

! "If It Squeals, It Feels" — University of Georgia Deep pain requires **conscious response**: yelp, bite attempt, or escape. Withdrawal reflex ≠ sensation.

Prognosis by Neurological Status

Neurological Status	Medical	Surgical	Action
Ambulatory — pain ± ataxia, walks unassisted	80%	100%	Medical OK. Surgery if young/active/recurrent.
Non-Ambulatory Paraparetic — moves limbs, cannot walk	80%	>90%	Recommend referral
Paraplegic — no movement, deep pain INTACT	50%	>90%	Surgery recommended
Paraplegic, Deep Pain ABSENT	20%	60%	EMERGENCY — Refer NOW

Medical Management

- 1. Strict cage rest** — 4 weeks (prevents further extrusion)
- 2. Anti-inflammatory** — NSAID or steroid × 5–14 days
- 3. Analgesia** — Gabapentin for neuropathic pain
- 4. Bladder care** — Manual expression if needed

NSAID vs Steroid: Either acceptable. Use steroid if hepatic/renal disease or GI concern.

When to Refer Immediately

- **Non-ambulatory** — even with motor function
- **Absent deep pain** — “If it can’t feel its feet, off it goes”
- **Rapid deterioration** — any worsening status
- **Myelomalacia risk** — up to 30% of sensation-negative

Do NOT hospitalize overnight. Send to neurology NOW.

“At the stage where a patient becomes non-ambulatory—even if they have motor function—those are the dogs we should strongly be recommending for referral. Let the neurologist decide whether or not to operate.” — Dr. Susan Arnold, DACVIM (Neurology)

NSAID ↔ Steroid Washout

Short-term use: **1 day**
 Long-term use: **3 days**
 If surgery possible: match referral center’s post-op protocol

Progressive Myelomalacia

- Develops within 14 days of injury
- Up to 30% of sensation-negative cases
- French Bulldogs especially prone
- Fatal if develops — prompt surgery may prevent

Source: Dr. Susan Arnold, DACVIM (Neurology) | “Neurology In A Nutshell” — Vet On It CE, Feb 2026 | Based on 2022 ACVIM Consensus Statement

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