

Bellwether

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University of Pennsylvania

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Sports Medicine For

HORSES

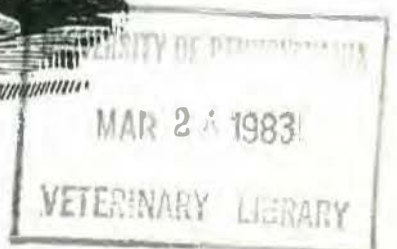
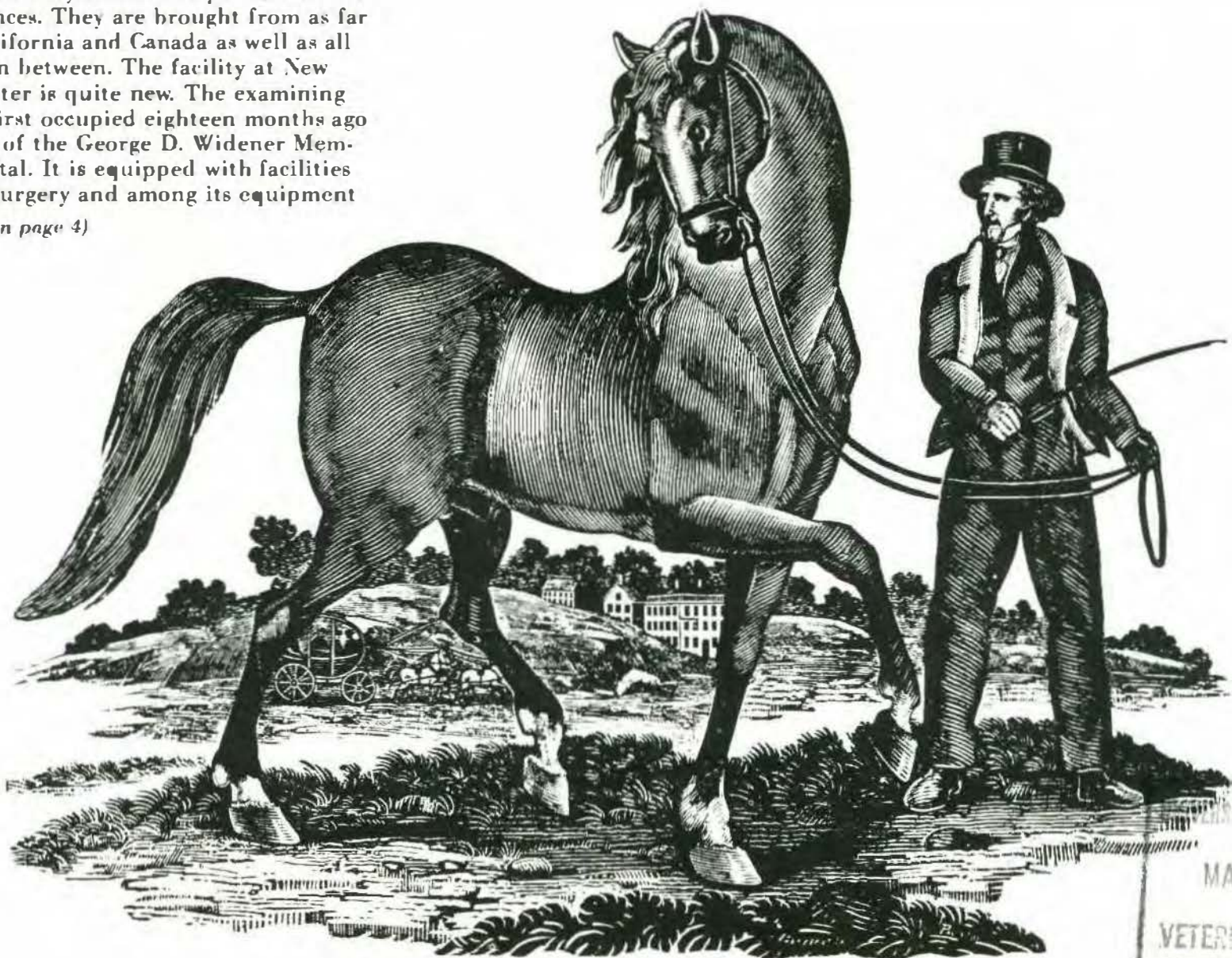
A horse is slowly gaited in the parking lot, back and forth, and then a bit faster at the request of an athletically built man. He is casually dressed, shirt sleeves rolled up and has an easy-going, relaxed manner. "That's enough," he calls, "bring him in."

The horse is led into a huge examining room, the clip-clop of the hooves silenced by heavy rubber matting. The man in shirt sleeves carefully examines the front leg and then orders x-rays.

This is William Moyer, D.V.M., at work, doing what he does every weekday—examining and treating horses. He is head of the Equine Out-patient Clinic at New Bolton Center. "I am basically involved in sports medicine for equine athletes," he explains. "My patients are race horses, jumpers, hunters, and carriage horses. You name a sport a horse is engaged in and we have seen its participants."

"The concept of an outpatient clinic for horses is a reasonably new one at a large hospital," Dr. Moyer said. His patients travel great distances. They are brought from as far away as California and Canada as well as all the states in between. The facility at New Bolton Center is quite new. The examining room was first occupied eighteen months ago and is part of the George D. Widener Memorial Hospital. It is equipped with facilities for minor surgery and among its equipment

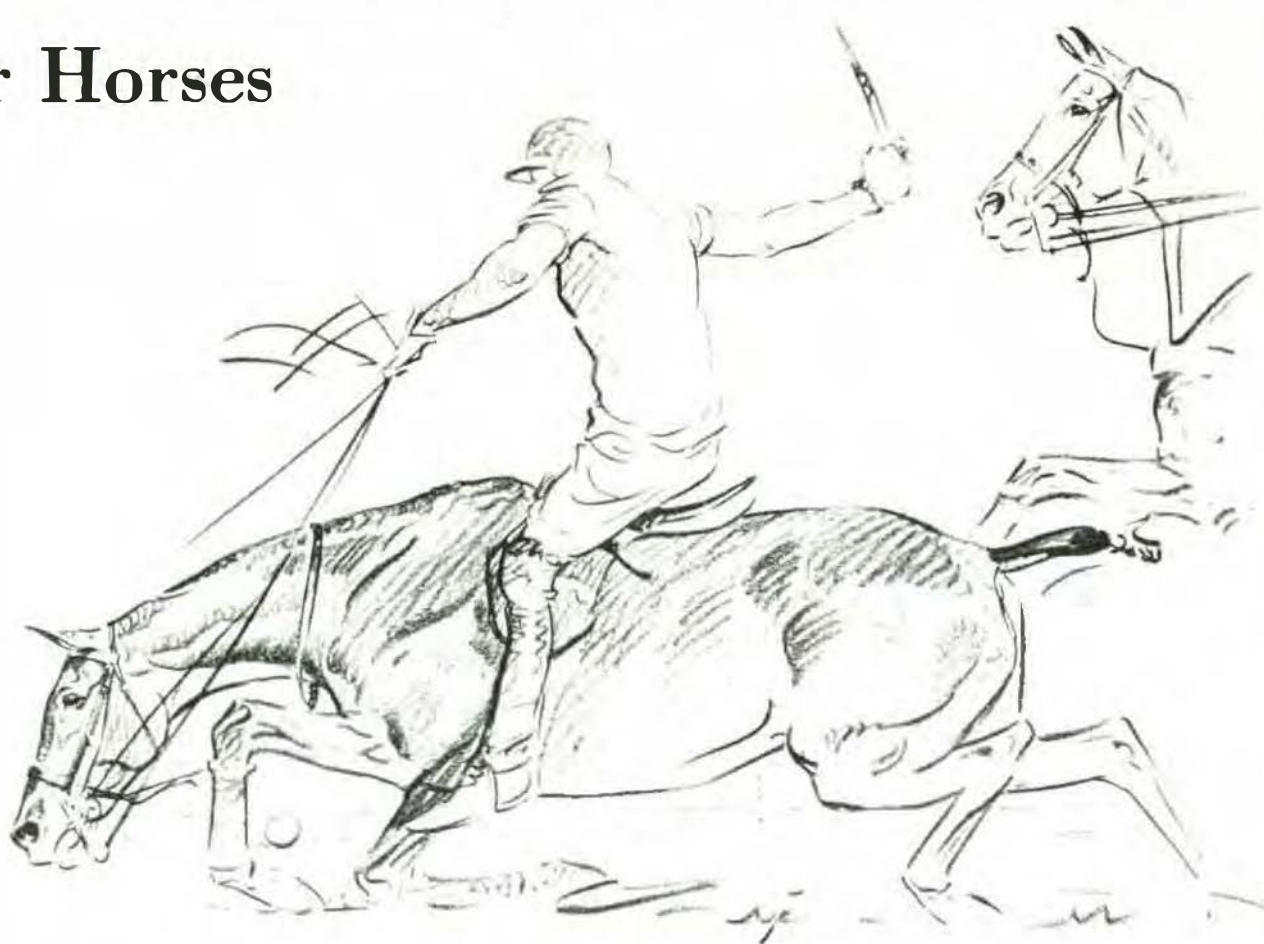
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Sports Medicine For Horses

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is a portable x-ray machine which is frequently used to examine horses' legs.

Dr. Moyer has been the director of the clinic for three years. He sees about six cases a day. "Most cases are referred to the outpatient clinic as diagnostic problems," he said. Owners have invested a great deal of their time and resources to raise and train each horse and bring it to peak performance levels. They come to the clinic when performance slackens.

"In racing, the difference between winning and losing is very small, it's only fractions of a second, or of a headlength. Even a slight drop in performance keeps a horse out of the money," he said. Horses are very prone to injuries. "It's a matter of bio-mechanics," he explained. "When you combine the weight with the speed you can see that damage can easily occur. These horses can run at forty mph." He explained that about eighty percent of the race horses have some kind of injury; joint damage and joint disease are common. It is his job to diagnose and treat the horse to restore it to a condition which will allow it to return to competition and hopefully return the owner's investment.

A race horse is started twenty-five to thirty times a year. "One must always keep this aspect in mind when making a diagnosis and prescribing treatment," he said. "You treat a race horse different than a draft horse, just as a physician would use a different approach for the treatment of the same leg injury in a track star or an office worker." Another thing to be kept in mind is the kind of training to which the horse is subjected. There is a significant difference between the training of a dressage horse and a steeplechase horse. There are differences in the demands made on the muscles, bones, and tendons of these horses. All of this is considered in the diagnosis and the choice of treatment to be recommended to the owner.

Dr. Moyer also has to keep in mind the economics of the situation. The owner or trainer may not be able to afford what may be considered the ideal therapy. Race horses are professional athletes and time away from competition can be very costly. Therefore, it is important to be realistic with the owner. "The beauty of horses is that they can be recycled," Dr. Moyer said. "They can do other things besides racing or jumping. They can become a carriage horse or a pleasure horse for someone. Many of the injuries manifest themselves only if top speed is demanded time after time. So a retired competition horse can still have a useful, enjoyable life."

The majority of injuries presented to Dr. Moyer involve the legs. Horses injure their bones, tendons, joints, and muscles. They are prone to joint damage due to the wear and tear from rigorous training and competition. Another problematic area is the foot. Foot problems are probably the leading cause of lameness," Dr. Moyer said. "That's not surprising when you think about it. A foot has an area of five to seven square inches which touches the ground. This supports the entire weight of the horse throughout its activities." He explained that wild horses are less prone to hoof injuries as they run continually and keep hooves and feet in shape. "Domestic horses do not exercise continually, and so their feet are weaker and their shoes are used as support." Horseshoes are a big part of therapy, and according to Dr. Moyer, corrective horseshoes are vital to the industry. "Each shoe is tailor-made to the foot and for the problem."

In addition to special shoes he may prescribe swimming as an exercise to keep the animal in shape. "It's a very good way to keep a horse fit, while decreasing weight bearing on the limbs."

Not all the problems presented to Dr. Moyer deal with the leg. "Horses are often presented with back problems. They are difficult to diagnose; these horses are often very hard to handle, and some are downright nasty." He sees performance problems which are not related to the musculo-skeletal system. If they cannot be dealt with on an outpatient basis, the horse is hospitalized; if it is

a medical problem, the horse is referred to another specialist.

"We have here the largest number of specialists of any facility treating horses in the world," he said. "We are centrally located, only a few hours from major Eastern racing centers and areas of other horse activities."

Dr. Moyer obviously loves his work and cares very much for the animals. "I have a great interest in athletics and am involved in competitive sports. It was natural that I gravitated to animal athletes because I understand a little more about it and have empathy."

Appointments for the Equine Outpatient clinic, which is open Mondays through Fridays, can be made by calling (215) 444-5800, Ext. 405 or 406.



Dr. William Moyer