



THE LABRADOR RESCUE TRUST

ESSENTIAL GUIDE TO HIP DYSPLASIA IN DOGS

This Veterinary Help Sheet has been very kindly written by Robert White-Adams MRCVS, who regularly writes informative columns in The Trust's 'Labradors Forever' magazine

Hip dysplasia ("*diss-play-zia*") (HD) is a problem affecting a large number of Labradors. It is all too common to find older Labradors suffering hip osteoarthritis, but in many cases osteoarthritis has actually developed because the patient has suffered from HD – and because of this, it is a condition that attracts much worry from Labrador owners – and considerable effort from the Labrador-breeding community towards its eradication.

What is Hip Dysplasia?

HD is a developmental problem – it occurs during the growth period of a dog's life - from birth to about 18 months and is characterised by the formation of poorly fitting hip joints.

Causes

HD has been shown to have many contributing factors – and there are probably others we have yet to identify. Currently, genetics, diet, obesity and incorrect exercise regimes have all been shown to have a role.

Clinical signs

HD is diagnosed in patients of two very different age groups:

1. Older Dogs: Because the condition is usually mild it often develops silently and unnoticed. However, the continual use of the poorly fitting joints leads to early-onset hip osteoarthritis in middle-to-older aged dogs. Affected patients show typical signs of osteoarthritis, specifically difficulty rising/sitting/lying down, stiffness, intermittent lameness and muscle wasting over the hindquarters.
2. Young Dogs: In the (less common) cases where hip malformation is severe, HD may cause problems in much younger dogs – usually 6-18 months old. Classically these patients show intermittent mild-to-moderate hind limb lameness – but closer examination usually reveals hip pain, unusual gait characteristics (especially a preference to bunny-hop rather than trot) and a "cow-hocked" stance (hocks tucked in, toes pointing out).

Diagnosis

In older patients, the diagnosis is usually detection of early-onset hip osteoarthritis and specific diagnosis of HD as the underlying cause is, by that time, irrelevant. Treatment for the osteoarthritis usually takes precedence.



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In adolescent patients a tentative diagnosis of HD is made on the basis of history, breed, and clinical signs. Final diagnosis of hip dysplasia can only be made from precisely positioned x-rays (usually obtained using a short-acting anaesthetic or sedation) that show the abnormal hip joint formation. (However, whilst x-rays are diagnostic, there is much variation between changes seen on x-ray and clinical signs in affected dogs so they should not be over-interpreted when evaluating prognosis).

Treatment – Older Patients

In older patients treatment usually focuses on controlling and slowing the secondary hip osteoarthritis. A comprehensive treatment plan should incorporate appropriate anti-inflammatory pain relief medication, joint nutraceuticals (*e.g.* canine formulation of glucosamine or chondroitin), moderation of exercise regime (possibly including physio- or hydro-therapy) and weight control (often the most important factor but also the most often over-looked!). In severe cases hip pain can become uncontrollable or the restriction in hip movement makes normal activity impossible – for these patients we often consider one of a range of palliative surgeries that can remove pain and improve mobility.

Treatment – Younger Patients

There is no cure for HD, but if younger patients showing signs of HD are handled carefully, and if appropriate veterinary advice is sought early, it would appear that in most cases we can slow or limit hip malformation (and subsequent osteoarthritis). Initial therapy is similar to the older patient – concentrating on pain relief and altering the dog's lifestyle, moderation of exercise regime and improving diet. In rare cases, hip malformation is so severe the hip becomes virtually non-functional and severely painful– and in those cases drastic surgery such as Total Hip Replacement may be considered.

Prevention

HD is a multifactoral condition and has proved (so far) impossible to eradicate from affected dog breeds, including Labradors. There are however some things proven to reduce its occurrence and/or severity.

1. **Breeding/Genetics:** The British Veterinary Association (BVA) in conjunction with the Kennel Club run a Hip-scoring scheme. Breeding dogs have their hips x-rayed and the hip joints assessed and awarded a point score by a veterinary expert. It is recommended that dogs with poor hip scores are not used for breeding since it is highly likely their offspring will inherit the condition. Puppies from dogs receiving good scores are less likely to develop hip dysplasia – and are often sold or advertised as being “hip-scored” – it is worth remembering that it is not the puppy that is hip-scored but his/her parents – and whilst having parents with good hip scores makes development of HD less likely – it does not eliminate it completely.



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2. **Diet:** Fast-growing, large-breed dogs are more likely to have hip dysplasia. During the growth phase of life (birth-18 months old), feeding a diet specifically designed for large breed growing dogs will moderate growth rate to allow proper skeletal system development. In addition, these diets provide carefully controlled levels of key nutritional components implicated in the causes of hip dysplasia.

3. **Exercise Regime:** Under-exercise, over-exercise or irregular exercise of a growing puppy (birth-18 months old) will severely exacerbate any abnormality in the structure of the hip joint. The importance of maintaining a sensible exercise regime for your dog during the first 18 months of life cannot be over-emphasised. I frequently see young dogs who are regularly taken jogging for miles by their owners on a regular basis – a 12 month old dog is equivalent to a 10 year old child – and their growing bodies should be treated with the same respect! Whilst there are no precise rules – it is generally considered sensible that growing dogs should benefit from short bouts of moderate exercise a few times daily.

4. **Weight Control:** The old veterinary favourite – overweight Labradors! Bad hips only get worse if they have to carry around extra weight. If your dog has mild HD (as yet silent and unknown to you) nothing you do is more likely to bring about the pain, stiffness (and expense!) of secondary early-onset hip osteoarthritis than letting your dog become overweight. Just remember that next time you reach for those doggie treats!

In HD, as with so many canine medical matters, prevention is much better than cure – and prevention comes from education and working in partnership with your vet. If you are worried about HD in your dog then please seek advice/help from your Veterinary Surgeon. We are always grateful for a chance to intervene early with HD patients.... before it gets too late!

The Trust wishes to extend their most grateful thanks to Bobby White-Adams for his invaluable contribution to our rescue work.

This help sheet has been written by Robert White-Adams MRCVS. Robert has extensive experience working in mixed and small animal veterinary practice and anything to do with Labradors. He got his first and now sadly missed TLRT dog in 2001. Robert opened his own veterinary practice in 2008 which welcomes all pets, but especially Labradors.

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These Information Sheets are intended to serve as a guideline to new homes and foster homes. They are the result of many years of experience from our helpers and we hope that they provide a useful insight. Please note that these are only guidelines and The Labrador Rescue Trust, its helpers and officers make clear that it is the responsibility of each home/foster home to recognise the needs of their dog and to react to those needs. The Trust, its helpers and officers cannot be held responsible for the behaviour of any individual dog.

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