SPRING EDITION 2012

XLVETS EQUINE - BETTER TOGETHER

Equine MATTERS

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Inside this issue:

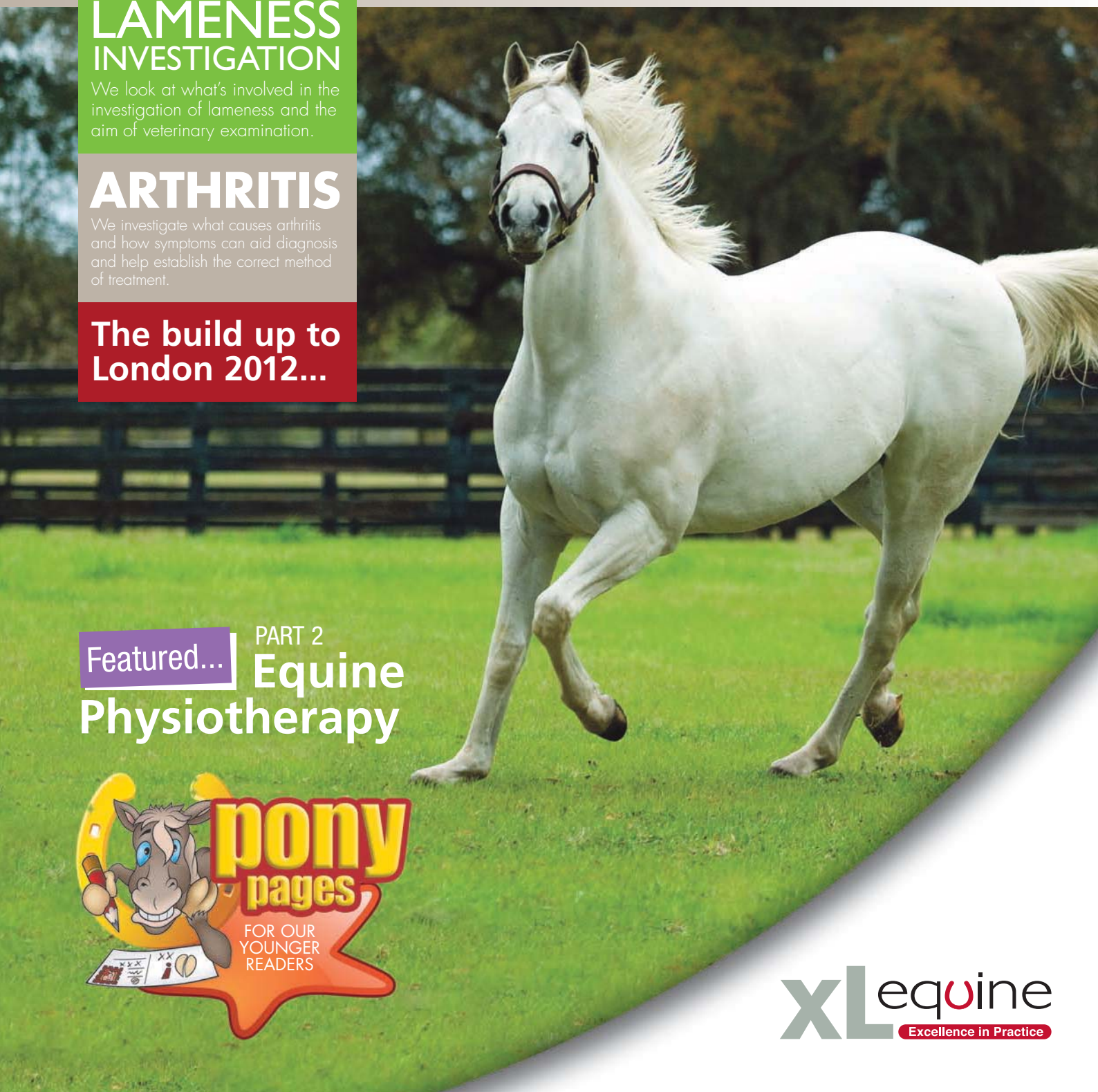
LAMENESS INVESTIGATION

We look at what's involved in the investigation of lameness and the aim of veterinary examination.

ARTHRITIS

We investigate what causes arthritis and how symptoms can aid diagnosis and help establish the correct method of treatment.

The build up to London 2012...



Featured...

PART 2
Equine Physiotherapy

xL equine
Excellence in Practice

Is lameness holding back your horse's competitive potential?

Contact your XLVets Equine practice for further information and advice about **lameness** and how your practice is participating in our spring lameness campaign.

xL equine
Excellence in Practice

SPRING EDITION

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THE EDITOR

Welcome to the 'spring lameness' special edition of Equine Matters...

It is at this time of year we feel a building excitement for the summer season ahead and especially this year as the tension builds for London 2012. We look at the preparations for the equine events and find out which XLVets Equine members will be involved. With the approach of spring we also look forward to foaling season; we offer some great practical advice on foal care.

In conjunction with the XLVets Equine spring lameness promotion, in this issue find out what's involved in a lameness work up and follow two real lameness case examples through their treatment and return to work. We also discuss arthritis and the hot topic of its treatment with joint supplements. Don't forget to look out for the spring lameness promotional talks and events at your local XLVets Equine practice.

Liz Mitchell MA VetMB CertEP MRCVS
Scott Mitchell Associates

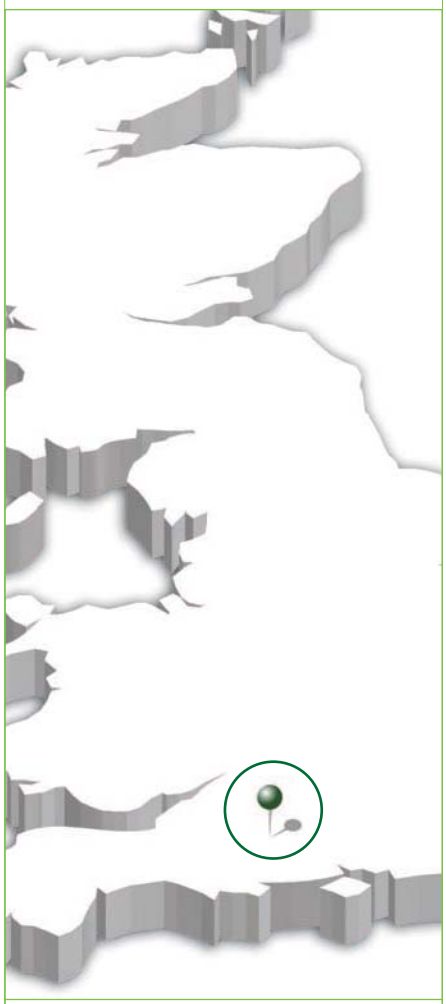
CONTENTS

SPECIAL FEATURES

Richard Parker MA VetMB CertEP CertES(Orth) MRCVS Endell Veterinary Group

Lameness investigation in the horse - what's involved?

Every horse owner will at some point own a lame horse. In many cases the lameness may be mild and will disappear by itself with nothing more than rest and time. In other cases, lameness will be more severe, or may persist - then it will be time to call the vet. The aim of the veterinary examination is to investigate, diagnose and treat the cause of the lameness. In some cases, the problem will be obvious and the investigation will be simple and straightforward; in others, an extensive investigation, including nerve blocks and diagnostic imaging, may be required.



Veterinary Surgeon	Richard Parker
XLVets Equine Practice	Endell Veterinary Group

Lameness Examination

The investigation of lameness is a lot like detective work. As the horse cannot tell us where it hurts, the vet must use a variety of methods in order to determine the source of the lameness.

Most of the time, lameness results from pain in the musculoskeletal system (muscles, tendons, ligaments, bones, or joints) leading to abnormal movement at the walk, trot, or canter. Occasionally, lameness may arise due to mechanical or neurological conditions such as upward fixation of the patella or wobbler syndrome. It is the vet's task to assess a lame horse in a systematic manner using a variety of techniques in order to arrive at a diagnosis. The comprehensive lameness examination requires patience by you and your vet.

Challenging lameness cases may take several days to investigate and are even more difficult to evaluate once the lameness becomes chronic. Horses, particularly those with chronic problems may develop compensatory gait abnormalities to deal with the primary problem. This may complicate the lameness evaluation and possibly its treatment.

The main steps involved in the investigation of the lame horse are summarised:

1. History

Typically, a thorough history will be collected at the beginning of the lameness examination. The age, breed and chosen discipline of your horse may provide useful clues to your vet before the investigation. Information such as the time when lameness was first noticed, whether it has improved or deteriorated with rest or work and whether the horse has ever suffered lameness issues before also will be very useful and may avoid unnecessary diagnostic tests and save time.

2. Physical examination

In addition to obtaining a detailed history, your vet will perform a clinical examination of your horse.

First, the horse may be viewed from a distance and then close-up at rest. This involves a critical look at your horse's conformation and stance. The vet will often examine your horse's feet; hoof testers will be applied to the feet (see Figure 1), and the limbs and sometimes the back will be palpated (felt), shown in Figure 2, for presence of heat (warmth), pain, and swelling. Assessing the back may be important because poor performance or obscure lameness may originate from, or have an impact on, the back.

Figure 1 Hoof testers being applied to a horse's foot

Figure 2 Careful palpation of the limb often reveals the site of pain

3. Gait analysis

The next part of the lameness examination will evaluate the horse's gait. The horse will be observed at walk and trot in-hand (see Figure 3). The vet may require your horse to be walked or trotted in-hand, lunged (Figure 4), or ridden on soft and hard ground. Usually at this stage of the examination it will become apparent if the horse is lame and if so, which leg/legs are affected.

Figure 3 The horse is walked and trotted on a firm surface

Figure 4 Lunging is often used in the assessment of lameness

4. Flexion testing

Flexion tests may be helpful if the lameness is subtle or there are no obvious signs of a problem. Typically, flexion tests involve bending or "flexing" a joint for 30 seconds to two minutes. Then the horse is trotted for about 20-30 metres and evaluated for an increase in lameness. If a particular flexion test intensifies the lameness, your vet may concentrate on that area of the body or that joint as the source of the lameness during the rest of the examination.

5. Diagnostic local anaesthesia (nerve or joint blocks)

When performing diagnostic nerve blocks (shown in Figure 5), local anaesthetic is infused either around a nerve or injected into a joint or other synovial structure, e.g. tendon sheath, bursa, etc. If the lameness disappears or improves markedly following administration of anaesthesia, your vet will have successfully localised the site of lameness.

Figure 5 A nerve block being performed

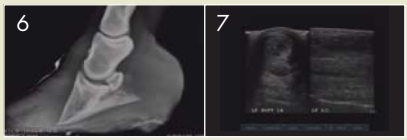
After nerve blocks have localised an area causing the lameness, diagnostic imaging, e.g. radiography, ultrasonography, etc, can be used to further understand the lameness condition. If the lameness cannot be localised by nerve blocks, other diagnostic imaging techniques can be employed. Occasionally, the process of 'blocking' will be by-passed and diagnostic imaging will be performed, particularly if the affected region is already identified.

6. Diagnostic imaging

Radiographs (x-rays) are used to show changes in bone and joint surfaces once the area causing the lameness has been identified. X-rays can be extremely useful in the investigation of lameness but require careful interpretation however, as x-rays may reveal historical changes in the bone which are not related to the current lameness. They are of limited usefulness in the investigation of soft tissue injuries.

Figure 6 Radiograph of a horse suffering from chronic laminitis

Figure 7 Ultrasound image of tendons in a horse



Ultrasonography ('ultrasound') is the most practical and accurate method for assessing tendons (see Figure 7), ligaments, and other soft tissues. Ultrasound is an excellent way to view the soft tissue structures in the horse. It allows real-time imaging of the tendons and ligaments.

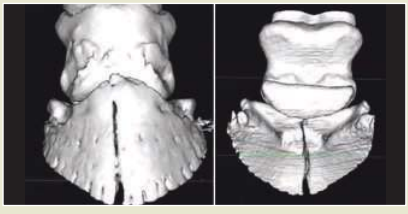
Scintigraphy (bone scan) is usually performed in horses when the lameness is very subtle, intermittent, or when a non-displaced fracture (small crack) is suspected. Bone scans are useful in horses which are not amenable to nerve or joint blocks.

During scintigraphy, the horse is given an injection, which contains a small quantity of radioactive material. The radioactive material will become distributed throughout the horse's body and can be detected using a gamma camera, which is linked to a computer. The information gained can be used to determine sites of abnormality and thus, possible causes of lameness. Scintigraphy is safe for horses, but the horse must remain at a special quarantine facility for a short period following injection of the radioactive material, usually for 24-48 hours.

Figure 8 A bone scan of the pelvis being performed in a horse

Magnetic resonance imaging (MRI) and computed tomography (CT): Magnetic resonance imaging is revolutionising the field of equine diagnostic imaging and orthopaedics. MRI scans use magnetic fields to create images of the tissues inside the body. MRI scans are increasingly common in the investigation of lower limb and foot conditions. CT scans use multiple X-rays to create three-dimensional images of an area and can provide high quality images of both bone and soft tissue structures.

Figure 9 CT Scan: a 3-Dimensional image of a fractured pedal bone



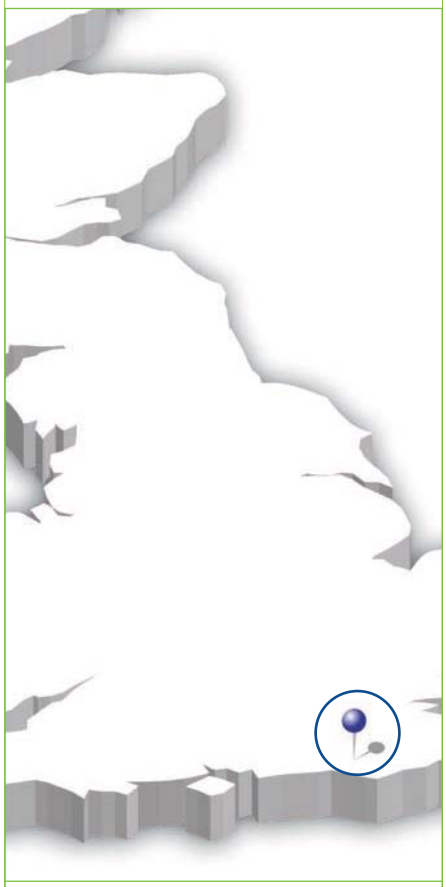
IN SUMMARY

The investigation of the lame horse involves a structured and careful approach from your vet which will ensure the highest chance of finding the cause of the lameness. The actual approach used by your vet may utilise some, or a combination of these techniques in order to discover the cause of lameness.

Egbert Willems DVM CertES(Orth) MRCVS, Cliffe Equine Clinic

Arthritis

Arthritis is a very common condition with potentially severe consequences in the horse. Stemming from the Greek, arthro, meaning joint and itis, inflammation, it is a condition that results in inflammation and pain of the equine joint. All joints can be affected, so it is not exclusively a condition of the equine limb. The head, neck, back and pelvis are other parts of the horse that can be affected. The most common form of arthritis in the horse is osteoarthritis (OA), which commonly causes heat and swelling of the joint, and the pain may result in lameness or poor performance. Another common form is septic arthritis, when a (penetrating) injury results in infection of a joint, which can be a life threatening situation.



Veterinary Surgeon Egbert Willems
XLVets Equine Practice Cliffe Equine Clinic

What causes arthritis?

The disease is essentially one acquired from daily wear and tear of the joint. Osteoarthritis begins in the cartilage, which slowly degrades and eventually leads to the two opposing bones eroding into each other.

Many contributing factors are considered in equine arthritis, but one of the most important factors could be repetitive, concussive trauma. As with humans, an increased bodyweight could exacerbate this. Occasionally a one-off traumatic incident could also cause arthritis if it damages the cartilage or subchondral bone of the joint.

Signs of arthritis

Arthritis results in pain, and is therefore thought to be the most common cause of lameness in the equine athlete. As the articular cartilage itself has no sensory innervation, the pain originates from the bone underlying the cartilage (subchondral bone) and the soft tissues surrounding the joint (the joint capsule and ligaments).

Besides the lameness, other symptoms may be observed such as:

- Pain, stiffness and swelling around a joint (Figure 1)
- Reduced range of motion
- Increased time to warm up for exercise
- Decreased/poor performance and general lethargy (not tracking up)
- A change in joint conformation (bony lumps)

Figure 1: Swelling around the pastern joint

How do you know which joint(s)?

When you call out a veterinary surgeon to look at your horse your vet will start with a thorough physical examination and gait analysis. This may involve trotting your horse in a straight line and possibly being lunged on a firm and soft surface. Sometimes a ridden assessment is invaluable to identify more complex problems. It may be necessary that this examination is continued at a dedicated equine clinic if the facilities on your yard are not suitable for a thorough lameness investigation.

On the basis of this examination your vet may try to determine the exact location of the lameness by injecting local anaesthetic within a specific joint. If this joint is causing the horse discomfort the local anaesthetic will abolish the pain. At the next trot-up the horse should appear sound.

Once the location of the lameness is found, it will be necessary to assess the structural damage to the joint. Traditionally, this will be done by obtaining radiographs (x-rays) of the affected joint (as shown in Figures 2 and 3). However, not all affected joints will show radiographic changes, and not all joints with radiographic changes have problems. Fortunately other means of imaging are available and sometimes your vet may decide that your horse needs one or more of the following investigations:

- Ultrasonography
- Scintigraphy (bone scan) (Figure 4)
- Magnetic Resonance Imaging (MRI)
- Computerised Tomography (CT)
- Arthroscopy (keyhole joint surgery)

Figure 2: Osteoarthritis of the pastern joint. Note new bone formation and collapse of joint space due to loss of cartilage

Figure 3: Osteoarthritis of the distal hock joints (spavin)

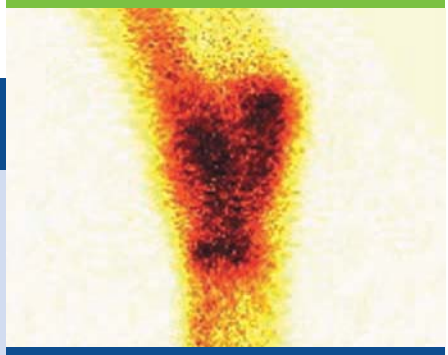


Figure 4: Bone scan showing a hot spot in the hock

Treatment

Treatment greatly depends on what joint is affected and the severity of the damage. Generally the joint itself may be injected with an anti-inflammatory such as corticosteroids and artificial joint fluid such as hyaluronic acid. Other intra-articular injections such as IRAP® could be a good alternative to steroids. This will harness the regenerative and anti-inflammatory properties of the horse's own blood cells encouraging tissues to heal. Then, following a period of box rest, your vet will recommend an ascending exercise plan, outlining exactly what your horse can and can't do. Furthermore it will often involve a course of phenylbutazone ('bute') or equivalent.

Other systemic treatments, such as an intravenous infusion with tiludronic acid (Equidronate®) or intramuscular injections of polysulphated glycosaminoglycans (Adequan®, Carthrophen®) can be prescribed tailored to your horse's needs. Some horses need a one-off treatment, whilst others may require more frequent injections. Remedial shoeing could also be of benefit, and if so your veterinary surgeon will discuss this with your farrier. The use of joint supplements is also advocated in arthritis and your veterinary surgeon will help you to make the right choice for your horse.

Occasionally surgery is considered in cases where there is no clear indication of what the cause of lameness is. Keyhole surgery (arthroscopy) can then be invaluable in assessing the cartilage for any damage, and treating it at the same time. In the case of septic arthritis, seeking urgent veterinary treatment will be vital for a good outcome. Generally the joint will have to be flushed (joint lavage), and any foreign material (gravel, blackthorns) removed with your horse under general anaesthesia. Aftercare will involve a course of intravenous antibiotics, and frequent bandage changes.

Prognosis

The prognosis is dependent on the severity of the damage to the joint and the response to medication. It is very difficult to predict how your horse will respond to the treatment, and what level of exercise your horse will be able to attain. Quite often, with the help of a balanced exercise routine, medication and rest as appropriate, it will be possible to get the horse back to the same level of exercise.

Case Study: Lameness - medical treatment

Arthritis case treated by intra-articular medication

Graham Hunter BVM&S CertEP MRCVS, Ardene House Veterinary Practice

Arthritis, or inflammation of a joint is very common in horses and frequently results in lameness or loss of performance. This case report details the diagnosis and treatment of Alfie the showjumper, a nine year old Warmblood gelding who developed a forelimb lameness after a hard weekend competing.

Our goals in treating arthritis should always be to make an accurate and early diagnosis and to implement accurate and early treatment. Our ultimate aim being to reduce pain and lameness, promote healing and prevent any further damage. After diagnosis of joint pain and inflammation our treatment decisions are going to be based on pathological factors, the use of the horse, cooperation of the horse, sport rules and regulations and economics.

Alfie is a nine year old Warmblood gelding who is used regularly as a novice showjumper. After a hard weekend competing Alfie's owner noticed him to be lame on his right forelimb when she went to bring him in from the field. She made the assumption that he had been tearing around the field in the wind and had strained something. She decided to try ten days of box rest and cold hosing the limb to see if this resolved Alfie's complaint. After the ten days he was improved but still quite clearly lame so an appointment was made for him to be seen at the clinic.

Alfie presented 2/10ths lame on his right forelimb and it was noted that he had a slightly warm and swollen fetlock joint. It was particularly noted that there was swelling of the fetlock joint capsule present (joint effusion).

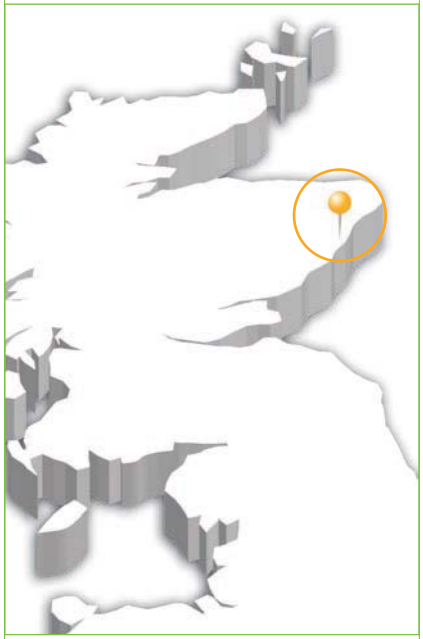
X-rays were taken of the fetlock joint and this revealed no abnormalities of the bone itself. An ultrasonographic examination was carried out and this confirmed that there was an increase in the amount of fluid in the joint and that the inside synovial lining was inflamed and thickened. It also confirmed there was no serious damage to any of the surrounding ligaments and tendons. Local anaesthetic was injected directly into the joint and ten minutes later Alfie was seen to be much sounder when he was trotted-up. This confirmed that there was pain originating from the joint itself.

After discussion with Alfie's owner it was decided to treat this joint inflammation with rest and a controlled exercise programme and intra-articular medication. In this particular case we chose a steroid called Triamcinalone acetonide combined with Hyaluronic acid. This mixture of drugs was injected directly into his right front fetlock joint.

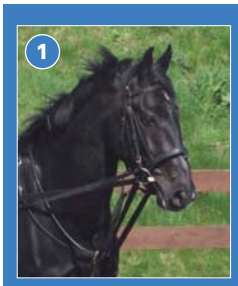
Alfie was totally box rested for 14 days then was started into a controlled programme of in-hand walking, progressing to small paddock rest. Alfie was examined at six weeks and then again at 12 weeks after his injury. At 12 weeks, he was completely sound. Alfie started steadily back into work and was back winning again eight weeks after that.

Many cases like Alfie's can be treated very successfully using intra-articular medication. It must never be forgotten however that good farrier care along with rest, controlled exercise and physiotherapy are also often essential in resolving your horse's lameness problems and returning successfully to work.

ARDENE HOUSE
VETERINARY PRACTICE

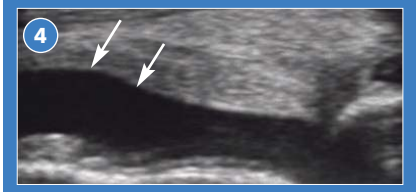


Veterinary Surgeon	Graham Hunter
XLVets Equine Practice	Ardene House



1. Alfie, a showjumper went lame after competing
2. X-ray of Alfie's fetlock from the front (dorsopalmar view), no bony changes evident.

3. X-ray of Alfie's fetlock from the side (lateromedial view). Again, no bony changes evident.



4. Ultrasound image taken from the front of the fetlock joint showing the distended joint capsule (arrow)

5. Ultrasound image taken from the side of the joint showing a normal collateral ligament (1) and joint space (2) with increased fluid in the joint (3).

6. Injecting Hyaluronic acid and corticosteroids into Alfie's fetlock joint.

Case Study: Lameness - surgical treatment
A troublesome windgall requiring surgery

Andrew McDiarmid BVM&S CertES(Orth) MRCVS, Clyde Veterinary Group

Vets commonly use the term windgall to describe fluid swellings in the fetlock area. There are two types of windgalls, tendonous and articular windgalls. The more common tendonous windgalls form due to increased fluid within the tendon sheath surrounding the flexor tendons as they traverse over the back of the fetlock (see Figure 1). This report is of a horse with a tendonous windgall that required keyhole surgery.

Case History

Midnight was a ten-year-old cob cross mare used for general pleasure work including riding club activities. The day following cross-country schooling she was found lame on the left hindlimb with a large swelling at the back of the fetlock. Midnight was box rested, given anti-inflammatory therapy (oral phenylbutazone (Bute) and hosing of the area but remained lame over the next 10 days. This prompted the vet to refer the mare to Clyde Vet Group Equine Hospital for further investigations.

Assessment

Midnight was 5/10ths lame and had a swollen, hot and painful left hind windgall. X-rays did not demonstrate any bony damage but ultrasound scans revealed considerable thickening of the sheath lining and the suspicion of damage to the outer (lateral) side of the tendons.

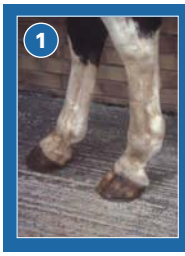


Figure 1 Appearance of a distended tendonous windgall.

Surgery

Due to the degree of lameness and the possible tendon damage it was decided to take Midnight to surgery for keyhole assessment of the sheath. General anaesthesia was induced in a padded knockdown room before Midnight was moved to the operating room and positioned on her right side so the affected windgall was uppermost. After sterile preparation, an arthroscope (a 4mm diameter telescope connected to a camera) was inserted into the sheath just below the sesamoid bones (Figure 2). From this site it is possible to visualise the entire contents of the sheath. Examination revealed a tear to the outside of the manica flexoria portion of the superficial digital flexor tendon (Figure 3). Another small incision was made in the upper portion of the sheath through which a variety of instruments were placed. Using these it was found that the torn portion of the manica was adhered to the inside of the sheath.

A small motorised resector (3mm diameter) was then used to break down the adhesions and remove the torn tissue. The resector has a small rotating blade that oscillates at high speed whilst at the same time it removes all the resultant debris. Finally the sheath was washed out with saline before the skin incisions were closed and a heavy support bandage placed on the limb. Midnight then returned to the recovery room to wake up from anaesthesia; she was helped to get to her feet by a system of ropes and pulleys. Over the next five days she received antibiotics and anti-inflammatory drugs before returning home. The limb remained bandaged for two weeks.

Midnight was stabled for six weeks before being turned out for three months. Re-assessment then revealed her to be sound and there was only a minor degree of sheath distension. Repeat ultrasound scan revealed no abnormalities and it was recommended that she should resume normal work.

Two years following the surgery the owner reports Midnight to be sound and she is being used for riding club work.

Discussion

Tears to the manica flexoria are increasingly recognised as a cause of lameness in cob type horses. They often require surgery for correction. If your horse does develop a large windgall please contact your veterinary surgeon.

Figure 2 Keyhole surgery conducted on a horse's stifle joint demonstrating how the surgeon uses the monitor to assess the interior of joints or tendon sheaths.

Figure 3 Appearance of the torn manica flexoria seen through the camera placed in the windgall. The torn manica is in the centre of the screen and was found to be adhered to the lining of the sheath behind it. The adhesions were broken down and the torn portion removed guided by the scope.

clydevetgroup

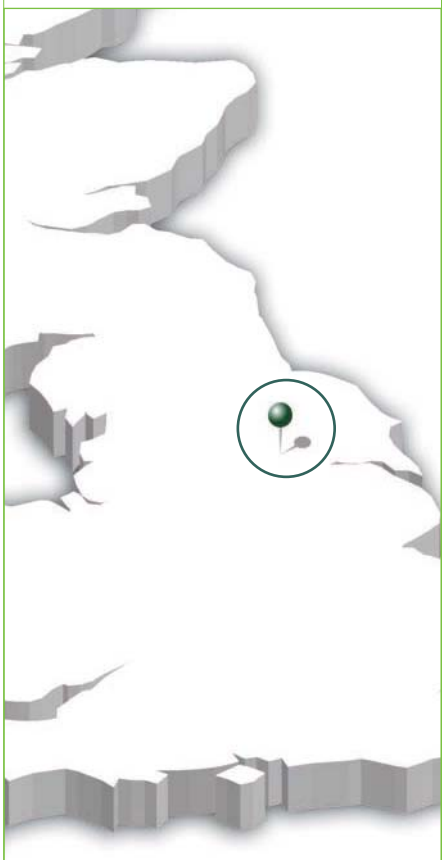
Veterinary Surgeon	Andrew McDiarmid
XLVets Equine Practice	Clyde Veterinary Group

Lucy Holmes REVN MBVNA and Catherine Luke REVN
Minster Equine Veterinary Clinic

A step-by-step guide to foal health

As foaling season is fast approaching there are many questions a first time breeder wants to ask. This article should help put your mind at rest by giving you a guide on what a healthy 'normal' foal should be doing and when to call the vet.

EQUINE Minster VETERINARY CLINIC



Veterinary Nurses	Lucy Holmes Catherine Luke
XLVets Equine Practice	Minster Equine Veterinary Clinic

THE PROCESS OF PARTURITION (giving birth)

- Your mare will usually lie down once she is ready to give birth and after some strong contractions the amniotic sac (a transparent bluish-white membrane) will quickly become visible.
- Foaling usually occurs at night and can take between 15 minutes and one hour (it should not exceed one hour).
- Soon after birth the foal will start sitting up in sternal recumbency (on its chest).
- The foal will quickly start to try to stand - the mare encourages this by licking and nudging the foal. Foals normally stand within 1-2 hours.
- It is important that the foal should nurse from the mare within three hours as it needs to get the vital colostrum (first milk) from the mare in order to fight any infection. The foal's ability to absorb the antibodies from colostrum declines rapidly after 12 hours.
- The placenta (afterbirth) will normally be passed within 1-2 hours. It is important to check it is passed intact as the mare can become seriously ill if any of the placenta is retained.
- The foal should pass urine and meconium (first droppings that are dark green, brown or black in colour and can be very firm) within 12 hours.

TIPS FOR ENCOURAGING A FOAL TO SUCKLE

Interference with the above steps must be kept to a minimum to avoid disrupting the bond between the mare and foal. Sometimes a gentle 'push in the right direction' for a foal is all it needs to start sucking. If further help is needed you may need to direct the foal to the udder and gently scratch the top of its rump which mimics the nuzzling of its mother. A gentle pull down of your thumb on the teat whilst cupping it with your hand will release some milk which you can guide into the foal's mouth (ensure someone is holding the mare when you do this).

Your foal should be bright, aware of its surroundings and have a close contact with its mother at all times.

It is advised to have a vet check over your mare and foal within 24 hours of birth.

FEEDING YOUR FOAL

To begin with, the foal relies entirely on the mare for all of its nutritional needs. You therefore need to make sure the mare is on a high protein diet (stud nuts/stud mix and a good quality hay or haylage). It is advisable to monitor her weight visually, and adjust the feed accordingly. The foal will start to nibble at the mare's feed (concentrate and hay) around 10-21 days but it can be as early as a week. When the foal reaches 8-12 weeks you should consider feeding a young stock concentrate which is high in protein, vitamins and minerals.

MANAGEMENT OF YOUR FOAL

Exercise in the form of turn-out is important for the development of the musculoskeletal system and the interaction with other mares and foals helps their social development. The paddock should be fenced with post and rail as this is the safest for the foal, just make sure your lowest rails are low enough to keep the foal in.

A foal slip ('head collar' ideally leather) should be placed on the foal in the first week of life; this should be checked daily as foals grow quickly. Ideally foals should be handled daily and taught how to be led.

WHEN SHOULD I WORM MY FOAL?

Foals can be wormed from one month of age - ask your XLVets Equine practice for guidance. Good pasture management is a must; picking up droppings daily, and worm egg counts from the mare and foal are advisable every three months.

WHEN SHOULD I VACCINATE MY FOAL?

Your mare should have all of her vaccinations up to date and a vaccination a month before parturition will ensure good levels of antibodies in the colostrum. If the mare has not been vaccinated for tetanus then the foal should receive an immediate acting tetanus antitoxin soon after birth and begin vaccinations at three months of age. Influenza vaccines should not be started until 6-9 months of age. Creating a plan with your vet for correctly vaccinating your pregnant mare and then the foal once it arrives is the best way to ensure cover and put your mind at rest!

WHEN DO I NEED THE FARRIER?

Foals should have their feet trimmed by a farrier every 6-8 weeks; this gets the foal used to the farrier, which will result in a more co-operative youngster. The farrier in some cases can also correct minor limb deviations (after being checked by a vet).

WHEN DO I NEED THE DENTIST?

Your foal will be born with no visible teeth; these will begin to erupt from the gums at around two weeks of age. You need to check to see if the incisors on the upper jaw and the lower jaw meet correctly. Some foals are born with a lower jaw that is too big or too small causing the incisors not to meet. This may cause problems when the foal is eating hay (a vet check is needed if you see this problem). Your foal should not need his/her teeth rasping until around a year old, unless you see a problem.

WHEN CAN I WEAN MY FOAL?

This can be done between 4-7 months of age, but around six months old is average depending on the mare and situation. The foal must be able to support itself without the need for the mare's milk. Introduce concentrate feed at least two months prior to weaning. Levels of concentrate may need to be increased after weaning but this depends on how much the foal is suckling at the time of weaning. If your foal is growing too quickly concentrate feed needs to be reduced, or stopped altogether. Several orthopaedic conditions are thought to be related to rapid growth rate and inadequate minerals in the diet.

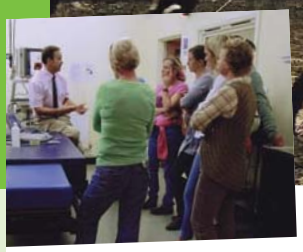
WHEN TO PHONE THE VET...

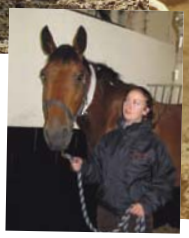
- Mare straining to foal with no progress
- Retained placenta – not passed within 3 hours
- No milk from teats
- Foal not sucking and/or not standing within 3 hours
- Foal not passed faeces within 12 hours or has diarrhoea
- Foal showing colic signs
- Mare showing colic signs before or after foaling

REMEMBER - IF IN DOUBT CALL THE VET OUT!

Practice Focus

In each issue of **Equine Matters** we feature a brief insight into a selection of the XLVets Equine practices. In this issue we feature 6 of our XLVets Equine member practices from across the UK...





Ripon, North Yorkshire

Bishopton Equine Veterinary Services was formed from the 2011 merger of the equine division of Bishopton Veterinary Group with Equine Veterinary Services Harrogate and now covers a large area of North Yorkshire with bases in Ripon, Easingwold, Harrogate and Pateley Bridge.

In-patient facilities at Ripon allow 24 hour nursing care for admitted horses where our examination area and equipment is on hand for digital radiography, ultrasound examinations, endoscopy, fluid therapy, dental work, laboratory tests etc. We perform standing surgery and medical treatments as well as lameness examinations and reproductive work including artificial insemination (using chilled or frozen semen) and embryo transfer.

Our three equine vets provide care for a growing number of pleasure and competition horses, hunters, studs and racing stables as well as providing veterinary care at Ripon Racecourse, Bramham Horse Trials, Point-to-Points and other local competitions.

The equine practice benefits from the administrative support of the much larger Bishopton Veterinary Group, which allows our vets to maximise their time caring for patients.

Castle Veterinary Surgeons

Barnard Castle, County Durham

Castle Veterinary Surgeons is a first opinion and referral practice. Our dedicated Small, Farm and Equine veterinary teams are committed to animal care and customer service. The main surgery is based in Barnard Castle and we cover most of South Durham and North Yorkshire.

Our clinic is friendly and welcoming with experienced staff providing 24 hour care. We provide a wide range of services from multi-limb lameness evaluations, endoscopy and gastroscopy, foal care, reproductive and AI programmes, dentistry, herd health programmes as well as routine and emergency orthopaedic and soft tissue surgeries. For some specialist procedures we hold visiting clinics with vets renowned in these fields. Our vets and qualified nurses also run regular client meetings, provide newsletters and competitions on a regular and wide range of subjects.

We work closely with several charities (BHS welfare, RSPCA and RDA) and pride ourselves on continuing evolution enabling us to offer up to date therapies and investigations at a sensible price.

Find us at **www.castlevets.net** and on Facebook

wm wright & morten Veterinary Surgeons

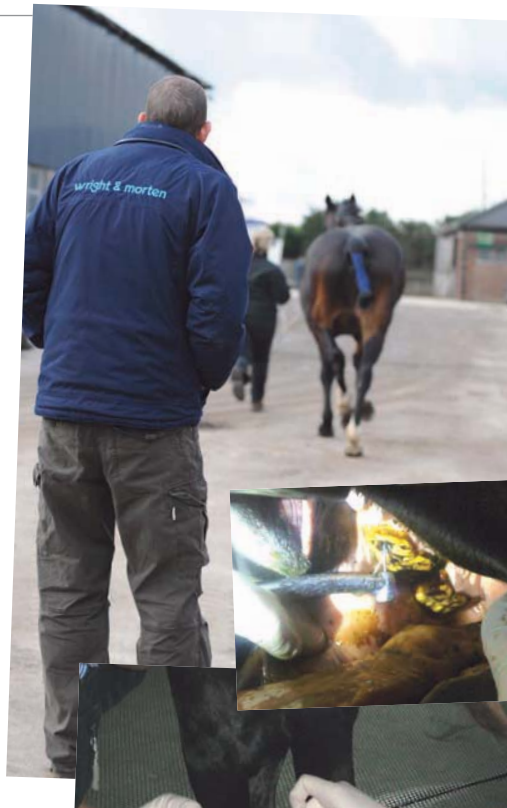
Macclesfield, Cheshire

Wright & Morten Equine provides equine veterinary care for horses in the North Cheshire, Stockport, Greater Manchester and Derbyshire region. We have full operating and in-patient facilities in our clinic at Somerford Park.

In our region there is a large percentage of performance horses, from eventers to high quality dressage horses. We have a keen orthopaedics team based at the clinic working up sometimes complex lameness cases and devising treatment strategies accordingly. Recently we have started using stem cell implants for horses with tendon strains. It is great to use new technologies and see them improve the prognosis for the horses under our care.

In the past few years we have focused strongly on staff training. We have four vets close to finishing their certificates in advanced veterinary practice, and two vets dual qualified as equine dental technicians. We feel this allows us to offer the highest standards of care to all our patients.

For more information, visit **www.wmvets.co.uk**



PAWS
VETERINARY HEALTH CENTRE

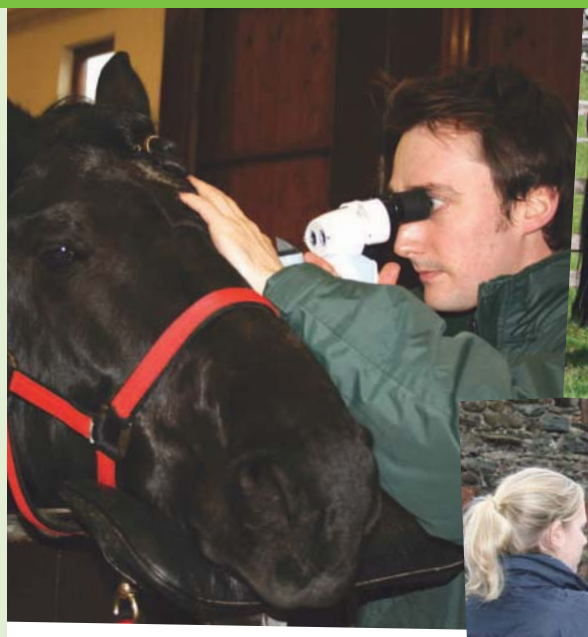
Nuneaton, Warwickshire

At PAWS we are a truly mixed, first opinion General Practice. We currently have 10 veterinary surgeons of whom five are mixed practitioners and one is full time large animal. We have a 24 hour Emergency Service with large animal only dedicated vets.

We provide the usual general medical services (examinations, advice for worming, vaccinations, identichipping, lameness and dental examinations etc) including provision of mobile ultrasound, endoscopy and radiography facilities.

We perform 'in-field' surgical anaesthesia to carry out castration/geldings, lump removals and other minor surgical procedures. We undertake 2 and 5 stage pre-purchase and insurance examinations. With our own in-house laboratory, we are in a position to offer many same or next day test results.

We also work closely with other equine paraprofessionals - farriers, EDT's and physiotherapists - to ensure all-round and continued equine care.



paragon
VETERINARY GROUP

Carlisle, Cumbria

The Paragon Veterinary Group serves a wide area within Cumbria and beyond. Equine treatments are normally carried out at their base in Newbiggin near Penrith, which has in-patient facilities, a padded knockdown and recovery box and a dedicated equine operating theatre. The centre is equipped for digital radiography, endoscopy, ultrasound scanning, heart monitoring and haematology and has an official measurement pad for accurate height determination.

Paragon Vets have developed a sterling reputation for their work in AI and breeding and Newbiggin is an excellent centre for mares and foals with fenced paddocks, stabling and two large foaling boxes.

The Newbiggin team is led by senior clinician Paul May whose work is well-known in the research of Foal Immunodeficiency Syndrome and the centre now also offers a growing range of eye treatments both to its own patients and referrals thanks to Chris Dixon who has a particular interest in equine Ophthalmology.

Find out more about Paragon at **www.paragonvet.com** and keep up to date with us on Facebook.

www.fenwold-vets.co.uk

Spilsby, Lincolnshire

Fenwold Veterinary practice is an eight vet practice covering the Lincolnshire Fens and Wolds. All aspects of routine equine work are carried out by the staff, several of whom have their own horses and competition interests. The vets regularly work up cases out in the field but more complex cases are managed back at the surgery where facilities include a knock down box and stocks.

Lameness problems are routinely investigated with nerve and joint blocks, digital radiography and ultrasound. We offer stem cell therapy, which is used in the management of tendon injuries. The equipment required to perform respiratory endoscopy and gastroscopy and the facilities to carry out routine non-emergency surgery are available. Routine fertility work and Artificial Insemination are performed in the breeding season. One of the directors is a certificate holder in dermatology with a keen interest in sarcoids. This involves examining and treating a large number of the practice's own cases but also taking dermatology referrals from other nearby practices.

PART 2
OF A THREE PART SERIES

Equine Physiotherapy

Rachel Greetham BSc (Hons) MCSP, SRP, Category A member ACPAT

Physiotherapy treatment and management of lameness

Rachel Greetham

Unfortunately regardless of how much we wrap our horses and ponies up in cotton wool they still go lame!

Chartered physiotherapists will treat, manage and discover varying types and levels of lameness. Lameness can vary from a mild lameness which the owner hadn't detected but presents as a performance issue, to marked lameness following trauma, or a diagnosed lameness referred from the vet for physiotherapy treatment.

'Remember to use a 'chartered' equine physiotherapist' - they are fully qualified, work with your vets and are fully insured.

Common causes of lameness

Joint problems e.g.: • Navicular • Bone spavin • Arthritis	• This can lead to secondary muscle spasm and compensation
• Soft tissue injuries • Muscle tears • Tendon injuries • Ligament injuries	
• Foot balance problems	• This can lead to secondary muscle spasm and compensation
• Ill-fitting saddles/rider imbalances	• Leading to muscle spasm and pain
Trauma e.g.: • Falls • Slips • Cast	• Leading to muscle spasm and pain
• Nerve damage	• Leading to muscle wastage /weakness
• Neurological problems	
• **Metabolic disorders** e.g. laminitis or azoturia	

When dealing with a lameness one of the most important skills a chartered physiotherapist has, is to know whether physiotherapy can help, or if the problem needs veterinary management. For example some back problems can present as a mild lameness. It is important to assess if the back problem is the primary cause of the lameness, or if there is another issue such as bone spavin in the hock which is causing the lameness and secondary back pain. Pain or stiffness in the hock causes the horse to compensate and change his movement pattern. The muscles in the back and pelvis will be overused and become sore. In this case the physiotherapy treatment will resolve the back pain but not the cause of the problem. The issue will keep recurring so the correct management is to have veterinary help first, followed by physiotherapy.

Often the physiotherapist will be the first professional to see a lame horse. The physiotherapist will take a detailed history of the problem, then watch the horse move. They will identify the lame leg, noting whether the lameness is a reduction in weight bearing (i.e. the horse doesn't want to stand on that limb), or if the swing phase of the limb is reduced so the horse can't take the limb forwards.

Depending on the severity of the lameness and what makes it more apparent the physio will assess the horse while standing square, in walk and trot in a straight line, on the lunge and under saddle. Physiotherapists will be very aware that by assessing the movement they do not make the lameness worse. If the horse has damaged a tendon the last thing it needs is to be cantered round on the lunge.

A thorough palpation of the whole horse is performed. This is to identify areas of heat, swelling, wounds, muscle spasm, pain, thickening or scar tissue. The range of movement of affected joints and any muscle wastage will be noted.

From all this information the major issues, problems or abnormalities are noted and the physiotherapist will propose a hypothesis of the nature and cause of the problems. It is important to note that only vets can diagnose, physiotherapists will propose a hypothesis of the problem.

The physio will then consider whether the correct management is physiotherapy or veterinary treatment. Physiotherapy may be more appropriate later in the healing process or after certain veterinary management or surgery.

Good communication skills are essential to explain clearly to the owner (and vet if appropriate) what the findings are.

Physiotherapists work as part of the multi-disciplinary team. It is vital that each part of the jigsaw is put into place.

Physiotherapy is also very important in preventing lameness problems. By detecting issues early when they are small and easy to treat, correcting abnormal movement patterns or strengthening areas of weakness more serious issues can be avoided.

Physiotherapy treatment of radial nerve injury

Alf presented with a left forelimb lameness after coming in from the field. He had a kick to the front of his shoulder. The vet was called and the wound was dressed. He was given a course of anti-inflammatory drugs and antibiotics and was put on box rest. The wound healed well but the horse remained lame and developed marked muscle wastage of the muscles around his shoulder girdle. The elbow dropped and he could not bring his limb forward. He was diagnosed with a radial nerve injury, which probably occurred when he was kicked. The vet referred him for physiotherapy treatment.

On physiotherapy assessment he presented with severe muscle wastage and muscle spasm in the surrounding muscles, which were trying to compensate for the weakness in the shoulder girdle. He received neuromuscular electrical stimulation to build up the muscle bulk and strength alongside manual techniques to release the secondary muscle spasm and a passive range of movement exercises to the shoulder and elbow. The owners undertook an exercise programme to strengthen and stabilise the shoulder girdle. This was progressed to walking in hand, to walking over poles, to ridden work in walk and eventually back into full work. The horse is now back competing and there is no evidence of the radial nerve injury.

(Above) Muscle wastage

Physiotherapy treatment of a forelimb lameness caused by a triceps muscle tear.

This may present as the horse pulling up lame after a canter or jumping or lameness when the horse comes out of the stable first thing in the morning, normally following strenuous exercise the day before, or from playing in the field, slipping and overstretching the muscle.

The horse will often present with a weight bearing lameness but also a restriction in stride length on the affected side. In an acute injury there may be heat and swelling in the triceps muscle which is situated behind the shoulder and elbow. The muscle will be painful to palpate. In a more chronic case the muscle may only present as painful to palpate and there would be restriction in forelimb protraction.

(Below) This forelimb stretch can be used to assess the range of movement of the triceps and also be used in treatment.

In the physiotherapy treatment of lameness a detailed assessment is crucial, as is working as part of a team to ensure the best management of the horse at the appropriate time.

If you would like to find out more about physiotherapy or to find a chartered physiotherapist in your area please go to www.acpat.org.

If you have any queries or want to contact Rachel directly go to:

www.equineandcaninesolutions.co.uk

The build-up to London 2012

This summer the UK will come alive with the London 2012 Olympic Games and Paralympic Games. The years of meticulous preparation and anticipation will finally be realised on 27th July 2012 as London proudly hosts the opening ceremony of the 2012 Games. The 2012 Games will feature 26 sports, which are broken down into 39 disciplines and the Paralympic Games will see 20 sports compete.

The Games last for a total 17 days beginning on Friday 27th July, with the closing ceremony on Sunday 12th August. The Paralympic games run from 29th August to 9th September. There are three equestrian disciplines which compete at the Olympics - dressage, eventing and showjumping. There is only one Paralympic equestrian sport; para-equestrian dressage.

Greenwich Park

The equestrian competitions, both Olympic and Paralympic, are being staged at Greenwich Park, London. Greenwich Park is a World Heritage site and is less than five miles away from the Olympic Park, placing equestrian sport at the heart of the Games for the first time in its post-war history. The park is visually stunning with views across London from the Royal Observatory. The stadium next to the Queen's House promises to be one of the finest settings ever seen in an Olympic Games and will provide a unique atmosphere that cannot fail to excite. This iconic location showcases Greenwich and London to audiences worldwide.

The main Arena will be a temporary structure seating approximately 23,000 people around a field of play measuring 80m x 100m. Temporary stables housed within a series of marquees will be located on the open areas of the Park. It is anticipated a total number of 5,000 spectators will be within the Park and Arena on Cross Country day.

Equestrian Disciplines

Equestrian, as we know it, has been part of the Olympic programme since the Games in Stockholm in 1912 and is the only Olympic sport where men and women compete against each other. Para-equestrian dressage has been included in the Paralympic Games since Atlanta in 1996. Equestrian consists of Dressage, Eventing and Jumping.

Dressage

Dressage takes place over four days in the temporary Arena. There will be 50 competitors in team and individual events. The Dressage tests are performed in a 60m x 20m all-weather arena, there are a predetermined set of movements, except in the final (freestyle) round where the riders decide their own test and perform it to music. Riders are striving for harmony, lightness and a free, flowing and regular movement of their horse in all paces. The horse and rider are marked by five judges from different positions in the arena and each rider will receive a final percentage score.

Eventing

Eventing takes place over four days and consists of Dressage (Arena), Jumping (Arena) and Cross Country. The Cross Country section takes place on a single day. There are team and individual events for 75 competitors.

Format: The team and individual competition are run simultaneously, with the best three scores counting as the team result, after which the top 25 riders jump again for the individual medals.

History: The sport developed as a competitive way of testing the obedience and fitness of cavalry horses. It has been an Olympic event since 1912.

Day 1 First horse inspection

The horses are trotted up in front of the ground jury (judges) and official vet to ensure their fitness to start the competition.

Day 2 & 3 Dressage

Each rider executes a predetermined test of movements within a 20X60m arena, which is judged subjectively according to accuracy, obedience, the horse's impulsion and paces and the overall picture. The marks of the three judges are averaged.

Day 4 Cross Country

The speed, endurance, boldness and partnership of horse and rider are tested over a timed course of solid obstacles across natural terrain. Riders incur 20 penalties per refusal, 0.4 penalties per second over the allotted time, and are eliminated for a fall of horse or rider.

Day 5 Final horse inspection and Jumping

The horses are trotted up again in front of the ground jury and vet to ensure they are fit to complete the final jumping phase. The ability of the horse to jump carefully after the previous day's exertions is tested over a series of knock-down fences in the arena. Riders incur 4 penalties for a knockdown, 4 penalties for a refusal and elimination for a fall. The first round decides the team medals and the second round for the top 25 riders the individual medals.

Showjumping

Showjumping takes place in the Arena over four days. There are team and individual events involving 75 riders. The main requirements of jumping are speed, agility and accuracy of both the rider and the horse. Riders jump between 12 and 15 obstacles in a specific order and within specific time limits, with 4 penalties for a knock-down or refusal, 1 per second over time, and elimination for two refusals or a fall. The maximum height of the obstacles is 1.60m. Where relevant, those riders who are joint on the lowest number of faults will 'jump-off' using a shortened course, against the clock.

Modern Pentathlon

In Modern Pentathlon 36 athletes compete in five disciplines - Fencing, Swimming, Riding and a combined Run/Shoot event - in a single day. Men compete on one day, women on a second. The Riding section involves completing a Jumping course in the Arena. The combined Run/Shoot event also takes place in the Arena with the running course extending a short way into the Park near the Arena.

Programme for London 2012 Olympic and Paralympic Games

27 July - 12 August:
The London 2012 Olympic Games

28 July - 31 July:
Equestrian Eventing

2 August - 9 August:
Equestrian Dressage

4 August - 8 August:
Equestrian Jumping

11 August - 12 August:
Modern Pentathlon

29 August - 9 September:
The London 2012 Paralympic Games

30 August - 4 September:
Paralympic Dressage

Paralympic Dressage

Paralympic Dressage takes place over five days in the Arena. At the Paralympic Games, athletes compete in three Dressage tests: a Team test and a Championship Test, made up of set movements, and a Freestyle Test, for which athletes choose their own movements and music. Teams are made up of a maximum of four combinations per nation, the three best scores from the competitor's combined percentages in the Team and Championship competitions are totalled to give the team score - the highest score wins. Through the tests, horse and rider must be in harmony, and the overall picture must be of lightness and rhythm.

XLVets Equine members forming part of the veterinary team at London 2012

Lesley Barwise-Munro
BSc BVM&S CertEP MRCVS
Alnorthumbria Veterinary Group
Veterinary Field Team

Dave Rowlands
BVSc CertEM(Stud Med) MRCVS
Penbode Equine
Veterinary Cross Country Team

Alan Walker
BSc MA PhD VetMB DER MRCVS
Hook Norton Veterinary Group
Veterinary Cross Country Team

Ali Butler
BVetMed MRCVS
Hook Norton Veterinary Group
Equine Ambulance Service and Veterinary Event Team

Marie Rippingale
BSc (Hons) REVN G-SQP
Scarsdale Veterinary Group
Veterinary Technician

In the Autumn issue of Equine Matters we'll be following the activities of our XLVet Equine members at the Games.

Josh Slater, Professor of Equine Clinical Studies,
Royal Veterinary College

Defining health and welfare for the UK horse population - time for action

The high importance of disease surveillance for the UK horse industry is now widely recognised. The 2007 Equine Health and Welfare Strategy for Great Britain specified that accurate disease prevalence data are a vital prerequisite for defining health and establishing benchmarks for equine welfare and management at both individual horse and population level.

Five years on, through a project led by leading animal charity The Blue Cross and the British Equine Veterinary Association, we now have a practical way of collecting disease data through regular National Equine Health Surveys (NEHS) and finally have a means of delivering this aspect of the Strategy.

The survey was first launched in November 2010 to assess for the first time the prevalence of common disease syndromes affecting horses, ponies, donkeys and mules in the UK, including lameness, skin problems, weight issues and respiratory disease. It is now conducted twice yearly and horse owners are encouraged to participate on a voluntary and anonymous basis, with the most recent survey in November 2011 collecting results from 6,000 animals - the results of which are to be launched shortly.

This is a significant step forwards and the challenge is now, I believe, for the equine industry and veterinary sector to work together to collect data and maximise the number of records available, making sure that it is representative of all parts of these sectors.

Kerry Doyle, education officer for The Blue Cross, which manages and funds the survey, said: 'We are thrilled to be involved with this innovative project to enhance the future health of our horses and very grateful to all those who have participated in the survey so far. As participation continues to grow, it will provide a valuable insight into trends in equine health, enabling research into disease prevention, veterinary training and education to be targeted accordingly.'

RESULTS FROM THE MAY 2011 NEHS SURVEY OF 4,603 HORSES AND PONIES

- **Skin diseases** such as sweet itch and parasites were the most prevalent syndromes recorded by equine owners (affecting 14.3% of horses), overtaking lameness, which topped the list in November 2010. This suggests there is a need to gather more data and raise awareness of skin disease management and prevention.
- **Lameness** was the next most prevalent syndrome reported (11.8%). Although foot lameness is generally perceived to be the most prevalent cause within the veterinary and equine industry, it was recorded less frequently in this survey (4.3%) than lameness due to problems elsewhere in the limb (7.4%).
- **Laminitis** was again reported in approximately 3% of horses and ponies - significantly less than previous reports in the veterinary literature, suggesting that earlier surveys may have over-estimated the prevalence of this highly important welfare problem.
- **Weight issues** were in line with the last survey, with between 8 and 10% horses and ponies recorded as being overweight. This is at odds with data from other sources indicating that the majority of horses and ponies are overweight, possibly due to owners underestimating fat (condition) score or the populations surveyed not being representative of the general equid population. The NEHS data suggest that continued efforts are required to educate owners about the 'right weight' message.
- **Respiratory diseases** were recorded in 6% of horses and ponies. Allergic respiratory disease (3.2%) was more prevalent than infectious respiratory disease (0.6%), supporting the perceptions in veterinary literature that allergic diseases like Recurrent Airway Obstruction remain the most important in the UK.

840 donkeys and mules were also registered in the survey, showing some differences in the prevalence of laminitis and Equine Metabolic Syndrome compared with horses and ponies. It is hoped that numbers of these animals will continue to increase in future surveys to allow more detailed comparisons to be made.

Calling for wider support

The 2011 NEHS surveys have already produced some interesting insights into what we might discover when data is collected directly from owners as opposed to veterinary records or insurance claims. For example, although lameness was a prevalent syndrome recorded in the NEHS surveys, the prevalence of melanomas was a surprise and a problem that warrants more attention. The surveys are also providing valuable data on stereotypes and diseases with significant welfare issues such as headshaking.

But this is only a start; it's very important that in the long term the equine sector understands the patterns of common disease, to direct better prevention, treatment and education.

It is exciting to see a pattern forming from survey to survey on the healthcare status of the UK's equine population. But much larger coverage is needed to enable us to get a clear steer on those equine health concerns that may benefit from further research or increased awareness, providing invaluable information for the veterinary profession and all those working to ensure animal welfare.

It is now time for action and for all sectors of the horse industry to take part in the 2012 NEHS surveys. Veterinarians can play a key role in this by encouraging their clients to get involved - the more data we can collect, the more useful the results will be to us all.

Please keep an eye on the Blue Cross website for the next census week. All keepers and owners of horses are urged to participate and details of all horse owners will remain anonymous. It's very quick and easy to complete and should only take around five minutes. To register online visit;

www.bluecross.org.uk/NEHS
or email NEHS@bluecross.org.uk

THE BLUE CROSS
Britain's pet charity

About The Blue Cross

The Blue Cross is one of Britain's leading animal welfare charities, providing practical support, information and advice for pet and horse owners.

With two equine rehoming centres in Oxfordshire and Staffordshire, Every year the charity takes in and finds new homes for over a hundred horses and ponies of all abilities, shapes and sizes.

Rather than providing permanent sanctuary to a few horses, The Blue Cross's goal is to help as many animals as possible by giving them a second chance in a worthwhile, fulfilling new home. Every rehomed horse is routinely visited twice a year and friendly centre staff and experienced field officers are always on call to offer advice if needed.

In addition, The Blue Cross cares for thousands of sick and homeless dogs, cats and small pets every year at its rehoming centres and hospitals nationwide, providing veterinary care for the pets of people who cannot afford private vets' fees. The charity does not receive any government funding so it relies on the generosity of the public to continue its vital work.

For further information visit
www.bluecross.org.uk

Unravelling Joint Supplements

Chris Lehrbach BVMS MVM Cert ES (Orth) MRCVS, Chapelfield Veterinary Partnership

Over the past two decades, joint supplements have been increasingly used in an attempt to both treat and prevent joint injury and degeneration. Initially available to treat human joint problems, the equine market has grown considerably over recent years.

Chapelfield VETERINARY PARTNERSHIP

Veterinary Surgeon	Chris Lehrbach
XLVets Equine Practice	Chapelfield Veterinary Partnership

There is now an extensive range of products available, the vast majority containing the substances chondroitin sulphate and/or glucosamine. These chemicals are primary building blocks used by the body to construct and repair joint cartilage and other tissues.

Theoretically, the ingestion of these substances increases the quantity available to the body for use in normal cartilage repair and after injury, thereby helping the body maintain a healthy joint under normal circumstances and also encourage repair after an injury. Laboratory studies have certainly shown that the substances, when taken by mouth, can get absorbed into the blood stream, but there is currently limited evidence that proves these products are then used directly by the body to repair damaged tissues.

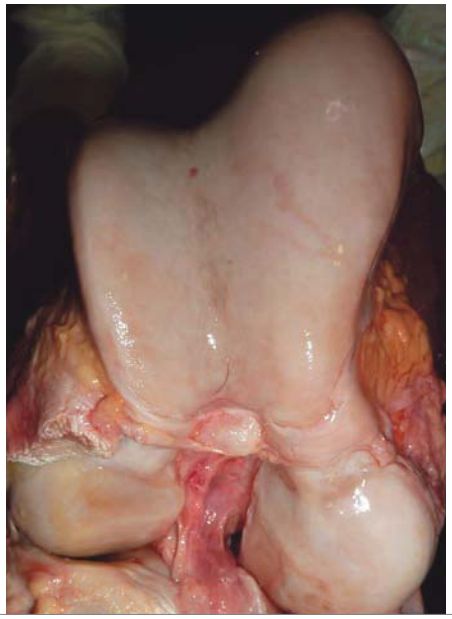
Similarly, laboratory studies have shown both chondroitin and glucosamine to have anti-inflammatory properties, possibly of a similar level of potency to drugs like ibuprofen. Inflammation and the associated damage within cartilage and the surrounding joint is basically a complex chemical reaction, involving many different substances. Joint supplements are believed to interfere with the chemical process, thereby reducing inflammation. There is some evidence that this anti-inflammatory effect is seen in clinically affected cases of joint injury and degeneration, although the exact mechanism is relatively poorly understood.

Whilst it seems logical that feeding joint supplements to unaffected horses would be beneficial, in an effort to prevent damage to cartilage during exercise, evidence that confirms the claim of promoting a 'healthy joint environment' is lacking. Despite this, their use in young performance and competition horses is widespread, with anecdotal evidence supporting the beneficial claims.

The extensive range of variably priced products, along with widespread conflicting claims of superior efficacy between products, leaves many owners confused about which one to choose. Given that the ingredients can be acquired from a range of sources, it is possible that apparently cheap products may contain inferior quality ingredients, although the relationship between purity of constituents and their relative potency needs further investigation. Generally speaking, reputable brands should be used to ensure a good quality product containing the advertised concentration of supplement.

Despite the concerns about product efficacy, owners should not be discouraged from making use of joint supplements as part of the management and perhaps prevention of joint injury and degeneration. The components of joint supplements all have theoretical roles to play in reducing inflammation and encouraging repair.

A sensible approach to the use of joint supplements would be to select a product that can be afforded long term, as there is little point in using the supplement for a month or two. It is also essential that owners discuss the goals of treatment with their veterinary surgeon and consider whether other treatment options can be used instead of, or in conjunction with, supplements. Owners should also aim to determine the optimum activity and exercise intensity for the particular animal to promote a prolonged and productive working life.



VET VIEWPOINT...

WE VIEW THE OPINIONS OF OUR VETS ON THE TOPIC OF **EQUINE JOINT SUPPLEMENTS...**

Joint Supplements - Fact or Fiction?

Jacqui Paton BVSc CertEP MRCVS
Scarsdale Veterinary Group

Equine oral joint supplements can be a useful tool in the management of equine joint disease, especially degenerative conditions such as arthritis. There are several published controlled studies which show improvement in joint disease parameters with their use. There are many joint supplements on the market, which can make choosing an appropriate supplement confusing.

It is important to choose one with high quality ingredients and good quality control. They are easy to administer and, in contrast to many other available treatments, have no significant side effects with long-term use.

Clinically I generally use these supplements as one part of a multi-factorial treatment regime often combined with intra articular medication, regenerative therapies (such as IRAP or PRP) and/or physiotherapy. I find them of most benefit to horses in the early stages of osteoarthritis, or horses recovering from joint surgery or injury.

Alistair Couper BVMS MRCVS
Capontree Veterinary Centre

I find the issue of equine joint supplements particularly frustrating. There are a whole plethora of different supplements available from a host of different manufacturers that claim to be of great benefit in easing joint pain and stiffness in horses. Since these are not prescription medicines there is little or no proven clinical data to support these claims.

Although undeniably some joint supplements are beneficial for some horses, I find the response of individual horses to be very unpredictable and I have not found one particular supplement that I can recommend with confidence. In my experience basic glucosamine and chondroitin supplements are of little benefit but the addition of Omega-3 EFA'S, MSM and minerals such as Vitamin E and selenium to the supplement seem to give a considerably improved response.

Toby Kemble BVetMed MRCVS
Wensum Valley Veterinary Surgeons

Many claims are made by manufacturers, regarding the effectiveness of different equine joint supplements. Because supplements are not as tightly regulated as medicines, some of these claims may be misleading and may exaggerate the benefits of the product. It is very unlikely that any joint supplement can make a lame horse sound.

However, from the feedback I receive from my clients, I am in no doubt that some horses benefit from joint supplements. I have seen numerous examples of horses which move more freely and recover more quickly when they are on a supplement. They seem particularly beneficial to animals over the age of seven or those animals that have previously injured a joint.

At Wensum Valley Vets we use two main products, one contains 99% pure Glucosamine Hydrochloride, the other a combination of Glucosamine, Chondroitin Sulphate and MSM. Some horses seem to work better on one while others are more suited to the other.

For more information about Joint Supplements, please contact your local XLVets Equine practice.

pony pages

Welcome...

TO THE SPRING 2012
XLVETS EQUINE PONY PAGES

Top Tips

Preventing lameness...

from Andrew Robinson, Millcroft Veterinary Group, Cockermouth, Cumbria

- **Weight** - although you want your pony in good condition, you're not loving him by feeding him too much. Excess weight increases stresses on joints, tendons, and ligaments.
- **Correct and regular shoeing** - choose a good farrier and keep regular appointments at least every 6 - 8 weeks.
- **Bedding** - should be level and dry. Don't scrimp; it needs to be deep enough to encourage your pony to lie down.
- **Careful conditioning** - ride regularly and gradually increase the work to gain fitness, this will help prevent injuries to tendon and ligaments. Remember don't overdo the fast work.
- **Leg protection** - carefully applied boots and bandages can provide protection during exercise but if applied incorrectly or too tightly can cause damage so get someone experienced to check the fit for you.
- **Check legs and feet** before and after every ride to make sure you know what's normal for your pony.
- **Warm-up/cool-down** - ten minutes of an active, stretching walk gets tissues warmed and joints working freely before work. Afterwards, walk at least ten minutes to cool down.
- **Work surfaces** - for faster work and jumping choose a soft surface with good grip; avoid hard, deep or slippery ground. When hacking out, avoid rocky or slippery surfaces.

If you suspect your pony may be lame contact your local XLVets Equine practice for advice.

Fact!

Did you know - The oldest horse lived to the age of 62 years.

winner

CONGRATULATIONS TO...
COMPETITION 8 WINNER
St Boniface Winner:
Frances Derbyshire

(Above) Frances Derbyshire, left and Tina Dawe, St Boniface, right.

www.xlvets.co.uk

Competition page

ENTER TODAY
GOOD LUCK...

Welcome
XLVets Equine Competition

All of the words listed below can be found in the grid with the exception of one. **Which one is it?** Circle all the words as you find them, there will be one word which isn't in the grid. Write this word on the competition entry form and send it back to us for **YOUR CHANCE TO WIN.**

J	T	A	I	L	P	Q	K	E	X	L	V	E	Y	S
Y	L	F	Y	C	S	D	T	H	R	C	Z	L	M	E
Y	A	K	Q	A	Y	T	A	R	F	H	L	B	G	Q
C	E	R	D	W	E	N	W	J	D	E	A	A	G	B
Y	L	D	X	S	M	V	G	R	E	S	O	T	I	L
S	L	C	O	U	F	O	E	R	P	T	F	S	E	U
E	E	R	N	O	L	V	L	Y	V	N	X	P	C	E
U	X	Z	S	P	K	V	D	I	X	U	F	F	Y	C
Q	O	G	V	D	Q	P	I	U	M	T	W	N	T	R
G	R	E	T	L	A	H	N	B	Q	E	L	K	T	O
K	C	A	J	B	R	L	G	H	O	O	F	H	K	S
C	C	W	Y	W	U	E	G	A	S	S	E	R	D	S
E	U	S	F	B	T	O	O	E	P	M	Y	T	X	Z
Q	K	S	I	T	I	R	H	T	R	A	F	H	F	C
B	L	A	N	S	E	M	A	G	P	H	E	A	T	D

ARTHRITIS
BLUE CROSS
CHESTNUT
DRESSAGE
FOAL
GELDING
HALTER
HOOF
LAMENESS
STABLE
ROSETTE
SADDLE
XRAY
TAIL
GAMES
NUMNAH

Which one is missing!!!
Fill in your answer below

WIN an Equestrian Bag, containing six items including a small body brush, dandy brush, flick brush, face brush, hoof pick and sweat scraper.

WIN!

Answer to Autumn 2011 competition: 5 Differences

A winner will be chosen from all the correct entries received before the closing date, Friday 20th April 2012. The winner will be revealed in the next issue of Equine Matters. The editor's decision is final, no correspondence will be entered into.

MISSING WORD _____

Send your completed entry to: Equine Matters Competition No.9
XLVets, Carlisle House, Townhead Road, Dalston, Carlisle, CA5 7JF

Name _____

Address _____

_____

Postcode _____

Daytime Telephone Number _____

Email _____

XLVets Practice Name _____

☐ I do not wish to receive further information from XLVets

☐ I would like to receive further information from XLVets by e-mail

EXCELLENCE IN PRACTICE

XLVets - We Excel

The members of XLVets have worked hard to create what they see as a model of how practices can work together, sharing the latest ideas and passing on savings and joint expertise to clients.

www.xlvets.co.uk

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Alnorthumbria Veterinary Group
Morpeth, Northumberland
Telephone: 01670 897597

Ardene House Veterinary Practice
Aberdeen, Grampian
Telephone: 01224 740700

Belmont Veterinary Centre
Hereford, Herefordshire
Telephone: 01432 370155

Bishopton Veterinary Group
Ripon, North Yorkshire
Telephone: 01765 602396

Calweton Veterinary Group
Callington, Cornwall
Telephone: 01579 383231

Castle Veterinary Surgeons
Barnard Castle, Durham
Telephone: 01833 695695

Capontree Veterinary Centre
Brampton, Cumbria
Telephone: 016977 2318

Chapelfield Veterinary Partnership
Norwich, Norfolk
Telephone: 01508 530686

Cliffe Veterinary Group
Lewes, East Sussex
Telephone: 01323 815120

Clyde Veterinary Group
Lanark, Lanarkshire
Telephone: 01555 660000

Drove Veterinary Hospital
Swindon, Wiltshire
Telephone: 01793 501499

Endell Veterinary Group
Salisbury, Wiltshire
Telephone: 01722 710046

Fenwold Veterinary Centre
Spilsby, Lincolnshire
Telephone: 01790 752227

Glenthorne Veterinary Group
Uttoxeter, Staffordshire
Telephone: 01889 562164

Hook Norton Veterinary Group
Banbury, Oxfordshire
Telephone: 01608 730085

Larkmead Veterinary Group
Wallingford, Oxfordshire
Telephone: 01491 651479

Millcroft Veterinary Group
Cockermouth, Cumbria
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Minster Veterinary Practice
York, North Yorkshire
Telephone: 01904 788840

Northvet Veterinary Group
Kirkwall, Orkney
Telephone: 01856 873403

Paragon Veterinary Group
Carlisle, Cumbria
Telephone: 01228 710208

Parklands Veterinary Group
Cookstown, Northern Ireland
Telephone: 028 867 65765

PAWS Veterinary Health Centre
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Telephone: 02476 384064

Penbode Veterinary Group
Holsworthy, Devon
Telephone: 01409 253418

Rosevean Veterinary Practice
Penzance, Cornwall
Telephone: 01736 362215

Rutland Veterinary Centre
Uppingham, Rutland
Telephone: 01572 822399

Scarsdale Veterinary Group
Derby, Derbyshire
Telephone: 01332 294929

Scott Mitchell Associates
Hexham, Northumberland
Telephone: 01434 608999

Shepton Veterinary Group
Shepton Mallet, Somerset
Telephone: 01749 341761

St Boniface Veterinary Clinic
Crediton, Exeter
Telephone: 01363 772860

Thrums Veterinary Group
Kirriemuir, Angus
Telephone: 01575 572643

Wensum Valley Veterinary Surgeons Fakenham, Norfolk
Telephone: 01328 864444

Westmorland Veterinary Group
Kendal, Cumbria
Telephone: 01539 722692

Willows Veterinary Group
Northwich, Cheshire
Telephone: 01565 723030

Wright & Morten
Macclesfield, Cheshire
Telephone: 08458 330034

XLVETS EQUINE - BETTER TOGETHER