#### A Retrospective Study of Forelimb Lameness in Canines from an Osteopathic Viewpoint

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## Hyde Park Veterinary Centre



## The Team



## HPVC

- An integrated and multidisciplinary approach
- Local Vet
- Secondary Referral Centre for Specialist opinion
- Orthopaedics, Neurology, Cardiology, Oncology, Opthalmology, Internal Medicine
- Osteopathy, Homoeopathy, Acupuncture
- Nutrition
- Dog Creche

## History

- 15 years of weekly Osteopathic clinics
- Vast array of conditions
- Multidisciplinary approach



#### Lameness

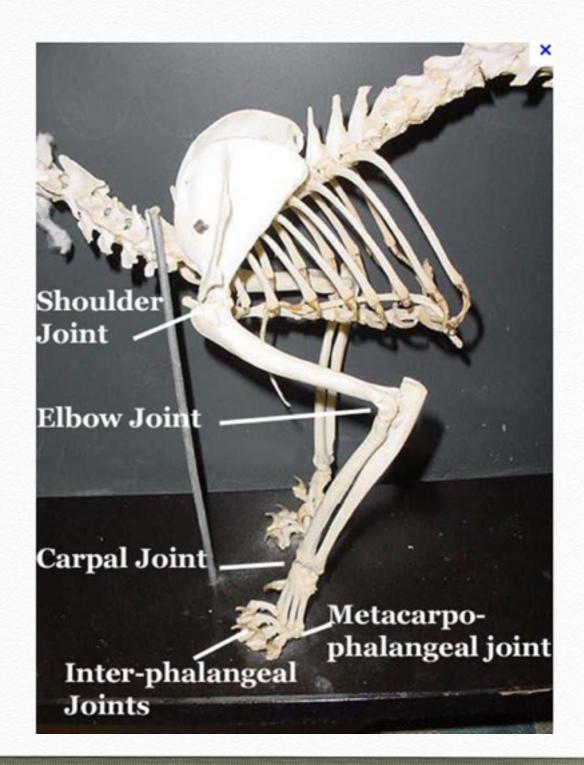
- Definition: the incapability of normal locomotion and deviation from normal gait due to pain in a limb or supporting structure, contracture of the joint musculature, anatomical deformities or shortness of one limb.
- Shortened stride and altered weight bearing
- Quadrupeds: unlike in humans, any C/T or upper Tspine dysfunction causes lameness

#### The Canine Forelimb

Veterinary orthopaedic diagnosis centres on visible and identifiable pathology

Most common conditions affecting the forelimb

-Osteochondritis Dessicans (OCD)
-Degenerative Joint Disease (DJD)
-Osteosarcoma in proximal humerus
-Medial Shoulder Instability(MSI)
-Bicipital Tenosynovitis/bursitis
-Supraspinatus insertionopathy
-Infraspinatus muscle contracture
-Medial Epicondylar bone spurs



#### Osteopathic Approach

- Osteopathic Diagnosis: The Pathological Sieve
- Aetiology, Pathology, Predisposing factors, Compensatory Mechanisms
- Osteopathic treatment addresses:
- Local tissue changes
- Joint dysfunction
- Learnt compensatory patterns
- Appropriate techniques

## Management

#### Advice

- rest or exercise
- Medication
- Allopathic\homeopathic\nutraceutical
- Acupuncture
- Rehabilitation
- Hydrotherapy

# Methodology

- Data sheet of 400 dogs seen: 74 forelimb lameness
- Breed, age, sex, onset, presenting joint, Veterinary tests, Osteopathic findings
- Breed specific pathology
- Groupings: size, stance, gait, behaviour
- Gender and age not documented but great relevance in clinical assessment
- Specific joint or soft tissue pathologies not itemised but influenced treatment

### Results

#### Response to osteopathic treatment

- **28 Acute:** 1-3 treatments at weekly intervals. Owners report a positive response (good relief of pain, improved mobility, normal gait)
- **29 Chronic:** 2-3 treatments at weekly intervals, then management at monthly intervals. Owners report improvement in mobility (still altered gait) with some deterioration before next appointment
- **16 Episodic/intermittent:** 1-2 treatments as required(within months or years). Total resolution between episodes

## Table 1

Breed	Shoulder	No. X-rayed	Elbow	No. X-rayed	Carpus	No. X-rayed	Nonspecific	No. X-rayed
Labrador	5	0	11	6	1	1	1	0
Retriever	0	0	3	3	0	0	2	0
Large	5	0	1	1	0	0	3	1 (Tsp)
Lurcher	6	1 (NAD)	1	1	0	0	0	0
CKCS	4	1 (Tsp)	0	0	1	0	3	1 (Tsp)
Staff/Bull	4	1 (Tsp)	1	1	0	0	3	2 (Tsp)
Terrier	6	1 (NAD)	1	0	0	0	1	0
Working	2	1 (G/H)	1	0	1	1	2	1 (Tsp)
Min/Toy	1	1 (C/Tsp)	1	1	0	0	3	1 (C/Tsp)
TOTAL	33	6	20	13	3	2	18	6

Table 1: Overview of correlation between breed, forelimb joint and x-rays taken For convenience: Breed grouping according to similarity of size, stance and gait patterns. Large = Bernese Mountain Dog, Ridgeback, Weimeraner, Giant Schnauzer, Spinoni, German Shepherd Dog. Lurcher = Greyhound, Saluki, Whippet, Crosses. CKCS = Cavalier King Charles Spaniel.

Terrier = Border, Jack Russell, Crosses.

Staff/Bull = Staffordshire Bull Terrier, Min. Bull Terrier, English Bulldog, French Bulldog, Crosses.

Working = Collie, Beagle, Polish Sheepdog, English Springer, Crosses.

Min/Toy = Lhaso Apso, Bichon Frisee, Pekinese, Chihuahua.

The column entitled 'nonspecific' refers to those cases with no definitive joint diagnosis.

#### Key Findings From Table 1

- Expected correlation between breed group and prevalent joint pathology
- Labradors/retrievers: prone to OCD in elbows
- Cavalier KC spaniels: high incidence cervical spondylitis
- Bull Dogs and Pugs: hemivertebrae in T spine
- X-rays of the presenting joint and the CT spine were taken when clinically indicated

#### Table 2

	No.	NAD G/H Jt	OCD	OA	C/T & Tsp Changes
X-Rayed Shoulders	6	5	1	0	3
X-Rayed Elbows	13	0	10	3	0
X-Rayed Carpi	2	0	0	2	0
X-Rayed Nonspecific	6	0	0	0	6

**Table 2: Radiographic findings** 

Abbreviations: NAD=No abnormality detected, G/It=glenohumeral joint, OCD=osteochondrosis dessicans, OA=osteoarthritis, C/T=cervicothoracic, Tsp=thoracic spine.

#### Key Findings From Table 2

- X-rays confirmed breed pathology tendencies:
- 6 of 33 shoulders were x-rayed 5 NAD and 1 mild OCD. 3 of these 6 x-rays also show degenerative changes in the CT and upper thoracic spine
- 13 of 20 elbows were x-rayed 10 OCD and 3 OA
- 2 of 3 carpi were x-rayed both with OA
- 6 of 18 nonspecific cases were x-rayed all showing varying degrees of CT and upper thoracic spine changes

## Osteopathic Assessment

- Observation
- Palpation monitors tissue health and response
- Clinical examination
- Individual symptom pattern



- Temperament
- Constitution

# Osteopathic Findings

- Osteopathic somatic dysfunction *"Protection becomes Prevention"*
- Muscle hypertonicity
- Decreased segmental mobility upper/mid thoracic spine
- Global ipsilateral or contralateral fascial tethering
- Scapulo-thoracic dyskinesia

## Non-specific Lameness

- No peripheral joint or soft tissue pathology detected
- May be pathological changes in the cervico-thoracic or upper thoracic spine not evident on X-ray
- Local pain and sensitivity, muscle tightness, fascial binding
- Decreased range and quality of movement between T2-5
- Omothoracic synsarcosis (muscular joint) dysfunction
- Palpable peripheral joint restriction due to radial/humeral shift/torsional patterns

#### Discussion

- Treatment is case specific NOT prescriptive
- Palpation
- Dysfunctional kinetic patterns must be addressed
- Techniques:

*-practitioner preference -patient size, temperament and constitution* 

## Conclusion

- Osteopathic contribution to Veterinary medicine
- Reaffirmation of Osteopathic Principles
- There is an obvious paucity of publications
- Vast scope for further studies and research

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#### Thank you for listening!

