

CRUCIATE LIGAMENT RUPTURE

Rupture of the cranial or caudal cruciate ligament due to long term degeneration or traumatic incident, which is rare.

The cruciate ligaments prevents the tibia from moving forward and backwards when the dog is walking. If one or both of the ligaments are ruptured, the tibia can move forward which makes walking painful and difficult.

Middle aged active dogs. Labradors, Rottweilers, Mastiff types, Akita, Boxer, Bulldogs. Dogs with straight hind limb conformation are most commonly affected however it can appear in other dogs of various shapes, sizes and ages.

TREATMENT OPTIONS

Types of Surgery most commonly done are:

Nylon (dog under 15kg)

Intracapsular suture – Implant nylon suture to follow the same pathway as the CCL to stabilize the joint

Extracapsular suture – Nylon suture placed on the outside of femur and the tibia in a figure 8 to stabilize the joint

Tibial plateau leveling osteotomy (TPLO)

Curved cut horizontally through tibia and rotated to create a smaller tibial plateau angle, held in place by plate and screws. Tibia will no longer glide forward when walking.

Tibial tuberosity advancement (TTA)

Linear cut vertically through tibia and advance forward, held in place by titanium cage and plate. Tibia will no longer glide forward when walking

Treatment options (conservative or post-operative) vary, depending on the age of the dog and the severity of the deformity, the usual ones are:

Hydrotherapy (Swim / Underwater treadmill)

Ultrasound

EMS/TENS

Laser therapy

Therapeutic exercises

Kinesiotape

SIGNS OF A CRUCIATE RUPTURE

Lameness (hold leg up/toe touch)

Non-weight bearing after jumping/turning (may yelp)

Sit with limb extended

Pain in stifle joint

Muscle atrophy (especially hamstrings)

