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| TREATMENT: | PROGNOSIS: |
| In general, treatments for laminitis can be grouped into several classes, based on the intended intervention:   * Removal of the causative agent or treatment of the inciting disease * Pain relief and minimization of inflammation * Prevention of further damage to lamellae and rotation or distal displacement of the pedal bone * Promotion of keratinization and hoof growth   Depending on the cause, treatment of acute laminitis should include:   * Chilling of the limb (cryotherapy) * Administration of non-steriodal antiinflammatory drugs * Administration of vasodilators * Support of the frog and/or sole * Application of nitroglycerin * Aggressive treatment of the inciting disease * Trimming the hoof, distal phalanx realignment, and corrective shoeing | Prognosis should be developed through a holistic assessment of the horse (level of pain, number of feet involved, sole penetration and the level of rotation of the pedal bone). However, the general rule is that the greater the degree of rotation or extent of displacement of the distal phalanx, the worse the prognosis for return to function and pain-free living. |
| **Acute** **laminitis** constitutes a medical emergency, because phalangeal displacement can occur rapidly. | Despite prompt therapy, the prognosis is **guarded** until recovery is complete and is evident that the hoof architecture is not altered. |
| In systemic illnesses (ex. Enterocolitis), the horse should be given **flunixin** **meglumine.** |  |
| Other options for analgesia include: detomidine, butorphanol, morphine or a constant-rate-infusion of sedatives and analgesics. |  |
| For treatment of possible ongoing ischemia, acepromazine is the only drug found to effectively increase digital blood flow in some studies. |  |
| In horses at risk of or in early stages of sepsis-related laminitis, digital hypothermia (cooling of the foot by placing it directly in ice water) has been recommended. |  |