福田 美穂氏（社会福祉法人 信愛報恩会 信愛病院）
Miho FUKUDA, Shinai Hospital, Social Welfare Corporation Shin-ai Hoon Kai

Hello everybody. My name is Miho Fukuda and I work as an occupational therapist at Shinai Hospital.

Located in Kiyose City in Tokyo Prefecture, Shinai Hospital is a 199-bed hospital with general wards, recovery rehabilitation wards, palliative care wards and sanatorium-style wards that include specialist dementia care wards. With the cooperation of the Japan Animal Hospital Association, animal-assisted activities (AAA) started up at the hospital in 1997, and animal-assisted therapy (AAT) was introduced in 2000.

AAT is a form of adjuvant therapy involving the use of animals as intermediaries that is carried out as a specialized treatment procedure in the context of human medical treatment. Led by medical staff, the treatment consists of setting out one or more therapeutic goals tailored to the needs of individual patients, such as improved psychological, physiological or social functioning, selecting appropriate animals, volunteers and handlers, and also evaluating the therapeutic effects.

At this hospital, AAT sessions take place three times each month on the first, third and fourth Tuesdays, running for one hour from 3:30 pm. The sessions take place in the occupational therapy rooms and are carried out by a staff team that includes three occupational therapists, one medical therapist, two handlers and two activity dogs from the Japan Animal Hospital Association. Usually two or three patients participate in each session. In principle, the therapy is offered to patients who are fond of animals, those who have experienced keeping animals at home, and those who the medical staff judge are likely to improve their motivation as a result of being in contact with animals.

The AAT day begins with a staff meeting to discuss the day's programs. The occupational therapists and medical therapist provide information about the patients who will be coming to the session, the handlers explain what the activity dogs can and cannot do, and then the medical therapist decides which of the activity dogs will be suitable for each individual program.

Next, before moving onto the individual programs, the dogs and the patients enjoy some time interacting together. Two or three programs are then conducted with each patient. After the programs are completed, the dogs and the patients share another short period of interaction time and then the patients return to their own wards. Finally, the staff members hold an evaluation meeting in which they exchange opinions about the day's sessions.

Let me explain the flow of the AAT for the patients from start to finish.

First of all, a rehabilitation staff meeting is held to consider which patients we would like to introduce to AAT, to judge whether each of these patients is suitable for the therapy or not, and to draw up a program plan. Then, in consultation with the patient's primary physician and the chief nurse of the ward, we make sure that the plan is suitable for the patient concerned. After that, the patient observes an AAT session. Lastly, we obtain a consent form signed by the patient and/or a family member agreeing to the patient's participation in the therapy and to video recordings of the sessions, and then the AAT itself can begin.

In principle, individual AAT programs are carried out over a six-month period. A video recording is made of the first session and the last session at the end of the six-month period. Evaluations of physical function and movement ability are also carried out at these times. During the AAT period, the patient's condition during each session and the result of the program are also

recorded. In the case of patients whose conditions we expect to continue to improve, AAT may be continued for longer than six months.

From the introduction of AAT in July 2000 up to the present time, a total of 37 patients—13 male and 24 female—have participated in the program. The majority of these patients have been in their eighties and their most common major medical condition has been cerebrovascular disease, also known as stroke.

Now I would like to give you a partial introduction to the AAT program that we carry out at our hospital.

First, let's look at ball throwing. This patient has light movement paralysis on the right side of the body caused by a cerebral infarction. The patient has difficulty maintaining their balance while standing so they are standing using a walking aid. As they continue to throw the ball (by taking one hand off the walking aid) they are simultaneously practicing maintaining their balance and using their right hand. Also, by seeing the dog fetch the ball happily, the patient is motivated to throw the ball repeatedly many times.

The next practice I'd like to show you is scarf tying. This is the same patient we saw in the previous photo. The intention behind scarf tying is to practice making delicate movements of the right hand and to promote the simultaneous use of both hands. The patient can exercise their own initiative and the practice can also become a cue toward increasing communication with other people. For instance, the patient can choose a scarf that suits the dog, which invites positive comments from surrounding people who tell the patient that the dog looks cute wearing that particular scarf.

In this next practice, the dog jumps through a hula-hoop. This patient also has moderate paralysis on the right side of the body due to a stroke. The patient keeps hold of the hula-hoop in a fixed position and fixed angle using their paralyzed right hand so that it is easier for the dog to jump. This practice is used as a means of rehabilitating the right hand.

After that, the same patient strokes the dog in a standing position. The patient puts their weight on their paralyzed right leg and strokes the dog with their right hand. This exercise combines balanced standing with moving and controlling the right hand as an approach to dealing with the sensory paralysis of the right hand.

Next comes walking using a walking aid. The patient walks together with a member of the rehabilitation staff. The handler controls the dog by adjusting its lead and walking diagonally a little way in front of the patient. In this way, the patient can enjoy walking while calling to the dog.

This next practice is walking the dog using a wheelchair. Due to a subarachnoid hemorrhage, this patient has paralysis along the left side of the body in addition to an attention deficiency on the left side due to a higher cerebral dysfunction that was an after-effect of the hemorrhage. The patient moves their own wheelchair while paying careful attention not to hit the dog that is walking slightly in front on the patient's left side.

Now, let me introduce you to this patient's case.

The patient is a 40-year-old woman who I will call A-san. Three years earlier she had experienced a subarachnoid hemorrhage. Among the aftereffects she was left with motor paralysis on the left side of her body, sensory paralysis and higher cerebral dysfunction. Please refer to the slides for information on the course of the disease and the rehabilitation objectives. Since this patient loves animals, we expected AAT to have a greater than usual rehabilitation effect on her. She had been participating in AAT for two years prior to this time point. The AAT targets were based on the rehabilitation targets, which included seated posture improvement, right hand and feet muscle strengthening, and higher cerebral dysfunction improvement. In the AAT program, our planned approach called for stroking a dog in a seated position, ball throwing, wheelchair walking, and tackling the patient's memory impairment.

This was a therapeutic process. The photograph on the left shows the patient stroking the dog in a seated position at the time when the AAT program began. The patient was afraid to lean her upper body forward or to the left side because it was easy for her to fall over due to the movement and sensory paralysis on the left side of her body, so the range of her right-hand reach was limited. The photograph on the right shows her appearance two years later. In this photograph, her fear of reaching the right hand forward is less pronounced and she can stroke the dog while keeping herself balanced. We can't see much improvement in the sensory paralysis of the left hand and foot, but her ability to balance her right hand and foot has improved. With the improvement in her seated postural balance, the patient has become able to keep stroking the dog without falling down even when seated in a place without back support.

In addition, there has been an improvement in her endurance. She is able to move the wheelchair a greater distance by herself and at present she can move around almost anywhere inside the ward by herself. She takes part in rehabilitation sessions five or six times each week apart from AAT, so we can't judge that her improvement is due to AAT alone, but certainly AAT, which she undertakes three times a week, has made a contribution to her improvement as an adjuvant therapy.

In summary, in AAT, an occupational therapist or a physiotherapist chooses an animal that best meets the objectives of the individual patient, plans a program that includes the movements they wish the patient to practice intentionally, and then carries out the program. Also, a handler controls the dog in accordance with the program while paying attention to the behavior of the dog. Meanwhile, the patient relaxes in a pleasant atmosphere while interacting with the dog, and is consequently more able to move in order to engage with the animal on their own initiative. The patient's movements as a result of this process are more natural than would be the case if they were not interacting with the animal, and this also motivates the patient to move more as witnessed by increases in number of times a given movement is performed or in the duration of the exercise. For this reason, AAT is considered useful as an adjuvant therapy for rehabilitation. For information on reference books on this subject, please look at the slide.

Let me close by saying that I obtained prior agreement from the patients concerned to show the pictures used in this presentation. Thank you very much for listening.

当院における動物介在療法（AAT）の取り組み

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【Slide 1】

はじめに

社会福祉法人信愛報恩会
信愛病院

・東京都清瀬市
・一般病棟、回復期リハビリテーション病棟、緩和ケア病棟、介護療養型病棟（認知症専門病棟36床含む）など全199床
・1997年～AAA導入
・2000年～AAT導入

【Slide 2】

AATとは（CAPP活動マニュアルより）

AAT(Animal Assisted Therapy)

人間の医療の現場で専門的な治療行為として行われる動物を介在させた補助療法。
医療従事者の主導で実施。
精神的・身体的機能、社会的機能の向上など、治療を受ける人に合わせた治療目標を設定し、適切な動物とボランティア（ハンドラー）を選択、治療後は治療効果の評価を行う。

【Slide 3】

当院のAAT①

・頻度：月3回 （第1、3、4火曜日） 15：30～16：30
・スタッフ：作業療法士3名、理学療法士1名、ハンドラー2名＋活動犬2匹
・場所：作業療法室
・対象患者：2～3名
（動物好き・原則として飼育歴あり・動物の介在で意欲向上が見込める）

【Slide 4】

当院のAAT② 1日の流れ

1. ミーティング
2. ふれあい
3. AATプログラム
（1人2～3種類）
4. ふれあい
5. 反省会

【Slide 5】

当院のAAT③ 導入～終了まで

ミーティング	症例紹介・適応判定・プログラム立案
↓	担当医・病棟看護師長への確認
見学・同意書	AAT参加、ビデオ撮影同意
↓	
開始	初回 ビデオ撮影、心身機能・動作能力評価
↓	
（約6ヶ月継続）	各回の記録
↓	
終了	最終 ビデオ撮影、心身機能・動作能力評価

【Slide 6】

患者内訳 2000年7月-2012年2月

・現在まで37名参加（男性13名 女性24名）

【Slide 7】

プログラム紹介① ボール投げ

【Slide 8】

プログラム紹介② スカーフ結び

【Slide 9】

プログラム紹介③ フラフープ跳び

【Slide 10】

プログラム紹介④ 立位でなでる

【Slide 11】

プログラム紹介⑤ 散歩(歩行器)

【Slide 12】

プログラム紹介⑥ 散歩(車いす)＋左側に注意を向ける

【Slide 13】

症例紹介

A氏 女性 40代

病名(障害):くも膜下出血(左片麻痺,感覚麻痺,高次脳機能障害)

経過: X−3年 発症 急性期病院を経て同年当院一般病棟に入院
X−2年 当院介護療養型病棟に転棟
リハビリテーション(PT OT ST)週5-6回実施
AAT開始

リハビリテーション目標:座位バランス改善 左手足の機能改善 体幹・右手足の筋力強化,高次脳機能障害改善(左側への無視,記憶障害,自発性の低下など)

AAT目標:座位バランス改善 右手足の筋力強化 高次脳機能障害改善

AATプログラム:座位でなでる(ブラッシング) ボール投げ 車いす散歩
記憶へのアプローチ(当日の活動犬の名前,プログラムの想起)

【Slide 14】

症例紹介 座位でなでる(ブラッシング)

X−2年 開始時

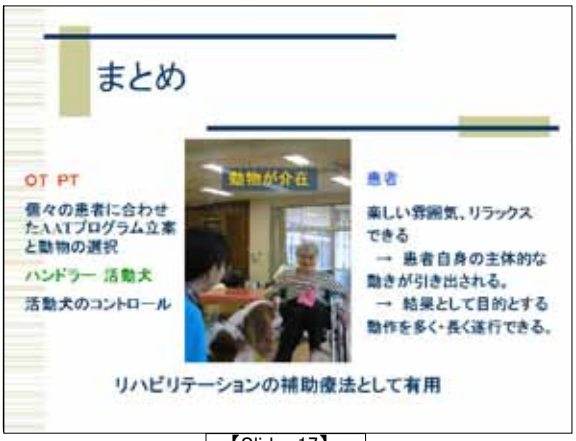
X年

【Slide 15】

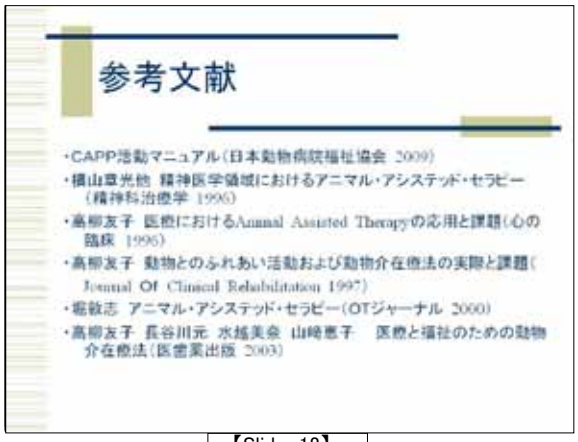
症例紹介 座位でなでる(ブラッシング)

X年

【Slide 16】



【Slide 17】



【Slide 18】

【Slide 19】