## CLARK EQUINE CLINIC NAVICULAR DISEASE

OWNER/TRAINER	DATE				
	CITY/ST/ZIP #CELL PHONE #				
EMAIL	HORSES NAME				
BREED	COLOR _		AGE	SEX: M G S	
MEDICAL COMPLAINT/HISTORY					
	^^^^^^	^^^^^	^^^^^^	\^^^^	
WALK	TROT				
	OT(HARD SURFACE)				
LAMENESS OR PROTECTION NOTED?					
HOOFTESTER (RT F)(LT F)	)(	RT H)	(LT H)		
THERMAL SYMMETRY					
FURTHER EXAMINATION: (DIAGNOSTIC I	BLOCKS, X-RAYS	S, ETC.)			
CURRENT SOLE THICKNESS: (LT F)	(RT F)	(LT H)	(RT H) _		
*ideal sole thickness 1.2-1.5 cm					
COFFIN BONE ANGLE: (LT F)		(LT H)	(RT H) _		
*ideal aaffin hans anala hatuvaan 50 55 daamaa					

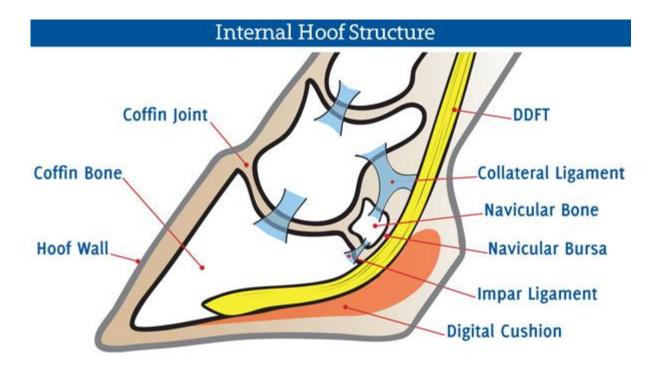
## \*ideal coffin bone angle between 50-55 degrees

## GENERAL INFORMATION:

Navicular disease, also termed podotrochlosis, describes disease processes that affect the distal sesmoid or navicular bone in the foot. Navicular disease is a degenerative condition that is a common source of chronic heel pain/lameness in horses. Horses affected by this disease are often 8-10 years of age. The disease is overrepresented in breeds such as Quarter horses and Thoroughbreds and is associated with hereditary predisposition. Poor hoof conformation and farrier care (long toes, low heel) may predispose to the development of this disease. Horses often present with bilateral forelimb lameness, or a shortened stride.

Navicular disease may affect a variety of structures within the foot. Horses may display medullary sclerosis of the navicular bone, fibrocartilage damage to the flexor surface of the navicular bone, trauma-induced lesions of the deep digital flexor tendon, navicular ligament pathology, inflammation of the navicular bursa, spur or cyst formation on the borders of the navicular bone and/or even fracture of the navicular bone. Due to the variety of structures that may be affected, this is a complex syndrome for diagnosis, treatment and management. Due to the fact that the majority of the structures involved are located within the hoof capsule, MRI remains gold standard for diagnosis. MRI offers the advantage of comprehensive evaluation of all the structures within the foot for the most accurate prognosis and treatment plan, but is an expensive referral procedure and may require general anesthesia.

There is no cure for navicular syndrome. Treatment is therefore centered on management and biomechanics to improve clinical signs and slow progression of the disease. Basic treatment options may begin with routine farrier carrier, anti-inflammatory and/or bisphosphonate medication. Depending on the associated diagnosed lesion(s) other treatment modalities may include: PRP or stem cell injection, extracorporeal shockwave therapy, and/or navicular bursoscopy. In severe cases, surgical neurectomy may be considered if other treatment modalities fail to improve the comfort of your horse.



## MANAGEMENT:

1)	SHOES, PADS (Equi-Pack CS, plastic, rubber, etc.) Routine farrier care is essential. With the use of
	pads, the hope is to encourage sole growth to NORMAL DEPTH (1.2-1.5cm). Proper hoof angles will
	alleviate tension on the flexor tendons (NORMAL 50-55 degrees).

2)	2) Anti-inflammatory medication:					
	·					
3)	+/- OSPHOS – may administer 1 treatment once every 6-12 months. This medication helps to inhibit					
•	bone resorption within the foot.					
	Administered on: Next recommended date of administration:					
4)	Injection type: PRP Stem Cell Cortisone					
5)	Extracorporeal Shockwave Therapy: 1 <sup>st</sup> ROUND 2 <sup>ND</sup> ROUND 3 <sup>RD</sup> ROUND					
	OTHER:					
EXERC	CISE					
<b>FEEDI</b>	NG					
TIME (	DFF					
<b>HOOF</b>	CARE AND SHOEING					
	TONAL INSTRUCTIONS/OPTIONS:					
PROGN	NOSIS					
NOTIF	Y YOUR VETERINARIAN IF:					
4.5						

- 1) You have any questions concerning navicular disease.
- 2) Your horse's condition worsens or does not improve.
- 3) You become frustrated and wish to reconsider the present treatment program.

4) You are interested in referral for MRI diagnosis.
We should recheck your horse is/on:
THANK YOU!
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