

American Association of Equine Practitioners

TRANSITIONING THE RETIRED RACEHORSE

**Guidelines for Equine Practitioners, Adoption Organizations and
Horse Owners**



Introduction

Racehorses can be very useful in other careers after retiring from racing. Many are donated to retirement facilities that provide permanent sanctuary or provide retraining and adoption to suitable homes. These horses' uses may range from non-ridden, companion animals to athletic sport horses. As in most equine endeavors, the intended use of the horse has a large bearing on its rehoming potential. The equine practitioner can assist, both at the track and at the retirement facility, with the potential use of these horses after they retire from racing. There are many variables that must be considered in this determination. While there are no absolutes, there are conditions associated with physical limitations which will likely prevent a horse from future athletic endeavors. Foremost for the equine practitioner are the soundness of the individual animal and the identification of various conditions that may affect future usability.

Based on their professional experience, most veterinarians will have a personal perspective regarding which medical conditions can be consistent with various uses. These guidelines will outline the common health issues encountered and offer opinions based on the committee's collective expertise. There is minimal scientific data on which to base these prognostic decisions and ultimately recommendations may be founded solely on professional veterinary opinion. As improved documentation of experience with injury rehabilitation becomes available, more accurate prognostic decisions will be possible. The veterinarian advising or making recommendations as to the future use of a horse should be familiar with the demands and health requirements of that use, and it is recommended that the veterinarian's prognosis for athletic ability in a specific horse be conservative in order to avoid situations where failed expectations result in a horse becoming unwanted.

The first step in determining the prognosis for a racehorse to be transitioned to another use is a comprehensive evaluation. This should include as detailed a medical history as is available and a thorough musculoskeletal, respiratory, cardiac and ophthalmic examination. Because many horses that are to be examined have had recent medication for various infirmities, it may be necessary to examine an animal more than once to assess its accurate health status. Arrival exams are standard procedure for most of the major retirement organizations. Good records of these exams are necessary. Often these exams are the responsibility of the facility to which the animal is donated, at which time a medical history is likely unavailable. The AAEP recommends that responsibility for the horse's evaluation be borne by the horse's donor, thus saving the facility funds and allowing them to more effectively triage the animal.

Many retirement facilities have very limited capacity and lack resources to support animals for a long period. Therefore, it is in the interest of both the horse and the facility to make prudent and efficient decisions regarding individual animals in order to responsibly manage financial resources. Humane euthanasia is a legitimate consideration for animals that have chronic unsoundness that renders them unsuitable candidates for adoption, or for animals that are uncomfortable to the extent they cannot humanely live out their days in a field.

Physical Assessment

For the purpose of these guidelines, the following definitions are used to describe the levels of use for the transitioned horse.

- Level I: Pasture turnout, non-ridden.
- Level II: Light use, to include trail riding at the walk and occasional trot on good footing.
- Level III: Moderate use such as flat work at the walk, trot, canter and varied terrain. Occasional jumping in good conditions generally with fences less than two feet.
- Level IV: Full athletic work; no exclusions.

In addition to physical condition, temperament is a critical factor in determining successful placement of these horses. Most retirement facilities are managed by experienced horse people whose assessment of a horse's temperament, demeanor, socialization (human and equine) and tractability will be important. Such evaluation requires a good history and regular monitoring by experienced observers. While the veterinarian may have input as to an animal's temperament for a specific purpose, such decisions should be made in consultation with management. Stallions and colts should be castrated before transitioning.

The following is a listing of conditions commonly seen in retiring racehorses and the prognosis for these animals for various uses.

Musculoskeletal Conditions:

A. Fetlock

Lameness due to chronic osteoarthritis is common in retiring racehorses and may often be the precipitating cause of the horse's retirement. The degree of lameness can be highly variable, and is not always consistent with radiographic findings. However, it is unlikely that a horse demonstrating grade 2/5 lameness due to fetlock disease will be serviceable as a performance horse. These horses may be able to be used for Level II activities, but should still be expected to require an increased level of care to maintain their existing level of soundness. Horses with a significant decrease in fetlock flexion even if not exhibiting lameness may be compromised for significant athletic use (Level III-IV). If the adopting agency or person is willing to institute therapy to mediate osteoarthritis of the fetlock, the costs should be outlined as well as prognosis. Intra-articular therapies and / or surgery will render a number of these animals useful at lower levels (Level I-III). In general, if a horse cannot be maintained for racing with appropriate therapy, it will be difficult to maintain that animal for any use other than very low level work in other capacities.

In particular, these animals will be unlikely to be able to be sound enough for jumping or dressage.

Small osteochondral fragments should have minimal impact on future soundness if the animal is given appropriate therapy and time to recover. Fractures of the proximal sesamoids vary greatly and must be individually assessed. In general, small apical fractures and basilar fractures without extensive degenerative joint disease and marked suspensory disease will be serviceable for moderate level use (Level I-III). Full body fractures often render an animal unsound for any athletic activity.

B. Carpus

The degree of damage to the carpus can dictate future usefulness. If the damage to the joint surfaces is not extensive, the horse will be able to transition to low and moderate sport horse use including jumping. If there is extensive osteoarthritis involving any of the joint surfaces, the prognosis is quite guarded. Chip fractures can be removed and improve the athletic prognosis in many cases. Palmar fractures generally carry a less favorable prognosis for any use other than very light pleasure.

C. Foot

“No foot, no horse” is a universal truth that crosses all equine disciplines. Foot conditions are often managed on the racetrack with therapeutic shoeing and medication and without a specific diagnosis.

Poorly conformed feet that have to perform on harder surfaces than the track will often lead to lameness. Good farriery over time can remedy many hoof conditions, and if the adopting group is willing to invest the time, these horses may transition to many uses. Chronic quarter cracks can often be healed and corrected. Horses with chronic foot pain are poor candidates for use on hard surfaces. Animals that have had laminitis also may be poor candidates for use over firm surfaces. Such horses require detailed examination to assess potential serviceability. Since there are many causes of foot pain, establishing a diagnosis is key to identifying reasonable athletic expectations. Animals that have been treated with a palmar digital neurectomy will require open documentation and careful placement by the adopting group. Wing fractures of the third phalanx (coffin bone) often have a good prognosis for other uses but should be documented. Coffin bone fractures involving the joint surface have a poor prognosis for riding soundness. Solar margin fractures generally have a favorable prognosis and feet with chronic inflammatory changes may be able to be managed.

D. Tarsus

Hock lameness is common and often manageable in both the racing and sport horse. Chronic osteoarthritis of the lower joint spaces of the hock will limit usefulness as a jumping or dressage horse but may not be inhibiting for lighter work. Many appropriate therapies may extend the usefulness of these horses if the adopting group is willing to invest in such. In most of these cases, rest alone is not adequate for returning a horse to serviceable soundness.

E. Stifle

Chronic stifle lameness will prevent most racehorses from transitioning to moderate or intense sport use. Osteochondral fragments (in the absence of osteoarthritic changes) typically respond well to surgery, which coupled with appropriate intraarticular therapies, will return many of these horses to usefulness for low or moderate level activities. Meniscal or ligamentous damage will limit use to low levels of activity.

F. Tendon and Ligamentous Injury

Tendonitis of the superficial flexor tendon is a common cause of retirement from racing. The severity of this injury will determine the prognosis for other uses. The majority of “bowed” tendons, if treated appropriately and given enough time, will transition to most uses other than racing. Most cases will require 10-12 months to be serviceable.

Suspensory ligament injuries may range from a mild strain to complete failure. The latter is not amenable to transition, and unless extensive treatment is instituted, is a life-threatening injury with a poor prognosis for survival. Chronic severe suspensory desmitis will prevent transition to Level III or IV activity. Horses with mild to moderate desmitis, if treated appropriately and given considerable rest, may be useful for low-level activity.

The external appearance of soft tissue structures (tendons and ligaments) may not reveal the extent of an injury and it is advisable that ultrasonography be used as an adjunct to physical examination to document the degree of injury in cases where soft tissue injury is of concern.

Respiratory Conditions:

A. Upper Airway Conditions

Laryngeal hemiplegia (“roaring”) is a common cause for racing retirement. Although the degree of obstruction will determine future usefulness for other purposes, affected horses are very useful as long as speed isn’t required. Horses experiencing soft palate problems while racing may not show the same symptoms at slower speeds and may be useful for exercise at Levels I-III.

Arytenoid chondritis may severely limit a horse's athletic potential. Although medical and surgical treatments for each of these respiratory conditions may improve airway function, a well documented history and endoscopic examination prior to referral to the retirement facility is appropriate to help clarify the athletic potential of affected horses.

B. Lower Airway Disease

Inflammatory airway disease is not uncommon and must be managed if the horse is to be transitioned at all. Many horses with an undiagnosed chronic cough may transition to lower level uses but should be properly diagnosed for the best prognosis. Horses with exercise induced pulmonary hemorrhage in racing will rarely experience bleeding at other uses unless speed is required such as eventing or barrel racing.

Gastrointestinal Conditions:

A. Underweight

A thorough physical examination may define the cause of a lower body condition score (<2/9). Adequate nutrition and good general care will reverse most underweight conditions. Horses may also lose condition after leaving the racetrack, particularly if managed in groups and fed together. An aggressive, competitive race horse may still end up at the bottom of the social hierarchy when transferred to a new facility. Intact males are often a management problem and should be castrated.

B. Gastric Ulcers

Gastric ulcers are a common cause of a lower body condition score and may require gastroscopy for accurate diagnosis. Elimination of the stress of competition may improve this condition but some horses will require appropriate therapy. Alternatively, the horse may be treated empirically for ulcers and its response to therapy evaluated

- C. **Chronic diarrhea** is a serious condition and will require extensive workup and treatment.

Costs

The cost of housing, retraining and rehoming retired race horses can be considerable. These costs are increased if the horse requires significant veterinary medical care. We have discussed many of the common problems associated with this transition. There is little national data to reference the costs of veterinary care for these animals. Many adoption facilities enjoy close relationships with veterinary practices that render care at significantly reduced costs. These practices see this care as a service to the horse and the facilities providing care.

One such care group is CANTER, a non-profit organization that provides retiring Thoroughbred racehorses with opportunities for new careers. CANTER shared the following data on the costs of the care of the animals they have housed and transitioned from 1997 through 2009.

- Horses placed through trainer listings (presumed sound for another career): 12,095
- Horses owned by CANTER: 1,850
- Number of CANTER-owned horses placed, no vet intervention: 1,215
- Average length of ownership by CANTER for horse not needing vet intervention: 4 months
- Number of CANTER-owned horses receiving surgeries: 290
- Average length of CANTER ownership for surgical horses: 8 months
- Most common injuries: bowed tendons, knee/ankle chips, slab fractures, sesamoid injuries, suspensory injuries, arthritis/djd
- Most common surgery: bone chips
- Number of horses euthanized: 345
- Types of catastrophic injuries: knee injuries, ankle/suspensory failures, severe joint damage
- Injuries that can be healed without vet intervention: Soft tissue injuries
- Longest period of time that a horse has been owned by CANTER: Three years
- Vices prohibiting transfer of ownership to CANTER: Cribbing in some affiliates due to boarding situations.
- Approximate cost to CANTER for horses not needing vet intervention (deemed sound) kept an average of 4 months: \$1,200
- Approximate cost to CANTER for horses needing surgical intervention, kept an average of eight months, not including surgical costs: \$3,200.00 (1)

These numbers may not apply to other organizations, but information such as this would be desirable from other groups in order to establish a national database. In general, veterinary costs for intervention in the commonly encountered problems will vary with the area but some averages are available through fee surveys conducted over the past several years. (2) (3)

- Examinations - Complete musculoskeletal, respiratory, cardiac and ophthalmic: \$150-350
- Radiographs - digital: \$35-50 per exposure
- Endoscopic exams- upper airway: \$50-100
- Distal limb ultrasound examination: \$100-200
- Carpal surgeries: \$1,200-2,500
- Fetlock surgeries: \$1,200-2,200
- Joint injections (dependant on the medications used): \$150-300 per joint
- Farriery for corrective conditions: \$100-350
- Laryngeal tieback: \$1,800-2,500
- Dentistry care - routine: \$75-200; Extractions: \$250-700
- Treatment for gastric ulcers - omeprazole: \$30-40/day

As more horses are transitioned from racing to other uses, the role of the equine practitioner and the rescue/rehoming organizations will be of increasing importance. The guidelines outlined in this document are designed to enhance this transition and to establish reasonable expectations for use of these animals. It is the goal of this committee that the well being of the horse be paramount in the decision for future use and that the rehoming groups apply sound financial decisions in their care and management programs. Working together, we can all make a difference.

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References:

1. Communication Alliance to Network Thoroughbred Ex-racehorses; John Stick DVM, DACVS; personal communication.
2. AAEP National fee and Market Study; Blach, Edward. 2001
3. Committee survey of fees. Personal communication; Cowles. 2010

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