

HOW TO BE YOUR OWN VETERINARIAN (sometimes)

**A Do-It-Yourself
Guide for the
Horseman**

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INTRODUCTION

When I was a child, the arrival of our veterinarian was greeted with mixed emotions. On one hand, there was happiness at seeing Dr. Lynn Leadbetter, a special person whose kind manner and dry sense of humor never failed to impress me; on the other hand, there was the knowledge that the charge for his visit would strain our already marginal budget. I know that he often charged my family less than his normal fees because he knew we could scarcely afford them; his kindness has never been forgotten.

About two years ago, I finally had to admit that I was a financial failure as a veterinarian. I could not bring myself to charge what my services were realistically worth. I was not charging enough to make a living wage because I felt so much sympathy for those whose animals were ill or injured. This was brought home to me after I spent a large part of one day suturing two enormous cuts on the front legs of a colt who had fallen through a cattle guard, and found myself presenting a bill for some \$74! I could not bring myself to make money from my clients' and friends' misfortunes.

As a practicing veterinarian, I saw the unnecessary calls because nothing was really wrong with the horse. I saw other horses who were neglected until their injuries took months instead of weeks to heal. I saw horses who were left untreated until a minor colic became a life-threatening twisted intestine which necessitated surgery.

I decided to write this book to help the horse owner treat simple problems himself, to call the veterinarian sooner when it is necessary, and to know the difference between the two. Not incidentally, I hope to be able to save the horse owner some money with this knowledge. If I can save each person who buys this book just one veterinary call, it will have paid for itself. If I can also prevent the heartache of losing the use (or even the life) of the horse that you love, and save that animal some pain and suffering, then the two years that I have devoted to writing it will have been well spent.

When you get this book, please read it at least lightly from cover to cover. In doing this you will come to know my thinking on treatment of injuries and illnesses, and also which problems are considered minor or which need veterinary help immediately. This first reading will give you an idea of how to begin and where to look for specific information when your horse is ill or injured.

I have tried to emphasize preventive measures which may be taken to keep many problems from occurring so that you may never need to treat them. Many illnesses, such as founder, are in large part preventable, but may be nearly incurable or permanently damaging once they have occurred. Preventive medicine is the cheapest form of veterinary care—and the most effective in the long run!

FRACTURED CARPAL BONES

Fractures of the carpal bones may be small chips, often called "joint mice." Or, they may be larger, slab fractures. They are often due to stress, especially when compounded by muscle and tendon fatigue. When these are accompanied by poor conformation, such as calf knees, they are even more likely to occur. Carpal fractures are especially common in racehorses.

While these fractures may seem to occur suddenly (such as during a race), they are, in all likelihood, due to an accumulation of stress and damage over a period of time. Repeated injections of corticosteroids into the joint may permit continued usage, while masking signs of developing arthritis (degenerative joint disease).

As with cases of carpalitis, the animal often shows swelling, pain, and heat in the knee joint. Horses with fractures usually show pain both while standing on the leg and while moving it. The animal may hold the knee slightly flexed to rest it and relieve the pain when he is standing still. Knee problems should be x-rayed to determine whether fractures are present. It does no good to treat the



Carpitis or "popped knee."

problem as a simple carpalitis and then find that a fracture is present.

Surgery is the only satisfactory treatment for carpal fractures. The joint is opened with the animal fully anesthetized and under sterile operating conditions. If the chip is small, it is removed. Larger slab fractures are often stabilized and reattached to the bone from which they have fractured by one or more screws. About 80% of the horses treated return to useful work after this type of surgery.

If x-rays have shown a small fracture, your veterinarian may choose to use an arthroscope rather than to do surgery. A small incision is made in the skin and joint capsule and a fiber-optic instrument is inserted. This procedure allows the surgeon to see the chip and remove it. At the same time, he can evaluate the joint to see how much damage has been done by the chip, and whether other problems are present. This can give the veterinarian a much better idea of what is going on in the joint, as well as allowing him to remove the chip.

Healing may occur on rare occasions without surgery. However, the irritation caused during this healing period often results in severe arthritis and damage to the joint surface, causing more problems than if surgery had been done in the first place.

CROOKED LEGS

Crooked legs are often seen in newborn foals. In fact, most foals are born with some sort of leg deformity. It may, in some cases, be due to the position of the foal in the uterus. This especially seems to be true in horses such as the Thoroughbred, where the legs of the newborn foal are very long. It may be due to pressures exerted while the foal was delivered or to actual injury during delivery. These sorts of deformities usually correct themselves if the mother is a good milking mare and the foal gets normal exercise within the first two or three weeks.

Other cases appear to be due to inadequate nutrition of the mare during pregnancy. One of my ranch clients had all his foals born with crooked legs. We were beginning to think there was something wrong with the stallion and that the condition was hereditary. Finally, we analyzed the diet and found that the animals were on a phosphorus-deficient pasture. The next year, the mares were supplemented with phosphorus during pregnancy and the problem was no longer seen. In some cases, however, hereditary causes are undoubtedly involved.

The front legs seem to be affected more often than the hind legs; some foals may show severe curvature in all four legs. The deviation may affect only the knees, or it may involve more than one joint. The legs may bow outward or the animal may be knock-kneed. Others foals will have legs that are partially straight and turn inward or outward at the fetlock or pastern joints.

Some foals have both hind legs curved in the same direction. This condition is sometimes described as "windswept." Many of these will straighten if given normal exercise (not too much!). If the condition has not significantly improved within a couple of weeks, or if the animal is getting worse, splints may be applied to straighten the legs.

In foals who are several weeks old when the problem occurs, the curvature is usually due to disproportionate growth somewhere along the limb. Some foals may have angular limb problems because of necrosis and partial collapse of the small bones in the hock or knee joint. These can be straightened surgically, but this does not fix the disease which caused the bone damage in the first place.

Occasionally, limb deformities straighten out by themselves within a few weeks. If they have not become obviously better within ten days to two weeks, consult your veterinarian. When crooked legs are allowed to go uncorrected for a long period of time, the deformity may become permanent. Damage to the joint cartilage or the growth plate of the bone (the epiphysis) may result in a leg which continues to grow in the wrong direction. Enough arthritis may occur to cripple the animal for life. Or, one of the feet may turn enough that the horse walks on the side of the hoof, again leading to permanent deformity.

While the foal is young, it may be possible for your veterinarian to anesthetize him and put a lightweight splint on the leg to help straighten it. In many cases, one or two changes of the splint will result in a straight leg. Animals who are older when treatment is started will often require surgery.

One of the most common types of surgery is called epiphyseal stapling. The foal is anesthetized and a surgical incision is made over the epiphysis on the **OUTSIDE** of the curvature. A staple is placed vertically so that it bridges across the growth plate. This keeps the stapled side from growing. Meanwhile, the other side grows normally, gradually straightening the leg. The leg must be watched closely and the staple removed at exactly the right time. Otherwise, it will result in the leg becoming curved in the opposite direction! Another variation of this treatment is to put screws in the leg above and below the epiphysis and joining them with wire. This procedure gives the same basic result as stapling. Like splints, this correction must be done before the deformity has resulted in damage to the joint surface.

Another technique cuts a slit in or removes a triangular piece of the periosteum (the membrane which covers the bone). This is done on the **INSIDE** of the curvature and apparently relieves a tension or tightness of this membrane, allowing this side of the leg to "catch up" with the other.

In some cases, it is possible for the surgeon to remove a wedge-shaped piece of bone from the affected leg and then put one or more bone plates on it until it heals.

This is the equivalent in humans of "rebreaking" the leg. This surgery is usually only done on animals less than four months old who have no lameness due to their crooked leg and have no evidence of arthritis (degenerative joint disease) in the joints. This surgery is only used on horses with severe deviations; more conservative methods are used to try to correct lesser angulations.

The prognosis for a crooked-legged foal is good if corrective measures are started early and the defect is treated as intensively as necessary. It is poor when treatment is inadequate, is started too late, or if damage has occurred to the joint surfaces or epiphyseal plates because of the angulation. The presence of any arthritis due to the angulation is also an unfavorable sign.

UPWARD FIXATION OF THE PATELLA

"Patella" is the technical name for the kneecap. In the normal horse, it rides in a groove in the lower end of the femur exactly like your kneecap or mine. An affected horse has the kneecap slide upward and "catch," causing his leg to lock straight rather than being able to bend normally. This problem is considered to be hereditary because it is more common in animals with overly straight, upright hind legs. They inherit the conformation which brings on the displacement. Occasionally, fixation occurs because the animal is injured while the leg was overextended. Animals who are weakened and thin are more prone to it than are animals in normal condition. Fixation generally is seen in only one hind leg at a time, but often occurs in either hind leg in susceptible animals. It is common Shetland ponies.

The animal's leg is locked in the extended position, stretched out behind him. The animal cannot flex the stifle and hock, but can still move the fetlock. The leg may unlock and then catch again in a few steps or it may stay locked for hours or days. Some horses have the kneecap catch as they move, giving a rough, jerky gait, without its ever locking and staying locked. If the animal is forced to move while the patella is locked hard and fast, he may drag the front of the hoof on the ground. A snapping sound can sometimes be heard as the kneecap pops in and out of place without locking.

If fixation happens to your horse suddenly and does not relieve itself shortly, first-aid to get the kneecap popped back into place may be in order. Put a sideline on the affected side. Pull the leg forward. At the same time, push the kneecap toward the horse's body. This will often push it back into place. Other animals benefit by being backed while someone pushes inward and downward on the kneecap. It has been recommended that the horse be startled sharply so that he will jump forward. In some cases, this will release the kneecap.

These are **JUST** first-aid measures. If the problem recurs, have the animal checked by your veterinarian to