



Is A Carpus Orthosis The Right Solution For You And Your Dog?

Injury to the carpus (wrist) can be complex because the joint itself is complex. The carpus is composed of 3 joints, 7 carpal bones, 2 antebrachial bones (radius and ulna), and 4 or 5 metacarpal bones. There are multiple ligaments holding this structure together. Injuries can occur at any of the 3 joints (antebrachiocarpal, middle carpal, or carpometacarpal); additionally any of these bones can be displaced (luxated) or fractured.

Clinical signs of carpal injury include lameness, swelling, and mal-alignment. Mal-alignment can include inability to extend the joint, hyperflexion, hyperextension and/or increased angling of the paw toward the midline (varus) or away from the midline (valgus). Minor injuries will resolve with rest and a temporary splint. More severe injuries require surgery or an orthosis. Common surgical approaches include repair of large ligament injuries when possible, screw fixation of fractures of the large carpal bones, partial or complete fusing of the carpus so that it no longer bends (articulates).

Orthosis options include devices with and without paw segments and devices that bend and those that don't. The design of the device depends on the type and severity of injury. An orthosis is considered an excellent option when surgery is not appropriate, not necessary, or not possible.

Because an orthosis is not the correct option for all patients, before choosing an orthosis the following points are important to keep in mind:

1. **Device design is paramount to success.** Careful consideration is taken in designing a device and its specific components. Important clinical variables surround use of a paw segment and whether articulation with hinges is possible.
 - a. The paw segment is required in the following circumstances: short metacarpal bones, fracture of metacarpal bones, severe hyperextension, middle or distal joint hyperextension or carpal bone subluxation, more than one plane of instability, excessive dewclaws, deranged digits, flexor tendon failure or shortening at the digits, wounds associated with the paw. Without a paw segment these patients are at risk for poor control of their pathology and most importantly, serious skin trauma/wounds due to uncontrolled pressure and friction.
 - b. Articulation (hinging) is ideal whenever possible in order to provide as close to normal limb use as possible. Articulation is possible at the carpus and the paw. When an orthosis is intended as an alternative to arthrodesis, the articulated carpus device is a tremendous advantage. With this design, the carpus can flex if appropriate and yet be limited to flexion within safe parameters only; this is called an arthrodesis-on-demand. Articulation cannot be provided under the following circumstances: severe carpal malalignment, bone tumors near the carpus,



metacarpal fractures, and non-reducible carpal bone luxation. When articulation is not possible patients will not have a completely normal gait in the device; however, an orthosis can provide significant improvement as a part of an overall treatment plan (see #5 and #6 below).

2. **The device MUST be put on and removed daily.** The orthosis stabilizes the carpus from the outside, while surgery does so from the inside. Therefore it is important to follow the exact wearing schedule provided by OrthoPets and A Loyal Companion. Wearing schedules vary with type of injury.
3. **Adjustments are expected and are a normal part of the custom orthosis process.** The device is custom-made for the dog. Every effort is made to accurately fit the device. Even so, your dog is much more active at home. Increased activity and activity intensity can expose fit issues requiring adjustment. Additional adjustments are most commonly required in the first few months and as time goes on (see importance of follow-up #4). Please follow all instructions with regard to monitoring the leg and contact A Loyal Companion promptly if you have concerns.
4. **Follow-up is critical to success.** In the first few months of fitting your doctor and/or A Loyal Companion will see you and your dog for fit checks and coaching with regard to device use. Annual to twice annual appointments, depending on injury, age and activity of your dog, are needed. At these appointments your doctor will thoroughly assess your dog's orthopedic condition and evaluate the condition/fit of the device. Recommendations will be made for continued success in the device. If major overhaul of the device is needed it will be necessary to leave the device and schedule an overhaul refit appointment within 1-2 days.
5. **Rehabilitation, the first key for success.** Most dogs adapt quickly to wearing an orthosis. Behavioral techniques can facilitate this. Also your dog will need to learn basic skills while wearing the device. These include: transitions (sitting, lying down, and getting up), stairs, getting into vehicles safely, managing on different types of surfaces (ground, carpet, hardwood floor, etc.). Finally, orthopedic injury leads to compensatory abnormal movement and associated muscle strain and weakness. The best way to ensure the highest level of success with an orthosis is to follow a rehabilitation schedule. Each patient's condition and abilities are unique and as such an individualized rehabilitation program is needed. OrthoPets and A Loyal Companion strongly advises working with a certified canine rehabilitation professional (CCRT or CCRP).
6. **A proactive approach to arthritis management is the second key to long-term success.** If the joint itself is injured rather than a ligament alone, osteoarthritis may develop. Just as rehabilitation is important, arthritis management is key as well. Steps taken early and continued throughout your dog's lifetime will make a difference in terms



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