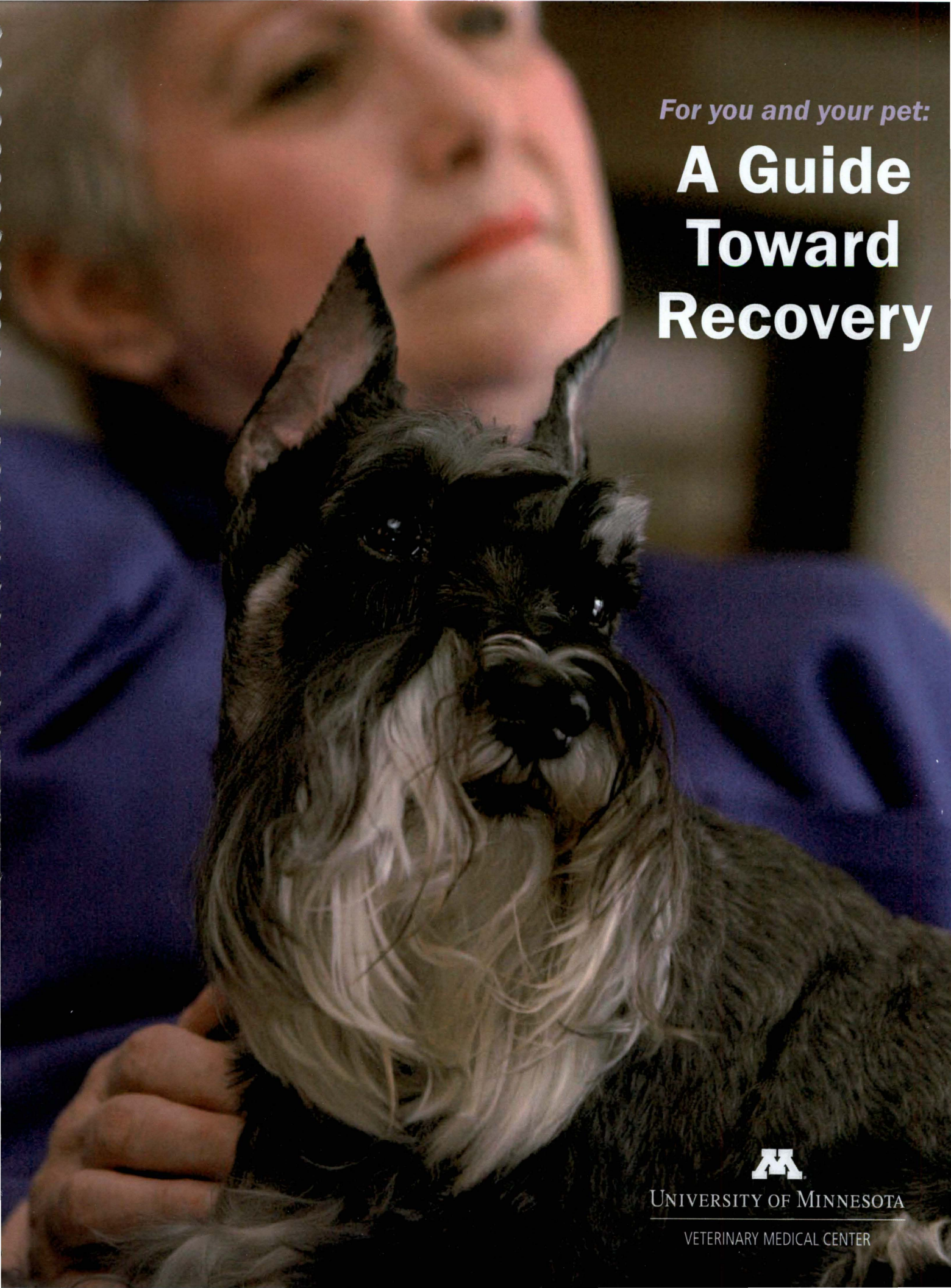




For you and your pet:

A Guide Toward Recovery



UNIVERSITY OF MINNESOTA

VETERINARY MEDICAL CENTER

For You and Your Pet: A Guide Toward Recovery

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*You touched our life
And right from the start
Walked your way
Straight into our heart.*

*Though you've gone
To Heaven's grounds to play
Your paw prints on our heart
Will stay.*

David and Minette Ponick
In Memory of Gabby Hayes Too Ponick

Welcome



I will be your guide as you and your pet embark (no pun intended) on the journey toward recovery.

Within these pages you will find information, services, and resources helpful in navigating you through this adventure.

So enter the path toward recovery — for both of you — and know that:

- Should you falter, you are human.
- Should you need support, there are others available to help.
- Should your pet need to be released from the pain, you can take solace and comfort in remembering the partnership you shared during the journey.

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Foreword

The mission of the University of Minnesota Veterinary Medical Center is to provide you and your pet with a variety of services designed to enhance and protect animal health and wellness.

The purpose of this booklet is to present information useful in guiding you and your pet toward recovery. Within these pages you will find suggestions, services, and sources actually time-tested and proven to be valuable in the recovery and rehabilitation of a pet.

It is with hope and professional dedication to loved creatures big and small that we at the Veterinary Medical Center present this guide to you. You will find us ever ready and prepared to help.



UNIVERSITY OF MINNESOTA

VETERINARY MEDICAL CENTER

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Dedication



At 4 p.m. on July 4, 2003, after a wonderful day of food and play, Gabby Hayes Too (Gabby Too for short), our 5-year-old miniature Schnauzer, suddenly sat down and could not walk. Throughout the day he had been flirtatious and playful, enjoying long walks outside. Now he neither emitted nor conveyed any pain – just a soulful look.

Because of the sudden onset, we called Gabby Too's local veterinarian, Dr. Pam Ogden, who asked us to bring him to the clinic immediately. After she examined him, she recommended that Gabby Too be hospitalized and monitored closely overnight. When it became evident that Gabby Too's condition had deteriorated to the point where he had lost all feeling in his rear legs, she called the Emergency Service at the University of Minnesota Veterinary Medical Center. They were expecting us ASAP!

The 90-minute drive to the Veterinary Medical Center was memorable. Two humans and their beloved pet knew their lives had been punctuated with a tragic, life-changing event. Upon our arrival, the Veterinary Medical Center staff was prepared and waiting for us at the door.

Gabby Too was gently released to a VMC surgeon for examination. Forty-five minutes later, the surgeon solemnly reported that Gabby Too had severe swelling in his spinal cord. Surgery was imperative. The "window" for helping him by performing a hemilaminectomy was 24 hours, and we had about an hour to make a decision before that window closed permanently!

Armed with love for each other and Gabby Too, we walked in the Veterinary Medical Center's Memories Garden, searched our souls, and decided to proceed with the neurosurgery. Gabby Hayes Too had touched our lives for a purpose and, to this end, we wanted him to have every opportunity for health and wellness.

Four and a half hours later, the surgery was completed and Gabby Too was in recovery. The surgeon candidly shared that, while the surgery went well, time would tell if Gabby Too would be able to walk again. We were advised to visit him briefly in the recovery room and return home, as Gabby Too would remain at the Veterinary Medical Center for three days of intensive care.

The return trip home was lonely and difficult for us as we were facing many unknowns: What do we do first? What can we expect? How do we help Gabby Too? This was a new frontier, and what occurred over the next 12 months would be nothing short of a miracle.

In the final analysis, it was Gabby Too's courage and determination that made his journey toward recovery as successful as it was. At first, he could not walk; likewise, his ability to negotiate steps, jump up on the bed, or hop up on his favorite La-Z-Boy were significantly compromised. And his normal gait remained somewhat impaired. But Gabby Too's spirit soared as he tried to — and eventually did — flirt, play, walk, and even run!

This guide and workbook, therefore, is for you and your pet. It is a tribute to Gabby Hayes Too and all the pets who face life's adversity and reach for recovery.

Introduction

This guide was created and developed by Minette Ponick in conjunction with University of Minnesota Veterinary Medical Center staff, namely, Dr. David Lee, Dr. Liz LaFond, Brian Graves, and Jeannine Moga. Its purpose is to assist other clients who, like David and Minette Ponick, wish to reach a deeper and informed understanding of how to help their ill pet toward recovery. Information contained in this guide is based on experiences the Ponicks encountered when tragedy suddenly and unexpectedly struck their beloved miniature Schnauzer, Gabby Hayes Too.

This guide is a workbook designed to strengthen and support your efforts to help your pet toward recovery. It has four sections:

- Your pet's diagnosis
- Your pet's treatment plan
- Your pet's aftercare
- Your guideposts

Each section includes one or more areas of focus. Concerns, questions, options, and examples are presented with space provided for you to add information, address specific issues, or incorporate your own plan for your pet.



Focus: basic information

It is helpful to have basic information available when needed. Be prepared by obtaining the following:

VMC telephone numbers

Daytime: 612-626-8387

Emergency: 612-625-9711

Your pet's VMC case number: _____

Your local veterinarian's telephone numbers

Daytime: _____

Emergency: _____



Your Pet's Diagnosis

An evaluation and assessment of your pet's condition will be conducted by Veterinary Medical Center staff with your permission. Based on the results, a diagnosis and recommendations for your pet will be discussed with you. It is important to gather information about the diagnosis, know your options, and take the time to consider all factors.



Focus: options

With the knowledge of your pet's diagnosis, this portion of the guide focuses on factors you may consider in reaching a conclusion on behalf of your pet's future.

What is your pet's diagnosis?

What did the veterinarian tell you about the diagnosis?

Before you decide to bring your pet home, ask yourself:

- What does this diagnosis mean for my pet's ability to eat, sleep, bark, walk, play, urinate, etc?
- Will the recovery be meaningful for my pet's quality of life?
- Can I accept major changes in the behaviors and characteristics that make my pet my pet?
- Am I able to manage and cope with caregiving 24/7? (See the section "Your Pet's Aftercare.")
- Have I openly discussed the expenses related to the continuing care and treatment of my pet?
- Should the cost of care become a problem, have I explored other possible financial resources?

Now, rank in order of importance what you need to know about the diagnosis:

- ____ Additional information
- ____ Prognosis with and without treatment
- ____ Expenses
- ____ Test options
- ____ Alternative medical interventions
- ____ Surgery options
- ____ Specific rehabilitation



- Who can you contact to gather the necessary information (the surgeon or other specialist, rehabilitation staff, websites?)
- Who else will you need to help you with your pet?



Focus: making a decision

You have received a deluge of information! You now need to decide the path you will take on your pet's behalf. This portion of the guide is designed to assist you in making an informed decision.

Realistically, there are two fundamental issues facing you regarding your pet's future: life or death. Each has its own responsibilities and consequences.

If you decide to euthanize your pet:

- How do you tell your family?
- Can you come to terms with making this decision?
- What preparations need to be made prior to and after the euthanasia?
- How do you handle the grieving process?
- Is there another pet in your future?
- Have you considered all alternatives?

If you decide *not* to euthanize your pet:

- Can you provide the physical care and maintenance of your pet?
- Is your family able to participate in the physical rehabilitation of your pet?
- Will you and your family be able to accept the condition of your pet?
- Have you considered and/or investigated the prognosis for recovery of your pet?
- Have you and your family discussed what decision is in the best interest of everyone including your pet?

Remember, the test of a sound decision is whether you can "wear" it in peace once you have made it.

Your pet's treatment plan

You are taking your pet home after discharge from the Veterinary Medical Center. The treatment plan developed by the VMC will, by necessity, be specific to your pet and its needs.

To have a clear understanding about what you must do in aftercare, establish an open line of communication between you, your doctor at the VMC, and your local veterinarian. And be sure to have a sense of what to expect from your pet during the first days of recovery.

Important basic concerns about your pet's condition should be discussed with veterinary staff.

- How do I administer medications to my pet?
- What can my pet eat?
- Will my pet be able to eat and drink water?
- If so, what is the recommended diet and amount of water?
- Can I give my pet crushed ice or ice cubes if he or she cannot have water?
- If my pet refuses food and water, what do I do?
- Will my pet be able to move its body and limbs?
- What type of bed should I have? Carrier? Pet bed? Pillows?
- Can I touch my pet? Carry my pet?
- Can my pet be approached by others, touched, or petted?
- Can I bathe my pet?
- Can my pet be taken outdoors?
- If there is a problem with my pet (bleeding, will not eat or drink, lethargic, nippy, will not move, gnaws at sutures, etc.) how can I get help? What do I do? Who do I call?
- How will I know if and when my pet is in pain?

NOTES:





Focus: communication

This section of the guide is intended to assist you in addressing your concerns and in developing the best treatment plan for your pet once you have arrived home.

During the recovery process, the treatment plan may need to be reviewed and revised with the assistance of the VMC staff and/or your local veterinarian.

Therefore, it is advisable to prepare a file folder containing the following vital information for future reference regarding your pet:

- The case number the VMC assigned to your pet _____
- A VMC contact person you may rely on if needed _____
- The VMC dictation on your pet (request that it be faxed or mailed to your local veterinarian)

At this point, list concerns you have about your pet's condition and treatment plan.

You are now in the position of advocating on behalf of your pet with the veterinary community. You are your pet's voice, the liaison between planning treatment and administering treatment, and the conduit for recovery. Meaningful communication is the cornerstone of advocacy.

The "how to" of effectively advocating for your pet is simple and can be defined in four ways:

- Be cautious about where you seek information. Some sources are anecdotal in nature and may not be reliable. What works for one case may not be appropriate for your pet and may, in fact, be detrimental.
- Be prepared when you contact your primary veterinarian or the VMC staff. Call ahead and request time – perhaps 10-15 minutes – for a call back (many of which are made at the end of the work day.) Write your questions down and even "script" yourself so you use the limited time you have with the veterinarian productively.
- Do not be bashful about asking for a second opinion. Reputable and professional veterinarians welcome second opinions. Another perspective may not only confirm the diagnosis and treatment plan, but bring you some peace of mind.
- Finally, once you are assured of the diagnosis and treatment plan, you may now develop and activate your pet's schedule of recovery. Be certain your method of recordkeeping is in place and that you have a reliable back-up plan and contacts if needed.



Focus: a system

A structure or system of expectations and outcomes is important. This section of the guide assists you in developing a sound treatment plan consisting of a realistic daily regimen.

EXAMPLE #1

The following is an actual daily schedule for a patient such as Gabby Too, who was unable to walk or eliminate on his own. Your situation will be different, but the example may help you personalize a routine compatible to your household and your pet.

Time	Task
5:30 a.m.	Assist with elimination (e.g. catheter, manual expression, take outdoors) Feed and administer medication
8:00 a.m.	Assist with elimination/ exercise/walk
10:00 a.m.	Assist with elimination/walk Provide physical therapies
Noon	Feed and administer medications Assist with elimination/ exercise/walk
2:00 p.m.	Walk outdoors
5:00 p.m.	Feed and administer medications Assist with elimination/walk outdoors
8:00 p.m.	Provide physical therapies Assist with elimination/walk outdoors

EXAMPLE #2

This actual treatment plan was developed by the pet owner and veterinarian subsequent to surgery. It addresses the occurrence in the recovery process of low urinary tract infection and uses an "if this," "then do that" format.

If: The pet urinates when picked up
Drinks water excessively
Has concentrated or smelly urine

Then: Use drug A for 10 days
Monitor pet for improvement, which should occur in 3-4 days
Control (by measuring) the amount of water intake pet consumes (2-5 cups daily and/or ice is OK)

Such schedules, checkoff lists, and regimens in caring for your pet during recovery are valuable strategies. They help track your pet's progress, suggest a pattern of recovery (or alert you to something wrong), offer normalization of the household through structure, and provide a sense of security for you and your pet.

As you consider an approach or system for your situation, try to develop the type of schedule that would be realistic.

Time Task

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

EXAMPLE #3

The following is an actual daily treatment plan developed by a veterinarian to address physical issues related to surgery and the recovery process. A checklist was added as a reminder to the owner.

Done	Task
☐	Use drug X one tablet two times daily for a maximum of three days
☐	Use one half tablet of drug Y two times daily for 10 days
☐	Begin one teaspoon EN (dietary dog food) every two to three hours
☐	Recommend the use of a nutritional supplement
☐	Use one half tablet drug Z two times daily
☐	Provide water at the rate of four cups daily





Focus: keeping records

This section emphasizes the importance of a daily schedule to your treatment plan as well as possibly keeping a chronology, journal, or diary of “firsts” for your pet.

These records are vital sources of information during visits with your veterinarian and serve as a reminder to you of where your pet is in the process of recovery. It is important for you and your pet to establish that, in fact, progress is being made; sometimes subtle changes are not always noticeable day in and day out.

EXAMPLE

The following is an actual chronology used to inform the treating veterinarian of a pet's recovery status.

- July 8** Pet discharged for home after back surgery
- July 8-18** Caregiver tries to get pet to eat and drink water
Pet is catheterized three times daily for urine; wee pads used
Caregiver allowed to do limited physical therapy on pet
- July 19-25** Pet taken to local veterinarian for intensive physical and hydrotherapies
- July 25** Pet discharged for home; physical therapy begins on a daily basis at home
Pet is hand-carried by caregiver from point to point daily
Harness affixed to sawhorses used inside and outdoors three times daily to help pet stand
Four harness/sawhorse units are set up around yard to encourage walking/eliminating



- August 7** Pet independently walks three steps without assistance
- August 10** Hydrotherapy with home Jacuzzi begins weekly
- August 16** Pet eliminates without assistance outdoors for the first time since surgery
- September 1** Pet walks length of driveway (500 feet) one way
- October 4** Pet resumes some old habits (chewing favorite bone, getting a toy)
Large tarp with frame is erected off deck so pet can adapt to winter without falling

- November 7** Pet crawls under the bed to retrieve a toy
- December 6** Pet tries to lay with back legs extended out (an old habit)



Your pet's aftercare

The primary reality facing you is: Your pet has changed. The realization that your pet lost its familiar quirks, habits, and abilities is your loss also.

Effective aftercare may give your pet additional years or months of life. But the reality is that your beloved animal may never come back 100 percent..This means your pet is vulnerable to ongoing physical ailments or weaknesses. And your family needs to be aware and sensitive to your pet's special needs.

Focus: aftercare approaches

This section of the guide will serve as a map to help you navigate those paths that will be best for you, your pet, and your family.

Have you discussed your pet's diagnosis with your family? ☐Yes ☐No ☐Need help

Have you scheduled a consult with your local veterinarian? ☐Yes ☐No

Have you considered what you are going to do for your pet's aftercare?
☐Yes ☐No ☐Need help

In the recovery process, "aftercare" may mean feeding, bathing, administering medications, assisting with elimination of urine and feces, and doing therapies with the understanding you are "on call" for your pet in its time of need. Two approaches to aftercare may be considered: the team approach and the primary caregiver approach.

The **team approach** means:

- Each family member is responsible for an aftercare task – either chosen or delegated.
- A checklist is made for each team member's duties.
- Duties may be exchanged, but they must be done.

With the team approach, it is vital that everyone does his or her part. Therefore, the tasks need to be age-appropriate and "doable" for the person who agrees to participate.

The **primary caregiver approach** means:

- One family member accepts responsibilities for aftercare duties
- This individual cross-trains another for consistency in aftercare and in case of an emergency.
- Others in the family can provide support for the primary caregiver in ways not directly associated with the care of the patient.

The primary caregiver monitors others' interactions with the pet. While petting, feeding, or playing with the pet may be mutually beneficial to the person and the animal, Aunt Emily, Grandpa, or Little Timmy may need instruction, direction, or a gentle reminder that the pet is in the process of recovery and thus, has special needs.

Given the two approaches, which is the best fit for you, your pet, and your family?

☐Team approach ☐Primary caregiver approach

(Focus: aftercare approaches continues on next page)

Focus: aftercare approaches (continued)

Team approach

Pros

Cons

Primary caregiver approach

Pros

Cons

You are likely ready to discuss and assign responsibilities for your pet's aftercare within your family.

Name

Responsibility



Focus: physical rehabilitation

At some point during aftercare, a consult with the Veterinary Medical Center Rehabilitation Service may be helpful – even necessary. This contact would:

- Provide the opportunity to review your pet's progress
- Allow examination of your pet's current level of functioning
- Assist in developing a physical rehabilitation program appropriate to your pet's needs, implemented either on-site or in-home.

EXAMPLE

To give you an idea of what an in-home VMC physical rehabilitation program may look like, the following is an actual program tailored to the needs of a pet recovering from back surgery.

VMC home therapy program

Each home therapy program is tailored to the needs of the pet. Your pet's home therapy program will differ from this example.

Contralateral limb exercise: two times per day; 10 repetitions per leg. With your pet in a squarely standing position, hold one rear limb off the ground for 20-30 seconds so the animal stands on the opposite limb. Rest and repeat with the opposite limb.

Sit-to-stand exercise: two times per day; five repetitions. Food may be used as an incentive. Ask your pet to sit squarely or lie in the dorsal/sphinx position. Then encourage your pet to get up into a stand. In the beginning you can let your pet take one step forward; but in a couple of weeks, try to get your pet to do this without walking forward.

Walking: three times per day for five minutes. Walking frequently for shorter distances is the best approach. Walking on a leash and collar at a controlled speed with your pet's head upward will help to engage the rear limbs. The front-end speed should not be greater than what the rear limbs can do. This means the animal must go slowly enough to maintain its balance.

Note: Graphs, diagrams, and records developed and maintained during aftercare can be essential tools in the recovery process. They also serve as guides in providing directions and avenues to pursue or refine. Examples of actual documentation created and used during the pet recovery process are available in the Appendix.

Your guideposts

Because changes in your pet's demeanor, behavior, or performance can be clouded by the activities and demands of daily life, sometimes you "can't see the forest for the trees." Therefore, it is very helpful to keep a daily log, journal, chart, or some type of record that documents your pet's progression toward recovery.



Focus: defining milestones of progress

This part of the guide relates to the importance of monitoring your pet during the recovery process. Recordings of daily activities, routine patterns, and events will provide you and your veterinarian with a more complete picture of how your pet is doing. If you find yourself wondering if you have made progress, look at where your pet was two weeks or one month ago. Changes can be hard to pick up when you are observing every single day.

EXAMPLE

The following is an actual example of records kept during a pet's recovery from surgery. (Additional charts and graphs documenting the pet's behaviors after surgery are found in the Appendix.)

Elimination documentation

6:30 a.m.	Pet ate one cup rice with hamburger
7:00 a.m.	Taken outside to urinate – no urine passed
8:00 a.m.	Taken outside/walked down driveway – urinated about 20cc
8:45 a.m.	Pooped on kitchen floor
10:15 a.m.	Taken outside to urinate – no urine passed
11:30 a.m.	Pet ate one cup of dietary dog food Taken outside to urinate – urinated about 10cc
1:45 p.m.	Taken outside/walked down driveway – urinated about 20 cc
2:20 p.m.	Pooped on kitchen floor
2:30 p.m.	Dribbled urine in family room – taken outside – urinated about 10cc
4:30 p.m.	Taken outside to urinate – no urine passed
5:30 p.m.	Taken outside to urinate – urinated about 5 cc
7:00 p.m.	Taken outside to urinate – urinated about 5 cc
7:04 p.m.	Catheterized for urine – obtained 55 cc



From maintaining schedules such as this, patterns emerged. Subsequent consultation with the local veterinarian and VMC staff resulted in focusing and treating a urinary retention/release issue (a possible side effect of neurological surgery).

In the final analysis

As partners, you and your pet have valiantly worked a program toward recovery. You have learned that this process has an ebb and flow. You have also become aware that the process is dynamic and subject to change — and that it is demanding, both physically and emotionally.

Days, weeks, even months of being a caregiver have likely colored your initial motivation to help your special-needs pet. You have a sleep deficit. Your once-generous emotional gas tank is running on empty. You are impatient and, yes, at times even short-tempered toward your pet and your family.

The initial “I can do this” attitude is eroding. Progress, after so much effort by you and your pet, is not surging forward and only seems to be plodding along. You have tried creative problem-solving. You have done the soul-searching. You have anticipated and looked for the “breakthrough.”

What if you cannot continue anymore?

Can you give yourself permission to stop?

Making the ultimate decision is painted with second guesses, “what ifs,” and guilt. You need to ask for help. Who can you turn to: family, friends, veterinary staff? Take the step and be open to receiving advice for not only your pet but for your own well-being.

NOTE: Veterinary Medical Center Social Services staff are always available to talk through your pet’s current condition, your concerns about continuing or terminating treatment, and end-of-life decision-making. They can be reached at 612-624-9372.

You must look at your pet and realistically appraise its **quality of life**. You need to look at your pet through the lens of objectivity and determine:

- ☐ Is he or she free of pain?
- ☐ Is there actual progress in walking, eating, barking, eliminating, etc?
- ☐ Is your pet happy?

At what point on the continuum of recovery do you place your pet?

_____ 1 Minimal improvement _____ 5 Moderate improvement _____ 10 Obvious improvement

At what point on the continuum of recovery does your local veterinarian or VMC staff place your pet?

_____ 1 Minimal improvement _____ 5 Moderate improvement _____ 10 Obvious improvement

You love your pet. Your pet loves you. You are human. It may be time to look into your pet’s eyes, because they will tell you when the journey is near its end.

You can take solace in the time you had together. You know in your heart that both of you did your very best!

Appendix

Catherization Schedule Gabby Hayes Ponick

date	time	activity	notes	activity	notes
July 21, 2003	5:30am			bm	4m
	6:30am	cath	40cc		
	3:00pm			bm	2s
	6:00pm	cath	90cc		
	10:00pm	cath	65cc		
	10:00pm			bm	2s

July 22, 2003	6:30am	cath	40cc		
	7:00am			bm	4s
	9:45am			bm	1m
	5:30pm	cath	60cc		
	10:00pm	cath	30cc		

July 23, 2003	6:45am	cath	45cc		
	5:15pm	cath	60cc		
	5:30pm			bm	3s
	9:45pm	cath	45cc		

July 24, 2003	2:45am			bm	4s
	6:30am	cath	60cc		
	2:00pm			bm	5s
	4:45pm	cath	45cc		
	5:45pm			bm	2m
	9:45pm	cath	35cc		

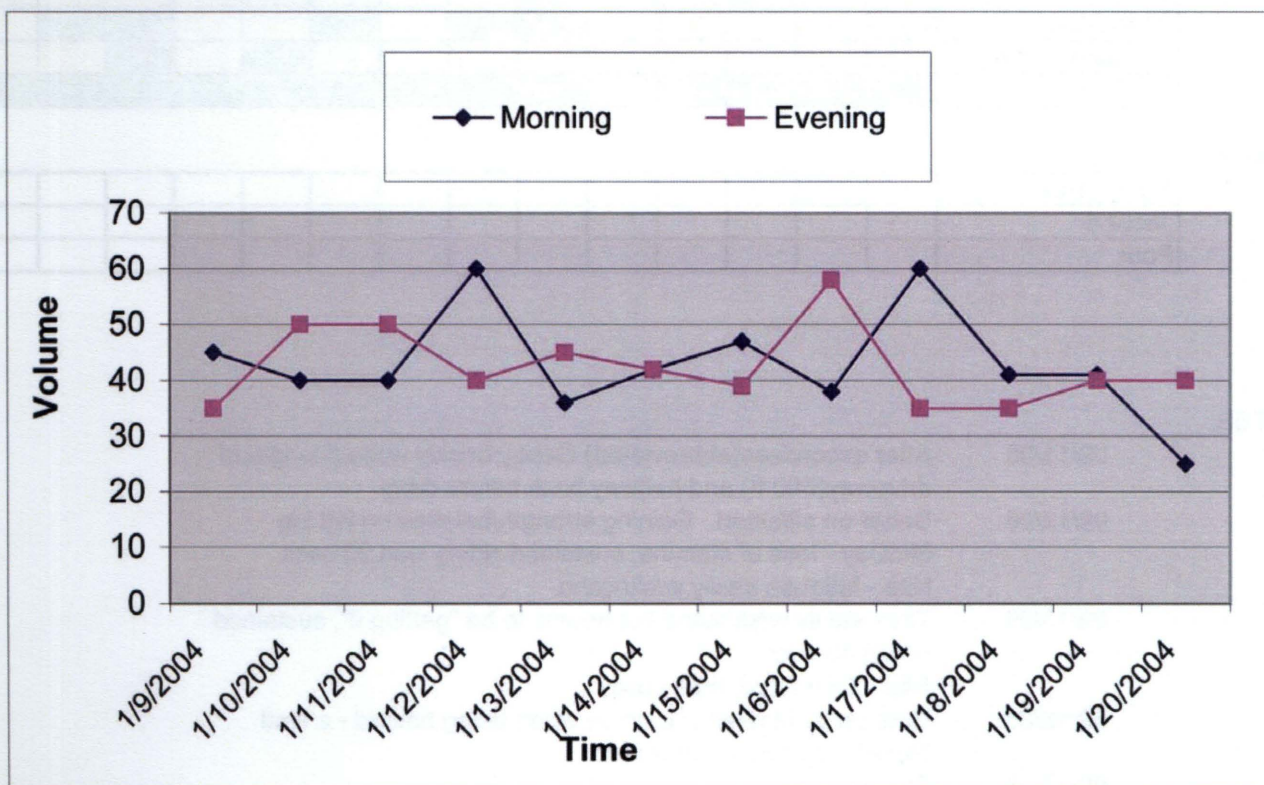
July 25, 2003	6:30am	cath	35cc		
	11:00am			bm	3m
	5:30pm	cath	40cc		
	6:30pm			bm	3m
	9:45pm	cath	55cc		

July 26, 2003	6:30am	cath	70cc		
	7:00am			bm	4m
	11:30am			bm	3m
	5:00pm	cath	130cc		
	10:00pm	cath	50cc		
	10:00pm			bm	4s

July 27, 2003	6:00am			bm	4m
	6:30am	cath	35cc		
	1:00pm			bm	4m

Urination Patterns
Gabby Hayes Ponick

Date	Morning	Evening
01/09/04	45	35
01/10/04	40	50
01/11/04	40	50
01/12/04	60	40
01/13/04	36	45
01/14/04	42	42
01/15/04	47	39
01/16/04	38	58
01/17/04	60	35
01/18/04	41	35
01/19/04	41	40
01/20/04	25	40
Ave	42.91667	42.41667



Home Therapy Program
Gabby Hayes Ponick

Legend

Above average ->	
Average ->	
Below average ->	

Date 9/11/06 - 9/24/06

Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

Morning

Contralateral Limb														
Sit to Stand														
Sustained sitting														
Walking														

MidDay

Contralateral Limb														
Sit to Stand														
Sustained sitting														
Walking														

Nite

Contralateral Limb														
Sit to Stand														
Sustained sitting														
Walking														

Options

Nordic Trak														
Jacuzzi														
Pool														

NOTES:

- 09/11/06 After excercises(abbreviated) Gabby briskly walked length of driveway(500 ft) and halfway back before tiring
- 09/12/06 Better on sit/stand. Gaining strength/balance on left leg
 MidDay - loss of stamina, sustained sitting was 20 secs
 Nite - fatigues easily w/sit/stand
- 09/13/06 Tires easily w/sit/stand but seems to be "getting it", sustained sitting 45 secs
 Nite - Distracted, tires easily
- 09/16/06 Gets up by himself in bathtub when being bathed - a first!
 More comfortable w/sit/stand
- 09/17/06 Spunky, plays, flirts

Notes



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