

# Raising awareness of most common cause of retirement

## What is the XLVets Equine lameness awareness campaign?

The campaign is designed to raise awareness of lameness. The number one cause of horse retirement is lameness, the number one cause of euthanasia is lameness and the number one cause of lost training and competing days is lameness. If we can recognise and address issues early we may be able to significantly affect the long term prognoses.

## Do all lamenesses warrant calling a vet?

Always a difficult question and dependent on many factors: level of lameness, age of horse and expected performance of horse. Subtle issues such as ligamentous or tendinous injury can rapidly progress to a catastrophic injury but can be largely avoided by early recognition, diagnosis and intervention.

## What can I do to avoid lameness?

Good farriery potentially backed up by x-ray based foot balancing, regular exercise utilising different disciplines, surfaces and gaits, and a well fitted saddle are simple and practical methods. Otherwise feeding regimes for youngsters and overweight horses, training methods and use of supplemental therapies (cold treatment, passive physical manipulation, joint supplementation etc) can all aid in avoiding lameness.

## Is using a painkiller such as Bute okay?

Clinically a diseased joint (i.e. osteoarthritis) will be better undertaking some exercise

## EQUINE VET

Ben Sturgeon of Castle Veterinary Surgeon, Barnard Castle, outlines ways of tackling lameness

rather than none or too much and pain relief will assist in this. However, the use of painkillers as a means to make the horse be able to work is unethical and other measures should be evaluated alongside.

## What should I expect my vet to do?

Members of XLVets Equine pride themselves on "excellence in practice" and will usually follow a recommended protocol. Your vet will always ask for a history before examination. Examinations vary depending on the presentation from immediate radiography and hospitalisation to careful gait assessment, palpation, flexion and nerve blocks before undertaking some form of imaging (xray, ultrasound, thermogra-

phy, bone scans, MRI, CT) dependent on the examination results.

## Can't we just "image" the horse and not go through all the examinations?

That would be nice but is usually impractical. Every imaging modality has its limitations (ultrasound cannot be used within a hoof, x-ray will not detect cartilage disease, bone scans cannot be used in mild lamenesses) and the most important aspect is localising the source of the lameness. This then allows us to choose the best imaging modality for that area and potential diseases or injuries to that area.

## If a serious cause of lameness is found. Will it mean euthanasia?

Not any more, whilst catastrophic injuries do occur, advances in anaesthesia, surgical materials and technique, stem cell implantation and rehabilitation programmes have all contributed to ever improving prognoses.

## Are lameness investigations risk free for the horse?

Largely yes. Nerve blocks are generally well tolerated although where multiple injections are undertaken some local swelling can occur. Injections into any synovial compartment (joints, tendon sheaths) carry an inherent risk of infection but careful preparations reduce the risk. Many imaging procedures are completely safe and the greatest risk is from the use of sedatives which is still very low. Anaesthesia in horses carries the largest possibility of death or injury unrelated to the presenting condition. Careful preparation, intensive monitoring under hospital conditions and the use of modern drugs have reduced this risk but truly no treatment of any variety is risk free.



**VET CHECK:** Ben Sturgeon scans a horse's leg

# LOGIC

## Essential Task

### Harrowing

- Use our fantastic new s harrow to rejuvenate your

### Rolling