

B-LEVEL ADDITIONS TO UNSOUNDNESSES/BLEMISHES

I. OSSELETS

- Obscure term from bowels of Victorian vet manuals that's stuck
- Today's definition: a traumatic arthritis of the metacarpophalangeal joint (aka fetlock joint) of the front leg.
- Not to be confused with sesamoiditis which involves the sesamoid bones at back of the fetlock
- Osselets begins with swelling on the front of the fetlock joint with the possible addition of synovial distensions on the sides of the joint (known as windpuffs)
- It is painful when joint is flexed & can cause lameness
- Osselets often brews in both front ankles at once so the lameness might show up as a short, choppy gait with no one leg visibly more sore than the other
- If one fetlock is involved, the horse will "point" the affected leg & try to avoid putting weight on it. At this stage it is sometimes called "green osselets".
- As the condition worsens so does the lameness & interior structures of the joint can become more & more irritated. This can trigger an "irregular" abnormal bone growth to form on the lower end of the cannon bone (3rd metacarpal) & high end of the long pastern bone (1st phalanx) which meet at the fetlock joint. This bony growth is called an exostosis (bony protuberance) which can easily be felt thru the skin. As it progresses it can limit the flexion of the fetlock joint.
- If left unchecked the periosteum (sheath covering bony surfaces) inflames & articular cartilage at the end of the bones becomes damaged. The point of attachment of the digital extensor tendon can become degraded leading to chronic lameness.
- Single most predisposing factor is short, upright pasterns (concussion). Other causes include uneven stresses on the joint usually caused by poor/unbalanced shoeing, uneven terrain & rushed conditioning.
- Young thoroughbreds & standardbreds in race training are the most common victims today, however, draft horses are also seen with osselets due to tendency toward short, upright pasterns.
- Pain, heat & swelling in joint. If nerve block an osselets sufferer, the horse will appear sound while temporarily numbed.
- If treated promptly, can resolve where horse resumes normal work. Treat with cold hosing/ice packs for 48 hours at 1st sign then switch to heat/DMSO with advice of vet. Strict stall rest & heat treatment for 4-6 weeks. More stubborn cases respond to cortisone injections into the joint which can cause cartilage damage. Adequan is a better option which can reduce swelling & help repair damaged cartilage if administered early.

II. CARPITIS

- In bones of the knee (carpal joint)
- Arthritis of carpal joint
- May have bone chips (joint mice) loose in joint causing inflammation.
- Associated with calf knees especially in race horses (results from overextension of the knee)

III. BUCKED SHINS

- Involves periosteum (sheath covering bone) of cannon bone usually in front legs
- Inflammation of periosteum, sometimes with microfractures due to concussion.
- Usually subsides to a blemish once healed
- Akin to shin splints & stress fractures in humans
- Extremely common in young racing Thoroughbreds & Quarter horses
- A result of rapid bone modeling. This is where bone density increases more rapidly due to mechanical strain. This new bone is more prone to microfracture.
- Severity of shin soreness varies but many horses will show pain when the cannon bone is pressed on & will be lame at the trot. There can be swelling in this area.

- More common in US race horses than England. Probably due to the fact that England trains 2 year olds on straight tracks which US uses oval tracks. Straight tracks place less strain on the cannon bone.

IV. SPRAINED SUSPENSORY LIGAMENT

- Sprain of ligament with tearing of ligament fibers due to trauma.
- Takes long time to heal because of poor blood supply to ligament
- Easily reinjured

V. CORNS

- Bruise than occurs at ground surface of hoof between the bars & wall
- Upright or pinched heels which cause the full weight of the horse to descend directly onto the heel tissues are the usual cause
- Bruise can also be caused by pressure of shoe in the wrong place especially when shoe is left on too long & overgrown by horn. Also can be caused if shod too short.
- Bruise (red spot) may not even be visible until shoes are pulled
- Can become infected & abscess (suppurating corn)

VI. HOOF CRACKS & SAND CRACKS

- Outer wall of hoof running down from coronary band
- Due to dry feet, poor quality horn, or damage from excessive rasping.
- May require therapeutic shoeing, hoof dressing & nutritional supplements to stimulate growth of horn

VII. TOE CRACKS

- Found in outer wall of hoof at the toe, running up from the ground
- Often due to hoof splitting when trimming is neglected
- May require therapeutic shoe, groove, clip or other treatment to stop progress of crack

VIII. QUARTER CRACKS

- Found in outer wall of hoof at quarter (side) running up from ground
- May be due to neglected hoof trimming or unbalanced feet with excess "flare".
- Requires therapeutic shoeing, with clips, groove or other measure to stop the progress of the crack