



Skin-to-Win:

Making Derm Visits Less Stressful

(or why you should embrace becoming a Fear Free practice)

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My Fear Free (FF) journey

1. Have done some form of FF methods for years.
 - a. Not separating pet parents/animals unless the owner requests
 - b. Not scruffing cats
 - c. Most cats do well with a 'less-is-more" type of handling.
2. HOWEVER, I have also learned how much more we can do to help both the medical and psychological health of the animal.
3. Looking back, I am very sad to say that things that I had done in the past that I could never consider doing today.
 - a. Considered normal/acceptable procedures.
 - i. Declawing
 - ii. Amputating fractured nails without drugs
 1. Now IV analgesic and ring block on carpus or tarsus and then nerve block proximal to digit.
 2. Recognize that the feet have more nerve endings than other parts of the body making them more sensitive to touch and pain.
 - iii. Clipping and treating pyotraumatic lesions with just restraint
 1. Initially did IV analgesics/sedation.
 2. Now do nerve blocks +/- analgesics/sedation
 - iv. IDT with just physical restraint
 1. Now we do previsit pharmaceuticals and in clinic sedation.
 - v. Multiple people laying on dogs to restrain a fearful or painful procedure.
 1. Including otoscopy- drugs are used if any fear or pain is demonstrated by the dog/cat.
4. Why did I change- because it is the right thing to do for the animal
 - a. Pays tremendous dividends.
 - i. Story savage
 - b. Animals are much more cooperative on future visits
 - i. Pet parents are less hesitant to bring to clinic.
 - ii. Practice builder for GP (and derm?)
 1. One study found that 28% of cat pet parents and 22% of dog pet parents reported that they would bring their pets to the veterinarian more often if the visit was not associated with so much stress.ⁱ
5. Drawbacks
 - a. Time involved and staff costs – sedation, recovery.
 - i. If FAS (fear, anxiety, and stress- see tables at the end)is not high we will put in an IV catheter and then sedate.
 - ii. If FAS is high, then either IV or IM injection and then depending on patient signalment and procedure needed may or may not put in an IV cath.

- iii. If the animal is sedated, then they are not left unattended and they have either an O2 mask or oxygen administered by flow by
 - 1. Also pulse ox is used.
 - b. Costs (minimum) of supplies involved.
 - c. Taking time to convince some pet parents to do PVP (previsit pharmaceuticals- see table at the end) is rarely a problem convincing to administer drugs in the clinic- package price.
 - 1. Just scared because in the clinic
 - 2. Will be fine when they get home.
 - 3. I told the owner that if the dog was mean I would have to sedate or give him PVP and then I could examine the dog. So, in that scenario, I don't get bitten and the dog is not scared.
 - a. However, because your dog won't bite me (I say that even if I think it may bite since pet parents don't like to think that their dog will bite) I am punishing your dog by allowing it to be fearful!
- 6. What do we do from start to finish
 - a. Over the phone when confirming appt remind pet parents that if the pet receives PVP to administer it with a small amount of food if necessary (pre-visit pharmaceuticals= see tables at the end)
 - i. Don't feed before appointment other than to give pills= hungry
 - ii. Bring toys, their favorite food, and even a security companion!
 - b. When the pet parents arrive- we get the history while the owner and pet are in the car. This means less time in the clinic leading to a decreased likelihood of escalating the FAS.
 - c. The exam rooms have music (Mozart or Chopin-or Music Through a Dog's Ear or Cat's Ear)- This is based on the following studies.
 - i. Study Effect of Classical Music on Depth of Sedation and Induction Propofol Requirements in Dogs
 - 1. Conclusion - Exposure to classical music had a positive impact on the level of sedation, and more profound central nervous system depression seemed to contribute to approximately 20% lower propofol dose requirements for tracheal intubation.
 - ii. Effects of Music Pitch and Tempo on the Behaviour of Kennelled Dogs
 - 1. Conclusion
 - a. A study tested auditory stimulation animal shelter environments.ⁱⁱ In the study they exposed dogs to human conversation, classical music, heavy metal music, pop music, and a control (no extra auditory stimulation). They found that dogs exposed to classical music spent more time resting and vocalized less than when exposed to the other stimuli and vocalized more when exposed to heavy metal music.
 - iii. DAP (Dog-appeasing pheromone)or Feliway diffusers in rooms and treatment and kennel area
 - 1. White noise for in-hospital patients
 - d. Nonslip pads on tables
 - e. LickiMat™ works well and can be spread with spray cheese or peanut butter (verify pet parents are not peanut allergic).
 - f. Cats stay in carriers- use pheromone blankets/towels
 - i. Burrito towel wrap sometimes make cats more secure.
 - g. Cat tree
 - h. Tape prep for skin cytology rather than glass slides (could cut animal) or scalpel blade
 - i. For animals with high FAS consider hair plucks or tape prep for ectoparasites including demodex= note is not as sensitive as skin scraping so warn pet parents sedation and skin scraping may be necessary^{iii,iv,v,vi}). For hair plucks, use a mosquito forceps and grabbing the hair by the base, pluck a small cluster of hairs. If you grab too many hairs it will be painful so try to get 5-10 hairs at a time but take multiple plucks from the area. Then place the hairs on a slide that has mineral oil on it, place a coverslip and examine it. For the tape technique, press clear tape onto the skin and squeeze the skin under the tape. The process should be repeated a few times before examining the sample under the microscope and skin for 2-3 seconds, 2-4 times, then peel off the tape and place onto a glass slide. If you find mites with hair plucking or tape impressions, there is no need to scrape. If no mites, then you can decide if returning for deep scraping is needed to rule out mites.¹ Last resort consider a therapeutic trial with an isoxazoline. (better to establish a diagnosis if possible)
 - j. Fear Free discusses the concept of "Touch Gradient" which involves three continuous stages, starting with initiating physical contact, then maintaining contact as you move to the body part of interest, and finally performing the procedure.
 - i. I approach this differently. First, I will introduce myself if this is a new client. Then I will speak directly to the animal in a calm, relaxed voice. I then discuss with the owner regarding the

reason for the visit. During this time, I am observing the animal's FAS. If I appreciate that the animal's FAS is escalating during the discussion with the owner, or high to begin with, I will explain to the owner that the animal appears fearful, and we will see how much of an exam we can do without increasing the FAS. In some cases (e.g., hissing cat, a GSD, or great dane) I tell them that we may need to aid the exam with some medication for fear, but we will see how things go.

- ii. I then turn my attention directly back to the animal. I re-initiate the conversation and begin contact. You want to do gentle slow touch- w/increasing pressure. I start with the area that is least likely to evolve FAS. This is usually the trunk- so I begin on the back and shoulder regions (unless these are painful regions). I start with gentle pressure and then slowly increase the pressure on these areas as I move to areas that are more likely to increase FAS. Which area(s) I go to next depends on which area may be painful (or pruritic since pruritus can cause "skin pain"). This decision is based on the history that the owner gives.
- iii. Typically, I will then move to the face, then the anus/genitals, the feet, then the ears. Note that I will save the otoscopic exam for last if the dog is on the floor vs the table. If the dog has an escalating FAS because they are on the table, then I will do the otoscopic exam earlier and then get the dog on the floor. I have difficulty doing a thorough otoscopic exam on the floor (is getting old a bitch!)
 1. I have always suspected that dogs dislike their feet being touched because they feel more vulnerable with only 3 legs on the surface. However, although that can be true there are other reasons. The paws of the animals have more free nerve endings than other areas on the animal (think toes). The sensory information from the paws will protect from injury, and are important for proprioception allowing subtle adjustments in gait and balance. The downside is that this higher density of nerve receptors leads to an increased sensitivity to touching the paw (and procedures involving the paw). This increased sensitivity makes pain experienced from the paw/toes disproportionately higher than other body parts scale compared to other parts of their body. Therefore if you quick a nail the pain is more intense than in other less sensitive areas of his body.
 2. To examine the ventrum I will either have the owner have the dog lie down and roll on its side if on the floor (with limited assistance). If on the lift table, I may raise the table to the maximum height allowing me to visualize the ventrum. The other way I will examine the animal is to "see how tall the dog is" (lifting the front end enough that I can see the ventrum).
 3. Some tips to ease an otoscopic examination are
 - a. If food motivated be sure to have food available immediately after doing otoscopy
 - b. Have the pet parents at the head talking to the dog.
 - c. Have a well-trained technician restrain and position the head.
 - i. Tip the head so the examined ear is tilted slightly toward the ceiling. This makes visualization of the TM easier
 - d. Before introducing the otoscope cone, touch the pinna with your fingers and introduce your finger into the ear canal to see how the dog reacts to this, they tend to tolerate a finger more than an otoscope cone.
 - e. Sometimes putting your finger in the other ear will distract the uncooperative dog.
 - i. Covering the eye with a person's hand can be useful, a towel or NACOCO Dog Calming Cap Eye Mask Nylon Shading Pet Mask Muzzle
 4. A word of caution: Fear Free wants examinations done on the floor, however, this greatly increases the risk of a bite and especially a bite on the face so be cautious about which animals you examine on the floor.
- iv. Throughout the examination the tech & pet parents let me know what is occurring to the FAS – pet parents should tell me if an animal that was eating has stopped eating while the LVT is noting facial expression.
- v. We have established guidelines for when to stop and reconsider our approach to that day's examination/procedure. If a cat or dog's FAS is increasing, especially if manifested by struggling for more than 3 seconds, we will stop and reassess the handling technique. We may then re-attempt the examination depending on how high the FAS has gone. Regardless, 3 attempts are the maximum number we will do before deciding if the procedure is a "want" vs. a "need".
 1. If the procedure is a "want" then the owner is given the choice of returning after administering pre-visit pharmaceuticals and equipping the client with techniques for decreasing FAS before the visit (thunder-shirt, pheromones) versus administering "twilight sedation" on that visit. If the procedure is a "need" then the owner is told that we will need to administer "twilight sedation" on that visit. Depending on the appointment flow

that day, the owner may need to wait with the animal in the car until we have a break in appointments to sedate and continue our exam/procedure) or reschedule the appointment.

7. Avoiding pain will lead to less PTSD. This is done with analgesics/sedation but also with aggressive use of nerve blocks. We are all familiar with local anesthetics and want to remind you that even with sedation or anesthesia local anesthetics should be used. A couple of areas that you may not be familiar with how to block are the ears, the toes/nails/footpads, feet and the muzzle/nose^{vii viii ix}
 - a. If I am doing a deep ear flush on the dog, I will block the greater auricular nerve and auriculotemporal nerve^{vii},
8. A few other thoughts and comments
 - a. It is well established that box or mask induction for cats is both fearful to the cat and hazardous to the staff. Box inductions should be avoided because they are 1) stressful for patients, 2) dangerous to personnel (exposure to inhalants), and 3) dangerous to the patient (exposure to high levels of potent cardio-respiratory depressant, inability to monitor and support cardiovascular or respiratory system during induction, increased mortality).
 - b. Recognize that fear is easier to prevent than to treat – with that in mind
 - i. Dogs/cats who are NOT fearful should have lots of positive reinforcement- food, toys, stroking.
 1. Pet parents frequently do not understand why we make a big deal if the pet is not fearful. We need to explain this to the pet parents.
 2. The VAST majority of “mean” or “bad” or whatever term you want to use are FEARFUL. This doesn’t make them bad (unless they bite me then they are bad)
9. As Andy Rooney once said, “The average dog is a nicer person than the average person.”
10. If you aren’t a Fear Free Certified Professional, I strongly recommend it. The worst that will happen is that you will become a more compassionate veterinarian.

ⁱ . Riemer S, Heritier C, Windschnurer I, Pratsch L, Arhant C, Affenzeller N. A review on mitigating fear and aggression in dogs and cats in a veterinary setting. *Animals (Basel)*. 2021;11(1):158.

ⁱⁱ Amaya V, Descovich K, Paterson MBA, Phillips CJC. Effects of Music Pitch and Tempo on the Behaviour of Kennelled Dogs. Effects of Music Pitch and Tempo on the Behaviour of Kennelled Dogs. *Animals (Basel)*. 2020 Dec;11(1):E10.

ⁱⁱⁱ Barillas OF, Bajwa J, Guillot J, Arcique A. Comparison of acetate tape impression, deep skin scraping, and microscopic examination of hair for therapeutic monitoring of dogs with juvenile generalized demodicosis: A pilot study. *Can Vet J*. 2019 Jun;60(6):596-600. PMID: 31156258; PMCID: PMC6515801.

^{iv} Saridomichelakis MN, Koutinas AF, Farmaki R , et al: Relative sensitivity of hair pluckings and exudate microscopy for the diagnosis of canine demodicosis, *Vet Dermatol*. 2007 Apr;18(2):138-41.

^v Cury, Gabrielle & Pereira, Sílvia & Botoni, Larissa & Pereira, Renato & Telles, Thalita & Ferreira, Ana & Costa-Val, Adriane. (2013). Diagnosis of canine demodicosis: comparative study between hair plucking and adhesive tape tests. *Revista Brasileira de Ciência Veterinária*. 20. 137-139. 10.4322/rbcv.2014.068.

^{vi} Pereira AV, Pereira SA, Gremião ID, Campos MP, Ferreira AM. Comparison of acetate tape impression with squeezing versus skin scraping for the diagnosis of canine demodicosis. *Aust Vet J*. 2012 Nov;90(11):448-50.

^{vii} Grubb T, Lobprise H. Local and regional anaesthesia in dogs and cats: Descriptions of specific local and regional techniques (Part 2). *Vet Med Sci*. 2020 May;6(2):218-234.

^{viii} Shafford, H.: Local anesthesia for the distal extremity *Today's Veterinary Practice* 2014;September/October (66-70)

^{ix} Beckman B: Dental Nerve Blocks in Dogs and Cats Enhance Anesthesia Safety <https://veterinarydentistry.net/dental-nerve-blocks-dogs-cats/>

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