

The Whole Dog Journal™



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Yes Power

Try to “catch your dog doing something right” as often as possible.

BY NANCY KERNS

One of my biggest pet peeves with most dog owners *and* parents? When the authority figure (owner or parent) more or less constantly says, “No!” (as in, “Don’t do that!”) – and only rarely says, “Yes!” (as in “I like what you’re doing! Keep it up!”). It’s *no fun* to be around, it’s discouraging to dogs and children alike. Worse, it doesn’t offer the recipients of the message any information about what they *should be* doing to make their owners or parents proud and happy (or at the very least, happier).

Maybe you think this is new-agey and stupid. Before you judge, though, try this exercise with a friend or spouse: Tell your partner to think up a behavior that they’d like you to perform (or even two or three behaviors that they would find acceptable), and then instruct them to play the “warmer/colder” game in order to get you to perform the behavior/s. Only, instead of calling out “Warmer!” when you start to move in the right direction, they should just be silent. And instead of using “Colder!” as a hint that you are doing the wrong thing, tell them they should say, “No!” every few seconds, as long as you aren’t doing what they want you to do. No. No. No. No. It won’t take long for you to decide this is a stupid game.

I suspect that this is what it must feel like for most dogs (especially puppies) in a new home. Most people give their dogs almost no direction whatsoever about what they ought to be doing, but just wait for the dog to screw up. NO going in Grandma’s room! NO getting on the couch! NO taking that food off of the coffee table! NO going pee in the house! NO barking at the doorbell, TV, or microwave beep! NO chewing that sock! NO bothering the cat (or bird or fish)! It must be daunting.

But, just like kids, some dogs let the stern facial expression or tone roll right off their backs. They may pay attention at *first*, but very quickly, they may just tune out and ignore the

stream of No’s; they just keep it up until they are physically prevented from continuing.

I find it to be so much more powerful to tell my dogs what they *should be* doing – if not with a cue and a reinforcing reward, by “catching them in the act” of doing an acceptable thing, and rewarding/reinforcing it. For example, when I come home from the grocery store, Otto *always* comes to the side gate to greet me. He sometimes barks. When he does, I either ignore him entirely, enter the house through the front door (thus avoiding contact with him), or (if I have time), I’ll wait in the car until he stops barking. If he doesn’t bark, I make sure I go to him directly for a happy greeting and at least a pat or chest rub.

As a result, he rarely barks when I get home – though he often greets me with what I call his “wookie” greeting, a long “Woooooo-woooo” sound that I just adore. That, too, gets me to stop and praise him, and kiss him on the head (which he likes). The latest thing he discovered that I can’t resist is to throw himself on the ground in front of me, roll onto his back, and curl his front paws to his chest just so – it’s so cute I can’t resist stopping to rub his chest, which he loves. Jackpot!

Try catching your dog doing something right, many times a day. It doesn’t have to be a big deal, just a happy Yes! and eye contact. You may be amazed at how well behaved he becomes, overnight.

MISSION STATEMENT: WDJ’s mission is to provide dog guardians with in-depth information on effective holistic healthcare methods and successful nonviolent training. The methods we discuss will endeavor to do no harm to dogs; we do not advocate perpetrating even minor transgressions in the name of “greater good.” We intend our articles to enable readers to immediately apply training and healthcare techniques to their own dogs with visible and enjoyable success. All topics should contribute to improving the dog’s health and vitality, and deepening the canine/human bond. Above all, we wish to contribute information that will enable consumers to make kind, healthy, and informed decisions about caring for their own dogs.

Inhospitable?

Five things to do if your dog snaps at a guest.

BY PAT MILLER, CBCC-KA, CPDT-KA

If you've never had to deal with that alarming moment when your beloved dog snaps at a guest in your home, you are fortunate. I hope you never do. But just in case, it's good to know that, first, you're not alone – lots of dogs have snapped at guests in their homes (or worse!). Second, it's not the end of the world; it doesn't mean you need to euthanize your dog and it doesn't mean your dog will inevitably maul someone. It is, however, an important heads-up for you. How you handle the situation can often determine if your dog's aggression toward visitors escalates or diminishes. So if it happens, here's what you need to do:

1 CALMLY REMOVE YOUR DOG FROM THE SITUATION.

No scolding, no yelling, and no physical punishment. Gently take hold of her collar, lead her to a quiet room away from the action, and leave her there with a bowl of water and a chew toy. Your visitor may expect you to punish your dog, even "alpha roll" her, if he's watched a certain television show. Don't let your guest pressure you into doing something you know is wrong and that you will regret later. Your dog is your dog!

2 CALMLY APOLOGIZE TO YOUR GUEST.

Of course you will make sure your guest wasn't injured ("snap" implies no actual contact). But then it will suffice to say, calmly, "I am sorry Missy snapped at you." Your guest doesn't need an anxious, shrill litany of "Omigosh Missy has never, ever done anything like that before! I am so, so sorry she did that to you! I can't imagine what got into her! I hope we don't have to get rid of her!" Histrionics will inflame the situation and can turn a minor incident into a major event.

3 CALMLY DECONSTRUCT THE INCIDENT.

If this is new behavior on Missy's part, you want to identify what might have happened so you can take steps to make sure it doesn't happen again. (If it is not new behavior, shame on you for allowing it to happen again!)

Quietly ask your guest some version of these questions in a non-accusing manner:

- Can you tell me what happened?
- What were you doing when she snapped at you?
- What was she doing just before she snapped at you?
- Did you see any signs that she wasn't comfortable with you?

4 MAKE NOTES.

As soon as you are able, write down everything you can think of about the incident. Describe the person she snapped at in detail – age, gender, race, size, unusual features (beard, glasses, etc.), what the person was wearing, if there was anything in his hands, and yes, what he was doing.

Include information about where the incident happened, the weather, and any unusual occurrences in the dog's world over the previous two days (for example, she killed a bunny yesterday in the yard, there was a thunderstorm last night, she didn't eat her breakfast this morning). Because stress is cumulative and aggression is caused by stress, this may help you come to understand why this out-of-character behavior happened. If additional incidents do occur in the future, you will have a good record to



Any dog can be caught off guard and snap. But if he has done it more than once, you need to take immediate steps to protect your dog and guests from one another.

share with the behavior professional you enlist to help you.

5 CLOSELY MONITOR YOUR DOG'S BEHAVIOR AROUND FUTURE GUESTS AND OTHER HUMANS IN ANY CONTEXT.

Watch carefully for signs that she is stressed, including the dog lowering her body and tail, turning her head, averting her eyes, pinning her ears back, panting, licking her lips, avoiding contact, rolling over, and more. (For more information about recognizing signs of stress in dogs, see "Listen by Looking," WDJ August 2011.) Manage her carefully to avoid putting other guests at risk. Remove her to a safe place if she appears anything but relaxed and happy with visitors. If you continue to see signs of stress or distress around visitors, keep taking detailed notes, and seek the assistance of a positive behavior professional who can help you help her become safer and more comfortable with humans. 🐾

Pat Miller, CBCC-KA, CPDT-KA, is WDJ's Training Editor. Pat is also the author of many books on positive training. See page 24 for more information about her dog-training classes, books, and courses for trainers.



Dock Diving dogs leap off a platform into a pool in long-jumping, high jumping, and/or speed jumping & swimming contests. For dogs who love water, there is no greater sport. PHOTO BY TOM FEIST, © PHOTOS BY FEIST

Ready, Set, Jump Into Dock Diving!

Water-loving dogs have a blast in this sport.

BY LISA LYLE WAGGONER, CPDT-KA, PMCT2

Summer! It's the perfect time for dock diving. In this canine sport (also known as dock jumping), the participating dog jumps off an elevated diving platform into a portable pool and the dog with the longest jump is deemed the winner. I think dock diving is possibly the best canine sport for spectator enjoyment. And, if you decide to compete, you can easily redline the FUN meter! Besides the joy of hanging out with my dog by a cool body of water, the one thing I love about the sport is that with just a few dog and handler skills, any person and any breed of dog and size of dog can participate.

I never meant to get involved with the sport, but thanks to a bit of synchronicity, life presented me with the opportunity to discover dock diving with my then-new Australian Shepherd puppy. Because I happen to love the water, I wanted Willow to enjoy the water, too. She loved the shallow creek beside our house, but wasn't too keen on immersing her entire body into a pond or a lake, so I used Willow's favorite toy, a Bumi (a

floatable toy made by West Paw Design), to encourage her to put her paws in the water. I also took advantage of a trainer friend's water-crazy Labrador Retriever, Daisy, to increase Willow's comfort with water through social facilitation – where the intensity of a behavior can increase due to the presence of another dog performing the activity.

Voila! Before long, Willow was easily and happily following Daisy into the

water. I added a doggie life jacket as insurance to make sure Willow would be totally comfortable when she took her first few forays into deeper water.

Next I took Willow to watch Daisy perform some fine launching off the dock at a lake for a water toy thrown by her owner, Bob Ryder, CPDT-KA, PMCT, of Pawsitive Transformations in Normal, Illinois. Even though Willow was hesitant to jump off the dock, having a front-row seat for all of Daisy's fun helped her forget her misgivings about the dock. We practiced sit/stays and down/stays, always reinforcing with food or the chance to fetch her water toy on land. In no time at all, she eagerly followed Daisy off that lake dock – and I was getting hooked.

Not long after, I attended my first dock-diving event, and witnessed firsthand the fun that competitors and dogs have on the dock. I was a goner!

I continued working with Willow's water skills slowly and steadily. Willow made her first jump off a regulation dock just a year ago. You surely heard this trainer exclaiming with excitement! In only her second dock-diving competition three months later, she earned her DockDogs National Junior Big Air Title, in recognition of attaining five jumps between 10' and 14' 11".

REQUIRED SKILLS FOR COMPETITION

There are a number of dock-diving organizations (see sidebar, next page), each offering distance jumping competitions, generally referred to as Big Air. DockDogs also has the high jump (known as Extreme Vertical) and the speed retrieve (known as Speed Retrieve, which is sort of a misnomer as it's really a quick jump, swim, and grab of a bumper on the opposite end of the pool; the clock stops at the release of the bumper).

Willow and I compete in the Big Air competition in which there are two different styles of getting your dog down

the dock and chasing a toy into the water.

In the “place and send” method, the handler walks with the dog to the end of the jumping platform and the dog is restrained while the handler tosses the toy. The dog and handler then return to the starting point and the dog is given the release cue to go get the toy. This is a nice way to begin if your dog hasn’t yet achieved a formal wait or stay.

When using the “chase method,” the dog is placed in a stand/stay or sit/stay while the handler walks 40 feet to the end of the jumping platform on the dock. The handler poses with the toy held high in the air and at the handler’s release cue, the dog races down the dock and the handler tosses the toy (also known as the chase object) at just the right moment in an attempt to keep the toy in front of the dog’s nose all the way to the water. Because Willow loves to chase moving things, I chose the chase method.

No matter what method you use, as with any other canine sport, **teamwork** is the key component of dock-diving training. Both handler and dog need certain complementary traits and skills in order to be safe and enjoy the sport. Let’s start with the **dog’s required skills:**

■ **ENJOYMENT OF THE EXPERIENCE** –

It’s imperative that your dog *truly* enjoy the total experience. I’ve seen a few handlers on the dock who were having fun, but whose fearful dogs would have been more comfortable left at home.

■ **LOVE OF THE WATER** – If your dog

already loves the water, fantastic. If not, find a lake or pool with a shallow area and bring out the fun! Pair the new experience of two or four paws in shallow water with an enjoyable game of tug or feed your dog high-value treats while her paws are in the water.

But please don’t *ever* push or throw your dog in the water. You don’t want to end up with a dog who is afraid.

■ **ABILITY TO SWIM (NATURAL OR TAUGHT)** –

Some dogs seem to take to swimming naturally. Not so with our Australian Shepherds; I’ve had to teach both my Aussies how to swim, although you wouldn’t know that to watch them now.

A canine flotation device can help a dog who is learning to swim feel more comfortable. There are a variety of well-made dog life jackets available. I personally use the Hurtta jacket because of its secure fit, multiple buckles for adjustment and wide, stretchable belly band. As with many dog life jackets, the back of the jacket is made with a sturdy handle that allows the handler to easily guide the dog in the water or lift the dog out of the water. To teach swimming skills,

DOCK DIVING ORGANIZATIONS & COMPETITION DETAILS

Dock jumping first came on the scene in 1997 at the Incredible Dog Challenge. There are now several organizations that run jumping competitions, and each organization has its own rules, regulations, and standards for its trials. Events are listed on each organization’s website. Competitors work their way up and compete in world championships or other major national events.

The dock is about 35 to 40 feet long by 8 feet wide and 2 feet above the water surface, though this differs slightly from one organization to the next. Any body of water or pool that is at least 4 feet deep can be used. The dock’s running platform is covered with artificial turf, carpet, or a rubber mat for better traction and safety for the competitors. Handlers may use any amount of the dock and they may start their dogs from any point on the dock when competing.

Scoring may be scored by eye (two certified judges watching the measuring marks on the pool) or with digital scoring equipment. National events most often have the digital equipment to accurately measure each jump. The distance is measured from the jumping-off point of the dock to the point where the dog’s hind end enters the water.

Dogs of any breed who are at least 6 months of age can participate. Each dog/handler team has two tries in a round-robin format. The best distance of these two jumps is the team’s score for the round. Dock Diving competitions divide the dogs into a variety of classes, primarily based on size and length of jump, and sometimes age or size (“veteran” classes for older dogs, “lap dogs” for smaller dogs). Each organization also has special rankings for youth or junior handler teams.

Distances for each group’s classes are detailed below:

✓ **DOCK DOGS** (dockdogs.com)

Novice: 1’ to 9’11”
Junior: 10” to 14’11”
Senior: 15” to 19’11”
Master: 20” to 22’11”
Elite: 23” to 24’11”
Super Elite: 25’ & above

DockDogs also has Extreme Vertical (a high jump competition) and Speed Retrieve, which involves running, jumping, and swimming, to complete a triathlon-type sport called Iron Dog.

✓ **SPLASH DOGS** (splashdogs.com)

Splash: 1’ to 9’11”
Junior: 10” to 14’11”
Senior: 15” to 19’11”
Pro: 20” to 22’11”
Extreme: 23’ & above

✓ **UNITED KENNEL CLUB DOCK JUMPING** (ukcdogs.com/Web.nsf/WebPages/DogEvents/DockJumping)

Novice: 1’ to 9’11”
Junior: 10’ to 14’11”
Senior: 15’ to 19’11”
Master: 20’ to 22’5”
Ultimate: 22’6” & above

Registration for UKC Dock Jumping events is conducted through Ultimate Air Dogs (ultimateairdogs.com).



Wearing her Hurтта canine life jacket (see hurtta.com), Willow practices leaping after a toy from a lakeside embankment.

PHOTO BY BONITA ASH, ASHFORD STUDIO

once Willow was comfortable wading in shallow water, I entered the water and cradled her under her belly, let her dog-paddle for a few seconds, then quickly set her back down where her paws could touch bottom. I also used other friends' water-loving dogs to encourage Willow into the water. It's important to work at your own dog's pace.

■ GOOD PHYSICAL CONDITIONING –

As with any athletic endeavor, your dog should be in good physical condition before beginning training. Playing fetch, swimming, doing agility for fun, tricks training, and using balancing discs can aid you in conditioning your dog.

■ **STAY** – Willow already had a solid “stay” before we started dock diving, though this skill was enhanced when the reinforcement for staying changed from food to a toy. I use a sit/stay on the dock, as it's easier for a dog to launch and gain speed from a sit than a down.

If your dog needs work on stay, select a reinforcer: either tasty treats or a toy. Ask your dog to sit, then cue her to stay. If she sits still for even one second, mark that behavior (the stillness) with a verbal “Yes!” and give your dog the treat or throw the toy. Slowly work up to longer periods of stillness by ping-ponging (randomly longer and shorter) the length of time you ask your dog to stay.

■ **DESIRE TO CHASE A TOY** – If your dog already loves chasing a thrown toy, great! If not, you can build desire by making the toy mimic prey. Shake the toy and move it rapidly near the ground and in front of your dog's front paws. When

she appears to be really engaged and excited, throw the toy a short distance and wildly praise her for going after it. If your dog is hesitant to give up the toy after the chase, use a second toy or yummy treat in trade for it. (When using two toys, it sometimes helps if the toys are identical, so the dog doesn't refuse to trade for her “favorite” toy.)

■ **RETRIEVE** – A retrieve isn't necessary for competition, as there's always a person with a skimmer pole (long pole with a net on the end) to grab the toy. However, a retrieve is certainly important if you're practicing at a lake by yourself. Before Willow had a formal retrieve, I lost more than a few toys during winter training when she wouldn't bring it back and I was too wimpy to jump in the cold water to retrieve it myself.

Many trainers use “backchaining” to teach a formal retrieve (by teaching your dog to first hold the toy, next to drop it, and continuing to work backward training each step through to completion). Another way is to build desire for the toy,

and then toss the toy only a few inches so the dog can easily reach and grab it, making it easy for her to return to you for another round of the game.

■ **JUMPING** – The jumping skill a dog needs for dock diving is similar to the human long jump. The dog needs lots of speed, as well as a very strong launch, in order to gain distance. With practice, the dog actually learns to gauge her run so that her back paws hit and push off of the very edge of the dock in order to most powerfully propel her body forward. The angle of the jump is also important and aided by the handler's throwing skills.

I first began training Willow to jump off the bank of a lake, transitioned to a very low wooden dock on a lake, and moved to a higher dock on a lake before moving to a regulation dock. The transition to the regulation dock was interesting for Willow, as the clear water allowed her to see the bottom of the pool and made her a bit leery. Please take your time with your dog during this phase of training. You don't want to push or shove your dog in the water and end up with a dog who is afraid. Game over!

■ CRATE TRAINING OR SETTLE ON A MAT –

As with any canine sport, there's plenty of down time while you're waiting for your turn to jump at a competition. Also, your dog needs rest in between periods of jumping. Her ability to deeply relax in a crate or while settled at your feet on a mat is important. Teach and practice this skill at home, and then move the “relax” training sessions out into the world, until your dog can chill out on cue, even on event sidelines.

■ **CONDITIONING TO NOISE** – Dock-diving competitions are noisy, with loudspeakers playing music in between



Willow's first launch off a regulation dock! The clear pool water unnerved her a bit at first. PHOTO BY BRAD WAGGONER



Lisa practices throwing her dog's favorite toy accurately and with the best angle for encouraging a proper long jump.
 PHOTO BY BONITA ASH, ASHFORD STUDIO

announcements, introductions, and comments on the teams.

Long before you ever compete, classically condition your dog to a variety of noises and loud sounds by pairing the new experience with high-value food or playing with her favorite toys. Visit a dock-diving competition or other festival environment; position yourself at the outskirts of the area, and pair the experience with yummy food, fun games, and/or positive training of exercises your dog already knows and loves. Insure your dog is comfortable at the outskirts before moving in toward the busier, noisier areas.

■ **TRAVERSING STAIRS** – The platform from which the dog jumps is attached to a long trailer, is elevated, and has stairs. Most competition docks have aluminum stairs with an open riser design. Your dog should be comfortable walking on aluminum and moving up and down the open staircase design. If you can find aluminum or metal steps (perhaps in a warehouse store?), practice there.

I helped Willow get used to walking on metal by using the moving metal carts at Home Depot and Lowes stores, and

paired the experience with her favorite yummy treats.

HANDLER SKILLS

Of course, you, too, need to have a few skills in order to train your dog for dock diving:

■ **PATIENCE** – Training at a slow pace will insure that your dog is truly comfortable with each phase of the training before proceeding to the next.

■ **THROWING ABILITY** – The handler throws a floatable toy (her dog's favorite) as her dog is racing down the dock. The accuracy and timing of the throw aids the dog in gaining speed and momentum in order to maximize the distance of the jump.

When your dog isn't with you, practice your throws by tossing a toy or other object into an empty bucket or other target. You can also play dry land throw/chase games with your dog. The goal is to have her catch the toy in the air.

■ **BE YOUR DOG'S ADVOCATE** – On any given day or any given moment, be ready to let your dog relax or head home

if she doesn't seem to be having fun. It's important that she's happy and enjoying the experience.

READY TO GET INVOLVED?

There are a number of sanctioning organizations that organize competitions (see sidebar) and hundreds of regional clubs throughout the country where you can take advantage of local or regional events. Most all clubs have practice events or training classes for a small fee. I've found that experienced dock-diving handlers are eager to help you and your dog succeed.

Summertime is one of the most enjoyable seasons to get started in this sport, so find a nearby lake or pond, insure your dog enjoys the water, and start having some dock-diving fun! Whether or not you ever step foot on a competition dock, there's loads of fun to be had doing recreational dock diving in a nearby body of water. However, if you do decide to enter a competition, I'm certain that you'll go home with a ribbon. In this sport, everyone who participates is considered a winner. How great is that? Get up, get going, and get set to get wet! And, as they say in the sport, "See you on the dock!" 🐾

*Lisa Lyle Waggoner is a CPDT-KA, a Pat Miller Certified Trainer-Level 2, a Pat Miller Level 1 Canine Behavior & Training Academy instructor and a dog*tec Dog Walking Academy Instructor. She is the founder of Cold Nose College in Murphy, North Carolina, and enjoys providing behavior consulting and training solutions to clients in the tri-state area of North Carolina, Georgia, and Tennessee, as well as offering educational opportunities for dog trainers and dog hobbyists throughout the U.S. Stay tuned for Lisa's Dock Diving DVD from Tawzer Dog, which will be available before the end of 2014. See "Resources," page 24, for contact information.*

VIDEO LINKS

- ❖ **USING SOCIAL FACILITATION TO HELP A DOG LEARN TO ENJOY WATER**
tinyurl.com/willowanddaisySF
- ❖ **SAFETY AND COMFORT WITH DOGGIE LIFE JACKET**
tinyurl.com/swimmingpractice
- ❖ **USING PATIENCE WHEN TRANSITIONING TO REGULATION DOCK**
tinyurl.com/regulationdock
- ❖ **FINISHED TRAINING – NATIONAL EVENT**
tinyurl.com/nationaltitle

Talking Turkey

Can tryptophan calm your anxious, aggressive, or overactive dog? Let's look at the science.

BY LINDA P. CASE, MS

I grew up with a storybook grandmother, “Nana” to my sister and me. Nana was a great cook and regularly expressed her love through sumptuous meals and comfort foods. Her home was definitely the place to be on all food-oriented holidays, including the ultimate all-American food holiday, Thanksgiving. Like many Americans on this day, my family gorged on all that Nana placed on her overloaded dining-room table – mashed potatoes, stuffing, butternut squash, warm rolls, salads, corn casserole, and, of course, the mandatory roasted turkey. Following this annual feast, my sister and I would fall into food-induced stupors, sleeping off our over-indulgence for several hours before rousing ourselves to eat one more piece of pie.

A number of years later I learned that my post-feast drowsiness was presumably caused by a specific nutrient in turkey, the amino acid tryptophan. This theory, first put forth by a nutritionist, proposed that turkey meat contains unusually high levels of tryptophan.

Once absorbed, tryptophan is used by the body to produce serotonin (a neurotransmitter) and melatonin (a hormone). Melatonin helps to induce feelings of drowsiness (i.e., enhances sleep) and the neurological pathway through which serotonin works has anti-anxiety and calming effects. Therefore, the theory goes, after consuming a high-protein meal, in particular one that is high in tryptophan, the body's production of melatonin and serotonin increases, which in turn causes drowsiness, reduced anxiety, and a calm state of mind. Presto – the post-turkey coma!

The tryptophan/turkey theory became so popular and widespread in the

early 1980s that nutrient-supplement companies decided to bypass the turkey part of the equation altogether and began producing and selling tryptophan supplements (L-tryptophan). These were initially promoted as sleep aids and to reduce signs of anxiety. However, as is the nature of these things, the promoted benefits of L-tryptophan rapidly expanded to

include, among other things, claims that it would enhance athletic performance, cure facial pain, prevent premenstrual syndrome, and enhance attention in children with attention deficit-hyperactivity disorder. (My personal favorite was the promotion of L-tryptophan as a treatment for Tourette syndrome.)

L-tryptophan enjoyed a robust reputation as the nutrient for “all that ails ye” until 1989, when it was found to be responsible for causing eosinophilia-myalgia in more than 5,000 people, killing at least 37 and permanently disabling hundreds. The US Food and Drug Administration quickly banned its import and sale as a supplement. Although the problem was eventually traced to a contaminant in a supplement that was imported from a Japanese supply company (and not the L-tryptophan itself), the ban remained in effect until 2009. Today, L-tryptophan is once again available as a nutrient supplement, but it has never regained its earlier popularity as a supplement for humans.

TRYPTOPHAN AND DOGS

It's odd that L-tryptophan was largely ignored by the dog world until a research paper published in 2000 suggested that feeding supplemental L-tryptophan might reduce dominance-related or territorial aggression in dogs¹ (see references on page 10). The researchers also

If eating turkey makes people drowsy, should we feed a lot of this high-quality protein source, or the chemical within it that is credited for its sleep-inducing ability, to calm anxious dogs? Well, no.



studied dogs with problem excitability and hyperactivity, but found no effect of L-tryptophan on either of these behaviors. However, the paper led to the belief that tryptophan supplementation was an effective calming aid in dogs (which it definitely did not show in the study) and as an aid in reducing problem aggression.

Today, a number of L-tryptophan supplements are marketed for reducing anxiety and inducing calmness in dogs. Interestingly, none of these product offer pure L-tryptophan; all of them include other agents that are purported to have a calming effect on dogs, such as chamomile flower, passionflower, valerian root, or ginger.

So, what does the science say? Does eating turkey or taking an L-tryptophan supplement reduce anxiety and induce calmness? Can it be used as an effective nutrient supplement to reduce anxiety-related problem behaviors in dogs?

THE TURKEY MYTH

It is a myth that consuming turkey induces drowsiness or reduces anxiety. The theory fails on several counts. First, turkey meat does not actually contain a uniquely high level of tryptophan. The amount of tryptophan it contains is similar to that found in other meats and is only half of the concentration found in some plant-source proteins, such as soy. Do you get sleepy after gorging on tofu?

Second, researchers have shown that the amount of tryptophan that is consumed after a normal high-protein meal, even one that contains a lot of tryptophan, does not come close to being high enough to cause significant changes in serotonin levels in the blood or in the synapses of neurons, where it matters the most.

Third, to be converted into serotonin (and eventually into melatonin), tryptophan that is carried in the bloodstream following a meal must cross the blood-brain barrier and enter the brain. This barrier is quite selective and only accepts a certain number of amino acids of each type. Tryptophan is a very large molecule and competes with several other similar types of amino acids to make it across the barrier. Following a meal, especially if the meal is high in protein, tryptophan does increase in the blood and is pounding at the blood-barrier door for access. However, it is also competing with other amino acids that are also at high levels (and turkey contains all of 'em). As a re-



Guarantee or not, there isn't good evidence that supplements containing tryptophan reduce canine anxiety.

sult, very limited amounts of tryptophan make it into the brain for conversion following a meal that includes lots of other nutrients.

So, why so sleepy? The real explanation for the drowsiness and euphoria that we all feel following a great turkey dinner at Nana's house is more likely to be caused by simply eating too much (which leads to reduced blood flow and oxygen to the brain as your body diverts resources to the mighty job at hand of digestion), imbibing a bit of holiday (alcoholic) cheer, and possibly, eating a lot of high-carbohydrate foods such as potatoes, yams, and breads, which leads to a relatively wider fluctuation in circulating insulin levels. Whatever the cause, don't blame (or credit) the turkey or the tryptophan.

TRYPTOPHAN: FLYING SOLO

That established, the erroneous focus on turkey did have some positive consequences in that it led to a closer look at tryptophan's potential impact on mental states and behavior when provided as a supplement. As a serotonin precursor, tryptophan (and its metabolite 5-hydroxytryptophan, or 5-HTP) has been studied as either a replacement or an adjunct therapy for serotonin reuptake inhibitors (SRRIs), medications that are commonly used to treat depression in people and are sometimes prescribed as treatment for anxiety-related behaviors in dogs.

Although limited work has been conducted regarding the effects of tryptophan supplementation in dogs, several informative papers did follow the initial dog study of 2000:

■ TRYPTOPHAN AND ANXIETY –

Researchers at Wageningen University in the Netherlands studied a group of 138 privately owned dogs with anxiety-related behavior problems².

- **Study design:** Half of the dogs were fed a standard dog food (control) and half were fed the same food, formulated to contain supplemental L-tryptophan. Neither the owners nor the researchers were privy to dogs' assigned groups. In other words, this was a "double-blind, placebo-controlled study" (see my book *Dog Food Logic* for more about studies), the "gold standard" of research designs. Dogs were fed their assigned diet for eight weeks, during which time the owners recorded any behavior changes they observed. At the end of the study, the researchers also performed a set of behavior evaluations to assess the dogs.

- **Results:** Although blood tryptophan levels increased significantly (by 37 percent) in the dogs that were fed supplemental tryptophan, neither the owners nor the researchers observed any difference in behavior between the supplemented group of dogs and the control dogs. There were moderate changes in behavior over time in all of the dogs, but this change was attributed to a placebo effect (more about placebos in next month's column). Overall, supplementation with L-tryptophan demonstrated no anxiety-reducing effects in the dogs enrolled in this study.

■ TRYPTOPHAN AND ABNORMAL/REPETITIVE BEHAVIORS –

A group of 29 dogs was identified³, each presenting with a form of abnormal-repetitive behavior, either circling, anxiety-related lick granuloma, light chasing/shadow staring, or stool eating. (Note: One might question the inclusion of stool-eating in this study, since many pet professionals consider eating feces to be a form of scavenging behavior that is normal and common in the domestic dog.)

- **Study design:** This was another double-blind and placebo-controlled study. In addition, the researchers used

a “cross-over” design in which half of the dogs are first fed the control and the other half are first fed the test diet for a period of time and are then all switched to the alternate diet for a second study period. This is a well-accepted study design that is helpful when a researcher has a limited number of subjects; it also helps to control for the placebo effect.

The dogs were treated for two-week periods and the frequencies of their abnormal behaviors were recorded daily.

● **Results:** The researchers reported no effect of supplemental L-tryptophan on the frequency or intensity of abnormal/repetitive behaviors. Although the owners reported slight improvements over time, this occurred both when dogs were receiving the supplemental tryptophan and while they were eating the control diet (there is the insidious placebo effect again).

Limitations of this study were that it was very short term and it targeted uncommon behavior problems that are notoriously resistant to treatment. Still, this study did not provide any evidence to support a use of tryptophan supplementation for repetitive behavior problems in dogs. (So, to all you folks who live with poop-eaters: sorry, no easy answer here with L-tryptophan.)

■ **TRYPTOPHAN-ENHANCED DIET AND ANXIETY** – Dogs with anxiety-related behavior problems were fed either a control food or the same food supplemented with L-tryptophan plus alpha-casozepine, a small peptide that originates from milk protein⁴.

● **Study design:** This was a single-blind, crossover study in which only dog owners were blinded to treatments. All of the dogs were first fed the control diet for eight weeks and were all then switched to the test diet for a second eight-week period. Because the treatment group always followed the control in this study design, it is impossible to distinguish between a placebo effect and an actual diet effect in this study. (Note: This is a serious research design flaw that the study authors mention only briefly.)

● **Results:** A small reduction in owner-scored anxiety-related behaviors was found for four of the five identified anxiety problems. However, in all of the cases, the initial severity of the problems

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was rated as very low (~1 to 1.5 on a five-point scale in which a score of 0 denoted an absence of the problem and a score of 5 denoted its highest severity), and the change in score was numerically very small, though statistically significant. This is not surprising since there is not very much wiggle room between a score of 1 and a score of 0. Finally, given that the food was supplemented with both L-tryptophan and casozepine, conclusions cannot be made specifically about L-tryptophan.

TAKE-AWAY POINTS FOR DOG FOLKS

First, forget the turkey. While it can be a high-quality meat to feed to dogs (especially if you select a food that includes human-grade meats or are cooking fresh for your dog), turkey contains no more tryptophan than any other dietary protein. Feeding turkey to your dog will not promote calmness (unless you allow him to stuff himself silly along with the rest of the family on Thanksgiving Day – a practice as unadvisable for him as it is for you).

Second, keep your skeptic cap firmly in place when considering the effectiveness of supplemental L-tryptophan or a tryptophan-enriched food as a treatment for anxiety-related problems. The early study in 2000 reported a modest effect in dogs with dominance-related aggression or territorial behaviors but found no effect in treating hyperactivity.

Subsequently, two placebo-controlled studies reported no effect at all, and the single study that reported a small degree of behavior change could not discount

the possibility of a placebo effect.

Human nature encourages us to gravitate toward easy fixes for all things that ail our dogs. Hearing about a nutrient supplement or a specially formulated food that claims to reduce anxiety and calm fearful dogs is powerful stuff for dog owners who are desperate to help their dogs. These types of claims are especially appealing because anxiety problems can have a terrible impact on a dog’s quality of life and are often challenging to treat using the standard (and proven) approach of behavior modification.

An additional risk that must be mentioned regarding our inclination to gravitate toward unverified nutritional “cures” is that well-established approaches such as behavior modification may be postponed or rejected by an owner who instead opts for the supplement, wasting precious time that could actually help a dog in need. Until we have stronger scientific evidence that demonstrates a role for L-tryptophan in changing problem behavior in our dogs, my recommendation is to enjoy the turkey, but train the dog. 🐾

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When to See a Vet, As Well As a Trainer

Medical rule-outs for abnormal behavior.

BY SUSAN SARUBIN, CPDT-KA, PMCT2

According to the American Society for the Prevention of Cruelty to Animals, between five to seven million companion animals enter animal shelters in the United States every year, and three to four million are euthanized. Of the dogs entering shelters, about 60 percent are euthanized. Some lose their lives due to old age, illness, or injury, others as a result of shelter crowding, but behavioral problems are most frequently cited as the major cause of relinquishment or euthanasia.

Shelter statistics alone are only part of the picture; dogs with behavior issues are also euthanized by veterinarians upon owner request, as are many other dogs who display undesirable behaviors surrendered to rescue organizations. Some difficult dogs are abandoned to the streets or wilderness areas.

While genetics always plays a role in behavior, many serious behavior issues in dogs are a result of inadequate socialization or other environmental factors. The use of ineffective training methods, frightening or traumatic experiences, insufficient physical and mental exercise, neglect, and abuse are all additional

stressors that affect behavior adversely, often profoundly.

Appropriate training can often modify problem behavior, and for more serious behavior issues, behavior-modification medications used in conjunction with training may also be helpful. But what if the underlying cause of a serious behavior problem is an undiagnosed medical condition? Behavior-modification training and medications for behavior will likely have little effect unless the medical condition is also addressed.

WHEN TO CONSIDER MEDICAL INVOLVEMENT

If the family dog's behavior changes enough for concern, a possible medical cause for the behavior change may not be considered by either the family or the trainer hired to "fix" the problem. And while some veterinarians are knowledgeable about the potential links between medical pathology and behavior, some are not. It's a heartbreaking tragedy when dogs are relinquished to a shelter or euthanized for a behavior problem caused or aggravated by an undiagnosed, treatable medical condition.

The majority of abnormal canine behaviors are likely caused by environmental stressors. Illness, disease, and injury are far less often associated with behavior change, and as a result, may be the last factor to be considered, if considered at all.

While we don't want to become hypochondriacs when it comes to our dogs, a possible medical cause for a behavior change should be first on the checklist of considerations, even if only to check it off in favor of a more obvious one. This is especially important when the behavior observed is uncharacteristic for the dog, and the change in behavior is sudden.

Sometimes the connection between behavior change and a medical condition is obvious. If a dog frequently shakes his head, scratches his ear, and repeatedly growls, snaps, and bites his owner's hand when she reaches to pet him on the head, the owner will probably suspect an

Include your trainer and your veterinarian in your dog's "team" of professionals if his behavior changes suddenly, or gradually becomes uncharacteristically undesirable.



ear infection is causing the behavior and bring her dog to the veterinarian. But what if the dog demonstrates the same uncharacteristic behavior of biting her hand when she reaches to pet him in the absence of any other obvious, observable symptoms of a possible medical issue? The owner is *not* likely to think, “I better get Max to the vet. This could be the result of thyroid disease. Or perhaps his spine needs an adjustment. Or maybe he’s losing his sight.” She may assume that the problem is merely behavioral in nature and be more inclined to call a trainer, who may or may not be familiar with medical rule-outs for this sudden behavior change. If the dog has an undiagnosed medical condition that causes him pain or discomfort leading to biting humans or other animals, his life may be in jeopardy.

Sudden onset behaviors that indicate anxiety, fears and phobias, compulsiveness, depression, disorientation, moodiness, erratic temperament, and/aggression warrant a trip to your vet’s office.

As a dog owner, you cannot be expected to be familiar with all the medical rule-outs for dozens of abnormal canine behaviors. But a general understanding that a medical condition may be at the

root of your pet’s behavioral change may prompt you to see your veterinarian for possible early diagnosis and treatment before behavior deteriorates further or dangerously escalates.

It is neither a trainer’s job to be fluent in medical causes for abnormal behavior, nor legal for her to make a diagnosis. It is important, however, for a trainer to know when to refer her clients to her medical colleagues. The more knowledge a trainer has of medical rule-outs for abnormal behavior, the better equipped she will be to help her clients recognize when a visit to the veterinarian is needed – a visit that may heal the family’s relationship with their dog, and save the dog’s life.

ABNORMAL BEHAVIORS AND MEDICAL RULE-OUTS

In her comprehensive reference book¹, *Manual of Clinical Behavioral Medicine for Dogs and Cats*, author and veterinary behaviorist Dr. Karen Overall devotes a full 137 pages to addressing abnormal canine behavior and behavior pathologies. In the manual, Dr. Overall divides the behavioral conditions affecting dogs into two chapters: those conditions involving aggression, and those not primarily involving aggression (allowing that the two may

occur simultaneously). Included in her discussion of each abnormal canine behavior and behavioral pathology are rule-outs for the conditions, both medical and non-medical. The manual is an indispensable guide for many veterinarians and behavior professionals.

Table 1 and *Table 2* (below and page right) summarize the behavioral conditions identified by Dr. Overall as having possible medical rule-outs, and are based on information provided in her book. Dr. Overall organizes her discussion of the behavioral conditions by actual diagnostic categories. As non-veterinarians we are not qualified to make medical or behavioral diagnoses, so the behavioral conditions in the tables are listed descriptively, by observable behavior (rather than diagnostic category), with corresponding medical rule-outs.

Current research stresses the importance of exploring medical components of what are commonly thought of as strictly behavioral problems. In 2012, two studies by researchers at the University of Montreal Veterinary Teaching Hospital investigated medical causes for two compulsive behaviors in dogs: excessive licking of surfaces and fly biting (defined by the authors as the dog appearing to be

TABLE 1: Abnormal Canine Behaviors/Behavioral Pathologies Involving Aggression

Summarized from Dr. Karen Overall’s *Manual of Clinical Behavioral Medicine for Dogs and Cats*

BEHAVIOR	RULE-OUTS
Aggression toward people or other animals that consistently appears in dogs exhibiting behavioral and physical signs of fear	Visual or auditory impairment; pain
Aggression consistently demonstrated when an individual/group approaches another individual/group (protective), or in the vicinity of a circumscribed area (territorial), in the absence of an actual threat	Conditions affecting mobility; pain; blindness and deafness
Aggression toward other dogs that is consistent, proactive and out of context given the threat circumstances and social signals and response from the other dog	Endocrine conditions (e.g., thyroidal); pain; infectious or toxic agents; conditions of aging (hearing or visual loss, arthritis, slower to react)
Aggression that is out of context and consistently exhibited toward people under circumstances involving passive or active control of the dog’s behavior, or access to behavior	Pain or general illness; endocrine conditions (Cushing’s disease, Addison’s disease, hypothyroidism); heavy metal toxicosis; seizure disorders
Aggression directed at people or other animals by a female who has had, or is about to have, puppies	A medical condition related in part to reproductive hormones
Aggression appearing in an unpredictable, toggle-switch manner in contexts not associated with any of the previous behavioral aggressions	Epileptic seizure; brain neoplasia (tumor); acute pain; steroid treatment

TABLE 2: Abnormal Canine Behaviors/Behavioral Pathologies NOT Involving Aggression

BEHAVIOR	RULE-OUTS	Summarized from Dr. Karen Overall's <i>Manual of Clinical Behavioral Medicine for Dogs and Cats</i>
Responses to social or physical stimuli that are characterized by withdrawal and passive and active avoidance behaviors to decrease the probability of social interaction (fear)	Cushing's disease; hypothyroidism; infectious or toxic agents	
Increased hyperactivity, hyper-reactivity, motor activity, vigilance, and scanning that interfere with normal social interaction in the absence of any specific provocative stimuli	Pain; cardiac disease; Cushing's disease; hypothyroidism; cognitive dysfunction in elderly dogs; IBD/IBS (inflammatory bowel disease or syndrome)	
Physical, physiological and/or behavioral signs of distress by the dog only in the absence, or lack of access to, the owner	Thyroidal illness	
Profound, extreme response to some consistent stimulus/stimuli that manifests as intense, active avoidance, escape, or anxiety behaviors (extreme fear)	IBD/IBS; auditory or visual impairment; brain tumors	
Profound, extreme response to noise, or some aspect of a storm, that manifests as intense avoidance, escape, or anxiety	Pain; poor hearing; extremely acute hearing; poor vision	
Behavior changes associated with aging, including interactive, elimination, sleep cycle, navigational, or related cognitive behaviors, which are not due to primary failure of any organ system	Arthritis; decrease in visual and auditory capability; medications	
Withdrawal from social stimuli, withdrawal from activities previously enjoyed, alterations in appetite or sleep-wake cycles that are not incidental	Malaise resulting from any illness; infectious diseases; endocrine conditions, especially hypothyroidism; early renal or hepatic failure; neoplasia	
Repetitive, stereotypic motor, locomotor, grooming, ingestive, or hallucinogenic behaviors that occur out of context to their normal occurrence or in a frequency or duration exceeding what is required to accomplish the goal	Hormonal conditions (e.g., hypothyroidism); primary neurological disease; toxicity; infectious diseases (e.g., tick-borne); pain	
A sudden, profound, abnormal response that results in extreme fearful behaviors (catatonia, mania, escape) where the provoking stimulus may be unknown or unclear, situational, internal, or generalized	Profound changes in sensory function; undiagnosed, or poorly controlled endocrine condition	
Motor activity that is in excess of that exhibited when the dog experiences a regular exercise and interaction schedule	Endocrine disease; treatment with steroids; for intact males, the presence of females in season	
Motor activity in excess to that warranted by the dog's age and stimulation level, that occurs in a consistent manner and that does not respond to "correction," re-direction, or restraint	Tumors of the hypothalamus, pituitary, or adrenal glands	
Consistent, age-inappropriate elimination in the home in areas not suitable/preferred for elimination	Changes in mobility associated with age, illness, or injury; leakage after spaying in females; parasite infection; gastrointestinal bacteria; viral conditions; foreign bodies or obstruction; anal sac disease; toxicosis; rapid dietary shifts; maldigestion/malabsorption syndrome; urinary tract infection (UTI); neurodegenerative disease; endocrine conditions; medications	
Urination that appears when the dog is approached/reached toward and occurs when dog is in a posture that ranges from incomplete squatting to groveling	Neuromuscular pain; renal/urinary tract infection/pain	
Urination by dogs who are generally young, exuberant, and do not have complete neuromuscular control when stimulated by anything	UTI; renal pathology; endocrine conditions (e.g., Cushing's, diabetes); neurological deficits; hypothalamic neoplasia	

staring at something and suddenly snapping at it).^{2,3} The research suggests that gastrointestinal disease can cause the repetitive behaviors of excessive licking of surfaces and fly biting, and medical treatment for the GI issues significantly reduced these behaviors. Based on the results of this research, future studies evaluating medical causes for other repetitive behaviors, such as spinning and light chasing, may prove worthwhile.

A TRIP TO THE VET

If you suspect your dog's behavior change may have an underlying medical cause, your vet can determine what tests are needed. A medical evaluation should include a complete medical history, thorough physical and neurological exam, lab testing of blood counts, blood chemistry, and urinalysis. Additional diagnostic tests may be indicated based on

your dog's symptoms (complete thyroid antibody profile, x-ray, ultrasound, etc.). If all test results are negative, evaluation by an experienced, qualified behavior professional is recommended.

Even if a medical issue is found to be at the root of a dog's behavioral change, treatments and medications alone may not eliminate undesirable behaviors completely. There is a learned component to many of these behaviors, and, depending on how long they are practiced, behavior-modification training may be required.

For example, a dog who frequently attacked a canine housemate for months prior to diagnosis of hypothyroidism is not likely to immediately become best friends with the dog he attacked once he's been given hormone-replacement medication. While the medication may make this dog feel much better and

less irritable within a few weeks, the negative association that developed over time toward the other resident dog (as well as the other dog's fear and response to his attacker) may require behavior-modification training to restore harmony. If, however, the diagnosis of thyroid disease happened early in the dog's history of aggressing toward his housemate, after only one or two minor incidents, hormone replacement alone may resolve the problem.

THE TAKE-HOME MESSAGE

If a medical cause for a dog's unwanted behavior remains undiagnosed, the risks to the health and welfare of the dog can be devastating. Undesirable behavior can lead to injury to humans and other animals, relinquishment, deteriorating physical health of the animal, punishment or abuse of the dog by the owner,

CASE EXAMPLES: TRAINERS WEIGH IN

GENDER IDENTITY ISSUE

The client contacted me about a 4-year-old Heeler-mix who suddenly began attacking one of the owners. The owner was bitten several times and required medical care. The dog appeared to give no warnings and the behavior was unpredictable.

The dog had been neutered at nine months and was identified as a hermaphrodite by the veterinarian. Only one testicle had descended and the vet found an undeveloped ovary during surgery. At my suggestion, the owners brought the dog for an evaluation with a vet I recommended. Tests showed the testosterone level of the dog was extremely high ("off the charts," according to the vet). An ultrasound revealed a mass and surgery was performed. The "undeveloped ovary" was actually an undescended testicle, the source of the excessive testosterone production. Once removed, the aggression ceased. – **Kim Kilmer, Kim Kilmer Consulting**

HE'S BACK TO BEING GOOD

A woman called me for help with her normally friendly dog, who suddenly and aggressively began guarding his food bowl. I suggested she first get the dog checked by her vet. Three weeks went by without news, so I called her. She said her veterinarian (who was also a chiropractor) had found an issue in the spine (something out of alignment). The dog was adjusted and there were no further incidents of aggression. – **Shannon McCauliff, PMCT, CPDT-KA, Diamond in the Wruff**

DON'T STOP INVESTIGATING

An unsprayed puppy had periodic housetraining lapses during her first year, despite being a natural at house training from an early age. All urinalyses came back negative for UTI, but when the owner pressed the vet to do an exam, the dog was found to have a severely inverted vulva that was causing painful urine burns and repeated vaginosis. She had a vulvoplasty and never had another issue. – **Jessica Miller, PMCT, ANWI, Go Pawsitive, LLC**

PUNISHED FOR PAIN

My story of heartbreak was an aged Aussie (13 years old) who was referred to me for separation anxiety. I will not horrify you with all the insane advice the owner was given, including using punishment on this dog, which was so very, very wrong for so very many reasons. The bottom line was that the dog had a metastatic bladder cancer. I still have nightmares about how much this dog suffered. – **Leslie Sinn, DVM, CPDT-KA, Behavior resident, ACVB**

SUDDENLY UNCHARACTERISTIC = TROUBLE

A co-worker at my "other job" came to me about her mixed-breed, middle-aged female dog who was suddenly displaying uncharacteristic behaviors. Previously housetrained, she was peeing inappropriately in the house. She was also jumping onto tables, as well as "zoning out," bumping into things, and seeming to forget where she was. I suggested a trip to the vet to look for the usual and to check for vision or neurological issues. The dog was diagnosed with a brain tumor, and sadly, was euthanized a few months later. – **Jenny West Schneider, PMCT, CPDT-KA, Camp Canine USA**



overwhelming owner stress, and damage to the human-animal bond. Seek an evaluation from your veterinarian to rule out medical involvement. It may save your dog's life. 🐾

Susan Sarubin, CPDT-KA, PMCT2, is owner of Pawsitive Fit, LLC, Puppy and Dog Training, serving the mid-shore region of Maryland. Susan lives in Easton, MD, with her husband and three Rhodesian Ridgebacks. See page 24 for contact information.

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CASE EXAMPLES FROM AMONG MY CLIENTS (AND FAMILY)

I'm a trainer, and was fortunately educated to be alert to the possibility that a medical problem may be contributing to my clients' dogs' behavior problems – or behavior issues in my own dogs! The following are just a few of the cases I've personally encountered.

PAIN IN THE NECK

My client scheduled a behavior consultation because her 14-year-old male Spaniel had become increasingly aggressive over the last couple of years toward her and a female housekeeper, resulting in bites to both. When I arrived at the home for the appointment, the owner's four barking dogs clamored around the door. I watched through the door window as, one by one, she removed the dogs from the room so that I could enter by grabbing their collars and dragging them, still barking, behind a closed door to the dining room.

My inquiries regarding the incidents of aggressive behavior revealed that all took place when the dog was approached in circumstances where he was commonly re-located by grabbing his collar and dragging him. The owner reported that the behavior had escalated from growling when he was grabbed by the collar, to growling simply when she or the housekeeper approached, and biting when either one reached for his collar. The dog began to growl in the presence of the owner and housekeeper at other times as well, leaving the housekeeper afraid of him and the owner distressed enough to seek help from a behavior professional.

Suspecting possible arthritis pain was triggering the aggression, I recommended a trip to a veterinarian for an evaluation. Medication for arthritis pain, stopping the collar dragging and teaching the dog to follow the owner and housekeeper on cue prevented any further bites.

NOT JUST HAPPY TO SEE YOU

On my first visit to the client's home, her 14-week-old Golden Retriever puppy peed on the kitchen floor shortly after we began training, despite having been outside just prior to my arrival. At the time, I assumed it was due to excitement

about someone new and the increase in activity. But at our next appointment, the puppy had another accident in the house about fifteen minutes after she urinated outside. The owner also complained that housetraining, despite following a normally effective housetraining protocol, was not going well, with frequent accidents in the house. I suspected a possible urinary tract infection (UTI) and recommended an examination by the veterinarian.

A UTI was diagnosed. After treatment with antibiotics, the infection seemed to clear, but she rebounded quickly. After a second course of antibiotics with another rebound, the veterinarian discovered the recurring infection was due to a congenital bladder defect. The puppy's urine was leaking into the area between the interior and exterior wall of the bladder, and urine retention in the tissue caused pressure, stretching the bladder. Surgery to repair the defect was successful, and after recovering, she was quickly and successfully housetrained.

AIN'T THAT GLAND

I adopted Amber (in this photo on the left) when she was three years old. For the first year in our home, she was very friendly with our other two Ridgebacks (both males). Then there were three incidents of aggression toward the boys within two days, each occurring when I was petting her and one of the boys approached. The first time she growled and raised a lip, the second time she lunged, and the third time she attacked (no injuries). I separated her from the other dogs, and brought her to our vet the next day for an evaluation, requesting a complete thyroid antibody profile. The results were positive for hypothyroidism. She began a twice daily dose of supplemental thyroid. I kept her separated from the other dogs for about two weeks, and then began reintroducing them, watching for any signs of conflict. Amber is now 10, and with the exception of the behavior recurring briefly when her dosage needed to be adjusted, has remained her friendly self for the past six years with her "brothers."



Canine Bladder Infections

How to detect and treat this painful condition.

BY NANCY KAY, DVM, DACVIM

If you've lived your life with dogs, chances are you've cared for one with a bladder infection. The normal urinary bladder is sterile, meaning devoid of bacteria. Infection occurs when bacteria find their way into the bladder and set up house-keeping. Bacterial cystitis (medical-speak for a bladder infection) is a common diagnosis in the canine world. The term urinary tract infection (UTI) is often used synonymously with bacterial cystitis. Technically speaking, a UTI can mean infection anywhere within the urinary tract, and is not specific to the bladder.

Bacterial cystitis occurs most commonly in female dogs. This is attributed to the fact that, compared to males, female dogs have a shorter urethra, the conduit through which urine flows from the bladder to the outside world. With only a short distance to travel in female dogs, bacteria have an easier time migrating from the skin surface up into the urinary bladder.

There is no breed predisposition for bladder infections. However, small-breed dogs are more susceptible to some of the underlying causes of infection described below.

CAUSES OF INFECTION

While not always easy or even possible to diagnose, there are several underlying issues that make it easier for bacteria to colonize and thrive within the urinary bladder. Anything that disrupts the normal architecture of the urinary tract or reproductive tract (the two are anatomically connected) predisposes to infection.

The sudden onset of unusually frequent urination, especially if it seems particularly unproductive (the dog urinates only a few drops), often indicates the dog has a bladder infection.

Examples include:

- **Stones** within the urinary tract
- **Tumors or polyps** within the urinary or reproductive tracts
- **Foreign body** within the urinary or reproductive tracts
- **Anatomical birth defects** within the urinary or reproductive tracts

- **Prostate-gland or testicular disease**

- **Vaginal, vulvar, or uterine disease**

- **Urine that is less concentrated** (more dilute) than normal creates an environment that is bacteria-friendly. So, it's not unusual for bacterial cystitis to accompany diseases associated with increased thirst and increased urine volume, such as kidney failure, liver disease, and some hormonal imbalances. Bladder infections occur commonly in dogs with **diabetes mellitus**, a hormonal imbalance that creates dilute urine. The sugar in the urine of diabetic dogs creates an ideal growth media in which bacterial organisms absolutely thrive.

- **Suppression of the immune system** caused by disease or medication also promotes bladder infections. **Prednisone**, a commonly prescribed nonsteroidal anti-inflammatory medication (NSAID), causes urine dilution along with immunosuppression. Not surprisingly, about one third of female dogs receiving prednisone develop spontaneous bladder infections.

SYMPTOMS OF INFECTION

If ever you've experienced a bladder infection, you know just how miserable the symptoms can be. Dogs vary a great deal in terms of how dramatically they show evidence of a bladder infection. Some exhibit every symptom in the book, while others demonstrate none



whatsoever. Additionally, symptoms can arise abruptly or gradually. Every dog reads the textbook a little bit differently!

Symptoms most commonly observed in association with canine bladder infections include:

- Straining to urinate
- Urination in inappropriate places
- Increased frequency of urination
- Blood within the urine
- An unusual odor to the urine
- Urine leakage
- Increased thirst
- Excessive licking at the penis or vulva

It is unusual for plain and simple bladder infections to cause lethargy, loss of appetite, or fever. Such “systemic” symptoms, in conjunction with documentation of bacteria within the urinary bladder, create suspicion for infection elsewhere within the urinary or reproductive tracts (kidneys, prostate gland, uterus).

It's important to remember that dogs are creatures of habit, and any change in habit is a big red flag beckoning you to take notice. Filling the water bowl more than usual? Is your girl squatting more frequently than normal on her morning walks? Is she waking you up in the middle of the night to go outside to urinate? Has your well-house-trained dog begun urinating in the house? All such symptoms are worthy of medical attention. For your dog's sake, please don't blame urinary issues on negative behavior before first ruling out an underlying medical issue.

COLLECTION OF A URINE SAMPLE FOR TESTING

If a bladder infection is suspected, testing the urine will be one of the first steps your veterinarian takes. There are a few different ways to collect urine from a dog.

A “free-catch” sample involves catching some urine in a container as the dog urinates. The presence of bacteria in a free-catch sample is nonspecific, meaning the bacteria might have originated anywhere en route to the collection container, including the bladder, urethra, vulva, prostate, and even the hair around the opening of the penis or vulva. In other words, bacteria found in a free-catch sample may not be all that meaningful. Other possible downsides to collecting free catch urine samples are a wet hand and suspicious looks from the neighbors.

Urine can also be collected via a plastic or rubber **catheter**, inserted into the end of the urethra and advanced forward into the urinary bladder. Once in the bladder, the catheter withdraws the urine. There are a few drawbacks to this sampling method: Most dogs experience some discomfort with the process. Additionally, it is tricky business finding the opening to the urethra in female dogs. And because the catheter comes in contact with the urethra and reproductive structures (vagina, penis, prostate gland) before reaching the bladder, one cannot be certain as to the origin of bacteria found in the sample.

The preferred method of urine collection is a technique called **cystocentesis**. This involves introducing a small needle directly into the urinary bladder. Urine is collected into a syringe attached to the needle. Other than the stress associated with restraint, there is typically no more discomfort for the dog than would be associated with a vaccination. The beauty of a cystocentesis sample is that, if bacteria are detected, one can be certain they were living in the bladder.

DIAGNOSIS OF INFECTION

A bladder infection is definitively diagnosed when bacteria are identified within a urine sample that has been collected via cystocentesis. Supporting evidence of infection includes the presence of red blood cells and excessive white blood cells, and/or protein within the urine. Keep in mind, these ancillary abnormalities can occur with a variety of urinary-tract diseases other than infection.

Bacteria in the urine can be documented by two tests: urinalysis and urine culture. The combination of the two is always ideal.

A **urinalysis** measures urine concentration and pH, screening for red blood cells, white blood cells, and protein, and viewing the urine sample under the microscope. While this test is relatively reliable, it can produce false negative results, particularly if the urine sample sits for several hours prior to testing (certainly the case when samples are sent to a commercial laboratory rather than tested in house). Over time, the bacteria have a way of disappearing from view. Additionally, if the urine sample is dilute (more water than sludge), small numbers of bacteria can readily be missed during the microscopic evaluation.

The gold-standard method for

documentation of bacterial infection is a **urine culture**. Urine is inoculated onto agar (a sterile growth medium) and incubated for 48 to 72 hours. There, the bacterial growth can be documented, and their identification and sensitivity testing can be performed. These tests clarify the species of bacteria as well as which antibiotics the bugs are sensitive to. This is important information, particularly when treating dogs with *recurrent* bladder infections.

MANAGEMENT OF FIRST-TIME OFFENDERS

For dogs experiencing their first bladder infection, the treatment of choice is a 7 to 14 day course of an antibiotic. Performing a urinalysis and urine culture is ideal, but antibiotic sensitivity testing really isn't necessary with first timers as it is unlikely that the bacteria will have developed any antibiotic resistance.

The antibiotic chosen should be one that is known to be effective against the most common urinary-tract bacteria. Successful treatment is defined by the resolution of symptoms along with normal urinalysis results and a negative urine culture performed two to three weeks following completion of antibiotic therapy.

MANAGEMENT OF REPEAT OFFENDERS

Sometimes, the minute a dog with a bladder infection completes a course of antibiotics, his or her symptoms begin all over again. With these dogs it's important to dig deeper, diagnostically, to identify and eliminate the underlying cause of their recurrent infections.

In addition to the urine testing described above, this investigation begins with an extremely thorough physical examination (including a rectal exam) looking for any abnormality that might predispose the dog to bladder infections. In males, these abnormalities include an enlarged prostate gland or an infection within the sheath (pouch surrounding the penis), or in females, an infection in the skin fold covering the vulva.

If the physical exam and urine testing are not revealing, next is blood work (complete blood cell count and chemistry profile). Specific testing to rule out Cushing's disease (a hormonal imbalance commonly associated with recurrent bladder infections) may be recommended. Abdominal ultrasound

comes next. This test allows inspection of the kidneys, prostate gland, and urinary bladder, in search of stones, tumors, polyps, and/or anatomical defects.

Unfortunately, unless they are significantly diseased, ultrasound does not do a good job imaging the “three U’s”: the uterus, the urethra, and the ureters (structures that transport urine from the kidneys to the bladder). Ultrasound creates no discomfort for the dog, so sedation is usually not needed. Clipping the hair over the belly is necessary for good visualization (something the dog could care less about, but the human often objects to).

Buyer beware: the information gleaned from ultrasound is extremely user-dependent. This skill has a steep learning curve, and the more experience the ultrasonographer has, the greater the likelihood the results will be meaningful.

If all of the above testing does not reveal the underlying cause of recurrent infections, the final diagnostic steps are contrast studies (urethrogram, pyelogram) in which dye is used to visualize portions of the urinary tract not seen with ultrasound. These studies are performed using x-rays or computed tomography (CT scan).

ANTIBIOTIC THERAPY

The ideal way to manage recurrent bladder infections is to define and remove the underlying cause. In some cases, this underlying problem is not definable and/or treatable. When this happens, the judicious use of antibiotic therapy is key to keeping the dog comfortable and preventing issues that can arise secondary to chronic infection (bladder stones, spread of infection to the kidneys or bloodstream).

Choosing the most appropriate antibiotic regimen relies on multiple urine-culture results including bacterial identification and antibiotic-sensitivity testing. Just as in human medicine, some urinary-tract bugs manage to develop a resistance pattern to multiple if not all antibiotics.

Patients with such resistant infections are tricky to manage. They may need big-gun antibiotics (many of which have significant potential side effects) or, if feasible, some “time off” from any antibiotic exposure with hopes that the bacteria will revert back to a more normal pattern of antibiotic sensitivity. If your dog has recurrent bladder infections, anticipate

multiple urine cultures over time. Without these results a veterinarian is treating “in the dark,” and this is definitely not in the best interest of the patient.

For dogs with recurrent bladder infections, there are two ways antibiotic therapy is typically managed:

■ LONG-TERM, LOW-DOSE THERAPY

– An antibiotic is selected based on urine-culture results and the dog is treated at the standard dosage for 14 days. After 14 days, the total daily antibiotic dosage is reduced by 50 to 75 percent and is administered once daily at bedtime. This time of day is chosen because it precedes the longest stretch of urine retention (assuming the dog does not work the graveyard shift).

This regimen will continue for months or even years, following a strict schedule of recheck urine cultures to verify the absence of bacteria. Long-term, low-dose antibiotic therapy is a safe and often effective means to manage recurrent bladder infections.

■ PULSE THERAPY –

An antibiotic is selected based on urine-culture results and the dog is treated at the standard dosage for 14 days. Just as with the protocol described above, a urine culture is repeated 7 to 10 days after treatment begins to make sure that the antibiotic has successfully eliminated the bacteria. If not, a different antibiotic is chosen and the process begins again.

After 14 days, therapy is discontinued for three weeks, and then pulse therapy is begun. This involves treating the dog with the antibiotic (at the standard dosage) for one week each month. There should be three-week, treatment-free intervals between treatment weeks. Pulse therapy may be continued for months or even years. Periodic urine cultures determine if a change in treatment is needed.

ADDITIONAL THERAPIES

Cranberry extracts may help prevent recurrence of some bladder infections. Cranberries contain compounds called proanthocyanidins (PACs) that prevent bacteria from adhering to the inner lining of the bladder wall. If the bugs can’t adhere to the bladder wall they are incapable of colonizing, multiplying, and causing infection. This PAC effect works only against *E. coli*, the bacteria most commonly cultured from canine bladder infections.

Be aware that not just any cranberry formulation will do. Essential for success is the presence and bioactivity of PACs within the product. If interested in using cranberry extract, be sure to check with your veterinarian for his or her product and dosage recommendation. By the way, the notion that cranberries prevent infection by acidifying the urine is nothing more than an old wives’ tale.

Probiotics may help prevent recurrent bladder infections. This is based on the notion that altering bacterial populations in the gut will alter bacterial populations in the feces. Given that fecal microorganisms that linger on the coat may be the source for some bladder infections, probiotics may (emphasis on “may”) have a beneficial effect. If you decide to try a probiotic, get the most bugs for your buck by purchasing a product with the highest concentration of microorganisms.

Methenamine is a drug that may help prevent bladder infections. It is converted to a dilute formaldehyde product within the bladder, where it acts as an antiseptic. Methenamine is effective only in a very acidic environment (the urine pH must be low). For this reason, it is often administered with a urinary-tract acidifier.

Cleansing the skin area surrounding the vulva two to three times daily provides benefit for some female dogs with recurrent bladder infections. I recommend using baby wipes for this purpose. The hope is that the concentration of normal bacteria hanging out on the skin surface will be lessened, thereby lessening the likelihood of bacterial migration up into the urinary bladder.

If your dog continues to experience recurrent bladder infections despite your family veterinarian’s best efforts, I encourage scheduling a consultation with a veterinarian who specializes in internal medicine. Visit the American College of Veterinary Internal Medicine (ACVIM.org) to find such a specialist in your neck of the woods. 🐾

Nancy Kay, DVM, DACVIM, is the author of Speaking for Spot: Be the Advocate Your Dog Needs to Live a Happy, Healthy, Longer Life, and Your Dog’s Best Health: A Dozen Reasonable Things to Expect From Your Vet. She lives in North Carolina. You can read her blog at speakingforspot.com/blog. See page 24 for contact and book purchasing information.

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Lending a Paw

How your dog can help with physical therapy.

BY DEBI DAVIS

Over the course of 20 years, the physical-rehabilitation department of various healthcare facilities became my second home as I groaned, stretched, and struggled my way through physical-therapy sessions following the gradual deterioration and the amputation of my lower legs (due to vascular disease). I was highly motivated to get my body working efficiently again, and I knew the sessions were necessary for physical improvement, but I found the endless repetitive exercises boring to do. Why couldn't physical therapy be more fun and interesting?

A decade later I was asked to participate in the creation of a new animal assisted therapy (AAT) program at a local hospital's physical-rehabilitation department. My service dog Peek, a 10-pound Papillon, enjoyed interacting with people without soliciting their attention, and he had become bombproof in public. It seemed like a perfect fit for both of us; he enjoyed active participation and tasks, and I enjoyed bringing laughter into the physical-therapy department.

Peek and I had been through therapy-dog training and testing with Pet Partners® and were registered and insured to do both Animal Assisted Activities (AAA) and Animal Assisted Therapy (AAT). In AAT, the dog is an actual part of the patient's individual

treatment plan as a clinical tool, and the dog's work is documented and kept as part of the patient's medical records.

Peek enjoyed visitation, but he really came to life when allowed to do more physically interactive exercises and use his growing skill set. Common service dog tasks – such as retrieving, holding items, carrying items from one person to another, pushing and pulling objects – all became skills the physical therapists (PTs) could use to help make therapy sessions more enjoyable, and break the monotony of repetitive exercises. PTs found that patients doing their exercises while interacting with dogs were much more motivated to attend, and actually looked forward to their therapy sessions. Patients worked more diligently and tried harder when working with a dog.

Dogs working in physical-therapy sessions can help patients increase their strength, balance, mobility, flexibility, memory sequencing, reflex response, range of motion, endurance, and gross motor skills. As one therapist said, "Dogs help the grumpiest patients play longer and more complex therapeutic games."

Because Peek and I enjoyed canine freestyle (dancing with dogs), this activity gave me another skill to help reward extra efforts of the patients who liked dogs. I'd taught Peek to respond to either voice or hand signals. I would show the client how to give the signal for Peek to stand up on his hind legs and turn around in a circle: "Pretend your finger is a spoon and you are stirring your coffee." Then I'd show them the hand signal for a quick drop into a down position. The patients loved to end up their therapy sessions with a bit of dog dancing and fast drops.

MEMORABLE CLIENTS

Peek and I assisted in the rehabilitation of dozens of patients with a range of physical challenges and treatment goals, including:

■ **JENNA WAS RECOVERING FROM A STROKE**, and needed to do lots of gross and fine motor skill exercises. Instead of just squeezing a soft foam ball while the therapist watched and counted the repetitions, Peek would hold the ball while Jenna got a good grip on it, then he would stand patiently while Jenna squeezed the ball 10 times; then Jenna would throw it for Peek to retrieve. Exercising with resistance was done by having Jenna and Peek play tug and release. The dog would hold steady pressure on the rope as many seconds as planned by the therapist, and I'd cue him to release when the exercise was finished. Those ball-squeezing, resistance, and ball-tossing exercises were a whole lot more interesting with a dog.

Jenna also had to do exercises to restore hand facilitation and strength. Learning to manipulate buttons, snaps, clasps, and zippers again was much more fun when she could put clothing on Peek, and fasten and unfasten the closures. She also enjoyed learning to grasp and move a brush, by brushing Peek and learning to stroke the brush on his hair in a rhythmic fashion. At the end of her first therapy session with Peek, she said, "I

Tim (Debi's husband) demonstrates some of the exercises that dogs can help with during animal-assisted physical therapy. In this exercise, the dog was directed to stand in place as the client maintained his balance while reached and stretching toward the dog.



“Cappy,” a Papillon in training to become a service dog, demonstrates a stretching/hand-control exercise where the client is asked to roll the ball toward the dog, and the dog rolls it back.



never looked forward to therapy before. Now I can't wait to get here!”

■ **JOE HAD SUFFERED A HEAD INJURY** in a farm-equipment accident and had to learn to use his legs and arms again. A ranch hand, Joe used to be a horseshoe-tossing ace, and his favorite therapy exercise was tossing rubber rings onto a board affixed with wooden dowels to catch the rings. Instead of the therapist gathering the rings and taking them back to Joe to be tossed again, Peek became the ring gatherer, and brought each rubber ring back and placed it on Joe's lap after it had been thrown. Joe stepped up his pace and worked hard to get those rings on the pegboard, because he loved watching Peek jump up to retrieve them.

Joe also needed to do balance and stretching exercises. The PT would give me positioning points, and Peek would stand quietly in that position, so that Joe could stretch toward and try to reach Peek's back. Peek would be directed to move around Joe's wheelchair at various positions and angles so that Joe could reach and stretch to each side and the front of his chair.

■ **MR. JENKINS WAS LEARNING TO WALK AGAIN**, and had graduated from wheelchair to walker. He would push the walker and take a couple of steps while holding onto the dog's leash. Peek would adjust his pace to Mr. Jenkins'. Each time Mr. Jenkins would stop for a little rest, he'd reach over and pat the dog, and say, “Just give me a moment, boy, and we can go another lap down the hallway.” What was once just a boring exercise had be-

come fun and interactive with the dog at his side.

IS THIS ACTIVITY FOR YOU AND YOUR DOG?

Which skills are needed to work in a physical-therapy department with your well-mannered, well-socialized dog? The dog should be able to work off-leash, and do basic loose leash walking on both sides of your body, as well as next to a wheelchair, walker, cane, or crutches.

A trip to a local senior center or hospital can offer many opportunities to help your dog gain confidence around medical equipment. You can work your dog outside, practicing sits, downs, and standing in position until cued to do another behavior. Automatic doors that whoosh open and close, people pushing IV poles on casters go by, wheelchairs, walkers, and crutches are also abundant. Vehicles may pull in at the door to unload passengers from lift-equipped vans. People will exhibit lurching gaits, and the scent of disinfectant, alcohol, and other chemicals used inside hospitals and rehab centers will waft through the doors and linger on patients' clothing.

Working outside a hospital emergency room can condition your dog to sirens, people rushing, and carrying in people on gurneys. I like to bring along a tin pan of some type, a book, and an umbrella. Dropping the book and the pan, letting the dog get used to the thump and clatter that is a normal part of any hospital rehabilitation unit, is very helpful. Open and shut an umbrella in every possible place, so the dog gets used to quick changes in the appearance of objects. You

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may also use this to help teach directions – right, left, and around – in a stimulus-rich environment.

With so many people enjoying dog sports and other activities with their companion and competition dogs, it might be worth evaluating how any of your dog's current repertoire of behaviors might be turned into a skill that could help motivate and engage people in a physical-therapy setting. Of course, a dog with a good retrieve will always be in high demand, as there are so many ways to integrate retrieval games into physical-therapy exercise plans.

You can always start with core canine good citizen behaviors and refine and shape new behaviors as needed. A dog working in any AAA or AAT setting should be comfortable with people of all ages, sizes, cultures, and races, and not be stressed by busy, noisy environments.

A calm, relaxed, friendly dog who can walk on a loose leash and be comfortable being handled, groomed, and interacting with strangers will have what it takes to start a career as an animal-assisted physical-therapy dog. The dogs who already have obedience or rally skills will be in high demand. Off-leash work is also highly coveted. It's a chance to show off your dog's skills while doing something to help others. It can be as nourishing and fun for the dog and handler as it is for the patients who are fortunate enough to get to work with them. 🐾

Debi Davis is a retired professional calligrapher and service-dog trainer. She is a former faculty member of Clicker Expo, and has presented at service-dog training seminars and workshops. Debi is an advocate for reward-based training, and enjoys being an informal ambassador of goodwill in the service-dog and disability communities. She currently lives in Las Vegas with her husband and service dog in training, Cooper.

ATTRIBUTES OF AN AAT DOG

A great animal assisted therapy (AAT) dog can be of any breed or mix of breeds, and either sex. What's important is that the dog is able to respectfully interact with all people without exhibiting stress. I've worked along side 3-pound Yorkies and 180-pound Mastiffs. Some patients will prefer to work with smaller dogs and some with larger ones. There will always be people who are not comfortable interacting with certain breeds, no matter how friendly and well mannered the dog may be. I recall a Holocaust survivor who loved dogs, and wanted to be part of the AAT physical therapy program, but was uncomfortable working with any dog resembling a German Shepherd, because it reminded her of the dogs used in the concentration camps. Some people view bully breeds as threatening, and others have been bitten by small dogs and cannot relax in their presence. It's important that the handler not take it personally if a patient is uncomfortable working with a specific type of dog.

The personality of the AAT dog requires a dog who is comfortable being handled and interacting with people of all races, cultures, sexes, and ages. The dog should be friendly, sociable, and reliable in distracting environments. In addition, the AAT dog must be able to interact comfortably with other dogs (and sometimes cats!) working in the same room. The therapy room can get quite congested at times, so the dog should be able to remain calm and focused in crowded areas.

While AAT dogs should be friendly and sociable, the dog should also have acceptable public behaviors, and not sniff, jump, lick, paw at people, or coerce attention. The dog must also be confident enough to be handled awkwardly, and be comfortable being touched on all parts of the body.

The handler's communication with the dog is equally important. Because physical-therapy dogs often work off-leash, the handler directs the interaction with the patient, and will cue the dog from different positions. The dog-handler relationship is one of trust, and the dog will be expected to interact with a stranger as directed by the handler, under the physical therapist's guidance. Just as the dog is expected to remain focused on the tasks at hand, the handler must remain focused on the dog, and ready to give a cue to change from one behavior to another.

The more behaviors the dog has on cue, the more creative the therapist can be in including the dog in the patient's treatment plan. Being able to respond to direction changes, position changes, sits, downs, and doing retrievals is extremely helpful. However, it's not mandatory.

If your dog has good manners, is comfortable being handled and interacting with new people, isn't stressed around medical equipment or crowds, and responds to basic obedience cues, then the dog may well enjoy doing AAT work.

It's a team effort, however. The handler is as important as the dog, and should know how to read her dog's stress signals and know when the dog may need a short break to just relax, sniff outside and eliminate. Though therapy sessions are normally only a couple of hours at most, it's intensive concentration for both the dog and handler. Knowing your dog's needs sets up both the handler and dog for success.

FOR MORE INFORMATION

For more information on animal assisted therapy, browse through the Pet Partners website (petpartners.org/pptherapyanimalprogram). Also see this terrific video: pets.webmd.com/video/physical-therapy-dogs.

An informative DVD by Dr. Patricia McConnell, ***Lending a Helping Paw: A Guide to Animal Assisted Therapy***, can be purchased through clickertraining.com, dogwise.com, tawzerdog.com, and from patriciamccconnell.com.

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- ❖ Linda P. Case, MS, is author of *The Dog: Its Behavior, Nutrition, and Health; Canine and Feline Nutrition; Canine and Feline Behavior: A Complete Guide to Understanding Our Two Best Friends*, and the very recently published *Dog Food Logic: Making Smart Decisions for Your Dog in an Age of Too Many Choices*. Her blog can be read at thesciencedog.wordpress.com. You can find all of her books at Dogwise, (800) 776-2665; dogwise.com
- ❖ Nancy Kay, DVM, DACVIM, is the author of *Speaking for Spot: Be the Advocate Your Dog Needs to Live a Happy, Healthy, Longer Life*, and *Your Dog's Best Health: A Dozen Reasonable Things to Expect From Your Vet*. More of her writing can be enjoyed at speakingforspot.com/blog. Dr. Kay's books are available from dogwise.com and wholedogjournal.com
- ❖ WDJ Training Editor Pat Miller is author of *Positive Perspectives; Positive Perspectives 2; Power of Positive Dog Training; Play With Your Dog; Do Over Dogs: Give Your Dog a Second Chance at a First Class Life*; and her newest book, *How to Foster Dogs: From Homeless to Homeward Bound*. Available from dogwise.com and wholedogjournal.com

TRAINING AND INSTRUCTION

- ❖ **Linda P. Case**, MS, AutumnGold Consulting and Dog Training Center, Mahomet, IL. Linda is an adjunct assistant professor at the University of Illinois College of Veterinary Medicine, where she teaches companion animal behavior and training. She is certified with the National Association of Dog Obedience Instructors and the International Association of Animal Behavior Consultants. Linda is also a companion-animal consultant and uses positive reinforcement and shaping techniques to modify behavior in dogs in basic level through advanced classes. (217) 586-4864; autumngoldconsulting.com
- ❖ **Pat Miller**, CBCC-KA, CPDT-KA, Peaceable Paws Dog and Puppy Training, Fairplay, MD. Group and private training, rally, behavior modification, workshops, intern and apprentice programs. Trainers can become "Pat Miller Certified Trainers" (PMCT) by successfully completing Pat's Level 1 (Basic Dog Training and Behavior) and both Level 2 Academies (Behavior Modification and Instructors Course). (301) 582-9420; peaceablepaws.com
- ❖ **Susan Sarubin**, CPDT-KA, PMCT2, Pawsitive Fit, LLC, Puppy and Dog Training, Easton, MD. Private, in-home instruction. Force-free, dog-friendly training and behavior modification. (410) 200-0091; pawsitivefit.com

WHAT'S AHEAD ...

❖ **A DIFFERENT KIND OF DOGGIE PADDLE**

Paddle-boarding with your dog!

❖ **INHOSPITABLE**

Five things to do when your dog is on "cage rest."

❖ **TRY DRIED**

Dehydrated and freeze-dried diets reviewed.

❖ **WAIT! DON'T PULL THOSE TEETH JUST YET**

In some circumstances, and with very proactive care, loose teeth can be saved. Here's how.

❖ **LEARN HOW HE LEARNS**

What's your dog's learning style?

❖ **DOGS AND THE PLACEBO EFFECT**

How what you know can change the results of what you do with your dog.