

Loose Shoe And No Farrier In Sight

Learn how to remove a shoe in an emergency and take an important step in preventing additional hoof damage

Sometimes a horse owner is faced with a loose shoe between farrier visits. If you are out on the trail and a shoe is clanking and dangling, it needs to be removed, or it may catch on something and pull off, tearing the hoof wall. It could also injure the horse's opposite leg, or cause a corn or bruise.

An emergency removal is easier if you have pliers. You can often get hold of still-holding nails and either pull them out or unclinch them to a point where you can get hold of them to pull out. Then you can remove the shoe without tearing the hoof. If you try to wrestle the shoe off, the hoof wall may tear where clinches are still holding.

That's one reason it makes sense to pack a few basic tools in your saddlebags for a trail ride. A hoof boot can also be a good thing to have, to serve as a "spare tire" of sorts if needed.

Farrier Tools Work Best

Not surprisingly, farrier tools work best for this job. A shoeing hammer, clinch cutter, nippers and rasp will make the job easy. But you can also use a flat-edged screwdriver in place of a clinch cutter and a carpenter's hammer, if necessary. If you don't have pulloffs (and the shoe is quite loose) you can use a pair of Vise Grips or pliers.

The shoe will be most easily and safely removed if you first unclinch any remaining nails that are still holding, or remove the clinched nail ends.

You can use any kind of hammer to drive the clinch cutter or screwdriver under each nail end so you can pry up the clinch and straighten it. Be careful not to cut into the hoof wall with a screwdriver.

Once you have each nail unclinched,

cut off the nail ends, with nippers if you have them. If you don't have a clinch cutter or screwdriver, rasp off the clinched nail ends with a rasp or file. Rest the horse's foot on your knee and rasp each clinch until it is gone or can no longer hold.

Other Methods

If you don't have a rasp or file, you can use nippers, Vise Grips or good pliers, especially with a loose shoe. Hold the hoof in shoeing position (between your legs for a front foot,

It's always better to pull the shoe than to just cut the nails between hoof and shoe...

across your thigh for a hind). Place the nippers or Vise Grips between the shoe and hoof at the heel, starting at the loosest side.

Close the handle and push it away from you to loosen the heel branch of the shoe. Then use a downward force (pushing slightly toward the middle line of the foot) to pry and loosen the shoe, working alternately along each branch.

Start at the heels and work down each branch toward the toe as the shoe comes loose. Always push the handle toward the center of the sole rather than outward. Prying outward may tear a chunk of hoof wall.

As you pull the shoe loose, hold the foot securely. Never twist or pull crookedly, or you might strain the fetlock joint.

Another way to pull a shoe is to slip the claws of a carpenter's hammer under the heel of the shoe, then push the head of the hammer toward the frog, prying up the shoe at the heel. Then slowly work the hammer claws around the shoe, loosening it as you go.

If you haven't been able to rasp off or undo the clinches, you can still pull the shoe — though it will take more strength and leverage, since you must pull the clinches loose and on through the hoof wall. The clinches will straighten as you pull the shoe, and the nails will come out with the shoe.

Dealing With Tight Nails

Be aware that if some of the nails are still tight, you risk breaking part of the hoof wall when you pry off the shoe, unless you take out each nail as you loosen it. To get hold of the nail head, you may have to gently pound the shoe back down against the hoof again, so the loosened nail head will protrude enough to grasp with your tool. Pull the nail out, then loosen the shoe enough to take out the next nail, alternating along each branch.

It's always better to pull the shoe than to just cut the nails between hoof and shoe. Cutting the nails with a hoof nipper or pincers will leave pieces in the hoof wall, which must be removed after the shoe is off. Using a tool to pull out nail pieces is not as easy as when they are still attached and come off with the shoe. Those pieces are also more likely to break or crack the hoof wall.

If a nail breaks off and stays in the hoof wall, grasp it with pliers or nippers and pull it. Don't leave nails in the wall. A horse can hit itself with a protruding nail, causing a painful injury. **Ω**

OSPHOS[®]

(clodronate injection)

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CAUTION: Federal law restricts this drug to use by or on the order of licensed veterinarian.

* Freedom of Information Summary, Original New Animal Drug Application, NADA 141-427, for OSPHOS. April 28, 2014.

OSPHOS[®]

(clodronate injection)

Bisphosphonate
For use in horses only.

Brief Summary (For Full Prescribing Information, see package insert)

CAUTION: Federal (USA) law restricts this drug to use by or on the order of a licensed veterinarian.

DESCRIPTION: Clodronate disodium is a non-amino, chloro-containing bisphosphonate. Chemically, clodronate disodium is (dichloromethylene) diphosphonic acid disodium salt and is manufactured from the tetrahydrate form.

INDICATION: For the control of clinical signs associated with navicular syndrome in horses.

CONTRAINDICATIONS: Horses with hypersensitivity to clodronate disodium should not receive OSPHOS.

WARNINGS: Do not use in horses intended for human consumption.

HUMAN WARNINGS: Not for human use. Keep this and all drugs out of the reach of children. Consult a physician in case of accidental human exposure.

PRECAUTIONS: As a class, bisphosphonates may be associated with gastrointestinal and renal toxicity. Sensitivity to drug associated adverse reactions varies with the individual patient. Renal and gastrointestinal adverse reactions may be associated with plasma concentrations of the drug. Bisphosphonates are excreted by the kidney; therefore, conditions causing renal impairment may increase plasma bisphosphonate concentrations resulting in an increased risk for adverse reactions. Concurrent administration of other potentially nephrotoxic drugs should be approached with caution and renal function should be monitored. Use of bisphosphonates in patients with conditions or diseases affecting renal function is not recommended. Administration of bisphosphonates has been associated with abdominal pain (colic), discomfort, and agitation in horses. Clinical signs usually occur shortly after drug administration and may be associated with alterations in intestinal motility. In horses treated with OSPHOS these clinical signs usually began within 2 hours of treatment. Horses should be monitored for at least 2 hours following administration of OSPHOS.

Bisphosphonates affect plasma concentrations of some minerals and electrolytes such as calcium, magnesium and potassium, immediately post-treatment, with effects lasting up to several hours. Caution should be used when administering bisphosphonates to horses with conditions affecting mineral or electrolyte homeostasis (e.g. hyperkalemic periodic paralysis, hypocalcemia, etc.).

The safe use of OSPHOS has not been evaluated in horses less than 4 years of age. The effect of bisphosphonates on the skeleton of growing horses has not been studied; however, bisphosphonates inhibit osteoclast activity which impacts bone turnover and may affect bone growth.

Bisphosphonates should not be used in pregnant or lactating mares, or mares intended for breeding. The safe use of OSPHOS has not been evaluated in breeding horses or pregnant or lactating mares. Bisphosphonates are incorporated into the bone matrix, from where they are gradually released over periods of months to years. The extent of bisphosphonate incorporation into adult bone, and hence, the amount available for release back into the systemic circulation, is directly related to the total dose and duration of bisphosphonate use. Bisphosphonates have been shown to cause fetal developmental abnormalities in laboratory animals. The uptake of bisphosphonates into fetal bone may be greater than into maternal bone creating a possible risk for skeletal or other abnormalities in the fetus. Many drugs, including bisphosphonates, may be excreted in milk and may be absorbed by nursing animals.

Increased bone fragility has been observed in animals treated with bisphosphonates at high doses or for long periods of time. Bisphosphonates inhibit bone resorption and decrease bone turnover which may lead to an inability to repair micro damage within the bone. In humans, atypical femur fractures have been reported in patients on long term bisphosphonate therapy; however, a causal relationship has not been established.

ADVERSE REACTIONS: The most common adverse reactions reported in the field study were clinical signs of discomfort or nervousness, colic and/or pawing. Other signs reported were lip licking, yawning, head shaking, injection site swelling, and hives/pruritus.

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(clodronate injection)

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