

CASE REPORT

The case of the trembling gelding

When a normally rambunctious horse suddenly becomes reluctant to move, the search for answers leads to a surprising conclusion.

By Joy Silha



I was walking up the gravel road to our hillside pasture that warm June evening last summer when I stopped in my tracks. Doc, my husband's spirited 16-hand chestnut Quarter Horse, was standing on a knoll, shaking all over, as if he had just seen a ghost.

I squinted against the evening sun. He was not moving his limbs but his muscles twitched and his body trembled. My jaw tightened and my fists clenched as I raced to the corral, grabbed a halter and sprinted up the steep hill.

Doc stared at me with wide eyes and upright ears as I put my hand on his

FAST FRIENDS: The author and Doc now have a special bond, forged by crisis.

quivering neck. My stomach flipped with fear as I walked around to inspect him. He didn't bend his neck to follow my movements, but kept it stiff and straight as I checked his legs, his torso and under his belly. I didn't find any punctures, wounds or scrapes, so I fastened the halter and asked him to walk forward.

Reluctantly, he followed me. On a normal day, Doc would romp and play in the pasture, charging straight down this hill. That evening, however,

he took slow steps on shaky legs.

At the corral, I tossed a flake of hay on the ground five feet in front of Doc. He didn't move to eat the hay; in fact he didn't even arch his neck or swish his tail to chase the flies from his rump. I knew Doc was in serious trouble and so was I: My husband, Ed, was in the Sierras on a packing trip, and I alone was in charge.

A perplexing problem

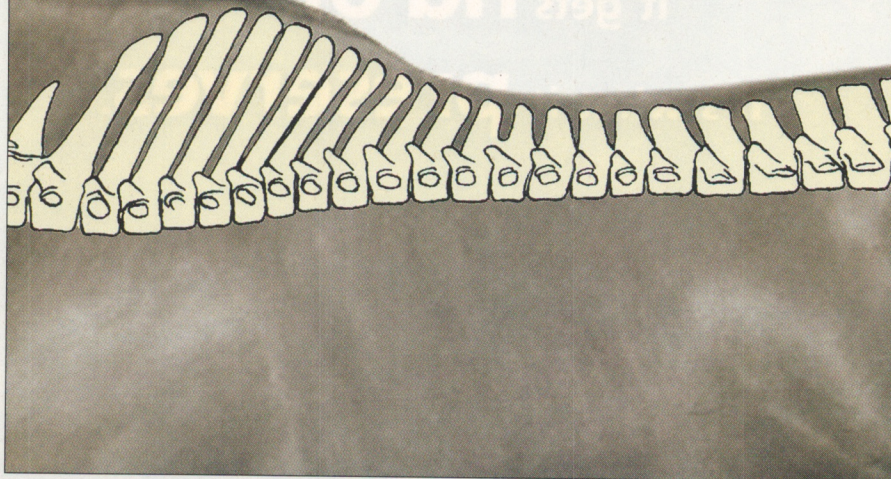
Doc was one of the first horses we owned, and while he was friendly and kind, he was also nervous and likely to spook at the slightest noise or movement. He also had a bouncy, uncomfortable trot and "more go than whoa." Doc was the one horse in our corral I did not ride, because I lacked the confidence to handle him. However, none of this mattered now, as I ran to the house to call the veterinarian.

"What do you mean he's shaking?" our veterinarian asked me on the phone. I described the trembling as best I could, and the veterinarian arrived at our place within 20 minutes. As he examined Doc's body, big black flies collected on the gelding's rump. Yet Doc did not swish his tail. And although he chomped hay when I offered it by hand, he would not stretch his neck to the ground.

We were facing a mystery. We could find no evidence of injury on Doc's body; in fact, there were no bruises or bumps of any kind. Nor did the gelding show signs of colic. Doc's only problem seemed to be

WITHERS ANATOMY

The vertebrae of the equine spine have finlike projections called processes that radiate outward from the central part of the bones.



CELIA STRAIN

HARD KNOCKS: If a horse violently somersaults, rears and falls over backward, or has a similar mishap, the crushing forces on the withers area may cause the spinous processes to fracture, a situation known as

"sheared" withers. Because the withers lie at a confluence of muscle, ligament and bone, these injuries tend to be quite painful at first, but they usually heal within four to six weeks.

this odd shaking and stiffness.

Perplexed, the veterinarian gave Doc painkillers and intravenous fluids to offset any shock. An hour later, Doc stopped trembling and began reaching for his hay. The veterinarian told me he had seen a horse shake for three days after being bitten by a black widow spider; given the spiders and rattlers we had seen around the ranch, that seemed possible. But we couldn't find any swelling.

Still without a firm diagnosis, but with a happier horse, I relaxed a bit and the veterinarian left for the night. At midnight, I checked on Doc one last time—he looked fine—and went to bed.

Losing ground

The next morning Doc looked stiff and would stand in one position for a long time without moving. At noon, the shivering started again. In an effort to comfort him, I wrapped my arms around his vibrating neck, but he quickly pulled away.

The veterinarian had left two syringes of Banamine[®], and as I injected one into his neck, he jerked away. The syringe went flying to the ground. With my left arm, I pulled his rope tighter, grabbed the second syringe with my right hand and stabbed him. Doc tugged harder and yanked me sideways. The rope flew out of my hand as the gelding retreated in a sideways, almost crablike, walk to the other end of the corral.

He stood across from me with his head down, snorting and pawing. I felt terrible. I had gotten one shot into him but I was not going to try any more.

The shaking stopped, but I placed another call to the veterinarian to let him know Doc was still not right. He returned early that evening to draw blood for tests. As he set up an IV and took blood, I could sense his concern by his uneasy tone and manner. He told me he'd call me the next morning with results.

I went to check on Doc one last time

at 10 that night. As I approached the corral, I heard thumping and saw Doc go down, roll on one side, get up and go back down on the other side. Feeling helpless, I climbed into his corral, sat in the muck and, as Doc came down on his right side, I positioned myself behind his head and petted him. I reached across the white blaze on his face, and ran my hand down his cheek.

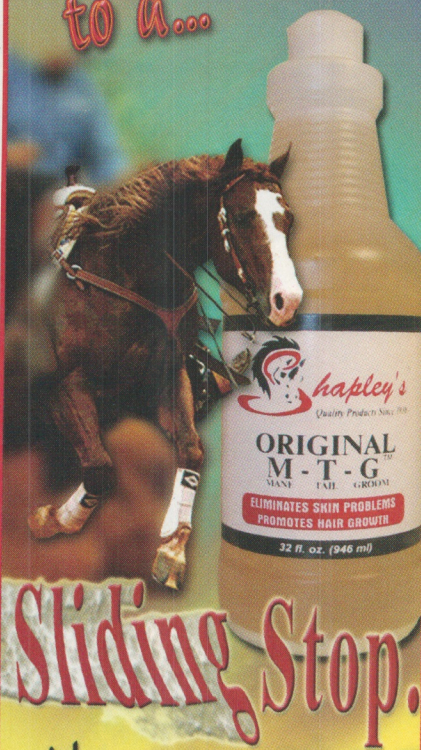
As I continued to rub under his chin and down his neck, I could feel his muscles relax. He was breathing heavily, almost groaning. He lifted his head and looked at me as I placed my cheek next to his, and rubbed between his ears. He relaxed into the muck again, and so did I, feeling my jeans dampen as I shifted my weight. I continued to massage down his neck, over his withers and onto his back. Suddenly, he lifted his neck, staggered up and brought his body down on the other side. I scrambled around and started massaging his body on this side.

We did this for hours, changing sides every 10 minutes. I talked in a quiet soothing voice, he groaned in rhythmic breaths. This jittery, tense horse had his head in my lap as I nurtured him like a sick child. At 3 in the morning Doc relaxed and stopped groaning, so I shuffled into the house, ripped off my clothes and stood under a hot shower.

Still no answers

I woke from a restless sleep a few hours later and ran up to the corrals. I gasped when I saw Doc lying flat. Our other three horses and our mule were milling around, looking down at Doc. When he didn't lift his head, I was sure he was dead. I watched him from a distance, and then took a halter and opened the gate. The clang of the lock didn't stir him. As I inched closer, I saw his eye was open and he was breathing. I lifted his head, tied the halter and held the rope tight, urging him to get up. He pushed his weight onto his legs and struggled up, but immediately went back down on the other

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side. He was shivering all over.

With my heart racing, I dashed to the house and called the veterinarian, and at his suggestion I dialed my friend Terri, looking for a way to haul Doc to a veterinary hospital. Ed had the truck in the Sierras, so I was left without a trailer. When Terri answered, I choked out Doc's condition. I knew I was asking Terri to do something she was not comfortable with—haul a sick horse for three hours on the frenetic Los Angeles freeways. She said she would hitch up her trailer and come right over.

The veterinarian arrived 20 minutes later. As he gave Doc more painkillers, he told me that the blood tests revealed no toxins. That ruled out our spider-bite theory. "Do you know if Doc is connected to the Impressive gene?" he asked. I had heard of the inherited disorder called HYPP[®] that can cause muscle weakness and seizures, but I was not familiar with Doc's lineage. Given the vet's question, I imagined Doc dying of a horrible seizure or slowly degenerating.

I felt so helpless. Just as I turned to ask the veterinarian what we should do, I heard him talking on his cell phone to the Alamo Pintado Equine Medical Center in Los Olivos, California. He provided the status of the horse and arranged for us to see Erin Byrne, DVM.

As I headed to the house to gather things, Terri pulled up. I led Doc down the hill to Terri's trailer. This was the test of whether our trailer-loading exercises would work in an emergency. Doc walked up to the unfamiliar trailer, sniffed, paused and took one step back. I held the rope steady for a few seconds and to my relief, Doc stiffly climbed in.

Terri drove with ease through the morning traffic, demonstrating a confidence she didn't even know she had. When we arrived at Alamo Pintado, I jumped out, climbed on the wheel of the trailer and peeked through the slats. I was relieved to find Doc standing, looking back at me.

Fifteen minutes later, Byrne reappeared, looking relieved. "We found the problem," she said. "Doc cracked his withers in at least five places."

"We've found the problem"

Dr. Byrne had been waiting for us and led Doc—who was still walking very stiffly and would move only when urged—to a huge examining room. As I recounted the events of the past day, she gave Doc a thorough exam. The big horse appeared shocky, so Byrne started intravenous fluids and, because such physical stress can lead to colic, she tubed him with oil as a preventive measure.

We were still discussing what we knew—and didn't know—when Terri noticed Doc's withers looked swollen. When Byrne went to touch them, Doc flinched and stepped away. She then lifted his tail and commented on how limp and "dead" it felt. I explained he had been rolling all night, and Byrne immediately suggested we x-ray him and led him away.

Fifteen minutes later, Byrne reappeared, looking relieved. "We found the problem," she said. "He cracked his withers in at least five places."

"Cracked withers? How? What does this mean? Will he be paralyzed?"

Byrne showed us Doc's X rays, pointing out five vertebral processes that were lying horizontally instead of standing upright in their usual vertical position. Each broken bone had splinters coming off of it. One bone stood out as being particularly mangled. Byrne then explained that the stationary nature of withers—they don't move—means they usually heal well on their own, similar to our ribs. It would, however, take six full months for the bones to calcify and repair themselves, and there was nothing



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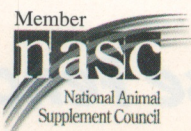
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we could do to speed up the process.

"The shaking?" I asked. "Why the shaking?"

"Trauma ... and the pain," she explained. "I haven't seen a lot of it, but some horses react to pain and trauma with shaking."

"What about the paralysis?"

Doc wasn't paralyzed, Byrne said. He simply found it too painful to move. The withers anchor the muscles and ligaments of the neck, so a huge amount of weight is pulled across that area with every movement. That's why Doc wouldn't lower his head to eat and was reluctant to walk, which required him to use his head for balance. As he began to heal, said Byrne, he'd move more freely and, even in the time we'd been at the clinic, I could see that he seemed more comfortable.

How and why

My questions kept coming: "How does this happen?" Byrne speculated that Doc probably fell. She said she sees a handful of cases of broken withers every year, usually in horses who have somersaulted over a jump or reared and fallen over backward. And then I recalled the familiar image of Doc and our mule, Jimmy, going up on their hind legs and forming a horse pyramid. It was majestic and captivating, but if he had done that on the hillside it would have been easy for him to lose his balance.

Finally, I nervously asked my most important question: "What's the long-term prognosis?"

Byrne was reassuring. "Once his fractured bones heal, Doc should be as good as new—if a bit flatter across the withers," she said. She added that Doc's limp tail had concerned her—broken tailbones can lead to nerve damage and local paralysis—but X rays of the area revealed no fractures. Instead, she said, Doc had probably wrenched his tail during the fall and it, too, would heal in time.

Terri and I hugged each other. I relaxed for the first time in two days. Doc, our sweet, open-faced, loving guy,

was going to be fine. He would stay at Alamo Pintado for another week so they could watch him. After that, the ride home would be much more comfortable for him.

The next day my husband came out of the backcountry and called. His voice was relaxed. "Hi Honey. How are you?" he asked.

"Oh, fine," I choked, trying not to alarm him.

"What's wrong?" he immediately asked. It's amazing how people close to us can hear things we don't say.

"Well, Doc had an accident, but he's okay." The words echoed in my ears.... "He's okay.... He's okay...."

A week later, Ed and I went to get Doc from the hospital. As we walked with the veterinarian to the outside corral, Doc turned with his head high and came trotting in my direction, whinnying. Byrne turned to me and exclaimed, "He recognizes you!"

"Of course," I said, thinking of what we'd been through together. I approached, opened the gate, and hugged his neck. This time it was strong and still. Doc was back.

Six months later, I stood alone in the middle of our round pen watching Doc lope around the perimeter. I knew it was time to ride him, and I wanted to be the first. I put the saddle on, watched him gambol and buck as he adjusted to it, and then brought him into the middle of the pen.

I put my foot in the stirrup, lifted myself up and eased into the saddle. He didn't move. Instead of his constant forward motion, he was solid and calm. He waited for my cue. First we walked, then we trotted and finally we broke into a lope. His body moved in that steady rocking-horse rhythm, and as we flew around the corral, I felt capable, confident and free.

I ride Doc almost every day now, and when I come up the hill, he runs to greet me. And, while Ed is Doc's official owner and is grateful he is alive and well, we both know that in some very deep way, Doc belongs to me. 🐾

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