

NERVE PAIN SYNDROME (NPS) PROGRAM

PALPATION GUIDELINES

CERVICAL: Radial Nerve Tract Examination

1. Palpation of C1 and C6
2. Palpation of radial nerve tract in proximal caudal-lateral humerus between long and lateral tricep heads

LUMBAR: Sciatic Nerve Tract Examination

1. Palpation LS space
2. Palpation of sciatic nerve tract caudal-lateral thigh between the biceps femoris and semitendinosus, focusing on the popliteal fossa

* If severe spinal/nerve tract pain present, and/or significant neurological deficits, consider immediate referral to neurologist for exam/advanced imaging

PHASE 1

OPTION 1

Medication Treatment Trial

1. 3-week course Gabapentin in PM only for the first 3 days, then increase to BID and monitor for sedation
2. No high-intensity activity (running, jumping and ball play) or long duration activity (>20 minutes)
3. Mild exercise: 15-20 minutes of controlled leash/harness walks BID-TID

OPTION 2

Diagnostic Work-up

CERVICAL:

1. Neurological exam
2. Sedated dynamic cervical radiographic series
3. +/- referral to neurologist for exam/MRI

LUMBAR:

1. Neurological exam
2. Sedated dynamic lumbar radiographic series
3. +/- referral to neurologist for exam/MRI

PHASE 2: Three-Week Progress Call from Owner to VetSurg; will determine next treatment plan

A. Resolved or significantly improved lameness

1. Wean medication: Gabapentin tapering; BID x 10 days; SID x 10 days; discontinue
2. Monitor for reoccurring lameness & pain
3. Moderate exercise: 30-40 min controlled leash walks BID with gradual increase in intensity and duration

B. Improved, but persistent lameness

1. Amantadine trial; SID x 3 weeks – Rx out
2. Continue Gabapentin BID x 3 additional weeks (6 weeks total)
3. Avoid intense activity; continue mild consistent exercise 15-20 min walks BID

C. Persistent/progressive lameness; no visible improvement

1. Recheck examination
2. Sedated radiographs
 - Cervical diagnostic workup (*see above*)
 - Lumbar Diagnostic workup (*see above*) +/- epidural
3. Referral to neurologist for exam +/- advanced imaging

PHASE 3: Six-Week Progress Call from Owner to VetSurg

A. Resolved lameness

1. Slow return to normal activity
2. No recheck needed unless re-occurrence of symptoms
3. Discontinue medication.
4. Recommence Gabapentin if limb lameness recurs. Contact VetSurg with update and to discuss options.

B. Improved lameness; still clinical

1. Lumbar: Dynamic radiographs +/- Epidural Plan (*see below*)
2. Continue Gabapentin BID & Amantadine SID x 3-6 weeks
3. Mild exercise program, 3 week recheck (Lumbar: +/- 2nd epidural)

C. Persistent/progressive lameness; no visible improvement

1. Refer to neurologist
 - Neurological exam
 - Advanced imaging & diagnostics (MRI/Dynamic MRI, CT Scan, EMG)

Medication/Dosages

Gabapentin: 8-10mg/kg, 6-8mg/kg (geriatric) PO BID
Amantadine: 3-5mg/kg PO SID

Epidural Plan

1.6mg/kg Depo-Medrol epidural injection
Repeat in 2-3 weeks, if needed

Total injection course – Up to 3 injections, spaced 2-3 weeks apart