



Horse Health:

Laminitis

What is it?

Laminitis is one of the most feared conditions among horse owners - and for good reason. It's painful, potentially life-threatening, and can have long-term consequences for your horse's health and mobility. But with the right knowledge and management, you can reduce the risk and support recovery.

Laminitis is a very complex disease, but core issue is the inflammation and disruption of the laminae, the sensitive tissues inside the hoof that connect the hoof wall to the pedal bone. These laminae act like Velcro, securing the bone within the hoof capsule. In laminitis, they weaken and stretch and may allow the pedal bone to rotate or sink - a condition known as founder in severe cases.

This rotation is not only painful but can lead to permanent damage. In extreme cases, the pedal bone may even penetrate the sole of the foot. Laminitis can affect one or multiple feet, and it often recurs, making long-term management essential.

What causes it?

Laminitis doesn't have a single cause. Instead, it's often the result of underlying conditions or external triggers.

Common causes include:

- **Endocrine disorders** such as Equine Metabolic Syndrome (EMS)

and Cushing's disease (PPID)

- **Obesity and overfeeding**, especially diets high in sugar and starch
- **Sudden access to lush or frosted grass**, which can contain high levels of non - structural carbohydrates (NSCs) like fructans
- **Grain overload**
- **Retained placenta** in mares
- **Sepsis or systemic illness**
- **Severe lameness in one limb**, causing overload on the opposite limb

In winter, frosted grass can be particularly risky. Cold nights followed by sunny mornings cause grass to store sugars instead of using them for growth. Grazing on frosted grass can trigger laminitis in susceptible horses.

What horses are at risk?

Some horses are more prone to laminitis than others.

Risk factors include:

- **Ponies and native breeds**, especially those adapted to sparse grazing
- Horses with **Equine Metabolic Syndrome** or **Equine Cushing's Disease**
- **Overweight or obese** horses
- Horses with a **previous history** of laminitis
- Horses on **high - sugar diets**
- Horses with **limited exercise** or turnout

Even horses kept on bare paddocks or in winter conditions can be at risk, especially if they have underlying metabolic issues.

What are the symptoms?

Laminitis can present in various ways, but common signs include:

- Reluctance to move or walk
- Shifting weight to the hind limbs
- Pottery or stiff gait
- Warm hooves
- Increased digital pulses
- Pain when pressure is applied to the sole
- Lying down more than usual

In severe cases, horses may refuse to stand or walk. Long-lasting unrecognised laminitis will often lead to hoof capsule deformity, especially overlong toes and growth rings in the horn. Early recognition is crucial - if you suspect laminitis, call your vet immediately.

How is it diagnosed?

Diagnosis is based on clinical signs, history, and veterinary examination.

Your vet may:

- Assess gait and posture
- Check hoof temperature and pulses
- Use hoof testers to identify painful areas
- Take radiographs (X-rays) to assess pedal bone rotation or sinking

Radiographs (X-rays) are especially useful for guiding treatment and monitoring progress. They help determine the severity and inform trimming or shoeing decisions.

How can it be treated or managed?

The treatment and management will depend at what stage the condition is, as there is a long recovery period required.

Acute Phase Treatment

- **Box rest:** Confine the horse to a stable with deep bedding to reduce pressure on the feet.
- **Pain relief:** Anti - inflammatory medications are essential.
- **Foot support:** Deep litter is a start, but most acutely affected horses and ponies require frog support pads or similar which protect the sole, support the pedal bone, and help with circulation, to reduce further damage.
- **Farriery:** Corrective trimming and shoeing is usually needed to stabilise the pedal bone and hoof capsule.

Dietary Management

Feeding is critical. The goal is to provide **low - sugar, high - fibre forage** while avoiding triggers:

- **No grass** during acute phases or frosty conditions
- **Reduce sugar:** no cereals, molasses, or sugary treats
- **Soaked hay** (30-60 minutes) to reduce sugar content
- **Hay replacers** or chaff with high fibre and low NSC content
- **Balancers or vitamin/mineral supplements** (check labels for sugar content) may be useful to help maintain nutritional adequacy of a restricted diet

Forage analysis can help ensure sugar levels are below 10%. Feeding should be tailored to maintain a healthy weight and body condition score.

Exercise

Exercise can help improve **insulin sensitivity**, especially in horses with

EMS. However, it must be carefully timed:

- Avoid exercise during acute laminitis
- Once stable, gentle walking may be introduced under veterinary direction
- Monitor for signs of pain or relapse

Always consult your vet before starting any exercise program.

Can it be prevented?

Yes - many cases of laminitis are preventable with good management:

Weight Control

- Maintain a healthy body condition score
- Avoid overfeeding and monitor calorie intake

Diet

- Feed forage-based diets with low sugar and starch
- Soak hay if needed
- Avoid grazing on frosted or lush grass

Turnout Management

- Restrict grazing during high-risk periods (e.g., frosty mornings, lush grass growth)
- Use a grazing muzzle or turnout in a dry paddock

Monitor Health

- Regularly check for signs of EMS or PPID
- Test insulin levels if your horse is at risk
- Work with your vet to manage underlying conditions

Routine Farriery

- Keep hooves well-trimmed and balanced
- Address any hoof abnormalities early

What is the likely outcome?

Laminitis is a serious condition, but with vigilance and proactive care, it can be managed - and often prevented. Understanding your horse's individual risk factors, feeding appropriately, and working closely with your vet and farrier are key to keeping your horse sound and comfortable.

Unfortunately, delayed treatment and unmanaged underlying conditions make the prognosis worse. The best prognosis is for early laminitis that is caught while the horse or pony is still mobile. Rotation of the pedal bone is a marker for more severe laminitis, but may still be treatable; while the prognosis for a sunken pedal bone is substantially worse.

If you ever suspect laminitis, act quickly. Early intervention can make all the difference in recovery and long-term health.