

## **LAMINITIS-**

More commonly known as “founder”, is the inflammation of the laminae (the tissue which attaches the coffin bone to the hoof wall) of the foot. Overeating (grain or lush green pastures), trauma, systemic infection, ingestion of cold water, and certain anti-inflammatory drug treatments are a few factors that can cause laminitis.

Clinical signs are dependent on the severity of the disease. Horses will alternately lift one or the other foot in mild cases. Not always is lameness evident at a walk but will have a short strided gait at a trot. As the condition progressively becomes more severe, horses will hesitate to move and resist lifting a foot. Usually, laminitis affects the front feet, but in some cases all four feet can be affected when the laminitis is secondary to a systemic disorder (uterine infection or diarrhea). The hoof wall of a laminitic horse is physically hot to the touch and the coronary band has an obvious pulse in the arteries that supply the blood to the feet. Due to the extreme painfulness of the condition, affected horses will have increased respiration, trembling and anxiety. It is not uncommon for horses to carry their hindquarters underneath the body when the laminitis is affecting only the front feet.

Chronic laminitis- the condition has a duration of more than 48 hours or if the coffin bone has rotated within the hoof wall. If the coffin bone rotates, the lamina will separate from the hoof wall and the toe. In the area of the separation bacteria is allowed to invade the hoof wall. A “dished” hoof wall with rings across the front of the hoof is commonly seen in horses with laminitis.

Acute laminitis- is a medical emergency and treatment should be initiated immediately to prevent the rotation of the coffin bone.

Diagnosis of laminitis:

1. Physical examination
2. X-rays of the affected feet (these should be taken every 3-5 days during the acute stages to determine if rotation is occurring)

Treatment of laminitis:

1. Eliminate any obvious causes
2. Administration of antibiotics and anti-inflammatory medications
3. External support (corrective shoeing) takes weight-bearing forces off the toe and return blood flow from the foot to the limb.
4. Placing horses in soft sand or well bedded stall.
5. Removing grain from the diet, especially in overweight ponies and horses.

The prognosis of a horse with laminitis is guarded. As long as the source of the laminitis is quickly eliminated and no rotation of the coffin bone occurred, ultimately, the horse can return to his previous performance without complications. Although, horses with chronic laminitis tend to experience episodic recurrences, resulting in further rotation, disability and pain. Measuring

the degree of the rotation is the best indicator for future soundness. Horses with less than 5 degrees rotation have a favorable prognosis, while horses with greater than 10 degrees of rotation usually do not return to athletic performance.