

Spring 2021

IH



Plus much  
more inside...

## Pat Burgess & Henrietta Knight

LIFE LESSONS FROM  
EQUESTRIAN LEGENDS

How you **THINK**  
your horse  
travels **VS** How  
your horse  
**ACTUALLY**  
travels

Pushing  
your horse  
where he  
can't go?  
**STOP  
NOW!**

**IH DEBATE**  
What makes a  
'REAL' rider?

Countryfile  
with  
**Kelly Marks:**

WHAT REALLY  
WENT ON  
BEHIND THE  
SCENES



PULL OUT & KEEP TRAINING POSTER

# ARE YOU CONFIDENT TO IS IN PAIN WHEN THEY

By Sue Palmer MCSP



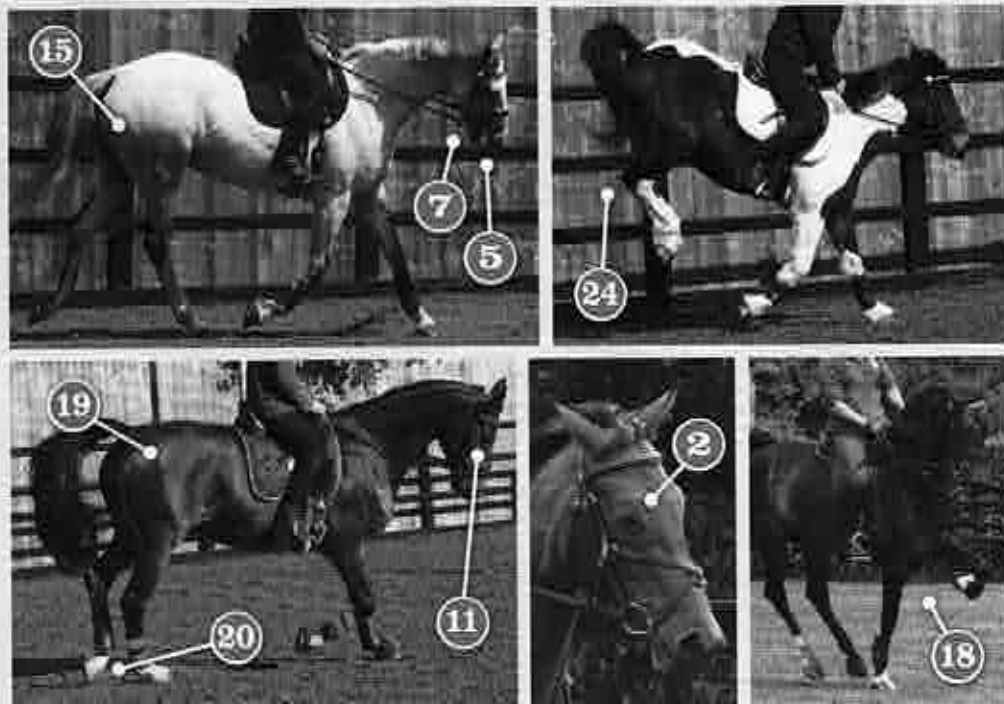
On 28th November 2020, Sue attended the World Health Welfare Webinar hosted by Dr Sue Dyson, a world-renowned expert in equine orthopaedics with

a specialist interest in lameness and poor performance in sports horses.

**A**re you confident to recognise if a horse is in pain when he's being ridden? When WHW Chief Executive Roly Owers asked this question to the audience at the beginning of the webinar, around three quarters of the audience said yes. Sue Dyson's research, however, shows that this is unlikely to be the case.

A study by Dr Dyson et al in 2020 investigated 148 horses in the UK who were believed by their owners to be sound. Of these horses, 28.4% were lame in hand, and 62.2% were lame ridden. 13 horses were lame in hand but not when ridden, and 63 horses were lame when ridden but not when assessed in hand. 60% of these horses showed gait abnormalities in canter.

Sue remembers that over her career, many ridden 'behavioural problems' have been put down to training, or to the rider, or to 'he's just a difficult horse'. She noted that many of these behaviours disappeared when a lameness was nerve blocked. Sometimes 'lameness' shows itself as a change of behaviour, rather than the traditional idea of a lame horse limping. Also, lameness sometimes shows up when the horse is ridden, but not in hand or on the lunge. This led her to developing an ethogram to determine the presence or absence of pain in the ridden horse.



## IDENTIFIED RIDDEN PAIN BEHAVIOURS

### FACIAL MARKERS

- 1 The ears rotated back behind vertical or flat (both or one only) for five or more seconds, or repeatedly laying the ears flat
- 2 The eye lids closed or half closed for two to five seconds
- 3 Sclera (white of the eye) repeatedly exposed
- 4 An intense stare for five or more seconds
- 5 The mouth opening and shutting repeatedly with separation of teeth, for ten or more seconds
- 6 The tongue exposed, protruding or hanging out, and / or moving in and out
- 7 The bit pulled through the mouth on one side (left or right)

### BODY MARKERS

- 8 Repeated changes of head position (up / down, but not in rhythm with trot)

- 9 Head tilted, repeated

- 10 Head in front of vertical (more than 30 degrees) for ten or more seconds

- 11 Head behind vertical for ten or more seconds

- 12 Head position changes regularly, tossed or twisted from side to side, corrected constantly

- 13 Tail clamped tightly to middle or held to one side

- 14 Tail swishing large movements; repeatedly up and down / side to side / circular; during transitions

### GAIT MARKERS

- 15 A rushed gait (frequency of trot steps greater than 40 in 15 seconds); irregular rhythm in trot or canter; repeated changes of speed in trot or canter

- 16 Gait too slow (frequency of trot steps less than 35 in 15 seconds); passage-like trot

- 17 Hindlimbs do not follow tracks of forelimbs but deviated to left or right; on three tracks in trot or canter

- 18 Canter repeated strike off wrong leg, change of leg in front and / or behind (disunited)

- 19 Spontaneous changes of gait (e.g. breaks from canter to trot, or trot to canter)

- 20 Stumbles or trips repeatedly; repeated hindlimb toe drag

- 21 Sudden change of direction, against rider direction; spooking

- 22 Reluctant to move forward (has to be kicked with or without verbal encouragement), stops spontaneously

- 23 Rearing (both forelimbs off the ground)

- 24 Bucking or kicking backwards (one or both hindlimbs)



# RECOGNISE IF A HORSE ARE BEING RIDDEN?



## ❓ Could the Ethogram help IH Trainers?

As an IH Trainer, I find this research really exciting. It's one thing addressing groundwork issues such as loading problems, barging, tanking off, and invading your space.

It's safe to assume in the vast majority of these cases that the solution lies in training the horse, the handler, or both. But it's a whole other level looking at ridden problems such as spooking, napping, rearing, bucking, or reluctance to go forwards. This ethogram gives us some solid evidence to work with, and can be applied to any horse we work with.

Figuring out what to do with the conclusions we reach is a lot more difficult, of course. The research has been done with trained assessors, who have learned how to apply the ethogram consistently by watching hundreds of ridden horses with the ethogram in mind. None of us have that level of training, and therefore we cannot expect to get the same results. But surely this is a fantastic, and practical, starting point in helping us know whether to train, or to recommend contacting the vet?

## 📌 The Next Step

Research has begun on investigating the ability of non-trained assessors to use the ethogram.

A study in 2018 had ten non-trained assessors watching videos of 21 lame horses. The results showed that these non-trained people, who had varying professional backgrounds, were able to differentiate between the horses who had been nerve blocked, and those who hadn't, based on their behaviour scores.

“Problems which are labelled as training-related, rider related, or behavioural, or ‘that is just how the horse has always gone’ are usually pain related.”

In 2019, ten vets were given some preliminary training on using the ethogram. They then watched 20 horses perform a dressage test of 8.5 minutes. This was live, rather than on video. The findings showed that yes, these vets could reliably apply the ethogram – yay!! They could recognise the difference between lame and non-lame horses based on their behaviour. If it sounds to you like this should be obvious, remember that the 20 horses were assumed by their owners to be sound. An independent equine veterinarian assessed each horse's movement and determined that 16 showed intermittent low-grade lameness or abnormalities of canter. Fourteen of these 16 horses had ethogram scores of 8/24 or more.

Dr Dyson continues with her research in this area, and in 2020 a study was published involving 60 sports horses and riding school horses. These horses were assumed by their owners to be working comfortably. The vet assessment found that 73% of the horses had low grade lameness in one or more limbs, and 47% had gait abnormalities in canter. The Ridden Horse Pain Ethogram scores ranged from 3/24 to 16/24. The higher the ethogram score, the more likely the horse was to be lame or to have a gait abnormality in the canter.

## 📌 In conclusion

This information could have an impact on vettings, on saddle fit sessions, on training, and on much more. The research is ongoing, and others are also working on how to tell if a horse is in pain, ridden or otherwise.

Asymmetry (difference between left and right) is very common, and is not always related to pain. Determining whether an asymmetry is due to musculoskeletal pain is tricky without nerve blocks.

Dr Sue Dyson believes that: “Problems which are labelled as training-related, rider related, or behavioural, or ‘that is just how the horse has always gone’ are usually pain related”. Reducing or removing musculoskeletal pain will not only improve performance, it's a welfare issue. Knowing that a horse who is showing eight or more of the behavioural indicators in the ridden horse pain ethogram is highly likely to have musculoskeletal pain can only help us to move forward in doing our best for our horses.

## MEMBERS ONLY COURSE DISCOUNT

IH Members can enjoy a 30% DISCOUNT on Sue Dyson's 12-part interactive educational course on the Ridden Horse Ethogram.

Head to the Equitopia website [www.equitopiacenter.com](http://www.equitopiacenter.com) and use the code IHETHOGRAM2020 until 31st March!