**Technique**

• Work in a **distal to proximal sequence** to localise the source of pain most accurately

• In some horses it is necessary to use chemical restraint, such as a low dose of an alpha-2 agonist such as xylazine, acepromazine or a combination of alpha-2 agonist and butorphanol.

**Preparation**

• Cleaning of the coat and skin with surgical scrub and alcohol

• Clip and clean skin of hairy or mud-caked horses with surgical scrub with owner’s permission.

• Perform aseptic preparation if there is a risk of penetrating a synovial cavity, For Example: local analgesia of the palmar metacarpal nerves just distal to the carpus (part of high 4-point nerve block)

**Assessment**

• Wait 5-10min before assessment and at least 20min for proximal limb techniques

• Loss of skin sensation is frequently used. Use a blunt instrument for safety especially in hindlimbs.

• 75% improvement in lameness probably indicates a single source of pain; less improvement with severe lameness and local infection, e.g. subsolar abscess, or if there is an additional, more proximal source of pain

• Desensitisation lasts for at least 120min which is important to consider when investigating horses with multiple limb lameness.