

If your horse is unable to bear weight, call out your vet

OUR EXPERT



David is a director at Fellowes Farm Equine Clinic in Huntingdon, an XLEquine practice. He holds the European College of Veterinary Surgeons (ECVS) Diploma in Equine Surgery.

Severe lameness

Finding your horse lame and unable to bear weight on a limb is alarming. However, as equine vet David Rutherford reveals, most cases result in a successful outcome

Few things worry owners more than their horses going suddenly lame to the extent that they cannot bear any weight on a leg. The horse is likely to rest the leg in flexed position and be reluctant to walk. When he does move, he may hop to avoid bearing any weight.

This type of lameness can happen in the stable, while out in the field or during exercise and is always a veterinary emergency.

Thankfully, however, many of these cases can be resolved successfully.

Possible causes

Hoof abscess: This is by far the most common cause of sudden onset severe lameness in horses and will account for over 75 per cent of cases.

Horses will often have a hot hoof with a strong digital pulse and are likely to show pain when the foot is squeezed with hoof testers.

There may be some swelling going up the leg from the foot. If the horse is shod, his shoe should be removed and the foot pared to hopefully release the abscess.

Treatment is a poultice being applied, and painkillers are usually given. If the abscess can be located and drained, the horse will be significantly less lame the following day and may be back in work within a couple of weeks.

Lymphangitis/cellulitis: This is more common in hindlegs than in forelimbs and in addition to severe lameness, a horse will have significant swelling, possibly over the entire limb.

They will be very sore when the leg is touched and may have a high temperature.



Hoof abscesses are the most common cause of severe lameness

The issue can be triggered by a small wound or a bruise, but often vets do not find a cause.

Initial treatment includes antibiotics, anti-inflammatories, cold hosing and stable bandaging. Light walking can start once the pain is under control.

These cases almost always resolve, but unfortunately, certain horses appear predisposed to repeat occurrences.

Joint, tendon sheath or bursa infection: Potentially life-threatening infections occur when bacteria or viruses penetrate through the protective capsule of a joint, tendon sheath



Some fractures can be repaired

or bursa. There is often a penetration wound, but this can be small and inconspicuous if it is caused by a black thorn, a nail or similar. In some cases, most commonly in foals, infections can spread through the bloodstream.

The affected structure will usually be hot, swollen and painful to touch. Diagnosis is made by laboratory analysis of a sample of joint fluid.

Rapid treatment, including keyhole surgery to flush out the infected structure and intensive antibiotic therapy, is required urgently.

Where treatment begins within 24 hours of the injury, 80 per cent of patients will survive and return to athletic soundness.

Fractures: When people find their horse unable to bear weight, many fear a broken leg and assume the worst. In truth, fewer than five per cent of horses presenting in this way have a fracture. Of those that do, some can be saved by surgical repair, using a cast or through rest alone.

Unfortunately, a complete break of a weight bearing long bone such as the tibia (gaskin) or radius (forearm) in an adult horse can rarely be mended and euthanasia remains the only option. **Severe tendon or ligament breakdown:** This may occur during high-speed exercise, such as racing, hunting or cross-country.

The structures on the back of the cannon bone will swell and be painful when squeezed.

Depending on the severity of injury and the structure affected, the fetlock may sink to the ground or the toe may lift up off the ground when a horse tries to stand on the leg.

Following first aid treatment of supportive bandaging and anti-inflammatories, a lengthy period of rehabilitation is required.

Recent advances in medicine, such as stem cell or platelet injections into the damaged tendon, have improved success rates, but the overall prognosis is still guarded and depends largely on the severity of the initial injury.

Nerve damage: This can occur following direct trauma to the shoulder region, possibly after colliding with a fence. The nerves which travel down the leg are bruised and subsequent swelling prevents them from working normally, resulting in temporary paralysis of the forelimb.

With rest and anti-inflammatory medicines normal function usually returns, but it can take several months. ■

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