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Introduction to Low-Restraint and No-Restraint Veterinary Care

1.1 First, Do No Harm

Veterinary Technician's Oath

I solemnly dedicate myself to aiding animals and society by providing excellent care and services for animals, **by alleviating animal suffering**, and promoting public health. I accept my obligations to practice my profession conscientiously and with sensitivity, adhering to the profession's Code of Ethics, and furthering my knowledge and competence through a commitment to lifelong learning.

Veterinarian's Oath

I solemnly swear to use my scientific knowledge and skills for the benefit of society through the protection of animal health and **welfare, the prevention and relief of animal suffering**, the conservation of animal resources, the promotion of public health, and the advancement of medical knowledge.

First, do no harm. While these four words do not appear in the oaths, this short sentence certainly describes our mission as health care professionals. Our oath to prevent, relieve, and alleviate animal suffering and the oath's implication of doing no harm apply to both physical and mental or emotional suffering and illnesses of the body. Stress and fear are subjectively harmful and unpleasant on their own, but their physiologic effects of increased heart rate, respiratory rate, blood pressure, temperature, blood glucose levels, cortisol levels, and so many more clearly hold the potential for harm as well.

Recognition and treatment of stress and fear in veterinary patients is not a new concept, but progress is still needed. Dr. Sophia Yin was a pioneer in this field, and her work is still timely and relevant today. She brought the idea of low-stress veterinary care to the mainstream. Dr. Marty Becker has spearheaded the Fear Freesm Practice movement in the veterinary profession. We owe thanks to these people and so many more who have come before us, paving the way for this book, which will continue the work of improving veterinary care for patients, clients, and the entire veterinary team. This guide will help the veterinary team take low-stress, compassionate, patient-centered handling to the next level. Mirroring the pediatric model for patient comfort, developing training programs for fearful patients, and embracing the techniques used by progressive zoos and aquariums in their husbandry training programs will all be taught in this guide.

We deserve to take great care of ourselves as well. Veterinary professionals are at high risk for burnout, compassion fatigue, depression, and suicide.¹ Turnover in the veterinary profession is common, with technicians in particular citing burnout. Experiencing stress and potential emotional harm when we are trying to make patients healthy can take a serious toll on veterinary professionals. By using methods that allow patients to relax and cooperate for care, we can make it easier to fulfill our vocation of relieving and preventing animal suffering while keeping our own emotional and mental wellness.

1.2 Stress, Fear, and the Veterinary Clinic

Stress is how the body reacts to a challenge, or stressor. This response is necessary for life. The fear response is a self-protective mechanism that prompts an animal to flee, fight, hide, or react in another helpful way to defend its own safety and well-being. **Fear** and **anxiety** can be provoked by either real or perceived threats, or stressors. These stressors and potential threats are abundant in the veterinary setting. How an individual animal responds to specific events or stressors is unique to each pet, and can change over time with learning history – for better, or for worse.

While the stress of veterinary visits can provoke avoidance, hiding, and defensive aggression, stress and fear can also induce the state of learned helplessness.² **Learned helplessness** is a state where an animal (or person) learns that avoidance, escape attempts, or other responses to something unpleasant or threatening are ineffective, and eventually gives up attempts to escape.² In pets, this often looks like the pet is “a statue,” “frozen,” or “stoic.” Learned helplessness can mask important findings on physical examination like changes in range of motion, pain in the abdomen, or other findings that rely on patient responses. Conversely, animals who are defensively **aggressive** because of fear may react by vocalizing, snapping, or moving away during examination. This response may be difficult to discern from a pain response, making diagnosis and treatment more challenging. In each of these cases, the animal who is undergoing treatment is suffering emotional distress, and deserves our empathy and respect. Each time the pet visits our office and has a negative experience, the fear will potentially worsen. This learned fear of the veterinary hospital is much easier to prevent than it is to reverse.

Preventing fear in the veterinary office isn’t just about stopping the problems associated with fear; it is also about reaping the great benefits of working with patients who are less anxious. Patients who are comfortable and less anxious will allow more complete physical examination; allow better positioning for tests; have more accurate parameters, such as blood pressure, heart rate, temperature, and respirations; have more accurate lab results; and enjoy visits much more. Wouldn’t it be wonderful to see patients who are happy to see you? We think so, too!

1.3 Freedom, Wants, and Needs

Dr. Temple Grandin is a world-renown expert in animal behavior and animal welfare. In her book *Animals Make Us Human*, she discusses what are called “The Five Freedoms” in animal care, originally developed by Dr. Roger Brambell in 1965 (Table 1.1).³ When we cause fear and anxiety in our patients while we are trying to care

Table 1.1 The Five Freedoms.**The Five Freedoms**

Freedom from hunger and thirst
 Freedom from discomfort
 Freedom from pain, injury, or disease
 Freedom to express normal behavior
 Freedom from fear and distress

Animal welfare is a crucial factor in animal care, and The Five Freedoms were developed by Roger Brambell and popularized by Temple Grandin.

for them, we are infringing on their freedom from environmental discomfort, freedom from anxiety and distress, and freedom to express normal behaviors. One of the first steps in restoring these freedoms is identifying the difference between wants and needs in the veterinary office.

To protect freedom from anxiety for our patients, we recommend setting up guidelines for assessing animals during procedures. We will discuss assessment tools throughout the book, but the first step is understanding when to stop and assess the patient. One guideline for when to stop a procedure involving restraint is to use the 2-2-3 rule. If it requires more than two arms to gently stabilize the patient, if a dog struggles for more than 2 seconds, or if a cat struggles for more than 3 seconds, pause the procedure, assess the patient and the situation, and then make a plan for how to best continue.

Determining when to perform a procedure relies on identifying the difference between wants and needs. **Needs** are urgent, life-saving treatments. ***Wants are everything else.*** While we may not want to pause or postpone some procedures, pause, retry, or postpone is always an option for wants. By keeping our priorities clear about wants versus needs, we can avoid causing unnecessary harm, and do our very best to keep the stress and fear levels as low as possible for our patients. Keeping fear levels low helps to protect our patients from emotional harm.

1.4 Iatrogenic Behavioral Injury

Iatrogenic means an illness or injury *caused* by medical treatment. Iatrogenic behavioral injury (IBI) is a term to describe mental, emotional, and/or psychological harm caused to patients while we are trying to provide veterinary care. Preventing IBI is one of our responsibilities as veterinary professionals. There are many modalities we can use to prevent IBI, including: recognizing the risks of IBI; using the human pediatric model for most treatments;^{4,5} staying up-to-date on medical treatments for fear, anxiety, and stress; and using **low-restraint** and **no-restraint veterinary care**.

The pediatric health care model has changed considerably over the past 20 years. A new emphasis has been placed on the importance of reducing stress for children and parents during medical care. Some techniques used in the pediatric model include explaining procedures to children using words and pictures prior to treatment, bringing comfort items such as a blanket or favorite toy from home, playing music clinically

established to have a calming effect, allowing children to sit in a parent's lap and be held or hugged, using distraction techniques, practicing good caregiver continuity, and helping children to cope with pain levels.⁵ Medication is given when needed for anxiety or fear, and ongoing research is searching for effective calming methods for children in medical settings. While we can't mirror all of these techniques in veterinary medicine due to the communication barrier between people and pets, we can certainly make use of the concepts to improve patient care.

Veterinary medicine will benefit from the experiences of pediatricians by implementing similar stress-relieving strategies. By explaining a treatment to a child, the doctor or nurse is telling the child what to expect and providing an opportunity for predictability and trust. The veterinary equivalent of this method is "explaining" procedures to pets by using touching and training techniques that help the pet understand what is expected, what to anticipate, and how to **cooperate**. We can allow pets to remain with their owners for many procedures, and coach owners on the best way to assist us. Receptionists can instruct owners to bring a mat, favorite treats or toys, and a hungry patient to each visit. Animal handling staff can become proficient in **distraction techniques** and training methods to reduce animal stress and promote cooperation. We can use medicines and supplements to mitigate fear and stress. For animals who need repeated treatments, we can help them cope by establishing a consent protocol for treatment, instructing the animals how to cooperate, and even sometimes teaching them to look forward to treatments.

If there was a magic wand for making our vision a reality, the authors would make two sweeping changes in veterinary medicine tomorrow: we would implement the use of generous amounts of food treats, and we would allow the owner to be present for most treatments (anesthesia and radiographs excluded for safety and exposure reasons). Working with animals with the owner present allows owners to see precisely what happens between person and pet, and opens the conversation when training and/or medical relief of fear, stress, and anxiety are needed. When the owner is present, veterinary professionals are less likely to resort to "brutacaine" and excessive physical force to accomplish medical care. Furthermore, it helps clients bond with the practice and trust that we have their pet's best interests, both physical and emotional, at heart. Clients can learn how to participate in treatments when appropriate, and how to replicate treatments such as pills, ear medicine, eye medicine, injections, grooming and nail care, and much more at home when needed.

1.5 Introduction to Low- and No-Restraint Animal Care

We will never be able to explain to our animal patients the important protection a vaccine provides, why an antibiotic is needed, what x-rays are for, or any of the other treatments we perform. In veterinary medicine, we have a history of being procedure focused. We tend to make a treatment plan and execute it, with the goal being completion of the procedure. Imagine you're at the dentist for a filling. You like the dentist, and the hygienist is always friendly with you. You sit down in the chair, and without explanation the dentist puts a needle into your mouth to numb the area. You jump slightly at the needle stick; in response, the hygienist holds your arms down against the chair and leans forward, trapping your legs. Your mouth is numb, and the dentist drills



Figure 1.1 Relaxed dog accepting food in the exam room.

while the hygienist holds you down. Your palms are sweaty, and your heart races. You can't stop wondering when this will all be over. What emotions might you experience? Anger? Fear? Anxiety? Even the most easygoing person would probably find this scenario unpleasant. This is an example of **procedure-centered treatment**. What happens the next time you need to visit the dentist? Could the dentist and hygienist have done something differently to encourage you to cooperate? Did they overreact? Perhaps you won't find the dentist's office so pleasant in the future. Perhaps you won't go to the dentist for a few years. This happens with our patients all the time. Restraining even relaxed animals for medical treatments can have similar fallout. Look at the body language of the dog in Figures 1.1 and 1.2. Restraint alone causes a significant change in this dog's body language. Notice the ears pulled back, leaning away, and stiffness the animal shows in response to the restraint without any medical procedures being performed. By focusing more on **patient-centered treatment**, and less on the procedure, we can enhance care and well-being.

Working with animals comes with a risk of injury to the veterinary team and to the animals. We can decrease that risk and increase safety for both the team and our patients by using low- and no-restraint, compassionate care and handling methods. At the time of publishing, the authors have a combined 35 years of experience in full-time veterinary practice. During those 35 years, a grand total of four combined bites have been sustained, and none were serious. Why are we comfortable working with little or no restraint? Because it is effective. These methods can be used safely and effectively with proper education and practice.

Animals use **body language** and body position to communicate with us. Animals can tell us if they are comfortable, **conflicted**, fearful, and anxious, all without any vocalizations or **aggression**. Violence is a biologically costly strategy: it comes with risk of harm for the aggressor. Most animals will exhaust nonviolent means of communication before



Figure 1.2 The same dog shown in Figure 1.1 when restraint is applied. Note the change in body language.

resorting to defensive aggression.² When an animal feels its safety is threatened, the first response most animals use is the flight response: running away from the threat. When we remove the animal's opportunity to leave a threatening situation, we limit their available responses to **freeze** or **fight**. In the veterinary setting, we can become accustomed to ignoring nonviolent communication. When we ignore these important signs, we put ourselves at risk for injury, and the animals at risk for IBI as well.

When we move very close to an animal for manual restraint, we lose the ability to objectively observe the animal's responses and body language. We also send a series of potentially stressful messages to that animal. Research shows that using force when training dogs, such as attempting an **alpha roll** where the dog is forcibly placed on its side or back, can lead to aggression.⁶ Placing an animal into **lateral recumbency** or **dorsal recumbency** can similarly provoke aggression. These dogs are not "bad" or "mean"; they are simply responding in a way that is normal for some dogs. When we are working with an animal in sternal recumbency or standing, and we "hug" them to provide restraint, what message does the hug actually send? The word *hug* may hold a positive connotation for humans, but for dogs, hugging is not a natural form of communication. If one dog grasps another around the middle, this is usually displacement, ritualistic conflict behavior, or sexually motivated.⁷ It is easy to understand why a hug from a stranger at the veterinary clinic may not seem friendly, and may provoke avoidance or aggression.

There is no such thing as an unprovoked bite in the veterinary hospital, nor a bite without warning. The simple act of bringing an animal into this environment is provocation in itself. It is easy to miss subtle signals in the hospital environment. When we are too close to the animal, we may not see all the signs. Restraint can mask warning signs as well. If the animal is leashed or held, the ability to flee is removed, which masks



Figure 1.3 Chloe, a young puppy, displays avoidance behaviors when asked to target the technician trainer's hand.

attempts at communication. Removing the option of flight is provocation. Animals who try to get away are warning us about possible future aggression. Animals who freeze, move away, turn to the side, yawn, look away, purse their lips, flatten their ears, vocalize, advance-retreat, snap, and more are all asking us to stop what we are doing. Chloe, the dog in Figure 1.3, is asking the trainer to move away and communicating she is uncomfortable with what she is being asked to do. If we ignore these requests, we run the risk of provoking the animal into self-defense.

Excessive restraint carries physical risks for the veterinary team, including bites and scratches, sprains and strains, and more. There are emotional risks to the veterinary team as well. When our mission, our vocation, is to relieve animal suffering, and we are constantly holding animals down and causing them to experience fear and distress, it can take a toll. Turnover in the veterinary profession is high.⁸ Many technicians and veterinarians leave the profession after a short time, while others experience depression and compassion fatigue. Suicide rates among veterinary professionals are staggering.¹ Reducing patient stress may help protect us from these types of emotional harm.

In Video 1.1, the beagle Chloe is expressing anxiety by approaching and retreating. She will come to take food and will make contact with the technician, but immediately backs away between interactions. This backing-away behavior shows the internal conflict this dog is experiencing. She is very anxious, but has not yet escalated to threat displays or defensive aggression. The shepherd mix Max shows a similar pattern of approach-retreat and is conflicted, but he is also vocalizing and lunging, so some would describe him as more aggressive. Both of these patients are doing their best to communicate their discomfort and anxiety by leaving the situation. If we ignore these nonviolent signals, and muzzle and heavily restrain these dogs, we are teaching them that



Table 1.2 Steps for planning treatment.

Pause, assess, prioritize, proceed: Steps for planning treatment
1) Pause treatment: Assess patient and plan.
2) Assess whether the planned treatment is a <i>want</i> or a <i>need</i> .
3) Prioritize needs first, then wants.
4) Prioritize wants in order of medical importance.
5) Evaluate the animal's stress level, and the anticipated response to the procedure.
6) Assess if medical therapy for fear, stress, anxiety, pain, etc., is indicated.
7) Make a training or handling plan to help the animal cooperate with as little fear and stress as possible.
8) Proceed with treatment in a fashion that allows the animal to cooperate.

If a patient is showing signs of stress or fear, remember to pause, assess the patient and the plan, prioritize, and proceed while observing the patient closely.

nonviolent communication is ineffective. The dogs will learn the veterinary clinic is a place where subtle signals are ignored, and there is a real risk these dogs will escalate to biting in the future. We don't have to overrestrain these patients. We can work with them and even train them to cooperate in their own health care.

When working with little or no restraint, we will find some animals are unable to allow treatment. They may move away, they may never let us approach them, or they may become defensively aggressive. When an animal can't tolerate treatment, the veterinary team needs to have a plan of action. Table 1.2 provides a quick reference.

- 1) Pause treatment, and assess the patient and the plan.
- 2) Assess whether the planned treatment is a want or a need. If the treatment is truly a need, it is life-saving treatment. There are very few situations like this in veterinary practice. A few examples include **GDV** in distress, emergency **dystocia**, animals in severe **shock**, serious traumatic injury with significant active bleeding or respiratory compromise, or the animal is at immediate risk for severe self-harm.
- 3) Prioritize needs first, then wants.
- 4) Prioritize wants in order of medical importance.
- 5) Evaluate the animal's stress level, and the anticipated response to the procedure.
- 6) Assess if medical therapy for fear, stress, anxiety, pain, or the like is indicated.
- 7) Make a **training plan** (or handling plan) to help the animal cooperate with as little fear and stress as possible.
- 8) Proceed with treatment in a fashion that allows the animal to cooperate.

Change is never easy, but it is also often extremely rewarding. This guide will give you the knowledge you need to understand how animals **perceive** their environments, how they communicate, and how they learn. You will learn how to assess a patient, how to tell when to stop a treatment, the steps for making a training plan appropriate for each patient, and assessment of the patient's response to training. Some training plans discussed may take only a few seconds, while others require several visits and compliance from the owner at home. We will also give you the tools you need to help introduce and promote change in clinic culture toward compassionate **cooperative care**. Methods for working with the veterinary team and for approaching topics of concern with clients

will be discussed. The animals can be our very best teachers if we allow them, and the rewards associated with a move toward patient-centered practice for both pets and people are worth the effort.

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