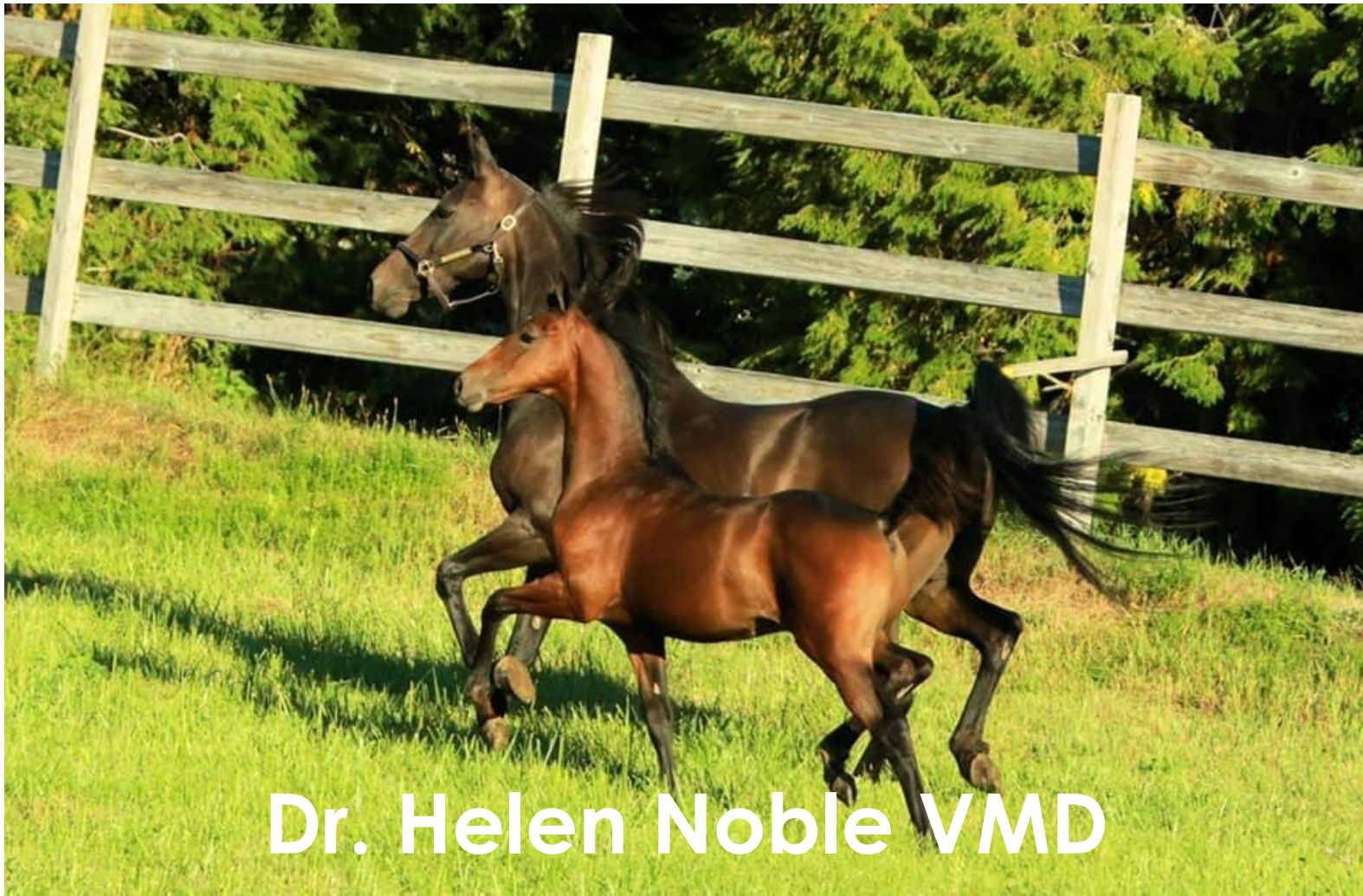


Equine Lameness Emergency



Dr. Helen Noble VMD

Equine Lameness Emergency: Part 1

- Overview of lameness in the horse
- How to perform a lameness examination
- The types of lameness seen in general practice in an emergency situation
- Two case presentations: Emergency Lameness



Lameness

- A basic definition
- Lameness, the movement with a limp, is a symptom or clinical sign. Equine lameness has been defined as “an alteration in the animal’s normal stance and/or mode of progression caused by pain or mechanical dysfunction” (Wyn-Jones, 1988)



Equine Lameness Exam

- One of the most common (if not the #1) body systems evaluated and treated is the **musculoskeletal system**
- Detecting the source of lameness can be daunting – many probs. have no obvious external signs
- Common Clinical Signs include
 - swelling, heat
 - Discharge
 - muscle atrophy
 - lameness (#1)



Equine Lameness Exam

- 3 reasons for lameness include:
 - Pain (#1)
 - Mechanical interference w/out pain (scar tissue)
 - Neurological



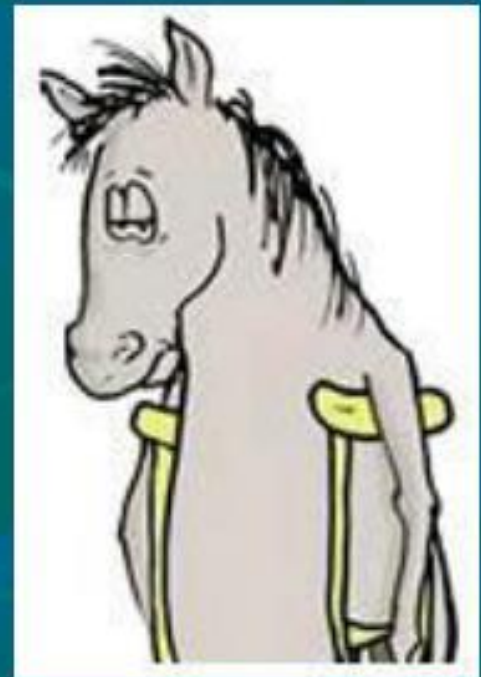
Equine Lameness Exam

- 3 goals of a lameness exam
 - Identify the location
 - Diagnose
 - Treatment plan



Equine Lameness Exam

- 1st step is to obtain a complete history
 - Signalment
 - Length of issue
 - Previous health issues
 - Speed of onset
 - Exercise induced
 - Known trauma
 - Any treatment started
 - Pattern to the lameness



Equine Lameness Exam

- Palpation – feeling for any **heat**, swelling, or **pain**
- The wear pattern of the hoof or shoe is evaluated
- Hoof test for pain
- Nerve blocks may be used to localize the area of pain



Equine Lameness Exam

- Next the horse is observed at rest & in motion
- Rest
 - Observe from a distance for any obvious abnormalities, confirmation, how horse stands (holds legs)
- Motion
 - Observe horse walking to & from the clinician, may need multiple surface types, may need to remove shoes, observe head & neck carriage

Equine Lameness Exam

- **Motion (cont.)**

- 1. Walk**

- In a straight line
- Up & down an incline
- Backing up

- 2. Trot – usually the most informative gait**

- In a straight line
- In a circle (both directions)
- Flexion tests

Grading of Lameness

- **Grade-1:** Lameness is difficult to observe and is not consistently apparent, regardless of circumstances (e.g. under saddle, circling, inclines, hard surface, etc.).
- **Grade-2:** Lameness is not consistently observed at a walk or when trotting in a straight line but consistently apparent under certain circumstances (e.g. weight-carrying, circling, inclines, hard surface, etc.).
- **Grade-3:** Lameness is consistently observable at a trot under all circumstances.
- **Grade-4:** Lameness is obvious at a walk.
- **Grade-5:** Lameness produces minimal weight bearing in motion and/or at rest or a complete inability to move.



Equine Lameness Exam

- Misc. tests include
 - X-rays
 - Ultrasound
 - Thermography
 - Nuclear scintigraphy
 - MRI
 - CT
 - Arthrocentesis
 - Rectal exam
 - Biopsy
 - Force plate gait analysis
 - High speed cinematographic gait analysis



Dewey

History/Exam

- Acute onset lameness RF
- Almost non weight bearing-lameness grade 4- 5
- Moderate increase digital pulse
- No heat swelling anywhere else
- Sensitive to hoof testers

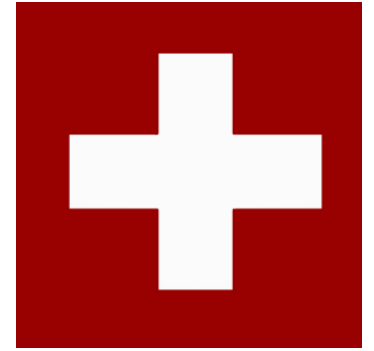


Hoof Testers



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Non-weight bearing not a lot of swelling



- Hoof abscess
 - Is the hoof hot? Increased Digital pulse?
 - Usually no fever
 - Usually just one foot is affected
- Infected joints or tendon sheaths
 - History of wound or trauma?
 - May be febrile
 - Local heat and swelling over one area (joint)
- Fracture



What Now?



- What is on your differential diagnosis for Dewey?
- What is your diagnosis?
- What is your treatment plan?
- What are your next steps?

Foot Abscess



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Hoof Abscesses

By Michelle Anderson, The Horse Digital Managing Editor
Reviewed by Vernon Dryden, DVM, CJF, Bur Oak Veterinary and Podiatry Services
Photos by iStock

Hoof abscesses require wrapping to keep the area clean and prevent further infection.

A hoof abscess is a localized infection of a horse's foot, usually behind the hoof wall or sole. While hoof abscesses can be extremely painful, they usually resolve easily with treatment within 5 days.

Clinical signs of a hoof abscess include:

- ♦ Lameness, often severe and nonweight-bearing;

3-5

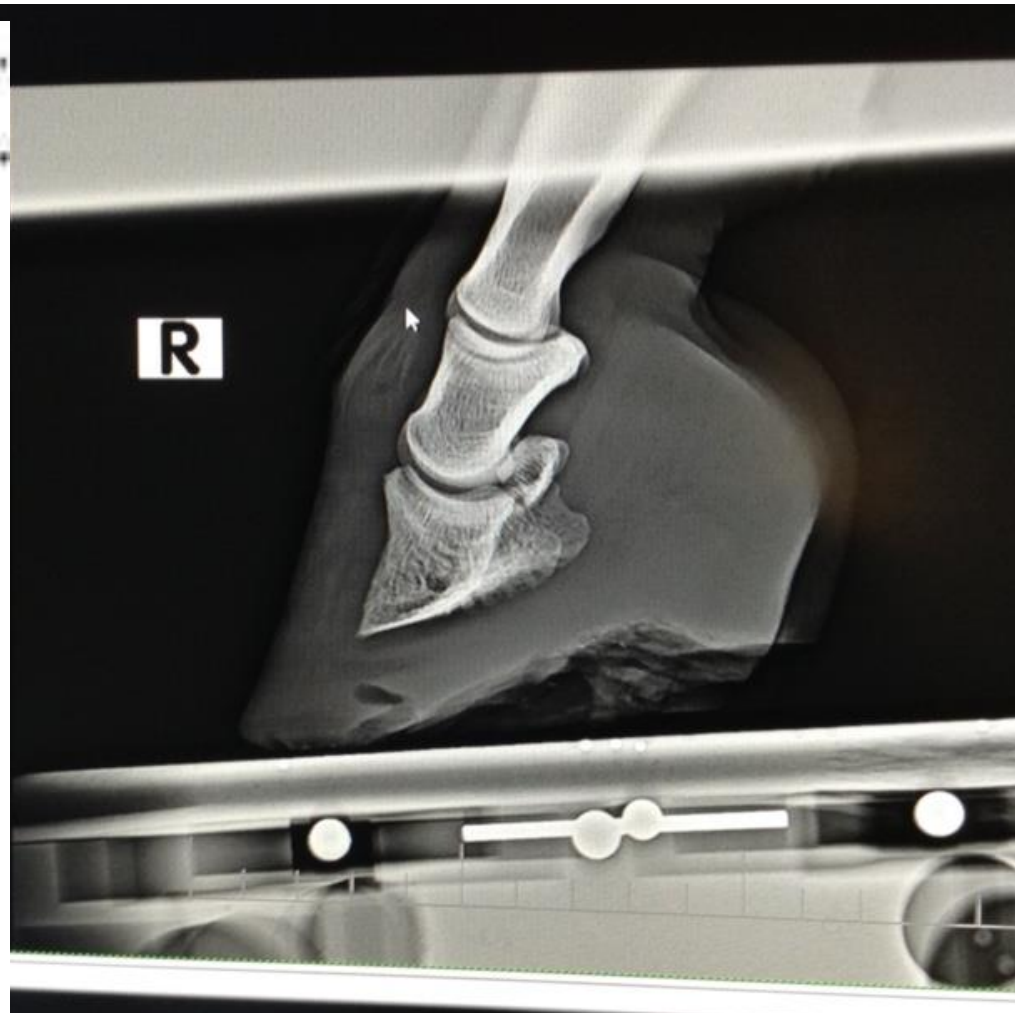
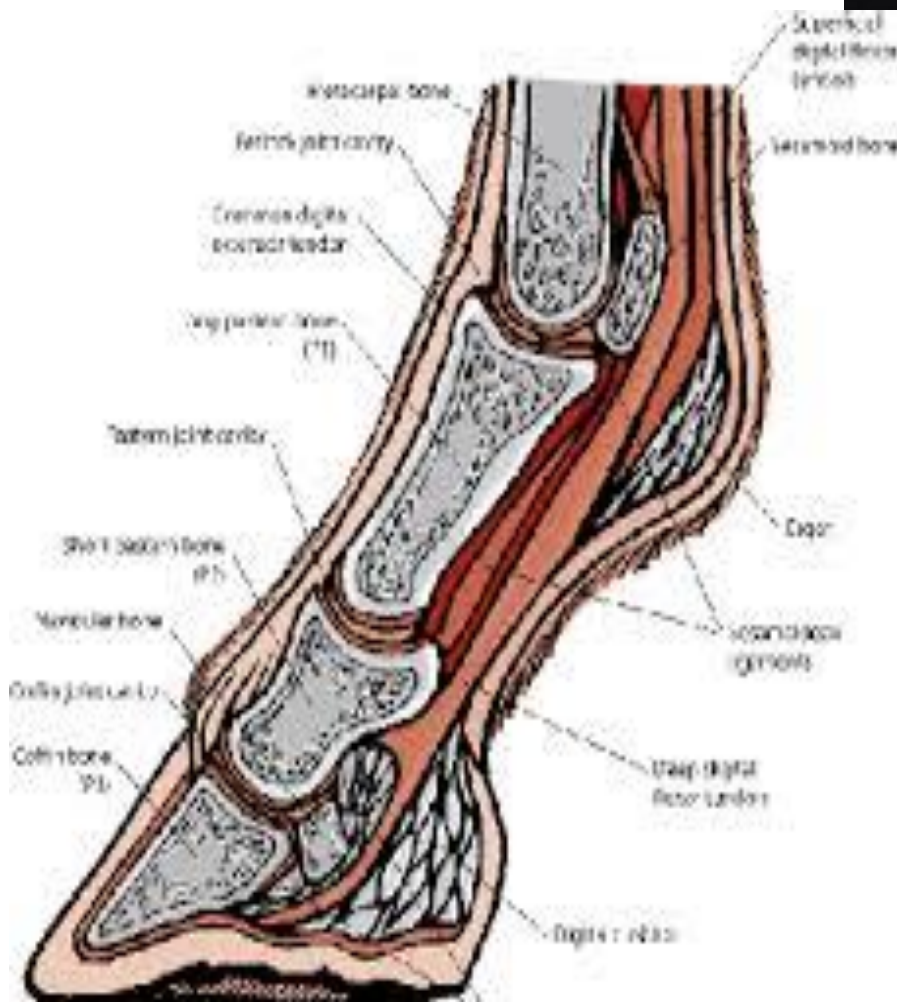
Rapidly changing wet-dry climates or wet-frozen environments. These conditions can degrade hoof quality and lead to bruising and

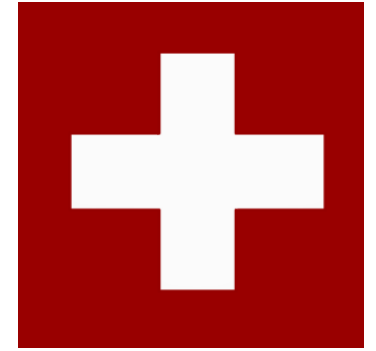


Two weeks later Dewey is still lame

- What are your thoughts?
- What other diagnostic tests would you like to perform?

Radiographs





Lameness differentials ?

- Laminitis
 - Sore and reluctant to move on all feet (front feet)
 - Rock back
 - Increased laying down

- Non-weight bearing in one leg
 - Abscess in the foot
 - Infection
 - Fracture





REBA

History/Exam

- Mare was fine in the morning
- Came in from pasture toe touching lame: grade 5 RH
- No significant increase pulse
- Not sensitive to hoof testers
- No obvious wound'
- Very Slight swelling proximal metatarsus
- Thoughts/diagnostic tests?



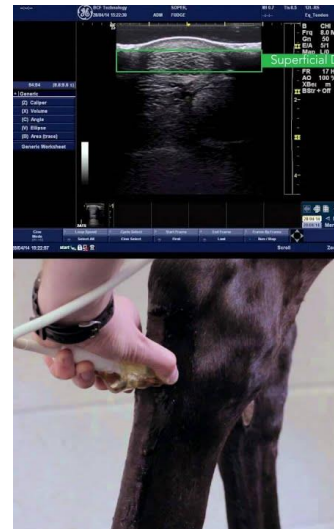
Diagnostics



- Abaxial Nerve block-no improvement
- Clip where swelling –scrape
- What other diagnostic tests?

Diagnostic Tests

- More diagnostic nerve blocks
- Ultrasound
- Radiographs



Fracture Of Fourth Metatarsal Bone



Treatment

- Stall Rest
- Standing Bandages
- NSAID
- Radiograph in 4-6 weeks



In Conclusion

Remember



Non-weight bearing horse: one leg

Think

- Infection: foot abscess
- fracture

Questions

