



DON RYKER DVM & ASSOCIATES

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HOURS

Office Hours
Monday-Friday
9 am to 5 PM

Scheduled
Appointments
available:
Monday thru Friday
9 AM to 5 PM

Web site:
www.drryker.co

24 Hour Emergency Service



Dr. Rob van Wessum

Sports Medicine & Rehab. Clinician

Dr. Rob van Wessum has joined the practice of Don Ryker DVM & Associates as a specialist in equine lameness. In addition to 17 years of clinical experience as a sport horse lameness clinician, he has experience as an internationally known rider, trainer, and judge in the sport of dressage.

A native of the Netherlands, he received his veterinary degree from Utrecht University in 1991. He spent five years after graduating from Utrecht and getting a Masters degree Dr. van Wessum spent the next five years as an equine practitioner in private practice in Weesp

In 1996, Dr. van Wessum began his own equine lameness clinic specializing in in-depth diagnostics for lameness, sports medicine, and pre-purchase examinations. In 1996, he was also appointed to the Department of Equine Internal Medicine at the School of Veterinary Medicine in Utrecht, where he performed research in sports medicine and electromyography. In 1999 he became a Certified Practitioner (Equine) of the KNMvD. From 1991 to 2003, he additionally served as the veterinarian for the Canine and Mounted Division of the Police Department of Amsterdam. In 2003, he was appointed the first director of the Animal Science Center of the Dutch National Police Agency, at the Mounted and Tracker Dog Division. Some of his responsibilities included animal forensic cases and the management of all horses and dogs for the Dutch police and for all state events, such as the royal wedding of the Prince William-Alexander and Princess Maxima.

Dr. van Wessum was a member of the veterinary committee of the CDI's/CSI's Jumping Amsterdam and Indoor Brabant from 1991 to 2004 and served as treating veterinarian on four World Cup Finals (two jumping and two dressage).



In April of 2005 Dr. van Wessum was appointed as the sport horse lameness clinician at the MSU CVM McPhail Equine Performance Center (MEPC). This appointment ended in Sept of 2009 due to budget reductions at MSU.

Dr. van Wessum uses several types of imaging to help pinpoint problems, including digital radiography and Doppler ultrasound. Treatment that follows is tailor-made rehabilitation that is designed to return the horse to soundness, a gradual increase horse's range of motion and speed. Appointments with Dr. van Wessum can be scheduled at Don Ryker & Associates clinic in Ortonville on Thursdays and Fridays.

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Crib-biting in US Horses: Breed predispositions and owner perceptions of etiology

J.D. Albright, H.O. Mohammed, C.R. Heleski, C.L. Wickens and K.A. Houpt

Abstract from *Equine Veterinary Journal* (2009) **41** (5) 455-458

Crib-biting or 'cribbing' is an oral behavior in which a horse grasps a fixed surface with its incisors, contracts the strap muscles of the ventral throat, and typically emits a **grunting** sound. The term **wind-sucking** is a similar behavior, but the horse does not seize an object with the incisors. The behavior is considered to be a stereoscopy, repetitive relatively invariant and, apparently functionless. Some studies have shown an increased risk of epiploic foramen entrapment and simple colonic obstruction causing signs of colic in these horses. Some feel that the behavior is an unsoundness and causes subsequent tooth wear and property damage with decrease economic value of the horse.

This present study aimed to determine the prevalence of cribbing in various breeds in the USA, the likelihood that one horse learns from another and horse owner's perception of the etiology.

An overall crib-biting prevalence of 4.4% is the first reported for US horses. The prevalence was similar to approximately 5% in Canadian horses, in a survey of a variety of breeds and disciplines.

The results from this US study concur with those from other countries in that Thoroughbreds have the highest prevalence of crib-biters. In US Thoroughbreds the 13.3% prevalence was higher than that of their European and Canadian counterparts. The majority of the surveys returned for the present study were from owners of fewer than 5 horses and likely to be familiar with the stall behavior. It is conceivable that trainers based at large farms may not be involved in daily management of the horses and, as such, may not be aware of each horse's stable behavior. Alternatively, trainers with affected horses may not be inclined to answer a survey because crib-biting entails a decreased monetary value.

Findings may differ from previous studies due to dissimilar management practices at large training and smaller, most recreational riding farms. Extended periods of stall confinement is common practice for horses at large competition and training facilities and may convey a risk for stereotypy development.



A majority (72%) of respondents in a previous study believed horses copied abnormal behaviors compared to 49% in the present study. Horse community perception did not seem to correspond to experiences as only 1% of horses began to crib-bite after the arrival of a crib-biter and it is possible that it occurred because of common management conditions and genetic factors. Almost all owners of affected horses (97%) felt environment contributed to some extent to their horses behavior. The small number of horses that began to crib-bite after the arrival of a crib-biter at the same farm does not support the notion of observational learning in the development of crib-biting.

Attitudes of horse owners toward crib-biting may have welfare implications. As a social species, horses naturally spend most of their time in close proximity to conspecifics. Studies have shown short-term isolation from other horses may result in substantial changes in locomotor and ingestive behaviors as well as physiological indicators of stress. The current study found that most affected horses were turned out with other horses. Although

length of turn out time or exposure was not queried, extent of contact with conspecifics (unimpeded, partial or isolated) was not significantly associated with risk of crib-biting.

Thoroughbreds have a high prevalence of crib-biting although they are not the only breed or discipline intensively managed. For example, Standardbreds, Warmbloods and Quarter Horses competing in physically demanding sports such as racing, eventing or cutting (cattle herding) may also endure long training sessions, little time outside of the stall and large amounts of concentrate, yet in this study, Thoroughbreds had at least twice the prevalence of any other breed. Crib-biting is a condition with high prevalence and correlation to serious illnesses such as colic. The behavior is very difficult to treat and therefore efforts should be concentrated on prevention.



Making Appointments

When scheduling appointments with any of the doctors the following information would be very helpful:

- 1 Name of horse's owner (Address and phone number if new client or the address has changed.).
- 2 Name of horse(s). Address or location of the horse.
- 3 Issues involved such as vaccinations, lameness, illness, etc.
- 4 Contact person (if different from owner) and phone number. Problems do arise during the day such as emergencies, extra work at a prior call, necessitating change of appointment time. Sometimes the doctor may actually be early.
- 5 Payment is due at time of service. Cash, check, or credit card is accepted.

** We will make every effort to provide the best service and care to maintain the health and well being of your horse(s). Your help providing the above information will go a long way to accomplish this goal.

Coggins Test (for Equine Infectious Anemia)

What do you do when someone says your horse needs a *Coggins test*? What does a *Coggins test* really test for? How long is the *Coggins test* good for? These questions and many more are valid and important questions that deserve an answer. The first thing a horse owner needs to know is the disease that is being tested for, what is this disease?

Equine Infectious Anemia (EIA, Swamp Fever) is a potentially fatal disease that threatens the world's horse, donkey and mule populations. The virus that causes EIA reproduces in the white blood cells that circulate throughout the body. The immune system, via antibodies, may attack and destroy red blood cells, leading to anemia. Despite testing and measures to eradicate the equine infectious anemia virus, EIVA, more than 500 new cases are identified each year in the U.S.

There is no cure for EIA. Although most horses show no symptoms, they remain contagious for life, endangering the health of other horses. For this reason, the United States Department of Agriculture and state animal health regulatory agencies require euthanasia or strict lifelong quarantine for horses testing positive for EIA.

Your horse's only protection against EIA is prevention. Good management practices can reduce the potential of infection. The following guidelines from the American Association of Equine Practitioners (AAEP) will help:

- Use disposable needles and syringes, one per horse, when administering vaccines and medications.
- Sterilize dental tools and other instruments before using them on another horse.
- Test all horses for EIA at least annually.
- Test horses at the time of purchase examination.
- Stable owners, horse show and event managers should require and verify current negative Coggins certificates for all horses entering the premises.
- New horses should be quarantined for 45 days and observed for any signs of illness, including elevated temperatures, before introducing them to the herd. They should be retested if exposure to EIA is suspected at 45-day interval.
- All stable areas should be kept clean, dry and waste-free. Good pasture management techniques should also be practiced. Remove manure and provide adequate drainage to discourage breeding sites for pests.

For more information about EIA, ask your veterinarian for "Equine Infectious Anemia: The Only Protection is Prevention," a brochure provided by the AAEP in conjunction with Educational Partner Bayer Animal Health. Additional information can be found on the AAEP's horse health Web site, www.myHorseMatters.com.

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In addition here is some additional information regarding the state of Michigan requirements.

- The Coggins test in Michigan is good for a calendar year. The year begins December 1st of a given year and ends Dec 31st of the following year.
- A Coggins test is required when the horse is sold (change of ownership), the horse is going to a show in the state, and the horse is going to be raced at one of the racetrack in the state of Michigan.
- When the horse travels across the border of Michigan they will need one according to the requirements of the state traveling to.
- If the horse remains on the farm with no traveling in mind no test is required.

Ans: **1,d; 2,h; 3,a; 4,f; 5,I; 6,g; 7,c; 8,e; 9,b**



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DEFINITION SCRAMBLE

- | | |
|--------------------------|---|
| 1. Capillary-refill time | a. Large veins located on either side of horse's windpipe under neck |
| 2. Cataract | b. Abnormal concretion forms in intestine resemble rounded stones. |
| 3. Jugular veins | c. Rigid paralytic disease caused by an anaerobic bacterium from soil |
| 4. Malocclusion | d. Time required for blood to return to gums after finger pressure |
| 5. Rabies | e. Severe painful cramping of large muscle masses. |
| 6. Cushings disease | f. Failure of upper and lower arcades of teeth to oppose. |
| 7. Tetanus | g. Disease, signs include long hair, thin skin, weakness, and founder |
| 8. Tying up | h. Loss of transparency in the lens of the eye.. |
| 9. Enterolith | i. Acute viral disease of the central nervous system, fatal |

Ans. Pg 3