

February 23, 2016

EMD Advisory – Focus on the Fetlock Joint

The number of Thoroughbred racing fatalities in New York has dropped nearly 50 percent over the past five years. This is the result of sustained efforts by all stakeholders to increase the level of risk aversion, which benefits horses, riders, trainers, owners and the sport. With continued vigilance and support, the number of equine fatalities can continue to drop.

A review of the New York State Gaming Commission – Cornell University postmortem examinations over the last three years revealed nearly half of the horses (45 percent) that died while racing experienced fatal musculoskeletal injuries of the fetlock joint. There are important steps that all parties should undertake to significantly reduce the risk of these types of injuries:

- **Step 1: Be vigilant.** The fetlock joints of all horses under your care should be examined and flexed on a regular basis. Horses should be jogged on a hard macadam surface before going out to breeze. Horses with lameness in both front or hind legs often don't have an obvious head nod or hip hike; they may just appear uncomfortable or have a shortened stride. Horses exhibiting these characteristics should not be breezed. If heat, pain or swelling in the fetlock joint is noticed, a veterinarian should perform a lameness examination.
- **Step 2: Obtain an accurate diagnosis.** Lameness is a symptom, not a disease. Treating lameness with brief periods of rest and anti-inflammatory therapy (NSAIDs and/or corticosteroid injections) but without an actual diagnosis may not solve the underlying problem. Symptomatic therapy may reduce or eliminate the lameness in some cases. However, in other cases, such as pathologic changes that develop within the cannon and proximal sesamoid bones, the lameness simply returns when training resumes. Training horses with recurrent lameness can lead to fatal musculoskeletal injuries.
- **Step 3. Use diagnostic imaging.** Radiograph the fetlock joints of horses with persistent joint inflammation, particularly those with decreased range of motion. Pathologic changes in the cannon bone and in the proximal sesamoid bones occur over time, are progressive, and may require adjustment of the training schedule. If radiographs are normal and lameness persists, use advanced imaging (scintigraphy, CT or MRI) to determine the cause. Conduct ultrasound examination on suspensory ligaments if they are enlarged or tender to the touch. Failure of the suspensory apparatus can also result in catastrophic fetlock breakdown injuries.
- **Step 4: Treat the underlying condition.** Follow the instructions provided by veterinarians and don't resume training until a follow-up examination indicates that the underlying cause of lameness has resolved.

###