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How to: Recognise a subtle lameness

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The definition of subtle lameness depends on the experience and skill of the examiner, the type of horse and its temperament and natural gaits, whether it is a forelimb or hindlimb lameness and whether it is unilateral or bilateral. The degree of lameness exhibited by a horse is also highly dependent on the circumstances in which it is observed. An exuberant dressage horse may show no detectable lameness in hand in straight lines; however, following mild sedation subtle lameness may become apparent. Grade lameness on a scale of 0–8 (0 = sound; 2 = mild, 4 = moderate; 6 = severe; 8 = non-weightbearing). Lameness is graded independently at the walk and the trot and under each circumstance in which the horse is examined: in hand, on the lunge on soft and firm surfaces, and ridden.

Questions that we need to ask are: 1. Is the lameness subtle because either there is low grade pain or the horse has a high pain threshold? 2. Is the lameness subtle because the horse’s exuberance is masking a more obvious lameness? 3. Is the lameness subtle because the horse has a bilaterally symmetrical lameness? 4. Is the lameness subtle because it is only evident under specific circumstances? e.g. canter pirouette in one direction. 5. Is the lameness subtle because the horse is adapting its posture and gait to minimise pain? e.g. the horse is leaning out or not bending correctly to protect itself. 6. Is pain-related back stiffness preventing the horse from showing concurrent lameness? 7. Is a performance problem due to subtle lameness? For example, is a horse’s uneven contact with the bit a reflection of lameness? 8. Is the lameness subtle because the horse is under the influence of analgesic drugs? 9. Is the lameness subtle because the horse has been rested?

As with any lameness examination the horse should be examined carefully at rest and in hand with the performance of routine flexion tests. When examining the horse moving it is useful to have a systematic way of assessment, first at the walk and then at the trot, with a check list, bearing in mind that not all horses have a straight limb flight. Do the left and right fetlocks have a similar degree of excursion? Is the limb flight straight? How does the horse land on each foot? Does the horse track up? Does the horse sound as though it is landing symmetrically? Is there a hindlimb toe drag and if so is this symmetrical? Does the horse pull the handler more in one direction than the other? Does the stride length and frequency change when the horse is lunged on a firm surface compared with a soft surface?

Examination of the horse ridden is invaluable, bearing in mind that a skilled rider can sometimes make adjustments that can mask lameness. It may therefore be useful to see the horse ridden by more than one person, both to a contact and on a long rein. The horse may have to perform to its maximum level of performance for some lameness to become apparent. The rider should be asked to perform rising trot, and to change the diagonal on which they are sitting without changing direction, which may result in lameness accentuation. Useful exercises to highlight low grade lameness are 10 m diameter circles and figures of 8; upwards downwards transitions from trot to trot and walk to trot; leg yielding to the left and to the right. If the horse appears to be moving symmetrically ask yourself if the balance, stride length, impulsion and engagement are what you would expect for the type of horse. If they are not this may reflect lameness. I can often feel a lameness better by riding a horse than I can see from the ground, particularly with some subtle forelimb lamenesses. Working with a skilled rider with good feel can give invaluable information, especially if the veterinarian is not a rider.

It may be worth working the horse hard, then allowing it to stand for >1 h and then reassessing it. Lameness may then be more obvious. Ultimately local analgesic techniques have to be performed to determine the source of pain causing lameness. If I can detect lameness, the lameness is not too mild to investigate using local analgesia, assuming that the horse is cooperative. But all this needs time, experience and a good eye and if a veterinarian does not have these, then it is in the best interest of the client that the horse is referred to someone with the prerequisite skills. If the horse is not cooperative and local analgesia cannot be performed safely it is not appropriate to use sedation to aid restraint. It is better to consider so-called ‘diagnostic medication’.

Further reading