

ACUTE REHABILITATION PATIENTS

Rehabilitation Units within Hospitals • Free-standing Rehabilitation Hospitals or Clinics • Day-Care Treatment Programs that Incorporate Physical Therapy Programs

General Characteristics of these Patients:

- have suffered life-threatening trauma from accidents, surgery, debilitating illness or disease or such as strokes, heart attacks, cancer, diabetes.
- require long-term rehabilitation to recover.
- often need walkers, canes or wheelchairs as aids during recovery period.
- may not regain full physical or mental capacities and will require assisted living.
- may have speech, hearing and visual impairments
- generally are middle-aged to elderly adults.
- may have strict dietary limitations.
- may be in contact isolation.
- may be HIV positive.

Canine Considerations:

- all dogs that qualify for CAT are suitable, particularly those who can also respond to basic-level commands or hand signals.
- this is a particularly rewarding and active therapy and dogs may tire more quickly from this work.

Special Challenges:

- many suffer from acute depression and lack of motivation because of their sense of loss.
- some patients may be amputees or paraplegic.
- some patients may be uncommunicative and withdrawn; sometimes they are hostile from frustration.
- some may have difficulty in speaking although they understand what is being said.
- some may not be able to read or understand speech, but are able to talk.
- some suffer from memory loss.
- many patients can recover significantly from their trauma; however, there are also long-term emotional, physical and social issues that result from trauma.
- many of these patients have family members who need support and attention. They are learning to live with radically changed circumstances, too.

Acute rehab nursing is some of the hardest and most stressful work in the profession and you and your canine can become an invaluable resource for these health-care givers. An excellent volume regarding the impact of CAT is ***Companion Animals in Human Health*** by Cindy Wilson and Dennis Turner. For an understanding of the effects of traumatic disease and illness, look for ***Tuesdays with Morrie*** by Mitch Albom.

Handling Considerations:

- since many of these patients are seated or in bed, try to squat or sit so you are eye level.
- try to have dogs at comfortable levels for physical contact. "Paws up," or holding smaller dogs in close proximity helps. Dogs on raised gym mats are perfectly positioned for wheel-chair patients.
- NEVER place a dog on a surgical patient's lap or bed, even if requested.
- be especially careful that your leads or canine does not interfere with walkers, wheelchairs or canes. Be mindful of hands or fingers that can become entangled in leads or collars.
- avoid contact that might result in a scratch from rough pads, nails or an accidental playful nip.
- position dogs at the side of patients whose feet or ankles might be sensitive, bandaged or that have open wounds or sores.
- contact with tracheostomy patients is ill-advised. Require staff to be present in this situation.

CAT Techniques for the Challenges

- staff can accompany you on visits and should prep you on the patients' abilities. Staff must be present when your pet is incorporated in physical therapy.
- your canine doesn't acknowledge a missing leg or arm, or doesn't see a person as "disabled." They only see a likely target for attention and unconditional love. Try to imitate that attitude.
- encouragement and praise is critical. The smallest of accomplishments matter.
- communicate with staff regarding your pet's abilities and training. Suggest methods of incorporating your pet into physical therapy routine.
- encourage lots of touching, petting or grooming of your dog with all those able and willing to do it.
- socialization is important so ask questions, be a good listener, find out a person's interests. Be patient and wait for those trying to articulate responses. Be honest if you don't understand.
- don't assume someone who is unresponsive is not listening or understanding. Talk to all patients as you would a friend or another adult. Tell stories.
- pay attention to family members (and staff) on your visits. They need comforting, too.
- encourage families with pets to incorporate them into the recovery process at home. Show them how they can do that and explain what benefits CAT can provide.

CHILDREN AND ADOLESCENTS WITH PHYSICAL DISABILITIES

Orthopedic Hospital Units • Burn Rehabilitation • Long-Term Hospitalized Care • Pediatrics • Physical or Out-Patient Rehabilitation

General Characteristics of these Patients:

- children and adolescents to age 18.
- hospitalization is temporary though long term.
- some are rehabilitating from orthopedic surgery, burns or accidents, while other face life-threatening illnesses, such as cancer.
- some may be restricted physically by machines, orthopedic devices, or traction units.
- some have suppressed immune systems and limited contact with the outside.
- most are active and alert.

Canine Considerations:

- dogs must be comfortable with children and able to withstand an active environment and crowds.
- canines should be easily controlled and obedient for their own safety as well as for the children's.
- special restrictions or protocols may apply to CAT teams depending on facility and unit.

Special Challenges:

- some children will not want a stranger to visit.
- some will be afraid of dogs.
- some children may be disfigured.
- all need reassurance and comfort but may act out toward you or your canine due to their own anger, fear or pain.
- some may be terminally ill.
- all will be adjusting to a traumatic medical experience and may have periods when they are alone, depressed and withdrawn.
- some will not be English speakers.
- some may be HIV positive.

Working with physically disabled children is one of the most emotionally wrenching kinds of CAT. But it provides comfort to these brave patients when people and medicine cannot. If you would like to help these very special children, please ask our staff about resource articles that show how and why canine therapy can be enormously beneficial to them, the hospital staff and their families.

Handling Considerations:

- maintain leash control and be alert to children's active play with your canine. Limit number of children surrounding your teammate.
- establish boundaries and explain proper handling of your canine. Reinforce consistently and clearly.
- NEVER leave a dog alone with a patient.
- off-lead therapy is at the handler's and staff's discretion and must be done in a safe environment.
- have soft toys for play if appropriate.
- touching, petting and playing with the canine is very healing; but it can be stressful for your teammate so monitor energy levels carefully.
- large canines look even larger to small children. Slowly approach with your partner at your side.
- any treat-giving should be strictly monitored and done only with staff direction.
- involve staff and family with canine interaction whenever possible or appropriate.

CAT Techniques for the Challenges

- accompanying staff is critical; pre-visit communication regarding patients is strongly encouraged.
- don't take a rejection personally. Some patients don't want people to see them, may be afraid, or tired of people, no matter what they bring. Let them choose.
- encouragement and acceptance are critical. Your canine won't see a child's scars or equipment. Try to develop the same ability.
- communicate with staff regarding your dog's training to match his or her abilities to the treatment goals of individuals.
- socialization can be chaotic but one of the happier moments in the day for the children. Be gentle in controlling their enthusiasm, and firm in protecting your companion.
- be patient, resourceful and gentle with those who are withdrawn and quiet.
- encourage children to tell their own stories about their contact with animals and understand some accounts will be exaggerations or untrue.
- children who are terminally ill can greatly benefit from a dog's love and comfort. Be honest in your responses to their questions and seek staff guidance beforehand. Your visit may also be as healing to the child's family as it is to the child.

FRAIL ELDERS

Adult Day Health/Day Care Centers • Special Alzheimer's Disease & Other Dementia Programs • Board & Care Homes • Geriatric Psychiatric Units • Residential and Day Treatment • Skilled Nursing and Convalescent Facilities

General Characteristics of these Patients:

- may have a variety of ailments
- are unable to live without supervision & support
- often need walkers, canes or wheelchairs
- may suffer from Alzheimer's or other dementia
- skin and feet are often very delicate
- stability and equilibrium may be compromised
- may have hearing or visual impairment
- may suffer from Parkinson's disease

Canine Considerations:

- Small dogs are an excellent choice for those patients in wheelchairs or in bed as long as the dogs are not overly active or exuberant.
- Larger dogs can provide recreational activity, such as fetching, doing tricks, or being used for grooming and comforting contact through petting.
- Overly active or excitable dogs can agitate and frighten folks who are suffering from dementia or Alzheimer's. However, active dogs and their antics bring laughter to many of the other patients and should not be discouraged, just channeled.

Special Challenges:

- Alzheimer's and dementia patients may be disoriented, agitated, uncommunicative, frustrated or hostile. Be prepared for behavior changes, inability to make decisions, insensitivity, sudden bursts of temper, and extreme short-term memory loss. You may not be recognized or remembered from visit to visit or from the beginning to the end of your visit.
- Some patients may be amputees.
- Some patients may be uncommunicative, withdrawn, depressed and very lonely.
- Parkinson's patients may be embarrassed by symptoms and hesitant to socialize.
- Some patients may be suffering from stroke-related disabilities and have difficulty with speaking, understanding, or using their body.

All of these patients are in the last stages of their life, whether it is a matter of years, months or weeks. Three books that are especially helpful with this phase of our life are: ***Final Gifts*** by Patricia Kelley, RN, and Maggie Callahan, RN; ***Life Worth Living*** by William H. Thomas, MD; and ***The Fall of Freddie the Leaf*** by Leo Buscaglia, PhD.

Handling Considerations:

- since many of these patients are seated or in bed, try to squat or sit so you are eye level.
- try to have dogs at comfortable levels for physical contact. "Paws up," or holding smaller dogs in close proximity helps. If the patient requests to have the dog on the bed or on his or her lap, ALWAYS check with nurse or therapist first. If given permission, place a clean towel on the bed where pet may rest.
- be considerate of wheelchair etiquette:
 - don't lean on chairs; don't push unless approved by staff person; don't pat people on the head and don't pity them.
- be especially careful that your lead or canine does not interfere with walkers, wheelchairs or canes.
- be especially conscious of contact that might result in a scratch from rough pads or nails.
- position dogs at the side of patients whose feet or ankles might be sensitive, bandaged or that have open wounds or sores.

CAT Techniques for the Challenges

- Staff should always accompany you on these visits and prep you on the patients' abilities.
- Regular, predictable visits are important to maintain patients' routines and to motivate your clients.
- Quiet settings work well for most of the frail elderly, especially those with Alzheimer's or hearing loss. Maintain level eye contact. Speak clearly, deliberately but avoid shouting. Wait for responses.
- Hearing impaired does not mean these people cannot talk. Bring pictures of your dog or family, spell out words in your hand or bring along a pad and marker to write key words. Become a good listener and give lots of facial and physical cues that you are following the conversation.
- Like your partner, see past disabilities to the person.
- Encourage lots of touching, petting or grooming of your dog with all those able and willing to do it.
- Learn about the patient's past and ask about previous pets, where he or she lived, served or worked.
- Don't assume someone who is unresponsive is not listening or understanding. Talk to all patients as you would a friend or another adult. Tell pet anecdotes to draw out those especially lonely or depressed.
- Lots of smiles, a calm, patient demeanor, and gentle, reassuring touching are all very soothing.
- Feel free to acknowledge a patient's fears or frustrations, but do not pity them or give flip advice.