1. **Nail Binding**

Is caused by a nail or nails being driven by the farrier too close to the sensitive laminae of the foot. Symptoms.

The symptoms are pain and lameness, and heat in the foot.

Treatment:Remove the shoe and apply hot anti- septic poultices\* for two or three days.

1. **A Pricked Sole**

Is caused by the farrier driving a nail into the sensitive part of the sole, or by a picked-up nail.

Symptoms. Either of these will cause lameness which increases in intensity, and there will be heat and pain in the foot. If the injury is due to shoeing it is probably bad workmanship on the part of the farrier, though there may be a little excuse for him if the horn of the hoof is very thin. Badly shaped nails will make pricking easier, as will the horse himself if he is fidgety and moves at the critical moment when the nail is being driven in.

Treatment. Remove shoe at once.

Have the puncture pared out well to allow good drainage.

Pour iodine into the hole.

Apply antiseptic poultices twice daily. When the horse trots sound, put on the shoe and place tow soaked in Lysol over the seat of the injury. The tow must be kept in place with a strip of hoop iron wedged under the shoe.

Have anti-tetanus injection given as soon as damage is discovered.

1. **Bruised Sole**

The result of a bruised sole is tenderness and possibly extreme lameness. It is caused by the horse treading heavily on a sharp stone, a stub, or by a badly fitted shoe. Any of the above may inflict injury on the sensitive sole of the foot, which the outer wall and sole is inadequate to protect.

 Symptoms. The symptoms are heat and pain in the foot causing lameness. Loss of appetite may be expected, and in severe cases a rise in temperature.

Treatment. The first thing to do is to remove the shoe and reduce inflammation, which can best be done by means of hot antiseptic poultices. The poultice should be renewed three or four times a day until all the inflammation and soreness have gone. A laxative diet is essential. The horse should be carefully re-shod with a light, wide, flat seated out shoe.

1. **A Corn**

The cause of a corn in a horse is the same as in a human being. It is undue pressure by the shoe on the seat of injury due to bad shoeing, or to the fact that the shoes have been left on too long. A corn is really a bruise of the sensitive sole in the angle formed by the bar and the wall. Horses that are permanently unshod hardly ever suffer from corns. The reason why corns appear always in this particular part of the sole is that the horn is thinner in that part.

Treatment. Remove the shoe, pare out the corn to remove pressure, and if pus is found apply antiseptic poultices. Shoe with a three-quarter shoe.

1. **Thrush**

Is an inflammation of the sensitive frog and the symptoms are rather like those of canker, but it is found in the cleft of the frog only. It is often a chronic complaint and if neglected at the onset is likely to become serious. It is more commonly found in the hind feet than in the front.

Cause. It is chiefly found in horses that have been standing in badly drained stables which have not been "mucked out" for some time. It is therefore avoidable.

 Symptoms. There may or may not be lameness. As in canker, the presence of thrush is easily detected by the foul smell which accompanies it. The horn in the cleft of the frog is soft and spongy, and a thick evil-smelling discharge comes from it.

 Treatment. Wash the foot thoroughly with disinfectant solution. Pare out the frog—apply antiseptics such as Stockholm tar and salt in the cavity with a wad of tow to keep the dressing in place. Renew the dressing twice a day at first. Thrush, if taken in time, can be cured very easily. The patient should stand on a clean dry floor.

1. **Canker**

Is a softening of the horn of the hoof forming a moist cheese-like growth with a particularly objectionable smell. Canker is generally found where horses are kept under bad conditions such as badly drained stables. It is also commonly found in marshy districts.

Symptoms. It generally starts in the frog, extending to the sole, and the horn becomes sodden with a moist growth which in time can be squeezed out at the sole. Sometimes there is considerable pain and lameness, especially when the disease attacks the wall of the foot. The discharge has a foul smell.

Treatment. Remove any loose horn and apply a caustic, such as zinc sulphate, then exert pressure on the affected part by means of a piece of plate or tin placed under the shoe. The disease is often of long duration, which can only be shortened by operation. This is a matter for the veterinary surgeon.

1. **Seedy Toe**

 Is an affection of the foot in which the middle layer of horn becomes separated from the sensitive layer underneath. In the space so formed a soft mealy kind of horn is formed. As the name suggests, this is most often found in the toe, but it may occur at any part of the wall of the foot, and starting from the ground runs upwards, sometimes as far as the coronet. The cause is not always easy to determine, but as the complaint is brought about by excessive pressure on the wall of the foot, then suspicion falls on the black-smith, as either a too tightly hammered toe clip or a too tightly driven nail will cause the trouble. It may also occur after laminitis.

Symptoms. The blacksmith will generally be the first to detect the presence of seedy toe when he is using his hammer, as a knock with it will produce a hollow sound, and driving a nail into the seedy toe area is like knocking a nail into a thin wall when it goes into space. The horse will go lame when the affected area is large, but not when it is first beginning.

Treatment. Pare away the seedy formation, dress with tar and tow, and put on a shoe which has no bearing on the damaged tissue. Blister the coronet to stimulate a new growth of horn. In very bad cases an operation consisting in cutting away the wall right up to the seat of the trouble is necessary to effect a permanent cure.

1. **Contracted Heels**

The blacksmith is sometimes to blame, as if the frog is pared away too much it becomes dry and contracted, and thus does not come in contact with the ground and encourage the expansion of the heel. Similarly, undue cutting away of the bars will allow the heels to grow inwards. Calkins which take all the weight off the frog allow the latter to contract with the same result. A contracted foot is in all cases dangerous as it is a contributory cause of navicular disease.

 Symptoms. The walls of the foot are contracted in one or more places in the regions of the quarters and heels and on one or both sides of the foot. This condition must not be confounded with "odd feet," in which one foot, though of good shape, may be smaller than its fellow. Odd feet are often hereditary or due to some injury as a foal or yearling which causes unequal distribution of weight for a period. Some horses are born with contracted feet. In the case of a horse which has been lame for some time, the foot of the lame leg may become contracted, owing to its having borne less weight than its fellow.

Treatment. Frog pressure is both the prevention and cure of this ailment. The sole should be well rasped down at the heels, so that the frog makes contact with the ground, which will encourage its expansion. In severe cases a run at grass should be given and the horse shod with tips. In extreme cases grooving of the wall of the hoof may be necessary.

1. **Brittle Feet**

These are due to a dry condition of the horn. Sea water and sand are thought to be a predisposing cause. Treatment. Keep water away from the feet. Stimulate the coronet to produce new horn by means of a red blister. Dress the horn two or three times a day with castor oil.

1. **Keratoma [Horn Tumour]**

This is a horny growth on the interior wall of the horn of the hoof. It is due to an excessive activity of the horn-producing laminae which may follow an injury or be caused by the presence of irritant matter in the foot. It is usually present near the toe.

Symptoms. These tumours are not easy to detect in the early stages, but if the sole be pared the white line of health between the sole and the horn will be seen to curve inwards below the tumour. Inflammation and lameness may be present, and a fistula may form which will discharge pus.

Treatment. All pressure must be removed from the area concerned and veterinary aid called in.

1. **Sand Crack**

Is a crack in the wall of the hoof running downwards from the coronet to the ground, or sometimes only a part of the way down. The horse may or may not go lame. The crack is in many cases not visible near the coronet, but owing to pressure it spreads as it is growing out. Sand crack is therefore generally noticed near the sole, as shown in the illustration.

Cause. A tread on the inside of the coronet or an injury to the coronary band. It is also caused by rasping away the outside wall of the foot so that the natural secretion which keeps the hoof moist is lost, the horn then becoming dry, hard and brittle.

Treatment. Remove all pressure from the crack.If at the toe shoe with quarter clips. A clasp may be put across the crack. Blister the coronet, thus stimulating a growth of new horn. The crack may be isolated by making a groove with a hot iron, which any capable farrier can execute. Its object is that the crack shall not extend to the new horn. If a sand crack suppurates, the horn must be cut away to allow the pus to escape and the crack treated by standing the foot in an antiseptic foot bath.

1. **False Quarter**

Is a horizontal crack in the hoof and is caused by an injury to the coronet. The secretion of horn is checked.

Treatment. New horn formation is encouraged by the application of a red blister to the coronet.

1. **Quittor**

 Is the name given to a fistulous sore on the coronet. A quittor comes from one of the following causes:

 (1) From a blow of some sort such as a tread—i.e., when a horse, coming on behind, treads on the coronet of the horse in front; or an over-reach—i.e., when a horse strikes his foreleg with the inside of his hind shoe in galloping or jumping.

(2) From pus working upwards from a suppurating corn.

 (3) From a suppurating sand crack.

(4) From a picked-up nail which has been neglected.

Symptoms. There will be a good deal of pain and consequent lameness, and later a discharge.

Treatment. Apply an antiseptic poultice and send for a veterinary surgeon at once, as in this case delay is most dangerous.

1. **Laminitis**

 Is an inflammation of the sensitive laminae which are directly under the horny wail of the foot. It is a very serious disease and is also most painful as can be imagined when one considers that there is no room for expansion under the hard, unrelenting horn of the hoof. It is more common in front than behind. Causes.

(1) Being made to do hard work when in an unfit condition or galloping about when turned out to grass when the ground is hard.

(2) Flat feet are most prone to this disease.

(3) Too much heating food, such as oats, barley, wheat, peas or beans, and not enough exercise.

(4) Too much weight being placed on one foot—e.g., if the other is injured, especially if the horse has not been put on a laxative diet. For the same reason top-heavy stallions or mares in foal are prone to this disease, especially if they are indiscreetly fed.

 (5) After a bad attack of colic.

 (6) After foaling.

 Symptoms. Inflammation accompanied by abnormal heat and pain. A horse suffering from laminitis will resent being asked to move about, and when it does will do so on its heels with its back arched and its four feet kept together as much as possible—in fact it may show every symptom of acute pain, such as sweating and groaning. Anybody who has had blood poisoning under a finger nail or toe nail will be able to realize what a horse has to endure with laminitis. No wonder, then, that when it once gets down and finds a little relief from getting the weight off the foot or feet it is, to put it mildly, reluctant to get up again. Its temperature may be anything from 1030 to 1060.

Treatment. Give a physic ball. Put him on bran mashes. Remove the shoes. Stand in a clay bed and send for a veterinary surgeon, as in some cases injections of adrenalin are advisable.

1. **Navicular Disease**

 Is one of the most serious diseases that a horse can have, and is unfortunately only too common. "Serious" is perhaps a mild term to use since it might almost be described as fatal, because, there being no known permanent cure, sooner or later the sufferer, for humanitarian reasons, has to be put down. Briefly, it is a corrosive ulcer on the navicular bone, and is practically confined to the fore feet. It is seen mostly in horses doing fast work.

Cause.

(1) Concussion, i.e., too much fast or strenuous work, especially after a long rest.

(2) Contracted heels.

(3) Short, upright pasterns are more prone to navicular than are long, sloping ones.

(4) Any type of shoe with high heels if worn constantly is apt to cause navicular, no pressure being taken by the frog as Nature intended.

 (5) It may be hereditary.

Symptoms. It is gradual in its onset and insidious in its appearance. The first sign is a pointing of a fore foot in the stable or each fore foot alternately Some horses will always point a fore foot in the stable to rest themselves, which fact may be misleading, but if they do not rest the alternate hind leg at the same time disease such as navicular must be suspected.

 The next symptom to appear is lameness when the horse goes out, which may wear off with exercise or in soft going. There will, however, be heat in the foot after a long journey. In the course of time the horse will become more lame and pottery in his gait and will be inclined to stumble. In the end he will become so bad as to be unworkable. In appearance, the foot will generally become contracted at the heels and the sole concave in appearance.

Treatment. There is no cure. Palliative treatment, i.e., the application of cold swabs consists of tying a piece of sacking round the coronet loosely and keeping it wet with cold water. If the horse be kept on a clay bed it will relieve the pain and may prolong his period of usefulness.

It is not intended to recommend the operation of unnerving in these notes since in no case can it be described as "treatment."

1. **A Ring-bone**

 Is a bony enlargement round the top of the hoof when it is called "low ring-bone," or round the pastern bones—in which case it is called "high ring-bone." There is a third form of this complaint called "false ring-bone," which is found on the shaft of the bone and not on the joining of two bones. Cause

(1) Ring-bone may quite likely be hereditary.

(2) It is also common in horses whose pasterns are too straight, on account of the exaggerated jar on the bone.

(3) A blow will cause ring-bone.

(4) Shoes not being removed regularly, thus allowing the heels to grow too long. Frog pressure is removed and the jar on the feet increased.

Symptoms. The first symptoms of ring-bone are rather difficult to determine—the horse may come out slightly lame in the morning, and this lameness will be persistent. The difficulty of tracing the lameness to ringbone is increased by the fact that there is no heat to be felt, practically no pain and nothing to show in the way of a swelling. After a week or two heat will be felt, and the horse appears to be in pain. In the case of advanced high ring-bone the bony growth can be felt, but in the low variety there is no swelling to show for some time; in fact, not until the hoof changes its shape and becomes bulgy at the coronet. Although in false ring-bone the joint of the bones is not immediately affected by the bony growth, it may unfortunately extend and eventually affect the joint. In this case it becomes true ring-bone.

 Treatment

 (1) Rest the horse with the shoes removed and put on a laxative diet.

 (2) Stand in a stream or turn on the hose-pipe for a quarter of an hour twice a day.

(3) The horse should be turned rough in a straw yard or big box with bedding of peat moss or sawdust.

 (4) Feet should be trimmed so as to have a perfectly level bearing on the surface.

 (5) Blister, but consult your veterinary surgeon before doing so, as it may possibly do more harm than good, added to which he may recommend point firing or opening the foot as an alternative. Unnerving is a drastic remedy which is sometimes recommended by veterinary surgeons.

1. **A Side Bone**

Is a bony growth on either lateral cartilage of the foot, common in heavy horses and also found in lighter breeds. Cause

(1) Possibly hereditary, or it may come from a blow or tread, but in any case there is a natural tendency for the cartilage to become ossified where it joins on to the pedal bone.

 (2) Narrow feet.

(3) High calkins.

 Symptoms. A hard lump and heat can be felt on the coronet on either side of the heel.

Treatment. If the horse is not lame no treatment is necessary. If lameness persists he must be rested and the veterinary surgeon called in, who will have to resort to blistering, firing or, in very bad cases, to grooving the wall of the foot to relieve the pressure of the ossified cartilage.

1. **A Split Pastern**

This condition can only be established definitely by means of X-ray, but is sure to be accompanied by extreme lameness. It is believed by some authorities to be caused by the tendons contracting simultaneously instead of alternately. It does not necessarily occur at fast paces. Fractures occur more frequently in the short than in the long pastern.

Treatment. Absolute rest (in slings if possible) and Plaster of Paris strapping. If slings are unobtainable a sawdust bed is the next best thing. The case is one for the veterinary surgeon.

1. **Sessamoiditis**

Is an inflammation of the bones situated just above and behind the fetlock joint.

Cause. Faulty conformation, such as upright pasterns or turned out toes, the latter causing the horse to go close at the fetlocks.

 Symptoms. The horse will be lame on and off and heat in the fetlock joint will vary from day to day. There may or may not be a swelling in the fetlock joint, and in bad cases the horse will not bring the heel of the shoe on to the ground.

Treatment. Rest and blister or pin-fire. There is no certain cure.

1. **Swollen Legs**

In horses which have done a considerable amount of work the legs will frequently be found to be puffy after standing in the stable. This is due to wear and the congestion of blood in the limbs. In order to check the congestion the legs should be hand-rubbed upwards towards the heart and pressure bandages should be applied. Pressure bandages should have plenty of cotton wadding next the skin retained in position by fairly tight wool bandages. They should extend from below the knee over the pastern to the coronet. An alternative treatment which has been used with success is 2 lb. of blue clay, 4 tablespoonfuls of methylated spirits, 4 tablespoonfuls of vinegar, 1 tablespoonful of glycerine. Sufficient soft water is added to mix the whole into a soft paste, which is spread on the leg with a flat piece of wood. This should be re-applied as it flakes off.

1. **Sprains**

 The position and names of the various tendons and ligaments will be found in the accompanying illustration. Sprains generally occur in the forelegs but occasionally in the hind. Sprains do not often occur without warning. As a rule, there is slight heat due to strain, which has passed unnoticed and the actual sprain takes place when the horse is worked in this condition.

Cause. A sprain may be caused in any of the following ways:

 (1) By pulling the horse up suddenly as in polo.

(2) By all the weight of the body falling on one leg.

(3) By too much galloping as when training for a race.

(4) By galloping or lumping when the going is heavy or holding. This is more likely to happen if the horse is unfit or tired.

(5) By leaving the toes too long.

(6) Through defective conformation, such as long, sloping pasterns, a crooked leg or legs that are tied below the knee.

(7) Through ring-bone or enlarged pasterns which hinder or restrict the free movement of the joints and which mechanically cause the relaxation of the tendons.

(8) By slipping or getting cast in the stable.

Symptoms. There is a good deal of pain when the perforans and its check ligament are affected— but not so much when the suspensory ligament is strained. There will be pain, swelling and heat in the tendon. When one division only of the suspensory ligament is strained the horse may not be lame for some hours after the strain has occurred; for instance, a horse may contract the injury during the course of a race or a hunt; it is only when action has ceased and muscular re-contraction occurs that the inability will be apparent. The best means of diagnosing the seat of strain is to hold up the leg and press the various tendons with the fingers and thumb until the horse flinches.

Treatment will depend on the gravity of the case, but rest is essential. In the case of mild sprain, resulting in heat but not appreciable swelling, cold-water bandages or cooling lotion will be all that is necessary. Generally, however, the matter is more serious than this. There will be considerable inflammation and tenderness, which must be removed by means of hot fomentations or Antiphlogistine applied hot and left on for forty-eight hours. A high-heeled shoe will give relief. In extreme cases blistering or firing must be resorted to, and the horse given a long rest. A recurrence of the trouble under strain, such as fast work, jumping, etc., is to be expected.

1. **A Splint**

Is a bony enlargement on the cannon bone or splint bones in the fore or hind legs. They most often appear in young horses and are seldom thrown out after a horse is six years old, except as the result of a blow. For illustration. It is rare for a horse that has done any work at all at six years old not to have splints, and too much importance should not be attached to them unless they are so placed that they interfere with the use of a tendon or ligament. Splints are generally caused by the horse's legs being jarred unnecessarily when he is still young—such as jumping on to a hard surface or trotting fast on the road. They may also arise from bad conformation of the legs and feet; or, again, from too much pressure being brought to bear on the outside of the foot by faulty shoeing.

Symptoms. A splint in its early conception is an insidious complaint: it arrives without any warning. There is often nothing to be felt and yet the horse is lame—and the lameness increases with exercise. The horse may walk sound and yet trot quite lame; on the other hand, if the horse is given no work he may trot sound for a little way and then go lame—all of which is perplexing. Splints, once they are set, rarely cause lameness unless they are in a position which interferes with the tendons or ligaments. The worst position for a splint is high up and under the knee. This is called a knee splint. If it is well to the front it will not be troublesome for long. If the splint is on a hind leg the horse will rarely go lame. The best way, however, to find a splint when it first starts is to pick up the foot and press your fingers down the splint bone until the horse flinches, remembering always that some horses are more sensitive than others. The best way, however, to find a splint when it first starts is to pick up the foot and press your fingers down the splint bone until the horse flinches, remembering always that some horses are more sensitive than others.

1. **Sore Shins**

This is an inflammation of the membrane covering the front of the cannon bone, the front tendon being thereby extended.

Cause. It is due to galloping on hard ground, and occurs most frequently in young racehorses.

 Symptoms. There will be heat and swelling of the membrane covering the cannon bone. It may or may not cause lameness.

Treatment. In mild cases massage and rest are advisable. Diluted tincture of arnica (4 tablespoonfuls to 1 pint of water) dabbed on with cotton wool at frequent intervals will ease the pain. In bad cases it may be necessary to apply a mild blister. Loss of form in a young racehorse may well be due to a sore shin.

1. **Windgalls**

 These are swellings just above the fetlock and on either side of it. Though unsightly, they will not cause lameness, and, unlike thorough-pins, are not a technical unsoundness. They are caused by strain and hard work.

Treatment. Treat as for thorough-pin. Such drastic measures as blistering, etc., are hardly worth while except for show purposes since the condition does not affect the usefulness of the horse. By raising the heels with calkins the strain may be alleviated.

1. **Thorough-pin or Through Pin**

Symptoms. A distension of the tendon-sheath immediately above and on either side of the point of the hock. It amounts to a technical unsoundness, though it seldom causes lameness.

Treatment. Rest is essential if the distension is to be reduced. In mild cases a simple pressure bandage may affect a cure. Iodine or embrocation may be applied, but in this case the thorough-pin should not be bandaged. A recurrence of the condition must be expected when normal work is resumed.

1. **A Curb**

Is not such a serious affair as it is generally considered to be. Once successfully treated it will probably cause no further trouble from a practical point of view. It is, however, unsightly, and must be counted as a weakness and therefore detracts from the value of the horse. The cause is difficult to fix exactly, but it can invariably be attributed to undue strain, e.g., when a horse has jumped badly, possibly out of a sticky take-off. Horses with sickle hocks are more liable to curbs than others, especially if they are excitable and fidgety. Young cart horses are very likely to throw out curbs when too heavy a load is put behind them.

Symptoms. A horse with a curb is not necessarily lame. If he does go lame he goes on his toe, and when standing still he will raise the heel off the ground. Curb results in a thickening of the tendon or ligament on the back of the hock—about a hand's breadth below the point. False curb is seen when the head of the metatarsal bone is unduly large, and viewed from the side gives the effect of "true curb." False curb is not an unsoundness.

Treatment. Rest the heel with calkins or a wedge-shaped shoe, and apply plenty of cold water; then if necessary apply a blister or such preparations as Radiol or Reducine, which should be rubbed in thoroughly for several days (not, however, after the skin begins to crack). After the skin has peeled off the process may be repeated if necessary. Firing, while unsightly, will seldom fail to effect a permanent cure.

1. **Bog Spavin**

Is a chronic, puffy swelling on the inside and a little to the front of the hock, but it cannot be counted amongst the more serious diseases.

Symptoms. In most cases the horse is not even lame. Small bulges may be seen on the inside of the hock. If a horse does go lame on a bog spavin there is no doubt about the matter as he carries his leg and swings it clear of the ground. Bog spavins Are most often found in horses with very straight hocks. They are caused by some strain, such as slipping backwards or from overwork. As in the case of thorough-pins, bog spavins may be considered in the light of a provision of Nature to protect a badly formed joint.

Treatment as for thorough-pin.

1. **A Bone Spavin**

Is a bony growth inside and just below the hock joint, which is not a very serious disease, unless it causes lameness. Occult spavin, as the name implies, is more difficult to detect and far more serious. The growth occurs between two of the bones of the hock, just below the joint and on the inner side, but no enlargement is noticeable, though the horse will most probably go lame.Predisposition to this disease is often hereditary. Horses with sickle hocks and cow hocks are susceptible to this complaint. Even with good hocks a bone spavin may occur if undue concussion or strain occurs as in jumping out of deep going.

Symptoms. As he cannot bend his hock properly at the trot, he will shorten his stride, drag his toe and appear to drop his hip at each step as his lame leg comes to the ground. Lameness will be more noticeable when the horse first starts to move, and will be more pronounced still if the hock be held flexed for a few moments before the horse is trotted. In occult spavin the lameness does not improve with exercise.

Treatment. Rest. Raise the heels of the shoe. Firing or blistering is quicker than any passive treatment.

1. **Knee Spavin**

Is a bony growth at the back of the knee, on the inner side. It is caused by a blow or by a strain. It is much more serious than hock spavin, but fortunately far less common. It occurs mostly in racehorses. Knee spavin, unlike spavin of the hock, is not hereditary.

Symptoms. A horse with knee spavin may or may not go lame at first, but there will be a distinct swelling of the knee. He will not be able to bend his knee or put his foot out very far, and to avoid having to try to do these things he will move with a circular sweep of the affected leg, appearing to try to bring the heel of his foot on to the ground before his toe. He will show signs of pain if the knee is bent by picking up the foot.

Treatment. Blister or fire.

1. **String Halt**

 It is not known what causes string halt, though there have been many ingenious theories put forward from time to time. One is almost safe, however, in classing it as a nervous disease.

 Symptoms. It is a curious disease, in that it causes a horse suddenly to snatch up one or both hind legs when walking, and occasionally when trotting. Sometimes it is hardly noticeable, but in bad cases the horse almost kicks itself in the stomach. It is not often found in horses under five years of age. The symptoms appear more exaggerated when the horse has been resting or when backed or turned in small circles.

Treatment. There is no treatment that will cure the horse of string halt except an operation, and this is uncertain, but since the affliction detracts little, if at all, from his usefulness, such operation can only be recommended in the case of a valuable show animal.

1. **A Capped Elbow**

Is nearly always caused either by being bruised by the heel of the shoe when lying down, from lack of bedding, or from a rough, uneven floor.

Symptoms. The point of the elbow will probably be bruised and swollen. The horse may not go lame, or if lame will soon become sound again. If the swelling is very big, it points to an abscess. If the swelling is hard, the capped elbow is chronic. There will be no heat, pain or lameness unless the bruise is recent.

Treatment. If quite recent, massage with ointment of marshmallow, iodine ointment or lead lotion. A reducing paste such as Fuller's earth and vinegar smeared on every day, is very effective. If an abscess has formed, it must be lanced and syringed out frequently with a solution of iodine (1 part iodine to 12 parts water). For horses that are liable to cap their elbows a stuffed leather ring (commonly called a sausage boot) strapped round the coronet will prevent a recurrence. A capped elbow which has become hard and callous may be removed by an operation.

1. **Capped Hock**

Is caused by the horse kicking in the stable, or by a shortage of bedding when the horse lies down. Symptoms. There are two kinds:

(1) involving the synovial bursa, shows a slight swelling on each side of the hock-cap. This may be accompanied by extreme lameness.

(2) a less serious form; showing large swelling on the point of the hock. It is unsightly but not serious, and there may be no sign of lameness.

Treatment is the same as for capped elbow, except that the operation for removal requires considerable care as the tendons passing over the affected part must be avoided.

Preventive Treatment. Sufficient bedding and a hock boot.

1. **Stifle Lameness**

Watch the horse from behind as he is trotted away and you will notice that he slightly raises his quarter on the side he is lame. His step will be shorter and altogether he will save his lame leg by only slightly bending his stifle, hock and fetlock. In addition, the foot of the lame leg follows the track of the opposite fore foot; that is, if the horse is lame on the off stifle the foot follows the track of the near fore foot, and also appears to trot away from the lame side. The toe is not dragged, this being a sign of hock trouble.

Treatment. If the lameness is due to a sprain of the stifle, it should be treated as an ordinary sprain with fomentations, etc. It may, however, be due to dislocation of the stifle joint, in which case veterinary aid should be called in to get the joint back into position.

1. **Shoulder Lameness**

A horse is most likely to strain his shoulder when he slips, lands badly over a jump or falls with his forelegs spread out.

Symptoms. As previously mentioned, in tests for lameness the horse will trot short and resent his foreleg being pulled backward and forward. A slight swelling and heat may possibly be noticeable.

Treatment. Rest is absolutely necessary. Run cold water over the shoulder with a hose-pipe twice a day for an hour at a time if possible; also massage with a soap liniment. When the first inflammation has subsided, a blister applied to the shoulder will expedite the cure.

1. **A Broken Pelvis**

 Is not common in horses, but it is possible for a horse to break his pelvis and the fracture be unobserved. A horse may break his pelvis in many ways:

(1) by severe muscular strain, such as slipping on a smooth road, etc.,

 (2) by a fall on a hard surface,

 (3) in jumping,

 (4) by hitting the sides of a gatepost, narrow doorway or the like.

Symptoms. The horse will be lame—possibly very lame. It is probable that a creaking noise at the seat of the break can be heard, and that there will be a swelling between the legs.

Treatment. Complete rest for many weeks, in slings. Health starts with comfort, horse owners are encouraged to only look at premium accessories and gear for their animals. By doing so, you can prevent lameness among your horses.

1. **Sprained Suspensory Ligament**

- The suspensory ligament is attached to the back of the upper cannon and knee (in the front legs) or hock (in the hind legs), runs downwards close to the back of the cannon and divides into two branches each of which attaches to a sesamoid bone, at the back of the fetlock, before ending attached to the upper pastern. The suspensory ligament supports the fetlock and protects it from hyperextension (i.e. dropping too low) at exercise.

Causes:

-Stress

-Trauma

-Fatigue

-Over extension

1. [**Osselets**](http://horsehints.org/Osselet.htm) - A bony growth on the fetlock joint (the ankle of a horse; the joint located between the cannon bone and pastern bone) which causes inflammation of the surrounding tissues and membranes. There are other related terms such as arthritis, fetlock joint (the ankle of a horse; the joint located between the cannon bone and pastern bone), greenobsoletet (arthritis in the fetlock joint of young horses), osteoarthritis (a severe permanent form of arthritis that grows progressively worse in horses),synoviall fluidcorseletss (the lubricating fluid found in the joints of horses, and chronicobsoletet (the build up of excessive synovial fluid in a damaged joint, usually associated with osteoarthritis).

Causes:

-Stress

-Trauma

-Overwork

-Late stage development of "greencorseletss" that were not allowed to heal

-Predisposition (genetics)

-Inferior conformation

-Inflammation of the bone above and at the back of the fetlock joint. Any of the ligaments or other anatomical structures of the joint, like theseamedd bones, may be involved. These problems may be particularly difficult to treat. Many horses have been left unsound as a consequence.