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This issue of our SEVS newsletter is jam packed with SEVS updates, including a new team member, the return of seminars and new weekend emergency call sharing procedures. Keep reading to learn more about what's happening here with the SEVS team!

Weekend Call Sharing

As the number of horses on the Peninsula and Westshore continued to grow through the pandemic and post pandemic times, the demand on our veterinarians after regular hours has become unsustainable. In order to relieve the strain, the local veterinary practices: Eden and Plaxton Eq VS and SEVS are teaming together in a weekend emergency call-share group, similar to that found on the Lower Mainland and Central Island. This will mean that the five veterinarians will rotate responsibility for weekend call (Friday evening to Monday morning) for both practices. Clients of each practice will still call their respective practice's emergency line (for SEVS clients its the standard office number of 250-588-9438) and they will be either redirected to the veterinarian on call, or an alternative phone number will be provided in the voice message.

We acknowledge that not seeing your regular veterinarian, or even your regular veterinary practice will be a difficult adjustment, (and you can be assured your regular veterinarian wants to be there as well) but it's a necessary change in order to retain and sustain our amazing local veterinarians in practice here on the Lower Island. Your understanding and support in this new venture is greatly appreciated.

Meet Shannon - Our New Vet Assistant!



Shannon was born on Vancouver Island and has lived here since. She fell in love with horses at an early age; she started riding at the age of 9 and hasn't stopped (well there was a brief pause in her 40 years to raise 3 daughters and a step son). Shannon has years of experience as a Legal Assistant, Real Estate Assistant, Reception, Customer Service and of course working with horses. When not working, Shannon can be found riding, boating, scuba diving, exploring the island, spending time with friends and family. Shannon joined the SEVS family in August 2023 and has been loving it!



Seminars Are Back!

With the pandemic restrictions lifted and the workload caught up, SEVS will be offering new lectures and seminars in the near future. Please look out for posts on our Facebook page: <https://www.facebook.com/swiftsureequine>



Caudal Heel Pain in the Horse: A Continuation on 'Navicular Syndrome'

In our last newsletter we did a brief summary of 'navicular syndrome' and how it is actually an umbrella term for multiple problems that can develop in the heel of a horse. In this issue we will take a very quick look at a few things that can go wrong in this very complex part of a horse's anatomy:

Deep Digital Flexor (DDFT) Tendinopathy/Injury

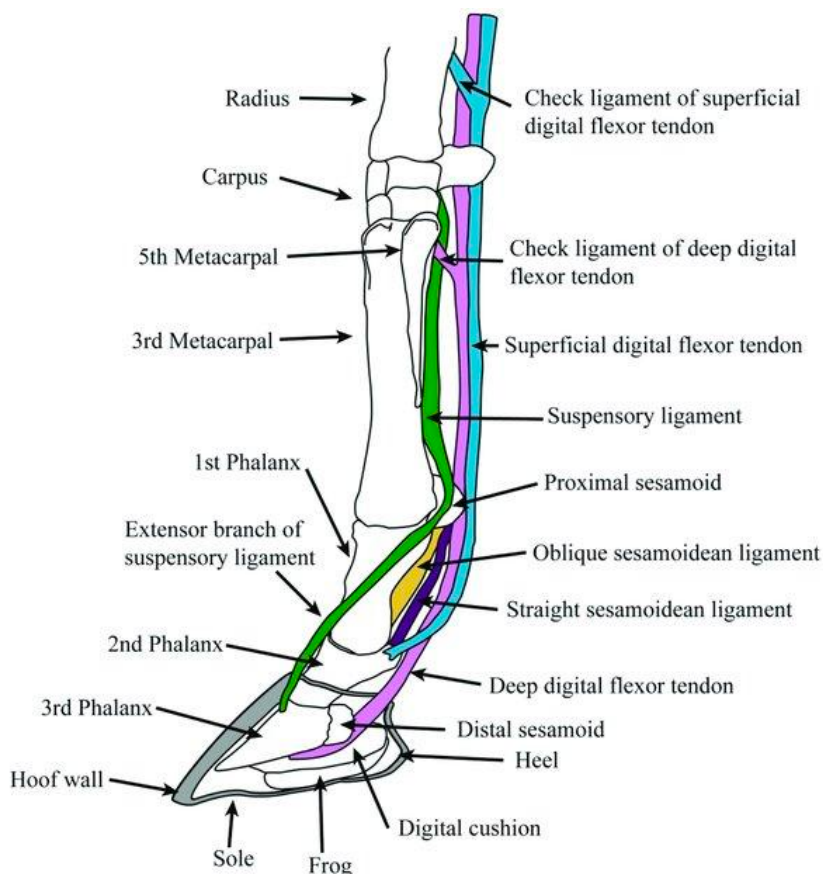
Injury to the DDFT may be present in up to 80% of horses with heel pain. The DDFT tendon runs under the navicular bone to insert on the coffin bone and disruption to its fibers can be found above and within the hoof capsule, making ultrasonographic evaluation of the DDFT in this region very challenging to impossible. Magnetic resonance imaging (MRI) is the best way to evaluate the DDFT within the hoof capsule.

Distal Sesamoidean Impar Ligament Desmopathy/Injury

This ligament runs from the navicular bone to the coffin bone and is part of the support system of the podotrochlear apparatus suspending the bones of a horse's foot in the hoof capsule. Abnormality or injury of this ligament was found in roughly 40% of horse's with heel pain in one MRI study and was the second most correlated finding with navicular bone pathology after DDFT injury.

Collateral Sesamoidean Ligament Desmopathy/Injury

This ligament is also part of the navicular apparatus and has a complex relationship with the coffin joint. Lesions of this ligament may be found in just over 10% of horses with caudal heel pain. The question remains as to if this is primarily injured or results secondary to changes in biomechanics if navicular bone, bursal or DDFT injury is present. Imaging diagnosis relies on MRI.



It likely goes without saying that navicular bone and/or bursal injury or genetic or developmental pathology all result in caudal heel pain, hence the most common name of the condition. Navicular bone changes are easiest to image radiography hence are the most commonly diagnosed which is largely to blame for the confusion around this "syndrome". However, as we learn how often soft tissue injuries accompany boney changes through MRI, comprehensive determination of the compromised structures is challenging for veterinarians on-farm which may explain in part the seemingly contradictory treatment options and success rates that we see. Discussion of some of these treatments for caudal heel pain will be continued in the next newsletter.

Equine Veterinarians: An Endangered Species?

Since the beginning of the pandemic, we have all grown accustomed (sadly) to supply shortages. However one shortage that horse owners may not be privy to is the supply of equine veterinarians nationally and internationally. Luckily, thus far, we have been incredibly fortunate to attract veterinary associates to the SEVS team, due in large part to the highly desirable area we get to call home. However we are not completely impervious to the strain seen elsewhere in the equine veterinary industry. Although the trends have been there for several years now, it seems that we are just reaching the precipice of the problem.

So what seems to be the problem?

One of the issues is numbers. Fewer new graduates are pursuing equine medicine, more equine practitioners are retiring, and those in the middle of their careers are either reducing workloads to prevent burnout (if they can) or are simply burning out. Only 1% of new veterinary graduates are pursuing equine medicine, according to AAEP surveys and of those equine veterinarians, 50% are leaving the profession within the first 5 years of practice, some switching to small animal practice which offers better work-life balance, while others leaving the profession altogether. Many factors are to blame but they include lack of mentorship, low salary-to-debt ratios, after-hours on-call, long working hours, social media bullying, etc.

What's the solution?

The profession is trying to tackle this major issue at multiple levels:

- The AAEP has formed a task force and subcommittees to offer better mentorship programs and guidance to its members, supporting students, improving internships etc;
- Private practices are entering shared on-call co-ops, offering externships for students, reduced work weeks and work hours, salary increases etc.;
- Veterinary colleges are allowing students to gain experience at private equine practices as part of their training rotations, offering bursaries and other support for growth and development.

What is SEVS doing?

SEVS has been very mindful of work-life balance, and has been fortunate enough to have adequate veterinarians and support staff to share the load. Our three veterinarians are each working 3 days per week and are soon to be entering a weekend call-share with other practices in our area. Moreover we will be welcoming 4th year veterinary students from WCVN starting this fall as part of their technical rotations.

What can horse owners do? (besides becoming an equine veterinarian)

In order to continue to serve horses and owners to the best of our abilities in a sustainable manner, the equine profession asks the following of horse owners:

- Cultivate and maintain a regular relationship with your veterinarian. Don't wait for an emergency to establish contact.
- Help the vet be as efficient as possible by having your horse ready and waiting before the appointment time.
- Learn what does and does not constitute an emergency, and contact the office if you're not sure. Don't rely on Dr Google for the answers.
- Don't expect the veterinarian to respond to non-emergency calls/texts/emails after regular business hours.
- Be welcoming of new veterinarians to the practice, and don't insist on using only the most experienced vet. Also be welcoming of vet students or interns. Although their approaches may be slightly different, they offer the most current knowledge and the industry needs them.
- Trust the information you provide and receive from support staff is relayed to the veterinarian. Don't expect to be able to speak directly to a veterinarian unless it's an emergency.
- Be accepting and supportive of changes in the practice that support work-life balance.
- Pay invoices promptly
- Be understanding of changes to appointment times due to unforeseen emergencies or rearrangements to improve efficiency and reduce travel time.
- Be appreciative of veterinary technicians and support staff. They are in short supply as well and the practice needs them to run smoothly and efficiently.
- If you are unsatisfied with something, contact the practice manager or owner to help resolve the issue. Do not use social media vent your frustrations.

As a whole, our clientele at SEVS is exceptional and enviable, and we truly appreciate the strong lasting relationships that we've cultivated. We feel so fortunate to be supported by an equine community that is appreciative, flexible, understanding and respectful. Everyone at SEVS loves what we do, and the horses and clients we get to interact with. We look forward to continuing to serve the equine community to the best of our abilities and desires for many years to come. Thank you for the ongoing support!