



Researchers peek inside dogs' brains—and they find LOVE

a fancy coatrack

4 PRODUCTS
for post-surgical comfort p 36

Fight forceful fecal fumes

DAMMIT JIM,
I'm a vet,
not a blogger
p 52

Please, don't leave me alone.
Or I'll eat the house.

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# THE GUIDE

January 2016

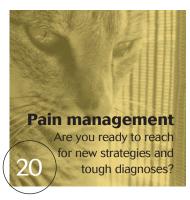
Researchers use MRI to peek inside dogs' brains—and they find **LOVE** 

- > Cryotherapy tips
- > Managing clients' nutrition questions

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- **50** The top 5 Pinterest lessons for your practice
- 52 Is it time for a website update?

#### Arm up

Ready-to-use handouts and more that will help your team educate clients about:

- > heartworm prevention
- > diagnostic testing
- > dental pain



NO PEOPLE WERE HARMED DURING THE TAKING OF THIS PHOTO.

### You asked for it...

Maybe we're crazy to think that veterinarians have time to read *another* a magazine. But we don't care, because this is the one you can't live without.

Vetted is serious (about helping pets). It's irreverent (we're talking to all of you crylaughing over fecal samples at the dinner table). And it's cool with being the geeky new kid on the block (with all the legacy of Veterinary Medicine and Veterinary Economics).

How do we know you'll like it? Well, we've been testing you—cue evil laugh. We've been writing different kinds of articles, interacting with you differently on social media, and creating new kinds of live events. Then we watched every response. And?

- > We think the same stuff is funny. If something we post makes us laugh, it's pretty likely that you're liking it too.
- > There are days when sh\*t gets real. We want to help by showing that you're not alone. We can do that best

when you talk to us—which gets us to the next point.

- > When we put ourselves out there, so do you. When we say "Seriously, put on your big girl panties and get this done" some of you agree and some of you disagree, but overall, far more of you join the conversation.
- > You care about the business more than you think.
  Everybody's gotta eat! When we tie our business advice in with the clinical topic you can't get out of your head, we help you help more clients.
- > You care about the medicine as much as you say you do. And so do we.
- > "I'm busy" is the understatement of the year. To get you the critical clinical updates you need, we needed to make this puppy unlike anything else.

You can find more from *Vetted* at **dvm360.com**. And we're available on Facebook and Twitter (@dvm360) or at dvm360@advanstar.com.

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Yep. Those are real veterinary professionals. Laughing.

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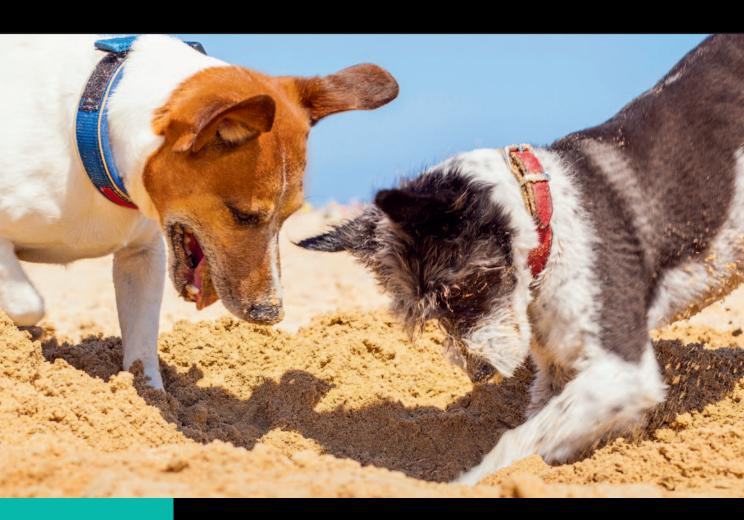
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# THE PICKS

(what we care about now)

#### Easy, peasy

Rehab clearly makes the short list for conservative therapies that can help your orthopedic patients get back on their feet. And cryotherapy is a great tool in your kit.

**Goals:** Cold therapy can reduce a patient's inflammation, edema formation, muscle spasms, and pain.

**How to do it:** Just as physical rehabilitation sessions start with heat therapy, cryotherapy can be used for 10 to 15 minutes after each session is finished. You can use commercial ice packs or frozen bags of vegetables. Always place insulation between the cold source and the skin, and inspect the skin every few minutes. Sanitize cold packs between patients to prevent nosocomial infections. And cover incisions with vitamin A and D ointment or a triple antibiotic ointment to prevent the damp layer from potentially infecting the fresh surgical site.

**Dly tip:** Create your own ice packs by adding 1 part rubbing alcohol to 3 parts water in a plastic bag.

Get more Rehab DIV ideas starting on page 32.

ETTY IMAGES

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# Peeking inside dogs' brains and finding love

Dr. Gregory Berns, a professor of neuroeconomics at Emory University, uses MRI scans to learn how the dog's mind works.

Dr. Gregory Berns and his colleagues have trained dogs to go into an MRI scanner, completely awake and without any restraint, so they can learn what dogs think by literally watching it happen. In one study, the scientists found that the dog owners' aromas sparked activation in the reward center of the brain, called the caudate nucleus. And of all the wafting smells to take in, dogs prioritized the hint of humans over anything or anyone else. Now that's love.

Dr. Berns says 27 pet dogs in Atlanta and 38 dogs training to be service dogs with Canine Companions for Independence (CCI) in Santa Rosa, Calif., have completed the training. "We have a rigorous try-out process where we look for basic obedience, ability to maintain a downstay amidst distractions, and lack of noise-sensitivity. With proper selection, we successfully trained about 80 percent of the pet dogs."

Dr. Berns says the veterans of the project (both dogs and humans) have become friends and colleagues. "It's amazing just how different all the dogs are, and we can see these differences in their brains now," he says.

Intrigued? You may like Dr. Berns book "How Dogs Love Us: A Neuroscientist and His Adopted Dog Decode the Canine Brain."





Sure, it's tough to adapt to every client. This one wants to talk raw foods. That one is concerned about GMOs. Exhausting, right? But gentle guidance on this one point can affect your patients' health and well-being every day.

Number of different diets we counted on the shelves at our local big box pet store.

Percent of pets that need to eat.

Percent of pet owners who say it's important to them that their pet's food is nutritionally complete, according to a national survey of dog and cat owners conducted by Trone Brand Energy.

Percent of pet owners who say their veterinarian did not talk to them about nutrition topics during their last veterinary visit according to another national survey conducted by Trone Brand Energy.

Get best-ever advice about managing clients' out-ofthe-blue diet queries using three simple questions. Available at dvm360.com/nutritionquestions.

GREG KINDRE

#### A better cat trap

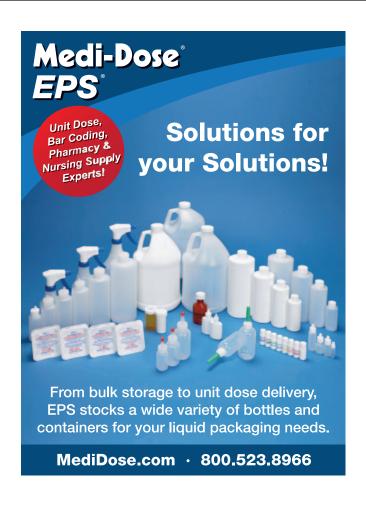
If you build it, cats will come. Use this wooden bench solution for your feline exam room—and never use the "chase-and-net" technique to catch cats again. dvm360.com/cattrap





#### **Surgical precision**

Read more (funny, frightening, sad, and sassy) secrets or make your own confession at dvm360.com/vetsecrets.





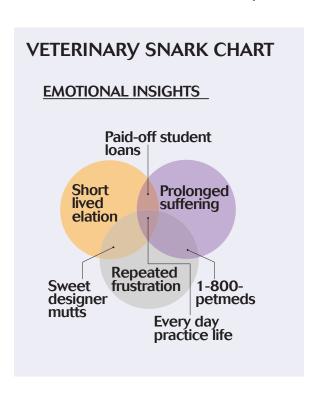
There's poop in there!

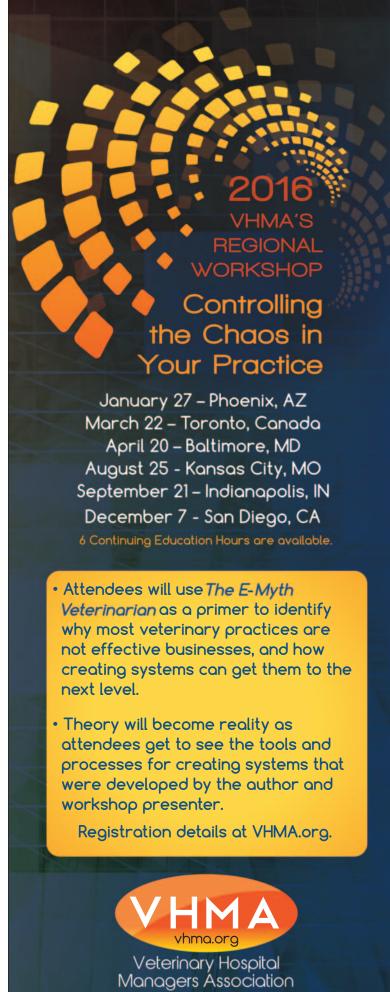
#### Fight forceful fecal fumes



Labs can get pretty stinky when fecal samples sit out on the counter. So when you know there will be a delay between receiving the sample and processing it, take a tip from the team at Arbor Animal Hospital in La Grange Park, III., and place the welllabeled sample into a compost bin with a built-in charcoal filter like the one shown here. At their hospital, the bin sits at a specific place on the counter when empty and is

moved next to the microscope when it has a sample in it, so the technician knows to process it. And they say adding this step to their fecal sample processing routine cuts down the stink factor substantially.





# INAPPETENCE

Coming (relatively soon) to your practice: A new product that works in a new way to stimulate appetite.

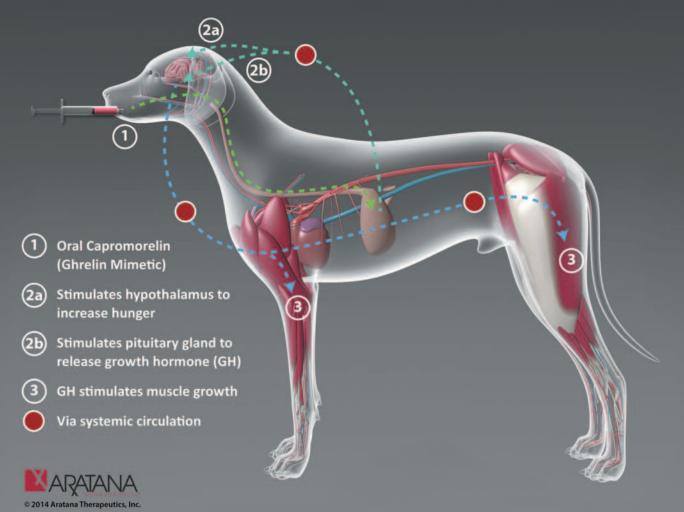
In the next couple of years, you could have new tools available to address inappetence in dogs and cats. The new product, being developed by pet therapeutics company Aratana, is an oral delivery of capromorelin, a small molecule that mimics

ghrelin, the naturally

occurring hormone

that stimulates appetite, increases body weight and increases serum growth hormone levels. In June 2015, Aratana announced positive top-line data from its pivotal field effectiveness study of capromorelin in dogs, and company representatives say they continue to anticipate approval of

the product for dogs in mid-2016. In July 2015, they announced positive results in a pilot field study of capromorelin in cats, and they expect FDA approval in 2018.



## Current drugs used (off-label) to stimulate appetite in veterinary patients work like this:

Diazepam or oxazepam in cats. Benzodiazepines bind to GABA-A receptors in the parabrachial nucleus and enhance the sensory characteristics of food, such as taste. Because food becomes more palatable, benzodiazepines can produce a voracious increase in food consumption, but these drugs do not directly modulate hunger or satiety.

Cyproheptadine in cats. An antihistamine with serotonin-receptor-antagonist activity. The lateral hypothalamus releases endogenous opiates which stimulate appetite, but serotonin inhibits their release. So by blocking serotonin, the endogenous opiates can work unencumbered.

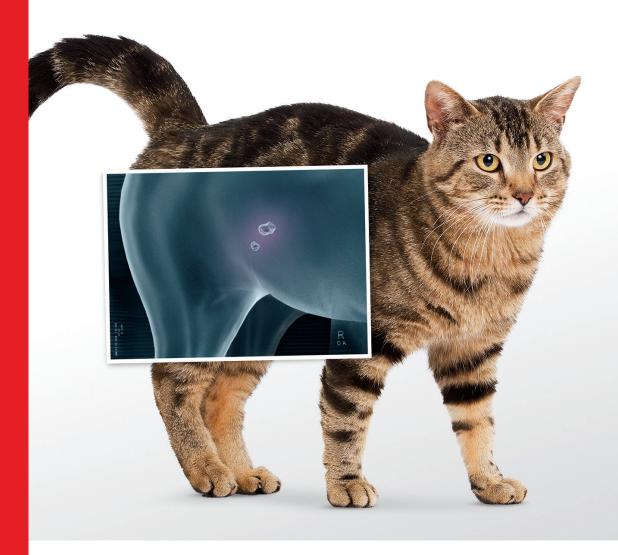
Mirtazapine in cats and dogs. An antidepressant that has presynaptic alpha-2 adrenergic antagonist and postsynaptic serotonin-receptor antagonist activities. In addition to stimulating appetite, it has antiemetic effects.

Megestrol acetate in cats and dogs. A synthetic progestin with antiestrogen and glucocorticoid activities.

Prednisone or prednisolone in dogs and cats.
Glucocorticoids stimulate gluconeogenesis and are insulin antagonists. Their corticosteroid-induced euphoria promotes appetite.



# STONES CAN'T STAND UP TO OUR SCIENCE



For more information about the science behind ROYAL CANIN VETERINARY DIET® URINARY SO®, visit www.royalcanin.us/urinary or call our Technical Services team at 1-800-592-6687.



ROYAL CANIN VETERINARY DIET® URINARY SO® is proven to dissolve pure struvite stones in cats and helps prevent the formation of both struvite and calcium oxalate crystals and stones.

Royal Canin uses the science of Relative Supersaturation (RSS) to formulate diets. Our research-driven approach is used to provide a complete line of highly palatable feline diets including URINARY SO® Moderate Calorie, a reduced-fat and calorie diet. URINARY SO® is a safe long-term solution to support your urinary patients.



Royal Canin also offers URINARY SO® canine diets. **How life as** 

an associate/mom/ business owner/wife/ outdoor enthusiast

doesn't drive me crazy

By Sarah Wooten, DVM

Yes, I picked all that wonderful stuff for my life, but I still sometimes sweat under the weight of work demands, clamoring children, entrepreneurial experiments, and an (occasionally) harried husband. Here's how I keep from losing my mind, myself, and my patient records in the chaos.



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#### them that parents aren't perfect and to have grace.

I got over my superwoman complex

In other words, I accept help. I hold a weekly meeting with my spouse on Sunday night to list the week's crazy tasks and decide as (fair, understanding) partners how to manage it all. And I am useless without my technician. I remember her birthday with a small gift and try to never take her for granted.

## Oatmeal in the slow cooker overnight

races also is fun and

challenging.

Seriously. Lifesaver breakfast strategy. I also don't lose my mind over home work, and have been known to pull my kids out for a personal mental health family day. They have their whole lives to learn and I only get to spend 18 years in their daily lives. (And put your kids to bed in their school clothes. But you didn't hear that from me.)



Once-daily\* 24-hour continuous surgical pain control for cats







Demonstrated safety and efficacy in more than 200 cats treated with SIMBADOL<sup>1</sup>



Up to 3 once-daily subcutaneous doses for a total of 72 hours of pain control<sup>1</sup>







<sup>&</sup>lt;sup>1</sup>SIMBADOL [package insert]. Florham Park, NY, Zoetis, 2014.

**Indication:** SIMBADOL is indicated for the control of postoperative pain associated with surgical procedures in cats. **IMPORTANT SAFETY INFORMATION** 

WARNINGS, PRECAUTIONS and CONTRAINDICATIONS: Due to serious human safety and abuse concerns, including physical or psychological dependence, life-threatening respiratory depression and additive CNS depressant effects, read the full prescribing information before using this drug, including the complete Boxed Warning. Not for use in humans. Hospital staff should be trained in the handling of potent opioids and should avoid accidental exposure. For subcutaneous (SQ) injectable use in cats. Opioid excitation has been observed up to 8 hours after anesthetic recovery. Use with caution in cats with impaired hepatic function. SIMBADOL has not been evaluated in breeding, pregnant, or lactating cats, in cats younger than 4 months of age or moribund cats. Do not use in cats with known hypersensitivity to buprenorphine hydrochloride or any of the components of SIMBADOL, or known intolerance to opioids.

**ADVERSE REACTIONS:** In two controlled field studies, the most frequent adverse reactions with SIMBADOL were hypotension, tachycardia, hypothermia, hyperthermia, hypertension, anorexia, and hyperactivity. Less frequent but serious adverse reactions included two deaths following apnea and two reports of presumptive post-anesthetic cortical blindness. See the full prescribing information for a complete list and additional details of adverse reactions for each field study.

See attached brief summary of Full Prescribing Information, including the complete Boxed Warning for human safety.





1.8 mg/mL

For subcutaneous use in cats

**BRIEF SUMMARY:** Before using SIMBADOL, please consult the full prescribing information, a summary of which follows.

**CAUTION:** Federal law restricts this drug to use by or on the order of a licensed veterinarian.

#### **HUMAN SAFETY WARNING**

#### **Abuse Potential**

SIMBADOL contains buprenorphine (1.8 mg/mL), an opioid agonist and Schedule III controlled substance with an abuse potential similar to other Schedule III opioids. Buprenorphine has certain opioid properties that in humans may lead to dependence of the morphine type. Abuse of buprenorphine may lead to physical dependence or psychological dependence. The risk of abuse by humans should be considered when storing, administering and disposing of SIMBADOL. Persons at increased risk for opioid abuse include those with a personal or family history of substance abuse (including drug or alcohol abuse or addiction) or mental illness (suicidal depression).

Life-Threatening Respiratory Depression

Respiratory depression, including fatal cases, may occur with abuse of SIMBADOL.

#### **Additive CNS Depressant Effects**

SIMBADOL has additive CNS depressant effects when used with alcohol, other opioids, or illicit drugs that cause central nervous system depression.

#### **Accidental Exposure**

Because of the potential for adverse reactions associated with accidental injection, SIMBADOL should only be administered by veterinarians or veterinary technicians who are trained in the handling of potent opioids.

See Human Safety for detailed information.

**INDICATION:** SIMBADOL is indicated for the control of postoperative pain associated with surgical procedures in cats.

**DOSAGE AND ADMINISTRATION:** The dosage of SIMBADOL is 0.24 mg/kg (0.11 mg/lb) administered subcutaneously once daily, for up to 3 days. Administer the first dose approximately 1 hour prior to surgery. Do not dispense SIMBADOL for administration at home by the pet owner (see Human Safety).

**CONTRAINDICATIONS:** SIMBADOL is contraindicated in cats with known hypersensitivity to buprenorphine hydrochloride or any of the components of SIMBADOL, or known intolerance to opioids.

WARNINGS: For subcutaneous (SQ) injectable use in cats.

Human Safety: Not for use in humans. Keep out of reach of children. Because of the potential for adverse reactions, hospital staff should avoid accidental exposure and contact with skin, eyes, oral or other mucous membrane during administration. SIMBADOL contains buprenorphine, a mu opioid partial agonist and Schedule III controlled substance with an abuse potential similar to other Schedule III opioids. SIMBADOL can be abused and is subject to misuse, abuse, addiction and criminal diversion. SIMBADOL should be handled appropriately to minimize the risk of diversion, including restriction of access, the use of accounting procedures, and proper disposal methods, as appropriate to the clinical setting and as required by law. Abuse of SIMBADOL poses a hazard of overdose and death. This risk is increased with concurrent abuse of alcohol and other substances including other opioids and benzodiazepines. Buprenorphine has been diverted for non-medical use into illicit channels of distribution. All people handling opioids require careful monitoring for signs of abuse. Drug abuse is the intentional non-therapeutic use of a prescription drug for its rewarding psychological or physiological effects. Abuse of opioids can occur in the absence of true addiction. Naloxone may not be effective in reversing respiratory depression produced by buprenorphine. The onset of naloxone effect may be delayed by 30 minutes or more. Doxapram hydrochloride has also been used as a respiratory stimulant.

**PRECAUTIONS:** Hyperactivity (opioid excitation) has been observed up to 8 hours after anesthetic recovery (see ADVERSE REACTIONS). Safety has not been evaluated in moribund cats. Use in such cases should be based on the risk-benefit assessment of the veterinarian. Use with caution in cats with impaired hepatic function. The use of SIMBADOL has not been evaluated in breeding, pregnant, or lactating cats, or in cats younger than 4 months of age.

**ADVERSE REACTIONS:** In two controlled field studies, the following adverse reactions were reported.

#### **Adverse Reactions in Two Field Studies**

	SIMBADOL (N = 224)		Control (N = 226)	
Adverse Reaction <sup>a</sup>	During Surgery <sup>b</sup>	After Surgery	During Surgery <sup>b</sup>	After Surgery
Hypotension <sup>c</sup>	68 (30.4%)	51 (22.8%)	60 (26.5%)	40 (17.7%)
Tachycardia <sup>d</sup>	55 (24.6%)	73 (32.6%)	30 (13.3%)	44 (19.5%)
Hypothermia (≤98.0°F)	38 (17.0%)	1 (0.4%)	47 (20.8%)	0
Hyperthermia (≥103.0°F)	1 (0.4%)	91 (40.6%)	0	33 (14.6%)
Hypertension <sup>e</sup>	10 (4.5%)	40 (17.9%)	17 (7.5%)	18 (8.0%)
Anorexia	0	40 (17.9%)	0	35 (15.5%)
Hyperactivity	0	26 (11.6%)	0	11 (4.9%)
Reduced SpO <sub>2</sub> (≤90%)	8 (3.6%)	1 (0.4%)	11 (4.9%)	0
Bradycardia (≤90 beats/min)	5 (2.2%)	1 (0.4%)	4 (1.8%)	1 (0.4%)
Tachypnea (≥72 breaths/min)	0	5 (2.2%)	1 (0.4%)	6 (2.7%)
Arrhythmia	1 (0.4%)	1 (0.4%)	2 (0.9%)	0
Blindness	0	2 (0.9%)	0	1 (0.4%)
Apnea/Death	1 (0.4%)	1 (0.4%)	0	0
Ataxia	0	1 (0.4%)	0	0
Hyperesthesia	0	1 (0.4%)	0	0

- a. Cats may have experienced more than one type or occurrence of an adverse reaction.
   Cats experiencing the same reaction both during and after surgery are presented in both time periods.
- b. During surgery is the time from the administration of the anesthetic induction agent until discontinuation of the gas anesthetic.
- c. Hypotension is defined as a mean blood pressure of  $\le$ 60 mmHg during surgery and  $\le$ 90 mmHg after surgery.
- d. Tachycardia is defined as a heart rate of ≥180 beats per minute during surgery and ≥200 beats per minute after surgery.
- e. Hypertension is defined as a mean blood pressure of ≥120 mmHg during surgery and ≥160 mmHg after surgery.

To report suspected adverse events, contact Abbott Animal Health at 1-888-299-7416, FDA at 1-888-FDA-VETS or FDA online at http://www.fda.gov/AnimalVeterinary/SafetyHealth.

**EFFECTIVENESS:** The effectiveness of SIMBADOL was demonstrated in two randomized, masked, placebo-controlled, multi-site field studies involving client-owned cats of various breeds. A descriptive, interactive pain assessment system was used by the trained assessor over the 72-hour post-operative period to determine pain control, and treatment success was defined as a cat that completed the 72-hour post-operative period without rescue analgesia. A statistically significant difference (P  $\leq$  0.005) in the number of successes in the treatment group over the placebo control group was observed. The results of two field studies demonstrate that SIMBADOL is effective and has an acceptable safety margin for the control of postoperative pain in cats.

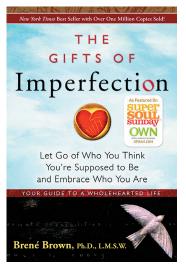
**HOW SUPPLIED:** SIMBADOL (buprenorphine injection) is supplied in a carton containing one 10 mL amber glass vial. Each multidose vial contains 1.8 mg/mL of buprenorphine.

NADA 141-434, Approved by FDA SIMBADOL is a trademark of Zoetis Inc. Distributed by: Zoetis Inc., Kalamazoo, MI 49007 Product of United Kingdom

Revised: August 2015

# PROJECT VOU Stress is you and whole-h

Stress is your friend, minimalist joy, and whole-hearted living.



#### We watched AND read

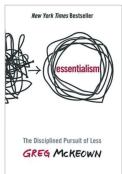


Brené Scan to watch Brown's brilliance.

TED talk "The Power of Vulnerability" and her book, *The Gifts of Imperfection*.

Bottom line, we all feel shame. (Well, except psychopaths, so a bit of shame is a good thing, really.) For women, it manifests as needing to do it

all—be the best mom, be a great DVM, keep the house sparkling, and who even knows what else—all the time. And never sweat. For men, the mantra is "never appear weak." And for all of us, there are costs.





#### We're reading ...

Essentialism: The Disciplined Pursuit of Less, written by Greg McKeown and recommended to us by Andy Roark, DVM. Take charge of your energy, your life, and your time by really, really getting your priorities straight. If you're focused on tidying up your life, this might be for you.

OR you could go all-in on getting your (literal) house in order. Marie Kondo, author of The Life-Changing Magic of Tidying Up: The Japanese Art of Decluttering and Organizing first has you get rid of anything you don't really, really love, sorting through all the stuff you're storing, one category at a time. (Or dare we say, hoarding?) Then you put things away. Neatly.





Use your QR scanner to watch our other fave TED talk of the month.

#### We're watching ...

This TED talk from health psychologist Kelly McGonigal, which we believe will literally save our lives. (And yours.) It turns out that people with high levels of stress who believe stress is **harmful** to their health *die*. And people with high stress levels who see a stress response as their body **helping** them cope *live*. Yep, stress can be your friend. She talks about how.





ike mini-missiles set to mangle, pets with separation anxiety take it out on every floor and piece of furniture in sight. Destruction, barking, whining, inappropriate elimination, excessive salivation—the clinical signs of this behavior disorder are irritating at best. (At worst, of course, some sweet pet loses a home and never gets a second chance.) Veterinary behaviorist Dr. John Ciribassi offers these dos and don'ts to encouraging dogs' self-reliance, which helps keep the anxiety in check. Ideally, saving the banister.

#### DO

Have the owners ignore the dog upon arrival until he or she is relaxed. They shouldn't interact with or even acknowledge the dog.

#### **DON'T**

Don't let owners further encourage the behavior any more, ever. Owners should not respond in any way to a pet's attempts to get attention by such behaviors as barking, whining, jumping up and pawing. They should not look at, talk to or touch the dog when it is exhibiting these attention-seeking behaviors. Warn owners to expect the behavior to initially get worse and more physical.

#### DO

Work with the owners regularly on appropriate behavior modification exercises involving indoor relaxation and graduated departures. Also prescribe anxiolytics as appropriate.

#### DO

Have the owners ignore the dog for 30 minutes before leaving the house to prevent inadvertent reinforcement of anxious behavior as they prepare to leave. About five to 10 minutes before departure, the owners can give a toy stuffed with a treat to distract the dog from the act of the owners departing from the home.

#### **DON'T**

Don't let punishment come into play. The owners should not use physical or verbal punishment in response to destructive behavior or elimination. These behaviors are clinical signs of anxiety, so punishment, especially after the fact, will increase the dog's anxiety level.

#### DO

Encourage the owners to provide consistent exercise in the form of walks and play, which can reduce anxiety by decreasing the dog's focus on the owner's departure from home.

#### The ESSENTIALS

Short of recommending that your veterinary clients stay home 24/7 or take their dog everywhere, how can you help prevent or manage separation anxiety? We've curated our best, most informative articles about this behavior topic to help you diagnose and treat it most efficiently and effectively. And we'll keep you on top of new developments as they arise. Get the scoop at dvm360.com/anxietyessentials.

#### Got fraught clients?

Hand them this handout. dvm360.com/anxietyhandout



#### **Get the word out**



You don't get to help if the pet owner doesn't call. Raise awareness about behavior issues with ready-to-use Facebook posts at dvm360.com/anxietyposts.

#### **Keep the dog busy**

Giving plenty of alternative outlets could save the carpet, the sofa, or the corner of the bottom stair. Dr. Ciribassi recommends Kong toys because they are readily available, cost-effective, relatively indestructible, and flexible in terms of what you can stuff them with. Browse more pet products at dvm360.com/petproducts.





(And develop some super sidekicks.)

Yeah, ok. You're not a masked crusader with a secret

cave and a kickin' car. But solving a crucial problem for a client can still make you a hero. And your odds of winning the day are better if you don't go it alone.

t's important to involve your whole staff in identifying pets with problem behaviors, according to Dr. Melissa Bain, DACVB, at UC Davis' Companion Animal Behavior Program. Here's why:

WHAT ELSE

**COULD IT BE?** 

Get three and a half

tightly packed minutes of insight on key medical and behavioral ruleouts in this audio: dvm360.com/ separationanxiety

1. Training leads to involvement. If your team knows what to ask and what to watch for, you'll be more likely to identify separation anxiety and other behavior problems. Two general behavior questions that are worth having a team member ask almost any client:

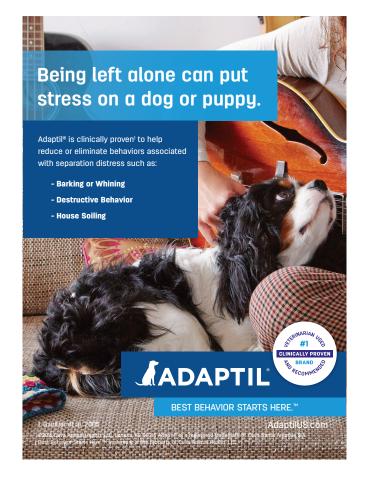
- > Can you describe 24 hours in a typical day in the life of your pet?
- > Is your pet doing anything that's frustrating to you or your family?

Both of these open ended questions ask a pet owner to think about his or her pet's behaviors and invite a broader range of information than more specific questions. So you might uncover an issue that you wouldn't have thought to ask about.

2. Staff members can seem more accessible. Pet owners may feel guilty about their pets' behavior and may be more comfortable talking to team members rather than doctors. It doesn't matter in the end who gets the problem to surface for discussion. What matters is that you get to work on the problem and help the poor dog. (And the poor owner.)

GETTY IMAGES

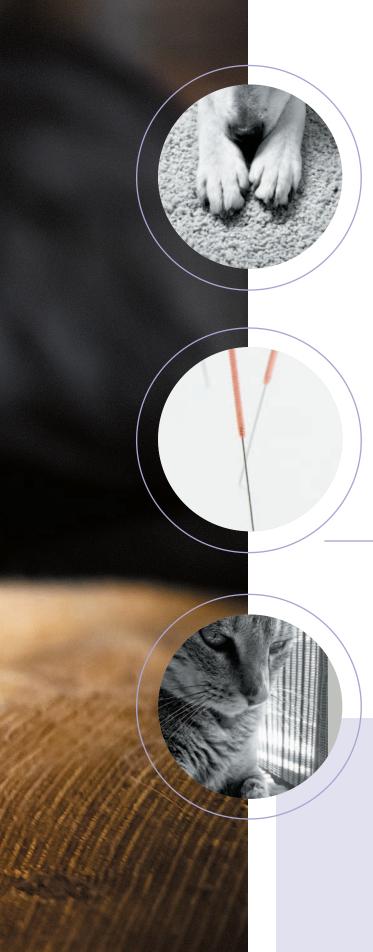








Dr. Michael Petty DVM, CVPP, CCRT, CVA



**GETTY IMAGES** 

# Myofascial pain: A taut/logical concern

Have you ever had an orthopedic case in which surgery was a success but recovery was a failure? I've found that most of these dogs are experiencing myofascial pain syndrome—a taut band of muscle fibers within the affected muscle. Multiple trigger points, or extremely tender spots, are within these fibers where the myosin and actin have become fixed in the contracted state. This constant contraction can result in loss of motor function and chronic pain.

The motor component may occur secondary to injury, but, in my experience, it more often is the result of a constant, low-grade contraction of the affected muscle. When a muscle is used in slight contraction, a small number of fibers within the muscle are always the first to be put to work and the last to rest.

Why do animals develop trigger points? Consider an orthopedic procedure or osteoarthritis of the hindlimb. To keep weight off the painful bone or joint, a slight contraction of muscles, such as the iliopsoas, sartorius or rectus femoris, occurs whenever the patient is standing. This protects the painful bone or affected joint but eventually causes trigger points to form as a result of nonstop contraction of that muscle.

See how you can detect the trigger points and then follow up with treatment using acupuncture (you did see those needles to the left?) at **dvm360.com/myofascial.** 



**VIDEO:** Dr. Petty explains how acupuncture can be an effective and more financially viable option for patients and clients than traditional treatments. Plus, he shares a case of a paralyzed dog that was successfully treated with acupuncture instead of surgery.

#### **FREE HANDOUTS**

"Poor pup—how did I miss that?"

Make sure your practice team is in the know when it comes to recognizing the signs of pain and discomfort in pets: **dvm360.com/recognizingpain** 

"Western medicine only, please" See how Dr. Petty educates his skeptical clients about acupuncture: dvm360.com/skeptic





#### QUASH THESE EXCRUCIATING DELUSIONS

Dr. Petty discusses the common misconceptions about pain in patients—from both your clients and your veterinary colleagues—plus, he explains how to turn these stereotypes around: dvm360.com/painmisconceptions.



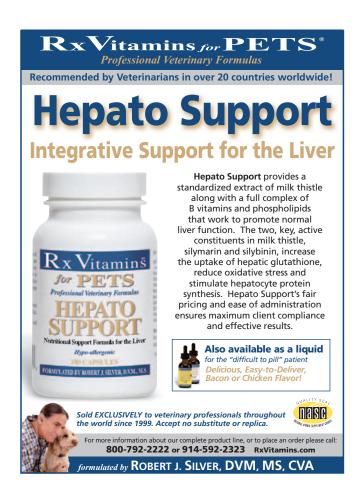
#### PAIN PRACTICE IS A STATE OF MIND

Diagnosing and alleviating pain in your patients begins with resetting your state of mind. Listen in as Dr. Petty explains how he came to this realization, and how it changed his career forever: **dvm360. com/painpractice.** 



Dr. Petty (pictured with his Portuguese water dogs Joy and Kiki) owns Arbor Pointe Veterinary Hospital, in Canton, Michigan, and has been practicing medicine since 1980. He is the author of Dr. Petty's Pain Relief for Dogs (Countryman Press). He started his veterinary career mowing the lawn for his hometown practice, and the veterinarians there encouraged him to pursue his interest in veterinary medicine. #gratitude #smartDVMs









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How to Engage an Audience Rather Than Give a Talk

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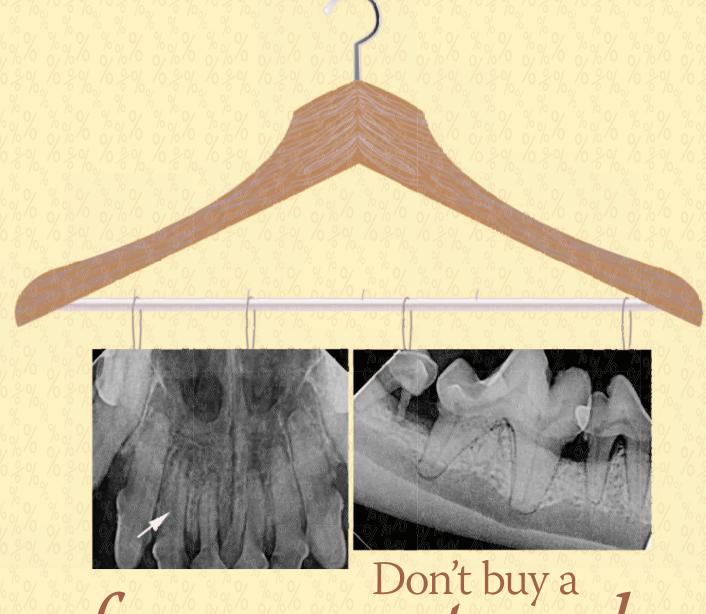
Visit wvc.org for more information











fancy coat rack

igure out what you really need and will really use. (And then make sure you *do it* by putting the right systems in place to support your team's plan.) Here's an overview of your basic equipment options from Dr. Heidi Lobprise.

#### THE MACHINE BEHIND IT ALL

No matter what, you'll need the actual X-ray machine. The most common X-ray generator is a standard dental model, either wall-mounted or supported by a mobile stand. Hand-held units are also available for greater ease in transportation or use in multiple sites. A critical warning: Staff members should minimize their exposure by standing at least 6 feet from the tube head and always at an angle of 90 to 135 degrees from the path of the primary beam. Now to choose between standard films, direct digital or indirect digital.

#### **FILMS: DOING IT OLD-SCHOOL**

The good: Choosing this method allows complete control over what you want to capture since intraoral films can isolate a specific tooth with excellent detail using a nonscreen, double-coated emulsion film in any size available. The not so good: It's messy and time-consuming. These films require hand developing in a dark room with a chairside or an automatic developer.

#### DIRECT DIGITAL: A FAVORED OPTION, WITH ONE CAVEAT

For convenience, increased use and decreased patient anesthetic time, investing in a digital dental system often pays for itself in a matter of months and greatly decreases the learning curve for new users. While the sensors are not inexpensive, being able to immediately see the image on the computer screen is great not only diagnostically but so you can adjust the angulation or technique to get a reasonable image on the spot. A downside to direct digital is the single size (No. 2) of the sensor.

#### INDIRECT DIGITAL: A HAPPY MEDIUM

As a compromise between standard films and direct digital, you can opt for indirect digital radiography with phosphor plates that are photostimulatable. The phosphorus sensor uses an image plate that can be reused (the outer sleeve is replaced). The plate is placed in a scanner so the image can be transferred to a computer. More steps are needed with the indirect method, and it takes longer than the direct method, but the benefit here is that varying sizes of plates can be used.



Photo manipulation is a good thing for digital radiographs. Scan the code to hear Dr. Sandra Manfra Marretta's quick tips for making the most of your images. Or visit dvm360.com/greatviews.

#### "BUT, WHO'S GONNA PAY FOR THIS"

**Your clients are.** But will enough of them sign off on dental procedures to make it worth it? **Yes.** Because you're a bad-ass vet who communicates value and you work with a passionate technician who's devoted to providing good dental care.



If you're still feeling cautious (or not seeing the results you hoped for when you made the leap last year)

Prep with this example of what to say—and what not to say—to make a strong dental recommendation. Find it at dvm360.com/saythisdental.

Use this calculator from Gary Glassman, CPA, that can help you analyze projected revenue and costs: dvm360.com/ caseloadcalc

#### Or buy now!

You can pay cash, sign a lease, or get financing from your bank or a veterinary lender. Cash is best, if you've got the green. If you're leasing, it's important to know what your options are for getting out of the agreement before you sign on the line.

#### "WHAT SHOULD I CHARGE?"

Look to Well-Managed Practices. How are high-flying practices increasing fees in a time of consumer price sensitivity? They deliver the value that justifies higher prices. If this sounds like old news, ask yourself, "Am I really doing everything I can to improve my client's understanding of the level of service I offer?" That said, here is the median fee charged by Well-Managed Practices in 2014 for digital radiographs:

// <u>649</u>		
	1 view	\$32
	2 views	\$45
	% n/ W	76 6/
	3 views	\$63
	4 views	\$80
	5 views	\$89
	0/70/0	0/70
	6-8 views	\$90

Source: Benchmarks 2015: A Survey of Well-Managed Practices.



# You never know what lies beneath

A pet's sparkly and shiny grin on the outside doesn't translate to perfection inside. Here is a list of dental conditions to be on the lookout for when evaluating those radiographs you just took—some of which you would *never* have known about had you not had the great foresight to purchase that dental radiography unit:

- ✓ Tooth resorption
- ✓ Periodontal disease
- Endodontic disease, including discolored or fractured teeth and facial swelling
- Retained roots
- Missing teeth
- ✓ Abnormally located teeth
- ✓ Malformed teeth
- ✓ Osteomyelitis
- ✓ Boney lysis secondary to neoplasia
- ✓ Metabolic bone disease
- ✓ Dentigerous cysts (localization)
- ✓ Traumatic injuries



#### GET UP CLOSE AND PERSONAL WITH DENTAL EXPERTS

January is a nice time to plan a well-deserved retreat—to, say, Virginia Beach? Join us there May 12-15 and brush up on your dental know-how with 8 fun-filled hours of CE on dentistry. Common pitfalls. Special dental needs of cats. Root canal therapy. Yup. You know you want to.

If that's not enough, there's also an opportunity for handson learning: "Dental Essentials in Dogs and Cats." Covering exam room conversations to discharge, you'll be armed for periodontal therapy, regional nerve blocks, difficult extractions, and oronasal fistula and mandibular symphyseal separation repair techniques. Register today at www.thecvc.com.





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# Is c-atopy on the RISE?

Dermatologist Dr. Alice Jeromin is seeing more cases. How about you? Make sure you don't miss a diagnosis with this brief guide—including help coaxing clients through the (often extended) process.

Although the incidence of atopy in cats has been reported to be about 16 percent in past studies conducted at Cornell University and the University of Georgia, during the past few years at my practice we've seen an increase in the number of cats with this disorder.

Atopy is defined as an inherited, exaggerated IgE response to inhaled or percutaneously absorbed antigens. IgE binds to mast cells, and on re-exposure to the antigen, cross linking occurs, causing mast cell degranulation. The release of other inflammatory products consisting of histamine, leukotrienes and prostaglandins accounts for the clinical signs.

The epidermal barrier also may play a role in establishing atopy in a patient. Atopic cats have increased CD4+ T lymphocytes in lesional skin, which supports the role of T helper type 2 (Th2) lymphocyte-mediated immunity in feline atopy (similar to in dogs and people).

Unlike in dogs, the age of onset in cats is extremely variable—from 6 months to l4 years old. The Devon Rex breed could be more prone, but there's no definitive breed or sex predilection. However, in our practice we tend to see atopy more often in orange or orange-color-containing cats, such as orange tabby, calico and tortoiseshell cats.

No set pattern of signs occurs in cats as it does in dogs, but the face, feet and perineum can be affected (Photos 1-3). On physical examination, atopic cats may show self-induced alopecia, miliary dermatitis, eosinophilic granuloma complex lesions, exfoliative dermatitis, chin acne with or without *Malassezia* otitis, seborrhea, eosinophilia or lymphadenopathy.



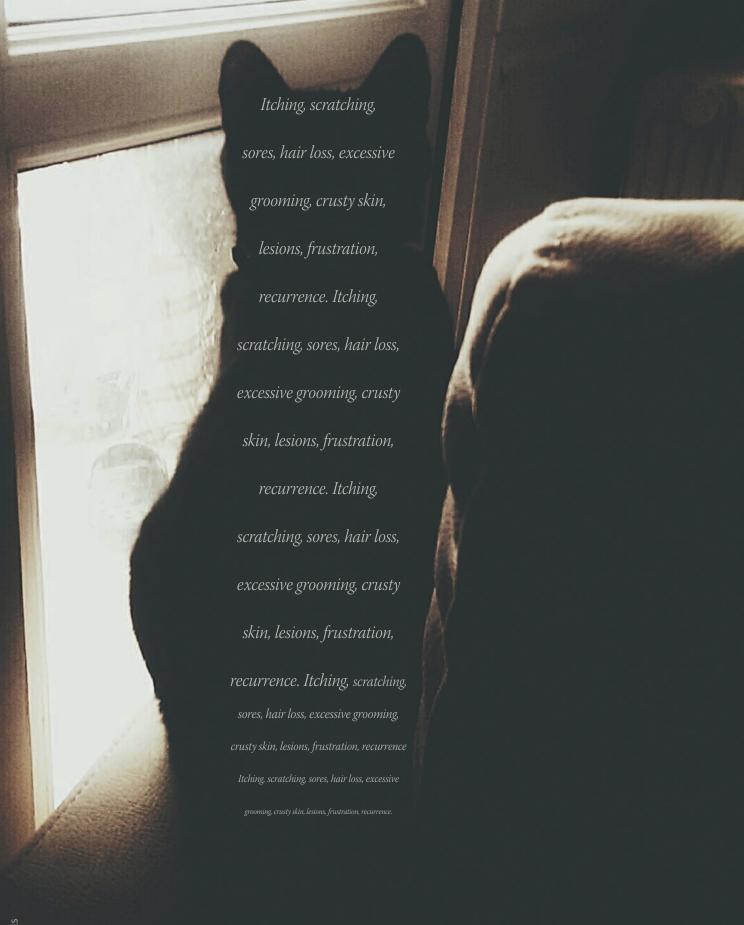
Photo 1: Facial excoriation in an atopic cat.



Photo 2: Facial and ear excoriation in an atopic cat.



Photo 3: Groin erythema in an atopic cat due to excessive licking despite wearing an Elizabethan collar.



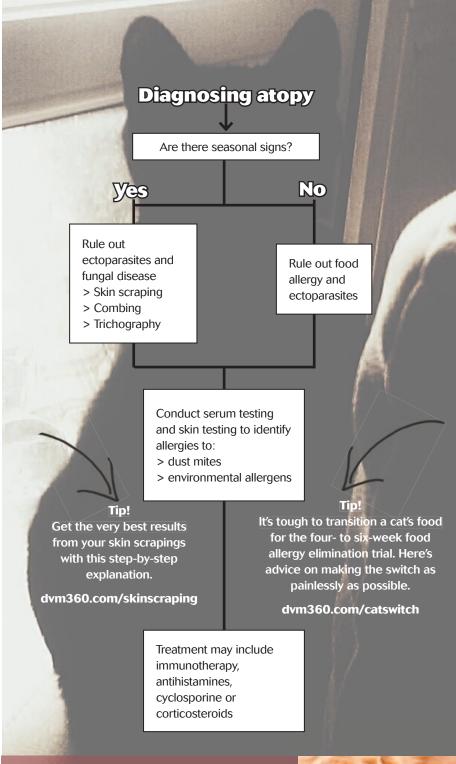
## "Whoa, Doc, I can't afford that!"

Many skin conditions in pets are chronic—which can mean ongoing and expensive treatments. This is why it's crucial to have payment options ready, says Gary Glassman, CPA, a *Veterinary Economics* Editorial Advisory Board member, and partner with Burzenski & Co. in East Haven, Conn.

You can offer the option to make payments, he says. However, only extend this opportunity to your most trusted veterinary clients, because you're the one taking the financial risk in this situation.

Third-party payment plans are a safer route that still makes treatment payments affordable, Glassman says. "Keep in mind, the costs and options various vendors offer are not the same," Glassman says. "So do some research. CareCredit is the most recognized company offering credit cards and revolving credit opportunities. And there are some newer options, like PaymentBanc and Vetbilling. com, that manage payment by withdrawing an Electronic Funds Transfer from the client's bank account." Whichever payment options you decide to offer, one thing is certain: Don't shy away from any opportunity to provide important patient care to veterinary clients because you don't think they can afford it.

To research veterinary payment vendors, visit **dvm360**. **com/paymentproducts**.

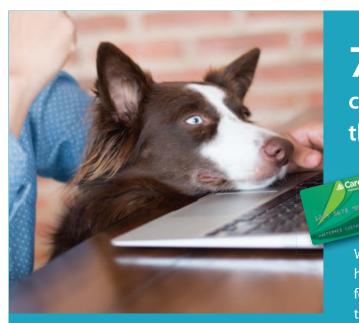


# The ESSENTIALS

The itch. The scratch. The irritation.

Atopic dermatitis is likely one of the most common dermatologic problems you see in veterinary practice. We at dvm360.com have curated our best, most informative articles about this topic to help you diagnose and treat it efficiently and

effectively. And we'll keep you on top of new developments as they arise. Just visit dvm360.com/atopicdermatitis.



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# DIV rehab

Help patients with patella and cruciate injuries get back on their feet using materials you likely already have.

Jennifer L. Wardlaw, DVM, MS, DACVS

#### **Heat** therapy

**GOALS:** Superficial heat can provide analgesia, decrease muscle spasms, increase impulse conduction, increase fibrous tissue elasticity, increase vasodilation, and decrease blood pressure (if heat is applied for long periods).

**HOW TO DO IT:** Apply warm packs for 10 to 15 minutes before a therapy session. Use hot packs, heat wraps, warm water, or towels immersed in hot water. (No electric blankets, though. They have unpredictable hot zones and can burn patients.) Place hot packs in a cloth or towel, not directly against skin. And check intermittently that the skin is not too hot.

**DIY TIP:** Create your own hot packs by immersing towels in hot water or dampening the towels and warming them in the microwave. Then put the towels in a plastic bag and place it on the affected area. Be sure the towels are not so hot that they cause burns.

#### Walking

**GOALS:** Walking exercises can increase range of motion, promote normal gait and placement, improve muscle mass and strength, improve circulation of the blood and lymphatic vessels, increase endurance, and prevent joint degeneration.

HOW TO DO IT: Place a leash on the patient, and position him or her on a firm surface that provides good footing. Walk the patient slowly, giving him or her adequate time to place each limb on the ground and shift weight to that limb, ensuring even therapy for all limbs. As the patient improves, you can increase the speed and eventually allow the patient to run on the leash. You can also do these exercises:

**Inclined walking**—Walk the patient up a gradual incline or short flight of stairs. This increases hindlimb muscle and strength, flexion, extension, and range of motion.

Figure-of-eight pattern—Walking a patient in a figure-of-eight shifts weight across all four legs and increases the amount of body weight forced on each leg as the patient turns.

**Squats**—Sit-to-stand exercises help build quadriceps and hamstrings. Have patients perform these periodically during walks or have them do repeated sets of stationary sit-to-stands. Make sure the dog sits with both legs under the rump. Encourage this by placing the weaker leg against your leg or having the patient squat in a corner or against a wall.

**DIY TIP:** If your practice doesn't have stairs, make your own out of wood. The stairs should be 10 to 12 in deep for most patients and have good footing material on them that can be cleaned, such as rubber mats or outdoor carpeting.



#### MORE THAN JUST A TOE IN THE WATER

Dr. Fred Metzger started his path to rehab services in 2010 with the purchase of a therapeutic laser. "It's easy to use, has a small footprint, and really helps our patients," Dr. Metzger says.

Because the team at Metzger Animal Hospital performs many orthopedic surgeries, potential rehabilitation patients were popping up every day. Dr. Metzger has also found success in marketing rehabilitation services to owners of agility and hunting dogs, which often suffer knee or leg injuries. "We see a lot of dogs that just can't run like they used to," he says. "Often it just takes a quick tune-up in our rehab center to get them back in the game."

Dr. Metzger eventually built an 800-square-foot addition to his practice to house his rehabilitation center, and much of that space is dedicated to the underwater treadmill. He also invested in electrical stimulation equipment, ultrasonic therapy equipment, a standard treadmill, and therapeutic exercise equipment such as balance balls.

Resource alert: Learn more about veterinary rehab protocols and how to apply them to cases at rehabvets.org.



Jennifer L. Wardlaw, DVM, MS, DACVS, pictured with her 11-year-old bullmastiff Emma Corilata, is a concierge surgeon at Gateway Veterinary Surgery, St. Louis, Missouri. She became interested in rehab when she saw the benefit for her orthopedic, neurologic and sporting patients. Little known fact: Dr. Wardlaw says she isn't afraid to binge watch cartoons, even when her kids aren't around.

#whatsupdoc #lovefundvms

To hear a clip from a CVC lecture where Dr. Wardlaw discussed the first and foremost factor in rehab, why "no pain, no gain" doesn't apply, and how to set up a rehab protocol, scan the QR code, or go to dvm360.com/wardlawrehab.



#### Treadmills

**GOALS:** Treadmill walking can reduce pain, make the patient bear weight on the affected limb to strengthen its muscles, and enhance cardiovascular health. Treadmills achieve a greater range of motion for flexion and extension compared with walking on the ground. This is particularly helpful for dogs with cruciate injuries since the lameness is associated with loss of both muscle mass and extension.

**HOW TO DO IT:** First things first: Never face the treadmill toward a wall, or your patient will not walk forward! Two people should be present when therapy is being performed, and the patient should be on a leash. You can stand in front of the patient to encourage it to keep walking, behind or above the patient to support it and keep it from falling, or beside the patient to offer support and possibly help with gait and range of motion. Start with the speed slow (< 1 mph) until the pet gets used to walking on the treadmill. Sessions can range from a few minutes to more than 30 minutes, if you are building endurance.

**DIY TIP:** Purchase a human treadmill, which is usually less expensive, and modify it for use for pets by adding side walls. If you purchase one that doesn't allow you to change the incline, you can easily accomplish this yourself by placing two-by-fours under the front of the machine.

Hydrotherapy

**GOALS:** Hydrotherapy can reduce edema and fluid pooling due to hydrostatic forces (the pressure of water exerted equally on all surfaces of the body in water), improve muscle mass and strength because of resistance to water, improve range of motion, increase endurance and weight loss, and decrease pain.

**HOW TO DO IT:** Entice the patient to move in the water (find what motivates the dog, like food, a ball, a rubber duck—but don't force it). Never leave the dog unattended, and make sure the patient doesn't become fully submerged. (!) For patients with patellar injuries, fill the tub with water to the level of the greater trochanter at first to create buoyancy. Gradually lower the water level for increased resistance as recovery progresses.

**DIY TIP:** Use your large practice bathtub as an underwater treadmill by filling the tub to the appropriate water level and encouraging the patient to walk back and forth in the tub.

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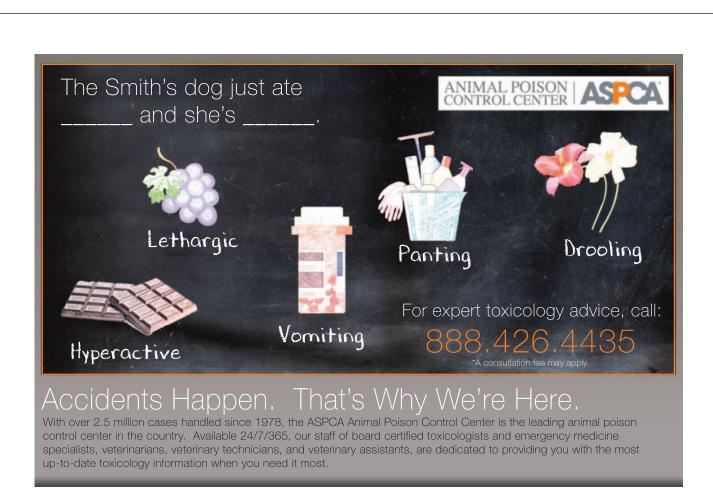
## **HELPFUL STU**

## "But my dog's perfectly healthy, doc. She doesn't need all those tests!"

Oh, but she does. So how to make a client understand? Dr. Jeff Rothstein, MBA, a Veterinary Economics Editorial Advisory Board member and president of the Progressive Pet Animal Hospitals and Management Group in Michigan, lays the groundwork for preventive care and diagnostics early with puppy and kitten wellness packages, which include multiple fecal exams (and heartworm testing for 12-month-old puppies) to get clients thinking about the importance of tests that

can detect underlying, or asymptomatic, conditions—even in young, healthy animals.

He continues to stress the importance of preventive diagnostics in both adult and senior pets, incorporating CBCs, chemistry panels and urinalyses with the yearly heartworm testing, in addition to twice-yearly fecal exams—all offered in complete wellness packages for clients. And client compliance has improved since he started offering these services in an all-inclusive care regimen.



## FF



#### Tune up heart-tohearts on heartworm

Use these quick tools to prepare your team and raise awareness:

- 1. The dvm360.com/
  heartwormtoolkit includes team training, free client handouts, exam room education strategies and more, all designed to make it as easy as possible to discuss heartworm disease with clients and promote year-round prevention.
- 2. Free posts and tweets help you start a dialogue with clients. Get them at dvm360.com/heartwormposts.
- **3.** Put up a free heartworm poster (**dvm360.com/ heartwormposter**) to keep the message in front of clients.

#### **Toothaches suck**



And pets don't deserve to suffer in silence. Your quickest path to compliance is education. When pet

owners believe their pets are in pain, they're far more likely to seek your help. Use this handout to start a productive dental conversation with clients: dvm360.com/dentalpain



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Our targeted PEMF (Pulsed Electro-Magnetic Field) technology reduces pain and inflammation by enhancing production of nitric oxide in an animal's inflamed tissues. The Assisi Loop 2.0 comes in two sizes: 20cm for core use, and 10cm for limbs and small animals. It is available to pet owners only through their veterinarians, or with a prescription from a veterinary professional. Patented and FDA-cleared for human use, it is now a recognized treatment for animals!

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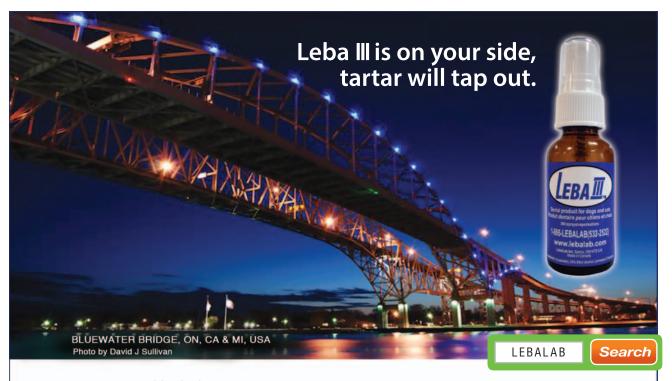
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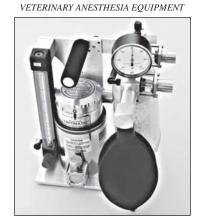


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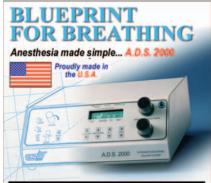
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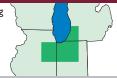


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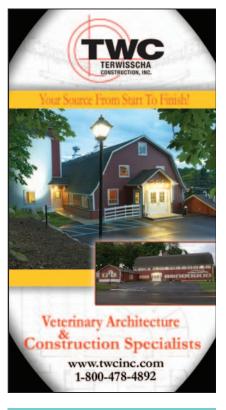
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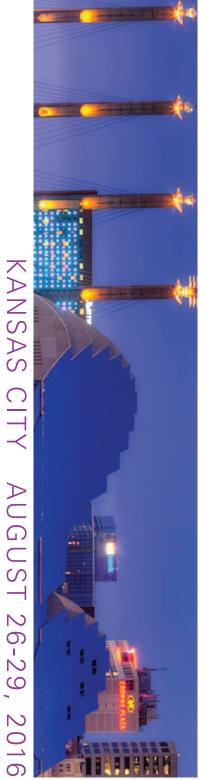




















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## **5 Pinterest lessons**

Hey! No eye rolls about weekend crafts.

These ideas really could apply to your hospital.

#### 1. Bust the clutter

It's easy to become immune to the junk that accumulates in your environment. Get your phone out right now and take these photos to capture clients' perspective.

- > From the curb looking at the front door
- > From the front door to the reception desk
- > A photo of your reception desk
- > A photo of your exam room counter.

Then purge and put away.



## 4. Drool worthy color palettes

Even with new thinking in the world about tilting the color wheel to match pets' preferences, you need the environment to appeal to people, too. Plus a can of paint is one of the easier items to justify. Check out the galleries at: dvm360.com/colorpalettes



## 2. Think like an overachiever hostess

Seriously, we'll never live up to this when we're talking about the in-laws spending a weekend. But making clients feel loved and welcome pays the bills. Friendly greetings are a must, of course. Timely service and good communication. Check, check. After that, test a stretch goal on the service side and see what kind of warm fuzzies you collect. Maybe it's really worth making a little sign with the wifi password. Perhaps a comfort basket with small water bottles and dog biscuits. Coffee bar. Whatever your team can handle.



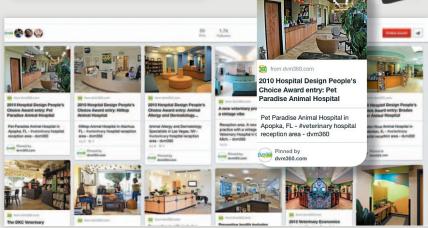
#### 3. Smell hacks!

Start by keeping the smells down, of course. Cleanliness is next to dogliness. But if that's done, we wouldn't be above running a slow cooker full of water and spices to make the space smell great.



## **5. Find some more Pinspiration**

Follow dvm360 on Pinterest for hospital design eye-candy. We've got boards with ideas for each room of your dream hospital.





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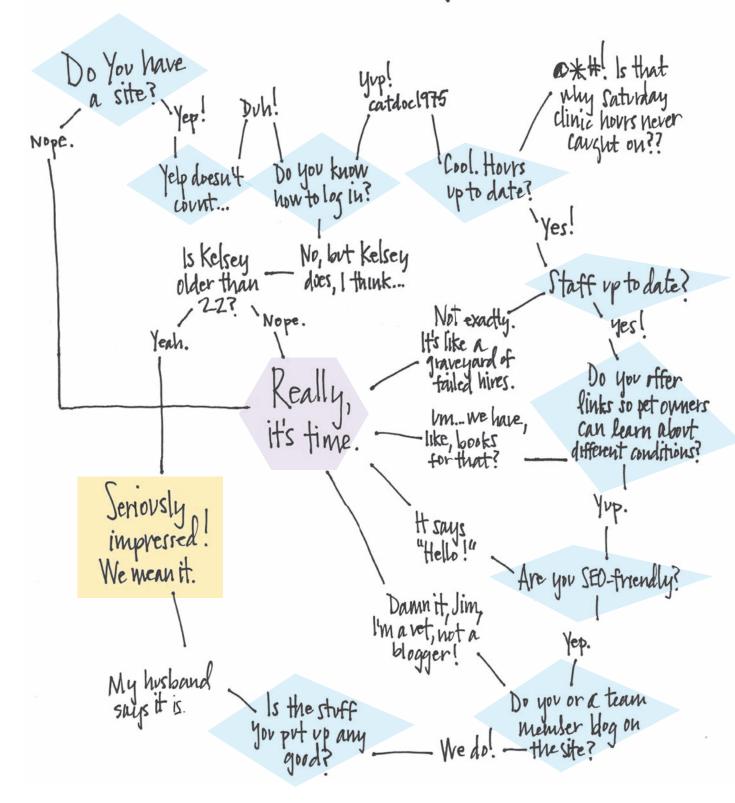
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