

Resident Dogs in Physical Rehabilitation

By

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Studies show that having resident dogs in rehabilitation units, homes etc, is not an ideal situation due to the challenges arising with the proper care and overseeing of the dogs - for example, Dogs are fed by residents and become obese, nobody takes charge of the veterinary needs or the safety of the dogs in and the hospital.

Taking these concerns and those listed by the Therapet and Delta Societies into account, the team at Life New Kensington Clinic has instituted a successful resident therapy dog programme, and I feel privileged to share our experiences with you, particularly regarding the importance of selection and the psychological well being of the dogs that are resident in institutional environments. Life New Kensington Clinic is a rehabilitation unit for acutely neurologically injured adults and children. Most patients have sustained spinal cord injuries, brain injuries or strokes in the course of illness or injury through trauma. Many of the patients are severely traumatised by their condition, their sudden change in function and the foreseeable changes in their lives due to the disability that they now have.

Addressing the problems of housing, training and handling.

I currently hold the position of case administrator at Life New Kensington Clinic, and in this capacity am on site during working hours. My job includes patient contact and overseeing the management of all patients from an administrative perspective. To this end, I have insight into patient

circumstances and work closely with the clinical team to deliver the rehabilitation service.

Previously unrelated to my job, I have 20 years of experience in dog handling and training. However, my insights into patient circumstances soon gave the dog handler in me the inspiration to connect my job to dogs, who would clearly have an enormously beneficial impact on the service. The logistical challenges presented around housing, training and handling the dogs could easily be overcome by myself taking on the role of owner and trainer, and the dogs go home with me every night, with Life New Kensington Clinic paying for all their food, veterinary needs and the grooming. During the day when the dogs are at work, my office is their home. I am also the only person who trains them.

Selection of the dogs

The selection of the dogs was extremely important, as they have to be able to go up and down in lifts, be around noisy trolleys, wheelchairs, crutches, walkers and everything else involved in a hospital. The profile of our patients is such that the dogs have to be around humans that may present with unpredictable and uncommon movement patterns and inappropriate, sometimes even aggressive behaviour. Some of our patients have catheters and feeding tubes, that either come from their stomachs or noses. All of the above are extremely unfamiliar in open society, may be intimidating and must therefore be considerations when selecting a dog. The dogs need to work around all these distractions, so the dogs chosen would have to have no defence drive or any hint of nervousness. We also have to take into account the multi-cultural demographics of staff and patients.

Why Puppies?

Initially, we started the programme with adult dogs, which saved us having to toilet train and to train all the basic commands. I had experienced handlers bring in a Rottweiler, German Shepherd and a Golden Retriever but the staff and our black patients were nervous and uncomfortable in the presence of the

dogs. Most uninformed people believe the Rottweiler to be unsafe and that you are always at risk of being bitten. German Shepherds are always associated with police dogs. Although the Golden Retriever was soft and cuddly, the fact the dog was an adult, made the patients very nervous.

Hence, the decision to bring in a puppy. A puppy would enable us to mould a new personality and not have any residue from incidents that could have been detrimental in the hospital environment. Having a puppy also enabled the staff to interact and grow with the dog. The breed was selected because Golden Retrievers are extensively used abroad and because of the association of ideas. Golden Retrievers are seen on TV with soft toilet paper, fluffy towels and cuddly blankets and are not scary at all. They have an established reputation as amenable, gentle and loving creatures.

Hunt for the perfect dog

So the hunt began for the “perfect dog” and Barbara Brown, of Simaxdal Kennels, very kindly donated two of her Golden Retriever puppies for our pilot project. Benjamin, who is our foundation dog, was selected for his temperament by Barbara and Myself. It is very important that the breeder knows their dogs well enough to be able to pinpoint the personalities of each dogs, and between you and the breeder you can choose the correct temperament. Ben is completely bomb proof. Nothing phases him. He is completely passive and often sleeps at my feet in the ward with people, trolleys and wheelchairs moving around him. The problem is that he is so laid back that trying to teach him any tricks is very difficult. So I made the decision to get a second dog which we hoped would be a little more lively but with the same attributes as Ben. I then received Bobby. He was not exactly what we wanted as he was a little nervous but I felt with training and desensitising he would compliment Ben.

They go to work everyday and are trained to ride up and down in the lift. They sit next to the wheelchairs and are not allowed to jump up. When they jump onto the bed they must lie down immediately and not climb all over the

patient. They are not allowed to lick the patients, unless by invitation. As a result of their differing dispositions, Ben is allowed to walk, off lead, through the wards, but Bobby, who is a lot more energetic, has to go on lead. Neither dog is allowed on the wards unattended. They must be able to go off with anyone who takes the lead, as some of the patients like to take the dogs for a walk.

Health and Safety for human and dog

A critical aspect of introducing dogs into a healthcare environment is health and safety of the dogs in a clinical area, and the psychological effect on the dogs.

Careful attention to the maintenance of hygiene is essential, and the dogs are bathed weekly or more frequently if required. Their nails are kept short and their teeth are brushed daily. Their tick and flea problem is managed vigilantly. When they go on ward rounds their coats and feet are wiped down with a disinfectant. We are going to teach them to walk in boots, as part of their ward rounds involving visits with geriatric patients who have thin skin and therefore pose a risk where just a rough paw can open wounds on their hands. At this current time we make sure the dogs keep all four paws on the floor, but a lot of the elderly patients want them to climb onto the bed.

In the hospital environment there is the problem with super bugs like MRSA. The bug is extremely contagious. Our dogs visit these patients but we do not allow contact as no tests have been run to prove that it is not passed from patient to patient on the dogs coat or that the dogs can contract it themselves.

The dogs interact with approximately forty to fifty patients on each ward round. When they visit some of the referral hospitals, they are busy for four to five hours, interacting with staff and patients. These dogs give everything of themselves to each patient. The same attention is given to the first and last patient they see. The emotional and psychological strain tells on the dogs as they will sleep for hours afterwards. One cannot neglect to acknowledge that

although these dogs do what comes naturally they also need time for rest and relaxation. The dogs then get to do what else comes naturally, and that is to play. When the dogs were puppies, they had every Friday off, to stay at home and play, they also get to go down to the dam every Saturday morning to play in the water.

We must not underestimate the psychological effect on the dogs when they deal with difficult patients. To demonstrate this point, here are a few examples of the encounters the dogs have had with patients:

1. A patient admitted with Guillian Barre:

The patient had not accepted her illness and was very depressed and angry, Ben went to visit her and he climbed on her bed. She proceeded to embrace him and cry for a long time, Ben just lay there, but afterwards he was really tired out and slept for a long time.

2. A patient admitted with a head injury and in deep coma:

Ben was introduced to the patient, the patient was completely unresponsive. We attempted to get him onto the bed to lie next to the patient, he would not have it and he struggled against us. We eventually got him to lie there, under duress for about one minute. We then attempted to put Bobby on the bed with the patient and the same thing happened. Both they dogs were very subdued after the event. It really stressed them that they were unable to elicit a response from the patient.

It is easy to underestimate the effect that these interactions have on the dogs, so the handlers who handle these dogs must know when to call off the visit. As we dog owners all know, dogs take on our moods and feelings, the same happens to these dogs that work as therapy dogs, especially the dogs working with patients that are depressed or psychologically impaired.

3. Patient admitted with head injury:

A young man admitted with a severe head injury. He was awake but oblivious of the world around him, unable to string 2 thoughts together, and very aggressive. Ben and Bobby had not been to meet him as we did not want a bad experience as they were still puppies. On meeting the patient in the passage one day, I decided to let him give the dogs treats. Bobby, who is a glutton, and will eat everything if you allowed him, was getting all the treats and attention. I then suggested to the patient to feed Ben. Thinking that he was unable to understand what I was saying, I reached forward to move Bobby out of the way. The patient grabbed my arm in mid air and proceeded to feed Ben. This may seem a mundane action for most of us, but to someone in his state, it was a major breakthrough. From that day, the patient made unbelievable progress and was discharged three weeks later.

The dogs responded so favourably to the patient, that they would take him presents of teddy bears, balls or anything they could pickup and carry. They were always so excited after being with him. I never once had the need to rest the dogs as he was giving back to them as they were giving to him.

The down side of bad selection

As mentioned previously, the dogs reside in my office, when they are not on ward rounds, so during office hours this is their home. This is where the selection process for the dogs is extremely important in the resident therapy dog program, as the dogs are in the office all day and people walk in and out of my office. With Ben, anyone can walk into the office, catch him off guard or wake him from a deep sleep and he never responds badly. He will wake up, get a teddy bear from his toy box, and present it to the visitor. Bobby is not that predictable, he does not allow strangers into the office irrelevant of colour. If he is woken from a deep sleep, he will respond first by showing aggression, he will then stand his ground and not let the person into the room or stand and bark. He has taken on the roll as protector, in the home environment it would be wonderful, but as a therapy dog, this cannot happen.

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I must reiterate, that he is perfect on the wards, because he has me in attendance, and he knows his job, it is when he is taken unaware. He is defensive and as a result, I am never complacent with him.

Training Methods

The training methods we use, only involved food rewards when dogs were still puppies. As they have got older, treats became problematic on the wards, because if I am holding the treats, they will not even look at the patients. If the patient holds the treats, the dogs get too exuberant and climb all over the patients looking for treats. There is always food on the wards, next to the patients beds and on the food trolleys, so using food, also makes them very aware of the food around them, and they become hard to manage with all the distractions. So the age old method of voice reinforcement is now used and I have found it works perfectly in the hospital environment.

In Conclusion

Working with therapy dogs, has no place for people who are working these dogs for the ego trip. It is a lot of hard work and dedication, remembering at all times, that handling dogs is like handling a loaded gun, accidents happen, and you can never know what might trigger off an incident. Dogs cannot speak to tell us to leave them alone. Their only defence is their teeth, and the only way of putting humans in their place, is to use those teeth, with us as humans, normally always getting the worst end of the deal. The handler, handling these dogs should thus be knowledgeable in animal behaviour, the psychology of dogs and should have at least trained dogs themselves. They must be able to pre-empt an unwanted situation occurring and take preventative action to stop it, and to be able to train in the good and to train out the bad.

This highlights the importance of selection. I believe the dogs that are chosen to work in therapy should be hand picked. If you can get one from a puppy and a reputable breeder who knows her puppies, that is ideal, but if not, you

should at least be very knowledgeable of the dog's history. I don't believe dogs who have a history which is unknown to the trainer, should be used, as the dogs, in physical rehabilitation are presented with situations which rely on the stability of the dog.

Taking all of these factors into account, the success of introducing dogs into this environment is significant, the impact on the patient responsiveness and progress being quite remarkable. The rewards of a programme which used therapy dogs are enormous if vigilance, sensitivity and knowledge development are exercised by all.