

Vet or Farrier: Who Ya Gonna Call?



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You've just discovered your horse is lame (ah, the joys of owning a horse). A quick check rules out any major external trauma, and there is no blood or broken bits that need to be stuck back together. So, remembering what you learnt years ago at pony club that 90% of all lameness comes from the hoof, the age old question arises: Do you call your farrier or your vet?

Welcome to the disputed territory that lies between the vets' domain and the farriers' fiefdom. Knowing which party to call can significantly affect the outcome in any given situation.

Over-doctoring a minor case can lead to unnecessary pain in your hip pocket ("Damn, should have called the farrier first"), whilst under-doctoring a serious case can lead to a far greater problem than the initial one ("Oops, should have called the vet"). So, who do you call?

In the world according to this author (who just happens to be a farrier), the answer proffered should not be a great surprise to anyone. It seems quite logical that when a lameness issue appears to be coming from the hoof department, first port of call should be your farrier.

After all, your regular farrier is the 'resident' specialist when it comes to your horse's hooves. Apart from staring up close and personally at equine hooves all day and everyday, they will know the unique strengths and weaknesses of your horse's hooves.

Hopefully, your farrier can recognise any unusual changes in shape or structure, or palpate any abnormal sensitivity and determine what has gone wrong.

Now, before the author gets the veterinary fraternity too far offside for cutting their quota, there are certain situations that are beyond the farriers' scope and require veterinary attention. Your farrier should be adequately trained and suitably experienced to recognise when a lameness episode requires referral to a vet.

Hoof trauma

A good place to start a vet or farrier discussion is when a horse damages a hoof capsule significantly enough to cause lameness. The source of lameness is quite obvious and treatment is straight forward, requiring the hoof capsule to be stabilised, so the replacement hoof can grow unified and strong.

Who to call is going to depend on the severity of the trauma. If treatment is simply a matter of removing and making safe any torn hoof capsule and adding a patch or shoe to protect the remnant hoof, call your farrier. (See photos on Page 72).

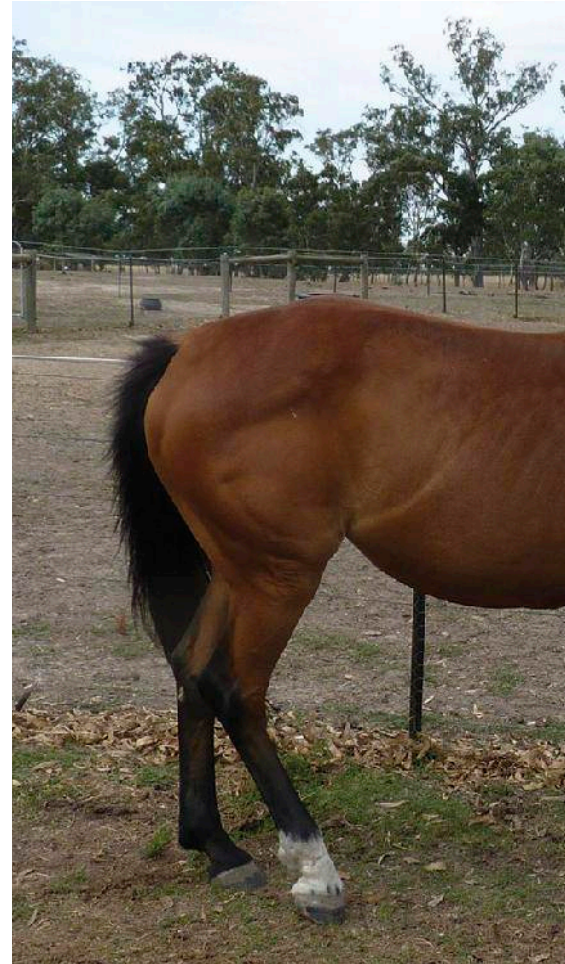
A vet will be required, however, if the damage is deep enough to require live tissue debridement or is painful enough the horse requires sedation for the hoof to be processed. Safety is paramount for whoever is holding the hoof.

In serious cases, a vet may also be needed to assess if there is damage to internal structures and possibly to administer antibiotics.

Hoof trauma cases often require farrier and vet to work together at the same time, but trying to get a vet and farrier together at the same corner of the planet at the same time is a major challenge!







Hoof abscess

Hoof abscesses are a common occurrence for horses living outside the desert country they are designed for. Lameness arises from the pressure of the body's defensive fluids gathering within the confined space of the hoof to fight invading bacteria and only dissipates after the pressurised fluid has been expelled by natural progression along the path of least resistance or by active intervention.

Whilst there is a good argument to suggest abscesses should be left to run their course, horse owners don't like to see their horses enduring such pain and prefer to have the problem resolved as soon as possible.

Knowing who to call in the case of a suspected abscess is unnecessarily befuddling. Farriers are well versed at dealing with such a scourge, but there is a common misconception that abscesses are beyond their jurisdiction, because live (dermal) tissue is involved and farriers are not meant to venture beyond epidermal tissue. In reality, when an abscess is correctly approached in order to be drained, it is accessed via the epidermal tissue from where it came. Farriers can do this quite easily. Semantics!

CENTRE: You've just discovered your horse is lame and you remember you learnt that 90% of lameness comes from the hoof... Who are you going to call, your farrier or the vet? Image courtesy Mayfield Barehoof Care Centre.

ABOVE: If treatment is simply a matter of removing and making safe any torn hoof capsule and adding a patch or shoe to protect the remnant hoof, call your farrier. Image courtesy Mayfield Barehoof Care Centre.

Semantics aside, farriers are quite efficient at draining abscesses. They know where to look and are very proficient with loop knives and resecting nippers, so they can achieve the desired outcome quickly.

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If you suspect a hoof abscess, you can call your farrier first.

Of course, there are times when you will need to call your vet. A good example is when your horse has an abscess NOW, but your farrier won't answer his phone NOW. Even if your farrier can respond to your urgent message, he may be working miles away and can't return to your district for several days. That's too long.



On the other hand, most vets have their businesses structured so they can be on call for emergencies. You pay for such a service (quite rightly), but vets are there and can usually come at short notice.

Another scenario when a vet should be called is when your horse thinks it is definitely going to die from that throbbingly painful hoof and there is no way anyone is going near it, let alone anyone with a searching knife! Times like these, it is far better for all concerned to call your vet who can sedate the patient and handle the offending hoof in relative safety. Especially if it's a back hoof.

A vet is also required to prescribe medication in the case of a progressive hoof abscess that has a spreading infection, usually indicated by swelling above the hoof that spreads upwards.

More importantly, what if the lameness is not actually coming from an abscess? Obviously, not all lameness is caused by an abscess. What if the infection is deeper and more sinister, like a puncture wound or a bone infection or a quittor (lateral cartilage infection)? What if there is a broken bone in there?

So, who do you call?

The author's strategy when a client's horse appears to have a hoof abscess is to firstly answer the phone (which his clients can attest doesn't always happen) and, if he can and is not too far away, he will go there as a matter of importance.

The first thing to do is determine which hoof is sore (politely declining the horse owner's advice as to which they believe is the offending hoof!) and then check for clinical signs of internal disruption, including heat, elevated pulse, even mud that is drying faster on one hoof.



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IMAGES A, B & C: A vet will be required if the damage is deep enough to require live tissue debridement or is painful enough the horse requires sedation for the hoof to be treated. Image courtesy Mayfield Barehoof Care Centre.

IMAGE D: Farriers are quite efficient at draining abscesses. They know where to look, and are very proficient with loop knives and resecting nippers, so they can achieve the desired outcome quickly, inexpensively and with minimal disruption to the hoof capsule. Image courtesy Mayfield Barehoof Care Centre.



Treatment planning

Once the underlying cause of lameness has been diagnosed, a treatment plan needs to be developed. Such a plan may well involve medication, physiotherapy, therapeutic hoofcare and decisions!

In a perfect world, your vet would prescribe any necessary medication and formulate a program of physiotherapy (a schedule of stall rest or controlled exercise or both) and then explain to your farrier the diagnostic findings. The farrier would then take charge of formulating and engineering the required therapeutic hoof management.

Farriers may well have a huge database of experience to draw upon, but they are not vocationally equipped to make diagnoses.

But, what if your two consulting experts don't agree about the hoofcare component of the treatment plan? As the horse owner, you will need to be part of the decision making process which means choosing between one or the other professional.

There was a time when both vets and farriers were schooled similarly in the methods of traditional therapeutic farriery, so their philosophies and parameters of treatment aligned quite smoothly. They simply agreed with each other and got on with the job at hand. Ah! The good old days...

But, then along came the internet and, with it, the rise and rise of alternative treatment options for equine lameness, particularly the evolution of barefoot rehabilitation, which often has treatment parameters that contradict traditional farriery (and by extension, traditional veterinary parameters).

This won't be an issue if your farrier and vet are both of the conventional ilk, but if your farrier employs the principles of barefoot rehab and your vet doesn't, compromise will be needed from all three sides of the dice (vet, farrier and owner).

The suspect hoof is then fully cleaned and trimmed, so potential entry points of bacteria can be located (there are common sites of bacterial incursion which make abscess location quite easy in most cases). Hoof testers may be used if there is no clear entry point.

Once located, outer layers of hoof will be carefully excavated until the abscess cavity is exposed and pus begins to drain freely. Advice for further management is then given to the horse owner, especially how to poultice the hoof to draw further infection out.

If there is any doubt whatsoever, whether there is evidence of infection travelling up the leg, whether there is no obvious abscess, or if the lameness doesn't subside relatively quickly after the pus is drained (within a day), it will be strongly recommend the horse owner calls their vet for further advice.

Diagnostics

Okay, your lame horse does not appear to have an abscess, so you will need a diagnosis. It is now definitely time to call your vet.

Farriers may well have a huge database of experience to draw upon, but they are not vocationally equipped to make diagnoses. For example, what if the mystery lameness is actually a small tear in a pastern ligament that can be easily resolved if treated correctly and timely, but will get progressively worse and may become incurable ringbone if it is not treated correctly and timely?

Vets are the diagnostic champs. They are trained to do lameness work ups and have a better chance of locating the actual site of pain. They can analyse gait, perform flexion tests and apply nerve blocks, and are also equipped with internal imaging equipment, such as x-ray machines and ultrasound. If anyone can find out what is wrong in that there hoof, your vet can.

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IMAGE A: Good luck trying to safely hold this hoof without sedation and pain relief! If the patient considers it painful, it will be best to call the vet. Image courtesy Mayfield Barehoof Care Centre.

IMAGE B: Vets are the diagnostic champs. They are trained to do lameness work ups and have the internal imaging equipment to locate the site of pain. Image courtesy Mayfield Barehoof Care Centre.

IMAGE C & D: A compromise is reached between vet and farrier who employs the principles of barefoot rehabilitation. The vet wants to engineer an exaggerated breakover, whilst keeping the heels on the ground, so the farrier employs tips. Image courtesy Mayfield Barehoof Care Centre.

IMAGE E: In some cases, there is no vet-farrier compromise and the owner has to choose. In this case, a competitive campdrafter diagnosed with navicular disease gets fitted with egg bars and de-nerved, and the horse gets a (permanent) change of farrier. Image courtesy Mayfield Barehoof Care Centre.



As the horse owner, you will need to be part of the decision making process which means choosing between one and the other professional.

For example, a horse has been diagnosed with degenerative coffin joints on both front legs, caused by years of jumping stress. The horse has always been kept barefoot and has outwardly healthy hooves, but the vet wants natural balance shoes to engineer an exaggerated short breakover.

The farrier agrees about the breakover requirements once the radiographs (x-rays) have been viewed, but argues that the frog should remain on the ground to best support the boney column and facilitate longterm soundness. The farrier proposes strategically placed tips can create a mechanical breakover similar to natural balance shoes, but leave the caudal hoof unmolested. A compromise is reached, the horse begins wearing tips and the lameness dissipates. The jockey is happy and everyone gets paid. (See photos C & D).

Unfortunately, there are times when there may not be any scope for compromise, which means the horse owner may need to choose between vet and farrier; whose advice and treatment plan to follow. If you decide your farrier has the most suitable plan, you can and should still take the diagnostic information the vet has produced (after all, you have paid for it) and simply let your farrier engineer what he thinks is the best solution.

On the other hand, if you decide in favour of following your vet's advice and your farrier is unwilling or unqualified to comply, you may need to find a different farrier for the duration of treatment.

A couple of real life case studies the author has been involved with in recent times are a good way to show how these situations can easily arise.



1. A competitive campdrafter is diagnosed with navicular disease. The consulting vet wants wedge egg bars and a neurectomy, so the horse can come back into competition quickly, whereas the regular farrier is determined barefoot rehab with padded hoof boots and a double dose of patience is by far the better longterm solution. The horse's owner has a competitive streak, so the horse gets fitted with egg bars and de-nerved, as well as change of farrier. (See Photo E).

2. A horse has a broken pedal bone, which has been clearly diagnosed by radiograph and the vet wants the whole capsule cast by a double bar shoe with full sole packing. There is no other effective treatment option. Unfortunately, the hoofcare professional is a barefoot trimmer and can't apply shoes, so there is a temporary change to a farrier for the six months or so that it will take for the fracture to heal.

This is why at the outset of most lameness cases, your regular farrier is a good resource to start with.

3. A show pony has serious acute laminitis and the vet insists the flexor tendons need to be cut to save its life. However, the farrier insists (quite strongly) barefoot rehab with padded boots is a much better longterm option. The owner is convinced by the farrier's gesticulations, the horse gets boots and a change of vet.

In all of these cases, it was the owner who needed to make the call of whose advice to follow. This can be daunting for a horse owner, making a judgement between two professionals, especially if either or both of the opposing professionals have strong personalities.

One way to make such a difficult and unwanted decision more objectively is to enquire about the longterm outlook of the opposing treatment plans, especially if there are any permanent side effects that may sour the deal.

In conclusion, even though farriers are not vets and vets are not farriers, both parties bring specific skill sets to the barn that complement each other. Farriers are not trained in veterinary procedures, but no one quite specialises in equine hooves like farriers.

This is why at the outset of most lameness cases, your regular farrier is a good resource to start with; the first phone call to make... That is, if you can find them!