Information For Clients:

Lameness And Back Investigations At the Barn

Some Do's and Don'ts (but always discuss with the veterinary surgeon if in doubt):

- Do make sure the patient is well shod. Loose or missing shoes and overgrown feet can result in lameness or a reluctance to move normally. It can be impossible to investigate the problem for which the horse has been admitted.
- Don't give your horse 'bute' or other painkillers. It is difficult to investigate lameness or back pain in a sound horse! Stop medication 4 days before the investigation. The exception is when the veterinary surgeon wants to re-examine your horse on medication to assess its effect.
- Do discuss whether the horse should be kept in work prior to the investigation. Horses in significant pain should not be worked but those with subtle ailments which have resolved with rest but recurred with work will need to be kept in work: If the problem is not present it is difficult to investigate it! Some Problems
- Lameness and back problems are common in horses but they cannot tell us where it hurts!
- With a very few exceptions (e.g. laminitis, radial paralysis, stringhalt, fibrotic myopathy, wobbler syndrome) it is not possible to tell from looking at the animal where the seat of lameness or pain is: Not even Olympic dressage riders or Professors of Equine Orthopaedics can tell!
- Owing to the way a lame horses move forelimb lameness often looks as if it is in the shoulder and hindlimb lameness as if it is in the hip.

The Investigation

The general approach is split into 4 parts. This may vary with the circumstances.

1. A detailed history of the problem will be obtained if this has not already been done before admission.
2. **Physical examination** involves inspection and palpation to look for the signs of inflammation, which are heat, pain swelling and redness (only usually seen in which feet and non pigmented areas of skin in horses). The feet and shoes will be examined and hoof testers applied. Distension of joints, tendon sheaths and bursae and bony enlargements will be noted. The horse will be examined in hand and at walk & trot and may be lunged or ridden. Flexion tests and other manipulative tests may be carried out.
3. **Diagnostic analgesia** involves the injection or local anaesthetic into the horse and re-examination to see if the pain has gone. This is the equivalent of asking the horse where it hurts! This may include nerve blocks where local anaesthetic is injected around nerves desensitising the whole area supplied by that nerve, joint blocks and tendon sheath blocks where a joint or tendon sheath is injected and just that structure is desensitised (usually!) and local infusions where local is injected in order to desensitise a specific area such as a splint or kissing spines and assess its contribution to the problem. Sometimes steroids are used instead of local anaesthetic for joint and tendon sheath blocks and local infusions and the effects assessed after a few days. Clipping and surgical scrubbing is usually carried out before injection. Multiple clipped patches may be present and be unattractive but are preferable to a life threatening joint or tendon sheath infection.
4. **Diagnostic Imaging**
   Sedation is usually used in order that the horse remains as still as possible and the best images are obtained. The safety of the owners / grooms, nurses and equipment is also improved. The Barn has invested over £100,000 in modern digital radiography, ultrasound and gamma scintigraphy systems with high resolution to provide first rate diagnostic imaging capabilities. Radiography / x-rays provide images of bones and joints. Foot x-rays usually require shoe removal. Our DR x-ray unit enables images to be obtained on the screen horse side at the surgery or out on the road and this can be especially useful for use with the farrier in attendance and for vettings of valuable animals. Ultrasonography provides images of soft tissues such as tendons, ligaments and muscles and is complimentary to xrays in that these structures along with bones and joints complete the

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musculoskeletal make up of the limbs and back. The surfaces of the bone and cartilage of the joints can also be examined. It is usually necessary to clip the area to be scanned. Gamma scintigraphy is more commonly referred to as bone scanning although soft tissues can also be looked at. This is useful for stress and hairline fractures which may not show up on x-ray and for areas such as the back, the entirety of which cannot be looked at with x-rays and ultrasound scans. A separate information sheet is available on gamma scintigraphy.

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