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This issue of our SEVS newsletter is full of education and holiday updates! Keep reading to learn more about what's happening here with the SEVS team!

Continuing Education

This fall, all our veterinarians attended various seminars locally and internationally. Drs McDonald and Olenick attended the Delta Equine Seminar in Langley BC Oct 30 and 31st. This year marked the 50th anniversary of the highly successful event. The speakers this year were Dr Scott Morrison from Rood and Riddle Equine Podiatry Center speaking on diseases of the hoof, and Dr Matt Durham, board certified Equine Sports Medicine and Rehabilitation specialist from Steinbeck Equine Center speaking on various challenging field procedures. Dr Fennell attended the very popular intensive seminars hosted by ISELP (International Society of Equine Locomotor Pathology) in Lexington, Kentucky on Nov 2nd and 3rd where they focused on the hock and crus. Thirdly, Dr Olenick just returned from sunny San Diego where she attended the AAEP (American Association of Equine Practitioners) Annual Convention Nov 29th thru Dec 3rd where most of her time was spent focused on neck pathology and rehabilitation among many other cutting-edge topics and research.

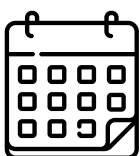
Client Education



Once again, we have started offering client education evenings! Our latest education evening was held in partnership with Boehringer Ingelheim (BI) and Eden and Plaxton Equine Veterinary Services. Dr Douglas Myers from BI spoke on a very popular topic: Equine Gastric Ulcer Syndrome. There was fantastic turnout, with highly engaged attendees and great questions. Our various industry sponsors are willing to host more education nights, and we are happy to offer labs or seminars of our own in the new year. What would you like to see? Please send us your suggestions!!!

Calendars

It's that time of year again! Our annual calendars are being sent as you read this. This is a great time to ensure that your mailing address is correct on your file. If you have moved recently, or if you aren't sure we have the right address on file, please get in touch with us!



Holiday Hours



The holidays are fast approaching and that means that our office will have reduced hours to allow our staff a much needed holiday break! If your horse will be running out of medication during our reduced hours, please contact us immediately to ensure you can pick up your prescription before our closure. **Emergency care will be available to clients over the holidays - please call us if you think your horse is experiencing an emergency.**

December 22nd: 9am - 2pm Office Hours - ER & Urgent Appointments Only

December 25th-26th: **CLOSED** - ER Only

December 27th - 29th: 9am - 2pm Office Hours - ER & Urgent Appointments Only

January 1st: **CLOSED** - ER Only

Pain in the neck?

One of the latest topics being discussed in depth at veterinary seminars is cervical pain and dysfunction in the horse as it is becoming an increasingly concerning issue in our performance horses for riders, trainers, and veterinarians. What does it look like? How do you diagnose it? And can you treat it and how?

Presentation

The signs of neck pain can be variable, from reduced performance to dramatic and even dangerous behaviours. Some horses will show stiffness, reduced range of motion of the neck, asymmetrical muscle loss (atrophy) or gain (hypertrophy), altered muscle tone, abnormal head and neck carriage, etc. Pain and dysfunction can also contribute to abnormal stance and movement of the limbs, altered spatial awareness, as well as gait abnormalities such as forelimb lameness, 'skipping', lack of impulsion and subtle hind limb abnormalities. Some horses develop severe avoidance behaviours such as head tossing, refusing to go forward, rearing, or bucking.

Diagnosis

In horses experiencing subtle or easily overlooked symptoms such as declining performance or changes in behaviour, observation is critical in determining if a horse is in pain, and its location. To assess neck pain, veterinary examination includes a thorough history, observation at rest, static palpation, motion palpation, and dynamic evaluation. Because cervical dysfunction can involve both the neurologic and musculoskeletal systems, thorough and careful evaluations of both systems are necessary. One challenge is that some symptoms, such as weakness and muscle asymmetry, can be attributable to either system. Another challenge is that subtle symptoms of pain can be overridden by adrenalin if a horse is nervous or distracted during an examination, making clinical diagnosis less straightforward. Thirdly, multiple structures can be involved including the facet joints, vertebral bodies, cervical fascia and muscles, nuchal ligament and bursa, intervertebral discs, as well as the nerve roots, ganglia, and spinal cord. In addition to a thorough examination, multiple modalities may be employed, each with their own advantages and disadvantages. These diagnostic modalities include: digital radiography, ultrasonography, nuclear scintigraphy as well as advanced imaging such as CT, CT myelography and MRI.

Treatments

Depending on the cause and severity of pain, neurological deficits, and structures involved, various treatments may be employed. Systemic treatments include oral or injectable NSAIDS, Bisphosphonates (Osphos), Gabapentin, and muscle relaxants. Complimentary therapies including chiropractic, physiotherapy, acupuncture, TENS, shockwave, and other body work can be helpful, provided an accurate diagnosis has been made. Local intra-articular injections of corticosteroids or biologicals like ProStride can also be administered with ultrasound guidance to deliver more focused treatments. Lastly surgical approaches to treat additional cervical conditions other than fractures and cervical vertebral compressive myelopathy (Wobblers) such as stenosis are being explored.



With increasing interest and investigation into the complexities of cervical pain and dysfunction, we will certainly have more information to follow. For now, it's imperative that critical observation and thorough evaluations from riders, trainers, caretakers, and veterinarians are employed in order to pinpoint the challenging and often frustrating, pain in the neck.

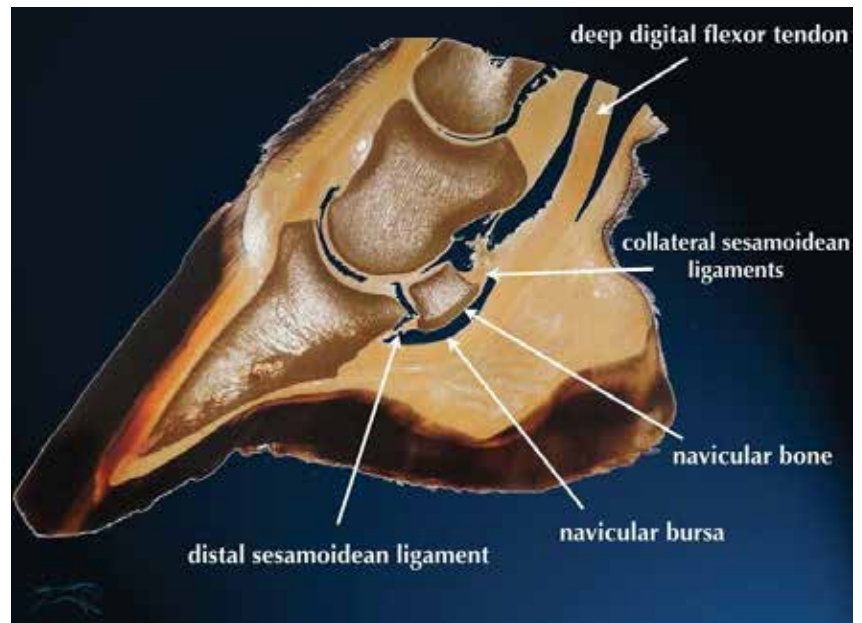
Image Source:
<https://www.horsesinsideout.com/post/understanding-your-horse-s-neck-with-gillian-higgins-horses-inside-out>

Treatment for Caudal Heel Pain

To follow-up on our discussion on caudal heel pain, or 'navicular syndrome'. Here are some treatment options that may be implemented depending on the diagnosis:

Therapeutic Trimming +/- Shoeing

Therapeutic trimming is a mainstay of treatment and ongoing management of most cases with caudal heel pain. With most cases being benefited by shortening and improving breakover with radiographically guided trimming, square or rockered toe trimming. If caudal heel pain stems from deep digital (DDFT) tendinopathy, additional frog and heel support with the use of various shoes also helps transfer mechanical strain from the DDFT to the SDFT (superficial flexor tendon). Full-pads, navicular pads or pour-on products may also benefit horses where deep sole bruising is suspected or navicular bone changes are present on x-ray.



Osphos

Bisphosphonates such as Osphos slow bone turnover, and are specifically labelled for 'navicular syndrome' where caudal heel pain is associated with radiographic changes in the navicular bone. Studies claim approximately 67% of horses treated with Osphos, diagnosed with 'navicular syndrome' show clinical improvement in 28 days. However this product is not without potential negative adverse effects including renal toxicity and monitoring of renal function periodically is recommended with ongoing treatment.

Navicular Bursa Injection

If caudal heel pain has been localized to the navicular apparatus, injection of the bursa may be appropriate. Bursas are cushion-like structures, similar to a joint, and occur where tendons or ligaments have to run over bone, particularly on sharp angles. This bursa can be treated with any of the corticosteroids also utilized for joints, as well as hyaluronic acid or regenerative therapies such as PRP or Prostride. Results are highly variable, likely more due to the challenge in accurately diagnosing the primary injury in these cases rather than efficacy of the product injected. Injecting this bursa is highly technical, and requires nerve blocking the foot, an off-weighted injection with a 3-inch needle and radiographs to confirm placement.

Rehabilitation +/- Regenerative Therapies

In cases where tendinopathy or desmitis is highly suspected to be a primary or secondary cause of lameness in horses with caudal heel pain, a controlled rehabilitation plan, designed for the individual horse by their veterinarian is necessary. Depending on the location and specificity of imaging utilized to make a diagnosis, injection of regenerative products such as PRP +/- shockwave therapy is seeing good results in literature.