PetMassage™ Training and Research Institute, Inc.
3347 McGregor Lane
Toledo, OH 43623

Title of Project PM R1:

A study of the effects of PetMassage™ therapy on the quality of movement and stress levels in post surgery dogs.

Primary Investigator:

Jonathan Rudinger, RN, LMT, CAL

Purpose:

Examine the subjective effects of ease of movement, level of comfort, rate of rehabilitation and quantifiable differences in levels of stress in dogs using specific types of therapeutic PetMassage™ techniques, as assessed by dogs' owners and investigator.

Procedure:

All PetMassage™ therapy will be administered to dogs by the owner/handler. Owner/handlers will be instructed how, why, when and with how much pressure to apply specific massage therapy protocols by trained PetMassage™ staff.

Dogs will be randomly divided into two (2) equal groups:

1. Dogs receiving dry massage from owner (first part) and dogs observed interacting with owners in similar conditions (control group)
2. Dogs receiving massage from owners in hydrotherapy pool (first part) and dogs observed in hydrotherapy pool without using massage sequence (control group)

Each dog and owner will participate in one of two groups in random order. Each participant will be in his/her group for two and one-half weeks and participate twice a week. Each will participate in the first segment of the group; has one- (1) week off, then two and one-half (2 1/2) weeks in the control group.

Participants:

This study will involve a minimum of forty (40) dogs and their owner/handlers. Each dog will have recent surgery by a licensed veterinarian. Each dog will exhibit behaviors normal to the recuperative period after surgery. Such behaviors are post-surgical muscle atrophy, discomfort, reduced movement, joint stiffness, crepitation, and reduced range of joint motion. Two common elements in all these symptoms are pain and stress.

Assessment:

Dogs are observed and assessed one (1) week prior to the beginning of the program, at the beginning and end of each session, and two (2) months after the study. Salivary Cortisol samples may be taken from dogs on the first (1st) day and last day of the therapeutic part of the study and 2 months after.

Pain is uniquely subjective and is handled and endured by each individual with different degrees of stoicism. It can only be quantified by the direct observation of a close family member (owner) who has also been trained in the study's assessment techniques. At the beginning and conclusion of each session, each dog will be rated for signs of discomfort and quality of movement. A non-family observer as an additional control will also randomly assess dogs.

Records will be maintained of any alterations in psychosocial behaviors, appetite, bowel habits, sleep patterns, and food supplements and medications that might influence behavior.

Stress, as measured by stress hormone, Cortisol, levels in the saliva, blood and/or urine may be assessed on the first and last day and again two (2) months after the conclusion of the clinical part of the study.

Any changes in medication that would affect the dog's responsiveness to the study will be documented as part of the study.

Risks:

No risk is anticipated from massage therapy treatment or from participating in this study.

Compensation for injury:

If injury does occur, treatment will be available in most cases. If you have insurance, your insurance company may or may not pay for these costs. If you do not have insurance, you will be expected to pay. Funds to compensate for pain, expenses, and other damage are not routinely available.

Costs:

All laboratory procedures related to the study are being provided at no cost. The fees charged are for lessons to learn PetMassage$_{TM}$ theory, techniques and practice.

Benefits:

There will be direct benefits to the participant of the study. The human participants will learn PetMassage$_{TM}$ skills that they will be able continue to use with all of their pets. These will include both assessment and massage therapy skills. Each canine participant will have the benefit of five (5) dry therapeutic massage sessions or five (5) hydrotherapy sessions, as well as ten (10) physical assessments, in which they will enjoy their owner's undivided attention.

Alternative:

You and your dog have the alternative not to participate in this study.

Confidentiality:

Names will not be used in the reporting of information in any publication. The results of this study will be reported in group results to protect the identity of you and your dog. Your records may be reviewed for audit purposes by authorized agents who will be bound by the same provisions of confidentiality.

Participation is Voluntary:

Your participation in this study is voluntary. At any time you may choose to have your dog stop participating in this study and/or you may refuse to answer any questions. If you withdraw from the study, it will be kept confidential.

Questions:

If you have any questions pertaining to this study, please contact Jonathan Rudinger at 800-779-1001 or office/fax number 419-475-3539.

Waiver:

The owner/handler states that (1) he/she understands that PetMassage$_{TM}$ is not affiliated with any veterinary agency and cannot lawfully diagnose or prescribe medications. The mission of PetMassage$_{TM}$ is to teach to owner/handlers the techniques and theories of PetMassage$_{TM}$ and to develop research projects

aimed at discovering the effects of animal massage practices. (2) The owner/handler is not on any medications and has not been diagnosed with any physical disorders such as issues with cardiac, blood pressure or orthopedic which may be affected by lifting their dog or working in a heated hydrotherapy pool. (Initial) _____

Consent:

I agree to participate with my dog in this research study. I will receive a copy of this consent form.

_____ _____
Owner/handler's Name Signature of Owner/handler

_____ _____
Witness Name Signature of Witness

_____ _____
Name of Person Obtaining Consent Signature of Person Obtaining Consent

_____ _____ _____
Dog's Name Dog's Age Breed

_____
Diagnosis

_____ _____
Veterinarian's Name Veterinarian's Phone