






Hoof Problem Protocol

TYPE	CLINICAL SIGNS	WHO TO CALL?	IMMEDIATE TREATMENT	ONCE THE VET/FARRIER ARRIVES
ABSCESS 	Acute and generally non-weight-bearing lameness caused by infection within the hoof.	Call the veterinarian first and, if necessary, a farrier.	Keep your horse in a clean, comfortable environment. Placing the foot in a hot water soak with Epsom salts or applying a medicated poultice might help relieve pain.	The veterinarian or farrier will use hoof testers to pinpoint the area of discomfort causing the lameness, then create a small hole to locate and drain the abscess from the sole-wall junction (white line). This will be followed by applying a soak bandage or a medicated poultice. He or she might also administer a tetanus booster.
PUNCTURE WOUND 	Lameness ranging from mild to severe, an observable puncture site in the bottom of the foot, signs of infection, and, possibly, the penetrating object still in place.	Call the veterinarian.	If the offending object, especially a nail, is still in the horse's foot, do not remove it. The veterinarian will want to take a radiograph with the object in place to determine its depth, direction, and what structures might be involved. Restrict your horse's activity, protect the wound to prevent further trauma, and keep him as comfortable as possible—preferably in a clean, deeply bedded stall.	If the wound is not serious, the veterinarian will clean, explore, lavage, debride, and bandage the area as well as administer a tetanus booster and antibiotics if needed. In more complicated cases radiography is necessary to reveal the direction and depth of the puncture and structures involved and to determine next treatment steps.
HOOF CRACK 	A vertical (or, rarely, horizontal) crack at the horse's toe, quarter, heel, or bar.	If there's no blood and your horse shows no signs of discomfort, then call your farrier.	Clean the foot and keep it covered (using a hoof boot or gauze/wrap/duct-tape combo) until the farrier arrives.	Your farrier will need to determine the cause of the crack and respond appropriately. He or she might need to repair the crack to stabilize it, protect the damaged wall, eliminate pain/bleeding, and prevent/or further progression and possible infection.
BRUISE 	A visible bruise on (most commonly) the sole, quarters, toe, or frog, and possible lameness.	Call the farrier or veterinarian.	If you notice a problem immediately, apply cryotherapy (cold therapy) to slow the blood flow and minimize bruising.	Depending on the severity, your veterinarian might prescribe non-steroidal anti-inflammatory medications and recommend special boots, shoes, or pads to prevent further damage.
LAMINITIS 	Reluctance to walk, weight shifting, a "sawhorse" or "pointing" stance, or more time than usual spent lying down. Always consider so-called bruising to be laminitis until proven wrong.	Call the veterinarian and, later, a farrier.	Begin cryotherapy (e.g., standing in cold water or an ice slurry that extends above the fetlock) immediately, restrict your horse's movement, and place him on soft footing/deep bedding.	Your veterinarian might take baseline radiographs, prescribe pain-relief methods, and work with your farrier to stabilize the horse's feet initially.
POSSIBLE FRACTURE 	Sudden lameness (particularly after exertion), increased digital pulse, coffin joint swelling if the joint is involved, among others. Often confused with a bruise.	Call the veterinarian and, later, a farrier.	Get your horse into a clean, deeply bedded stall and restrict his movement.	Veterinarians might use radiographs to confirm a fracture. As fractures often don't show up on radiographs for 3-5 days, MRI and nuclear scintigraphy can be used to confirm foot fractures. Depending on the location/severity, horses require stall rest, therapeutic shoeing, casting, or even surgical repair.
QUICKED/HOT/CLOSE NAIL 	If non-weight-bearing lameness occurs immediately following shoeing. There might be a trace of blood where the nail exits the hoof wall.	Call the farrier or, if severe, a veterinarian.	Do not remove the nail, but restrict your horse's movement and keep him comfortable in a stall.	Once the nail is removed, establish drainage. This might be followed by applying and maintaining a soak bandage or medicated poultice until any infection subsides.
TWISTED SHOE 	A shoe that has not been completely dislodged from the foot	If there are no punctures or abrasions, call your farrier.	Restrict movement.	The farrier will either remove or replace the shoe and repair any hoof wall damage.