

Be Right Back! Podcast with Julie Naismith

Episode 036 Transcript – Pain In Dogs--Why It's An Even Bigger Deal Than We Think But Often So Easy To Miss

<https://julienaismith.com/episode-36/>

Well, hey there and welcome to another episode of the Fixing Separation Anxiety podcast. I'm your host, Julie Naismith, and in this episode, I am just so thrilled to be able to share an interview I did with another Julie, Julie McKinnon Miller. Julie is a physiotherapist, a canine physical therapist, and she is an expert in all things orthopedic when it comes to dogs. She's spilling the beans on all sorts of hot topics, like what do we do with separation anxiety dogs when they have to go on crate rest? Is playing ball really bad for our dogs? What's the scoop on hip dysplasia? And how can we spot the signs of pain in our dogs when they are so keen to hide it from us? You are going to love this episode every bit as much as I loved recording it.

We are so lucky to have Julie with us here today. I'm going to let Julie tell you, her story.

Julie McKinney Miller:

So, I'm Julie McKinney Miller and I'm a physical therapist. I'm originally trained to be a human physical therapist, but even while I was in PT school, my golden retriever, Tucker, at the time, was diagnosed with really severe hip dysplasia. And I thought, oh, my gosh, my dog's going to need a hip replacement. What do I do? And so I started researching the field of canine physical therapy, fell in love with it, and 20 years later, it's still my biggest passion. So I love to help people with getting their dogs into optimal function and detecting pain where they may otherwise not know that there's pain.

And really, I've worked the full spectrum from, well, two different vet schools and my own private practice for years, where I've treated probably every orthopedic condition that there is in dogs, as well as neurological cases, and hundreds of dogs that have been paralyzed either from FCE, which is like a stroke to the spinal cord, or disc herniation. And then they require immediate surgery and a ton of physical therapy afterwards. So it's been a great joy helping those dogs get back to walking again and helping the orthopedic dogs just be their absolute best. So I have become a bit of a detective when it comes to looking for pain and sore spots and tender points and tightness. And I think just by nature, that's how physical therapists are. And so I love to help dog parents learn how to find these areas in their dogs and help them feel their best.

Julie Naismith:

You work quite closely then, with, like, a vet veterinarian team, so you partner with them on the different cases that you're on.

Julie McKinney Miller:

Yes, so for much of my practice, I was actually working at Tufts University School of Veterinary Medicine in Massachusetts. And so I was working with a bunch of vets and specialists. And then when I moved down to Knoxville, Tennessee, I also spent some time working at the University of Tennessee Vet School. And then I've had my private practice outside. And yes, when I need to consult with the vets, I certainly do. So, yeah, I've had years and years where I'm working really closely with them. And since moving my business more toward online, I have less contact with the vets. But if there's a case I'm working on with a client, no matter where they are in the world and I need that vet input, then absolutely we will get on the phone with the vet.

Julie Naismith:

Yeah, cool. So it's a team. It takes a team. We find that as well with separation anxiety. It takes a village, it takes a team. And it's a great relationship. I say to everybody, make sure that you have a great relationship with your dog's medical team, whoever that is, whether it's their physical therapist or their vet, because sometimes it is about more than just their anxiety at being home alone. So let me dive into some I've got so many questions I want to get through.

The thing that I really fascinated and I think piqued everybody's interest is the work you do in helping owners to get really good at spotting the signs of pain that are so subtle we may have missed them in the past. Can you talk us through all of that? Because you do some brilliant stuff with the subtle signs of pain. Yeah, I know.

Julie McKinney Miller:

It's a magnet. I can tell you a little bit of an embarrassing it feels embarrassing to me story about this, which if you've picked up the free guide, which we will talk about on my website and already read it, detecting subtle signs of pain long before your dog will ever tell you. I talk about this in there. But the story goes that I have this dog named Happy, and she's a border collie, I think, newfie mix, but she's the size of a golden retriever. And I adopted her when she was about one and a half. And it wasn't until she was five years old and I had a golden retriever puppy that was a boy and became big enough to jump on her back end that I started figuring out something was wrong with her.

She would sit down. It was clear she didn't like it. She's one of the most stoic dogs I have ever come across, but I didn't know this at the time. And so all my dogs have kind of in addition to my clients have just taught me so much, but my own personal dog, so here it is. I'm trained to see pain and to pick up gait deviations. This is my specialty, and even with my own dog, I did not see it. So when Bear started jumping on Happy's back end, she would sit down, and then eventually she started whining and I was like, ding, ding, ding. Okay? That's one of our really obvious signs of pain that we all know about. Limping, holding a leg up, holding the headway down, crying out, screaming. Those are the obvious ones. And it took me with a trained eye for this to have her whimper before I picked up on it.

Now, at the time, I was working at the University of Tennessee Vet School. I took her into work with me in the rehab department, and so I took her into work with me, and I had one of the orthopedic surgeons take a look, and they did X rays, and I just couldn't believe it because this

was a dog that had caught two rabbits. She caught a bird taking flight. She ran like the wind. She liked so fast, and she had in stage osteoarthritis in both of her hips, and she had arthritis in a shoulder. And so talk about missing something. So I say in this PDF that there's no blame, there's no shame. Dogs are trained like it's in their very nature to hide pain from us. But there are loopholes, and that's what Julie and I have talked some in the past about some of these loopholes and different ways to read our dogs and become more in tune with them, that'll help us get around their natural inclination and just the DNA of them to hide the pain. That's my story of my oh, my gosh, AHA moment. I got to look more deeply. I started thinking, why in the world do we not evaluate dogs for pain before they show us signs instead of after? Because once they're showing the pain, it's pretty bad, right? Because they're dogs.

Julie Naismith:

I asked you about that. Is that your experience? They will hide it as much as they can. Is that your, yes. Right?

Julie McKinney Miller:

Yes, absolutely. It just goes to the very core of who they are.

Julie Naismith:

So when they're showing pain, like you say, when we the ones who don't know spot it, right?

Julie McKinney Miller:

So think about just my story with Happy. And so I had had her for she was five when I got those X rays done, and she was about one and a half when I got her. So we're talking about three and a half years I had her that she had hip dysplasia and arthritis developing, and I had absolutely no idea. She showed no signs of it. And I'm trained to look for those. So that tells you just how much dogs can hide it. Now, some hide it more than others, some have a drive to hide it more than others, and that can be somewhat breed specific, but, yeah, she was just one of those that she wasn't going to tell me unless she absolutely had to. So thankfully, to bear in a way, I was mad at him, like, you're making my dog hurt this puppy. But he helped point it out. And then since then, she's been on joint supplements, and I've been working with her.

Julie Naismith:

Right, so what did you learn then? What are the things that we need to be looking for that we're clearly missing?

Julie McKinney Miller:

Yeah, well, don't wait for all those obvious signs that I pointed out. So don't wait for your dog to cry out. Don't wait for your dog to limp. Don't wait for them to hold their leg up. And so what I advocate for is doing, like, say, every month is just kind of doing a basic evaluation on your dog. And that's something in an upcoming course that I have coming out later this year that I'm going to teach dog parents how to do is do a really thorough examination. But even short of that, you can run your hands along your dog's legs and spine. You can do a little massage techniques, kind of kneading motion. See if you pick up on any if they quickly jump, say they're lying on their

sides, and you get a quick okay. You just hit a spot that's either sore or painful or sometimes with muscle soreness.

Dogs carry a lot of their tension right just in front of where their scapulas come together, the shoulder blades, and also just behind. And so if you're massaging in that area and your dog's not really used to it, there may be, like, a sudden jump, like, oh, my gosh, that's a sore spot. I think the biggest thing I could say for short of being trained to do these evaluations on your dog, is just to keep your hands on and to feel all over and don't be afraid to palpate along the bones and to move the joints.

Julie Naismith:

Palpate along the joints? What does that mean?

Julie McKinney Miller:

Okay, palpate. Yeah, I know. If I use any of my PT lingo, stop me. Palpating is palpation is just feeling right. So you could take a dog's leg. Okay, this is really corny, but I have a stuffed animal right here. I love it. Yeah, normally I do Lily, my real golden retriever. But you can feel along each toe, and you can put pressure and just go along the bones and feel and notice if your dog's responding. Take your time. You can go really slow. And then I do the same thing with each little joint. So, like, with the toes, you can move them. And, you know, flexion is bending, extension is bringing back the other way, straightening in some cases. And what you want to do with your dog, ideally, you get them relaxed lying flat on their sides and really comfortable. Maybe you've just massaged them just a little bit, make them feel good and cozy. Maybe you have treats around. It's a happy place, because going to the bed, it gets stressful, and the exams are not so at home. It's so much better. And you can just get them comfy. They're in their own environment.

And then just maybe one day you're just loving almond on them. And you're going to say, okay, I'm just going to test the right front leg. And then what you want to do is just move the different joints through the range of motion into full range of motion so you know if they're feeling any pain. Now what dogs will do. So, like, I'll give you an example with the fore limb. So if my dog was lying on the side, I'd stretch the leg all the way forward and then I'd bring the leg all the way back and straighten it out like you're flying. And then with the elbow, you just flex and extend the wrist. You can do the same and you could do the same with the digits. What you want to do is go really slowly and watch your dog's eyes. So if your dog is really reactive, you probably don't even need to hone in closely at the eyes because you're probably going to get your dog jumping around and telling you to stop or maybe even putting a hand on or the mouth on the hand. But with my dog, Lily one of my goldens, she's like as sweet as can be. She's got no bite in her. So what Lily will do, and it's really good to practice with this, is like if I stretch her triceps like a little far forward. So you take the whole leg, you stretch it forward. So if they're lying on their side, I call this shy dog because it's like they're covering their face. When it starts getting to be a bit much of a stretch for her, all she'll do is because she really trusts me, she'll just kind of look over. I'm looking up, she'll just look kind of toward me because she's so laid back.

So I would say it depends on your dog and their personality. But some will just lift up their head casually and look. That's a sign something's not quite feeling great. There other dogs at the far extreme, so you go anywhere from a bite or jumping up and freaking out to like Lily, you'll just get this little eye movement where instead of her eyes looking forward or being closed, she'll just open them and kind of look toward the direction of whatever's going on. That's one way to be a detective is just to watch their reaction and then see if it is replicated. So, say every time you bring the shoulder all the way back. So like Superman kind of thing. And that tests the biceps tendon, actually. So if you're suspicious of biceps tendinitis, what you would do is put the shoulder all the way back and the elbow straight, and it puts maximal stress on that. If your dog has biceps tendonitis, that's going to hurt. Dogs that will let you do it, you know, their biceps is fine.

Julie Naismith:

I tell you one thing that really jumps out at me, and I'm guessing that people listening and will get this too. Separation anxiety owners get really good at knowing what's normal, so what's normal for their dog and then what's not normal. And I feel like that's almost what we should be doing with pain. So maybe one day I do that thing with the shoulder and there's no reaction, but maybe next month I do it and I do get a little head turn. So I should know what's my dog's normal reaction to that, right?

Julie McKinney Miller:

Yeah, absolutely. So in the ideal world, what I started saying initially was maybe every month just kind of get a read on your dog's flexibility, range of motion, and if this is over your head, I can teach you these things. I can teach you very simply how to do this with your dog at home. It's something that I feel every dog parent should know how to do. And I wish that our vets had time to say, here, do this every month and if there's a problem, come in and see me. But they just don't have the time. And frankly, most vets don't examine dogs this closely. So I think it really gives us a leg up on everything, a jump start or whatever you want to call it. We're much more proactive if we're keeping an eye, really close eye on our dogs and their musculoskeletal systems. So much so that we can go to the vet and say, you know what, I keep getting a painful response every time my dog's right knee is extended all the way. And that may not mean much to you, but to me and to vets out there that are well versed in orthopedics, it means a lot. We then would know what to test for. That could totally slip by on any annual visit when you go to your vet and just get a work up and make sure everything's fine, I'm just a big advocate that we should be our own dog's best health advocate. We can't rely on just one vet. We need to be the primary care person. And then we hire a vet and we hire a physical therapist and whatever it is, and I think that our dogs will be better off for it.

Julie Naismith:

So I wanted to ask you a bit more about prevention because you're talking to us about doing this every month, getting to know what's normal for our dogs, spotting things before they get too bad. Oh, and by the way, you do have like a cheat sheet, handout type thing on this, don't you? Which I will link to everybody listening. I'll link so that you can download Julie's notes rather than you all scribbling away, but we'll link to that. But let's just talk about, if you don't mind a bit more

about prevention. Any tips, any other things that we do with our dogs every day that physical therapists like you just cringe at and you think, oh, no, don't do that. What are we doing wrong? What could we do to prevent our dogs getting injured?

Julie McKinney Miller:

One of them that drives me bananas is jumping off beds and couches. And I'm guilty of this too, because I've always had golden retrievers other than Happy, who I rescued until recently. And I have two young Havanese now. And now it's like they're on and off the couch. And I used to tell my clients, look, if they're on the couch, just lift them down and put them on the floor. If you know they're going to jump off, well, you don't always know they're going to jump up. I do that if I'm getting up. So here's my spiel on this. Jumping off couches for small dogs and jumping off couches and beds for any dog is really hard on the spine. And so in this actually, I have three free PDFs that you can download from my website. One of them is the seven things you may be doing every single day that are putting your dog at risk for injury. And I talk about all of these that I'll mention. I'm going to talk about a few, but they're all in there.

What it does is it jars the spine in the area where you tend to see disc herniations. And so imagine a dog jumping off the bed. The force is so much through the front legs and then it gets transferred into the spine. And then right at the area of weakness where they tend to herniate their discs, is where they're getting so much pressure on the spine. And I've always told my human physical therapy patients that have had disc herniations, it's not the one it's often we'll see men like doing a lot of shoveling and it's not that one movement, it's the thousands of movements doing over and over. And it just seems like that last one that really gets you when they herniated disc.

Now, fortunately for us people, we don't go paralyzed when we herniate a disc like dogs do. But that seriously ups the ante when it comes to dogs. We don't want our dogs to have a herniated disc and be paralyzed. What I tell people is just minimize it as much as you can. Don't freak out if your dog jumps off the couch like mine have today, probably ten times. But when I know that I'm getting up whenever they're not on my bed or I would have a ramp or something. The little ones, for my little ones when they're on the couch and jumping down like my husband was playing fetch with Gizmo last night and with a pair of my socks, no less. But they love my socks. And he had Gizmo jump up on the couch and then he threw it down. I was like, no, I'm like having to train my husband. No, keep him on the floor. I don't want him jumping up and down. So where we can minimize it, let's minimize it. But at the same time. Don't be paranoid about it. Let's just try to minimize that.

Julie Naismith:

Everybody's on Amazon as you speak, you know that everybody's on Amazon typing steps for small dogs. Steps for dogs.

Julie McKinney Miller:

I could tell ram everybody's on ramps and stairs. Yeah, they're great. So especially if your dog, any size dog gets on and off the bed, I think it's imperative. Unless it's like a great thing. Maybe

they could step off if it was a low bed. I don't know. Another one that drives me baddie and it happens all the time is the weekend warrior syndrome. You do nothing all week long and all of a sudden now because you're off work, you can go hike for 4 hours and you want your dog to go with you. That's just not cool. I mean, imagine if you laid around all day long all week and then somebody made you run a marathon on the weekend. It's just not fair. And it's actually I might be a little bit out there to say bordering on abusive, but if we think about it and how much we're taxing our dogs, if they're deconditioned and then all of a sudden on the weekend they've got to do so many hours, it could be an all day hike.

And I hear this all the time and my people come back to me and they say, my dog's always sore on Monday. I know why that's just an area where it's really easy to have injuries because, say after even if it's just I mean, not being extreme, even if it's just dog doesn't do any walks and then they go for an hour walk on the weekend. I think we even need to be careful about that because even if it's a slow, well controlled walk, it's way more than they're used to doing. And it may be that 30 minutes in they've kind of had it and their legs are tired and they don't really want to do anymore. Well, the muscles are the secondary stabilizers of joints and so behind the ligaments. So the ligaments everybody's probably heard of the cruciate ligaments and people and in dogs. And so the hamstrings are the secondary stabilizers of that ligament. And so if you've got a dog that's walking up hills and its hamstrings are totally tired, wiped out, they're not going to come in and assist. If there's a little bobble, then you could more easily tear that cruciate ligament.

Julie Naismith:

Right.

Julie McKinney Miller:

So it's really important to only do the amount of exercise that's optimal for them and not be a weekend warrior.

Julie Naismith:

Yeah, but if you are doing a reasonable amount every day, because lots of people whose dogs have separation anxiety, the dogs go with them everywhere. So some of them get a lot of exercise. I guess what you're saying, it's a condition for it because they're doing it regularly, not such a bad thing. But don't go from ten minutes a day to 5 hours on a Sunday.

Julie McKinney Miller:

Yeah. And if your dog's used to hour long walks every day, that's awesome. I'm jealous. I wish I'd do that with my dogs. Then say on the weekend, don't go do hardcore agility for 2 hours. If it was that kind of thing, I would just gradually build that up. I think it's fine to do a different activity on the weekends, but just be really mindful about how you're incorporating it, like how you start out and how you progress and make sure your dogs this is one of the things where I talk about how we need to be really observant. So if your dog's muscles are starting to do like a little

shake, they're done. Don't push beyond that. Imagine how it feels for us when we're like, say if we're doing a wall sit or squats, it's like, I can't do anymore. It's like, I got to stop. And so when you see that muscle twitching, definitely look for that in your dogs. You tend to see it more in the back legs than the front. But that's a sign that they've had it and they need a break.

Julie Naismith:

Got it right. We're all making a note of that. I know. Note to self as well. And there's a reason why physios and canine physios are busy on the Mondays. I guess everybody's like, I need help. I'm guilty of that. I'm guilty of being that person. This is such good stuff. I'm loving it. So people can download a cheat sheet about prevention as well because there are other things. But in the interest of time, I'm going to move us on because they can.

Julie McKinney Miller:

There are other things.

Julie Naismith:

Because I really want to talk about hip dysplasia as well. Now, I'm really fortunate. I've never had a dog with hip dysplasia. I've had dogs about all sorts of things. But when your dog has got hip dysplasia, it's a big deal. Right. Can you tell us a bit about your work with dogs and hip dysphasia?

Julie McKinney Miller:

Yeah, well, this is the thing, and I don't want to minimize it for anyone because I've been there multiple times, but I have been there before. I was in this field and I was devastated when I got the diagnosis. I was going to say it is a big deal, but it's also not a big deal. Yeah. Because it's made, on the internet, it's made into this devastating, like, oh my gosh, it's the worst thing I could possibly hear. My dog has hip dysplasia. Oh no. And the reality of it is that all that means is that instead of a perfect fit of the ball in the socket, it's just not maybe it's loose, maybe it's up here a little bit. You're going to get some bone on bone grinding or have some laxity, and that leg will probably be a little weaker. So you'll end up with arthritis. But it's not like life or death. So many times I've heard like, oh, my God, am I going to have to euthanize my dog over this? And I'm screaming, no, let's think about this. Like, if we had a bad hip, what would we do? Right? We'd take joint supplements, we'd get physical therapy, maybe take some pain meds. If it got so bad that it warranted surgery, we may do a hip replacement.

And so I like to keep bringing people back to, because vet medicine is a big industry and it's a big money maker, and so I like to keep bringing people back to what would we do? Let's think about this logically. What would we do? And so, all right, the hip is not in the best alignment. I need to strengthen the muscles around the leg. I'm going to go ahead and put my dog on joint supplements and do things that are very supportive to maximize the best possible outcome down the line. But I tell you what, a lot of times what happens is people rush in. They end up getting referred to a surgeon, an orthopedic surgeon, who, of course, because that's what they offer, you can't fault them for that. They recommend surgery. And all these dogs are getting hip replacements with no pain. It's crazy.

I just saved a woman in Alaska from she has an eight month well, probably nine-month-old now, golden retriever, puppy named Willow. And she had already got the two dates on the schedule for two different surgeries, both of which were going to be \$5,000. Well, yeah, US Dollars, she's in Canada. And her dog's running, playing, jumping, not showing any signs of pain, and it took a process of working with her. I have a process called choosing your path. It's basically for hip dysplasia dogs, for their moms and dads, to help choose their treatment path. And I took her through that. They canceled the surgeries. They've got \$10,000 in their pocket they wouldn't have. They've got a dog that's happy. And now they're starting the home program that I suggested. Most dogs with hip dysplasia, if you keep them good and strong with a regular daily exercise program, which is so easy to implement at home, it can take as little as ten minutes or at most 30 minutes, your dogs can do fine and avoid surgery. So it's made to be into a bigger deal than it is.

But for all of us who love our dogs so much, they're like our kids, it is a big deal, right? And so you want to do as much as you can possibly do, which is why I'm so excited about this program that I've been developing and I'm putting out there pretty soon. So it's going to help really take people all the way from the point of OMG. I'm freaking out. I'm devastated. I don't know what to do. I don't know where to start. Like, my head spinning. This is what people tell me. Like, my. Head is spinning. I don't even know. Take them all the way from that point, just calming them down, teaching them the different paths they could take, helping them choose which one's best for their dog, and then go on and let's create the ideal home program for your dog. And every dog is different, and so that takes some tweaking and figuring out, which I love, I think it's great fun. Sometimes one exercise will irritate one dog, and another irritates another. And some dogs tolerate everything.

And like my golden retriever, Tucker, that got me into canine physical therapy, he could only do ten minutes of running and chasing balls. I worked with him and got him so his hip was on X ray, was like, it wasn't even in the socket. And we were told he was going to need a hip replacement as soon as he was full grown. So once again, a surgery is being recommended for a dog's, even full grown. What I realized is, well, I know the muscles are the secondary stabilizers of joints, so I need to get the muscles around his hip as strong as possible. And so I did that and I started with walking and just simple things, but he loved to run and chase balls, but then it would irritate him. And so he'd get in this cycle of inflammation and pain and you don't want to get in. I call those flare ups, and you want to avoid those. I literally worked with him just step by step. So it was like, okay, you get three chases of the ball, that's it. And he was fine. And then I can't remember, this was about 20 years ago, but as an example, maybe for three days, we'd do that. And then he got a fourth one the next day.

And so you just gradually progress. And then I stopped counting and I went to minutes. I'm like, okay, I'm just going to start timing how long we're running. And for him, it was, like, really, really interesting because for him, if he went any bit more than ten minutes, 11, 12 minutes, anything like that, he would get sore and he'd get flared up. And then we'd have to take a few days rest, and then we'd be starting not starting back over, but we might do seven, eight minutes, and then

I'd work him back up to ten. I always got stuck at ten, but the nice thing for him is that was really fast running and running to chase the ball, and then he kind of trot back. And for him, it was just the perfect exercise that worked because it was what he loved and it kept his legs really super strong. But it's different for every dog. So I like to work with owners and help them kind of pick and choose what's best for not just the dog, but for the human, too, because it's a team effort. And so for me, I wasn't going to go on an hour long walk. It's just not my thing. But playing in the backyard for even if we'd worked up to 30 minutes, that would have been fun for me. But I wanted to be in my backyard. So I like to work with people and say, like, okay, what are your time constraints? Can you work with your dog before work at all, or at lunch or after work? Or what are we working with? What can you do? And then within that, I build their home program.

Julie Naismith:

Yeah, I love it. So it's know your dog. And it needs to be just like with our training program, know your dog. We always say, go at your dog's pace, do what your dog can handle. So you're saying things that we talk about a lot. I love it. I have to ask, though, because if I ask you two questions about something you've said, first of all, can you talk to us about when you might recommend crate rest for a dog? I'll tell you why I say that. Because you've got a dog with separation anxiety. Very often they have confinement phobia, too. And a lot of my owners will freak out when they get told to do crate rest because my dog will not stay in a crate. So when do you think that that is a must?

Julie McKinney Miller:

Okay, well, so keep in mind that I'm a physical therapist and we're all about what's functional, right? And I like to be a little bit outside the box. That's my disclaimer on my answer. I don't think confinement is ever necessary.

Julie Naismith:

We love Julie, don't we?

Julie McKinney Miller:

Now, there is a but. There's a big but. Say your dog just had a TPLO for a cruciate repair. If your dog does too much early motion on that repair, the screws are going to back out, and then you're going back in for surgery to get all the hardware out. That's just an example. There are certain surgeries and also, as I talked about the disc, herniation surgery, there are certain surgeries where the dogs need to their movement needs to be kept to a minimum. I've had clients in the past who have come to me and said, Julie, I can't keep my dog in their crate. They're jumping up and it's like a little dachshund jumping up and down. It's like, terrible.

All this motion on the spine or my dog's moving in circles in the crate because it's anxious. And for a bigger dog, say post knee surgery or hip surgery, whatever. In those cases, once again, if you just bring it back down to common sense, like in those cases, these dogs are doing worse

for them than they would if they were not confined. And so they're just doing motion after motion after motion, which is harmful, right? Otherwise. So these little dachshunds after back surgery, I'd tell people because the surgeons would say, 23 and a half hours of crate rest a day. Like, they could be out just enough to go to the bathroom and eat. That's it. And I would say to my clients, because at discharge, when they were leaving the hospital, I'd meet with them and teach them all the physical therapy.

Julie Naismith:

Yeah.

Julie McKinney Miller:

And I'd say, okay, that 23-and-a-half-hour thing. Here's why it's true that we need your dog's spine to be that still. And then I'd scare them legitimately. So, because what happens if you have too much early motion? I think education breeds compliance. So if you're fully educated on why your dog needs to be still, then you get it and you'll say, oh, okay, my dog really needs to be still. And so what happens in these guys is too much early motion and you can get too much scar tissue development where that disc was compressing the spinal cord, and then you're back where you started. And usually these dogs we'd see come in around three weeks post op, and they would be getting better, better, and then worse again.

Obviously, if you go to the extent of having your dog have a surgery or something like that, you don't want to damage the repair. You don't want to have a bad outcome. I always would tell my clients, in that case, keep them right there with you on the couch if you're watching TV or sit on the floor with them and they're perfectly happy and they're just going to be sound asleep and you can be even doing the physical therapy stuff that I taught them to do. Another thing I've suggested is if a crate was too confining to try blocking off a room or just a space where you could also be so your dog wasn't like, freaking out.

Julie Naismith:

Yeah, because you make such a good point. It hasn't occurred to me before, but I will so be relaying this. If we've got a dog who's got to do crate rest, but they panic in a crate, they're going to do all sorts of damage to their newly operated upon whatever it might be.

Julie McKinney Miller:

Yeah, it totally defeats the purpose. What they should say is movement restriction instead of crate rest. Like, what the heck is crate rest?

Julie Naismith:

Everybody is loving hearing this and I certainly am as well. You've changed my view on it. Of course. It's keep the dog perfectly still. And dogs who hate crates are never perfectly still in their crate. They're more likely to poom despite all the medication. Oh, my goodness, I love that. I'm going to ask you another tricky one now, sorry. And you can totally pass on this if you want. Been told not to play ball. I've been told that fetch is really bad. I've been told that playing ball is really going to be bad for my puppy, for my dog, for my senior. Can you bust a few myths or

maybe not, about ball play and fetch? You've already talked about the fact that it was the right exercise for your dog. But bust some myths for us.

Julie McKinney Miller:

If you want me to myth bust, I will say, is it bad to play soccer as humans? Is it bad to play football as humans? These things require a lot of running and cutting. Cutting meaning fast, stop, changing directions, that kinds of thing. Those kinds of things. I think that they become bad for your dog if your dog isn't at a fitness level to support it. So if you're doing a lot of activity with your dog, say they do 30 minutes walks every day or hour long walks or whatever, say you've done a little trotting and maybe 5, 10 minutes of trotting with them while you're out on your walk. And that's normal.

Julie Naismith:

Yeah.

Julie McKinney Miller:

So you will, yes. With everything. Just think about, like, if I went out right now and I tried to do a round off back flip flop into a flip, I don't know, I'd break everything in my body. Right. It just doesn't make sense. And so do we want them chasing balls without any prep? No, because that's running, which is harder than trotting, which is harder than walking. Right. And then there's all this cutting, but there's ways to build up to that. And so, like with Tucker, when I did a little trotting with him on leash, I did a little work cutting through cones that was controlled on leash. And I built him up to the point where I felt like he was safe, that he could go and run pivot, turn, do whatever he needed to do, and he was fine. Now, you can have fluke injuries when dogs are okay.

Here's another thing. You don't want to play chase on a slippery floor like a fetch. So make it the grass. I wouldn't recommend asphalt or cement because there's no give to it, and so it's just more pounding on the joint. So I would choose, like, if it's a small dog and you have a big enough space, like carpet or the grass is a great place. Out in a field is a great place. We keep coming back to it. I didn't know this would happen, but we keep coming back to, like, let's just think logically. Like, if we relate this to something we might do.

Julie Naismith:

Yeah, I really like that.

Julie McKinney Miller:

But with these types of questions, I think, well, depending physical therapists, if you're in the US. Physiotherapists outside are really the experts to answer that question.

Julie Naismith:

I'm agreeing with you. I think it's specialism. There's nothing like seeing 30 dogs a week who've got musculoskeletal issues to know your stuff, right? I'm a great believer in specialism. So yeah, I wouldn't have had you on here if I didn't passionately think, if it was the case. But just coming

back to what you were saying about relating it to how we would feel or what we would do, we talk a lot with separation anxiety about it being a panic disorder. It's a phobia. And just as and I'm sorry, I hope you haven't got a phobia of snakes. I use snakes or spiders a lot. But just as we wouldn't lock somebody in a room with spiders if they hated spiders. So we don't lock separation anxiety dogs at home alone with their fear of being home alone. I think we all get that more when we start to think like that. Oh, yeah. No, I wouldn't want to do that. That would be awful. So it's a good takeaway for this as well, for this topic.

Julie McKinney Miller:

Perfect. And thank you.

Julie Naismith:

Thank you so much. Brilliant. All right, we'll chat again soon, Julie, thank you.