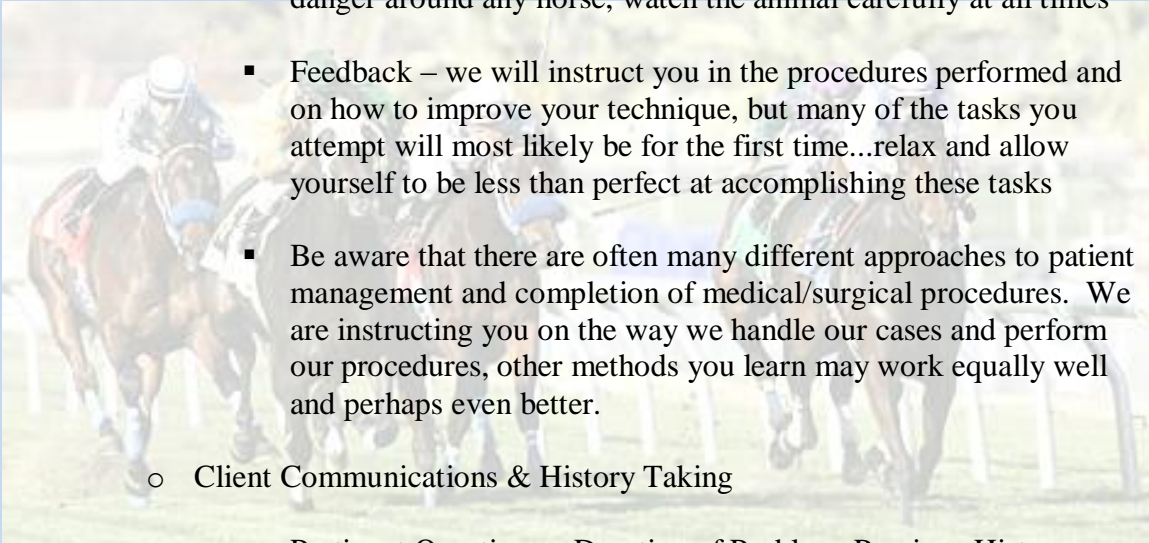


Student outline

○ **Week 1**

○ Orientation

- Our program is part of your clinical rotations, but participation in each activity is voluntary
- Signing the release form is voluntary
- Your role is to learn, if we do not cover a topic you are interested in, speak up
- Your safety – there is an approximate six foot radius of significant danger around any horse, watch the animal carefully at all times
- Feedback – we will instruct you in the procedures performed and on how to improve your technique, but many of the tasks you attempt will most likely be for the first time...relax and allow yourself to be less than perfect at accomplishing these tasks
- Be aware that there are often many different approaches to patient management and completion of medical/surgical procedures. We are instructing you on the way we handle our cases and perform our procedures, other methods you learn may work equally well and perhaps even better.



○ Client Communications & History Taking

- Pertinent Questions – Duration of Problem, Previous History, Discipline, Age, Time in Training, Layoff

○ The Physical Exam

- General, Lameness, Illness, Neurologic, Colic

○ Part 1: Anatomy: Radiology: Bones and Joints – Front and Hind limbs

○ Part 2: Radiology: Machine Use and Safety

○ Views for specific joints and structures and anatomy related to the structures and views – 3D conceptualization

- Foot (list views) (6-7)
- Fetlock (6)
- Metacarpus/ Metatarsus
- Carpus
- Hock
- Tibia
- Stifle

- Part 3: Common racehorse injuries of the following areas:

- For all of the following injuries, think about **how you would diagnose the injury** (how would the horse present – lameness, physical exam findings, pertinent history); **how you would treat the injury** (control/safety, pain management, support, surgery...); **prognosis** (can the horse remain in training, can it race, would you inject the joint for performance)



- P3
- P1
- MCIII / MTIII
- MC II or MC IV / MT II or MT IV
- Carpus
- Hock
- Tibia
- Stifle

- Part 4: What views show these injuries the best – special views

- Part 5: Cases

- Front limb:

- P3 fx (hind)
- P2 Osteomyelitis
- P1 chip (medial or lateral peri-articular eminences at the proximal dorsal rim of the proximal phalanx)
- P1 fracture
- Incomplete and complete sagittal fracture of the proximal phalanx
- Condylar fx
- Sesamoid fx – three types
 - Apical
 - Mid-body
 - Basilar
- MC3 fx

- Distal Radial chip fracture (lateral to the ridge located lateral to the midline)
- Intermediate carpal bone chip (dorsoproximal)
- C3 chip
- C3 slab
- Humerus fx
- mid body radius fx
- splint (MC II/IV) fx
- Accessory carpal bone fx
- Palmer defect
- Septic joint – Osteomyelitis
- Solitary osteochondroma
- Proximal suspensory avulsion

- Hind leg
 - Condylar fx
 - Hock spur
 - Central tarsal bone fx
 - Tibial fx
 - Third tarsal bone slab
 - Tibial OCD distal intermediate ridge of the tibia
 - Stifle OCD lateral trochlear ridge of the femur

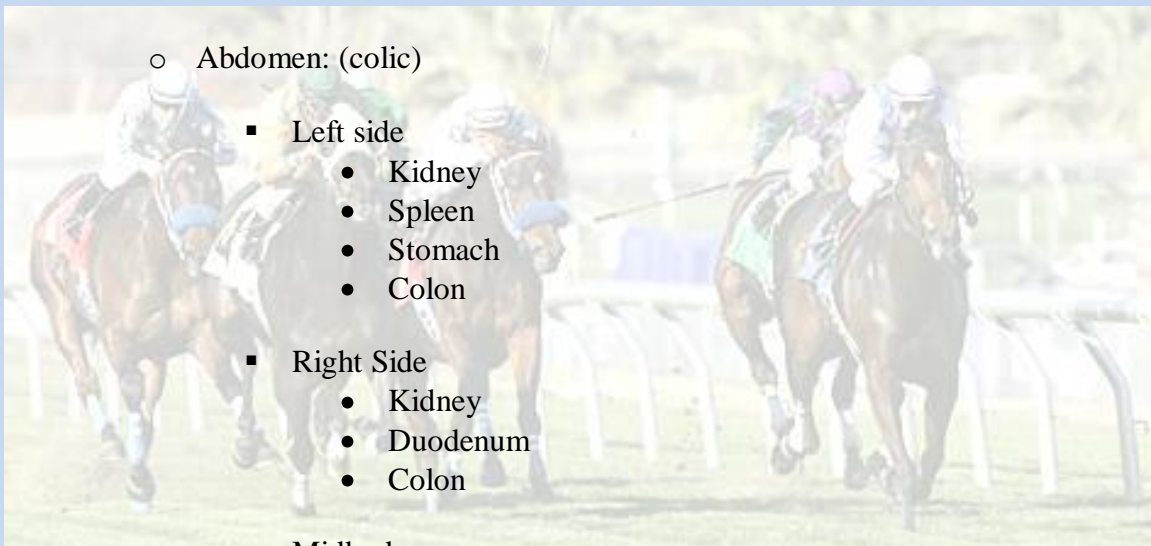


- Other areas
 - Chest films
 - Abscess
 - EIPH
 - Vertebrae
 - withers

○ **Week 2**

- Part 1: Anatomy: US:
 - Distal limb (Front and Hind)
 - Abdomen
 - Thorax
 - Stifle
 - Pelvis
- Part 2: Common findings
 - Distal front limb:
 - SDF
 - DDF

- Proximal suspensory ligament
 - Suspensory insertion
 - Proximal check
 - Distal sesamoidian
 - Joints and Bones – splint bone
- Distal Hind limb
 - Suspensory
 - Gastroc
 - Peroneus Tertius
 - Stifle
 - Pelvis
 -
 - Thorax
 - Lung
 - Heart



- Abdomen: (colic)
 - Left side
 - Kidney
 - Spleen
 - Stomach
 - Colon
 - Right Side
 - Kidney
 - Duodenum
 - Colon
 - Midbody
 - Small intestine
 - Abdominal fluid
- Part 3: Cases
 - SDF lesion
 - Core body
 - Edge lesion
 - Inflammation
 - DDF lesion
 - Proximal suspensory ligament
 - Suspensory insertion – avulsions
 - Splint fx
 - Lung
 - Pelvis fx

○ Week 3

- Part 1: Upper airway anatomy – use of the endoscope/videoendoscope
- Part 2: Upper airway: common endoscopic findings
 - Redundant alar folds & false nostril
 - Dynamic pharyngeal collapse
 - **Dorsal displacement of the soft palate (DDSP)**
 - Ulceration of the soft palate
 - Epiglottic Entrapment
 - Epiglottic retroversion
 - Subepiglottic cyst
 - Pharyngitis
 - **Laryngeal hemiplegia**
 - Arytenoid chondritis
 - Guttural pouch infection
 - Retropharyngeal abscesses
 - Axial deviation of the aryepiglottic folds



- Part 3: EIPH
- Part 4: Inflammatory airway disease
- Part 5: Cases

○ Week 4

- Part 1: Neurologic Disease:
 - Common diseases/ disorders causing ataxia in the horse
 - Cervical Stenotic Myelopathy
 - Equine Protozoal Myeloencephalitis
 - West Nile, Herpes, Eastern, Western, Venezuelan Encephalitis
 - (prolixin toxicosis)
 - toxins
- Part 2: Common Medications:
 - NSAIDs
 - Injectable antibiotics
 - Oral antibiotics
 - Joint injections
 - Sedation

- Other commonly utilized medications
- Withdrawal times
- Part 3: Common problems
 - Ulcers – use of gastroscope, patient prep, Treatment
 - Recurrent exertional rhabdomyolysis (Tie-up)
 - Cellulitis
 - Idiopathic peri-articular tarsal infections
- Part 4: Procedures
 - Joint injections
 - Joint fluid analysis
 - Regional Limb Perfusion
 - Nerve blocks
 - BAL vs TTW
 - Bloodwork
 - Analysis CBC and Chemistry



- Part 5: Colic
 - History
 - Procedures