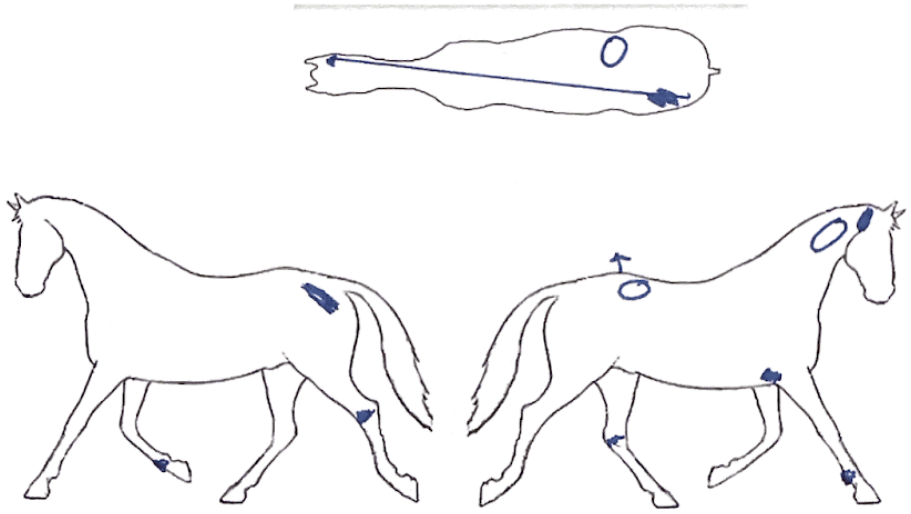
Usual (& Unusual) Suspects

For Certification Completion Students and MMCPs Only

1. "THE USUAL SUSPECTS" Normal Right Front/Left Hind Diagonal Horse



In Front:

Restriction in the right upper neck: Over time the upper neck will become restricted due to repetitive tightening here as the horse loads the right front slightly more than the left on each stride. This shows up as the neck bending easier to the left and stiffer to the right during Lateral Cervical Flexion. The horse's head will go flat or "cork-screw" to the right.

Reaction in the right poll/atlas: If the horse is in work or if the right front foot becomes sore due to loading the right front, then it will show up as a reaction in the right poll/atlas.

Reaction at the right pectoral or "hoof point": Soreness in the front foot can show up as a reaction in the pectoral or "hoof point" on the same side.

Possible Reactions during the right lower leg evaluations (splint bones, knee, fetlock) due to the extra loading of the RF.

Note: A Reaction in the left C7 can be a sign that the horse is compensating for pain in RF.

Behind:

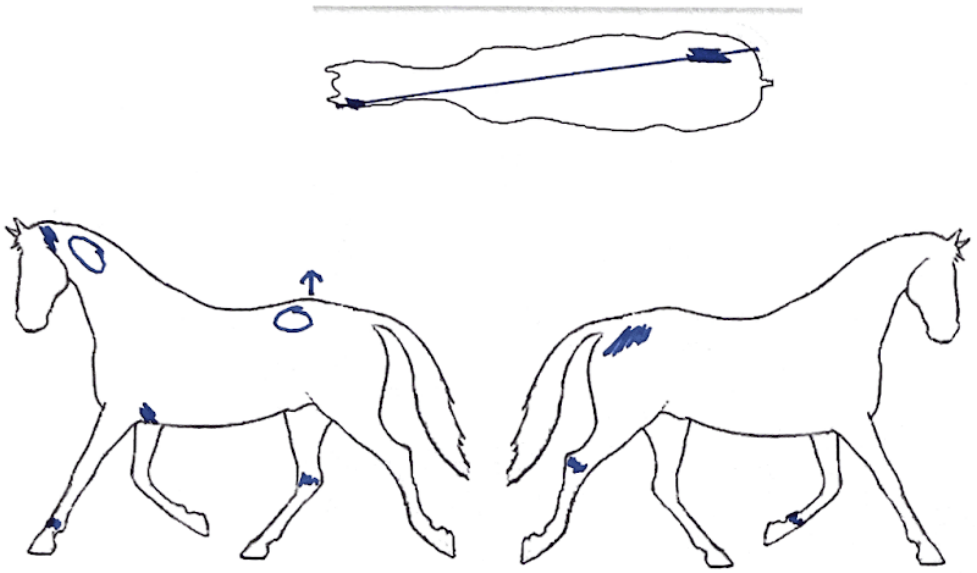
Reaction at left gluteal/hip joint and/or sacrum: Compensating on the diagonal from RF.

Restriction in right lumbosacral junction over time due to repetitive tightening. This can show up as the right hind foot not dropping as close to the ground as the left during Hind Leg Releases.

Possible Reactions during the left lower leg evaluations (hock, fetlock) due to the extra loading.

Note: Often the right S-I/tuber-sacral will be slightly higher on the RF/LH horse.

2. "UNUSUAL SUSPECTS" Opposite Left Front/Right Hind Diagonal Horse

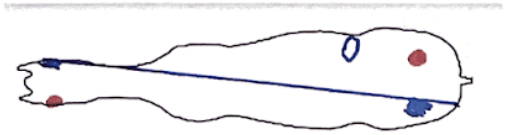


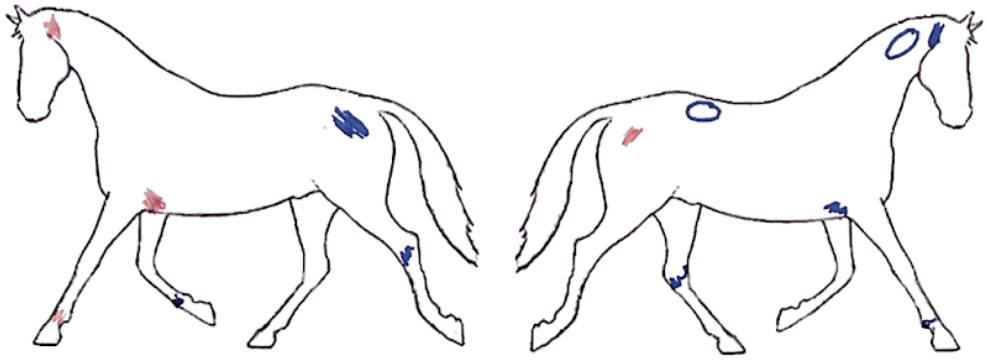
Eight or nine out of ten horses are RF/LH horses. If a horse is showing initial reactions of an opposite LF/RH horse it is more likely that the horse is a normal RF/LH horse that is compensating for a foot or leg issue and signs are showing up on the opposite side.

A reliable long-term indicator of a normal RF/LH horse is the restriction in neck bending to the right. This is the result of repetitive tightening of the muscles in the upper neck on each stride over the long term.

This drawing shows the exact opposite signs of a RF/LH horse, however in my experience real LF/RH horses are rarely this clear. The signs of a LF/RH horse are usually complicated and confusing, so I wouldn't go by this drawing.

3. "UNUSUAL SUSPECTS" Normal Right Front/Left Hind Horse w/ possible LEFT FRONT Issue





This horse shows the Usual Reactions and Restrictions of a normal RF/LH horse, but with additional Reactions pointing to a possible LEFT FRONT issue.

In Front:

Additional Reaction in the left poll/atlas: As the left front foot becomes sore it will show up as a reaction in the left poll/atlas.

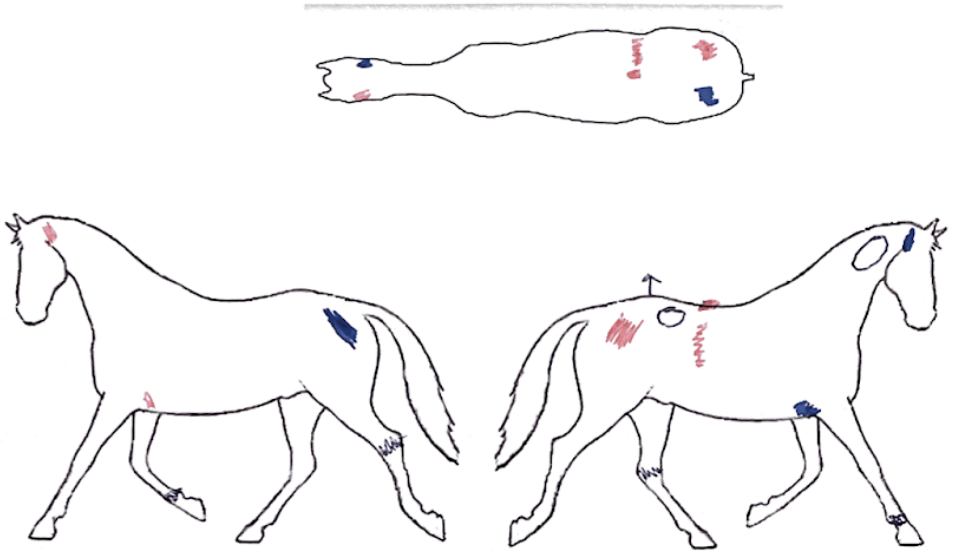
Additional Reaction at the left pectoral or "hoof point": Soreness in a front foot can show up as a reaction in the pectoral or "hoof point" on the same side.

Possible Reactions in the left lower leg (splint bones, knee, fetlock), possibly relating to one of those as a primary issue. Note that our lower leg evaluations may not reflect some issues such as abscesses or navicular issues.

Behind:

Possible Reaction at right gluteal/hip joint and/or sacrum as the horse compensates on the diagonal for the LF.

4. "UNUSUAL SUSPECTS" Normal Right Front/Left Hind Horse w/ possible RIGHT HIND Issue



This horse shows the Usual Reactions and Restrictions of a normal RF/LH horse, but with additional Reactions pointing to a possible RIGHT HIND issue.

Behind:

Additional Reaction at right gluteal/hip joint due to discomfort on the right hind.

In Front:

Additional Possible Reaction in the left poll/atlas as the horse compensates on the diagonal for the right hind.

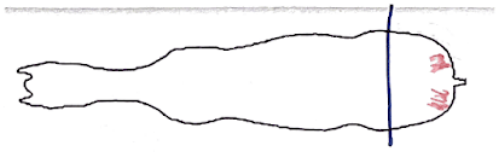
Additional Possible Reaction at the left pectoral or "hoof point" as the horse compensates on the diagonal for the right hind.

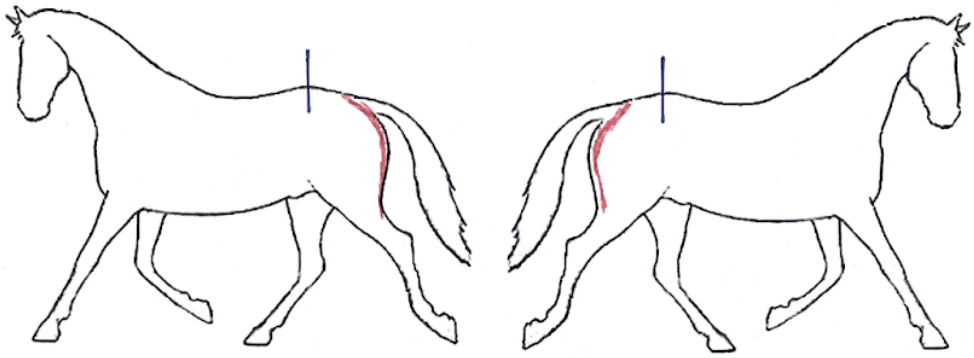
The Back:

A Specific Reaction at T18-L1, and the last rib on the right. This is the main indication that the issue is in the hind end, and on the right.

Note that on the normal RF/LH horse, something on the left hind may become an issue. In this case the horse may react at T18-L1, and react at the last rib on the left side, pointing to something on the left hind.

5. General Signs of Hock Pain





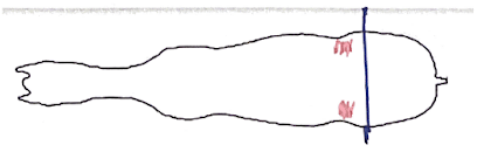
Reaction (pain) and Restriction behind the croup

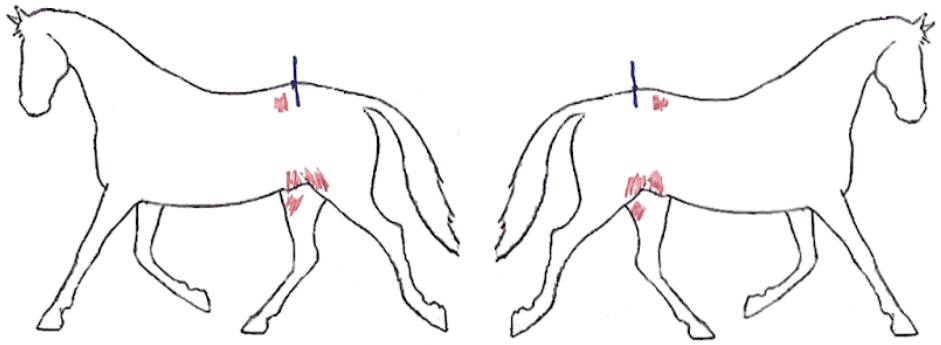
- sacrum and sacroiliac
- semitendinosus and semimembranosus
- rear (caudal) groin muscles attaching inside the hocks

often accompany hock pain.

Hocks, hamstrings and sacroiliac go together. Sore and tight hamstrings go with sore hocks and sacroiliac.

6. General Signs of Stifle Pain





Reaction (pain) and Restriction forward of the croup

- lumbosacral area
- flank in front of the stifles
- forward groin muscles attaching inside the stifles (and stifle points)

often accompany stifle pain. Be aware that there are other things that can cause lumbar or lower back pain. If there is a hind end issue and it's a question of stifles or hocks then this along with information gathered may help.

Groin muscles and stifles go together. Also see what the horse has to say about the stifles themselves. If you put your hand near the stifles and the horse swishes his tail, pins his ears, and lifts his leg - and the horse is off behind - then it's possible the stifles are involved. Give the horse time off and call the vet.

A Note on Stifles:

If the horse becomes sore in the stifles the rider may feel it as "weakness" in the stifles.

If the horse is extremely sore in the stifles the rider will sometimes say the horse needs more conditioning, such as "hill work" or cavalettis.

This is not what they need. They're weak because they're extremely sore, and probably because of overwork. They need time off, or less work and more bodywork to get the muscles healthy again before going back to work.