What is a Dynamic Dog Behavior & Health Report?

Behavior & Pain Are Connected

Just like humans, dogs are impacted by pain and discomfort. Recent research suggests that up to 80% of behavioral issues have pain as an underlying factor! However, common behavioral "tells" of discomfort can be easily written off as purely a training issue:

- "Naughty" behaviors like jumping, mouthing, barking, leash biting, or overexcitement
- Increased aggression, fear, or reactivity
- Sound sensitivity, handling sensitivity, general fearfulness
- Resource guarding
- "Quirky" or "strange" behaviors that you can't explain

*If we assume these behavior challenges are only a training problem, we run the risk of **trying to treat pain with a behavior plan**. This is both ineffective, and doesn't align with our ethical standards!*

What Can We Do Instead?

We can combine training support with health support! At Rover Rehab, all of our training programs include a Dynamic Dog Behavior & Health Report (*an example report is on the next page*). This is a comprehensive assessment of your dog's gait, posture, and movement alongside their behavior. We spend extensive time analyzing photo & video evidence of your dog and compile our findings into a report for your veterinary team. We then are able to collaborate with them to help your dog get the best support for any underlying health needs!

Veterinarians can be limited by what they can actually *see* in the exam room, which is especially difficult if dogs are fearful or aggressive at the vet. The Dynamic Dog Report helps to bridge that gap to get your dog the care they need.

Along with the Report, you will also receive personalized, pain-aware guidance around changes to make at home and in your training to help your dog feel their most comfortable.

The Report includes written documentation, plus photos & videos like these to highlight any posture or movement anomalies

- Curved purple line shows increased roaching of lumbar section of spine

- Orange circle indicates abnormal hind limb rotation - toes are turned out towards the side versus forward.

Lyz Knight
IAABC-ADT, DDP, & FFCP
RoverRehabDogTraining.com

Sample Dynamic Dog Behavior & Health Report

Client Information
Jane Doe
Massachusetts

Dog Name, Age, Sex, Breed
Molly ("M")
12.5yo FS mixed-breed dog

Report compiled by:
Lyz Knight, IAABC-ADT & FFCP

Rover Rehab Dog Training
Lyz@RoverRehabDogTraining.com
RoverRehabDogTraining.com

Subjective

O adopted M at 1.5 years old from a rescue in New Jersey. In 2022, M tore both cruciate ligaments and did not undergo surgical intervention for either. M has additional current diagnoses of arthritis in both knees and R shoulder. O reports a history of GI issues including periodic diarrhea every few months. Recently, O has observed that M has difficulty sleeping through the night and will get up often to reposition herself or move to a new sleeping location. M will more often hesitate going up stairs than she has in the past, and has gotten "stuck" with only her forepaws up when attempting to jump onto the bed or the car. O reports that M periodically whines and has difficulty settling, especially in the afternoons and evenings. M is often hesitant to get into position to defecate.

Objective

Static - In a stand viewed laterally, there is mild roaching of the lumbar spine with a moderate pelvic tuck and ventral pelvic rotation. From a caudal aspect, moderate spread hocks with medial rotation of pelvic limbs can be seen. M is often PWB on one of either the hind limbs. Muscle atrophy noted on LH.

Dynamic - M opts for a faster gait than a walk and regularly paces instead of trots. Viewed laterally, she displays a cranial weight shift indicated by lowered head carriage. In trot, hyper-retraction of hind limbs can be seen along with excessive hip sway and moderate spread-hocks noted by medial rotation of pelvic limbs. Triple-tracking is noted by LH following the path of RF.

Activities of Daily Living - When going down stairs, M displays circumduction of RH with medial placement of the LH and a left lateral weight shift. Going up stairs, she displays excessive tail movement for balance, moderate spread-hocks, and hyperflexion of hocks. During ambulation from down to stand Molly has difficulty, indicated by throwing her head up and forward and hopping front limbs closer to her body to provide leverage. Hind limbs are PWB during down-to-stand transition. M displays an altered poop stance - weight shifted cranially noted by lowered head position, wide hind limb stance with front limbs placed caudally for support, hyperflexion of hocks, and lateral rotation of the hind limbs.

Assessment

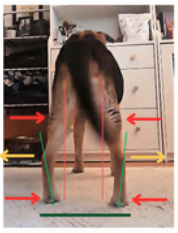
- PWB on HL
- Cranial weight shift
- Altered poop stance
- Roaching, ventral pelvic rotation with pelvic limb tuck
- Spread hocks
- Hyperflexion of hocks
- Excessive tail movement for balance
- Excessive hip sway
- Triple tracking
- Muscle atrophy on LH

Plan

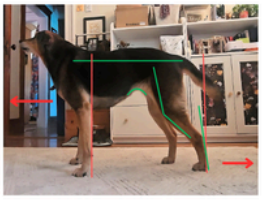
The above observations indicate suspected discomfort in Molly's lumbosacral spine and/or hind limbs, and we recommend referral to Molly's veterinarian for further investigation. We recommend discussing potential adjustments to her pain management plan, with specifics to be determined by the veterinarian. Due to the above assessment, consider additional diagnostics to include imaging, and consider consulting with a certified canine rehabilitation therapist for additional guidance in improving Molly's mobility. Adjunctive therapies including massage, cold laser therapy, and acupuncture may provide additional relief for Molly's pain.

The first page of the Report outlines behavior challenges or changes that can be indicative of pain as well as the written description of our gait, posture, & movement observations.

Additional Information



- Spread-hocks
- Muscle atrophy on LH



- Cranial weight shift
- Roaching, ventral pelvic rotation with pelvic limb tuck

Dynamic Assessment - Video Evidence

https://youtu.be/qcT-sJ3CNH4

Please note that Lyz Knight is not a veterinarian, and as such, cannot diagnose, recommend, or prescribe medical treatments. These findings should be used in conjunction with an examination performed by a veterinary medical professional.

The second page includes photo evidence of posture abnormalities, plus a video link with gait and movement clips.