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## MANAGEMENT OF FLEXURAL DEFORMITIES IN FOALS

Flexural limb deformities are commonly observed congenital or acquired conditions in which a joint is held in an abnormally flexed or extended position. Mild congenital cases of hyperextension often self-correct. More severe cases are treated with heel extensions using glue-on shoes or aluminum plates and controlled exercise. For this particular condition, any immobilisation is contra-indicated.

For mild flexural deformities of the foot or fetlock, controlled exercise in combination with pain relief using NSAIDs may be sufficient, although more severe cases may require therapeutic farriery and/or immobilisation, depending on the localisation. When foals are not loading the heels, they may benefit from temporary heel support, which is gradually reduced. In conjunction with immobilisation, intravenous administration of oxytetracycline (3g IV diluted in 100–500 mL) may be useful, especially in the first few days of life, but possibly also in older foals. For congenital carpal deformities, temporary immobilisation in combination with NSAIDs and oxytetracycline may be effective, although more severe cases may require transection of one or more carpal flexor tendons; however, the prognosis decreases accordingly. A ruptured common digital extensor tendon, with or without flexural deformity is a commonly missed diagnosis. For acquired flexural deformities, surgery is more often required than for congenital deformities. There is a typical age distribution, with foals with deformities of the distal interphalangeal joint being usually between 1 and 4 months of age, whereas foals with deformities of the fetlock joint being usually between 12 and 14 months of age. For bilateral cases resulting from rapid growth, restriction of the energy intake while ensuring a balanced vitamin and mineral intake would be beneficial. For mild to moderate acquired flexural deformity of the distal interphalangeal joint ('type 1'), conservative treatment can be attempted. For more severe deformities ('type 2'), or deformities not responding to conservative treatment, a distal check ligament desmotomy should be considered in combination with NSAIDs and toe protection/extension. The prognosis is favorable, although a cosmetic blemish is not uncommon. In very severe cases, tenotomy of the deep digital flexor tendon may be required,

although this generally results in salvage rather than any serious athletic function. Horses with acquired flexural deformity of the fetlock joint may respond to elevation of the heels, with or without a toe extension, although desmotomy of the proximal and sometimes even the distal check ligament may also be attempted.

### References

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