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Exercise therapy for managing OA

By Kara Amstutz, DVM, DACVSMR (Canine), CVA, CVPP, CCRT

Veterinarians have a host of therapeutic options for their patients suffering from osteoarthritis (OA), including oral medications, targeted joint injections, supplements, weight management, as well as modalities, such as shockwave therapy or photobiomodulation, and acupuncture. However, when reflecting on the many beneficial effects of exercise in patients with joint pain, it is easy to see why our profession should promote it as a primary intervention.

Managing OA, Page 40

What's new in canine otitis externa

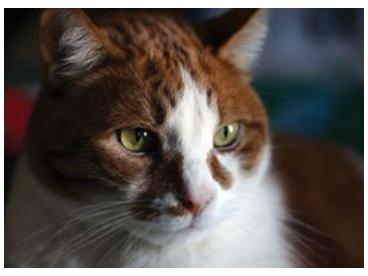


By Kim Campbell Thornton

Advances in longer-acting medications, improved formulations, and enhanced diagnostics are transforming the management of canine ear infections. These innovations benefit dogs, their owners, and veterinarians alike.

Canine otitis externa, Page 30

Nourishing the aging feline mind



By Allison McGrath, MS

By understanding how cognitive dysfunction presents and how nutrition can help support brain health as a part of a multimodal management plan, we can more effectively identify early changes, guide pet owners, and improve the quality of life for senior cats.

Feline cognitive health, Page 32

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Table 1

Sedentary Lifestyle	Low to Moderate Intensity Exercise	High Impact or Repetitive Overuse Exercise
⬇ Synovial fluid compression into cartilage results in the failure of nourishment and waste removal in cartilage	⬆ Health of the cartilage by the appropriate loading of joint tissues allowing proper synovial fluid nutrition to the cartilage	⬆ Stress on cartilage and subchondral bone due to excessive force leads to degradation of the cartilage surface.
⬇ Protein and proteoglycan synthesis, which reduces extracellular matrix health, lowers resistance to compressive forces	⬆ Protein synthesis results in improved health and strength of cartilage extracellular matrix which can accommodate physiologic compressive forces.	⬆ Risk of acute injury to the cartilage, leading to higher inflammation within the joint. More inflammation negatively affects the joint
⬆ Catabolism of cartilage due to increased production of matrix metalloproteinases causing degradation of cartilage.	⬇ Pro-inflammatory pathway activation slowing cartilage degradation	⬆ Apoptosis and necrosis of the cartilage lead to thinning of cartilage and bone-on-bone contact
⬆ Risk of weight gain, leading to more mass on painful joints and higher levels of whole-body inflammation further exacerbating osteoarthritis	⬆ Muscle mass and strength of the tissues around the joint add stability and reduce the risk of injury. Increased muscle mass has an anti-inflammatory effect on the body	⬆ Risk of injury to the supporting soft tissue structures around the joint (muscle/tendon strains, ligament sprains). Dysfunction of these structures can lead to more joint instability and OA progression
⬇ Muscle mass and strength, compounded by disuse muscle atrophy and age-related muscle atrophy (sarcopenia). Increased risk of injury	⬆ Proprioception, balance, cardiovascular endurance, and cognition in older pets, optimizing quality of life.	⬆ Pain after exercise due to activation of pain pathways and delayed onset muscle soreness making the pet less likely to exercise consistently
Fast Progression of Osteoarthritis	Slow Progression of Osteoarthritis	Fast Progression of Osteoarthritis

Physiologic Effects of Appropriate Intensity Exercise in Dogs with OA

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Table 2

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
60 minutes of walking	Rest	60 minutes of walking	Rest	60 minutes of walking	60 minutes of walking	60 minutes of walking
Resistance Exercises		Resistance Exercises			Resistance Exercises	

Osteoarthritis (OA) is a formidable condition that veterinary health teams and caregivers face daily. OA significantly impacts our patients' ability to move and their overall quality of life. The insidious pathological changes that occur to the components of the joint (joint capsule, synovium, synovial fluid, articular cartilage, subchondral bone, and the soft tissue support of the joint) cause very real outward clinical signs.

The pain and swelling associated with OA lead to reduced active joint range of motion, off-loading of limbs, disuse muscle atrophy, and weakness. Proprioception also declines in patients with OA, which enhances injury risk. Further, as the activity level declines, the patient may gain weight, increasing whole-body inflammation and further aggravating the cycle of joint degeneration and discomfort.

Veterinarians have a host of therapeutic options for their patients suffering from OA, including oral medications, targeted joint injections, supplements, weight management, as well as modalities, such as shockwave therapy or photobiomodulation, and acupuncture. Each therapy consideration has its unique advantages and precautions. However, when reflecting on the many beneficial effects of exercise in patients with joint pain, it is easy to see why our profession should promote it as a primary intervention. In fact, studies in the human field reveal that exercise is the most frequent non-pharmaceutical therapy prescribed for people suffering from OA.[1]

How does exercise help arthritic patients?

Pain relief

Engaging in physical exercise influences the levels of endogenous opioids and serotonin, stimulates the endocannabinoid system, and modifies the effects of N-methyl-D-aspartate (NMDA) receptors. These adjustments can lead to exercise hypoalgesia and a decrease in pain sensitivity, particularly in chronic pain scenarios, such as OA.[2]

Studies show that a duration of at least 20 minutes of moderate intensity exercise is necessary to boost levels of endogenous opioids or endorphins, which interact with opioid receptors to help reduce pain. Patients who cannot participate in moderate intensity exercise can still reap the benefits of exercise at a lower intensity, but the duration of exercise should be extended to a total of 60 minutes.[3]

Exercise is chondroprotective

Intense exercise can impose excessive pressure on fragile joint tissues, increasing pain and harming cartilage and subchondral bone, thereby speeding up arthritis progression. Activities, such as jumping to catch a ball, playing sports that involve sharp turns, and engaging in rough physical play, can lead to painful flare-ups. It is crucial to inform clients about appropriate activity levels and necessary limitations to manage arthritis effectively over the long term.

On the other hand, too little exercise has been shown to have an overall catabolic effect on articular cartilage, leading to faster progression of OA. Additionally, pets in a sedentary lifestyle have a higher risk of obesity, further amplifying the risk of OA progression.

Research indicates that the right level of exercise protects the cartilage and slows down the progression of arthritis.[4] Low to moderate intensity exercise is ideal for properly loading the articular cartilage to allow for the synovial fluid to bathe and nourish the cartilage.

Exercise stimulates proteoglycan synthesis, an integral part of the extracellular matrix of the cartilage. Additionally, low to moderate intensity exercise lowers the pro-inflammatory cytokines in the joint (Table 1).

Improved muscle mass and strength

With appropriately managed pain, exercise can be utilized to encourage patients to bear weight appropriately on the diseased joint. Weight-bearing and targeted strengthening exercises counteract disuse muscle atrophy. Additionally, sarcopenia, or age-related muscle atrophy, can be diminished in pets that exercise. Muscle contractions that occur

during resistance training and walking regimens serve as a beneficial anabolic stimulus that promotes muscle fiber growth and increases strength.

Interestingly, it has been found that exercise-induced muscle hypertrophy allows skeletal muscle to act as an endocrine organ, releasing specific myokines shown to cross the blood-brain barrier, improving memory and cognition in older humans.[5]

Improved cognition and vitality

OA is a condition that can impact dogs of any age, but its occurrence tends to rise significantly as dogs grow older, with as many as 80 percent of dogs showing signs of it by age eight.[6]

Canine cognitive dysfunction syndrome (CDDS), which resembles Alzheimer's disease in humans and is marked by gradual neurodegeneration, is also found in older dogs. Dogs that are less active physically are at increased risk of developing CDDS.[7]

A large observational study of more than 11,000 dogs mirrored this finding in that dogs that maintained physical activity had improved cognitive outcomes.[8]

Human literature supports these findings as well, with evidence that exercise also helps to relieve depression.[9]

Client education

Pet caregivers are often fearful of encouraging exercise for their pets suffering from OA because they are concerned that it will exacerbate the pain. The veterinary health team should calm these fears with specific exercise guidelines and educate the client that too little or too intense exercise can cause problems, but just the right amount will make the pet feel better.

Appropriate exercise

Walking, light hiking, and swimming are all excellent choices when looking for low- to moderate-intensity exercises to protect the joints, reduce pain and inflammation, improve active range of motion, and maintain lean body mass.

Resistance exercise, such as using weights, is highly recommended in humans for strengthening and building muscle. While it may be difficult to get a dog to lift a dumbbell, we can use their body weight as resistance and perform targeted therapeutic exercises, such as down to stand, stepping over low objects, front feet up on an elevated surface, etc. (Figures 1 and 2).

Exercise goals

A study in dogs with hip dysplasia and secondary OA

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> "Research indicates that the right level of exercise protects the cartilage and slows down the progression of arthritis.[4] Low to moderate intensity exercise is ideal for properly loading the articular cartilage to allow for the synovial fluid to bathe and nourish the cartilage."

Brief Summary of full Prescribing Information.

Librela™
(bedinvetmab injection)

Canine anti-nerve growth factor monoclonal antibody for subcutaneous use in dogs only.

Single-Use Vial

CAUTION
Federal law restricts this product to use by or on the order of a licensed veterinarian.

INDICATION
LIBRELA is indicated for the control of pain associated with osteoarthritis in dogs.

DOSAGE AND ADMINISTRATION
Always provide the Client Information Sheet and discuss potential adverse drug events with the dog owner prior to administering each injection of LIBRELA (see **Post-Approval Experience** and **Information for Dog Owners).**

The minimum target dose of LIBRELA is 0.23 mg/lb (0.5 mg/kg) body weight, administered subcutaneously once a month. Dogs should be dosed by weight range according to the specific dosing information below.

The product does not contain a preservative. The full content of each vial is for single-use only. Once punctured, contents of the vial should be used immediately and any remaining solution should be discarded.

Dogs weighing ≥ 11 lb (≥ 5 kg):
Dogs should be dosed by weight range according to the Dosing Table below (Table 1). Dogs are given the full content of 1 or 2 vials of the appropriate concentration based on body weight. Aseptically withdraw the total dose into a single syringe and administer immediately.

Table 1. Dosing Table

Dog Body Weight in Pounds (lb)	Dog Body Weight in Kilograms (kg)	Number and Strength (mg/mL) of LIBRELA Vials to be Administered				
		5 mg/mL orange	10 mg/mL blue	15 mg/mL green	20 mg/mL gold	30 mg/mL purple
11-22.1	5-10	1 vial				
22.2-44.1	10.1-20		1 vial			
44.2-66.1	20.1-30			1 vial		
66.2-88.2	30.1-40				1 vial	
88.3-132.3	40.1-60					1 vial
132.4-176.4	60.1-80				2 vials	
176.5-220.5	80.1-100				1 vial	1 vial
220.6-264.6	100.1-120					2 vials

Dogs < 11 lb:
Aseptically withdraw 0.045 mL/lb (0.1 mL/kg) from a 5 mg/mL vial (orange vial) into a single syringe and administer immediately. Discard the vial after the dose has been withdrawn.

Effectiveness may not be achieved until after the second dose (see **EFFECTIVENESS**).

CONTRAINDICATIONS
LIBRELA should not be administered to dogs with known hypersensitivity to bedinvetmab.

LIBRELA should not be used in breeding dogs or in pregnant or lactating dogs. Immunoglobulin G class antibodies such as LIBRELA can pass through the placental blood barrier and be excreted in milk. Fetal abnormalities, increased rates of stillbirths and increased postpartum fetal mortality were noted in rodents and primates receiving anti-NGF monoclonal antibodies.

WARNINGS
User Safety Warnings
Not for use in humans. Keep this and all drugs out of reach of children. For use in dogs only.

Hypersensitivity reactions, including anaphylaxis, could potentially occur in the case of accidental self-injection.

In case of accidental self-injection, seek medical advice immediately and show the package leaflet, vial or carton to the physician.

Pregnant women, women trying to conceive, and breastfeeding women should take extreme care to avoid accidental self-injection.

The importance of Nerve Growth Factor in ensuring normal fetal nervous system development is well-established and laboratory studies conducted on nonhuman primates with human anti-NGF antibodies have shown evidence of reproductive and developmental toxicity.

PRECAUTIONS
Administration of monoclonal antibodies may be associated with hypersensitivity reactions and delayed hypersensitivity reactions. If anaphylaxis or other hypersensitivity reaction occurs, discontinue use and institute appropriate therapy.

The safe use of this product with other monoclonal antibodies has not been evaluated. Use with caution in dogs with known hypersensitivity to other immunoglobulin therapy.

Evaluations were not made to determine if interactions occurred between LIBRELA and veterinary vaccines.

Treatment with LIBRELA may result in the formation of anti-bedinvetmab antibodies and potentially the loss of product effectiveness (see **IMMUNOGENICITY**).

The safe use of anti-NGF monoclonal antibodies with concurrent non-steroidal anti-inflammatory drugs (NSAIDs) has not been established in dogs. In human clinical trials, rapidly progressing osteoarthritis (RPOA) has been reported in a small number of patients receiving humanized anti-NGF monoclonal antibody therapy. The incidence of these events increased in human patients receiving NSAID treatment long term in combination with an anti-NGF monoclonal antibody. RPOA has not been characterized or reported in dogs.

The safety and effectiveness of LIBRELA has not been evaluated in dogs less than 12 months of age.

LIBRELA has not been studied in dogs that have a history of cruciate ligament rupture within six months before initial product use as these cases were excluded from the field studies.

Long term effects which may occur more than 9 months after the use of LIBRELA have not been evaluated.

NGF is expressed within the heart and vasculature, and the long-term effects of reduced NGF in dogs with cardiac disease are unknown.

Primates receiving high doses of anti-NGF monoclonal antibodies had anatomical changes in postganglionic cell bodies (reduced size and number of neurons). The change in cell body size returned to normal after anti-NGF monoclonal antibody administration was discontinued. NGF is involved in the normal development of sensory and sympathetic nerve fibers in developing animals. This may be important with use of LIBRELA in young growing dogs.

ADVERSE REACTIONS
The safety of LIBRELA was assessed in a masked, controlled 84-day US field study evaluating the effectiveness of LIBRELA for the control of pain associated with osteoarthritis. Enrollment included 272 dogs, 135 dogs treated with LIBRELA and 137 dogs treated with a negative control (sterile saline). The enrolled dogs were at least 1 year of age (1 to 17 years old), weighed between 1.8 to 62.7 kg and were of various breeds or non-purebred. Dogs were dosed at 28-day intervals and received up to three injections. The most common adverse reactions reported during the study are summarized in Table 2 below.

Table 2. Number (%) of Dogs with Adverse Reactions Reported in the US Field Study

Adverse Reaction*	LIBRELA n (%) (Total N = 135)	Negative Control n (%) (Total N = 137)
Urinary tract infection	15 (11.1)	11 (8.0)
Bacterial skin infection	11 (8.1)	9 (6.6)
Dermatitis	10 (7.4)	8 (5.8)
Dermal mass	8 (5.9)	5 (3.6)
Erythema	6 (4.4)	5 (3.6)
Dermal cyst(s)	4 (3.0)	2 (1.5)
Pain on injection	4 (3.0)	2 (1.5)
Inappropriate urination**	4 (3.0)	1 (0.7)
Histiocytoma	3 (2.2)	0 (0.0)

*An adverse reaction may have occurred more than once in a dog; only the first occurrence was counted.
** Of these, two dogs treated with LIBRELA were among those reported with a urinary tract infection.

The safety of LIBRELA was also evaluated in a masked, controlled 84-day European field study evaluating the effectiveness of LIBRELA for the control of pain associated with osteoarthritis. Enrollment included 281 dogs, 138 dogs were treated with LIBRELA and 143 treated with a negative control (sterile saline). The enrolled dogs were at least 1 year of age (1 to 17.5 years old), weighed between 1.7 to 66 kg and were of various breeds or non-purebred. Dogs were dosed at 28-day intervals and received up to three injections. The most common adverse reactions reported during the study are summarized in Table 3 below.

Table 3. Number (%) of dogs with Adverse Reactions Reported in the European Field Study

Adverse Event Reported*	LIBRELA n (%) (Total N = 138)	Negative Control n (%) (Total N = 143)
Increased Blood Urea Nitrogen (BUN)**	19 (13.8)	7 (4.9)
Lethargy	5 (3.6)	0 (0.0)
Emesis	4 (2.9)	1 (0.7)
Anorexia	3 (2.2)	0 (0.0)
Lameness	3 (2.2)	1 (0.7)
Cough	3 (2.2)	1 (0.7)

*An adverse reaction may have occurred more than once in a dog; only the first occurrence was counted.
** Two dogs treated with LIBRELA suffered serious adverse events and were euthanized during or after study completion: A 13-year old Bichon Frise had pre-existing increased urine protein-creatinine ratio and heart failure that worsened during study; the dog also had an increase in creatinine during the study and was diagnosed with renal failure and was euthanized 3 days after completing the study. An 8-year-old mixed breed dog had pancreatitis and was euthanized on Day 74. The remainder of the dogs that had elevations in the BUN did not have any obvious adverse events associated with this finding.

One dog in the LIBRELA group was diagnosed with pyelonephritis on Day 15; this dog had pre-existing increased serum BUN and creatinine and a recent history of urinary tract infection that was not confirmed resolved prior to enrollment. Non-steroidal anti-inflammatory drugs (NSAIDs) and acetaminophen were initiated on Day 7 for osteoarthritis-associated joint pain but NSAIDs were discontinued on Day 10 due to anorexia and gastroenteritis; azotemia worsened at Day 13 and the dog received no further LIBRELA treatment.

One dog in the LIBRELA group with a history of atopy, developed mild alopecia and mild erythema on the injection site on Days 5 and 23. Both episodes of alopecia and erythema resolved with treatment.

A total of 89 dogs were enrolled in a 6-month, single arm, open labeled, uncontrolled continuation of the EU field study and received monthly subcutaneous injections of LIBRELA. The study provided additional field safety information.

One dog experienced acute gastroenteritis and recovered following treatment for abdominal pain, fever, vomiting, and anorexia. One large breed dog enrolled for stifle osteoarthritis developed acute forelimb lameness that was diagnosed as elbow dysplasia. Two dogs presented with rear limb paresis of unknown etiology, one of whom responded to ongoing NSAID treatment and one who did not.

Post-Approval Experience (2025)
The following adverse events are based on post-approval adverse drug experience reporting for LIBRELA. Not all adverse events are reported to FDA/CVM. It is not always possible to reliably estimate the adverse event frequency or establish a causal relationship to product exposure using these data.

The following adverse events in dogs are categorized in order of decreasing reporting frequency by body system and in decreasing order of reporting frequency within each body system: **Neurological:** ataxia, seizures, paresis, proprioception deficits, paralysis; **General:** anorexia, lethargy, recumbency; **Urinary:** polydipsia, polyuria/pollakiuria, urinary incontinence; **Gastrointestinal:** vomiting, diarrhea; **Musculoskeletal:** muscle weakness, muscle tremors, lameness.

In some cases, death (including euthanasia) has been reported as an outcome of the adverse events listed above.

CONTACT INFORMATION
To report suspected adverse drug events, for technical assistance or to obtain a copy of the Safety Data Sheet (SDS), contact Zoetis Inc. at 1-888-963-8471.

For additional information about reporting adverse drug experience for animal drugs, contact FDA at 1-888-FDA-VETS or www.fda.gov/reportanimalae.

INFORMATION FOR DOG OWNERS
Always provide and review the Client Information Sheet with the dog owner prior to each injection of LIBRELA. Advise owners of the adverse reactions that may occur following the administration of LIBRELA including balance problems, trouble walking, weakness, trouble standing, seizures, drinking more, urinating more, loss of bladder control, vomiting, and diarrhea. Owners should be advised to contact their veterinarian if any of these signs or other signs of illness are observed. Advise dog owners that serious adverse reactions can occur and result in death or euthanasia (see **Adverse Reactions** and **Post-Approval Experience**).

Where a dog has not been able to exercise prior to treatment with LIBRELA, there is an increased risk of injury if the dog becomes more active after being treated with LIBRELA. Discuss an exercise plan with the dog owner to return the dog to activity.

TARGET ANIMAL SAFETY
6 Month Margin of Safety Study:
LIBRELA (bedinvetmab injection) 15 mg/mL and 30 mg/mL concentrations were administered subcutaneously to 11 to 12-month old, healthy Beagles (8 dogs per group) at doses of 1 mg/kg (1X), 3 mg/kg (3X), and 10 mg/kg (10X) every 28 days for seven consecutive doses. The control group (8 dogs) received sterile saline injections. Dogs weighed 5.6-11.7 kg at study initiation.

There were no clinically significant changes noted in neurological examinations, body temperature, heart and respiratory rate, blood pressure, electrocardiography, and organ weights. Detailed pathology evaluation of the shoulder, elbow, hip, and knee joints were conducted.

Vomiting and soft stool were noted across all groups throughout the study. Scabbing on the face, neck and thorax was seen across all groups except the 1 mg/kg group. Injection site redness was noted sporadically for 1 control dog, 2 dogs in the 1 mg/kg treatment group, 5 dogs in the 3 mg/kg treatment group, and 5 dogs in the 10 mg/kg treatment group. One dog in the 3 mg/kg treatment group had a temporary, mild swollen facial area 26 days after the first dose that resolved spontaneously. Two dogs in the 3 mg/kg treatment group had lymphadenopathy on the last study day with no related histopathology findings. One dog in the 10 mg/kg treatment group had an approximately 2.5 cm X 3.5 cm circular raised firm erythematous lesion with slight serosanguinous discharge and mild scabs of the shaved cervical area that resolved over 14 days.

One dog in the 1 mg/kg treatment group had an increasing ALP value over the course of the study that increased threefold above the high end of the reference range at study completion. There was no gross or histopathology correlate.

One dog in the 1 mg/kg treatment group had mild cartilage necrosis in the left ulna and an erosion in the cartilage of the right ulna. One dog in the 3 mg/kg treatment group had mild bilateral, femoral neck enthesophytes observed on radiographs pre-treatment. On end of study radiography and pathology evaluation, this dog had an osteophyte of the left acetabulum, mild left acetabulum remodeling and severe left femoral neck enthesophytes. Microscopically, mild to moderate cartilage degeneration with erosion and proteoglycan depletion was also noted in the left proximal femur and acetabulum. The mild right femoral neck enthesophytes were the same grade as pre-treatment. The findings may be progression of an underlying musculoskeletal condition; however, a potential relation to treatment cannot be ruled out.

None of the LIBRELA-treated dogs developed anti-drug antibodies due to bedinvetmab administration.

Additional Safety Studies:
In a two-week laboratory safety study, eight dogs concurrently received one subcutaneous injection of LIBRELA at the high end of the inherent dose band (1 mg/kg) and fourteen days of an injectable NSAID. This limited laboratory study did not provide sufficient data to support a conclusion on the safety of concurrent use of LIBRELA and NSAIDs.

In a 3-month exploratory laboratory safety study using a non-final formulation of bedinvetmab administered by subcutaneous injection monthly for four doses, a dog administered a 4 mg/kg dose had a reddened and/or swollen muzzle abrasion, with an elevated white blood cell count, and elevated globulin level and fibrinogen level. At one of the injection administrations, one dog administered a 4 mg/kg dose had a 4 cm X 2 cm injection site erythema with an eschar that resolved; and one dog administered a 1 mg/kg dose had 3 cm X 1 cm injection site erythema that resolved. Another dog administered a 1 mg/kg dose had injection site erythema, scabbing, and mucopurulent discharge for 18 days.

STORAGE CONDITIONS
LIBRELA (bedinvetmab injection) should be stored in a refrigerator, 2° – 8°C (36° – 46° F). Do not freeze. Store vials in their boxes to protect from prolonged exposure to light. Once punctured, contents of the vial should be used immediately and any remaining solution should be discarded.

HOW SUPPLIED
LIBRELA is available in 5 strengths packaged in 4 mL glass vials containing an extractable volume of 1 mL of clear solution. Each strength is available in cartons containing 2 or 6 vials.

Approved by FDA under NADA # 141-562

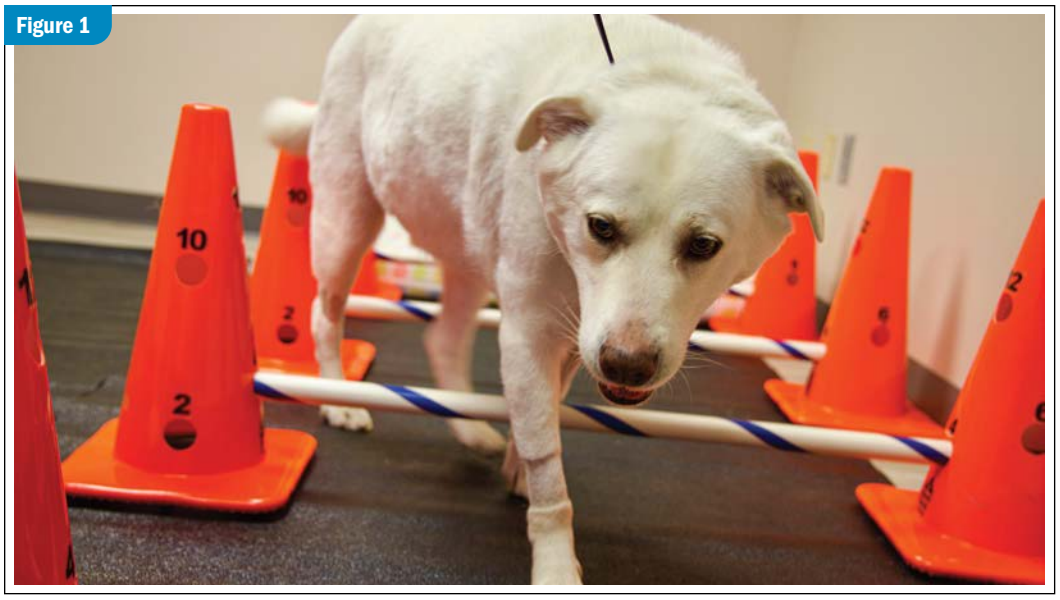
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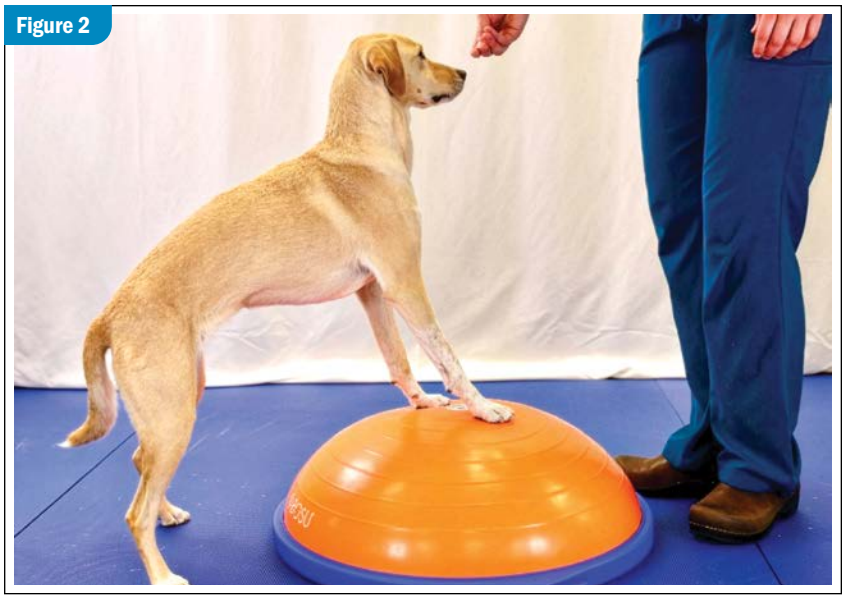
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Figure 1



Dog stepping over cavaletti rails to improve active joint range of motion, improve proprioception, balance, and strength.

Figure 2



Dog standing with thoracic limbs elevated, shifting weight to the pelvic limbs to increase strength.

PHOTOS COURTESY DR. KARA AMSTUTZ

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found that 60 minutes of exercise provided a superior reduction in lameness scoring than only 20 minutes of exercise.[10] Therefore, 60 minutes of low to moderate intensity exercise five days a week is a great goal.

Many pets and their caregivers who have not been exercising regularly need to gradually build up to their exercise goals. It is recommended to start with shorter, more frequent walks and then gradually increase the total walking time to 60 minutes. This can be adjusted to fit the caregiver's schedule, such as four 15-minute walks or six 10-minute walks.

Resistance training three times weekly with targeted strengthening exercises can be incorporated into the plan to improve strength and counteract muscle atrophy. Typically, two to three sets of six repetitions are recommended (Table 2).

It is important to explain to caregivers what to watch for if fatigue is setting in. Forcing a pet to exercise once it is fatigued can increase the risk of injury. Failure to maintain normal posture, trying to walk away, excess panting, or refusal to do the exercise are all indicators that the pet should be given a break and tried again later.

Don't forget to prescribe exercise

With so many therapeutic options available for dogs with OA, some of which may have negative side effects, providing a strong exercise recommendation to your clients is a wise choice. No other single therapy offers the same benefits: it relieves pain, protects cartilage, assists with weight loss, builds muscle, and improves cognitive function. Best of all, exercise comes at no financial cost. All that is required is time, commitment, and consistency to enhance the health and long-term vitality of our patients.

Kara Amstutz, *DVM, DACVSMR (Canine), CVA, CVPP, CCRT, is the director of Clinical Education at the Canine Rehabilitation Institute. Dr. Amstutz also owns and operates Momentum Veterinary Sports Medicine and Rehabilitation, a private specialty practice focusing on pain management and pet mobility in Springfield, Mo.*

References
Scan the QR code to view references for this article.

