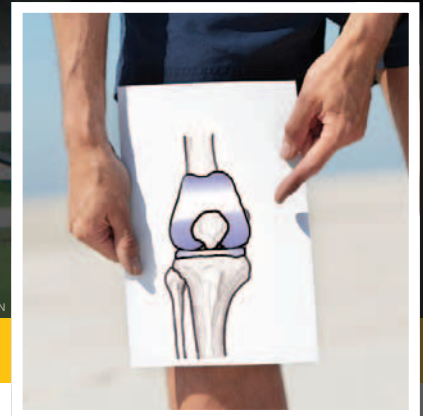




Agility AFTER Joint Replacement

By Pat Paterson



Joint replacement does not mean the end of your agility career. In fact, for me it was the thing that allowed me to continue to run agility and be competitive. In 2003, at the age of 52, I had my right hip replaced. In 2007-2011 I competed in the AKC Agility Nationals. In 2008 my Corgi Audrey and I were one of five teams representing Pembroke Welsh Corgis at the AKC Agility Invitational in Long Beach, CA. And, in 2010, my two-year-old Corgi Stella won the Challengers Round at the AKC Nationals, buying us a slot in the Finals. In September 2011, I had my left knee replaced.

If I can have this success with artificial joints anyone can. I am not a jock. I am like a lot of agility competitors; I'm a middle-aged woman carrying a few extra pounds who loves her dogs. I am offered the "senior discount" without ever being asked my age. I am a pathetic failure at any sport that uses a ball. In my mid-30s I took up horseback riding and showed competitively for a number of years. Sadly my enthusiasm and desire far outweighed my talent. In 1987 my horse and I landed in a jump rather than on the other side; I broke my left tibia, fibula, and ankle and spent six months in various casts. It was

this sad day that started me on the joyful path down joint-replacement lane.

I continued to ride and show. Then sometime after I turned 50 I decided I no longer wanted to compete in a venue where it was mandatory that paramedics be on site during the competition. I retired my show horse and my Corgi Audrey went from barn dog to agility dog. After a couple years of agility competition I noticed what I thought was a pulled groin muscle, so I went to an orthopedist assuming he would prescribe some physical therapy and I'd be on my way. I was shocked when he showed me my x-ray and told me I would need a hip replacement. Hip replacement! It wasn't my hip that even hurt! Apparently after my accident whenever I rode my horse and landed jumps, I put all the pressure on my good right leg, which jammed the head of the femur into the socket, wearing away cartilage. I sought a second opinion and he confirmed the diagnosis; he said, "But don't worry, you will be out of that walker in less than a month." Walker! I was appalled. I was way too young for a walker. I never heard another word he said.

My Hip

I am going to leave the surgery specifics to others more qualified and just say the first few weeks following both my hip and knee replacements were just hideous. Both start with a three- to four-day hospital stay and all the joy that entails. When you get home you initially can do very little for yourself. You are in a walker, which means you cannot carry anything. By the time I had my knee replacement I figured out how to attach a little insulated lunch box to my walker, which allowed me to carry my cell phone, a bottle of water, the TV remote, etc. You have just had major surgery, which is an assault on your body, and you are in pain. Sleeping is difficult. A trip to the bathroom is a chore. You are taking medication that at best makes you feel not like yourself. You are tired and have watched every episode of "Law & Order" ever aired. The good thing is that every day you get a little better, as opposed to prior to surgery where every day you got a little bit worse.

After a few weeks you progress from a walker to a cane, which means you can pour yourself a bowl of cereal and carry

it to the table! You can actually imagine yourself walking again and even running agility again. Prior to my surgery I had taken some deep water aerobics classes. We wore float belts so all the "running" and "bicycling" we did happened under water in an almost zero-gravity environment. The minute my doctor gave me the okay I hit the pool, at first on my own and then I rejoined my class. It built up muscles and helped my brain and my hip/leg "reconnect." I ran my first agility trial three months and ten days after my surgery, but found I had limitations. I simply could not run as fast nor was I able to get where I needed to be for my dog.

JOINT REPLACEMENT DOES NOT MEAN THE END OF YOUR AGILITY CAREER. IN FACT, FOR ME IT WAS THE THING THAT ALLOWED ME TO CONTINUE TO RUN AGILITY AND BE COMPETITIVE.

Distance Handling

I was trying to run my dog the same way I had before my surgery, but I wasn't covering the same amount of ground. Audrey was starting to slow down so I could catch up. A new agility trainer had moved into town who had been an instructor with Jane Simmons-Moake at Flashpaws in Houston, TX. In my first lesson Renee Toth had me run a simple course which ended with a line of three jumps. She asked, "How far ahead of you was your dog?" "About 6-8," I said. "Okay, so how far ahead of you would she be if I was standing at that last jump with a pizza?" Point taken. Audrey was staying at a comfortable distance ahead of me, but not working to her full potential.

Next we went to the dogwalk. "What is her performance on this obstacle?" "I say 'walk it' and she runs to the end of the yellow." We demonstrated and Audrey was perfect. "Now do the same thing but stop at the point where the

third board slopes down." I didn't see a problem but when I stopped so did Audrey. "So apparently what you have trained Audrey to do is to run to the bottom of the contact zone *only* if you are with her." Busted. "Imagine if you could leave her to do 'her job' on the dogwalk while you got in position to do the next obstacle." I needed to train my dog to make up for my inabilities. And thus began my journey into the land of independent obstacle performance and distance handling.

Beginning the Dog's Distance Training

I am not a professional dog trainer but I'll share some tips that I picked up along the way. First it is *way* easier to teach distance to a pup than it is to retrain your current dog, but it can be done.

I started by doing less "true" distance handling and more lateral distance handling. I was still shoulder to shoulder with my dog, but most times we were separated by as much as 10-15'. Take weave poles, for example. If you currently stand about 1' to the side of your dog *slowly* widen that margin. Start giving him 2'. In a few days when your dog feels comfortable with that and consistently successfully completes the weaves, then widen your margin until you are 6-10' away. I am a big cheese thrower. I have Corgis; to say they like food is an understatement. But I don't want my dogs to come to me or look to me for a treat. I want them to be driving ahead. So even if I am 20' laterally from my dog, as he completes the final weave pole I throw my cheese ahead of him. If your dog loves toys, so much the better.

I do the same thing with jumps. Make a jump circle. If you are used to running next to your dog *slowly* widen the margin, staying pretty much even with his shoulder or slightly ahead. He can still see you but you are making a considerably smaller circle than he is. Fewer steps for you!

These are just a few things that worked for me when I first started working with distance. If you want to add a little distance work to your repertoire my first suggestion is to find someone to help

you locally. If that is not possible then I would suggest some training DVDs. I have taken seminars with Jane Simmons-Moake (*Unleashing the Velcro Dog*, book and DVD) and Kristy Netzer (*Dialing Up the Distance* DVD) and learned a bunch from both of them.

Things Were Going So Well...

When my knee started to give me trouble I headed right to an orthopedic surgeon. I had been this route before and wanted to see if there were any strengthening exercises I could do. He looked at my x-rays and suggested Advil and to call him when I was ready for my knee replacement. How discouraging!

A friend directed me to Dr. Ana Palmieri, an orthopedic surgeon and sports medicine doctor. She explained that when the cartilage is gone, it's gone. Only a knee replacement will fix that, but there are things we could do that should provide some relief. Among the things I did to postpone surgery were daily anti-inflammatories, quarterly cortisone injections, and semi-annual hyaluronic acid injections such as Synvisc, Supartz, and Euflexxa. A very simplistic explanation of hyaluronic acid injections is that in a normal knee there is a thick fluid, not unlike motor oil, that cushions the knee joint. When a person has arthritis the inflammation and cartilage debris in the joint breaks down the viscosity of the "motor oil," thinning it and lessening its cushioning properties. The Synvisc is a thick liquid that mimics our natural motor oil and when injected into the joint can create the same cushioning effect.

My personal experience was that my first round of injections was amazing! I discovered a new spring to my step. The effect lasted less than the six months we had hoped for but the relief it gave me was fantastic. As my knee continued to worsen the injection's cushioning effect lessened as well. I eventually took Tramadol for pain; at first just during agility trials and eventually every day. I also used Lidoderm 5% patches, which slowly put a small amount of lidocaine into a specific area. It's not dramatic pain relief, there is no numb-

ing sensation. In fact I first thought it did nothing, but I realized about an hour after the patch was removed that my knee hurt more than it had before. I had weekly acupuncture sessions. I even tried arthroscopic surgery where my surgeon trimmed off ragged bits of meniscus, smoothed some of the rough edges of cartilage, and sucked out the bits and pieces of cartilage and other debris floating around in my knee. All this bought me 2 ½ years.

I HAVE NEVER SPOKEN TO ANYONE WHO REGRETS HAVING JOINT REPLACEMENT SURGERY. IF ANYTHING, I HEAR OF PEOPLE REGRETTING NOT HAVING THE SURGERY SOONER.

Nothing Sucks the Joy Out of You Like Constant Pain

Eventually I realized that the pain in my knee was keeping me from doing too many of the things I loved. I couldn't take my dogs for long walks in the park. My husband and I couldn't take the hiking vacations we loved. If I had to walk any distance, like to the farthest gate at the airport, I would have to stop along the way and rest my knee. I didn't want to live like this anymore. I made my appointment for knee replacement surgery.

They tell you to wait until you can't stand it any longer and then schedule your surgery. *However*, depending on the area of the country you live in, the next available surgical slot will be anywhere from three to six months. So you have to decide you can't take it anymore *less* six months, which is pretty much impossible.

Try to have your surgery before you injure another part of your body by compensating. When one part of your body hurts the natural thing to do is to shift the weight from the bad joint to another part of your body. I have known of

a few people who in trying to take the weight off the bad left knee, ending up causing bursitis in their right hip.

There is no good time to have surgery and take off considerable time from agility, work, etc., but you need to pick a time. By April I knew the inevitable knee replacement was looming. I scheduled it in October, following the USDAA Nationals. Around June my knee really started deteriorating. I was doing less running on the course and more hopping. But the earliest they could get me in was mid-September.

Things to Do Before Surgery

About two months before surgery I realized I knew very few specifics. Dr. Palmieri and I had talked in general about the types of knees available, but we had not actually sat down and talked details. I made an appointment and arrived with a list of questions. We spent a good half hour discussing the types of knees, how they work, and the type of knee that would best suit me. By the time I left her office I probably knew as much about the construction and movement of an artificial knee as many med students!

When talking to your doctor do not ask if you can *run* agility—find another word! It seems when orthopedic surgeons hear the word “run,” they think jogging for miles. When I explained that an agility run may last less than a minute and showed the doctor a video, she had no problem with it.

We also discussed depression and surgery. I think as a group, agility folks are an independent lot. Your first month following surgery can be very difficult emotionally. You have pain, you must rely on the help of others, and you just can't do much. If you think depression may be an issue for you, talk to your doctor and he can prescribe something to help. It takes about two weeks for the effects to kick, which is why I suggest you discuss possible depression before your surgery. Your mental attitude has a lot to do with how quickly you recover.

A good source of information is the Agility Knees Yahoo discussion group.

The group is made up of agility competitors currently having knee issues and considering knee replacement, those in the middle of rehab, and those that have had knee replacement surgery and are currently competing. It's a great place to ask questions and share experiences.

If I have to do this again, next time I will be in better shape prior to surgery. By the time September rolled around I was already experiencing muscle atrophy in my leg. I think the better shape you are in going into surgery, the easier and quicker recovery will be.

The hospital where I had both my hip and knee replacement offered a “joint” class where they provided a detailed explanation of everything that will go on in surgery, your stay at the hospital, and what to expect when you get home. If your hospital offers such a class, I'd strongly suggest you attend. The more prepared you are going in, the less scary it will be.

After Surgery—Month One

Clean Run ran an excellent two-part article (March and April 2006) by Steve Sobreski, a regular contributor on the Agility Knees list. In Part two he goes into great detail about his surgery and rehab, so I am going to focus more on what I did to get back in the ring.

The first couple of weeks I was mostly recovering from surgery; however, I did start physical therapy three times per week the minute I came home from the hospital. One thing they told me was to “stay ahead of the pain.” I took Oxycontin AM and PM and Percocet about every four hours for “breakthrough” pain. I have heard of people who did not feel



they needed the pain meds. Regardless of how you feel about the pain meds, I would definitely advise taking something prior to physical therapy. The medication will help you deal with the pain and allow you to get more accomplished.

In the first month of PT the emphasis was on getting the “bend” back in your knee. Zero degrees range of motion is a straight leg. 90° degrees is your basic sitting position. Most people can bend their knee 130-135°. While still in the hospital, the physical therapist starts helping you bend your knee. At first I could bend it about 70° and that was with the therapist pushing against it. I was sent home with a “constant motion machine” which forces your leg to bend and straighten. I was to lie in this six to eight hours per day. My goal was to be able to bend my knee 120-125°. That allows you to do most things. By the end of the first month I was at 110°. In addition to regaining my range of motion, I also worked on a lot of strengthening exercises.

Around the second week I was strong enough to go from a walker to a cane. My husband drove me to agility class and while I couldn’t run my dogs, I could walk the course. Doing this sort of helped me keep my head in the game. I also worked my dogs on simple things that did not require a lot of movement on my part, such as sending to the table and having them go immediately into a down. We practiced difficult weave entrances and some tunnel/contact discriminations.

It was my left knee that I had replaced and I was told I could start driving as long as I wasn’t fuzzy headed. I waited until I no longer needed the Oxycontin and was no longer exhausted following PT.

Month Two

I think back on this as more of a strengthening month. I’d been working on strengthening my quads and the muscles that support the knee all

along, but before the emphasis had been all about getting the bend back. Now I needed to build enough strength so I could eventually run my dogs.

I was very lucky and had a great physical therapist, Cindy Steele. During my second month of therapy I showed her a video of myself running a course so she could see the skills I needed. We did a lot of balance work, often times balancing on my new knee so I knew I could trust it. I walked backward on the treadmill. I did football drills and fancy footwork drills. Our emphasis was on balance, stability, and confidence.



During this month I started back walking my dogs every day, slowly increasing the distance. By the end of the month we were walking two miles. When I had my hip replaced I had a huge fear of falling, and that fear can really slow your progress. This time I started walking with my husband or a friend for security. We walked through the woods and over uneven ground, up hills and down. The more I did this, the more confident I became and less worried about injuring myself.

By the end of the second month I was working short agility sequences at home and in class. I did a lot of three-jump work with my dogs. We practiced wraps and pull-throughs—things where running was not necessary. At my eight-week doctor visit I was cleared to do whatever I wanted “but jump out of a plane.”

Month Three: My First Agility Trial

I entered my first agility trial 10 ½ weeks after surgery. It was a local USDAA trial so I could enter at the last minute. The footing in the horse arena was rocky and rough, and a smarter person would have put their dog in the car and gone home... but I am not that smart. I had only run my dog on a full course four days before the trial. This would be a good opportunity to see where I was in the recovery process.

The footing was bad and I was very cautious. I did run, but slowly. My brain worked even slower and my commands were very late, but it felt amazing to be running again. Funny thing though, even though I had little pain in my knee I still limped when I ran. I had limped for so long my body didn’t know how to run any differently. While I did not Q much, this trial gave me some valuable information.

I needed to be a lot stronger. I hit the gym almost every day, riding the bike and the elliptical trainer. I did resistance training to build up the muscles in my legs but I still limped when I ran. At the suggestion of someone on the Agility Knees discussion group I had a friend film me running down a line of jumps so I could see how I looked. I was definitely short strided. When I ran I was leading with my “good” leg and sort of dragging the “bad” leg along. Once I could see what I was doing I could fix it. I kept running and videoing until I looked like a normal person running.

The only way to convince my brain that I could run without hurting was just to do it. At first I ran on the treadmill. I’d run 10 steps and then spread my feet on each side of the belt and rest. Then I’d run 20 steps and rest. Once that was no longer scary I took it outside where the concussion was greater. Walk 10 steps, then run 10 steps. Eventually I was run-

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ning more than walking. I practiced running along the dogwalk. I was no longer fearful but it still felt awkward.

Month Four: Now I Can Run

I entered my first AKC trial exactly four months post op. The courses had a lot of straight lines—a good test for my new running skills. Now that I could run I had to adjust my timing. I was getting places faster than I had before. In one run my dog Stella was so fascinated to see me next to her instead of behind her, she ran right by a few jumps! Saturday I ran both Stella and my older dog Elliot in Standard and Jumpers, and Stella in FAST. We Q'd every run! Sunday, after running five classes the day before, my knee was sore. And, after three days of agility I felt like I had been run over by a truck. I've since run in seven more trials and each time I feel stronger and less sore. I am still taking an anti-inflammatory AM and PM "just in case," but all in all I feel great.

It's Not Perfect

I love my new knee but it is a prosthesis; while it is a thousand times better than what I had before, it still has limitations. Remember your knee may be new but you still have that same old body. I am still a little "creaky" in the morning but now it's just my back or my plantar fasciitis that hurts.

Kneeling is uncomfortable even on a soft surface. They tell me it will get bet-

ter with time, but it has put a crimp in my yoga. I don't have the range of motion I once did so I can't sit back on my heels or do "child's pose."

You learn to make accommodations for slightly less mobility, but if you are reading this you are probably already doing some of that. Maybe altering the way you get up from a chair or go down stairs.

As far as agility is concerned, I have no restrictions. I do just as many front crosses as I used to. I still handle from a distance, since that is a style that works for me and my dogs, but now I have more options.

At this writing I am six months post op and my knee still gets a little stiff after a few hours of sitting, but it loosens up in just a few steps.

Lessons That I Have Learned

You don't go through a broken leg and a hip and knee replacement without picking up a little wisdom along the way.

Keep your eyes on the prize. Your rehab is going to go much faster if you have a goal. I think that is why so many agility folks get back into the ring so quickly. The whole time I was doing PT I was pushing myself because I needed to run my dogs again.

Don't be afraid to ask for help. You will need help with so many little things. If you are in a walker it is almost impossible to open a heavy Ladies Room

door that opens toward you. Ask a stranger to help you. Don't drive if you are still on pain meds that make you fuzzy headed. Ask a friend to drive you. When your friends offer to come walk your dog or bring you dinner, let them. I never wanted to ask for help or be a burden to others, but the fact of the matter is your friends *want* to help you. It makes them feel good. Accept help from others graciously.

As bad as the first few weeks following surgery are, every day will be better. Before I had my surgery, every day was more painful than the day before. After surgery you are on the upward slope.

I have never spoken to anyone who regrets having joint replacement surgery. If anything, I hear of people regretting not having the surgery sooner.

We Live Among You

I own a small business, Menopaws, where I sell my Menopaws Agility t-shirts as well as dog-themed jewelry. During my knee rehab I created the "Bionic Agility: We're Titanium Tuff" t-shirt. I am amazed at the handlers who I have seen running dogs for years come by my booth and buy one of those shirts. I had no idea that they had an artificial knee or hip or ankle!

So the next time you are crowded around the in gate waiting for your walk-through to start, look around. There is a good chance at least one of those competitors is sporting a little something Titanium! 🐕

Pat lives with her husband, Bob, outside Memphis, Tennessee. She shares her life with her two Corgis, Stella, with whom she competes in USDAA and AKC, and Elliot, who is currently enjoying his semi-retirement in the 4" Preferred classes. Pat can be reached through her web site, www.menopaws.com.