UNIVERSITY OF LIVERPOOL

PG Diploma/MSc Veterinary Physiotherapy Clinical Practice Handbook

Delegate Information

Veterinary Postgraduate Unit
University of Liverpool
School of Veterinary Science
Leahurst, Neston, Wirral CH64 7TE

vpusupport@liverpool.ac.uk

Hello,

This handbook is intended to inform you of the practical skills requirements of the Animal Physiotherapy Programme.

It is key to your practical assessments, especially for the Clinical Placements you will attend with Clinical Physiotherapy Educators. Please keep this with you at all times.

As your Academic Adviser, please feel free to contact me at any point throughout your studies.
Melanie.chapman@liverpool.ac.uk

Good luck in your practical endeavours to become an Animal Physiotherapist.

Mel

Dr Melanie Chapman BSc(Hons), BVSc, MSc, CertEd. fHEA, MRCVS
Lecturer in Veterinary Education
Programme Co-ordinator for Postgraduate Veterinary Physiotherapy
Director of Pre-Clinical EMS

University of Liverpool
Veterinary Postgraduate Unit
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1. INTRODUCTION

The Clinical Education components of the PGDip/MSc in Veterinary Physiotherapy at the University of Liverpool are considered to be one of the major elements of the degree/diploma programme. This Clinical Practice Handbook is used to assess your practical application of the theory you have learnt in previous modules.

On any physiotherapy programme in this country, the clinical education components take place in a wide variety of settings with supervision provided by a large number of individual staff. Taking into account the variation in case mix seen, the individual expertise of clinical educators and the learning style of the student, it is inevitable that the experiences of any two students will not be the same.

Residential, Observational and Clinical placements are challenging and may, at times, present students with problems that they have not encountered before. However, because the clinical placements provide them with the opportunity to put into practice the theoretical knowledge they are developing through academic study, most students find this part of the programme the most rewarding part of their education.

1.1 Outline of PGDip/MSc Veterinary Physiotherapy Practical Training

Practical training is delivered during the Residential Schools and by attendance at Veterinary Hospitals and during Veterinary Physiotherapy Clinical Placements by Clinical Educators, the details of which are outlined below.

1.2 Residential Schools

Residential schools provide students the opportunity to develop their practical skills under the guidance of Veterinary Physiotherapists and Veterinarians. Residential schools are integral to VETS 771, 772 and 774. All students are required to attend the residential school for VETS 771 which takes place on the Leahurst Campus. The Residential Schools for VETS 772 and VETS 774 may be taken in the UK or Australia (Please discuss with Mel Chapman for further information).

1.3 Veterinary Hospital Placements

Students are required to attend two 5 day Veterinary Referral Placements as part of VETS773 and VETS775

1.4 Veterinary Physiotherapy Clinical Placements:

Students are required to complete a minimum of 20 days on Veterinary Physiotherapy Clinical Placement with an approved Liverpool Veterinary Physiotherapy Clinical Educator. (A day is equivalent to 7 hours of Clinical Practice.) Clinical Placements start after the completion of the first year and form part of module VETS 776. Details of Approved Clinical Educators are available from the programme administrator,vpusupport@liverpool.ac.uk for further information.

2. Timetable detailing the Practical Requirements

Study Programme	Module Title	Time period	Practical requirements
FT MSc **PT Yr 1**	VETS772 PRINCIPLES OF VETERINARY PHYSIOTHERAPY & APPROACH TO THE ANIMAL PATIENT (20 credits)	Sept- Dec 2022	Australia: 21st-25th Nov. UK 5th – 9th Dec. 5 days Residential School
FT MSc **PT Yr 1**	VETS771 ANATOMY & BIOMECHANICS FOR THE VETERINARY PHYSIOTHERAPIST (20 credits)	Jan - April 2023	UK Only 11th – 15th April. 5 days Residential School
FT MSc **PT Yr 1**	VETS773 CLINICAL ORTHOPAEDICS OF THE COMMON DOMESTIC SPECIES (20 credits)	May – Aug 2023	5 days informal placements in veterinary hospitals
FT MSc **PT Yr2**	VETS775 NEUROMOTOR SYSTEM IN PERFORMANCE AND DISEASE (20 credits)	Sept - Dec 2023	5 days informal placements in veterinary hospitals
FT MSc **PT Yr2**	VETS774 VETERINARY PHYSIOTHERAPY PRACTICE 1 (20 credits)	Jan - April 2023	Australia: 13th – 22nd March '23 UK 20th – 31st March '23 10 days Residential School
FT MSc **PT Yr2**	VETS776 ADVANCED VETERINARY PHYSIOTHERAPY PRACTICE (20 credits)	May – Aug 2023	20 days Clinical Veterinary Physiotherapy placements (NB can start these any time after commencement)
MSc	VETS 777 RESEARCH PROJECT (60 credits)		

3. Assessment of Practical Component of the Programme

3.1 Topographical Anatomy (VETS 771)

All students are required to pass a short anatomy test at the end of the Residential School in Vets 771. Further details are provided prior to the week.

3.2 Physiotherapy Skills Practice (VETS 772)

All students are required to demonstrate competency in physiotherapy practice skills at the end of the Residential School in Vets 772.

Students are issued with a human **Physiotherapy Skills Workbook** outlining the necessary requirements after being accepted onto the programme to enable them to identify areas that they need to work on prior to the Vets 772 Residential School.
An assessment skills test occurs at the end of the Residential school.

3.3 Animal Handling Skills (VETS 771-776)

All students are required to develop both small and large animal clinical experience. As such students will receive instruction in basic animal handling during the initial Residential School and throughout subsequent Residential Schools. This knowledge should be consolidated during the Hospital Placements and Clinical Veterinary Physiotherapy Placements. Effective and safe animal handling is formally assessed during the Veterinary Physiotherapy Clinical Placements and during the final practical examination in VETS 776.

3.4 Veterinary Hospital Placements

VETS 773 and VETS 775 requires the student to attend and pass a placement of at least ten days in approved veterinary practices/hospitals. Placements are graded on a pass/fail basis. **Further details can be found in Section A**

3.5 Veterinary Physiotherapy Clinical Placements

VETS 776 require the student to complete attendance and pass 20 days of Clinical Placements with a Liverpool University approved Clinical Educator.

Placements are graded on a pass/fail basis. **Further details can be found in Section B**.

3.6 Final Practical Examination

All students are required to pass the one hour Practical Examination at the end of the VETS 776 (30 minutes on small animal and 30 minutes on large animal). All Veterinary Clinical Practice objectives MUST be completed satisfactorily prior to entering the practical examination.
The practical examination focuses on clinical competency and clinical reasoning skills but covers all aspects of the program with the student assessed by both a veterinarian and a physiotherapist to ensure the language and terminology used is suitable for both professions. More information will be provided nearer the time, and there is a mock exam (to prepare students for the final exam) in VETS 774.

3.7 All UK placements are held at Leahurst Animal Hospital**,** Neston, Wirral CH64 7TE. We do not provide a list of B'n' B options as they are all subject to change year on year. Hotels depend upon your budg,et so please have a browse and if you would like to confirm the suitability in terms of transport/distance then please email us.

Australia placements are held in one of two places: Hampton or Toowoomba but the specific details will be emailed to you nearer the time.

Section A Veterinary Hospital Placements

The Hospital Placement days should consist of **five days in a canine practice** and **five days in an equine** practice.

Specialist practices will all be automatically approved. If non-specialist, it is preferable that species "special interest" centres are attended, i.e. purely equine clinic.

With small animals it is expected that the practice utilizes a high level of imaging (myelography, CT or MRI, or access to it) and surgical practices (e.g. spinal surgery). It is expected that the practice exposes you a range of post operative cases, neurological examinations and, for equine, full lameness workups (i.e. nerve blocks above the carpus/tarsus). Scintigraphy is not essential.

Approval:

Advise Mel Chapman via communication with vpusupport@liverpool.ac.uk
of the practice that you wish to work with and the practice can be approved retrospectively, or ask us regarding suggested practices in your area. Introductory and confirmation letters are available (Appendices A1 and A2). Please email vpusupport@liverpool.ac.uk for copies if needed.

Veterinary Hospital Placement days can start any time after the commencement of the course.

General Guidelines

All advice and guidance on work wear, safety and professional conduct can be found in Appendix A3.

Record of Clinical Hours

Students are required to complete an **Attendance Record** (Appendix A4) and this should be returned to vpusupport@liverpool.ac.uk
This will enable the clinical days to be monitored by the student and the University.

Module Objectives

VETS 773

At the end of VETS 773 the student will be able to:

1. Demonstrate a comprehensive understanding of the musculoskeletal demands of working pets and athletic animals.

2. Demonstrate an in depth understanding of the veterinary approach of diagnosing lameness in animals.

3. Demonstrate a systematic understanding of problems associated with osseous, joint, tendon and ligament structures due to developmental disorders, injury/trauma and degenerative disorders and identify appropriate physiotherapy rehabilitation options.

4. Demonstrate a comprehensive understanding of degenerative joint disease, conservative and surgical treatment approaches and rehabilitation.

5. Demonstrate a systematic understanding of fracture biomechanics, healing and repair in the evaluation of management strategies including post-operative care and management of patients with fracture complications.

6. Undertake critical evaluation of the scientific literature relating to the area of study.

Vets 775

At the end of VETS 775 the student will be able to:

1. Demonstrate an in depth understanding of the effects of different types of training on both the neuromotor and cardiopulmonary systems.

2. Compare and contrast adaptation to training of the neuromotor versus the cardiovascular and pulmonary systems.

3. Demonstrate a critical awareness of nutritional requirements for and nutritional disorders likely to affect performance horses and dogs.

4. Demonstrate systematic understanding of diseases and disorders which may affect the nervous and muscular systems and identify appropriate physiotherapy rehabilitation options.

5. Demonstrate in depth understanding of anti-inflammatory, sedative and muscle relaxant drugs used in animals and their potential to affect physiotherapy assessment and treatment.

6. Demonstrate critical evaluation of the scientific literature relating to the area of study.

Assessment

The informal placements in VETS773 and VETS775 are required to be completed but no grade is ascribed and these are represented in the module assessments as pass/fail only with a fail being non-attendance. These are designed to ensure each physiotherapist has been exposed to the profession they will be working with as a multidisciplinary team in the future.

VETS 776
At the end of Vets 776 the student will be able to:

1. Demonstrate an in depth understanding and critical reflection of the principles of objective measurement, reassessment and treatment progression relative to the animal's dysfunction.

2. Critically appraise the theory and assess the biomechanical contributions of the application of training aids, saddlery (tack), supportive aids and the rider/handler in the onset, maintenance or resolution of equine/canine dysfunctions.

3. Demonstrate a critical awareness of how the husbandry of an animal affects the onset and/or maintenance of musculoskeletal dysfunction.

4. Critically evaluate, using principles of clinical reasoning, evidence based practice and an in depth understanding of the diseases and disorders involved, the use of advanced physiotherapeutic techniques in humans and demonstrate a systematic understanding and skill in their application to the treatment and rehabilitation of animals.

5. Demonstrate a critical evaluation of the scientific literature relating to the area of study.

6. Critically reflect on veterinary physiotherapy current practice, identifying current problems and/or new insights into where veterinary physiotherapy could develop, incorporating a critical analysis of the veterinary or medical literature in the appropriate context to justify such developments.

7. Demonstrate professionalism in veterinary physiotherapy practice, dealing with complex clinical problems both systematically and creatively, make sound judgements in the absence of complete data (clinical reasoning and evidence based practice), and communicate their conclusions clearly to specialist and non-specialist audiences.

Clinical Placement Approval
There is a large network of established Veterinary Physiotherapy Clinical Educators both in the UK and Internationally. A list of the approved Veterinary Physiotherapy Clinical Educators is available from vpusupport@liverpool.ac.uk. If you wish to attend practice with a Veterinary Physiotherapist who is not on the approved list please contact VPU Support. It is the responsibility of the individual to liaise with the Clinical Educator to arrange placement days. A confirmation introductory letter is in Appendix B1.

Record of Clinical Hours

Students are required to complete an **Attendance Record** (Appendix B2) and should keep VPU Support informed of proposed and completed dates as they are arranged and attended. This will enable the clinical days to be monitored by the student and the University.

Clinical Placement Assessment

The Veterinary Physiotherapy Placements for VETS776 are formally assessed by a Veterinary Physiotherapy Clinical Educator and the student using the **Intended Learning Outcomes Self-Assessment Form** and the **Student/Clinical Provider Assessment Form** (Appendices B3 and B4). One form should be completed for each clinical educator placement (2-5 in total). These allow the student and Clinical Educator to reflect on the student's learning experiences and identify areas in need of further attention

The **Mandatory Practical Assessment Form** should also be completed.
It is expected that students successfully complete all the **Mandatory Practical Assessments** (Appendices C and D) within **three** attempts. The process is to encourage the development of your assessment and treatment skills. This information forms the main body of this Clinical Practice Handbook.

All modules, including clinical placement days, need to be completed and submitted by completion of the programme and MUST BE FINALISED FOR ELIGIBILITY FOR THE FINAL PRACTICAL EXAMINATION in VETS 776

Evaluation and Monitoring

Veterinary Staff Feedback
The Veterinary Staff are expected to evaluate the process/placement experience at the end of each student placement using the appropriate section on the Student/Veterinary Placement Assessment Form (Appendix 5). The completed form should be returned to vpusupport@liverpool.ac.uk

Student Evaluation and Feedback
Student self-evaluation of placements is carried out via completion of the Intended Learning Outcomes and Assessment Form. (Appendix A6) and monitoring of the placement is done via the Student Placement Feedback Form which the students are required to complete (Appendix A7). Both completed forms should be returned to vpusupport@liverpool.ac.uk at the end of the placement.

Section B Veterinary Physiotherapy Clinical Placements

The aim of the Veterinary Physiotherapy Clinical Placements is to enable the student to further develop, consolidate and critically appraise their clinical and theoretical veterinary physiotherapy skills and knowledge and to apply them in a professional manner in clinical practice.

Failure
Consistent unsafe and/or unprofessional behaviour will result in failure of the placement even if the student's level of clinical reasoning and treatment/management ability is deemed acceptable. Students must also show they have improved on areas for further attention over the placement days.

Student Feedback
Student evaluation and monitoring of placements is carried out via completion of a Student Placement Feedback Form which the students are requested to complete (Appendix B5) and return to vpusupport@liverpool.ac.uk at the end of each placement.

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A1

INTRODUCTORY LETTER - FOR INFORMATION ONLY
TO BE SENT OUT BY PROGRAMME ADMINISTRATOR

CPD Unit
Leahurst House
School of Veterinary Science
University of Liverpool
Leahurst Campus
Wirral
CH64 7TE

melanie.chapman@liverpool.ac.uk

Dear Veterinary Surgeon

University of Liverpool Veterinary Physiotherapy PgDip Programme

I would like to introduce you to the qualifications of a Veterinary Physiotherapist and outline the background of an observational placement for a Veterinary Physiotherapist within a vet practice. Each placement is a maximum of five days.

Prerequisites for students entering the Masters programme are registration as a professional Physiotherapist with the Chartered Society of Physiotherapy (or equivalent), at least one year in medical physiotherapy practice and references from a Veterinary Surgeon and physiotherapist.

The post graduate physiotherapists are all in the second year of their programme before they are allowed to undertake their veterinary observational placements and will have completed at least two weeks (five day periods of intensive practical training) residential schools at Leahurst and their first modules of Anatomy and Biomechanics and Principles of Veterinary Physiotherapy in their first year. They will have passed their anatomy and biomechanics, animal handling and physiotherapy skills examinations.

The main learning outcome for this placement is: “to demonstrate an in depth understanding of the veterinary approach of diagnosing lameness and neurological conditions in animals” using observation of the veterinary workup to achieve this. The physiotherapist is there to understand what it is the vet has done prior to them being referred a case for physiotherapy. They need to see orthopaedic and neurological examinations and workups and surgery where applicable.

These are observational placements and do not necessarily involve any hands on. Of course it would be up to the vets involved if they wished to ask the physiotherapist to become involved in the patient and as licensed and insured professionals they would be certainly able to do so, but this is not the aim of these placements. You do not need to assess the physiotherapists but we ask you to sign their attendance and they complete a self-assessment form for the placement.

We encourage our students to ask questions and discuss cases where appropriate and they expect to be asked questions as well. Please also use this as an opportunity for you and your practice to access physiotherapy knowledge in relation to the veterinary environment.

It is hoped that overall the MSc/Postgraduate Diploma in Veterinary Physiotherapy in the School of Veterinary Science, University of Liverpool will raise the standard of Veterinary Physiotherapy both in the United Kingdom and internationally.

I hope that you find this information useful and would like the opportunity to say thank you for considering taking a student on observational placement. If you have any queries please do not hesitate to contact me.

Yours faithfully

Dr Melanie Chapman BSc(Hons), BVSc. MSc. CertEd, fHEA. MRCVS
Postgraduate Programme Coordinator- Veterinary Physiotherapy
School of Veterinary Science
University of Liverpool Veterinary School

A2

CONFIRMATION LETTER - FOR INFORMATION ONLY
TO BE SENT OUT BY PROGRAMME ADMINISTRATOR

CPD Unit
Leahurst House
School of Veterinary Science
University of Liverpool
Leahurst Campus
Wirral
CH64 7TE

melanie.chapman@liverpool.ac.uk

Dear Veterinary Surgeon

University of Liverpool Veterinary Physiotherapy PgDip Programme

Thank you for agreeing to take one of our Veterinary Physiotherapy students for observation of veterinary practice. Although our students are already Chartered Physiotherapists used to working in the human health care environment, this will be the first opportunity that many of them will have had for observing veterinary practice other than with their own companion animals.

One of the requirements of the programme is that students have to complete a number of training days in a veterinary clinical setting. The majority of this time is spent with Chartered Veterinary Physiotherapists; however they are also expected to observe veterinary practice with both a large and small animal veterinary surgeon. The aim of these placements is to introduce them to how a veterinary practice runs and to provide them with an insight into how a veterinary physiotherapist can integrate into the multidisciplinary team. All physiotherapists are required, by law, to work only following veterinary referral, and as such these placements allow them to appreciate the veterinary diagnostic workup that will have occurred prior to referral.

At the end of their observation day(s) students are expected to complete a proforma reflecting on the types of cases that they have seen and if applicable to consider how physiotherapy may be used to enhance/improve the care of this patient. All we ask of you is to sign the students' attendance form and provide feedback on their self- assessment form as appropriate.

It is hoped that overall the MSc/Postgraduate Diploma in Veterinary Physiotherapy in the School of Veterinary Science, University of Liverpool will raise the standard of Veterinary Physiotherapy both in the United Kingdom and Internationally.

I hope that you find this information useful and would like the opportunity to say thank you again for providing observational experience for our students. If you have any queries please do not hesitate to contact me.

Yours faithfully

Dr Melanie Chapman BSc(Hons), BVSc. MSc. CertEd, fHEA. MRCVS
Postgraduate Programme Coordinator- Veterinary Physiotherapy
School of Veterinary Science
University of Liverpool Veterinary School

A3

Expectations, Health and Safety, Zoonosis and Dress Code for Informal Hospital Placements (Modules 773 and 775)

Expectations:

It is important to involve yourself as much as possible with the cases in the hospital. If possible and after discussing with the person in charge, taking the time to help walk out inpatients and assist with treatments. This will give you a much better understanding of how animals accept and react to different treatments.

Health and Safety:

Remember there are a number of potentially hazardous areas in Veterinary hospitals e.g. radiography, MRI, theatres; and students must check with staff so that they are familiar with the safety protocols in these areas.

In the process of handling all animal species staff and students may be exposed to a number of potential biological hazards. These include allergens and the zoonoses, including parasites, bacteria and viruses transmissible from animals to human, which are described here. Please ensure that you adhere to the local health and safety procedures and ensure you wash your hands or use alcohol based evaporative disinfectants after handling **every** patient.

Dress code:

It is important to be smart and presentable during your time in the hospital and so we would ask that you comply with the dress codes stipulated below.

It makes involvement with the clients and patients easier and the Hospitals' image benefits if everyone presents themselves well.

Dress Code unless informed otherwise

ACTION		RATIONALE
1.0	**Shoes** Flat, quiet heeled indoor shoes (smart trainers can be worn). Must cover the whole of the front and back of the foot. Stout waterproof boots for outside.	Guidelines from Health and Safety Executive 1992 To convey professional image.
2.0	**Male students** Boiler suit for outside and tunic top for inside with polo shirt or shirt and flexible trousers underneath. Weatherproof jacket/gillet for outside. No jeans of any sort to be worn.	To convey professional image, allow freedom of movement and protect clothing.
3.0	**Female students** Boiler suit for outside and tunic top for inside with blouse/shirt/polo shirt and flexible trousers underneath. Weatherproof jacket/gillet for outside. No T-shirts, leggings or jeans of any sort to be worn.	To convey professional image, allow freedom of movement and protect clothing.
4.0	**Hair** Hair longer than collar length must be tied back off face. Hair must not be allowed to fall over face.	Long hair falling forward presents an infection risk. To convey professional image.
5.0	**Jewellery** Pierced earrings - single pair, one in each ear. If worn Must be small stud type. Rings - one wedding ring type band allowed, no rings with settings. Bracelets, necklaces and ankle chains must not be worn. Nose studs should not be worn. No other jewellery is permitted.	Safety - cat and dog claws can get caught in dangly earrings. Injury to patients, cross infection. Safety - cat and dog claws can get caught. To convey professional image.
6.0	**Finger nails** Should be clean and short. Nail polish must not be worn.	To prevent injury to patients. To convey professional image.
7.0	**Badges** Liverpool Veterinary Physiotherapy Student identity badge and issued name badge must be worn at all times.	To comply with security and identification policy. To provide information for staff, clients and visitors.

General Remarks

Protection against **zoonoses** calls for an awareness by staff and students of the potential hazards associated with the handling of animals, animal secretions, faeces and gut.
In general, protection may be afforded by the use of appropriate protective clothing (amount and type of which will be dependent upon type of activity and risk of exposure), and by exercising good personal hygiene at all times. Specifically, students should:

1. Wear protective clothing appropriate to the unit being visited and procedures being carried out.
2. Carry out procedures as specified.
3. Remove protective clothing as soon as the work is completed. Soiled protective clothing must not be worn in areas where other staff or Students could be contaminated. Disposable protective clothing may be worn for 'short' duration tasks of a simple nature. For those tasks leading to lengthy exposure then disposable protective clothing is not suitable, and if working off site then staff and students must make suitable arrangements for the correct protective clothing to be available.
4. Exercise good personal hygiene at all times. Staff and students should wash when operations are complete. The best and recommended method is to use an antiseptic and hot water. Staff and students should not consume food or drink, smoke, or apply cosmetics whilst working with animals.
5. Treat, or have treated, any cuts or abrasions, and ensure that these are properly covered before commencing work with animals. These or any other injuries must be reported to the Relevant Hospital Health and Safety Officer.
6. Although all faeces are potentially hazardous, special precautions must be taken when handling animals with diarrhoea because of the severe risk of infection by Salmonella, Campylobacter and Cryptosporidium.
7. In the event of being bitten or scratched, thoroughly clean the wound, (plenty of hot soapy water is recommended) and seek medical advice.
8. Ensure that you have had a tetanus injection and that it is up to date.
9. Avoid working in a dusty environment. If necessary, wear the appropriate protective equipment. Students suffering from asthma must not work in a dusty environment.
10. If you need to consult a doctor: make him/her aware of your occupation and of your recent exposure to animals and/or animal material – it may help to make a correct diagnosis if your illness is occupation-related.
11. See also HSE document in each Hospital unit.

NB Pregnant women or those who suspect that they may be pregnant, must never work with cat litter trays because of the risk of Toxoplasma and other infections.

COSHH Assessment

By observing the precautions listed above, then the risks to staff and students working with animals will be minimal or eliminated.

If you have any problems or are unable to attend your placement please make the relevant clinical staff aware.

A4

Attendance Record
Informal Veterinary Physiotherapy Hospital Placements

(Modules 773 and 775)

Student Name……

Year of Study……..

Name of Veterinary Hospital	Date of Attendance	Name of Clinician	Signature

A5

Student/Veterinary Placement Assessment Form Vets 773

Cases Seen and Overall Assessment:
(Photocopy more as needed)

STUDENT:…… Date/s……
Cases I have seen while on the Vets 773 Hospital Placement

Self-assessment and plans to address any areas of concern *(What am I going to do about it etc! Reflection)*

Signed……

VETERINARY:……..
Overall Pass/Fail
Comments for the student

Signed……

A6

Student/Veterinary Placement Assessment Form Vets 775

Cases Seen and Overall Assessment:
(Photocopy more as needed)

STUDENT:…… Date/s…….
Cases I have seen while on the Vets 775 Hospital Placement

Self-assessment and plans to address any areas of concern *(What am I going to do about it etc! Reflection)*

Signed……

VETERINARY:……..
Overall Pass/Fail
Comments for the student

Signed……

Vets 773 and Vets 775 Hospital Placement: NOTES

Use cases you have seen or other observations you have made during your practice to reflect on how your placement has helped you achieve the learning outcomes for this placement. The placement forms only part of the module so you may need to use module material and further independent reading to support your learning as expected at M level.

SELF ASSESSMENT ***("How do I think I have done?")***
Each learning objective has a self-assessment section. This should be as honest as possible and any special comments made by the student will be taken seriously. Students should assess whether they have or have not achieved the learning objectives and whether they have learned techniques sufficiently for them to be examined during official examination procedures. Again these should be actively addressed during self-learning, during the Hospital placements or during Clinical Placements.

Students should place an X in the appropriate column for:

+ Column = positive learning outcome / competence (***"I am willing to subject myself to examination on this topic")***

0 column = suggesting more information and practice would be helpful (suggestions will be required as to what would help!) ***("I would like to learn more and gain greater confidence"***)

We welcome comments on how the learning experience could be improved and a positive attitude will help you and your fellow students to become the best Veterinary Physiotherapist EVER!

Do not persecute yourself by being over critical – you must be positive and make an honest / genuine assessment of how you think you are doing when compared to your peers. This assessment system is designed to improve both your learning experiences and to give us information about things we do well and things we do "not so well!" It is of course not used as a formal assessment for you and the staff involved in teaching you.

Vets 773 Hospital Placement
Intended Learning Outcomes and Self-Assessment Form
A7

Topic / Objective	*SELF ASSESSMENT* +	0
I have:		
Gained a comprehensive understanding of the musculoskeletal demands of working pets and athletic animals.		
Developed an in-depth understanding of the veterinary approach of diagnosing lameness in animals.		
Developed a systematic understanding of problems associated with osseous, joint, tendon and ligament structures due to developmental disorders, injury/trauma and degenerative disorders and identify appropriate physiotherapy rehabilitation options.		
Developed a comprehensive understanding of degenerative joint disease, conservative and surgical treatment approaches and rehabilitation.		
Developed a systematic understanding of fracture biomechanics, healing and repair in the evaluation of management strategies including post-operative care and management of patients with fracture complications.		
Developed a critical evaluation of the scientific literature relating to the area of study.		

Vets 775 Hospital Placement
Intended Learning Outcomes and Self-Assessment Form
A8

Topic / Objective	*SELF ASSESSMENT* +	0
I have:		
Developed an in depth understanding of the effects of different types of training on both the neuromotor and cardiopulmonary systems.		
Compared and contrasted adaptation to training of the neuromotor versus the cardiovascular and pulmonary systems.		
Developed a critical awareness of nutritional requirements for and nutritional disorders likely to affect performance horses and dogs.		
Developed systematic understanding of diseases and disorders which may affect the nervous and muscular systems and identified appropriate physiotherapy rehabilitation options		
Developed in depth understanding of anti-inflammatory, sedative and muscle relaxant drugs used in animals and their potential to affect physiotherapy assessment and treatment.		
Developed a critical evaluation of the scientific literature relating to the area of study.		

A9

Student Veterinary Placement Feedback Form

Name and Address of Hospital

Contact Person:

Contact telephone Number:

Types of Cases Seen: (add more detail on the back if needed)

Friendliness of Staff:

Is there a Physiotherapist currently working at the practice? Please provide details if applicable:

Would you recommend this placement to future Delegates?

Any other comments/information: (add more detail on the back if needed)

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Dear Clinical Educator

University of Liverpool Veterinary Physiotherapy PgDip Programme

Thank you for agreeing to take one of our Veterinary Physiotherapy students on Clinical Placement. The students have all successfully completed their first year of study, which has involved the following 16 week study modules; VETS771 Anatomy and Biomechanics for the Veterinary Physiotherapist, VETS772 Principles of Veterinary Physiotherapy and Approach to the Animal Patient and VETS773 Clinical Orthopaedics of the Common Domestic Species. All have embarked on the fourth module VETS774 Veterinary Physiotherapy Practice 1. The students therefore have a good grounding in anatomy and biomechanics and have spent time on this and assessing large and small animals during 10 days of residential school run by the University. Some will have also completed their second-year residential school which introduces them to veterinary physiotherapy treatment techniques over a 10-day period.

The students are expected to arrange their own placements with guidance from the Liverpool Programme Coordinator. Ideally the students should spend their 20 days of Clinical Placements equally divided between small and large veterinary physiotherapy practice and try to spend time with 3-5 different practitioners. However, they are exposed to at least four different veterinary physiotherapy clinicians throughout the residential schools at Liverpool.

We prefer students to attend practice with Veterinary Physiotherapy Clinical Educators who have some experience of teaching human and/or animal physiotherapy students. **It is essential that all Clinical Educators have at least 2 years' experience in animal clinical practice and appropriate insurance cover in place to enable them to take our students. Proof of this cover is required prior to placement approval by the Programme Director.**

The University agrees to pay the Clinical Educator £100 per day for taking the student on a day's placement. A day is defined as a minimum of 7 hours practice. In order for the University to pay you, you will be required you to provide us with some further information. Please contact vpusupport@liverpool.ac.uk or at the above address regarding all payments.

The placement is designed to be a hands-on experience for the student, not a lecture or demonstration based experience as this has already taken place at Liverpool during the taught residential school.

At the end of their Clinical Placement day(s) students will use the cases seen to complete a number of case reports so they will take relevant, anonymous information for this. These will be assessed by the University.

We ask you to sign the attendance form and to grade the student on a pass/fail basis if asked to grade one of the Mandatory Large/Small Animal Veterinary Physiotherapy Tasks. You are also requested to give a percentage mark for 20 Key Skills and the specific marking guidelines (rubric) for these will be made available to you. Finally, you are requested to give feedback to the student on their performance on the final day of their placement with you using the attached form. Please contact me if there are any critical problems during their placement with you. Please note that feedback on student performance is only required if they attend placement with you for 3 or more days in total. The student will bring all the relevant forms with them to placement.

It is hoped that overall the MSc/Postgraduate Diploma in Veterinary Physiotherapy in the School of Veterinary Science, University of Liverpool will continue to raise the standard of Veterinary Physiotherapy both in the United Kingdom and Internationally.

I hope that you find this information useful and would like the opportunity to say thank you again for providing clinical experience for our students. If you have any queries please do not hesitate to contact me.

Yours faithfully

Dr Melanie Chapman BSc(Hons), BVSc. MSc. CertEd, fHEA. MRCVS
Postgraduate Programme Coordinator- Veterinary Physiotherapy
School of Veterinary Science
University of Liverpool Veterinary School

UNIVERSITY OF LIVERPOOL

B2

Clinical Placement Attendance Record

Student Name……
Fill in for **each day** attended, ie at least 20 days.

Name of Clinical Educator	Date of Attendance	Hours	Signature

Veterinary Clinical Physiotherapy Placement: NOTES

VETS 776

Use cases you have seen or other observations you have made during your practice to reflect on how your placement has helped you achieve the learning outcomes for this placement. The placement forms only part of the module so you may need to use module material and further independent reading to support your learning as expected at M level.

SELF ASSESSMENT ***("How do I think I have done?")***
Each learning objective has a self assessment section. This should be as honest as possible and any special comments made by the student will be taken seriously. Students should assess whether they have or have not achieved the learning objectives and whether they have learned techniques sufficiently for them to be examined during official examination procedures. Again these should be actively addressed during self-learning and during Clinical Placements.

Students should place an X in the appropriate column for:

+ Column = positive learning outcome / competence (***"I am willing to subject myself to examination on this topic")***

0 column = suggesting more information and practice would be helpful (suggestions will be required as to what would help!) ***("I would like to learn more and gain greater confidence"***)

We welcome comments on how the learning experience could be improved and a positive attitude will help you and your fellow students to become the best Veterinary Physiotherapist EVER!

Do not persecute yourself by being over critical – you must be positive and make an honest / genuine assessment of how you think you are doing when compared to your peers. This assessment system is designed to improve both your learning experiences and to give us information about things we do well and things we do "not so well!" This particular assessment form is not used as part of the formal assessment process.

B3

Veterinary Physiotherapy Placements
VETS 776 Intended Learning Outcomes and Self-Assessment Form

Topic / Objective	*SELF ASSESSMENT* +	0
I have:		
An in depth understanding and am able to critically reflect on the principles of objective measurement, reassessment, and treatment progression relative to the animal's dysfunction.		
The ability to critically appraise the theory, and assess the biomechanical contributions of the application of training aids, saddlery (tack), supportive aids and the rider/handler in the onset, maintenance or resolution of equine/canine dysfunctions.		
A critical awareness of how the husbandry of an animal affects the onset and/or maintenance of musculoskeletal dysfunction.		
The ability to critically evaluate, using principles of clinical reasoning, evidence based practice and an in depth understanding of the diseases and disorders involved, the use of advanced physiotherapeutic techniques in humans and demonstrate a systematic understanding and skill in their application to the treatment and rehabilitation of animals.		
The ability to demonstrate critical evaluation of the scientific literature relating to the area of study.		
The ability to critically reflect on veterinary physiotherapy current practice, identifying current problems and/or new insights into where veterinary physiotherapy could develop, incorporating a critical analysis of the veterinary or medical literature in the appropriate context to justify such developments.		
The ability to demonstrate professionalism in veterinary physiotherapy practice, dealing with complex clinical problems both systematically and creatively, make sound judgements in the absence of complete data (clinical reasoning and evidence based practice), and communicate their conclusions clearly to specialist and non-specialist audiences.		

B4

UNIVERSITY OF LIVERPOOL

Student/Clinical Educator Assessment Form

Critical Comments and Overall Assessment:
(Complete one for each placement provider if seen for more than 3 days in total.)

STUDENT……
Date/s…….
Self-assessment and plans to address any areas of concern *(What am I going to do about it etc! Reflection)*

Signed……

CLINICAL EDUCATOR……..
Overall Pass/Fail
Comments for the student

B5

Student Clinical Placement Feedback Form

(Photocopy more as required)

Name of Clinical Placement Provider:

Contact Person:

Contact telephone Number:

Professionalism of Staff:

Main types of cases seen:

Would you recommend this placement to future Delegates?

Any other comments/information: (add more detail on the back if needed)

Mandatory Practical Assessment Form

Student Name……

C1a – C1b to be completed by the Clinical Educator/BHS Assistant Instructor (BHSAI)/ BHS Instructor (BHSI)

EQUINE HUSBANDRY & MANAGEMENT

1a	**SAFE HORSE HANDLING**			
	The student should be able to safely perform the following tasks.			
		Pass	**Fail**	**Signature & Date**
A	Catch & Fit head collar			
B	Tie and untie horse			
C	Pick out feet			
D	Walk and turn in hand			
E	Trot in hand			
F	Lunge			
G	Take off and put on rugs			
1b	**NUTRITION & GENERAL HEALTH**			
	The student should be able to assess, discuss and advise owner on the nutritional and overall management status of the horse including:			
		Pass	**Fail**	**Signature & Date**
A	Feeding: condition score the animal			
B	Stable/turnout (paddock): companions, hygiene, regime and size			
C	Foot care and grooming			
D	Behavioural aspects: psychological status of animal			

Student Name……

C2a – C2b to be completed by the Clinical Educator/Saddler/BHSAI/BHSI

EQUINE TACK FITTING & RIDDEN ASSESSMENT

2a	**TACK FITTING**			
	The student should be able to:			
		Pass	**Fail**	**Signature & Date**
A	Identify and discuss areas likely to suffer pressure or friction from rugs and tack.			
B	Assess saddle tree, flocking, stitching			
C	Assess fit of saddle and numnah's to horse and rider (pre and post ridden work)			
D	Assess fit of head collar and bridle, bit, noseband, brow band, cavessson etc			
E	Assess fit of accessory tack, such as side reins (noting the desired length), martingale, Chambon, de Gogue, Pessoa lunging system).			
F	Assess an owner/rider lunging technique and its effects on the horse, and verbalise advice to the handler.			
2b	**RIDER ASSESSMENT**			
	The student should be able to assess the rider and horse during three different disciplines of equitation and during all gaits discuss the effects of the rider's faults on the horse. Specifically the student should be able to:			
		Pass	**Fail**	**Signature & Date**
A	Assess the position of the rider and their balance			
B	Assess the horse when ridden			
C	Discuss the contribution of the rider on the horses movement pattern			
D	Advise the rider in ways of improving the horse's movement under saddle			

Student Name……

C3a – C3b to be completed by the Clinical Educator

EQUINE SUBJECTIVE ASSESSMENT

3a	SUBJECTIVE ASSESSMENT	Pass	Fail	Signature & Date
1	Introduces them self to the handler/owner			
2	Determines/ Questions the owner about the following:			
A	Age			
B	Gender			
C	Breed			
D	History of the Present Complaint including the reason why the animal was presented for physiotherapy			
E	Past Medical History			
F	Previous Treatment (s)			
G	Medication			
H	Expectation of the Owner following Veterinary/Physiotherapy Intervention			
I	Current Exercise Routine			
J	Behaviour of the animal now and previously			
3b	**SAFETY/RISK ASSESSMENT**	**Pass**	**Fail**	**Signature & Date**
A	Assesses the behaviour of animal			
B	Introduces them self to the animal			
C	Assesses the environment (secures doors, windows, tightens collar etc as necessary)			
D	Informs owner of their intentions			
E	Asks the owner/handler to hold/restrain the animal as appropriate			

Student Name……

C4a – C4C to be completed by the Clinical Educator/Vet

EQUINE GAIT ASSESSMENT 1

4a	**Soft Flat Surface (20-30m)**			
	The student should be able to use the correct veterinary terminology to describe the effect of the following variables on the horse's gait, determining the active range of motion of the joints of the limbs. The student is expected to be able to assess the quality of motion and grade any lameness present using the 1-10 and the 1-5 lameness grading system The student is expected to be able to summarise their findings and discuss reasoning with the Clinical Educator. Forelimb joints – scapula-thoracic, glenohumeral, cubital, carpal, metacarpophalangeal, proximal interphalangeal. Hindlimb joints – sacroiliac, coxofemoral, stifle, tarsal, metatarsophalangeal, proximal interphalangeal.			
		Pass	**Fail**	**Signature & Date**
A	Walk (straight line)			
B	Trot (straight line)			
4b	**Hard Flat Surface**			
		Pass	**Fail**	**Signature & Date**
A	Walk (straight line)			
B	Trot (straight line)			
4c	**Lunge Soft Surface**			
		Pass	**Fail**	**Signature & Date**
A	Walk (circle) left			
B	Walk (circle) right			
C	Trot (circle) left			
D	Trot (circle) right			
E	Canter (circle) left			
F	Canter (circle) right			

Student Name.....

C5a – C5c to be completed by the Clinical Educator

EQUINE GAIT ASSESSMENT 2

5a	**Lunge Hard Surface**			
		Pass	**Fail**	**Signature & Date**
A	Walk (circle) left			
B	Walk (circle) right			
C	Trot (circle) left			
D	Trot (circle) right			

5b	**Tight Circles**			
	The student should be able to use the correct veterinary terminology to describe the effect of the following variables on the horse's gait and to describe and discuss the motion of the limb segments as well as the horse' ability to laterally flex throughout the cervical, thoracic and lumbar regions.			
		Pass	**Fail**	**Signature & Date**
A	Walk (left)			
B	Walk (right)			
5c	**Walking Backwards**			
	The student is expected to be able to assess and discuss the horse's ability to shift its centre of gravity, flex/extend the stifles, tarsus, lumbo-sacral and the sacroiliac regions, looking at the limb action in both the stance and flight phases, and counterbalancing of the head and neck.			
		Pass	**Fail**	**Signature & Date**
A	Flat surface			
B	Uphill			
C	Downhill			

Student Name……

C6a – C6b to be completed by the Clinical Educator

EQUINE GENERAL PALPATORY ASSESSMENT

6a	**Whole Body Palpatory Examination**			
	The student should be able to perform a whole body palpatory examination with reference to the pain response, muscle spasm/reactivity, soft tissue irritability, myofascial strain/trigger point patterns and inflammation etc. The student is expected to be able to summarise and grade their findings and to discuss their reasoning with the Clinical Educator.			
		Pass	**Fail**	**Signature & Date**
A	Cranium and cervical spine			
B	Thoracic limbs			
C	Hind limbs			
D	Abdomen and Thoracic spine			
E	Lumbo- sacral region			
F	Pelvis-caudal region			
G	Distal limb including the hoof			
6b	**Muscle Development – Myofascial System**			
	Students should observe and palpate the following, and verbally report on muscle atrophy, hypertrophy, symmetry, tone and irritability. Students should be able to describe their findings in anatomical terms with reference to function/dysfunction.			
		Pass	**Fail**	**Signature & Date**
A	Cranium and cervical spine			
B	Thoracic limbs			
C	Hind limbs			
D	Abdomen and Thoracic spine			
E	Lumbo- sacral region			
F	Pelvis-caudal region			
G	Distal limb including the hoof			

Student Name……

C7a – C7b to be completed by the Clinical Educator

EQUINE CERVICAL SPINE ASSESSMENT

7a	**ACTIVE RANGE OF MOTION**			
	The student should be able to observe the active range of motion of the cervical spine and be able to discuss the quality of the motion. The student is expected to be able to summarise their findings and discuss reasoning with the Clinical Educator.			
		Pass	**Fail**	**Signature & Date**
A	Atlanto-Occipital flexion			
B	Atlanto- Occipital extension			
C	Atlanto- Axial rotation			
D	C2-7 Side Flexion with rotation left			
E	C2-7 Side Flexion right rotation right			
7b	**ACTIVE ASSISTED AND WHERE POSSIBLE PASSIVE RANGE OF MOTION**			
	The student should be able to determine the passive range of motion of the cervical spine and be able to discuss the quality of the motion, soft tissue, neuromechanical (combined skeletal, muscular and nervous systems) and joint integrity, end feel, muscle spasm and pain response. The student is expected to be able to summarise their findings and discuss reasoning with the Clinical Educator.			
		Pass	**Fail**	**Signature & Date**
A	Atlanto-Occipital flexion			
B	Atlanto- Occipital extension			
C	Atlanto- Axial rotation			
D	C2-7 Side Flexion with rotation left			
E	C2-7 Side Flexion right rotation right			

Student Name……

C8a – C8b to be completed by the Clinical Educator

EQUINE SCAPULAR & THORACIC LIMB AND PELVIC LIMB
ASSESSMENT OF RANGE OF MOTION

8a	**ACTIVE ASSISTED AND WHERE POSSIBLE PASSIVE RANGE OF MOTION**			
	The student should be able to determine the passive range of motion of the joints of the thoracic limb and be able to discuss the quality of the motion. The student is expected to be able to summarise their findings and discuss reasoning with the Clinical Educator.			
		Pass	**Fail**	**Signature & Date**
A	Scapulo-thoracic motion			
B	Gleno-humeral (shoulder) joint			
C	Cubital (elbow) joint			
D	Carpal (knee) joint			
E	Metacarpo-Phalangeal (fetlock) joint			
F	Proximal Inter-phalangeal (pastern) joint			

8b	**ACTIVE ASSISTED AND WHERE POSSIBLE RANGE OF MOTION**			
	The student should be able to determine the passive range of motion of the joints of the pelvic limb and be able to discuss the quality of the motion. The student is expected to be able to summarise their findings and discuss reasoning with the Clinical Educator.			
		Pass	**Fail**	**Signature & Date**
A	Sacroiliac joint			
B	Coxofemoral (hip) joint			
C	Stifle joint			
D	Tarsal (hock) joint			
E	Metatarsophalangeal (fetlock) joint			
F	Proximal Inter-phalangeal (pastern) joint			

Student Name……

C9 to be completed by the Clinical Educator/Vet/Farrier

EQUINE DISTAL LIMB ASSESSMENT/FOOT BALANCE

9	**OBSERVATION, FINDINGS & IMPLICATIONS**			
	The student should be able to observe with reference to the topographical anatomy and patho-anatomical or medical conditions; hoof and shoe wear and any hoof defect evident. The student should also be able to discuss the short and long term effects of their findings on the function of the entire equine musculoskeletal system.			
		Pass	**Fail**	**Signature & Date**
A	Distal limb conformation			
B	Sole, frog			
C	Heels , bulbs, bars			
D	Lateral cartilages			
E	Pressure testing/hoof testers			
F	Digital pulse testing			
G	Foot temperature			
H	Identification of 2 types of remedial shoes			

Student Name……

C10a – C10b to be completed by the Clinical Educator

EQUINE SPINAL MOTION SEGMENT & PERIPHERAL JOINT ASSESSMENT

10a	**SPINAL INTERVERTEBRAL & COMBINED MOTION ASSESSMENT**			
	The student should be able to utilise their existing human manual therapy assessment skills (Maitland, Muligans; etc) to assess the relative isolated intervertebral motion including where possible; accessory glides, shear tests in relation to range of motion, joint integrity, end feel, muscle spasm and pain responses. The student is expected to be able to discuss and interpret their findings with the Clinical Educator.			
		Pass	**Fail**	**Signature & Date**
A	Cranial cervical spine			
B	Mid-caudal cervical spine			
C	Cervico-Thoracic junction			
D	Thoracic spine			
E	Thoraco-Lumbar spine			
F	Sacro-iliac joints			
G	Coccygeal Vertebrae			
10b	**ISOLATED PERIPHERAL JOINT MOTION ASSESSMENT**			
	The student should be able to utilise their existing human manual therapy assessment skills (Maitland, Mulligans, etc) to assess peripheral joint motion where possible including accessory glides, shear tests in relation to range of motion, joint integrity, end feel, muscle spasm and pain responses. The student is expected to be able to discuss and interpret their findings with the Clinical Educator.			
		Pass	**Fail**	**Signature & Date**
A	TMJ			
B	Thoracic limb			
C	Pelvic limb			

Student Name……

C11 - to be completed by the Clinical Educator

EQUINE REFLEX MOTION TO PALPATORY PRESSURE

11	ASSESSMENT OF RANGE OF MOTION BY PERFORMING NEUROMUSCULAR RESPONSE (reflexive motion to palpatory pressure)			
	The student should be able to elicit reflex motion using palpatory pressure and be able to discuss their findings with the Clinical Educator.			
		Pass	**Fail**	**Signature & Date**
A	Brachiocephalic response.			
B	Thoracic/abdominal lift/rounding/extension: cervical thoracic junction, cranial/caudal thoracic, thoraco-lumbar dorsal and ventral responses.			
C	Thoraco-lumbar and pelvic responses: dorso-ventral motion, pelvic tilts, lateral and combined motion responses.			

Student Name……

C12a – C12b to be completed by the Clinical Educator

EQUINE COMBINED MOVEMENT PATTERN ASSESSMENT &
ADVERSE NEURAL TENSION TESTS

12a	**COMBINED MOVEMENT PATTERN ASSESSEMNT**			
	The student should be able to demonstrate baited/non-baited combined motion assessments for the whole horse and be able to discuss their findings with relation to myofascial, neural and joint complexes. In addition the student should be able to discuss their findings with respect to the horse's locomotor performance.			
		Pass	**Fail**	**Signature & Date**
A	Cervical spine, upper, middle, lower			
B	Thoraco-lumbar spine, upper, middle, lower			
C	Lumbo-pelvic region			
D	Limb combinations with A) B) C)			
12b	**NEUROMECHANICAL INTEGRITY/SENSITIVITY (Adverse Neural Tension) TESTS**			
	The student is expected to apply their anatomical and human physiotherapy skills to develop positional length tension/irritability tests. The student is expected to be able to assess and discuss the irritability and flexibility of the brachial, lumbar-sacral neural plexus'and spinal cord, taking into account the effect on the myofascial system and to compare the left and right sides of the animal. The student should be able to discuss the reason why they interpret a test as positive or negative? The student should assess central to distal components involving protraction, retraction, flexion, extension, adduction and abduction including any rotary components that may be involved.			
		Pass	**Fail**	**Signature & Date**
	Thoracic limbs			
B	Hind Limb			
C	"Slump-test"			

Student Name……

C13a – C13d to be completed by the Clinical Educator/Vet

EQUINE NEUROLOGICAL ASSESSMENT

13a	**HISTORY TAKING**			
	The student is expected to question the owner appropriately to determine if there is a subjective history that could indicate a neurological condition. The student should be able to explain/discuss with the Clinical Educator their rationale for specific questions.			
		Pass	**Fail**	**Signature & Date**
A	Appropriate questions asked with sound rationale			
13b	**EXAMINATION OF THE HEAD**			
	The student should be able to assess and discuss the clinical relevance of the following:			
		Pass	**Fail**	**Signature & Date**
A	Head Posture			
B	Mentation			
C	Behaviour			
D	The 12 cranial nerves and their function.			
E	The normal sympathetic and parasympathetic innervation to the eye.			
F	The cutaneous reflexes and conscious responses and interpret their significance.			
G	The menace response.			
H	Normal ocular movements, and note strabismus, nystagmus if present.			
I	Facial sensation and elicit palpebral reflex.			
J	Masseter muscle for tone, atrophy and fasciculation and jaw tone.			
K	The facial muscles: ears, eyes, nostrils, mouth. Determine if head tilt is present, and apply blindfold (see below; back and circle horse).			
L	Question owner and observe for signs of difficulty with apprehension of food, food pouching, dysphagia and choking.			

M	The tongue for unilateral atrophy, persistent deviation to one side			
N	Trapezius, Brachiocephalic and Sternocephalicus muscle tone and activity			
13c	**NEUROLOGICAL ASSESSMENT OF GAIT**			
	The student should be able to perform the following and discuss the differences between neurological proprioceptive/instability deficits and other forms of "instability" including coordination, antigravity muscles/core stability and muscle recruitment patterns.			
		Pass	**Fail**	**Signature & Date**
A	Gait analysis: determine ataxia, dysmetria (hyper or hypo), weakness, limbs involved, how would you accentuate the deficits			
B	Body weight displacement/proprioceptive, "recovery tests": ab/adduction/elevation foot placement, assess the reaction to attempted lateral and craniocaudal displacement of shoulders then pelvis; balance correction testing and variable surfaces, e.g. serpentine loops, turning short, curb test, sudden stops/turning, hopping, sway.			
C	Weakness testing, reaction to sideways tail pull in standing and walking			
D	Rein back +/- up/down slopes			
E	Visual: blindfold, head/neck extension test			
13d	**REFLEXES AND SPECIFIC LMN TESTS**			
	The student should be able to assess the following and discuss the clinical relevance of their findings			
		Pass	**Fail**	**Signature & Date**
A	The horse for areas of fasciculation, atrophy (myotomes) of resting muscle, sweating, otherwise unexplained alterations in the lie and quality of the coat			
B	Sensation/mechanoreception, superficial and deep pain examination (dermatomes)			
C	The cutaneous coli reflex (not neuromuscular feedback responses)			
D	LMN signs – bladder, genitalia, anus, tail			

Student Name……

C14 - to be completed by the Clinical Educator

EQUINE TREATMENT TECHNIQUES
ELECTROTHERAPY

14	**ELECTROTHERAPY**			
	The student should be able to safely perform the following treatment techniques, discuss their indications, contra-indications and precautions. The student is also expected to discuss the current evidence relating to their mode of action and be able to clinically reason their application for the animal being treated.			
		Pass	**Fail**	**Signature & Date**
A	Muscle stimulation for assessment			
B	Muscle stimulation for treatment			
C	Hot Packs/Electrical heating device			
D	Cryotherapy (ice pack, boots, commercial coolant)			
E	Therapeutic Ultrasound			
F	Therapeutic Laser			
G	TENS			
H	Pulsed Electro Magnetic Therapy			

Student Name……

C15 - to be completed by the Clinical Educator

EQUINE TREATMENT TECHNIQUES
MANUAL TECHNIQUES 1

15	**MANUAL TECHNIQUES**			
	The student should be able to safely perform the following treatment techniques, discuss their indications, contra-indications and precautions. The student is also expected to discuss the current evidence relating to their mode of action and be able to clinically reason their application for the animal being treated.			
		Pass	**Fail**	**Signature & Date**
A	Massage			
B	Transverse Frictions			
C	Myofascial Release			
D	Trigger Point Therapy			
E	Reflex Inhibition Technique			
F	DDFT/SDFT Mobilisation			
G	Neural Mobilisation Technique			

Student Name……

C16a – C16f to be completed by the Clinical Educator

EQUINE TREATMENT TECHNIQUES

MANUAL TECHNIQUES 2

16a	**JOINT MOBILISATION TECHNIQUES of CERVICAL SPINE**			
	The student should be able to demonstrate and theoretically justify and explain the application of **two** of the following techniques. Passive accessory intervertebral movement (PAIVM) of the **thoraco-lumbar spine**: dorso-ventral motion, lateral glides, rotations, NAGs/SNAGs etc and/or passive physiological intervertebral movements (PPIVM)			
		Pass	**Fail**	**Signature & Date**
A	Temporo-mandibular joint			
B	Atlanto-occipital joint			
C	Atlanto-axial joint			
D	C4/5			
E	Cervico-thoracic junction			
16b	**JOINT MOBILISATION TECHNIQUES of THORACO-LUMBAR SPINE**			
	The student should be able to demonstrate and theoretically justify/explain the application of **two** of the following techniques. Passive accessory intervertebral movement (PAIVM) of the thoraco-lumbar spine: dorso-ventral motion, lateral glides, rotations, NAGs/SNAGs etc and/or passive physiological intervertebral movements (PPIVM)			
		Pass	**Fail**	**Signature & Date**
A	T4/5/6			
B	T10/11/12			
C	T18/L1			
D	L5/6			
E	L6/S1			
16c	**JOINT MOBILISATION TECHNIQUES of LUMBO-SACRAL JOINT COMPLEX**			
	The student should be able to demonstrate and theoretically justify/explain the principles of joint mobilisation to treat the **SIJ complex**: PAIVMs and PPIVMs. In this instance both must be demonstrated.			
		Pass	**Fail**	**Signature & date**
A	Movement of the ilium on the sacrum: anterior/posterior rotations either using the hind leg or the ilium			
B	Shearing/mobilisations of the lumbo-sacral/SIJ complexes: movement of the ilium on the sacrum, e.g. tubersacralae, tubercoxae.			

C	Movement of the sacrum on the ilium: PA (dorso-ventral), oblique axis and via the caudal vertebrae.			
16d	**SACR0-COCCYGEAL COMPLEX**			
	The student should be able to demonstrate and theoretically justify/explain PAIVMs and PPIVMs including components involving tail traction. In this instance both must be demonstrated.			
		Pass	**Fail**	**Signature & Date**
A	Sacro-caudal junction			
B	Junction of tail to hindquarter			
16e	**PERIPHERAL JOINTS**			
	The student should be able to demonstrate and theoretically justify/explain accessory movements, glides where relevant to the following:			
		Pass	**Fail**	**Signature & Date**
A	Scapulothoracic complex			
B	Glenohumeral joint			
C	Carpus			
D	Coffin joint: forelimb and hind limb			
16f	**TRACTION TECHNIQUES**			
	The student should be able to demonstrate and justify one traction technique per region listed and explain the structures being affected: myofascial, neural and skeletal. Note traction may be intermittent or sustained.			
		Pass	**Fail**	**Signature & Date**
A	Cervical spine including OC1 and TMJ			
B	Thoracic spine			
C	Lumbar spine and pelvic complex.			
D	Caudal vertebrae			
E	Peripheral joints			
F	Myofascial			

Student Name.....

D1a – D1bto be completed by the Clinical Educator/Vet/Vet Nurse

CANINE HUSBANDRY & MANAGEMENT

1a	**SAFE DOG HANDLING**			
	The student should be able to safely perform the following tasks.			
		Pass	**Fail**	**Signature & Date**
A	Lead dog			
B	Lead dog with hind limb support (sling, towels)			
C	Lead dog with 2 point lead			
D	Apply a commercial muzzle			
E	Control/pin down and stabilise/stop movement			
F	Apply and fit the following			
F1	Leather collar			
F2	Life jacket			
F3	Chest harness			
1b	**NUTRITION & GENERAL HEALTH**			
	The student should be able to assess, discuss and advise owner on the nutritional and overall management status of the dog including:			
		Pass	**Fail**	**Signature & Date**
A	Feeding: condition score the animal			
B	Environmental conditions: bedding, floor type, exercise regime, companions and hygiene			
C	Dental, nail care and grooming			
D	Behavioural aspects: psychological status of animal			

Student Name……

D2a – D2b to be completed by the Clinical Educator

CANINE SUBJECTIVE ASSESSMENT

2a	**SUBJECTIVE ASSESSMENT**	**Pass**	**Fail**	**Signature & Date**
1	Introduces them self to the handler/owner			
2	Determines/ Questions the owner about the following:			
A	Age			
B	Gender			
C	Breed			
D	History of the Present Complaint including the reason why the animal was presented for physiotherapy			
E	Past Medical History			
F	Previous Treatment (s)			
G	Medication			
H	Expectation of the Owner following Veterinary/Physiotherapy Intervention			
I	Current Exercise Routine			
J	Behaviour of the animal now and previously			
2b	**SAFETY/RISK ASSESSMENT**	**Pass**	**Fail**	**Signature & Date**
A	Assesses the behaviour of animal			
B	Introduces them self to the animal			
C	Assesses the environment (secures doors, windows, tightens collar etc as necessary)			
D	Informs owner of their intentions			
E	Asks the owner/handler to hold/restrain the animal as appropriate			

Student Name……

D3a – D3d to be completed by the Clinical Educator/Vet

CANINE GAIT ASSESSMENT

3a	**Firm, non-slip surface**			
	The student should be able to use the correct veterinary terminology to describe the effect of the following variables on the dog's gait and to discuss their findings and describe the procedures that would follow in relation to the examination.			
		Pass	**Fail**	**Signature & Date**
A	Walk (straight line)			
B	Trot (straight line)			
C	Run (straight line)			
3b	**Soft flat surface OR slippy surface**			
	The student should be able to use the correct veterinary terminology to describe the effect of the following variables on the dog's gait and to discuss their findings and describe the procedures that would follow in relation to the examination.			
		Pass	**Fail**	**Signature & Date**
A	Walk (straight line)			
B	Trot (straight line)			
C	Run (straight line)			
3c	**Tight Circles**			
	The student should be able to use the correct veterinary terminology to describe the effect of the following variables on the dog's gait and to describe and discuss the motion of the limb segments as well as the dog's ability to laterally flex throughout the cervical, thoracic and lumbar regions.			
		Pass	**Fail**	**Signature & Date**
A	Walk (left)			
B	Walk (right)			
3d	**Walking Backwards**			
	The student is expected to be able to assess and discuss the dog's ability to shift its centre of gravity, flex/extend the stifles, tarsus, lumbo-sacral and the sacroiliac regions, looking at the limb action in both the stance and flight phases, and counterbalancing of the head and neck.			
		Pass	**Fail**	**Signature & Date**
A	Flat surface – non-slip			
B	Flat surface – slippy surface			

Student Name.....

D4a – D4b to be completed by the Clinical Educator

CANINE GENERAL PALPATORY ASSESSMENT

4a	**Whole Body Palpatory Examination**			
	The student should be able to perform a whole body palpatory examination with reference to the pain response, muscle spasm/reactivity and strength, soft tissue irritability, myofascial strain/trigger point patterns and inflammation etc. The student is expected to be able to summarise their findings and to discuss their reasoning with the Clinical Educator.			
		Pass	**Fail**	**Signature & Date**
A	Cranium and cervical spine			
B	Thoracic limbs			
C	Hind limbs			
D	Abdomen and Thoracic spine			
E	Lumbo- sacral region			
F	Pelvis-caudal region			
G	Paws and pads			
4b	**Muscle Development – Myofascial System**			
	Students should observe and palpate the following, and verbally report on muscle atrophy, hypertrophy, symmetry, tone and irritability. Students should be able to describe their findings in anatomical terms with reference to function/dysfunction.			
		Pass	**Fail**	**Signature & Date**
A	Cranium and cervical spine			
B	Thoracic limbs			
C	Hind limbs			
D	Abdomen and Thoracic spine			
E	Lumbo- sacral region			
F	Pelvis-caudal region			
G	Paws and pads			

Student Name.....

D5a – D5b to be completed by the Clinical Educator

CANINE CERVICAL SPINE RANGE OF MOTION

5a	**ACTIVE RANGE OF MOTION**			
	The student should be able to determine the active range of motion of the cervical spine and be able to discuss the quality of the motion. The student is expected to be able to summarise their findings and discuss reasoning with the Clinical Educator.			
		Pass	**Fail**	**Signature & Date**
A	Atlanto-Occipital flexion			
B	Atlanto-Occipital extension			
C	Atlanto-Axial flexion			
D	Atlanto-Axial extension			
E	C2-7 side flexion/rotation left			
F	C2-7 side flexion/rotation right			
5b	**PASSIVE RANGE OF MOTION**			
	The student should be able to determine the passive range of motion of the cervical spine and be able to discuss the quality of the motion, soft tissue, neuromechanical and joint integrity, end feel, muscle spasm and pain response. The student is expected to be able to summarise their findings and discuss reasoning with the Clinical Educator.			
		Pass	**Fail**	**Signature & Date**
A	Atlanto-Occipital flexion			
B	Atlanto-Occipital extension			
C	Atlanto-Axial flexion			
D	Atlanto-Axial extension			
E	C2-7 side flexion/rotation left			
F	C2-7 side flexion/rotation right			

Student Name……

D6a – D6b to be completed by the Clinical Educator

CANINE THORACIC SPINE RANGE OF MOTION

6a	**ACTIVE RANGE OF MOTION**			
	The student should be able to determine the active range of motion of the lumbar spine and be able to discuss the quality of the motion. The student is expected to be able to summarise their findings and discuss reasoning with the Clinical Educator.			
		Pass	**Fail**	**Signature & Date**
A	Thoracic flexion			
B	Thoracic extension			
C	Thoracic side flexion/rotation left			
D	Thoracic side flexion/rotation right			
6b	**PASSIVE RANGE OF MOTION**			
	The student should be able to determine the passive range of motion of the thoracic spine and be able to discuss the quality of the motion, soft tissue, neuromechanical and joint integrity, end feel, muscle spasm and pain response. The student is expected to be able to summarise their findings and discuss reasoning with the Clinical Educator.			
		Pass	**Fail**	**Signature & Date**
A	Thoracic flexion			
B	Thoracic extension			
C	Thoracic side flexion/rotation left			
D	Thoracic side flexion/rotation right			

Student Name……

D7a – D7b to be completed by the Clinical Educator

CANINE LUMBAR SPINE & PELVIS ASSESSMENT OF RANGE OF MOTION

7a	**ACTIVE RANGE OF MOTION**			
	The student should be able to observe the active range of motion of the lumbar spine and pelvis and be able to discuss the quality of the motion. The student is expected to be able to summarise their findings and discuss reasoning with the Clinical Educator.			
		Pass	**Fail**	**Signature & Date**
A	Lumbar flexion			
B	Lumbar extension			
C	Lumbar side flexion/rotation left			
D	Lumbar side flexion/rotation right			
E	Lumbo-sacral flexion			
F	Lumbo-sacral extension			
7b	**PASSIVE RANGE OF MOTION**			
	The student should be able to determine the passive range of motion of the lumbar spine and pelvis and be able to discuss the quality of the motion, soft tissue, neuromechanical and joint integrity, end feel, muscle spasm and pain response. The student is expected to be able to summarise their findings and discuss reasoning with the Clinical Educator.			
		Pass	**Fail**	**Signature & Date**
A	Lumbar flexion			
B	Lumbar extension			
C	Lumbar side flexion/rotation left			
D	Lumbar side flexion/rotation right			
E	Lumbo-sacral flexion			
F	Lumbo-sacral extension			
G	Coccygeal vertebral motion including myofascial tension (Tail traction)			

Student Name……

D8a – D8b to be completed by the Clinical Educator

CANINE SCAPULAR & THORACIC LIMB RANGE OF MOTION

8a	**ACTIVE RANGE OF MOTION**			
	The student should be able to determine the active range of motion of the joints of the thoracic limb and be able to discuss the quality of the motion. The student is expected to be able to summarise their findings and discuss reasoning with the Clinical Educator.			
		Pass	**Fail**	**Signature & Date**
A	Scapulo-thoracic motion			
B	Shoulder joint			
C	Elbow joint			
D	Carpal joint			
E	Phalangeal joints			
F	Inter-phalangeal joints			
8b	**PASSIVE RANGE OF MOTION**			
	The student should be able to determine the passive range of motion of the joints of the thoracic limb and be able to discuss the quality of the motion. The student is expected to be able to summarise their findings and discuss reasoning with the Clinical Educator.			
		Pass	**Fail**	**Signature & Date**
A	Scapulo-thoracic motion			
B	Shoulder joint			
C	Elbow joint			
D	Carpal joint			
E	Phalangeal joints			
F	Inter-phalangeal joints			

Student Name……

D9a – D9b to be completed by the Clinical Educator

CANINE PELVIC LIMB RANGE OF MOTION

9a	**ACTIVE RANGE OF MOTION**			
	The student should be able to determine the active range of motion of the joints of the pelvic limb and be able to discuss the quality of the motion. The student is expected to be able to summarise their findings and discuss reasoning with the Clinical Educator.			
		Pass	**Fail**	**Signature & Date**
A	Hip joint			
B	Stifle joint			
C	Patella-femoral tracking			
D	Tibio-tarsal Joint			
E	Phalangeal joints			
F	Inter-phalangeal joints			
9b	**PASSIVE RANGE OF MOTION**			
	The student should be able to determine the passive range of motion of the joints of the pelvic limb and be able to discuss the quality of the motion. The student is expected to be able to summarise their findings and discuss reasoning with the Clinical Educator.			
		Pass	**Fail**	**Signature & Date**
A	Hip joint			
B	Stifle joint			
C	Patella-femoral joint			
D	Tibio-tarsal Joint			
E	Phalangeal joints			
F	Inter-phalangeal joints			

Student Name……

D10a – D10b to be completed by the Clinical Educator

CANINE SPINAL MOTION SEGMENT ASSESSMENT AND PERIPHERAL JOINT ASSESSMENT

10a	SPINAL INTERVERTEBRAL & COMBINED MOTION ASSESSMENT			
	The student should be able to utilise their existing human manual therapy assessment skills (Maitland, Muligans; etc) to assess the relative isolated intervertebral motion including where possible; accessory glides, shear tests in relation to range of motion, joint integrity, end feel, muscle spasm and pain responses. The student is expected to be able to discuss and interpret their findings using clinical reasoning with the Clinical Educator.			
		Pass	**Fail**	**Signature & Date**
A	Upper cervical spine			
B	Mid-lower cervical spine			
C	Cervico-Thoracic junction			
D	Thoracic spine			
E	Thoraco-Lumbar spine			
F	Sacro-iliac joints			
G	Coccygeal Vertebrae			
10b	**Muscle Development – Myofascial System**			
	Students should observe and palpate the following, and verbally report on muscle atrophy, hypertrophy, symmetry, tone and irritability. Students should be able to describe their findings in anatomical terms with reference to function/dysfunction.			
		Pass	**Fail**	**Signature & Date**
A	Cranium and cervical spine			
B	Thoracic limbs			
C	Hind limbs			
D	Abdomen and Thoracic spine			
E	Lumbo- sacral region			
F	Pelvis-caudal region			

Student Name.....

D11a – D11b to be completed by the Clinical Educator

CANINE COMBINED MOVEMENT PATTERN ASSESSMENT &
ADVERSE NEURAL TENSION TESTS

11a	**COMBINED MOVEMENT PATTERN ASSESSMENT**			
	The student should be able to demonstrate baited/non-baited combined motion assessments for the whole dog and be able to discuss their findings with relation to myofascial, neural and joint complexes. In addition the student should be able to discuss their findings with respect to the dog's locomotor performance.			
		Pass	**Fail**	**Signature & Date**
A	Cervical spine, cranial, middle, caudal			
B	Thoraco-lumbar spine, cranial, middle, caudal			
C	Lumbo-pelvic region			
D	Limb combinations with A) B) C)			
11b	**NEUROMECHANICAL INTEGRITY/SENSITIVITY (Adverse Neural Tension) TESTS**			
	The student is expected to apply their anatomical and human physiotherapy skills to develop positional length tension/irritability tests. The student is expected to be able to assess and discuss the irritability and flexibility of the brachial, lumbar-sacral neural plexus'and spinal cord, taking into account the effect on the myofascial system and to compare the left and right sides of the animal. The student should be able to discuss the reason why they interpret a test as positive or negative? The student should assess central to distal components involving protraction, retraction, flexion, extension, adduction and abduction including any rotary components that may be involved.			
		Pass	**Fail**	**Signature & Date**
A	Thoracic limbs			
B	Hind Limb			
C	"Slump-test"			

Student Name……

D12a – D12d to be completed by the Clinical Educator/Vet

CANINE NEUROLOGICAL ASSESSMENT

12a	**HISTORY TAKING**			
	The student is expected to question the owner appropriately to determine if there is a subjective history that could indicate a neurological condition. The student should be able to explain/discuss with the Clinical Educator their rationale for specific questions.			
		Pass	**Fail**	**Signature & Date**
A	Appropriate questions asked with sound rationale			
12b	**EXAMINATION OF THE HEAD**			
	The student should be able to assess and discuss the clinical relevance of the following:			
		Pass	**Fail**	**Signature & Date**
A	Head Posture			
B	Mentation			
C	Behaviour			
D	The 12 cranial nerves and their function.			
E	The normal sympathetic and parasympathetic innervation to the eye.			
F	The cutaneous reflexes and conscious responses and interpret their significance.			
G	The menace response.			
H	Normal ocular movements, and note strabismus/nystagmus if present.			
I	The dogs visual ability to negotiate an obstacle courses, steps etc.			
J	Facial sensation and elicit palpebral reflex.			
K	Masseter muscle for tone, atrophy and fasciculation and jaw tone.			
L	The facial muscles: ears, eyes, nostrils, mouth. Determine if head tilt is present.			
M	Question owner and observe for signs of difficulty with apprehension of food, food pouching, dysphagia and choking.			

N	Unilateral atrophy, persistent deviation to one side			
O	Trapezius, Brachiocephalic and Sternocephalicus muscle tone and activity			
12c	**NEUROLOGICAL ASSESSMENT OF GAIT**			
	The student should be able to perform the following and discuss the differences between neurological proprioceptive/instability deficits and other forms of "instability" including coordination, antigravity muscles/core stability and muscle recruitment patterns.			
		Pass	**Fail**	**Signature & Date**
A	Gait analysis: determine ataxia, dysmetria (hyper or hypo), weakness, limbs involved, how would you accentuate the deficits			
B	Body weight displacement/proprioceptive, "recovery tests": ab/adduction/elevation foot placement, assess the reaction to attempted lateral and craniocaudal displacement of shoulders then pelvis; balance correction testing and variable surfaces, e.g. serpentine loops, turning short, curb test, sudden stops/turning, hopping, sway.			
C	Walking backwards +/- up/down slopes/steps			
D	Visual: blindfold, limb extension test, placing/knuckling response of the forelimbs and hind limbs sighted/unsighted			
12d	**REFLEXES AND SPECIFIC LMN TESTS**			
	The student should be able to assess the following and discuss the clinical relevance of their findings			
		Pass	**Fail**	**Signature & Date**
A	The dog for areas of fasciculation, atrophy (myotomes) of resting muscle, sweating, otherwise unexplained alterations in the lie and quality of the coat. Assess extensor v's flexor tone.			
B	**Body weight displacement/proprioceptive tests; "recovery tests**": ab/adduction/elevation foot placement, assess the reaction to attempted lateral and craniocaudal displacement of shoulders then pelvis; balance correction testing and variable surfaces			

B1	paper draw/slide or knuckling test			
B2	3 legged stand			
B3	assess standing and sideways hopping on ipsilateral limbs			
B4	wheel barrowing			
B5	extensor postural thrust			
B6	visual and non-visual placing			
C	**Reflexes including**			
C1	Panniculus reflex (not neuromuscular feedback responses)			
C2	Patella tendon			
C3	Sciatic			
C4	Gastrocnemius			
C5	Biceps			
C6	Triceps			
C7	Extensor Carpi Radialis			
D	Sensation/mechanoreception, superficial and deep pain examination (dermatomes)			
E	LMN signs – bladder, genitalia, anus, tail			

Student Name……

D13 - to be completed by the Clinical Educator

CANINE TREATMENT TECHNIQUES
ELECTROTHERAPY

13	**ELECTROTHERAPY**			
	The student should be able to safely perform the following treatment techniques, discuss their settings, indications, contra-indications and precautions. The student is also expected to discuss the current evidence relating to their mode of action and be able to clinically reason their application for the animal being treated.			
		Pass	**Fail**	**Signature & Date**
A	Muscle stimulation			
B	Hot Packs/Electrical heating device			
C	Cryotherapy (ice pack, commercial coolant)			
D	Therapeutic Ultrasound			
E	Therapeutic Laser			
F	TENS			
G	Pulsed Electromagnetic Therapy			

Student Name……

D14 - to be completed by the Clinical Educator

CANINE TREATMENT TECHNIQUES
MANUAL TECHNIQUES 1

14	**MANUAL TECHNIQUES**			
	The student should be able to safely perform the following treatment techniques, discuss their indications, contra-indications and precautions. The student is also expected to discuss the current evidence relating to their mode of action and be able to clinically reason their application for the animal being treated.			
		Pass	**Fail**	**Signature & Date**
A	Massage Techniques			
B	Transverse Frictions			
C	Myofascial Release			
D	Trigger Point Therapy			
D1	Brachiocephalic			
D2	Pectineus			
D3	Rectus Femoris			
D4	Semimenbranosus			
D5	Iliopsoas complex, mid muscle length psoas major, Iliacus and distal iliopsoas attachment			
E	Tendon/tendon sheath mobilisation			
F	Neural Mobilisation Technique			

Student Name……

D15a – D15g to be completed by the Clinical Educator

CANINE TREATMENT TECHNIQUES
MANUAL TECHNIQUES 2

15a	**JOINT MOBILISATION TECHNIQUES of CERVICAL SPINE**			
	The student should be able to demonstrate and theoretically justify and explain the application of **two** of the following techniques. Passive accessory intervertebral movement (PAIVM) of the **thoraco-lumbar spine**: dorso-ventral motion, lateral glides, rotations, NAGs/SNAGs etc and/or passive physiological intervertebral movements (PPIVM)			
		Pass	Fail	Signature & Date
A	Temporo-mandibular joint			
B	Atlanto-occipital joint			
C	Atlanto-axial joint			
D	C4/5			
E	Cervico-thoracic junction			
15b	**JOINT MOBILISATION TECHNIQUES of THORACO-LUMBAR SPINE**			
	The student should be able to demonstrate and theoretically justify/explain the application of **two** of the following techniques. Passive accessory intervertebral movement (PAIVM) of the thoraco-lumbar spine: dorso-ventral motion, lateral glides, rotations, NAGs/SNAGs etc and/or passive physiological intervertebral movements (PPIVM)			
		Pass	Fail	Signature & Date
A	T4/5/6			
B	T10/11/12			
C	T13/L1			
D	L6/7			
E	L7/S1			

15c	**JOINT MOBILISATION TECHNIQUES of LUMBO-SACRAL JOINT COMPLEX**			
	The student should be able to demonstrate and theoretically justify/explain the principles of joint mobilisation to treat the **SIJ complex**: PAIVMs and PPIVMs. In this instance both must be demonstrated.			
		Pass	**Fail**	**Signature & Date**
A	Movement of the ilium on the sacrum: anterior/posterior rotations either using the hind leg or the ilium			
B	Shearing/mobilisations of the lumbo-sacral/SIJ complexes: movement of the ilium on the sacrum, e.g. tubersacralae, tubercoxae.			
C	Movement of the sacrum on the ilium: PA (dorso-ventral), oblique axis and via the coccygeal vertebrae.			
15d	**SACR0-COCCYGEAL COMPLEX**			
	The student should be able to demonstrate and theoretically justify/explain PAIVMs and PPIVMs including components involving tail traction. In this instance both must be demonstrated.			
		Pass	**Fail**	**Signature & Date**
A	Sacro-caudal junction			
B	Junction of tail to hindquarter			
15e	**PERIPHERAL JOINTS**			
	The student should be able to demonstrate and theoretically justify/explain accessory movements, glides where relevant to the following:			
		Pass	**Fail**	**Signature & Date**
A	Scapulothoracic complex			
B	Shoulder joint			
C	Elbow			
D	Carpus			
E	Interphalangeal joints			
F	Hip			
G	Knee			
H	Tarsus			

15f	**TRACTION TECHNIQUES**			
	The student should be able to demonstrate and justify one traction technique per region listed and explain the structures being affected: myofascial, neural and skeletal. Note traction may be intermittent or sustained.			
		Pass	**Fail**	**Signature & Date**
A	Cervical spine including OC1 and TMJ			
B	Thoracic spine			
C	Lumbar spine and pelvic complex.			
D	Coccygeal vertebrae			
E	Peripheral joints			
15g	**Methods of facilitation and inhibition**			
	The student should be able to describe and demonstrate a technique which may include any of the following: Spray and stretch techniques combined with/without trigger-point therapy, rhythmical stabilisation/proprioceptive techniques, applied neurological rehabilitation techniques, e.g. Bobarth, Carr and Shepherd principles, PNF etc, to:			
		Pass	**Fail**	**Signature & Date**
A	Inhibit muscle spasticity or spasm			
B	Facilitate muscle activity			

Specific skills tests.

The practical handbook allows students to observe and then practice specific tasks but that kind of assessment doesn't take into account the overall procedure, communication skill level or the underpinning knowledge required for the clinical reasoning behind the skills.

This short set of skills allows students to be immersed into the situation, and allows them to be tested on their professional conduct (communication, terminology, explanations etc) and their underpinning knowledge (clinical reasoning and understanding).

The final exam encompasses all of the skills below, and this provides them with an opportunity to be graded on their performance as a physiotherapist. It is not helpful to have grades of 10/10 unless the student is exceptional and has no areas for improvement, so please be honest and judge them as a colleague rather than a student.

If you have any queries, please contact Mel Chapman on melanie.chapman@liverpool.ac.uk

Thank you

Equine- 10 specific skills test.

Skill	Assessment Criteria	Professional conduct 1-10	Underpinning knowledge 1-10	Date	Name and Signature
Gait assessment on a hard surface in walk and trot (can be straight line or circle)	Identify the lame leg/s and grade it on a 1-10 or 1-5 grading system				
Assessment of passive range of motion (ROM) of the forelimb	Physically assess the ROM and describe any differences in range of the two forelimbs at the scapula-thoracic, shoulder, elbow, carpal and fetlock joints				
Palpatory assessment of the neck muscles	Physically palpate the muscles and describe the muscle reactivity occurring and in which muscle				
Palpatory assessment of the thoracic and lumbar muscles	Physically palpate the muscles and describe the muscle reactivity occurring and in which muscle				
Rounding response of the pelvis	Be able to successfully perform a cranial and caudal pelvic tilt				
Neuromuscular electrical stimulation (NMES) for assessment	Be able to successfully apply the NMES and describe the differences in muscle reactivity on the horse's quarters				

Pulsed Electromagnetic Energy (PEME) **OR** Acupuncture	Be able to set the PEME/place needles for acute pain and describe the application to the clinical educator				
Reflex inhibition	Be able to successfully treat longissimus dorsi spasm using this technique				
Myofascial Release	Be able to successfully treat a muscle using this technique				
Traction technique – lumbar spine and pelvic complex	Perform a tail traction and explain how it is being done to the clinical educator				

Canine- 10 specific skills test.

Skill	Assessment Criteria	How it is said 0-100%	The content of what is said 0-100%	Date	Name and Signature
Assess the behaviour of the dog	Describe the mentation and attitude of the dog in a clinical setting				
Gait assessment on a firm, non-slip surface in walk and trot (in a straight line)	Identify the lame leg/s and grade it on a 1-10 or 1-5 grading system				
Palpatory assessment of the thoracic and lumbar muscles	Physically palpate the muscles and describe the muscle reactivity occurring and in which muscle				
Assessment of active ROM of pelvic limbs	Physically assess the ROM and describe any differences in range of the two hindlimbs at the hip, stifle and tarsal joints				
Assessment of passive ROM of inter-phalangeal joints	Physically assess the ROM and describe any differences in range of the digits				
Therapeutic laser	Be able to set the laser for muscle pain and actually apply it ensuring all safety issues are addressed				
Neuromuscular electrical stimulation (NMES) for treatment	Be able to successfully apply the NMES to atrophied muscle on the dog's quadriceps				

Massage techniques	Physically treat a muscle using this technique and describe what elements of massage they are using				
Mobilisation of elbow	Correctly hold the elbow and mobilise it describing what grade and in which direction they are working in order to correct the dysfunction				
Mobilisation of the thoracic vertebrae	Correctly identify the vertebral level and mobilise it describing what grade and in which direction they are working in order to correct the dysfunction				

- Each of the above skills must be assessed and graded using the marking guidelines (rubrics) below.
- The correct veterinary terminology should be used by the student when giving their answers.
- Each skill is also in the Mandatory Tasks (next part of the Handbook). Once graded here, it can be signed off in that section as well.
- These 20 skills need to be graded at pass level (50%) or above and all Mandatory Tasks passed to pass the module (Vets 776).
- Please use a Student and Clinical Educator Assessment Form to provide any specific feedback needed.

Structure, clarity and presentation – professional conduct						
Very poor (0)	Poor (1-2)	Inadequate (2-4)	Adequate (4-5)	Good (5-6)	Very Good (6-8)	Excellent (8-10)
None or extremely poor.	Very poor.	Not well organised in structure or in clarity of expression.	In general, organised and logical presentation with adequate clarity of expression.	Logical and organised structure with clarity of expression.	Logical and organised structure with clarity of expression and demonstrating an authoritative grasp of concepts with sustained powers of argument, frequent insights. Virtually no errors or omissions and none of significance.	Flawless

Understanding of and description of what they are doing and feeling – Clinical reasoning						
Very poor (0%)	Poor (1-20%)	Inadequate (21-40%)	Adequate (41-50%)	Good (51-65%)	Very Good (66-80%)	Excellent (81-100%)
None evident. No evidence of understanding or description of an appropriate nature.	If any, extremely limited evidence of understanding and description of an appropriate nature.	Some evidence of understanding and description but not of original thought or critical analysis. Evidence of limited broader understanding of an appropriate nature.	Statements supported by facts but limited, evidence of critical ability. Evidence of sufficient broader understanding and description of an appropriate nature.	Thorough grasp of concepts and evidence of synthesis of information and critical ability. Evidence of sufficient, or some more extensive, broader understanding or description of an appropriate nature.	Logical and organised structure with clarity of expression demonstrating an authoritative grasp of concepts with sustained powers of argument, frequent insights. Virtually no errors or omissions and none of significance in understanding and describing what they are doing and feeling.	Exceptional powers of analysis, argument, synthesis and insight. Considerable evidence of extensive broader understanding and description of what they are doing and feeling.