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A Pawsitive Touch on Care:
Therapy Dogs in Transitional Care Settings
Hospital Implementation Manual
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A PAWSITIVE TOUCH CAPSTONE PROGRAM PROPOSAL

A Pawsitive Touch on Care:

Therapy Dogs in Transitional Care Settings

Purpose of Project

This program is based on the evidence supporting the physical and mental benefits of a facility therapy dog with older adults in a transitional care setting. As a practicing occupational therapist, it is of utmost importance to provide aging adults with a variety of resources to meet their individual needs and goals. Recent literature supports that therapy dogs have a positive effect on clients by improving the quality of life and engagement in meaningful activities, especially those with dementia (Olsen, Pedersen, Bergland, Enders-Slegers, & Ihlebæk, 2016). The proposed facility therapy dog will be integrated into the clients' intervention programs to assist in the improvement of range of motion, socialization, and mindset on well-being and quality of life. The dog will also serve as a means to maintain motivation with the clients' therapy goals, which is necessary to return to their prior living environment and restore participation in meaningful occupations. This program engages in scholarship through the contribution and development of the occupational therapy profession using evidence-based literature regarding the benefits of the human-animal bond to meet the needs of the clients within a transitional care unit (TCU) (AOTA, 2009).

What is Animal-Assisted Therapy (AAT)?

The American Veterinary Medical Association defines AAT as a “formal goal-directed intervention in which a therapy animal that meets specific criteria is an integral part of the treatment process, used as a therapeutic modality to improve human functioning in patients with acute or chronic diseases” (Lasa, Ferriero, Brigatti, Valero, & Franchignoni, 2011, p. 130).

A PAWSITIVE TOUCH CAPSTONE PROGRAM PROPOSAL

Animal-assisted therapy is provided by individuals with education and training in AAT, delivering services as part of an intervention according to established goals and treatment plan. Interventions provided to clients are documented in the electronic medical record. Those qualified to provide services can include occupational therapists, physical therapists, recreational therapists, certified therapeutic recreation specialist, nurse, or mental health professionals; however, all providers must be well-educated, trained, and complete competency testing prior to providing AAT services (Lasa et al., 2011; Pet Partners, 2018). Animal-assisted therapy will be provided using a facility dog. A facility dog may live with an employee, typically the dog handler, and attend work daily, or the facility dog resides at the facility full time under the care of a designated staff member. A facility dog receives extensive training to interact with clients, including AAT interventions (Pet Partners, 2018).

For this hospital, the AAT triad will consist of the occupational therapist serving as a trained and registered dog handler (in most cases), the facility dog, and the patient in this hospital. Some modules may require the assistance of another occupational therapist or occupational therapy assistant to assist the patient with mobility if the facility dog is in another room with the dog handler. Additionally, the occupational therapist will serve as a trained and registered dog handler, and not the treating therapist, for any AAT provided outside of this facility.

Who can participate in AAT?

Those individuals receiving services in the transitional care program will be screened for appropriateness to participate in the Pawsitive Touch on Care program. Participation in the AAT

A PAWSITIVE TOUCH CAPSTONE PROGRAM PROPOSAL

program is voluntary, as some patients may have a preference to not work with a dog.

Individuals who meet any of the following exclusion criteria will not participate in AAT:

- Allergies to animals or animal products
- Phobias or fears of working with dogs
- Contact isolation/or zoonotic risk factors (those diseases that can be spread between humans and animals)
- History of animal abuse
- Animal-related trauma (separation issues from a pet, loss of pet, traumatic experiences with animals) (Pet Partners, 2018).

Policy and Procedures for AAT

The Pawsitive Touch on Care program will abide by and follow the Animals in this hospital's Policy #2.26, located in the Infection Prevention Manual, established by this hospital, effective March 1, 2013 (Infection Control Committee, 2017) (See Appendix C). This policy has been put in place by the Infection Control Committee of this hospital, and follows guidelines according to the CDC Guidelines for Environmental Infection Control in Healthcare Facilities. Any addendums to the Animals in the Hospital Policy will be enforced by the Infection Control Committee according to any specific medical restrictions or conditions that would contraindicate interaction with a dog.

Standards for Handlers and Dogs

The Pawsitive Touch on Care program will follow the Standards of Practice in Animal-Assisted Interventions composed by the Pet Partners Therapy Animal Program, which includes:

A PAWSITIVE TOUCH CAPSTONE PROGRAM PROPOSAL

- Code of ethics
- Health, welfare, and safety for all parties involved
- Risk management/infection prevention
- Evidence-based practice
- Continuing education
- Client-centered care (Pet Partners, 2018)

This author will also follow the Occupational Therapy Code of Ethics (AOTA, 2015) to ensure services are held to the highest standards and follow the components of beneficence (safety of clients), and non-maleficence (to do no harm) to oneself, clients, or animal. The dog handler will receive training and pass all testing requirements prior to the start of animal-assisted interventions through Therapy Dogs International (TDI) (See Appendix G). Registration of the dog and training of handler is required through TDI per hospital policy and procedure #2.26 (Infection Control Committee, 2017). Dogs registered through TDI must meet the following health requirements noted under *Requirements for Registration* with TDI:

- Annual Check-up attested to by your Veterinarian within the past year.
- Mandatory Rabies Vaccine (1, 2, OR 3 YEAR - MUST BE GIVEN BY A VETERINARIAN)
- An initial series of core Distemper, Hepatitis, and Parvovirus Vaccinations.
- A negative Fecal Exam must have been done within the past year.
- A negative Heartworm test must have been done within the past year if the dog is not on a continuous heartworm preventative medication. A negative Heartworm test must have

A PAWSITIVE TOUCH CAPSTONE PROGRAM PROPOSAL

been done within the past two years if the dog is on a continuous heartworm preventative medication (Therapy Dogs International, 2019, para. 1).

As part of the commitment to provide quality care to patients, the AAT program will: 1) ensure that the dog handler takes responsibility for the AAT intervention, and not pass off the responsibility to another individual in the clinic as a safeguard for all involved; 2) assess the dynamics of the AAT intervention to make sure the animal is not a distraction to the therapeutic process and does not hinder the patient in any way from meeting his or her goals; and 3) uphold the responsibility of the dog handler to manage the dynamics of the environment to provide the best possible outcomes AAT can offer. Monitoring the sensory stimulation, environmental distractions, potential hazards, and the effect on the dog's ability to work (e.g., noise level, activity among staff) is the responsibility of the dog handler (Pet Partners, 2018).

The clinician handling the dog will provide a positive, professional, and humane intervention for both the patient and the dog. If, at any time, the handler observes or detects stress signals or behaviors from the dog, the handler has the right to remove the dog from the treatment area and stop the intervention. Symptoms of stress may include, but are not limited to:

- Inattention/withdrawal from intervention
- Excessive panting, licking, biting self, or water drinking
- Frequent sniffing, yawning, or whining
- Pacing the floor
- Cowering or lowering of head
- Eye blinking/avoids eye contact
- Excessive stretching
- Flattened/lowering of ears
- Hiding behind dog handler
- Leaving treatment area
- Trembling/shaking
- Tucked tail (Winkle, 2013)

A PAWSITIVE TOUCH CAPSTONE PROGRAM PROPOSAL

Assessing the Outcomes of AAT

The proposed program will utilize assessment tools, completed by the therapist pre-intervention and post-intervention, to measure outcomes on the effectiveness of AAT to reduce depression, improve functional reaching and balance during activities of daily living (ADLs) and instrumental activities of daily living (IADLs), and the overall quality of life of clients within the program. The recommended assessment tools are the Geriatric Depression Scale (GDS), The Functional Reach Test (FRT)/Modified Functional Reach Test (MFRT), and the Occupational Self-Assessment (OSA) Tool (AbilityLab, 2019; Greenberg, 2019; MOHO Web, 2019).

Depression is common among older adults, and leads to emotional distress and decreased physical activity. The GDS is a 15-item scale that can be used with healthy or medically ill older adults with mild to moderate cognitive impairment (See Appendix E). The GDS is frequently used in acute care, long-term care, and community settings to assess the level of depressive symptoms. The validity of the GDS for diagnosing depression is good with a sensitivity of 92% and a specificity of 89% (Conradsson et al., 2012; Greenberg, 2019).

The OSA is a self-report form offering a list of 29 daily occupations, such as managing activities of daily living, finances, enjoying oneself in life, satisfaction, and feeling valued. The OSA provides the patients the opportunity to identify their ability to participate in occupations they find meaningful and important in their lives. Information is used to establish client-centered goals and to develop a treatment plan in occupational therapy. Animal-assisted interventions can be used to progress patients towards goals (MOHO Web, 2019; Nakamura-Thomas & Kyougoku, 2013). According to Murad et al. (2012), the OSA is a reliable instrument, and has

A PAWSITIVE TOUCH CAPSTONE PROGRAM PROPOSAL

excellent test-retest reliability (intra-class correlation coefficient [ICC] = .87) and internal consistency (Cronbach's $\alpha = 0.91$).

The FRT measures the maximum distance a person is able to reach beyond arm's length in a fixed position, without loss of balance (See Appendix F). The modified version of the FRT requires the patient to be seated while reaching beyond arm's length (AbilityLab, 2019). The ability to achieve the task of reaching past arm's length is necessary and important for daily activities such as dressing, transferring, and reaching for items in the refrigerator. Katz-Leur, Fisher, Neeb, Schwartz, & Carmeli (2009) found the results of using the MFRT on patients with post-acute stroke to have high reliability (ICC = 0.90 – 0.97), and a large effect size (Cohen $d = 0.80$) on the side with paresis and moderate effect size (Cohen $d = 0.60$) for the side without paresis. These assessment tools will be helpful to measure outcomes prior to the start of intervention and post intervention; the information will assess the effectiveness of animal-assisted intervention to improve occupational performance for transitional care patients.

Orientation to the Dog

The initial interaction with the dog will consist of a meet and greet between the patient and the dog. The occupational therapist serving as the dog handler will also be present, and introduce the patient to signals and commands the dog is familiar with during interactions. The patient may be required to use verbal commands, hand motions, or a combination of verbal and hand commands. The dog handler will provide dog commands that require verbal prompting if the patient is nonverbal or unable to communicate the commands. Dog commands to be used includes, but are not limited to, 1) Wanting the dog to sit. Hold an index finger held up (as to signal one), the verbal command "sit," or combination of the verbal command "sit" with index

A PAWSITIVE TOUCH CAPSTONE PROGRAM PROPOSAL

finger held up; 2) Wanting the dog to lie down. Pointing index finger down to the ground, verbal command “lie down,” or combination of verbal command “lie down” and pointing finger down to the ground; 3) Wanting the dog to stay. The patient and dog handler’s hand is held up (palms away from self and fingers extended upward) and verbal command “stay;” this command requires both verbal and the use of hand gestures; 4) Dropping a dog toy or object. The verbal command “drop it” will be given to the dog once the item is brought back to the patient or dog handler; 5) Leaving food alone on the floor or tabletop. The command “leave it” will be given to the dog to prevent licking or to eat food until permitted.

Animal-Assisted Therapy Interventions

The following are AAT modules (pp. 10-30) developed to address various deficits and those components limiting a patient’s ability to participate in daily occupations. These interventions can be modified to meet the needs and goals of individuals for improved functional outcomes.

A PAWSITIVE TOUCH CAPSTONE PROGRAM PROPOSAL



Module 1: Did You Say Treat?

Purpose and Rationale:

- Fine motor coordination
- Grip strength
- Eye/hand coordination
- Cognition
- Range of motion
- Communication skills
- Motor planning

Intervention:

Therapist provides the patient with jars and lids of varying sizes with treats located inside jars.

The patient will give the “sit” command to the dog while the treat is removed from the jar.

Patient is required to open the jars and take out a treat to feed to the dog. Patient may hold up the jars to see which jar the dog looks at/sniffs and uses that jar for offering a treat. The patient may set the treat on a cleaned area of the floor or give to the therapist to feed to the dog to avoid contact by hand with the dog’s mouth (Lind, 2009; Winkle, 2013).

Materials Needed:

- Plastic jars with lids (different sizes)
- treats (different sizes)

Occupational Performance Outcomes:

- Improve fine motor skills necessary for tasks such as buttoning, zippering, and picking up medications.

A PAWSITIVE TOUCH CAPSTONE PROGRAM PROPOSAL

- Increase strength to open food jars, lotions/creams, and turning door knobs (Friedmann et al., 2015).

Modifications:

Use wider mouth jars and larger treats for individuals with decreased coordination or arthritis; keep lids loose on the jar; use of adaptive equipment, such as jar openers or lid grips; or therapist can hold one end of the jar for patient to use two hands to open the lid, if necessary.

Precautions:

Make sure patient does not overfeed the dog; ensure containers do not scratch the patient; make sure the patient does not have allergies to the treats provided to the dog; use treats long enough that do not require patient to contact the dog's teeth, have the dog handler offer the treat to the dog, or have the patient lie the treat on the ground for the dog to pick up.

Location: Client room or therapy gym



Image 1. Dog waiting for treat from client, October 27, 2019. Courtesy of Melissa Gett.



Image 2. Dog taking treat from client, October 27, 2019. Courtesy of Melissa Gett.

A PAWSITIVE TOUCH CAPSTONE PROGRAM PROPOSAL



Module 2: A Pawsitive Pathway

Purpose and Rationale:

- Improve balance
- Motor planning
- Increase mobility
- Improve attention to task
- Range of motion
- Increase strength
- Upper extremity control
- Body awareness/directionality
- Eye-hand coordination

Intervention:

Patient starts task by holding the leash and walking the dog through a straight path of cones. If the patient demonstrates good safety with walking the dog, he/she can use the dog leash to navigate the dog around a cone maze; therapist walks beside the patient for safety and balance (Lind, 2009).

Materials Needed:

- Collar and leash
- cones

A PAWSITIVE TOUCH CAPSTONE PROGRAM PROPOSAL

Occupational Performance Outcomes:

- Improves dynamic balance for mobility around the home.
- Improves safety and balance during ADLs and IADLs.
- Improves safety during functional reaching and bending during daily tasks (Richards, Ogata, & Cheng, 2016).

Modifications:

Therapist can use contrast for low vision; step over the cones to make a greater challenge for the patient; therapist can navigate with the dog, while patient walks beside them if using assistive device; or navigate with a wheelchair.

Precautions:

Poor balance; dizziness; or make sure patient has enough strength and endurance to complete the task; make sure patient does not yank on the dog and has adequate slack in the leash.

Location:

Open gym or hallway with space and good lighting.



A PAWSITIVE TOUCH CAPSTONE PROGRAM PROPOSAL



Image 3: Therapist assisting woman walking a dog through cone path, November 10, 2019.
Courtesy of Carmen Gett.

Image 4: Therapist assisting woman walking a dog around cones, November 10, 2019.
Courtesy of Carmen Gett.

Module 3: Go Fetch

Purpose and Rationale:

- Upper extremity range of motion
- Strength
- Midline crossing
- Dynamic sitting/standing balance
- Eye-hand coordination
- Communication skills
- Attention to task
- Cognition/Memory

Intervention:

Patient uses the “sit” command with the dog, verbal or nonverbal, prior to starting the activity.

Patient then throws a ball or disc for the dog to fetch. Once the dog retrieves the item, the patient

A PAWSITIVE TOUCH CAPSTONE PROGRAM PROPOSAL

gives the “drop it” command to remove the toy from the dog’s mouth or lets the dog drop the toy on the floor (Lind, 2009; Winkle, 2013).

Materials Needed:

- Ball or disc (Dog toys specific for this task)

Occupational Performance Outcomes:

- Improves range of motion for ADLs, such as grooming, bathing, or dressing
- Improves range of motion for completion of IADLs, such as housekeeping, or reaching in cupboards for meal preparation
- Improves sitting or standing balance to complete daily tasks
- Communicate needs/wants
- Improves socialization with others (Olsen et al., 2016)

Modifications:

Roll the ball if patient has limited range of motion; set targets at varying distances for patient to reach with toy when throwing; work on memory and sequencing by having the patient verbalize commands used with the dog and identifying the steps of the task prior to initiating activity.

Precautions:

Assist patient with picking up toy from floor or out of dog’s mouth if needed; make sure other clients are not sitting in area toy is being thrown; therapist ensures dog does not jump up on patient; use toys that are specifically for dogs and do not use toys for other therapeutic activities; watch for fatigue in patient or dog.

Location:

A PAWSITIVE TOUCH CAPSTONE PROGRAM PROPOSAL



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Open area in gym or department hallway.



Image 5. Man throwing a disc for dog to fetch, October 28, 2019. Courtesy of Michaela Gett.



Image 6. Man throwing toy for dog to fetch, October 28, 2019. Courtesy of Michaela Gett.

Module 4: Pawsitively Cute in That Outfit

Purpose and Rationale:

- Improve fine motor coordination
- Spatial awareness
- Dressing skills
- Eye-hand coordination
- Social interaction
- Caring for another
- Decision-making skills
- Range of motion

A PAWSITIVE TOUCH CAPSTONE PROGRAM PROPOSAL

- Balance (seated/standing)
- Communication skills
- Bilateral motor coordination

Intervention:

Provide patient with different outfits for dressing the dog, including buttons, zippers, laces, pull-on clothes, or snaps. Patient can don clothes on the dog and fasten securely in place (Lind, 2009; Winkle, 2013).

Materials Needed:

Clothing for body and paws of the dog.

Occupational Performance Outcomes:

- Improve skills for fastening clothing
- Improve independence with dressing oneself
- Improve visual perception skills for donning clothes correctly on self
- Self-satisfaction for caring for others
- Improve cognitive skills to problem-solve for dressing and choosing clothing
- Positive emotional feelings (Olsen, et al., 2016)

Modifications:

Use Velcro if unable to fasten small items; use of adaptive equipment (button hook) if needed; or therapist can assist with dressing the dog if patient is unable (patient can still work on cognitive and social skills).

Precautions:

A PAWSITIVE TOUCH CAPSTONE PROGRAM PROPOSAL

ROCKY MOUNTAIN
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HEALTH PROFESSIONS

Ensure the patient does not pull on the dog's paws too hard when dressing; make sure the patient does not fasten fur or skin of the dog into clothing; watch patient's balance when engaged in the task; and assist the patient if frustration occurs if unable to find front/back of clothing.

Location: Therapy department or patient room.



ning, October

Image 8. Client donning socks onto dog's paws, October 27, 2019. Courtesy of Melissa Gett.

Module 5: Where Has My Little Dog Gone?

A PAWSITIVE TOUCH CAPSTONE PROGRAM PROPOSAL

Purpose and Rationale:

- Balance
- Mobility
- Visual scanning
- Problem-solving skills
- Attention to task and environment
- Motor planning
- Range of motion
- Strength
- Endurance
- Dynamic standing balance

Intervention:

Dog handler calls the dog into various rooms requiring the patient to navigate and find the dog. Another occupational therapist or occupational therapy assistant will stay with the patient for safety during functional mobility. Once patient reaches the dog, the patient can offer the dog a treat (dog handler will have treats available) (Lind, 2009; Winkle, 2013).

Materials Needed:

- Treats
- Dog collar
- Dog leash

Occupational Performance Outcomes:

- Improves endurance and strength to safely complete mobility and transfers in the home
- Improves endurance and balance for ADLs, such as bathing, dressing (Novotny, Deibner, & Hermann, 2015)

A PAWSITIVE TOUCH CAPSTONE PROGRAM PROPOSAL

Modifications:

Complete the task with or without an assistive device for mobility; can add boxes or items on the floor to navigate around to make the task more complex; or change lighting to simulate the environment for early morning/evening.

Precautions:

Make sure there is a safe place for the patient to sit if he/she becomes too fatigued; ensure patient has enough balance for the task; assess the patient for visual deficits; always keep another therapist with the patient for safety, while the handler stays with the dog to ensure the dog stays in the proper location.

Location:

Occupational therapy department (various rooms for navigating), patient room.



Image 9: Man looking for dog in another room, October 28, 2019. Courtesy of Melissa Gett

A PAWSITIVE TOUCH CAPSTONE PROGRAM PROPOSAL



Module 6: Feed Me Fido

Purpose and Rationale:

- Fine motor coordination
- Improve use of feeding utensils
- Eye-hand coordination
- Range of motion
- Endurance
- Strength
- Socialization
- Communication
- Problem solving
- Bilateral motor coordination
- Midline crossing
- Sequencing

Intervention:

The patient can complete a full meal-planning event for the dog. The therapist will provide instruction to the patient to use either dry dog food or canned dog food. Dry dog food: The dry dog food will be in a plastic bin with a lid. After removing the lid off of the container, the patient will be required to gather a measuring cup and scoop out the appropriate volume of food into the dog bowl according to directions provided by the therapist. Canned dog food: The patient will gather the canned food out of the cupboard or off the countertop. The patient will

A PAWSITIVE TOUCH CAPSTONE PROGRAM PROPOSAL

open the container using the tab on top of the can with his/her hand or a can opener. The therapist will provide directions to the patient regarding the amount of dog food to be removed from the can with a spoon, requiring the patient to measure food correctly and place it in the dog bowl. The patient will then feed the dog dry or canned dog food off of a large, plastic mixing spoon (Lind, 2009).

Materials Needed:

- Dog food (dry or canned)
- Dog dish/bowl
- Large plastic spoon
- Measuring cup

Occupational Performance Outcomes:

- Improve independence with self-feeding skills
- Ability to manipulate eating utensils and the hold bowl/dish
- Self-fulfillment and caring for others
- Meal planning
- Work on orientation to time (discuss meal times, time of day to feed animals or oneself)

(Friedmann, 2019).

Modifications:

Adapted silverware; hand over hand assist to feed the dog; use larger pieces of food for hand feeding (finger foods); modify height of items for patients with decreased range of motion or limited mobility; if patient is not comfortable using utensils to feed the dog, patient can give

A PAWSITIVE TOUCH CAPSTONE PROGRAM PROPOSAL

instructions to work on communication, socialization, and cognitive processing to guide therapist through the task.

Precautions:

Patient does not eat the dog food; difficulty with use of utensils; allergies to food; stress noted in the dog if the patient is having difficulty getting food to the dog's mouth; or dog not showing interest in eating during that time.

Location:

Patient room or open gym area in occupational therapy



Image 10: Dog eating off of a spoon, October 27, 2019. Courtesy of Melissa Gett.



A PAWSITIVE TOUCH CAPSTONE PROGRAM PROPOSAL



Image 11: Dog getting fed with a spoon,
October 27, 2019. Courtesy of Melissa Gett.

Module 7: Pawsitively Pampered

Purpose and Rationale:

- Increase range of motion
- Improve fine motor skills
- Socialization
- Endurance
- Strength
- Dynamic sitting balance
- Weight shifting
- Motor planning skills

Intervention:

A PAWSITIVE TOUCH CAPSTONE PROGRAM PROPOSAL

Provide patient with grooming accessories for the dog. With dog seated or standing beside patient, have the patient groom the dog. Encourage patient to reach from head to toe to work through as much range of motion as possible (Lind, 2009).

Materials Needed:

- Dog brush
- Dog wipes

Occupational Performance Outcomes:

- Improves ability to complete dynamic seated and standing tasks, such as dressing, bathing, meal preparation, or laundry
- Provides a bonding experience and self-satisfaction for care for others
- Increases range of motion for reaching during daily activities
- Improves weight shifting for transfers and turning while standing (Friedmann, 2019; Swall, Ebbeskog, Lundh Hagelin, & Fagerberg, 2017).

Modifications:

Can place the dog to one side of the patient for midline crossing; place accessories on the dog at various places and provide verbal cues for patient to reach to work on range of motion; use assorted grooming tools of various sizes to work on different grasps; dog can be on a table, waist height, or on the floor to work on reaching in various planes and for trunk control; or use long handled grooming tools for decreased range of motion.

Precautions:

A PAWSITIVE TOUCH CAPSTONE PROGRAM PROPOSAL



Ensure dog hair does not get pulled or tangled during the task (may cause dog to be uncomfortable); care should be

taken that the dog's hair is brushed from head to tail (comfort of dog); or be cautious of the patient's limitations with balance or range of motion, which may cause him or her to compromise safety.

Location:

Therapy gym, patient room.



Image 13: Grooming the dog on table, October 27, 2019. Courtesy of Melissa Gett.

floor,
sa Gett.

Module 8: Hydration Station

Purpose and Rationale:

- Improve pinch and grip strength
- Eye-hand coordination

A PAWSITIVE TOUCH CAPSTONE PROGRAM PROPOSAL

- Attention to task
- Motor planning
- Cognitive processing with multi-step directions

Intervention:

Provide the dog with a drink by having the client use a water bottle, baster, or syringe to squirt water into a dog bowl. Patient carefully obtains water from the sink or bowl using bottle or syringe and offers water to the dog by squeezing or pinching the water into the dog's water bowl. Patient will be given directions on steps to complete the task to work on following multi-step directions (Lind, 2009; Winkle, 2013).

Materials Needed:

- Sport water bottle
- Water
- Bowl
- Syringe or baster

Occupational Performance Outcomes:

- Improve pinch and grip strength necessary to use items for grooming (e.g., toothpaste, shampoo, body wash) and condiments for eating (e.g., ketchup bottle, mayonnaise packets)
- Be able to complete daily activities with multi-step directions
- Improve coordination and accuracy during activities of daily living (Friedmann et al., 2019; Swall et al., 2017)

Modifications:

A PAWSITIVE TOUCH CAPSTONE PROGRAM PROPOSAL

Use different sized bottles; provide one-step directions and progress as tolerated; use visual cue cards for directions; or use small containers to pour water if unable to squeeze/pinch; patient may be seated in a chair for this task or standing to work on standing balance.

Precautions:

Assist patient if necessary to avoid water hitting the dog's eyes; or may have to assist the patient with giving the water if he/she has poor coordination.

Location:

Therapy gym or patient room.



Image 14: Dog drinking from bowl, October 27, 2019. Courtesy of Melissa Gett.

A PAWSITIVE TOUCH CAPSTONE PROGRAM PROPOSAL



Module 9: Canine Cards

Purpose and Rationale:

- Socialization
- Cognitive processing
- Fine motor
- Visual scanning
- Range of motion
- Midline crossing
- Postural control
- Dynamic sitting balance

Intervention:

Dog sits with a coat containing clear pouches that hold playing cards. Patient's cards are placed on the dog's coat to hold each card visibly for the patient. Dog sits beside the patient, and patient pulls out the card he wants to use from the dog's coat to play a card game. Therapist or another patient can play cards with the patient (Lind, 2009; Winkle, 2013).

Materials Needed:

- Dog coat with clear slots on back
- Deck of cards

Occupational Performance Outcomes:

- Encourages socialization skills
- Reduce isolation in environment

A PAWSITIVE TOUCH CAPSTONE PROGRAM PROPOSAL

- Reduces anxiety and depression through engagement with others in a leisure task
- Improves fine motor skills for picking up items required for activities of daily living
- Improves oculomotor control for scanning smaller items in the environment
- Improves dynamic sitting balance required for tasks such as grooming, dressing, and bathing (Berry et al., 2012)

Modifications:

Large cards and slots for decreased fine motor skills or visual deficits; dog can just be seated by patient as a companion if unable to reach for the cards; can use an alternate game according to the patient's preference; or therapist can assist the patient by handing the cards from the dog's pouch.

Precautions:

Assess for visual deficits that may increase frustration; may need to change height of the dog if the patient has poor sitting balance or range of motion; or watch for dog to become overheated with use of jacket.

Location:

Therapy gym, patient's room.



A PAWSITIVE TOUCH CAPSTONE PROGRAM PROPOSAL



Image 15: Dog assisting client playing cards, October 28, 2019. Courtesy of Melissa Gett.

Module 10: Roll Over Rover

Purpose and Rationale:

- Improve bed mobility and transfers
- Segmentation of body
- Neuromuscular input
- Trunk strength
- Upper and lower extremity strength
- Cognitive processing

Intervention:

Improve bed mobility and transfers from supine to sit and sit to supine by having the patient imitate the dog. Dog will sit on a clinic mat table (used to simulate a bed) and be given commands to lie down, roll over, and sit up. Patient will lie down on the bed beside the dog, roll over after the dog rolls over, and sit up at the edge of the bed after the dog is given commands to sit up. The imitation of the dog will provide motivation and support (Lind, 2009; Winkle, 2013).

Materials Needed:

A PAWSITIVE TOUCH CAPSTONE PROGRAM PROPOSAL

- Clinic mat table
- Mat for dog

Occupational Performance Outcomes:

- Improve independence with bed mobility and transfers
- Strength from this task will also translate to other functional transfers in the home to surfaces such as the toilet, shower/tub seat, sofa, or car by improving strength and agility (Shurtleff, Standeven, & Engsberg, 2009).

Modifications:

Leg lifters, bed rails, or wedges can be added to assist patient; or dog can complete commands on floor if large clinic mat is not available or if the patient is not comfortable with the dog lying beside him or her.

Precautions:

Poor strength or trunk control; limited use of extremities due to contractures, fractures, or other injuries; patient unable to lie flat due to dizziness, blood pressure issues, or respiratory issues; watch patient does not roll on dog or try to hold dog down on mat.

Location:

Clinic mat table in therapy gym, or patient's room with dog on the floor.

A PAWSITIVE TOUCH CAPSTONE PROGRAM PROPOSAL



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