

**SOUTH SHORE EQUINE CLINIC
& DIAGNOSTIC CENTER
151 PALMER ROAD
PLYMPTON, MA 02367
781-585-2611**

www.ssequineclinic.com

**TENDON & SUSPENSORY INJURIES IN THE
PERFORMANCE HORSE**

TENDON – Muscle to bone
LIGAMENT – Bone to bone

Suspensory Ligament

Training increases the strength of the suspensory.

Proximal – common in show horses
Front legs unilateral or bilateral
Usually sudden onset of injury, worse on soft ground
Mild to moderate lameness (unless severe injury)
90% of acute injuries of front leg - return to full athletic work
14-56% of hind leg injuries – return to work
Foot imbalance may be a predisposing factor – low heels, long toes
Common compensatory injury (sore hind end)

DIAGNOSIS: Front leg – ULTRASOUND
Hind leg - MRI

Body - common in race horses
Re-injury common
DIAGNOSIS - ULTRASOUND

Branches - common in all sport horses
Foot imbalance may be a predisposing factor
Local heat and swelling common
Degree of lameness proportional to degree of injury
**older dressage horses - adhesions w/ severe, persistent lameness
DIAGNOSIS – ULTRASOUND or MRI

Digital Flexor Tendons

Superficial (SDF)

Speed athletes – common injury (race horses, event horses)

Sedentary or lightly used horses over 15 years of age

Forelimb >> Hind limb

Prognosis dependent on severity of injury & treatment (scar tissue)

Clinical signs and severity of injury are NOT necessarily correlated

Swelling, Thickening, Heat, Pain on palpation, Profile of tendon

Acute lameness may correlated to severity of injury

DIAGNOSIS – ULTRASOUND

CSA and lesion size define severity of injury

Baseline & Follow-up scans necessary

90% of show jumpers return to full athletic function (tendonitis)

Deep (DDF) – attaches to underside of coffin bone

Rare primary injury above fetlock

Thickening and pain on palpation, +/- heat

Injuries in pastern/foot region can be career threatening

Foot conformation can be predisposing factor

Acute-onset moderate to severe lameness

DIAGNOSIS – ULTRASOUND (Above fetlock) or MRI (below fetlock)

CSA and lesion size

Baseline & Follow-up scans

Adhesions common

TREATMENT

Stall Rest

Ice Therapy

NSAIDs

Topical Therapy – Liniments, Surpass

Targeted Therapy – Shockwave, Stem Cell, PRP

Corrective /Balanced Shoeing

Surgery

Rehabilitation Schedule – severity dictates