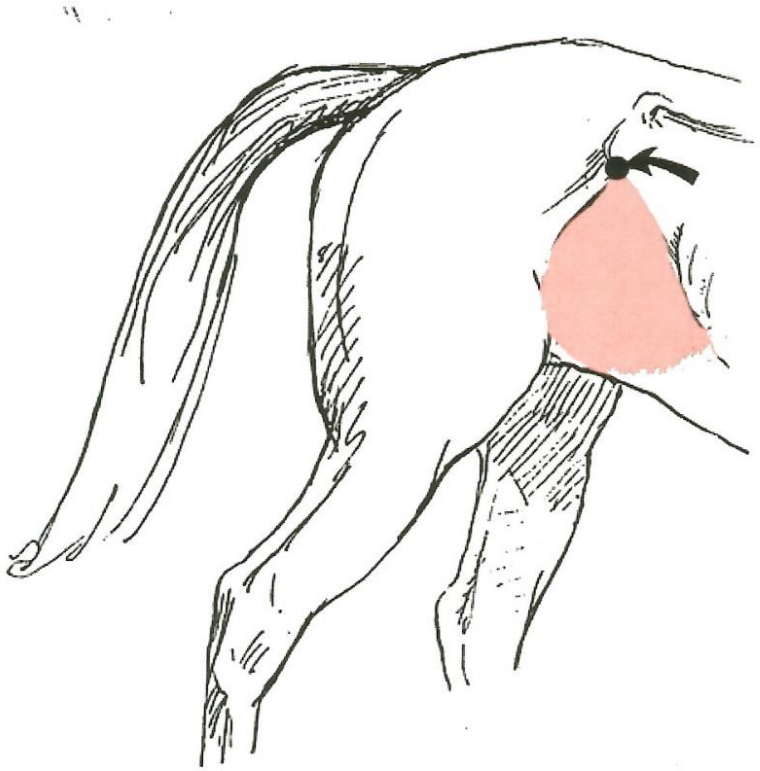
Follow with moderate exercise of all movements.

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

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

MUSCLE ACTION:

Assists gluteus muscle in extending hip; rotates thigh outward.



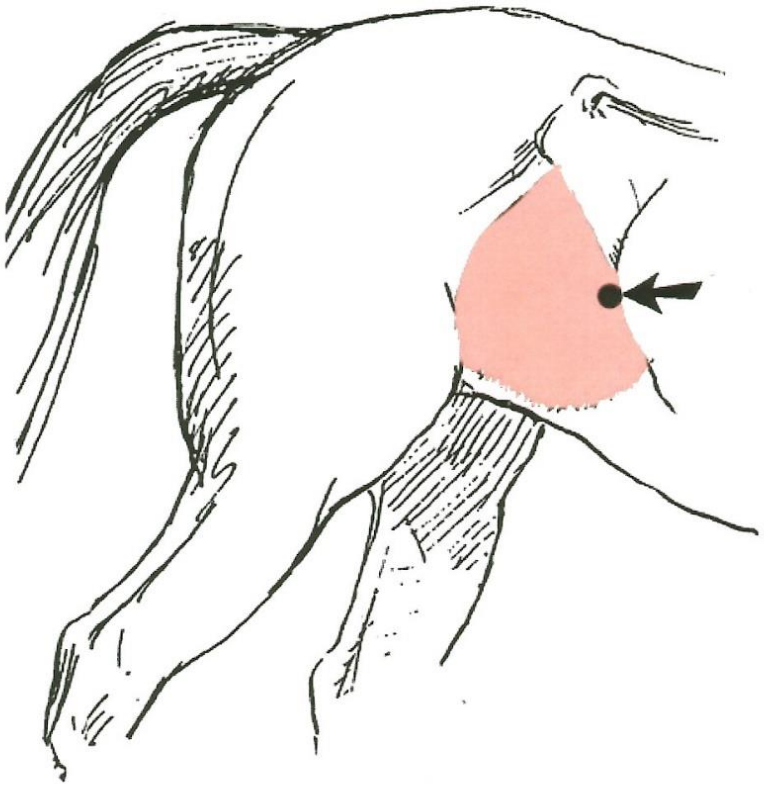
EXTERNAL OBLIQUE

STRESS POINT (attachment to tuber coxae)
When light to moderate pressure causes flinching and arching away, excessive tightening and stress buildup is present.
Will be felt as 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 horse has had severe tying-up.
This muscle arises from the rectus abdomenous in the belly; 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.



EXTERNAL OBLIQUE (rib attachment)

STRESS POINT

When mild pressure to SP-25 causes flinching and moving away, excessive tightening and stress build-up is present.

Will be felt as thickened area against the rib.

PROBLEM:

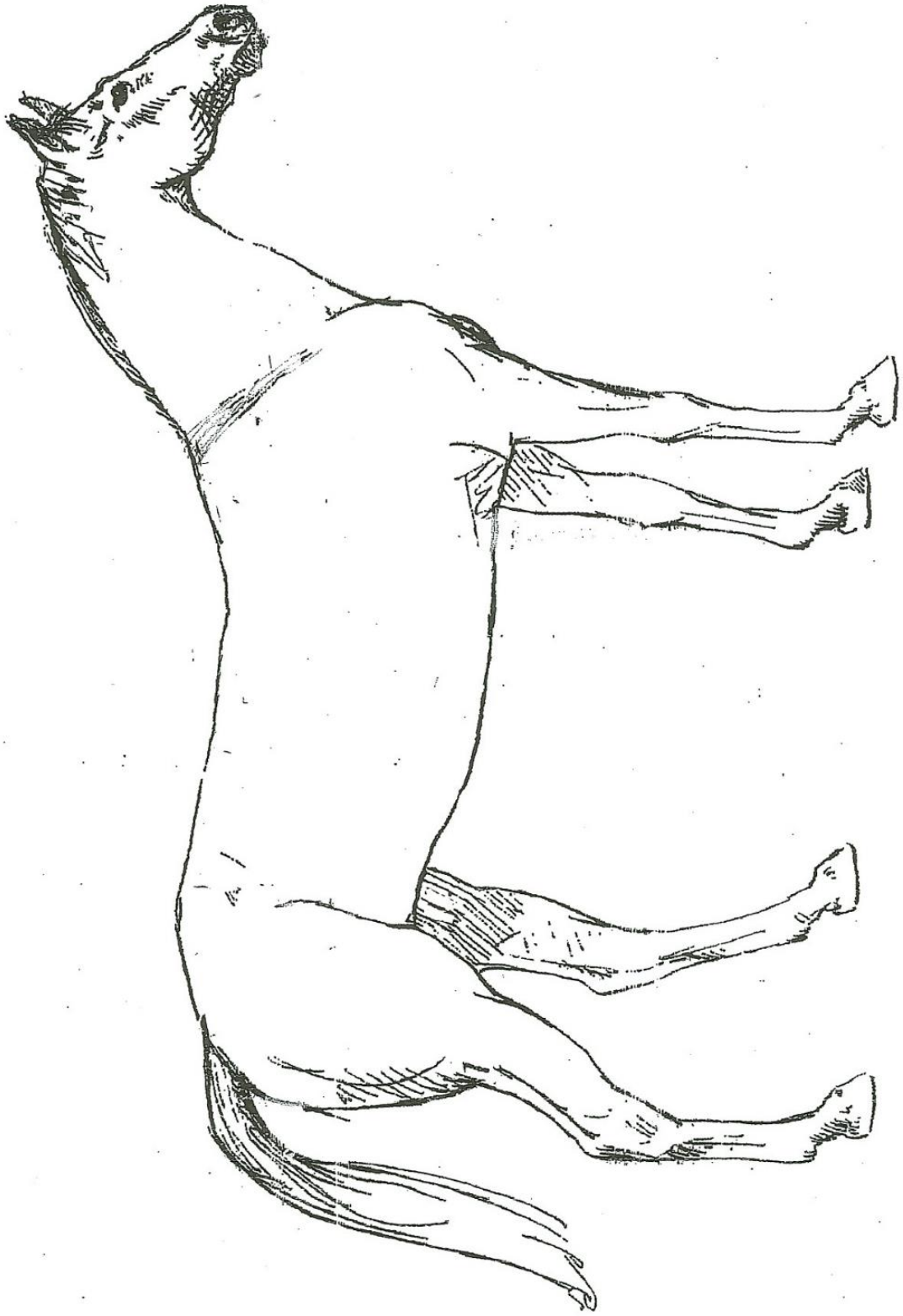
By itself SP-25 is not associated with any motion problem but must be especially treated in conjunction with External Oblique in a tying-up situation.

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 condition.

MUSCLE ACTION: To flex the trunk; to flex the trunk laterally.



SECTION 13

RECORD OBSERVATIONS AND TREATMENT GIVEN

CASE CARD

Owner:……	Horse Name:……
Address:……	Breed: ……
Post Code:……	Colour: ……
Phone: (H)……..(W)……	Size:…. ……
Mobile: ……	Weight: ……
Vet: :……	Born: ……Age……
Phone: ……	Markings:……
Farrier: ……	Discipline:……
Phone: ……	Date: ……

Conditioning: Low □ Moderate □ High □ Overweight □ Underweight □

Major Complaints: Where, What, When & How:

……

……

……

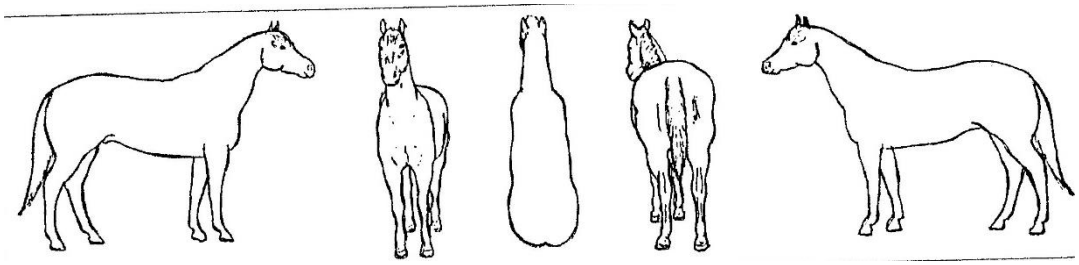
History of Present Problems:……

History of Past Problems: ……

Examination/ palpation: ……

……

……



Treatment: ……

……

Maintenance Program: ……

……

High Quality Personal Pet Care

Services for you and your pet include...

- Preventative Medicine
- General & Specialist Surgery
- Vaccinations
- Desexing
- Digital Radiology
- General & Preventative Dentistry
- Microchipping
- In-House Laboratory
- Pathology
- Emergency After Hours Service
- Hospitalisation
- Home Visits
- Export Certification
- Grooming & Hydrobath
- Wellness Programmes
- Puppy Pre-School
- Premium Pet Foods
- Pet Accessories

H E R E F O R Y O U

Monday to Friday	8.30am - 6.00pm
Saturday	8.30am - 12.00pm
Telephone	08 8370 9383
Facsimile	08 8370 9273
Email	aldgatevet@optusnet.com.au
Website	www.aldgatevet.com.au

AFTER HOURS EMERGENCY SERVICE 08 8370 9383

This personal after-hours service is exclusively available only for existing clients of Aldgate Veterinary Clinic.

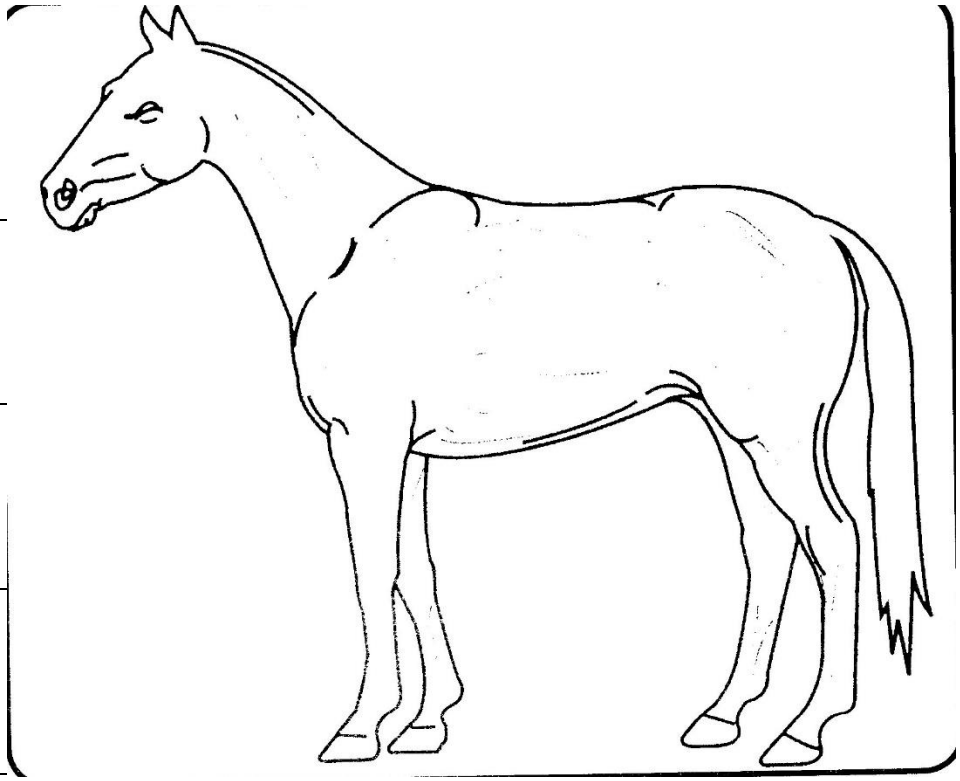
EQUINE ANALYSIS FORM

Name: _____

Sire: _____

Dam: _____

Age: _____



Key Points	
Long	□
Where	□
When	□
Vet	□
Masseuse	□
Chiropractor	□
Acupuncture	□
Alternatives	□
Worse	□
Lifestyle	□
History	□
Future	□

Does your horse Suffer From:

□ Abscesses □ Sore Shins □ Joint and Tendon Problems

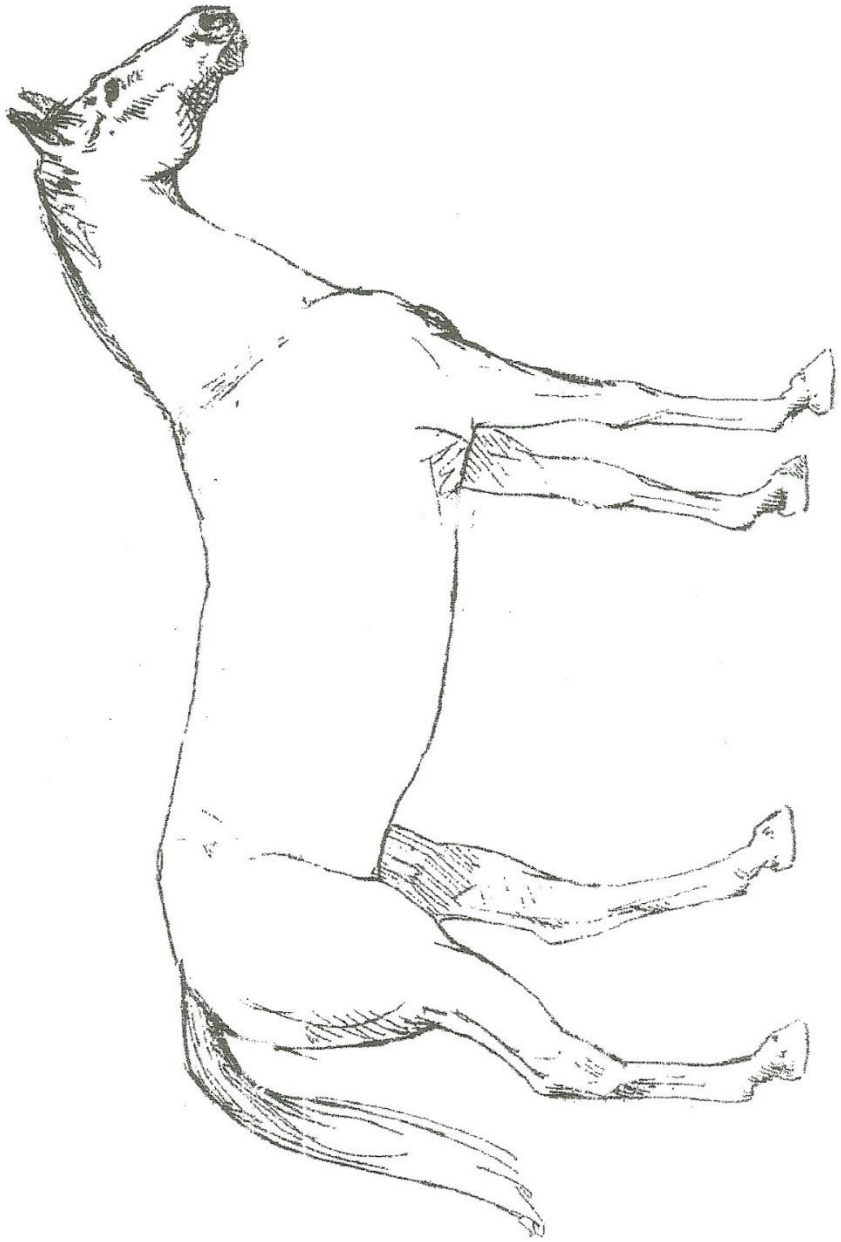
□ Sore or Cold Back □ Swollen Knees □ Haematomas

□ Vertebrae Problems □ Foot Problems □ Lymphatic & Swelling Problems

□ Lactic Acid Associated Problems

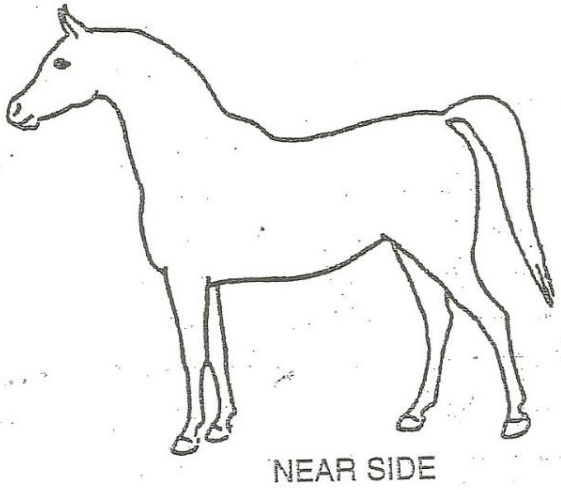
□ After Race Stiffness □ Pulled Ligaments □Muscle and Jarred Shoulder Problems

Additional Comments:



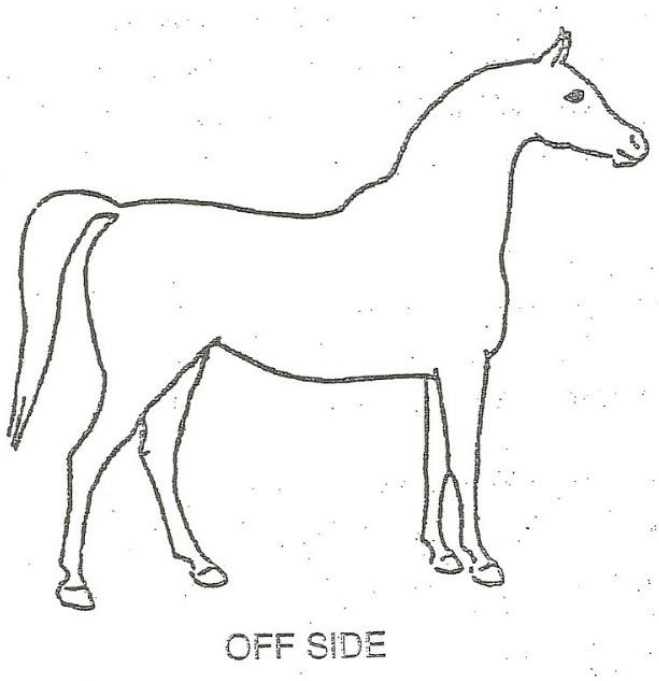
EXACT MARKINGS TO BE SHOWN

Please tick box f no white markings □



NEAR SIDE

HEAD



OFF SIDE

Instructions

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

Health Care Chart

Date:_____

Cleint:_____Pet:_____Dog/Cat

Heart:
Normal □

Urogenital System:
Normal □

Digestive System:
Normal □

Lungs:
Normal □

Skin:
Normal □

Nervous System:
Normal □

Ears:
Normal □

Eyes:
Normal □

Mucous Membranes:
Normal □

Teeth Score:
1 2 3 4 5

Lymph Nodes:
Normal □

Body Score:
1 2 3 4 5

Musculskeletal System:
Normal □

Body Weight:……..Kg

Pulse:……

Respiration:……..

Temperature:……..

Vaccination: CURRENT/ OVERDUE

Flea Control: CURRENT/ OVERDUE

Parasite Prevention: CURRENT/ OVERDUE

Heartworm: CURRENT/ OVERDUE

Comments: ……

……

……

Treatment Plan:

……

……

……

Teeth Score:
1= Healthy teetch & 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

SECTION 14

ASSESSMENT TECNIQUES – 'BE A DETECTIVE'

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 "Principals 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 principals 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 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 if knowledge of the human body
Covered under Anatomy and Physiology

Knowledge of bet practice Bowen therapy principals
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 if 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 Bowne 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 principals 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 matter

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 ti 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 aske 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)

Extra Diploma Unit

DEMONSTATE KNOWLEDGE AND SKILLS IN ADVANCED BOWEN THERAPY

Knowledge of philosophical traditions of Western & Eastern body Therapies
See under “Work within a bowen framework”

Knowledge of a range of complementary and alternative therapies to Bowen Therapy
See under “Work within a Bowen framework”

SECTION 15

INFECTION CONTROL

Government of South Australia
Primary Industries and Resources SA

Disinfection procedures for skin, clothes and equipment

Modified by PIRSA Animal Health 4 Sep 2007 from NSW Dept Ag Factsheet

1800 675 888

Infected horses excrete huge quantities of Equine Influenza virus when they cough or sneeze. People who have been in contact with infected horses can spread the virus.

The virus can survive on hard, non-porous surfaces such as plastic and stainless steel for up to 48 hours. It can survive on fabrics and skin for up to 12 hours or longer. It can be killed easily by cleaning and disinfection. You just need to be thorough.

When disinfecting yourself or equipment, make sure you pay extra attention to areas in the firing line of coughing, sneezing or snorting. Remove all snot and mucus!

Stables and floats
Remember to 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 the overcoat or overalls after handling horses from one property. Discard as contaminated if disposable, otherwise launder before using again. If clothing is to be laundered, put it into a plastic bag to take home to clean.

Blow your nose into a tissue and discard the tissue. Your own nose may be a source of contamination, so do this BEFORE you wash your hands.

Wash your hands thoroughly with soap or detergent. That means every finger and under fingernails as well. Wash right up to the elbows and keep washing for at least two minutes.

Beware of bridles, feed bowls, troughs, lead ropes and twitches
This equipment can harbour snot and mucus.

Bridles should be thoroughly cleaned and disinfected. Where possible, do not share bridles between horses and certainly don't share bridles between properties.

Feed bowls and troughs may be disinfected satisfactorily but lead ropes and rope twitches should be discarded if they may have been used on an infected horse.

Equipment must not be brought into SA from interstate.

Recommended disinfectants for surfaces
Clean away all dirt and faecal material with water and a household detergent then spray with a disinfectant such as household bleach or citric acid. Read label directions and take recommended precautions when handling these disinfectants.

For further information, see Guidelines for the horse industry to minimise the spread of equine influenza.

Government of South Australia
Biosecurity SA

www.pir.sa.gov.au/factsheets

FS 04/10

Biosecurity and Disinfection Procedures For Horse Owners

Dr Mary Carr, PIRSA Biosecurity – Animal Health

This fact sheet provides information and advice to horse owners on how to manage their day to day activities in relation to the health care of their horses.

Good on-farm Biosecurity and personal hygiene is important not only in the prevention of exotic diseases but any infectious disease that can affect horses. It is up to all horse owners and people employed within the industry to ensure these practices are implemented as part of their husbandry regime to ensure their horses health.

"Prevention is better than cure". Every horse owner needs to do everything they can to reduce the risk of an infectious disease being introduced to their property and spread by themselves or the horses in their care.

Top Biosecurity Tips:

- Wash your hands
- Isolate sick horses, new arrivals and horses returning to the property
- Clean and disinfect properly (3 steps)
  1. Remove loose material
  2. Wash
  3. Disinfect
- Disease can be spread by horses, people & equipment. Assess the risk for your property
- Take action to improve your biosecurity today.

What is Biosecurity?

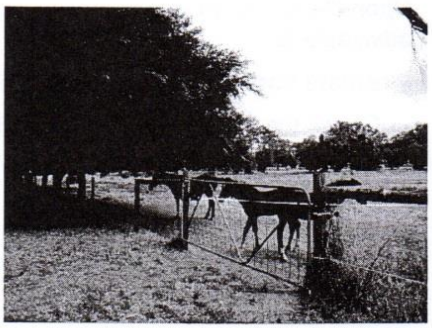
Biosecurity is a set of disease control measures designed to break the cycle of and reduce the spread of infectious diseases.

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 originated, the veterinarian may advise for specific tests to be conducted to rule out infectious diseases.

Upon the arrival of any new horse to the property it is advisable to:

- Isolate from the resident horses for at least two weeks;
- Check the horse twice daily for signs of illness, taking the horses temperature in addition to monitoring food and water intake;
- Make sure you have separate equipment for the new arrival (stable/yard equipment, buckets, grooming supplies, and tack etc);



Isolation paddock for new horse arrivals

For further information phone (08) 8207 7900, or any office of Primary Industries and Resources South Australia.
Information may be used with acknowledgement

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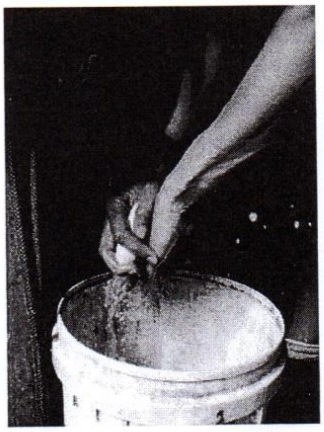
January 2011

- Handle the newly arrived horse last, morning and night, or put on disposable overalls and change footwear (remove before tending to other horses on the property);
- Wash your hands upon leaving horse's yard.

Attending Activities (Coming and Going)

Horse to horse or human to horse contact with an infected horse at an event/activity is another common way disease is spread.


Wash your hands after contact with other horses

Simple Steps owners can take 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/yarding your horse with other horses so there is minimal direct contact;
- Don't allow your horse to graze at the event (take your own feed)
- Pick up any manure & dispose of at the designated place
- Using insect repellent on yourself & your horse can help prevent transmission of disease via insect bite
- Wash your hands if you have touched other people's horses;
- Monitor your horse's health upon returning home and where possible isolate for two weeks and avoid nose to nose contact with other horses on your property;
- Keep records of horses movements on and off the property (dates, time, venue etc);
- Clean and disinfect your float/truck, tack, grooming equipment and stable equipment immediately upon 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

So far we have looked at disease spread from horse to horse but many diseases can be spread just as easily from human to horse. This can be from the owner visiting a horse on another property or someone visiting your property. This could be a friend or a service provider like a farrier, dentist, vet, or riding instructor.

Simple measures owners can put in place with people visiting their property:

- 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 different visitors coming and going you may like to have foot baths at the entrance;
- Be well set up for visitors to wash hands and disinfect equipment e.g. anti bacterial hand gels, disinfection wipes, spray pack with disinfectant etc.
- Keep a record of visitors i.e. date, time, name and purpose of visit. On larger properties record details of horse/s the visitor came in contact with.

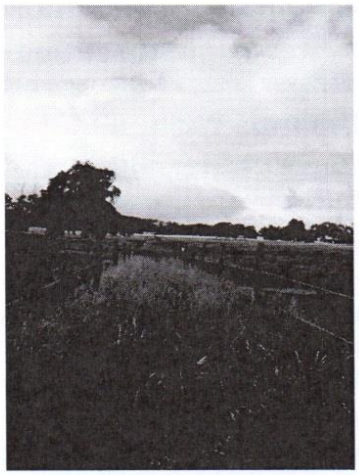
Visiting Other Horse Properties

Simple measures owners can put in place if they have been in contact with other horses away from their 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;
- If you work in the industry or regularly visit properties and take any equipment, make sure it is cleaned and disinfected before using on other horses or your own horses;
- If you work in the industry and visit many properties have equipment and clothing and boots for work purposes only. Keep this separate from your horses and ensure your vehicle is kept clean.

Neighbouring Properties

The problem of nose to nose contact over neighbouring fencing lines can be managed by double fencing and the planting of trees between fences. Electric fencing will not completely eliminate contact but it can serve as a deterrent to most horses if the other options are not available.



Double fencing to prevent nose to nose contact

Good husbandry

Good husbandry practised on a day to day basis is an effective way to reduce the spread of diseases. 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 for each horse should be maintained.

Where horses are stabled or yarded it is important that manure is cleaned up twice a day and disposed of properly.

Keeping vermin and insects under control is also important in preventing spread of disease. Steps to deter insects and vermin can include having the manure pit emptied regularly, having feed in vermin proof containers, disposing of old and un-eaten feed and limiting places for vermin to hide and breed.

Keeping equipment and tack well cleaned and washing and rinsing of feed and stable water buckets daily is also recommended. Water troughs in paddocks should be cleaned weekly.

Ensure prompt removal/hygienic disposal of deceased stock.

Signs of Illness

Any horse that is 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 and equipment including rugs, halters and leads, feed bins, water buckets, and grooming equipment that have come in contact with the horse.

Disease Reporting

It is important that if you have a high number of horses fall ill or any sudden unexplained deaths that you 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.

To report, please call the Emergency Animal Disease Watch Hotline: 1800 675 888. You'll be put into contact with PIRSA Biosecurity Animal Health staff who will give detailed advice on how to proceed.

Disinfecting

How to disinfect

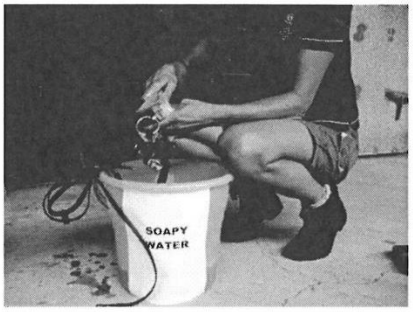
There are three steps in order for this process to be effective:

Step One – Remove Loose Material

Surfaces must first be cleaned in order for disinfectants to be effective. Ensure all manure and dirt is brushed off the surface.

Step Two – Wash

Wash the item or surface with warm soapy water, then rinse thoroughly and dry.

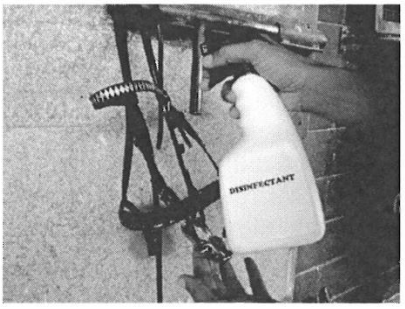


Step 2: Wash

Step Three – Disinfect

Once item or surface is dry disinfectant can be applied. Tack items and footwear can be wiped with a disinfectant wipe or can be sprayed with disinfectant and wiped over with clean dry cloth.

Horse Transport vehicles and floors of stables can be sprayed with disinfectant made up in a spray bottle. For larger surface areas a weed sprayer is ideal.



Step 3: Disinfect

Using Disinfectants

Always wear gloves when mixing up disinfectants, read/follow manufacturer's instructions and be careful with your clothes and equipment.

Disinfecting Equipment (These products are readily available in supermarkets.)

Bleach (any bleaching agent containing hypochlorite) – Mixing one part bleach to 10 parts water is a cost effective way to disinfect buckets, stable forks and shovels, and grooming equipment.

Spray Disinfectants – Any quaternary Ammonium Compounds. Make sure you mix up as per instructions on label. These are good for disinfecting inside of transport vehicles and tyres, stable floors and walls, and stable equipment. Some are suitable for footbaths.

Anti-bacterial/Alcohol Wipes – Make sure they kill both virus and bacteria. Wipes are quick and effective for wiping over helmets and tack without the use of water.

Disinfecting a Person

Soap – Soap and warm water is **sufficient** for skin.

Waterless Antibacterial Hand Gels – These are available in gel or wipes at most supermarkets and pharmacies.

Chlorhexidine – Any hand wash that has Chlorhexidine compound used in most hospitals and veterinary surgeries.

Please note: In rare cases some people can be hypersensitive to Chlorhexidine so it is recommended that products containing Chlorhexidine not be used on damaged skin surfaces of allergy sufferers.

For further advice:

Mary Carr, PIRSA Biosecurity – Animal Health, 08 8207 7872

Additional information

- Horse and Donkey Biosecurity – DAFF
  http://www.daff.gov.au/animal-plant-health/pests-diseases-weeds/biosecurity/animal_biosecurity/biosecurity_and_horses

Hendra Virus Information

- PIRSA Factsheet: Flying-foxes and Hendra virus – Advice for Horse Owners
- Queensland DPI Hendra virus website
  www.dpi.qld.gov.au/4790_2900.htm

Authors:
Dr Mary Carr, PIRSA Biosecurity – Animal Health

Acknowledgements

SECTION 16

WHEN TO CALL A VETERINARIAN

When to call your veterinarian

A. Call immediately

Choke

- distressed
- extends head and neck
- salivates
- coughs
- grunts
- paws ground
- Food and saliva may be regurgitated through nostrils.

Collapse or loss of balance

- over-reaction to external stimuli
- depression
- staggering
- knuckling over
- walking in circles
- down, unable to get up
- general muscle tremor
- rigidity
- paddling movements of legs
- coma

Continual straining

- attempting to defaecate (pass a motion) or urinate with little or no result.

Heavy bleeding

from any part of the body, will not stop. Apply pressure.

Difficulty in breathing

- gasping
- noisy breathing

Inability to foal

- if no foal appears after about 25 minutes of obvious contractions and straining.
- if mare gives up after straining for 20 minutes.
- if part of foal appears eg, leg but nothing else appears after 20 minutes of straining.

Injury

- severe continuous pain
- severe lameness
- cut with bone exposed
- puncture wound, especially chest or abdomen.

Pain

severe, continuous or spasmodic.

Poisoning

Chemical, snake or plant. Retain for veterinarian to identify the type of poison quickly.

Urine or diarrhoea

- evidence of blood
- putrid, fluid diarrhoea in young foal.

B. Call same day

Abortion

Afterbirth

if retained for 8 hours.

Breathing difficulties

- laboured breathing (heaving)
- rapid and shallow breathing with or without cough.

Diarrhoea

motion fluid, putrid.

Eye Problem

- tears streaming down cheeks
- eyelids partially or completely closed
- cornea (surface of eye) hazy, opaque or bluish-white in colour.

Injuries

- not urgent but liable to become infected
- a cut through full thickness of skin which needs stitching
- a puncture wound of foot
- sudden acute lameness.

Itching

- self mutilating
- damaged skin
- bleeding sores.

Not eating

- depressed - in conjunction with other signs such as:
  - laboured breathing
  - diarrhoea
  - lying down
  - pain
  - sweating.

Swelling

hot, hard and painful or discharging.

C. Call within 24 hours

Diarrhoea

- cow-like
- no indication of abdominal pain
- no sign of blood
- no straining.

Itching

- moderate
- no damage by self-mutilation.

Lameness

- ability to bear weight on leg
- not affecting eating or other functions.

Not eating

no other sign or symptom.

SECTION 17

EQUINE FIRST AID

RECOMMENDATION FOR EQUINE FIRST AID KIT

SUGGESTIONS FOR AN ANIMAL FIRST AID KIT

Vets phone number.....

- Torch
- Lead ropes and halter
- Dog collars and leads
- Carry cage
- Scissors
- Tweezers
- Splinter probe
- Bowl of washing wound
- 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 scrapper
- Duct tape
- Bran

- Please add any of your requirements
- Check kit regularly to keep it up to date

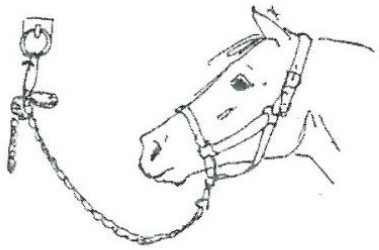
First Aid

First Aid may be given to a horse before it is treated by a veterinary surgeon. First aid can significantly affect the outcome of that treatment. It is essential that the owner or carer know what action is required and also know how to avoid any procedure that may exacerbate the condition.

The result of the first aid given may be so important as to save the horse's life but, in all cases, it should prevent the condition deteriorating and may sometimes be enough so that professional attendance won't be necessary. The first aid will, of course, vary according to the condition. Some common problems are listed below. Understanding the development of the injury / illness will ensure correct application of the appropriate treatment.

Regardless of the problem always:

- restrain the horse (but do not put yourself at risk).



- calm the horse.

- move to an environment suitable for treatment.

Types of wounds

- **incisions**: cut wounds caused by a very sharp object, eg, glass, sharp metal, jagged wood.
- **abrasions**: a wound caused by friction that wears away the top layer of skin and hair, eg, rubbing by leg straps, rope burns, chaffing by brushing boots or a horse getting down in a float.
- **lacerations**: A torn, ragged wound can be caused by skin being caught in wire etc.
- **punctures**: a wound that is deeper than it is wide, usually only a small surface wound but may extend deep into the flesh (usually caused by penetration of a nail stakes or wire).
- **contusions**: a bruise or swelling type of injury that is usually incurred without breaking the skin – caused by horse receiving a hard blow or falling onto a hard surface or object.
- **burns**: Damage to the skin by excessive heat or cold, electric currents or chemicals.

The Process of Wound Healing

Management of wounds in horses is a problem common to all horse owners. In this section only those that break the skin will be discussed (i.e. not swellings). See *haematomas/bruises*).

Wound healing can broadly be divided into **four general phases**.

- Inflammatory Phase

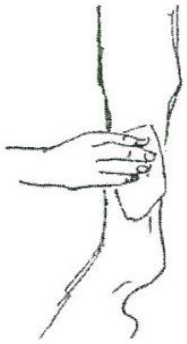
After the injury, bleeding is controlled by clotting mechanisms and swelling (*oedama*) occurs in the adjacent tissues. The more severe the wound, the greater the swelling. This phase lasts for 0 – 3 days.

- Destructive Phase

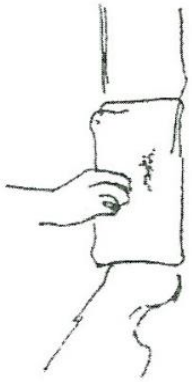
White blood cells (*leucocytes*) migrate via the blood to the injured tissue, destroying dead/dying cells and a new layer of cells begins to form under this 'scab'. This phase lasts from 1 – 6 days and is prolonged if there is a lot of dead tissue or foreign bodies.

Preventing further Haemorrhage

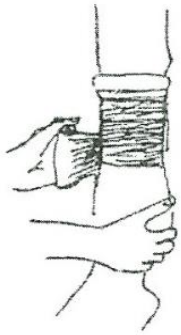
Apply pressure to the area. Gauze swabs or cotton wool, held over the wound with gentle pressure, will reduce bleeding in most cases. A bandage can then be applied over this pad and be left in place until the vet arrives. Tourniquets are best avoided because they can block off blood supply for too long and cause tissue damage.



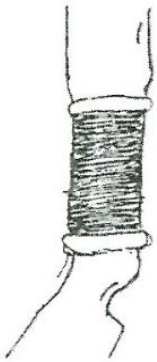
1. Apply a non-stick dressing first. This will not disturb the blood clot when you change it.



2. Wrap padding around the leg. Don't worry if the wound is bleeding - it can take up to 30 minutes to stop.



3. Bandage over the padding. Start at the top to secure the dressing then move down to the wound area.



4. Use all the bandage, leaving an edge of padding at top and bottom. Take time to do it well.

Controlling Infection

Any wound in which treatment has been delayed beyond twelve hours past injury should be considered to be **infected**. Infection is less likely to occur in those wounds treated with antibiotics during the first six hours.

Topical Antibiotic Treatment

Useful in small, open wounds - eg, *Terramycin* powder or spray.

A small wound on the neck is suitable for a light application of **antibiotic** spray.

Antibiotic Spray
Hold the can upright 30-48 cm (12-19 inches) from the skin and spray briefly. Some horses dislike the noise, so spray in the air first to assess the horse's reaction. It will probably get used to it. Cotton wool plugs in the ears may help if there is a problem.

Systemic Antibiotics

Should be used as early as possible in wounds where infection is likely to occur. Usually a broad spectrum antibiotic is used eg, penicillin but this should be determined by the attending Veterinarian.

Preventing Tetanus

Horses with current tetanus vaccination status should be given a booster tetanus toxoid. Unvaccinated horses should receive both a tetanus antitoxin, giving instant but temporary protection, and a tetanus toxoid vaccination (followed by another toxoid in 4 weeks time to boost immunity).

Reducing Swelling

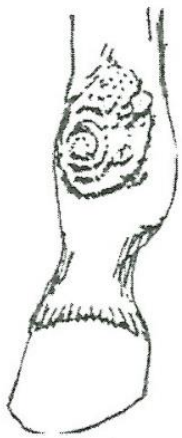
To reduce the swelling that occurs in the inflammatory phase of wound healing (0-3 days), a poultice can be applied. Systemic anti-inflammatories may also be prescribed by the veterinarian eg, *phenylbutazone* injection or powder. Keeping a leg wound bandaged will help prevent swelling.

Proud Flesh – Treatment and Prevention

Excessive granulation tissue or *Proud Flesh* – is predominantly a problem in those wounds below the knee and hock. The best way to minimise its growth is to apply pressure to the wound and to prevent skin movement by immobilizing the area. Depending on the size and severity of the wound, an elastoplast bandage may suffice but, in larger wounds, more rigid support may be necessary. Cortisone ointments applied to the wound also help to limit proud flesh but must not be put on too soon after injury and must always be used with care if there is a risk of infection (as cortisone reduces the defence mechanisms of the body).

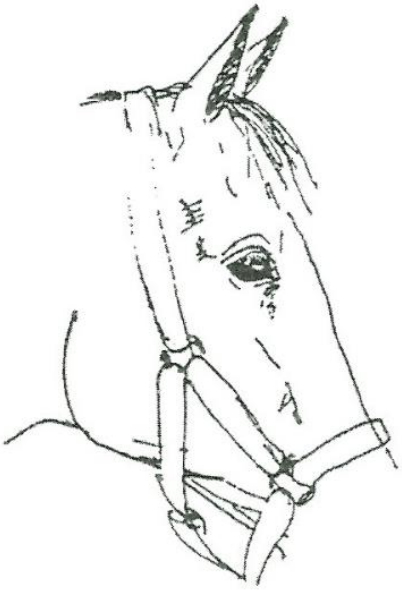
If proud flesh has become established, it must be reduced to below the level of the skin or it will prevent the skin from covering the wound. Depending on the size of the wound and the amount of proud flesh, it can be treated by using the following methods:

- cutting off the proud flesh (usually performed by a Veterinary Surgeon) in cases where there is too much tissue to consider just using copper sulfate.
- skin grafts – performed by a Veterinary Surgeon - when large areas of skin have been lost and there is a large amount of proud flesh.



Proud Flesh

Eye Injuries



A horse with an eye injury may have a tacky discharge leaking from the eye

It is important to recognize and treat eye injuries promptly or permanent damage and impaired vision may ensure.

The eyeball (especially the cornea) may be damaged by:

- grass seeds
- sand
- chaff particles
- mud from other galloping horses
- fly worry (especially in summer).

Symptoms

- discharge may be clear or infected (pus)
- inflamed conjunctiva
- photophobia (squinting). (Light causes pain to horse.)
- cornea becomes "cloudy" and "blue" over all or part of its surface.

Because eyes are so critical and so easily damaged, veterinary assessment and treatment is recommended. If unavailable:

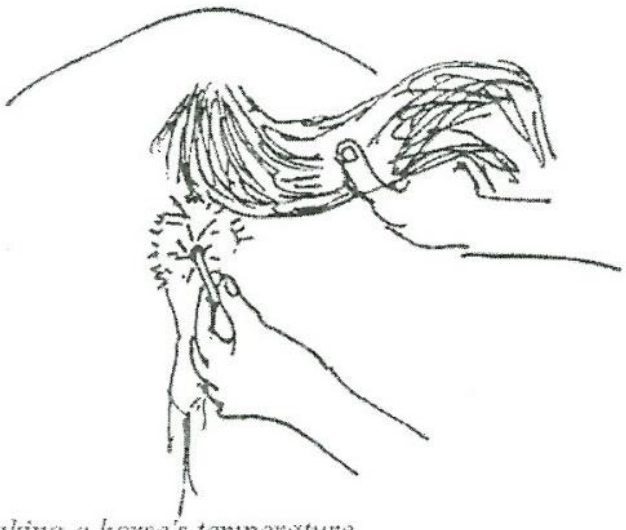
- remove foreign body, eg, grass seed if possible. Horse may need to be twitched. Flush the eye with saline or use a swab dampened with saline.
- Keep horse in darkened stall.
- If there is any change in the appearance of the corneal surface, prompt veterinary attention should be sought.
- A fly veil will help protect eyes from flies.

Assessing the Vital Signs

(a) Temperature

1. Shake the mercury down in the thermometer.
2. Insert two thirds thermometer into anus with the end of the thermometer resting on the rectal wall.
3. Leave in place for **at least two minutes**.
4. Remove and read.

Normal range 37.0° C - 38.5 ° C



Taking a horse's temperature

(b) Pulse rate / heart rate

1. Locate **facial artery** where it runs over the ventral mandible (jaw bone).
2. Count over 1 minute.
3. Using a stethoscope, the heart rate can be taken on the left-hand side on the lower part of the chest behind the elbow.

Normal heart rate / pulse rate at rest 30 – 40 beats / minute.

Taking a horse's pulse rate

(c) Respiration rate

- Count the number of breaths taken over 1 minute.

Normal respiration rate at least 10 – 12 breaths/minute.

(d) Mucous membranes

Membrane colour is a useful monitor in the sick horse. To be able to interpret the changes, you must be familiar with the normal appearance. The mucous membranes of the gums are most commonly used but the vulval mucous membranes can also be used.
Irregularities to look for are as follows:

- very pale – anemia, shock (Many normal horses have pale, pink membranes.)
- injected (very red or 'brick' red), and septicaemia (overwhelming infection), toxemia (toxins in blood) or dehydration
- blue – anoxic (lacking oxygen).

(e) Capillary Refill Time

Capillary refill is tested by applying finger pressure to the gums causing them to go pale white. On removal of the finger, the gum colour should then return to normal (ie, refill with blood).

The normal value is for normal colour to return within one/two seconds of the finger being removed. The time will be prolonged if the horse is in shock.

Pressing the gums to determine capillary refill time

(f) Lymph Nodes

The submandibular lymph nodes are easily palpated midway between the horse's cheeks. In some diseases, they will become enlarged and may abscess, eg, Strangles but will also be enlarged in cases of infection in the head and neck or in cases of generalized disorders of they lymphatic system. Infections caused by grass seeds in the mouth or respiratory tract infections would cause enlargement.

Injection

The three **main** sites for injections are:

- subcutaneous (**under the skin**)
- intramuscular (**into the muscle**)
- intravenous (**into the vein**).

The choice of the route of administration will depend on the drug being injected. **It is dangerous to inject any drug by the wrong route.**

Sterility is essentia,l regardless of route. Always **use a sterile needle** and syringe. **Do not reuse needles** under any circumstances and only reuse syringes if they can be sterilized between uses.

Needle sizes will vary, depending on (a) the drug being administered and (b) site for injection. (18 gauge needles are most commonly used in the horse.) Syringe sizes will be dependant on the amount of drug. **Large doses for i.m.** injections (ie greater than 20 mls) may be given in **two separate sites**. If daily (or twice daily) injections are needed, always use a different site.

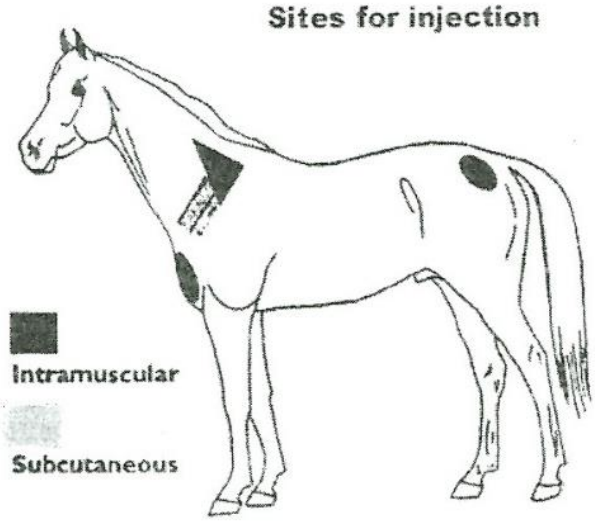
Subcutaneous

Given anywhere under the skin – usually on the neck.

Subcutaneous injection - given under a fold of skin

Intramuscular

There are **three sites** for intramusuclar injections **on each side of the horse.**



Chest (pectoral muscles)

Best used for small volumes. The advantage of this site is that, if there is a reaction to the injection and swelling/abscess develop, it is easy to establish gravity-dependent drainage.

Neck

This is an easily accessible site but great care must be taken not to go "outside" the 'safe' triangle as infections / abscesses in this area are very serious and can affect the spine and surrounding ligaments. It is not **recommended to inject large volumes or multiple doses** in the neck.

The neck injection site is made up of:

- nuchal ligament dorsally
- spine ventrically
- cranial border of scapula.

Rump

Ggnerally a very muscular area and is most suitable for large volumes. It can be difficult in horses that kick or can't be held still. Abscesses are also difficult to drain in this area.

Vacutainers are also used for collection. These vacuum tubes contain the various anticoagulants. The technique for collection is similar to that outlined above. A needle is inserted into the vein and the other end of the needle (also sharp) is pushed into the tube. Blood flows quickly into the vacuum container.

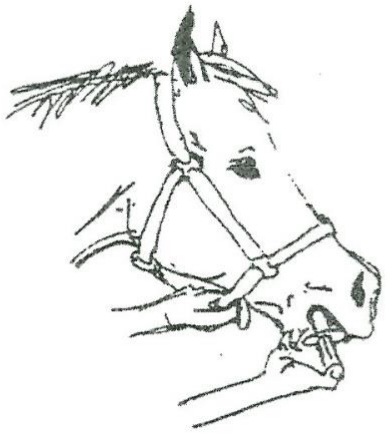
Taking blood

Administration of medication by mouth

This technique is similar for pastes and liquids – most commonly used for **worm treatments**. Horse should always have a **headcollar and rope** for **restraint** and a twitch if needed.

1. Ensure mouth is empty.
2. Place syringe in the corner of the mouth so that the nozzle rests on the back of the tongue.
3. Depress plunger.
4. Elevate horse's head slightly until dose is swallowed.
5. If liquid is being administered express, only a small amount at a time so horse has time to swallow. Rapid administration may cause some liquid to enter the lungs via the trachea (windpipe).

Examining the mouth



Worming

Bandages

General principles

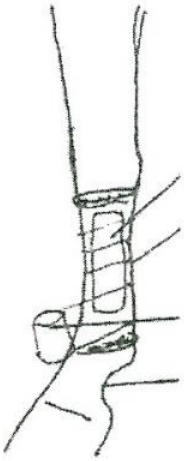
Bandages have many uses:

- wound protection
- immobilization of limb
- support dressings, eg, poultice
- leg protection during exercise.

When applying a bandage the following points must be taking into account.

- They must not slip or unravel. Must be secure. Exercise bandages should be stitched or taped (insulation tape) and, if using self-adhesive bandages, they should extend onto the hair to prevent slipping.
- Always apply with firm, even pressure. Self-adhesive bandages should be unrolled in small lengths and then placed around the leg. They will be too tight if unrolled as they go around the leg. Uneven pressure over a tendon can cause inflammation of the tendon sheath. Always use padding.
- Bandaging over joints will reduce flexibility in working horses.
- Great care must be taken when using rigid immobilization that all pressure points are well padded. For example, at the back of the knee, a small slit should be made to prevent pressure *necrosis* (destruction of skin) over the accessory carpal bone.
- Do not stop a bandage mid-tendon. Continue to nearest joint.

Bandaging below the knee

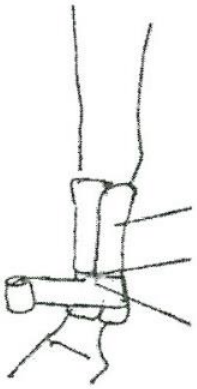


non stick wound dressing

At least half the width of the bandage is overlapped with each turn.

stretch gauze bandage

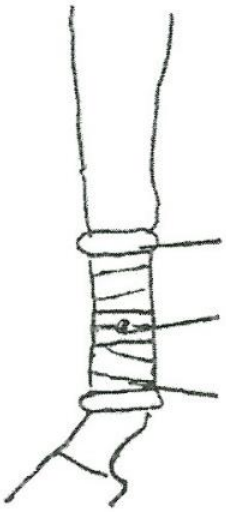
Place additional padding here if the pastern is to be included.



gamgee or cotton wool

Place the end of the bandage under the overflap of the padding.

Spiral once around the limb before working downwards.



padding

The tapes are laid flat and tied at the side of the limb.

conforming elastic bandage

Bandaging Materials

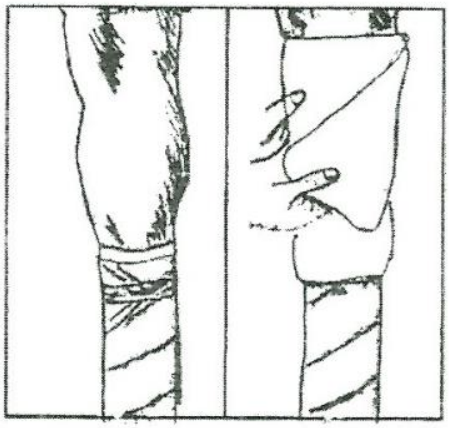
- **Wound Dressings** - must not adhere to wound.
  Examples include: *Sofra tulle, Jelonet, Melonin, Healtostat*, swab (gauze) with ointment.
- **Padding** – used over dressings to ensure outer bandages do not put uneven pressure on leg.
  Examples include: cotton wool, combine dressing, sponge rubber leg protectors – mainly for exercise.
- **Gauze Bandages** – applied over the padding.
  Examples include: *Kling, Fairlie.*
- **Adhesive Bandages** – self adhesive bandages
  Examples include: Elastoplast, Vetwrap, 3M equine support bandage.
- **Poultices** – useful to reduce swellings and to encourage abscess maturation. Applied over the wound dressing or skin if there is no wound.
  Examples include:
  Animal lintex – can be used as a non-stick dressing or hot or cold poultice.
  Amoricaine paste or powder – clay-based with an astringent antiseptic and disinfectant properties. Does not require a bandage.
  Heat-producing poultices. (Ingredients produce heat when applied to skin), contain *ichthammol.*

Bandaging an injured knee

- The most sensitive point is the bone at the back of the knee. If a bandage restricts the circulation at his point, even a minor knee injury could became severe.
- Plenty of padding around the knee is essential.
- Use the figure of eight method of bandaging.
- Leave the back of the knee free from pressure.
- Allow adequate movement. Stable bandages should always be applied for support before the knee is bandaged.

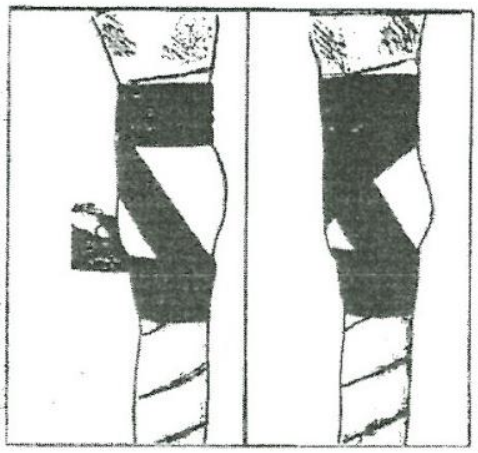
Step 1:
Apply stable bandage

Step 2:
Apply gamgee



Step 4

Step 5

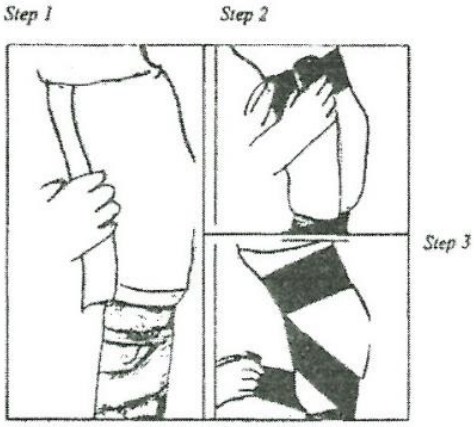


- When finished, check no bony prominences have pressure applied. A second bandage or circuit of elastoplast may need to be applied above the bandage to keep it in place.

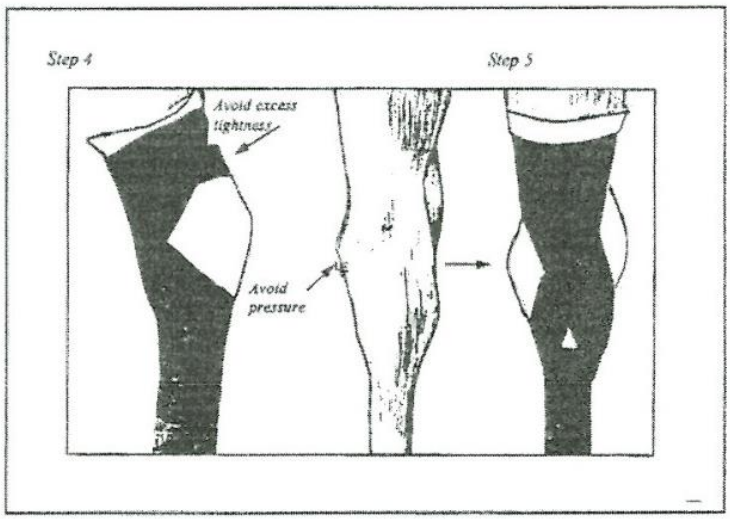
Bandaging an injured hock

1. Start by bandaging both hind legs for support and to help keep the hock bandage in place when it is applied.
2. The prominent bone on the inside of the hock is vulnerable to pressure, so take care to avoid it.
3. Use a large roll of gamgee to paid both above and below the joint. Bandage a couple of turns above the hock, cross over the front, take a few turns below and over the stable bandage then take the bandage up the leg again in front of the hock.

4. Check that the bandage does not press on the prominent bone
5. Check the point of the hock is well protected. (Two bandages may be necessary.)
6. Elastoplast bandage around the top part of the leg and bandage will help to hold it in place.



Apply stable bandages, then apply padding around the whole area. Start above the hock and then a turn down in front, avoiding the prominent bone on the inside.



Recording veterinary treatments

A trainer should record all treatment that has been administered to the horses in their care. A method of recording information should be established and maintained. Some suitable recording methods may be:

- a diary
- an exercise book
- a computer data base
- a card file system

It is up to the individual to determine which method is the most viable in his or her stable.

Checklist of "Things To Do"

- ❒ Have you sorted through all your stableyard's first aid items recently, checking " use-by" dates?
- ❒ Are all items stored according to manufacturer's instructions?
- ❒ Do you have a portable first-aid kit made up for float travel etc?
- ❒ Is a staff member assigned to regularly go throught the first aid to check whether items need replacing or re-ordering?
- ❒ Are records kept of first aid given to all horses?
- ❒ Have all staff received training in basic bandaging techniques?
- ❒ Are all emergency veterinary clinic telephone/facsimile/mobile numbers clearly displayed? Is there a back-up number displayed if the first veterinarian is unavailable?
- ❒ Are all staff able to recognize the racecourse veterinarian?

Government of South Australia
Primary Industries and Resources SA

Equine influenza – taking a horse's temperature

Modified by PIRSA Animal Health 4 Sep 2007 from NSW Dept Ag Factsheet

1800 675 888

Clinical signs of EI are usually a sudden increase in temperature (38.5°C or higher).

Types of thermometers

Two types of thermometers are available:

- Mercury bulb thermometer – cheap but easily broken
- Electronic thermometer – more expensive but longer lasting and easy to read

You can purchase a thermometer from your veterinarian or chemist.

Technique

- Stand to the near side (left hand side of the horse), close to the horse to avoid being kicked.
- Lubricate the end of the thermometer with soapy water.
- If using a mercury thermometer gently shake the mercury down to the bottom of the tube.
- Lift the tail and gently insert the thermometer into the horse's rectum. Make sure the tip of the thermometer rests against the rectal wall (i.e. make sure it is not inserted into dung).
- Hold the end of the thermometer to stop it disappearing up the rectum.
- If you are using a mercury thermometer wait at least 60 seconds before removing the thermometer and reading it.
- Electronic thermometers will 'beep' when an accurate reading is obtained.

RECTAL TEMPERATURES – NORMAL

- Cats 38.3 – 38.9
- Dogs 38.3 – 38.9
- Cattle 38.3 – 38.6
- Goats 38.9 – 39.4
- Horses 37.2 – 38.3
- Pigs 38.3 – 39.2
- Chickens/guinea fowl 41.1 – 42.2
- Ducks/geese 40.6 – 41.1
- Turkeys 40.6 – 41.1
- Guinea pigs 37.8 – 39.5
- Rabbits 38.3 – 39.4
- Sheep 38.3 – 38
- Alpaca 37.5 – 38.3

- Shock can reduce temperature 1 or 2 degrees and could suggest the animal is dying.
- Fever can increase temperature 1 or 2 degrees and could cause brain damage.

HEART RATE – NORMAL

	RANGE
• Cattle 55	45- 70
• Horses 40	23- 70
• Cats 120	110-140
• Dogs	100-130
• Sheep 75	60-120
• Goats 90	70-135
• Rabbits 205	123-304
• Guinea Pigs 280	260-400
• Alpaca	60-90

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> , goats90>, 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 of 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 café 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 CUT 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 bote 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 I 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 horse' 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 then 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.

ALWAYS REFER TO YOUR VET

TREATMENT FOR SHOCK

Shock can kill so quick action is important.

Raise the temperature by using heat lamps or heat pads, blankets by themselves are not enough. The silver emergency blankets available for chemists may help until other means of heating can be provided. Check the colour of the gums, pale gums means shock or internal bleeding or both.

FEVER

High temperature can destroy brain cells. In an emergency it may help to administer asprin and cool the patient down to reduce the fever until the antibiotic begins to work. Do not use these techniques at the same time as the antibiotic unless suggested by your vet.

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

SADDLE FITTING QUESTIONS AND ANSWERS

Q. Is it true some makes of saddles just won't fit some types of horses?

A. Absolutely. One of the worst things that happen is that a customer rings up and says 'I want this model in that colour'. We'll have it in stock but we say 'please keep an open mind. Let me bring a big range of saddles based on the description you've given and we'll find the one that's right for you and your horse.'

If you demand a particular saddle, Murphy's Law says that'll be the one that doesn't fit. If you want a certain brand, we hope it will fit but we don't want to be in a position of selling you something because you've seen it in a catalogue or your friend's got one, if that isn't the one that fits. At the end of the day, that's the difference between a saddle seller and a saddle fitter.

Q. Are there any particular saddle brands that are more suitable for certain types of horses?

A. Most certainly. It won't come as a surprise that German saddles tend to fit Warmblood and German horses quite well and English saddles tend to fit English rangy Thoroughbred types quite well. It doesn't mean that German saddles won't fit some English horses and English saddles won't fit some German horses very well but it is certainly often the case.

You can't say one make of saddle suits every horse, that's rubbish. What is of tremendous advantage for fitting is an adjustable tree - I don't mean a 'nut and bolt' adjust, I mean saddles like Keiffer which have infinitely adjustable trees that we can adjust using an infra-red machine we have, which gives us a lot of flexibility.

Q. Do you fit the horse first and then the rider - or vice versa?

A. The horse first. Before we go to visit a client, we ask for a full description of the horse, as accurate as possible, details such as age, type, how much wither, kind of work being done; then we ask for the saddle required - dressage, GP, jumping and so on - and the height and weight of rider. Bearing on those, we'll choose saddles in that realm

What we want to avoid is having more than about 300g per square cm of pressure being transmitted to the horse's back through the panel. If you can't come back a long way because of the horse's last rib, you've got to come down the side.

Once we have all the relevant details, we pick out a number of saddles that fit into the profile they've given us. We also take some wider and some narrower saddles in case the horse owner's description isn't very accurate, then we very rarely can't fit a saddle straight away.

Q. Should you still oil a new saddle?

A. Twenty years ago, you had to soak a new saddle in oil because it was like sheet steel! Many good new saddles are made of pre-oiled leather, so all you'd do is make them more oily! Now you might only have to oil once a year if your saddle gets exposed to the sun or is near the sea etc. Many of the proprietary soaps and creams have enough oil in them to do the job.

Q. What about numnahs and saddle pads? Is it best to put as little as possible under a saddle?

A. When we fit a horse, we fit the saddle without anything underneath, straight onto the horse's back - we want to see it without a disguise. We know of course that most people will put a thin quilted numnah or saddle cloth underneath and we'll have a look at it - it shouldn't affect the fit, just keep the saddle clean and maybe a bit more comfortable for the horse.

There is a place for gel pads etc. for horses with historic, chronic sore backs - it makes life a bit easier for them. But if you have a horse like that, you should have the saddle fitted with the gel pad at the same time.

If you add a thick numnah or saddle pad after fitting, it will just make the saddle 'off fit' - like wearing very thick socks in your shoes!

Q. Often a saddle sits crookedly because of uneven muscle tone in the horse. What can be done about that?

A. This is a very common problem. If the horse is old and set in its musculature - and isn't going to change - then you can make the saddle panel crooked so it sits the rider straight. But you wouldn't want to do that with a young horse - you want to see what the problem is and work out how to fix it.

You may get a young horse with one shoulder bigger than the other, particularly if it has a problem with the sacro-iliac which throws the weight onto the forehand and builds it up artificially. What you do is fit the saddle correctly and work on the 'bad rein' maybe 70% of the time - out of any 10 circles, say seven to the right, three to the left. Do four or five thousand circles - and it's amazing how quickly you'll do this, training a young horse - and you'll even it up. This is something we like to do in conjunction with the person's riding instructor.

Q. Is it OK to buy a second hand or used saddle?

A. The problem with every used saddle is the shape of the horse it was last on. It's like wearing somebody else's shoes. You never get quite the same quality of fit with a second hand saddle because you're not starting with a clean sheet of paper, you're starting with something that's already been twisted.

Q. Some riders have saddles made to fit them, then ride lots of horses in that saddle - especially on the Continent. Is that a good idea?

A. No! Happily this is not so common. It's much more technical nowadays and particularly if you're competing, the difference between first and fifth may be three or four percent, so you've got to get every little thing right, including the saddle. It's a dreadful idea to just pick any saddle and put it on a horse. Twenty years ago people used to say 'I'll have a medium, most of my horses are medium' - or course that's rubbish. It's like saying my pair of shoes will fit the whole family!

Q. How can you be sure that the person who fits your saddle is competent?

A. Make sure firstly they are a Qualified Saddle Fitter They should be able to offer a very wide range of saddles to ensure you'll get something that suits you and your horse. If you only have 20 saddles in stock, how can you possibly cover dressage, jumping, all purposes, small horses, big horses?

The Saddle Fitter will run through the seven-point fitting plan plus a lot more besides. Expect it to take time - I'm usually with a horse and rider about an hour and may get them to try about eight saddles.

Q. How often should you have your saddle checked?

A. Every six months - the horse changes from season to season, as he gets older, depending on his feeding and work pattern, there will also be changes in the flocking.

Saddleworld Saddle Fitting Course
September 22-24 2008

SADDLE FITTING

Before we can assess something it is important to know what we are aiming for.

WHAT IS THE PERFECT FIT?

The perfect fit is that which is not only comfortable for the rider, but most importantly, is comfortable for the horse. The horse is the first priority. The horses comfort is determined by the positioning of the saddle, the saddles gullet width, how the saddle panels contact the horses back, the saddle length and how these factors impact on the saddles balance.

The most difficult part of achieving the perfect fit is the fact that your horses back shape is always changing. It is impacted on by things like the amount of work the horse is getting, the type of work, amount and type of feed in the paddock, the seasonal conditions, the horse's age etc. There are many more.

It is for these reasons that a saddle's fit must be constantly checked. As riders, we owe it to our horses to make sure they are comfortable. In the end, the more comfortable our horse, the better ride we generally get and the more fun we have. Isn't that what it is all about?

If the perfect fit is the aim,

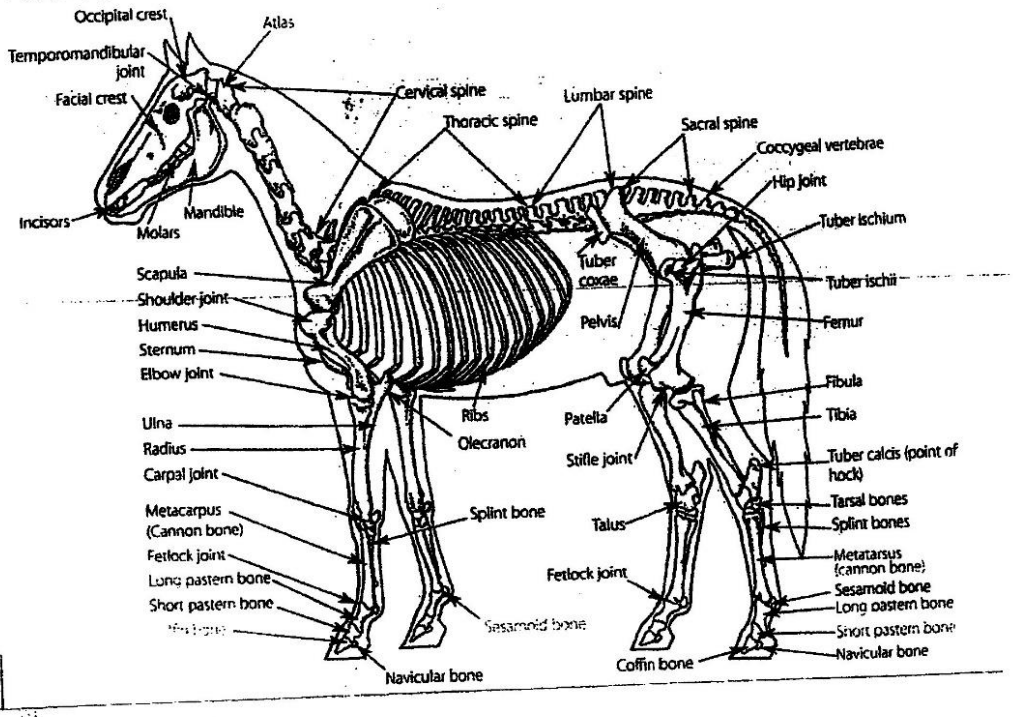
What are the most common problems saddle fitters see?

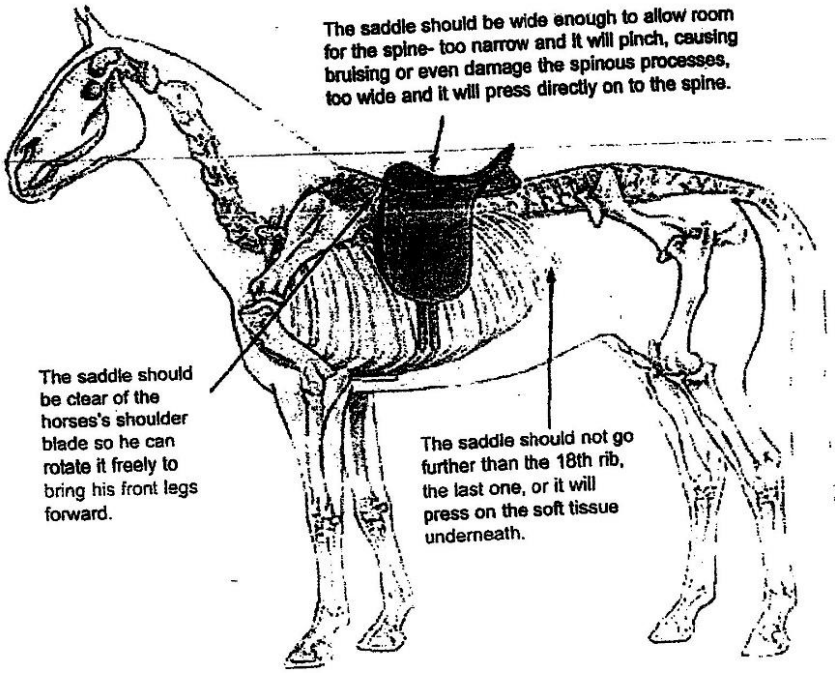
- Saddle Position. Most people seem to put there saddle too far forward.
- Gullet width. Too narrow or too wide. There are problems caused by both situations. A saddle that 'rocks' like a see-saw is often an indicator a gullet is too wide or there is not enough packing in the front part of the panels.
- Bridging. This is where the front and back of the saddle panel touches the horses back but the middle portion of the panel does not.
- Spine clearance. Clearance not only at the top of the wither, but also either side of the spine

BONNETTS

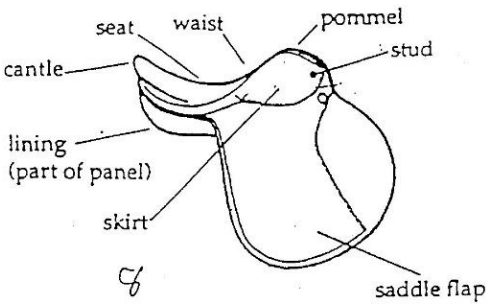
SINCE 1843

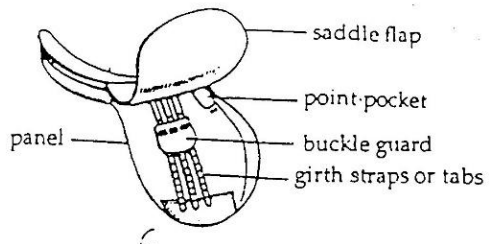
Saddle Fitting Guide





PARTS OF A SADDLE

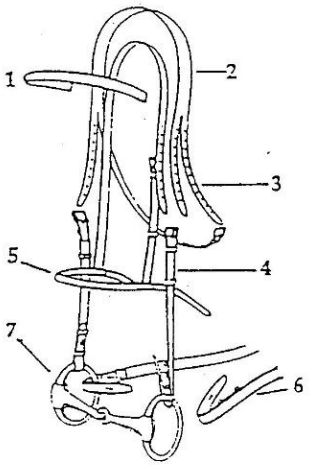


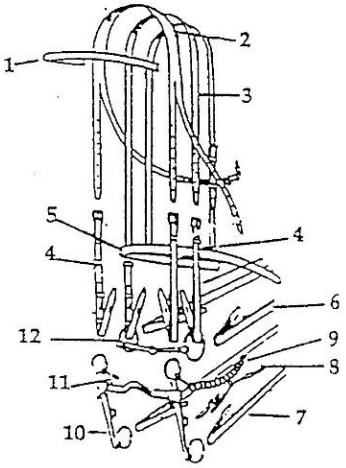


HOW TO MEASURE

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

THE SNAFFLE BRIDLE
1. Browband
2. Snaffle Head
3. Throat Lash
4. Cheek Strap
5. Cavesson Noseband
6. Rein
7. Bit



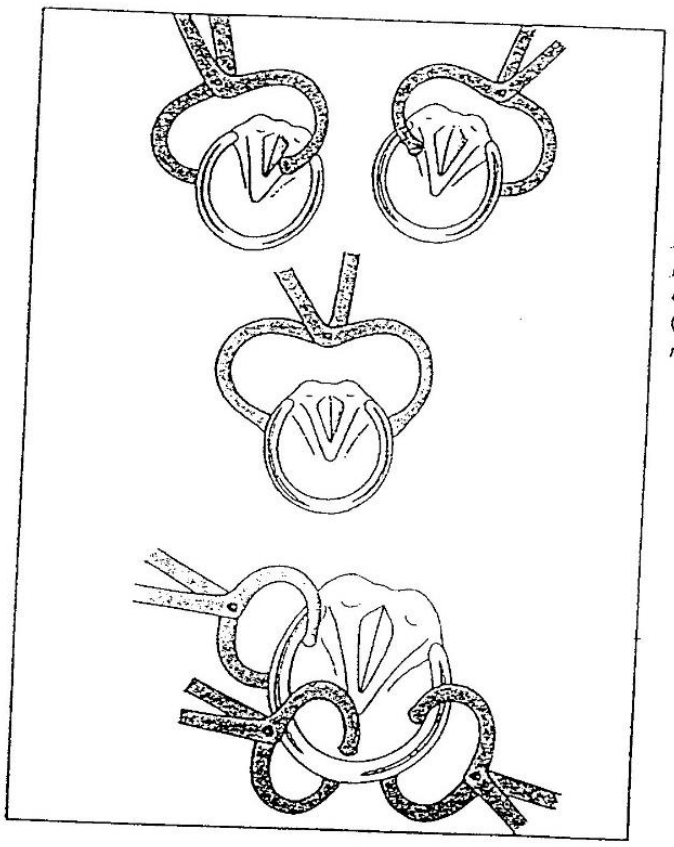


THE WEYMOUTH BRIDLE
1. Browband
2. Weymouth Strap
3. Bradoon Strap
4. Cheek Straps
5. Cavesson Noseband
6. Bradoon Rein
7. Curb Rein
8. Lip Strap
9. Curb Chain
10. Fixed Cheek Weymouth Bit
11. Curb Hook
12. Weymouth Bradoon

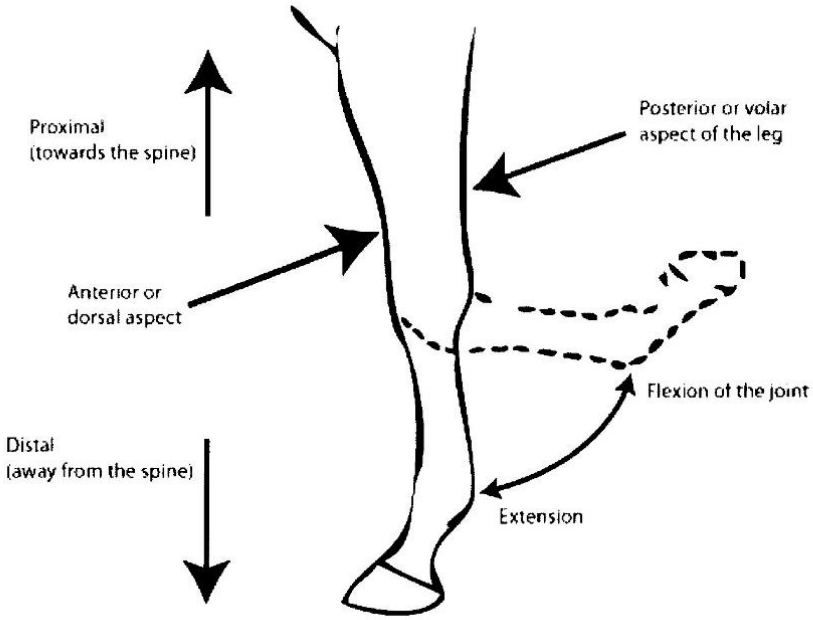
- Finger pressure on tendon or ligament
- A flexion test
- Rotation or manipulation of the entire limb

Record your findings in any of the above.

To assist in diagnosis a radiograph or nerve block may take place.



Using a hoof tester: the full circumference of the wall is examined first (below); *then each side of the frog* (top); *and finishing with examination* (centre) *of the navicular area*



Exercise

Run your-hand on one side and thid finger on the other. feel the following:

- thick fibrous ligament with 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 aild feel the hollowing of the leg.
- move your hand closer to the cannon 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 bones 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 the 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.

SECTION 18

INCIDENT/INJURY REPORTING

INCIDENT/INJURY REPORT FORM

Please print clearly

Position: ☐ Employee ☐ Volunteer ☐ Contractor

Outcome: ☐ Near miss ☐ Injury ☐ Property damage

1. DETAILS OF PERSON INVOLVED

Name: _____ Phone: (H) (W)

Address: _____ Sex: ☐ Male ☐ Female

_____ Date of birth: _____

Position: _____

Experience in the job: _____ (years/months)

Start time: _____ ☐ am ☐ pm

Work arrangement: ☐ Casual ☐ Full-time ☐ Part-time ☐ Other

2. DETAILS OF INCIDENT

Date: ____ / ____ / _____ Time: _____

Location: _____

Describe what happened and how: _____

_____

_____

3. DETAILS OF WITNESSES

Name: _____ Phone: (H) _____ (W) _____

Address: _____

_____

4. DETAILS OF INJURY

Include nature of injury (eg burn, cut, sprain), cause of injury (eg fall, grabbed by person), location on body (eg back, left forearm), agent (eg lounge chair, another person, hot water)

5. TREATMENT ADMINISTERED

First Aid given ☐ Yes ☐ No

First Aider name: First Aider signature:

Treatment: _____

Referred to: _____

INCIDENT/INJURY REPORT FORM

SECTIONS 6-9 MUST BE COMPLETED BY CO-ORDINATOR

6. DID THE INJURED PERSON STOP WORK?

☐ Yes ☐ No

If yes, state 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: _____

Severity of outcome: _____

Level of risk: _____

CONSEQUENCE	PROBABILITY			
Probability	Very Likely	Likely	Unlikely	Highly unlikely
Fatality	[illegible]	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 to person involved

Date: ____ / ____ / ____

11. REVIEW COMMENTS

OHS committee / staff meeting: _____

Reviewed by Manager (signed): _____ Date: ____ / ____ / ____

Reviewed by HSR (signed): _____ Date: ____ / ____ / ____

SECTION 19

STUDENT SECTION

COMPETENCY ASSESSMENT

LEARNING JOURNAL

Assessment

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?
    - Straight away
    - The next day
    - 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 answeres 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 date of event

The Facts	**Your thoughts and action plan**

SECTION 20

COURSE/LECTURER EVALUATION

Course Assessment Form

What did you like about this Course?

_____
_____
_____
_____

_____
_____
_____
_____

What did you like least about this course?

_____
_____
_____
_____

_____
_____
_____
_____

Any suggestions?

_____
_____
_____
_____

Would you be interested in an animal specific course? YES / NO

If Yes please nominate

_____
_____
_____
_____

FEEDBACK FORM

Session: Bowen Therapy for Large Animals

I would appreciate your feedback to ensure my session is both interesting and relevant.

On a sale of 1-6 where I is POOR and 6 is EXELLENT, please circle one to rate the following

Overall professionalism	**1**	**2**	**3**	**4**	**5**	**6**
How interesting did you find the presentation?	**1**	**2**	**3**	**4**	**5**	**6**

Please state any improvements you think I could make

_____
_____
_____
_____
_____

If you would like more information please write your contacts below.

Name:…….

Phone……..

Name of organisation:……..