CHIROPRACTIC & FUNCTIONAL NEUROLOGY

Maja Guldborg DVM
-Certified in
acupuncture IVAS
-Certified in
chiropractic IVCA and
-a master in functional
neurology

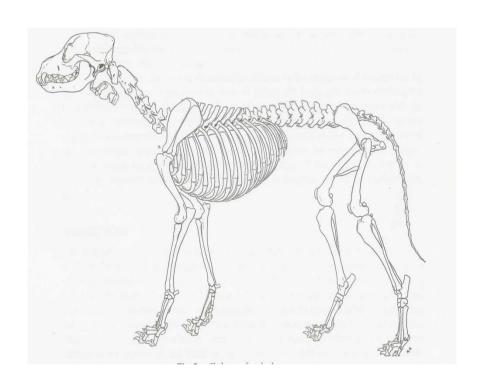


CHIROPRACTIC

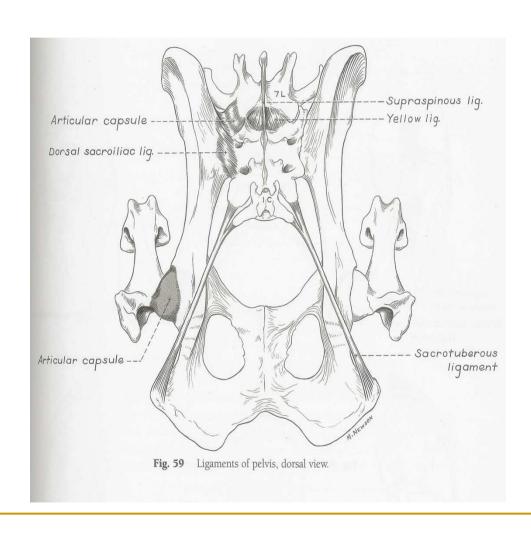
- What is chiropractic???
- When can we as veterinarians treat the dog with chiropractic as a supplement or
- when is it the only treatment

ANATOMY & BIOMECANIC

- Cervical, (7)
- Thoracal,(13)
- Lumbal, (7)
- Os sacrum (3)
- Pelvis(ossification)
- Coccygeal, (15-20)
- Movements



PELVIS



ROM FOLLOWS THE ANATOMY



NECK

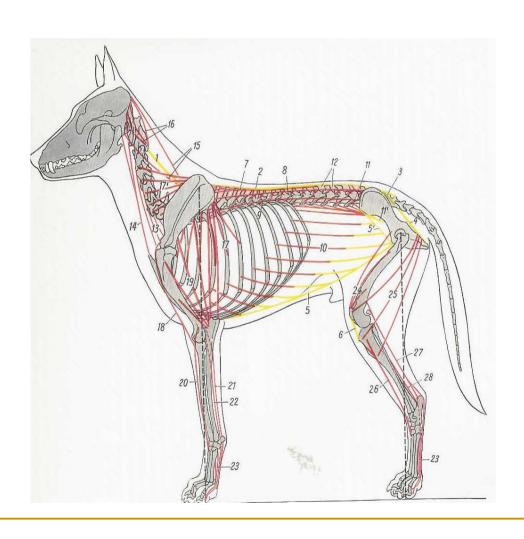


ROM FOLLOWS THE ANATOMY

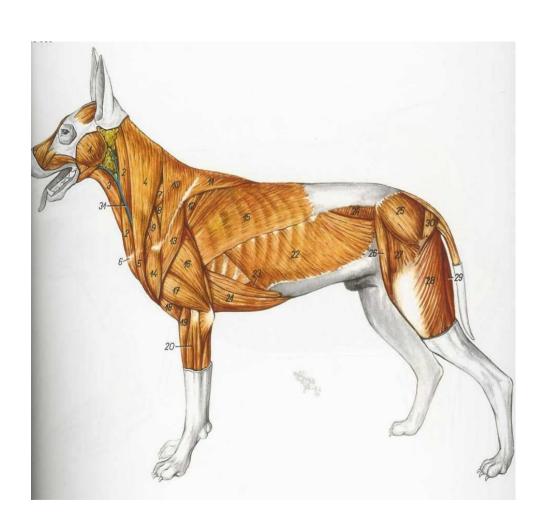




STATIC BIOMEKANIC

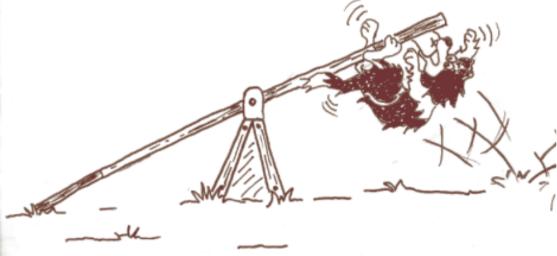


MUSCLES



DYNAMIC BIOMEKANIC





SAME ANATOMY..... YET NOT SIMILAR®



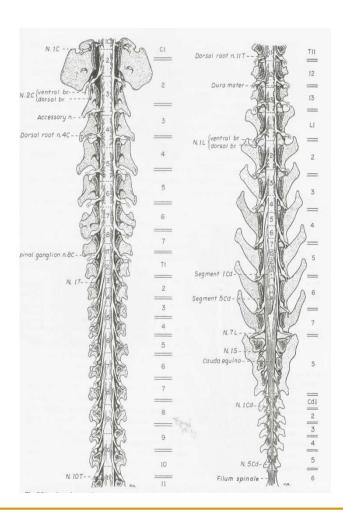




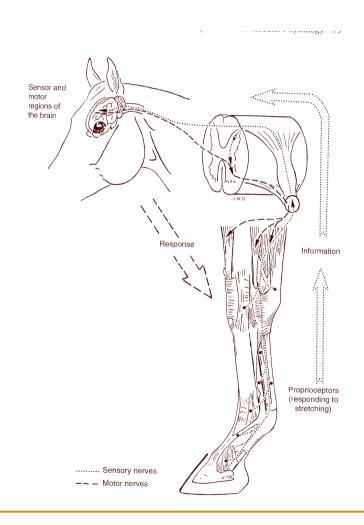
HOW DOES IT WORK

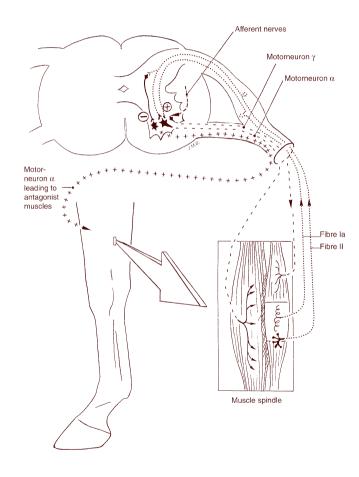
- not "bone out of place" ©
- DIRECTLY stimulation of the nervesystem
- DRG, spinalnerver
- Nocioreceptorer
- Propioreceptorer
 - MSC
 - GTO
 - JCR(joint capsel receptor)

SPINAL CORD

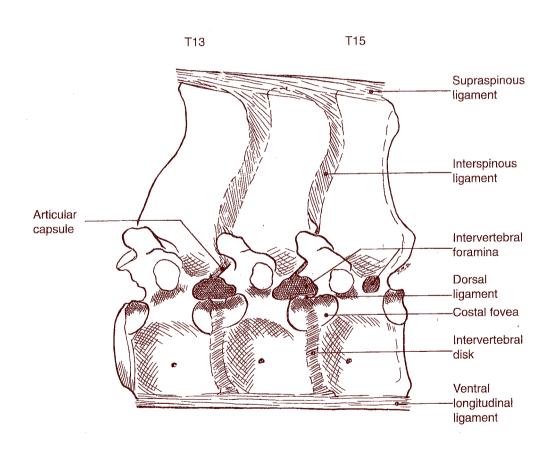


NEUROMUSCULAR REFLEXS

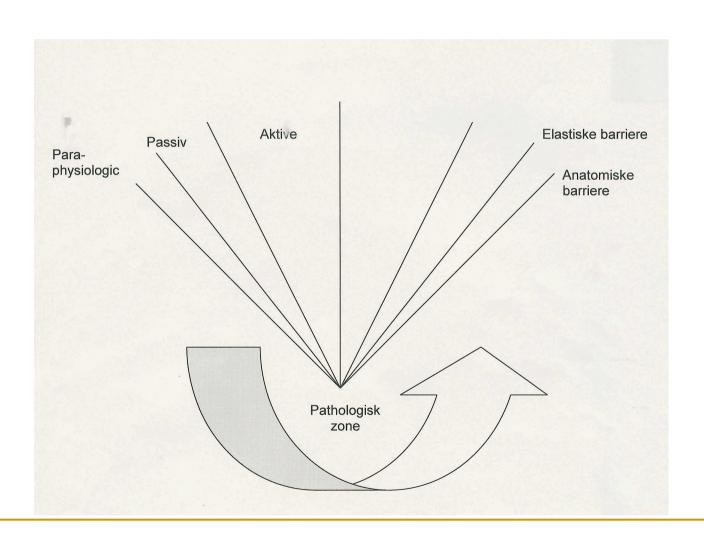




MOTION SEGMENT



RANGE OF MOTION



WHAT IS THE DIAGNOSIS

- VSC (VERTEBRAL SUBLUXATION COMPLEXES) = decreased ROM
- Segmental Dysfunction (SDF)
 - Change in structure and function of a motion segment
- Regional Dysfunction (RDF)
 - -Change in structure and function of a region of segments

PHYSIOLOGIC MODEL FOR VSC

- Decreased ROM (stiffness)
- Change in nerveimpuls (pain)
- Change in muscle function (atrophy)
- Change in bloodvessels (edema)
- Change in connective tissue (decreased flexibility)
- Final product = pain and artroses

CHIROPRACTIC

Adjustment

- little "thrust" in the direction of the joints movement => neurogenic reflex respons
- Short lever
- High velocity
- Low amplitude
- LOC $(F = M \times A)$



EX. IF THE BIOMECANIC FAILS

- spondylose
- Discus prolabs
- Asymmetric "HD"

SPONDYLOSE SENTA





FUNCTIONEL DISKUSPROLABS

- Smutti, 2½ years old dashhound.
- Oskar, 3½ years old
- Wiktor, 2 years old dashhound

FUNCTIONALLY/HERIDITED

HD??



HISTORY

- Change in movement pattern
- Lameness
- Change in posture
- Acute/chronic pain
- Change in behavior



CHIROPRACTIC EXAMINATION



- History
- Inspection
- Gait analysis
- Palpation
- Neurologic examination



MOTIONPALPATION

STATIONARY TOPLINE

Overall evaluation:

- conformation (evt. kyphose/lordose)
- development of muscles
- symmetry/asymmetry front / behind.
- position of head and neck

Palpation of "informative" muscles

(Masseter,brachiocephalicus,triceps, trapezius,lattissimus/longissimus dorsi,semimembranosus, semitendinosus)

DYNAMIC TOPLINE

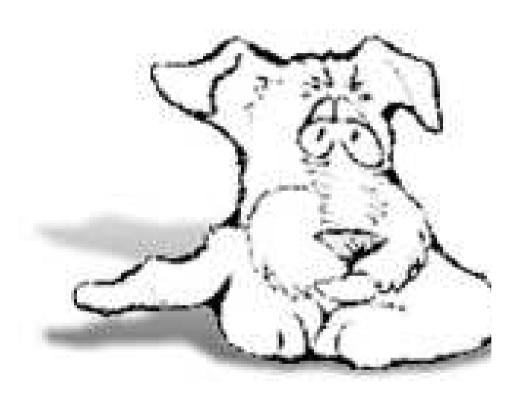
- Walking on line: lameness, rhythme, swing, taile (Tea), stridelength.
 - "use of the back" trott/galop, cross canter?, walking on 2 lines?, pacing? base wide / narrow?
 - Carring head and neck
 - Swing / engagement / shock absorbtion?
 - Freely movement (Balance & strength ?)
 - MOTIONPALPATION

WHAT ABOUT PALPATION

■ We do palpate …☺

BUT

Traditionally we palpate
 to localize PAIN (8)



PATIENTS

- Poor performance
- Neck / back (acute/chronic)
- Change in behaviour
- Asymmetry / Different "posture"
- TMJ (Jaw/Teeth)
- Change in pattern of movements
- Lameness
- Puppies/adults/older dogs

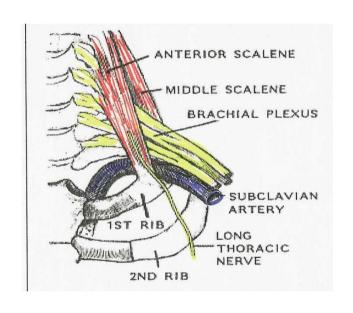
DINA

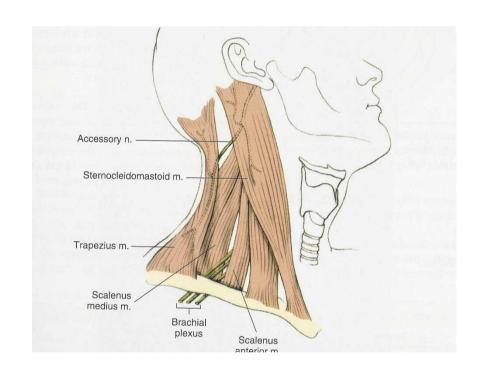
- Lame RF for 9 month
- X-ray
- MRI
- NSAID
- Steroids

Plexus Brachialis

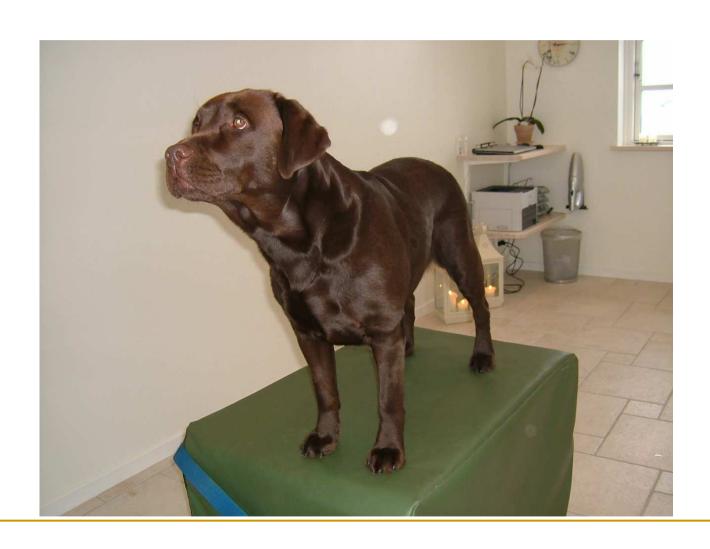


PL.BRACHIALIS IN RELATION TO M.SCALENEUS

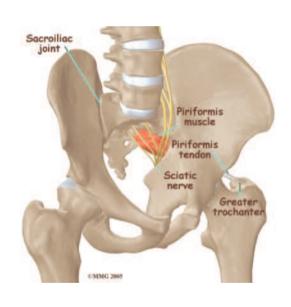


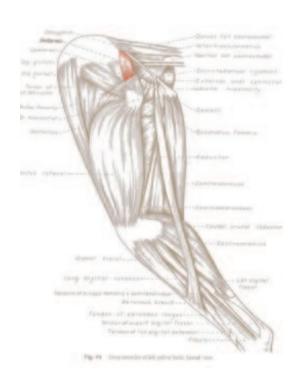


CASE IRIS



ANATOMIC RELATIONS





PIRIFORMIS STRETCH EXERCISES





PIRIFORMIS SYNDROME CLINICAL DIAGNOSIS ®

- Pain flexing the hock,
- Atrofy
- Hypersensitivity in lumbosacral area
- Pain inbetween m.semimembranosus/semitendinosus,
- Non responsive lameness
- Respond if threated with chiropractic and stretch
- Ischias-pain caused by PIRIFORMIS SYNDROME

PROFYLATIC TREATMENT?

- Optimize the neurologic function ☺
- Puppies / youngies
- Performance dogs
- Elderly dogs
- Predisposed individuals
 (Dash hounds, german shepard, woolf hounds)

ELDERLY DOGS

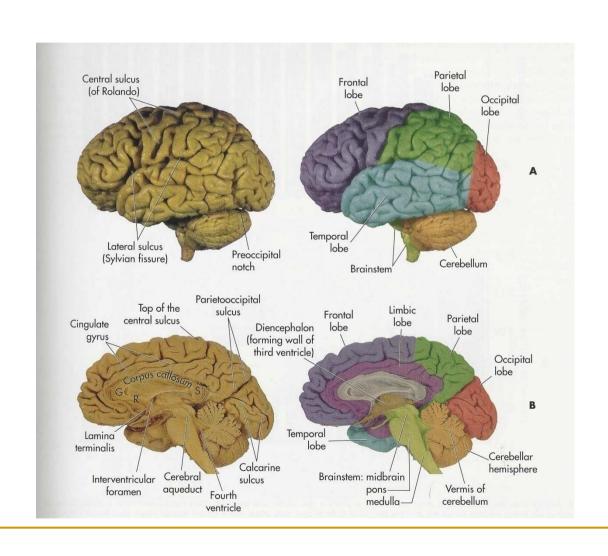
It is so important to stimulate the brain to keep the dog alert and functinal.

Even though they might have chronic and not-treatable issues, the goal is to keep as much function as possible and to losen up the tight overworked muscles.





FUNCTIONAL NEUROLOGY



FUNCTION><PATHOLOGY

- Muscles control the joins
- The brain control the muscles
- The receptors control the brain!!!
- We stimulate the receptors!!!!!!

ASCENDING TRACTS

Sensory (proprio- / noci-ception)

Small diameter fiber:

- A d fiber
- C fiber

Large diameter fiber:

- MSC + GTO (gr:la og lb)-> dorsal spinocerebellar+ cuneocerebellar+ ventral spinocerebellar
- JMR(II)-> DCML

DESCENDING TRACTS

MOTORIC

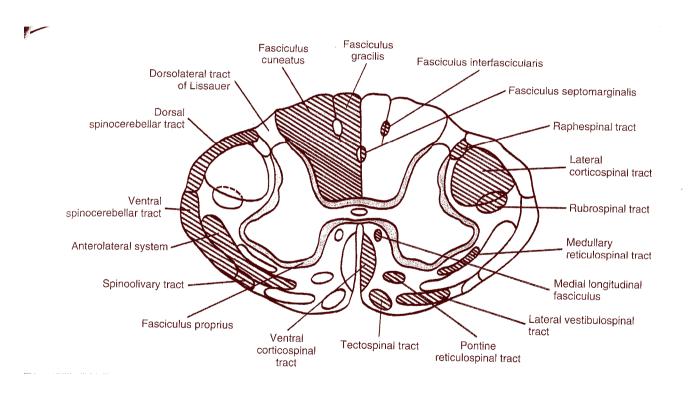
Corticospinal : flexortract

Rubrospinal : flexortract

Reticulospinal : extensortract

Vestibulospinal : extensortract

TRACTS IN CROSSSECTION



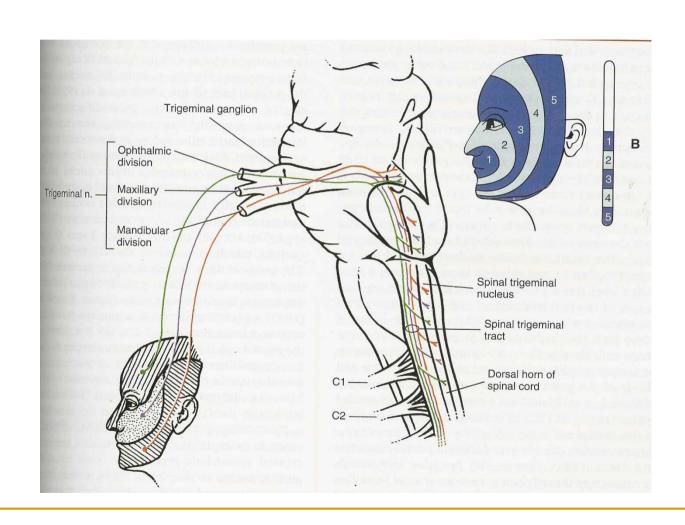
SO

- Movement => increase FOF to the brain
- vital to healthy neurons.
- Ex. If there is a damage to a leg
- When the door is closed, we have to open a window ©

EKSACT DIAGNOSIS

- Big knowlegde anatomy & nervesystem
- Joins
- Muscles (function, innervation, synergist/antagonist.
- By a neurologic examination find the longitudinel level of the lesion !!!!!!!!!!!

TRIGEMINAL SYSTEM



MUSCLE FUNCTION/INNERVATION

If the dog is walking base wide behind=> which muscles are adductores and from where are they innervatet??



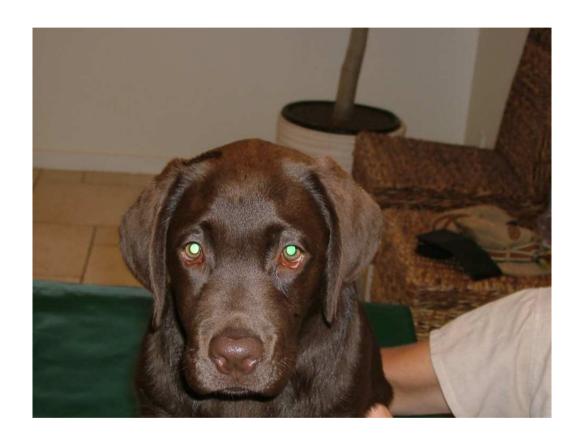
L1-4 : N.obturator og N. femoralis

NEUROLOGIC EXPLANATION FOR SWIMMERPUPPIES ??



TREATMENT

- Chiropractic
- Exercises:
- Feeding on the floor
- Guffy on nose
- Tap med. Canthus
- Physiotherapy



TRADITIONEL THERAPY

- Rest
- Painkilling drugs
 - NSAID
 - STEROID

Evt.surgery.

Evt.waterwalking or swimming.

Evt. chondroprotective

THREATMENT

- THE GOAL IS TO INCREASE THE AFFERENT INPUT
- IF THE DOOR IS LOCKED WE HAVE TO OPEN A WINDOW



- Chiropractic or
- osteopathy
- Acupunctur
- Evt. massage,Evt. laser
- Evt. chondroprotection
- adjustet motion
 - Rehabillitate the function of the back and the communication between brain and body

CAVALETTIS





Thanks for now ©

