

# SPOTTING AND DIAGNOSING LAMENESS

Lameness is something that every owner dreads, but almost all have experienced - often more than once. A lame horse is stressful and upsetting, but understanding how to identify common problems can make an unfortunate situation less overwhelming. Find out more in this excerpt from Torch Vet Caroline Blake's recent article in *Horse & Rider Magazine*.

### What is lameness?

Lameness is defined as an abnormal gait dysfunction of the locomotor system. Lameness can originate from any part of the musculo-skeletal system, but most commonly in the limbs. The first thing to do when identifying lameness is ask yourself the following things:

#### 1) Which limb is affected?

While severe lameness is usually pretty easy to spot - your horse might be holding up his leg or resting the toe - in milder cases, assessing which limb is affected can be much more difficult. In these cases, the best way to identify the problem is to watch the horse walk and trot on a hard, level surface. When lameness is in a forelimb, the horse's head will rise when the lame leg strikes the ground and drop as the sound leg meets the floor. This is because in raising his head he is trying to take the weight off the painful leg. Hindlimb lameness is much harder to assess. When viewed from behind, the point of the hip is held higher on the lame side and therefore it has increased vertical movement. The point of hip on the lame limb will rise up as it strikes the ground and the horse will drop his weight onto the sound hindleg.

#### 2) How severe is the lameness?

Vets use a scale to quantify the level of lameness. It allows us to estimate how lame a horse is and to measure improvements after nerve



blocking or treatment.

#### 3) Is there an obvious cause of the lameness?

In some cases there may be an obvious cause. However, it is a good idea to thoroughly examine the affected leg, starting with the foot. This is the most common site of lameness, and a thorough inspection will help rule out

Area affected	Common causes	What to check
Foot	Nail bind, hoof abscess, lost or twisted shoe, foreign body in the foot, thrush or canker	Look at the soles, pick out foot, check shoes, check for heat/pain/discharge, look and feel around the coronary band.
Cannon area	Tendon or ligament injury, splints, cellulitis (caused by conditions such as mud fever, minor wounds)	Carefully feel the cannon area for any sites of heat, pain, swelling. Check pastern area for cracks or scabs.
Joints	Arthritis, joint infections, OCD and bone cysts.	Feel for bony lumps/fluid/heat/pain, look carefully for wounds, check for viscous, yellow joint fluid leaking from wounds near a joint.
Back	Muscle pain, kissing spines, bone or ligament injury or trauma, ill fitting tack	Feel both sides of back and down the midline for any areas of pain or swelling, check saddle fits properly.
Other	Laminitis, wounds, bone injury (eg. a fracture), lymphangitis	These tend to be more severe cases, are usually obvious and generally require prompt veterinary intervention.

or in some common problems. Continue with a careful examination using firm, even pressure and working up your horse's limb to his shoulder or hip. Next, check along his back and hindquarters, too, watching and feeling for any areas of pain or swelling.

#### When should I call the vet?

If your horse is severely lame (7-10 on the lameness scale) call your vet as a matter of emergency. Fractures and some wounds will fall into this category, but the cause may not be obvious. Mild lameness that's ongoing and doesn't resolve easily, as well as horses with symptoms such as vague stiffness, poor ridden performance or bad behaviour, will also require veterinary assessment - although less urgently.

#### What will the vet do?

We will carry out a thorough clinical examination to diagnose lameness. The hoof examination will usually involve squeezing the hoof

with hoof testers to try to pinpoint the site of pain. We may feel for an increase in digital pulse in the arteries that run under the skin on either side of the affected fetlock, which can also be helpful to ascertain whether the problem is in the foot. Performing a flexion test, and lunging on firm and soft surfaces can also

show up milder lamenesses but in many cases, despite obvious lameness the site of pain can remain elusive. In such cases it might be necessary to use nerve blocks. This involves injecting local anaesthetic around the nerves of a particular area, or into specific joints. If this area is the source of the pain, it'll result in an improvement or elimination of the lameness.

#### The next steps

Once the site of lameness has been located, it's possible that the next step is to use some form of imaging to reach a diagnosis.

**X-rays** provide images of the bony structures of the horse's limb. They are very useful for joint problems, fractures, bone infections and some foreign body penetrations such as a nail in the foot.

**Ultrasound scanning** is a useful way to image the tendons and ligaments and can help to diagnose and visualise the problem, as well as monitoring healing after injury.

**Magnetic resonance imaging (MRI)** is a relatively new technique in equine medicine. It can give very detailed images of the lower leg and is particularly useful when evaluating horses with foot lameness. MRI has also proven to be very accurate in diagnosing some bone diseases that can be difficult or impossible to diagnose any other way, and our knowledge concerning its value is expanding all the time.

Read Caroline's full article on the latest news pages of our website, [torchequinevets.com](http://torchequinevets.com)

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# FOALING SEASON IS UPON US!

**The breeding season is in full swing and we have been kept busy!**

This little filly was born to a maiden mare without any complications but developed bad diarrhoea and became very dehydrated at 3 weeks old. The owners promptly called Jennifer who started her on treatment for the diarrhoea and commenced fluid therapy on yard.

The filly didn't improve enough in 24 hours and so she was admitted to the hospital. Blood tests showed a low IgG count which is a measure of immunity in newborn foals. Her compromised immune system meant that she had developed an infection in her gut causing the diarrhoea and because she had lost so much fluid she was severely dehydrated. Dehydration in foals is life threatening and it was essential the filly was treated intensively to give her the best chance of recovery.

She received a plasma transfusion which is rich in antibodies to help boost her



immune system. Intravenous fluids and antibiotics were given and she continued on oral gut support therapy. After five days of treatment the filly was bouncing around the stable again and keen to go home! We are pleased she is doing so well and has made a full recovery.

Foals are born without any of their own antibodies to fight off infection and so they rely on antibodies that are transferred via the colostrum when they first suckle from their mum. The colostrum of a mare is a sticky thick substance which is produced as the first 'milk' from the udder of a mare. It is rich in antibodies to protect the foal while they develop their own immune system. It is therefore vital that foals suckle within the first few hours of life as their ability to absorb these antibodies via their gut wall decreases after the first 24 hours of life. A simple IgG blood test can be taken when a foal is a day old to check whether they have received enough antibodies from the colostrum. If the IgG levels are low or borderline then the foal can be given more colostrum or if needed a plasma transfusion. This then ensures their immune system is strong enough to

fight off any bugs they encounter in the first few weeks of life!



## SCHOOLS SJ LEAGUE OFF TO A FLYING START

**Following an unscheduled break in 2020 thanks to the Coronavirus pandemic, the North Devon Schools Show Jumping League is up and running once again.**

We are delighted to be sponsoring the league again this year and wish all competitors the very best of luck. Be sure to keep us posted of your progress!

## TIME TO DO A WORM EGG COUNT?

**Thank you to everyone on the Total Equine Health Care Plan and Total Worming Programme for getting your recent worm egg count samples back to us in person or via the post.**

We can process any samples, regardless of whether you are taking advantage of our healthcare plans or not - just drop us a line and we will arrange to get a WEC kit to you.

Results will be sent out with veterinary reports and advice from our clinicians on which, if any, treatment is recommended.

You can find more information on all of our preventative healthcare initiatives on our website, or call your local surgery to find out more.



## BUILDING WORKS AT TORCH MULLACOTT

**We are currently undergoing some unavoidable building works at our Mullacott practice.**

Whilst we hope there will be minimal impact and disruption to our clients, please be aware that there will be scaffolding surrounding the building and heavy machinery in use on some days for the next few weeks, and access will be limited for clients. Our Veterinary Client Support Team will be fully informed and able to advise you further on the phone should you need to bring a horse up to the surgery at any point.

## VIRTUAL CLIENT EVENTS

Thank you to everyone who joined us for the series of virtual events we ran over the winter and spring. We were lucky to be joined by some very well respected vets who are experts in their field and hope that you found the evenings useful and enjoyable.

If you missed any of the meetings or would like to re-watch any particular subjects, you can now access recordings via our website. Visit the latest news page of [torchequinevets.com](http://torchequinevets.com) to view the following:

- ✔ **'Sports horse injuries'** with Jessica Kidd DVM BA CertES(Orth) DipECVS MRCVS
- ✔ **'Understanding obesity and laminitis'** with David Rendle BVSc CertEM(IntMed) DipECEIM MVM FRCVS
- ✔ **'Your horse's teeth: what you should know'** with Chris Pearce BVSc CertEM(IntMed) CertES(Soft Tissue) DipE-VDC(Equine) MRCVS
- ✔ **'Headshaking: what, why, who, diagnosis and management'** with Veronica Roberts VetMB BA DipECEIM MA FRCVS