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## Our Clinic is OPEN!

**Exciting news! As of April 2023, we will be able to welcome you to our clinic for haul-in veterinary services.**

As described in our previous newsletter, owners can bring their horses to the clinic for routine work such as annual exams, dentistry, bloodwork, imaging etc. In our exam space we have a well-lit indoor area, a set of stocks, if specific restraint is required, and a stall for sedation recovery and fluid therapy. Appointments will primarily be available on Wednesday afternoons with Dr Danica but that could change in the future, depending on popularity. Given our layout, we ask owners to use our circular driveway in a clockwise direction only, do not arrive sooner than 30 minutes before your scheduled appointment and no drop-offs please. We look forward to seeing some of you here!



## Prascend Rebate



If you missed it, Boehringer Ingelheim is offering a \$100 gift card rebate for owners who have their horse on daily PRASCEND®. If you've purchased a full year's worth of Prascend (300 or more tablets) between January 1st, 2022, and December 31st, 2023, you will qualify for the rebate! Be sure to take advantage of this excellent opportunity with Boehringer Ingelheim before the end of the year!

To submit your receipts and learn more, visit

<https://www.promo-trak.com/Requirements.aspx?offer=302L1&cn=Prascend&mp;AppDocId=a2c4M0000014AebQAE=&AppDocId=a2c4M0000014AebQAE>

# Competition Requirements

## Vaccination Certificates

A fairly new feature at our well-loved local shows has exhibitors expected to provide proof of vaccination against 1) Equine Herpes Virus (EHV) and 2) Equine Influenza Virus (EIV). Both SSITS (Saanich Shows in the Sun) and Thunderbird Show Park have their own vaccine certificates located on their websites. Standard veterinary certificates are not accepted currently. Try your best to have these forms ready for veterinarian signature while they are at the barn vaccinating your horse this spring. Otherwise, due to the high volume of vaccine certificate requests, we are asking all competitors to contact the office to request your vaccine certificate as soon as possible. Make sure to include your horse's show name as we may not have it on file. Please allow 3-7 days to complete the forms and avoid requesting them within the same week as the show. If a vaccine certificate is requested within 7 days of the horse show, a \$20 rush fee may be charged. We also ask that you then keep your vaccine certificate on file until the completion of the show season.



## Permitted Medications

If you need medications for competition (NSAIDs or Gastrogard), please request these medications well ahead of time. If we receive 100+ of prescription medication requests in the days leading up to the show, we may not have the time nor the stock to fill all prescriptions in a timely manner. We recommend horses requiring Gastrogard, to start their treatments the day before leaving for the show and finishing two days after returning from the show.

## Drug Residues & Elimination Guidelines

For those of our clients who compete at sanctioned events, you should be familiar with drug testing and prohibited vs permitted medications at competitions. In Canada, Equestrian Canada (EC) is the primary governing body which sanctions hunter/jumper, dressage, eventing, endurance, vaulting, reining, para-dressage, and driving competitions below the international level. EC regulations differ from those of the United States Equestrian Federation (USEF), and Federation Equestrian Internationale (FEI), which is important to note if you are competing under either of those regulatory bodies but won't be touched on in this discussion.

Firstly, only medications which are available in a format marketed for horses are permitted, so some medications which we routinely and safely use to treat horses (like the antihistamine cetirizine) are not permitted because their use in horses is "off-label". Of the "on-label" medications available, the following non-steroidal anti-inflammatory drugs (NSAIDs) phenylbutazone ("Bute"), flunixin meglumine ("Banamine"), firocoxib ("Prevequine"), ketoprofen ("Anafen"), and aspirin are all permitted medications within certain parameters. However only one of the above medications can be in the horse's system at a time. A test with more than one NSAID present, even if all are below the allowed limit, would still be positive. Other EC permitted medications include: pergolide ("Prascend"), ulcer medications, altrenogest ("Regumate") but in mares only, antimicrobials with a few exceptions, intravenous, intramuscular, and oral joint support (Legend, Hy-50, Adequan, Pentosan), vitamins, and IV rehydration fluids. All these medications can be administered while at the horseshow, provided the allowable dosages and routes of administration are adhered to. The one exception to this is endurance horses, who are not allowed to have any NSAIDs while competing.

With this relatively short list of permitted medications, all other medications are considered prohibited, and it is very important to consider withdrawal times when treating your horse with prohibited medications prior to a competition. A few common medications are listed below with their withdrawal times (see table on page 3):

# Competition Requirements

Medication	Use	Recommended Withdrawal
OsPhos	Navicular Pain	30 days
Kenalog/Betamethasone/Depomedrol	Joint Injections/Mesotherapy	6-14 days, depending which steroid is used
Dormgel	Sedation	72 hours
Dexamethasone/Prednisolone	Controlling Allergic Reactions	48 hours
Antihistamines	Controlling Allergic Reactions	48-96 hours, depending which antihistamine is used

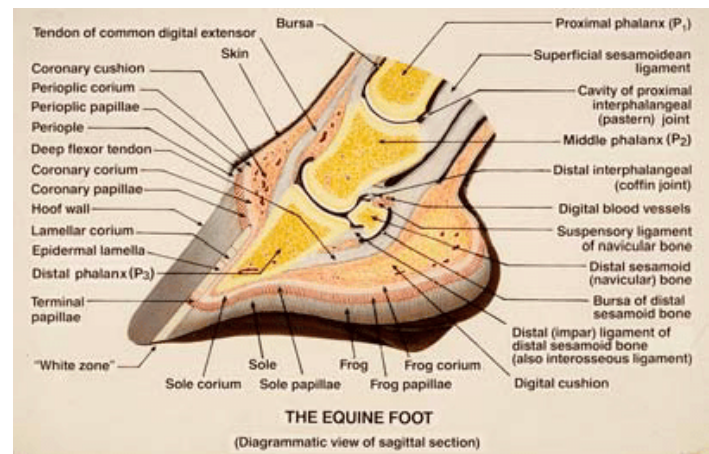
More information about the EC Medication Guidelines, and a link to the Canadian Pari-Mutuel Agency elimination guidelines can be found on their website: <https://equestrian.ca/programs-services/equine-medications>. If you have any questions about your horse's medication and whether it's a permitted medication or not, or about the timing of giving your horse a prohibited medication prior to a competition, please reach out to us and one of our veterinarians can help.

## Navicular Disease and Caudal Heel Pain: Semantics in Medicine

Navicular Disease? Navicular Syndrome? Caudal Heel Pain? Podotrochlear Syndrome? Are they one of the same? Why do we keep changing the name? This is a common source of confusion among owners and its hard to keep up. The veterinary industry keeps changing the name as our understanding of the condition broadens with improvements in our diagnostic capabilities. What was previously thought of as a navicular bone disease alone, now includes diseases of other structures within the hoof. Thanks to MRI and post-mortem exam, we now know that frequently, there are abnormalities of other related structures such as: the collateral sesamoid ligaments, distal sesamoid impar ligament, T-ligament, navicular bursa and distal deep digital flexor tendon as well as the coffin joint. The current conclusion is that 'navicular disease' is unlikely to be a single disease. The term 'Caudal Heel Pain' or 'Podotrochlear Syndrome' have arisen as umbrella descriptions for a multifactorial disease or separate conditions that result in lameness originating from the navicular region, even if the navicular bone itself doesn't appear to be affected.

There are breed predispositions to biomechanical overloading in the caudal heel: in QHs with their upright boxy feet, and TBs with their low collapsed heels and flat feet. There is also some evidence suggesting a hereditary predisposition in the Dutch and Hanoverian WBs. Other risk factors, regardless of breed, include foot imbalance and performance of horses that turn, pivot and slide such as western performance horses.

With this complex multifaceted condition, our understanding of risk factors, diagnostics, treatments and management strategies continues to evolve. In understanding how complex the spectrum of diseases in this region of the horse's foot, owners, farriers and veterinarians must work together to navigate the medically frustrating challenge of foot lameness.



In our next newsletter, we will discuss the various conditions of the different structures in the foot, as this complex issue is too big for just one newsletter!