

COMPLEMENTARY THERAPIES

Patricia Brown DVM PhD

Animal Health Options

While the backbone of my practice is Osteopathy I do use a number of other complementary modalities that are either synergistic or complementary. Osteopathy is an excellent diagnostic tool that assesses the whole animal and provides procedures for restoring homeostasis. In addition it provides information for further diagnostics or alternate treatments.

This presentation will be interactive as the purpose is to motivate everyone to look at their own box of tools and apply other modalities to enhance the outcome for the patient.

MY TOOL BOX

- Conventional Western Medicine
- Osteopathy
- Herbal remedies (limited)
- Acupuncture
- Chiropractic (Network Chiropractic)
- Homeopathic treatments (limited)
- Laser therapy
- Orthopedic manipulation
- Myofascial release
- Infrared thermography



WHAT IS IN YOUR TOOL BOX?

To begin we need to ask two questions:-

1. Can an Osteopathic adjustment stand alone?
2. Could additional modalities improve the outcome?

The answer to both is case dependent and varies with diagnosis and age and type of lesion. There is no one procedure that can fix everything and I have found that by incorporating other modalities and/or procedures along with osteopathy I can often get a synergistic outcome.

The next two questions are:-

- Are there tools we could use prior to osteopathic adjustment?
 - Yes
 - myofascial release
 - orthopedic manipulation
 - laser for pain etc
 - treat the underlying cause (e.g. Equine Proprioceptive Deficit (EPD))

- Are there tools we could use after osteopathic adjustment?
 - Yes
 - massage
 - laser
 - acupuncture
 - AquaPacer etc.

These are just a few examples and each of you can probably provide additional suggestions from your own tool box.

The remainder of the presentation will focus on and sharing some of the new tools in my tool box and some example cases.

NEW ADDITIONS TO THE TOOL BOX

VOM Dual Adjusting Device

The VOM Dual Adjusting device is the basic tool in the VOM Diagnostic and Treatment Technology and Veterinary Neurologic Adjustment Procedures. It can be used on all animals from a parakeet to a draft horse and delivers exacting forces from 0.0lb to 93.5 lb/millisecond. The device reduces the subluxations present in the joints. It cannot create a subluxation. It can only flip the neuronal switches that are turned off, on. It cannot flip a switch off. It provides very accurate and precise motion to specific areas of the animal's spine and if a subluxation is present, it can detect and reduce it quickly without pain or injury.



The Vetrostim™

The Vetrostim™ adjusting device is used exclusively in Veterinary Myofascial Release Technique. It is an electrically powered adjusting tool with a range from zero to 60 lb of thrust. It is micro adjustable and has several treatment heads for various treatment techniques. This device is FDA approved and guaranteed for 17 years. The Vetrostim device can be used in place of all the adjusting devices used in the VOM Treatment Techniques and is also applicable to the VOM Diagnostic Techniques.



Medical Percussor

The Variable Percussor is a portable hand-held mechanical adjustment device that is a self-contained unit. It designed for ease of use with a unique "Galvanic Wave" action head that provides comfort to the patient receiving percussion as well as more control to the Doctor providing the treatment. The variable speed feature offers the practitioner the control to change speeds to the desired output giving the highest degree of control. The Variable Percussor has two attachment heads, flat pad and cone head, and also comes with a flat Roller and spinal Roller. The Variable speed 1 to 3600 Hz and has a patented galvanic motion. I use this for tendons and deeper tissues



3 LT Laser (Erchonia PL5000)

While there are numerous lasers available Erchonia PL5000 uses a line beam configuration which has many advantages as it can easily motion up and down a meridian or laser site. They can be used to stimulate a whole meridian at one time and can be applied to a whole body area or just one focal point. It also allows for the use of different frequencies which have been widely researched so that they are specific for each condition, organ, gland

or tissue. There are already disease specific Equine and Canine protocols established for such conditions as arthritis, , bruising, bursitis, bone injury, colic, Cushing's, dermatitis, edema etc. etc....



Infra-red Thermography

Thermography has been used in human medicine for many years and currently is an alternative non-invasive (i.e. no radiation) technique replacing the classical mammogram. Temperature change is where veterinary infrared thermography plays an important role. Measuring surface body temperatures with a veterinary infrared thermography camera (IRT) is a much more sophisticated version of the mud patterns used by the ancient Greeks. It shows us where to investigate further to find the underlying problem. Once treatment has been instituted, it shows us how effective the treatment is. Additionally, veterinary infrared thermography helps us monitor the animal athlete's body to see how well it is adapting to any training it is undergoing.



CASE PRESENTATIONS

While the first case is a canine case it is used to illustrate the effectiveness of two of the above mentioned tools in my box.

Case 1 Sundance



HISTORY:

Sundance is a 7yo male Longed-haired Dachshund. He had a history of about 5 weeks of pain that had gradually intensified. At the time of referral he had been on cage rest, he was slow to rise and had reduced mobility. He was on 4 medications: Prednisone, Valium, Tramadol and Gabapentin. He had been referred for a neurological workup and potential surgery. The owner wanted to try alternative therapy before committing to surgery so he was referred to AHO for further evaluation

PHYSICAL EXAM:

Reluctance to move neck and moved with caution. Sensitivity in the cervical and lumbar region of the spine and the L & R ischium using Veterinary Orthopedic Manipulation (VOM) assessment. Neurological exam did not reveal any abnormal findings.

RADIOLOGICAL ASSESSMENT:

There was mineralization of the intervertebral disc in situ at T11-12. Partial mineralization of intervertebral disc at L1-2 and focal mineralization superimposed over intervertebral foramen at L2-3. Moderate spondylosis at L7-S1. **Conclusion:** Chronic intervertebral disc disease without definitive evidence of intervertebral disc space narrowing. Given the clinical signs, occult intervertebral disc protrusion/extrusion remains primary differential, although inflammatory or neoplastic spinal disease could not be ruled out.

INITIAL TREATMENT PLAN:

Prednisone and valium were removed from Sundance's treatment regime. A combination of VOM and Laser treatments using specific settings for pain and arthritic conditions of spine with the initial schedule outlined below. Sundance's caretaker was instructed to wean him off the Tramadol and Gabapentin by only administering on an as need basis

DAY	DATE	VOM	LASER
1	4/19/10	X	X (2)
3	4/21/10	X	X (2)
5	4/23/10		X (2)
8	4/26/10	X	X (2)
10	4/28/10		X (2)

12	4/30/10	X	X (2)
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RESPONSE:

Day 8 Sundance was off all medication and was experiencing minimal pain. Day 14 he was practically back to normal activity and appeared pain free. He was able to be bathed and groomed during the fourth week and was considered to be back to his normal activity level.

Treatments were continued twice a week for 2 weeks then once a week for two weeks at which point the treatments were discontinued and Sundance will be monitored for any recurrence at which time he will receive treatment as necessary to keep him pain free and mobile. A joint supplement “Dasaquin” was added to Sundance’s treatment protocol on day 20.

UPDATE:

Sundance as of November 15th 2010 has not had a recurrence of the problem.

Case 2 Prosecco



HISTORY:

Prosecco is a 14 year old Rhinelander Gelding. He has been on and off Bute for several months. Has been diagnosed with hind limb lameness with concern for R hind stifle. Both stifles received iodine injections in July. No resolution so requested a second opinion.

PHYSICAL EXAM:

Observed him under saddle and noted he drags R hind and with reduced flexion in the hock joint. I relaxed Prosecco with a bladder meridian release prior to his osteopathic exam. He was hip high on the right side. Sensitivity at liver and kidney association points suggestive of toxicity

Osteopathic Exam

Sacrum was rotated to right on left axis(L/R). Right ilium was in dorsal inflair and the right hip in adduction. The left stifle was in exorotation and the R cuboid bone of the hock was fixed in exorotation. The spine had immobility in lumbar region at L1,2, 3 and 5 had subluxations with L2 and 3 locked in both directions. The thoracic T18 was subluxated and the cervical spine had subluxations at C3, 4 and 5. The R scapula was fixed and could not move down (upslip).

TREATMENT:

All of the above immobility’s were corrected using a combination of VOM and osteopathic adjustments. The pattern of immobility in the spine was consistent with the sacrum being rotated. Sensitivity at association points for liver and kidney would suggest possible toxicity and he should be detoxed with Green Clay protocol;

A series of laser and muscle release was suggested

FOLLOW UP:

Prosecco returned after one week and received a total of nine laser treatments (2X/day for 3 days and 1X/day for 3 days) along with 2 VOM adjustments and 6 myofascial release treatments.

NOTE:

The laser treatments were primarily to address the potential scar tissue in the stifles from the previous iodine injections

UPDATE:

Prosecco's owners have had him for about 2 years and during that time he has always had issues. They are very happy with the results as he is moving much better. They have also agreed to have him checked every 3 months in order to keep him in good condition. I will be checking him again Nov 23rd 2010.

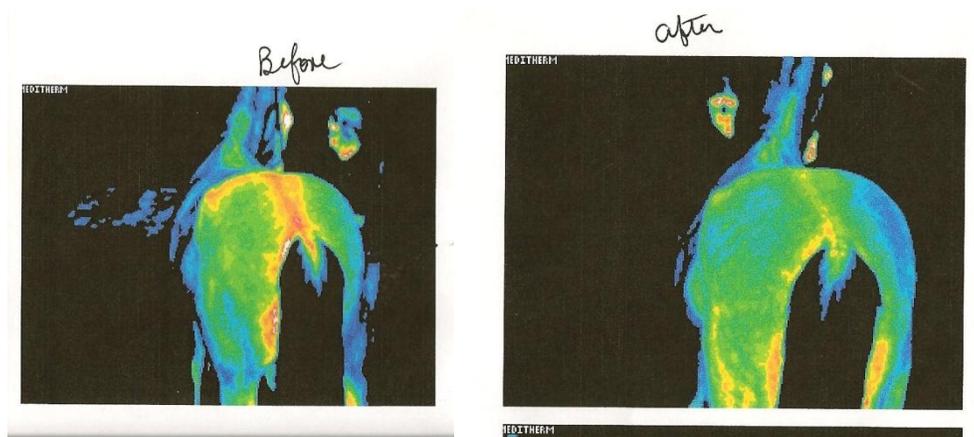
Case 3 Gracie

HISTORY:

Gracie was a 7 year old Tennessee walker. She had been diagnosed 12 months ago by palpation with cystic left ovary. She presented with a history of cycling every 2 weeks. She was treated successfully and returned to normal cycle. She presented again with the same clinical signs and as I was unable to palpate (my arm too short) I elected to use thermography. This revealed increased heat over the caudal left abdomen consistent with the location of the left ovary.

TREATMENT:

She was treated with the laser for 2 treatments of 3 minutes using frequencies for inflammation, pain, ovaries and uterus. Thermographs were taken 10 minutes after treatment.

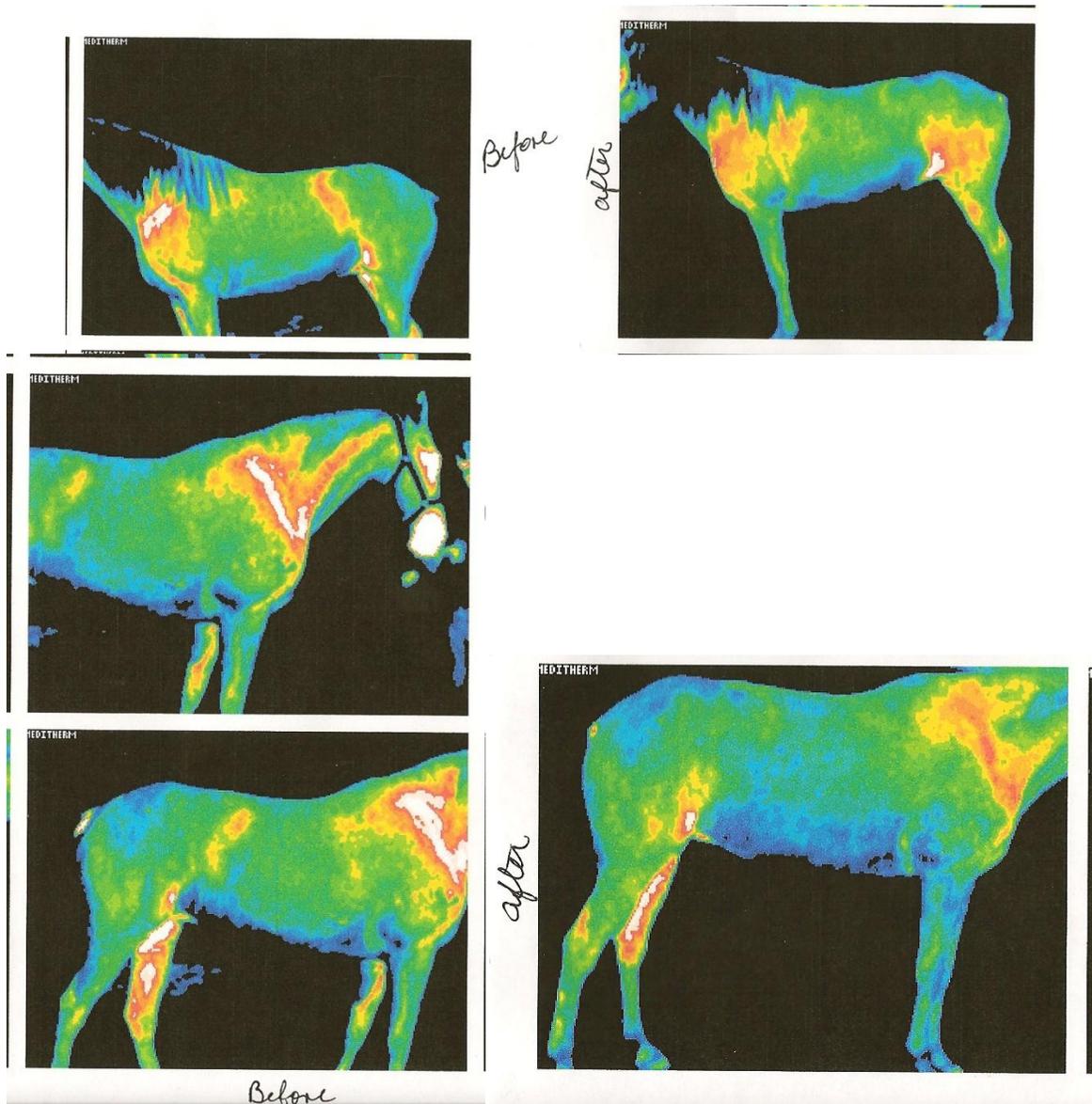


The thermographs demonstrate the reduction in heat over the site of laser treatment (directed at left ovary and uterus). In addition, it also shows reduction in heat over both shoulders in particular the right shoulder where the mare was likely compensating for the pain or restriction caused in the left caudal abdomen.

NB.

This was the only treatment requested by the owner, but it did serve to demonstrate the efficacy of the laser treatment.

Gracie did return to normal cycling after treatment and is still cycling normally 9 months later.



Case 4 Zeus

HISTORY:

Zeus has been off in the hind limbs specifically R hind limb thought to be stifle. He also had left front intermittent lameness. He was resistant to backing and the trainer felt he was not able to “get under” himself in the rear. History of intermittent treatments with Bute.

PHYSICAL EXAM:

Observed him on the lunge line and he moved base narrow in the hind at the trot. The R hind appeared to drag more at the canter. His tail had an abnormal carriage. His paraspinal muscles particularly in the R lumbar region were very tight and the gluteal muscles on both sides were extremely tense and rigid. Sensitivity at stomach, liver and kidney association points suggestive of toxicity

Osteopathic Exam:

Sacrum was in a bilateral anterior. Both R & L iliums were in dorsal inflair R stifle was in exorotation. The spine had immobility in lumbar region at L3, 4, 5 and 6. The cervical spine had subluxation at C4. The L scapula was fixed and could not move down (upslip). Zeus could not lift his back in the lumbar region and could not tuck his butt under. Also he was resistant to being backed up.

VOM assessment:

Reading at C2 – 5; T13-15, and T18; L2-6; Cervical readings cleared after 3rd pass but thoracic and lumbar although reduced were still present

TREATMENT:

No adjustments were made the day of initial assessment. Suggested that he would need several days of therapy due to what appeared to be the chronicity of the major sacroiliac joint lesion. We needed to relax the gluteal muscles in order to adjust the iliums and reduce the tension which should allow us to mobilize the sacroiliac joint.

Requested he be moved to a location closer so we could work on him using VOM ; VMR, laser and osteopathic manipulations

Zeus’s treatments commenced 3Nov10 and were completed 13Nov10 (see attached Table). The different treatments were aimed at relaxing the tense muscles, mobilizing the sacrum and keeping it mobilized, addressing the subluxations in the spine and adjusting the other osteopathic lesions. In addition the laser was used for pain relief and strengthening ligaments at the SI joint and stifles. We also performed stretches and exercises to encourage Zeus to lift his back and tuck his butt.

DAY	TREATMENTS					OTHER
	VOM	VMR	OSTEOPATHY	LASER	EXERCISE	
1	X	X	X	X		
1		X		X		
2		X		X	X	
2		X		X		
3	X	X		X	X	
3		X		X		
4		X	X	X	X	
5		X		X	X	
6	X	X		X	X	
7		X	X	X	X	
8	X	X		X	X	
10		X		X	X	Network Chiro

RECOMMENDATIONS:

Continue to work around Zeus and perform the suggested ground exercises. He should be lunged using side reins to encourage him to flex and lift his back. Zeus should be checked again in 2 weeks. He also should receive the Green clay for 14 days as per instructions

TAKE HOME MESSAGE

- Each case presents a new challenge
- The chronicity of the lesion dictates a more aggressive approach with complementary therapies
- Sacroiliac joint issues require extra attention and monitoring
- **DON'T BE AFRAID TO USE THE TOOLS IN YOUR TOOL BOX**