



(Place your scripture, quote or photo here, i.e.)

*“Do not be conformed to the pattern of this world,
but be transformed by the renewing of your mind
That you may be able to test and approve
what the will of God is,
his good, pleasing, and perfect will.”*

-Romans 12:2

Introduction to Rehabilitation Therapy

Britt Carr Benson, DVM, DACVSMR, CCRT

*Diplomate of the American College of
Veterinary Sports Medicine and Rehabilitation*

Certified Canine Rehabilitation Therapist



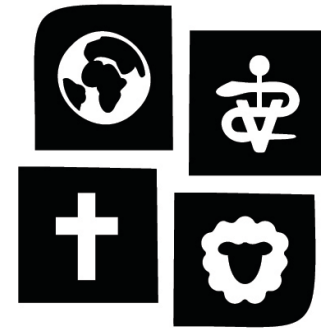
**CVM
Veterinary
Conference**



Acknowledgements

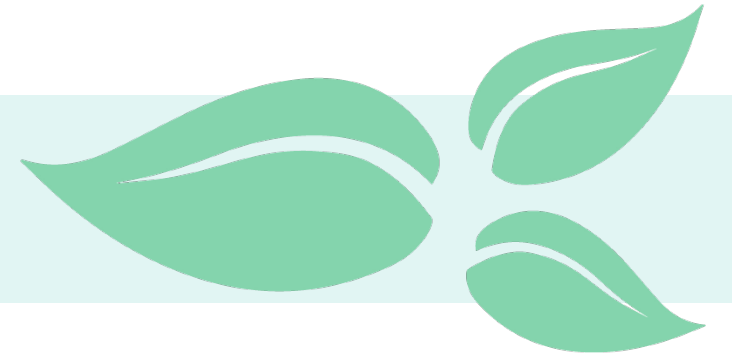


- Christian Veterinary Mission



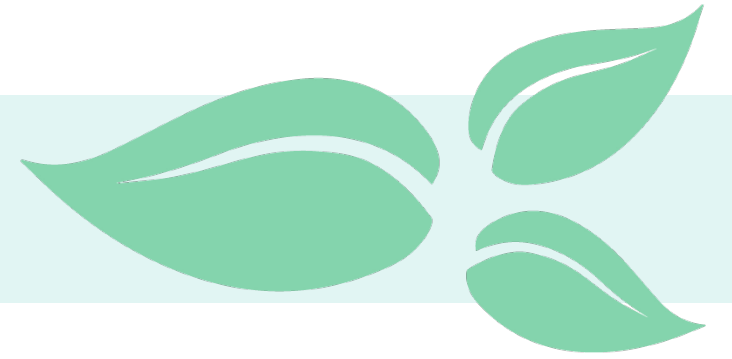
**CVM
Veterinary
Conference**

Relevant Disclosures



- I am a consultant for Companion Animal Health

Frequently Asked Question...



“Dr. Carr Benson, I know
what you do over in
Rehab...

but what do you actually
do??”

Veterinary Rehabilitation Therapist



What my friends think I do



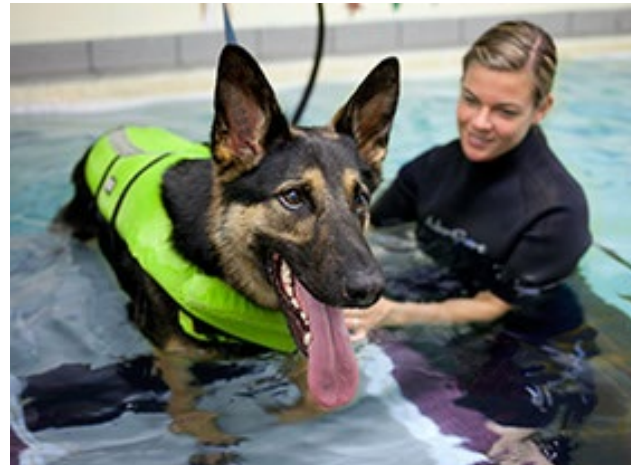
What my mom thinks I do



What my boss thinks I do



What clients think I do

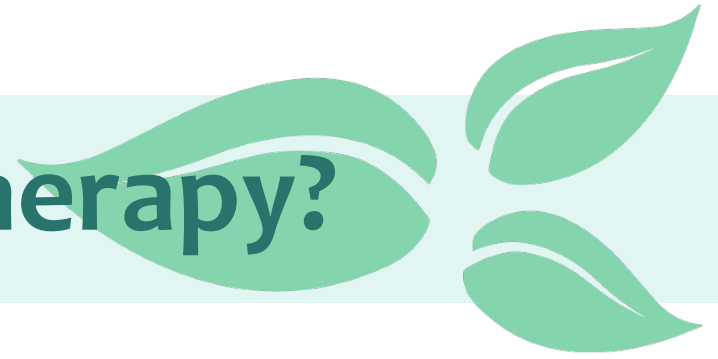


What I think I do



What I actually do

What is Canine Rehabilitation Therapy?



- **Veterinary Physical Rehabilitation** – the use of non invasive techniques (excluding Veterinary Chiropractic) for the rehabilitation of injuries in non human animals
- **Physical Therapy**– protected terms in United States
- **Physiotherapy** – protected term in Canada and United Kingdom

Goals of Canine Rehabilitation Therapy



Decrease pain and facilitate healing

Maintain normal range of motion in affected joints.

Prevent soft tissue contracture and fibrosis in weak or paralyzed limbs

Prevent further disuse atrophy during the healing process

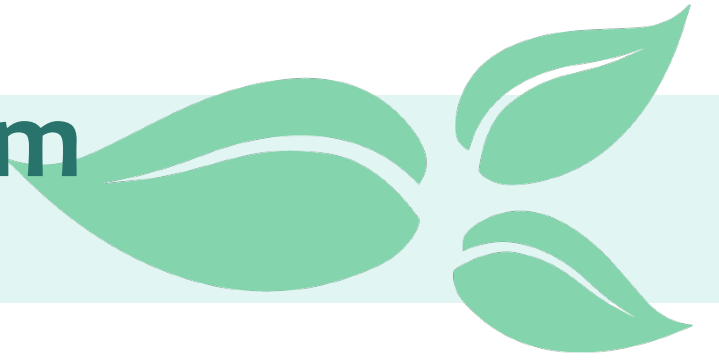
Improve strength and function of affected limbs

Maximize post-surgical recovery and return to function of the patient.

Provide positive psychological effects for the patient and owner.

Rehabilitation Consultation Exam

Reasons For Referral



- Performance Issues/Conditioning
- Post Surgical
- Soft Tissue Trauma
- Neurological
- Orthopedic Disease
- Combination thereof

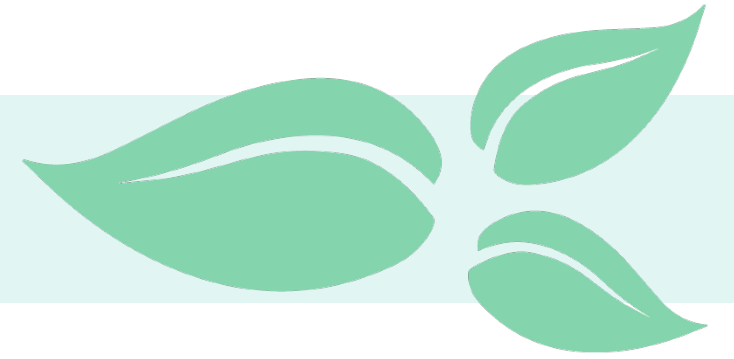


What to expect at an initial consultation



- History
- Examination
 - Gait Analysis
 - Objective Measures when possible
- +/- Diagnostics
- Discuss Diagnosis and Assessment of Patient
- Discuss Goals for the Patient
- Discuss Rehabilitation Therapy Plan and Home Care Plan
- Discuss Reasonable Expectations and Answer Questions

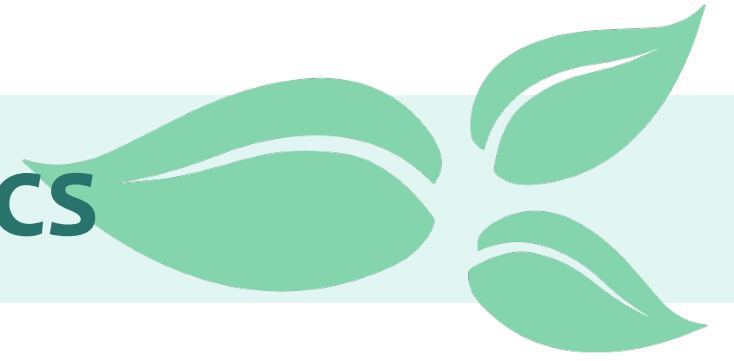
History



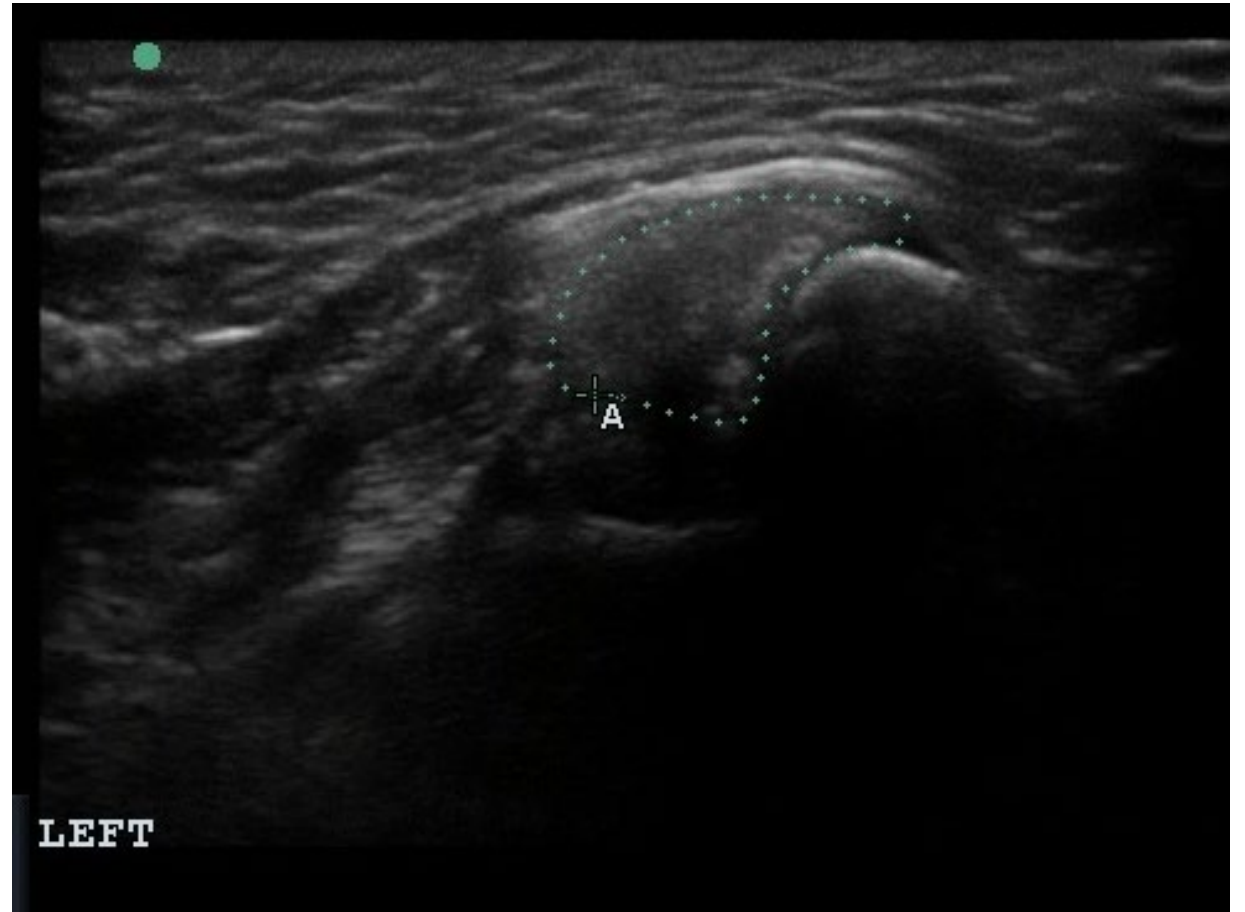
- Signalment
- Patient's Job
- Medications
- Things they've tried
- Their Goals
- Concurrent Medical Problems
 - Seizures
 - Neoplasia
 - Heart Condition/Pacemaker



Examination and Diagnostics



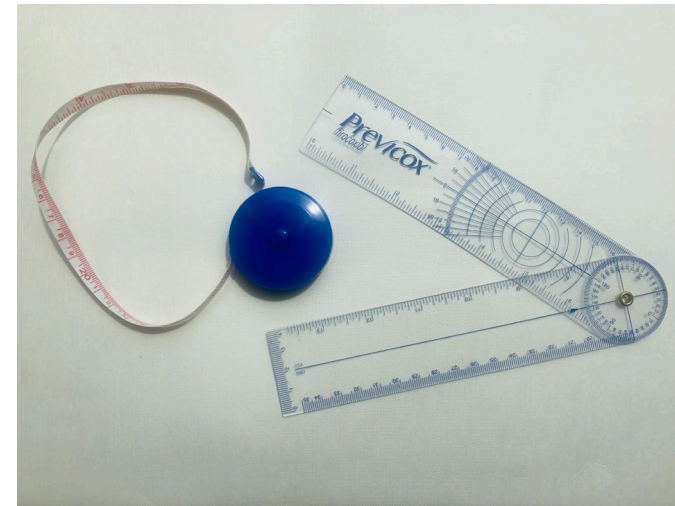
- Neurological Exam
 - Deficits
- Orthopedic Exam
 - Goniometry
 - Muscle Circumference
- Lameness Exam
 - Gait Analysis
- Imaging
 - Radiographs
 - Diagnostic MSK US
 - MRI/CT



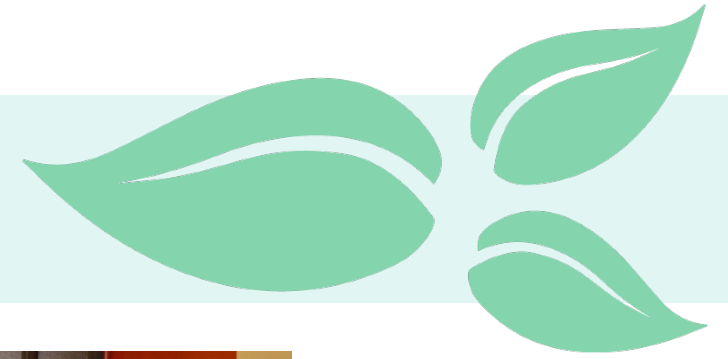
Objective Assessment Measures



- Gait Analysis
- Goniometry
- Thigh Circumference
- Validated Client Survey



Gait Analysis



- Subjective
 - Visual Analogue Scale
 - Numerical Rating Scale
- Objective
 - Weight bearing at stance
 - Temporospacial
 - Kinetic
 - Kinematic





Goniometry



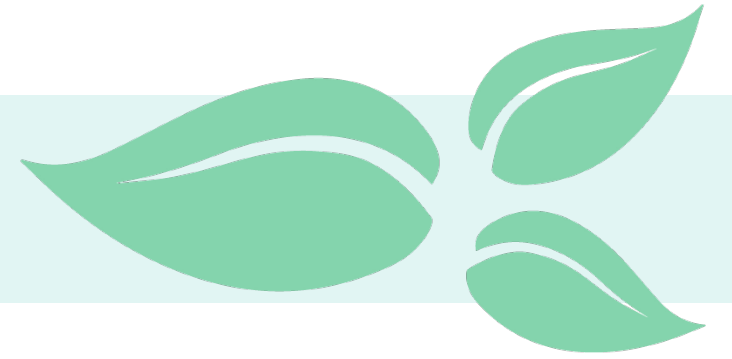
Joint	Position	Mean	SD	95% CI of the mean	Median
Carpus	Flexion	32	2	31–34	32
	Extension	196	2	194–197	196
	Valgus	12	2	11–13	12
	Varus	7	1	6–8	7
Elbow	Flexion	36	2	34–38	36
	Extension	165	2	164–167	166
Shoulder	Flexion	57	2	54–59	57
	Extension	165	2	164–167	165
Tarsus	Flexion	39	2	37–40	38
	Extension	164	2	162–166	165
Stifle	Flexion	42	2	40–43	41
	Extension	162	3	160–164	162
Hip	Flexion	50	2	48–52	50
	Extension	162	3	160–164	162

CI = Confidence interval.



AJVR, Vol 63, No. 7, July 2002

Muscle Circumference



Validated Client Surveys for Pain and QOL



Canine Brief Pain Inventory (CBPI)

Helsinki Chronic Pain Index (HCPI)

Canine Orthopedic Index (COI)

Liverpool Osteoarthritis in Dogs (LOAD)

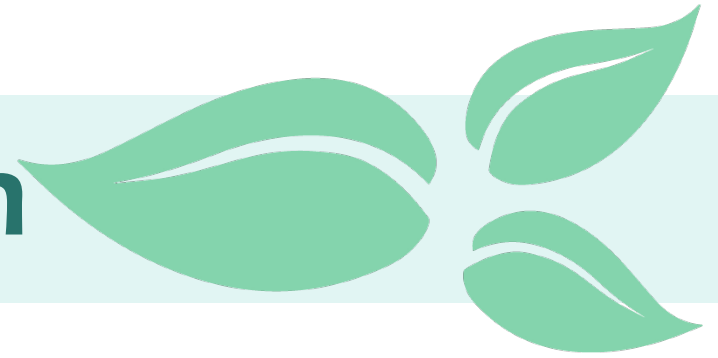
Visual Analogue Scale (VAS)

Glasgow Composite Measure Pain Scale Short Form (CMPS-SF)

Canine Health Related Quality of Life Survey-21 (CHQLS-21)

Canine Osteoarthritis Staging Tool (COAST)

Rehabilitation Therapy Plan



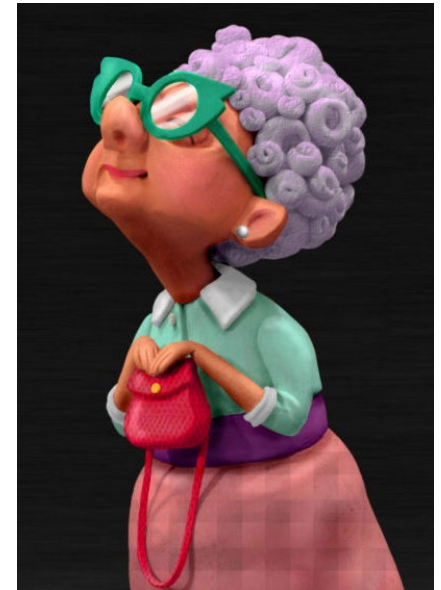
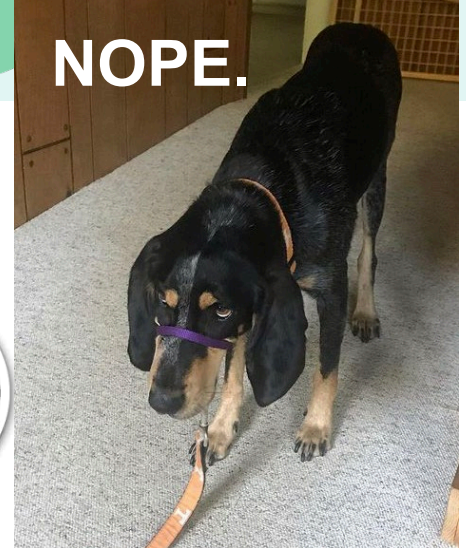
- Rehabilitation Therapy should be used as part of a **multimodal management strategy**
- Typically the plan changes over the course of treatment
 - Reassess patient and goals every 4-6 weeks
- May recommend in clinic sessions 1-3 times weekly
- Sessions are anywhere from 30-60 min long
- Every patient has a home exercise plan

Rehabilitation Therapy Plan

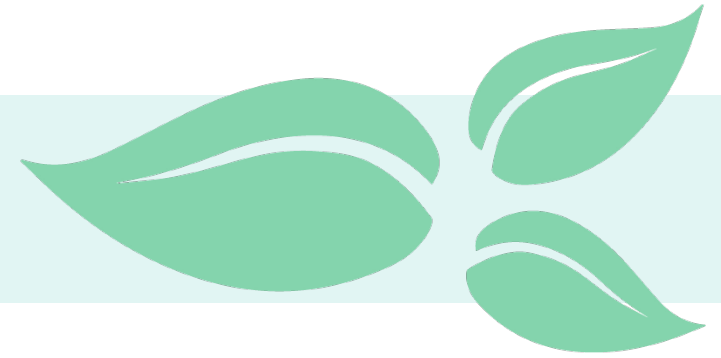


- Made with your **Diagnosis** and **Goal** in mind

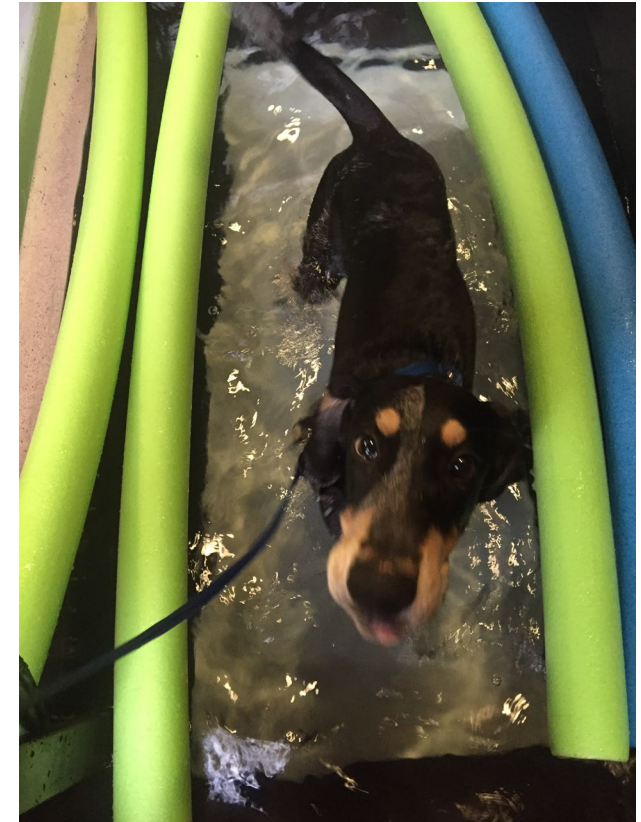
- What Modalities and Home Recommendations??
 - Patient Factors
 - Owner Factors



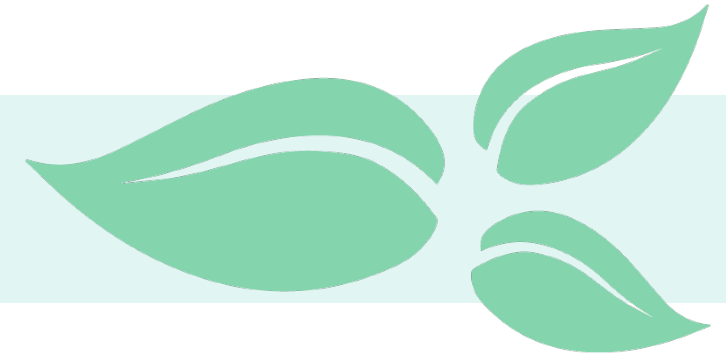
Rehabilitation Therapy Plan



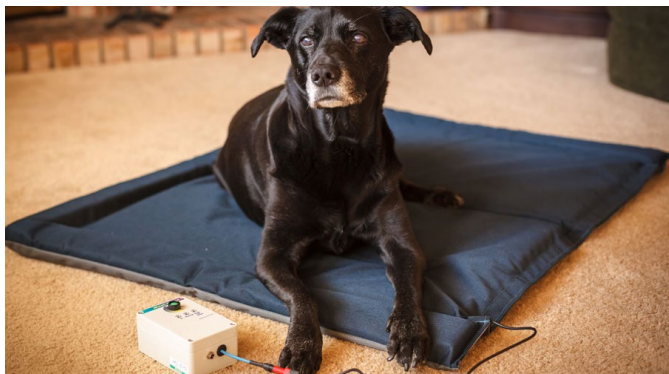
- Things owners like to prepare for:
 - Gel
 - Shaving
 - Water
 - Treating



Treatment Session



- Quiet/Relaxing
- Owner Present
- Orthopedic Cushion/Mat
- Treats/Positive Reinforcement
- Pulsed Electromagnetic Field Therapy Bed



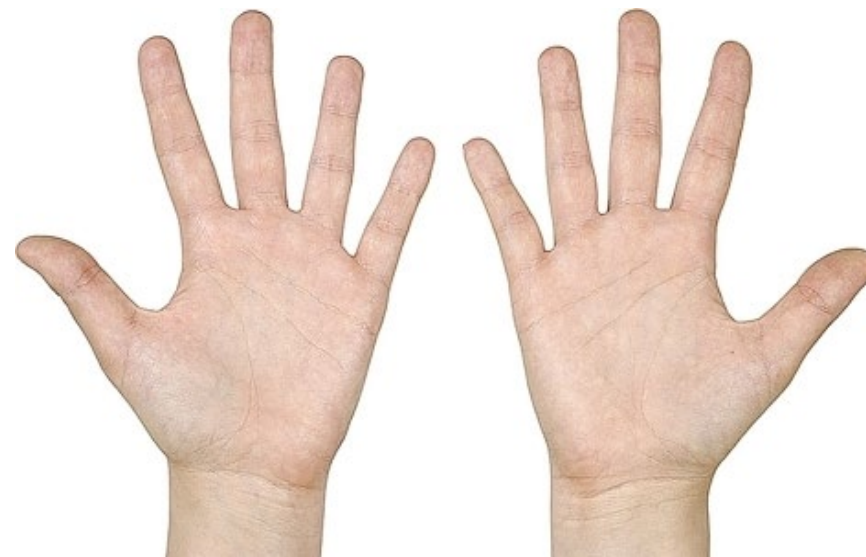
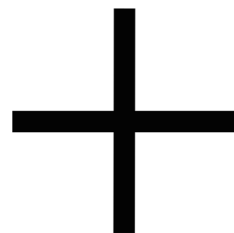
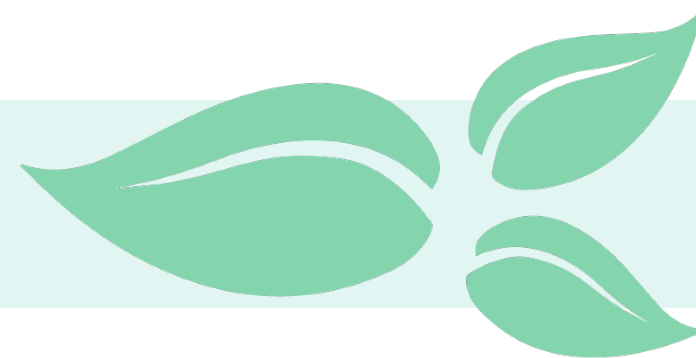
Physical Rehabilitation Modalities



- Manual Therapy
- Cold Laser Therapy
- Therapeutic Ultrasound
- NMES
- TENS
- Pulsed Magnetic Field
- Cryotherapy
- Thermal Therapy
- Underwater Treadmill
- Deep Water Therapy/Swimming



What you need to be successful as a Rehabilitation Therapist...



Manual/Massage Therapy



"I hate getting a massage."

Said no one ever.



som^{ee}cards
user card

Manual/Massage Therapy: Goals



Decrease swelling

Increase tissue extensibility

Prevent/reduce adhesion formation

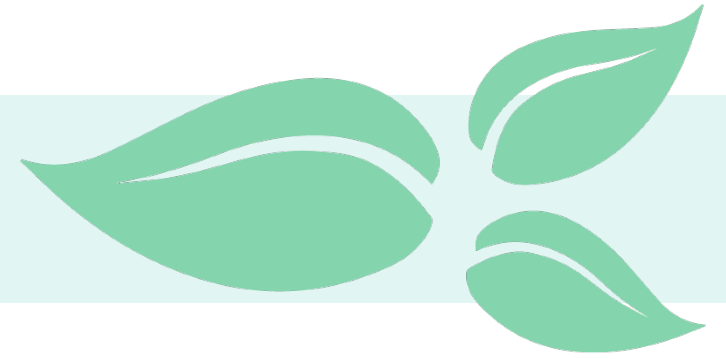
Increase ROM

Increase flexibility

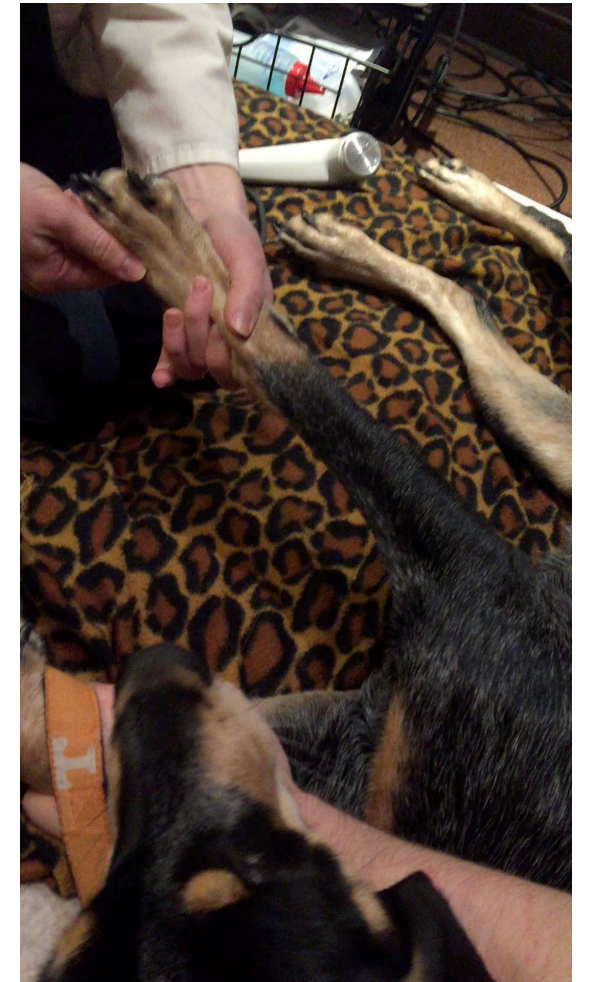
Promote healing

Reduce pain

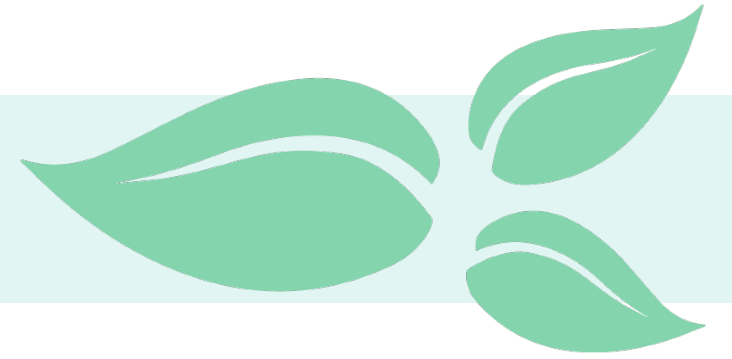
Manual Therapy: Categories



- Massage
- Soft Tissue Mobilization
- Joint Mobilization
- Passive Range of Motion
- Stretching



Low Level Laser Therapy (LLLT)

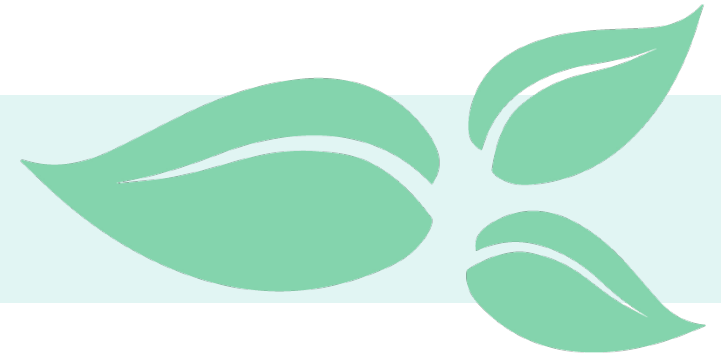


Light Amplification by Stimulated Emission of Radiation



- Class 1 $<0.5\text{mW}$ no heating, no healing, visible and non-visible, used for some pointers, car entry and remotes
- Class 2 $<1\text{mW}$ visible, non-heating/healing
- Class 3a 1mW to 5mW , eye caution
- **Class 3b 5mW to 500mW (Many Therapeutic lasers) \$\$**
 - Healing, target tissue depends upon the wavelength (600-1000 nm)
 - Most research based on Class 3b
 - Eye Danger
- **Class 4 lasers - traditionally “cutting”, “surgical”, “hot” lasers $>500\text{mW}$, now includes therapeutic lasers, \$\$\$\$**

Low Level Laser Therapy (LLLT)



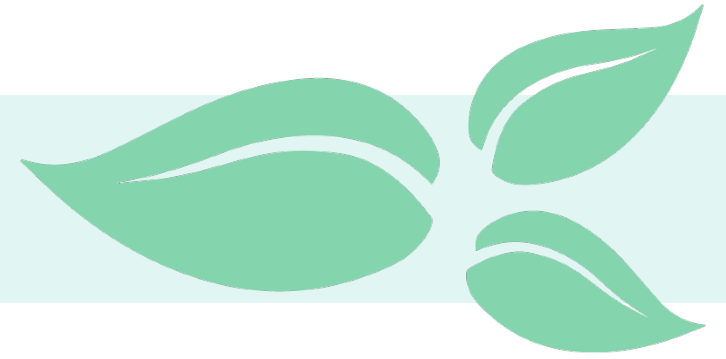
- Use of light energy to affect underlying tissues
- Influence lymph, circulation, nervous system and aids wound/surgery healing
- Therapeutic window 600-1000nm (visible and infrared)



Ghamsari SM, Vet Surg: 1997; 26: 114-120.,

Dyson, M. Proceedings of 1st International Symposium on Rehabilitation and Physical Therapy in Veterinary Medicine, Aug 1999

LLLT: Biological Effects

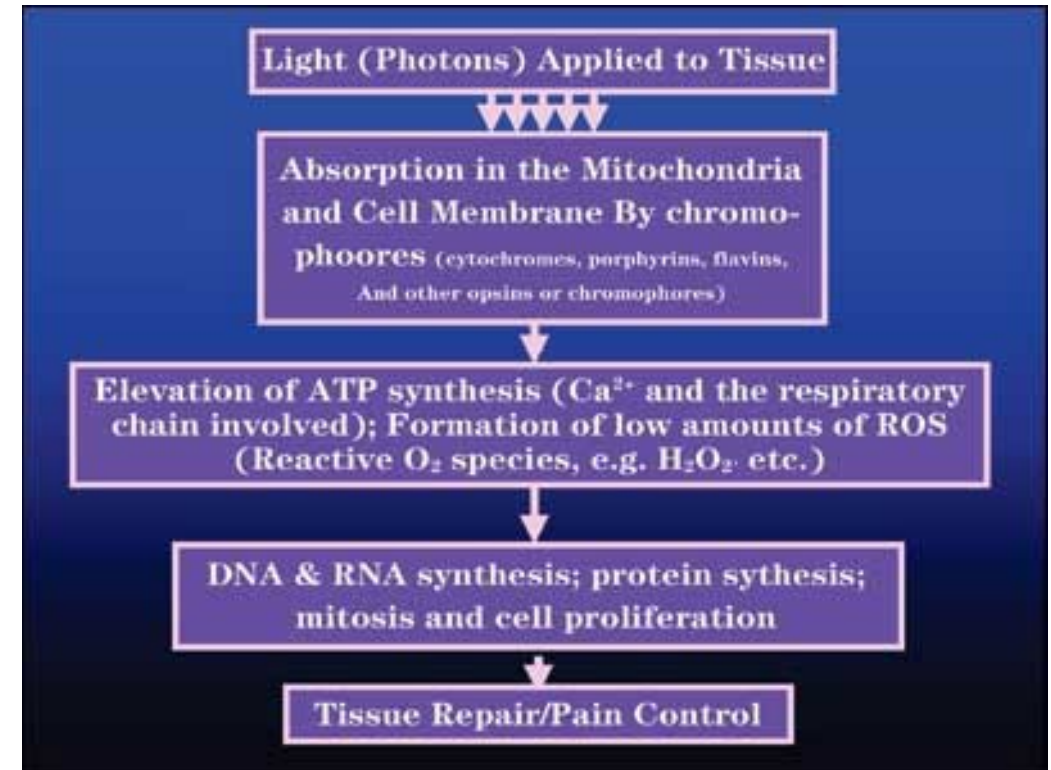
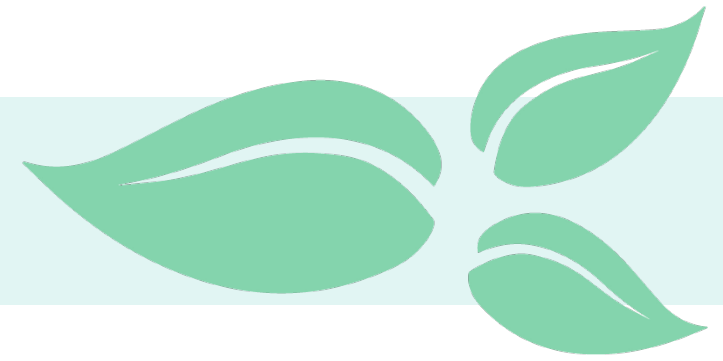


- Accelerates inflammation stage of wound healing
- Enhances immune cells to combat invading pathogens
- Decrease in micro-organisms
- Increases vascularity of healing tissue
- Pain reduction due to endorphin release
- Fibroblast production
- Cartilage Stimulation
- Acceleration of collagen synthesis

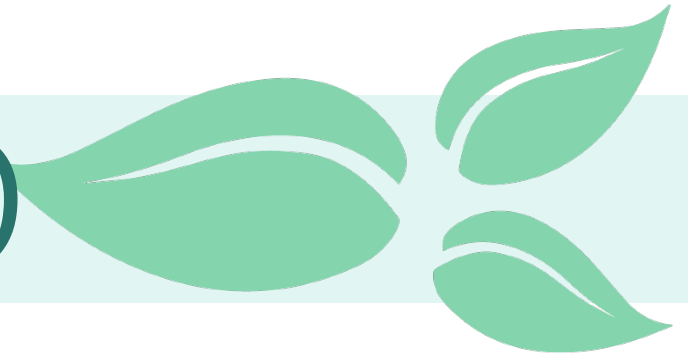


LLLT: Physiologic Effects

- Changes cell membrane permeability
- Increase ATP levels
- Increase cellular proliferation
- Increase collagen synthesis
- Increase myofibroblast activity
- Alters Pain Threshold



PhotoBioModulation (PBM)



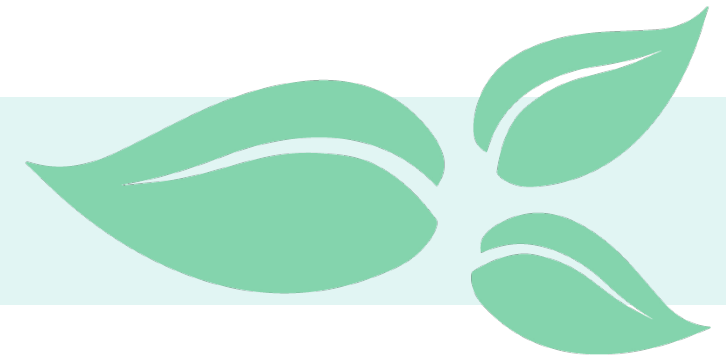
Defined:

- Light exciting or activating cells
- Using light to produce beneficial effects on animals

Assumptions:

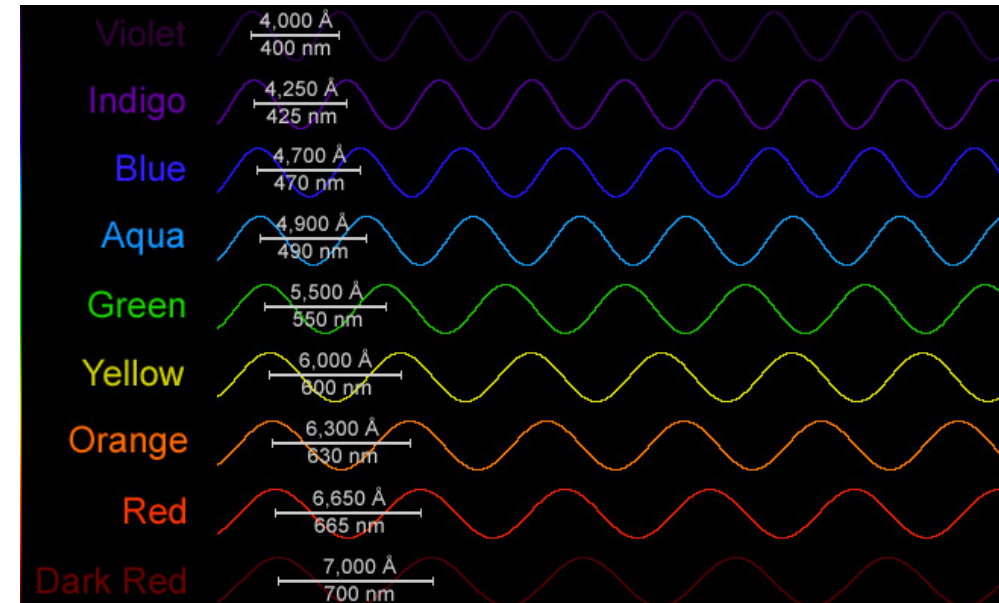
- Absorption of **AT LEAST ONE PHOTON** by Mitochondrial chromophores is **REQUIRED** to initiate the PBM cascade
- Mitochondria chromophores absorb light throughout the visible and Near-Infra-Red (NIR) Spectrum
- Mitochondria of different cells, e.g., neurons, glia, fibroblasts, muscle, etc., **ALL HAVE** the same “initial response” to a photon absorption

Light/Laser Therapy



- Wavelengths of light (nm)
 - Determine potential depth of penetration into tissue
 - 800nm
 - < scatters into tissue
 - > absorbs → heat
- Cells have unique light absorption wavelengths

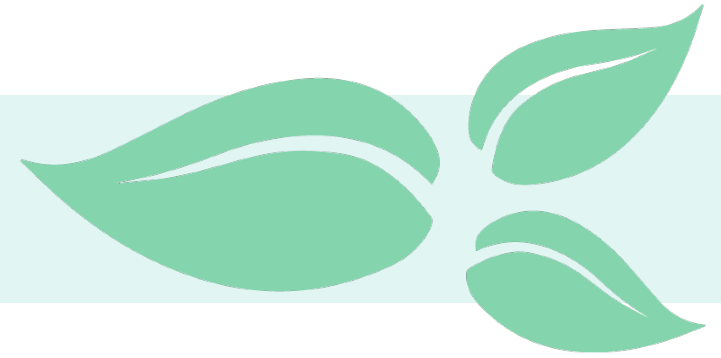
Visible Light



Infrared Spectrum

800-1000nm

Therapeutic Wavelengths:



Defines the range of wavelengths where light has its maximum depth of penetration in tissue

Skin (600-700nm)

Connective tissue (700-800nm)

Muscle and spinal cord (750-850nm)

Blood (800-900nm)

Nerves (900-1100nm)

Wavelength pre-determines depth and target tissue penetration



A randomized blind placebo-controlled trial investigating the effects of photobiomodulation therapy (PBMT) on canine elbow osteoarthritis

Andrea L. Looney, Janice L. Huntingford, Lauren L. Blaeser, Sabine Mann

- RCT in 20 dogs with naturally occurring elbow OA
- The effect of PBMT (10-20 J/cm² x 6 weeks) VS sham light therapy on pain, nonsteroidal anti-inflammatory drug (NSAID) requirement, and lameness
- Lameness score, pain score, and NSAID dose were recorded by blinded study personnel before and 7-10 days after last treatment.
- Significant reduction in NSAID dose occurred in 9/11 dogs in the PBMT group and in 0/9 of group S dogs
- Significant greater improvement in lameness score post PMBT vs. S group.
- A greater reduction in pain score was detected in 9/11 parameters in group PBMT ($P = 0.05$).

A randomized double-blinded controlled trial on the effects of photobiomodulation therapy in dogs with osteoarthritis

João C. Alves, DVM, MSc, PhD^{1,2*}; Ana Santos, DVM, MSc¹; Patrícia Jorge, DVM¹; L. Miguel Carreira, DVM, PhD^{3,4,5}

- 20 Dogs with bilateral moderate or severe hip OA
- Control Group
 - Metacam
 - Sham Laser Treatments
- PBMT Group
 - Placebo Pill
 - Week 1: 3 sessions, Week 2: 2 sessions, Week 3: 1 session

A randomized double-blinded controlled trial on the effects of photobiomodulation therapy in dogs with osteoarthritis

João C. Alves, DVM, MSc, PhD^{1,2*}; Ana Santos, DVM, MSc¹; Patrícia Jorge, DVM¹; L. Miguel Carreira, DVM, PhD^{3,4,5}

Table 1—Photobiomodulation therapy treatment parameters.

Light parameters (dose)		Notes
Wavelength (nm)	980 (for patients with dark coat color) 980/808 blend (for patients with light to medium coat color)	Blend consists of 80% of 980 nm and 20% of 808 nm
Radiant Power (W)	6.5–8	Depending on patient size, with smaller/thinner patients being treated at lower power; irradiance increased with increase in power
Irradiance (W/cm ²) at skin surface	4.2–5.2	
Fluence (J/cm ²)	14.3–19.5 (average over treated area)	
Treatment Protocol	Continuously moving grid pattern in contact over the area of the greater trochanter at a speed of 2.5–7.5 cm/s, according to manufacturer recommendations	
Treatment Area (cm ²)	225	
Treatment Time	Between 4 min, 35 s to 5 min, 5 s	

A randomized double-blinded controlled trial on the effects of photobiomodulation therapy in dogs with osteoarthritis

João C. Alves, DVM, MSc, PhD^{1,2*}; Ana Santos, DVM, MSc¹; Patrícia Jorge, DVM¹; L. Miguel Carreira, DVM, PhD^{3,4,5}

- Significantly better results were observed in PBMT at:
 - +8 days for pain score, function, and Canine Orthopedic Index (COI)
 - +15 days for pain score, function, COI, Liverpool Osteoarthritis in Dogs (LOAD), and joint range of motion
 - +30 days for function and gait, COI, pain scores, LOAD, and joint range of motion
- Kaplan-Meier estimators showed that PBMT produced longer periods with better results

Retrospective Observational Study and Analysis of Two Different Photobiomodulation Therapy Protocols Combined with Rehabilitation Therapy as Therapeutic Interventions for Canine Degenerative Myelopathy

Lisa A. Miller, DVM, CCRT, CVA,¹ Debbie (Gross) Torraca, DPT, MSPT, OCS, CCRP,²
and Luis De Taboada, MSEE¹

- Clinical records of dogs referred for presumed DM to a specialty rehabilitation facility were screened for patients meeting study criteria.
- Qualifying patients were divided into two groups: Protocol A (PTCL-A) and Protocol B (PTCL-B) group, based on the PBMt protocol used.

Retrospective Observational Study and Analysis of Two Different Photobiomodulation Therapy Protocols Combined with Rehabilitation Therapy as Therapeutic Interventions for Canine Degenerative Myelopathy

TABLE 2. PROTOCOL-A AND PROTOCOL-B GROUP PHOTOBIMODULATION THERAPY TREATMENT PARAMETERS

	<i>PTCL-A group</i>	<i>PTCL-B group</i>
Light parameters (dose)		
Wavelength (nm)	904	980
Radiant power (W)	0.5	6–12 ^a
Irradiance (W/cm ²) at skin surface	0.5	1.2–2.4 ^a
Fluence (J/cm ²)	8 (per “point”)	14–21 (average over treated area)
Treatment protocol	Point-to-point “grid method” technique at a total of 20 points spread throughout the treatment area according to manufacturer’s instructions ^b	Continuously moving grid pattern over the entire treatment area at a speed of 1–3 in/sec according to manufacturer’s recommendations ^c
Treatment area (cm ²)	650–1000 ^d	650–1000 ^d
Treatment time	~ 5 min, 20 sec	Between 25–26 min, 15 sec ^a

^aDepending on patient’s size, larger patients treated at higher power; irradiance increased with increase in power.

^bRespond Model 2400XL Laser, Respond Systems, Inc., Branford, CT.

^cCompanion Therapy Laser CTC-15, LiteCure, LLC, DE.

^dTreatment area increased with larger patient size.

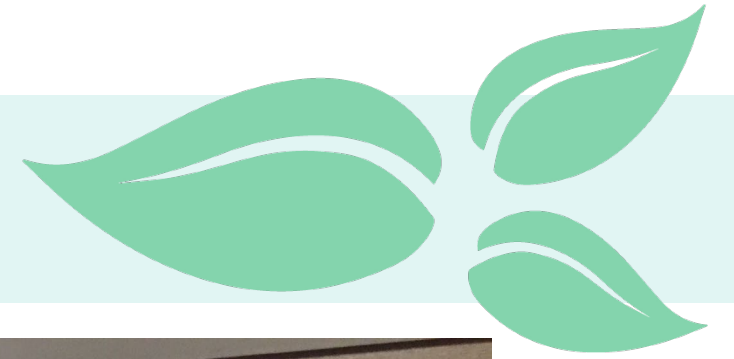
PTCL-A, Protocol A; PTCL-B, Protocol B.

Retrospective Observational Study and Analysis of Two Different Photobiomodulation Therapy Protocols Combined with Rehabilitation Therapy as Therapeutic Interventions for Canine Degenerative Myelopathy

Lisa A. Miller, DVM, CCRT, CVA,¹ Debbie (Gross) Torraca, DPT, MSPT, OCS, CCRP,²
and Luis De Taboada, MSEE¹

- The times between symptom onset and euthanasia of dogs in the PTCL-B group (~38 month) were significantly longer than those of dogs in the PTCL-A group (~11 months).
- The times between symptom onset and nonambulatory paresis (NAP) or paralysis of dogs in the PTCL-B group (~32 months) were significantly longer than those of dogs in the PTCL-A group (~9 months).
- Kaplan–Meier survival analysis showed that the times from symptom onset to NAP of dogs in the PTCL-B group were significantly longer than those of dogs in the PTCL-A group or the historical data group.

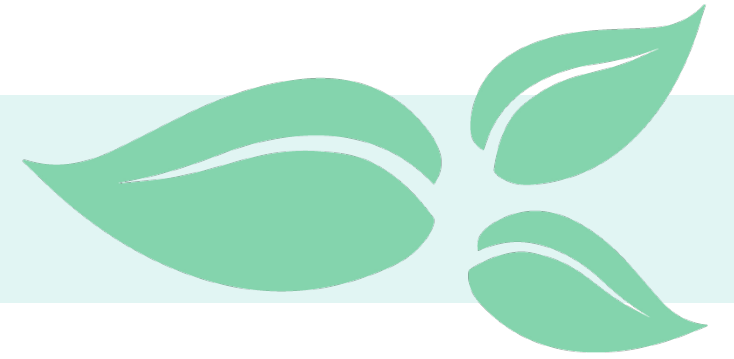
LLLT: Contraindications



- Epiphyseal Plates
- Injection Areas
- Neoplasia
- Active Hemorrhage
- Eyes, Heart, Viscera



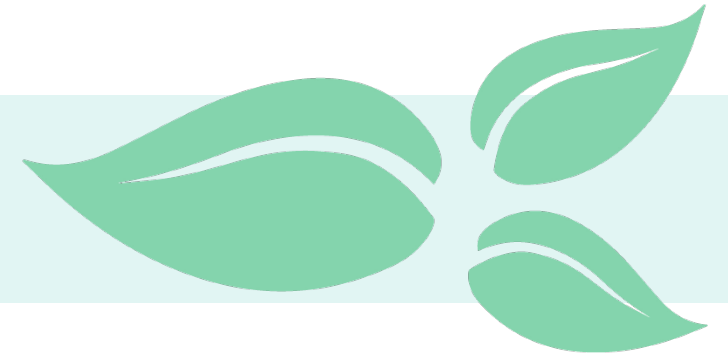
LLLT: Applications



- Muscle Spasm/Trigger points
 - Weekly treatments when secondary to injury
 - Combine with massage and manual therapy
 - Use as maintenance, help treat and prevent precursors to injury, post trial treatment



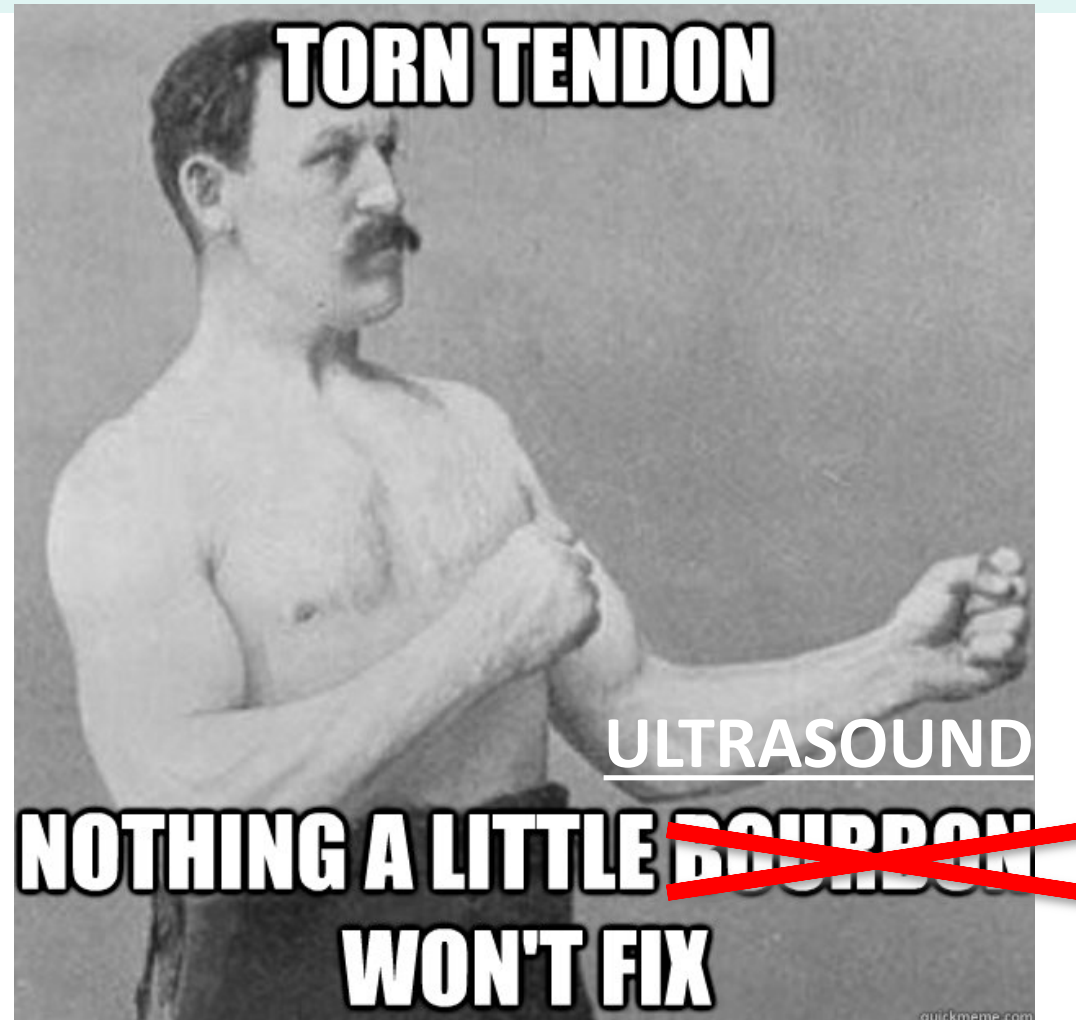
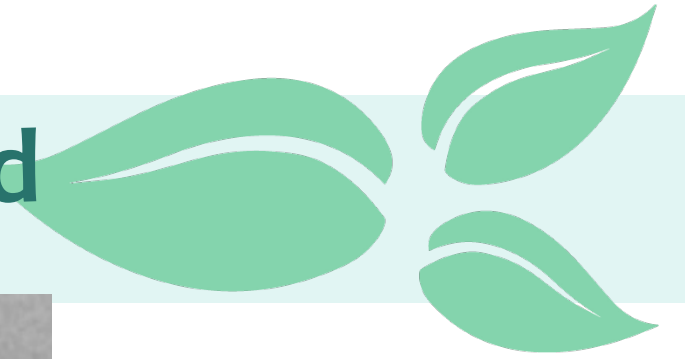
LLLT: Applications



- Wounds
 - 1-2 times weekly until resolved
- Soft Tissue Injury
 - 4-8 weekly treatments
 - Combined with rest, massage, PROM, home exercises
- Osteoarthritis
 - 1-3x weekly treatments until pain resolved then maintenance



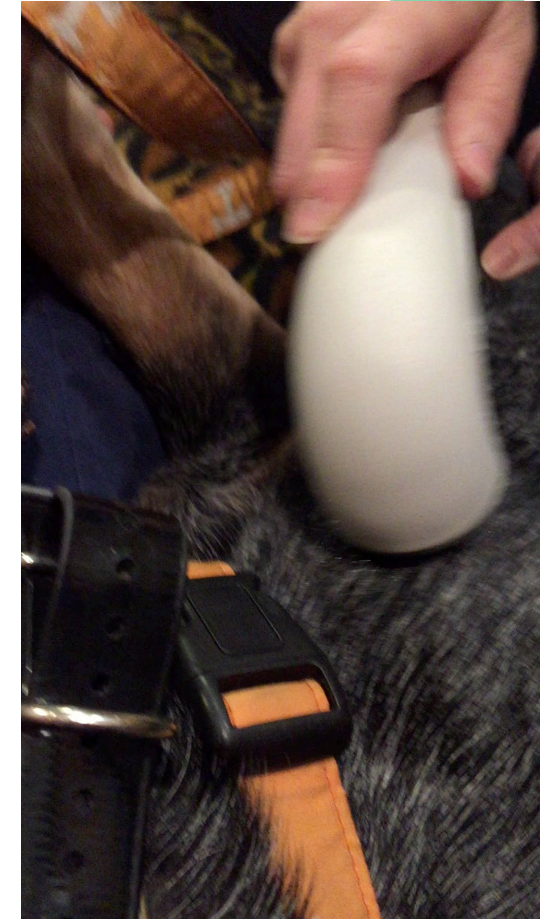
Therapeutic Ultrasound



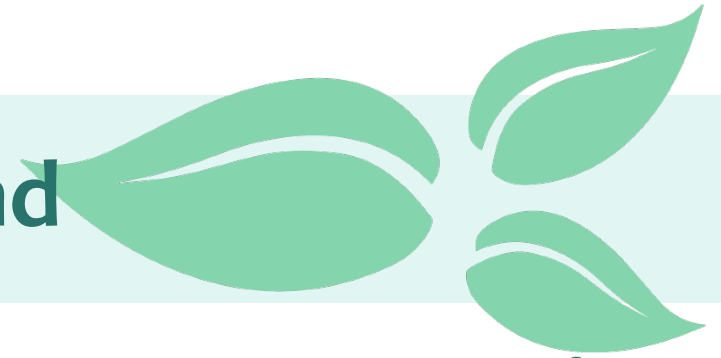
Therapeutic Ultrasound



- Sound Waves = Pressure Waves
- Reverse Piezoelectric Effect - Contraction or expansion of a crystal in response to voltage across its face
 - Acoustic Streaming
 - Stable and unstable cavitation
- Effects
 - Heating = Thermal
 - Non-Heating = Non Thermal

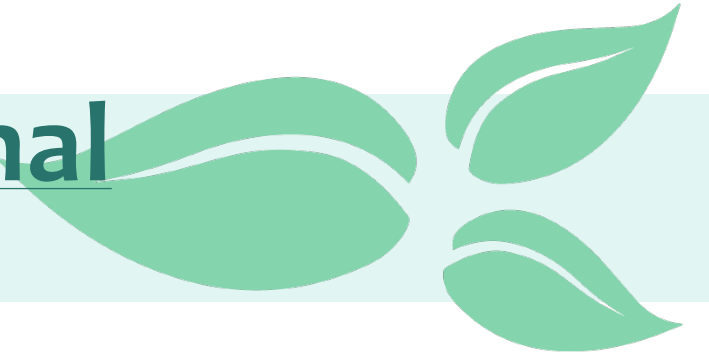


Properties of Therapeutic Ultrasound



- Acoustic Streaming - Mechanical pressure wave causes movement of fluids along the boundaries of cells
 - Changes ion fluxes and cellular activity
 - Increases cell membrane and vascular wall permeability
- Stable Cavitation – Pulsing of gas bubbles within the sound field without much increase in overall amplitude
 - Results in diffusional changes along the cell membrane, thus altering cell function.
- Unstable Cavitation – Violent collapse of bubbles within the sound field
 - Results in tissue destruction and blood vessel damage

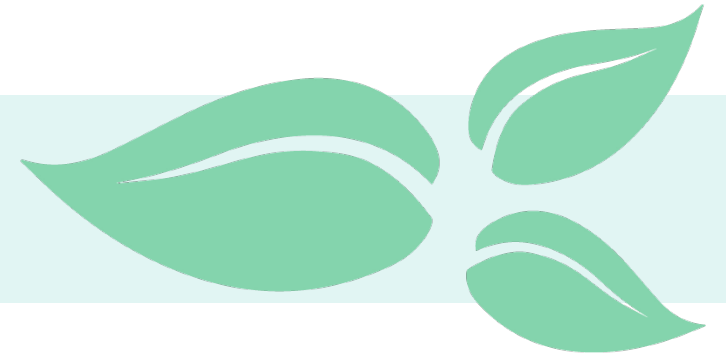
Biological Effects of Non Thermal Therapeutic Ultrasound



- Accelerate Healing
- Aid in Tissue Regeneration
- Soft Tissue Repair
- Protein Synthesis
- Swelling Reduction
- Bone Repair
- Reduction in Muscle Spasm and Pain

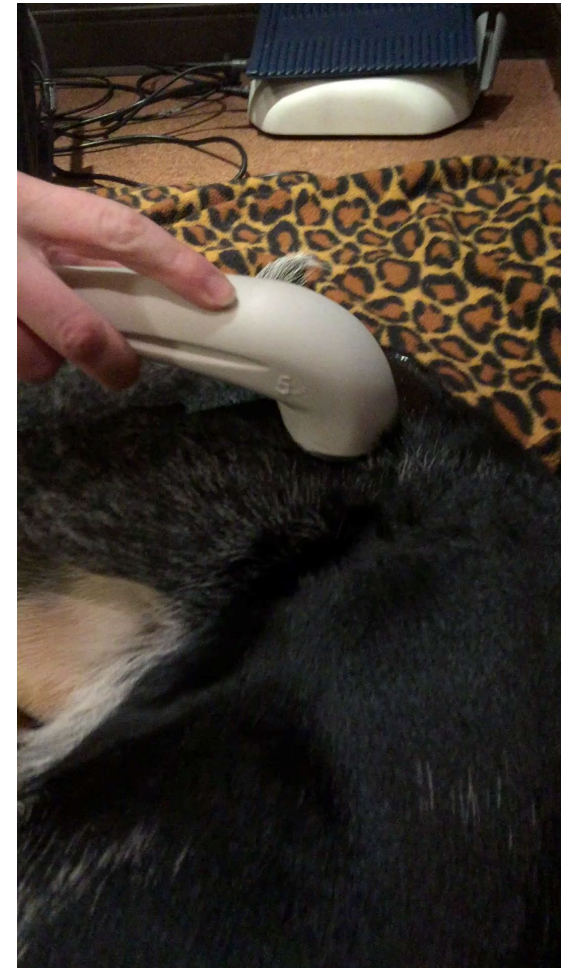


Biological Effects of Thermal Therapeutic Ultrasound

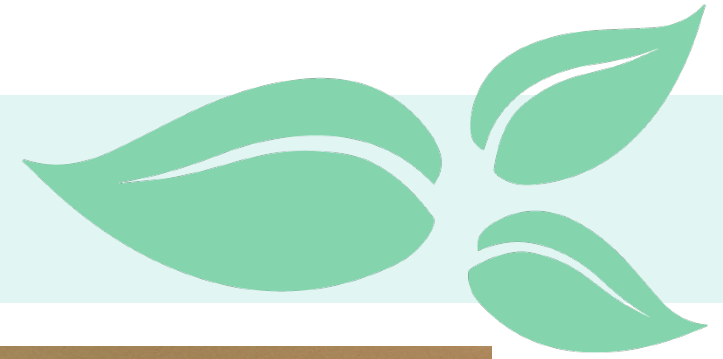


All of Non Thermal Effects Plus.....

- Increased Joint Range
- Reduced Joint Adhesions
- Increased Tissue Healing (Chronic)
- Increased Collagen Extensibility
- Decreased Muscle Spasms
- Resolution of Chronic Inflammatory Processes
- Tendon Repair, Reduces Scar Tissue



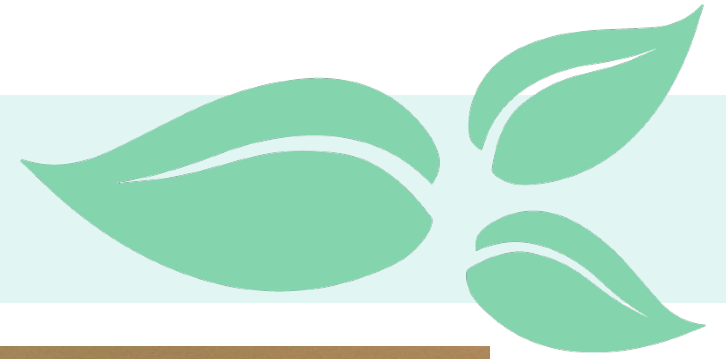
Indications for TUS



- Muscle spasm
- Trigger points
- Bursitis
- Calcified tendons
- Chronic synovitis
- Joint swelling
- Muscle strains/ligament sprains
- Bursitis/Tendonitis
- Adhesions, contractures, scars
- Fracture healing



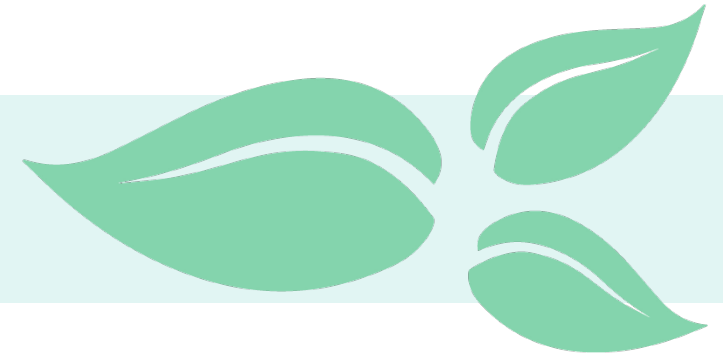
Contraindications for TUS



- Neoplasia
- Infection
- Areas of reduced pain sensation
- Eyes, heart viscera, laminectomy site
- Seizure disorders

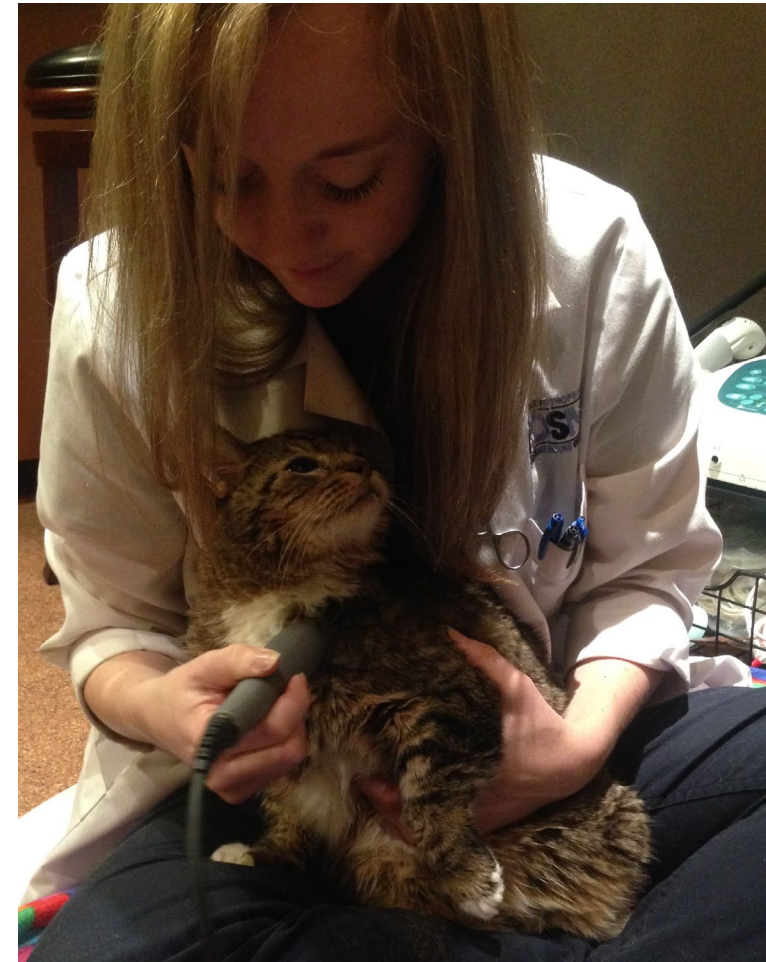


Applications of TUS

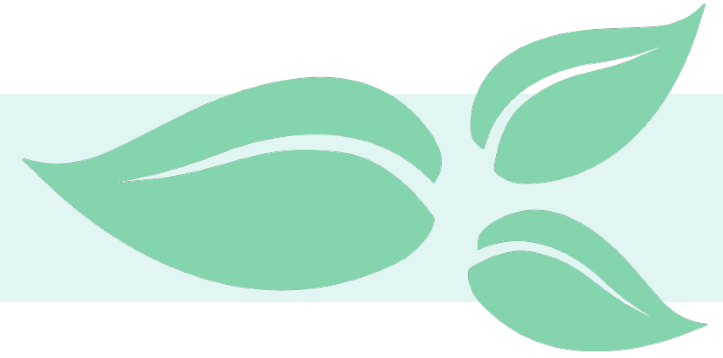


Tendinopathy

- Acute or chronic tendinopathies
 - Pulsed = acute
 - Continuous = chronic
- 4-8 weekly treatments
- Don't use with regenerative medicine



Applications of TUS

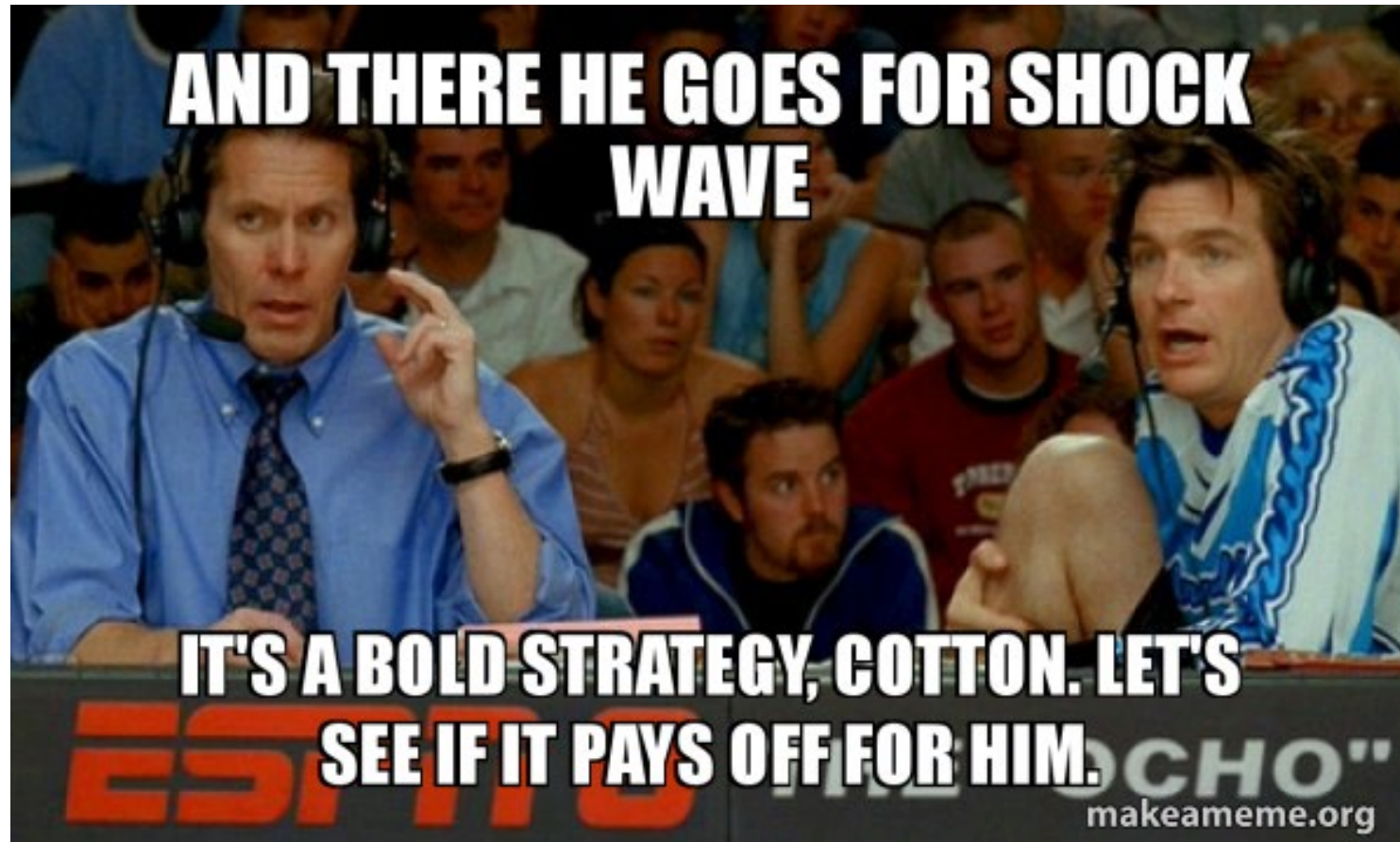


Post-operative FHO

- 4-12 weekly treatments
- First 2 weeks = pulsed, then switch to continuous
- Combined with other therapies
 - Goal = improve range of motion
 - Can be used prior to stretching/manual therapy, TherEx, or UWT



Extracorporeal Shockwave Therapy (ESWT)



Extracorporeal Shockwave Therapy (ESWT)



- High Energy Sound Waves
- Pulses
 - Higher energy output
 - Deeper Penetration
 - Stimulate body's healing process similar to other modalities
- May require heavy sedation/anesthesia

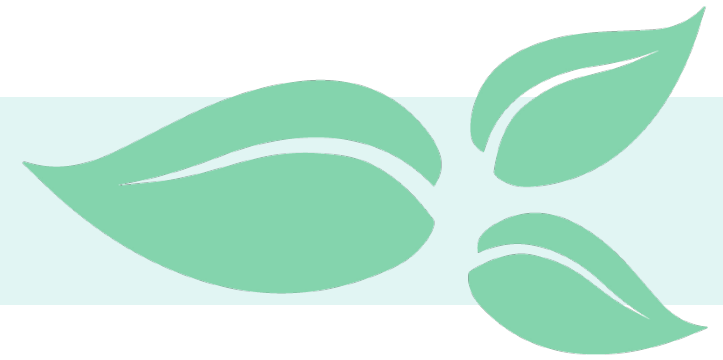


ESWT Applications



- Osteoarthritis
- Tendinopathies
- Adhesive Capsulitis of the Shoulder
- Gracilis Contracture
- Stimulate Bone Healing
- Regenerative Medicine
 - Pre-treatment for stem cell therapy





ESWT Canine Research

Extracorporeal Shockwave Therapy for Shoulder Lameness in Dogs

Willem Becker, DVM, DACVS*, Michael P. Kowaleski, DVM, DACVS, Robert J. McCarthy, DVM, DACVS, Cara A. Blake, DVM, DACVS†

The Effect of Shock Wave Therapy on Patellar Ligament Desmitis after Tibial Plateau Leveling Osteotomy

Alissa Gallagher, DVM, Alan R. Cross, DVM, Diplomate ACVS, and Gustavo Sepulveda, DVM, Diplomate ACVR

Georgia Veterinary Specialists, Sandy Springs, GA

Extracorporeal shockwave therapy and therapeutic exercise for supraspinatus and biceps tendinopathies in 29 dogs

J. J. Leeman, K. K. Shaw, M. B. Mison, J. A. Perry, A. Carr, R. Shultz

EFFECT OF EXTRACORPOREAL SHOCK WAVE THERAPY ON ELBOW OSTEOARTHRITIS IN DOGS

DL Millis, DVM, DACVS, CCRP, DACVSMR; M Drum, DVM, PhD, CCRP; D Whitlock, PT, DVM, CCRP
University of Tennessee, College of Veterinary Medicine, Knoxville TN 37918

Review > [Vet Clin North Am Small Anim Pract.](#) 2022 Jul;52(4):1033-1042.

doi: 10.1016/j.cvsm.2022.03.007.

Extracorporeal Shockwave Therapy for Musculoskeletal Pathologies

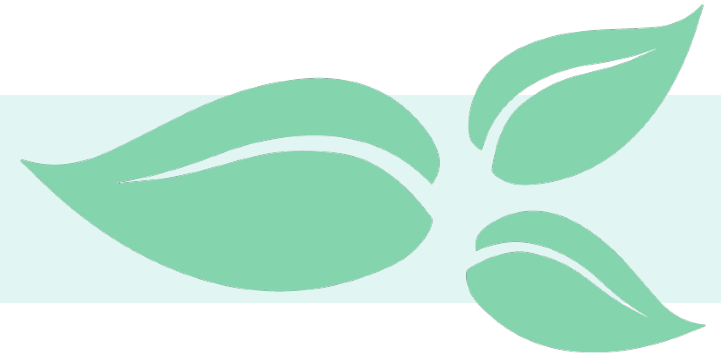
Leilani Alvarez¹

The evaluation of extracorporeal shockwave therapy in naturally occurring osteoarthritis of the stifle joint in dogs

J. Dahlberg¹, G. Fitch^{1,*}, R. B. Evans², S. R. McClure¹, M. Conzemius¹

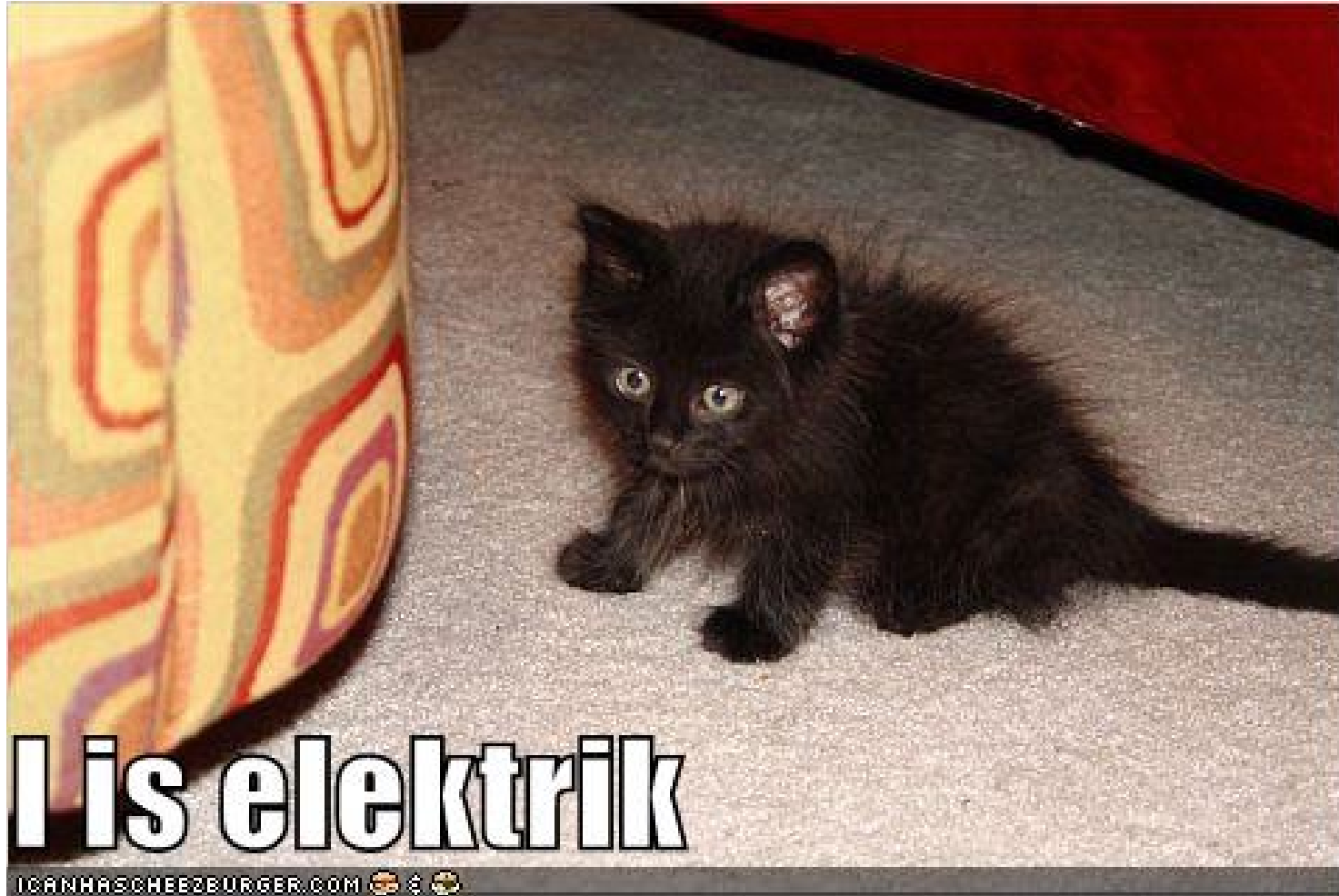
¹Department of Veterinary Clinical Sciences and ²Veterinary Diagnostic and Production Animal Medicine, College of Veterinary Medicine, Iowa State University, Ames, Iowa, USA

ESWT Protocols (PulseVet)



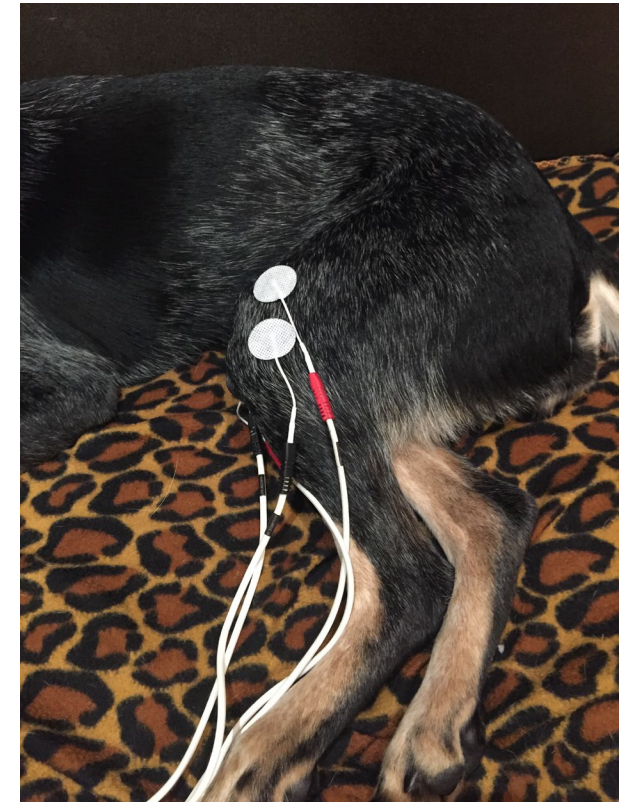
Condition	# Pulses	Trode	Energy	Sedation	# Treatments	Frequency
Shoulder Tendinopathy (Dog > 20 kg)	1000 (500 cranial/500 lateral)	20mm	E6	Yes	2-3	2 week
Hip OA	1000	X-trode	E5-6	No	1-3	2-3 week
Elbow OA	500-800	X-trode	E3-5	No	1-3	2-3 week
LS Pain (Dog > 20 kg)	1000	X-trode	E6	No	1-3	2-3 week
Acute/subacute myopathy	500 (focused on muscle)	5mm 20mm	E5-6	Yes	2-3	2 week

Electrotherapy



Neuromuscular Electrical Stimulation (NMES/E-Stim)

- Use of an electrical current to stimulate muscle tissues located under a stimulation patch
- Electrical current facilitates a muscle contraction of a particular muscle or muscle group



NMES Indications/Contraindications



Indications

- Muscle Disuse Atrophy
- Facilitate Normal Contraction of a Muscle Post Injury or Disease
- Neurological Atrophy

Contraindications

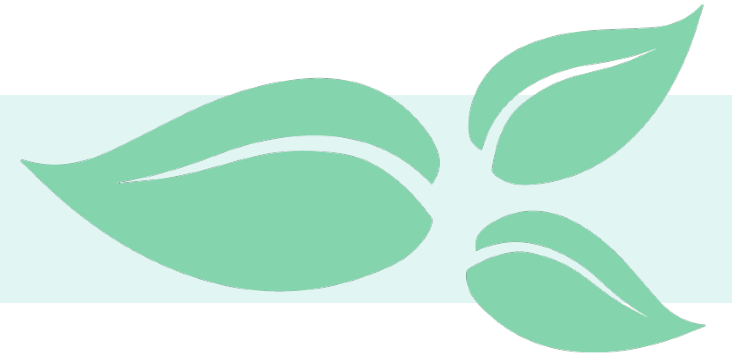
- Skin Infections
- Neoplasia
- Seizure Disorders
- Active Inflammation
- Decreased Pain Sensation

Trans-Cutaneous Electrical Neuromuscular Stimulation (TENS)

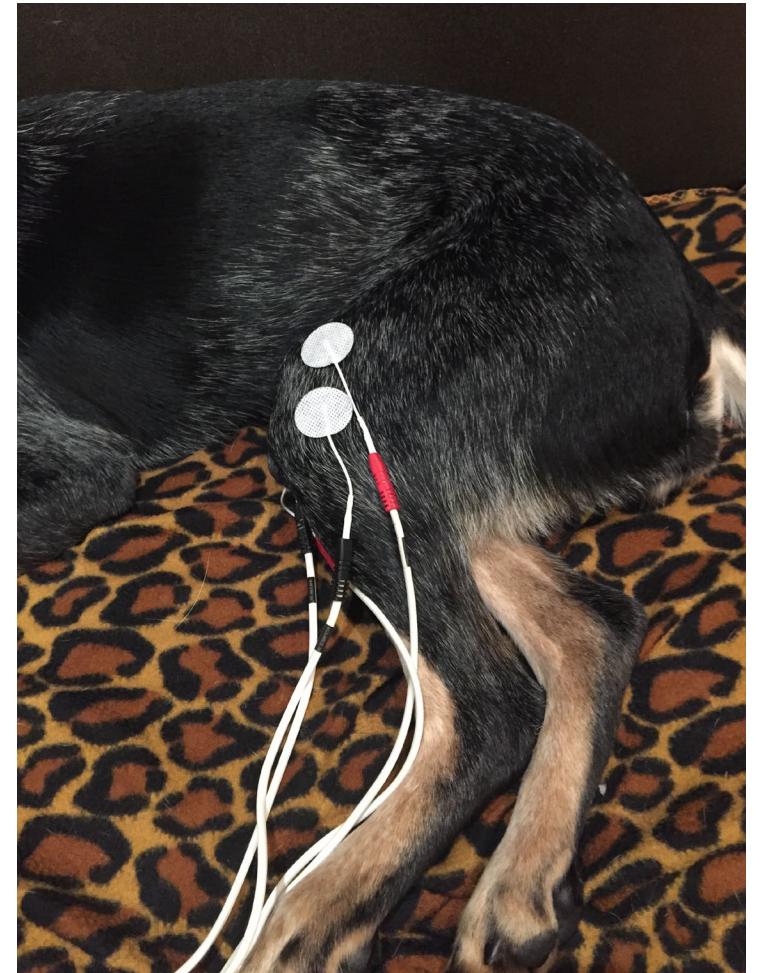


- Utilizes different frequencies for pain relief and anti inflammatory effects
- Treat both acute pain and chronic pain
- Stimulate release of endorphins into blood stream and cerebral spinal fluid
- Effects of pain relief short
 - Cumulative effects seen in patients

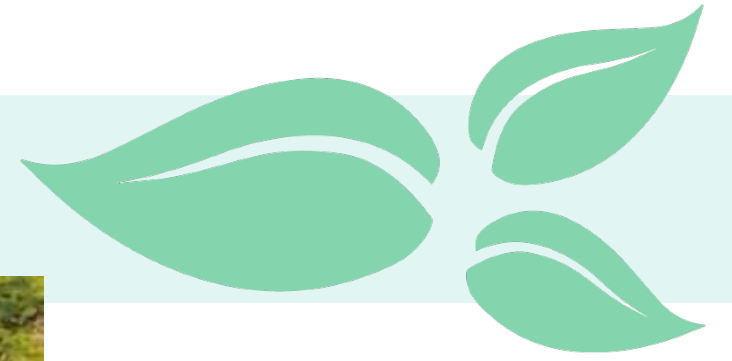
Applications for TENS



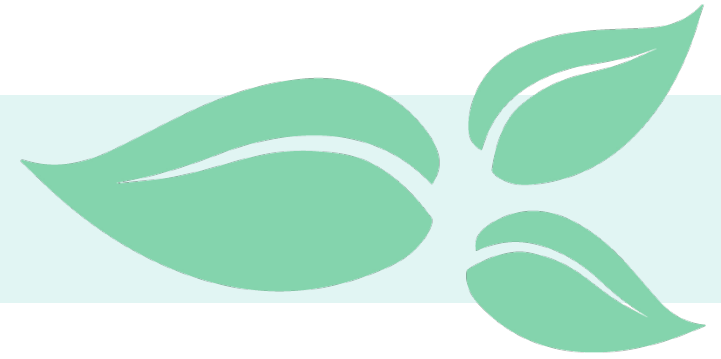
- IVDD
- Muscle Spasm
- LS Disease
- Joint effusion/pain



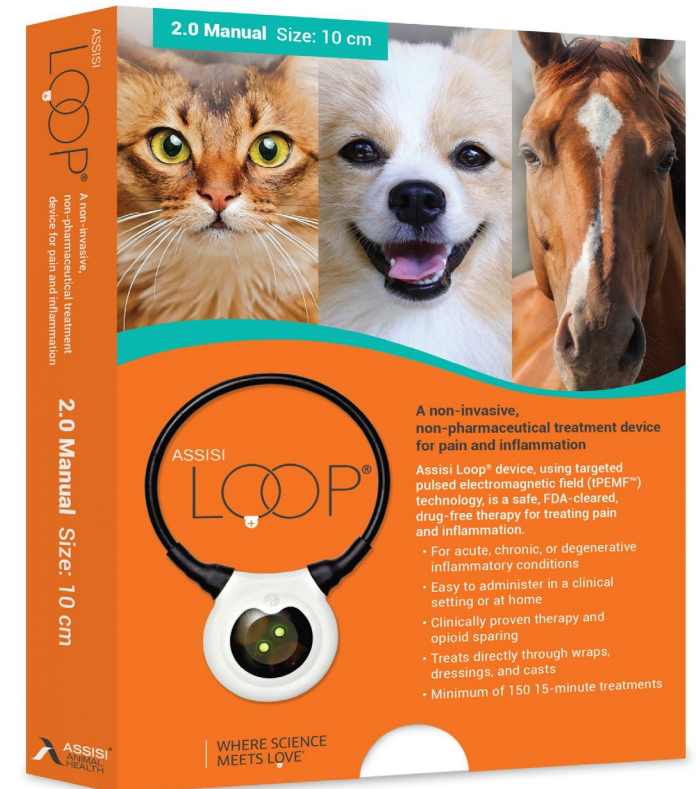
Magnetic Field Therapy



Magnetic Field Therapy

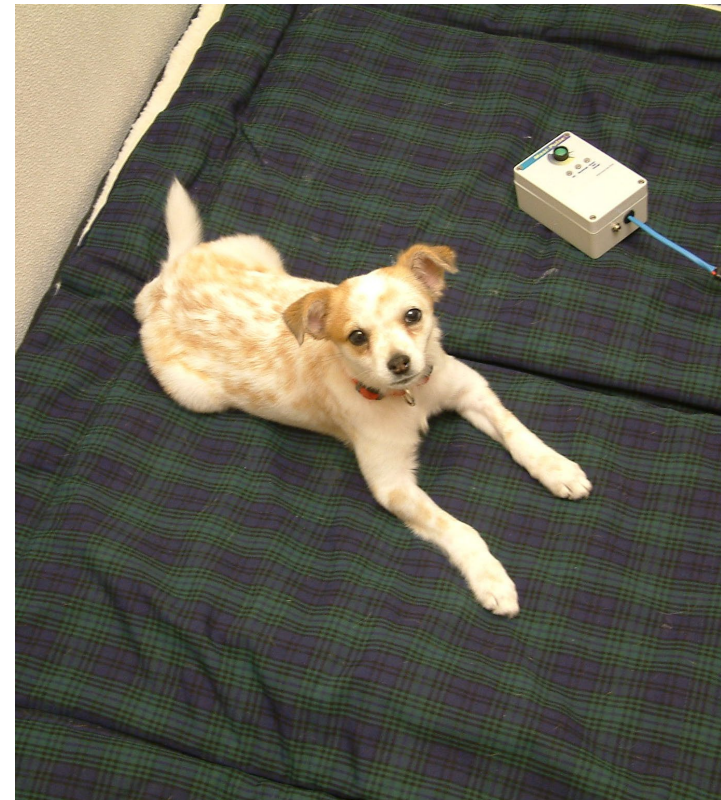


- Damaged cells → Altered Membrane Resting Potential → Ion Exchange → Oxygen Utilization
 - Increase calcium signaling and have anti-inflammatory effects through the generation of nitric oxide



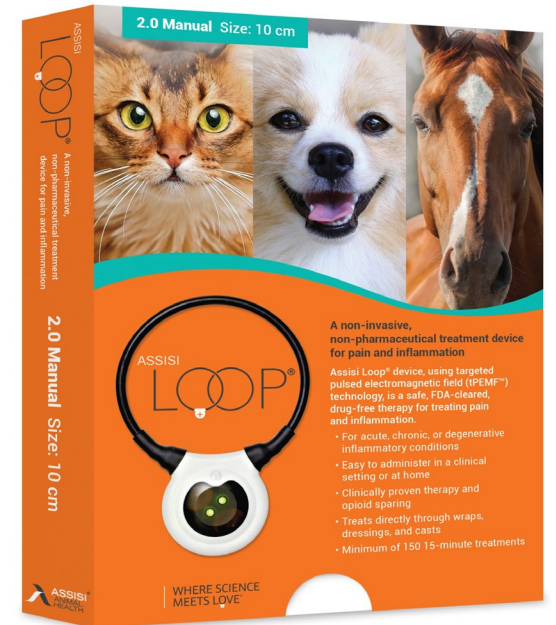
Magnetic Field Therapy Effects

- Stimulates cell proliferation
- Enhanced cartilage repair
- Stimulates tendon fibroblasts
- Increases collagen synthesis
- Modulate neuronal excitability




Magnetic Field Therapy Indications

- Bone healing
- Wound healing
- Pain
- Effusion/edema
- Inflammation
- Muscle spasm
- Osteoarthritis
- Neurological disease
- Circulatory disease
- Anxiety



Alvarez L et al, JAAHA, 2019
Zidan N et al, Neurotrauma, 2018
Pankratz K et al, Frontiers, 2021
Kloth et al, Electricity and Magnetism in Biology and Medicine, 1999
Weber et al, Plastic and Reconstructive Surgery, 2004
Strauch et al, J Hand Surg, 2006
Pilla A, Bioelectromagnetic Society Meeting, 2008
Rohde C et al, Plastic and Reconstructive Surgery, 2010
Nelson et al, Rheumatology Int, 2012
Rohan et al, Biological Psychiatry, 2013
Rhode C et al, Plastic and Reconstructive Surgery, 2015

Effect of Targeted Pulsed Electromagnetic Field Therapy on Canine Postoperative Hemilaminectomy: A Double-Blind, Randomized, Placebo-Controlled Clinical Trial

Leilani X. Alvarez, DVM, DACVSMR ; John McCue, DVM, DACVIM (Neurology); Nathaniel K. Lam, DVM, DACVS; Gulce Askin, MPH; Philip R. Fox, DVM, MS, DACVIM, DECVIM (Cardiology), DACVECC

J Am Anim Hosp Assoc (2019) 55 (2): 83–91.

<https://doi.org/10.5326/JAAHA-MS-6798> Article history 



- 53 Dogs who underwent hemilaminectomy for IVDD
- Wound healing was significantly improved at 6 wk postoperatively in the treatment compared with the control group
- Pain medications were administered less frequently in dogs receiving PEMF treatment during the 7 day postoperative period compared with the control treatment group with codeine administered 1.8 times more frequently in the control group.
- No untoward effects were recorded in either treatment group.

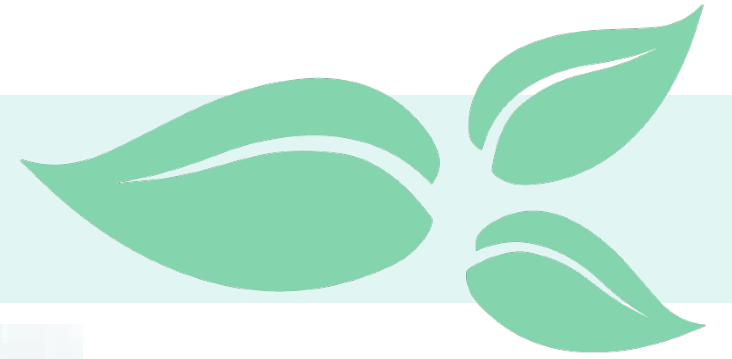
The Effect of Electromagnetic Fields on Post-Operative Pain and Locomotor Recovery in Dogs with Acute, Severe Thoracolumbar Intervertebral Disc Extrusion: A Randomized Placebo-Controlled, Prospective Clinical Trial



Natalia Zidan ¹, Joe Fenn ², Emily Griffith ³, Peter J Early ¹, Chris L Mariani ^{1 4},
Karen R Muñana ^{1 4}, Julien Guevar ¹, Natasha J Olby ^{1 4}

- 16 Dogs treated complete thoracolumbar SCI were randomized to receive PEMF (15 min every 2 h for 2 weeks then twice-daily for 4 weeks) or placebo starting immediately after diagnosis.
- Proprioceptive placing was significantly better at 6 weeks and GFAP concentrations were significantly lower at 2 weeks in the PEMF group.
- Mechanical sensory thresholds were significantly higher in the PEMF-treated group.
- Concluded that PEMF reduced incision-associated pain in dogs post-surgery for IVDE and may reduce extent of SCI and enhance proprioceptive placing.

Cryotherapy



Feet not happy, just cold.

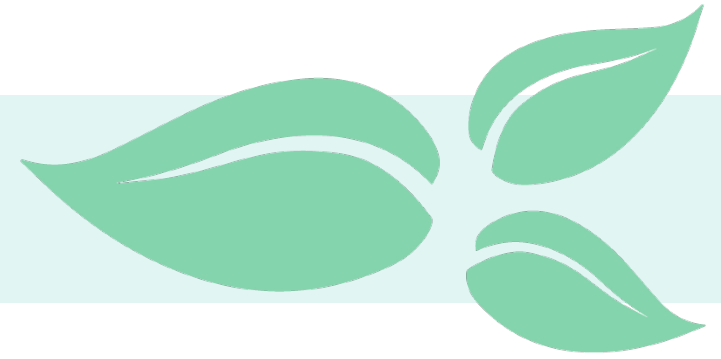


Cryotherapy: Mechanism Of Action/Physiological Effects

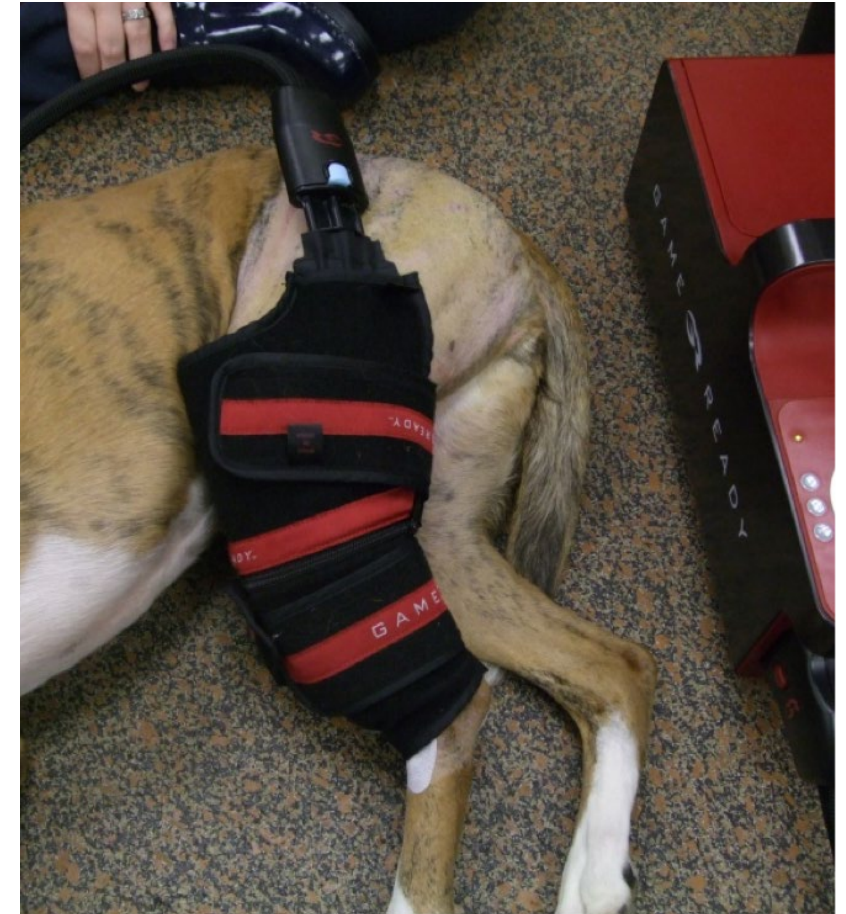


- Constriction of Blood Vessels – Decrease local circulation
- Decreased tissue metabolism may inhibit inflammatory mediators
- Reduces nerve conduction – Decrease pain
- Decrease Tissue extensibility

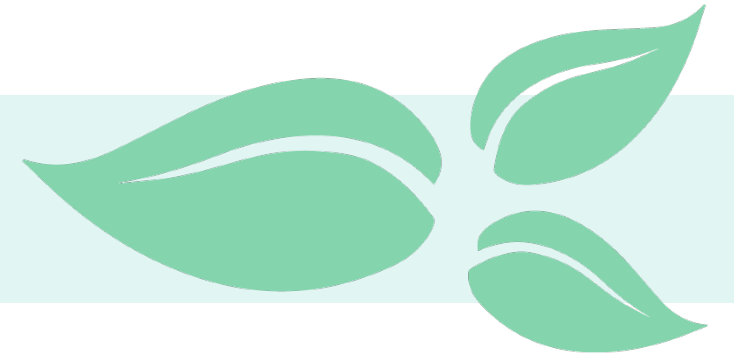
Cold Compression Therapy



- Superior method of reducing edema/inflammation
 - Increases rate and magnitude of tissue cooling compared to traditional cryotherapy
- Cyclic/pumping action mimics muscle contractions
- Aids in moving edema and cellular debris out of treated areas



Cryotherapy Indications



- <24-48 hours (acute phase inflammation)
- Inflammation
- Pain relief
- Edema/effusion
- Hemorrhage
- Fever

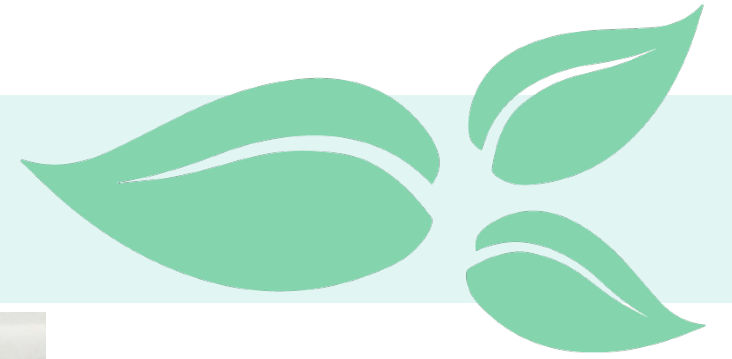


Cryotherapy Precautions

- Impaired Circulation
- Impaired Sensation
- Hypertension
- Directly over acute wounds



Thermal Therapy

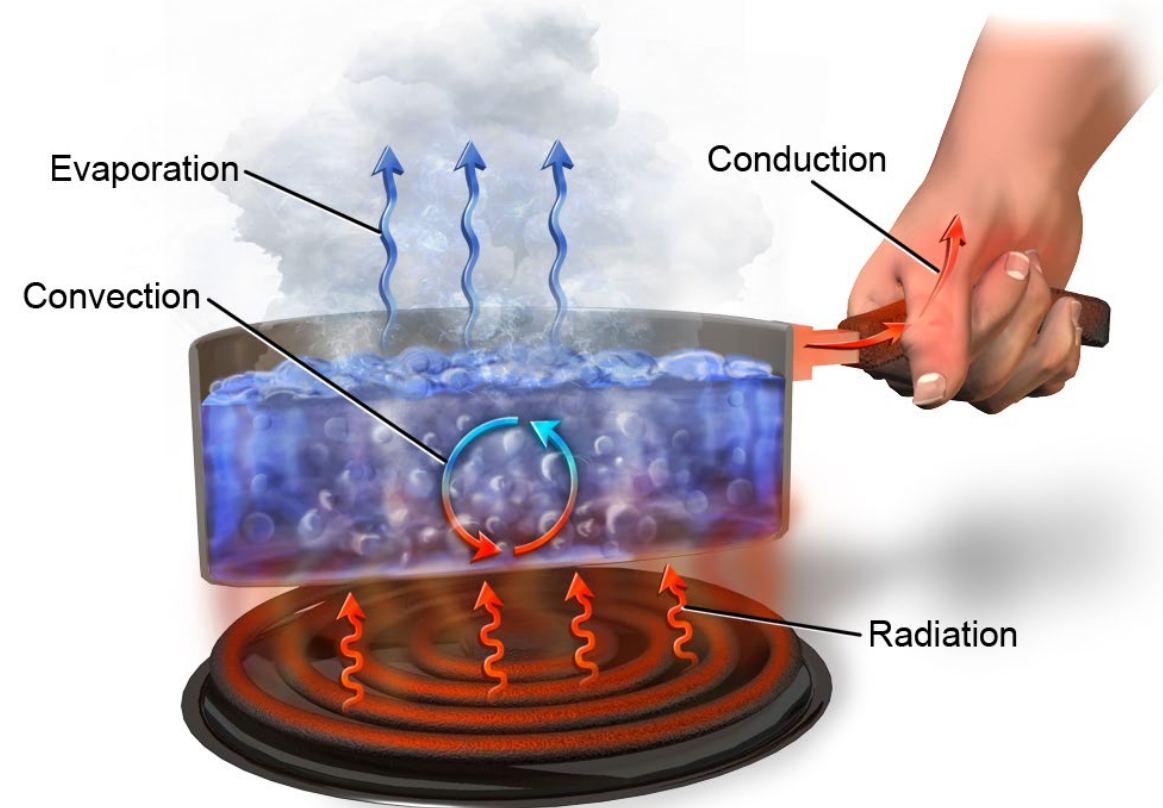


Thermal Therapy: Mechanisms of Heat Exchange



- Conduction – Direct Contact – ex: Heating Pad
- Convection – Circulating air or water
- Radiation – Warm to Cool – Infrared Lamp
- Conversion – Energy is Altered – Therapeutic Ultrasound
- Evaporation – Fluid changes to vapor – Perspiration

Mechanisms of Heat Transfer

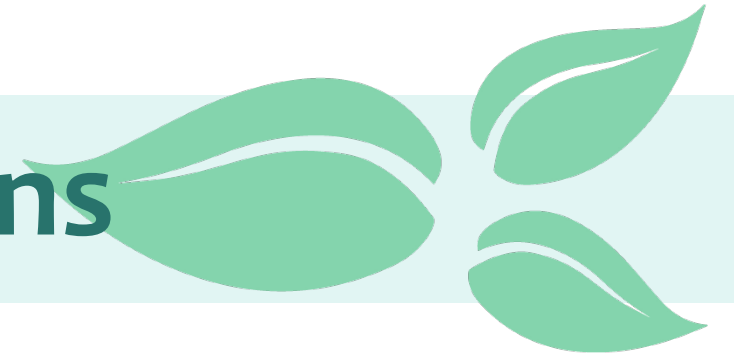


Thermal Therapy: Physiological Effects

- Increase Local Circulation
- Decrease Pain
- Increase Tissue Extensibility
- Decrease Muscle Spasm
- Muscle Relaxation



Thermal Therapy: Indications



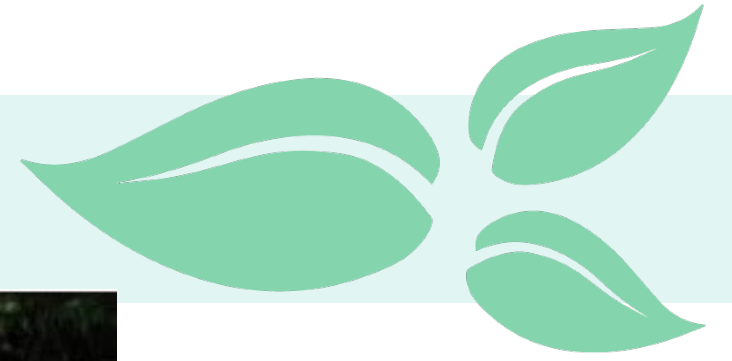
- Pain Relief
- Increase Circulation
- Prepare a stiff joint/muscle for exercise
- Chronic edema
- Muscle spasm
- Facilitate tissue healing
- Tissue Scarring
- >72 hours

Thermal Therapy: Contraindications

- Circulatory impairment
- Areas prone to hemorrhage
- Decreased pain sensation
- Neoplasia



Hydrotherapy



Hydrotherapy: Properties of Water

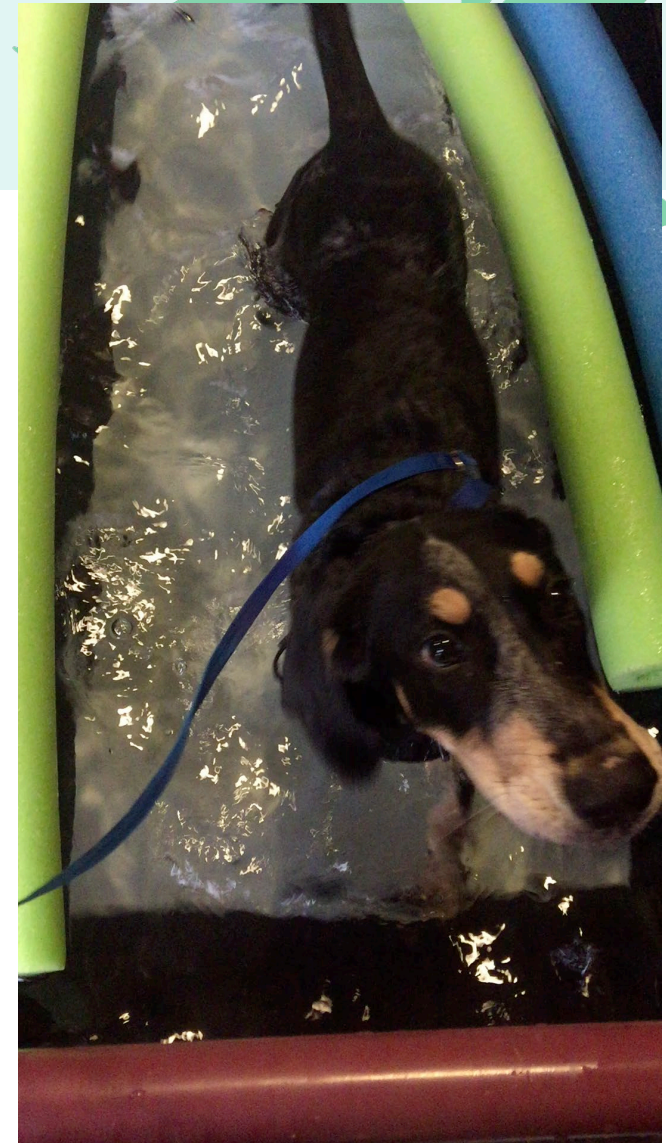


- Buoyancy
 - Decrease joint load
- Resistance/Viscosity
 - Strengthening
 - Cardiovascular
 - Sensory Awareness
- Hydrostatic Pressure
 - Reduce edema
 - Decrease nociceptor hypersensitivity (pain)

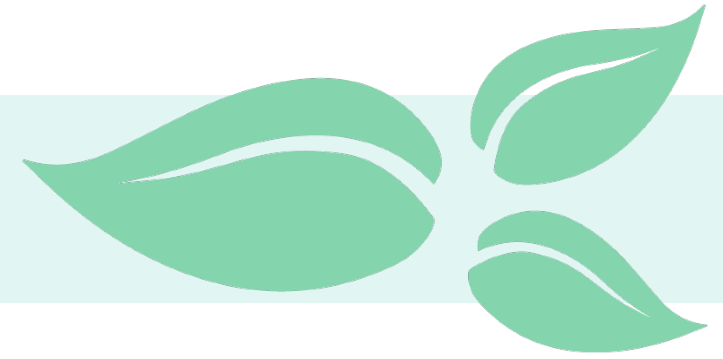


Hydrotherapy: Benefits

- Increased flexibility/extensibility
- Increased range of motion of joints
- Improved proprioception and balance
- Improve circulation
- Improve discomfort
- Improve mobility and function
- Full Body Workout



Hydrotherapy



Underwater Treadmill

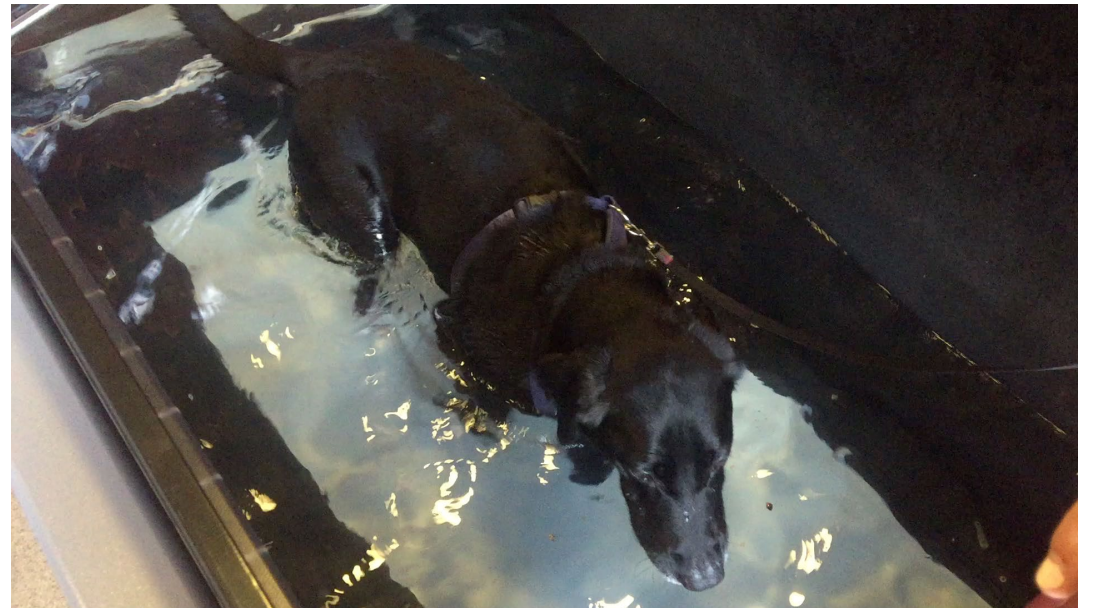
- Controlled Gait
- Closed Chain Exercise
- Strengthens muscles with regulated pressure on joints
- Increase range of motion of joints
- Improves proprioception

Swimming

- Uncontrolled Gait
- Open Chain Exercise
- Limited range of motion of certain joints
- Strengthens muscles with little pressure on joints
- Significant core exercise

Underwater Treadmill Therapy: Variables

- Water Depth
- Speed
- Turbulence
- Incline
- Temperature
- Assistance Devices



Underwater Treadmill Therapy: Water Depth



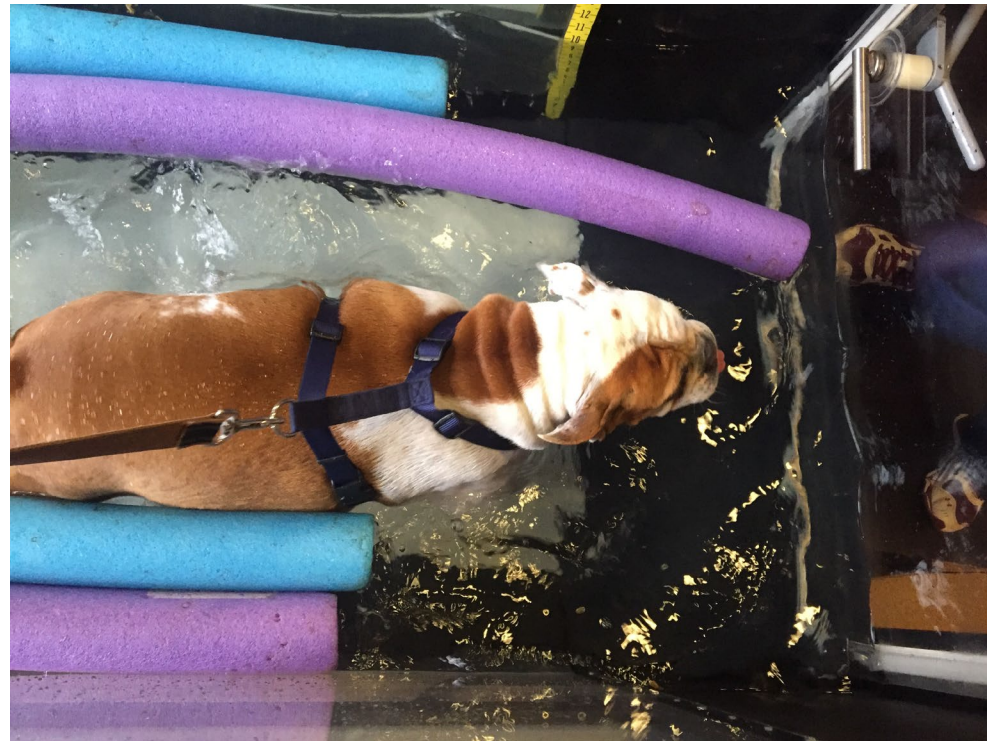
- Carpus: 91% weight bearing
 - Increase ROM of carpus and hock
- Elbow: 85% weight bearing
 - Significant Resistance
 - Minimal Buoyancy
- Shoulder: 38% weight bearing
 - Greatest buoyancy
 - Minimal load



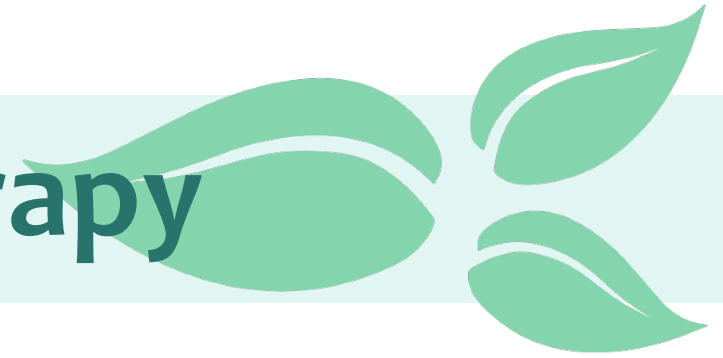
A. Tragauer V, Levine D, Millis DL. Percentage of normal weight bearing during partial immersion at various depths in dogs. In *Proceedings of the Second International Symposium on Rehabilitation and Physical Therapy in Veterinary Medicine*, Knoxville, TN, 2002, p 189-191.

Underwater Treadmill Therapy: Speed

- 0.1-0.6 MPH
 - Neurological patients
- 1.0-2.0 MPH
 - Post Surgical
 - Warm up Athletes
- 2.2-5.0 MPH
 - Advanced Patients
 - Conditioning Athletes



Underwater Treadmill Therapy

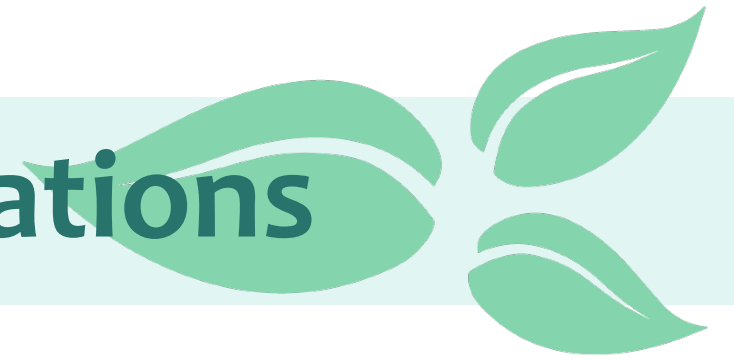


- 30-34.4 C (86-94 F)
- Jets
 - Resistance
 - Therapeutic
- Assistance Devices
 - Walk a bouts
 - Noodles
 - Floaties
 - Harness or Life Jacket



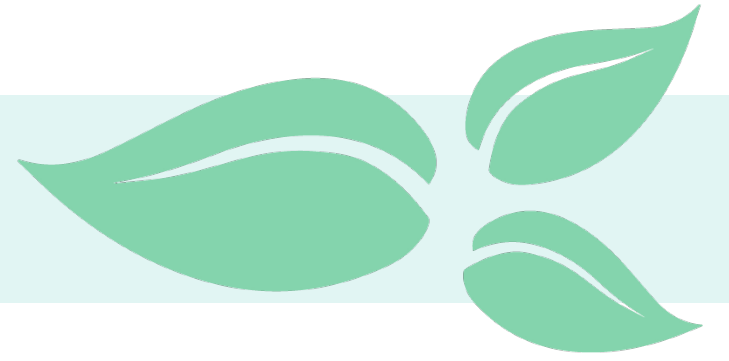
Dunning D, et al. Effects of water temperature on heart and respiratory rate, rectal temperature and perceived exertional score in dogs exercising in an underwater treadmill. In *Proceedings of the 3rd International Symposium on Rehabilitation and Physical Therapy in Veterinary Medicine*, Research Triangle Park, NC, 2002, p 217.

Hydrotherapy: Contraindications



- Unregulated Heart Failure
- Respiratory Dysfunction
- Pyoderma/Dermatitis
- Open wounds
- Incontinence



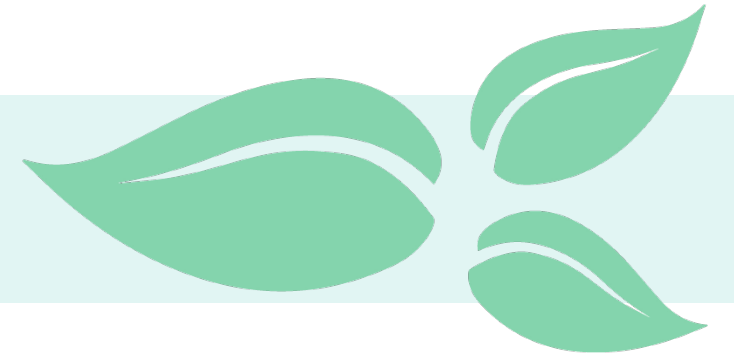


Home Exercise Plan

- Tailored to each patient and client
- 1-3 sessions/day
- Repetitions/Build Up
- PROM
- Ice/heat
- Stretching
- Strengthening
- Retraining
- Graduating/Return to Function

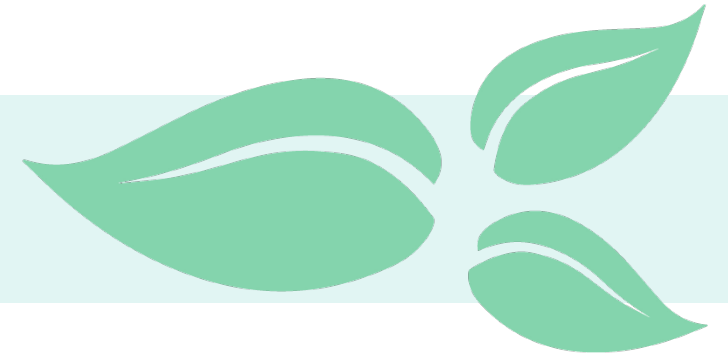


Integrative Therapies



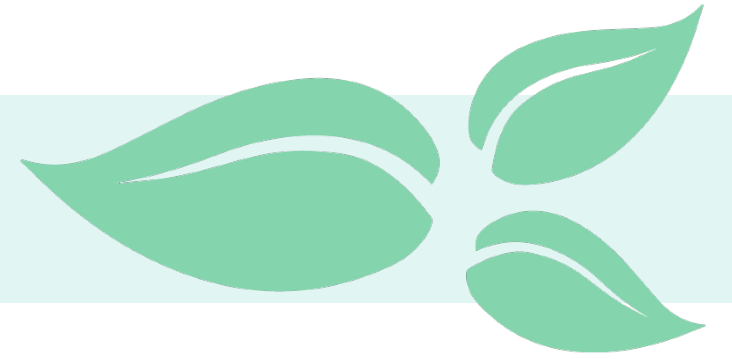
- Acupuncture/Acupressure (TENS, LLLT)
- Chiropractic/Veterinary Ortho Manipulation (direct)
- Osteopathy/Cranio-Sacral (indirect)
- Reiki (energy)
- Homeopathy
- Herbal medicine
- Aromatherapy
- Medical therapy
- Nutraceuticals

Long Term Plan



- Weekly reassessments
 - Manual
- Formal Rechecks
 - Every 4 weeks
- Re-Training
- Continued Care/Athletes
 - Monthly
 - Trials
 - Maintenance
 - Preseason Assessments





A Quick Word On Cats...

There are MANY Perceived Challenges...



you say

"crazy cat lady"

like it's a *bad* thing

Many of these perceived
challenges are

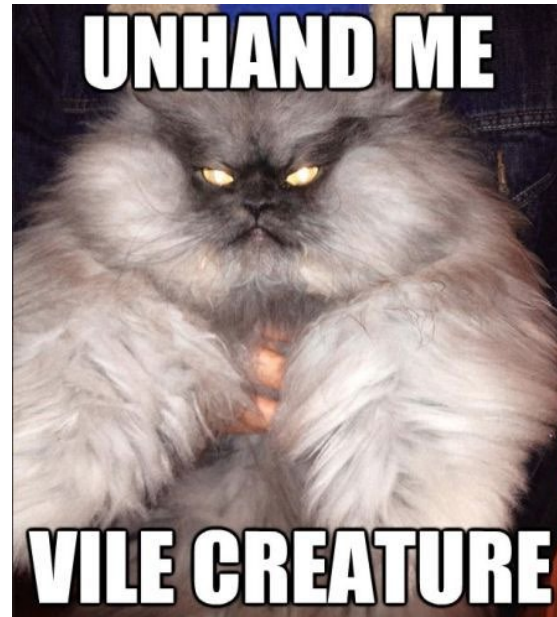


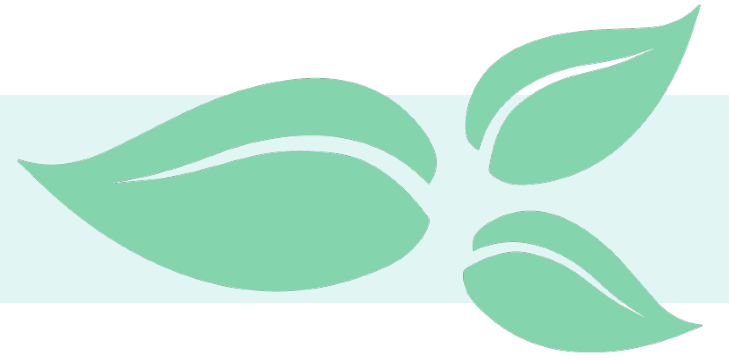
FALSE

Urban Legend #1:



Cats are not good rehabilitation therapy candidates due to their “independent” behavior and potentially “low tolerance” for handling.

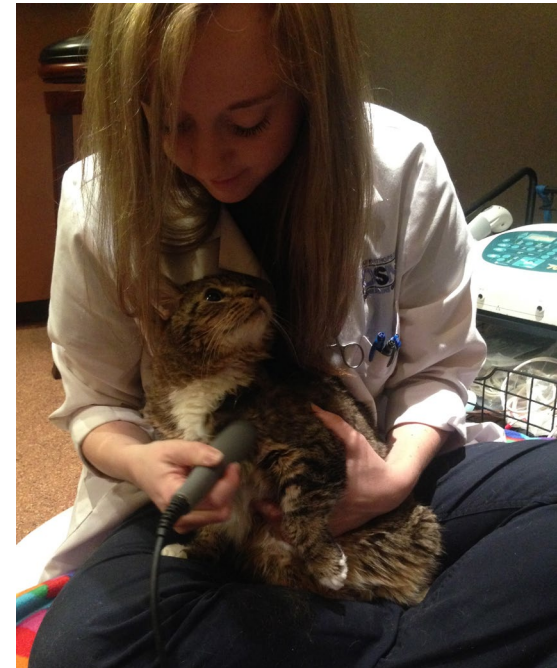




Urban Legend #1:

Cats are not good rehabilitation therapy candidates due to their “independent” behavior and potentially “low tolerance” for handling.

FALSE



Urban Legend #2:



Cats are just small dogs and the same rehabilitation therapy principles and methodologies that work in dogs should work for cats too.



Urban Legend #2:



Cats are just small dogs and the same rehabilitation therapy principles and methodologies that work in dogs should work for cats too.



FALSE



Urban Legend #3:



There is no way to objectively measure outcome of rehabilitation therapy for cats.



Urban Legend #3:



There is no way to objectively measure outcome of rehabilitation therapy for cats.

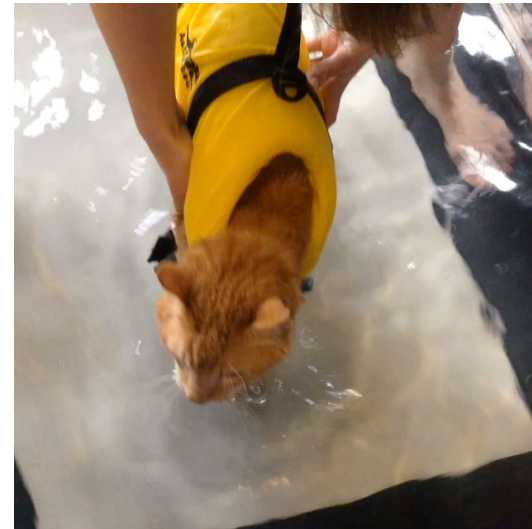
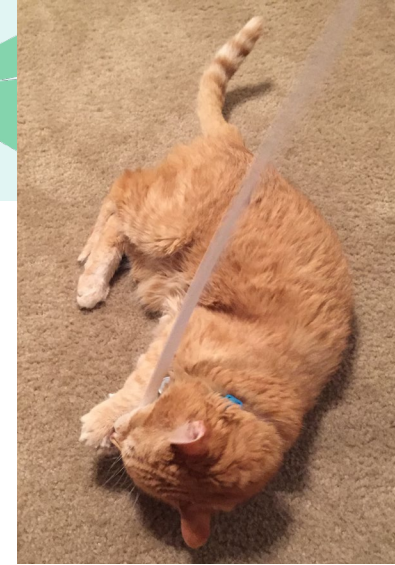
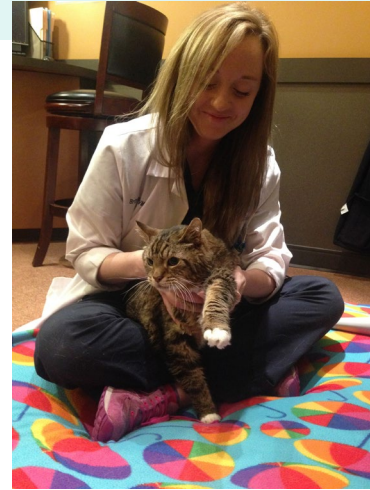
FALSE



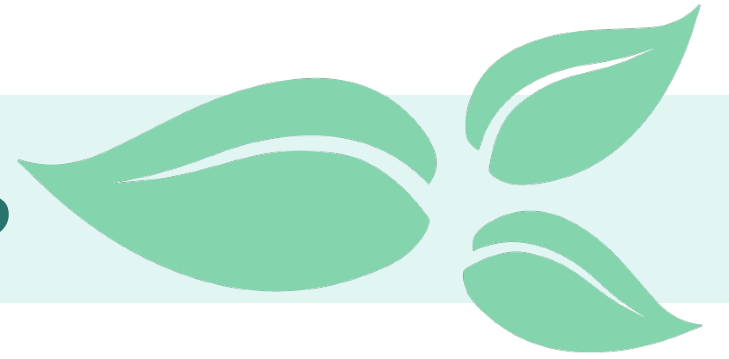
Feline Rehabilitation Therapy: Pro Tips

- Establish a diagnosis
- Objective measures
- Keep an open mind
- Creative problem solving is essential
- Lower your modality settings
- Acclimation time
- Quiet setting

Feline Rehabilitation Therapy is like eating dinner at your college cafeteria. The most successful outcomes come only with great creativity and resourcefulness.



Questions??



dr.brittcarrbenson@gmail.com