

PHYSICAL RESTRAINING TECHNIQUE FOR HIND LEG IN CAMELS

A.K. Bishnoi, R. Pooniya, R. Saini, P. Bishnoi and T.K. Gahlot

Department of Veterinary Surgery and Radiology, College of Veterinary and Animal Science, Rajasthan University of Veterinary and Animal Sciences, Bikaner-334001, Rajasthan, India

Foot affections like puncture foot, phalangeal fractures, traumatic injuries, foot pad avulsion, digital cushion hernia, etc. are common in camels. The overall incidence of the foot disorders in camels is 10.60%. The occurrence of these affections is almost equal in both fore and hind limbs (Singh and Gahlot, 1997). Such affections of foot require appropriate restraint for proper clinical and radiographic examination and thereafter treatment. The forelimb of camel can easily be restrained in the standing position. But securing the hind limb of animal in its standing position involves risk of kicking (Gahlot, 2000). Moreover, the hindfoot of the animal cannot be stabilised for lateral and dorsoplantar radiographic examination. The traditional methods of radiographic exposure of camel foot (Singh and Peshin, 1994) might lead to damage of cassette by the animal's body weight and x-ray tube by camel. To overcome these constraints an innovative physical restraining technique was adopted for hind limb in standing position of the camel.

Six adult, male camels admitted to the Teaching Veterinary Clinical Complex with hind foot affections i.e., lymphangitis, foot oedema, lacerated wound, foot pad avulsion (2 cases) and phalangeal fracture were subjected to the new and simpler physical restraint technique using a 4 metre long thick cotton braided rope. One end of this rope was tied by using the slip knot around the distal end of canon region or distal to fetlock of the affected limb. Then the remaining length of the rope was thrown over the caudal cervical region just cranial to the withers towards the other lateral side of the animal. The attendant standing near the shoulder region on the other side pulled the rope over the withers in such a way that secured hind limb got raised cranially and dorsally with the flexion of hock and stifle joints. Once the foot is raised sufficiently above the ground surface, the pulled end of the rope was looped through the axilla around the

arm of the contralateral forelimb which prevented its slipping over the withers and thus maintained the intact position of the raised limb. This prevented the caudad or lateral kicking from the secured limb. All these clinical cases were physically restrained in standing position both for examination and regular treatment by keeping the affected limb raised above the ground surface, with the foot toe directed towards the ipsilateral forelimb and its dorsal surface towards the ventral side of thoraco-abdominal surface below the chest pad. This position of foot was found suitable for clinical examination, radiographic positioning and wound dressing and bandaging. Animals did not show any resistance and discomfort with this restraining method. It enabled surgeon to position himself safely lateral to the raised foot and thus clinical examination, palpation, placing of radiograph cassette towards the ground or medial/lateral side of the foot were accomplished comfortably. Dressing and bandaging of wound also become easy, safer and faster. Further to be more safe and to prevent lateral movement of foot during examination and treatment, the raised limb can be kept pulled on the contralateral medial side by tying an another rope

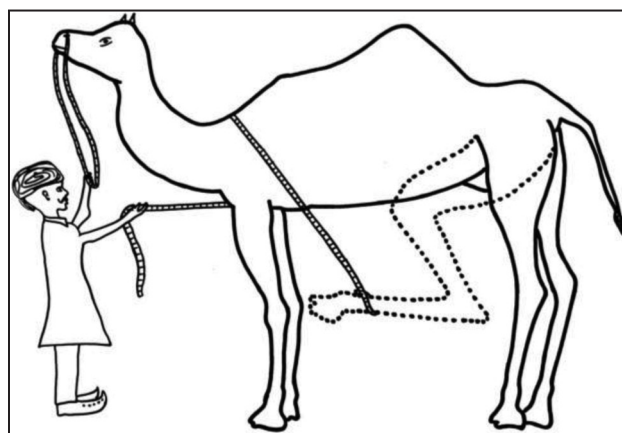


Fig 1. Raising of affected hindlimb with the flexion of hock and stifle joints.

SEND REPRINT REQUEST TO A.K. BISHNOI [email: bishnoisurge@gmail.com](mailto:bishnoisurge@gmail.com)



Fig 2. With the standing physical restraining technique of hind limb it was possible to (a) physically examine the affected hind foot, (b) make radiographic examination of hind foot and (c) regular wound dressing of hind foot.

at the canon region. In this manner a single person was able to keep hold the rope tied to the affected hind limb and simultaneously also held the halter rope on head of animal. Animals could easily balance their body weight on the 3 limbs. Animals were kept restrained in this standing position for a short period of time (5-10 minutes) both for examination and treatment. It enabled frequent examination and treatment of the feet lesions at the regular intervals in these cases. It offered other advantages i.e. lesser number of personnel required for animal restraining, no chemical restraining required, no injury incurred to the animal and personnel during the period of

restraining and every part of the foot could easily be approached for treating any of its lesion.

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