

# **Dawson Creek Veterinary Clinic**



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## ***Diagnosis of Equine Lameness***

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“A horse with no feet and legs is no horse” this old saying is very common among the equestrian world and still holds true. Most horse owners can relate in one way or another to a horse with a lameness issue. Equine lameness is an extremely vast subject which requires a great deal of study and practice to understand. I am going to try to simplify this subject in order to help everyone have a better understanding of the general approach one should take to solve the mystery of the lame horse.

Equine lameness has been studied for a very long time. Dr. A. Liautard said in 1888 regarding lameness “*If your horse is lame in his shoulder, take off his shoes.... Young and inexperienced practitioners are quite too apt to commit the error of overlooking the examination of the foot, looking upon it as a matter of secondary importance, and attending to it as a routine and formal affair only.*”

Several modalities can prove true when you encounter a horse with stiffness, a limp, or any degree of lameness. First, realize that 95% of all primary, equine musculo-skeletal problems occur from the knee’s and hocks down. This means don’t go looking skyward right off the bat when a horse comes up lame. Secondly, a horse is skeletally very different than human beings. It is a good practice not to compare them to yourself with your sore shoulders and back.

In Veterinary medicine we are extensively trained to objectively (without opinions or guesswork) diagnose problems with the equine locomotory system. This objective approach is a systematic way of making the patient talk to us. We are your first line of attack when trying to get to the root of the problem and diagnose where your horse hurts. We are armed with extensive anatomical knowledge, medical and surgical training, and diagnostic tools to get the job done. We can also quickly identify conformational faults that may be present to pre-dispose your horse to developing problems.

One thing we all must understand is that every patient is different and some are easily diagnosed while others can be very challenging to find an exact cause of the pain.

The first thing a horse owner can do is supply us with an accurate and good history of the lameness. When did it first occur? any improvement? degree of training? does he warm out of it? Any abnormal posture? Etc

Next, bring your lame animal into us, preferably un-medicated as not to mask the signs of the lameness. It also may be a good idea to ride the animal the day before to make a slight lameness more noticeable.

After a good history is taken there are several diagnostics we do to isolate where the problem.

First we do a visual exam and watch the horse move. On the visual exam we can identify musculo-skeletal abnormalities and blemishes. Then we watch them go on the straight away, on the circle in a lunge, on a tight circle, back up and even watch the horse move under saddle. This alone may isolate a limb or area to focus on. We then palpate every area on that limb from the ground up to help aid our visual assessment ( see what you can't feel and feel what you can't see)

Next, we start from the ground and work our way up the limb. We usually start with cleaning the horses foot and 'hoof testing' the foot thoroughly. This helps to identify any problems with the foot or inside the hoof capsule.

After hoof testing we elevate the limb and do a series of primary flexion tests to see if we can identify sore areas or stiff joints. Tendons and ligaments are identified and palpated during this process

Next we do a series of limb manipulations or "Flexion Tests" prior to making the horse trot away and evaluate how he goes off after a joint or area is isolated and stressed. Usually it takes 60-90 seconds of good strong flexion per area or joint.

After this we have another tool in our arsenal. We use local anaesthetic to 'freeze' out the limb in a methodical manner. We isolate nerves of sensation in the horse's limb and place a small amount of freezing around the nerve to block out painful impulses. This allows us to work from the ground up. When the horse trots away sound we have an area to focus on for further diagnostics. We can also inject freezing in joints, or around common areas of problems to help us rule out problems. This freezing is similar to the freezing the dentist does to us when they are working on a tooth. It only lasts a few hours and has no long term effects.

Then, when we have isolated the region where the horse is painful we can do x-rays, ultrasounds, thermography, MRI scans, and nuclear scintigraphy to help us fine tune our diagnosis or get a prognosis.

Once the lameness is diagnosed a solid prognosis and treatment plan can be done to help your horse become sound.

If you have any questions or would like more information on specific lameness's or different testing we can be done, feel free to call the Dawson Creek Veterinary Clinic at (250) 782-1080.