



What is Wobbler's?

Wobbler's syndrome or disease is the common term for a spinal condition in large dogs that causes a characteristic swaying or "wobbly" gait in the hind limbs and short or "floating" steps with the front limbs. There are two main forms of Wobbler's syndrome. The first involves a spinal cord disease (cervical stenotic myelopathy) in young giant breed dogs, such as Great Danes, mastiffs, and Bernese mountain dogs. In affected dogs, the neck vertebrae have an abnormal opening (square, hour-glass, or triangular instead of round) that puts pressure on the spinal cord and may distort its shape over time. This form of Wobbler's syndrome typically shows up within the first two years of a dog's life and then slowly worsens over time. Studies suggest that nutrition could be a factor; diets high in protein, calcium, and phosphorous accelerate growth, which may contribute to the skeletal changes associated with Wobbler's.

The second form of Wobbler's syndrome occurs in middle-aged to older dogs. It's usually caused by a bulging disc that puts pressure on the spinal cord at the base of the neck. This form of Wobbler's syndrome is commonly seen in large breeds, such as the doberman pinscher, Labrador retriever, and dalmatian.

What are the symptoms of Wobbler's?

Symptoms usually appear slowly and gradually, but may come on suddenly if there is trauma to the spinal cord (during exercise, for instance) or a sudden disc herniation. The most common sign is a lack of coordination in the rear limbs, causing dogs to sway (or wobble) side to side. Dogs will walk with their legs spread farther apart and take longer strides than usual. Depending on the cause and severity of the problem, the forelimbs may appear unaffected or develop a stiff, short stride or floating gait. Some dogs have difficulty turning around, with their front legs crossing during the turn. Wobbler's may also cause neck pain, making dogs reluctant to bend their necks downward or turn them side to side.



Dobermans are among the breeds most likely to be affected by Wobbler's syndrome.

How do you diagnose Wobbler's?

Initial x-rays are taken to determine whether there are changes characteristic of cervical stenosis (narrowing) or a bulging disc. Advanced imaging such as myelogram/CT or MRI is required to view the spinal cord and determine the extent of compression. It is common for cervical stenotic myelopathy to cause spinal cord compression at multiple levels of neck vertebrae. In many cases, images are taken of the neck in two positions—flexed and extended—to see whether spinal cord compression gets worse when the neck is bent.

What is the treatment for Wobbler's?

The two main treatments for Wobblers disease are medical management and surgery. Medical management typically involves restricting activity and using corticosteroids to reduce spinal cord swelling associated with compression. Although many dogs initially improve with steroids, the benefit usually decreases or disappears after steroids are tapered or discontinued. The best prospects for medical management are older dogs with mild symptoms and dogs with spinal cord compression in multiple locations (more than three or four vertebrae) who aren't considered good surgical candidates.

Surgery is recommended in dogs with progressive signs that don't respond to medical management. There are different surgical approaches, and the choice depends on the underlying cause of spinal cord compression.

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For cervical stenotic myelopathy in young dogs, a surgery called a “dorsal laminectomy” enlarges the narrowed opening over one to three vertebral spaces, depending on where the spinal cord is compressed. In dogs with Wobbler’s disease caused by a chronic bulging disc, a “ventral slot” is performed to remove the disc material.

What is my dog’s prognosis?

Dogs with mild symptoms have the greatest chance of significant recovery. Dogs so severely affected that they can’t stand or walk have a very guarded prognosis even with surgical intervention. The length of time the spinal cord has been compressed and the number of vertebrae affected determines the advisability and probable outcome of surgery. Because pressure on the spinal cord may cause irreversible damage, surgery’s primary goal is to keep the damage—and the resulting symptoms—from progressing. Dogs who do regain the ability to walk after surgery may need intensive post-operative care and perhaps months of physical therapy. Although their gait will never return to normal, many dogs improve enough to have a good quality of life with less pain.

These MRI images show a normal spine in cross section (top) as well as a compressed spinal cord in cross section (bottom).

