THE RALPHER

The Ralph Veterinary Referral Centre | heretohelp@theralph.vet | 01628 308330 | Fourth Avenue, Globe Business Park, Marlow, Buckinghamshire, SL7 1YG

Lola's hidden neck pain: Finding the cause

Common concerns about chemotherapy: How we can best support carers

A dose of safety: Practical tips for a safer veterinary dispensary

Spotlight on physiotherapy: Insights, research and real-world practice

Neurodiversity in the veterinary workplace

AND MORE...

HELLO AND WELCOME TO OUR WINTER EDITION OF THE RALPHER!

We're sure you've heard it before, and now you get to hear it again: can you believe it's 2026?!

Perhaps you don't want to believe it... in which case check out some positive affirmations from the team in the pink box below to get you into the new year spirit.

If you're ready to crack on and learn, read on! We've got a piece on neurodiversity in the workplace, a spotlight on our newly expanded physiotherapy team, PLUS case studies from our Oncology and Neurology teams.

Another new year is another opportunity to say a big THANK YOU for all you do; it's really great to work alongside so many incredible veterinary professionals who want to help the patients in our care feel better.

Wishing you everything you hope for as individuals and teams for 2026.

Take care,

TEAM RALPH

Team News

Our people are the heart and soul of our hospital. They are what makes our 'Centre of Excellence and Compassion' just that – excellent and compassionate, and so much more besides. That's why we looove sharing their news with you!

NEURO NEWS

DESPI

Our very own Despoina has recently completed her Neurology and Neurosurgery residency with us. We've seen her all the way through her internship and residency and are delighted that she will be staying on as a clinician on Team Neuro.

RESIDENTS GALORE

A warm welcome back to Meike who has returned to The Ralph as an Internal Medicine Resident after completing an internship with us in 2024. She is joined by Sarah Cox, our second Internal Medicine Resident, who finished her internship with us in Autumn 2025.

We've also welcomed back Seb, who did a surgery internship with us in 2023 and returns as a Surgery Resident across our Orthopaedics and Soft Tissue teams.

And last but not least, this month, Tyler starts as our Ophthalmology Resident after a year-long internship with us!

We are so pleased to have such lovely residents across our services for the next few years and look forward to sharing their progress with you.

MEIKE

SARAH

SEB

TYLER

NURSING NEWS

CAROLINE

Caroline has been with us since the very start and has recently been promoted to Senior Emergency + Critical Care (ECC) Nurse. She is a fantastic nurse and embodies compassionate patient care. In fact, she won the "Golden Heart" award in our Office Oscars last summer!

AVRIL

Avril was recently promoted to Senior Wards Nurse! Avril joined The Ralph three years ago. She has been one of the backbones of the Wards nursing team, and we are delighted to be able to promote Avril into a senior role.

MEG

Meg has been an invaluable nurse in our ICU for the past couple of years. She has recently moved over to a role on our Clinical Operations team where she will still be doing the meaningful work of helping patients and their families, just a little more behind the scenes!

PCA NEWS

Isabella (Izzy to us!) has been a wonderful Patient Care Assistant for the past couple of years and has now moved over to a new role as Rehabilitation Assistant in our Physiotherapy and Rehabilitation team. The physio team has been recently expanded, so you can find out more about Izzy and her new teammates over on page 12!

Positive Affirmations for 2026 Veterinary Professionals

1. I make a positive difference, even in moments that feel small.

2. I provide skilled care that improves lives every day.

3. I choose compassion at every step - for patients, clients, colleagues, and myself.

4. I strive to learn and improve: each person and patient I encounter is an opportunity to deepen my knowledge and intuition.

5. I choose progress over perfection.

NEURODIVERSITY IN THE VETERINARY WORKPLACE

Written by Katie Gray, Hospital Counsellor

Important terms to understand:

NEURODIVERSITY - A term to encompass the many brain differences we have as individuals in a population.

NEUROTYPICAL - A term to describe the brain functions and behaviours of the majority of the population.

NEURODIVERGENT - This term refers to the individual as opposed to a group. It describes someone whose brain learns or processes in a different way to the societal 'norms' or what might be considered neurotypical.

NEUROMINORITY - A term to describe a group of people who are similarly neurodivergent.

MASKING - A conscious (or unconscious) process of mimicking neurotypical behaviour, and suppressing autistic or ADHD traits in order to be more accepted by others

At The Ralph we recently had two webinars delivered by Kirstie Pickles MRCVS on Neurodiversity in Veterinary Practice. The topic has also recently been a focus for Vetlife and it has been brilliant to see neurodiversity brought into the discussions around veterinary practice more openly.

The topic of neurodivergence is relatively new within veterinary spaces, but neurodivergent people have been around forever. When we consider the challenges of working in veterinary environments, it makes sense that we would benefit from neuro-inclusivity, having all types of people working together to enhance our skillsets and knowledge. Some examples of neurodivergence are OCD, PTSD, Autism, ADHD, Dyslexia and Dyspraxia, but there are many others too.

It's important to note that, whilst sometimes being neurodivergent might present people with some difficulties navigating stressful work environments, there is also much value that neurodivergent people bring to the veterinary team.

For example, some individuals may show higher attention to detail and pattern recognition. This could be beneficial for numerous reasons, especially listing differential diagnoses, lab testing, surgeries and picking up on subtle patient changes. For those people who may be prone to hyperfocus, this may help when they are given specific tasks with tight due dates. Lots of people within practice leadership may benefit from neurodivergent people who think 'outside of the box'.

Another key reported commonality between many people who are neurodivergent is a heightened affinity with animals and the benefit of having animals in their lives (HABRI). There is numerous research into the benefits of pet companionship for neurodivergent children, especially those who are autistic (Atherton et al, 2023). There are also myths and stereotypes about people with any kind of difference. For example, a common myth around autistic people is that they struggle with empathy, but often this is not the case, rather that they demonstrate their empathy differently to how a neurotypical person might do so or interpret.

Some barriers in veterinary practices for neurodivergent people may include:

- **Sensory overload** - ticking clocks in consult rooms, fridges buzzing, dogs barking, reception full of pet carers talking, phones ringing, lots of smells in theatre or kennels, bright lights
- **Communication challenges** - misreading social cues, not understanding a task fully if given ambiguous instruction, people using jargon or analogies that don't make logical sense to them, misunderstanding what has been said/inferred. Autistic burnout is a risk if an autistic person is masking a lot at work/socially, and is something to keep in mind
- **Executive functioning** - difficulties with time management, switching between tasks, and focusing on a task if they are struggling with attention

With barriers in mind, it is important to know your rights as an employee. Under the Equality Act of 2010, it is unlawful for an employer to discriminate against someone because of a protected characteristic, which includes disability. Many conditions are recognised under this act, including those covered by this article. However, for something to be considered under the act, it is not the label that is covered, but the impact of it. Legally, to be protected, you must have a 'substantial disadvantage', likely to affect you for a long time, and have an impact on your 'day-to-day activities' (ACAS).

The Royal College of Veterinary Surgeons (RCVS), in alliance with the RCVS Mind Matters Initiative, launched a Reasonable Adjustments Campaign this year.
A valuable piece of information about reasonable adjustments is that employers cannot argue fairness in their decision about whether or not your request is reasonable. For example, if an employer argued that you couldn't be given a quiet space to work because they couldn't deliver that to all ten employees who might like one, that would be invalid under the Equality Act 2010. Reasonable adjustments are made to remove disadvantages, and not all ten employees are at a substantial disadvantage due to a protected characteristic.

Some things that may prohibit adjustments legally include:

- Disproportionately high cost of making the changes,
- If the changes are not practical for the building or working space,
- If it is deemed that the change may not remove the substantial disadvantage, or
- If the change may significantly impact the other staff (beyond envy or preference) (ACAS).

Some adjustments to consider might include:

- Having instructions written down instead of just verbal, and ensuring any time constraints are made clear.
- Making adjustments to the working environment to reduce unnecessary noises - some ideas could be changing the clock if it ticks loudly in your consulting room, or wearing earplugs designed to let in conversational noise, but reducing background noise when working.
- Altering your consulting times/appointments to help you get the most out of the consults and ensuring you have appropriate breaks in between, if necessary.
- Working patterns such as the 'Pomodoro Method' might be helpful.
- Having more frequent check-ins with line managers to outline goals/ responsibilities and understand where things could change or improve.

Being neuro-inclusive in the workplace has many benefits not only for the neurodivergent people in the team, but for everyone. Having an inclusive culture means the team is more likely to be accepting and kind with all people who work there, making it a more desirable place to be and improving the sustainability of the work itself. It is important that leaders are leading with compassion and remain curious in getting to know their team, and how they can make changes that will help the team work at its best. If you are neurodivergent or require adjustments, it is vital to communicate this openly with those who can help. Employers cannot guess your specific support needs or make effective changes without your consultation.

By embracing each other's differences, we are more likely to have a stronger, more bonded team which will only benefit us, our clients and of course our wonderful patients.

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HABRI https://habri.org/research/child-health/autism/
RCVS and MMI Reasonable Adjustments Campaign https://www.rcvs.org.uk/lifelong-learning/leadership-diversity-and-inclusion/reasonable-adjustments-campaign/
RCVS MMI Resource Hub Online https://vetmindmatters.org/resources/neurodiversity-resource-hub/
Vetlife https://www.vetlife.org.uk/neurodiversity/

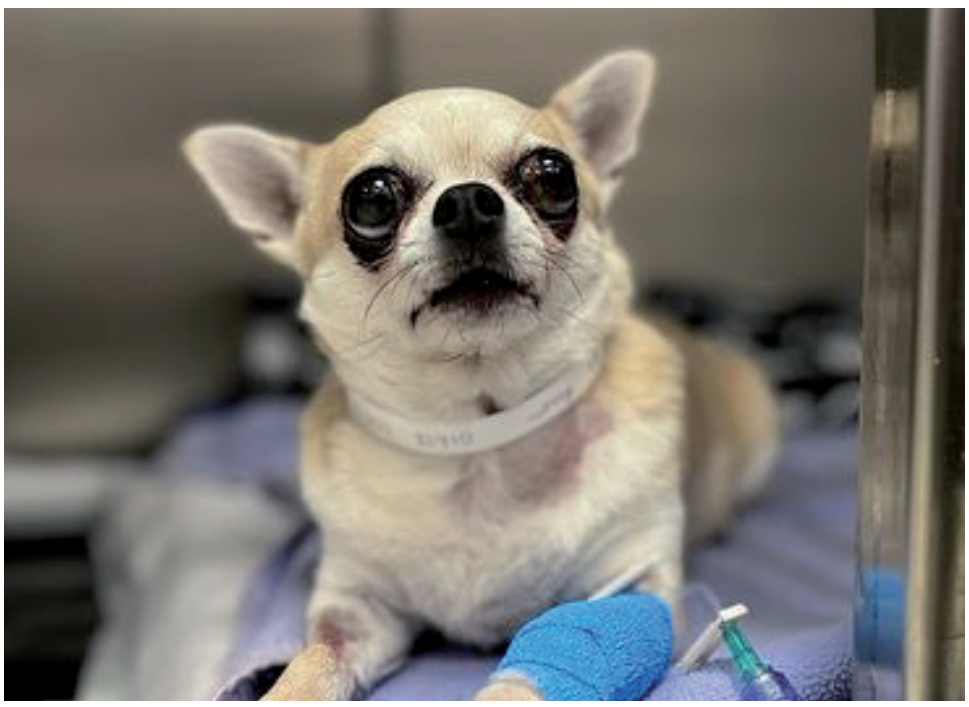
TAILS FROM THE CLINICAL FLOOR

LOLA'S HIDDEN NECK PAIN: FINDING THE CAUSE

As told by Lorenzo Mari, Neurology Specialist

Lorenzo left The Ralph at the end of 2025 to work in Switzerland, but not before sharing Lola's case study with us!

Lola is an 8-year-old, female, spayed chihuahua who presented to The Ralph's Neurology + Neurosurgery team with a one year history of recurrent severe neck pain and left thoracic limb lameness. Before presenting to us, Lola was tried on several analgesic treatments including NSAIDS, prednisolone, paracetamol, gabapentin, pregabaline, amantadine and diazepam without long standing resolution of the clinical signs.



At the time of presentation, cervical discomfort and a mild left thoracic limb lameness were confirmed, and further investigations were pursued. The MRI of the cervical spine only revealed two small protrusions at C5-C6 and C6-C7 which initially appeared to be too small to be causing such pronounced and recurrent signs (figure 1). Further investigations were performed with CSF analysis revealing the presence of mild inflammation potentially compatible with meningitis. Having excluded infectious diseases via serology, an immunosuppressive treatment with prednisolone at higher doses was initiated.

Unfortunately, this was again not successful in controlling her signs and a second MRI with dynamic assessment of the cervical spine was performed. This revealed similar findings, with still similar degree of protrusion at C5-C6 and C6-C7 which were only mildly worsening on cervical extension (figure 1). Although the clinical signs would fit very well with the localisation of these two protrusions, we were unable to prove the presence of a dynamic compression of spinal cord or nerves, therefore still making it difficult to justify major surgical intervention. In this scenario, we elected to perform-ultrasound guided perineurial injections of methylprednisolone at the sites of protrusion, bilaterally. For the first time, a clearer improvement of the clinical signs was achieved confirming that the origin of the discomfort was indeed from these nerves. However, this improvement was not sustained. A dynamic form of foraminal stenosis was ultimately suspected and surgical intervention with spinal stabilisation was elected.

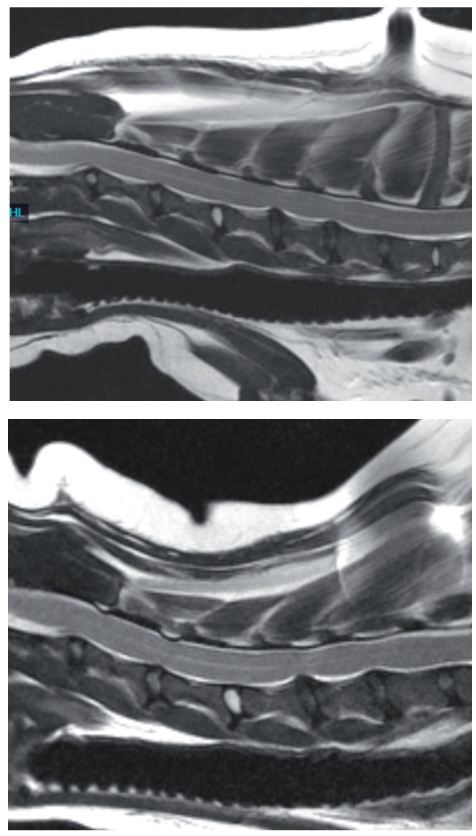


Figure 1: Sagittal T2W images of the cervical spine in neutral (top) and extended (bottom) position, showing the mild C5-C6 and C6-C7 protrusions

A C5 to C7 stabilisation was performed with ventral approach using two parallel 2.0mm titanium reconstruction plates (ABM affordable best movements), with 3 screws per vertebral body (figure 2). The post-operative radiographs (figure 3) and CT (figure 4) confirmed perfect position of all screws with no violation of the vertebral canal.

Since then, Lola became pain-free and we were able to wean her off from all medications. To date, one year after the surgery, Lola has never had any relapse of her clinical signs.

This case presented many challenges. As we saw, dynamic spinal cord or nerve compressions can be difficult to diagnose even with advanced imaging, and some diagnostic findings such as mild inflammation on the CSF can be misleading. The ultrasound-guided perineurial injections of methylprednisolone as local analgesic treatment have proved to be an excellent tool with high diagnostic value in this case to give to our diagnosis the support that we need before proceeding with surgical intervention. Also, this surgical procedure is generally performed in large breed dogs such as Dobermans and it is rarely performed in toy breeds, leading to the challenges to find implants that were small enough to achieve solid stabilisation avoiding large bulking masses of surgical cement in such a small neck.

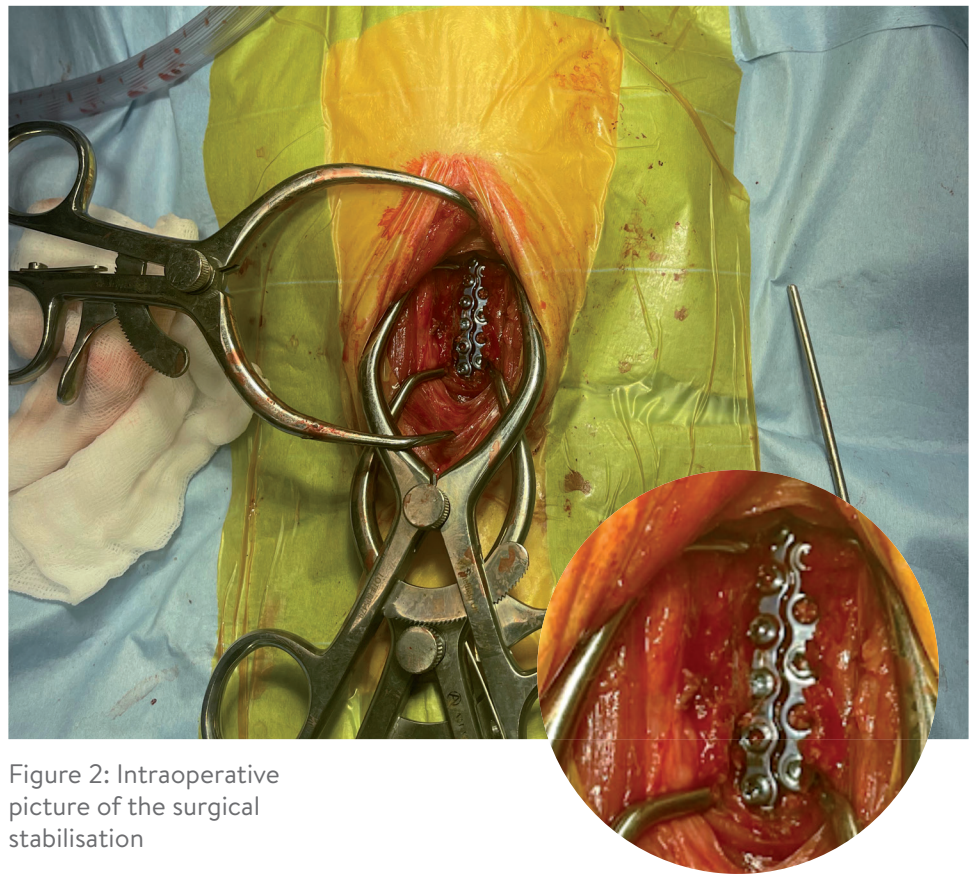


Figure 2: Intraoperative picture of the surgical stabilisation

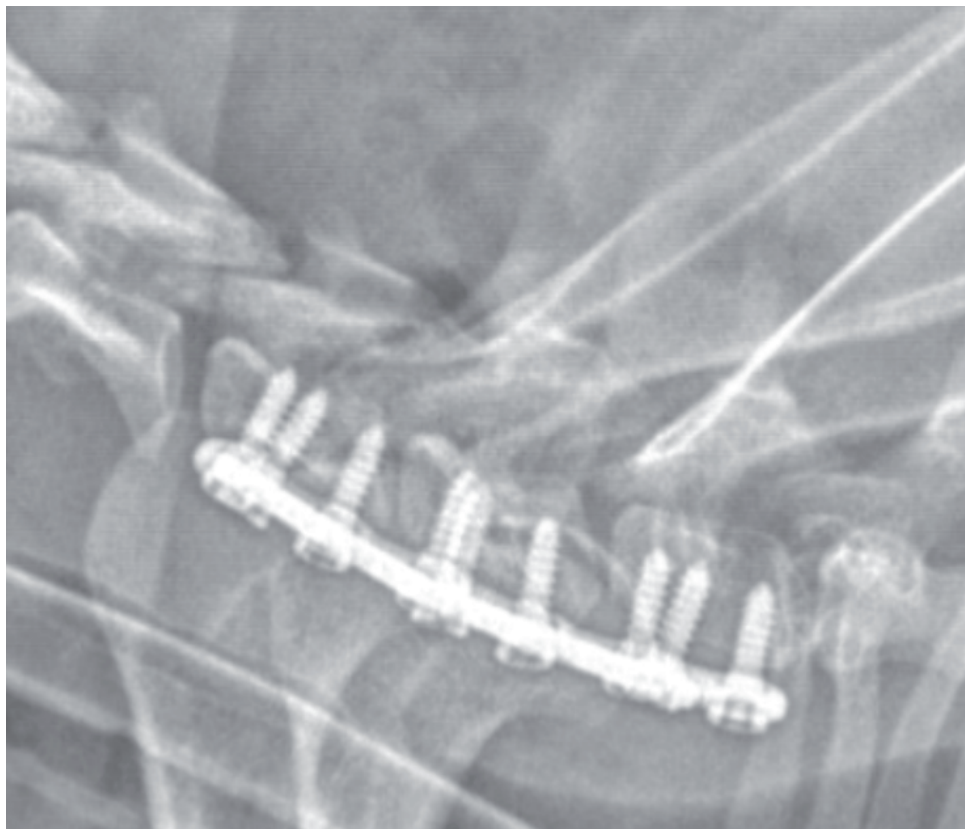


Figure 3: Post-operative lateral radiograph of the surgical stabilisation

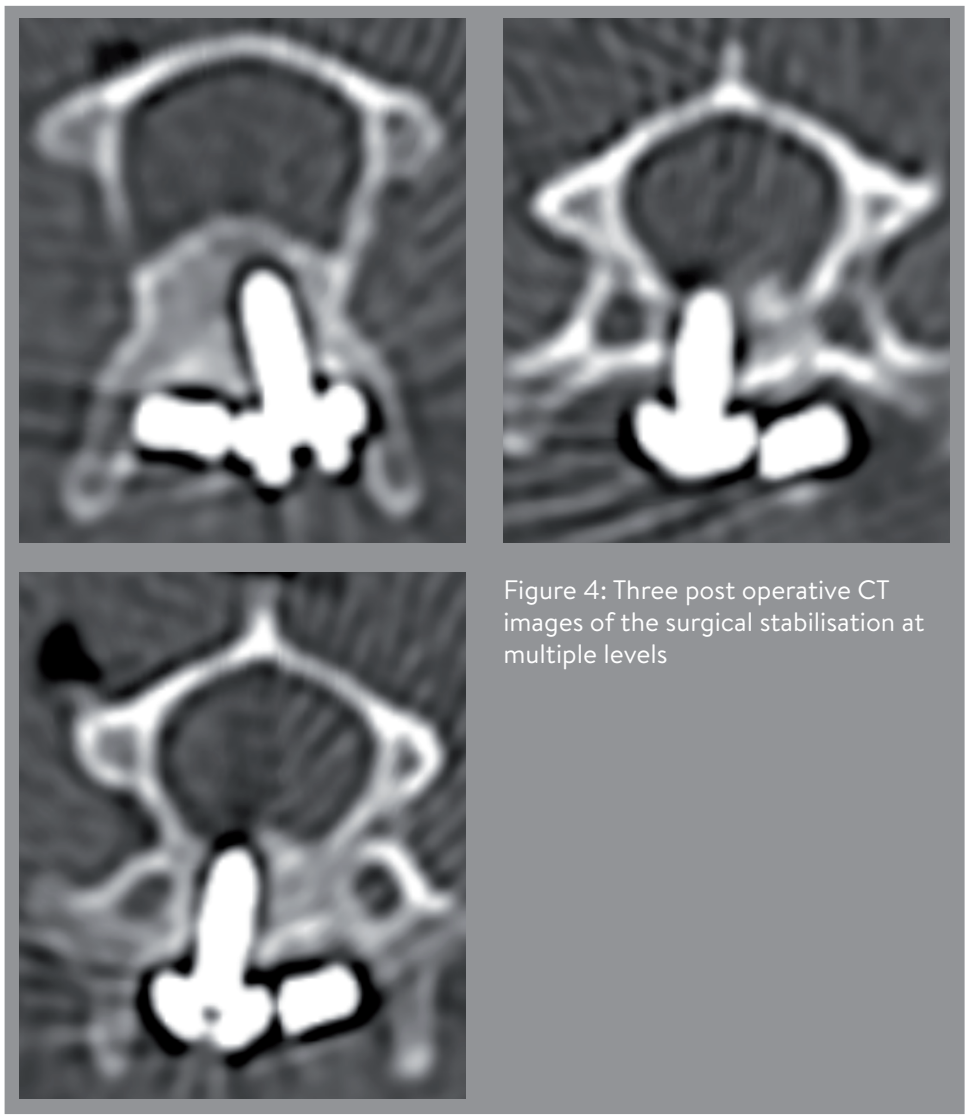


Figure 4: Three post operative CT images of the surgical stabilisation at multiple levels

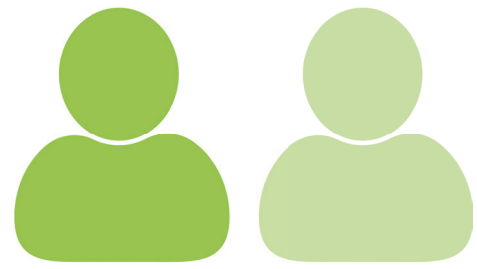
OUR TECHNIQUE PROVED TO BE HIGHLY EFFECTIVE IN THIS CASE WITH LONG TERM RESOLUTION OF THE CLINICAL SIGNS AND A RETURN TO PAIN-FREE, MEDICATION-FREE AND RESTRICTIONS-FREE LIFE, AND WE WILL HAPPILY APPLY IT TO OTHER CASES IN THE FUTURE.

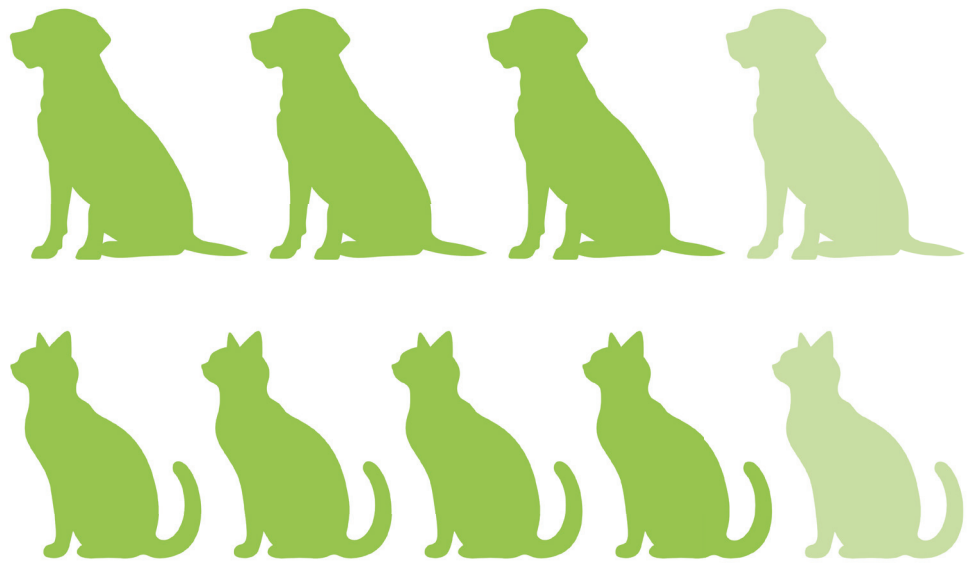
COMMON CONCERNS ABOUT CHEMOTHERAPY AND HOW WE CAN BEST SUPPORT CARERS

As told by Jade Brindley, Oncology Nurse

Cancer is one of the most common causes of death among humans, dogs, and cats. Approximately 1 in 2 humans, 1 in 4 dogs, and 1 in 5 cats will develop cancer in their lifetime (1, 2). These figures mean that most people will have encountered cancer in some form—whether personally, through family, or through their pets

In the UK, someone is diagnosed with cancer every 90 seconds (3). As a result, when carers are told that their pet has or may have, cancer, they often come with pre-existing associations, fears, or experiences that can shape their concerns about chemotherapy. Below are some common concerns and ways we can help support carers with these concerns.





1. COMMON CONCERN: SIDE EFFECTS

Carers may worry that the side effects of the chemotherapy are not worth putting their pet through treatment. Chemotherapy will target rapidly dividing cells and most are not able to differentiate between cancer and healthy cells, so side effects can occur. However, carers' perceptions of side effects of chemotherapy often differ from those of oncologists from lack of understanding about chemotherapy in animals and perceived tolerance of side effects (4).

HOW WE CAN HELP SUPPORT CARERS -

Prioritising quality of life

Emphasising to carers that in veterinary medicine, chemotherapy is not typically used with the intention of achieving a cure. Instead, the goal is to **prolong life while prioritising quality of life.** Compared with human oncology, doses used in animals are lower, and therefore side effects are generally milder.

Providing supportive treatments for side effects

There are many levels of side effects with chemotherapy administration and carers should be aware about the likelihood of occurrence, but also what supportive care is available should side effects occur (5, See Table 1 on Page 7).

Monitoring and adjusting the treatment plan

Reassuring carers that the oncology team will be working closely with them and their referring practices to help monitor side effects and adjust treatment as needed (9). For example, regular complete blood count tests before chemotherapy and at expected nadir followed by adjusting the chemotherapy dose, changing the chemotherapy drug or extending the interval between treatment sessions as required.

Chemotherapy in animals is not like human chemotherapy.
Informing carers that although side effects can occur but are **usually manageable, monitored closely, and far less severe** than many carers expect. Most pets continue to:

- Eat normally
- Play
- Enjoy daily activities
- Maintain a good quality of life throughout treatment

2. COMMON CONCERN: FINANCES

The cost of animal healthcare is rising, reaching £6.2 billion in the UK in 2023 (10)

Each carer's financial situation is different, and this can understandably influence decisions regarding treatment.

HOW WE CAN HELP SUPPORT CARERS

Offering alternative chemotherapy plans

Giving carers information about different chemotherapy drugs and their pricing options as some drugs are more expensive or require fewer hospital visits. Alternative protocols can be offered to help reduce costs or time burdens. However, evidence informed efficacy should always be conveyed alongside any chemotherapy treatment plan options.

Suggesting alternative diagnostic or staging options

When finances are a concern, more cost-effective diagnostics may be appropriate to offer carers. For example, using thoracic radiographs instead of CT scans during staging which although may not be as effective, will be significantly cheaper for some carers. Presenting options with single or multimodal approaches, e.g. surgery, radiotherapy, electrochemotherapy may be recommended, but these may be able to be added or removed based on what is appropriate for each case.

3. COMMON CONCERN: RISKS TO FAMILY MEMBERS

Carers may have worries about the potential exposure risks of handling cytotoxic medications or their pet being around family members as they go through chemotherapy.

HOW WE CAN HELP SUPPORT CARERS -

Provide information around the risks and precautions. There are increased risks around those carers in direct contact with handling chemotherapy drugs at home which can be reduced by handwashing, wearing gloves and not placing medications anywhere where they could leave residue i.e. the kitchen counter top

Indirect exposure can occur through excretions of the drug (saliva, faeces and urine) and so caution, such as wearing gloves for 72 hours after treatment when handling faeces or urine and avoiding animals licking you will be required (11) Although extra precaution should be taken for immunocompromised people, pregnant people or children to not allow them to handle any faeces, urine or saliva (12)

4. COMMON CONCERN: TIME COMMITMENTS

Chemotherapy schedules can be time intensive. For example, a typical lymphoma protocol requires **weekly veterinary visits over 25 weeks (13).** Some carers may find this challenging due to work commitments, transportation difficulties, or general time constraints.

Chemotherapy protocols for lymphoma:

PROTOCOL 1: 25-week CHOP/CEOP protocol

	Week														
Agent and dose	**1**	**2**	**3**	**4**	**6**	**7**	**8**	**9**	**11**	**13**	**15**	**17**	**19**	**21**	**23**	**25**
Vincristine 0.5–0.7 mg/m^2 i.v.	*		*		*		*		*		*		*		*	
Cyclophosphamide 250 mg/m^2 p.o. (or i.v.)		*				*				*				*		
Furosemide 1 mg/kg p.o. q12h for 2 days		*				*				*				*		
Epirubicin or Doxorubicin 30 mg/m^2 slow i.v. OR 1 mg/kg if <15 kg				*				*				*				*
Prednisolone p.o.	40 mg/m^2 q24h	30 mg/m^2 q24h	20 mg/m^2 q24h	20 mg/m^2 q48h												

Week 26 and thereafter: Stop chemotherapy and monitor for relapse (see below for options at recurrence/relapse).

HOW WE CAN HELP SUPPORT CARERS -

Offering different chemotherapy options to carers with less time intensive protocols or treatments at home such as metronomic chemotherapy.

5. COMMON CONCERN: STRESS AND TRAUMA OF THE TREATMENT

While 90% of pet carers know that pets can develop cancer, many do not realise how much better and more comfortable the treatment experience can be for animals (14).

HOW WE CAN HELP SUPPORT CARERS -

Tell carers about all the things we do behind the scenes when we do chemotherapy and reassure them that we work to make each visit as relaxed, enjoyable, and comfortable as possible by tailoring the environment to each patient's preferences.

This may include:

- A variety of treats (important as taste preferences can change during chemotherapy)
- Soft blankets and comfortable bedding, especially for longer infusions
- Calming music
- Pheromones (e.g., Feliway)
- Toys and play
- Gentle, confidence-building handling
- Pre-visit sedatives (e.g., gabapentin, trazodone)
- Cuddles and affection
- Hiding spaces for nervous pets
- Numbing creams or cold sprays for procedures

COLLABORATION BETWEEN REFERRAL CENTRES, LOCAL PRACTICES, AND CARERS

Understanding carers' worries is essential for good chemotherapy treatment planning. Early collaboration between primary care vets and specialists has been shown to improve client satisfaction and perceptions of value (16) . Since local practices are often the first point of contact for carer concerns, especially before referral, working closely together helps ensure that pets and their carers receive the best possible support during their chemotherapy treatment.

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TABLE 1: CHEMOTHERAPY SIDE EFFECTS, CAUSES AND EXAMPLES OF INTERVENTIONS

SIDE EFFECT	CAUSE/S	EXAMPLES OF INTERVENTIONS
GASTROINTESTINAL UPSET (COMMON BUT USUALLY MILD–MODERATE) - NAUSEA - VOMITING - DIARRHOEA - DECREASED APPETITE	Because chemotherapy affects rapidly dividing cells, the lining of the gut can be temporarily affected.	Most pets respond well to anti-nausea medications (e.g., maropitant, ondansetron) and appetite stimulants if needed. Some drugs have increased emetic potential. For example cisplatin and doxorubicin and so may benefit from pre-treatment prior to administration (6)
BONE MARROW SUPPRESSION (IMPORTANT BUT CLOSELY MONITORED)	The bone marrow produces white blood cells, red blood cells, and platelets—all of which involve rapid cell turnover. The main concern is: **Neutropenia** (low neutrophils), increasing infection risk.	**Regular blood tests** are performed before each treatment and at the expected "nadir" (lowest point). If counts are low, treatment may be postponed, reduced in dose, or adjusted to ensure safety.
LETHARGY AND MILD WEAKNESS	Some animals may feel "off" for a few days after treatment, similar to how humans feel after a viral illness.	This typically resolves without intervention.
HAIR LOSS (LESS COMMON IN ANIMALS)	Most pets do not lose significant hair. Exceptions being, that cats and dogs may lose some whiskers and some dog breeds with continuously growing coats may be more affected such as: Poodles, Old English Sheepdogs and some Terriers.	This usually resolves itself after the treatment is finished.
DRUG-SPECIFIC RISKS (DEPENDS ON THE CHEMOTHERAPY TYPE)	Each chemotherapy drug carries its own rare but important potential complications. Examples include: - **Doxorubicin:** potential heart toxicity (dogs) - **Lomustine:** potential liver toxicity - **Cyclophosphamide:** sterile haemorrhagic cystitis (irritation of the bladder) (7)	These are monitored with organ-specific tests (e.g., liver value blood tests, urinalysis, echocardiograms) and can often be prevented or minimised.
SECONDARY INFECTIONS	If white cell counts drop, animals may become more susceptible to infections. Carers are usually instructed to watch for: fever, lethargy, sudden loss of appetite, vomiting or diarrhoea.	Prompt veterinary attention ensures these are treated early.
RARE SEVERE REACTIONS	Severe toxicity is uncommon. However, a small number of patients may experience: -Severe GI upset - Severe neutropenia - Allergic reactions to certain drugs (e.g. L-asparaginase) (8)	Some of these risks of reactions can be preventable, for example using chlorphenamine can significantly reduce the risk of an allergic reaction with L'asparginaese. Supportive care can be provided in the case of adverse events, such as fluid therapy with severe GI upset and antibiotics for severe neutropenia. Protocols can be adjusted to prevent recurrence.

A DOSE OF SAFETY: PRACTICAL TIPS FOR A SAFER VETERINARY DISPENSARY

Written by Jessica Woodhouse, Head of Patient Safety, Human Factors and Quality Improvement, and contributed to by Alexandra Zanfir, Pharmacy & Inventory Manager

Medication errors are a leading cause of avoidable harm in healthcare. While most do not cause serious harm, errors in veterinary practice can have significant consequences for patient safety.

The process of giving medication to a patient has multiple steps and several people involved. This article focuses on the dispensing step of the process, with practical suggestions for improving medication safety in the dispensary

PRESCRIBING — Incorrect diagnosis, prescribing errors, or dose miscalculations

↓

DISPENSING — Wrong drug or dose dispensed

↓

DELIVERING — Medication delivered to the wrong patient's storage or address

↓

ADMINISTERING — Wrong dose, extra dose, wrong rate, wrong patient

↓

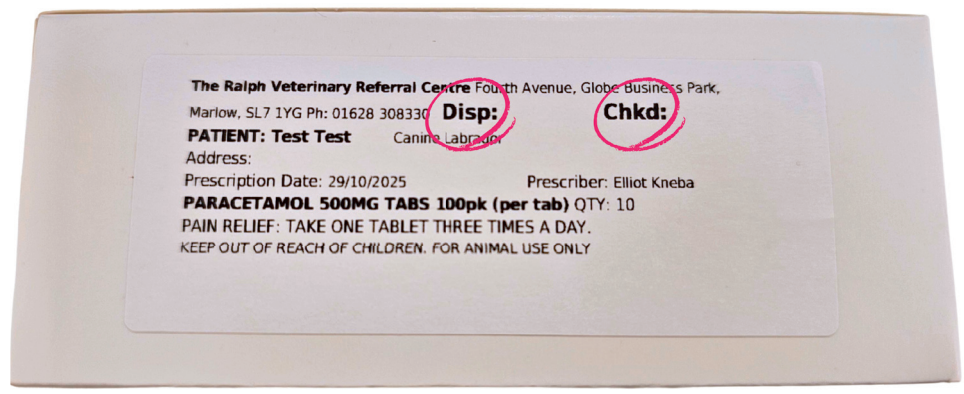
MONITORING — Failure to observe an adverse reaction to medication

PERSONNEL -

We advise only allowing dispensary-trained staff, nurses and vets to dispense medications. This ensures that medications are dispensed by people with the knowledge and professional responsibility to ensure that every medication is safe, appropriate, and accurately prepared. There are online courses available to train staff undertaking dispensing activities, which cover the legal aspects, dispensary practice and procedures, stock control, dispensary equipment, resources, calculations and abbreviations.

COUNTERSIGNING -

All medication should be countersigned (initialled by the dispenser and a second person) before dispensing to the carer or administering to a patient. This ensures a double check takes place of the patient, the drug name, dose, strength, formulation, quantity and expiry date. A simple tip is to install pens on chains in the dispensary area so there's always a pen available. Design your medication labels to have defined areas on them to record the initials (e.g. 'disp' and 'chkd'). Implement a protocol where medications are not administered or dispensed to the carer if they do not have two sets of initials.



- PATIENT NAME ✓
- DRUG NAME ✓
- DRUG STRENGTH ✓
- DRUG FORMULATION ✓
- QUANTITY ✓
- EXPIRY DATE ✓

All OK... initial the 'Chkd:' label

STORAGE -

Well organised storage of medications and supplies can help to find the correct item more quickly and easily. Using clear labelling conventions such as a standard font size and colour codes for different routes like oral vs topical can help to standardise the dispensary area. Avoid storing similar things next to each other, for example having all the antibiotics stored together. Consider storing species-specific medications together to reduce the likelihood of dispensing medication for the wrong species. Maintaining a clean and clutter-free environment to prevent contamination and improve efficiency.

INTERRUPTIONS -

Minimise interruptions for staff undertaking dispensing activities. Consider using a “do not disturb” sign or a coloured tabard when someone is in the middle of dispensing to indicate that they should not be disturbed.

TALL MAN LETTERING -

Implement “tall man lettering” on computer systems and labels. This is capitalising part of the drug name for similar name medications to help provide more distinction between them. There are lists of medications for which this is recommended online.

STOCK AUDITS -

Conduct regular stock audits to check for expired medications and reconcile quantities, especially for controlled or high-use medicines.

PRESCRIBING -

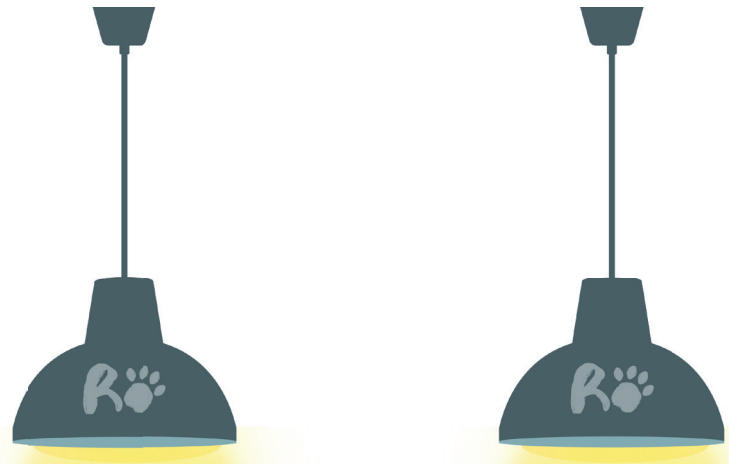
Encourage the writing of prescription instructions as per the example shown, which includes the purpose of the medication for that patient, using lower case text and highlighting numbers in capital LETTERS. This makes instructions easier to read and improves communication with carers about medications.

Date/Time	Drug Name	CM	Instructions
26/01/2024 8:02:58pm	TYLOSIN 50MG TABLETS 100pk (per tab)	☐	ANTIBIOTIC: please give HALF a tablet TWICE daily for TWO WEEKS.
19/01/2024 6:13:37pm	MIRTAZIPINE TRANSDERMAL GEL 40mg/ml 3pk (per syringe)	☐	APPETITE STIMULANT: please apply *0.05ml* of gel to the inside of ONE ear up to ONCE EVERY OTHER DAY as required to stimulate appetite.
19/01/2024 6:13:37pm	COBALAPLEX CAPSULES 60pk (per tab)	☐	VITAMIN B12 SUPPLEMENT: please sprinkle the contents of ONE capsule on food EVERY OTHER DAY for a minimum of three months. (Additional medication to be purchased online). *Show Less*

INCIDENT REPORTING -

Ensure you have a system in place to report and log errors, including “near misses” or “almost errors”. This can be very useful for spotting patterns and preventing future issues. This could be a physical log book, a spreadsheet, or a purpose-built system such as VetSafe, available to VDS members.

By implementing practical strategies, veterinary practices can significantly reduce the risk of dispensing errors. Creating a culture of safety in the dispensary not only protects patients, but also supports staff confidence and efficiency. Take a moment this week to review your own dispensary practices and implement at least one safety measure, whether it’s countersigning medications, reorganising storage, or minimising interruptions. Small, consistent improvements make a big difference in ensuring every medication dispensed is accurate, safe, and appropriate for the patient.



SPOTLIGHT ON PHYSIOTHERAPY + REHABILITATION

Our physiotherapy team is growing, and so is our passion for helping every patient feel safe, supported and understood. In this edition's spotlight, our physiotherapy team share their favourite insights - from fear-free handling and cat-friendly hydrotherapy to prehabilitation and puppy development. Together, we're working to make physiotherapy calmer, kinder and more effective for every patient who comes through our doors.

Physiotherapy at The Ralph by Kim, ACPAT Physiotherapist

The Physiotherapists at The Ralph are ACPAT Physiotherapists - this means we are all qualified (and still do) treat humans as well as animals - frequently the staff at the hospital to keep everyone healthy!

For me, the benefit of this is that we can bring much of our human knowledge through to help our canine and feline patients.

There is so much physiotherapy can do to help, and quite possibly for conditions you might not have thought about.

A few less obvious situations where Physiotherapy is beneficial:

- Prehabilitation as Marisa discusses.
- Maintaining condition during confinement or recumbency as Georgia describes.
- Physiotherapy for cats, both land and water based.
- Preventative measures in puppies like Brinna mentions.
- Vestibular disease, peripheral or central.
- Chronic bronchitis, or any animal with sputum retention.
- Geriatric onset laryngeal paralysis polyneuropathy (GOLPP).
- Polyradiculoneuritis.
- Unexplained lamenesses - especially waxing and waning.

Plus many more - we are always happy to give advice or discuss a case with you, you might be surprised with what we can help with!

The role of physiotherapy intervention pre-orthopaedic surgeries/cases by Marisa, ACPAT Physiotherapist

In the world of orthopaedics, preoperative physiotherapy has been known to have a better prognosis in postoperative results in human studies/ cases, so why are we not adopting these principles into veterinary physiotherapy, much like we do in other areas of medical practices in human to veterinary transference.

Much like in humans, common post-op secondary complications include joint stiffness or loss of range, swelling, pain and in many veterinary cases, disuse of the operated limb (Dutta, Ambade, Wankhade and Agrawal, 2024).

In cases that received pre-habilitation, specifically consisting of hydrotherapy, pain relief, neuromuscular stimulation, and low-level laser therapy (LLLT), both human and animal patients have experienced faster healing, better function in terms of activity levels, faster range of motion recovery and return to activity, as well as reduced pain and inflammation (Wong, 2011; Bistolfi et al., 2016; Gaikwad and Paul, 2017; Rogatko, Baltzer, Tennant, 2017).

Should this be a consideration for the management of future orthopaedic cases?

Thinking outside the crate by Georgia, ACPAT Physiotherapist

'Bed rest' in human healthcare has largely been phased out since World War 2, when limited hospital space required soldiers to mobilise earlier. Those who did so recovered faster from injury and infection than those confined to bed. The harmful effects of inactivity on the musculoskeletal, nervous, cardiopulmonary, gastrointestinal and mental health systems and more are now well established (Thomovsky, 2021).

'Crate rest' remains a common postoperative protocol to prevent reinjury or neurological decline in canine care. However, prolonged confinement can delay recovery, with rapid and severe muscle loss (Thomovsky, 2021). Hospitalisation is also linked to body weight reduction, largely due to loss of lean mass, unrelated to feed intake (Leung, Cave & Wester, 2023).
A graded activity plan from physiotherapy aims to help reduce the risks associated with necessary crate rest, both within and outside of hospital, aiming to balance tissue protection and functional restoration. Collaboration between vets, nurses and physiotherapists ensures recovery is both safe and progressive, maximising patient outcomes.

Exercising puppies for optimal joint development by Brinna, ACPAT Physiotherapist

Appropriate exercise is fundamental in developing puppies' musculoskeletal systems (muscles, bones, cartilage, ligaments and tendons), motor skills (balance, proprioception and coordination) and managing weight, as a result, aiding in injury prevention. Puppy carers are often advised to exercise just 5 minutes per month of life, despite exercise being a protective mechanism from hip dysplasia in large breeds and essential for cartilage and joint development.

A moderate level of structured activity should be encouraged to support healthy growth and development. Carers with puppies should be advised to avoid stairs, exercising on slippery floors and intense/repetitive movements. They should instead focus on low-impact functional exercises, emphasise quality movement over duration, monitor closely for signs of fatigue and most importantly, keep puppies at a healthy weight! Start puppies on the right paw by putting their carers in touch with a local ACPAT physiotherapist for appropriate exercises for every stage of life.

Cat-friendly hydrotherapy by Melissa, RCH Hydrotherapist

Whilst hydrotherapy is well established in canine rehabilitation, evidence for feline patients remains limited. Yet cats can benefit just as much - improved mobility, strength, range of motion and gait re-education. The biggest barrier isn't efficacy but perception: many people assume cats would never tolerate water, but that's often far from the truth. In reality, with gentle handling and gradual, stress-aware introductions, many cats acclimatise beautifully - sometimes even better than dogs. Keeping sessions calm, limiting personnel, using quiet voices and plenty of positive reinforcement all make a difference. Research has also shown that age is not associated with stress measures, suggesting both younger and older cats can adapt positively when sessions are tailored and patient-specific. From post-operative recovery to managing arthritis, hydrotherapy can greatly enhance feline patient outcomes. It's time to rethink our assumptions and start referring cats for hydrotherapy too!

Pool or Underwater Treadmill? Selecting the optimal hydrotherapy for neurological patients by Amber, Hydrotherapist

Hydrotherapy is widely prescribed in rehabilitation, but the modality matters. Magnuson's study investigated swimming as locomotor retraining after spinal cord injury in rats. Three groups were assessed: normal, injured, and injured with added sensory input. Swimming improved body positioning and pelvic limb activity, particularly in those with enhanced sensory feedback, yet had no effect on overground walking.

These findings demonstrate that swimming is task-specific, facilitating aquatic but not terrestrial locomotion. For neurological patients, underwater treadmill therapy (UWTM) provides superior benefits by encouraging weight-bearing and promoting cutaneous and proprioceptive feedback from paw placement, critical components for functional gait recovery.

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Top tips for fear-free Physio by Louise, RVN Rehabilitation Nurse and Izzy, Rehabiliation Assistant

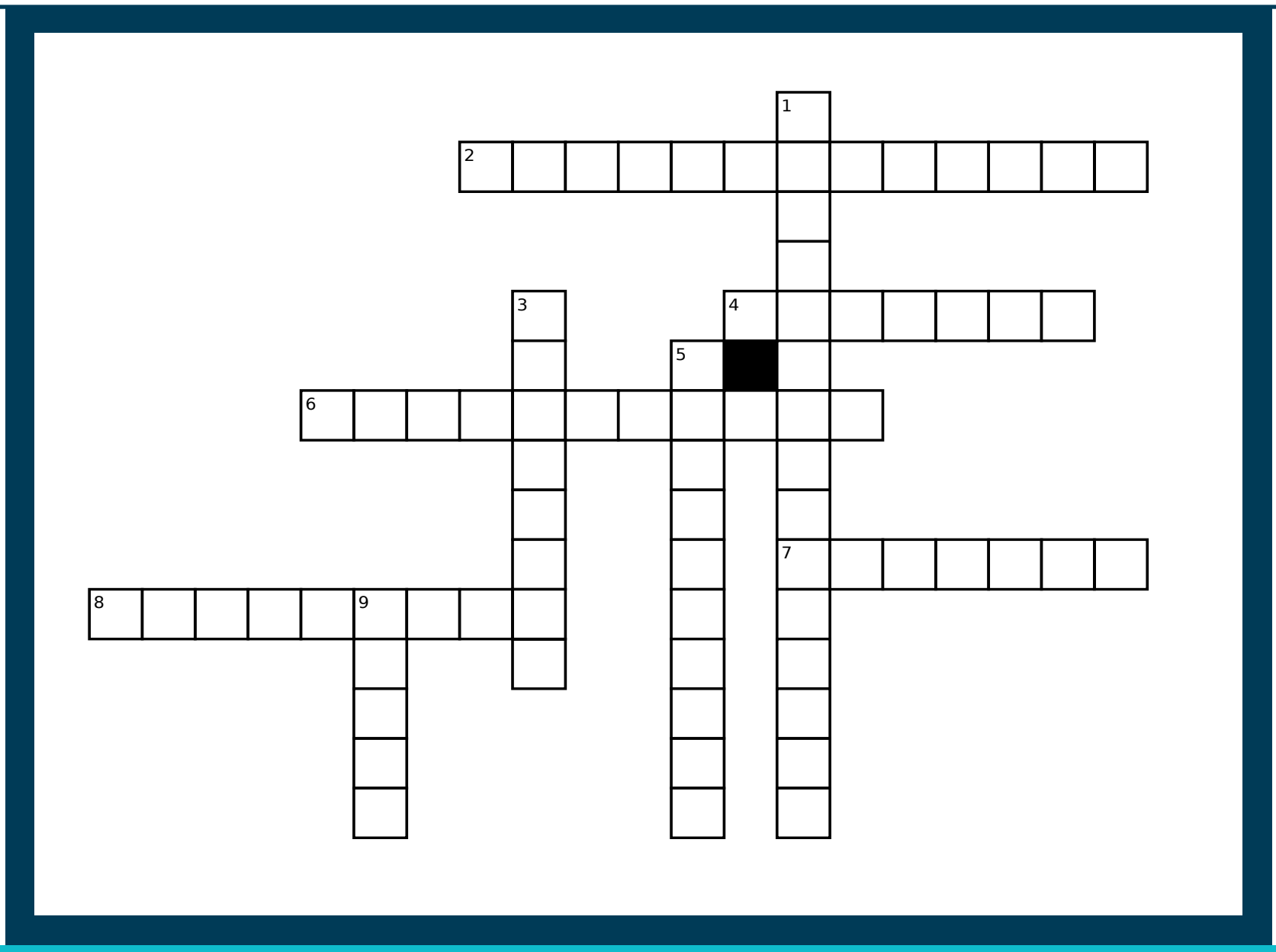
Here are some top tips for fear-free handling and building trust with animal patients before and during physiotherapy treatment:

- Go slow- There is no rush for hands-on treatment. It's important to go at the patient's pace especially for longer term patients- use that first session to not just assess but to make friends!
- Reward-based hands off interaction - Use high-value treats, praise, or toys to create positive associations with you and the treatment environment. Encourage them to do active exercises with rewards rather than forcing or placing them into positions.
- Minimise the audience - 2 people per patient!! (Occasionally adding in a third person may be needed). Extra bodies = extra fear!
- Establish a routine - Predictability helps reduce anxiety. Use the same room, approach, treats, therapists and sequence of activities when possible.
- Create a calm environment - Use quiet voices, minimal noise, and pheromone diffusers (e.g. Adaptil/Feliway) to lower stress levels.

"Starting in the physiotherapy team has been such an exciting and rewarding experience. What stands out most to me is how important it is to get to know each patient as an individual. Every animal has their own personality, quirks and ways of showing progress. Whether it's the wag of a tail, a curious look, or a relaxed sigh during treatment. Taking the time to build trust helps them feel safe and makes each session more positive and productive. My goal is to ensure that every patient's treatment feels personal, positive and achievable."

CROSSWORD

Send your answers to engage@theralph.vet for a chance to win a £50 voucher of your choice PLUS a £50 donation to a charity of your choice. Good luck! Congratulations to Chloe and Katie at Ascot Pet Practice who won our crossword in our Autumn 2025 edition!



DOWN

1. What term describes physiotherapy performed before surgery to improve post-operative outcomes? (15)

3. Lola had stabilisation surgery on which spinal section? (8)

5. An alternative chemotherapy approach that can be administered at home is called _____ therapy. (10)

9. What professional accreditation do the physiotherapists at The Ralph hold that allows them to treat both humans and animals? (5)

ACROSS

2. All medications should be _____ by a second person before dispensing. (13)

4. What is the common neurodiversity term for hiding traits to appear typical? (7)

6. Which chemotherapy side effect involves reduced white blood cells, increasing infection risk? (11)

7. Highlighting part of a drug name in capital letters to prevent confusion is called _____ lettering. (7)

8. What breed is Lola? (9)