Proof copy for marking

Bowen Therapy for Animals · course manual · cover and pages 1 to 49 · built 29 September 2026

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1. Tick **OK as is** if the page needs nothing.
2. For a wording change, write the change in the notes column and circle the spot on the page.
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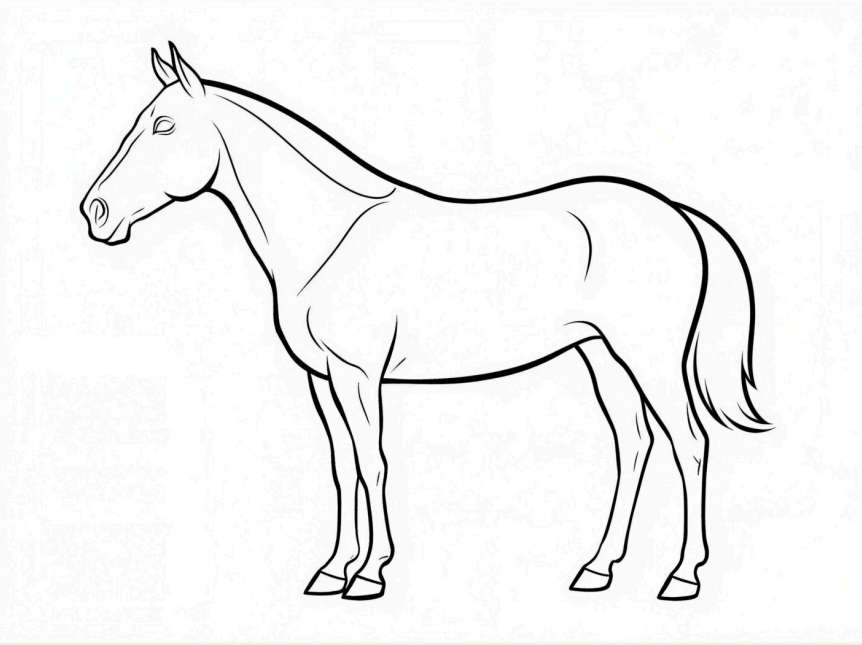
4. Anything that applies to the whole book (a word to change everywhere, a heading style) goes on the first page it appears with the words **whole book**.

The same pages are on the review site, where changes can also be typed straight into the text. Either way is fine; this copy is for the last round.

> **Yellow boxes** in the pages are questions from Joel. An answer in the notes column beside each one closes it.

Bowen Therapy for Animals

Animal Studies Course Manual



Heather Hartley
Bowen Therapy Federation of Australasia

Cover

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Bowen Therapy for Animals
The Animal Studies Course Manual

Heather Hartley
Bowen Therapy Federation of Australasia

First edition 2016. Second edition October 2026.

ISBN: to be assigned

Disclaimer

The course presented does not dispense medical advice or medical treatments either directly or indirectly. The contents of this document are presented for information and discussion purposes only.

The information contained herein is not recommended as an alternative to seeking sound medical or veterinary advice from a professional practitioner. The use of the information contained in this book is at the discretion, and is the responsibility, of the individual.

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Blessed are the hands that heal
Hands beneath whose touch we feel
Pain relieved and strength renewed
I think with constant gratitude of hands that serve humanity

Hands that well and skilfully,
Bruised and broken bodies tend
Hands that save and soothe and mend
Helping, assisting, comforting, dressing, feeding and bandaging

I remember gratefully the hands that have bestowed on me
Life's best gift, its greatest wealth
The gift of healing and of health.

Anonymous

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About the Author

Heather Hartley Dip.B.T.

Heather studied sports and remedial massage and has been involved with sporting teams as the State Development Officer and the Australian Team Manager and masseur. Her interests and involvement extended into St John Ambulance as a volunteer, and she was a member of several winning teams competing nationally in first aid practices.

Heather's study and interests lie in holistic therapies such as Reiki, animal communication, Reconnection Healing, Photonic Therapy and general animal husbandry. Heather is a Justice of the Peace and studied Community Law.

Heather became interested in Bowen Therapy after reading about Tom Bowen's death and his life work in 1982. She has practised this technique since 2001, after completing formal studies.

As an animal lover, Heather then decided to extend the service she provided to her human patients to animals. They also suffer from muscular and stress-related problems in a similar way to humans. Heather has been involved with animals for approximately 50 years and has adapted the human technique to animals by observing their movements and their reaction to the moves she has performed on them. She has continued to study the animals she treats so as to improve their quality of life.

Since that time Heather has successfully used Bowen Therapy techniques to treat horses, goats, cats, dogs, alpacas, sheep, rabbits, cattle, birds, reptiles and native animals.

Heather has been involved with horses since childhood and has spent many years dedicated to carriage driving and heavy horses. Heather has completed Equine Studies in South Australia and holds a Certificate IV in Training and Assessment, and has studied Photonic Therapy under Dr Brian McLaren B.V.Sc., QDAH, P/Grad.Dip., M.App.Sc., Dip.Phot.Thpy., Adv.Dip.App.Neurophysiol., Member of the International Association for the Study of Pain, Member of the Bioelectromagnetic Society.

Currently Heather is running a successful human practice based in a medical centre and is contracted to several government departments. She is also teaching Bowen Therapy in specialised animal courses. This is a relatively new field with much scope, and she enjoys and finds rewarding her involvement in being able to provide relief for animals. As part of this, the RSPCA contacted Heather to request her assistance in rescue and rehabilitation.

Heather also provides her services to the Lions Hearing Dogs free of charge.

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Acknowledgements

Heather would like to thank Dr Brian McLaren B.V.Sc., Q.D.A.H., P/G Dip. (I.V.A.S.), Grad. Dip. Acup., M.App.Sc. for giving her permission to use his diagnostic technique for horses. Thanks also to Teri O'Neil RN, RM, Dip. T., B.Ed., Professional Development, Grad. Dip. Legal Studies for providing content structure during the creation of this curriculum.

- Richmond College of Equine Studies
- Craig from Bonnetts Saddlery
- *Animal Points* by Jack Meagher
- Master Farriers Association of South Australia
- Government of South Australia, Primary Industries and Resources
- Rural Industries Research and Development Corporation

Thanks also to all friends and colleagues who have provided critical review, proof reading and other help, encouragement and support in this project.

Thanks especially to all clients, past and present, animal and human. They are the inspiration for the creation of this work and they provide the major vehicle for learning and refinement of skill and technique.

Heather's philosophy: you need to be a detective. Treat what you see, feel and hear.

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FOR STUDENTS

Administration

Flexible learning

The thought of full-time study can be a little daunting for some people who need to balance their time with study, family and work. The learning program offers students access to tutorial programs in addition to, or instead of, attending some classes. Extra tuition is available to those students who may wish to test or expand their knowledge.

Students are also encouraged to go to the internet to expand or confirm their studies. Students who previously have had difficulty with study may be considered for a flexible learning program. Please arrange an interview with your trainer or lecturer to discuss.

The College has a strong emphasis on preparing students in the area of animal health.

Competency-based standards and training

Standards for the complementary health care therapies

Courses are Competency Based so if a student does not reach this standard they may apply to repeat the section so that competency is attained.

The competency standards include both non-specific and specific modalities of practice. The standard documents were accepted onto the Register of Professions Competency Standards in 1997. Seven of these documents are being used as the basis for curricula and course assessment panels Australia wide. Professions for which a standards document has been prepared are; Bowen Therapy, Acupuncture, Bioenergetic Medicine, Herbal Medicine, Remedial Massage Therapy, Herbal Medicine, Naturopathy, Traditional Chinese Medicine and Trichology.

The Competency Standards outline three levels of independent practice, the minimum proposed by the Federation, for independent practice, is Australian Standards Framework Level 5. This involves specification of standards for interaction with the patient, designing and implementing the treatment plan.

Objectives of competency-based standards and training

The aim is to establish a minimum standard to which all natural and traditional therapy colleges must conform in order to graduate practitioners of natural and traditional therapies. This includes Establishing a Practice, legal requirements, conducting a consultation.

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Your study commitment may involve both attendance at workshops and home study projects. You are also expected to complete a period of unsupervised practicum where you service your own clients and present case histories and treatment records and case history for assessment. The language of training may seem a little formal and confusing, but it should make it easier for you to build a skills profile.

- A COMPETENCY is the skill or knowledge that you can apply to your work.
- ASSESSMENT CRITERIA is the evidence that you must present to show that you can both do and repeat the skill.
- A STANDARD is the level at which you are expected to perform the work or skill.
- PERFORMANCE CRITERIA are the other elements that must be taken into account when judging your practical work and presentation.
- Copies of the nationally endorsed units are also available online on www.ntis.gov.au
- Copies of the College's units are available from the Principal.

Since standards set out the outcomes in a different order from the way the course is presented in the classroom or for study modules, you will also be given outcome statements on your session sheets.

When you are assessed against these outcomes to a competency standard this provides you with evidence of a skills standard achievement. You can use this when seeking employment, Recognition of Prior Learning or extra study.

Student facilities

The main venue is located in Charleston. The venue will also change periodically according to the needs of the course.

A round yard and crush is available for practical sessions.

Other sundry restraints and practice equipment is available.

The College also has a wide range of books and videos to assist in the learning process.

Car parking

There is plenty of free car parking available.

Contact

Administration Office: Box 139 Charleston S.A. 5244
Office hours: 8.30am to 6pm
Telephone: 0401 691 329
Email: heather.hartley@bigpond.com
Course Co-ordinator: Heather Hartley
Lecturers and Tutors: Guest lecturers will be in attendance at appropriate times.

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Assessment

Student Assessment

The assessments are based on the therapeutic work you will perform and on the theoretical knowledge required to make informed assessment of the client's presenting condition and/or core issues and the most appropriate treatment required to alleviate the condition.

Students are primarily measured against set industry standards. Where tests and examinations are used it is with the purpose of consolidating learned knowledge and the intent of highlighting strengths and weaknesses for the individual themselves to rectify.

Assessments take place at all stages of the course, not just for the final outcomes. It is important to establish that a certain level of knowledge has been acquired, or that the level of competence attained is to the set standard, measurable and able to be repeated consistently.

Some components of the course require you to practice as a therapist under case supervision and you will be advised in advanced of how this is to be assessed and recorded.

Some assessments are conducted in 'closed book' conditions. An example of this is the short answer tests or examinations for Medical Terminology which are designed to test your retention of underlying concepts. For all other types of assessment, there is nothing 'hidden' about the assessment process. Some competency assessments will take place when you feel you are ready for it, not at any set time or dictated be the needs of other students.

For practical assessments your lecturer/trainer will give you checklists which outline the standards against which you will be matched during any practical session or examination. An example of what this type of assessment entails is;

- Skill to be performed- Observe client, decide on treatment to be given and why.
- Record reaction to treatment.
- Health and safety issues - All relevant Codes of Practice observed, care techniques demonstrated at all times and Duty of Care observed towards others in all areas.
- Business Practices Government/legal requirements.
- Client Standards.
- Client treated with courtesy and empathy at all times, client safety and welfare demonstrated at all times.

NOTE: all assignments must be satisfactorily and accurately completed before we can make a judgment of competence and issue Statements of Attainment or Qualifications.

NOTE: always make a copy of any material sent in and record the date. This will safeguard you should your assignments be lost in transit. It will also make it easier for you to continue work on your final assessments, or to study for examinations, while waiting for the marking process to be completed.

Results

Each topic will be checked off a central record and signed off by your trainer each time you complete assignments, or from your practical session assessment checklists. If there are any special instructions resulting from the marking process, your trainer will give you written comments to follow.

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Academic work will be assigned a grade and is required for satisfactory completion of any course module or academic component of the course.

Assessments conducted against Units of Competency shall be judged under the following criteria:

CA = Competency achieved

NYC = Not yet competent

The judgment of competency must meet the appropriate work level standard for on-job performance.

Completion of only the home study program or theory workshops alone does not make a competent practitioner. In order for you to claim to be a competent practitioner, we must, by law, actually see you demonstrate your professional skills to the standards set.

Feedback Forms

These will be given to you at the end of each study component or workshop.

If you have any comments or queries you should use this form to communicate with your lecturer/trainer.

Any longer enquiries may be made direct to Principle or by phone, fax or email.

Written testing

If a student has a difficulty with a written test they are to contact the trainer/lecturer prior to test to organize an alternative means of testing.

Appeals against assessment outcome

If you disagree with the assessment decision, you can make an appeal. The College supports your right to do so, whether it is an RPL (recognised prior learning) or coursework assessment.

If you receive a NYC (not yet competent) result without being given the appeal form and you wish to appeal please contact the office to obtain one.

The RPL assessors report should also be accompanied by an appeal form.

The procedures for appealing and assessment or RPL decision are:

- You should begin an appeal within one month of receiving the assessment with which you disagree. This is because it is wise to discuss your claims while the events and content of the disputed assessment are still fresh in everyone's mind.
- Your first action should be to lodge a notice of appeal on the appropriate form and discuss this directly with your trainer or assessor.
- If the explanation you are given for being judged 'Not Yet Competent' against a particular assessment does not resolve your issues, you may next discuss the result with the Principal.

Eligibility

The course is not solely dependent on school results of candidates. Our aim is to attract students from diverse backgrounds, who will enhance the development of Bowen Therapy. Consequently applications

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are encouraged from both school leavers with formal qualifications and from students who have had appropriate hands on experience or show interest in the field of animal care.

Skills required by all learners include:

- Love of and the desire to help the animals.
- All students will hold current anatomy and physiology certificates.
- Current First aid certificates preferred but can be obtained during course.
- Current driver's license.
- Comfortable handling all animals.
- Police check.
- Willingness to be introduced to new concepts.
- Keep an open mind.
- Ability to take notes.
- Ability to devote time to study.
- Ability to communicate effectively.
- Lecturers of Bowen Therapy for Animals will not limit access to any student on basis of gender, social or educational background.

Student with special learning needs

Students generally require at least a functional literacy level of year11 to complete the course requirements. This does not exclude students who might be accepted and who might have specific physical, language or educational needs that can be catered for with a reasonable adjustment to learning an assessment method.

If you have any special learning difficulties or needs, please contact us so we can make arrangements to provide support.

The College will refer you to the most appropriate staff member or external support agency to assist you to overcome the difficulties.

Recognition of Prior Learning

Under RPL, you may be eligible for status if you have completed any courses, work experience or clinical practice which is equivalent to the work you will do in these courses. If you feel you are competent in any area of the course standards, you should bring this to the attention of the Principal who can then consider an application for Recognition of Prior Learning.

If you wish to proceed with a claim for RPL, you will need to:

- make a formal application for RPL.
- self-assess against the competency standards in the manual.
- gather suitable evidence as instructed in the manual.

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You may be able to participate in a ‘skills gap’ training to upgrade some of the components or provide alternative assessments by workplace evidence. Your assessor will discuss your options with you after your application for RPL has been examined.

We can only grant RPL against full Units of Competency.

Please provide originals of Qualification or Statement of Attainment which list the relevant Units to gain immediate credit into our courses.

The qualifications must be current.

These qualifications or Statements should bear one of these statements;

- This Statement of Attainment is recognized within the Australian Qualifications Framework.
- The Qualification certified herein is recognized within the Australian Qualifications Framework.

If you are supplying the evidence of this through a photocopy of the original, the photocopy must be notarized as a true and exact copy by a Justice of the Peace.

Policies and procedures

The policies and procedures apply directly to both the Student Services and the Management of your study program.

You are required to undertake an Induction Program and to sign a form indicating that you have been issued with all relevant information and that you have read them.

The major points which apply are your rights and responsibilities as listed in this document.

Fees and Charges Policy

Certificate in Bowen Therapy for animals TBA

First Aid for Animals TBA

First Aid for Humans TBA

Business Management TBA

A 20% deposit is usually required to secure a place in the course with the balance due at enrolment unless arrangements for deferred payment plan have been made.

Refunds, Withdrawals and Deferred Studies

Students who withdraw from a course within 14 days of enrolment, provided the course has not commenced, are eligible for a full refund of fees paid, less any non-refundable administration fee (if applicable).

If a student withdraws after 14 days but before the course commences, a partial refund may be considered at the discretion of the Principal, taking into account any costs already incurred by the College.

Once the course has commenced, refunds are generally not available. However, students who need to withdraw due to unavoidable or exceptional circumstances may apply in writing to the Principal for

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consideration of a refund, partial refund, or deferment of their studies.

Where a deferment is approved, any unused portion of the student's fees will be held in a separate trust account and applied to the deferred course when studies recommence.

To request a refund, withdrawal, or deferment, students must notify the Principal as soon as possible, provide the reason for their request, return any relevant documentation in good order, and provide the original receipt where applicable.

Approved refunds will be processed using the original payment method where possible, typically within 14 business days of approval. Students who have paid the full course fee and are considering withdrawing are encouraged to discuss their rights, responsibilities, and available options with the Principal before making a final decision.

Students eligible to obtain a full or partial refund must return all relevant documentation (in good order with the original receipt).

Counselling

All students are encouraged to discuss any difficulties or personal issues which could impact on their ability to complete course requirements. All such disclosures will be kept in strict confidence and no third party shall be consulted without the consent of the student.

Where the issue falls outside of the ability or expertise of the training or administrative staff, the student will be referred to the appropriate external agency for assistance.

Complaints/Grievance Policy

If you have a grievance or dispute that cannot be resolved by direct discussion between the parties, then you should:

- First discuss this with a senior staff member.
- Formal mediation may commence which may include the principal educator.
- If the issue revolves around personal conflicts, the College may refer the parties to an appropriate external mediator or councillor.
- In the last resort, you may take your case to common law through the local Magistrate's Court.

ALL students have the right to pursue natural justice for a grievance without fear of reprisal or recrimination. All legitimate complaints will be taken seriously and we will support you in your right to have the matter resolved in a satisfactory manner.

All outcomes of the grievance resolution process will be recorded and you will be given a copy of the resulting agreement to sign. A copy will also be kept on file.

Course requirements and expectations

Learning guides will lead you through a series of topics. In each topic you will be asked to complete associated learning and practice activities. These activities and tasks will assist you to gain knowledge

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and skills. You will be required to read notes, write answers to questions and undertake practical exercises.

It may take a few hours to complete the theory activities but it may take weeks to complete the practice activities.

Please contact your Lecturer or Workplace Trainer if you have any difficulties in completing a learning guide.

All tasks must be completed and signed off prior to progressing to the next level.

Take responsibility for your own learning:

- Complete the activities on time.
- Read/research information about the topic.
- Repetition of an activity will help develop your skills.
- Short test with model answers will let you know how you are going.
- Feedback from your lecturer will help you to apply your knowledge and skills.
- Extension exercises set by your workplace trainer or lecturer will further challenge and expand your knowledge and skills.
- Ask your workplace trainer to clarify a point if necessary.
- View videos on topic.
- Research internet on topic.

In order to complete the practical course you will need the following:

- Pen/pencil
- Eraser
- Paper
- Coloured pencils/pens

Communication

- Both hard copy and email contact are acceptable.
- If a student is ill on a workshop or field day it is expected you will contact your lecturer trainer at your earliest convenience.
- You may contact lecturers by email or phone at the office numbers.
- You may submit assignments by email

Code of conduct for practical course work

Behaviour:

- You will be expected to role model, at all times, the professional behaviour and lifestyle ethos presented in this course. You are required to behave in a responsible manner at all times and to display respect, tolerance and non-discriminatory attitudes to all fellow students, staff and clients.

Course attendance:

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- Students must attend all the classes, workshops retreats as set out for their chosen course of study.
- Home study components will require submission assessments and the instructions for these will be given out with course notes.

Punctuality:

- Students must be punctual for classes. Please arrive 10 minutes before the class begins.

Dress Code:

- All clothing must be modest, neat, clean and comfortable.
- Closed non-slip shoes are recommended for all practical workshops in the interests of safety.
- If there are any special dress and safety requirements for a particular topic your lecturers/trainers will give you advance notice.
- It is also recommended that loose fitting jewellery be removed for safety reasons.

Valuables:

- We cannot accept any responsibility for personal or valuable items.
- It is advisable to keep all purses, wallets and bags under your personal supervision at all times or you should leave them at home.

Duty of Care:

- The safety and welfare or clients, patients and staff are paramount.
- At all times you will display courteous, empathetic attitudes and be prepared to exercise Duty of Care to patients, clients, students and staff.
- All client/patient disclosures must be treated with the utmost confidentiality and their full consent must be given to any treatment offered.
- Should any client/patient sustain injury through any action or negligence on your part you will be immediately judged not competent and may be counseled out of the course.

Telephone Calls:

- No calls will be taken on your behalf, other than genuinely urgent messages. All mobile phones must be switched off during training session.

Food, Alcohol, Drugs, Smoking:

- No eating is allowed in the class or study areas.
- No alcohol or drugs are allowed on any premises at any time. Students who attend classes under the influence of alcohol or drugs will be withdrawn from course. Smokers must ensure that they use only designated smoking areas and they remain sensitive to the rights of others. This includes outdoor areas.
- No smoking in study areas.

Visitors:

- No visitors are allowed in the training areas for reasons of safety, privacy, and confidentiality of patients, clients and students. If there is an emergency the person should contact the office to

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arrange contact with you.

Housekeeping:

- Please notify trainers if an area is not as safe or clean as it should be.
- You are expected to leave areas clean and tidy.

Health and Safety:

- Always check that the area you are working in is clear of any dangerous objects i.e. ropes, rugs, feed bins, electrical cords, chemicals, damaged appliances or connections, other animals.
- Never run or hurry through an area where there are animals. Wet floors can be dangerous if these have not been marked please notify trainers.
- Observe all industry Codes of Practice relating to prevention of cross infection, handling and disposal of body and chemical wastes, chemical and body substance spills and back care.

Insurance

It is suggested that for your own protection some insurance be obtained, for example income protection. Contact an insurance company for advice.

Membership of the Bowen Therapy Federation of Australasia will provide the necessary information on professional insurance at successful completion of the course.

The student will need an up-to-date Medicare card and/or private health insurance. Students are responsible for their own health care costs.

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SECTION 1

Bowen Therapy

History of Bowen Therapy

Mr. Thomas A. Bowen (1916-1982) developed the Bowen Technique in Geelong, Victoria. After returning from World War II in 1945, he became interested in alleviating human suffering and developed the technique over several years. Without formal health training, he claimed the work was a "gift from God." He later opened a full-time clinic in Geelong and practised there until his passing in 1982.

The 1975 Victorian Government Inquiry into Alternative Health Care Professionals cited Bowen as seeing approximately 13,000 patients per year, based on a 27-week assessment period.

Bowen kept no charts or manuals but allowed six men to observe and document his technique. This documentation was verified by Bowen and his assistant, Rene Horwood, as a true representation of the original technique.

Although he occasionally treated horses, Bowen preferred treating humans. The Bowen Technique has since expanded to treat both animals and humans from birth to old age.

Bowen described the technique as energy being temporarily trapped in one area and then released. Like a musical instrument that must be tuned to perform efficiently, the body reacts to small deviations in vibration frequency or tone. The gentle, non-manipulative Bowen moves aim to restore balance, stimulate energy flow, and support the body's ability to heal itself.

As a complementary technique, Bowen can be used successfully on its own or alongside other healing modalities. Because of its effectiveness, it has gained worldwide acceptance and is now taught internationally.

The technique

The technique provides a very gentle, non-manipulative, non-aggressive sequence of moves or holding positions. These create stimulation of the lymphatic system and assist in the elimination of waste products, speed the flow of nutrients and oxygen that revitalise the body, which in turn improves muscle function and creates a deep sense of relaxation. In theory this then allows the body to re-pattern energy fields to enable physical, mental and emotional healing.

By combining moves, both in placement and combination, the practitioner is able to address the body as a whole or target a specific problem.

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Bowen Therapy is a "complementary" modality, which means it will enhance and complement, and not interfere with, other medical attention.

The technique is simple once mastered and **works on human and animal complaints**, including:

1. relieving pain
2. sore shins
3. back and neck problems
4. bowel problems
5. jaw problems
6. sport and work related injuries
7. foot and ankle problems
8. digestive complaints
9. respiratory complaints
10. frozen shoulder
11. sciatica
12. TMJ
13. stress
14. musculo-skeletal problems from lumbar to neck
15. increasing energy
16. improving behavioural problems
17. encouraging natural movement
18. correcting uneven gait
19. lameness
20. and many more

The information contained herein is not recommended as an alternative to seeking sound medical advice from a professional medical practitioner.

The use of information contained in this document or discussed by the course presenters is at the discretion, and is the responsibility, of the individual.

Bowen Theories

Bowen is based on Tom Bowen's work, with some of the newer theories being Myopractic, Fascial Kinetics, NST, ISBT, EMRT (equine muscle release therapy) and others.

Information regarding any of these theories can be researched on the internet.

Underpinning knowledge and assessment map

Knowledge of the history and development, philosophies and beliefs of Bowen Therapy and its common interpretations, within the health care framework
See Under “Work within a Bowen framework”

Knowledge of the variations of the moves/ procedures from the different interpretations of Bowen Therapy
The following are some of the variations of different interpretations of Bowen therapy:

1. Myopractic - Uses both muscle and skeletal diagnostics to determine the clients' problems. Moves are designed for maximum grip with a pronounced stop at the end of the move to create some vibration in the tissues.
2. Smart Bowen - Uses some basic body diagnosis. Developed from Bowtech methods combined with trigger point positions.

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3. NST - Derived mainly from Bowtech with some influence from Kevin Ryan's interpretation. Uses muscle testing for its diagnostics.
4. Fascial Kinetics - Derived from Bowtech. Has a strong explanation as to how it works, gathered from eastern philosophy and linking it to the body tissue fascia, hence the name. Moves are very smooth without any pronounced vibration.
5. ISBT - Derived from Bowtech. Has an eastern influence both in its treatment points and philosophy.
6. Bowtech - Developed by Oswald Rentsch a student of Tom Bowen. Traditionally developed without any diagnostics using a prescription treatment method of set routines.

Knowledge and understanding of advanced Bowen Therapy techniques.
Assessed at the workshop

Ability to recognise when advanced Bowen Therapy techniques are required in a treatment plan for the best outcome for the client/ patient
Assessed at the workshop

Ability to effectively apply the advanced Bowen Therapy techniques from any of the different interpretations of Bowen Therapy
Assessed at the workshop

Ability to observe, recognise and record the influence of the application of the advanced Bowen Therapy techniques on the client/ patient
Assessed at the workshop

Knowledge and understanding of the best practice Bowen Therapy
See under "Worth within a Bowen therapy framework-Clinic guidelines"

Knowledge of ethical issues in Bowen Therapy
See under 5.1 Principles of Bowen therapy

Knowledge of OHS requirements in the workplace
See Under "Work within a Bowen framework"

Knowledge of the rationalistic, analytical approach to an understanding of disease
See under "Work within a Bowen framework"

Knowledge of the effects of Bowen Therapy on the body structures
See under "Work within a Bowen framework". In addition to this, bones and consequently joints are strongly influenced by the cross fibre moves. Well- designed moves will realign the skeleton, balance the hormones and nervous system.

Ability to identify prominent bones/structure, body landmarks and skeletal muscles
Assessed at the workshop

17 areas connected to an understanding of the human body
Refer to Anatomy and Physiology

Element 1. Demonstrate knowledge of complementary therapies

1.1 Principal therapies complementary to Bowen therapy are identified
See under "Work within a Bowen framework"

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1.2 General information on principal complementary therapies is provided
See under “Work within a Bowen framework”

1.3 Primary focus and major differences between physiotherapy, osteopathy, chiropractic therapy, massage therapy and Bowen therapy are explained
See under “work within a Bowen framework”. No.3.3

1.4 The characteristics of allopathic and naturopathic approaches to treatment are described
See under “Work within a Bowen framework”. No. 3.4

1.5 Relationships between conventional, complementary and alternative medicine or approaches to treatment are outlined with the role of Bowen therapy described within this framework
See under “Work within a Bowen framework”. No. 3.5

Element 2. Apply knowledge of anatomical and physiological terminology and principles to Bowen Therapy treatments

2.1 Relevant anatomical and physiological terminology is used in the development of treatment plans

All your records of assessment and treatment plans would be written in the common language used by all health professionals which is medical terminology. This not only assists other practitioners they may from time to time have to take over your clients in your absence but will be an accepted source of information in legal cases and in referrals.

Heather: this page and page 23 are from the human Cert IV framework. Not on your list, so they stay for now.

2.2 Relevant anatomical and physiological terminology is explained as necessary to the client/ patient in performance of Bowen therapy treatments.

As a Bowen therapist, education should be your chief work and so it will be necessary to explain some of the client’s problems using commonly known medical terminology. Although you will need to interpret those areas that they may not understand.

2.3 The relevant knowledge of anatomy and physiology is applied in Bowen therapy treatments
Bowen therapy is a modality that lives anatomy and physiology. All its discoveries are based on the body’s principles. Muscles move bones is a clear example as to how Bowen therapy works side by side with physiology. When bones are clearly out of alignment then you will able to apply the relationship to the muscle that was responsible for the movement.

2.4 Relationships of the body’s systems and functions are integrated in the conduct of Bowen therapy treatments.
This was clearly mentioned above.

2.5 Principles of the body’s systems and functions as they relate to Bowen therapy treatments are applied in the provision of aftercare recommendations, service and advice.
Addressing Postural issues is an important aspect of the successful recovery of a client. To put it simply poor posture is a state of muscular imbalance whereby one or more muscle groups are dominant while

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the other opposing groups are weak. Applying this principle client homework in the form of corrective stretches and exercises is utilising the body's principles to bring about a positive change.

Element 3. apply techniques of different Bowen schools or advanced Bowen techniques in Bowen therapy treatments

3.1 Different schools of Bowen therapy are identified

Myopratic, Smart Bowen, NST, Fascial, ISBT and Bowtech

3.2 Factors that may interfere with the effectiveness of proposed advanced Bowen treatments are outlined
The client may be too sensitive to the treatment, The problem may have been there too long. The client may be too old or sick to obtain benefits from the technique.

3.3 Advanced techniques of any school additional to those in traditional basic Bowen moves are demonstrated in treatment of prescribed conditions.
Assessed at workshop

3.4 Additional techniques employed are detailed and recorded
It is important to keep a record of all your treatments techniques including the additional ones that you employ to obtain the improvement that you are looking for.

3.5 Attributed outcomes associated with the techniques employed are evaluated in a clinical setting in terms of patient response.

In order to measure your success or failure with your techniques it is important to use a measurement of some kind. For example, having the patient rotate their head from side to side before treatment and afterwards supplies you with a patient response that will tell you whether you have succeeded or not, and to what degree the technique worked.

Element 4. develop professional expertise

4.1 Conditions and/or treatments in which research is to be undertaken are defined

It is obvious that when you undertake any research with your work as a Bowen therapist that you define the area of research. Are you researching a structural imbalance, a disease, or a new technique?

4.2 Conditions and/or treatments in which research is to be undertaken are defined
List your objectives and also the requirements that you will need to complete the task.

4.3 Research strategies are described
The strategies that you will need to employ to be able to reach your objectives need to be defined. For example, if you are researching a new technique, will you perform the research on everyone who has a particular problem, or on all people?

4.4 Literature and/or clinical studies are accessed, analysed and evaluated
If available, you need to be able to access information that other people have developed. There is an old saying: "why reinvent the wheel".

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4.5 Research outcomes in case presentations and/or literature reviews are professionally presented
When it comes time to release your research outcomes, ensure they are professionally presented. Perhaps you could use other researchers' articles as guidelines. For example, scientific studies are published in journals such as JAMA. Journals such as these are available in hospital libraries.

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SECTION 2

Occupational health and safety

Occupational health and safety guidelines

WorkCover OHS regulations will be adhered to.

No matter how experienced you are, please prepare yourself for an adverse reaction from the animal you are treating. No matter how small or large, or how long you have been working with or handling an animal, they can all bite, scratch or kick.

Whilst all reasonable care has been taken to ensure the health, safety and welfare of both humans and animals attending this course, we cannot be held responsible for accidents occurring which are beyond our control.

Safety requirements: animal

1. Check the area is safe, with no dogs, ropes or other equipment around that could cause you or your patient damage.
2. Electric fences are off.
3. Ensure leads are in good condition.
4. Remove any other animal if possible, so as not to upset the animal in your care.
5. Is the area safe from interruption?
6. Is the area free of objects lying on the ground?
7. Is a safe area available?
8. Is it as flat as possible?
9. Is a competent person available to assist you?
10. Carry all equipment with you.

Safety requirements: location

1. Note emergency exits, both on the property and on roads travelled, in case of fire.
2. Many locations have their own fire drill. It is your responsibility to be aware of these.
3. Is there a problem with the terrain? Can you get your vehicle on and off the property?
4. Obtain clear directions to the property.
5. Obtain clear information on the condition of the animal.
6. Is there mobile phone reception?

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SECTION 3

Client information

The first visit

1. Time taken for the first visit can depend on the problems you are presented with but allow at least one hour for the initial consultation.
2. Gather as much information as you can on the location of the property and the problem with the patient. This could assist with what you need to take with you.
3. Explain costs: hourly rate plus travelling?
4. Is WorkCover to be considered?
5. After-hours service: phone number and charges provided.
6. Home visits are recommended for all animals. They are more relaxed in their own environment and the treatment is not "undone" on the way home.
7. Proof of qualification and identity: carry these with you in case they are requested.
8. Explain the preferred conditions for treatment, for example a shed, shade or a flat area, and how the animal is to be contained or restrained. Remember the OH&S information.
9. Ask the owner if there are any questions.
10. Give the owner a care plan for the next few days.

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SECTION 4

Your presentation

Professional presentation

1. Arrive on time, or contact the client to keep them informed of any delays.
2. Introduce yourself in a professional manner.
3. Greet the patient in the manner of its breed. This will be explained in the course.
4. Ask to be taken to the patient.
5. Explain to the client what you want them to do if the patient reacts to your treatment, and what the patient's reaction could be.
6. Ask the client to walk the patient out (if possible) so you can watch the patient's movements and check for results.
7. Ask for the client's observations of the patient.
8. Explain to the client the expectations of the treatment and the changes which could occur over the next few days.
9. Give exercise information if necessary.
10. Wash hands and boots prior to leaving the property.
11. Be polite but firm with your information and follow-up treatment requests.
12. Record all client information.
13. Always be clean, neat and tidy.
14. Remember privacy regulations.

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SECTION 5

Ethics, equality and compliance

Code of ethics

- Demonstrate commitment to provide the highest quality Bowen Therapy and animal care to those who seek our professional service.
- Acknowledge the inherent worth and individuality of each person by supporting and treating colleagues, peers and clients with courtesy.
- Demonstrate professional excellence through regular self-assessment of strengths, limitations and effectiveness, and by continued education and training.
- Acknowledge the confidential nature of the professional relationship with clients and respect the client's right to privacy.
- Conduct all business and professional activities within our scope of practice and project a professional image.
- Avoid claims of cure or alleviation of medical conditions.
- Accept responsibility to do no harm to the physical, mental or emotional wellbeing of ourselves, our clients and associates.
- Work with respect and integrity to the highest good of the client and refrain from sexual misconduct.

Anti-discrimination legislation

At no stage will discrimination be tolerated in any form by lecturers, students or clients, and such breaches should be brought to the notice of the office.

Reference: Anti-Discrimination Act 1991.

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SECTION 6

Clinical record and assessment

Care advice before and after a Bowen treatment

- Animals may relax and may even go to sleep after treatment.
- If an animal falls asleep during treatment it has had enough.
- Animals may drink a large amount of water after treatment.
- An animal's personality may change.
- Gentle walking after the treatment, or light exercise as you recommend for the welfare of your patient. Depending on the animal's situation a week off work may be beneficial.
- Any vaccinations should be at least 4 days after a treatment or at least 1 week prior.
- Do not worm the animal for at least 4 days before or after a treatment.
- Any dental work should be finalised 4 days prior to treatment.
- Do not put the animal on a walker or swim it in one direction.
- Try not to constrain the animal for at least 2 days so the healing process has the best opportunity to work.
- Do not use heat or cold pads, ultrasound etc. for at least 4 days after treatment.
- Changes in the animal could be noticed up to 5 days after treatment.
- A follow-up treatment is recommended in 1 week.
- If there is a possibility the animal has re-injured itself, a repeat treatment is recommended as soon as possible.

Contra-indications

Do not use the coccyx procedure if there is a possibility of pregnancy.

Possible changes to the animal during or after treatment

- The back may straighten
- Gait may improve
- Hair may stand up
- Lustre and texture of the coat may improve; the removal of toxins by improved lymphatic drainage will improve the condition of the coat
- The coat could change direction
- Fluid could move into the legs

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Palpation tests

Spinal: gentle pressure along both sides of the spine to check for flinching or bounce.

Nerve: does the animal flinch when you run your fingers approximately 3 inches (8 cm) from the edge of the spine?

Shoulder: bend the front foot back; it should nearly touch the lower leg. The greater the distance from the foot to the leg, the greater the problem in the shoulder on that side.

Diagnostic technique for an animal

Dr Brian McLaren has very kindly given his consent for his technique to be taught in this course.

Flexion tests

Flexion tests are non-conclusive but nevertheless are a tool to guide us to a lameness site. The diagnostic technique for animals will present you with this information first.

Interpretation of a suspect problem as a result of a flexion test or a reaction to palpation should be confirmed by ultrasound or radiograph if you or the owner requests that service. Only then can a more accurate diagnosis result.

Assessment checks for animals

These can vary with the animals presented.

- Do not pat or rub the animal during treatment
- Focus on the animal
- Do not make eye contact
- Stay relaxed but alert yourself
- Don't overdo the treatment: less is best
- Watch if the animal is sore; it may get aggressive

Be a detective

Treat what you see and feel.

Use your eyes

Watch the animal walk from all directions if possible: front, side and back.

- What is the head doing?
- What are the legs doing?
- What is the tail doing?
- Is it stepping short?
- Is it swinging its legs?
- Is the rump level?
- Is there any clicking in the joints?
- Is the animal placing its back legs in line with the front? (Tracking correctly)
- What are the shoulders doing?
- Is there any swelling?
- Is there any deformity?
- Is the animal dragging a foot?

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- Watch the animal at an easy trot or run if possible from all sides and see if any of the above change
- What is the surface of the ground like?
- Are there any visible injuries?
- What is the condition of the feet?
- What does the animal do when asked to move in a circle, in both directions?

Use your hands

- Is there any heat?
- Is there any spasm?
- Is there any other reaction to your touch?

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Animal analysis form and case card

OWNER _____
ADDRESS _____
POST CODE _____
PHONE (H) _____
PHONE (W) _____
MOBILE _____
VET _____
VET PHONE _____
FARRIER _____
FARRIER PHONE _____

ANIMAL'S NAME _____
SPECIES _____
BREED _____
SIRE _____
DAM _____
COLOUR _____
SIZE _____
WEIGHT _____
BORN / AGE _____
MARKINGS _____
DISCIPLINE _____
DATE _____

Conditioning: Low ☐ Moderate ☐ High ☐ Overweight ☐ Underweight ☐

Key points

☐ Long
☐ Where
☐ When
☐ Vet
☐ Masseuse
☐ Chiropractor
☐ Acupuncture
☐ Alternatives
☐ Worse
☐ Lifestyle
☐ History
☐ Future

Does your animal suffer from

☐ Abscesses
☐ Sore shins
☐ Joint and tendon problems
☐ Sore or cold back
☐ Swollen knees
☐ Haematomas
☐ Vertebrae problems
☐ Foot problems
☐ Lymphatic and swelling problems
☐ Lactic acid associated problems
☐ After-exercise stiffness
☐ Pulled ligaments
☐ Muscle and jarred shoulder problems

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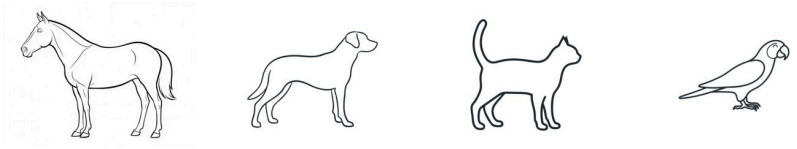
Major complaints: where, what, when and how

History of present problems

History of past problems

Examination and palpation

Mark what you find on the outline that fits the animal.



Treatment

Maintenance program

Additional comments

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Health care chart (animal)

DATE _____ CLIENT _____ PET _____

Heart	Normal ☐	Ears	Normal ☐
Urogenital system	Normal ☐	Eyes	Normal ☐
Digestive system	Normal ☐	Mucous membranes	Normal ☐
Lungs	Normal ☐	Teeth score	1 · 2 · 3 · 4 · 5
Skin	Normal ☐	Lymph nodes	Normal ☐
Nervous system	Normal ☐	Body score	1 · 2 · 3 · 4 · 5
Musculoskeletal system	Normal ☐		
Body weight	..... kg	Vaccination	Current / overdue
Pulse	.....	Flea control	Current / overdue
Respiration	.....	Parasite prevention	Current / overdue
Temperature	.....	Heartworm	Current / overdue

Comments

Treatment plan

Teeth score: 1 healthy teeth and gums · 2 gingivitis · 3 early periodontal disease · 4 moderate periodontal disease · 5 severe periodontal disease. **Body score:** 1 emaciated · 2 poor · 3 ideal · 4 solid · 5 obese.

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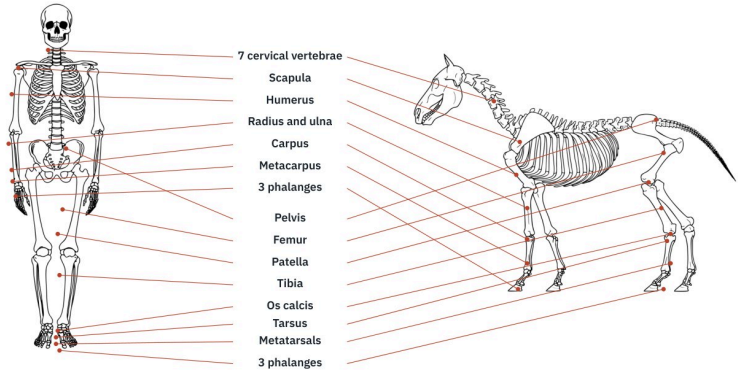
SECTION 7

Animal and human skeletal points comparison

Skeleton of horse and man compared

The horse stands on the equivalent of our fingertips and toes. Once you see which joint answers to which, the horse's leg makes sense.



Skeleton of horse and man compared. The same bones, named once in the middle, with a line to each.

HORSE	HUMAN EQUIVALENT	NOTE
Shoulder blade (scapula)	Shoulder blade	The horse has no collarbone; the forequarter hangs in a sling of muscle.
Elbow	Elbow	Sits against the body, level with the bottom of the chest.
Knee	Wrist	The horse's "knee" is the carpus, a wrist.
Cannon bone	Middle finger bone (metacarpal)	One bone carries the leg; the splint bones are the vestiges of two more fingers.
Fetlock	Knuckle	The joint that drops almost to the ground at the gallop.
Pastern	Finger bones	The long and short pastern bones.

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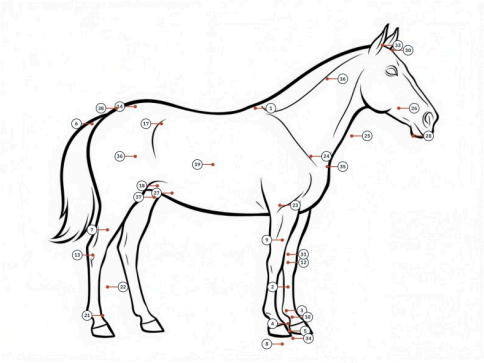
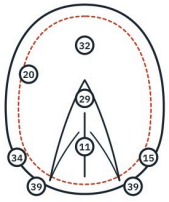
Hoof	Fingernail and fingertip	The coffin (pedal) bone sits inside the hoof.
Stifle	Knee	The true knee, with a kneecap (patella).
Hock	Ankle and heel	The point of the hock is the heel bone.
Hip	Hip	The point of the hip is the tuber coxae of the pelvis.

Points of the horse



1	Withers	11	Cleft of frog	21	Fetlock	31	Forearm
2	Cannon bone	12	Knee	22	Tendons	32	Sole
3	Fetlock joint	13	Hock	23	Elbow	33	Poll
4	Pastern	14	Loin	24	Shoulder	34	Wall
5	Coronet	15	Angle of heel	25	Gullet	35	Point of shoulder
6	Dock	16	Crest	26	Projecting cheek bone	36	Hip joint
7	Second thigh	17	Point of hip	27	Flank	37	Point of stifle
8	Foot	18	Stifle joint	28	Curb groove	38	Croup
9	Chestnut	19	Ribs	29	Frog	39	Heels
10	Ergot	20	White line	30	Forelock		



The foot from below. 11 cleft of frog · 15 angle of heel · 20 white line · 29 frog · 32 sole · 34 wall · 39 heels

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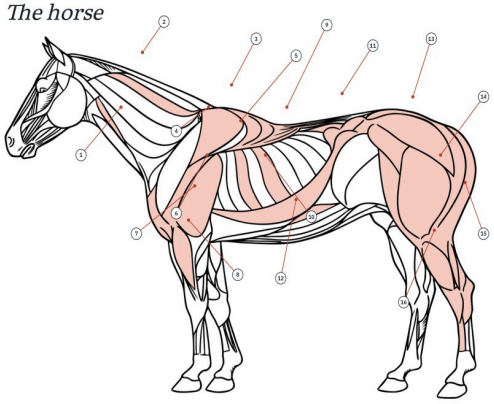
Deeper muscles of animals

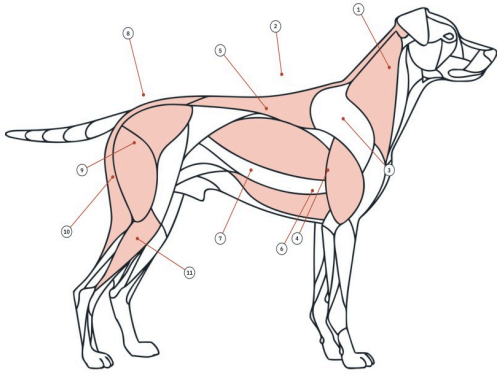
The horse



1 Brachiocephalicus
2 Splenius
3 Trapezius
4 Supraspinatus
5 Infraspinatus
6 Deltoid
7 Triceps
8 Pectorals
9 Latissimus dorsi
10 Serratus and intercostals
11 Longissimus dorsi
12 External abdominal oblique
13 Gluteals
14 Biceps femoris
15 Semitendinosus
16 Gastrocnemius

The stress points in the treatment section sit on the muscles named here: the neck (brachiocephalicus, splenius), the shoulder (supraspinatus, infraspinatus, triceps), the back (longissimus dorsi, running the length of the spine), the hindquarter (the gluteals, biceps femoris, semitendinosus) and the gaskin (gastrocnemius).

The dog



1 Brachiocephalicus
2 Trapezius
3 Deltoid and shoulder
4 Triceps
5 Latissimus dorsi
6 Pectorals
7 External abdominal oblique
8 Gluteals
9 Biceps femoris
10 Semitendinosus
11 Gastrocnemius

The same groups do the same jobs in the dog: the brachiocephalicus swings the foreleg forward, the gluteals and hamstrings (biceps femoris, semitendinosus) drive from behind, and the longissimus carries the back.

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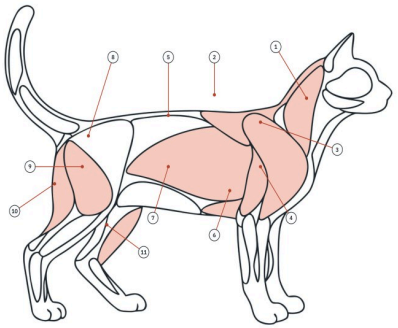
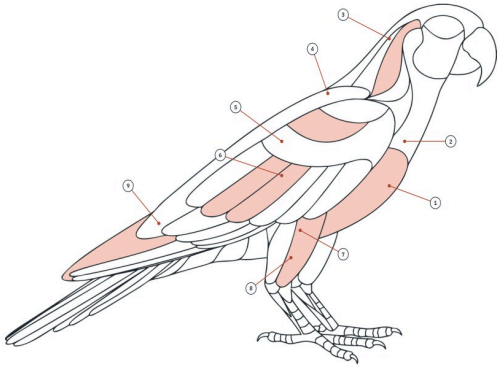
The cat



1 Brachiocephalicus
2 Trapezius
3 Deltoid and shoulder
4 Triceps
5 Latissimus dorsi
6 Pectorals
7 External abdominal oblique
8 Gluteals
9 Biceps femoris
10 Semitendinosus
11 Gastrocnemius

The cat is built like the dog but looser: the shoulder blade floats in muscle, the back muscles are long and elastic, and the hindquarter is built for the spring rather than the trot.

The bird



1 Pectoralis (breast)
2 Supracoracoideus
3 Neck muscles
4 Deltoid and shoulder
5 Biceps (wing)
6 Triceps (wing)
7 Iliotibialis (thigh)
8 Gastrocnemius (drumstick)
9 Tail muscles

In birds the breast muscles (pectoralis and supracoracoideus) do the work of flight; the legs carry the bird on the ground and the neck carries the head, which does much of what a hand does for us.

Heather: the shading and labels on all three are placed from standard veterinary charts and are approximate. Tell me any to move, add or remove, and a vet should read them before print.

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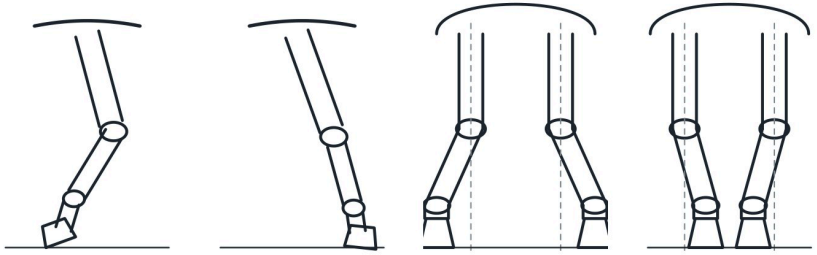
SECTION 8

Observe and assess movement

Diarthrodial joints: movements of the limbs

A diarthrodial joint is a freely moving joint. The joints of the limbs move in four ways.



A · Flexion. The joint closes.

B · Extension. The joint opens.

C · Abduction. The limb moves away from the midline.

D · Adduction. The limb moves towards the midline.

Supporting leg interference

This occurs when the striding hoof contacts the opposite limb (the supporting leg). Front legs can hit each other, or hind legs can hit each other, at the hoof, pastern, fetlock, cannon or knee. This is commonly called "brushing".

Striding leg interference

Striding leg interference occurs when the hind leg and the folding foreleg on the same side come into contact.

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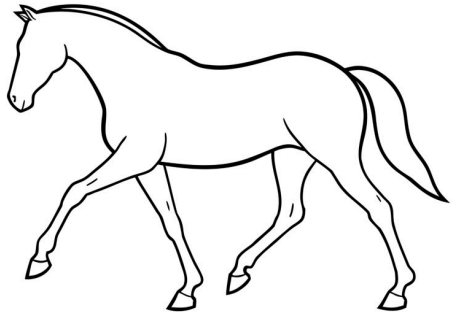

Forging. The toe of the hind hoof about to strike the front hoof at the trot.

- **Forging.** The toe of the hind hoof contacts the sole or shoe of the front hoof. This is the "click click" sound commonly heard at a slow trot. It often occurs in young, unbalanced horses but usually disappears as the horse matures and gains strength.
- **Over-reaching.** The toe of the hind hoof hits the heel of the front hoof, often resulting in deep lacerations.
- **Scalping.** The toe of the front hoof hits the front of the hind hoof, at about the coronet.
- **Speedy cutting.** The front hoof (usually the outside quarter of the hoof) hits the inside of the hind leg, anywhere between the pastern and the hock, at a canter or gallop.

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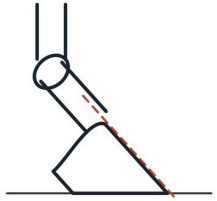
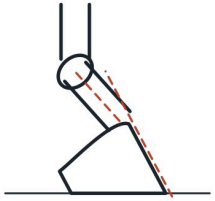
Hoof care

Most of the faults below come from overuse of the rasp.



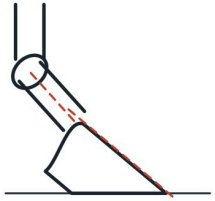
Correct

Correct. A full bearing surface at the toe and both heels.



Dumped toe

Dumping the toe. Excessive toe has been rasped away. This reduces the bearing surface and may expose the underlying soft horn.

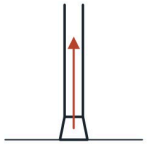


Uneven bearing

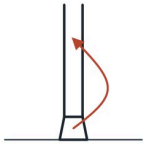
Uneven bearing surface. The toe and the opposite heel, or one side of the foot, have been over-dressed, so the hoof no longer meets the ground level.

Deviations in the flight of the hoof

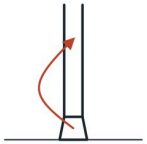
These defects can be classified as deviations in the flight of the hoof, striding leg interference and supporting leg interference.



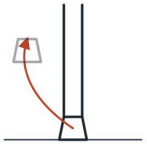
Straight



Paddling



Dishing



Rolling

- **Straight.** Correct. The hoof travels forward in straight line.
- **Paddling or winging out.** Associated mostly, but not always, with pigeon toes. The hoof swings outwards as it is carried forward.
- **Dishing or winging in.** Associated with toed-out conformation. The hoof swings inwards in flight.
- **Rolling.** The horse places the hoof in front of the opposite leg, as if tightrope walking.
- **Choppy action.** A short, quick, irregular stride.
- **Pounding.** Associated with a straight shoulder, an excessively heavy forequarter or a long weak back. The front hooves contact the ground with a heavy concussive force.

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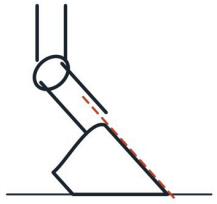
Conformation and flight patterns: the hoof and pastern

Normal conformation and deviation from normal

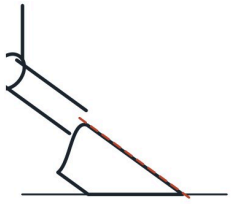
Viewed from the side, the hoof should be at the same angle as the pastern. A broken angle results in excessive stress on the joints of the lower leg. The angle of the pastern to the ground should be 45 to 50 degrees, because this angle is best for absorbing concussion and greatly reduces the risk of injuries to the joint, tendons or ligaments.

The hoof should be of good size, rounded and set wide at the heels. The frog should be large and fleshy. When the hoof hits the ground the heels spread and the frog comes in contact with the ground. This absorbs the concussive shock and pumps blood back up the leg, a vital aspect of lower leg circulation. The hoof wall expands slightly at the neck and heels when the hoof hits the ground; this action also absorbs concussion.



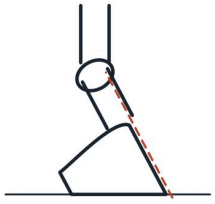
a · Normal

Normal foot. Hoof and pastern on one axis at 45 to 50 degrees.



b · Sloping

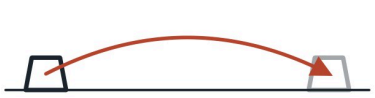
Sloping foot. A long, low axis.



c · Upright

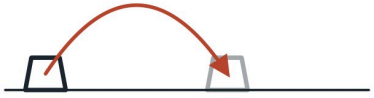
Upright (stumpy) foot. A short, steep axis.

Stride elevation



Sloping pastern

Sloping pastern. A long, low stride.



Upright pastern

Upright pastern. A short, high, jarring stride.

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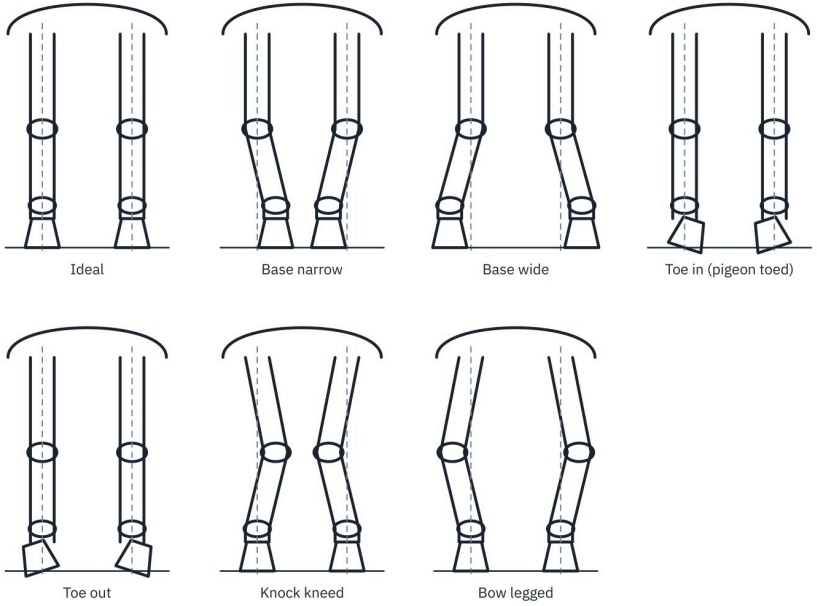
Conformation of the legs

In the diagrams below the ideal conformation results in an imaginary line running down the centre of the leg from the point of the shoulder to the centre of the hoof. The weight is borne evenly down the leg and, in action, the leg moves forward in a straight line.

The limb deviations shown result in excessive stress along one side of the limb, which may result in strains or concussive injury. The deviations will also affect the swing of the legs: for example, the pigeon-toed stance will result in a winging-out or paddling action, whilst the toed-out stance will result in winging-in or dishing, which may cause interference with the opposite limb. Stress forces move away from the centre of the leg. These affect both the length of stride and the wear and tear of the joints of the foreleg.

Front legs, seen from the front



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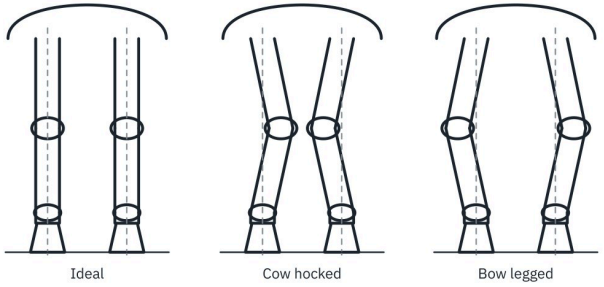
Front legs, seen from the side

Hind legs, seen from behind



Conformation of the deviation of the pastern

When the pastern and hoof do not align with the leg, the uneven stress predisposes the horse to degenerative diseases of the pastern joints (for example ring bone).

The pastern should be of medium length with a good slope, between 45 and 50 degrees, to provide good shock-absorbing capacity. If the pastern is too short or too upright then concussion is poorly absorbed, giving a jarring stride. If the pastern is too long or too sloping then the fetlock is poorly supported, resulting in excessive strain of the ligaments and tendons along the back of the leg, and sometimes the sesamoid bones at the back of the fetlock become damaged.

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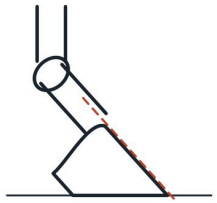
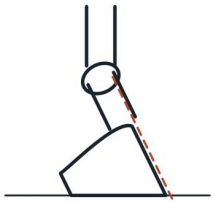


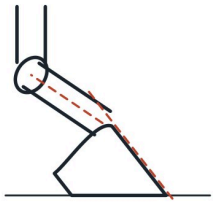
Correct pastern

Correct. One unbroken axis.



Upright

Upright. Short and steep; concussion is poorly absorbed.



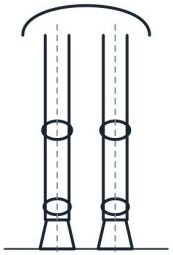
Broken angle

Sloping with a broken angle. The pastern slopes more than the hoof; the fetlock is poorly supported.

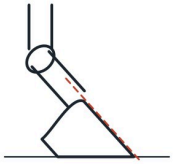
At every stride when galloping, or landing over a jump, the fetlock joint comes almost to the ground. This stretching is controlled by the flexor tendons and the suspensory ligament, and the strain is shared by these structures. Extra stress usually falls upon the suspensory ligament and some of its fibres may be torn. Over-flexion of the fetlock joint can result in strained tendons and ligaments and fractured sesamoids.

Evaluation of farrier procedures

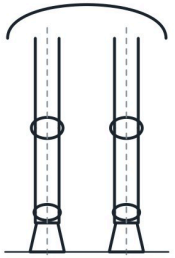
All horse owners need to develop basic skills in evaluating farriery procedures. Many unsoundness problems or poor performance could result from less than good hoof care. Four checks:



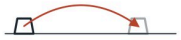
From the front. The plumb line from the centre of the leg should split the hoof in half: A should equal B.



From the side. Check the hoof-pastern angle: one straight axis at 45 to 50 degrees.



From the rear. Check for a level bearing surface: both heels meet the ground together.



From the side, in motion. Check the flight pattern: the hoof should travel forward in a smooth, low arc.

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SECTION 9

Working within a Bowen Therapy framework

Work within a Bowen framework

> **Heather:** this section (pages 62 to 77) is the human Cert IV framework text with Queensland legislation. Not on your list, so it is set here as it was, auto-typeset and lightly proofread.

Underpinning Knowledge

Knowledge of philosophical tradition of Western and Eastern body therapies Western therapy has evolved from the early pioneers of Paracelsus and Pasteur and others to modern day medicine as found in western countries such as Europe, America and Australia. It believed that disease is caused by germs, viruses or toxins: although it admits that it does not know the cause to most diseases. It uses mostly synthetic drugs to produce the opposite reaction to the local symptom or process. For example contracted bronchial (windpipe) is creating difficulty in breathing and therefore a drug that possesses a dilating (opening) effect will obviously improve the symptoms. This western approach is known as allopathic or orthodox medicine.

Eastern therapy has evolved over thousands of years particularly form China where disease is considered a state of imbalance caused by an energy disturbance. It believes that energy flows through certain channels in the body to each organ. If the energy supply is either deficient or too high then the tissue or organ will become abnormal in its function. Treatment to rectify the imbalance is given by herbs, acupuncture or by rubbing certain points. This eastern approach is called traditional Chinese medicine.

Bodywork may also be divided up into western and eastern approaches, although there is some overlapping in some areas. Physiotherapy, chiropractic, osteopathy and many soft tissue techniques including massage come more from a western approach following the idea that there is a specific problem or symptom that can be located requiring a specific correction. Acupressure, shiatsu and other meridian based bodywork systems are derived from the east and are concerned more with energy flows that may be interrupted anywhere in the body which in turn will create a disorder of some kind. Bowen therapy while its approach is more western, it nevertheless, has some of the eastern concepts in its understanding.

Knowledge of the history and development of Bowen Therapy See under this section headed ‘1.2 history of Bowen therapy’ Knowledge of the effects of Bowen Therapy on the body surface Bowen Therapy sees the body in terms of energy flows as well as proper body physical alignment. A mechanical distortion caused by a soft tissue “knotting up” may obstruct the energy from flowing to its destination. This soft tissue abnormality is referred to as a muscular lesion. A muscle lesion may create

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local pain, discomfort or reduced mobility, or it may create referred pain or various may cause the misalignment of the skeletal system which in turn may impinge on nerves creating pain and bodily dysfunctions.

The Bowen therapy moves are designed to release the muscle lesions and bone misalignments. In doing this the energy, circulation and nerve flow will normalise. The typical Bowen move will within a matter of a few minutes of its execution release lymph pooling in the affected area and begin to cool the heated and irritated spot back to normal.

Knowledge of sociology of health and the health care system The health care system in Australia is made up of the mainstream, more largely accepted western orthodox medical system and alternative health care. While the medical profession is still the most accepted way of a person receiving treatment, in more recent years the alternative methods are more widely sought for. In the main the medical profession is the one to go to in emergencies and for operations to correct conditions beyond the body's ability to repair. However, in the areas of general diseases, alternative health care now offer other stiff opposition to orthodoxy. Companies and government agencies representing health rebates and work care claims cover both systems allowing people to make a fairer choice as to which system suites them best. This is also true in the field of body work.

Knowledge of ethical issues in body therapies The following is a quote from Thurston regarding the general behaviour of practitioners towards their patients and colleagues, "in a general way the same policy will hold in dealing with adult patients as with children; kindness, but firmness, with an even temper and perfect self-possession. N indifference or how impatient, exacting and unreasonable the patient may be, one should never be seen to lose temper, however provoked one may feel. It is better with a few kindly expressed and 'fit words aptly spoken', to bid the patient good-bye and leave saying I will be glad to return and do all I can for you when you can be reasonable and treat me right." Knowledge of OHS requirements in the workplace In Queensland as with other states of Australia legislation have been introduced to ensure that there are regulations regarding safety in the workplace. In Queensland the regulations are under the Workplace Health and Safety Act 1995.

Aim of Act

To ensure that your health and safety is not put at risk because of your association with the workplaces.

Persons covered under the act

- Persons who conduct a business or undertaking
- Employers
- Self Employed people
- Persons in control of workplace
- Principle contractors
- Designers, manufacturers and suppliers of plant
- Erectors and installers of plant
- Owners of specified high risk plant
- Manufacturers and suppliers of substances to be used at workplaces
- Persons in control of buildings or structures used at workplaces

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- Persons in control of fixtures, fittings and plant situated in buildings or structures used as workplaces
- Workers and other persons at workplaces – eg customers and visiting sales people.

If this act applies to you then there are workplace health and safety obligations you must meet.

Workplace obligations

As the first three categories apply to Bowen therapists the obligations that you need to meet are as follows:

- Business - You must ensure the health and safety of each person who performs a work activity for the business undertaking
- Employers - you must ensure the health and safety of each of your workers and the health and safety of yourself. You are also required to ensure the health and safety of other people is not adversely affected by the way you conduct your business and work activities.
- Self-employed - You must ensure that your own health and safety and the health and safety of others is not adversely affected by the way you conduct business and work activities.

Meeting obligations

This can be done in the following ways:-

- Regulations - Either prohibit exposure to a risk or prescribe ways to prevent or minimise exposure to risk.
- Advisory standards - State ways to manage exposure to risks common to industry. To meet your obligations under the act you should follow advisory standards, although you may adopt another way if you think it is more suited to your business or work activity. This flexibility is designed to allow you to choose the most appropriate way to manage exposure to risks at your workplace.
- Industry codes of practice - As under advisory standards you should follow the codes of practice pertaining to your industry, unless you choose more appropriate method according to your circumstances.

Where there are no regulations, advisory standards or codes of practice you may choose your own methods. However you must take reasonable precautions and exercise proper diligence in making sure the risk is managed. At a very least a risk assessment should be conducted to identify hazards and determine appropriate control measures.

Knowledge of the rationalistic, analytical approach to an understanding of disease Disease is a common entity throughout both the animal and plant kingdoms. However at the same time we can observe many living organisms experiencing a state of health whereby they appear to not have any symptoms of disease at all. They appear to have some inbuilt resistance or are living in a environment whereby disease forces are not as strong. In humans this is particularly true because while other life forms live primarily or entirely by instinct, human kind has the power of choice that is governed by the intellect. This power of choice has changed many modern people's environment and lifestyle that is quite diverse from other more simple living peoples and those of the past. In order to understand disease then we need to just digress for a moment.

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The facts are that while we are spending more money year by year then ever before on health care, we are in fact no better off. It is true that we are living longer than people of the past that were subject to a wide range of infectious diseases. However we are suffering from heart disease, cancers and a while host of chronic diseases that are a definite pattern of our modern lifestyle. Contemporary peoples of Northern Pakistan and in the Caucasian mountains of Russia are in fact living to an average of well over one hundred years with an unusual high resistance to disease. These people live a more natural lifestyle which in contrast to ours gives them a greater level of health.

So logic tells me that there are both disease processes and health processes. It tells me that disease processes will gain the ascendency when the external environment is unclean, the vital elements that sustain living organisms are deficient and the living organism has some primary abnormalities within its structure. On the other hand health processes will gain the ascendency when the organism possesses a normal structure. While Bowen therapy needs to have some insight into all of these processes that effect human health in particular we are concerned mainly with structure. We are concerned with making sure that the patient's body mechanics is performing at a high level with minimal or no obstructions.

Knowledge of the empirical lines of evidence used in Bowen therapy At this point in time the procedure of Bowen therapy cannot be proven scientifically. However as with most healing modalities there is ample empirical evidence on which to base a strong foundation.

Assessment, treatment and the philosophy of Bowen Therapy

Assessment

The following evidence has in the past been cited:-

- Palpation of soft tissue reveals knotted areas of muscle fibres
- The viewing of certain areas of the body reveals fluid or lymph pooling
- Tests for the mobility of various joints have been undertaken
- Palpation of bones has revealed misalignments of various kinds
- Client presenting symptoms of pain or discomfort have been recorded
- Various medical tests of specific clients have been noted.

After a few visits Bowen Therapists have corrected all or many of the above assessed states.

Treatment

The following information of treatment procedures are based on well established principles.

- The hollows of edges of muscles if challenged by a certain amount of force will create a stimulatory/ vibratory effect through the muscle fibres which will in turn create the normal proprioceptive response of relaxation.
- Cross fibre moves over crossed and irregular knotted fibres logically will split the irregularities apart, resulting in a comparative smoother and normal area of fibres.

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- Most of the treatment moves of Bowen therapy are performed along the Chinese meridian channels, therefore removal of the muscle fibre blockage and fixated fluid areas will result in an improved energy flow in that area of the body.
- Trial and error over many years have resulted in procedures that produce results despite the scientific proof of what the procedure actually does.

Ability to communicate in group and one-on-one settings

See element 4

Element 1. demonstrate commitment to the central philosophies of bowen therapy practice

1.1 Definition of Bowen therapy and the Bowen therapy technique in treatment is provided

1.2 Historical development of bowen therapy is provided

1.3 Bowen therapy philosophy is explained

1.1 Definition of Bowen Therapy

Bowen Therapy incorporates a series of cross fibre muscle moves using the thumb or fingers to release the tension of various body tissues. It could be likened to a moving acupressure. It realigns the body and the musculature and balances the flow of energy around the spine, extremities and body organs. This technique can assist a wide range of body disorders, including acute and chronic neck, back and joint pain. It also can treat trauma-caused disorders of the feet, knees, wrists, arms and shoulders. Even certain internal organ malfunctions can be assisted with specific routines. All of this information is given out to clients via a clinical brochure.

1.2 History of Bowen Therapy

The Founder
The late Thomas Bowen (1916-1982) developed this very unique form of soft tissue therapy. He had been continuously applying his methods to a wide range of human disorders since the Second World War. His clinic was situated n Geelong, Victoria, and he received recognition form many areas for his outstanding results. Most of the football clubs and other sporting organisations clamoured for his services for their injured players. The regional jail often called for his assistance for an injured inmate and event the horse and greyhound racing trainers rang for assistance. Tom gave his services freely to the physically handicapped. Every fortnight on a Saturday they came to him to experience his magic fingers on special nerve points. Many of them had not had the use of their limbs from birth. Most of these were delighted to be able to feed themselves and even improve their mobility, including in some cases being able to walk for the very first time.

Tom's success could also be measured by the amount of clients that poured into his clinical premises day after day. During his peak years Tom would see up to one hundred clients per day. This amount is magnified still further when one realises they he only say the client for 2 visits spaced one week apart. Tom believed that the second visit was just a check-up or final once over.

The Development
Oswald Rentsch one of Tom Bowen's students started training others in the technique from the mid 1980's onwards. Oswald spread the technique throughout Australia and finally to other countries. Other students of Tom Bowen's technique also trained people in Australia. Various schools nowadays offer different forms of Bowen therapy. The chief ones being Fascial Kinetics, Smart Bowen, NST, ISBT,

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