VETEQ NOTE #2 P1

Diagnosing lameness in your horse

STEP ONE: review medical history

The vet will ask you questions relating to past and present difficulties of your horse. He or she will also enquire about exercise or work requirements and any other pertinent information.

STEP TWO: appraisal at rest

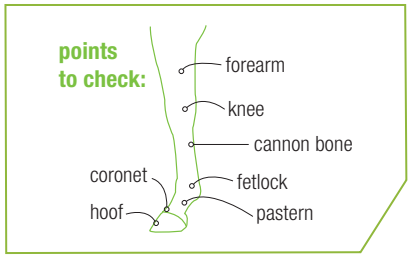
In a visual appraisal at rest, the vet will study conformation, balance, and weight bearing and look for any evidence of injury or stress.

STEP THREE: evaluation in motion

turn over for more steps on evaluating lameness

The veterinarian will watch the horse walking and trotting and in some cases it may be put onto a lunge. Observing the horse from the front, back, and both side views, the veterinarian notes any deviations in gait.

STEP FOUR: hands-on exam



The veterinarian will palpate the horse, checking muscles, joints, bones and tendons for evidence of heat, swelling or any other physical abnormalities. Pulses in the blood vessels of the lower limb frequently yield useful information about infections or inflammation in this area.

STEP FIVE: hoof & joint tests

Hoof examination normally includes a careful visual inspection of the bearing surface of the foot when it is picked up.

STEP SIX: flexion tests

Flexion tests help to assess the capsule surrounding joints together with the associated ligaments and tendons and bone ends. The veterinarian holds the limb in a flexed position for a short period and then releases the leg. As the horse trots away the vet watches for signs of increased lameness.

STEP SEVEN: lunging

Frequently the vet will want to watch the horse being lunged in a circle on hard ground. This generally puts more pressure on the inside leg (front or back) and makes subtle lameness more obvious.

STEP EIGHT: nerve blocks

Local anaesthetic can be used to help isolate the area of lameness by numbing the region and improving the lameness. These are called nerve blocks. They allow the vet to focus expensive imaging tests in the affected area.

STEP NINE: imaging tests

Once the source of the pain has been localised, a range of imaging techniques may be used to further identify the cause.

These include ultrasound scans and X-rays. In more difficult-to-diagnose or high value cases, bone scans, MRI (Magnetic Resonance Imaging) and Scintigraphy may also be used.

Veterinarians develop their own protocols in assessing lameness but the steps shown give an indication of the process.

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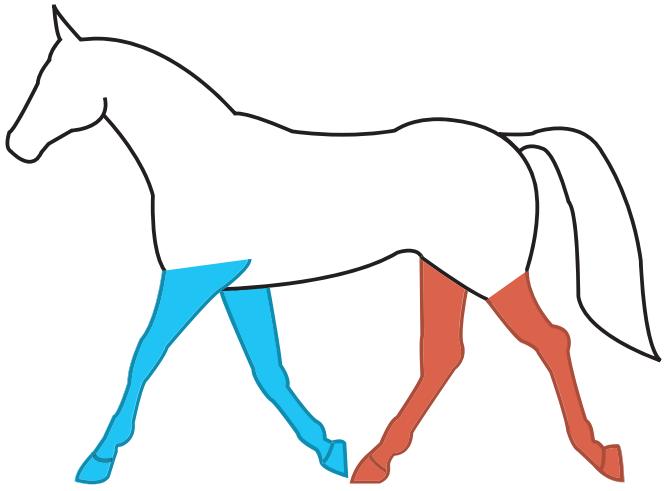
VETEQ NOTE #2 P2

DETERMINING WHICH LEG IS LAME

Except in severe lameness, assessment takes place when the horse trots. It is more usual to examine a horse's gait for lameness in front when it is coming towards you and hind limb lameness when it is going away.

In general a horse will drop its weight onto the unaffected leg. The head will appear to nod onto this leg.



FORELIMB LAMENESS:

With left forelimb lameness, for example, the horse will come down more heavily onto the right foreleg and its head will appear to nod onto this leg.

HINDLIMB LAMENESS:

This is more challenging to diagnose.

Looking from behind, with a left hindlimb lameness, the hip goes through a greater range of vertical motion and appears to be carried higher than the right hindleg.

It is possible that the head will drop onto the opposite (right) foreleg.

AMERICAN ASSOCIATION OF EQUINE PRACTITIONERS (AAEP) LAMENESS SCALE

With the extremes of lameness possible, a lameness grading system has been developed by the AAEP to aid both communication and record-keeping:

0 Lameness not perceptible under any circumstances

1 Lameness is difficult to observe and is not consistently apparent, regardless of circumstances

2 Lameness is difficult to observe at a walk or when trotting in a straight line but consistently apparent under certain circumstances

3 Lameness is consistently observable at a trot under all circumstances

4 Lameness is obvious at a walk

5 Lameness produces minimal weightbearing in motion and/or at rest or a complete inability to move

Note: This is an arbitrary grading system which may not be used by your vet. Some vets use a similar scale but from 1 to 10.

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