POOR PERFORMANCE?

Many lameness problems initially present as a poor performance issue; for example, lack of impulsion or problems with specific movements. You know your horse best and picking up on these early will avoid problems later on.

A veterinary examination is important to determine the problem. Signs we may attribute to ulcers, dental problems or bad behaviour may actually be due to a subtle lameness. Early diagnosis is essential to prevent a problem becoming irreversible.

LAMENESS IN THE DRESSAGE HORSE

Dressage is a unique athletic challenge combining balance, suppleness and power. It is considered by many to be the most demanding athletic test for horses, which means lameness is a common problem in the sport.

AVOIDING PROBLEMS

A balanced training programme can help to minimise the risk of lameness issues in young horses. Gradual increases in the intensity and duration of exercise allow the joints and soft tissues to adapt to the new loads and movements they are being asked to make.

Studies have shown that horses which have varied training, including different surfaces and “cross training” in different disciplines, are less likely to suffer lameness problems. In addition, regular, long turnout has been proven to be protective against lameness.
Most Common Conditions Causing Lameness in Dressage

A thorough examination is important as dressage horses can suffer all of the conditions we see in other disciplines. However, some conditions are very common due to the particular demands of the sport. These can vary depending on the horse's age and level of competition.

Hindlimb Proximal Suspensory Desmitis (PSD) - very common and often bilateral which can make it difficult to pick up on. Ultrasound and palpation of the ligament can be normal even in cases of disease so the result of specific nerve blocks is particularly important. High risk of recurrence so careful management after injury is essential.

Forelimb Proximal Suspensory Desmitis - more common than hindlimb PSD in younger horses. Can be linked to overextension of the knee in horses with extravagant movement, or from a poor surface or overtraining. With the correct treatment the prognosis is slightly better than for hindlimb PSD.

Suspensory Branch Lesions - normally leads to sudden onset lameness and swelling and is confirmed with ultrasonography. If the interface between the branch and the proximal sesamoid bone is disrupted, the prognosis is unfortunately worse. Treatment involves rest and a graduated exercise programme. Shock wave therapy has also been shown to be beneficial.

Coffin Joint Pain - a common diagnosis in all sports horses. It is often successfully treated with joint medication and remedial farriery. Important to distinguish from other sources of foot pain to allow successful treatment.

Desmitis of the Accessory Ligament of the Deep Digital Flexor Tendon - often occurs as a sudden onset problem. It is believed to be predisposed by overextension of the knee or by working on a poor surface.

Distal Hock Joint Pain - often a bilateral problem so might initially present as reluctance to work, toe-dragging or shortened strides. Excellent prognosis with the correct management and joint medication.

Middle Carpal Joint/Knee Pain - a common problem, especially in young horses struggling with balance and synchronised paces. Responds well to medication and a modified exercise programme.

Fetlock Joint Pain - not as common in dressage horses as in other disciplines. May be due to inflammation within the fetlock joint or of the sesamoid bones at the back of the joint.

Palmar/Plantar Annular Ligament Desmitis and Tenosynovitis of the Digital Flexor Tendon Sheath - more common in the forelimbs than hindlimbs and is usually of sudden onset. May be treated medically or with surgery depending on the exact injury, so careful investigation with ultrasonography and nerve blocks is required.

Stress Fractures of the Cannon - occasionally seen in young horses. Very good prognosis with the correct treatment.

Back and Sacroiliac Pain - frequent causes of poor performance in dressage horses, normally secondary to lameness.

As a dressage horse moves up the levels it must improve its collection and lateral movements. Increased collection places greater stress on the hindlimbs in order to free up the forelimbs and allow more airborne movement. Lateral movements and twisting movements also place unnatural strains on the back, pelvis and joints.

Training should involve gymnastic exercises to condition muscles and help minimise risk of injury to tendons and ligaments. Any degree of lameness is a serious problem which can lead to poor scores and may deteriorate to cause a bigger eventual problem.

Lameness examination in a dressage horse does not differ greatly from the normal process, but often requires a greater time spent observing the horse ridden as many problems are only seen under saddle, sometimes only during certain movements. Provided an accurate diagnosis is made, treatment for many conditions will lead to a return to similar levels of performance.