Awareness Month (EFAM) with the aim of raising awareness, understanding and virus surveillance of this highly contagious and continuously evolving disease.

Surveillance Programme at the AHT, with disease outbreak alerts and horse owner education to increase awareness of flu surveillance and vaccination. “The surveillance programme provides ongoing FREE sampling to all practices registered to the service. We are fortunate that the HBLB invests in this important area of veterinary practice for the health of all horses.”

If a rider complains that a horse is difficult to turn, or is stiff in the neck or back, does this necessarily imply a primary neck or back problem? It would further investigation proceed? Find out more about the far-reaching consequences of hindlimb lameness.

The importance of ‘diagnostic quality’ will be illustrated through a series of case studies. If you would like to attend, please email your name, practice name, the number of people attending and the date of the talk to cdp@aht.org.uk.

The information that we collect from nasal swabs and paired blood samples allows us to compare currently circulating viruses with those used in commercial vaccines. This data is used to determine whether current vaccines need to be updated or not. Official recommendations for vaccine strains are made annually by the OIE (World Organisation for Animal Health).

A study to investigate the health of endurance horses in Britain, in partnership with Endurance GB, Annamary Nagy

Retrospective multicentre study to describe the distribution and frequency of hoof abnormalities observed in the equine limb of lame horses on low-field MR images. Rachel Murray

Investigation of the risk factors for hindlimb proximal suspension ligamentous desmopathy in showjumping horses. Sue Dyson

Determining the usefulness of nuclear scintigraphy as a diagnostic test for poorly performing sport horses. Laura Jones
Health & Safety - don’t be a dummy!

There are a number of horses which are presented for examination due to uncharacteristic behaviour when ridden. Often the owner has lost their confidence and is unwilling to ride. Some of these horses when handed to a skilled rider can, however, be manageable and are capable of being ridden by one of our technical staff, which demonstrates that these are highly proficient riders. However, some are too dangerous to be assented to on safety grounds to reproduce relevant clinical signs and thus what can be achieved diagnostically is somewhat limited. Survey orthopaedic or nuclear scintigraphy can be useful but are expensive, time consuming and do not necessarily give useful information and sometimes can provide potentially misleading information.

For some years we have used a weighted surrogate which allows us to use a load of approximately 45kg, mimicking the weight of a lightweight rider. This will reproduce some clinical signs when the horse is assessed on the level and has proved to be of great value. However, in some horses it is not merely the weight of a rider that causes problems; sometimes it is the horse’s perception of the rider’s upper body moving above it.

We have recently purchased an equine dummy which mimics a rider. The dummy can be attached to any saddle, and has weighted legs. The dummy is collapsible so that the upper half can be folded down in safety and will only unfold when the horse is ready for it. We hope that this will be a useful addition in our diagnostic approach. This can be used in combination with a weighted saddle, weight cloth & flask of lead to create a total weight of approximately 65kg.

Clients will be charged for training time; it is anticipated that for very difficult horses this will take at least one week. Nonetheless we hope that by using these tools we will be able to reproduce clinical signs and investigate using diagnostic analgesia, taking away some of the previous guess work.

Why, when and how? Help the future of water treadmills

At the current time, there is little understanding of the protocols in using this ever more popular technique for rehabilitation and training of horses. We need to know how decisions are made in selecting speed, water height, duration and frequency of exercise. In order to be able to design safe and effective training and rehabilitation protocols, we need to understand this decision-making, as well as the effects of different variables on the outcome for individual and groups of horses, including breed, type, conformation, sport discipline, fitness, injury type, etc. In collaboration with the British Equestrian Federation World Class Programme we are aiming to investigate some of these questions.

A questionnaire to be completed by venues with this facility, aims to determine when, why and how water treadmills are used. Questionnaires are also being sent to venues to complete for a two week period. Nonetheless we are optimistic that using these tools we will be better able to reproduce clinical signs and thus what can be achieved diagnostically is somewhat limited.

The thoracolumbarisca (TLS) and pelvic regions were poorly muscled. The right hindquarter was less well-muscled than the left and there was also asymmetry of both the tubera coxae and the tubera sacrae. There was a symmetrical hair wear in the caudal saddle region; there was more distasia area further away from the midline on the right side compared with the left. Suggestive of saddle slip to the right.

At the walk there was a variable degree of side to side oscillation of the midline on the right side compared with the left.

The horse was in hacking exercise at the time of presentation and had not been ridden since. The owner rode the horse very tactfully, starting in walk and progressing to trot with the ears back and repeatedly opening the mouth. The saddle was prominent in hand because of the proximity of the fractures to the right sacroiliac joint.

Clearly the prognosis for long-term pain-free athletic function was poor. Although lame and displaying other signs of discomfort with pain, it is not uncommon for amateur single horse riders to be unaware of both, so increasing owner awareness is vital for early detection of injury.

The pelvic region should be assessed carefully, with the horse standing squarely on a level surface, to determine the levelness of the tubera sacrale and tubera coxae and the symmetry of the musculature. With an incomplete ilial fracture the horse can still perform with a complete fracture the horse may lose balance and less commonly, also the tuber coxae, as in this horse. Muscle asymmetry is not a specific sign, usually reflecting disuse atrophy and merely indicating lameness of at least several weeks’ duration. The poor development of the TLS paraspinal muscles probably also reflects disuse, offloading of the TLS region being a frequent response to hindlimb lameness.

The asymmetrical hair wear allowed the prediction of saddle slip, which was probably secondary to the predominant right hindlimb lameness. Although the horse showed obvious left hind limb lameness in hand, on the lunge the horse adapted its gait by holding the TLS region stiffly, leaning in and looking out, common adaptations to lameness.

However, it was only with ridden exercise that it became apparent that the horse was clearly bilateral lame. The marked oscillation of the right hindlimb during the stance phase of the stride probably reflects lack of musculotendinous strength and coordination. It is speculated that right hind limb lameness dominated in hand because of the proximity of the fractures to the right sacroiliac joint.

In conclusion this case demonstrates how with careful assessment of the history and comprehensive clinical evaluation it can be possible to reach a practical diagnosis without sophisticated techniques. Many for instance horses have previously sustained injuries in training which are not necessarily career-limiting for other athletic function, but some do have long term clinical consequences, as in this horse.