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Success Through Precise Riding

Let precision get you to Third Level and beyond

*By Leah Custer with Patricia Lasko
Photos by Barbara Bella*

In dressage training, everything we do with the horse is about preparing him to perform all the movements required in a test with ease while keeping the long-term goal of training for the Grand Prix clearly in our minds. Each test level prepares the horse for the next. Moving from Second to Third Level is a huge step in the big picture of your horse becoming an upper-level competitor. For example, Second Level is the first time collection is required. Third Level is the first time the horse is asked to do a flying change.

So here are a few lessons I've learned to help prepare dressage horse for the tests at Third Level and beyond.

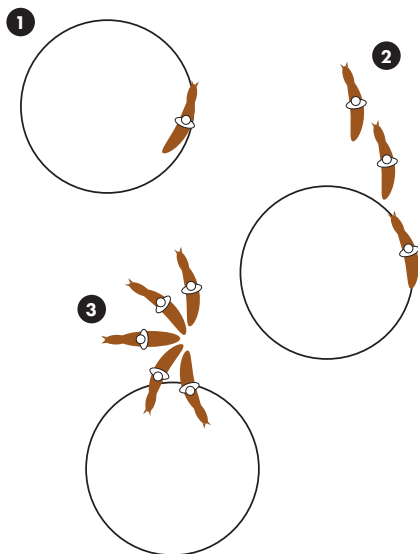
Directives tell you exactly what the judge is looking for. For example, in Third Level, Test 1, the Directive for the "half 10-meter circle left, half pass left" says the judges look for: "Shape and size of half circle [below]; alignment, bend, fluency and crossing of legs [right]; engagement and self-carriage.

How to Train for Precision

Learn from the Directives: There is so much to learn about precision by reading the Directives printed next to each movement on the test and using this information to make a training plan at home as well as for the show. Directives tell you exactly what the judge is looking for. For example, in Third Level, Test 1, the Directive for the "half 10-meter circle left, half pass left," says the judges look for



Teaching the Half Turn on the Haunches



1. Begin on a small circle with haunches to the inside. 2. As the horse bends around your inside leg, move him off the circle in half pass in the same direction. 3. Then bring the shoulders around the haunches in a half-pass feeling on a small half circle.

“Shape and size of half circle; alignment, bend, fluency and crossing of legs; engagement and self-carriage.” (See “USDF Definitions,” p. 5)

How do I do all that? By practicing correct repetitions and by tackling each movement individually, breaking it down into little chunks that are more manageable to deal with. Here is an example: As in many tests, the first movement is to halt on the centerline. The Directives of Third Level, Test 1, list the following as important: “Engagement, self-carriage and quality of trot; well defined transitions; straight, attentive halt; immobile (min. 3 seconds).”

I begin by practicing halts on the wall or rail. This helps me keep my horse straight. Once he is straight, I halt on the centerline. I sometimes halt before or after X so the horse doesn’t anticipate the halt too much. With a very tense horse I will end a ride with a halt on centerline and immediately dismount.

To get smooth transitions in and out of



The turn on the haunches teaches your horse to become better balanced and therefore, quick to your aids so you can be more precise. This movement improves your horse’s balance and eventually sets him up for the canter pirouette.

the halt, I make sure my horse is in front of my leg and listening to my seat and other aids and responding immediately. It may sound basic, but you need to spend time working on these kinds of details. In Third Level, Test 1, the coefficients double for the walk transitions and the two half turns on the haunches. These give you more points per movement than the entire half pass.

The turn on the haunches. Another way to teach your horse to become better balanced (and therefore quick to your aids so you can be more precise) is by doing turns on the haunches, which are always done at the walk. This movement improves your horse’s balance and eventually sets him up for the canter pirouette. When you do the turn, it’s important to maintain the walk rhythm and the horse must be bent in the direction of travel.

One way to school the turn on the haunches is to begin on a small circle with haunches to the inside. As the horse becomes comfortable bending around your inside leg, move him off the circle in half pass in the same direction. Then bring the shoulders around the haunches in a half-pass feeling on a small half circle. As the horse becomes more comfortable with the work, the turn on the haunches becomes smaller.

Big faults happen if the horse steps backward or sideways to the outside with the outside hind leg or if he turns with a “stuck” hind leg. To help ensure the horse doesn’t stick a hind leg and pivot during a turn on the haunches, first I make sure my walk is very active and then I begin with only quarter turns so I don’t lose the rhythm of the walk and risk a stuck step



When you do the turn, it is important to maintain the walk rhythm and the horse must be bent in the direction of travel.

The flying change. One of the major challenges for Third Level is that it's the first time we ask the horse for a flying change. The horse can get a little mentally sprung when he does the first flying change in a test. To keep that under control, start with walk–canter transitions because they make the horse think about the balance he will need to do a flying change.

To do a successful walk–canter transition, make sure your horse steps evenly through from behind and isn't beginning to jig or get tight in his back. He needs to be in a proper medium walk, rounded to the connection, accepting the contact and straight. If you give the canter aid and the horse is crooked, he will have a crooked transition, lose the connection and run off

into a working canter with a frame that is too long.

Once a horse understands canter–walk–canter transitions and is relatively comfortable with counter canter, I begin schooling flying changes. I don't like the horse to be too established in counter canter before I school flying changes. I will generally teach the changes and then take small training breaks to re-establish the counter canter.

To make sure the horse is under control, the training can't always be linear. On days when I school flying changes, I first begin with a few simple changes. Then I set the horse up for success by riding simple changes of lead across the diagonal, and when the horse feels relaxed with this, I try one flying change each way. If there is tension in the horse's response, I generally change my aid to a simple-change aid so the horse understands that the goal is the other lead.

In the beginning, if the horse tries to switch leads but changes only the front

or hind legs, I praise him anyway even though it is not a clean change. Over the next few weeks I become a bit pickier and insist that he change both sets of legs at the same time (a clean change). And after a few more weeks, I'll expect all the changes to be clean.

At each stage of this process, when I feel the horse has tried his best, I immediately end the training session, especially when a flying change occurs. I am not usually a treat feeder, but I always give lumps of sugar when teaching changes.

The first flying changes asked for in dressage are in Third Level, Test 1, after a 10-meter circle and across a short diagonal. In Second Level the simple changes are asked for on a similar line. So you can see that the tests were written to help us teach our horses how to learn flying changes in a clear way.

As you ride the Third Level test and are at walk just before the canter depart, the test instructions actually tell you to “shorten

USDF Definitions

Alignment: Referring to the horse, the lining up of the horse's body parts from tail to poll. One of the four aspects of straightness (the other three are parallelism to line of travel, parallelism to line of reference and directness of line of travel).

Bend: The laterally curved position in which the horse's body, as would be viewed from above, appears to form a uniform arc from poll to tail. Components of bending include lateral flexion at the poll, stretching of the outer side of the body, lowering of the inner hip and adduction of the inner hind and outer forelegs.

Engagement: Increased flexion of the joints of the hind legs during the weight-bearing (stance) phase of the stride, lowering the croup relative to the forehand, enabling the back to assist in elevating the forehand and providing a springboard for upward thrust/impulsion. Engagement is carrying power rather than pushing power.

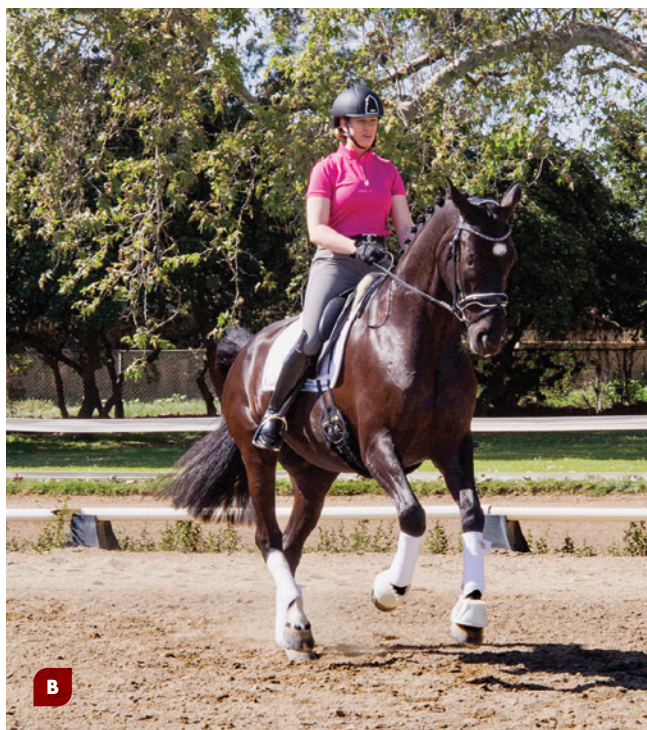
Fluency: Flowing or moving smoothly and easily.

Self-carriage: The horse has to reach or stretch forward through an arched and basculing neck to the bit. At the same time, he has to stay balanced and carry himself by engaging his hindquarters so as not to fall on his forehand and look for the rider's support in a heavy contact.

The Flying Change



If the horse's canter becomes flat, circle to bring him into a shorter frame, getting his hind leg to come under and increase collection in preparation for the flying change.



You can use the diagonal if you need to leg yield to the new outside rein as you prepare to ask for the flying change.

the stride in walk.” This is to make sure you have the horse on the bit, lifting his back and accepting the preparation leg aids for the canter depart. Shortening the stride (through your half halts) alerts the horse that there will be a transition coming up.

The transition into canter happens on the rail at C, so you have the wall to help keep the horse straight. Keep yourself balanced while you give a clear transition aid, keeping the horse straight, round and on the bit into canter. Then you have a corner you can use to prepare for and transition into the medium canter down the long side. There is a lot happening in about 10 strides.

The flying changes in the test are preceded by 10-meter circles. If the horse becomes flat after the medium canter, the circle is a great chance to bring him into a shorter frame and get his hind leg to come back under to increase collection and prep for the change. Then you have that open space of the diagonal if you need to leg yield to the

new outside rein as you prepare to ask for the flying change.

Precision Equals Control

Riding your test with absolute precision may sound easy, but it is difficult. At Third Level, you must really follow the directions for each movement because the scores for transitions in and out of a medium trot, for example, and hitting the rail exactly at the letter can make the difference between scoring well or not. I think riding with precision is especially important on a less flashy horse because a technically correct test can give a horse an advantage over someone on a fancier horse who is less precise. Here are a few tips to improve precision:

To get your horse more in front of your leg, I school transitions. The goal is to just use soft calf pressure to create a response. If the cycle is repeated the same way a few times, most horses (especially hot ones) become very smart and begin to listen for the

whisper rather than a shout from my aids.

This is especially useful with dull horses. The dull horse must learn to get hot to be able to perform the difficult upper-level work with multiple aids. The cycle goes like this with variations depending on the horse:

1. Press with calf. If no response,
2. Then use the spur. If no response,
3. Then use a little pop with the leg. If no response,
4. Then a tap with the whip.

The small aids creating big responses, especially on a dull horse, create a more harmonious ride and allow the rider to do more precise work. She can then focus on small things like rebalancing in a corner and half halting between movements so the horse is more collected and mobile enough with his shoulders to leave the rail at exactly the letter for a precise movement.

Riding a diagonal. Let's say a rider is changing the rein at extended trot on the diagonal line H-X-F. Too often she leaves the



Keep yourself balanced while you give a clear transition aid, keeping the horse straight, round and on the bit into canter.

long side 2 meters after H and rides a curved line with the horse slightly bent to the left and only getting straight as she approaches F. Because the horse is crooked, the rider has lost the chance to get the horse uphill and show a good extended trot. This rider needs to train at home using cones to know when to leave the long side.

Prepare your horse with half halts so you can turn off the track exactly as his shoulder is even with the letter. Stay in balance by having equal pressure in both reins and equal pressure from both legs. As you straighten the horse's body to ride a perfectly straight line to the next letter, line up F between his ears and ride straight for it.

Remember, there isn't an outside or inside leg or rein while on a diagonal. The horse must be even in both reins and straight in the body to create the thrust for the mediums and extensions. The horse will not give his all on the diagonal if he can't trust the rider to keep them perfectly straight and to transition back to collection

while still straight. It's a physical risk for the horse to move so forward and big. This will make the horse confident to go all out and show off an impressive extended trot and canter. These big movements should be schooled infrequently as they are taxing on the horse.

Riding a circle. It is easy to get lost when you are aiming for 10-, 12- or 20-meter circles. At Third Level you have the 10-meter circles at canter, and very often you see them become ovals. The horse bows out on one side and then the rider ends up aiming straight back during the second half

without a curve to the body and a lack of bend.

Improve your circle riding by breaking it down into manageable chunks so you can ride it more precisely. Think about the pieces of your circle; divide it into four quarters and ride each one carefully. Use cones to mark the four points of a circle and ride to them. Then you'll know if you are doing correctly sized circles and not ovals.

The Precise Journey

It is important to set up these habits of precise riding for yourself and your horse at this stage because the upper levels are really just a continuation of the lower levels.

The horse who listens to soft aids and is used to being asked to rebalance in corners and wait for the rider's aids with half halts

will seamlessly move from Third Level to Fourth and eventually work toward Prix St. Georges. If the horse is used to you riding a straight transition into canter while staying on the bit and mostly from pressure of the inside leg, then the single flying changes and the tempi changes will be easy and straight.

If the horse is comfortable with turns on haunches, then the canter pirouettes will not be too difficult. The travers will set the horse up for the trot half passes, and on and on. Remember it's the whole journey that is important, and this is only a piece of it. 🕒

Lehua Custer is a USDF bronze, silver and gold medalist, a USDF "L" Education Program graduate with distinction and a Certified Instructor through Second Level. In 2017, she won the Third Level Open Championship at the national championships in Kentucky riding FJ Ramzes, owned by Wendy Sasser. Custer worked with young horses at Olympian Hilda Gurney's Keenridge Farm near Los Angeles, California, for almost 10 years. She now runs her own dressage business out of the Los Angeles Equestrian Center in Burbank, California.

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NAVICULAR AND RINGBONE: A STEP IN THE RIGHT DIRECTION

AMY K. DRAGOO

▲ Speed and jumps are factors that put extra stress on the structures of the hoof that are involved in navicular syndrome and ringbone.

While these two common conditions can end equine careers, modern diagnostics and treatment—plus careful management—can offer hope.

BY LAUREL SCOTT

That old horseman's saying "no foot, no horse" never rings more true than when your favorite equine starts turning up lame too often—and for no apparent reason. When your veterinarian starts mentioning "changes" to certain bones or joints, a sinking feeling is almost sure to follow.

Once upon a time, the diagnosis of "navicular syndrome" was an automatic career-ender for many working horses. The prognosis for ringbone cases was often dire, as well.

The good news is that thanks to advances in veterinary technology and farrier science, your favorite hunter, jumper

or dressage horse needn't necessarily be retired due to these two common conditions. While not considered curable, both conditions can be managed successfully in some cases with a consistent focus on the horse's comfort.

What Are They?

Navicular syndrome is an umbrella term for a painful condition associated with the navicular bone and/or related structures in the equine foot (such as the navicular bursa, navicular ligaments or even the deep flexor tendon—called the podotrochlea). Though the cause is generally unknown, damage to the navicular bone itself is often hypothesized to be from trauma or an interruption in the blood flow to that area. There is also some evidence that a genetic component exists in some breeds, and that heritable conformation traits might predispose an individual to development of abnormalities of the podotrochlear apparatus.

This syndrome affects one or both front feet. It causes a slow, progressive lameness that might be intermittent but which sometimes becomes more obvious and more consistent when the horse is worked on hard ground or turned in a small circle.

► The first step in diagnosing navicular and ringbone is a lameness exam by your veterinarian, including flexions.



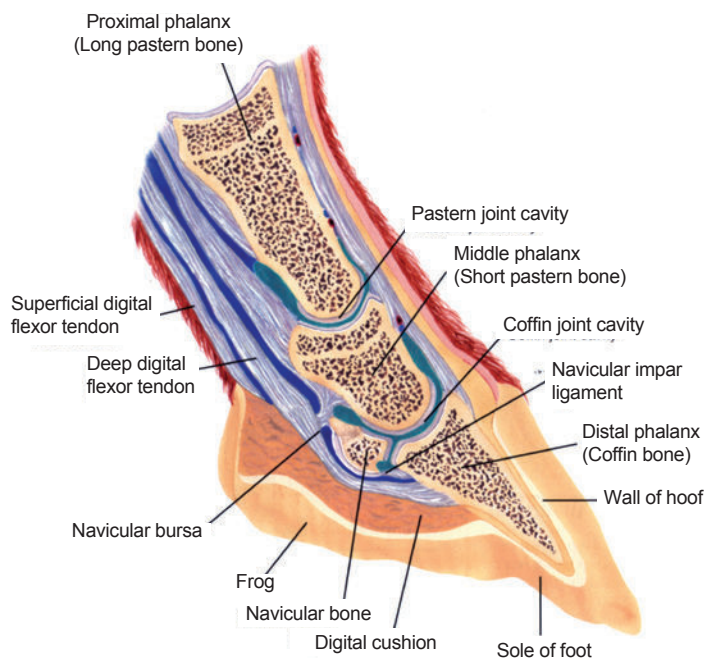
The term ringbone describes the bony calcification that can develop on or around the pastern and/or coffin joints when arthritis develops in the joints. This can occur due to normal wear and tear or following injury and/or inflammation. This condition can occur in any foot (or even multiple feet).

Since different factors can be involved, veterinarians stress that one cannot make broad generalizations about the changes that occur in these conditions. Every case is different.

Perhaps **Stephanie S. Caston, DVM, DACVS-LA**, put it best when she said that although ringbone and navicular syndrome affect different parts of the foot, “both are chronic conditions that usually get progressively worse over time.”

An associate professor of Equine Surgery at Iowa State University’s College of Veterinary Medicine, Caston has written about research on navicular issues and fusion of the pastern joint affected by ringbone. “The term ‘ringbone’ refers to the bony swelling that can occur with arthritis of either the coffin [low ringbone] or pastern [high ringbone] joints,” she explained. “Arthritis can occur in horses due to normal wear and tear but can also occur secondary to infection or a single traumatic event (e.g., an injury). When arthritis is present, there is inflammation and pain. Eventually, restricted range of motion can occur in more advanced arthritis.”

Caston went on to point out that the term navicular syndrome basically refers to lameness originating in the heel region. “It is also sometimes referred to as navicular disease or caudal heel pain,” she offered. “While problems with the navicular bone itself may be the cause of lameness in such cases,



► Navicular syndrome describes a painful condition associated with the navicular bone and/or related structures in the hoof (navicular bursa, navicular ligaments, deep flexor tendon). Ringbone describes the bony calcification that can develop on or around the pastern and/or coffin joints when arthritis develops in the joints.

▲ Hoof care and coordination between your veterinarian and farrier are key elements to help horses with navicular or ringbone. A combination of medical and mechanical treatments can be initiated to ensure your athlete is comfortable.



we know that there are many other structures in the region in addition to the bone that can cause lameness. Some of these are soft-tissue structures such as tendons, ligaments and the navicular bursa.”

Testing, Testing

So how are these two conditions best diagnosed? Different veterinarians sometimes have slightly differing opinions.

Craig S. Lesser, DVM, CF, is well acquainted with navicular syndrome and ringbone through his work with the Podiatry Department at Lexington, Kentucky’s Rood & Riddle Equine Hospital. “The first step [in diagnosis] is a thorough lameness exam by your veterinarian including flexions and local anesthesia,” he explained. “Depending on localization of the lameness, radiographs [X-rays] are often the first tool recruited in diagnosing these condition. However, with advances in imaging, MRIs have become the gold standard in determining the exact cause of lameness, especially in regard to navicular syndrome.”

Another veterinarian (one who also trained as a farrier) is **Tracy Turner, DVM, MS, Dipl. ACVS, ACVIMR**, of Turner Equine Sports Medicine and Surgery in Stillwater, Minnesota. He confirmed that diagnosing either ringbone or navicular syndrome requires “careful examination of the hoof and distal limb, including flexion tests, hoof tester examination, wedge tests and nerve blocks. Typically, navicular syndrome pain is

◀ Ringbone can occur with arthritis of either the pastern (high ringbone) or coffin (low ringbone) joints. When arthritis is present, there is inflammation.

eliminated by a palmar digital nerve block, whereas ringbone requires a higher (more proximal) nerve block to eliminate or reduce the pain.

“However, imaging is where the final diagnosis will come,” he stressed, adding, “Radiography is the most important. Ringbone requires the finding of signs of arthritis of either the

distal interphalangeal [coffin] joint or proximal interphalangeal [pastern] joint. Computed tomography or magnetic resonance imaging will give higher detail imaging but are not necessary to make a diagnosis. Navicular syndrome is more complex, and while radiographic changes within the navicular bone are commonly seen, they are not necessarily pathognomonic [meaning decisively characteristic or indicative of the disease].”

Like Caston, Turner was quick to note that the old term “navicular disease” was changed to “navicular syndrome” as the veterinary profession realized there were multiple factors that could cause the pain associated with the condition. “With the advent of MRI use in veterinary medicine, the soft tissues could be evaluated, which proved that this is a syndrome and pathology may be in any structure around the podotrochlea [navicular bone, bursa, joint, ligaments and deep flexor tendon],” he said.

Caston expanded upon the ways in which MRIs can be used to help both pinpoint and confirm these conditions. “Radiographs, or ‘X-rays,’ will allow diagnosis of cases of arthritis that have bony change. However, very early cases of arthritis may not yet have changes visible on the radiographs, as some structures in the joint such as cartilage, synovium and joint capsule do not show up on radiographs. In such cases, other diagnostic imaging such as MRI may be helpful in confirming the diagnosis.”



Shana Johnson and Jondolar de la Monteleon

Jondolar's Story: Mild to Moderate Navicular Changes

There's a limit that conscientious horseman must respect when it comes to jumping in particular. As Shana Johnson put it, "With all jumping horses, the question in the back of one's mind is 'How many jumps does this horse have in him?'"

One thousand, two thousand, ten thousand, maybe more?"

But, as the Scituate, Rhode Island, resident noted, "A navicular horse owner asks this question every day before riding."

She should know. Johnson owns a 24-year-old Selle Français gelding named Jondolar de la Monteleon who was diagnosed in 2007 with mild to moderate navicular changes. Yet, despite this diagnosis, she was able to compete him successfully in the Adult Equitation 2-foot-6 division in Rhode Island and Massachusetts for many years.

Their story might sound familiar to anyone who's owned a horse with a similar diagnosis. "I rode Jondolar for two years before purchasing him (without a pre-purchase exam)," Johnson recalled. "Two months following this date, Jondolar started with intermittent lameness. He'd be sound going straight and sometimes off on the longe line, going to the right. I brought him several times to a local veterinarian [at] Massachusetts Equine, and they finally suggested scheduling an MRI at Southshore Equine in Massachusetts. The results were mild to moderate navicular changes in his right front hoof."

"I was devastated," she continued. "I thought this was the end of Jondolar's jumping career at 9 years old. However, my friends talked me off the edge and advised a consultation between my veterinarian and blacksmith. X-rays were used to project the angle of the lifts/wedges that were put under Jondolar's shoes. From here I kept a strict schedule of his shoeing every five weeks—sometimes four in the summer—in order to maintain an exact angle."

On the veterinary side, Johnson said she addressed Jondolar's navicular symptoms with nonsteroidals "... to help keep the blood flowing through the navicular bones." Her regimen goes something like this: "Phenylbutazone: 1-2 grams a day around jumping lessons and pre/post horse shows. Icing and/or DMSO/MagnaPaste his front feet post competition and making sure he had plenty of turnout to keep the blood flowing, as the key to keeping him sound."

"I own a small farm, so Jondolar is outside many hours a day," she continued. "Extremely important! He is also on Farrier's Formula [a feed supplement] to help strengthen his feet."

Besides veterinary assessment, corrective shoeing and appropriate medication, Johnson credits a trainer who put her horse first, keeping jumping to a minimum, for much of their success. "We were very picky about surfaces for jumping. Is the footing too hard or too muddy or too slippery?" she recalled. In addition, she said, "There have been certain times where [Jondolar] lived at home for the winter, and I would have his shoes pulled when he was not being ridden ... I believe the time to rest was a good thing."

The day finally came when Jondolar could not move up with Johnson to the 3-foot division. But, as she reflected, her horse knew his job and still had plenty to teach. "We started to look for lease options for him," she explained. "I am very choosy; this horse owes me nothing. He can only go to a professional facility where I can trust the lessee and trainer NOT to over-jump him."

It Takes a Team

Because every case is different, there is no one-size-fits-all treatment for either navicular syndrome or ringbone. However, successful treatment and management often depend on assembling a team of professionals who will collaborate with both the horse owner and each other. As Lesser summarized, "Working with your veterinarian and farrier, a combination of medical and mechanical treatments can be initiated to ensure your athlete is comfortable for years to come."

For his part, Turner emphasized, "Hoof care is of utmost importance in any management program. This will improve mechanics of the hoof, relieve stress on different aspects of the hoof, ease breakover, etc." However, he added, "Anti-inflammatory therapy is necessary; this may be mild as phenylbutazone, firocoxib or other oral anti-inflammatory. It may require intra-articular injection."

Ringbone in particular is treated most commonly "with intra-articular corticosteroids with or without hyaluronic acid," Turner said. "But these days, there are a myriad of other intra-articular products that can be of help including IRAP, hydrogels, alpha-2 macroglobulins, etc. This would also be a good use of Adequan® to help slow the arthritis."

In navicular syndrome management, "therapy to reduce inflammation and pain is paramount," Turner stressed. "Bisphosphonates [Tildren, OsPhos] are useful if bone remodeling is an issue. Stem cell or PRP therapy may be necessary or helpful for tendon and ligament issues. Shockwave can be useful for some aspects. In the later stages, neurectomy (surgical cutting of the palmar digital nerve) may be necessary to control the pain."

If this all sounds terribly technical, it's true that modern veterinary

Surfaces and Such

If your horse has been diagnosed with ringbone or navicular syndrome, you might wonder about the types of footing or surfaces on which it is safest to ride him.

At the risk of stating the obvious, it is essential to first determine (with professional assistance) whether it's advisable to ride your horse at all—and, if so, how much. “Many horses with proper care can still be ridden at the same or a slightly lower level of competition,” Craig S. Lesser, DVM, CF, acknowledged. “But I would consult your veterinarian and farrier to determine how much work your horse can truly handle.”

Once you get the all-clear to ride, our experts advise consulting your support team about acceptable footing given your horse's specific circumstances. “There is no single riding surface that is best or worst for horses affected by navicular syndrome or arthritis,” explained Stephanie S. Caston, DVM, DACVS-LA. “Some horses have a soft-tissue component causing the lameness. In such cases, the horses may have a harder time in softer, deeper footing. For other cases, hard ground or varied terrain may cause more pain. The best strategy is to evaluate each individual case and work with your veterinarian to determine how to best manage the horse.”

Tracy Turner, DVM, MS, Dipl. ACVS, ACVIMR, concurred that there is no ideal surface for horses affected by ringbone or navicular syndrome. However, “For competition, avoid excessively hard or uneven surfaces,” he counseled. “My advice to my clients is and has always been: If you don't like the surface, walk away from the competition.”

medicine offers a dizzying array of options for addressing these conditions. However, there's a reason treatment often centers on those tried-and-true anti-inflammatories. This is because reducing inflammation and pain can often reduce or eliminate lameness, possibly improving the horse's movement or even allowing him to return to work. “Anti-inflammatories are often used both systemically and by injection into a joint or bursa,” Caston confirmed.

As for horses with arthritis of the pastern joint, or “high ringbone,” they can be treated by fusing the joint, she noted. “Fusing the joint can be accomplished with a surgery called arthrodesis that removes any remaining cartilage, then stabilizes across the joint with a plate and screws.

“Another method to promote fusion of the joint is via repeated injections with ethyl alcohol to kill remaining cartilage,” Caston continued. “This is called ‘facilitated ankylosis,’ and it helps speed the progression of arthritis until the joint fuses across with bone on its own. Procedures to fuse a joint can be performed in other joints, but because the pastern joint is very low-motion, the horse may function normally and return to work without lameness or gait abnormalities once the joint is fused. This is not the case for higher-motion joints.”

A Matter of Management

By this point, you might be wondering whether your equine patient is destined to be a pasture ornament or light trail mount—or whether he might safely return to competition. As you've probably guessed, the answer depends on a number of varying factors.

“A horse with a diagnosis of navicular syndrome or ringbone has a wide range of prognosis, depending on severity of disease,” Lesser explained. “We consistently are getting better at medically and mechanically treating the horses; however, the key to longevity is early diagnosis and intervention.”

As for whether any one discipline is more likely to cause or aggravate these conditions, it's important to consider the individual horse and the type of physical activity being asked of him. “Every discipline has its common lameness issues, and horses with heavy concussion on the distal limb are at risk of developing either of these,” Lesser said, adding, “Poor conformation and genetics can also predispose horses to either of these conditions.”

When discussing the outlook for an affected horse, other contributing factors Turner mentioned included the extent of the pathology, the stoicism of the horse, the dedication of the owner and the quality of the farrier work. “I prefer to discuss with owners that this is a management issue,” he said. “This is teamwork between veterinarian, farrier, owner, rider, barn manager, etc. This is to constantly keep the hooves in good condition to reduce stress on the pathology, therapy to keep inflammation minimal and add any therapy to help the horse.

“In my opinion, if one of my patients with either of these conditions was turned into a pasture ornament, I would consider that a failure,” Turner continued, adding, “My goal is to return the horse to its previous level of competition. This can be a difficult task; speed [and] jumps are factors that put extra stress on the structures. Horses that perform at high levels place tremendous strain on these structures, and they require constant vigilance to continually manage issues as they occur.”

In the end, Caston underscored the fact that the prognosis for both of these conditions can vary greatly from horse to horse. “It really depends on the severity of the condition, the individual horse and the discipline,” she explained. “For example, if a horse is very lame as a result of either navicular syndrome or arthritis, it may be more difficult for the horse to be successful in the hunter show ring or in the dressage ring even if the lameness is improved with treatment.

“Conversely, if the horse is primarily used for trail riding, it may be able to function normally and have a good quality of life, even if there is a degree of lameness remaining after treatment,” Caston added. 🕒

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