

Variation in O.F.A. Grade in Dogs with Unilateral or Bilateral Coxofemoral Subluxation

Clinical Report

Following, you will find the survey, tabulated data from my survey, and a targeted review of all dogs that failed O.F.A. with subluxation as the only reason for a failing grade (bilateral or unilateral).

This population study will be assessed later in this paper.

See Tables 1, 1a, 2, 3, 4 and 5 to get an understanding of the method and the data acquired from my survey.

The majority of my O.F.A. patients are radiographed awake. If chemical restraint is necessary, I use dexmedetomidine hydrochloride^a at a twenty-five percent reduced dose. I use a radiolucent positioning device to keep the dog comfortable and to avoid tilting. This device allows me to do a better job of getting the pelvis flat and symmetrical. The patellas are rotated medially so the patella is on the mid-line of the femur or medial to the mid-line. I position the femurs parallel to each other. To achieve this, I seemingly exaggerate the position by almost having the medial femoral condyles touch. I have found this technique actually produces nearly parallel femurs.

Dr Davis says one thing and does another. He says to precisely follow the OFA positioning, yet he doesn't. I've underlined in green Dr. Davis deviation. This is just wrong!! And members believe him!

Ultimately, the goal when doing hip radiographs for the O.F.A. is to have the obturator foramen as close to symmetrical as possible, the patellas on the mid-line, the femurs parallel with the heads of the femurs having bilaterally symmetrical depth.

Nowhere in the literature anywhere does it say that medial to the mid-line is okay! He exaggerates the position by almost having the medial femoral condyles touch!! NO, NO, NO!!! That is NOT what OFA asks for!!!