

THE **triangle** DOG

Helping you create a better life for your dog

Volume 3 ~ Issue 3

COMPLIMENTARY

**PIT BULLS WITH
A PURPOSE**

**ON THE SCENT:
K9 NOSE WORK**

**HOMESTAR
RUNNER'S
SECOND WIND**

**RE-TRAIN, RE-LEARN,
RESTORE: THE BENEFITS OF
PHYSICAL REHABILITATION**



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HOMESTAR'S LUCKY LEG

by Julie Jenkins


Homestar Runner came home to North Carolina in August, 2011 at the age of ten weeks. My husband and I, both dog-sport addicts, had high hopes for this athletic little pup. Less than a week after joining our household, however, Homestar suffered an injury that would change all our lives.

At the time, it seemed like a relatively simple fractured tibia. The fracture was outside of the growth plate area, and it was non-displaced. Our vet placed a soft splint on Homestar's leg and predicted his leg would heal with 4-6 weeks of immobilization. In late September, the splint came off for good and Homestar was declared "good to go." I followed my vet's instructions and gradually increased his activity, trying to rebuild muscle on his puny leg. But his leg stayed puny and wasn't regaining normal motion, despite his own best efforts. A visit to our veterinary chiropractor ended with bad news. Homestar was diagnosed with a grade IV luxating patella. While the splints were on and the tibia healed, the kneecap slid out of place, taking ligaments and soft tissue with it.

We made an appointment at a practice in the Midwest specializing in orthopedic surgery. The doctor examined Homestar and took some radiographs. The imaging revealed not only his patella floating way off in la-la land, but soft tissue connecting the patella to the tibia had pulled the tibia out of place too, rotating the bone medially. The vet said that surgery was a possibility, but he didn't think there was much chance of regaining function in the leg. He mentioned that amputation was an option, and that if we pursued it we should do it as soon as possible, so Homestar could start adjusting to life on three legs.

We sought a second opinion at NCSU and decided on surgery to try and repair what we now called "The Lucky Leg." It seemed only fair to give him a chance at a functioning limb. If the repair failed, there was always the option to amputate later. Dr. Simon Roe performed the surgery, which took six hours. Using several high tension sutures anchored in the bone, Dr. Roe got everything back in the proper place and pointing the correct direction. After surgery, the real battle of rehabilitation to restore normal function began.

As a dog trainer, my approach to Homestar's rehab was slightly non-traditional. I think pets recovering from injuries lack the motivation that humans who go through rehab have, through no fault of their own. Rehab definitely works better if the subject is actively participating and motivated to reach goals. I used advice from Homestar's doctors to set achievable goals, and then I used my skill as a trainer to motivate Homestar to achieve them. I broke behaviors down into small pieces: goal number one was to get him bearing weight on the leg. The shortened tendons and several months of practicing non-weight bearing left him clenching his leg up to his body protectively. To make him want to use his leg, I used a clicker and taught him to target with his left foot. At first, I placed the target close to his foot; then I gradually moved it down and away from his body. He targeted a slanted board, gradually lowering the target until he voluntarily placed his foot on the floor.

Our rehab routine consisted of training to increase function and muscle, and passive range of motion stretching. Twice a day, Homestar endured fifteen minutes of heat, followed by 30 



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Before



After

minutes of stretching. The stretching was painful and uncomfortable, but very necessary. The active portions of rehab were more interesting and earning rewards really kept Homestar bright and engaged. After two months, his knee was stable and the surgery was declared successful. We became more aggressive toward building muscle and regaining even more function. The treadmill, with adjustable speed and incline, was invaluable. Again, I used targeting and food rewards to make him want to walk on the treadmill. Homestar also learned a variety of tricks that improved either his strength or range of motion. Sitting up and begging improved his hock flexion. Standing, and later walking, on his hind legs made them strong.

Despite living most of his young life in a crate or on a leash, Homestar's sunny disposition never wavered. While the process was grueling, 18 months post-surgery, he has regained almost completely normal function in his lucky leg. He is happy and free of pain, and he is even in training on our flyball team! While it was never easy, it was certainly worth it! ◀

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