Practice Tips for the Vertically Challenged Practitioner

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"Vertically challenged" is the "politically correct" term for **short**, for those of you who were wondering what this was all about. Since the mid 1980's, 70% of the veterinary school graduates in the United States have been women. However, the number of women entering food animal practice has not proportionately increased. There tips are not for women only as there are clearly vertically challenged male practitioners out there, but they are also to encourage those with smaller stature that working on livestock is **NOT** an impossibility and even has it's advantages. These tips are also to encourage potential veterinary employers not to judge a person's physical abilities based on stature.

At just under 5'5" and 115 pounds, I had to learn through the school of hard knocks (literally) how to manage the physical work that working with cows can entail. Following are some advantages to being small:

1. Easy to squeeze in between cows in headlocks to do physical exams.
2. Easy to relieve small ruminant and porcine dystocias. Clients will request the Vet with small hands.
3. Rearly bump your head on low pipelines and beams in traditional stanchion barns.
4. Easier to work on teats (already closer to them).
5. Easier to work on Jersey cows and easier to palpate them.
6. Often able to get **2 arms** into a cow for dystocias. This provides excellent leverage for breaches, added strength for heads back, added leverage to reduce torsions, and when using 1 arm, less straining against you by the cow because of having a small arm.

Following are things I may do differently to help me when my height is challenged:

1. **Always** have a milk crate on the truck for tall cow rectals Some traditional stanchion barns have their cows up on a 6 - 12 inch platform making rectal exams even more challenging for me. Flat parlors have become popular in my area and they have 18 - 24 inch step-ups which require an even larger stool. One client built me a wooden box just for herd checks. It gets sort of heavy with manure towards the end of the herd check though and we are designing one with wheels for that purpose.
2. Do not strain to do rectal exams, you lose accuracy and it is ergonomically straining to the back, hip, shoulder, neck, elbow, and wrist. And you will likely become covered in manure.
3. I often request bales of hay to stand on (milk crate isn't a big enough area to stand on during a calving) for a dystocia or a prolapsed uterus on a standing cow. The added height gives my arms that much needed extra length to evert uterine horns and to reach for far-off calf body parts. Often several bales are needed with an uncooperative patient. I was amazed how much easier it was to manually reduce uterine torsions (when the cow is dilated) with the added height of a bale.
4. Extra tools: a head snare for dystocias adds length to my arm and either a wine bottle or a 1 liter hypertonic saline bottle lengthens my arm to completely evert uterine horns after a prolapse.
5. After 10 years I still do all DA surgeries as abomasopexies. We have a 0% redisplacement rate and get good visualization of the abomasum. A thorough exam of the reticulum can also be performed, and if you're lucky, a wire removed. Even RTA's are done this way. Some colleagues questioned the added ease of this and I wondered myself if I was making things harder than I needed to until I heard that a Large Animal Surgeon at Cornell, shorter than I, does her DA surgeries all as abomasopexies because with shorter arms it **IS** easier.
6. **Don't** use lifts in your shoes or try the new/old style of **platform** shoes. They are dangerous to

walk around in and certainly make it difficult to move fast in. When you are small, you need to be fast on your feet.

7. **Install** running boards on your truck to make reaching into the Bowie easier. If you are too cheap, the milk crate is never too far away.
8. Stay aerobically fit as much of the physical work is endurance. Arms can become anaerobic quickly during a bad dystocia. Overall good fitness allows for much better endurance and affords us an opportunity to do a better job for our client. This goes for all practitioners.
9. **Don't be afraid to go into food animal practice if you are vertically challenged and employers: don't be afraid to hire a vertically challenged veterinarian. Determination goes a long way.**

CVM Update

FDA, Center for Veterinary Medicine

"Helping man and animals by ensuring the availability of safe and effective animal health products."

August 5, 1998

CVM Approves Fluoroquinolone Product for use in Cattle

The Food and Drug Administration's Center for Veterinary Medicine has approved a new animal drug application for the use of enrofloxacin, which is a fluoroquinolone, in cattle for the treatment of bovine respiratory disease associated with *Pasteurella haemolytica, Pasteurella multocida*, and *Haemophilus sommus*. The application, which was approved July 24, 1998, was submitted by Bayer Corporation.

The product, which has the trade name of Baytril 100 Injectable Solution, is restricted to use by or on the order of a licensed veterinarian. It is administered by injection and is intended to be used for the treatment of individual animals. The product is not for use in cattle intended for dairy production or in veal calves. Animals intended for human consumption must not be slaughtered within 28 days from the last treatment. Extralabel use of fluoroquinolones in food animals has been prohibited by the FDA.

In an unprecedented initiative, Bayer has voluntarily committed to FDA to immediately take corrective action, up to and including stopping the sale of Baytril 100, should the FDA determine that continued use of the product in cattle presents a risk to public health and provides the company with the scientific evidence on which it based that conclusion. Bayer will be conducting an intensive monitoring program to assess if use of the product contributes to development of bacterial resistance to fluoroquinolones in cattle. Data collected from this program will be submitted regularly to the FDA for evaluation.

In addition to data collected by the firm, data on antimicrobial resistance is collected through the National Antimicrobial Resistance Monitoring System (NARMS) created in the U.S. in January 1996. This program is a collaboration among FDA, CDC, and USDA and monitors shifts in antimicrobial susceptibilities to 17 antimicrobials in zoonotic enteric organisms from both animal and human sources. The food animal specimens are gathered from healthy farm animals and from carcasses of food animals at slaughter. The NARMS was started (and has recently been expanded with resources from the Food Safety Initiative) because of the human health concerns related to the use of antimicrobials in food animals. By detecting resistance early, this system should help ensure the continued safety and efficacy of veterinary antimicrobials.

Post-approval monitoring for the development of bacterial resistance to fluoroquinolones is also being conducted by drug sponsors for other fluoroquinolones approved for use in food animals.

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