

## REVISITING THE RACEHORSE

*Current Concepts in the veterinary care of the Thoroughbred racehorse*

Wednesday 23<sup>rd</sup> September 2009

### ORTHOPAEDIC DISEASE

**CHAIR – Matt Smith**

**08.30** *Coffee and registration*

**08.45** Welcome David Dugdale

**09.00** Opening address “What a trainer expects from a veterinary surgeon” Mark Johnston

**09.15** What are we trying to achieve by treatment with intra-articular medication? Prof. Peter Clegg

*This presentation will give an overview of what is the common pathology occurring in the racehorse fetlock, and present novel data on the importance of subchondral bone pathology in this joint. I will discuss how current intra-articular therapies may have an effect on the common pathologies seen in this joint and speculate where novel therapies may be developed in the near future which may have therapeutic benefit in racehorse joints.*

**09.40** Intra-articular medication in practice: The UK experience Rob van Pelt

*This presentation will give a practitioner’s overview of what products are being injected intra-articularly in racehorses in the UK. A summary of which joints are most commonly medicated and the withdrawal times used prior to racing will also be covered.*

**09.55** Intra-articular medication in practice: The Hong Kong experience Ben Mason

*The use of articular medication to normalise the joint space in TB racehorses is an important skill used by an equine clinician in TB practice. The meticulous use and timing of intra-articular medication has been shown in Hong Kong not only to resolve joint soreness in the short term, but to minimize osteochondral fracture pathology and to increase a horse's racing career.*

**10.10** Drug detection and withdrawal periods Prof. Tim Morris

*Racing Authorities and Veterinary Surgeons must work together to ensure that racing is drug free but also that horses can be treated when necessary. This requires research and communication but also informed professional judgement.*

**10.30** Discussion

**10.45** *Coffee*

**11.15** Subchondral bone pain: Fact or fiction? Rob Pilsworth

*There is a tendency for us to assume that all joint disease originates from the cartilage surface of the joint, the synovia, and the joint capsule. However there are an increasing number of horses showing lameness referable to a joint, which is abolished by intra articular analgesia of that joint, yet which seem to show little or no change in these structures which can be linked to the pain that these horses experience. This presentation will discuss the evidence for involvement of lesions in the subchondral bone causing pain, and resultant lameness, and will discuss treatment and management strategies to deal with these cases.*

**11.45** Subchondral compromise in the carpus

Ian Wright

*This presentation will outline the manifestations of subchondral compromise in the carpus and their sequelae. Emphasis will be placed on the clinically important consequences and current concepts of their management.*

**12.15** Subchondral failure in the fetlock joint

Matt Smith

*Manifestations of subchondral failure in the fetlock will be outlined. The pathogenesis, clinical features and consequences, and management of lesions will be discussed.*

**12.45** Discussion

**13.00** *Lunch*

**ORTHOPAEDIC DISEASE**

**CHAIR – Rob Pilsworth**

**14.00** Advances in the scintigraphic evaluation of racehorses

Rob Pilsworth/Meredith Smith

*The latest generation of gamma cameras and software are enabling us to acquire increasingly clear images of the skeleton. Specific positioning of the camera, post processing techniques and long term review of cases are placing diagnoses into context. The confusing appearance of the multiple hot spots often present on Thoroughbred racehorse scintigrams will be discussed.*

**14.25** MRI of the proximal metacarpal/metatarsal region in the racehorse

Dr Rachel Murray

*Historically, pain localized to the proximal metacarpal/metatarsal region has primarily been attributed to the proximal suspensory ligament or palmar metacarpal/metatarsal fractures using conventional imaging. Using MRI, it is possible to detect and determine the activity of lesions of the proximal palmar metacarpal/metatarsal bones, accessory ligament of the DDFT, interosseous ligaments, adhesions between different structures and lesions of one or more lobes of the suspensory ligament that may not be detected using other imaging techniques.*

**14.50** MRI of the fetlock region in the racehorse

Meredith Smith

*Changes in subchondral and trabecular bone within the fetlock joint indicative of early stress fractures are identifiable with MRI in spite of a normal radiographic appearance. We are learning more about the significance of these early warning signs and can use standing MRI as a screening tool for young Thoroughbreds in training, with the aim of minimising the occurrence of potentially catastrophic fractures of these bones.*

**15.15** Discussion

**15.30** *Tea*

**16.00** Superficial digital flexor tendonitis

Gaynor Minshall

*This presentation will outline the clinical, ultrasonographic and pathophysiological aspects of superficial digital flexor tendonitis as necessary determinants of case management.*

**16.25** Management of tendonitis: What is appropriate for the TB racehorse? Prof. Roger Smith

*The Thoroughbred racehorse still represents the sternest test of a tendon treatment and one that is successful at returning the Thoroughbred racehorse to racing without risk of re-injury is still a holy grail. Many treatments have been, and continue to be, advocated but with little evidence that any of more effective than a careful controlled rehabilitation programme. This presentation will present the treatment options that have the most scientific support and relate them to the most recent advances, with particular reference to the racing Thoroughbred.*

**16.50** Proximal suspensory desmitis Gaynor Minshall

*This presentation will describe the “syndrome” that encompasses this diagnosis and will discuss the diagnostic features that assist in defining the component lesions.*

**17.10** Managing tendonitis in racehorses: A practitioner’s view Vince Baker

**17.35** Discussion

**19.30** *Course Dinner – Jockey Club Rooms*

**Thursday 24<sup>th</sup> September 2009**

**RESPIRATORY DISEASE**

**CHAIR – David Dugdale**

**08.30** *Coffee*

**09.00** Pitfalls of assessment of laryngeal function at rest Justin Perkins

*This presentation will discuss different grading systems for recurrent laryngeal neuropathy at rest, the reliability of inter and intra-observer variability of laryngeal grading, and the daily variation in laryngeal grading in horses. The implications of these for evaluation at the time of purchase will also be discussed.*

**09.20** Recent advances in the clinical assessment of upper airway obstruction Dr Mark Hillyer

*Assessment of the upper respiratory tract at rest is recognised to have limitations in respect to the dynamic changes which may occur during exercise. This presentation will consider the practical options for the assessment of upper airway function in the exercising Thoroughbred.*

**09.40** Overground endoscopy: experience from Dubai Dr Tom Yarbrough

**10.00** Surgical management of laryngeal disorders: Current concepts Prof. Paddy Dixon

*This presentation will cover the current treatments of laryngeal paresis/paralysis in racehorses and critically assess the value of these treatments for racing. The current treatment of other laryngeal disorders, including arytenoid chondritis, epiglottic entrapment and retroversion, and axial displacement of the aryepiglottic folds will also be discussed.*

**10.30** Discussion

**10.45** *Coffee*

**11.15** Dorsal displacement of the soft palate: Options for management

Dr Mark Hillyer

*A number of strategies are available for the management of dorsal displacement of the soft palate in the racehorse. These will be considered in the light of recent evidence for both some of the newer techniques and some of the more traditional treatments.*

**11.40** Management of respiratory health in racehorses

David Dugdale

*Inflammatory airway disease is a perennial and ubiquitous condition of young racehorses. Different trainers manage it in different ways. This presentation will review the current diagnostic and therapeutic regimes and discuss areas where further progress is needed.*

**12.10** Dealing with EIPH: The Hong Kong perspective

Ben Mason

*Exercise induced pulmonary haemorrhage is well reported as a common cause of poor performance for TB racehorses during fast exercise. It has been noted in Hong Kong that adjusting training programs around sudden climatic change is just as important as keeping accurate endoscopic records and maintaining good trainer/vet relationships in managing this problem.*

**12.25** Dealing with EIPH: The North American perspective

Vince Baker

**12.40** Dealing with EIPH: Lessons for the UK

David Dugdale

*The use of diuretics as a training aid in horses identified as suffering from EIPH reduces the severity of haemorrhage and slows the progression of the condition. This presentation will review the current diuretic regimes used in the UK during training with regard to the HRA Rules of Racing.*

**12.50** Discussion

**13.00** *Lunch*

### **POOR PERFORMANCE**

**CHAIR – Dr Mark Hillyer**

**14.00** Is it lame or is it ataxic?

Dr Richard Piercy

*This lecture will cover aspects of the neurological examination and ancillary diagnostic techniques that can be helpful in trying to determine whether a horse has a primary orthopaedic or neurological problem causing a gait deficit. Common problems and pitfalls will be discussed.*

**14.25** Cardiac murmurs: What's the deal in Thoroughbreds?

Dr Lesley Young

*This presentation will consider recently published data on the epidemiology of cardiac murmurs in racehorses and will discuss the effect of murmurs on racecourse performance.*

**14.50** Managing gastric ulceration in racehorses

Dr Mark Hillyer

*Gastric ulceration remains a common condition in the Thoroughbred in training. This presentation will review the condition and consider some of the strategies which may minimise the prevalence and effects of gastric ulceration.*

**15.15** Management of Rhabdomyolysis in the racehorse

Dr Richard Piercy

*This lecture will cover the treatment and prophylaxis of rhabdomyolysis in Thoroughbreds in the context of the pathophysiology of the condition. In addition the contribution of the syndrome to poor performance will be discussed.*

**15.40** Discussion

**16.00** *Tea*

**Tour of Newmarket Equine Hospital**