Veterinary Technicians and Neurologic Rehabilitation

Conditions that require neurologic physical rehabilitation in humans include stroke, traumatic brain injury, and spinal cord injury. Physical rehabilitation therapy is beneficial and effective to help return or improve function lost as a result of these conditions in some patients.

Neurologic disease is unique in that physical therapy has a critical role in maintenance and recovery of function. Dysfunction of the nervous system can cause loss of motor and autonomic function and a range of sensory abnormalities, including loss of sensation (anesthesia), abnormal sensations (paresthesia), and heightened sensitivity to stimuli (hyperesthesia). Articles in the veterinary literature support the usefulness of rehabilitation in recovery from neurologic injury and nonsurgical management of neurologic conditions. Several neurologic disorders affecting small animals are amenable to rehabilitation, including paresis, muscle atrophy, muscle contractures, pressure ulcers, and pain. Additional indications include postoperative rehabilitation (e.g., intervertebral decompression surgery), central or peripheral nerve injuries, wobbler syndrome, fibrocartilaginous embolism (e.g., type III disc disease), degenerative myelopathy (management of current presenting signs), and balance/vestibular problems.

Mary Ellen Goldberg, BS, LVT, CVT, SRA, CCRA
Canine Rehabilitation Institute, Wellington, FL

Mary Ellen is a graduate of Harcum College and the University of Pennsylvania. She has been an instructor of anesthesia and pain management for VetMedTeam since 2003. In 2007, she became a surgical research anesthetist certified through the Academy of Surgical Research. In 2008, she became the executive secretary of the International Veterinary Academy of Pain Management. In addition, she is on the Proposed Organizing Committee for the Academy of Physical Rehabilitation Veterinary Technicians for the formation of a NAVTA recognized VTS-physical rehabilitation program.

Mary Ellen has written several books and contributed to numerous chapters regarding anesthesia, pain management, and rehabilitation. She has worked in various aspects of veterinary medicine ranging from small animal to zoo animal medicine.

The Role of Veterinary Technicians
As part of the veterinary rehabilitation team, credentialed veterinary technicians, under the supervision and direction of licensed credentialed rehabilitation veterinarians, are an integral part of caring for hospitalized recumbent or neurologic patients. Although technicians can work in this field without being credentialed, the American Association of Veterinary Rehabilitation Veterinarians strongly discourages this practice. Rehabilitation veterinarians examine patients and determine the best treatment options for each patient. Rehabilitation technicians then carry out prescribed therapies. They also play an integral role in educating clients and communicating with clients about daily progress. Troubleshooting technique with the prescribed exercises and discussing pain management with supervising veterinarians help ensure that treatment plans are effective.

Physical rehabilitation during recovery from neurologic disorders is important not only for strengthening and increasing flexibility but also for reducing pain and improving quality of life. Understanding the potential complications and risks—and implementing strategies to minimize them—can reduce the duration of hospitalization, improve patient comfort, and promote faster return to function. Rehabilitation
practitioners or therapists perform neurologic examinations to document patients’ current neurologic status and become familiar with individual animals’ response to therapies to measure progress. Neurolocalization and determination of the severity of the lesion and pain status are the primary focus of the examination. Deep pain sensation, ability to stand and support weight, duration of disease, and presence of motor and bowel/bladder function are key factors influencing prognosis for recovery.

ESTABLISHING RECOVERY GOALS

Short-term goals are the component skills established at each phase of rehab that are needed to attain long-term goals. Short-term goals are essentially subskills required for basic daily functional needs (e.g., sitting upright, toileting, eating or drinking with minimal or no assistance) and help identify specific areas of limitation. Establishing patient needs though goal setting helps formulate the at-home treatment plan given to clients.

Long-term goals define the patient’s expected level of performance at the end of the rehabilitation process. Technicians note the amount of independence, assistance, supervision, and equipment or environmental adaptation necessary to ensure the safety of pets and clients. Understanding which problems can be addressed and influenced, and which cannot, is crucial in defining realistic expectations.

RISKS AFFECTING HOSPITALIZED RECUMBENT OR NEUROLOGIC PATIENTS

Rehabilitation therapy for neurologic patients places a profound emphasis on nursing and supportive care to protect the patient from complications and preserve tissue strength and function during the recovery period. Several adverse conditions can affect these patients (BOX 1).

| BOX 1 Conditions Adversely Affecting Hospitalized Recumbent or Neurologic Patients
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prolonged or permanent loss of mobility and independence secondary to disuse atrophy</td>
</tr>
<tr>
<td>Chronic pain</td>
</tr>
<tr>
<td>Decubital ulcers</td>
</tr>
<tr>
<td>Urine scald</td>
</tr>
<tr>
<td>Depression</td>
</tr>
<tr>
<td>Self-inflicted trauma</td>
</tr>
<tr>
<td>Reduced lung capacity and compliance</td>
</tr>
<tr>
<td>Obesity</td>
</tr>
</tbody>
</table>

PATIENT POSITIONING

Credentialed rehabilitation practitioners or therapists and their credentialed rehabilitation veterinary technicians must be cognizant of the risks facing recumbent patients. Skin, vascular, and pulmonary integrity can be compromised if patients are not turned on a proper schedule. Positioning changes and skin integrity (along with other vital signs) are important and should be noted on patient charts. Patients should be positioned on either side in lateral recumbency, in sternal recumbency, and sitting and standing, if possible. Bolsters (positioning blocks or rolls of towels) can be used to help patients maintain such postures, keep an extremity in a neutral (i.e., normal) position, and improve patients’ overall visual perspective while hospitalized.

PAIN ASSESSMENT

Neurologic patients are at a higher risk for experiencing pain. This may be due to a healing surgical procedure, muscle spasms, or nerve pain. Manual therapy, ice, heat, electrostimulation, and therapeutic ultrasound may be used depending on the severity and phase of recovery (acute versus subacute). Precautions must be taken with each therapeutic modality for patients with altered pain sensation or lack of pain perception. Pain-free animals are relaxed and cooperative and recover more quickly and completely, and owners are much happier and more compliant with recommendations when their pets are comfortable. Multimodal pain management is always advisable for painful patients and is recommended by the 2015 AAHA/AAFP Pain Management Guidelines for Dogs and Cats. Therefore, pain medications should be used to allow for patient comfort.

THERAPY FOR RECUMBENT PATIENTS

Therapy for neurologic patients entails physically challenging them and pushing them to improve, but sessions should end on a positive note with ample praise.
**BOX 2 Additional Therapeutic Exercises and Options for the Neurologic Patient**

- Proprioceptive neuromuscular facilitation (PNF patterns)
- Vibration
- Ice massage
- Muscle tapping
- Weightbearing techniques
- Postural reflexes
- Treadmill exercise
- Underwater treadmill or supported swimming
- Supported standing
- Rhythmic stabilizations
- Ball rocking
- Tensor bandaging
- Joint compressions (veterinarians only)
- Joint distraction (veterinarians only)
- Tactile sensory stimuli
- Tellington touch
- Wringing the limb
- Acupressure/laser acupuncture
- Client education in lifestyle management (accommodations in home environment for patient mobility) during recovery
- Carts or slings
- Splints or orthotics

and encouragement. The purposes of the exercises are to stimulate proprioceptive fibers, encourage joint fluid circulation, and enhance circulation to adjacent tissues. General guidelines for neurologic rehabilitation include frequent, low-duration exercises to avoid overexertion. Patients should be encouraged to do as much as possible for themselves within their functional capabilities. Patients that are unable to support themselves may be encouraged to stand with the assistance of appropriate slings or harnesses while eating and drinking. This helps

---

**Breakthrough in Patient Warming!**

Hot Dog's conductive fabric technology is clinically proven to be superior to forced-air and water systems.

- No blowing air
- No water
- No hot wires

It’s safe, effective durable and reusable!

*Satisfaction Guaranteed.*

(866) 484-3505

www.vetwarming.com

NAVC # 2100, WVC #3027
promote strength and is also an excellent opportunity for weightbearing or weight-shifting exercise. Encouraging patients to ambulate and stretch for treats is an easy early mobility exercise. For patients that lack proprioception (awareness of where their body is in space), placing food near their paws and limbs can increase body awareness. A few exercises are described below; more are listed in BOX 2.

Weight-Shifting Exercises
Encouraging correct posture is a key component of all mobilization exercises. FIGURE 1 demonstrates correction of hindlimb placement for manual weight-shifting to the hind end. Weight-shifting first to the right side and then to the hind end is accomplished by using a treat. The therapy ball peanut provides the required support for this patient, while the boots and mat improve foot traction.

Postural Transitions
Details about the level of assistance patients need to get up from a down position (i.e., slight assistance versus full body support) should be recorded in the medical record. Example transitions include lateral to sternal recumbency (FIGURE 2), sternal recumbency to sit (FIGURE 3), and sit to stand (FIGURE 4). Assisted sling walking is a great way to provide patients with safe ambulation and weightbearing; several slings are available (FIGURE 5).

NURSING CARE FOR RECUMBENT PATIENTS
Patients presenting with neurologic disorders with incoordination (ataxia) or weakness (paresis) have the potential to become recumbent. Because these patients are not steady on their feet, providing nonslippery surfaces is essential. Moreover, recumbent patients require soft bedding that does not “bottom out” to the floor to avoid decubital ulcers (bed sores). Frequent turning schedules help avoid such complications and also prevent hypostatic pneumonia or atelectasis.\textsuperscript{4,16} BOX 3 provides an overview of additional key therapeutic considerations for neurologic patients.

Bladder Management
As a general rule, recumbent patients cannot or will not urinate voluntarily and require frequent bladder assessment.

FIGURE 1. Encouraging correct posture is the key component of mobilization exercises. The use of a physioball encourages weightbearing and may be necessary with neurologic patients. Used with permission of The NAVTA Journal.

FIGURE 2. Assisting patients with coordination and flexion of limbs is required when shifting weight from lateral to sternal recumbency. Using “cookie stretches” (providing the patient with a treat to motivate it to reach further) encourages working muscles necessary for going from lateral to sternal recumbency. Used with permission of The NAVTA Journal.
or management in the form of catheterization or manual expression. Urinary function usually returns in patients with thoracolumbar disease (only pelvic limbs affected) as soon as they are weakly ambulatory. Patients with cervical disease (all four limbs affected) regain voluntary urination earlier but may be reluctant to urinate because they are unable to adopt a posture for urination. Diseases of the lumbosacral spinal cord are an exception: these patients have urinary difficulties despite retaining the ability to walk.

It is important to teach patient caregivers how to palpate the bladder and assess bladder function. Understanding patient urinary function is critical to determine whether urination is voluntary. When pressure in the bladder exceeds that of the urethral sphincter, urine will leak out, which may be misinterpreted as voluntary urination. Therefore, other measures are needed to assess the presence of voluntary urination. With proper training, bladder size can be assessed before and after urination. All urination should be recorded in the medical record, along with a notation of whether it was voluntary, expressed manually, or expelled via a catheter. Urinalysis should preferably be performed on admission; urine should then be tested with a dipstick for the presence of white blood cells and protein every 2 to 4 days.

Appropriate bladder management in recumbent patients includes regular walks outside (at least 3 times daily) to encourage patients to urinate. For patients unable to urinate, the bladder can be manually expressed, intermittent catheterization can be implemented, or an indwelling catheter can be placed. Urine should be expressed every 4 to 6 hours depending on bladder size, or the urine bag should be checked at the same interval. The amount of urine produced should be noted in the patient record. In addition, prescription medication to aid in bladder voiding can be prescribed at the discretion of the veterinarian.

Additional nursing care includes providing bedding that either absorbs liquids or allows them to pass through and away from the patient’s skin (e.g., acrylic bedding). If incontinence pads are used, care must be taken to avoid placing the pad directly beneath the patient’s skin because the urine simply disperses across the pad, resulting in increased contact time and leading to urine scalds. Acrylic

**FIGURE 3.** Veterinary technicians can encourage patients to move from sternal recumbency into the sitting position by assisting them with stifle flexion, limb positioning, and correct foot placement as required. It may be necessary to physically place patients in these positions at the beginning of neurologic recovery. Using cookie stretches encourages the patient to try to place itself. Used with permission of The NAVTA Journal.

**FIGURE 4.** From a sitting position with stifles in flexion and appropriate support, technicians can assist patients to stand and sit back down, guiding the animal only as needed. Cookie stretches can be a huge motivation factor for food-motivated patients. Used with permission of The NAVTA Journal.
FIGURE 5. This is a small selection of available slings. Some slings can be made from bandages or towels; others can be purchased from various vendors. Used with permission of The NAVTA Journal.

absorbent bedding should be placed directly beneath the patient, followed by the incontinence pad; this prevents multiple layers of bedding from becoming soiled and avoids having recumbent patients lie in their own urine. Finally, patients should be kept clean and dry at all times. Soiled bedding should be removed promptly. Long hair should be clipped if necessary to enable hygiene management and allow accurate assessment of the development/progression of urine scalding.

Bowel Management

Fecal incontinence mainly affects dogs with severe lumbosacral disease, which can lead to a lack of voluntary control over defecation and severe soiling. Cats with neurologic problems have a tendency toward constipation and megacolon. Patients must be kept clean and dry at all times.

BOX 3 Key Therapeutic Points

- Bladder care must be initiated for incontinent animals to prevent atony and treat infections.
- Attention to bedding and hygiene helps prevent decubital ulcers.
- Neuromuscular electrical stimulation may be used to strengthen muscle.
- Massage can reduce muscle spasms and pain.
- Passive range of motion is used to maintain joint motion and health.
- Assisted standing, balancing, and various types of exercise are incorporated, depending on the animal’s neurologic status.

HEARTGARD Plus

CAUTION: (Federal) (U.S.A.) law restricts this drug to use by or on the order of a licensed veterinarian.

INDICATIONS: For use in dogs to prevent canine heartworm disease by eliminating the tissue stage of heartworm larvae (Dirofilaria immitis) for a month (30 days) after infection and for the treatment and control of ascarids (Toxocara canis, Toxascaris leonina, and hookworms (Ancylostoma caninum, Uncinaria stenocephala, Ancylostoma braziliense)).

DOSAGE: HEARTGARD Plus (ivermectin/pyrantel) should be administered orally at monthly intervals at the recommended minimum dose level of 6 mcg/kg of ivermectin per kilogram (2.72 mg/kg) and 5 mg of pyrantel (as pamoate salt) per kg (2.77 mg/kg) of body weight. The recommended dosing schedule for prevention of canine heartworm disease and for the treatment of control of ascarids and hookworms is as follows:

<table>
<thead>
<tr>
<th>Dog Weight</th>
<th>Chewables Per Month</th>
<th>Ivermectin Content</th>
<th>Pyrantel Content</th>
<th>Color Coding on Foil Backing and Carton</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 25 lb</td>
<td>1</td>
<td>114 mcg</td>
<td>107 mcg</td>
<td>Brown</td>
</tr>
<tr>
<td>26 to 50 lb</td>
<td>1</td>
<td>136 mcg</td>
<td>114 mcg</td>
<td>Green</td>
</tr>
<tr>
<td>51 to 100 lb</td>
<td>1</td>
<td>272 mcg</td>
<td>227 mcg</td>
<td>Blue</td>
</tr>
</tbody>
</table>

HEARTGARD Plus is recommended for dogs 6 weeks of age and older. For dogs over 10 lb use the appropriate combination of these chewables.

ADMINISTRATION: Remove only one chewable at a time from the foil-backed blister card. Return the card with the remaining chewable to its box to protect the product from light. Because most dogs find HEARTGARD Plus palatable, it can be offered in the form of a oral paste. Alternatively, it may be mixed into a small amount of dog food. The chewable should be administered in a manner that encourages the dog to chew, rather than to swallow without chewing. Chewables may be broken into pieces and fed to dogs that normally swallow treats whole.

Care should be taken to ensure the complete dose is consumed, and treated animals should be observed for a few minutes after administration to ensure that the entire dose is not lost or rejected. If it is suspected that any of the dose has been lost, readministration is recommended.

Bladder care must be initiated for incontinent animals to prevent atony and treat infections. Before initiating a program with HEARTGARD Plus, clients should be advised of measures to be taken to prevent reexposure to intestinal parasites.

EFFICACY: HEARTGARD Plus Chewables, given orally using the recommended dose and regimen, are effective against the tissue larval stage of heartworms for a month (30 days) after infection, and as a result, prevent the development of the adult stage. HEARTGARD Plus Chewables are also effective against canine ascarids (Toxocara canis, Toxascaris, and hookworms (A. caninum, U. stenocephala, A. braziliense)).

ACCEPTABILITY: Acceptability and field trials. HEARTGARD Plus was shown to be an acceptable oral dosage form that was consumed at first offering by the majority of dogs.

PRECAUTIONS: All dogs should be tested for existing heartworm infection before starting treatment with HEARTGARD Plus which is not effective against adult D. immitis. Infected dogs must be treated to remove adult heartworms and microfilariae before initiating a program with HEARTGARD Plus.

While some microfilariae may be killed by the ivermectin in HEARTGARD Plus at the recommended dose level, HEARTGARD Plus is not effective for microfilaria clearance. A mild hypersensitivity-type reaction, presumably due to death or dying microfilariae and particularly involving a transient diarrhea, has been observed in clinical trials with ivermectin alone after treatment of some dogs that have circling microfilariae.

Keep this and all drugs out of the reach of children.

In case of ingestion by humans, clients should be advised to contact a physician immediately. Physicians may contact a Poison Control Center for advice concerning cases of ingestion by humans.

Store between 68°F - 77°F (20°C - 25°C). Excursions between 59°F - 86°F (15°C - 30°C) are permitted. Protect product from light.

ADVERSE REACTIONS: In clinical field trials with HEARTGARD Plus, vomiting or diarrhea within 24 hours of dosing was rarely observed (1.1% of administered doses). The following adverse reactions have been reported following the use of HEARTGARD: Depression/lethargy, vomiting, anorexia, diarrhea, mydriasis, ataxia, staggering, convulsions and hypersalivation.

SAFETY: HEARTGARD Plus has been shown to be bioequivalent to HEARTGARD, with respect to the bioavailability of ivermectin. The dose regimen of HEARTGARD Plus and HEARTGARD are the same with regard to ivermectin (6 mcg/kg). Studies with ivermectin indicate that certain dogs of the Collie breed are more sensitive to the effects of ivermectin. The dose of ivermectin can be reduced. Therefore, for dogs of the former medication.

When replacing another heartworm preventive product in a heartworm disease prevention program, the first dose of HEARTGARD Plus must be given within a month (30 days) of the last dose of the former medication. If the interval between doses exceeds a month (30 days), the efficacy of ivermectin can be reduced. Therefore, for optimal performance, the complete dose must be given once a month or on the same day of the month. If treatment is delayed, whether by a few days or many, immediate treatment with HEARTGARD Plus and resumption of the recommended dosing regimen will minimize the opportunity for the development of adult heartworms.

Monotherapy treatment with HEARTGARD Plus also provides effective treatment and control of ascarids (T. canis, T. leonina) and hookworms (A. caninum, U. stenocephala, A. braziliense). Clients should be advised of measures to be taken to prevent reexposure to intestinal parasites.

For customer service, please contact Merial at 1-888-637-4251.

©2015 Merial, Inc., Duluth, GA. All rights reserved. HGF19PRETESTC04/01/16.
all times. Lactulose may be used, especially in cats, if constipation is suspected; unlike the situation in dogs, manual evacuation is difficult in cats. In addition, patients receiving opioid analgesia should be monitored closely for constipation due to reduced intestinal motility, and pelvic trauma patients should be monitored for tenesmus. Both patient groups may need treatment to aid in defecation.

**Respiration**
Recumbency alone can lead to secondary complications, including atelectasis and aspiration pneumonia independent from the disease process itself. Hypoventilation can also be caused by neurologic disease processes severe enough to cause recumbency in all four limbs (e.g., a slipped disc in the neck, brain disease). Patients with generalized lower motor neuron disease affecting the laryngeal and pharyngeal muscles and the esophagus (e.g., myasthenia gravis) are particularly predisposed to aspiration pneumonia.

The respiratory pattern and rate should be recorded on a regular schedule: up to every 4 to 6 hours in severely affected patients, less often in stable patients. If aspiration pneumonia is suspected, temperature should be checked at least twice daily to monitor for pyrexia (raised body temperature or fever).

Preventive nursing care is crucial for a positive outcome in these patients. Several measures can be taken to help prevent respiratory complications. Patients should be turned every 4 to 6 hours, with the goal of maintaining a sternal position as often as possible using appropriate padding. The details of each change of position should be noted in the medical record (e.g., from sternal to left lateral to sternal to right lateral to sternal).

Water and food should be offered only when patients are in a sternal position. Someone should sit with patients while they eat. It is beneficial for patients to maintain an upright position for 30 minutes after feeding to decrease the risk of regurgitation and aspiration pneumonia.

Coupage, also known as percussion therapy, is indicated for dogs with pneumonia to dislodge mucus that can then be expelled from the body while coughing. If tolerated, coupage should be performed each time patients are turned if aspiration or hypostatic pneumonia is suspected; however, radiologic evaluation should be carried out to confirm pneumonia and repeated to monitor progress or deterioration in lung fields. Coupage is contraindicated in thoracic trauma patients. Thoracic auscultation should be performed at least once daily to identify abnormalities, which should be reported to the veterinarian immediately. Postural physiotherapy techniques can also be implemented to aid in removal of excess secretions in combination with nebulization and coupage.

**Skin Care**
Recumbent patients are at risk for developing dermatitis secondary to urine scald and fecal soiling and even more so for the development of decubital ulcers over pressure points. In addition, skin abrasions can develop if patients drag themselves or a limb over rough ground. Several steps can be implemented to prevent skin complications. In addition to the guidelines presented under BLADDER MANAGEMENT, appropriate padding should be used around pressure points, and bony prominences/pressure points should be systematically checked twice daily to monitor for skin redness or early development of decubital ulcers. Regular turning (every 4 to 6 hours, as discussed above) and massage of prominences/pressure points to increase local blood flow can help prevent skin problems.

**Treatment of Skin Complications**
Skin complications may develop despite good nursing care. Veterinarians must assess patients and prescribe any medications or therapy. The veterinarian may also recommend the following measures:

→ Dermatitis can be cleaned with a dilute chlorhexidine solution followed by thorough drying and application of a barrier cream.

→ Excessive moisture around affected areas must be avoided, as should application of thick layers of barrier cream; the latter harbors and insulates bacteria.

→ Applying a dilute solution of bicarbonate of soda and cooled boiled water is very effective for urine scalds or irritation of the testes. The area should be doused and left to dry at room temperature. This can be repeated 3 to 4 times daily.

→ If decubital ulcers develop, pressure over that region must be avoided. This can be accomplished by using a cushion (doughnut).

→ Dead tissue can be debrided.

→ Elizabethan collars should be used to prevent patients from licking or chewing the region.

**CONCLUSION**
Neurologic rehabilitation can be among the most challenging and rewarding work for the veterinary team. Determining time for recovery is often the most difficult task. Recovery times can be extremely variable and are intrinsically linked to the neurologic condition, underlying medical conditions, and neurologic status at time of presentation for rehabilitation.4
The time needed for treatment by both the veterinary team and owners must be considered. It is often not feasible to perform all exercises and modalities for a single patient, and some exercises may not be applicable or possible in certain patients. Each patient requires an individualized rehabilitation protocol specifically designed for the neurologic condition, owner expectations, level of participation and time commitments of caregivers, and expertise of the veterinary team.

Credentialled rehabilitation veterinary technicians are the “eyes and ears” for rehabilitation veterinarians and physical therapists. They are the ones educating clients and performing recommended treatments.

References

Introducing
THE NEXT GENERATION OF TUTTNAUER STERILIZERS EZPLUS FULLY AUTOMATIC STERILIZERS

Designed to meet the most current sterilization standards ANSI/AAMI ST55

90 YEARS
Your Sterilization & Infection Control Partners

Tel. (800) 624 5836, (631) 737 4850
Email: info@tuttnauerUSA.com, www.tuttnauerUSA.com

New EZView
3” x 2.5”
multi-color display

Ask your local dealer about EZPlus

New EZGlide door and locking device

Front or top water fill

Best in class 2 year parts & labor warranty

Available in EZ11Plus with 5 trays and EZ9Plus with 3 trays

Required treatments.

Closed door drying

TERILIZERS EZPLUS FULLY AUTOMATIC STERILIZERS

THE NEXT GENERATION OF TUTTNAUER

Designed to meet the most current sterilization standards ANSI/AAMI ST55

90 YEARS
Your Sterilization & Infection Control Partners

Tel. (800) 624 5836, (631) 737 4850
Email: info@tuttnauerUSA.com, www.tuttnauerUSA.com

New EZView
3” x 2.5”
multi-color display

Ask your local dealer about EZPlus

New EZGlide door and locking device

Front or top water fill

Best in class 2 year parts & labor warranty

Available in EZ11Plus with 5 trays and EZ9Plus with 3 trays

Required treatments.

Closed door drying