

## The Equi Life and The Laminitis Clinic Quiz – BEVA 2014

*“laminitic” means an animal you can diagnose clinically i.e altered stance, lameness shifting from one affected foot to the contralateral, increased digital pulse strength*

Do laminitis cases tend to stand on their toes or their heels?

Do you consider that an excess of dietary carbohydrate or protein is the more common predisposing factor for laminitis?

How can you, on clinical examination alone, differentiate a case of laminitis from acute founder?

Which clinical sign alone is diagnostic of a “sinker”?

What are the published success rates for treating sinkers?

Which test do you consider to be the most reliable to diagnose insulin resistance in practice?

List these in order as the most significant prognostic indicators for acute founder cases a) severity of lameness b) degree of rotation (dorsal hoof wall to dorsal surface of distal phalanx) c) founder distance d) body weight e) chronicity of lameness.

What are you expecting from a “laminitis supplement”? a) It will cause a recovery? b) It will prevent laminitis? c) It provides nutrients which the “laminitis” case needs to rebuild tissues? d) It contains nutrients which may combat insulin resistance? e) none of the above?

Which four nutrients/complexes do you believe might combat insulin resistance?

What are the 2014 Data Sheet contraindications, warnings relating to the use of pergolide (Prascend)?

How many types of distal phalangeal rotation do you recognize? Describe each;

Can you name the only independently awarded Mark identifying feeds suitable for laminitics?

Can you name the three UK manufacturers with products licenced to carry the above Mark ?

What is the most common time interval between acute founder and solar prolapse (days)?

If a case which you are sure has “laminitis” stands on its toes, what are the two most likely causes?



**Equi Life; Tel; 01249-890784**  
**www.equilife.co.uk**  
**BEVA 2014 STAND C50**



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Which therapies do you regard as contraindicated in the treatment of laminitis? a) corticosteroids b) anabolic steroids c) exercise d) solar supports e) raising the toes f) raising the heels g) bleeding i.e. haemodilution, h) all of the above.

What is the normal range of founder distance (FD) (mm)?

What are the essential properties of a dorsal wall marker necessary to measure FD accurately?

How exactly would you place a dorsal wall marker prior to measuring founder distance (FD)?

Icing: if you have a “laminitis” case would you expect icing the affected foot/feet to improve the condition?

If you were to ice the feet to what temperature and for how long would you apply icing, if any benefits were to be expected?

If you have two identical ponies, one with a founder distance of 12.5 mm in one front foot, the other with founder distances of 12.5 mm in both front feet; which has the better prognosis?

Which of the following treatments would you use if you were called to a fat pony having eaten 15kg of Pasture Mix 30 minutes prior to your arrival? a) stomach tube with a laxative b) set up an icing system for the front feet c) administer a NSAID c) administer a corticosteroid d) ask the owner to start walking it for an hour every three hours e) administer acepromazine.

What is the average % body weight change of a Prezwalski horse over winter in Berlin; assume the feeding rate, of uniform hay, and outdoor management remains the same throughout the year ?

If you were on a barren island with a laminitis case which one of the following would you chose to use in order to optimize the animal's recovery a) phenylbutazone b) corticosteroid c) horse walker d) deep wood shavings bedded stable e) pergolide f) being able to correctly fit plastic heart bar shoes?

Name or your own ID ref..... Tel No.....

*Please bring your completed Quiz sheets to Stand C50; none of the information you supply will be published.*



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