



## Library Article

---

### Hip Dysplasia

Written by: Elizabeth Coolidge-Stolz, MD

Tucket was 14 weeks old when he arrived. His temperament had been the deciding factor in getting him: Our oldest dog, Teddy, was almost six years old and very ill with chronic autoimmune disease. Our son Joseph, almost five years old, had autism. Tucket assumed all physical contact represented affection and practically stood on his head to lick Teddy's face when they met.

Over time, I was asked how well Tucket was doing in the ring. I felt guilty because I knew the standard well enough to see how nice he was; I had explained to his breeder that we couldn't show him because of our family issues, yet she had sent him anyway, as a pet. In the end, I watched that ergonomic trot going across the backyard and enrolled us in handling classes. I was never more than adequate as a handler, yet we went WD-BOW three times in our first four shows, and we placed in Open at the National Specialty, our fifth show. (We ended up with 12 points, three four-point reserves, and four two-point wins one dog shy of a major.)



We found Tuck was dysplastic not because we suspected it, but because a friend of mine asked if I would allow her to use him at stud. After asking his breeder, we started health screens. I will always remember when the phone rang and the vet told me my dog had bilateral dysplasia. I said, "No, his films are for OFA clearance. You must be thinking of another dog," as if a relatively small practice could possibly be doing OFA films on two brown beardedie boys on the same day.

When I called his breeder, she asked whether I had noticed a limp, and I said no. She suggested we send the films for review to see if positioning was an issue. The reviewer was very kind as he said my dog had marked bilateral hip dysplasia. He recommended we have Tucket (named for Nantucket, the island where we honeymooned) examined by an orthopedic



## Library Article

---

surgeon and told us to start glucosamine and chondroitin to nourish the knee joints, which were at risk because of the abnormal hips.

We are lucky because we live near one of the country's major animal hospitals. I called Teddy's internal medicine specialist (Ted, by then, had died) and she helped me set up an appointment. I thought the surgeon would base his recommendation on the films, but instead he touched Tucket's hip, said "look at the muscles go into spasm when I go near the joint," and I knew we were facing surgery.

The surgeon went over both hips and explained his findings as he went: The muscle mass on both hips was less than you would expect, and the muscles spasmed at any attempt to move the leg at the hip. I wondered what in the world had allowed me to look at the x-rays and see possibly normal hips. When the vet watched Tucket stand up and walk a few steps he commented that my dog wasn't bearing any weight on the right leg.

In the few weeks before surgery, I did two things. Because my husband couldn't accept that a dog who could tear around the backyard and go for two-mile hikes could be dysplastic, we saw another surgeon. She looked at Tucket, said he was in a lot of pain, gently examined him, and gave us pain medication. I told my husband to accept it; our barely four-year-old was going to get a bionic hip. Then I obsessed over every memory to see what I had missed.

Tucket never jumped or stood to greet us, never offered his paw (he whacked with his nose for attention). Over the last few months of shows we attended, his gait closed up a bit. When it opened up as my husband gaited him at home I had concluded it was due to heat and a short regular handler.

I had excellent support as I waited for the surgical date (hip replacement requires two surgeons, and thus there was a wait to get on the schedule). Tucket's breeder and the friend who had wanted to use him (she used his sire and got a beautiful, healthy litter that included the bitch puppy she had hoped for) were both wonderful.

Here is a partial list of questions I asked the surgeon and his answers.

1. Is this a curative procedure? Hip replacement is curative because it substitutes a good hip for the dysplastic one; and he assured me the hip would last for the rest of Tucket's hopefully long, active life. In contrast,

## Library Article

---

there is a less expensive, non-curative procedure that involves severing the head of the femur. Scarring eventually holds the leg in the joint capsule of connective tissue. This is palliative: It relieves pain but does not create a sound joint. In our case, the surgeon felt Tucket would not be able to resume his previous level of activity after osteotomy and the procedure would not relieve the abnormal stresses on his knee.

2. What is involved in post-op care? When Tucket came home, we had to use a sling under his belly to enable him to go from the front door to porch and from porch to sidewalk. He was walked only far enough to eliminate; inside, he was tethered to a sherpa pad near my computer (we could never have managed without a full-time adult at home) or crated. To stop his licking at the incision, we tried Solarcaine, a sunburn spray with a local anesthetic in it. That worked, or we would have needed to use an E-collar.



After the staples were removed, I child gated the stairs, blocked off the couch, and allowed him the first floor. We and Joseph's teachers drilled him that he could not touch Tucket to avoid accidentally knocking the new right hip out of the socket. (The high-risk period for infection and accidental hip dislocation is roughly two to three weeks.) We adopted petting with Tuck lying down and Joseph sitting. We carried Tucket up and down the flight of stairs to the second floor for the eight weeks of recovery. Because Tuck would not accept being crated while I napped, I started lifting him onto the bed.

Our family exemplifies the notion that bad things happen, and even when they can't, they happen anyway. I work as a medical writer because I had a severe head injury a year after graduating from medical school. Our first dog, Teddy, was a strong, loving beardedie who developed lupus at age two and struggled gamely before dying at age seven. (He was as distantly related to Tucket as two beardedies can be.) Our first and only child has autism and juvenile bipolar disorder. Tucket has hip dysplasia. All four



## Library Article

---

disorders have a genetic component. Here are some thoughts about heritable disorders:

1. Hip x-rays do not directly represent genetic makeup, but as an indirect marker they are the best we have at present. Tucket is an example of their limitations. His parents were both OFA good, as was his litter brother. In thirty years, Tuck is the only one in his breeder's line to have clinically evident hip dysplasia. We can optimize the value of hip films by x-raying as many members of each generation as possible and by recording all data in an open registry (something standard in the European country in which Tuck's parents were both born). Even then, hip information is only helpful when breeders use it.

2. We hope "Player to be named later" (our next puppy) will be our foundation. I love this breed, and seeing the dignity and tolerance with which lovely dogs live each day in pain hasn't diminished our commitment. I watch Lily (Tucket's half-sister, who at eight still stands like a hare to see over the stone wall at a park we frequent if she hears activity in the field on the other side) and Tucket interact with the three women who come six of seven days a week to work with Joseph. I marvel at their ability to greet happily and then settle. I watch Lily lick Joseph's head and settle beside him on the floor, even when his agitation and poor motor skills means he regularly bumps her or falls near her. I loved showing Tucket, the feeling of being coupled as we floated around the ring, the one time I saw the judge look at a special, then back, then say "Breed" looking at us.

If (when) I have to consider genetic defects as part of a breeding decision, I would rather breed a dog with hip dysplasia than autoimmune disease that can involve multiple systems and at best be contained, never cured. Apart from his hips, I would breed another Tucket in a second. Two years out from his surgery, both knees have clicks from damage due to the bad hips and we should replace the left hip as soon as we can. Tucket continues on a non-steroidal anti-inflammatory drug and joint supplement to help the remaining biological hip and his knees.

On the other hand, we walk together every day, he naps with me in the afternoon, and I am blessed to have him.