

Dr. Redden's Equine Podiatry Course Syllabus

September 9 - 13, 2019

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Monday Sep 9

8:00 - 9:00: Quick reviews of the mechanical thought process and how it can set the stage for numerous foot issues.

9:00 - 10:00: Coffin bone fractures and therapeutic treatment options from the 4 month old foal to catastrophic multiple fractures. Think mechanically when developing treatment regimes.

10:00 - 10:30: Break

10:30 – 12:00: How to deal with career and life threatening hot nails, puncture wounds and lacerations.

12:00 – 1:00: Lunch

1:00 – 3:00: Amputations as a viable option: Case selection, techniques, designing and building the temporary and permanent prosthesis, and aftercare. When, how, and why to use the sling to facilitate pathological shoeing and or surgical procedures.

3:00 – 3:30: Break

3:30 – 5:00: Identifying angular deformities in foals and weanlings, basic mechanical treatment goals, and a glimpse at less than desirable conformation in top level athletes.

Tuesday Sep 10

8:00 – 9:00: Optimum venogram information should be relative to the purpose of the exam. A look at the evidence that supports the benefits of visualizing the patency of the vascular tree.

9:00 – 10:00: How to better understand the relationship of load and digital vascular perfusion in the sound horse, club foot, crushed heel, shallow thin sole, robust foot, etc.

10:00 – 10:30: Break

10:30 – 12:00: Interpreting the earliest signs of vascular alteration in the acute laminitic case relative to history and clinical signs and how to use it to tailor our mechanical protocol.

12:00 – 1:00: Lunch

1:00 – 2:00: Understanding the sequence of events of the low insult case that precede and set the stage for displacement when Emergency Mechanical Treatment (EMT) is taken too lightly or not even a consideration. How the sequence can be altered when using low-level and high-level mechanics.

3:00 – 3:30: Break

3:30 – 5:00: Studying the sequence of events in the moderate and high impact cases with and without efficient EMT.

Wednesday Sep 11

8:00 – 10:00: Understanding when and how to use the most efficient Mechanical Treatment relative to the stage of the syndrome, clinical, radiographic and venogram information. When, why, and how to perform a deep flexor tenotomy and employ use of a pin cast.

10:00 – 10:30: Break

10:30 – 12:00: Life after a deep flexor tenotomy – Dr. Raul Bras

12:00 – 1:00: Lunch

1:00 – 3:00: Students bring your choice case studies and have a short presentation for class review. Good, poor, or miserable outcome, we will all learn from them.

2:00 – 3:00: What are the medical benefits of drastically reducing ddft tension on failing laminae and how do sinkers differ from those that rotate?

3:00 – 3:30 Break

3:30 – 5:00: Questions pertaining to any covered topics.

Thursday Sep 12 Hands on clinic

8:00 – 12:00: Hands on clinic limited to 21 attendees.

Cadaver feet will be available for teams to exam, radiograph, and select the following exercise that enhances their podiatry learning curve and skill set. Teams will be assigned to work together.

1. Identify and measure the 6 most important soft tissue parameters and make a definitive diagnosis and mechanical trim and shoe plan.
Vets hone your trimming and shoeing skills with farrier or instructor assistance
Apply a 4 point trim, rocker trim. Examine a used rockered shoe, forge it flat and then forge the rocker back into the shoe.
Farriers do the same; assist each other to become more familiar with the value of being on the same page and utilizing radiographic info to help make mechanical decisions.
2. Create a typical surgical approach to a street nail procedure. Design, forge and apply a raised heel, multiple bar shoe. Apply the puncture wound shoe to the cadaver foot.

3. Select a chronic laminitic foot and evaluate lesion intensity. Perform a venogram on the cadaver foot, trim and apply a derotation Ultimate using radiographic control. Strive for zero capsule PA and 20 degree plus adjustable ground PA.
Then fabricate an efficient tenotomy rail using an assortment of available shoes and bar stock and apply it to the foot with composite achieving a zero capsule PA with a min 20 mm of heel mass.
4. Perform a deep flexor, mid-cannon tenotomy on a cadaver leg.
5. Perform a mid-cannon check desmotomy on a cadaver leg.
6. Examine and identify the limb deformities of your cadaver leg. The boil pot will be available for feet that have demonstrable bone lesions for those wishing to study the boiled out feet as a comparative radiograph vs bone lesion.

12:00 – 1:00: Lunch

1:00 – 5:00: Live demonstration of putting a horse in the sling, safety tips and concerns for the handlers and the horse.

Live demonstration of applying a bandage cast to a standing horse.

Options for teams:

1. Pin cast a cadaver leg using radiographic control.
2. Apply a standing cannon, pastern foot, bandage cast.
3. Perform a pastern amputation with digital cushion and frog stump.
4. Prepare a frog graft.

Students will be required to bring their basic hand tools such as a crease puller, farrier's knife, shaping and nailing hammer, clinchers, nail cutter, rasp with handle and apron. All of the above will be available for purchase from Nanric at dealer cost.

Veterinarians who are driving are encouraged to bring their x-ray unit's as Dr. Redden will be happy to advise how you can to get the most information out of your particular unit. Please inform us if you are bringing your unit.

Farriers that are bringing their rig will be compensated for items or gas used. Please let us know if you are bringing your rig.

Friday Sep 13 Hands on Clinic

8:00 – 12:00 **One live horse per team will be available with a variety of foot issues.**

- Examine, diagnosis foot issues from history, physical and radiographic info.
- Design and work the mechanical plan relative to the requirements that are paramount for optimum response.

12:00 – 1:00: Lunch

1:00 – 5:00 Options include:

1. Live horse continued.
2. Boiled out feet will be available for dissection.
3. Cases - There will be a wide variety of problems dependent on availability.
Venograms – front and hind.
Pathological shoeing with radiographic control.

Putting a horse in the sling.

4. Cadaver limbs available for the desired learning exercise.

Don't forget to turn in your evaluation sheets.

Thanks for a great week! Travel safe and stay mechanically motivated with pro-life dedication.