

# Synergistic Treatment May Help Age-Old Problem

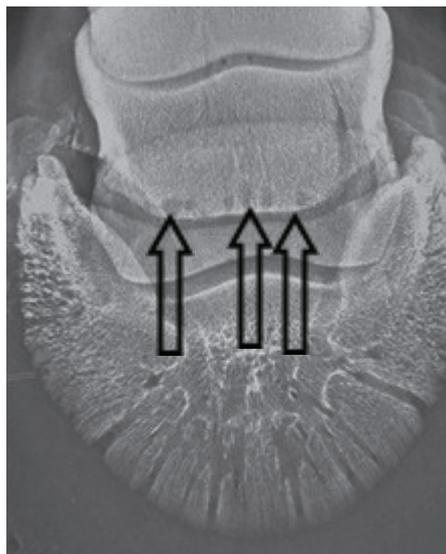
By Charles Maker, DVM

Colonel K, an 11-year-old quarter horse, hadn't been up on his game lately running barrels. He'd been run during the summer rodeo seasons on the western slope of Colorado for the past five or six years. Last year he started to show some lameness in the beginning of the season. When he came in to see us, he hadn't been doing well and was struggling to turn in a fast time and get around the cans cleanly.

At a walk, Colonel K had a tendency to land on his toes first rather than flat or heels first. Almost due for a shoe reset, we noticed that the toes of his shoes were considerably more worn than the heels and his frogs were small, dried out and atrophied. The past four or five resets this year had been set in three degree full pads with fully set open heels and pour in pads by the farrier.

Hoof testers were used to check for any pain in his feet and it was easy to see that when pressure was applied progressively from the apex of his frog to the bars and heels he became more and more difficult to examine. Colonel lacked energy when jogged in hand and didn't want to go. The owner stated that when out on a trail he was extremely choppy and he tripped often which wasn't normal.

When lunged in a circle he had a very stiff gait without the normal free forward movement of both shoulders. While jogging in a circle he "head bobbed" showing his lameness further with the head and shoulder movement upward when the inside foot struck the ground. Smaller circles in either direction elicited a dramatic head bob on the inside limb.



A contracted right front foot represents a conformational condition in which a foot or feet are narrower than normal in the heel (below left). It is more common in front than hind feet. Contracted heels often result from a lack of heel and frog pressure over time, such as when a horse unloads a painful portion of the limb. Excessively long hooves, heel pain, improper casting and improper shoeing can all lead to this pathologic unfavorable condition.



To further isolate the lameness, flexion tests were performed increasing his lameness one complete grade and supporting a lameness of both front feet; distal limb flexion tests temporarily place extra stress on the fetlock, pastern, and the coffin joints helping to isolate a horse's lameness to a region of the leg prior to considering nerve blocks. Subsequent nerve blocks to numb or desensitize the heels of Colonel's front feet were done, and completely abolished his lameness strongly supporting the diagnosis of navicular disease or syndrome.

Many of us growing up hanging out at barns, rodeo grounds or horse shows have heard of navicular disease, navicular syndrome or caudal heel pain and react to those terms with some well-deserved trepidation. The disease affecting the caudal or rear aspect of the foot's bony structure and closely associated soft tissues ligaments and tendons has been cited as far back as the early 1700s in France. The disease disproportionately affects horses who perform in sport activities with high levels of impact and concussion on their front feet. It can affect normally conformed horses with disproportionate loads across their feet and horses with abnormal conformation with normal loads across the feet.

High resolution modern digital X-rays were obtained to examine the bone structure of the back of the foot to determine an accurate diagnosis and define the best treatment moving forward.

Horses have four bones below the fetlock: the long pastern, short