

ARTHRAMIDVET®

CASE SELECTION

Case Selection Strategies with Injectable 2.5% Polyacrylamide

Osteoarthritis (OA) can have multiple causes; therefore, it is vital to determine the cause before initiating any intervention. Cases suitable for ArthramidVet® treatment are those in which lameness can be localized to a synovial joint. ArthramidVet® may be used for both early and late-stage joint disease, including cases refractory to other treatments. There is no requirement to see evidence of OA on radiographs, such as in early cases of OA (synovitis), but radiography is expected in most cases following the ruling out of septic, neoplastic, and other causes of lameness. Diagnostics used to ensure an accurate diagnosis as part of a normal work up is up to the vet's professional discretion.

Common synovial joints that respond well to intra-articular injections:

1. Elbow
2. Stifle
3. Hip
4. Shoulder
5. Tarsus
6. Digits

Diagnosis of OA

An accurate diagnosis of OA begins with a thorough and comprehensive physical and orthopedic exam. Pet owners may consider taking videos of their pet(s) at home to capture “normal” examples of day-to-day activity and signs of pain. Additional modalities to consider for more accurate diagnosis include:

- Radiography
- Ultrasound
- CT, MRI, or other advanced imaging
- Arthroscopy

Cases Selection

Cases suitable for ArthramidVet® treatment are those in which synovitis or OA has been diagnosed and localized to a specific synovial joint(s).

It is essential to rule out any underlying cause of lameness, such as osteochondritis dissecans (OCD) lesion, fractures, or other unknown factors such as local or systemic infection.

Once these pathologies are resolved, treatment is appropriate.



Image courtesy of Dr. Jennifer Repac

Post-Injection Recommendations

48 Hours of Rest

As with all intra-articular injections, 48 hours of rest is advised, as it is common for pets to experience local pain and/or mild edema at the injection site. NSAIDs and ice can be used to manage any discomfort. This is a transient response and should resolve within 2-3 days.

2 Weeks Controlled Exercise

Remembering the structural mechanism of action, it is important to maintain calm, controlled exercise during the initial product integration period. Leash walks, gradually increasing in length, are permitted. Rough play, running, and jumping should be avoided.

Continue Rehab

For patients currently receiving rehabilitation, discontinuation is not advised following joint injection. However, avoiding additional strain on treated joints is advised for a period of at least 2 weeks. Training modification to accommodate the degree of lameness.

Return to Normal Activity

“Normal activity level” will vary for each patient. It is important to consider each patient’s baseline activity level prior to treatment. Overexertion and low fitness can lead to secondary injury. Age, weight and severity of disease may all impact patients return to increased activity.

Rechecks and Reinjection

Rechecks are recommended 6-8 weeks post-treatment. While a single treatment is normally considered adequate, partial responses can be observed. Accuracy of the diagnosis should be confirmed before re-injection is recommended.



Concurrent Rehab Modalities

- Based on available data, we do not recommend the use of shockwave on the treated joint for a period of 6 weeks post-injection.
- Based on available data, we do not recommend the use laser therapy on or over the treated joint, for a period of 2 weeks.



www.OAEd.pet
www.Arthramid.com
OAED@conturavet.com
CVUS-CA-2407101