SVC does not appear to have deleterious effects on the suspensory ligament's infrastructure. However, the injury is likely to relapse. Treatment, a horse is able to resume work for approximately six months but in a proportion of horses, a biomechanical principle may be attempted for managing suspensory disease,” he added.

Ideally, in a horse being managed for suspensory ligament injury, you want the horse to load the toe portion and narrow branches of the suspensory ligament because it decreases tension on the deep digital flexor tendon (DDFT).

How do you shoe horses with hind limb suspensory disease?

Low heels or mediolateral foot imbalance are risk factors for suspensory injury. For best results, give these horses full rest for eight to 12 months. Easter recommended treating forelimb suspensory disease conservatively. "Many are sound to resume work in three months with this protocol," he said.

With acute forelimb SL injury in sport horses, giving them three months often results in a 90% return to function for at least two years post surgery. With this surgical and rehabilitation approach, about 78% of affected horses returned to full athletic performance. There is no point in waiting three months to go to surgery, she added.

Veterinarians rarely recommend surgery on the forelimbs in these cases. Dyson said proximal limb SL ligaments at risk of injury.

Repetitive motion exercises, such as repetitive circling, no matter the discipline put the suspensory ligament system at risk of injury. Good footing is not only important for prevention but also for rehabilitation.

Certain surfaces cause a horse to stop abruptly rather than slide, which puts strain on the SLs. Even when the hock is inflamed, as when the horse is “walking on glass,” surgical intervention is indicated. Good surface footing is the key to preventing hock pain. She noted that, because the suspensory ligament is anatomically related to the hock, surgery might be considered for suspensory disease of the forelimb.

Q: How many practitioners do surgery on chronic hind leg suspensory disease?

At a table topic forum during the 2015 American Association of Equine Practitioner’s Convention, held in Portland, Oregon, veterinary experts shared their thoughts on suspensory ligament disease. A nuclear scintigraphy scan can help the veterinarian identify a bone problem at the SL’s attachment, as well as the presence of inflammation and increased blood flow to this area.

With neurectomy alone, said Dyson, “We have seen an association between tightness of the fascia at the point of attachment of the distal sesamoid bones (to the foot) and relapse of the disease.” With fasciotomy alone, he said, "We have seen an association between tightness of the fascia at the point of attachment of the distal sesamoid bones (to the foot) and relapse of the disease." Together, a neurectomy (cutting the nerve) and fasciotomy (cutting the fascia to relieve pressure on the nerve) improve the results.

With this surgical and rehabilitation approach, about 78% of affected horses returned to full athletic performance. There is no point in waiting three months to go to surgery, she added.

Horses not considered surgical candidates are those with straight hind limb conformation or hyperextended rear fetlocks. Dyson observed that young horses are put through rigorous work in preparation for high performance. Easter noted that many horses competing in Western performance disciplines are younger, around 3 to 7 years old. "Many of these young horses with chronic suspensory disease will not compete at a high level until around six years of age," said Easter.

For the most part, Dyson said, veterinarians disagree on the best way to manage forelimb suspensory disease. Ultrasound is a useful diagnostic tool for suspensory injury, and if the veterinarian makes a positive diagnosis of SL disease, then he or she should consider surgery. Horses not considered surgical candidates are those with straight hind limb conformation or hyperextended rear fetlocks. Dyson observed that young horses are put through rigorous work in preparation for high performance.

Easter recommended treating forelimb suspensory disease conservatively. "Many are sound to resume work in three months with this protocol," he said.

Q: How do you go about treating and managing forelimb suspensory disease?

With acute forelimb SL injury in sport horses, giving them three months often results in a 90% return to function for at least two years post surgery. With this surgical and rehabilitation approach, about 78% of affected horses returned to full athletic performance. There is no point in waiting three months to go to surgery, she added.