Prepurchase Examination of Polo Horses

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As the sport of polo increases in popularity among equine enthusiasts and with the possibility of its becoming an Olympic sport, veterinary prepurchase examinations of these athletes are becoming more common and somewhat more complicated. Knowing the typical sport-related injuries and their significance, as well as the types of players making purchases, is of utmost importance for a successful outcome. Author’s address: Palm Beach Equine Clinic, 13125 Southfields Road, Wellington, FL 33414. © 1999 AAEP.

1. Introduction
Polo is a somewhat ancient equine sport that continues to grow in popularity throughout the United States. No longer is it only a sport of the extremely wealthy. More small clubs are starting up each year, and people of moderate income are taking lessons, buying horses, and beginning to play. Certain states, like Florida and California, are still home to thousands of polo ponies during the winter months, where tropical climates allow for world class tournaments. During the spring, summer, and fall, these horses migrate across the Mid West and up the East Coast to tournaments in places such as Texas, Illinois, Massachusetts, and New York. This creates a two season schedule for most horses, each with its own peculiarities. My practice in southern Florida has for the past 25 years dealt predominantly with polo ponies during the fall and winter.

2. The History of Polo
In today’s world class polo, approximately 40% of the ponies are imported Argentine Thoroughbreds and 60% are American Thoroughbreds, of which a vast majority are tattooed. Polo is a game requiring each player to utilize many different horses. The game itself is composed of four players on each team and each player will bring an average of seven mounts to the field. A game has six chukkers (a 7-minute period) and generally, a different horse is used for each chukker. A single game may have approximately 50 to 55 horses playing in a 1.5-hour time frame. A tournament with 10 teams participating translates into 300 to 350 horses.

Although the average value of the polo pony is less than that for racers, hunter jumpers, or dressage horses, the sheer number of horses that are required makes each owner’s total investment much larger than that for the other disciplines. High goal horses range in value from $20,000 to $60,000, medium goal horses are valued between $15,000 and $20,000, and low goal club ponies from $6000 to $12,000. Therefore, a high goal player caring for polo ponies may have an investment of near a quarter of a million dollars.

Argentina produces massive amounts of thoroughbreds solely for the purpose of playing polo. Since the 1970s thousands of these horses have been imported to the United States. Originally they were relatively inexpensive to purchase, with hundreds to select from. This era also boasted a time...
when American ex-racehorses were, for one reason or another, sold inexpensively as polo prospects, and many entered into polo with numerous orthopedic problems. However, nowadays, with increasing demand, the price of high goal Argentine polo ponies continues to rise. With a shrinking gap between the cost of purchasing and importing an Argentine Thoroughbred or buying and training an American Thoroughbred, more high quality American Thoroughbreds are entering the sport.

Polo requires the speed and stamina of a Thoroughbred, but also the ability to stop and turn quickly and the boldness to meet and impact other horses at speed. Most horses stand at 15 to 15½ hands and mares are preferred over geldings. Most horses are 3½ to 4 years of age when they are introduced to polo. It generally takes 2 years of training and playing before a pony becomes “seasoned.” Most exceptionally talented horses are in training and playing before a pony becomes “seasoned.” Typically, most buyers are on a budget, allowing them to purchase fewer horses of lesser quality. Their horses are often required to play two chukkers in each game. They expect their new horse to run and behave as a new car purchase. These players do not ask as much stopping and turning from their mounts as other higher rated players; however, these horses still have to run fast for a whole chukker. Unfortunately, these players usually have less experienced grooms that may fail to get a pony properly fit and often neglect to maintain old problems. Many of these buyers are absentee owners and fly in for the weekend to try the horse, and then call from out of town to discuss the pre-purchase examination. It is important to have well-documented and easy to understand summary points on the pre-purchase forms. These may be faxed to the buyer immediately following a telephone conversation about the horse, thus assisting the buyer in remembering some of the details that were previously discussed.

3. The Buyer

A. Professional Players and Seasoned Horsemen

These buyers have generally watched the prospective horse play several times and have ridden and played the mount enough to notice most of its faults and can advise the veterinarian of specific concerns. These buyers are usually looking for a 5- to 8-year-old seasoned horse and plan to use it through its prime years. These buyers are the most reasonable at understanding the difficulties we face, as veterinarians, at evaluating the soundness of a purchase prospect.

B. Green Horse Trainers

Their purchases are for resale, and their theory is generally that it takes as long to make a horse with a medical blemish as one without. In addition to the routine examinations, further diagnostics such as radiography and ultrasonography should be considered. Tattooed thoroughbreds should have their knees inspected closely and radiographed if any external pathology is noted. Long-toed and run-under heel horses wearing racing plates should have their navicular bones radiographed. Regardless of fetlock flexion test results, fetlocks with effusion should be radiographed. A prospective buyer has usually listened to the horse’s breathing after a gallop, but veterinarians are more likely to scope an ex-racehorse than a proven horse. There are some common potential polo pony problems due to conformation. Pigeon-toed horses may develop lateral branch suspensory desmitis. Horses with long toes and run-under heels may develop navicular bone changes. Long pasterned horses may develop flexor tendon sheath effusion. Sickle hocked horses may develop rear flexor tendon sheath effusion.

C. Beginners and Low Goal Club Players

These buyers are frequently purchasing older horses that have gone past their prime or younger horses with orthopedic problems. These are the most difficult horses to examine and the hardest buyers to satisfy. Typically, most buyers are on a budget, allowing them to purchase fewer horses of lesser quality. Their horses are often required to play two chukkers in each game. They expect their new horse to run and behave as a new car purchase. These players do not ask as much stopping and turning from their mounts as other higher rated players; however, these horses still have to run fast for a whole chukker. Unfortunately, these players usually have less experienced grooms that may fail to get a pony properly fit and often neglect to maintain old problems. Many of these buyers are absentee owners and fly in for the weekend to try the horse, and then call from out of town to discuss the pre-purchase examination. It is important to have well-documented and easy to understand summary points on the pre-purchase forms. These may be faxed to the buyer immediately following a telephone conversation about the horse, thus assisting the buyer in remembering some of the details that were previously discussed.

4. The Written Examination

Until this last year, my pre-purchase forms were hand-written statements faxed that day to the buyer and then later mailed with the statement. Typing a form often causes delays and requires recollection of an examination performed several days previously. Presently, a quick abbreviated form (Fig. 3) is filled out by the technician during the examination and then later transferred to a more comprehensive form (Figs. 1 and 2) on a computer along with a digital photograph (Fig. 4) of the horse. This package may then be sent to the buyer in a timely fashion. Contrary to the AAEP pre-purchase examination guidelines, each form is stamped with my final medical opinion: satisfactory, satisfactory with exception, unsatisfactory, or temporarily unexaminable. It is essential to document the prior history of ownership and specific questions answered by seller, his agent, or groom. It is advisable to have a lengthy disclaimer at the end of each form. The typed pre-purchase examination form, along with photographs, are faxed to the buyer at the end of the day. They also receive a glossy notebook with all the information in the mail. Buyers seem to be thoroughly impressed with what they receive.

5. Specific Polo Problems

A. Eye

A horse with sight in only one eye cannot play polo; as stated in the United States Polo Association rule...
book. Traumatic uveitis, left untreated, and end-stage recurrent uveitis that has resulted in contracted frozen pupils are the most commonly noticed or unnoticed causes of blindness. High speed polo bumps, accidental mallet blows, exercising polo ponies in a set, and even trailering mishaps make traumatic uveitis quite commonplace. Many horses are turned out in pasture for 6 months to a year, and cases of recurrent uveitis often go unnoticed and untreated, resulting in a sightless eye. Corneal scarring from previous ulcers are handled on a case-by-case basis depending on the degree of sight loss. Cataracts rarely occur yet are almost always discriminated against.

B. Mouth

Almost all polo ponies have “planed or sculptured” front molars to tolerate gag bits and double bridles. The amount of wear on the bars and cheeks can indicate much about how a horse plays. An example of great horsemanship is the green horse seller, saving money by not floating teeth and playing the horse in a gag, yet resulting in no sores on the horses’ cheeks. Old ponies with thickened bars or bony enlargements on the mandible from previous breaks may be runaways, often as a result of chronic orthopedic pain. Horses with large gag sores almost always have painful backs from playing with their heads up and their backs hollowed out.

C. Heart and Lungs

There is nothing unique to polo ponies in comparison with other sports horses. A rebreathing bag tends to verify the horses’ degree of fitness claimed by the seller. An endoscopic examination is not routinely performed on all prepurchase examinations, unless buyer or seller has noticed a respiratory noise or any type of exercise intolerance.
D. Skin

It is vital to always ask about the horse’s ability to sweat. Sarcoids seem to be fairly common, especially in Argentine ponies. They are usually of the dry and flat variety; however, any sarcoid in a tack contact area or any wet and raised sarcoid should be brought to the buyer’s attention. Melanomas, gnat bite hypersensitivity, top-line “rain-rot” dermatitis, and pastern dermatitis on ponies with white fetlocks are troublesome to manage and should be mentioned.

E. Legs

In polo ponies, a majority of all lamenesses occur from the top of the front cannon bone down. Most polo prospects are mature at time of purchase, and problems in the shoulder, elbow, carpus, hip, and stifle will have already become apparent and forced the horse into an alternative career. Most ex-racehorses with carpal injuries, causing limitation in flexion or large external pathology, are not purchased by green horse buyers to begin with. Occasional distended carpal sheaths, whether laterally above the knee or, more commonly, filling along the flexor tendon sheath below the knee, are noticed. In some of these cases, the accessory carpal bone may have been injured or fractured.

F. Tendons

Tendon damage is one of the most common injuries in polo. These range from noticeable “banana bows” to minor swelling but are usually noticed and treated long before significant damage is done. The SDF tendon should be palpated weight bearing and non-weight bearing. Palpation with one’s eyes closed and comparison with the other tendon are helpful. Most polo ponies with bowed tendons are blistered prior to turning out, so hair growth patterns are a tip-off. Any tendon in question should be ultrasound transversely and longitudinally. Some tendons that have been injected for cosmetic appearance and rested a reasonable length of time may never be noticed on a prepurchase examination.

G. Ligaments

The suspensory ligament is commonly injured in one of three locations: proximal, mid-body, or branch. Proximal suspensory desmitis is perhaps the most common and certainly the most frustrating injury seen. Approximately 5 to 8% of all prepurchase examinations each year are halted due to the horse having a strained proximal suspensory. Unlike horses in other occupations, most polo ponies recover, with or without therapy, in 3 weeks to 3 months. Suspensory body desmitis is probably the worst and most repetitive injury. Radiographs should always be taken of both medial and lateral splint bones when suspensory body or branch desmitis is apparent. Often the splint bone is broken, regardless of how well it palpates. The mid-body suspensory ligament injury due to its location should...
be discriminated most against and given the longest amount of time off. Suspensory branch desmitis is typically the fate of very handy polo ponies that exhibit exceptional fetlock flexibility and have played under top players in the number 2 or 3 positions. Pigeon-toed horses tend to injure the lateral branch of the suspensory and toed-out horses tend to injure the medial branches more often. These branch injuries can cause a high goal pony’s career to end, but these horses can be maintained in work for many years in low goal polo.

H. Check Ligament
Occasional “meaty,” nontender areas are palpated behind the deep digital flexor tendon and are a result of old tears in the inferior check ligament. Almost always, these horses are not lame at the time of injury or at the time of the prepurchase examination. The history and date of the original injury are helpful in determining total healing, and once healed they typically do not recur.

I. Fetlock Joint
The fetlock joints take the most abuse in polo. As in the case of suspensory branches, quick lateral pivoting is destructive to these joints, as is fatigue and hyperextension. Old racehorse chips and proliferative synovitis are problematic on prepurchase examination. A fetlock flexion score from $-2$ to $+2$ is used to measure the toe to elbow flexibility. This numerical score is helpful when referring to previous prepurchase forms. Palpating the tendons and suspensory ligaments along with flexing the fetlock is about 80% of the polo pony prepurchase examination. Fetlock joint effusion, resentment, restriction, and lameness require a complete radiographic evaluation. Although easily treated, proliferative vilinodular synovitis masses should also be ultrasounded if radiographic changes are present.

J. Sesamoids
The most common changes are mineralization of suspensory branches above the sesamoid bones and
the occasional apical “chip” (more frequently in medial sesmoids than lateral). Basilar chips are rarely seen but may be noticed on apparently sound horses coming in from being turned out. These horses generally will not remain sound when played.

K. Pastern
The pastern is commonly injured and periosteal proliferation on the inside of the left front first phalanx and the outside of the right first phalanx is generally disregarded and not considered to be problematic in seasonal polo ponies. This is generally not articular and is often seen on the oblique radiographs. Players swing their mallets forcefully on neck shots and occasionally impact the right side of each pastern causing damage. This lameness and bruising are referred to as “bamboo fever” and usually cause no long-term problems. Deep digital flexor tendon thickening and radiographic changes associated with distal sesamoïdian ligament injury do occur, although infrequently.

L. Tendon Sheaths
Windpuffs are common in any performance horse. However, large compartmentalized distension above the fetlock or old, fibroed tendon sheaths are extremely frustrating when attempting to forecast future soundness. Relying on the horse's previous injection history and degree or range of fetlock flexion is generally more helpful than ultrasound for this task.

M. Hoof
A big cupped hoof with a short toe and good heel is desirable. Over the past 5 years less chronic heel pain has occurred in polo ponies due to blacksmiths paying special attention to toe length, break-over, and hoof growth. Radiographs of the digit should be taken of any horse with an underrun heel, with different sized feet, or that is lame on the concrete (especially in a circle). In polo ponies, two distinct types of navicular bone changes are seen on radiographs. First are the classical cases of excessive distal synovial invaginations. One never knows how to interpret these in sound horses. When extremely numerous the horse may be rejected. The second type seen with regularity is the navicular wing enthesopathy. These wing lesions may be associated with chronic intermittent pain yet may be managed.

N. Hocks
Surprisingly, polo ponies can play successfully with a lot of hock pathology. Problems go mostly unnoticed, except by serious horsemen or high goal professionals. Most horses that show no lameness post-flexion and have no external effusion or bony proliferations are not radiographed. An increase in seasoned professionals requesting hock injections to improve performance may be a result of their contact with the hunter/jumpers, rather than an increase in the pathology of hock amongst polo ponies.

O. Back, Hip, and Withers
Back tenderness noticed on palpation is difficult to assess unless extremely dramatic. More reliable is the buyer's comments on the horse’s reaction to being mounted and walking off. Sacroiliac pathology is commented on but is difficult to diagnose. Old fractured withers are fairly common but once healed usually do not cause any problems, given a properly fitted saddle. It is advised to palpate hard on the withers to rule out any abnormal response.

5. Questions to Ask a Seller
Has the horse ever tied up? Bled from the nose? Made a respiratory noise? Been exposed to a stallion? Do they have any vices, such as cribbing, kicking, or abnormal hormonal behavior? Have they ever had colic surgery? It is good to palpate midline for subcutaneous suture knots or scars from previous abdominal surgery. Does the horse have a problem sweating? When was the last negative Coggins? When were the last vaccinations? When did the horse last receive any medication? Horses being exported abroad, after purchase, often require additional testing. The consulate of the country of destination may need to be contacted about which appropriate tests are required for importation.