

The Farrier's Corner: by Ray and Michelle Smith

Although we wrote this article last spring, it is important enough to run each year. By the second week of April we have seen four horses with founder/laminitis. Most laminitis cases occur in the spring, but they can happen at any time of year.

We refer to April as "founder month". Founder, (a.k.a. laminitis) is thought to be a metabolic disease. Horses that are insulin resistant, have thyroid issues or diseases such as Cushings (a pituitary gland disorder) are predisposed to laminitis. However, any horse can develop laminitis given conducive circumstances. It is a serious condition and can result in death.

Laminitis has many causes including retained placentas following foaling, toxicity, extreme concussion and compensation weight bearing due to injury. However, the most common cause is feed related.

With warm spring weather, grass emerges from dormancy and begins rapid growth. The carbohydrate load in young spring grass can be very dangerous for equines. Horses should be gradually introduced to spring pastures. Those with a predisposition to founder should avoid them altogether.

Overfeeding of "hot feeds" - large amounts of grains and rich hays such as alfalfa - to inactive horses commonly causes laminitis. Horses fed in this manner, that have not yet succumbed to laminitis, often founder with the addition of spring grass or stress.

While systemic in nature, laminitis manifests most obvi-

ously in the feet. Earliest visible signs are generally lameness (often initially in the front feet), heat in the hooves, sweating, increased vital signs and shifting of weight from side to side or front to rear. The heat is evidence of inflammation of the structures (laminae) which secure the foot within the hoof capsule. As the condition worsens, the laminae fail and the coffin bone (toe) may rotate downwards or sink without rotation. In severe cases, it may perforate the sole.

Founder treatment is a team effort of the owner, farrier and vet. Laminitis may be acute and severe or chronic with occasional lameness. Acute cases require immediate veterinary attention. Chronic cases are often managed by farriers alone. Two things are important at the onset, assessing the extent of damage and diagnosing the root cause.

There are many shoeing products developed for laminitic horses. However, there is a saying, "anything will work some of the time, but nothing works every time." Depending on the case, farriers may opt only for careful, regular trimming to lower heels, bring the toe back and ease breaker. They may, however, decide on shoeing. Opinions vary over which shoes to use and when to use them. The following are a few options: reverse egg bars (open toes), heart bars, rolled toe shoes and screw on clogs. Shoes may be applied with frog support pads or flat pads with dental impression material or other soft packing for cushioning and support. Boots may also be an option.

Founder shoeing packages are short-term therapeutic treatments. They will not cure an animal, but may help it survive the episode and recover as well as possible. Although severity varies, laminitic hoof damage is irreversible. Depending on medical circumstances and husbandry, horses may or may not experience recurrent bouts.

There are some "red flags" that indicate a predisposition to laminitis. Recent research conducted at Virginia Tech indicates a correlation between cresty necked horses and the development of laminitis. The greater the crest, the greater the predisposition. Easy keepers are also at risk. These horses become, and remain, overweight on minimal feed. Both cresty necked horses and easy keepers may have underlying metabolic disorders.

Horses with long curled hooves, or hooves with uneven wavy lines originating at the heels and encircling the hoof, may have already suffered one or more laminitic episodes.

Awareness of laminitis extends into antiquity. Writings from 300 B.C. refer to "Barley Disease" where horses fed excessive amounts of grain developed laminitic symptoms. An equine report approved by the Roman Emperor Constantine in 900 A.D. listed possible causes for founder. To this day, the condition remains poorly understood and difficult to treat. Preventative husbandry and early detection of symptoms remain the best tools in combating laminitis.

2014 Oregon legislative updates

By **Judy Hoyle**
IVN Contributing Writer

The Oregon Senate and House of Representatives passed many bills in the short 2014 session. Here's a wrap-up of healthcare related bills that passed.

HB 4154 Cover Oregon Modifications: Reimburses people who tried unsuccessfully to sign up for Cover Oregon for any public subsidies for which they qualified through April 30; authorizes the Governor to remove board members; and requires Cover Oregon to report more data about enrollment and costs to the Legislature.

SB 1582 OMIP: Authorizes Oregon Health Authority, overseen by Oregon Medical Insurance Pool Board, to make expenditures for transitional medical insurance pool program from ending balance of moneys received from premium assessments and from reinsurance program funds. This bill takes care of the high need OMIP patients that have yet to secure health care coverage through Cover Oregon.

HB 4085 Cancer Prevention: Requires insurance coverage for preventative measures taken during colorectal screenings. If polyps are found during a screening covered by insurance, removal of the polyps should also be considered preventative.

HB 4028 Problem Gambling: Increases amount of funds allocated to Problem Gambling Treatment Fund to pay for problem gambling treatment, for advertising treatment program, and for data collection related to problem gambling.

SB 1541 Crop Donation Tax Credit: Extends sunset and raises the tax credit from 10 percent to 15 percent for farmers who donate crops to food banks and other

programs. This is an economic development bill as well as a nutrition bill, since it helps farmers recoup some of the cost incurred in harvesting and transporting crops to assist vulnerable families.

HB 4050 Expands Self Insurance: Allows businesses to purchase re-insurance to cover a fully self-insured employee health benefit plan. Several businesses have had great benefits in terms of financial savings and employee health by self-insuring. This removes any minimum number of employees to allow more companies this option.

SB 1531B Medical Marijuana Dispensaries: Allows cities and counties to impose local restrictions regarding medical marijuana dispensaries. Allows local government to place a one-year moratorium on dispensaries while they develop regulation, such as on dispensary location and operating hours.

HB 4094 Minor In Possession (MIP): Creates defense to possession of alcohol by person under 21 years if evidence of offense resulted from person's having sought medical assistance for alcohol poisoning. Allows minors to call authorities when someone's life is at risk, without concern they will be penalized.

HB 4109 Basic Health Care Study: Requires Oregon Health Authority to study the feasibility of a health care program to cover people below 200 percent of the federal poverty line, and to cover legal immigrants during their first five years when they are not yet eligible for the Oregon Health Plan.

HB 4124 Youth Suicide Intervention and Prevention Coordinator: Moves position from Oregon Health Authority's Public Health division to Mental Health and Addictions; requires annual reports to the Legislature and five-year strategic planning to combat the high rate of suicide.

Juvenile ... Continued from A-1

"For many of these kids, their time at the shelter or detention center may have been their only interactions with adults that were positive and reinforced good social behavior," Gatlin said. "We bonded to these kids and vice versa. Some of them opened up more readily than others, but they all understood that we were there for them, not for ourselves. And the staff was fan-

tastic. They really reinforced that safe and protected atmosphere. It's really sad that our at-risk kids no longer have that resource. There's a drastic and terrible need for the youth."

"We're doing the best we can with the vastly limited resources and we've done a pretty good job of maintaining what's left of the Juvenile Justice department, which includes juvenile

probation, some counseling and court services," Goodwin said. "And we're doing that work without the backup of having our facilities, but it's getting more and more difficult and innocent children are paying the price."

"In a nutshell, we're not taking care of our kids in a way that I feel they deserve, and that's a shame," Goodwin added.

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