



Established 1985

Pain management post op

- ▶ Heat
- ▶ Cryotherapy
- ▶ Transcutaneous electrical nerve stimulation
- ▶ Class 3B laser

Gentle weight bearing exercises to encourage healing and reduce swelling



Physiotherapy for Cranial Cruciate Disease



Neuromuscular electrical stimulation to recruit hypotrophied muscles

Maintain range of movement

Gait re-education

Manual therapy to reduce compensatory muscle soreness

Proprioceptive stimulation e.g. kinesiotape to facilitate muscle contraction

Hydrotherapy

Research

- Berte et al (2012) found no instability was caused and lameness was improved 90 days post CCLR stabilised with lateral suture stabilisation (UWTM walking started at week 2).
- Full extension whilst weight bearing improves static quadriceps efficiency & helps reduce the risk of patella luxation (Lafaver et al 2007).
- Risk of complication CCLR post op increased without physio (Lafaver et al 2007).
- Monk et al (2006) found that 6/52 after TPLO, the physical rehabilitation group had significantly larger thigh circumference and range of movement than the home exercise group.