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Small

RESTRICTIVE HARNESES: RESTRICTING MORE THAN A DOG'S PULLING ABILITY

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Figure 1. An example of a restrictive harness, correctly fitted, but still a problem for the dog

I am developing major concerns about the increased popularity of restrictive leading harnesses—the one that has a solid band horizontally across the front of the chest and anterior shoulder joint.

Yes, these harnesses do work as described, the dog can't pull the owner along as easily on a walk, but at what cost to the proper skeletal development and function of the dog?

I truly believe no actively growing puppy dog should ever wear this restrictive style of harness; due in no small part to its potential to place abnormal negative forces on growing bones and joints.

If an owner has to use a restrictive harness on an adult dog, then seriously consider counselling them to either consider group training classes or private one-on-one dog training sessions, so as to train their dog to walk normally on a lead or Y-harness.

Next time you see or indeed fit a dog with one of these restrictive body harness—watch the dog from side-on, to see how they move in this device.

You don't have to be a vet to realise the dog is being effectively hobbled...

The dogs are unable to fully extend their shoulders and elbows out into a normal stride gait.

Additionally, the dog's neck is held higher and the head more rigid than when fitted on a Y shaped old-style harness.

The pet's neck appears to bob up and down more around the C6-C7 articulation.

C6-C7 is not a good anatomical place to place abnormal wear-n-tear on in general, but especially not wise at all in puppies and in larger breed dogs.

Often the tail is held down tight into the body, perhaps in order to counterbalance the higher and extended head position at the other end?

The toes are often over-extended and end up splayed-out to provide balance. As a result, the side toes, usually the non-major weight bearing toes are now weight-bearing. Given that canine skin is 1/20th the thickness of human skin, even the slightest sustained off-balance wear can trigger an issue—a friction pressure that might not even be detected on a pressure plate reading.



Figure 2. UK Rehab Specialist centre video showing imaging of the gait issues

Members view the video here: cve.edu.au/c-and-t-ebook

We began to see the appearance of disease and odd deformity of the pad and web skin disease that kept relapsing, until we realised that these were the result of abnormal stance and contact. Any dog with horseshoe shaped pad lesions induced by inappropriate weight-bearing needs to have the manner and method of how they are walked investigated. Not all of these pad lesions will be caused by the wrong harness but many will be. Thanks to Dr David Robson and Dr Milagros Rosales for sharing their images of aberrant weight-bearing lesions on their patients.

The Restrictive harness allows owners to walk their dogs farther and for longer as it is now easier on the owner, but harder on the poor hobbled creature walking beside them.



Figure 3. Photo courtesy of David Robson



Figure 4. Photo courtesy of Dr Milagros Rosales

This means the dogs are now walked for longer and on different terrains resulting in a perfect storm for lesions to occur due to increased contact and increased exposure to different surfaces.

In addition to the pressure sores on the ventral aspect, we see interdigital cysts between the lateral and adjacent toe.

The lateral toe itself is often very swollen. If you don't make the connection—as we didn't initially, the dogs may go on to present with an unusual run of broken/avulsed toenails, first on one foot, then another foot. These nails are trauma shattered or avulsed in a very different manner to SLOD (Symmetrical Lupoid Onychodystrophy) nails.

Perhaps these broken nails are just more of the collateral damage of altered forces wherein the main weight bearing legs (the 2 front ones) that take 66% of the weight bearing load in a non-obese pet—these front legs can't get the full range of

movement through the joint, so the back legs start to incur abnormal forces as well.

There is no 'popping the hood' appearance of the nail as in SLOD. (C&T No. 5117) The nail itself is not diseased as in SLOD. Often the nail beds in the harness injuries are swollen and painful in a way you don't see in SLOD.

Prevention

Y-shaped harnesses are our preference

Initially, in some dogs, these harnesses may temporarily restrict the range of joint movement, often simply because the dog has to get used to the odd feel of walking on any harness. However, should the dog really need to fully extend its front limbs for whatever reason, on a corrected fitted Y-harness, it can do so.

The head, neck, toe and tail gait on a Y-harness more closely resemble that of a normal walking gait.

The Y-harness must have the front band neat and snug against the sternum and neck. It must not hang down loose over the shoulders otherwise this loose, low-slung position will act as a defacto restrictive harness.

It is better to have an open-and-clip adjustable close set-up on the harness, rather than a fixed frame that fits over the head.

The larger fixed frame harnesses often sit too low down on the shoulders and are often over-heavy, especially for the smaller breeds. We prefer the softer, light seat-belt material type of Y-harness than these heavier solid, almost saddle-like versions, that dogs often present wearing.





Figure 5. Tyson wearing a correctly fitting Y shaped harness. The point of the lead is at the centre of gravity—which sits mid shoulder so the pull is from there the strongest part of the body—not encircling the neck nor trapping the shoulder, nor focused on the anticlinal vertebrae—the latter area I would not like to have pressure on in any dog, regardless of its I.V.D.D risk

Conclusion

Since choker-chains fell out of favour, we have forgotten the impact that the wrong restraint can have on our canine patients.

So, when presented with a dog with a musculoskeletal issue—especially of the neck and front legs and /or with dermatological conditions of the paws and digits—first stand back and look at what restraint the owner is using on the animal.

Equally, if a chronic patient is not responding to therapy the way you expect or keeps relapsing—i.e. the Laser sessions or drug therapies are not working like you would normally expect, where the dermatological conditions on paws and axilla improve then relapse, best to stand back and assess the how and the way this dog is exercised.

Plan B

What happens if no safe body harness works for your pet?

If the dog still plays up on a more traditional harness, my personal preference is to use a Halti. I have used Haltis for over 30 years and just can't fault them.

I first used one on the canine love of my life, a Rescue German Shepherd (GSD). Walking a manic dog not far off one's own body weight is an exercise in logistics and tendon damage limitation. I had to wear spiked football boots so that I didn't become

airborne in the grass park whilst walking him. In desperation, I placed him for 3 weeks in a boarding training kennels at a cost of several thousand UK pounds—the same training establishment that could make even the most recalcitrant Pitbull walk on a lead calmly under any condition.

Having watched my GSD complete his training with flying colours, I stopped on the way home in a lovely park with a river. 10 seconds after fitting his lead to his collar, he and I were in the river; much to his joy and my consternation—being Irish, swimming at any time is not my forte and not in a cold English swampy river.

I hung on, we clambered back out. I marched into the local pet shop, purchased a £13 Halti and we never looked back. Walks went from stress and pulling and worry to be a dream where the slightest finger pressure check and I was back in control of the situation. I still have that same 33 yr. old Halti to this day.

You do have to give the dog time to adjust to the device. I recommend 5 min sessions in the back-yard first with lots of treats and pats. When walking, the lead has to be slack, almost held by fingertip pressure, so that the any correction is felt fast.

Too often I see people walk their dogs on a Halti with a tightly held taut lead—that is not how this device works. I have been seen walking around the streets of my clinic with a myriad of dogs with walking issues whose issues disappear within 100metres of our front door. Success is determined by a properly fitted Halti and a correctly held lead.

Once the owners see you walk their manic dog on virtually a one finger hold with dropped shoulders and a straight back—they get why they were failing the device and their dog.

We are so passionate about getting it right that we offer a free service to fit the Halti to the pet properly Day 1.



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