

The Whole Horse

RACHEL E. HEART, DVM

Entering 2011, it's hard to believe that my 20-year veterinary school reunion is now only months away. What an evolution our profession has seen with the advances in technology. The way we learn, communicate, and diagnose has changed, and the advantages are many. These days, as a veterinarian, it is not unusual to walk into a barn and set up more than \$100,000 in equipment to do a routine exam. We have digital radiography, computerized radiography, ultrasound, and even lameness locators. Veterinarians have become very adept at using equipment to make an exact diagnosis.

Our equine professionals are trained to search for the newest and best care available for horses. Clients will van their horses here and there to acquire just the right combination of modalities to diagnose and revive their equine athletes. But as our industry becomes more dependent on technology we need to remember how to use our hands and eyes to look at our patients. It seems that more money is spent on technology and less value placed on common sense. All too often we use machines to make our decisions.

For instance, if we can't figure out why the horse with perfect flexion tests and radiographs kicks out when his lumbar spine is palpated, we tend to downgrade this finding because the machine says everything is okay. What we can't measure or image tends to lose importance in the overall picture. Our profession is getting out of balance, and it seems to be a higher priority to know how to make a CD, than to know how to



Heart believes a veterinarian should recognize—without using machines—that this horse's posture is associated with low heels.

evaluate a horse's topline.

Our lack of attention to the horse as a whole is also represented by the low heel/high heel controversy. For years our industry has struggled to resolve mismatched feet in horses, and we know this problem often begins in the first year of a horse's life. What if we consider low heels as a sign of increased loading of these legs? We would find muscle contraction and distortion of the spinal column associated with this posture that ultimately affects every part of the horse's body, not just the heels. If we start to look at low-heeled horses as a group we might realize that they have many similarities in gait, behavior, and soundness issues. You might notice that a horse with a low heel on the left front usually also has a low heel on the right hind. Many of our soundness problems stem from this type of loading imbalance. We must continue to step back from the distal limbs until our treatment plan encompasses the whole horse. Only by making the animal confident in using all four of his limbs will we be able to address the disparity in heel length.

Evaluation of a horse's posture is rarely

considered part of a routine exam. We need to start asking why the horse with a deep digital flexor tendon injury of the left front also has a low heel on the left front and always stands with the left front leg in front of the right. Poor posture might be contributing to the injury or preventing healing. We should question the significance of muscle tension in the shoulders and stifle area, hunter's bumps, and roached backs. These conditions could be indicators of current or future unsoundness. A normal horse should have well-developed longissimus

dorsi muscles (that run along either side of the spine) and stand with the cannon bones perpendicular to the ground. Do you ever wonder why it's so hard to make a horse stand square behind for radiographs? What we refer to as conformation (length and shape of bones), which cannot be changed, should not be confused with posture (how the horse stands), which can be significantly altered.

As we enter 2011 I would like to see more balance in the way we evaluate our patients. As we step back from our machines and relearn the art of looking at the equine patient as a whole we might realize that some of the most complicated problems have rather simple solutions. Our own hands, eyes, and intuition have always been our best and most dependable tools—let's not forget their importance in this fast-moving world we live in. **h**

ABOUT THE AUTHOR

Rachel E. Heart, DVM, graduated from Tufts Cummings School of Veterinary Medicine, and her practice, Heart Equine, specializes in integrated sports medicine for horses. Heart Equine recently relocated from Barrington, Ill., to Franktown, Colo.

This opinion column is for topics of importance to the horse industry. If there is a topic you want covered, or if you'd like to submit an article for possible inclusion, contact Stephanie L. Church, Editor-in-Chief, The Horse, PO Box 919003, Lexington, KY 40591-9003; schurch@TheHorse.com.