



Loving
Paws LLC

NEWSLETTER



February 2012

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Hello to you all from Loving Paws (LP). It has been almost a year since the last full newsletter. I apologize for the delay. 2011 was a tough year. I have to thank Stephanie Challand, Jennifer Lueck and Amy Wence for helping me get through the issues I faced. Without these marvelous women, training classes would have come to a halt. My deepest appreciation goes out to all of them.

2012 has started with a bang. Stephanie developed a new program for dog training businesses. The name of it is Dog Biz Pro. The student can now sign up for classes on-line, manage their personal information and pay with a credit card via Pay Pal. With Stephanie's help, we will soon be adding a shopping cart of products we recommend plus the ability to pay on line via credit and debit cards. Orders can be shipped or picked up. I will also offer delivery for Kenosha residents once a week on a specified day. Plans are to have this available in March.

For all of you new readers, past newsletters were packed full of information ranging from health tips, product review and training tips. You can access these past newsletters or an individual article on the LP website under the information tab. There are also yummy recipes for dog food and treats under this tab.

The Hiking Club still meets during the winter months when weather permits. Jennifer puts the hike information on the Hiking Club website by Friday every week. To get automatic emails for hike dates and times, follow these instructions.

1. Go to the Hiking Club website at www.hikingclub.lovingpawllc.com.
2. Click on the hike that is listed.
3. Then click on Reserve a Spot.
4. Enter your email address and click next.
5. Enter how many will be coming or No if you are not coming.
6. You will automatically be sent an email whenever a hike is listed after going through these steps.

A Tellington Touch workshop is now scheduled for June. I am also offering mini workshops like: Ball games, Stop the Pulling and No More Jumping. You will see these events and register on-line under the Event tab on the LP website.

The Association of Pet Dog Trainers (APDT) is offering free webinars for all to take advantage of. You can go to <http://www.trainyourdogmonth.com/events/> or access this link from the LP websites home page. Here is a listing of the webinars for 2012.

- Shelter Dogs: Good Choice or Bad?- Trish King, CPDT-KA, CDDBC
- Got C.L.A.S.S.? Canine Life and Social Skills for Pet Owners - Ann Allums, CPDT-KA
- Housetraining Basics- Teoti Anderson, CPDT-KA
- How to Become a Professional Dog Trainer- Mychelle Blake, MSW, CDDBC
- Loose Leash Walking- Gail Fisher
- ItTakes Two: Successful Cat and Dog Interactions- Jacqueline Munera, CCBC
- Litter Box and Scratching- Katenna Jones, MSc, ACAAB, CABC, CPDT-KA
- Dog Safety: What to Teach Your Kids- Joan Orr, MSC
- Setting Dog and Baby Up for Success!- Jenn Shryock, CDDBC
- Separation Anxiety in Dogs- Melissa Bain, DVM, DACVB, MS
- Treibball- Casey Lomonaco, KPA CTP

I hope all those reading this started this year in good health and spirit. Spring isn't far away.

Laura Yurchak

K9 Nose Work® Coming On Strong

by Laura Yurchak

In August of 2010, Stephanie Challand and I began our adventure in the world of K9 Nose Work®. Little did we know that it would soon become a major part of our training curriculum. This past November, I became a Certified K9 Nose Work® Instructor. Stephanie is an Associate K9 Nose Work® Instructor with only one segment to finish for certification. This sport has changed both of our lives.

Inspired by the world of K9 detection work, the founders of K9 Nose Work® created a sport that borrows elements from the activities of professional detection canines and puts them in a recreational setting. The sport provides an opportunity for the companion and sport dog to have an outlet for their natural hunting and scenting abilities. K9 Nose Work® can be done anywhere and at anytime. Nose Work can build the dog's confidence, reduce environmental sensitivity and provide mental and physical exercise through teamwork with their handler.

Loving Paws offers various levels of K9 Nose Work classes. Throughout the past year and a half I have seen fearful dogs work through their fear, reactive dogs become less reactive and almost every dog enjoy the sport. Some dogs are working toward competition while others are playing for fun.

We need to work with the dogs in as many places as possible. If you know of a place that will allow the experienced dogs to work in an office, school, church, business, or warehouse, please contact Laura with the information.

I am currently looking for a site to hold the first Wisconsin K9 Nose Work Trial. The site must have access to human bathrooms, a couple of interior rooms, parking for approximately 40-50 vehicles and an area to park 3 vehicles away from the trial group. Please contact Laura if you know of a place that may work. Here is a link to a letter that can be passed out at work or to friends that you think can help.

[http://lovingpawslc.com/uploads/Facility rental request flyer LP.doc](http://lovingpawslc.com/uploads/Facility%20rental%20request%20flyer%20LP.doc)

A few K9 Nose Work students were kind enough to give us their opinion of their experience with the sport.

Dog #1 The smell of burning leaves, apple pie or skunk. Now imagine if these smells were 1000x stronger - if every smell were 1000x stronger! K-9 Nose work lets dogs do what they do best - smell. Token Bear is a 7-year old Sheltie with allergies and arthritis. We work as a team to find birch, anise and soon clove. It has helped to build his confidence and strengthen our bond. Token has so much fun. K-9 Nose work challenges



Token

him in a different way without straining him physically. It's inexpensive. It has been an amazing experience to watch Token and his classmates grow and progress from searching boxes to vehicles and more!

Dog #2 Since Charlie has been doing Nose Work I believe he is much more alert of his surroundings. He knows when something new is in the house. During his recovery from eye surgery I hid his ball hoping he would forget about it. I hid it in a basket on a dresser in the basement and covered it. He found it right away and sat below the dresser and barked! He knew that his favorite toy was up there. His mission was to find his ball....and he did!



Charlie Rode

Dog #3 Are you looking for a great new activity to do with your favorite furry friend? Looking for an alternative class from obedience training? Time for you to sniff out K-9 Nose Work® with Loving Paws, LLC! This is a fun class for any breed that uses your dog's natural instincts to hunt out treats and different scents with positive reinforcement in a fun atmosphere. I attended the Shy and Fearful K9 Nose Work® class. This class is the perfect fit for a dog that needs help adapting to different surroundings. Once your dog is out on the floor working, they are focused on the job at hand rather than the surroundings they would usually find difficult to cope in. From week one to the graduating class, I witnessed all the dogs in the class grow within K9 Nose Work® skills and their confidence. I was amazed of the obstacles the dogs were able to overcome while working on the floor and how they progressed during the class with K9 Nose Work® skills. Even if you don't have a "problem pup", the class is still a great activity. The work your dog does on the floor will leave them happily tired at the end of



Tilly after class

class from the mental stimulation. This also gives you and your dog a new activity to do together! I use K9 Nose Work® at home regularly now. I simply set some hides around

the house and give Tilly her "find it" cue and away she goes! Sometimes the weather makes it hard to get outdoors. This is a great alternative on the days the weather is leaving you less than enthused to get outside, while still giving your dog something fun to do!

K9 Nose Work® is the perfect blend of fun and focus for you and your dog. Come sniff out the fun! Please check upcoming class schedules at <http://www.lovingpawslc.com/Training/GroupClasses.aspx>.

Pharmacological Modification of Behavior in Dogs and Cats

By Laura Yurchak

Last year, Stephanie and I attended a seminar in Illinois featuring Dr. Karen Overall. Dr. Overall is a Diplomat of the American College of Veterinary Behavior and a Certified Applied Animal Behaviorist. The information that follows came from that seminar. This is not a complete listing of behavior medications. These are the ones discussed in the seminar.

There are times that I do feel that drug intervention is needed. If you have exhausted all other avenues and your pet still has behavior issues, it may be time to think seriously about a behavior modification drug. The drug should be part of the counter conditioning-desensitizing program to get the full benefit from them both. Many new drugs and enhanced dietary regimes have a huge potential for improved life for troubled pets and their distressed owners. Rational drug use should be considered a part of humane treatment.

Some of the drugs are only used for specific episodes.

From example, one may be used only during thunderstorms. Others may be used long term. There are things you need to know before you contact your veterinarian to obtain behavioral drugs.

1. Due to the type of drugs they are, many veterinarians may not prescribe them. In the wrong hands, these drugs could be used by humans or sold to humans. Some veterinarians may send you to a Certified Veterinary Behaviorist instead of giving you a prescription.
2. Many of these drugs are not kept in the animal hospital. The veterinarian may give you a written prescription that you will bring to your pharmacy to be filled.
3. Some medications can be used with others and some cannot. Your veterinarian will know if certain drugs can be used together. Never mix any drugs without consulting your veterinarian first.
4. Never give a human drug to an animal without consulting your veterinarian first. Some human drugs may have additional ingredients that are toxic to animals.
5. When stopping a behavioral medication, weaning is preferred. This minimizes potential withdrawal issues. Work with your veterinarians when weaning your dog off of long term usage of these drugs.

I always worry about side effects when using drugs. Ever pay attention to the ads on TV as they describe the side effect of the drug in the commercial? I am blown away at the severity of some of them. Cancer, internal bleeding, and sudden death! Which is worse, the illness or the side effect of the drug? I still have my concerns about all side effects but I try to make a logical decision by obtaining as much information about the drug before giving it to my dog (or myself).

My Border Collie mix, Harley, has storm anxiety. I tried herbs, flower essences, counter conditioning-desensitizing and a Thundershirt to help him. The Thundershirt does give him some relief but when combined with Alprazolam, he is able to function during thunderstorms without trembling, whining and panicking. To work properly, I

need to give this to him about an hour before a storm hits. This isn't always possible. If a storm is in progress when I get home, I will give him one pill and put the Thundershirt on. It takes about 10-20 min before he seems better.

Before starting any drug, your veterinarian will want to run blood tests to make sure the dog is healthy enough to take the drug. They may also require other tests like an EEG. These are necessary to know if the dog is capable of taking the drug. Treatment continues for eight weeks before efficacy can be determined. When starting any drug for the first time, you should be home to monitor your dog's reactions. Watch for those side effects. Typical signs may include gastrointestinal disturbances, appetite change, sedation, or increase in heart rate. Ask your veterinarian to show you how to take your dog's pulse rate. Request a listing of side effects if you aren't given one. Ask which side effects are considered an emergency. Work as a team with your veterinarian.

Classifications of behavior modification drugs.

Tranquilizers

- Decrease spontaneous activity, decreases response to external or social stimuli interfering with behavioral modification.
- Phenothiazines (e.g. chlorpromazine, promazine, acetylpromazine) are outdated. These have side effects from long standing usage.
- Acepromazine makes animals more reactive to noises and startle but less able to do anything about it. This can make the animal more reactive with time. This sedates the dog. This is not recommended for noise anxiety.

Benzodiazepine (BZ)

- Used in treatment of anxiety and aggression
- Low dosages act as calming agents or mild sedatives, facilitating calmer activity by tempering excitement.
- Moderate dosages act as anti-anxiety agents facilitating social interaction in a more proactive manner. High dosages act as hypnotics, facilitating sleep.
- Used for sporadic events involving profound anxiety or fear such as storms, fireworks and panic associated with departure of humans.
- Given 1 hour before anticipated event.
- Concerns: Not all dogs respond the same. Some may become sedated and others too excited.
- Most common:
 - o Alprazolam (Xanax)– panic, noise, storms, vet visits, rides, generalized or situational anxiety (with Imodium)
 - o Oxazepam (Serax) – this has anti-anxiety and muscle relaxing properties. It is prescribed to stimulate appetite and treat anxiety.

Monoamine oxidase inhibitors (MAOIs)

- Mood elevator
- Selegiline (Anipryl) – treatment of cognitive dysfunction in cats and dogs.

Tricyclic anti-depressants (TCAs)

- Used in humans to treat various mental conditions.
- Side effects in dogs: gastrointestinal distress, changes in appetites and discomfort associated with unremitting tachycardia. These resolve when drug is removed. Severe side effects can involve cardiac affects.
- Cats are likely to be more sensitive to TCAs than dogs.
- Contraindicated in animals with a history of urinary retention, glaucoma and uncontrolled cardiac arrhythmia.
- High doses can alter liver enzyme levels.
- Extremely high doses can involve convulsions, cardiac abnormalities and hepatotoxicity.
- Extremely successful in treating separation anxiety, generalized anxiety that may be a precursor to some elimination and aggressive behaviors, pruritic conditions that may be involved with self mutilation, acral lick dermatitis, compulsive grooming and some narcoleptic disorders.
 - o Amitriptyline (Elavil) – separation and generalized anxiety.
 - o Imipramine (Tofranil) – useful in treating mild attention deficit disorders in human and may be useful in dogs since it has been used to treat mild narcolepsy.
 - o Carbamazepine (Tegretol) – used to control aberrant activity in canine psychomotor seizures.
 - o Clomipramine (Anafranil) – acts as an SSRI,

successful in canine obsessive compulsive disorders. Used to treat separation anxiety.

Selective serotonin reuptake inhibitors (SSRIs)

- Severe side effects can involve cardiac affects.
 - o Fluoxetine (Prozac) – efficacious in treating profound aggressions, separation anxiety, panic and ODCs.
 - o Paroxetine (Paxil) – efficacious in treating depression, social anxiety and agitation associated with depression.
 - o Sertraline (Zoloft) – useful particularly for generalized anxiety and panic disorders.
 - o Fluvoxamine (Luvox) - almost identical to Fluoxetine (Prozac), though structurally it is quite different
 - o Clomipramine (Anafranil)– See above

Behavioral problems in pets are responsible for more surrenders and death than infectious disease, neoplasia and cardiac disease combined. Using behavioral medication may be helpful. Drugs alone are not the answer. True behavioral modification, in combination with behavioral drugs, can effect cognitive change to alter a pet's behavior. This may save the relationship between the human and their dog. Wouldn't that be wonderful!

Thundershirt Reviews

By Laura Yurchak



I am amazed at the positive changes many dogs are getting with the Thundershirt. I see noticeable differences in the fearful dogs in class with this on. It has a positive effect on some dogs if the reactivity is fear based. Of course, it isn't going to work on all dogs but

The shirt is also helping her in class. She is more confident in herself and actually going up to other dogs now. She played with a dog in class last week, which was awesome.

She still gets a little 'spastic' when we take the shirt off but it is getting less and less. We take it off right before bed time. I did leave it on once during the day when we were going to be gone for a bit and she didn't chew it or anything like that. One strange thing she has started doing is rubbing up against the back of our chair and couch when it is on. Not sure if it has anything to do with the shirt or if it is a new behavior she has started. Thank you for the suggestion of this shirt. I have actually given my testimony to other dog owners I know and they are interested in it too.

#2 We do notice a difference. She was so frightenable when we first started using it. She has gotten a lot better using this. This shirt WITH other behavioral efforts (regular training, desensitization, and calming efforts) is a winning combination. It is very important to learn to use it properly, associating it with good things before challenging its use.

#3 I have been using the Thundershirt on him during hikes now that is it cooler and he is much less worried about things and especially noises when he has it on!!

FIRST USERS – NOVEMBER 2011

Car rides

- Didn't shake in the car.

I believe in this product enough to add it to the list of items I am selling.

In November, I started a promotion on the Thundershirt. I gave people the opportunity to purchase them at a discounted price. In turn, those people were to update me with the results they saw in their dogs. Most people gave me feedback in December. I only heard from a few folks from the last update request.

So here it is. There were 20 people in this mini study. The first comments are from new users of the Thundershirt. It is followed by the first users from November 2011.

NEW USERS – FEBRUARY 2012

General Fear

#1 The Thundershirt has been AMAZING for my dog. We put it on every night after dinner and after we do a bit of retrieving down the stairs - usually around 6:30 or 7:00pm. It is like an 'off' switch for her where she just settles down. She actually asks for it at this time of night. She still barks and is a little jittery at noises but not nearly as much as she has been.

Storms

- Within 5 min the shaking, panting, drooling and following me around stops.
- When he had the shirt on he wanted to go out and didn't hide under the table the whole day. He had a great time playing outside for quite awhile. Even the kids noticed the difference. He also greeted me when I came home instead of hiding. I have not noticed him being so obsessed with carrying around a stuffed animal all day. He went outside three times today in the rain. VERY unusual. He even asked twice to go out!
 - o Feb 2012 Update: Haven't needed to use the shirt in this weather. There are also no gun shots being fired right now. Love the shirt and recommend it.
- This was during a loud thunderstorm. I put their Thundershirts on and cuddled with them. Shaking stopped within less than a minute. I stopped holding them after a while and they stayed ok. I left the room to do something and they stayed on their beds until I called them. The thunder continued, they were fine.
- I put it on him if a storm was coming, he seemed more self assured and happy. During a storm he seems more relaxed and doesn't drool and pant like he used to. During fireworks, he actually slept sprawled out on his side by our bed and seemed very calm and content.
- I purchased the Thundershirt three months ago and it helps. With the Thundershirt, he does calm down. He is still aware of the storm outside; he is able to rest in one place. Symptoms that disappear with the Thundershirt on are: shaking uncontrollable, heavy panting and pacing.

Barking and pulling on leash when seeing a person or other animal

- The very first time we had it on, after 10 minutes she just kind of got tired, like she just couldn't move anymore. We were in our class with the other dogs and she seems to be ok with it, the other dogs didn't seem to bother her, no pulling on the leash or barking at that time.
 - o Feb 2012 Update: I haven't been putting it on her too much, shame on me. When we went for our walk this morning, I did put it on her, but we have been practicing the last two weeks on how to walk next to me and not ahead of me. What amazing results with her NOT jumping, having barking fits, and pulling me, when we see people or other animals. She's more relaxed & I'm more relaxed, she loves to learn. We had a person walk across the street from us this morning for a while, great practice and she did really good. These baby steps make me feel wonderful, and is changing her view on life. Just wish it would work out with my youngest daughter and the grandchildren. So when we go for our walk tonight & in the morning, and the remainder of the week, I'll use the Thunder shirt on her.

Anxious - barking

- She doesn't bark any less but she seems to like it. Any time I take it out to put it on her, she follows me around. She seems to want it on.
 - o Feb 2012 Update: We've seen no change since the last update.

General fear

- Didn't hide under the table all day. Had a great time

playing outside.

- Put it on for Trick or Treat walk and seemed more calm. We were able to walk past crowds of kids. Still seemed apprehensive but didn't pull or lurch away which he often does. No cowering or ears pinned back/tail tucked as seen before. Not a huge difference but a noticeable one.

o Feb 2012 Update: My Dog often needs to be re-introduced to

situations he's been in before but not in a while. For example, he has a grave fear of headlights when I walk him at night but after several weeks or months, he'll adjust. Then



during warmer months our walks happen more often during the daytime so when months go by, then I have to take him out at night during the colder months, he starts up the initial fear of headlights again. The Thundershirt seems to help reintroduce him more calmly and he adapts more quickly. Plus, it's a nice extra layer when it's freezing outside. :)

- She shakes especially at night. It reduced shaking at times.
- She will need a bit more time. We are up to 10 min at a time. At first she refused to move from whatever spot she was in when I put it on. We are making progress and she will walk with it on.

Fear of People

- Seems a little more okay with meeting new people. The shy & fearful dog class helped the most in my opinion.
 - o Feb 2012 Update: Well overall I do not think I would recommend either one. I tried both and I was not thrilled with either one (especially the Anxiety Wrap. It was not made as well as the Thundershirt). I think the shy and fearful dog class that I took is what helped Sunny move slightly forward.
- He has been wearing the Thundershirt quite a bit for four months for generalized anxiety. I was able to take him off of one of his anti-anxiety medications. He now wears the shirt less, but definitely wears it whenever encountering triggers (children and large crowds etc.). We are now talking about lowering the dosage of medication he is still on. I cannot say enough good things about this product. It has changed our lives. I never thought he would ever be comfortable with my 4 year old niece, but they actually made friends this summer thanks to the Thundershirt.

ANXIETY WRAP REVIEWS

- Initially she seemed calmer after wearing the wrap. I don't think it has made any real difference. When I had her wear it at class, she was very wound-up. I also had her wear it on the Halloween hike and again no change in behavior.
- One person returned theirs for a Thundershirt.
- One person told me that the dog really likes it and doing well with generalized fear.

Lily and Max

by Sarah Gibbs, Loving Paws Client

Vision impaired?
Hearing impaired?
Oh my!

I wouldn't consider myself an experienced dog owner. I grew up with dogs as a child and I did have a dog of my own as an adult, but in all honesty I got lucky with Max, he's a great dog. Then came Lilly. I saw Lilly on a rescue site online. It was



Lily

clearly noted she was "blind," who knew that was just the beginning. I was only going to foster Lilly but decided after a few weeks I couldn't send her back to the rescue and I couldn't let someone else take her. She had a home. Lilly was a challenge from the start, she wouldn't bond with me or Max, she would find a small space to curl up in and keep to herself. Training became difficult and overwhelming. Lilly and I attended a shy dog class, however she wasn't just shy, she was just overwhelmed. Thanks to Laura and Jennifer and a lot of trial and error on my part, it became more manageable. Having a pup who is damaged early on, and then add to that visually and hearing impaired challenges you to find creative ways to communicate and bond. Lilly is also a skinny little thing, enough that the vet seemed to think she was malnourished. She didn't like soft treats, small treats, anything in your hand or for that matter anything in her bowl! We tried cat food, tuna, chicken and rice, peanut butter, butter, and a handful of other things. Her treat of choice, the Milkbone! There are so many challenges when it comes to training. Lilly likes to bite and walk circles around your feet when you walk (dangerous for the humans and her!). I tried whistles, banging pots, clapping hands, stomping on the floor, you name it, I tried it! Almost a year later, Lilly does respond to my whistle, although not all the time, so I chalk that up to stubborn puppy behavior! Her vision is questionable, she gets around fine, only running into things on occasion and usually just out of pure puppy joy while playing. The best and most beneficial training tool has been Max. He has guided Lilly through the backyard and through the house, and taught her proper behavior



Max

(she likes to steal toys and he gets the message across that isn't fair!) Max leads the way when it's time to go outside to potty, and he corrects her biting with a good natured bark. He has more affect on her than I have!

A few months ago Lilly and I had a moment. She jumped on the couch, sat next to

me, licked me and let me actually pet her entire body without nipping at me, it was the first time I felt like she actually bonded with me as her human!

I'm no dog expert, but if I can share any words of wisdom, here are mine:

- Training is key. You may have to try many many different methods or options, but keep trying, even if it's unconventional!
- Find a support system, having people who are willing to help adds to the overall outcome.
- Know your dog's comfort zone. I learned Lilly is most comfortable at home in her known surroundings. Taking her out of that takes her two steps back.
- Don't push the dog to do what you think is expected. It's their show!
- If you are considering an impaired dog, have a gentle, well-adjusted dog who can help lead the way.

I imagine people are scared about taking on an impaired puppy or dog, I understand. There is a great reward though in knowing this poorly treated puppy could be saved and live another day! As the dog's human, there are days that I locked myself in the bathroom to get away from the biting, cleaning up yet another potty accident, or just all around bad behavior, feeling as though I was at my wits end not knowing how to help Lilly or myself. Of all my experience (which is less than a year) patience is the most important part. You may want to cry, you may actually cry, but know that being patient with that broken soul and watching the progress is worth it!

Hiking Club Bandanas

Congratulations to the following dogs (and their owners) for earning new bandanas:

Abbey Lueck, yellow (10 hikes)
Cain Flores, green (25 hikes)
Jesse Hurley, blue (50 hikes)
Jethro Schwartz, yellow (10 hikes)
Lance Challand, red (100 hikes)

Logan Challand, purple (75 hikes)
Lucy Lueck, yellow (10 hikes)
Olive Andersen, red (100 hikes)
Pippa Duty, blue (50 hikes)

Kenai's Knee History

By Joy Whitehead, Loving Paws Client

February 2011
Kenai my 2 year old, 120 lb, Great Dane was running around our back yard enjoying a crisp winter day. I had just adopted Kenai from a rescue group in Tennessee five months earlier and since she came into my family she has been one happy little girl.



She has a Great Dane sister named Akela, a nice fenced in back yard, more toys then she knows what to do with and a human Mommy that loves her dearly. However, on this fateful winter day Kenai received an injury that would cause us much pain, suffering and heartache for a long time to come.

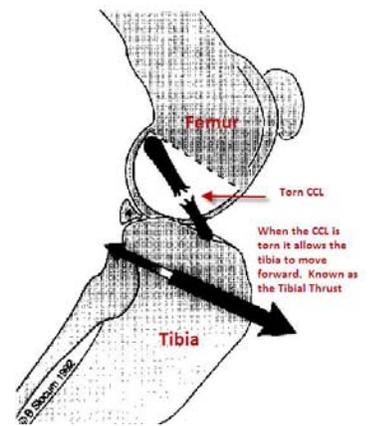
The ground was not icy and there was only a dusting of snow. Kenai ran around the corner of the yard by herself and came back limping badly on her hind left leg. I immediately thought she might have twisted her leg or stepped on something. I took her in the house and went over her from top to bottom. Nothing was in her foot and there was no heat or swelling. I kept her quiet for a few days and took her outside only on a leash. After two days she improved, but was still limping.

I took her to Dr. Rivera my holistic/chiropractic vet at The Healing Oasis a week after the injury; we had a previously scheduled appointment for a chiropractic adjustment. He took several X-Rays of her foot, hip, Tibia, Femur and knee to rule out a break or any other skeletal injury. At this time he did not know if there was any major soft tissue damage and wanted to wait to see how she progressed. I personally feel that there was a tear in her CCL (Cranial Cruciate Ligament) at this time, but it was a very small tear and was not yet noticeable with a basic exam.

We went home and I continued to watch Kenai closely and did my best to not let her get too rambunctious, which is hard to do with a 120 lb puppy! I started her on Knox Gelatin, Boswellia and Microlactin and increased her Glucosamine, Chondroitin and MSM supplements. Knox Gelatin is 100% collagen and is found to help rebuild connective tissue; Boswellia is an herb which is beneficial for connective tissue and joint support, Microlactin is a natural anti-inflammatory; Glucosamine, Chondroitin and MSM have been shown to relieve pain associated with joint injury. MSM also has anti-inflammatory effects.

I returned to Dr. Rivera after Kenai did not improve and on the second visit he was able to manipulate the knee enough to be able to tell the CCL was indeed torn, but not yet ruptured.

The ligament is much like a tightly wound rope. A tear will start with just a few strands breaking and over time more and more will break until what is left of the ligament is not strong enough to support the stifle (knee) joint. If you look at a picture of a torn ligament it looks like a bunch of spaghetti strands. When the knee no longer has support the tibia will move forward with each step, this is called Tibial thrust.



Now that I knew Kenai had a torn CCL I had to decide what the best course of action would be for my young girl. I read many web sites on CCL injuries in large dogs, I watched videos on actual CCL surgeries (that was hard to do), and I talked to several General Medicine Vets and a few Orthopedic Surgeons.

Honestly, the more I learned the more confused I became. Some devices they implant into the limb are there to prevent the tibial thrust and to keep the joint supported, until the body can build up enough scar tissue to support the knee on its own. Other surgeries implant medal devices that change the angle of the leg where the CCL is no longer needed. But which one is the right one for Kenai? There are four techniques that are available for CCL tears:

- The Lateral Suture technique is the oldest technique and from what I have read and been told it is the safest and least expensive way to go for smaller dogs. This technique is done by suturing the joint. Some vets suture only through the muscles, but some vets will drill a hole in the tibia to give more support to the joint and less strain on the soft tissues. The suture material will break down over a few years and by then the body will have built up enough scar tissue to support the knee. The problem with large dogs is that because the stifle has to withstand so much torque the sutures can tear through the soft tissues or can break.
- The Tightrope technique is the newest technique, only a few doctors are performing this today. This type of surgery is similar to the Lateral Suture but instead of a string type suture they use a fiber tape material and two small titanium anchors, making it much stronger to be able support large/giant breeds. Small tunnels are drilled through the femur and the tibia in positions that closely mimic the anchors of the cruciate ligament itself. The implant is passed through the bone tunnels and tied using the titanium anchors to hold it in place. The implant stabilizes the joint and restores the function. They say the tape will mostly likely break down over several years. But like the Lateral Suture the joint will have built up enough scar tissue to support itself.

- TPLO (Tibial Plateau Leveling Osteotomy) involve cutting into the bones and implanting a large metal device that changes the angle of the tibia. The procedure levels the tibial plateau, thereby eliminating the need for the cranial cruciate ligament as a restraint against tibial thrust.
- TTA (Tibial Tuberosity Advancement) is very similar to the TPLO but slightly less invasive. However, it still involves cutting into the bone and placing a metal device into the leg that will change the angle of the joint.
- And the one option never talked about by Orthopedic Surgeons: Is Surgery Really Necessary for Your Dog's Ligament Injury? A good site to read is: <http://www.tiggerpoz.com>

With so many choices I had to decide what I thought was best for Kenai; a large and young dog. I felt that the TPLO & TTA were not good choices because of several reasons: I don't understand why you would want to risk cutting into a healthy bone. By changing the angle of a leg how much damage are you doing to hips, backs, hocks, etc. because the dog no longer stands, walks, or runs the same way they used to? I was told by two surgeons that these techniques also cut most of the nerves in the leg and in their opinions that is why dogs feel better fairly quick after they recover from surgery.

They also say because the nerves are cut the dog no longer feels the pain, but that does not mean the joint is still not deteriorating and building up arthritis that can cause issues later in life. And my biggest fear with these techniques are that if there is any major complications they cannot normally go in and remove the device like they can with the Lateral Suture and Tightrope. If the dog's body rejects the device or there is a infection you are in a great deal of trouble and from the statistics I have read when things go wrong with these techniques a lot of the time the only way out is amputation or euthanasia.

The Lateral Suture is not an option for a giant breed, so that left me the two choices; Tightrope or no surgery at all. After much deliberation I decided to go with the Tightrope even though doing no surgery at all made some sense to me, but I could not sit back and watch my baby girl limping around and in pain. I felt that I had to do something!

I searched for vets that did the technique in our area. I found that University of Madison Veterinary Hospital will do the Tightrope but will not do it on large breeds. I then found a list of Vets that learned how to do the Tightrope from Dr. Jimi Cook (the inventor of this technique) and who worked on the initial case study for Tightrope procedures. I also talked with my general vet to find out if they knew of any patients that had gone through this procedure.

One of my vet's patients had a Tightrope done on their Mastiff and had wonderful success. The doctor they used was Dr. Will Wright of Capital Illini Veterinary Services. I called Dr. Wright and talked with him at length about the procedure, recovery and chance for complications. Dr. Wright was very helpful and I wish I would have had him perform the surgery on Kenai. But because he was about

5 hours away he suggested that I contact Dr. Robert Cook (not related to Dr. Jimi Cook) of Animal Medical Center of St. Charles, only 1.5 hours away.

The one thing I liked about Dr. Cook over Dr. Wright was that Dr. Cook did the part of the procedure via arthroscope, Dr. Wright did not use a scope and therefore the incisions would be much larger and recovery time would be longer.

I made an appointment with Dr. Robert Cook about five weeks after she injured her leg. Dr. Cook examined Kenai and confirmed that her CCL was indeed torn.

Vet's can tell if the CCL is torn by manipulating the joint, a expensive MRI is not needed. However he would not be able to see if the meniscus was torn until they were in surgery. Most vets say that often times when there is a torn CCL there is also a torn meniscus. Dr. Cook and I talked for about 45 minutes and at that point I agreed that he could perform the surgery on Kenai that day.

On March 17 Kenai underwent the Tightrope procedure for her torn CCL. The surgery lasted about 2 hours and I was able to take Kenai home that evening. When we left Animal Medical Center of St. Charles, Kenai was still very groggy and could barely walk on the three legs she was using. I questioned why she was going home so soon in my head, but in reality was happy to get her home so I could watch over her and keep her very comfortable.

Total cost for surgery and medication was \$2,814.

Kenai had three incisions. One on the inside of her leg about 1.5 inches long, one on the outside of the knee about 2.5 inches long and one right at the front of the knee that was maybe a centimeter. All the incisions were closed by staples. The outside incision and the one on the front of the leg were open and not covered or bandaged. The one on the inside of the leg was covered with a clear adhesive bandage. I was not told that Kenai would receive an epidural and was quite shocked when I saw her shaved back. I feel this is something that I should have been informed of before the surgery. This was my first red flag that told me I picked the wrong doctor. The epidural caused Kenai to not have control of her bladder and bowels for about 24 hours. No one told me that this could happen and I was quite concerned. I contacted Animal Medical Center of St. Charles and asked them about her lack of control and they told me it was normal. I sure wish they would have told me that before, so I could have prepared. The inside incision also continued to bleed and ooze for about 3 days. I do not feel this was normal but was constantly being told by Dr. Cook's assistant that it was nothing to worry about.

On the second day after surgery Kenai started to walk on the leg but would only toe touch. She started to put her foot down all the way within 3-4 days. For about 5 days Kenai was doing very well and I was very happy with her progress. Kenai was confined in a bedroom with a mattress on the floor. She was not allowed to go up stairs and could only go outside for potty breaks. It was hard to keep her quiet but she tolerated the confinement well.

Then about day 6-7 the knee swelled and she started to

show signs of pain.

March 25, 2011 I returned to Dr. Robert Cook's office because of excessive swelling. Dr. Cook said it was a seroma (a built up of blood and fluid under the skin) he took out a few staples that were pulled very tight due to the swelling and he told me that doing a combination of heat and ice could help with pain and inflammation. I did as he instructed for 7 days and the swelling reduced, but did not go away completely. No charge.

April 4, 2011 Returned to Dr. Cook's office to have the remaining staples removed. The swelling was still there, but not as prominent. However, the leg was still very sore and somewhat swollen, red and there was some heat. He said it was normal and nothing was done. No charge.

April 26, 2011 Returned to Dr. Cook's office because joint was still swollen and Kenai was in a lot of pain. He did nothing but told me to watch to see if the swelling increases and prescribed more pain pills for \$72. I made several phone calls to Dr. Cook's office for days after this visit and talked with his assistant. I stressed my concern that something was not right with the joint and that Kenai was not healing as she should have been.

Saturday April 30 a bubble started to form on the inside of Kenai's leg just below the knee joint. By Sunday the bubble was about the size of a marble. I called Dr. Cook first thing Monday and he told me to bring Kenai back in on Tuesday May 3. When I came home from work on Monday I found that the bubble was now the size of a golf ball, then during the night the bubble burst. The substance that came from the bubble was the consistency of raw chicken fat mixed with blood and pus. Frankly it was disgusting! I called my general vet at home and asked her what to do and she advised me to leave the wound open and allow it to drain freely. When I arrived Tuesday morning at Dr. Cook's office the wound was still oozing all over the place. Dr. Cook did some cultures of the ooze and took a sample from the joint fluid to test to see how far the infection spread and what type of infection we were dealing with. He prescribed antibiotics and more pain pills. Cost: \$239.

On May 5, 2011 the cultures came back showing that Kenai had a MRSA infection. Methicillin-resistant Staphylococcus aureus (MRSA) is a bacterium responsible for several difficult-to-treat infections. It may also be called Multidrug-Resistant Staphylococcus Aureus. MRSA is a bad infection!! The only good news is that it had not yet spread to the inside of the joint. We had to hit the infection hard and fast with a lot of drugs and pray it does not move into the joint. The prognosis if it moves into the joint is amputation. More antibiotic prescribed, cost: \$133.

Because MRSA is such a drug resistant infection and the fiber tape used in the Tightrope procedure is a harbor of bacteria I was advised that Kenai would need to undergo another surgery to remove the Tightrope device.

May 10, 2011 Surgery was done to remove Tightrope device. Two more incisions were made on the inside of the leg, both about 1.5 - 2 inches in length. No epidural

this time. Kenai came home the same day. Cost: \$957.

May 20, 2011 Visit to my trusted general vet Dr. Susan Sallee of Grayslake Animal Hospital. Dr. Sallee removed the staples from the upper incision because it had healed nicely and they were no longer needed. The other incision was still open, swollen and oozing. Dr. Sallee prescribed more antibiotics and pain meds. Cost \$202 (the antibiotics are costly).

May 27, 2011 Returned to Dr. Cook's office. The remaining incision is still unhealed, bleeding and oozing. He trimmed the dead skin off the edge of the incision and put in more staples. No charge.

At this point I was done with Dr. Cook and his uncaring attitude and decided I would never set foot in his office again. I feel that if he would have taken all my concerns into account and done a culture in the first or second return visit, perhaps we could have avoided a lot of the pain and suffering Kenai had experienced. And perhaps the device to fix her knee would not have had to be removed. I also feel that I should have been more adamant with Dr. Cook to do something sooner. After all the research I did, the knowledge I gained and the hope that I was doing the right thing for my baby girl, it still all fell apart. I expressed all of these concerns to Dr. Cook in a letter, but never received a response.

June 4, 2011 I returned to Dr. Sallee's office because the one incision would still not heal. She did a cold laser treatment to stimulate healing and gave me a topical collagen ointment. Cost: \$32.

June 6, 2011 Dr. Sallee did a second cold laser treatment. No charge.

June 17, 2011 Dr. Sallee was able to remove the remaining staples from the incision. No charge.

At this point Kenai had gone through a lot of suffering for absolutely nothing! And I have spent around \$4,500 for my poor baby girl to go through torture. The question is what do I do now?? Another surgery is not an option for various reasons. At this point she still is limping on the leg, however showing signs of improvement each day.

Now I need to find some 'non-surgery' methods of treatment for a torn CCL.

I read that hydro therapy is very helpful in building up muscle tone without putting pressure or strain on the knee joint. Kenai needs to build up her muscles; her thigh has atrophied so much. But quite honestly the bank has been broken with all the medical expenses and professional hydro therapy is expensive. So I decided to do Kenai's water therapy on my own.

I purchased a 16 foot round portable pool from Wal-Mart. The type of pool that has the inflatable ring on the top edge and the rest of the pool is just vinyl. The great thing about these pools are they are inexpensive, flexible and you can fill the pool to just the right depth that you need. Cost of pool was \$200. Since Kenai is a tall girl I knew I would not be able to have her swim so I filled the

pool to 34' which is the top of her back. The plan was to get her into the pool and have her walk around the edge at a slow and steady pace.



Just like professional hydro therapy does with an underwater treadmill.

I am so happy to say that Kenai took to the pool right away and seemed to really enjoy her exercise sessions.

We started at three times a week - 3-5 minutes per session and slowly increased to every other day - 10 -15 minutes per sessions. In about four weeks her thigh was showing vast improvements and after two months you could hardly tell the difference between the thigh that was atrophied and her healthy leg.

The pool was a great help in Kenai's recovery however she still needed something that would support her stifle during her day to day activities. I decided to look into purchasing a brace that would offer her the support she needed without limiting her range of motion. I had found several sites that offer Stifle Braces but after talking to my general vet and the companies themselves I narrowed it down to two: Animal OrthoCare (www.animalorthocare.com) and OrthoPets (www.orthopets.com).

Both companies custom make the braces to your pet's specifications. They both are designed to eliminate/reduce the tibial thrust, just like a Tightrope or Lateral Suture technique would do. The brace should be used until the body can build up enough scar tissue to support the joint; this can take six months to two years or longer. The two main differences in the companies were: OrthoPets hinge design is geared more for smaller dogs and they cost about \$350 more. OrthoPets uses a range of motion hinge which are much more like human ACL braces that can withstand large dogs. These hinges also provide more medial-lateral stability and prevent rotation. They also have a removable secondary suspension system that goes below the hock. This prevents any slippage or migration of the brace.

I decided to order my brace from Animal OrthoCare. The order process started by OrthoCare sending me a 'Casting Kit.' This kit supplied everything I needed to make a cast of Kenai's leg. You can do the casting at home or with your vet. Since Kenai is a big girl and there is a lot of leg to cast in less than 2 minutes, before the cast hardens, I felt it best to go to my vet for help. Dr. Sallee and I did the casting and cut off the cast in about 5-10 minutes.

Kenai was a perfect angel during the whole process. Cost: \$43.

I shipped OrthoCare Kenai's cast, once it was received they used it as a mold to make a plaster replica of Kenai's leg. With the replica of her leg they fabricate the brace to her exact measurements. It took about two weeks to make the brace. Cost of brace and casting kit \$475.

When the brace arrived I put it on Kenai for about 15 minutes at a time. She took to it OK, but she would 'knuckle over' on her foot. I could not figure out why she kept doing this and was afraid that I had the brace on too tight or too loose or in the wrong place. I took Kenai and the brace to Dr. Sallee and she said that everything looked great; the fit, the positioning and the brace itself.

So I called the director of OrthoCare and asked his opinion. He stated that knuckling over is a very common issue and he suggested taking off the removable secondary suspension system that goes below the hock.

Once I removed it she walked with the brace perfectly fine. The brace is molded precisely to her leg shape and I do not feel that the extra suspension was needed to prevent slippage.

However, after a week it was apparent that the brace needed to be adjusted so she could have more range of motion in her hock. With OrthoCare all adjustments are free; you just need to pay the shipping to send the brace back. It took about a week to get the brace fixed and returned. Since then the brace has been working great.

Kenai wears the brace at all times when I am home, except at night. I am not yet comfortable leaving the brace on while I am away from home, I am afraid that she could get tangled up in a blanket or something and cause herself more injury. But I might try it soon, since she does not mind wearing the brace at all.

It is now late September and Kenai is doing better than expected. We have had the brace now for over a month and it is working remarkably well. She does not limp when wearing the brace, but her gait is slightly different. She turns her hip out with each step, I don't know if this has become a habit because she was in pain for so long. Or, if this is how she will walk from now on to compensate for the weak knee. Dr. Sallee feels she is doing very good and thinks the combination of water therapy and the brace is what has allowed Kenai's knee to start to heal naturally.

We have also been walking daily and have worked up to just over a half mile. Perhaps in a few months we can start joining the Hiking Club walks again. I hope by mid next year we can ditch the brace and Kenai can go back to being a healthy happy young dog!!

