

Arthritis and joint disorders

Hugh Somerville tells us more.

I spend the vast majority of my time looking at lame horses. Whilst the cause of lameness can vary enormously it is usually possible to separate most cases into either acute injuries or degenerative conditions, and also into soft tissue or bony / joint injuries.

Arthritis is a degenerative condition that can affect many different joints. More commonly these can be coffin, fetlock or hock joints – but the facet joints in the neck or the temporo-mandibular joint (that opens and closes the jaw) can also be affected.

There are many factors that can predispose to your horse developing arthritis. The horse's individual conformation, it's genetic predisposition, type and intensity of exercise and on what surface over its lifespan, injuries involving the joint surface, previous surgical procedures etc.

I would try to get an accurate diagnosis by initially performing a thorough clinical examination – this would start by taking a thorough clinical history – what are you feeling as a rider, how long have you had concerns and what surfaces does the horse like most and least. It is also useful to know a little about the horses history and previous exercise levels.

Watching the horse moving can then tell me a lot – especially if they are more uncomfortable trotting on a hard surface (especially on a circle) than they are in the soft school. Passive flexion of a joint can be painful, as can the trot-up afterwards. However we do have to be careful how we perform and interpret flexion tests . . . it is possible to put excessive pressure on a normal joint and create an artificial response.

It is sometimes possible to see a significant joint effusion (or windgall) just by walking around the horse and looking at its legs. However most joints on the legs can be felt for the effusions as well . . . An exception to this is one of the more common arthritic conditions of the hind legs – Bone Spavin. This is another term for arthritis of the lower hock joints. These low motion joints don't develop a joint effusion that can be seen or felt – however frequently when putting a needle into the joint there is lots of fluid under pressure that comes out.

It is always important to confirm the source of pain as accurately as possible – for arthritis this usually involves putting sterile local anaesthetic directly into the joint and then seeing a significant improvement of the lameness as the pain is removed by the injection. It is quite common to then see the lameness switch to other leg. Most cases of 'wear and tear' arthritis is bilateral (affecting both legs), it is just that the horse frequently has one leg that is more painful than the other.

Most horses are then examined with x-rays before deciding on a treatment plan. However there are certain cases that can also benefit from an MRI scan due to the possibility of having additional soft tissue injuries (eg coffin joints with additional collateral ligament damage).

Our standard treatment for arthritis is the use of corticosteroid injections into the joints. It is important to understand though that we can't cure arthritis – the steroid controls the active inflammation and therefore the pain. In addition we aim to slow down the further deterioration within the joint and therefore prolong the horses comfortable working life. Our goals could be anything from gaining an extra 5% improvement in performance for a competition horse to making a pleasure horse with arthritis in its hock joints more comfortable to enjoy hacking without pain.

There are also other more specific treatments available to treat arthritic joints. These include the use of 'biological' treatments (eg IRAP or Platelet Rich Plasma), fusion of hock joints with a strong alcohol injection into the joints, a newer form of joint treatment that can potentially give a more prolonged benefit is 'arthramid' (a gel like substance that is incorporated into the joint capsule itself). We also have to be aware of the use of drugs in competition horses, and when it is safe and correct to use them.

If these treatments and injections aren't for you and your horse, we always have the option of more conservative treatment. Oral painkillers and anti-inflammatories (such as 'Bute') can provide a huge benefit. Working with your farrier to try other shoeing options should always be part of the treatment. It is important to look at the overall exercise levels of the horse – regular sensible exercise is far better than occasional excessive demands just at weekends. Finally weight control can play a huge part in reducing the strains and stresses placed on joints.

If you would like any additional information please call us on 01577 841010.

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