Physiotherapy for Spinal Cord Dysfunction

Out-patient care
- Gait re-education to reduce compensatory patterns of movement
- Proprioceptive, balance and co-ordination exercise
- Muscle strengthening and core stability training
- Owner education and home exercises

In-patient care
- Pain management
  - laser, pulsed electromagnetic energy, transcutaneous electrical nerve stimulation
- Functional positioning
  - sternal lying, sitting, assisted standing
- Maintain normal range of movement
- Normalise tone
- Encourage voluntary movement
- Hydrotherapy

Research
Draper et al. (2012) found 3B laser reduced time to ambulation in dogs post laminectomy by 50%.

Gandini et al. (2003) found that 36/54 dogs with FCE that underwent physiotherapy, starting within 24-48hrs of onset, achieved spontaneous paw positioning in 2 weeks. This was supported by Kathmann et al. (2006).

Nakamoto et al. 2009 found that 21/26 dogs with fibrocartilaginous embolism improved with physiotherapy in 2 weeks but continued to improve up to 2 months after onset. They indicated that physiotherapy should be continued with follow up visits during this time.