

LAMINITIS (Founder)

Causes of Laminitis:

- Endotoxemia (presence of endotoxins in the bloodstream) and/or septicemia (presence of disease-causing pathogens in the bloodstream);
- Pleuropneumonia (infection and inflammation of the membranes covering the lungs—the pleura—and the lungs themselves);
- Enterocolitis (inflammation of the small intestine and colon);
- Metritis (uterine infection and inflammation);
- Grain overload;
- Excessive weight-bearing on the contralateral limb (opposite a limb with severe, nonweightbearing injury, as with Barbaro)
- Pasture-induced carbohydrate overload; and
- Metabolic/endocrine (hormonal) disturbances such as insulin resistance and Cushing's disease

Treatment:

Acute (initial signs) and chronic (late in the disease) laminitis are treated differently. With acute laminitis, we want to keep the sole of the foot cushioned and the heels elevated in order to release tension from the deep digital flexor tendon pulling on the coffin bone. We like to use Styrofoam padding on the feet and add a layer at least once a day. Phenylbutazone is also essential in order to keep the horse comfortable and help decrease the inflammation in the foot (please consult a veterinarian BEFORE initiating the use of bute in your horse). Your horse must be seen by one of our veterinarians in order for us to dispense bute to you. During flare ups with horses with chronic laminitis, we also use the Styrofoam pads and phenylbutazone. Farriery work is important to keep these horses comfortable.

Foot Radiographs (X Rays):

Radiographing the feet is a very effective way at documenting the degree of laminitis your horse is experiencing; we can accurately measure rotation or sinking, if any, of the coffin bone. This can also give your farrier a "picture" of the feet to help them better trim the feet. The radiographs help us measure any changes that occur in the feet over time.

Foot care:

During acute laminitis, it is NOT recommended to nail on a shoe, as the foot is very sensitive and can be damaged with the nails. About 2 weeks after the initial laminitic episode, it is possible to then nail an appropriate shoe on the horse, if necessary, but it is better to leave the horse barefoot if there is still pain. As discussed earlier, the best way to trim a laminitic horse's feet is to remove as much toe as possible (which is easily assessed with x rays) and leave the heel long. Please have your farrier call us if there are any concerns with this trim. If your horse is sore before the trim, it is advisable to administer bute before the farrier visit. Please contact your veterinarian before administering the bute in order to figure out the most appropriate dose.

Feeding a horse with/prone to laminitis:

What you are feeding your laminitic horse could actually be making his condition worse. These horses should be kept in good body condition and care should be taken to prevent them from becoming overweight. It is very important to feed a horse that is prone to laminitis a diet that is low in sugar and carbohydrate. Soaking the hay for about 30 minutes prior to feeding helps remove some of the sugars in the hay, which is very beneficial. Also, feeding very bland hay is recommended. If your horse is out on pasture, placing a grazing muzzle on him will allow him to go out with the herd and exercise, but will limit his intake of the grass. Grasses after a drought have a very concentrated amount of sugar, which can cause laminitis. We are seeing a lot of founder cases this year most likely due to this high sugar content of the grasses.

Exercise:

During acute laminitis, it is advisable to stall rest the horse or keep it in a small turnout paddock. It is not recommended to ride the horse because each step can cause further damage to the inflamed laminae. Once the laminitic episode has fully resolved (usually 2-4 weeks after the initial episode), the horse can be lightly ridden, exercised, or returned to pasture.