

CS-Pro VET

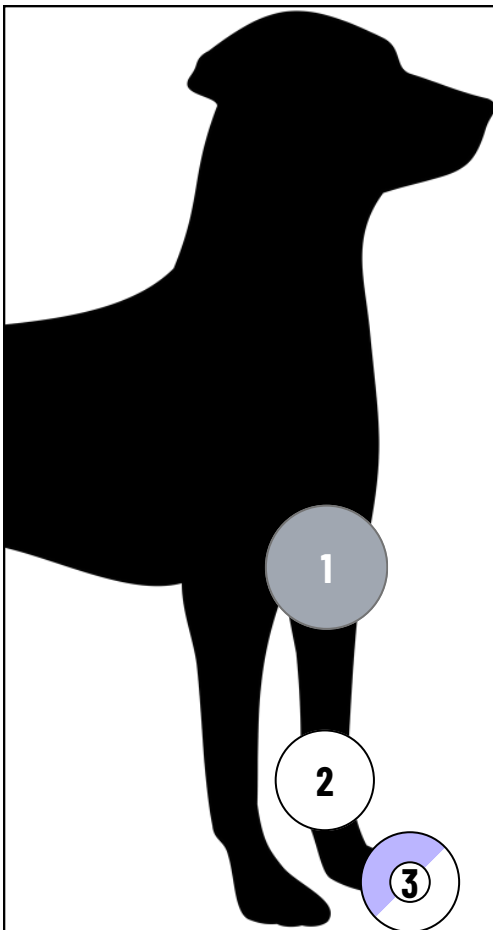
Canine Protocol Recommendation



General Protocol Recommendations

- Treat every 7-14 days for a total of 3-4 treatments.
- The following protocols are recommendations and can be deviated from at veterinary discretion. If patient shows signs of discomfort, decrease EFD.
- Always use plenty of ultrasound gel to ensure optimal energy transfer into the patient tissue.
- Ensure the site of the treatment is cleaned thoroughly prior to treatment.
- Trimming fur is not necessary but may be appropriate for some hairy dogs.
- Sedation is almost never required for f-ESWT treatments with the CS-Pro VET.

Specific Treatment Recommendations



1. Elbow

Common injuries: Elbow dysplasia, osteoarthritis, flexor/extensor tendon enthesiopathies, biceps insertionopathy

- Standoff: 10mm
- EFD: 0.18 mJ/mm²
- Shock Set: 2000

Split shocks evenly between medial and lateral aspects of the elbow. Flexor and extensor tendons are commonly treated together.

2. Carpus

Common Injuries: Osteoarthritis, medial/lateral collateral ligament injury, abductor pollicis longus injury, hyperextension injuries

- Standoff: 5mm
- EFD: 0.19 mJ/mm²
- Shock Set: 2000

Distribute shocks directly at site of injury and around the area.

3. Toe

Common injuries: Osteoarthritis, collateral ligament injury, flexor/extensor tendon injury, subluxation/luxation, capsular injury

- Standoff: 2mm or 5mm
- EFD: 0.19 mJ/mm²
- Shock Set: 1000-1500 total

If treating collateral ligament, treat perpendicular and 45° from ligament. If treating joint, treat both top and side.

○ 5mm ● 2mm ● 10mm

Note: If multiple standoffs shown, select depth that best targets the pathology.



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Canine Protocol Recommendation

4. Fibrotic Myopathy

Common Injuries:

Semimembranosus myopathy,
semitendinosus myopathy,
gracilis myopathy

- Standoff: 5mm
- EFD: 0.19 mJ/mm²
- Shock Set: 2000-3000

Palpate and treat directly at site of tightness.

5. Iliopsoas Tendinopathy

- Standoff: 5mm
- EFD: 0.19 mJ/mm²
- Shock Set: 2000

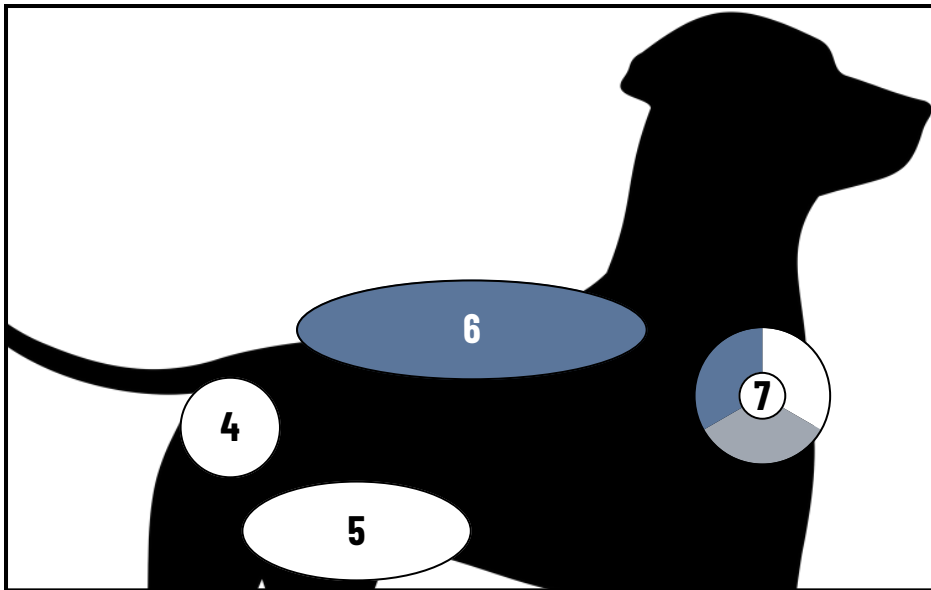
Place standoff at insertion on the lesser trochanter of the femur. Thoroughly palpate pectineus muscle prior to treatment. Keep standoff stationary to avoid femoral arteries.

6. Back

Common injuries: Lumbosacral disease, sacroiliitis, epaxial muscle pain, myofascial pain

- Standoff: 20mm (10mm on small dogs)
- EFD: 0.19 mJ/mm²
- Shock Set: 500-800 per site, 1500-2000 total

Treat on each side of spinous process @ 45 degree angle as well as at site of injury



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Note: If multiple standoffs shown, select depth that best targets the pathology.

7. Shoulders

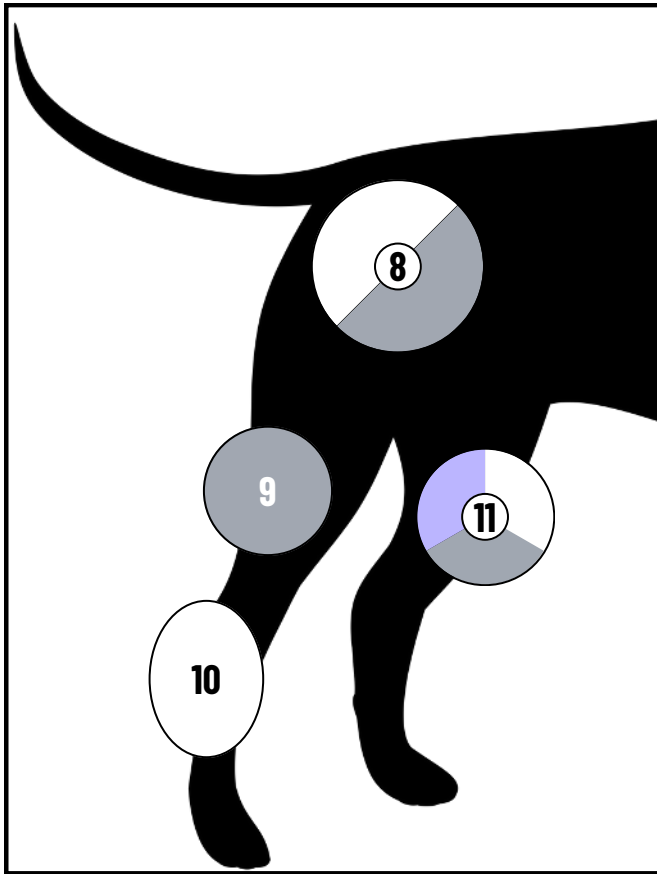
Common injuries: Osteoarthritis, biceps tendinopathy / tendinitis, supraspinatus tendinopathy / tendinitis, subscapularis pathology, medial glenohumeral ligament injury, infraspinatus tendinopathy / tendinitis

- Standoff: 5, 10 or 20mm depending on size, condition, musculature and subcutaneous tissue
- EFD: 0.19 mJ/mm²
- Shock Set: 750-1000 per site

Common treatment sites include the insertion of the supraspinatus tendon, the origin of the biceps tendon, and the medial compartment of the shoulder. If the dog allows, externally rotate the limb when treating the medial compartment of the shoulder.

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Canine Protocol Recommendation



2mm 5mm 10mm

Note: If multiple standoffs shown, select depth that best targets the pathology.

8. Hip

Common Injuries: hip dysplasia, hip labrum injury, hip osteoarthritis

- Standoff: 10mm for joint; 5mm - 10mm for tissue surrounding joint
- EFD: 0.18 mJ/mm^2
- Shock Set: 2000-3000

If treating joint, palpate greater trochanter and angle probe cranially towards joint. If periarticular muscles, move probe around joint.

9. Gastrocnemius Strain

- Standoff: 10mm
- EFD: 0.18 mJ/mm^2
- Shock Set: 1500-2000

Treat directly at site of injury.

10. Tarsus

Common Injuries: Achilles tendon injury, collateral ligament injury, osteoarthritis

- Standoff: 5mm
- EFD: 0.19 mJ/mm^2
- Shock Set: 1000-1500

For joint injuries, treat both medially and laterally.

Otherwise focus treat

11. Stifle

Common Injuries: Cranial cruciate ligament injury, collateral ligament injury, patellar tendonitis, quadriceps tendinopathy, long digital extensor tendinopathy

- Standoff: 10mm if treating stifle directly (5mm in smaller dogs); 2mm if treating patellar tendon
- EFD: 0.20 mJ/mm^2
- Shock Set: 750 per site, 2000 - 3000 total

Angle on medial, lateral, caudomedial and caudolateral side of patellar tendon, directing treatment towards the joint.

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