Prior to surgery, mean PVF (peak vertical force) and VI (vertical impulse) in affected limbs were similar between groups. Six months after surgery, PVF and VI were significantly increased in dogs of both groups. However, PVF and VI in dogs in the rehabilitation group were significantly greater than those of dogs in the exercise-restricted group. At this time, differences in limb function (as measured by PVF and VI) between the repaired and normal limbs were not evident in dogs in the rehabilitation group. Conversely, limb function in the repaired limb of dogs in the exercise-restricted group was still significantly less than that of the normal limb.


Providing carprofen to dogs during concentrated rehabilitation after lateral fabellar suture stabilization did not improve hind limb function, range of motion, or thigh circumference, nor did it decrease perceived exertion, compared with control dogs. Carprofen was not a compulsory component of a physical therapy regimen after lateral fabellar suture stabilization.


During intense physical exercise, the cyclo-oxygenase-2 (COX-2) pathway is upregulated which contributes to soreness. The aim of this study was to determine if there was a clinical affect of deracoxib (COX-2 selective antagonist) on dogs engaged in intense rehabilitation following tibial plateau levelling osteotomy for cranial cruciate ligament rupture. This study showed that treatment with deracoxib did not provide better outcomes when dogs were subjected to intense rehabilitation after tibial plateau levelling osteotomy.


Copyright 2015, Pedanticon, LLC, All Rights Reserved. Exclusively Licensed to Canine Rehab Shop, Ltd.
Thirty-five dogs had LFS + rehab and 30 dogs had TPLO + rehab. Radiographic OA scores were significantly increased at 24 months compared with preoperative scores in all dogs. Radiographic OA scores preoperatively and at 24 months were not significantly different between treatment groups. PVF (peak vertical force) was significantly increased from preoperative to 24 months among both treatment groups but not significantly different between treatment groups preoperatively or at 3, 5, 7 weeks, 6, or 24 months.
