

The Farrier's Corner: by Ray and Michelle Smith

Geriatric horses in winter

This article focuses on two things common in the Valley this winter, old horses and cold weather. Geriatric horses are high maintenance under any circumstances. Cold weather only increases care requirements.

How old is "old"? Much like people, it depends on the individual. Genetics, work history, past care, injuries and medical conditions all contribute to the equine aging process. Some 25 year old horses are more robust than hard used younger horses. There is no particular age when horses become "old" however, horses in their late teens and onward are generally considered aged.

To start, it is important to determine your horse's condition. One means of doing this is to determine the animal's Body Condition Score (BCS). The BCS is a numerical scoring system largely based upon body fat levels. The greater the fat deposits on an animal, the higher the score. A score of 1 is extremely emaciated

whereas a 9 is obese. Any score over 5 indicates an animal with excess fat reserves. BCS score sheets can be found online and are also available from many feed companies and veterinarians.

A main concern in winter is providing adequate energy through proper feeding. This is difficult for horses that are hard keepers and have a low BCS. Horses are hindgut fermenters when it comes to digestion. Digestive fermentation of hay in the hindgut is a major source of heat for horses. An average horse will consume 2 – 2.5% of their body weight in hay daily. However, older horses often lack the teeth to successfully chew long stem hay. If they cannot consume enough hay, and are not maintaining body weight, they need to be supplemented with senior feed. There are various brands on the market. Pelletized senior feeds can be soaked in water to form an easy to chew mash. Older horses are also often supplemented with beet pulp, vegetable oil, hay chaff and/or steamed, crimped or rolled grains.

All horses, particularly

seniors, should receive regular dental care. Horses with missing and decayed teeth, or those with hooks and points on their molars, will find eating difficult. In addition to dental care, regular de-worming is a must.

Horses often drink less water in cold weather. Horses drinking less may also eat less. Worse yet, they can become susceptible to impaction colic. Horses need full access to unfrozen water. If it is possible to heat drinking water, this is even better. Research indicates that heating water to 39 degrees Fahrenheit increases water intake. In larger stock tanks this is generally not possible. However, consider periodically hanging buckets of heated water in stalls.

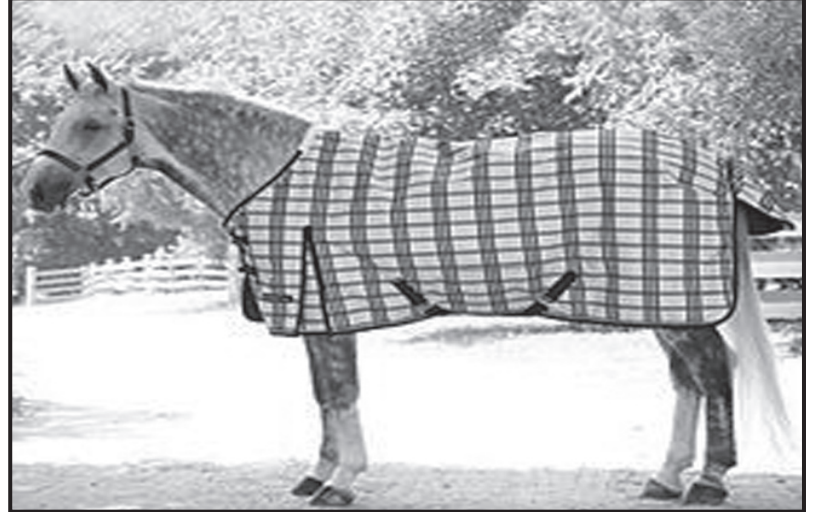
To blanket or not to blanket, that is the question. Most healthy horses are sufficiently warm with their natural winter coats, even when temps dip below freezing. However, they do need some form of shelter to protect them from wind and cold rain. If a horse is robust, maintaining weight and has shelter, they may not need a blanket. If you are still questioning

the need for a blanket, there is a general rule of thumb. If the horse is over 20 years old, ill or in poor condition - and temperatures drop below 40 degrees Fahrenheit - use the blanket. Check under blankets daily for chaffing or dermatitis and make sure there are no dangling straps to entangle the horse.

Finally, do not neglect hoof care for geriatric horses. Frozen ground or muddy ground wreaks havoc on hooves. Older horses may already be battling poor hoof quality due to metabolic conditions, inadequate nutrient uptake or poor

circulation. Many have arthritic conditions that worsen with cold weather. Overgrown and uneven hooves make walking more difficult on winter terrain and can increase discomfort in inflamed joints.

Keep a close eye on your horses. Monitor water consumption, note any difficulty chewing and look for signs of loss of condition. Keep ahead of the game. It is difficult keeping weight on many older horses, and even harder to put it back on once lost.



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SENIOR SPOTLIGHT

4 types of foods to help boost your memory

Eat your veggies. Getting adequate vegetables, especially cruciferous ones including broccoli, cabbage and dark leafy greens, may help improve memory. Try a kale salad or substitute collard greens for a tortilla in your next sandwich wrap. Broccoli stir-fry is also an excellent option for lunch or dinner.

Be sweet on berries and cherries. Berries — especially dark ones such as blackberries, blueberries and cherries — are a rich source of anthocyanins and other flavonoids that may boost memory

function. Enjoy a handful of berries for a snack, mixed into cereal or baked into an antioxidant-rich dessert. You can reap these benefits from fresh, frozen or dried berries and cherries.

Get adequate omega-3 fatty acids. Essential for good brain health, omega-3 fatty acids, docosahexaenoic acid (DHA) in particular, may help improve memory in healthy young adults. Seafood, algae and fatty fish — including salmon, bluefin tuna, sardines and herring — are some of the best sources of omega-3 fatty acids. Substitute fish for meat a couple of times each week to get a healthy dose.

Grill, bake or broil fish for ultimate flavor and health. Try salmon tacos with red cabbage slaw, snack on sardines or enjoy seared tuna on salad greens for dinner. If you don't eat fish, you can get omega-3 fatty acids from fish oil, seaweed or microalgae supplements.

Work in walnuts. Well known for a positive impact on heart health, walnuts also may improve working memory. Snack on a handful of walnuts to satisfy midday hunger, add them to oatmeal or salad for crunch or mix them into a vegetable stir-fry for extra protein.

More information found at Eatright.org.

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Hearing Loss Review

Hearing loss can affect any age, but it is most common in seniors and is of great concern to our friends and families. It can be embarrassing, along with frustrating. Hearing loss is any degree of loss for hearing loudness or pitch that is beyond the range for normal. It is possible for you to have a slight loss, but not experience any difficulty because it doesn't interfere with your everyday living. On the other hand, you may have trouble hearing in some situations even if you have no hearing loss. An example of this is finding it hard to understand what is going on when there are many people in the same room all talking at the same time. The term "deaf" refers only to those hearing losses of a profound degree. Just as hearing impairments vary, so will people's coping abilities. Older adults frequently experience a reduction in speech comprehension and may begin to feel isolated if communication deteriorates. The medical term for a loss that accompanies aging is "presbycusis," literally mean-

ing "elder" (presby), "hearing" (akousis). 60 percent of us over 55 years have a hearing loss, but only 2 percent are classified as legally deaf. Other factors than aging can affect our loss of hearing including; noise exposure, injury, medication (causing ototoxicity) such as large doses of aspirin, diuretics and some antibiotics. Disease and heredity are other factors affecting hearing. Heart or kidney disease, diabetes, emphysema or stroke may disrupt blood flow to the inner ear, causing permanent hearing loss. Otosclerosis is an hereditary condition that causes an overgrowth of bone around the small bones in the middle ear causing those bones to become fixed and prevents them from vibrating. Don't be misled by those who tell you that a hearing loss is normal for your age. Hearing loss may be more common as we get older, but it is not normal.

We will talk more about hearing loss next week. You can contact I.V. Wellness Resources at www.iwellnessresources@gmail.com.

Senior Bulletin
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