Chapter

43 LAMENESS

To start this chapter, let's define a few of the terms that get thrown around in this industry. Vocabulary is a great place to begin any discussion in farriery, so here it is:

TERMINOLOGY:

- **Lameness:** Abnormal gait due to pain.
- **Pathological Shoeing:** Farriery strategies aimed at helping horses with diseased or damaged limbs.
- **Therapeutic Shoeing:** Farriery strategies aimed at preventing a potential injury, or managing chronic lameness issues.
- **Surgical Shoeing:** Farriery related to repairing hooves following surgery.
- **Corrective Shoeing:** Farriery applied to improve the condition of a foot toward an ideal. (By this definition, every time a farrier removes a piece of hoof for any reason, it is corrective in nature. If you are not taking the foot toward an ideal, why should the piece of hoof be removed?)

As a farrier, you will often be a part of helping a horse recover from lameness. What exactly causes a horse to limp? Lameness itself is basically a change of gait due to pain. A horse will limp for the same reason that you or I would. We are trying to protect an anatomical structure in our bodies that has suffered injury. It is an effort to keep that part from becoming hurt worse that causes the limping. Since horses are not able to speak with words, a good horseman learns to listen to what a horse has to say with body language and behavior. If you are lucky enough to shoe for experienced horse owners, they can be invaluable in helping to determine what is wrong with a given horse. For your part, you have to not only be able to read a horse, you have to distinguish between the owners that know something, and those that don't.

Carefully study the common lameness problems that horses face, and you can be a huge asset to the veterinarian-farrier team. A competent vet working with a competent farrier on a horse that is owned by a conscientious owner is the best situation for a hurting animal. Take the responsibility seriously, and build your skills so that you are a valuable part of that team.

There are a series of criteria that must be met before you begin shoeing any lame horse. The first question to answer is: Is what you are trying to do anatomically possible? For example, if you have a horse with a fractured coffin bone, it would not be anatomically possible to implant a healthy coffin bone off a donor horse at this time. This may seem like a silly example, but if you stay in this industry long enough, you will find those that apply some silly shoeing strategies based on an ignorance of anatomy.

The next question is: Is the procedure financially viable for that particular horse? Some horses have a value that is well beyond what they cost. For these lucky "family member" horses, some owners will spare no expense. Other horses may have a distinct dollar value to their owner, and the shoeing proposed may be worth more than the horse.

I always try to let customers know ahead of time what they are about to spend. If you tell them the cost after the shoeing and they get mad, both parties can be upset. The customer may think you are charging too much, and you will be offended because they are basically telling you that you are not worth what you are charging. Lose–lose situations are never good. By telling them ahead of time, they can make an informed decision about proceeding, or looking elsewhere.

The last criterion is perhaps the hardest one to determine. It is your ability and skill to do the job. Your personal skill level can be hard to determine for a multitude of reasons, but one reason is that your skills should always be improving. A job that you could not do a month ago may not be any problem now — if you have been practicing your forge work, reading this textbook, or spent some time with a mentor. Avoid making yourself look bad by getting in over your head. Doing so will

only make your customers lose faith in you, and the outcome for the horse is not likely to be good.

You will find that the best farriers in the world are very secure in their abilities, and most will willingly help any other farrier that asks. Another fact about these competent farriers is that they are probably not looking for business. Competent farriers usually have more work than they can get done anyway. The fact that they are so busy means you generally won't have to worry about these great farriers taking business from you if you call on them for help with a problem horse.

It seems to me the farriers that won't ever help or show anything to another farrier are usually the ones that can't help or show you much anyway. Keep pushing so that the limits of your skill are always changing for the better.

LAMENESS DIAGNOSTICS

One of the first steps in diagnosing lameness is to gather some historical data. There is a series of questions that I recommend when dealing with a lame horse. Answers to these questions may prove invaluable to arriving at an accurate diagnosis. This is the list I use, but it may not be comprehensive to your situation. If you can think of any additional questions that will help, be sure to add them.

- What is the horse's age?
- What breed is the horse?
- What are its living conditions? (Stall, paddock, large pasture, other horses, etc.)
- Are any stable mates exhibiting similar symptoms?
- What is the horse used for?
- When did lameness first occur?
- Was there any incident that led to the lameness?
- Was lameness gradual or sudden?
- Has this horse ever had similar lameness issues before?
- Has the feed, stabling, use, or training of this horse recently changed?
- Is the lameness constant, or does it fluctuate at certain times of the day or with use?
- Has anything been tried already for this lameness?

Answers to these questions, (and any other question that occurs to you) may lead you in the right direction to help this horse. Be aware of who is present when asking these questions. If you are going with a customer that is looking at buying a horse, the seller may not reveal everything they know. If you ask your questions in front of a trader trying to make a sale, you are likely to be told that the horse was been owned by a little old lady, was always kept inside, and was only ridden to church on Sunday.

A horse in obvious discomfort.

The next step in the process of diagnosing lameness is to observe the horse at rest. I have to admit that I do not always put the time in for this step that I should. If there are other horses to be shod, I will have the customer tie the lame horse somewhere where I can see it, and look over at the lame horse while I get the other horses shod. If I am there just for the one lame horse, I will have the horse brought out before I begin taking the history, so that I can watch the horse while talking with the customer.

When you are looking at the horse at rest, you are looking for several things. Body language will show you when a horse is in misery. Ears back, wringing tail, squinting, head posture, and other signs can be seen with some practice. Try to determine if a horse is avoiding the use of one limb or another. Look for any asymmetry that you can see in the feet, legs, or musculature. Walk around the horse so you can see it from several angles, and try not to jump to conclusions. Sometimes an old blemish will draw your attention, and you may overlook the real lameness issue.

Figures 1-3 are of horses that are in obvious distress. The horse in **Figure 1** has a badly crippled leg that was injured when she was a foal, and the good foot has developed an abscess. You can see by how her back is hunched, her tail is wringing, and the look in her eyes that she cannot get any relief. The horse in **Figure 2** is in a similar state. You can see by how she is leaning to the rear that she is trying to get as much weight off of the front feet as

Horse with lameness in both front legs.

A horse trying to relieve diagonal feet.

Trotting the horse away.

Trotting a horse towards you.

possible. The Clydesdale in **Figure 3** is attempting to relieve 2 diagonal feet, although this can only be accomplished for brief periods.

I try not to say too much to an owner at this point, even if I think I know what the problem is. Doing so can be embarrassing when you pick up the foot and find a nail sticking out of the commissure. Be patient, and continue with the exam in an orderly fashion.

The next step in the process of diagnosing a lameness is to examine the feet. Start by cleaning the feet. If the horse is barefoot, do some very light knife work to see the sole and frog, and look for any obvious hoof conformation abnormalities. The longer you are a blacksmith, the harder it will be to feel temperature differences, but you can feel heat with the inside of your forearm.

The medial and lateral palmar arteries pass over the sesamoids, and you can find a pulse at this point. If a foot has any sort of inflammation or infection, it will have a bounding pulse. While this does not tell you exactly what is going on in a digit, it is a valuable indicator that there is indeed a potential problem below the fetlock of that limb.

After the hooves have been examined, have the owner move the horse. I like to watch a horse at a walk and then at a trot on firm, even footing **(Figures 4 and 5)**. If you will have the horse led in a triangular pattern, you will be able to watch the horse move away from you, from the side, and then back toward you. Horses that are only lame when ridden should be ridden in the tack that is generally used, and by the rider that usually rides them. Improperly fitted tack and poor horsemanship can be the cause of many lameness problems that do not present themselves at other times.

Moving the horse in a circle.

Flexion tests.

Trotting a horse is the best diagnostic gait for lameness. With a little observation, you can learn to determine lameness at a trot by comparing head or croup bobbing with the stride length in the dorsal aspect of the swing phase. In simpler terms, a horse will appear to have a short stride when the head is up, and a longer stride when the head is lower. Even though the stride length itself will be the same if the horse is going in a straight line, there will be a longer distance in the palmar/plantar aspect of the stride for the sound leg, and a longer dorsal aspect for the lame leg.

Take the example of how you limp right after a horse has smashed your foot. If the hoof lands on your right foot, your foot will hurt the most when it is on the ground, and the least when it is in the air. As you walk, you will stride forward with a long stride on that hurt right foot, but the pain will intensify as it hits the ground. When your body weight gets over the top of the hurt foot, you will bob your head upward in an attempt to lessen the weight, and put your left foot down in a hurry. Your left foot will have traveled as far as your right foot in the air (if you are going in a straight line), but it will look like a shorter stride from a lateral view because you put it down closer to the toe of your right foot in an effort to get some relief. Horses do the same when they have pain in a foot.

Longeing a horse, or working the horse in a round pen, may also show lameness that is not present elsewhere. Working a horse in a circle can also make a subtle lameness more evident. In **Figure 6**, you can see a horse being examined at Oakridge Equine in Edmond, Okla. He has been walked and trotted in the straight, and is now being made to go in a circle in opposite directions.

The next step is to do flexion tests on individual joints **(Figure 7)**. Be careful to avoid a false positive, which can occur if a flexion test if done too forcefully. If you over bend any joint with excessive force, you can cause pain that was not present before you bent the joint. Place the joint in question in a flexed position for around 45 seconds. Determine if the horse tenses during this period, or if there are any spasms in the upper limb. Drop the foot, and immediately trot the horse off. The flexion test will often aggravate lameness, and the horse will take several lame steps. Most of the time, the lameness will lessen within 8 to 10 steps and the horse will return to its' pre-flexion test condition. On the hind limb, the reciprocal apparatus can make it hard to flex only one joint. The position of your hands is important if you want to flex the fetlock joint more than the hock.

Finally I like to lead the horse myself, and make the horse pivot on the hind legs while the front end is brought around. Think about turning a horse at the end of a narrow alley. If the horse will not cross the near-front foot over the off-front foot when turned to the right (and vice-versa going left), then I will be suspicious of the planted foot. For instance, a horse moving to the right in this manner will lift the near-front foot and place it beyond the off- front. If the horse is unwilling to do this, the lameness will often present in the off front foot.

After seeing the horse in motion, it is time to reexamine the feet. Use hoof testers to find the area of the foot that is in the most pain. I will generally begin this part of the exam by using the hoof testers on the sound foot. By testing the sound foot first, you can get a determination of how the horse is going to react to hoof testers. There is a lot of

Hoof testers starting on one heel.

Moving around the quarter.

Toe-quarter.

Toe.

Toe-quarter.

Quarter.

Heel.

From one side of the frog to the opposite wall.

Repeat the last step on the other side.

leverage that can be applied with hoof testers, so even a sound horse can be made to flinch if the testers are used incorrectly. I like to use both hands, and move around the foot in a methodical manner. Start at one heel with one jaw of the testers on the bar and the other jaw on the outside of the hoof wall, about an inch from the bottom of the foot. Squeeze and release, being aware of any sign the horse may give you that it is in pain. Move forward the thickness of the jaw and repeat. Do this around the entire foot. Then place the jaw on the medial side of the frog at the widest part of the foot, and other jaw on the lateral side of the hoof wall, at the widest point, about a half-inch below the coronary band. Squeeze there, and then move to the lateral side of the frog, and medial side of the hoof wall. These last 2 positions are the ones most commonly used to determine navicular pain, but it is important to have the jaw on the wall close to the coronary band if you are going to affect the navicular region at all. **Figures 8-17** show the general method for using hoof testers around a foot. They can be used with shoes on **(Figures 18-19)**, but shoes add stability and strength to a foot, so they may make it harder to get a good reading with the hoof testers.

After I have a base line for how the horse will react to hoof testers on a sound foot, I will move to the lame foot and repeat the process. If all goes

Across the heels.

Hoof testers on a shod foot.

Hoof testers in use.

Examining the leg.

well, you will find what you are looking for when the horse exhibits more pain in one area of the hoof than another.

Be aware that some horses are hard to shoe and jump around all the time. This can make it hard to interpret a flinch from the pressure of hoof testers. By the same token, some horses are so well trained that they do not react as much as you would expect for the injury they are dealing with. This is where your ability to read an individual horse will come in handy.

Once the feet have been carefully examined and the hoof testers have been used, it is time to examine the rest of the limb. Run your hands up and down all the limbs, and palpate any area that may seem swollen. Feel for any asymmetry and inflammation. Pick up the feet, and move the limb through a range of motion. Be careful to avoid being too rough at this stage, since most horses will have pain if their joints are aggressively bent (**Figure 20**).

Once you are done with the exam, be certain of your diagnosis before expressing an opinion. I am very careful to remind the customer that I am not a vet and what I am telling them is only my opinion. Since we live in a rural area, there are many times when decisions must be made on a horse without the advice of a vet. This is not legal in some parts of the world, but it is fairly common in the United States. If at all possible, you should try to find a competent vet that you respect.

One item I tried to always bear in mind is that it is better to paint a less favorable picture than a favorable one. I have seen horses that appeared to have a very slight problem. Experience would have led most to claim that the horse would be fine in no time, only to have the horse get worse and have to be put down. When something like this happens, the farrier loses. The owner's hopes are up, only to be smashed; and the farrier was obviously no good, or the horse would have been saved.

If, on the other hand, the farrier would have said that the horse was certain to have complications, then the farrier turns out to be very intuitive when complications arise. If the horse recovers, then the farrier is an outstanding practitioner, because the horse was saved against all odds. This is something to think about.

As a farrier, you have to be very careful with diagnosing any lameness. You can identify a lameness and act as an extremely important advisor and member of a vet-farrier-owner team that is working to get the horse sound, but there is a line you have to be careful not to cross. As you gain experience, you will also gain respect from the vet and equine community. Sometimes, you may be in situations where you are asked to do things that are in the veterinarian's realm. The rule of thumb to remember when dealing with somebody else's animal is that voluntarily entering the sensitive structures without a license to practice veterinarian medicine is against the law in the United States.

Dr. Lamb administering the palmar digital nerve block.

Testing for sensitivity after the nerve block.

This includes giving shots, and technically, cutting abscesses out of feet.

I have always followed my instinct when it came to working on the border of the vet-farrier realms. If a customer makes me feel even slightly uncomfortable, I will not go beyond the strict definition of my farrier duties. On the other hand, some customers would rather have a farrier go after an abscess than a vet, and with those that I am comfortable with, that is what I do. I'm not recommending that you do this, I'm just telling you how I handle it. And by the way, anytime I dealt with a customer who told me about suing anyone for any reason, I would get that customer off the books immediately.

Dr. lamb placing a nerve block higher up the leg.

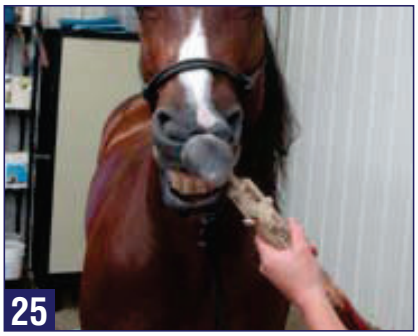
Testing for sensitivity.

There are a lot of things that a vet can legally do that the layman — including farriers — cannot. Here is a partial list with a brief description so that you can be familiar with some of the techniques that are common in identifying the location of lameness.

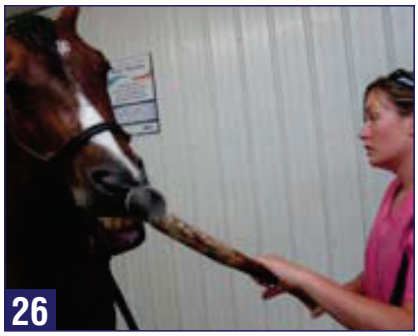
Regional Anesthesia: A technique of deadening a portion of the limb to determine if the horse will be sound when there is no sensation in an area. This is one of the best tools that a vet has to really pinpoint an area of pain, but it can be time consuming to do correctly. Most of the time, the vet will begin with a distal palmar digital nerve block (plantar on the hind limb), and wait a few minutes before moving the horse to see if lameness subsides. If the horse becomes sound, the pain is in the palmar aspect of the foot (caudal heel pain). If not, the vet will continue with the next block. In **Figure 21**, you can see Dr. Lamb of Oakridge Equine putting the palmar digital nerve block in.

Once the nerve block has had time to work, the vet will check the block by poking the foot to see if the horse reacts to the sensation. This allows the vet to be certain of where exactly the nerve block is working and where it is not **(Figure 22)**.

The next blocks will generally be above the bifurcation of the digital nerves to deaden everything from the fetlock down. If the horse becomes sound, then it is likely the lameness is from pain in the pastern region. If the horse is still lame, the vet will continue proximal to just below the knee



Applying a twitch.



Applying a twitch.

or hock. This process can take a long time, and requires a vet with a good technique to make certain that the horse is injected in the exactly right spot **(Figures 23-24)**.

Most blocks can last 1 to 2 hours; so do not let an injured animal injure itself more by using a damaged limb that should be rested. Since the horse will feel no pain for a time, it may do a lot of damage to itself if not confined.

A quick note here: It is customary to twitch a horse to administer a nerve block **(Figures 25-26)**. When the leg is first penetrated with a needle, a lot of horses will react by stomping or kicking, which may cause injury to the vet doing the work. When you see the twitch being applied, don't be concerned. It is the safest way to accomplish the task.

Ultrasound: A technique that uses ultra-high-frequency sound waves to examine soft tissue

Dr. Lamb using the ultrasound machine at Oakridge Equine.

Ultrasound display.

Looking for lesions and damage with the ultrasound.

Dr. Zubrod looking at the ultrasound with Dr. Lamb.

Radiographs being taken.

Good technique is essential in taking radiographs.

(**Figures 27-30**). A probe with a vibrating crystal in it emits the waves through the soft tissue, and some of the waves are reflected or echoed back. The main goal of ultrasound is to determine the density of different soft tissues to find any abnormality that may indicate the reason for a lameness issue. Artifacts are common, so any suspected areas of interest should be looked at from several different views to be certain that the lesion is indeed real.

Interpreting the results from an ultrasound takes experience and a high level of anatomical knowledge. In my experience, the method can be very useful in determining how well a problem is healing, as well as being a good additional diagnostic resource when used with other techniques.

Radiography: Commonly called an X-ray, a radiograph is an image that is produced by passing gamma rays through an object. The resulting picture **(Figures 31-33)** is an indication of the density of the object being X-rayed. The denser an object — for instance, bone — the whiter the image. This makes X-rays less useful for soft tissue lesions, but very useful for seeing bone changes or abnormalities.

The image is basically an indication of how many gamma rays were able to make it to the film. Bone will block a lot of the rays, so the film behind bones stays white. Air will block none of them, so the film where the rays pass through air is black, or exposed. The middle of the cannon bone is hollow (medullary cavity), so it shows up with less white than the cortex around it. When bones are broken, have osteophytes, or any other potential density changes, those changes can often be seen with a radiograph.

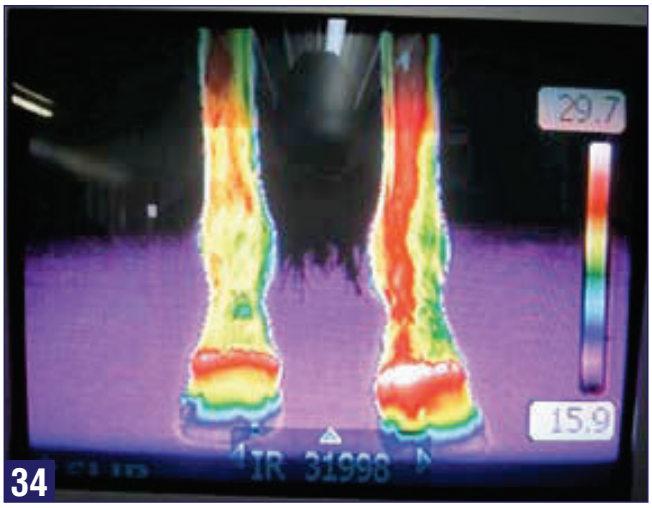
Radiograph.

Good technique is a must with radiographs. The feet must be cleaned, the horse must hold still, as must the technician taking the image and the one holding the film. Everyone in the area should be protected from radiation with the proper lead vests and gloves.

Radiographs are common enough that most farriers will look at quite a few during their careers. If you know your anatomy, you can be a big asset in determining what is being looked at, and how best to treat it.

Nuclear Scintigraphy: This is commonly called a bone scan, and is a process that involves injecting radioactive particles intravenously, and then measuring their uptake in the tissue. The uptake is determined by using a gamma camera.

There are basically 2 reasons for tissue uptake.



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Picture of a thermography camera image.


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The equine MRI at Oakridge Equine.

These are inflammation, or increased activity of bone-forming cells. The image produced shows numerous dots. A large concentration of dots (a hot spot) indicates the area of tissue uptake. It is important to scan the sound leg, as well as the lame one so that "hot spots" can be compared to determine what is normal for this particular horse.

This technique can often find problems before a radiograph, and is a good method for finding multiple lesions and identifying back pain. However, it does not give detailed information about the lesion, only that there is an abundance of blood flow or cell activity present in an area.

It is costly, time consuming, and there are a lot of regulations regarding the handling of the equipment, as well as the handling of the horse once the procedure has been done. This is going to be found mainly at universities.

Arthrocentisis: This is the collection of synovial fluid, often called a joint tap. Synovial fluid can be collected for analysis to determine if there is any joint damage, infection, or inflammation. Collection should be done in the most sterile way possible to prevent infecting the joint.

The color of the fluid, its texture, and whether it forms a clot, are all things a trained person can determine without a lab report. The lab will be looking for bacteria, white blood cells, protein, as well as the viscosity of the synovial fluid.

Thermography: (Figure 34) This is the detection of small changes in heat caused by an increased blood flow to an area. If a horse has an inflammation, thermography can often find it quickly, allowing for earlier treatment. As with many of the tools vets use, the skill of the interpreter is important.

Magnetic Resonance Imaging (MRI): MRI **(Figures 35-37)** is becoming a common diagnostic tool in human medicine, but for horses, it requires general anesthesia as well as quite a bit of equipment. MRIs will give you more information about a potential soft tissue problem then you can get from other diagnostic equipment. However, it is expensive and only available in a few of the larger and more modern clinics.

These are several of the more common diagnostic tools available to the modern vet. Learn enough about each so that you can understand how each works to help you and the vet help the horse.

Lameness Grades: Most vets that I have worked with use a numbered grading system to describe the amount of pain that a horse is exhibiting. One system is called the Obel Lameness Grades, based on the work of Dr. Niles Obel in the late 1940s, and the modern system is the American Association of Equine Practitioners (AAEP) Lameness Scale. Here are those two systems:

OBEL LAMENESS GRADES

- **Grade 1:** At rest the horse will alternately and incessantly lift the feet. Lameness is not evident at a walk but a short stilted gait is noted at a trot.
- **Grade 2:** Horses move willingly at a walk, but the gait is stilted. A foot can be lifted off the ground without difficulty.
- **Grade 3:** The horse moves reluctantly and vigorously resists attempts to have a foot lifted.

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A horse with its leg in the MRI machine.

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MRI's are particularly helpful in diagnosing soft-tissue injuries.

- **Grade 4:** The horse refuses to move and will not do so unless forced.

AAEP LAMENESS SCALE:

- **0:** Lameness not perceptible under any circumstances.
- **1:** Lameness is difficult to observe and is not consistently apparent, regardless of circumstances (e.g. weight carrying, circling, inclines, hard surfaces, etc.)
- **2:** Lameness is difficult to observe at a walk or when trotting in a strait line but consistently apparent under certain circumstances (e.g. weight carrying, circling, inclines, hard surfaces, etc.)
- **3:** Lameness is consistently observable at a trot under all circumstances.
- **4:** Lameness is obvious at a walk.
- **5:** Lameness produces minimal weight bearing in motion and/or at rest, or a complete inability to move.

Once a diagnosis has been reached, it is time to advise the client on how to deal with the problem. I like to use the acronym DRASTA to categorize each part of a problem so that I remember every aspect that I am supposed to tell the customer about.

The acronym DRASTA stands for:

- Definition
- Reason
- Anatomy
- Symptoms
- Treatment: Farrier, vet, owner.
- Anticipated outcome

This is a simple adaptation of the British system that used the acronym DACCT. That is a great system, but I changed it to suit my purpose of teaching. I always felt that an added category for anticipated outcome was a good addition, and I like to divide the treatment options between the farrier, vet and owner. There are many instances in the text where I do not completely cover the veterinarian options, since this book is mainly aimed at farriery. Besides, one of the remnants of my time with the military makes me like an acronym that makes a word that can be pronounced.

Once you have a diagnosis, the next step is to determine in which direction you want to go to achieve good results for the horse. Keep your goal realistic, especially when dealing with a customer. Be certain that you discuss what the intended long-term use of this horse is so that all parties involved have realistic expectations.

The 4 main categories that pathological shoeing principles fall into are:

- **Support:** This is achieved by placing the platform, (shoe) for the bony column in such a way that the forces on injured structures are minimized. A good example would be using an egg-bar shoe on a horse with a bowed tendon.
- **Foot Load Transfer:** When a foot has an injury in a specific area, shoeing can be aimed at relieving stress on one portion of the foot, and making another part of the foot take up the slack. The heart bar is one of the best examples of a shoe that will transfer load from one area of the foot to another, taking stress from the wall, and placing it on the frog.

- **Protect:** Protecting a damaged foot would entail putting a shoe or foot covering on the foot to prevent damage from the environment. Examples would be pads, hospital plates, or even wide-webbed shoes.
- **Angle/Balance Change:** Changing the angle of the foot will alter the hoof-pastern angle. With many suspensory related lameness issues, changing the angle of the hoof will change the stress on individual tendons or ligaments. For example, if you have a horse with pain in the deep flexor tendon, increasing the angle of the hoof can alleviate some of the stress on the deep flexor tendon. Making a change to the mediolateral balance will have an impact on how and where the foot loads, maybe how it lands, as well as how the bones are stressed and the joints are loaded.

MOVING THE STONE

There is an old saying that Jeff Houston, a good friend of mine, shared with me. "You can get used to anything except for a stone in your shoe." If you've ever had to deal with a stone in your shoe and were unable to do anything about it, you'll probably agree it's a pretty apt saying.

I often compare shoeing lame horses with moving the stone in my shoe. If there is a rock in the heel of my shoe, and I have to live with it for a time, I become quite lame after a while from the pressure from that stone. At some point, I'll shake my boot and get the rock to move to the toe of my boot. I still have a rock in my shoe, but I feel so much better because it is in an area that is not already sore. The relief is so great that I actually look sound for a time, until my foot gets sore from having a rock in the toe of my boot. Shoeing lame horses can be like this.

Sometimes you will shoe a crippled horse, and they will immediately go sound: Limp in-leap out. Of course you feel like a hero, and the customer is pleased. If this happens while you are doing a clinic, you look really good in front of the crowd. However, the horse may slowly become lame again, because there is still a problem. At first, the stress on the foot has been changed so that the foot is relieved and the lameness — temporarily — vanishes. In other words, the shoeing has only moved the rock from the heel of the shoe to the toe.

This is an important concept to understand when shoeing lame horses. It tells you why very different theories of shoeing can work from shoeing period to shoeing period on the same horse. I find that sometimes by simply changing the style of shoe on a horse every few shoeing cycles — say shoeing with an egg-bar shoe, then moving onto an onion-heel shoe — I can keep a horse more comfortable.

This anecdote also explains why some really crazy theories of shoeing can realize short-term success. I have been to clinics where the clinician will shoe the horse with some sort of contraption that should not work. Yet, the horse looks better right away. I have made it a point to follow up on a few of those clinics, and it turns out that a lot of the horses will become lame again. A change at that point may make the horse feel better again for a while. A good rule of thumb is to not use anything on a foot that you don't fully understand, or that looks crazy. There are a lot of products on the market that allow some guys to use stuff that they don't have the skill to use. As I explained this to Dr. Marcotte, "If you hand a gun to a 5 year old, you can't be surprised when someone gets shot".

A friend of mine, Phil Fisher, CJF, told me about a naviculared horse that he had in his practice when he was a young farrier. He would stand that horse up when he shod it, it would do well for a while, and then when it got sore, the customer would take it to another farrier. This other farrier would chop off the heel, and the horse would be sound again for a while. Once it got sore again, the customer would bring it back to Phil and he would stand it up again. He said this happened many times over the career of this horse, and the back and forth kept the horse going for many years.

Keep this in mind when shoeing lame horses, and understanding what is happening when they go good or bad. Try to apply good basics in all your shoeing, and stay within the principles of anatomy, physiology and biomechanics that you understand. If you are nailing on a shoe that you cannot explain, you are exposing yourself to all sorts of problems. Study anatomy diligently so that you can make a decision about shoeing that makes good, anatomical sense. You will find that superior anatomical knowledge leads you further in the direction of basic shoeing than it does in the direction of space-age apparatuses.