

**CROW Case of the Week: Burrowing Owl**  
by Brian Johnson



Because his air conditioner was broken, Matthew Hester had his windows open as he drove to work from his Cape Coral home on the morning of July 1. Just a few blocks down the road he heard a shrieking noise coming from the property to his right.

“It sounded like a bird,” he said. Hester parked his car and went to the scene, where he saw a burrowing owl dangling upside down from the roof gutter. “I have no idea how he got stuck like that,” said Hester.

He banged on his neighbor’s front door, and a woman came out. He explained what was happening and she got him a towel and a box.

Hester climbed up on a three-foot concrete ledge jutting out from the house, and was just able to reach the height of the bird. Another burrowing owl was circling around and watching the situation unfold in obvious agitation. Hester wrapped the towel around the owl’s body, pried open the lip of the gutter and pulled the owl’s leg free. “It looked mangled,” he said. He called his wife, Erica, who is a vet technician, and she advised him to take the owl to the CROW drop-off point in Cape Coral, which he did.

At CROW Dr. Amber McNamara examined the owl, who was suffering from a fracture of the distal metatarsus, a bone just above his toes. There was blood at the fracture site but no bone exposed.

Staff gave him pain medication, herbs, arnica and fluids, and placed a bandage on his right leg.

The next morning staff could see he had been picking away at the bandage. “He had not chewed it off, but he did not appreciate having it on there,” said Dr. PJ Deitschel. “There was a fair amount of discharge from the wound, which is not abnormal.”

Staff hand-fed him for five days, then he began to eat on his own. By Day 6 the owl had had enough of the bandage. “He had totally gotten rid of the wrap – it slid down to become a little sock over his toes,” said Dr. PJ. “We could see his skin was irritated from where he had been picking at the wrap.” Staff put ointment on the wound, and decided not to bother him with a new wrap.

By Day 12 it was clear that the tissue damage at the fracture site was serious: the skin had thickened, and there was a discolored circle around the leg that looked necrotic. “It was not an infection, but vascular damage,” said Dr. PJ. “We were now dealing with multiple issues. We would have liked to try several rehab modalities, such as massage, an Epson salt soak, and topical ointment, but handling him repeatedly would cause further damage to the fracture.” There was some concern that the owl might lose his foot.

On Day 19 CROW staff put a vet light splint on his leg; this flexible cast would give him greater support and could not really be chewed off. A week later the fracture site was more stable, but he had decreased pain response in his toes, an ominous sign. “His foot looked awful but we were still optimistic,” said Dr. PJ.

On Day 27 the burrowing owl, whose weight had jumped to 151 grams from 139 grams, went to the outdoor complex. The change of scenery and more time to heal did the bird good. By Day 36 he had pain response in all but one toe as nerve function returned. By Day 43 he was perching well and flying nicely around the owl compound. CROW gave him additional time to regain his strength, and on Day 69 released him back to Cape Coral.

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