Symptomatic lameness part 1

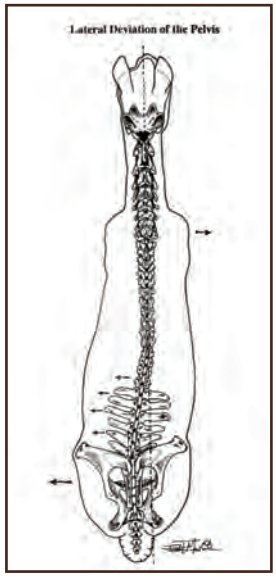
BY JOCHEN SCHLEESE, CMS, CEE, CSE

If you have an equine patient whose lameness isn't responding well to treatment, consider how the fit of his saddle might be contributing to the problem.

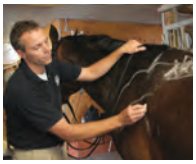
With complex physiological issues, veterinarians may recommend treatments to alleviate symptoms. The horse benefits greatly when the health care team works together, combining knowledge to understand underlying factors. This series discusses concepts to assist professionals in the diagnostic process.

When issues of symptomatic lameness are addressed (often in the right hind leg), and logical treatments no longer work, then injections, anti-inflammatory creams, or chiropractic adjustments at the SI joint are often selected. Observations of horse and rider in various gaits reveal many other causes of lameness – including saddle fit.

We have found that horses with symptomatic lameness in the right hind leg fall into the majority of horses (70%) that are muscled stronger on the left shoulder. This unevenness can be easily seen by viewing the horse over his rump. This has implications for saddle fit. The average fitted saddle appears to fit well while the horse is in the crossties. But a chain reaction starts when the horse moves, beginning with a scapular rotation upwards and backwards. Saddles that are not adjusted properly to fit the larger shoulder will be tight and put more pressure on it. Additionally, the larger shoulder will push and therefore twist the saddle to the right.



This causes the left panel to impinge against the left side of the horse's spine, reducing proper function with resulting inflammation over the sacroiliac. To compensate for the saddle twisting to the right against the spine, the rider leans to the left to maintain balance, causing increased pressure on the left side of the horse's back. This may result in a subluxation at the sacroiliac joint and pelvic intersection, causing a misalignment of the horse's back.



JOCHEN SCHLEESE IS A CERTIFIED MASTER SADDLER WHO GRADUATED FROM PASSIER, AND CAME TO CANADA AS OFFICIAL SADDLER AT THE 1986 WORLD DRESSAGE CHAMPIONSHIPS. HE REGISTERED THE TRADE OF SADDLERY IN NORTH AMERICA IN 1990. JOCHEN'S LIFELONG STUDY OF EQUINE DEVELOPMENT, SADDLE DESIGN, THE BIO-MECHANICS OF HORSE AND RIDER IN MOTION, AND THE EFFECTS OF ILL-FITTING SADDLES, LED TO THE ESTABLISHMENT OF SADDLEFIT 4 LIFE IN 2005 (*SADDLEFIT4LIFE.COM*), A GLOBAL NETWORK OF EQUINE PROFESSIONALS DEDICATED TO PROTECTING HORSE AND RIDER FROM LONG TERM DAMAGE.

Continued from page 37.

Until recently, influenza vaccines were the inactivated type. These produce relatively short-lived immunity and poor protection rarely lasting beyond six months. As well, a critical lag time (immunity gap) between the completion of the initial two doses of vaccine and the recommended booster at 12 months resulted in vaccine failure.

Newer approaches to vaccination were obviously needed and resulted in the development of the MLV intranasal and recombinant viral vectored and naked DNA vaccines. The advertised intranasal MLV vaccines state efficacy for up to six months or a year, with a decrease in the severity of disease after challenge at one year. Studies with recombinant canarypox vectored (rCP-EIV) vaccine showed that two boosters protected ponies from viral challenge and that a third booster dose provided immunity for at least one year thereafter. Thus, rCP-EIV vaccine effectively closes the immunity gap between the initial and one-year booster timeframe.

Once again, you need to consider the horse's exposure to this serious disease. Performance horses will undoubtedly be more at risk, while "backyard" horses with strong immune systems will most likely be better equipped to recover naturally, especially if no secondary infection develops.

Influenza vaccines are available as single vaccines or in combination with herpes virus, encephalitis, and/or tetanus vaccines. While some manufacturers state that these polyvalent vaccines are safe for horses, ponies, pregnant mares, sucklings, weanlings and yearlings, vaccination of pregnant and very young animals should be done with caution and preferably only in the case of disease outbreaks. Clinically, the injectable vaccines produce significantly more immediate vaccine reactions than the intranasal, though some horses appear to become headshakers following the intranasal.

The prevalence and severity of equine influenza has prompted many vets to routinely vaccinate. Show and racehorses are frequently done on the same two- to three-month schedule as EHV. However, in older horses, vaccination has been associated with vasculitis and purpura (bruising), as well as dysbiosis (disruption of normal body functions leading to colic, laminitis and founder) so it's important to carefully consider the pros and cons of vaccinating an older horse. Heavily vaccinated horses appear more likely to develop a chronic cough after an EIV infection (which can still occur in frequently vaccinated horses).

The titers

While serum titers for EIV are available, the short-lived duration of immunity from vaccination or natural disease makes their measurement of little use. Experience with rechecking titers