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2. *Hip dysplasia – APBT working dogs.*

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http://www.instituteofcaninebiology.org/blog/the-10-most-important-things-to-know-about-canine-hip-dysplasia

Know This!-This is an X-ray of a two week old puppy.

Look at how far the bones have to grow before they become a proper bony joint.
This is why you should never let puppies jump, walk up/down stairs, over exercise or over train.

Doing too much impact activity at a young age will cause or at least contribute to serious issues later such as hip dysplasia and other orthopedic conditions.

Remember the puppy rule: for every month increase activity by 5 minutes.
For example: **an eight week old puppy only needs ten minutes physical activity a day while a six month old only needs 30 minutes a day of physical activity.**
This includes going for a walk, training, playing fetch, running, playing with other dogs etc.
This because the hips and joints are nor fully developed and connected yet.

Enjoy your new puppy and remember to keep it safe up to 18 months.

The hips of an AMPT is only fully developed and functional for the work it shod do at 2 years of age – exposing a young dog before this time to strenuous keeps and conditioning programs will cause hip and joint problems later in life.

Canine hip and joint **problems** is a common orthopaedic problem - also with dogs and then more specific with working dogs suffering from degenerative diseases like hip dysplasia, OCD and or arthritis. The disease is caused by a loose hipbone to thighbone connection leading to hind joint pain and lameness ranging from mild to severely crippling.
Hip dysplasia is also thought of as a genetically transmitted but because multiple genes are involved, scientists have not been able to determine the pattern of inheritance.
Adding to the problem of causation is the complicated interplay between heredity and the environment (heavy work related) to the hips and knees of young and continuous older working dogs. Environmental factors can have an influence on whether or not a particular dog or breed of dog will eventually develop hip dysplasia.

Although the disease disproportionately affects larger breed dogs, veterinarians have documented hip dysplasia in all types of pure bred dogs including mixed breeds.
There are some preventive measures that can be taken to reduce the odds of a dog developing hip dysplasia.
Early detection and treatment can help a dog live a long and relatively comfortable life.
Remember the adage "The hipbone's connected to the thighbone". Try to picture a dog's hip joint (as any hip joint) as a ball fitting into a socket.
The ball is the top of the thighbone which is coated with a smooth surface of cartilage.
The femoral head fits into the hip's socket and the entire ball-and-socket joint is surrounded and supported by muscles, ligaments, and lubricating synovial fluid.
During the growth spurt from birth to +- 2-3 months, the muscles and connective tissue of a puppy prone to hip dysplasia – unlike normal puppy growth – cannot keep the same growth pace as the faster growing bones.

Especially if jump pull and drag work is introduced in these early days.
The resulting looseness of the joint causes abnormal wear on the cartilage that lines the femoral head.

As the cartilage deteriorates (this is exactly what happens), hip dysplasia or arthritis often sets in, sometimes both simultaneously. Arthritis is basically an abortive attempt by the body to stabilize the joint by adding bone.
Although pain and restricted range of motion are symptoms of hip dysplasia, other signs may depend on the age of the dog and the degree of arthritis and hip joint detrition present.
Young dysplastic dogs often move both back legs simultaneously in a "bunny hop" gait.

On the other hand, some younger dogs whose X-rays show evidence of hip dysplasia are able to maintain normal mobility and will show signs of hip dysplasia only after they grow older and develop arthritis.
Symptoms of hip dysplasia include moving more slowly, difficulty in getting up or lying down, reluctance to walk, jump or play, refusing to use stairs or get into the car, muscle atrophy, limping, yelping when touched, changes in appetite, and personality changes.
Both older and younger dogs suffering from hip dysplasia feel the most discomfort in cold, damp weather and then sleeping and living on concrete also plays a major roll.
APBT who develop hip dysplasia or arthritis suffer from pain and stiffness in their joints which **greatly diminishes** their ability to live a quality life and remain active.
When an APBT is diagnosed with hip dysplasia and the choices for treatment seem limited to expensive surgery - questionable drugs – diet and supplement.

Although canine hip dysplasia may remain unseen in some dogs, early detection is critical.

The first step to determining whether an APBT has hip dysplasia is through a careful physical examination by a veterinarian who will observe the dog as it sits, stands, and walks.

This is the first measure to check for characteristic signs of hip dysplasia such as a side-to-side swinging gait, lameness, and arched back which is caused by shifting weight forward, or the presence of overdeveloped front-leg and shoulder muscles.
The veterinarian will move the dog's hip joint to assess its range of motion and check for pain with the joint extended.
The vet will also listen for the "click" of the hip popping out of joint and for any grating sound of bone on bone that indicates cartilage loss.

Weight loss and moderate exercise, can also help alleviate pain and inflammation in and around the joint.
The heavier the dog, the greater the forces acting on the joints.

When choosing which activities are appropriate for an APBT suffering from hip dysplasia, take into account the dog's physical condition and pain threshold, and compromise between complete exercise restriction and unlimited physical activity.
Complete restriction is inadvisable because it adds to a dog's pain and stiffness.

Determine an appropriate activity level and help the dog stick to it.
A dog's stomach is not quite as robust as a human's, so avoid long-term use of aspirin for pain medication which can cause vomiting and internal bleeding.
Mega-doses of vitamin C are also not effective at preventing or even helping hip dysplasia, and supplementing a dog's diet with calcium can actually exacerbate the disease – your vet will prescribe the dosage to be followed.

Because of potential toxicity and side–effects, veterinarians rarely prescribe medications containing acetaminophen, ibuprofen, or corticosteroids for hip dysplasia.
Although genes could play a big role in the development of canine hip dysplasia, not everything about the disease is hereditary.
Evidence suggests that even specific breeds of dogs "genetically presumed" predisposed to the disease can escape its worst effects if breeders and owners control rapid growth and weight gain during puppy stage, thereby increasing the chance that muscles, connective tissues, and hip joint bones will develop at the same rate. Some "breeders" ignore this crucial fact.
Studies show that puppies fed a high-calorie diet will grow faster than their litter mates on a low-calorie diet.
Research also shows that puppies with constant access to food have more hip-joint laxity at 30 weeks and a higher incidence of hip dysplasia at 2 years than their counterparts who eat 25 percent less food on a restricted feeding schedule.
Feeding a puppy a controlled, balanced diet is probably the best way to manage its growth.
Although veterinary science is continuously searching for definitive answers about how canine hip dysplasia develops a diagnosis of the disease in a dog is not the end of the world.
Loving owners, working with their veterinarians, can usually help dogs with unstable hipbone-thighbone connections cope in relative comfort – even if discovered after 2 years – and be it as it is that with some unbalanced feeding diets and heavy work for the working dog. And in the process, owners can enhance their relationship with their companion dog.

Looking specific joint system supplement treatment.
Some all-natural joint formula supplement are developed by a naturopathic specialists providing many of the raw materials essential for the synthesis of the joint-lubricating synovial fluid as well as the repair of articular cartilage and connective tissue proven giving relief from pain and stiffness to all breeds and ages of dogs

with continuous supplementing.
Dogs suffering with joint diseases such as arthritis, bursitis, osteochondrosis (OCD), hip dysplasia and other degenerative problems with the shoulders, elbows and hocks can now experience long-term relief without drugs.

Hip Dysplasia
Arthritis
Osteochondritis (OCD)
Stiffness/Inflammation
Ligament Tears
Growing Pains
Mobility Problems
Joint Pain
Back/Spinal Problems
Hypertrophic Osteodystrophy (HOD)

Symptoms
Is your dog becoming less active, less playful, or desiring shorter walks?
The following symptoms could be early signs of OCD, Arthritis or Hip Dysplasia.
Moving more slowly
Difficulty getting up
Weight shift to another leg
Personality change
Reluctant to walk, jump or play
Refuses using stairs or the car / pichup
Change in appetite
Change in behavior
Muscle atrophy
Lagging behind
Yelping when touched
Limping

This article by James M. Giffen, MD and Lisa D. Carlson DVM was excerpted by permission from "The Dog Owners Home Veterinary Handbook"

Hip dysplasia is the most common cause of rear leg lameness in dogs. The highest incidence occurs in large-breed dogs, including Saint Bernards, Newfoundlands, Rottweilers, Chesapeake Bay Retrievers, Golden Retrievers, German Shepherd Dogs and many others. Smaller breeds are also affected, but are less likely to show symptoms.

According to statistics compiled by the Orthopedic Foundation for Animals, the risk of hip dysplasia in many of the large-breed dogs presented to them for certification over the last 25 years ranged from 20 to 40 percent.

Hip dysplasia is a polygenic trait.

That is, more than one gene controls the inheritance.

The hip is a ball-and-socket joint; the ball is the head of the femur and the socket is the acetabulum of the pelvis.

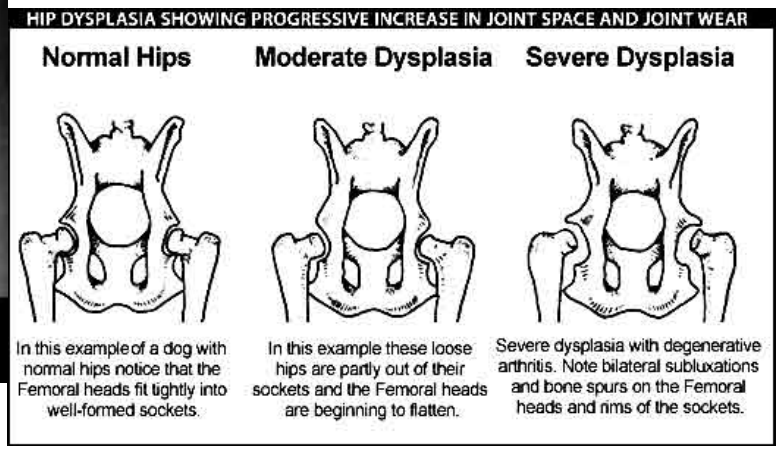
In a dysplastic hip, the head of the femur fits loosely into a poorly developed, shallow acetabulum.

Joint instability occurs as muscle development lags behind the rate of skeletal growth.

As the stress of weight bearing exceeds the strength limits of the supporting connective tissue and muscle, the joint becomes loose and unstable.

This allows for free play of the femoral head in the acetabulum, which promotes abnormal wear and tear.

NORMAL HIP



Feeding a very high-calorie diet to growing dogs can exacerbate a predisposition to hip dysplasia, because the rapid weight gain places increased stress on the hips.
Being overweight supports the genetic potential for hip dysplasia, as well as other skeletal diseases.
Another factor that can bring on the symptoms of hip dysplasia is inappropriate exercise during the period of rapid bone growth.
Young dogs should be discouraged from jumping up and down from heights and from standing up on their back legs (which dogs do when they stand up against a fence or window to get a better view).

Dogs with hip dysplasia are born with hips <u>that appear normal but progressively undergo structural changes.</u>
The age of onset is 4 to 12 months.
Affected puppies may show pain in the hip, walk with a limp or a swaying gait, bunny hop when running and experience difficulty in the hindquarters when getting up.
Pressing on the rump can cause the pelvis to drop.
With the puppy on its back, the rear legs may not extend into the frog-leg position without causing pain.

An X-ray of the hips and pelvis is the only reliable way of determining whether a dog has hip dysplasia.

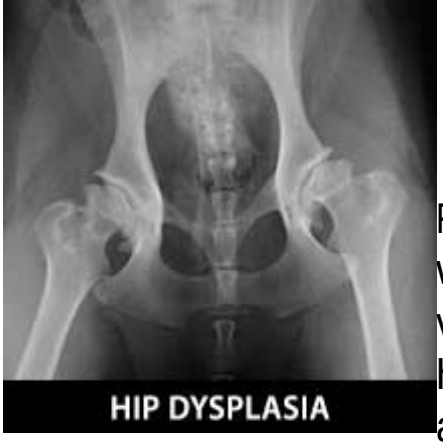
Good X-rays require heavy sedation or anesthesia.
The standard view is taken with the dog lying on his back with his rear legs parallel and extended.
The knees (stifles) are rotated internally. Care is taken to be sure that the pelvis is not tilted.

Hip dysplasia is graded according to the severity of X-ray findings.
With normal hips (graded excellent), the femoral head fits tightly into a well-formed hip socket with a minimum of space between the head of the femur and the acetabulum
The hip ball is almost completely covered by the socket.
With mild hip dysplasia, the X-rays will show mild subluxation (increased space in the joint) with the hip ball partway out of the socket.

There are no changes associated with degenerative arthritis.
In moderate dysplasia the hip ball is barely seated into a shallow acetabulum. Arthritic changes begin to appear.

These include wear and flattening of the femoral head, a rough appearance to the joint surfaces and the beginning of bone spurs.
In severe dysplasia the head of the femur is completely out of the joint and arthritic changes are marked.
Once arthritis is noted, the condition is irreversible.
But even with arthritis, some dogs are not lame.
The onset of lameness is unpredictable, and some dogs may go most of their lives with dysplastic hips but no lameness.
Others develop lameness as puppies during the first 9 months due to weight fast growth and over exercise.

The OFA provides a hip dysplasia registry for purebred dogs.



For a nominal fee, an OFA-certified radiologist will review hip X-rays taken by your veterinarian and, if the conformation of the hips is normal for the breed, certify the dog by assigning it an OFA number.
As an optional step, you can have the OFA number added to your dog's registration papers.
What is needed to know is Dogs must be 24 months of age or older to be certified.

Some female dogs will show subluxation when X-rayed around an estrus cycle, so OFA recommends **not** X-raying females around a heat period or within three to four weeks of weaning a litter.
The OFA registry is closed. That means if the dog is found to have hip dysplasia, the information remains confidential.
Preliminary evaluations on hip status – before 24 months.
4 Month old evaluation.
Dog breeders often request preliminary evaluations on hip status before selecting puppies for show and breeding stock.
The OFA accepts preliminary X-rays on puppies as young as four months of age.

Their own analysis reveals that these evaluations are about 90 percent accurate when compared with follow-ups at 24 months of age.
PennHip evaluation pups 16 weeks old – chosen for breeding.
Another method of evaluating hips was developed at the University of Pennsylvania Veterinary School and is now administered by ennHip.
PennHip X-rays are taken in a different position than X-rays for OFA certification.
They are used to gauge joint laxity, which can be measured in puppies, starting at 16 weeks of age.
The joint laxity does not change as the dog ages.

Dogs X-rayed for PennHip measurements are compared only to other dogs of the same breed.
Your dog then receives a joint laxity distraction index (DI) number.
PennHip suggests that only dogs in the top half for their breed with respect to joint laxity (that is, those with the tightest joints) should be used for breeding.
Those dogs that fall into the lower half, which are the ones with the loosest hips, have a greater chance of developing hip dysplasia in the future.
12 month GDS evaluation.
Finally another organization, the Institute for Genetic Disease Control in Animals, also maintains a hip dysplasia registry.
The GDC certifies dogs starting at 12 months of age.
The GDC's registry is open.
That is, the GDC provides information on affected as well as normal dogs to anyone making an inquiry.
The GDC requests that veterinarians palpate the stifle joints for patella luxation at the time of hip X-rays.
They also request that copies of pedigrees be submitted with X-rays.
The goal of the GDC is to build a large integrated database on the orthopedic conditions it registers.
A genetic test for hip dysplasia applicable for a number of breeds is under development through VetGen.

Treatment:
Treatment of hip dysplasia is both medical and surgical.
Medical treatment includes restricting activity and giving a NSAID analgesic such as Rimadyl, and a joint chondroprotectant such as Adequan to relieve pain and inflammation and to repair damaged cartilage.

It is important to exercise lame dogs on a leash and not allow them to run, jump or play as long as they exhibit pain.
Swimming is an excellent exercise that improves muscle mass and joint flexibility without overstressing the hips.

Feed a quality food in amounts appropriate for normal (but not accelerated) growth.
Overweight puppies should be given a calorie-restricted diet.
Discuss this with your veterinarian.
Vitamin and mineral supplements have no proven benefit in preventing or treating hip dysplasia, and may even be detrimental if given in excess.
After reviewing the X-rays, your veterinarian may recommend hip surgery.
Early surgery in selected puppies can prevent some cases of degenerative joint disease.
Surgery is also indicated for dogs who continue to experience pain and lameness despite medical treatment.
Five surgical options are available.
Technical factors govern the choice.
Triple pelvic osteotomy and femoral osteotomy are two operations performed on puppies that do not have degenerative joint changes.
The goal of both operations is to position the femoral head more deeply in the acetabulum.
Normal joint function is maintained with these operations and arthritis may not develop, although this is variable.
Pectineus myectomy is a relatively simple operation in which all of the pectineus muscle is removed on both affected sides.
This operation does not slow the progress of joint disease but does afford pain relief for some time.
Femoral head and neck excision arthroplasty is an effective operation for the relief of intractable hip pain.
The head of the femur is removed, allowing a fibrous union to replace the ball-and-socket joint.
The operation is usually reserved for dogs weighing less than 36 pounds.
Total hip replacement is the most effective procedure for dogs nine months and older that have disabling degenerative joint disease in one or both hips.

The operation removes the old joint and replaces it with a new, artificial joint.
The procedure requires special equipment and is usually performed by an orthopedic specialist. Good results are obtained in more than 95 percent of cases.

Prevention:
Preventing excessive weight gain in puppy hood and keeping the puppy from placing undue stress on the hips will delay the onset of hip dysplasia in many dogs with a genetic predisposition.
It may also lead to a less severe form of the disease.
Puppies at risk for hip dysplasia should be fed a calorie-controlled diet.

Preventing hip dysplasia in a bloodline is based on selective breeding practices.
Hip dysplasia is a moderately heritable condition.
It is twice as common among littermates having one dysplastic parent.
Experience shows that repeated selection of normal dogs for breeding stock significantly reduces the incidence of hip dysplasia in susceptible bloodlines.