

NBCAAM Canine Massage Study Guide

The purpose of this study guide is to provide some guidance as to which areas need to be studied prior to sitting for the National Exam in Canine Massage. We encourage you to begin your studies by referring to the class curriculum from the school where you received your certification. At the end of this study guide we offer some additional resources that you may want to consider for more information.

I. Anatomy and Physiology

A. Systems biology – be able to understand how the following systems work and the physiological benefits of massage therapy:

1. Muscular System
 - Relieves muscular tension
 - Reduces soreness and fatigue
 - Reduces trigger point formation
 - Manually separates muscle fibers
 - Improves performance (balance and posture)
 - Increases range of motion
 - Tones weak muscles
 - Improves muscular nutrition
2. Skeletal System
 - Increases mineral retention
 - Promotes fracture healing
3. Digestive System
 - Promotes evacuation of the colon
 - Relieves intestinal gas
 - Stimulates digestion
4. Nervous System
 - Promotes relaxation
 - Decreases pain
 - relieves local and referred pain caused by hypersensitive trigger points
 - stimulates the release of endorphins
 - pressure of a massage interferes with pain information entering the spinal cord by stimulating pressure receptors
 - interrupts the pain cycle by relieving muscular spasms, increasing circulation, and promoting rapid disposal of waste products
 - Activates sensory receptors

5. Cardiovascular System

- Dilates blood vessels
- Improves blood circulation
- Stimulates release of acetylcholine and histamine for sustained vasodilation
- Replenishes nutritive materials
- Reduces ischemia
- Decreases blood pressure and reduces heart rate

6. Integumentary

- Increases skin temperature
- Improves skin condition
- Reduces superficial keloid formation (scarring)

7. Respiratory System

- Reduces respiration rate
- Strengthens the respiratory muscles
- Decrease of asthma attacks
- Increases fluid discharge from the lungs
- Improves pulmonary functions
 - *Increase* in the total amount of air that can be forcibly inspired and expired from the lungs in one breath

8. Urinary System

- Increases urine output
- Promotes the excretion of metabolic wastes

9. Endocrine System

- Increases dopamine and serotonin levels. Linked to decreased stress levels and reduced depression.
- Reduces cortisol level. Reduces cortisol level by activating the relaxation response. Elevated levels of cortisol not only represent heightened stress but also inhibited immune function.
- Reduces norepinephrine level. Reduces norepinephrine, which is linked to the relaxation response.

10. Lymphatic System

- Promotes lymph circulation
- Increases lymphocyte count
- Increases the number and function (or cytotoxicity) of natural killer cells

B. External anatomy – know the surface features of the dog as well as bony landmarks.

1. **External Points:** pinna, occiput, crown, stop, foreface, nose, muzzle, lips, flew, jaw, throatlatch, crest, neck, withers, shoulder, point of

shoulder, chest, arm (brachii), elbow, forearm, carpus, metacarpus, digits (1-5), thorax, abdomen (belly), flank, back, loin, croup, point of hip, tailhead (set of tail), buttock, point of buttock, thigh, stifle, leg, tarsus (hock), metatarsus.

C. Skeletal structure and function – know the different parts of the skeletal structure as well as the function and physiology of bone

1. **Axial skeleton:** skull, mandible, hyoid apparatus, cervical vertebrae, thoracic vertebrae, lumbar vertebrae, sacral vertebrae, coccygeal (caudal) vertebrae, ribs, costal cartilage, sternum.
2. **Appendicular skeleton – Forelimb:** scapula, humerus, radius, ulna, carpal bones (7), metacarpal bones (4 or 5), proximal phalanges (4 or 5), middle phalanges (4 or 5), distal phalanges (4).
3. **Appendicular skeleton – Hindlimb:** ilium, pubis, ischium (these first three fused to form one side of the pelvis – os coxae), femur, patella, tibia, fibula, tarsal bones (7), metatarsal bones (4 or 5), proximal phalanges (4 or 5), middle phalanges (4 or 5), distal phalanges (4).
4. **Function of the skeleton**
 - a. structural frame for the body
 - b. lever system for moving the muscles
 - c. protects internal organs
 - d. stores minerals, particularly calcium
 - e. production site for blood cells within the marrow

D. Muscular structure and function

1. **Muscle function** – movement, produces heat, helps with posture and joint stability, transports fluids such as blood, lymph, water, etc. transports nutrients.
2. **Muscle characteristics** – excitability (muscles contraction is caused by the nervous system), contractibility (muscles can shorten), extensibility (muscles can lengthen upon relaxation), and elasticity (healthy muscle has the ability to stretch to 1 ½ times its resting length).
3. **Types of muscle tissue** – cardiac (makes up the heart; involuntary), smooth (found in walls of arteries, gastrointestinal tract, bladder, male and female reproductive tracts, respiratory tract; involuntary) and skeletal (causes skeletal movement; voluntary).

4. **Muscle anatomy** – muscle belly, muscle fascicles, fascial membranes (perimysium, endomysium), muscle fibers (myofibers), tendinous attachments (origin/insertion, proximal/distal attachments), muscle spindle fibers, Golgi tendon organs.
5. **Terminology** - agonist, antagonist, fixator, synergist, eccentric and concentric contraction, isotonic and isometric contraction.
6. **Muscle Kinesiology** - actions of the muscles.
7. **Specific Muscles** – know the major muscles and their origins and insertions (proximal and distal attachments).

E. Connective tissue structure and function

1. Components
 - Matrix - cells, fibers and ground substance
 - Fiber types - collagen, elastic and reticular
2. Cartilage
 - Hyaline, elastic and fibrous
3. Properties of fascia
 - Thixotropic
 - Piezoelectric

F. Neurological structure and function

1. Sensory - afferent
2. Integrative - brain
3. Motor - efferent
4. CNS (Central Nervous System)
 - Brain and spinal cord
5. PNS (Peripheral Nervous System)
 - SNS (Somatic Nervous System)
 - ANS (Autonomic Nervous System)
 1. Sympathetic (SNS) - stress related, fight or flight
 2. Parasympathetic (PNS) - rest and digest
6. Neurons - structure and function
 - Axons
 - Dendrites
 - Schwann cells - myelination
 - Synapse and synaptic cleft/space
7. Meninges, CSF (cerebral spinal fluid)
8. Parts of the brain
9. Cranial nerves and spinal nerves
10. Types of receptors

G. Sample questions: see main webpage for samples

II. Massage Theory and Application

A. History of Massage

Brief History of Massage

Massage therapists take pride in the historical background of their profession. Massage is the oldest form of healing known to man.

The first known documentation of massage was in 2700 B.C. by the Chinese. The first *detailed* records of massage, preserved by the British Museum, date back to the year 300 B.C. and contain descriptions of movements that are identical to those practiced at the present time. There is mention of massage in the early writings of the Greeks, Romans, Egyptians, and Turks, as well as the Persians, all having practiced a primitive form of massage.

Hippocrates, the “Father of Modern Medicine”, learned massage from Herodicus in 1800 B.C.

Records of application of massage by the Japanese, dating back to 1000 B.C. are still in existence; indeed massage is recognized in Japan today as one of the foremost forms of healing.

Swedish Massage

The massage that we recognize today known as Swedish massage was first devised by Per Henrik Ling of Sweden. The first institution for the scientific study and application of massage was established in Stockholm in 1813.

Massage in the United States

Massage was first used in this country by Dr. Weir Mitchell of Philadelphia in 1877. Sr. A. Lovett of Boston used massage to assist in relieving the results of paralysis after the polio epidemic of 1916.

Although massage has been used in the US since the 1800’s, it was not until the world wars that its true beneficial effects were recognized. Beginning with WWI, many hospitals started to use massage for various injuries. Finally, after WWII, it became recognized to the point where practically all hospitals today use massage in their Physical Therapy departments.

In 1937, Gertrude Beard, a physiotherapist at Northwestern University, had a profound influence on massage techniques in America. The history of massage is interesting and vital. In 1943 the American Massage Therapy Association (AMTA) is formed in Chicago, IL and is still going today.

Jack Meagher, a Physical Therapist and Massage Therapist who popularized the art of Sports Massage in the US, started working with horses in 1975. Jack is credited with formally bringing massage to the animal world in the US. There is no known record of who brought massage to the world of dogs, however, it is here to stay.

B. Physiological Effects of Massage

1. Increases circulation of blood and other body fluids
2. Releases endorphins (natural pain killers)
3. Increases the excretion of toxins
4. Relaxes muscle spasms/relieves tension
5. Alleviates stiffness and restores mobility to injured tissues
6. Prevents injuries and loss of mobility in potential trouble spots
7. Increases range of motion
8. Enhances muscle tone
9. Increases flow of nutrients to muscles
10. Reduces inflammation and swelling
11. Lowers blood pressure
12. Improves animal's disposition
13. Increases athletic performance
14. Increases endurance
15. Maintains/enhances overall physical condition

C. Massage techniques

1. **Compression** The desired effect is to spread the muscle fibers and increase circulation.
2. **Direct Pressure** is a form of compression that involves the use of your thumbs, finger pads, or elbows. The desired effect is to relieve hypertonia and increase circulation to a specific point (such as a trigger point or stress point).
3. **Effleurage** is a gliding stroke. The desired effect is to prepare tight muscles for deeper work, relieve fatigue, and soothe and sedate when used as a finishing stroke. Effleurage is used to release fascial restrictions. Palpation stroke.
4. **Petrissage** strokes are where the skin and muscles are raised from their ordinary position then squeezed, rolled or pinched with firm pressure usually in a semi-circular direction. Terms such as kneading, rolling, pressing, squeezing, twisting and picking-up, wringing, skin rolling apply to petrissage. The desired effect is freeing adhesions,

stimulating nerve endings, removing accumulation of fluids and waste, releases spasms and improves circulation.

5. **Friction** is a stroke that is meant to affect the deeper layers of tissue. Friction techniques work by compressing tissue against bone and/or creating heat. Friction helps stretch the fibers and release any tension held in the muscle, tendon or ligament. Friction can be applied across tissue fibers, with tissue fibers, or in a semi-circular fashion. Friction is done without sliding on the skin. The desired effect is freeing adhesions, breaking up deposits of waste, and stimulating tendons and ligaments, aligning collagen fibers.
6. **Tapotement or percussion** is executed with cupped hands, fingers or the edge of the hand with short, alternating taps. The desired effect is to relieve muscle atrophy by increasing contraction of muscle and to temporarily decrease nerve sensation so deeper techniques can be applied to an area. Variations are called tapping, cupping, hacking or slapping.
7. **Vibration Movement** is good for use with deeper muscles and joints. The desired effect is to loosen tissue and joints.

D. Pre and Post Event Massage techniques

Pre Event Massage – used to enhance the dog’s warm up. Goal is to fill the muscles with well oxygenated, nutrient filled blood.

1. Looking to stimulate circulation, nerves, muscle activity using rapid strokes
2. Strokes to consider: tapotement, effleurage, petrissage, compression. Avoid deep friction.
3. Stretching after proper warm up

Post Event Massage – used to reduce trauma that has occurred during event. Objective is to flush the fluid buildup that can accumulate during heavy muscle activity, speed recovery and thus reduce the risk of future injury.

1. Looking to soothe, help with recovery, move fluids, eliminate waste, calm nervous system, and stimulate the lymphatic system
2. Strokes to consider: passive touch, effleurage, compression, avoid deep friction
3. Gentle stretching

E. Proper Stretching techniques

Stretching reduces muscle tension, preventing muscle pulls and ligament injuries.

1. Make sure muscles are warm before stretching – the ideal time is after a warm-up workout or after massage.
2. Stretch extremities slowly to full range of motion, being careful to not overstretch

3. Target one joint at a time – holding one hand above the joint to stabilize, one hand below to move the joint through its comfortable and available range of motion
4. Stretch safely – release stretches gently, guiding legs all the way back to the ground

F. Documentation/Record Keeping

It's important to maintain good records of treatments. It helps with future massages (for reference and comparison). It helps with discussion of problems with vets and other health professionals. It also shows professionalism to clients.

The record of each massage session should include:

1. Dates of each treatment
2. Info on dog
3. Owner info
4. Location information
5. History and Background info on dog
6. Personality traits of dog
7. Medications/supplements used
8. Current training/disciplines
9. Major complaint info
10. Space to note areas treated and findings
11. Recommendations Post Massage/General Comments

Record maintenance - owner/animal information is confidential

1. Information cannot be shared without owner consent
2. Records should be properly maintained

SOAP notes - Commonly used charting method

1. **Subjective** information - Subjective information is the information given to you by the client.
2. **Objective** information - Objective information is a report of what you observed and what you found during your treatment. This can include gait and postural analysis, as well as reactions to palpations and strokes, atrophy, and muscle tension.
3. **Assessment** information - Assessment information is what you did and how the dog/tissue responded. You can use information about the techniques/strokes that worked best or the dog responded to best. You can also include another postural or gait analysis - how did the dog move/stand after the session.
4. **Plan** is your suggestions for what would benefit the dog based on today's session. Include recommendations for veterinary/chiropractic follow up, homework for owner, and next appointment schedule.

III. Massage Assessment Techniques

A. Palpation – how to palpate, purpose of palpation

B. Gait Analysis - how to perform a gait analysis

1. Observing the motion of the dog's head, assessing movement to accentuate lameness, stance phase, swing phase,
2. Beats of gaits (walk, trot, pace, canter, gallop).
3. Moving in straight line, moving on a circle

C. Conformation Analysis

1. Standing square on level surface
2. Compare left to right

D. Observation

1. Dog in its natural environment

IV. Pathology

Pathology is the study of disease. The term pathogen comes from the Greek word “pathos” meaning disease. An organism capable of producing disease in an animal is referred to as a **pathogen**. **Pathological** is a term used for a diseased condition. An understanding of **pathological conditions** is necessary in order for a massage practitioner to be able to make accurate decisions regarding an appropriate massage plan.

A. Recognition of Disease Patterns/ Clinical Signs

Basic understanding of common diseases, conditions and how pathogens are transmitted.

1. **Zoonoses** are pathogenic conditions that may be transmitted between animals and other species, including humans.
2. **Pathogens** are microorganisms such as viruses, bacteria, protozoa and fungi that cause disease in humans and other species.
3. Pathogen transmission is grouped into two general types of contact, **direct** and **indirect**, within there are several mechanisms.

Example: Direct Transmission: Directly transmitted agents generally don't have to survive in the environment for successful transmission to occur. Direct transmission occurs from dog to dog contact.

Indirect Transmission: Airborne (ex. coughing), Vehicle (Fomite - ex. – food/water bowls, brushes, toys, or Human - ex. - hands, clothes, boots) Transmission and Vector Transmission (mechanical and biological - ex. ticks, biting insects, birds).

- **Communicable diseases** and contraindications and preventions are in necessary the massage industry
- **How to prevent the spread of zoonotic diseases**

Example: Washing your hands between massage sessions is an important measure in preventing the spread of zoonotic agents. Other methods may include - changing clothes, cleaning/disinfecting the bottoms of shoes, boots.

- **Pathogen transmission** and the routes by which an infectious agent exits its host, such as by feces, urine, saliva, expired air, blood, semen or urogenital secretions.
- **Pathogens and Transmission Routes**

Examples: Direct Contact/Indirect Contact: Rabies is a viral disease that can be spread by direct or indirect contact. Direct – bite, scratch. Indirect – blood, saliva, other bodily fluids.

Feco-Oral route: Giardia (there is some controversy whether it is zoonotic) is a protozoan parasite that lives in the intestine of affected animals is characterized by intestinal problems and diarrhea it is feco-orally spread between animals by feces that contaminates water.

- **Systemic pathogens** Some pathogenic organisms use the cells that line the digestive tract in order to gain entry to the bloodstream. From there, an infection can become systemic.

B. Specific Conditions

1. Massage therapy is contraindicated in pathogenic conditions involving fever and systemic infection.

- **Inflammatory Response** The **introduction of a pathogen** into a living system will generally launch an inflammatory response.

Example: The following are all signs of the Inflammatory Response - broad and encompassing . Once phagocytosis happens: (CRTD)

- **Calor** (warmth) - heat destroys many bacteria; heat given off by increased flow of blood.
- **Rubor** (redness) - RBC leaking into blood tissues; increased circulation and vasodilation of injured tissues.
- **Dolor** (pain) - exert pressure against pain receptors (nerve endings)
- **Tumor** (swelling) - excess accumulation of fluids
- **How the Body Defends Against Pathogens**
The lymphatic system-
 - The parts; cells, tissue, vessels, and fluid;

- The types of cells; lymphocytes, macrophages, antibodies (b-cells, t-cells)
- The types of tissues; nodes, spleen, tonsils, thymus.

C. Contraindications

Recognize situations that are contraindications to massage. Do not massage if:

1. Dog is in shock – shock lowers blood pressure; massage lowers even more
2. Dog has fever – fever is body's way to fight infection; massage could elevate fever.
3. Dog has cancer – get approval from veterinarian first
4. Dog has open wounds – do not massage these areas
5. Dog has torn muscles, tendon, ligaments –can massage only after veterinary approval due to increased risk of inducing bleeding
6. Dog has skin problems like ringworm – massage could cause it to spread
8. Acute stages of diseases (ie: lyme, distemper)
9. Dog has had recent surgery - can massage only after veterinary approval due to increased risk of inducing bleeding

D. Considerations

1. NSAIDS - Non-Steroidal Anti-Inflammatory Drugs
 - NSAIDS are used for pain management and to decrease inflammation, they can also interfere with blood clotting. If the dog is medicated it may have decreased sensation and reaction to pain. Too much pressure may cause bruising or bleeding in the tissues.
2. Steroids
 - May be used for a wide variety of reasons. Have immune suppressive properties and anti-inflammatory properties. Medical advisement is indicated depending on underlying condition and duration of use. Long term use may cause weakening of bone and cartilage.
3. Muscle Relaxants
 - Given for relief of spasms and may alter muscle tone, pain levels. Be cautious with pressure.

V. Kinesiology/Biomechanics

The study of the principles of biomechanics (the branch of physiology that studies the mechanics and anatomy in **relation to movement**) as it relates to health and disease. Biomechanics is a core part of kinesiology. Kinesiology is the study of the anatomical and mechanical basis of movement. This includes the study of anatomy, muscle physiology, and mechanics in an effort to arrive at a more complete picture of movement.

A kinesiological approach applies scientific and evidence based mechanical principles to movement and is not to be confused with Applied Kinesiology which is an alternative medicine technique.

A. Directional terms:

1. Dorsal – towards the back (dorsum)
2. Ventral - towards the belly (venter)
3. Cranial – towards the head (cranium – skull case)
4. Caudal – towards the tail (cauda)
5. Rostral – closer to the nose (rostrum)
6. Proximal – on the limb, closer to the body
7. Distal – on the limb, further from the body
8. Deep – toward the inside or center of the body
9. Superficial – toward the surface of the body
10. Medial – toward the midline of the body
11. Lateral – away from the midline of the body

B. Joint Movements

1. Flexion
2. Extension
3. Abduction
4. Adduction
5. Lateral Rotation
6. Medial Rotation
7. Lateral flexion (side bending)

C. Joint Types

1. Types of Joints
 - a. Fibrous – sutures, syndesmosis
 - b. Cartilaginous – symphysis, intervertebral discs
 - c. Synovial

2. Structures associated with synovial joints
 - a. Articular/hyaline cartilage
 - b. Synovial Membrane
 - c. Synovial fluid - hyaluronic acid
 - d. Joint Capsule
 - e. Ligaments

2. Categories of Synovial Joints:
 - a. Hinge joint
 - b. Gliding joint
 - c. Ball and socket joint
 - d. Pivot joint

D. Definition of Gaits

Symmetrical – each side of the body is mirroring the action.

Assymetrical - each side of the body has different actions.

Symmetrical Gaits

1. Walk – four beat gait
2. Trot – two beat diagonal gait
3. Pace - two beat lateral gait

Assymetrical Gaits

3. Canter – three beat gait
4. Gallop – four beat gait

E. Gait Analysis

1. Watching for rhythm, impulsion, balance, stride length, tracking, interference
2. Moving on a straight line
3. Moving in a circle

F. Postural Analysis

1. Observations from side, front and rear
2. Comparing left to right

VI. Behavior, Handling and Safety

A. Pre-massage

1. Approach the dog in a respectful manner and with good intentions – let him check you out to gain trust and acceptance
2. Make sure location of massage is safe for both you and the dog (reduce distractions, always keep one hand on the dog at all times)
3. Observe animal's movements – watch him walk and turn
4. Get info from owner/trainer about dog's history and current condition
5. Notice condition of dog's skin and hair
6. Start slowly with overall hands-on evaluation, using light pressure
7. Observe any reactions to your touch
8. Note changes in texture and temperature of tissue

Post-Massage:

1. Conclude massage with a soothing effect
2. Allow the dog to walk, urinate, defecate or drink as needed
3. Make any notations on record document and discuss with trainer/owner

B. Species Behavior (Predator Animals and Social Structure)

1. Evolution
2. Breeds – breed characteristics
3. Predators
4. Social animals - pack dynamics
5. Communicate with body language
 - Signs of alertness
 - Signs of threats
 - Signs of relaxation, enjoyment

C. Proper Handling

1. Approach based on above
2. Considerations of where to work
 - On the floor
 - On a table
 - Make sure dog is secure
 - Make sure dog doesn't jump/fall
3. Considerations: eye contact, appropriate restraint technique, avoid front-on approach; be familiar with behavior characteristics

D. Body Mechanics / Personal Safety

1. Coming from your center
2. Proper and appropriate pressure
3. Body position is not threatening

E. Emergency First Aid for Animals

1. Ensure your own safety
2. Procedures for wounds, bleeding, broken bones, other emergencies
3. Emergency bandaging
4. When to call the veterinarian

VII. Professional Practice and Ethics

A. Scope of Practice / Liability

1. Massage therapy is not a substitute for veterinary care
2. Massage therapists do not diagnose disease or illnesses
3. Always refer clients to appropriate health professionals when required
4. Establish boundaries/limitations to protect yourself and your clients:
 - Personal safety boundaries
 - Commitment boundaries (don't over commit)
 - Boundaries of treatment by client (ie: verbal abuse)
5. Perform only those modalities that are trained to provide

B. Code of Ethics – a set of guiding moral principles that governs one's course of behavior and actions

1. Follow all policies, regulations, codes and requirements established by NCBAAM.
2. Conduct business with honesty and integrity
3. Commit to highest quality of care/services
4. Represent your educational and professional experience qualifications honestly
5. Accurately inform clients of the scope and limitations of your services
6. Acknowledge the contraindications and limitations of massage – refer to other health professionals when required
7. Maintain and improve professional knowledge through continued education and training
8. Protect confidentiality of all client information

C. Setting up a Practice / Marketing

1. Determine a business plan and mission statement
2. Mission Statement - a short written statement of purpose for your business
3. Develop Marketing/Advertising support materials
4. Investigate insurance - liability, health
5. Licenses and Permits - varies by county/state
6. Tax Advisors – consider working with tax advisors who are familiar with both small business and massage practices for best advice

Book List for References

McCurnin, Dennis M. Bassert, Joanna, M 2002 5th edition, *Clinical Textbook for Veterinary Technicians*, W. B. Saunders Co.

Colville, Thomas, Bassert, Joanna M. *Clinical Anatomy and Physiology for Veterinary Technicians*. St. Louis, MO; Mosby; 2002

Salvo, Susan. (1999). *Massage Therapy: Principals and Practice*. Saunders, an Imprint of Elsevier

Meagher, Jack. (1985). *Beating Muscle Injuries for Horses* Hamilton Horse Publications

AMTA website www.amtamassage.org

Evans, H. E., and G. C. Christensen. (1979). *Miller's Anatomy of the Dog*. 2nd ed. Saunders, Philadelphia.

Page Elliot, Rachel (1983) *The New Dogsteps*, Howell Book House

Rugaas, Turid. (2000). *Calming signals: What Your Dog Tells You, On Talking Terms with Dogs: What Your Dog Tells You*. Dogwise Publishing

Clothier, Suzanne (1995). *Your Athletic Dog: A Functional Approach*. Flying Dog Press

Zink, M. Christine (1992). *Peak Performance: Coaching the Canine Athlete*. Howell Book House

Aloff, Brenda (2005). *Canine Body Language: A Photographic Guide: Interpreting the Native Language of the Domestic Dog*. Dogwise

Goody, Peter C. (1997). *Dog anatomy: a pictorial approach to canine structure*. J.A. Allen

Landsberg, Gary M., Hunthausen, Wayne L., Ackerman, Lowell J. (2003). *Handbook of behavior problems of the dog and cat*, Elsevier Health Sciences

American Kennel Club (1998) *The Complete Dog Book*, Howell Book House, New York

Brown C.M. (1986) *Dog Locomotion and Gait Analysis*, Hoflin Publishing Ltd, Wheat Ridge, CO

Gilbert E.M. Brown T.R. (2001) *K-9 Structure & Terminology*, Dogfolks Enterprises, Aloha, OR,

Gross D. (2002) *Canine Physical Therapy*, Wizard of Paws, East Lyme, CT,

Millis D. Levine D. Taylor R. (2004) *Canine Rehabilitation and Physical Therapy*, Saunders, St. Louis, MO

Summers, Alleice (2002) *Common Diseases of Companion Animals*. Mosby

Orthopedic Foundation for Animals - website offa.org

American Kennel Club - website akc.org

United Kennel Club - website ukcdogs.com

Hourdebaigt, Jean-Pierre (2004) *Canine Massage: A Complete Reference Manual*. Dogwise

Mammato, Bobbie, DVM (1997) *American Red Cross: Pet First Aid* Mosby

Abrantes, Roger (2001) 3rd edition *Dog Language: An Encyclopedia of Canine Behavior* Waken Tanka Publishers

Overall, Karen, L. (1997) *Clinical Behavior Medicine for Small Animals* Mosby

Hendrix, Charles (1998) *Diagnostic Veterinary Parasitology* Mosby

Pratt, Paul, VMD (1997) 3rd edition *Laboratory Procedures for Veterinary Technicians* Mosby

Pierce, Benjamin (2002) *Genetics: A Conceptual Approach* W. H. Freeman & Co.

Evans Howard, deLahunta, Alexander. (2000) *Guide to the Dissection of the Dog*. 5th Edition, Philadelphia, PA; W.B. Saunders;.

Done, Goody, Evans, Strickland (2003) *Color Atlas of Veterinary Anatomy - The Dog and Cat* Volume 3 Mosby