



VET NOTES

SEPTEMBER 2009

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Flexural deformities in the forelimbs of foals

This is the time of the year that it is important to take a close look and keep a close eye on the forelimb conformation of foals. There are conformational changes that seem tied to growth spurts, and one of the more common problems has to do with the flexural condition of the forelimbs. This includes club feet and what are usually called contracted tendons.

Club feet are when there is a distinct break in the straight line that runs along the front of the limb from fetlock to ground. The hoof appears to have a bend at the coronary band and the hoof develops a boxy broken toed appearance. In severe cases, the heel no longer touches the ground. This condition often seems to have occurred overnight.

Initial treatment is often corrective trimming or shoeing, and this is successful in some cases. Some horses are not corrected in any capacity and function as club-footed adults, but usually require extra attention to that foot from the farrier for their entire life. It is crucial when determining which treatment plan to pursue that the entire forelimb of the horse be evaluated.

Many foals with club feet also have a “back at the knee” conformation. This is because the same tendon has attachments to the hoof at one end and the accessory carpal bone (the bony bump that sticks out of the back of the knee) at the other. There is a surgical correction for this deformity, the distal check ligament desmotomy, which works very well to solve this problem. The surgery is useful if the foal has not responded well to corrective farrier work or in any case where they are back at the knee. Corrective farrier work will have no effect on the back at the knee problem, and this conformation has been shown to be predisposed to fractures of the knee at high speeds.

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Upright or knuckled over conformation are also dramatic, and often quickly developing changes, that may also respond to a distal check ligament desmotomy. The causes of these conformational deformities are still not completely understood. They fall into a larger category that is called developmental orthopedic disease, which also includes problems such as OCD. What we know is that it is a combination of genetics, nutrition, and exercise, and we can only control two of those three variables. Proper management is to optimize, not maximize, growth, and exercise in moderation.

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- November 2007 - Proximal hind limb suspensory desmitis (PSD): Part I: Diagnosis
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