

Hock Arthritis – “Spavin”

Arthritis of the small joints of the hock is a very common condition affecting all types of horses. It is not just a disease of old horses, in fact we regularly see this in horses around 7 or 8 years old. It is often picked up in the autumn as the weather gets cold and miserable and when horses are not worked as frequently.

The hock is made up of 4 joints. The large joint is called the tarso-crural joint, which is the high movement joint and this is not involved in bone spavin (although confusingly, enlargement of this joint is called bog spavin). The small joints below this are low motion joints that barely flex during movement. The ones most affected are the distal intertarsal and tarso-metatarsal joints.

Presenting Signs

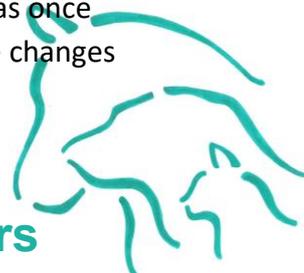
The presenting signs vary greatly from an obvious lameness to a subtle change in going or poor performance. It is common to see the horse twist the hind limbs as it walks – swinging the point of hock outwards and “plaiting” the hindlimbs. This is an attempt to reduce pressure on the painful part of the joint. As the condition usually affects both hindlimbs it is not always easy to see an obvious lameness, you may notice your horse not “tracking up” or leaning in on a circle and the horse will tend to place the inside hindlimb across the midline and under itself. Another very common finding is back pain and pain over the sacro-iliac joints as the horse tenses to compensate and take the weight off his hindlimbs. A huge majority of back pain can be attributed to a subtle hindlimb lameness.

Your farrier may comment on the fact your horse is wearing down the outside of his hind feet and/or spreading the shoe which, again, is the horse using his hindlimbs differently to avoid pain. Your farrier may also notice the horse becoming more difficult to shoe the hind feet as flexing the hock will be painful.

Diagnosis

Diagnosing this condition will require a clinical examination involving, we will often perform a flexion test which puts stress on the joint and should exacerbate the lameness. We may also choose to put local anaesthetic into the joints to see if this makes the horse sound thereby indicating the lameness is originating from these joints. X-rays may then be required to look at the joints.

We often only see very mild changes on x-rays at the time of examination. The changes we see on x-ray are the result of the bones adapting to on-going inflammation and damage in an attempt to stabilise the joints to stop the pain. The inflammation generally reduces as the joints adapt more. In fact the horse can often look lamer in the early stages of x-ray changes and it is not uncommon for us to x-ray both hocks and find more established changes on the “sound” leg compared to the leg we currently see the lameness on as once the inflammation dies down the joint is less painful. Exceptions to this are when the changes



are quite extreme and these cause physical restriction of the area, and ongoing inflammation as the bones rub on one another.

Treatment

The most common form of treatment is injection of steroid into the joints which will significantly reduce the inflammation in the joint and slow the progression of the arthritis, hopefully reducing the chance of extreme changes. After a few days of rest the horse starts a work regime, gradually increasing the amount of work over 2 weeks. Exercise is VERY important during this time. It depends on the individual horse as to how many times the hocks need injecting, many horses are treated only once, others need injecting every 6 months.

Sometimes using anti-inflammatories alone (such as bute), combined with exercise for a period of time will help to get the horse through the inflammatory stages of the disease and many older horses stay on a low dose of bute for life. We will generally suggest a certain type of shoeing to support the joint and encourage correct foot fall. Giving your horse bute around the time of shoeing will result in a happier horse (and farrier!) and consider working or lunging your horse for 10-15 minutes before it is shod to warm up arthritic joints.

Overall this is a common condition causing hindlimb lameness and in many cases the prognosis for your horse to carry on working is good, many horses go on to compete for many years after treatment.

