

EquiManagement

Business Solutions for Equine Practitioners

Summer 2021

SPECIAL ISSUE:

VETERINARY PRACTICE LIFE

- Attracting and Retaining Vets
- Working Parent Life Tips
- Sustainability in Equine Practice
- Couples in Practice
- Future-Proofing Your Practice



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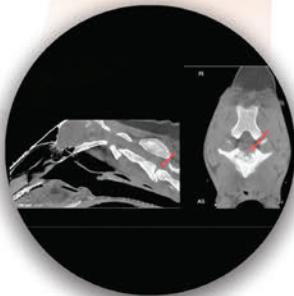
Oral Sinus Fistula



Spiral Medial
Condylar Fracture



Osteoarthritis of the
Left Distal Tarsus



Neurological Disorder C2/C3



Fetlock Down





4 Publisher's Points Challenges

By *Kimberly S. Brown*

6 Keeping Up

- Equine Asthma and DDSP
- Immunogenicity of Potomac Horse Fever (PHF) Vaccine Co-administered with Rabies
- Wound Healing with Gallium

By *Nancy S. Loving, DVM*

14 Business Briefs: Emergency Cooperatives

Having ways to share the burden of covering emergencies in equine practice has the potential to help our industry retain talented veterinarians.

By *Amy L. Grice, VMD, MBA*

16 Attracting and Retaining Vets in Equine Practice

While everyone is talking about the necessity of change in the equine veterinary industry, these practitioners give insights on why and how things need to change.

By *Amy L. Grice, VMD, MBA*

32 Managing Your Juggling Act: Working Parent Life Tips

Managing the demanding full-time jobs of veterinary medicine and parenting can be difficult, but these tips can help you find balance.

By *Colleen Best, DVM, PhD, BSCH*

38 2020 AAEP: Looking at Laser Therapy for Ligamentous Injuries

Research indicates that high-power laser therapy improves healing in tendon and ligament injuries and shortens the rehabilitation period.

By *Stacey Oke, DVM, MSc*

41 Sustainability in Equine Practice

When we attend to our physical and mental health, we set the stage to have a successful and long-lasting career in equine medicine.

By *Colleen Best, DVM, PhD, BSCH*

46 Engaging New or Former Clients for Vaccinations

Link your annual vaccination visit with a lifetime of better horse health in every communication from your practice.

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By *Amy L. Grice, VMD, MBA*

48 Couples in Practice

Five veterinarian couples give us an inside look at the rewards and challenges of sharing a professional passion.

By *Katie Navarra*

54 2020 AAEP: Identifying and Feeding Exertional Myopathies in Athletic Horses

Recognition and testing now enable vets to recommend a more tailored feeding regimen for different types of myopathies in horses.

By *Stacey Oke, DVM, MSc*

57 Future-Proofing Your Practice

Future-proofing is the process of strategizing and considering scenarios that could impact your business a few years into the future.

By *Katie Navarra*

60 Research Spotlight: Equine Gastric Ulcer Syndrome

Dr. Guy Lester gave an overview during the 2020 NEAEP Symposium of where we are today in understanding and treating gastric ulcers in horses.

By *Nancy S. Loving, DVM*

63 2020 AAEP: Recognizing Musculoskeletal Pain in Ridden Horses

'Horses are trying to communicate; we just have to learn how to listen,' said Dr. Sue Dyson.

By *Stacey Oke, DVM, MSc*

SPECIAL ADVERTISING SECTIONS

30 Reigniting the Passion of Equine Practice

Are the economics of delivering vet care weighing you down? CareCredit's budget-friendly financial solution can help.

62 DJD Round Table

American Regent Animal Health (ARAH) worked with EquiManagement to conduct an in-depth industry Round Table on DJD.



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4 Kim DY, Taylor HW, Moore RM, Paulsen DB, Cho DY. Articular chondrocyte apoptosis in equine osteoarthritis. *The Veterinary Journal* 2003; 166: 52-57.

5 McIlwraith CW, Frisbie DD, Kawcak CE, van Weeren PR. *Joint Disease in the Horse*. St. Louis, MO: Elsevier, 2016; 33-48.

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Challenges

Sometimes individuals—or industries—have to take a step back and re-evaluate what they are doing and why. This special issue of *EquiManagement* looks at a wide variety of topics dealing with veterinary practice life. Some of these topics won't be comfortable for you to read and think about for yourself or for the equine veterinary industry about which you are passionate.

There are problems aplenty: from a lack of trained veterinarians coming into the equine industry to problems keeping those vets in the equine sector, to the mental health and high suicide rates of vets.

But in these pages also are some suggestions for solutions. Some of those solutions will take time to implement. Some will have to happen quicker than perhaps will be comfortable. If they don't, the equine veterinary industry will find itself with no one to tend equine patients, no one to take over practices, and no one interested in even becoming an equine veterinarian.

A few of the areas seen as needing improvement from veterinarians in their first 10 years of equine practice:

- Better mentorship for interns and associates
- Establishing boundaries
- Solutions for too many hours worked and emergency duty, aka work/life balance
- High student debt and low equine starting salaries
- Choosing between career and family
- Horse owner education about equine veterinarians
- Business education/financial skills

As Amy Grice, VMD, MBA, notes in her article "Attracting and Retaining Vets in Equine Practice" on page 16: "The mentality of 'paying your dues' as an associate and using a business model balanced on the backs of interns must become a thing of the past. Internships must create mutual

benefit, with the new graduate trading a lower salary for a robust program of skills-based mentorship."

In closing, Grice writes: "Finding our way forward as an industry will require innovative ideas, flexibility, family-friendly cultures, shorter work weeks, better boundaries, higher fees, client education, better support and mentoring for new graduates, improved internships and competitive salaries. Recognizing and bringing light to these issues will allow the equine veterinary industry to join together to build a better, more satisfying life for equine practitioners."



In "Managing Your Juggling Act: Working Parent Life Tips" on page 32, author Collen Best, DVM, PhD, BSCH, offers advice from her own life and from other veterinarian parents that those who practice and parent will find spot-on and useful!

Best also addresses the need to attend to our own physical and mental health in order to have a long-lasting career in equine medicine in her article on page 41.

Besides balancing parenting and practice, some equine veterinarians share a practice with their spouses. In the article "Couples in Practice" on page 48, five veterinarian couples give us an inside look at the rewards and challenges of sharing a professional passion.

In "Future-Proofing Your Practice" on page 57, we learn that for veterinary practices, future-proofing is the process of strategizing and considering scenarios that could impact your business a few years into the future. This article offers great tips for veterinarians, no matter their age or stage of career.

Change is not just coming; it is a tidal wave that won't stop until it changes the face of the industry. That means it is time to run—or learn how to adapt. **EM**



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Equine Asthma and DDSP

“No wind, no horse” certainly is a concept that describes the potential effects of respiratory disease on an equine athlete. Historically, equine medicine has looked at upper and lower airways as independent systems. Human studies have considered that lower and upper airways are intricately entwined to form “one airway.” More current equine studies have shed light on the idea that both areas of the equine respiratory tract influence and interplay with each other.

A recent retrospective study sought to examine the influence of equine asthma on dorsal displacement of the soft palate (DDSP) [Joó, K.; Povázsai, Á.; Nyerges-Bohák, Z.; Szenci, O.; Kutasi, O. Asthmatic disease as an underlying cause of dorsal displacement of the soft

palate in horses, *Journal of Equine Veterinary Science* (2020), doi: <https://doi.org/10.1016/j.jevs.2020.103308>].

The researchers looked at respiratory exam results from 57 pleasure and competition sporthorses exhibiting at least one sign of a respiratory problem: chronic or intermittent cough, nasal discharge, poor performance, increased respiratory efforts, delayed respiratory recovery following exercise and/or exaggerated respiratory effort during exercise.

In addition to a thorough medical exam, endoscopy was done of the larynx and pharynx. Challenge of the upper airway was accomplished with a nasal occlusion test intended to simulate pressure changes expected during intense exercise. Mucus scores of the trachea

were evaluated, as were cytology of BAL and tracheal lavages, along with bacterial culturing.

Once the data was obtained, the horses were classified as having either mild/moderate or severe asthma. Any individuals with a positive bacterial culture were excluded from the study. The horses were subdivided into four groups:

Group 1: Severe equine asthma

Group 2: Severe equine asthma and DDSP

Group 3: Mild and moderate equine asthma

Group 4: Mild and moderate equine asthma and DDSP

In addition, overground endoscopy was performed on 11 horses in Group 2, and it was noted if any respiratory noise



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This study's results are significant because surgical treatment of DDSP with the laryngeal tie-forward procedure would have no effect on horses that have developed DDSP secondary to equine asthma.



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Mark Baus, DVM

Owner, Grand Prix Equine
Bridgewater, CT

was audible during the exercise.

The results from the resting endoscopy exam were interesting:

Of 22 horses with mild or moderate equine asthma, 18 had DDSP.

Of 31 horses with severe equine asthma, 29 had DDSP.

The statistical evaluation states that “60% of horses with mild or moderate equine asthma and more than 79% of horses with severe equine asthma show DDSP during resting endoscopy examination.”

The horses examined with overground endoscopy coughed intensively when experiencing DDSP but did not exhibit any abnormal respiratory sounds.

None of the horses in this study exhibited any structural abnormalities or deformities of respiratory apparatus, and those with positive bacterial cultures were excluded in order to eliminate neuromuscular weakness associated with an upper respiratory infection. The sport and pleasure horses in this study exhibited DDSP at rest and/or with low-intensity work rather than DDSP occurring due to muscle fatigue or exercise.

The results of this study are significant because surgical treatment of DDSP with the laryngeal tie-forward procedure to correct dysfunction of the thyrohyoideus muscle would have no effect on horses that have developed DDSP secondary to equine asthma.

The authors suggested that increased negative pressure related to obstruction of the lower respiratory tract might result in negative pressure increases in the upper respiratory tract, leading to DDSP.

This theory was tested on two horses exercised with overground endoscopy by administering atropine for its strong effects on bronchodilation and ability to reverse airway obstruction. The test with atropine failed to improve DDSP in either horse, leading to the sugges-

tion that “the link between equine asthma and DDSP may not be exclusively associated with bronchoconstriction.”

During resting endoscopy and without the nasal occlusion test, DDSP was occurring spontaneously, possibly due to airway inflammation, mucus secretion and weakening of respiratory muscles.

The authors concluded: “DDSP is not exclusively associated with the increasing negative pressure driven by the lower respiratory tract obstruction but rather tailored to the combination of the bronchospasm and inflammation of airway mucosa.”

For these cases, it is recommended that equine asthma be addressed with environmental management and medical treatment before attempting surgical revision.

Immunogenicity of Potomac Horse Fever (PHF) Vaccine Co-administered with Rabies

A topic presented by Tom Divers, DVM, ACVIM, ACVEUV, of Cornell University, at the 2020 NEAEP (North-east American Association Equine Practitioners) Symposium looked at the efficacy of co-administration of multivalent Potomac horse fever (PHF) vaccine with rabies compared to using two monovalent vaccines at separate sites [McKenzie, H.C.; Funk, R.A., et al. Immunogenicity of Potomac horse fever vaccine when simultaneously co-administered with rabies vaccine in a multivalent vaccine or as two monovalent vaccines at separate sites. *Equine Veterinary Journal* Mar 2019; <https://doi.org/10.1111/evj.13096>].

The study administered multivalent inactivated vaccine in 46 horses at a single site and the monovalent inactivated vaccines at separate sites in 45 horses. Both vaccination protocols developed poor immunogenicity, and only one-third actually increased titers to what is considered a protective level.

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The results were stated simply: By one- and two-months post-vaccination, the monoclonal PHF vaccine increased immunogenicity and IFA titers more than the multivalent PHF-rabies combination vaccine, but neither developed a sufficient serological response. Results were comparable in both groups by three months post-vaccination.

Marginal efficacy from the multivalent product could be due to: a) interference by the rabies antigens or adjuvants; b) the multivalent vaccine may not have a high enough antigenic load; c) the horses developed deficient immune responses; d) immunoglobulin G antibodies are poorly protective against intra-cellular pathogens; and/or e) there could be variations in PHF strains.

When using PHF vaccine in endemic areas, despite relatively poor immunogenicity results, the authors recommend using the monovalent form to

maximize the immunologic response as much as possible. The actual protective effects of PHF vaccine were not evaluated in this study, only the serologic response.

Wound Healing with Gallium

A common medical and surgical concern addressed by equine practitioners is how to deal with wounds of the distal limbs, especially those that are chronic and/or infected. These can be frustrating to both veterinarians and horse owners, and they might necessitate considerable time, resources and financial outlay.

Roughly three-quarters of wounds are not able to be closed by primary intention. Open wounds on the distal limbs have the potential to become infected, are slow to heal, and often develop excessive granulation tissue and scar tissue.

A study at Texas A&M University's College of Veterinary Medicine & Biomedical Sciences looked at the use of gallium as a potential antimicrobial to use on wounds [Lawless, S.P.; Cohen, N.D.; Lawhon, S.D.; Chamoun-Emanuel, A.M.; Wu, J.; Rivera-Ve'lez, A.; et al. (2020) Effect of gallium maltolate on a model of chronic, infected equine distal limb wounds. PLoS ONE 15(6): e0235006. <https://doi.org/10.1371/journal.pone.0235006>].

The study compared healing rates between gallium-treated and untreated wounds of the distal limbs that were inoculated with *S. aureus*. Topical 0.5% gallium maltolate was used for its potential antimicrobial effects. Gallium, a semi-metallic element with properties similar to iron, exerts microbial-killing activity in bacteria that require iron and take it up the similar-appearing gallium. Not only has gallium malto-



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When using Potomac horse fever vaccine in endemic areas, researchers recommended veterinarians use the monovalent form to maximize the immunologic response as much as possible.



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late been shown to be effective against a variety of bacteria, but it also is able to decrease formation of biofilms that tend to delay healing. Other favorable properties include its ability to reduce fibroblastic proliferation of “proud flesh.”

Six Texas A&M horses used in the study had no evidence or history of skin wounds. Five of the six were used for the infected wound model while one was used for the non-infected wound model. Each horse was anesthetized to create a vertical column of four 2.5 cm x 2.5 cm wounds on the lateral cannon bone of both front legs. The lesions were rebandaged twice weekly. Gallium and placebo treatments began on Day 10.

Non-Infected Wound Model: In the non-infected wound model horse, gallium (0.5% in petroleum base) was applied to four wounds of one limb and the four wounds on the opposite control limb were treated with only petroleum ointment. Each wound was photo-

graphed weekly prior to application of treatment. Wound size was measured and granulation tissue height measured. Each wound was biopsied (8 mm punch biopsy) on Day 21 of treatment.

Infected Wound Model: At Day 10, all wounds on the five horses in the infected wound model were inoculated with *S. aureus* by placing *S. aureus*-saturated gauze on the wounds for 48 hours, long enough for biofilm formation and infection to occur. Then treatment was applied with gallium-petroleum or only petroleum similarly to the non-infected wound model. Weekly biopsies were taken of control and treated wounds.

The results are promising. Beneficial effects on wound size and prevention of exuberant granulation tissue formation were demonstrated in non-infected and infected equine wounds when gallium maltolate was applied between weeks two and four after wounding. Gallium-treated wounds healed faster and

with less proud flesh than non-treated, uninfected or infected wounds.

In wounds treated with gallium, the researchers noted an increased expression of transforming growth factor- β (TGF- β), which is important to the acute inflammatory response and progression of wound healing. This in turn reduces development of exuberant granulation tissue as well as decreasing wound size.

Additionally, researchers identified increased interferon- γ (IFN- γ) expression in gallium-treated wounds—this substance improves the inflammatory phase of wound repair and improves phagocyte-mediated activity against *S. aureus*.

In summary, use of 0.5% gallium-maltolate in this study rapidly reduced wound size, reduced formation of exuberant granulation tissue, reduced the bioburden of *S. aureus*, and improved histologic wound morphology. **EM**



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Use of 0.5% gallium maltolate in this study rapidly reduced wound size, reduced formation of exuberant granulation tissue, reduced bioburden of *S. aureus*, and improved histologic wound morphology.



Demands of exercise are a stressor for the performance horse. Reactive oxygen species (ROS) such as free radicals are produced in the muscles during exercise. Heavy work can overwhelm the body's natural ability to deal with ROS resulting in oxidative stress which can damage muscle proteins, lipids, and DNA, release pro-inflammatory cytokines leading to muscle pain, and damage the mitochondrial membrane thus decreasing energy production.



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Emergency Cooperatives

Over the last 10 years, the percentage of AAEP members who are solo practitioners has been consistently between 35-40%. Being the only doctor in a practice makes providing emergency care 24/7/365 one of the most onerous things about equine practice. Small equine practices are the majority in the U.S., with 53% of practices having just one to two veterinarians, according to the 2016 AAEP AVMA Economic Impact Study. With just one or two doctors splitting all of the emergency coverage, situations such as injuries, vacations or maternity leaves can stress practices considerably. The formation of an emergency cooperative can make all the difference.

Many solo practitioners have successfully reached out to local colleagues with similar practices to join forces in providing emergency coverage. As evidenced by the large percentage of equine practices that are manned by just one doctor, many veterinarians value their independence and desire the advantages of owning their own businesses. This makes independent veterinarians joining together in a collaboration to collectively improve their lives both difficult and rewarding.

Most veterinarians who responded to a survey done by the AAEP Wellness Committee stated that their concerns about starting an emergency cooperative centered around fear. They worried about client loss, losing control of

patient care, decreased revenues, “bad” colleagues, the need to treat animals other than horses, and the challenges of a bigger radius to cover when on call. Some were reluctant due to competitive relationships with veterinarians in their areas. However, at a Table Topic at the 2020 AAEP Annual Convention, multiple practitioners described the positive outcomes that they had experienced by sharing emergency duty with local colleagues.

Strategies that strengthen an emergency coalition include regular monthly

and patient to his or her primary doctor after an emergency visit. Other possible inclusions: agreements for handling clients who want to switch to a veterinarian they met through an emergency, and how payment for service will be managed. Understanding expectations is essential and should be in writing.

For an emergency cooperative to work, creating a schedule at least a month in advance of each quarter (90 days) is helpful. Members might be responsible for trading shifts among themselves, but must commit to recording all changes on

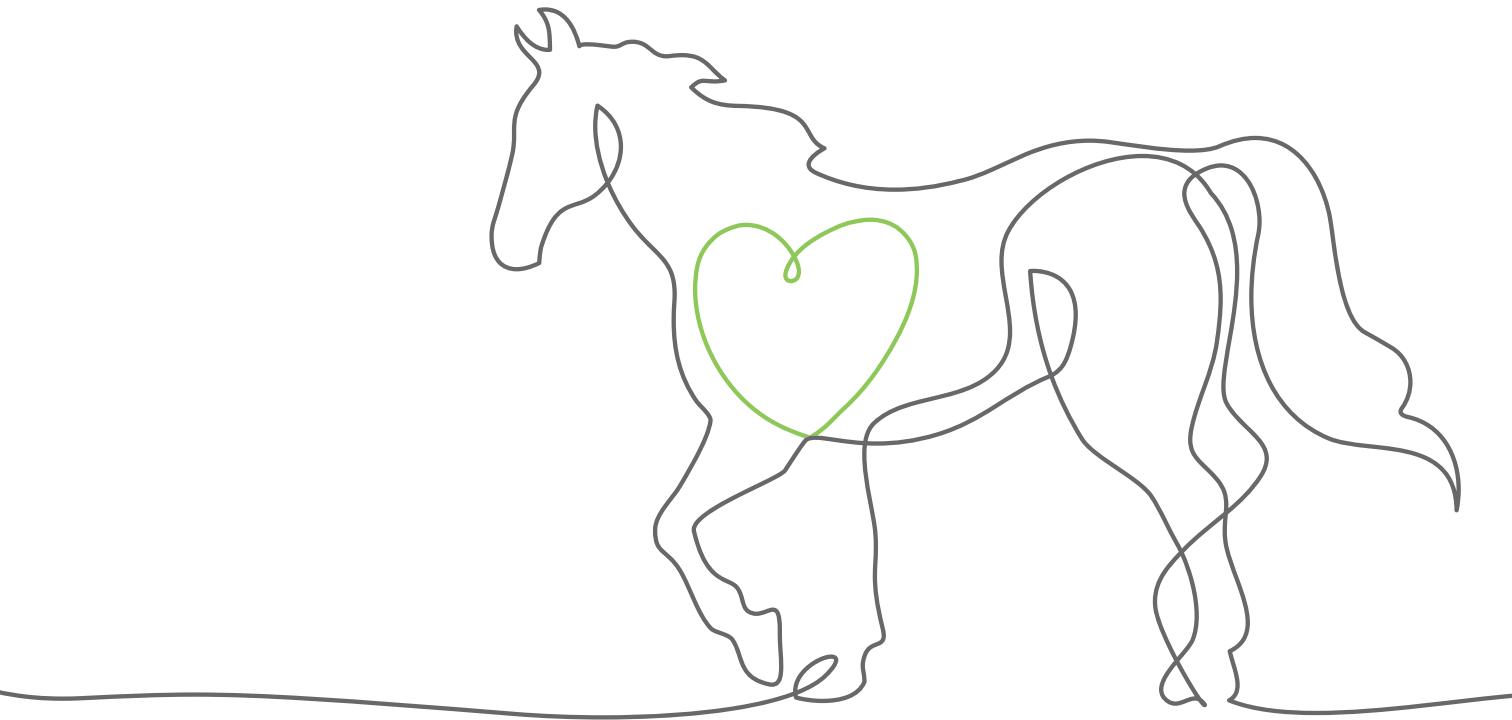
a group calendar that is easily accessed, such as a Google Calendar. Rather than changing a practice’s phone message repeatedly to indicate what number to call for after-hours service, utilizing a VOIP phone system such as Grasshopper can be best. This service offers call forwarding that works by redirecting any incoming call to another phone number or service, and it can be scheduled in advance.

Having ways to share the burden of covering emergencies in equine practice has the potential to help our industry retain talented veterinarians. The number of new graduates entering the equine sector has fallen, and nearly half of equine practitioners are leaving the field within five years of graduation. Therefore, minimizing emergency duty through the formation of emergency cooperatives could make a difference in the quality of life of horse doctors. **EM**



ISTOCK/VM

meetings of the members, having a common vision, sharing an experience level and type of practice, and having written rules of conduct for members. This memorandum of understanding might incorporate days and hours of coverage (e.g., Friday at 5 p.m. to Monday at 8:00 a.m.). It might also include the method and time requirement for sharing case records of patients seen with their primary veterinarians, as well as the expectation for returning a client



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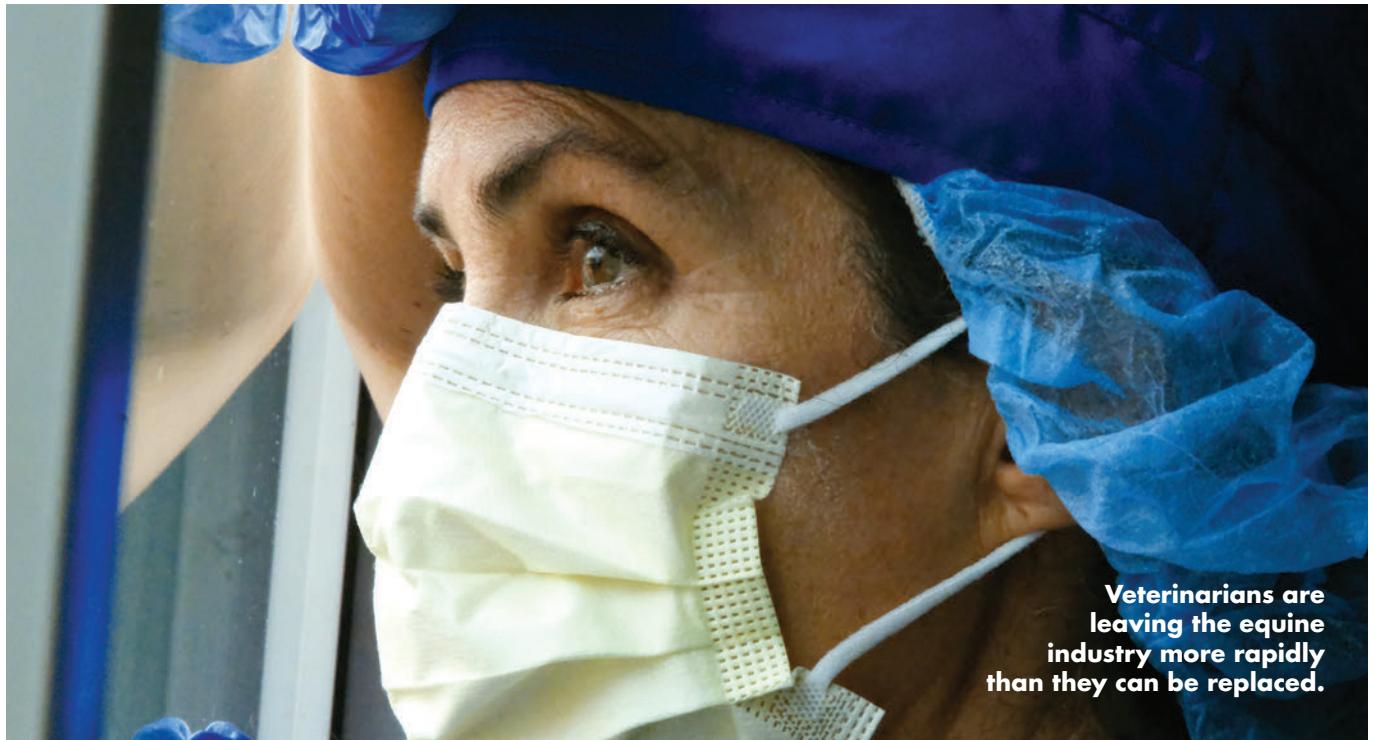
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Veterinarians are leaving the equine industry more rapidly than they can be replaced.

Attracting and Retaining Vets in Equine Practice

While everyone is talking about the necessity of change in the equine veterinary industry, these practitioners give insights on why and how things need to change.

By Amy L. Grice, VMD, MBA

As a continuation of the article “Leaving Equine Practice,” published in *EquiManagement* magazine in winter 2019 (and available online), a conversation was initiated on the Facebook page Equine Vet2Vet in January 2021. It sought the opinions of current and former equine veterinarians on the changes needed to help our industry.

A total of 257 comments were received, along with many private messages. In-depth interviews were undertaken with a dozen respondents.

With fewer new graduates choosing a career in equine medicine (under 2% for the last decade) and significant numbers of equine veterinarians transitioning to other sectors or retiring each year, many practices are struggling to fill openings for associates.

Don't Smother Owners

Dr. Steve Naile, an equine practitioner recently retired from the Equine Clinic at Oakencroft in Ravena, New York, offered tips for new graduates, hoping to help them be accepted readily by horse owners. He suggested, “Don't back

up the dump truck of knowledge and smother the owner with every reference that you know. The owner couldn't care less about what is in some textbook or recent article. Our natural tendency is to let the owner know how much we know, but if you can't explain your 'why' in no more than three bullet points, you need to 'edit' your presentation.”

He added, “A veteran salesman friend once gave me this advice: Always speak in understandable language. Be ready to explain the same concept in seven different ways. Don't talk over someone's head but don't talk down. Don't be verbose—

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Better boundaries are needed with clients to decrease burnout.

leave room for questions. A customer's 'no' may simply be 'tell me more.' ”

In conclusion, Naile said, “When laying out options for treatments, honestly put forth what you believe is the best choice. Too often we leave the owner confused by being thorough in giving them all the possible treatments, and then failing to tell them what we think is their best course of action.”

Better Boundaries

Erin Denney Jones, DVM, an AAEP Board member and solo practitioner in Florida, stated, “Better boundaries are needed to decrease burnout. When clients encourage veterinarians to become a member of the family, this makes boundaries much more difficult. ‘Family’ tend to expect discounts, which can lead to disappointment and feelings of betrayal when these clients move on.”

In addition, she said that moving away from being addressed as “Doctor” leads to disrespect, and always being

available and giving full access to clients downplays the role of a veterinarian.

She added, “Does your physician give you their personal cell phone number? Do you call them with routine questions on Sunday evening?”

To improve boundaries, Jones carries two cell phones, one personal and one professional.

Streamline Practice

Jim Zeliff, DVM, MBA, an AAEP board member and managing partner of Allegheny Equine, is married to a small animal veterinarian. In her practice, the use of veterinary technicians adds efficiency, allowing the doctors to stick to diagnosis and surgery while support staff members do less complex tasks. Zeliff thinks utilizing more technicians or assistants in equine practice could improve performance.

He also remarked that most equines are no longer herd animals—they are pets, not livestock, so every horse should

get a physical exam with vaccines.

“Fees need to increase,” he said. “Equine veterinarians should be able to earn gross revenue sufficient to support a \$100,000 salary in a four-day work week. This will require educating clients, collecting fees at the time of service, and minimizing accounts receivable.”

Other paradigm changes he supported included emergency cooperatives and in-group practices, as well as a “float doctor” to do daytime emergencies each weekday. In addition, he stated that doctors need to share the work (no more silos), limit days by not scheduling routine calls after 4:00 p.m., and match catalog prices on dispensed pharmaceuticals to strengthen the bond with clients. This loss of revenue must be made up by increasing service fees instead, he said.

Young Veterinarian Burnout

Another equine practitioner transitioned to an industry position after 11 years in practice. With regard to the current need for change, she said, “You have to eat the elephant one bite at a time.”

In many internships, the expectation is to work all the time, sometimes in place of barn staff. If an intern pushes back, he or she is told without words that “you don’t deserve to be here,” she stated.

She believes that young veterinarians can burn out from never saying “no.” The culture at some practices is to never say “no” in order to grow the business. She shared that because of her work ethic, one day she simply found “I didn’t have any more to give.”

The departure from equine practice is heartbreaking to most, because being an equine veterinarian in a horse community is an extraordinarily strong identity, and it is hard to give up. Sometimes the advice given for overcoming burnout, she said, is to become more involved in outside activities—to give back by volunteering. In other words, by doing even more!

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Example of rain rot



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Veterinarians must manage expectations of stakeholders, use options for shared duties and integrate paraprofessionals.

“Just do more” might not be the answer, she added. Sometimes the point is to simply “stay in the game.” That means the game of life, first off—then the game of practice, she emphasized.

Shared Duties

Michelle Egli, DVM, of Delmarva Equine in Dover, Delaware, heads a corporate-owned practice of four equine veterinarians, working a rotating four-day week out of three trucks. The rotating on-call schedule is shared with two local solo practitioners, with a total of five doctors in the rotation. Each veterinarian has a rotating weekday (Monday through Friday) each week and works on call one weekend (Saturday and Sunday) in five.

“When you’re off, you’re off,” said Egli.

The practice cell phone is left at the practice on days off. The clients are bonded to the practice, not to a particular veterinarian—although each veterinarian sees certain clients routinely. The practice does a lot of reproductive work, and this, too, is shared among whichever veterinarians are working that day.

Another efficiency is the use of “area days,” where the practice regularly ser-

vices different geographic sectors of the practice on standard days of the week, she said. These changes to traditional equine work life have made Delmarva Equine associates much happier in their work.

Lifting All Boats

Melinda Frye, DVM, PhD, DACVIM, an equine internist and associate dean of the Doctor of Veterinary Medicine program at Colorado State University, stated that it is important to manage the expectations of all the stakeholders, integrate more paraprofessionals, increase community support networks for new graduates, realize options for flexible and shared scheduling, and establish strong mentorships prior to and after graduation in order to strengthen the profession.

Ryan Ferris, DVM, DACT, and Dora Ferris, DVM, DACVSMR, theriogenology and sports medicine specialists, respectively, are practice owners of Summit Equine in Gervais, Oregon. Recently they hired an associate because Ryan Ferris wanted more time off with his family and more time to concentrate on complex reproductive procedures. With

the new veterinarian doing the routine work, this allows Ryan Ferris time for more high-end procedures that might produce four times the amount of gross revenue that the associate will produce.

In order to support the development of this young doctor’s career and skill set, her base salary is supplemented with a production bonus that is based on a percentage of the reproduction department’s total gross revenue, split equally between the two doctors.

Importantly, the associate has a list of professional skills in which she is expected to achieve competency, allowing overall efficiency and client service to grow.

As an owner, Ryan Ferris does not believe that associates “just have to struggle through with low salaries until they can produce enough revenue to justify a higher salary.” He is committed to sharing the success of the practice with the practice team, because “if you hire the right people, it will raise all boats.”

In addition to associate compensation based on shared production, the practice reserves a portion of its profit for bonuses to staff, with some held for lay staff and a somewhat larger portion for associates. These bonuses are tied to performance evaluations and three specific goals for each employee that are measurable and attainable.

If one goal is achieved, the employee gets 30% of his or her potential bonus. With two goals completed, the bonus rises to 70% of maximum. If all three goals are met, the team member gets 100% of the bonus for which he or she is eligible. This leaves the majority of profit dollars flowing to the practice owners, but as employees are incentivized to capture charges, minimize waste, decrease accounts receivable, and increase revenue, the absolute dollars of profit are expected to rise, said Ryan Ferris.

“It’s a work in progress,” he said, “but we are committed to creating a comfortable, livable wage for everyone on our team.”

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pensation plans that share profit and support the professional development of team members are tools that can build a stronger profession.

Lack of Mentorship

A 2018 veterinary school graduate who preferred to remain anonymous left the equine veterinary sector in 2020 after a rocky, unfulfilling beginning. She started an internship after graduation,

but rapidly found that “it was a glorified technician position,” with none of the mentorship and skills acquisition that she had been promised.

After several exhausting months, she resigned and took an associate position with a solo practitioner. Unfortunately, the workload could not sustain two veterinarians, in part because the fee structure was quite low. In addition, that practice had no regular shared on-call

schedule or scheduled days off, so essentially she was “always on.”

After a year of “excessive stress, worry and responsibility,” this new graduate moved to a position inspecting meat through the USDA, where she worked for six months before transitioning to a companion animal position.

Her stress, she said, was primarily caused because she didn’t get the training she needed in basic clinical skills in

Decade One Feedback

Decade One group members are veterinarians in their first 10 years of practice who form regional groups and share education. Decade One members offered feedback on equine veterinary industry needs.

These needs included:

- Good mentorship
- Case rounds, collegiality
- Culture that supports boundaries and mental health
- Culture that manages client expectations
- More collaboration in the reproductive sector to offset the increasing numbers of lay people being trained in reproductive techniques
- Emergency cooperatives and call sharing
- Hours need to be reduced
- Fees need to increase
- Salaries need to increase
- Loss of respect for education and skills of veterinarians has led to lay practitioners and online pharmacies

- Disrespect and familiarity—use “Dr. Doe,” not “Jane”
- Internships need to be mutually beneficial
- Excellent mentorship as an associate right out of school versus internship
- Build value of veterinarians in clients’ minds
- Adversarial relationship with other veterinarians—need to be colleagues, not competitors
- Educational debt
- Having to choose between having a career in equine or having a family
- Vet schools actively discouraging students from entering equine
- Big learning curve for basic skills—they are not taught in veterinary school
- Educate horse community about value and shortage of veterinarians
- Older practice owners are resistant to change
- Horse owners spend lots of money on other horse things, but resent spending on veterinary services

- Compensation by revenue production with negative accrual breeds resentment
- Students need to learn with problem-based learning and external resources
- Many in this generation have never held a regular job—they have been on the achievement treadmill
- Ambulatory very inefficient—must move toward haul-in
- Educate about generational and gender differences
- Increase quality of life
- Owners need to model the way and walk their talk—associates look up to older veterinarians
- Better role models
 - externships and internships at smaller practices that more closely resemble what interns will live once they enter practice
 - “real” women DVMs at vet schools—successful women vets working in a model that lets them have a life outside of practice
- Understand your worth—
 - raise your prices
 - Understand business
 - Understand how your production relates to your compensation
 - Provide early pathway to ownership to share control and profits
 - Allow control over schedule—give choices as much as possible and not be a cog in a wheel
 - Client education about equine veterinary life
 - Non-competes drive many to small animal
 - Better, more honest mentorship. Stop going to “famous” practices because of ego
 - Type A accomplishment drives us to stay in situations that are harmful
 - Stop trying to fit into the old practice mold
 - Live your passion
 - Start your own practice
 - We need role models that look like the new graduates—females, mothers
 - Address a financial plan before entering vet school
 - Many young adults have never had a job and supported themselves without their parents’ help
 - Life and financial skills.

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veterinary school or with the internship. Instead, she felt like a failure. She felt she had no support network, no one to validate her hard work, and no one to reassure her that “you’re doing fine!” Although disillusioned by “negative emotions and experiences from her time in equine practice,” she still wants to return to the field someday. However, she said, “I won’t come back until I see the changes needed, or I can work at a practice where I can *be* the change.”

Not one to dwell on complaints rather than solutions, she suggested that ways to help newer equine veterinarians include stronger guidelines for internships and a video library of quick takes on basic procedures. These could include removing wolf teeth, dental exams, approaches for joint injections, subpalpebral lavage system (SPL) placement, flushing nasolacrimal ducts, performing diagnostic nerve blocks, applying a foot cast, and applying a variety of bandages.

She also suggested creating a safe place to connect with others experiencing similar stresses; and giving access to experienced people, perhaps with AAEP hosting a case-based rounds discussion each month with pre-submitted cases or questions.

In addition, she proposed developing a marketing campaign to remove horse owners’ preconceived notions and bolster respect for equine veterinarians’ expertise.

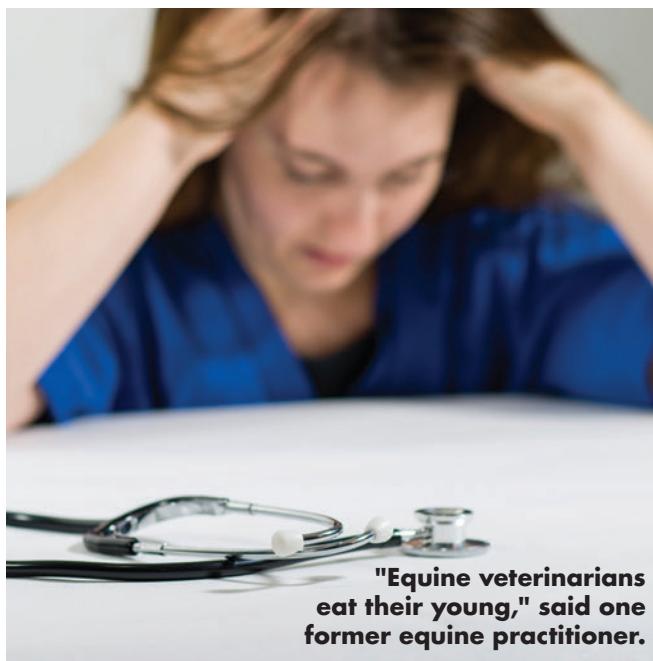
‘Equine Veterinarians Eat Their Young’

Another former equine veterinarian wishing to remain anonymous now works in industry as a consultant, where she said “life is a hell of a lot better!” After graduation, this doctor moved with her husband to take a position with a high-level sports medicine veterinari-

an. She described the next years as “the most abusive relationship of my life.” She shared how her depression and anxiety were so severe that mentors from veterinary school with whom she was in contact urged her to get out.

Because of a strict non-compete and the fact that she and her husband had purchased property there, she tried to stick it out. But she eventually took a job at Banfield, where her salary doubled and she had seven weeks of vacation with no emergency on-call responsibility.

Describing the current situation in the



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“Equine veterinarians eat their young,” said one former equine practitioner.

industry, she stated, “Equine veterinarians eat their young.” She recommended that veterinarians looking for positions always speak to former associates, or in the case of internships, former interns, and ask where the interns are now working, to see whether they are still in the equine field.

‘Equine Emergency Service’

Erica Lacher, DVM, a practice owner from Gainesville, Florida, feels frustration that solutions to the problem of retention are not easily available. She has taken a different approach to

emergency service by embracing it and offering coverage to other veterinarians in the area as a profit center.

Although she tried to hire a “specifically emergency associate” to work Friday through Monday, this position did not fill, so instead her team carries that load.

To address the difficulty in hiring associates, she has tried to mentor local students and “raise a baby vet.” Currently, in order to increase efficiency, the practice is moving to a model where horses come to the veterinarian rather than the veterinarian to the horses. With several other doctors providing ambulatory service in the region, she feels good about this choice.

Another important management tool, according to Lacher, is centralized scheduling utilizing geography to drive efficiency. Her receptionists use Google maps to streamline schedules.

Vet Retention Discussion

In the lively discussion about the retention topic on the Facebook site Equine Vet 2 Vet, a veterinarian said, “I don’t blame these new grads for not wanting this.”

Another replied, “Very true. Unless you live and breathe the lifestyle of equestrian sports, it’s difficult.”

A third responded, “Grit may have something to do with it, but also not wanting to be chronically broke, worked to death, and have your back surgically fused and both hips rebuilt at age 48.”

Yet another said, “But why do we want our industry such that only the grittiest ... the toughest of the tough, if you will ... can hack it? And maybe you like it now ... but in 10 years? 20 years? You can’t keep swimming in the dark forever. Something’s got to give, and it either ends up being your sanity or your job.



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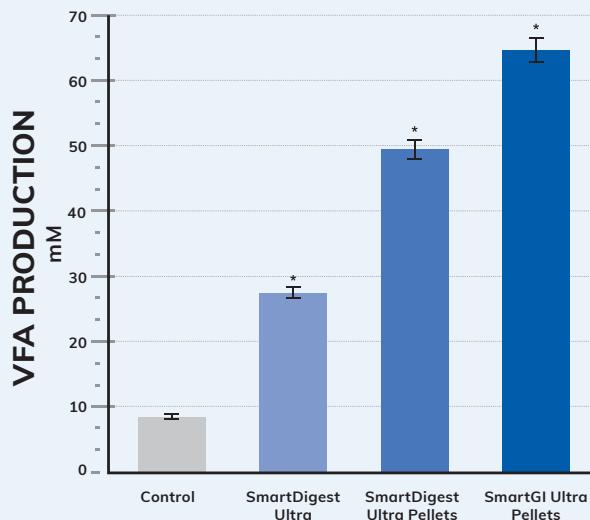
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Internships must have mutual benefit, with the new graduate trading a lower salary for a robust program of skills-based mentorship.

“No one can live and breathe one thing for life. Probably most importantly though—as far as sustaining the industry, most rational people ... talented people ... are going to pick better work hours, better pay ... they’re going to pick the better job. In order to compete with other industries for DVMs, we have to do better.”

The physical demands of equine practice cannot be forgotten. The possibility of acute injury is high, and chronic wear and tear injuries are expected.

Another passionate former equine practitioner wrote: “I did an equine internship and had just one job after that as an equine-only associate. Some of this I’m sure is unique to my situation, but not all of it. I think schedule and pay are the biggest problems with retention. Both equine and small animal vets graduate with equivalent debt, yet the difference in salary is staggering.”

She continued, “As an intern, I was on call 24/7 with four days off per month. As an associate at a three-doctor practice, I was on call two weekdays each week and every third weekend. In comparison, most small animal vets have minimal to no on-call duty. When they’re home, they can do whatever they want without having to worry about

work. They can go to the movies!

“I worked for a man who was near retirement and selfish,” she continued. “My schedule changed on a regular basis without notice to accommodate his travel plans. He only worked part-time and felt entitled to have less on-call time because of it, despite the fact that my contract stated that on-call time would be split equally.

“The practice was technically co-owned by two senior men of equivalent age, but I often forgot that there was a co-owner because the primary boss controlled everything. I was hired as an associate, but I was never treated as a team member. I was never involved in any decisions or changes made at the practice. I was not even asked for an opinion when my work vehicle needed to be replaced.”

In addition, she added, “I have seen plenty of posts from vets complaining about their employers not following through with promises or not abiding by contracts as they should. I feel that the older the owners of the practices are, the more likely there will be some level of abuse in the hierarchy. There is a strong mentality of ‘I busted my ass when I was younger to earn my place, and now it’s time for you to make those sacrifices’...

“I want to be very clear that I am a big proponent of owners having certain rights and therefore not directly comparing themselves to associates. But if an owner takes advantage of these rights, they need to make sure that their associates are not being punished for it. For example, if you have the volume for a three-doctor practice, but you only want to work part-time, then you should hire a fourth vet to cover the days you no longer want to work. If you want to pay yourself an exorbitant amount of money as your salary ... don’t treat your associates as slaves trying to bring in extra money to cover it.

“Also, seniority only goes so far. Just because you are old does not mean that you should be rewarded with every Christmas off. It doesn’t mean that you get first pick of vacation and everyone else is screwed.”

Mutual Benefits

The mentality of “paying your dues” as an associate and using a business model balanced on the backs of interns must become a thing of the past. Internships must create mutual benefit, with the new graduate trading a lower salary for a robust program of skills-based mentorship.

The bad reputation of many equine internships has soured a number of veterinary students toward the profession. As one young veterinarian stated, “I have heard many young veterinarians complain about the abuse that they suffered through during their equine internships.

“There are too many practices out there that are taking advantage of cheap labor and not fulfilling their end of the bargain. I interviewed for an internship at a practice in Texas that astounded me. They had three interns approaching the end of their year. The interns were used to replace technicians. They had no after-hours technical staff at all, and the interns had to work their regular daytime schedule and then do tech duties overnight.

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When vets want to leave an equine job, pulling up stakes is not easy, but taking employment at a companion animal hospital is.

“I watched a colic work-up from start to finish. The intern placed the catheter, hung fluids and wrote up paperwork. She was not involved in the work-up whatsoever. A second intern plainly and confidently told me that her boss was a prick.

“These places should not be allowed to offer internships,” she continued. “There should be consequences for their failures.

“I was lucky to have the opportunity to be an intern at a fabulous practice that I fully respect, and yet by the middle of foaling season, I was so burned out that I hated everything about my life at that time,” she said. “The only thing that kept me going was knowing that the end date was approaching. These things can be improved upon. You can give young vets a wonderful education without breaking them.”

Educating Horse Owners

Increasing horse owner regard for the value of equine veterinarians is needed. The use of first names, the liberal sharing of personal cell numbers, and the 24/7/365 availability without boundaries has eroded clients’ respect for equine veterinarians. Lay practitioners are frequently consulted by many owners,

despite a lack of credentials.

Veterinarians often create a culture of scarcity, afraid that if they charge appropriate prices or erect professional boundaries, their clients will abandon them. As one respondent stated, “We need to create a culture where equine veterinarians are respected. Bills need to be collected, on time and in full. Clients need to set up appointments to have medical questions answered. Veterinarians need to stop allowing clients to dictate their medicine. And they need to deal with their fear of losing clients. A bad client that doesn’t pay you is worse than not servicing that client at all.

“There are clinics out there that have a statement written in contracts that allows them to not pay the associate if money has not been collected from the clients,” this respondent noted. “But then they allow clients to avoid payment and don’t allow associates to refuse service or fire those clients. So who gets punished here?”

The ‘Why’ of Work

Juan Samper, DVM, PhD, DACT, former associate dean for students and academic affairs at the College of Veterinary Medicine at the University of Florida, spoke about Challenges and Oppor-

tunities in Equine Practice at the 2018 BEVA John Hickman Memorial lecture. He highlighted the high educational debt, increased stress and demographic changes in the profession.

As he said, the millennial generation “works to live, rather than lives to work.” Because this cohort is “mission-driven,” finding greater meaning in their work will help them stay in the profession, he said.

Non-Competes

Another factor that pushes veterinarians out of equine practice is the non-compete clause. Many of these clauses are excessive in the number of miles or duration of time. As corporate practices have entered the equine space, this has worsened, with some non-competes stating that a doctor leaving the practice cannot work within 50 miles of *any* office owned by the corporation in the United States.

When vets settle in an area for employment, often they purchase a house, their spouses are also employed, and their children may be attending school. Pulling up stakes is not easy, but taking employment at a companion animal hospital is. Once they experience the high salary, shortened hours and lack of emergency duty, many of these doctors never return to equine veterinary medicine once their non-compete is over.

As one veterinarian said, “I will forever miss working with horses, but I will never miss the job I had.”

Take-Home Message

Finding our way forward as an industry will require innovative ideas, flexibility, family-friendly cultures, shorter work weeks, better boundaries, higher fees, client education, better support and mentoring for new graduates, improved internships and competitive salaries. Recognizing and bringing light to these issues will allow the equine veterinary industry to join together to build a better, more satisfying life for equine practitioners. **EM**

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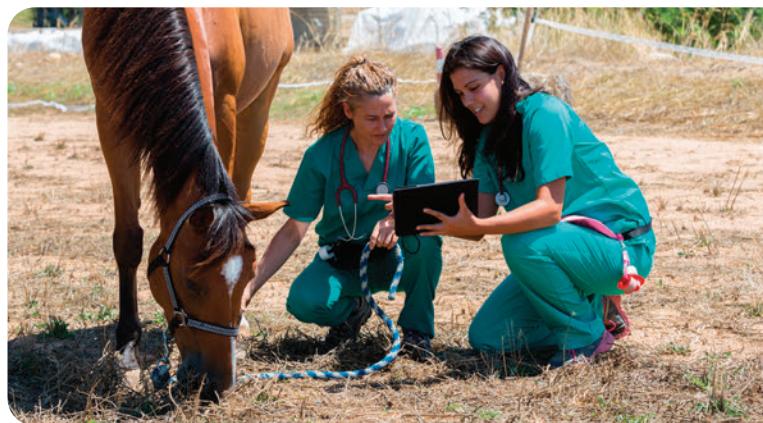
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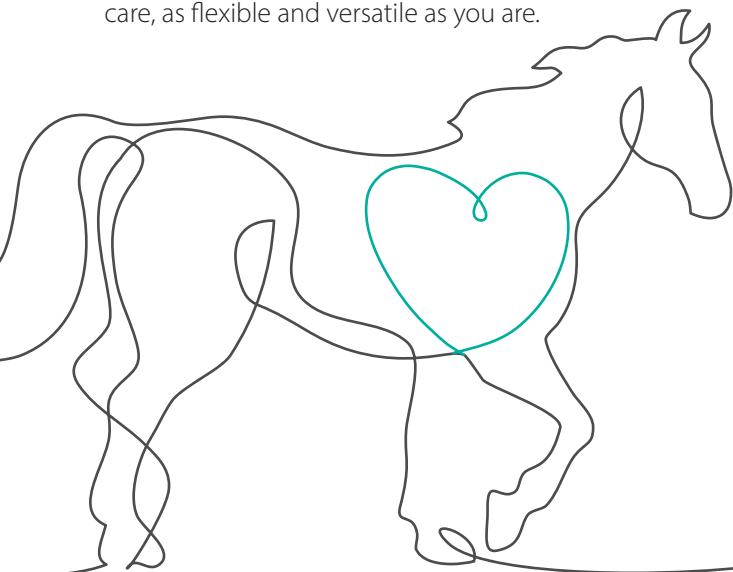
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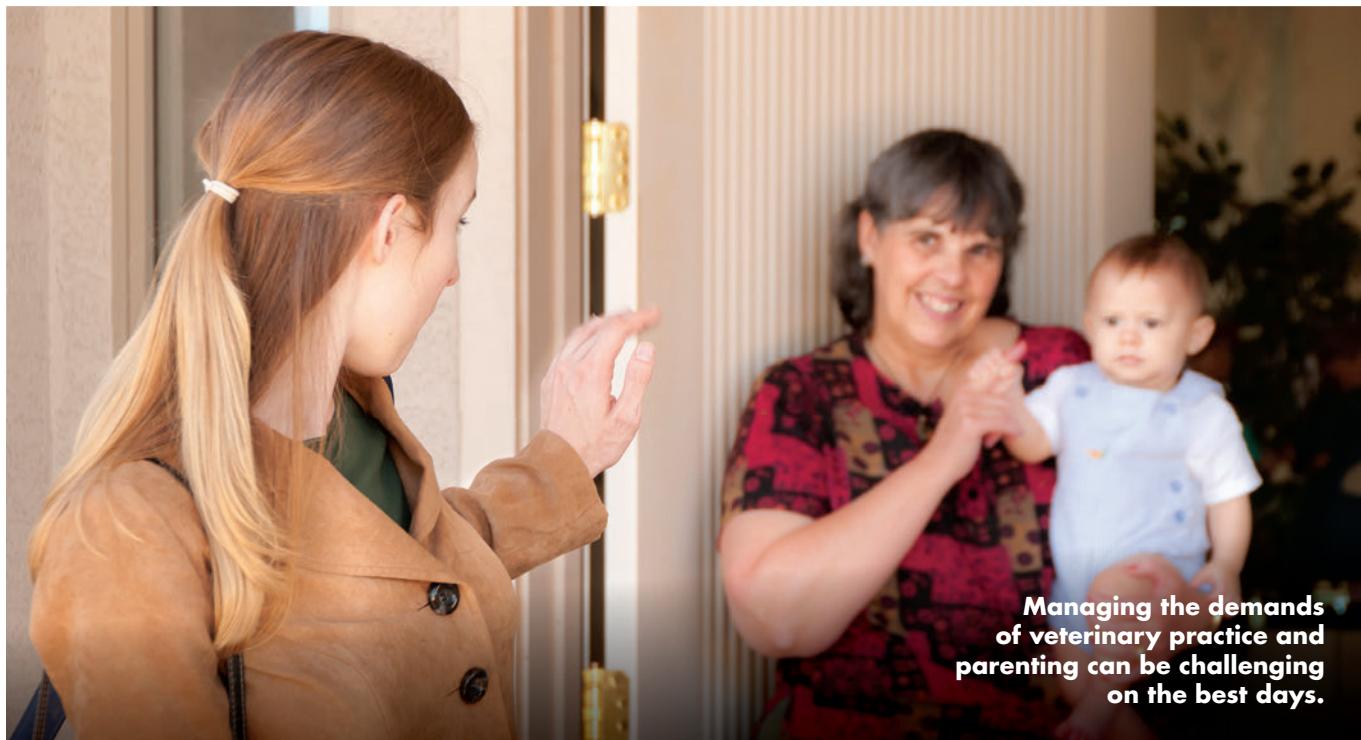
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Managing the demands of veterinary practice and parenting can be challenging on the best days.

Managing Your Juggling Act: Working Parent Life Tips

Managing the demanding full-time jobs of veterinary medicine and parenting can be difficult, but these tips can help you find balance.

By Colleen Best, DVM, PhD, BSCH

Veterinary medicine and parenting share a number of similarities, many of which involve bodily fluids and none of which are for the faint of heart. Both becoming a veterinarian and becoming a parent also fundamentally change who we are as human beings. Managing the demands of both of these full-time jobs can be challenging, to put it mildly; some days, it brings us to our knees.

This article seeks to provide practical advice and insight for navigating the unpredictable seas of parenthood as a veterinarian. While obviously geared toward managing life as a parent, the

advice provided below is also relevant to those trying to have a life outside of veterinary medicine and to honor one's other commitments, whether to family, community or oneself.

Adjust Your Expectations

Parenting is a full-time job. As much as we wish that we could parent as though we didn't have jobs, and work as if we didn't have families, it's simply not possible.

One key piece of supporting our well-being as parents is managing the expectations we have, primarily of ourselves. The expectations that we hold have the power to significantly influence

our response to a given experience. To this end, it is critical that we devote some time and energy to ensuring that expectations are realistic and appropriate.

Many of us in the veterinary profession have very high expectations of ourselves, and we likely view these expectations as critical pieces of our success.

Expectations can provide helpful motivation in a number of situations, but it's important to consider the difference between an expectation and a goal. An expectation is a want or a need; it might be intrinsic, extrinsic or a combination of both. A goal has an outcome, similar to an expectation, but a well-set goal includes a plan for achieving it.

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Accepting that there will be times as a veterinarian and a parent that you will have to ask for help can be difficult.

That is a crucial difference.

When we fail to meet our expectations of ourselves, often a deluge of negative emotion and negative self-talk follows; there is little room for compromise or a new approach. However, with a goal, the plan can be modified as necessary, and it's possible to celebrate milestone successes along the way.

Examining and understanding the expectations we hold for ourselves, then considering whether we can shift them to more process-oriented goals, will support resilience and foster feelings of self-worth and success in our professional and personal lives.

Along with shifting our expectations, it's meaningful to consider what tools we have from "before" that can be modified, and what new skills it would be beneficial to develop. For example, the ability to manage on less than eight hours of sleep that was honed during veterinary school or at an internship could be put to good use as a parent. However, other strategies such as prioritizing work over all else during busy seasons is unlikely to serve us as well.

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For me, one major shift in expectations and how I approached challenges was accepting that there were times I was going to need to ask for help. It was a tough transition for me, having historically taken quite a bit of pride in my independence. While I often still hesitate to ask, it's a whole new ballgame to know that I have people willing to help.

It Takes a Village To Raise a Child

There's quite a bit of truth in the African proverb "It takes a village to raise a child." Unfortunately for most of us, a village does not magically materialize on our doorstep when we become parents. Thus, it's incumbent on us to create one.

Working toward creating a robust village will facilitate your parenting and career journey. It will help for those times when you simply cannot be in two places at once—your village can make up for your absence at work or at home. It will also help you be the kind of parent and veterinarian that you want to be by providing the support you need to focus your attention on what matters most, both professionally and personally.

Creating a village does not happen overnight, and it cannot happen if you are not open to the possibility. It also might not happen as rapidly or naturally as you might want.

The best ways to create a village are to share your needs with others, seek to find like-minded individuals and be open to welcoming new members.

Here are some populations from which you might want to recruit "village" members:

- **Your clients.** Be upfront with your clients about your boundaries and the fact you that you expect your boundaries to be respected. Training your clients to respect your boundaries will allow you to more easily manage both work and family

responsibilities. An example of this would be that your clients are aware of your regular working hours and willingly book appointments within these times. Another example would be clients understanding that they might see another practitioner for emergency care.

- **Your clinic.** Work collaboratively with your team to help create a schedule that works for you and your family. This is likely to necessitate ongoing conversations every few months as the needs of your family shift with the age of your children, school/daycare/after-school activity schedules, and so on. These can be difficult conversations to have, particularly when we are new to parenthood and are used to being able to easily flex to meet the needs of work and clients. Keep in mind that you are likely to be more productive at work when



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Self-compassion is a powerful practice that consists of mindfulness, common humanity and self-kindness.

you are not feeling guilty and worried about meeting your personal responsibilities. These conversations can also normalize the idea that everyone has a life outside of work, and that it's okay to ask for what we need in order to be successful at home and at work.

• **People you trust to watch your kids.**

Both veterinary medicine and parenting tend to be unpredictably demanding. One of the worst feelings as a parent is being pulled in two directions at once. Finding reliable childcare is a critical piece of being able to feel comfortable being a working parent. It boils down to finding one or two people who can jump in as needed for short periods of time. This might take time to develop, particularly finding those individuals who can provide care outside traditional work hours, but it is possible.

• **People to help with daily tasks.** There is only so much that we can accomplish in any given 24 hours, and sometimes a seemingly unending amount of mess, laundry and care comes with raising children. Hiring out some of these jobs can provide more time for more meaningful work—whether that

be as a veterinarian or a parent. Cleaning services, meal prep services, and “fluff and fold” laundry are common and can go a long way in freeing up the time and resources we need to be our best selves where it matters most. Getting help can also manage burnout from the work we do at home.

Prioritize, Prioritize, Prioritize

“And every day, the world will drag you by the hand, yelling, ‘This is important! And this is important! And this is important! You need to worry about this! And this! And this!’ And each day, it’s up to you to yank your hand back, put it on your heart and say, ‘No. This is what’s important.’”—Iain Thomas

Whether it is for children, partners or clients, our attention and resources are in demand by many people on any given day. We are a non-renewable resource. We have finite amounts of time, energy, patience, focus and attention in any given day, week or month. It’s up to us to determine how to allocate our resources.

In order to do this effectively, we need to prioritize.

Part of that process is identifying which of the many obligations we juggle

are made of glass and which are plastic. All jugglers drop balls. As long as we don’t drop any glass balls, then the consequences are likely manageable. Further, when we prioritize based on what’s truly important to us, then we are more likely to feel comfortable with the choices we make, which in turn minimizes regret, guilt and shame.

Self-Compassion

There are going to be times when promises we make to our children or our clients are broken; days when you miss bedtime; days when someone else euthanizes a favorite patient. In those cases, it’s important to be gentle with yourself.

Self-compassion is a powerful practice that consists of three ideas: mindfulness, common humanity and self-kindness.

In short, mindfulness is necessary to recognize when we are struggling.

We often are so used to pushing forward and through any problem that it can be tough to recognize when we’re having a truly difficult time and would benefit from self-compassion.

Common humanity is a recognition that struggle is part of being human, that everyone experiences difficult times, and that we are not alone in doing so.

Lastly, self-kindness involves treating ourselves like we would a friend. We speak to ourselves more often than anyone else in our lives, and often the voice we use isn’t a kind one.

Self-compassion is an invitation to ask that voice to be a cheerleader instead of a critic; one that supports you into being the kind of person you want to be.

Take-Home Message

Parenting and equine veterinary medicine are whole-hearted jobs. Doing both well requires dexterity and a willingness to acknowledge that the balance between work and parenting is dynamic. The teeter-totter will constantly be moving up and down, not resting in perfect balance in the center. **EM**

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A study showed that high-power laser therapy improves healing in tendon and ligament injuries.

2020 AAEP: Looking at Laser Therapy for Ligamentous Injuries

Research indicates that high-power laser therapy improves healing in tendon and ligament injuries and shortens the rehabilitation period.

By Stacey Oke, DVM, MSc

Lesions of the equine suspensory ligament, including the branches, frequently require long layups before returning the horse to training or competition. Laser therapy significantly improves healing of such lesions based on study results reported by Mathilde Pluim, MSc, DVM, during the virtual 2020 AAEP Convention.

This conclusion was reached after conducting a standardized study using a surgical lesion model. Specifically, lesions were created in the lateral suspensory branches of all four limbs in 12 horses. Horses began work one day post-surgically, and clear signs of desmititis were observed one week post-surgically. Horses were then hand walked for three months before increasing the workload.

High-power laser therapy was applied

once daily for four weeks on two of the four lesions (i.e., the left front and right hind) beginning Day 1 after surgery.

To characterize the outcome of the ligamentous lesions, ultrasonography was performed by a blinded evaluator once a week for the first four weeks, and monthly thereafter until six months.

“Ultrasound examinations revealed that the transverse lesion size was smaller in the treated lesions after two and three months,” said Pluim. “The enlargement of the lesion was lower in the treated limbs compared to the control limbs. Doppler signals were significantly increased, which is a sign of active healing.”

She added, “On MRI, lesion size was significantly smaller in the ligaments treated with high-power laser, indicating enhanced healing of the suspensory branch lesion.”

These findings confirmed previous research conducted by Pluim and colleagues on 150 horses with various tendon and ligament injuries.

“In that study, high-power laser therapy resulted in significant improvements after only two weeks of therapy. Horses returned to controlled exercise in only five to seven weeks and were back to performance levels in an average of 4.7-6.1 months,” said Pluim.

That return to function time was much earlier than conservative treatment or other tendon treatment modalities. Further, the reinjury rate at 24 months was very low, at 18%.

“Our study results therefore indicated that high-power laser therapy improves healing in tendon and ligament injuries in horses and can shorten the rehabilitation period,” Pluim concluded. **EM**



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INDICATION BetaVet® (betamethasone sodium phosphate and betamethasone acetate injectable suspension) is indicated for the control of pain and inflammation associated with osteoarthritis in horses.

IMPORTANT SAFETY INFORMATION For **Intra-articular** (I.A.) use in Horses. **CONTRAINDICATIONS** BetaVet® is contraindicated in horses with hypersensitivity to betamethasone. Intra-articular injection of corticosteroids for local effect is contraindicated in the presence of septic arthritis.

WARNINGS: Do not use in horses intended for human consumption. Clinical and experimental data have demonstrated that corticosteroids administered orally or parenterally to animals may induce the first stage of parturition when administered during the last trimester of pregnancy and may precipitate premature parturition followed by dystocia, fetal death, retained placenta, and metritis. Additionally, corticosteroids administered to dogs, rabbits and rodents during pregnancy have resulted in congenital anomalies. Before use of corticosteroids in pregnant animals, the possible benefits should be weighed against potential hazards. **Human Warnings:** Not for use in humans. Keep this and all medications out of the reach of children. **PRECAUTIONS:** Corticosteroids, including BetaVet®, administered intra-articularly are systemically absorbed. Do not use in horses with acute infections. Acute moderate to severe exacerbation of pain, further loss of joint motion, fever, or malaise within several days following intra-articular injection may indicate a septic process. Because of the anti-inflammatory action of corticosteroids, signs of infection in the treated joint may be masked. Due to the potential for exacerbation of clinical signs of laminitis, glucocorticoids should be used with caution in horses with a history of laminitis, or horses

otherwise at a higher risk for laminitis. Use with caution in horses with chronic nephritis, equine pituitary pars intermedia dysfunction (PPID), and congestive heart failure. Concurrent use of other anti-inflammatory drugs, should be approached with caution. Consider appropriate wash out times prior to administering additional NSAIDs or corticosteroids. **ADVERSE REACTIONS:** Adverse reactions reported during a field study of 239 horses of various breeds which had been administered either BetaVet® (n=119) or a saline control (n=120) at five percent (5%) and above were: acute joint effusion and/or local injection site swelling (within 2 days of injection), 15% BetaVet® and 13% saline control; increased lameness (within the first 5 days), 6.7% BetaVet® and 8.3% saline control; loose stool, 5.9% BetaVet® and 8.3% saline control; increased heat in joint, 2.5% BetaVet® and 5% saline control; and depression, 5.9% BetaVet® and 1.6% saline control. **SHAKE WELL IMMEDIATELY BEFORE USE.** For additional safety information, please see full prescribing information. **CAUTION: Federal law restricts this drug to use by or on the order of a licensed veterinarian.**

References: 1. Trotter GW. Intra-articular corticosteroids. In: Mollwraith CW, Trotter GW, eds. Joint Disease in the Horse. Philadelphia: W.B. Saunders; 1996; 237-256.



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For Intra-Articular (I.A.) Use in Horses

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

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DOSAGE AND ADMINISTRATION: Shake well immediately before use.

CONTRAINDICATIONS: BetaVet® is contraindicated in horses with hypersensitivity to betamethasone. Intra-articular injection of corticosteroids for local effect is contraindicated in the presence of septic arthritis.

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

Clinical and experimental data have demonstrated that corticosteroids administered orally or parenterally to animals may induce the first stage of parturition when administered during the last trimester of pregnancy and may precipitate premature parturition followed by dystocia, fetal death, retained placenta, and metritis. Additionally, corticosteroids administered to dogs, rabbits and rodents during pregnancy have resulted in cleft palate in offspring. Corticosteroids administered to dogs during pregnancy have also resulted in other congenital anomalies including deformed forelegs, phocomelia and anasarca. Therefore, before use of corticosteroids in pregnant animals, the possible benefits to the pregnant animal should be weighed against potential hazards to its developing embryo or fetus. **Human Warnings:** Not for use in humans. For use in animals only. Keep this and all medications out of the reach of children. Consult a physician in the case of accidental human exposure.

PRECAUTIONS: Corticosteroids, including BetaVet®, administered intra-articularly are systemically absorbed. Do not use in horses with acute infections. Acute moderate to severe exacerbation of pain, further loss of joint motion, fever, or malaise within several days following intra-articular injection may indicate a septic process. Because of the anti-inflammatory action of corticosteroids, signs of infection in the treated joint may be masked. Appropriate examination of joint fluid is necessary to exclude a septic process. If a bacterial infection is present, appropriate antibacterial therapy should be instituted immediately. Additional doses of corticosteroids should not be administered until joint sepsis has been definitively ruled out. Due to the potential for exacerbation of clinical signs of laminitis, glucocorticoids should be used with caution in horses with a history of laminitis, or horses otherwise at a higher risk for laminitis. Use with caution in horses with chronic nephritis, equine pituitary pars intermedia dysfunction (PPID), and congestive heart failure. Concurrent use of other anti-inflammatory drugs, such as NSAIDs or other corticosteroids, should be approached with caution. Due to the potential for systemic exposure, concomitant use of NSAIDs and corticosteroids may increase the risk of gastrointestinal, renal, and other toxicity. Consider appropriate wash out times prior to administering additional NSAIDs or corticosteroids.

ADVERSE REACTIONS: Adverse reactions reported during a field study of 239 horses of various breeds which had been administered either BetaVet® (n=119) or a saline control (n=120) were: acute joint effusion and/or local injection site swelling [within 2 days of injection], 15% BetaVet® and 13% saline control; increased lameness (within the first 5 days), 6.7% BetaVet® and 8.3% saline control; loose stool, 5.9% BetaVet® and 8.3% saline control; increased heat in joint, 2.5% BetaVet® and 5% saline control; depression, 5.9% BetaVet® and 1.6% saline control; agitation/anxiety, 4.2% BetaVet® and 2.5% saline control; delayed swelling of treated joint (5 or more days after injection), 2.5% BetaVet® and 3.3% saline control; inappetance, 3.4% BetaVet® and 2.5% saline control; dry stool, 1.7% BetaVet® and 0% saline control; excessive sweating, 0.8% BetaVet® and 0% saline control; acute non-weight bearing lameness, 0.8% BetaVet® and 0% saline control; and laminitis, 0.8% BetaVet® and 0% saline control.

CLINICAL PHARMACOLOGY: Betamethasone is a potent glucocorticoid steroid with anti-inflammatory and immunosuppressive properties. Depending upon their physico-chemical properties, drugs administered intra-articularly may enter the general circulation because the synovial joint cavity is in direct equilibrium with the surrounding blood supply. After the intra-articular administration of 9 mg BetaVet® in horses, there were quantifiable concentrations of betamethasone (above 1.0 ng/mL) in the plasma.

EFFECTIVENESS: A negative control, randomized, masked field study provided data to evaluate the effectiveness of BetaVet® administered at 1.5 mL (9 mg betamethasone) once intra-articularly for the control of pain and inflammation associated with osteoarthritis in horses. Clinical success was defined as improvement in one lameness grade according to the AAEP lameness scoring system on Day 5 following treatment. The success rate for horses in the BetaVet® group was statistically significantly different (p=0.0061) than that in the saline group, with success rates of 75.73% and 52.52%, respectively (back-transformed from the logistic regression).

ANIMAL SAFETY: A 3-week target animal safety (TAS) study was conducted to evaluate the safety of BetaVet® in mature, healthy horses. Treatment groups included a control (isotonic saline at a volume equivalent to the 4x group); 1X (0.0225 mg betamethasone per pound bodyweight; BetaVet®); 2X (0.045 mg betamethasone per pound bodyweight; BetaVet®) and 4X (0.09 mg betamethasone per pound bodyweight; BetaVet®). Treatments were administered by intra-articular injection into the left middle carpal joint once every 5-days for 3 treatments. Injection site reactions were the most common observations in all treatment groups. Injection site reactions were observed within 1 hour of dosing and included swelling at the injection site, lameness/stiffness of the left front limb, and flexing the left front knee at rest. The injection site reactions ranged from slight swelling (in many horses on multiple days in all treatment groups) to excessive fluid with swelling, pain, and lameness (4x group only). Injection site reactions were observed most commonly on treatment days, and generally decreased in number and severity over subsequent days. The incidence of injection site reactions increased after the second and third injection (number of abnormalities noted on day 10 > day 5 > day 0). In the BetaVet® treated groups the number and severity of the injection site reactions were dose dependent. The 4X BetaVet® group had the highest overall incidence of and severity of injection site reactions, which included heat, swelling, pain, bleeding, and holding the limb up at rest. The control group and 4X group (which received similar injection volumes) had a similar incidence of injection site reactions; however, the severity of reactions was greater in the 4X group. Absolute neutrophils were statistically significantly higher in the BetaVet® treated groups as compared to the control group. Trends toward a decrease in lymphocytes and eosinophils, and an increase in monocytes were identified in the BetaVet® treated groups after the initial dose of BetaVet®. Individual animal values for white blood cells generally remained within the reference range. BetaVet® treated horses also had a trend toward increased blood glucose after the initial dose. Some individual animals showed mild increases in blood glucose above the reference range.

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Veterinarians must attend to their mental and physical well-being in order to have a long and successful career.

Sustainability in Equine Practice

When we attend to our physical and mental health, we set the stage to have a successful and long-lasting career in equine medicine.

By Colleen Best, DVM, PhD, BSCH

Being an equine veterinarian is a tough job. It can put considerable strain on both our physical and mental health. The inherent challenges of our profession can be career-ending if they are not handled well, and in some cases, even when everything is done correctly.

When considering what can be done to promote the longevity of equine prac-

titioners, we can look toward sustainable practices that support professional and personal well-being and satisfaction.

This is of particular importance when considering the high numbers of equine veterinarians leaving within the first five years of practice.¹

Creating Sustainability From a Physical Health Perspective

Equine practice places many physical de-

mands on our bodies; to this end, we are athletes—albeit with an unusual sport.

When we embrace this, we can consider how to properly “train” for our careers, treating our bodies as tools and attending to them with the ongoing care and maintenance they need to function well over the long term. We also need be intentional about how we attend to our safety when working.

Train for the job. Just because we



Horses are unpredictable and dangerous—equine veterinarians know and experience this daily.

can do our jobs at our current state of fitness does not mean we are in optimal condition to do so. Just like our patients, we are at increased risk of injury when we are not fit. There are many different resources—from local gyms and personal trainers to online programs—that can help us develop appropriate exercise routines for our unique needs.

Attend to ergonomics. There are many procedures that we do repetitively in equine practice. That means that we are vulnerable to repetitive-strain types of injuries as well as overwork injuries. Paying attention to the way we perform these procedures—and how we ask our bodies to work—can help mitigate the strain and support long-term health. Focusing on the positioning that the instructors use when we attend wet labs is another way to develop good habits. When in doubt, consulting an ergonomist, kinesiologist or occupational therapist might be helpful.

Attend to personal safety. Horses are unpredictable and dangerous. These are

things we know and experience every day. Having a capable horse person to assist you is invaluable. It might not be feasible to have an assistant on a daily basis. But with intentional scheduling and good networking in your equine community, often competent individuals can be found who are willing to provide help as needed on calls where they are most valuable.

Be proactive with scheduling. The needs of the equids we serve can be unpredictable. Many emergencies are, by their own definition, hard to predict. However, we can exert some control over how we schedule our weeks, months and years.

Proactively space out large batches of work in your herds (i.e., dentals, EIA testing, vaccines) to minimize the peaks and troughs in your workload.

Striving to level out your workload can help prevent exhaustion, which can make you vulnerable to physical injury and mental health concerns, such as burnout.

Create Sustainability From a Mental Health Perspective

Research over the past 10 years has shown the depth and extent to which veterinarians are struggling with mental health. Rates of psychological distress, burnout, compassion fatigue, stress and death by suicide are all higher than the general population, and our rates are higher than most other healthcare professionals.

As such, it is incumbent on each of us to consider how to take care of our mental well-being in the short- and long-term. Doing so will help ensure that we are able to enjoy our personal and professional lives.

Create a robust self-care plan.

Considered superficially, some believe self-care to consist of wine and a bubble bath, perhaps a day off, or even watching the football game with a beer. However, in order to truly support well-being and resilience, self-care is much more complex.

Self-care involves taking care of ourselves in a holistic way—from having a budget and long-term financial plan to seeking appropriate health care to having a social network.

There are eight domains of well-being to include when creating a self-care plan: emotional, social, meaning and purpose, physical, occupational, intellectual, financial and environmental.

The activities that fall into each are as unique as each of us, and many activities satisfy more than one domain.

Practicing well-rounded self-care helps to ensure that we are serviceably “sound” and able to do our intended personal and professional jobs.

Grow life outside of work. Equine medicine can be all-consuming, and as with all facets of life, placing all our eggs in one basket is risky. Devoting energy and intention to ensuring we have a fulfilling life outside of work—including hobbies, activities and people we enjoy—will help create more balance and act as a safety net if (and when) work



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¹ Hunyadi L, Papich MG, Pusterla N. Pharmacokinetics of a low-dose and DA-labeled dose of diclazuril administered orally as a pelleted top dressing in adult horses. *J of Vet Pharmacology and Therapeutics* (accepted) 2014, doi: 10.1111/jvp.12176. The correlation between pharmacokinetic data and clinical effectiveness is unknown

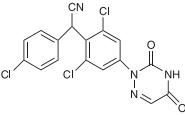
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DESCRIPTION

Diclazuril, (+)-2,6-dichloro-*o*-(4-chlorophenyl)-4-[4,5-dihydro-3,5-dioxo-1,2,4-triazin-2(3H)-yl]benzoinacetone, has a molecular formula of C₁₆H₁₀Cl₃N₂O₂, a molecular weight of 407.64, and a molecular structure as follows:



Diclazuril is an antiprotozoal (antiprotozoal) compound with activity against several genera of the phylum Apicomplexa. PROTAZIL[®] (diclazuril) is supplied as oral pellets containing 1.56% diclazuril to be mixed as a top-dress in feed. Inert ingredients include dehydrated alfalfa meal, wheat middlings, cane molasses and propionic acid (preservative).

INDICATIONS

PROTAZIL[®] (1.56% diclazuril) Antiprotozoal Pellets are indicated for the treatment of equine protozoal myeloencephalitis (EPM) caused by *Sarcocystis neurona* in horses.

DOSAGE AND ADMINISTRATION

Dosage: PROTAZIL[®] (1.56% diclazuril) is administered as a top dress in the horse's daily grain ration at a rate of 1 mg diclazuril per kg (0.45 mg diclazuril/lb) of body weight for 28 days. The quantity of PROTAZIL[®] necessary to deliver this dose is 64 mg pellets per kg (29 mg pellets/lb) of body weight.

Administration: To achieve this dose, weigh the horse for use as a weigh tape). Scoop up PROTAZIL[®] to the level (cup mark) corresponding to the dose for the horse's body weight using the following chart:

Weight Range (kg)	mL of Pellets	Weight Range (lb)	mL of Pellets
275 - 324	20	1275 - 1524	60
325 - 374	30	1625 - 1774	70
375 - 1024	40	1775 - 2074	80
1025 - 1274	50		

One 2.4-lb bucket of PROTAZIL[®] will treat one 1274-lb horse for 28 days. One 10-lb bucket of PROTAZIL[®] will treat five 1100-lb horses for 28 days.

CONTRAINDICATIONS

Use of PROTAZIL[®] (1.56% diclazuril) Antiprotozoal Pellets is contraindicated in horses with known hypersensitivity to diclazuril.

WARNINGS

For use in horses only. Do not use in horses intended for human consumption. Not for human use. Keep out of reach of children.

PRECAUTIONS

The safe use of PROTAZIL[®] (1.56% diclazuril) Antiprotozoal Pellets in horses used for breeding purposes, during pregnancy, or in lactating mares has not been evaluated. The safety of PROTAZIL[®] (1.56% diclazuril) Antiprotozoal Pellets with concomitant therapies in horses has not been evaluated.

ADVERSE REACTIONS

There were no adverse effects noted in the field study which could be ascribed to diclazuril. To report suspected adverse reactions, to obtain a MSDS, or for technical assistance call **1-800-224-5318**.

CLINICAL PHARMACOLOGY

The effectiveness of diclazuril in inhibiting merozoite production of *Sarcocystis neurona* and *S. facicatis* in bovine turbinate cell cultures was studied by Lindsay and Dubey (2000). Diclazuril inhibited merozoite production by more than 80% in cultures of *S. neurona* or *S. facicatis* treated with 0.1 ng/mL diclazuril and greater than 95% inhibition of merozoite production (IC₅₀) was observed when infected cultures were treated with 1.0 ng/mL diclazuril. The clinical relevance of the in vitro cell culture data has not been determined.

PHARMACOKINETICS IN THE HORSE

The oral bioavailability of diclazuril from the PROTAZIL[®] (1.56% diclazuril) Antiprotozoal Pellets at a 5 mg/kg dose rate is approximately 5%. Related diclazuril concentrations in the cerebrospinal fluid (CSF) range between 1% and 5% of the concentrations observed in the plasma. Nevertheless, based upon equine pilot study data, CSF concentrations are expected to substantially exceed the in vitro IC₅₀ estimates for merozoite production (Dirikolu et al., 1999). Due to its long terminal elimination half-life in horses (approximately 43-65 hours), diclazuril accumulation occurs with once-daily dosing. Corresponding steady state blood levels are achieved by approximately Day 10 of administration.

EFFECTIVENESS

Two hundred and fourteen mares, stallions, and geldings of various breeds, ranging in age from 0.6 months to 30 years, were enrolled in a multi-center field study. All horses were confirmed EPM-positive based on the results of clinical examinations and laboratory testing,

including CSF Western Blot analyses. Horses were administered PROTAZIL[®] (1.56% diclazuril) Antiprotozoal Pellets at doses of 1, 5, or 10 mg diclazuril/kg body weight as a top-dress on their daily grain ration for 28 days. The horses were then evaluated for clinical changes via a modified Mayhew neurological scale on Day 48 as follows:

- Normal, neurological deficits not detected.
 - Neurological deficits may be detectable at normal gait; signs exacerbated with manipulative procedures (e.g., backing, turning in tight circles, walking with head elevation, truncal sway, etc.).
 - Neurological deficit obvious at normal gait or posture; signs exacerbated with manipulative procedures.
 - Neurological deficit very prominent at normal gait; horses give the impression they may fall (but do not) and buckle or fall with manipulative procedures.
 - Neurological deficit is profound at normal gait; horse frequently stumbles or trips and may fall at normal gait or when manipulative procedures were utilized.
 - Horse is recumbent, unable to rise. Each horse's response to treatment was compared to its pre-treatment values.
- Successful response to treatment was defined as clinical improvement of at least one grade by Day 48 + conversion of CSF to Western Blot-negative status for *S. neurona* or achievement of Western Blot-negative CSF status without improvement of 1 ataxia grade.

Forty-two horses were initially evaluated for effectiveness and 214 horses were evaluated for safety. Clinical condition was evaluated by the clinical investigator's subjective scoring and then corroborated by evaluation of the neurological examination videotapes by a masked panel of three equine veterinarians. Although 42 horses were evaluated for clinical effectiveness, confirmation of clinical effectiveness via videotape evaluation was not possible for one horse due to missing neurologic examination videotapes. Therefore, this horse was not included in the success rate calculation. Based on the numbers of horses that seroconverted to negative Western Blot status, and the numbers of horses classified as successes by the clinical investigators, 28 of 42 horses (67%) at 1 mg/kg were considered successes. With regard to independent expert masked videotape assessments, 10 of 24 horses (42%) at 1 mg/kg were considered successes. There was no clinical difference in effectiveness among the 1, 5, and 10 mg/kg treatment group results. Adverse events were reported for two of the 214 horses evaluated for safety. In the first case, a horse was enrolled showing severe neurologic signs. Within 24 hours of dosing, the horse was recumbent, biting, and exhibiting signs of dementia. The horse died, and no cause of death was determined. In the second case, the horse began walking stiffly approximately 13 days after the start of dosing. The referring veterinarian reported that the horse had been fed grass clippings and possibly had laminitis.

ANIMAL SAFETY

PROTAZIL[®] (1.56% diclazuril) Antiprotozoal Pellets were administered to 30 horses (15 males and 15 females, ranging from 5 to 9 months of age) in a target animal safety study. Five groups of 6 horses each (3 males and 3 females) received 0.5 (5X), 15 (15X), 25 (25X) or 50 (50X) mg diclazuril/kg (2.27mg/lb) body weight/day for 42 consecutive days as a top-dress on the grain ration of the horse. The variables measured during the study included: clinical and physical observations, body weights, food and water consumption, hematology, serum chemistry, urinalysis, fecal analysis, necropsy, organ weights, gross and histopathologic examinations. The safety of diclazuril top-dress administered to horses at 1 mg/kg once daily cannot be determined based solely on this study because of the lack of an adequate control group (control horses tested positive for the test drug in plasma and CSF). However, possible findings associated with the drug were limited to elevations in BUN, creatinine, and SDH and less than anticipated weight gain. Definitive test article-related effects were decreased grain/top-dress consumption in horses in the 50 mg/kg group. In a second target animal safety study, PROTAZIL[®] (1.56% diclazuril) Antiprotozoal Pellets were administered to 24 horses (12 males and 12 females, ranging from 2 to 8 years of age). Three groups of 4 horses/sex/group received 0, 1, or 5 mg diclazuril/kg body weight/day for 42 days as a top-dress on the grain ration of the horse. The variables measured during the study included physical examinations, body weights, food and water consumption, hematology, and serum chemistry. There were no test article-related findings seen during the study.

STORAGE INFORMATION

Store between 15°C to 30°C (59°F to 86°F).

HOW SUPPLIED

PROTAZIL[®] (1.56% diclazuril) Antiprotozoal Pellets are supplied in 2.4-lb (1.1 kg) and 10-lb (4.5 kg) buckets.

REFERENCES

- Lindsay, D. S., and Dubey, J. P. 2000. Determination of the activity of diclazuril against *Sarcocystis neurona* and *Sarcocystis facicatis* cell cultures. *J. Parasitology*, 86(1):164-166.
- Dirikolu, L., Lehner, F., Natrass, C., Bertz, B. G., Woods, W. E., Carter, W. E., Karnesak, W. S., Jacobs, J., Boyles, J., Harkins, J. D., Granstrom, D. E. and Tobin, T. 1999. Diclazuril in the horse: Its identification and detection and preliminary pharmacokinetics. *J. Vet. Pharmacol. Therap.* 22:374-379.

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AMY DRAGOO



Equine veterinarians are prone to repetitive strain and overwork injuries.

life is difficult and less rewarding. **Attend to ethics.** Ethical dilemmas are commonplace in equine practice, and they have been suggested as a top-three reason equine veterinarians leave practice.²

Set boundaries and assert them. Boundaries are rules or guidelines for how we interact with the world. Having and asserting boundaries allow us to live our lives intentionally, moving in directions we choose. When we fail to identify and assert boundaries, we risk our lives being run by those around us.

We need boundaries so that we have the resources (e.g., time, space, energy, patience, focus) to engage in healthy self-care behavior and to have a life outside of work.

We can determine what boundaries are appropriate by considering our values, priorities and goals. Once we have a good idea of what these are, we can set boundaries that facilitate achieving and living in concert with them.

are commonplace in equine practice, and they have been suggested as a top-three reason equine veterinarians leave practice.²

Ethical dilemmas can also contribute to compassion fatigue and moral distress.

The stresses and strains associated with ethical dilemmas can be mitigated by having a strong support network, both at work and outside of it. Further, ethical dilemmas are less impactful when we have the freedom to determine how we would like to handle each situation. To that end, looking for (or creating) a practice environment that allows you to follow your own moral compass will support well-being in the short and long runs.

Find a support network. Having a

robust network of individuals who can support your mental health is critical. The composition of this network depends on you and your unique needs.

An assistant/technician in the truck can provide support and backing. Further, having colleagues and friends with whom you feel comfortable sharing the daily stresses and strains of practice is essential. The ability to talk through challenges with people who understand them makes a tremendous difference in our ability to cope.

Depending on the nature of your practice, have a list of other veterinarians you can call to cover your practice when you take a break. This can significantly diminish the burden of being a solo practitioner.

We also need non-veterinary professionals in our network—individuals who can support the health of our businesses, such as bookkeepers, accountants and lawyers.

Another consideration for inclusion in your network are domestic service professionals for cleaning, meal preparation, etc.

Finally, it can also be valuable to have the numbers of mental health professionals and to have a casual relationship with them so that should the need arise, you know where to turn.

Manage expectations. The expectations we hold markedly influence how we feel about our experiences. Setting realistic expectations of our career progression and our relationships with our jobs is likely to set us up for long-term career satisfaction.

Dr. Melanie Barham provided interesting insight in this area based on her research on veterinary career paths: “There are predictable times in our veterinary careers where we’re going to see challenges, where we’ll question where we’re at,” she said. “We will all go through many iterations of our career where we reinvent ourselves, renew our interests, or evolve/change. These tend to happen at three to five years out of school, 10 years out of school, and 20-

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25 years out of school, although they may happen at any time.”

Being prepared for these challenges and the feelings that come with them can help us determine how to move through them without leaving the profession.

Finally, finding meaning in the work you do will help you weather the stresses and strains that occur over the years. Having a purpose is about understanding the deep-seated motivation that drives you to do the work you do.

A colleague from academia found purpose in helping students. It was the yardstick against which she measured herself every day—if she succeeded in helping a student, then she was able to set aside all of the frustrations and annoyances that occurred in her day.

Take the time to reflect on what it is about equine medicine that you find most gratifying, see if you can trace it back over time, then try it out to see if it fits as a purpose for your career. While purposes can change over time, they are generally stable.

Take-Home Message

When we attend to our physical and mental health, we set the stage to have a successful and long-lasting career in equine medicine. The factors that contribute to career satisfaction vary widely. It is worth considering what you find satisfying, what brings you joy, and what types of work you enjoy doing; then seeking to include those activities in your day.

References

1. American Association of Equine Practitioners Economic Report, 2018. https://aaep.org/sites/default/files/Documents/2019%20FINAL_AMVA_AAEP_Equine_Report.pdf
2. Kraft, K. Commentary: 3 reasons millennials are leaving equine practice. DVM360 Magazine. Dec 2015. <http://veterinarynews.dvm360.com/commentary-3-reasons-millennials-are-leaving-equine-practice>. **EM**



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Engaging New or Former Clients for Vaccinations

By Amy L. Grice, VMD, MBA

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Studies by the AVMA have revealed that nearly half of all horse-owning households do not have their horses seen by a veterinarian, and about a third give vaccines and health care to their horses themselves.

While a decade ago, almost two-thirds of those whose horses did not see a veterinarian gave the explanation “their horses did not need vaccines,” fewer than 10% gave that response more recently. These findings are a clear indication that the message of the importance of vaccinations has resonated, even as many horse owners do not see the value of using a veterinarian to give the vaccines.

These findings are in alignment with

the 2018 American Horse Publications (AHP) survey sponsored by Zoetis. Of the more than 9,000 respondents, 63% reported that veterinarians administered vaccines to their horses. Only 2% of respondents did not vaccinate their horses at all. Almost 80% frequently discussed appropriate vaccination protocols with their veterinarians.

Although the benefits of vaccination seem to be well understood by most horse owners, they appear to underestimate the value of their horses being examined by veterinarians on an annual basis. Education about the worth of early recognition of health problems is needed to counter this stance. Whether it is a small squamous cell carcinoma on the edge of a white-faced horse's

eyelid, a sarcoid on an ear, or the obvious physical changes seen with an older horse with PPID, a veterinarian's trained eye on a regular basis can make a huge difference in both the cost of treatment and the outcome.

Linking the value of a veterinarian's examination with basic wellness care such as vaccinations can bring new clients into your practice, as well as re-engage former clients.

Story-telling is a great way to demonstrate the benefit of wellness care. There are many different scenarios where veterinarians have brought a happy ending to a situation that could have ended in tragedy had they not observed a developing abnormality. Think of the obese Morgan mare with a rigid crest and bulges above her eyes that you might have saved from incipient laminitis. Or the gelding with the unilateral nasal discharge suffering from a chronic sinus infection. Or the 30-year-old horse with a body condition score of 2 with a mouth full of infected, loose teeth.

Using your Facebook page, you can engage horse owners with these types of stories using fictional characters or actual cases (with the owner's consent). Link these stories to the value of an annual visit for an examination, vaccinations and other wellness care, such as dentistry, with every post.

The share of horse owners who do not purchase any veterinary care (46%) has not changed much for two decades. Fewer than 5% of respondents in a 2017 study said they could not afford to pay for veterinary care, and just 0.4% said that “the price of veterinary care was higher than we think it's worth.”

Whether it is an overestimation of their own knowledge or a lack of understanding of the complexity of equine health, the value of a skilled equine veterinarian needs bolstering with this cohort.

Marketers frequently increase the perceived value of products by using



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strategies to increase consumers' trust in their products. You can help build the trust of local horse owners through showcasing your accomplishments and positive impact.

For example, if you have recently attended continuing education, make sure you showcase what you learned. Share client thank-you notes on social media, if they are comfortable with you doing so. Include client testimonials on your website.

The best way to gain the trust of potential clients is through word-of-mouth endorsements. Make sure you motivate your clients to share their experiences with others by offering incentives for client referrals or by simply sending a hand-written thank-you note for referrals.

In summary, link your annual vaccination visit with a lifetime of better horse health in every communication from your practice and interaction with clients and the horse-owning public. **EM**



Help owners understand that annual vaccination visits offer them and their horses much more than just a shot.

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Leveraging strengths and clearly defining roles are important for spouses in practice together.

Couples in Practice

Five veterinarian couples give us an inside look at the rewards and challenges of sharing a professional passion.

By Katie Navarra

Neither Michael W. Ross, DVM, MBA, DACVS, nor his wife, Beth Ross, DVM, DACVS, imagined they would own a practice together. The couple met while working at the University of Pennsylvania's New Bolton Center.

"I definitely did not think we would own a practice together," Beth said. "Nor did I think we would own a restaurant together, which we sold right before COVID. Owning a vet practice has been more rewarding and less stressful than owning a restaurant."

Carolyn Todd, BVMS, MRCVS, and her husband, Edgardo Fullana, DVM, grew up in family businesses, so they

understood the long hours, weekend commitments, human resources and work/life balance challenges that accompany any family business. Purchasing a practice was a natural fit.

"I think a lot of vets might be hesitant to go into business together or reluctant to make the change, but it has been a great thing for us," she said. "We love what we do, and building a practice with a significant other can be very rewarding. You always have another half to help you get through your challenges—a person who completely understands."

Working side by side offers couples the opportunity to experience the highest of highs of building a practice and also deeply feel the challenges of spending

time together around the clock.

"The biggest challenge is, if there are difficult issues between you, you have to solve them, because you cannot get away from them," said Tracy Turner, DVM, MS, DACVS, DACVSMR, of Turner Sports Equine Sports Medicine in Minnesota. His wife, Julie Wilson, DVM, DACVIM, is the executive director of the Minnesota Board of Veterinary Medicine, and they run a consulting practice together.

"We both had been fortunate to have earned leadership positions in the profession, which at times causes twinges of jealousy," he added.

It might not always be easy, but the rewards for the five couples who speak

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Zimeta is indicated for the control of pyrexia in horses

Important Safety Information

Zimeta® (dipyrone injection) should not be used more frequently than every 12 hours. For use in horses only. Do not use in horses with a hypersensitivity to dipyrone, horses intended for human consumption or any food producing animals, including lactating dairy animals. Not for use in humans, avoid contact with skin and keep out of reach of children. Take care to avoid accidental self-injection and use routine precautions when handling and using loaded syringes. Prior to use, horses should undergo a thorough history and physical examination. Monitor for clinical signs of coagulopathy and use caution in horses at risk for hemorrhage. Concomitant use with other NSAIDs, corticosteroids and nephrotoxic drugs, should be avoided. As a class, NSAIDs may be associated with gastrointestinal, renal, and hepatic toxicity. The most common adverse reactions observed during clinical trials were Elevated Serum Sorbitol Dehydrogenase (SDH), Hypoalbuminemia and Gastric Ulcers.

For additional information, see brief summary of prescribing information on the following page.

References: 1. Zimeta® (dipyrone injection) [package insert], Rev. 12/2020. 2. Morresey PR, et al. Randomized blinded controlled trial of dipyrone as a treatment for pyrexia in horses. *Am J Vet Res.* 2019;80(3):294-299.

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Zimeta® (dipyrone injection)

500 mg/mL injection

For intravenous use in horses
Non-steroidal anti-inflammatory drug (NSAID)

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

Before using this product, please consult the product insert, a summary of which follows:

Indication: Zimeta® (dipyrone injection) is indicated for the control of pyrexia in horses.

Dosage and Administration: Always provide the Client Information Sheet with the prescription. Administer Zimeta by intravenous injection, once or twice daily, at 12 hour intervals, for up to three days, at a dosage of 30 mg/kg (13.6 mg/lb). **See product insert for complete dosing and administration information.**

Contraindications: Horses with hypersensitivity to dipyrone should not receive Zimeta. Due to the prolongation of prothrombin time (PT) and associated clinical signs of coagulopathy, dipyrone should not be given more frequently than every 12 hours.

Warnings: For use in horses only. Do not use in horses intended for human consumption. Do not use in any food producing animals, including lactating dairy animals.

Human Warnings: Care should be taken to ensure that dipyrone is not accidentally injected into humans as studies have indicated that dipyrone can cause agranulocytosis in humans.

Not for use in humans. Keep this and all drugs out of reach of children. In case of accidental exposure, contact a physician immediately. Direct contact with the skin should be avoided. If contact occurs, the skin should be washed immediately with soap and water. As with all injectable drugs causing profound physiological effects, routine precautions should be employed by practitioners when handling and using loaded syringes to prevent accidental self-injection.

Precautions: Horses should undergo a thorough history and physical examination before initiation of any NSAID therapy.

As a class, NSAIDs may be associated with platelet dysfunction and coagulopathy. Zimeta has been shown to cause prolongation of coagulation parameters in horses. Therefore, horses on Zimeta should be monitored for clinical signs of coagulopathy. Caution should be used in horses at risk for hemorrhage.

As a class, NSAIDs may be associated with gastrointestinal, renal, and hepatic toxicity. Sensitivity to drug-associated adverse events varies with the individual patient. Consider stopping therapy if adverse reactions, such as prolonged inappetence or abnormal feces, could be attributed to gastrointestinal toxicity. Patients at greatest risk for adverse events are those that are dehydrated, on diuretic therapy, or those with existing renal, cardiovascular, and/or hepatic dysfunction. Concurrent administration of potentially nephrotoxic drugs should be carefully approached or avoided. Since many NSAIDs possess the potential to produce gastrointestinal ulcerations and/or gastrointestinal perforation, concomitant use of Zimeta with other anti-inflammatory drugs, such as NSAIDs or corticosteroids, should be avoided. The influence of concomitant drugs that may inhibit the metabolism of Zimeta has not been evaluated. Drug compatibility should be monitored in patients requiring adjunctive therapy.

The safe use of Zimeta in horses less than three years of age, horses used for breeding, or in pregnant or lactating mares has not been evaluated. Consider appropriate washout times when switching from one NSAID to another NSAID or a corticosteroid.

Adverse Reactions: Adverse reactions reported in a controlled field study of 138 horses of various breeds, ranging in age from 1 to 32 years of age, treated with Zimeta (n=107) or control product (n=31) are summarized in Table 1. The control product was a vehicle control (solution minus dipyrone) with additional ingredients added to maintain masking during administration.

Table 1: Adverse Reactions Reported During the Field Study with Zimeta

Adverse Reaction	Zimeta (dipyrone injection) (N=107)	Control Product (N=31)
Elevated Serum Sorbitol Dehydrogenase (SDH)	5 (5%)	5 (16%)
Hypalbuminemia	3 (3%)	1 (3%)
Gastric Ulcers	2 (2%)	0 (0%)
Hyperemic Mucosa Right Dorsal Colon	1 (1%)	0 (0%)
Prolonged Activated Partial Thromboplastin Time (APTT)	1 (1%)	0 (0%)
Elevated Creatinine	1 (1%)	0 (0%)
Injection Site Reaction	1 (1%)	0 (0%)
Anorexia	1 (1%)	1 (3%)

See Product Insert for complete Adverse Reaction information.

Information for Owners or Person Treating Horse: A Client Information Sheet should be provided to the person treating the horse. Treatment administrators and caretakers should be aware of the potential for adverse reactions and the clinical signs associated with NSAID intolerance. Adverse reactions may include colic, diarrhea, and decreased appetite. Serious adverse reactions can occur without warning and, in some situations, result in death. Clients should be advised to discontinue NSAID therapy and contact their veterinarian immediately if any signs of intolerance are observed.

Effectiveness: The effectiveness phase was a randomized, masked, controlled, multicenter, field study conducted to evaluate the effectiveness of Zimeta (dipyrone injection) administered intravenously at 30 mg/kg bodyweight in horses over one year of age with naturally occurring fevers. Enrolled horses had a rectal temperature $\geq 102.0^{\circ}\text{F}$. A horse was considered a treatment success if 6 hours following a single dose of study drug administration the rectal temperature decreased $\geq 2.0^{\circ}\text{F}$ from hour 0, or the temperature decreased to normal ($\leq 101.0^{\circ}\text{F}$).

One hundred and thirty-eight horses received treatment (104 Zimeta and 34 control product) and 137 horses (103 Zimeta and 34 control product) were included in the statistical analysis for effectiveness. At 6 hours post-treatment, the success rate was 74.8% (77/103) of Zimeta treated horses and 20.6% (7/34) of control horses. The results of the field study demonstrate that Zimeta administered at 30 mg/kg intravenously was effective for the control of pyrexia 6 hours following treatment administration.

Refer to the Product Insert for complete Effectiveness information.

Storage Information: Store at Controlled Room Temperature between 20° and 25°C (68° and 77°F); with excursions permitted between 15° and 30°C (59° and 86°F). Protect from light. Multi-dose vial. Use within 30 days of first puncture.

How Supplied: Zimeta is available as a 500 mg/mL solution in a 100 mL, multi-dose vial.

Approved by FDA under NADA # 141-513 NDC 17033-905-10

Manufactured for:
Dechra Veterinary Products
7015 College Blvd, Suite 525
Overland Park, KS 66211 USA

To report adverse reactions contact Dechra Veterinary Products at: 866-933-2472.

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in this article outweigh their challenges. Read on to see how they make it work—in the office and at home.

Well-Defined Roles

Leveraging a partner's strengths and clearly defining each person's roles within the practice is key, according to Mike and Beth Ross. Mike completed an MBA at the Fox School of Business at Temple University. Poring over balance

sheets and profit and loss statements are as challenging and rewarding to him as the work he does as an arthroscopic surgeon. Beth is also a surgeon, and she likes emergency medicine, so she actively participates in the on-call schedule and handles the people side of the business.

"We have a good hierarchy, because I don't want to do the financial part—

even though I'll read over balance sheets—but Mike isn't interested in how the pharmacy runs or the changes to the employee handbook, so I handle that," Beth said. "Employees find me a little more approachable, because Mike is where the buck stops."

Not every husband/wife team have the same working relationship. Todd and Fullana learned this the hard way interviewing a new associate. The individual had worked in a couple-owned practice where jealousy impacted the

practice, so this person was hesitant to try another couple-owned practice.

"We sat down with our staff and asked if it was weird working for us as a husband and wife," Todd said. "The staff knows how we've divided our responsibilities. They won't ask Edgardo about time off or pricing, and they won't ask me about a lame mare in the recipient herd."

"You also must have a solid relation-

ship between you and trust your significant other to make it work," she added. "I don't have any jealousy issues if my husband is in his truck with a female technician; I know that in some practices that is an issue."

Having well-defined roles carries over to patient care. If they are at dinner, get an emergency call and go together, they have learned that

only one is the veterinarian "on call." The other is a technician and does not offer his or her opinion.

"In the beginning, one of us might say, 'Why not use this suture material or that suture material,'" she said. "Now, whoever is the 'technician' entertains the client, talks about the weather, but does not comment on the case because it confuses the client. Clients like to see us together, especially on Saturday night; I might be in a dress and he might be in nice clothes,



COURTESY DR. TRACY TURNER AND DR. JULIE WILSON

During the Honduras Equitarian project, Drs. Turner and Wilson stopped at the beach at the end of the day. The partnership turned into a pack trip when the sand got too hot.

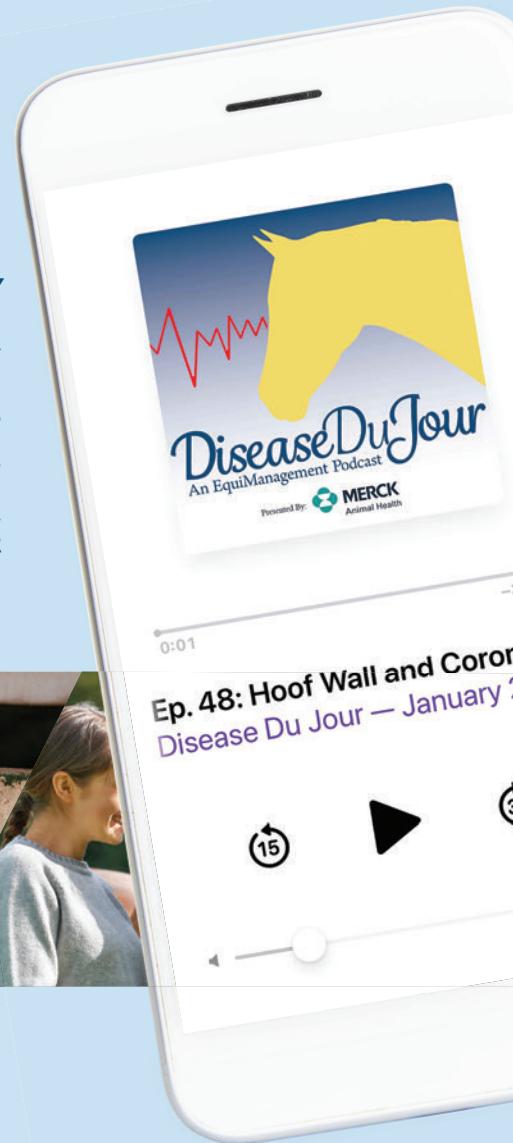
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For the Costa Rica Equitarian project, Drs. Turner and Wilson trained locals to do farrier work. Here they are handing farrier tools to a student for his use.

and they especially love to see us on the same page.”

Finding Synergy

In Maryland, David Scofield, DVM, DACT, is a partner at Select Breeder Services. The practice is a reproductive specialty practice, but it also has a proprietary process for freezing, quality control and distributing semen. Scofield’s wife, Madeline, DVM, owns a small animal practice with three veterinarians on staff. The small animal practice happened by chance, according to Scofield, but the couple has leveraged their specialties to support one another.

“She uses one supply house as her largest supplier, and mine is a secondary for her, and vice versa,” he said. “She has a compounding pharmacy, and I have [a different] one that I prefer to use. If my supply house is out of something that I need, I call her ordering tech and they order for me. Sharing products allows us to utilize major competitors in distribution.”

Scofield also doesn’t run certain in-house blood and electrolyte panels at his facility. However, it’s standard practice for running bloodwork at the small-an-

imal practice, so when he needs results more quickly than sending out to a reference lab, he uses his wife’s equipment.

“In a pinch, I can run something to her lab and get bloodwork in a timely fashion,” he said. “At my lab, we have an onsite progesterone machine that we use for horses and dogs all the time. Some of Madeline’s clients are canine breeders who need access to those diagnostics, so she refers all canine reproduction work to me.”

Looking Outside

Ryan Ferris, DVM, DACT, and Dora Ferris, DVM, DACVSMR, met in vet school and got married during a 10-day window between the end of Ryan’s internship in Florida and the start of his residency at the University of Colorado. After Dora finished her residency, she opened a practice in Fort Collins, Colorado.

In 2017, the couple opted to buy Summit Equine in Oregon and took the chance to move closer to family. Both excel in their areas of expertise—Ryan in reproduction and Dora in sports medicine—but found they needed some

outside help to be successful in practice.

“Initially, running our practice as a team and trying to make all our decisions together for the business was not successful, partly from standpoint of both of us being negligent in not getting tasks done and partly from a lack of communication,” said Ryan. “Our ‘coach’ has pushed us toward stronger communication between us, which has made us happier as business owners and as spouses.”

Ryan encourages other couples to find a coach sooner rather than later. The couple works with the coach on an individual and team basis that has benefited them professional and personally.

“That person is able to talk to us individually, and we come back together as a team to work on areas where we’re not seeing eye to eye,” he said. “If I had a do-over, I would have gotten one the first week we were in business.”

Time away from the practice is one of the biggest challenges all vets face. Creating opportunities to spend time together outside of the business—whether for pleasure or volunteer work—is essential.

“We try to make time for focusing on our relationship by scheduling date nights, taking working vacations together and dedicating ourselves to Equitarian work,” Turner said.

Making It Work

It’s a double-edged sword running a practice with a spouse. You get to celebrate all the fantastic moments together, but that also means sharing in the lowest moments. And it’s easy to let the negative parts of any business trickle into home life. That causes extra friction when the person with whom you’re disgruntled is your spouse, and you will see each other at home.

“We’ve recognized that differences of opinion are often not worth arguing about, so we try to be careful about arguing,” Turner said. “You also have to respect each other’s abilities and remember that you are not just business partners, you are life partners.” **EM**

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Researchers have identified different equine myopathies, so don't be fooled by what you think you see.

2020 AAEP: Identifying and Feeding Exertional Myopathies in Athletic Horses

Recognition and testing now enable vets to recommend a more tailored feeding regimen for different types of myopathies in horses.

By Stacey Oke, DVM, MSc

With increasing recognition and understanding of the wide variety of different myopathies affecting horses, veterinarians can now recommend more tailored feeding regimes for certain types of myopathies. This is a welcome scientific advancement, reaching well beyond the catch-all strategy of offering low-carbohydrate/high-fat diets that were traditionally recommended for horses with any signs of myopathy.

During his presentation at the virtual 2020 AAEP Convention, Joe Pagan, PhD, owner of Kentucky Equine Research, relayed the current dietary recommendations for a variety of myopathies. This presentation was designed with the cooperation of Stephanie Valberg, DVM, PhD, DACVIM, DACVSMR, the Mary Anne McPhail Dressage Chair in Equine Sports Medicine at Michigan State University's Department of Large Animal Clinical Sciences and a pre-eminent researcher in equine myopathies.

As defined by Pagan, exertional myopathies (ERs) occur in exercising horses and are characterized by elevations in muscle enzyme levels (creatinine kinase and aspartate aminotransferase), which identify muscle damage. Commonly encountered chronic ERs include polysaccharide storage myopathy types 1 and 2 (PSSM-1 and PSSM-2), as well as recurrent exertional myopathy (RER).

"Type 1 PSSM is a genetic disease caused by a gain-of-function genetic mutation causing an overactive glycogen

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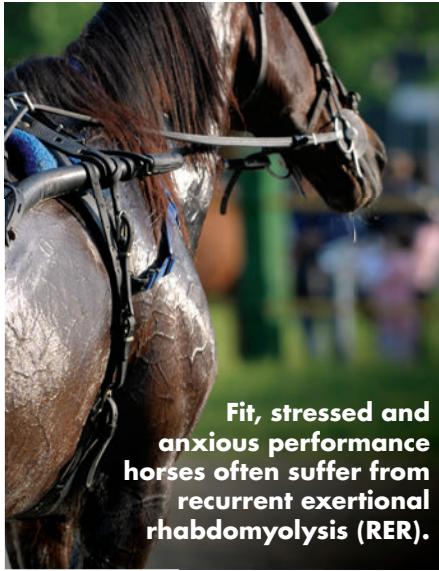
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Fit, stressed and anxious performance horses often suffer from recurrent exertional rhabdomyolysis (RER).

drafts and draft crosses.

Horses with PSSM-2 have *abnormal-appearing* glycogen on muscle biopsy, but unlike PSSM-1, which has a genetic test available and a clear cause, PSSM-2 remains a histological diagnosis with no known etiology. Approximately 28% of cases of PSSM diagnosed by muscle biopsy in Quarter Horse-related breeds are classified as PSSM-2.

Horses diagnosed with PSSM-1 can be fed specific diets that will help decrease the frequency of tying up. However, the ideal diet will vary depending on the horse's current body condition/caloric needs.

"The goal when feeding PSSM-1 horses is to lower blood glucose and insulin levels," advised Pagan. "For PSSM-1 horses with higher calorie needs, offer feeds with less than 15% nonstructural carbohydrates (NCSs) and hay with less than 12% NSCs. A moderate amount of

fat can be offered, about 10-12%."

If PSSM-1 horses are overweight and have lower energy requirements, offer hay with less than 12% NSC and a ration balancer, he said.

If PSSM-1 horses continue to show a reluctance to work, then add more fat to the diet if they are not overweight, Pagan advised. "If they are overweight, PSSM-1 horses will also do better if they are fasted for six hours prior to exercising. This will mobilize fat stores prior to exercise," Pagan said. "And they always need a grazing muzzle when turned out."

Quarter Horse and Quarter Horse crosses with PSSM-2 can be fed similarly to horses with PSSM-1.

Fit, stressed and anxious performance horses—such as Thoroughbreds, Standardbreds and some Arabians—more often suffer recurrent exertional rhabdomyolysis (RER). Other than breed, anxiety and elevated muscle enzymes, no other specific test for RER exists.

"The goals for managing these horses is to reduce their stress and anxiety, and offer a low-NSC, high-fat diet," said Pagan. "This diet will look similar to horses with PSSM-1 and -2 that are not overweight and require energy in their diets."

In addition, all horses with exertional myopathies should have a blood test for vitamin E and selenium. If their levels are low, then you should supplement their diets with vitamin E and selenium, as well as coenzyme Q10 for additional antioxidant support.

Additional details on the dietary plans for horses with these and other forms of tying up were described in the full 2020 AAEP *Convention Proceedings*.

Pagan also described dietary plans for warmblood and warmblood crosses with PSSM-2, as well as horses with myofibrillar myopathy (MFM). Those recommendations were also included in the 2020 *Proceedings*. **EM**

synthase," said Pagan. "As a result, horses with PSSM-1 have over 1.5 times the expected amount of glycogen in their muscles."

This condition is most common in Quarter Horses, Quarter Horse crosses,

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The Great Recession and the pandemic are reminders of the need for future-proofing your veterinary practice.

Future-Proofing Your Practice

For veterinary practices, future-proofing is the process of strategizing and considering scenarios that could impact your business a few years into the future.

By Katie Navarra

The Great Recession hit more than 10 years ago, but it still makes some business owners shudder. The uncertainty of the coronavirus pandemic was a reminder that outside forces have dramatic impacts on practices. Life—and business—would be simpler if there were a crystal ball to send you warnings and an action plan. Until then, it's up to you to take steps to “future-proof” your practice.

“I can't predict the future, but I spend a lot of time thinking about what is going to be different in the next one or two years,” said Lisa Kivett, DVM, MS, DACVIM, owner of Foundation Equine Clinic in Southern Pines, North Carolina.

“Future-proofing” is a term frequently used in technology, medicine and climate change. For veterinary practices, it is the process of strategizing and considering scenarios that could impact the business a few years into the future.

Mike Pownall, DVM, MBA, a founder of Oculus Insights in Canada, believes future-proofing means having a healthy sense of paranoia about the future. Being just a little uneasy creates the motivation to be forward-looking without crippling day-to-day decision making.

“We have to think about things that seem impossible, like what if this COVID virus starts to impact animals more than people—and how we would prepare for a scenario like that,” he said.

To Ryan Penno, DVM, owner of The Equine Clinic at OakenCroft in New York, future-proofing means creating and refining a strategy that keeps the business profitable while maintaining culture and a team-based approach.

“By developing this strategy, it will create a business that allows my staff to maintain a safe and secure income for their families while creating an efficient and profitable business for up-and-coming prospective partners,” he said.

Future-proofing can look different from practice to practice. In this article, Pownall, Penno and Kivett share what has worked for their equine veterinary practice business models and respective marketplaces.



Running "what-if" scenarios can help practice owners understand where to pull back and help them return to a profitable status.

Case Study #1: Knowing the Numbers

When coronavirus lockdowns occurred in mid-March, Pownall's sales cratered for six to eight weeks. Knowing his practice makes most of its revenue in April, May and June, he took a hard look at how his budget plans might be affected.

He created a spreadsheet detailing the year's expenses and revenues based on initial projections. Then he began calculating what would happen if sales were down 10%, 20%, 30%, etc. Even though the immediate sales drop was in March, he looked at what that might mean for eight months down the road.

"We make our money in the spring, and that carries us through winter and into the next year," he said. "We didn't want to lay anybody off, so we were looking at how those scenarios affected staff."

Based on estimations, the entire staff, including owners, reduced their hours by 20% for a month. Everyone shared

equally in the downturn so that when things reopened, they could all return. The key was transparent, hyper-communication with staff about the situation.

Running "what if" scenarios paid off in other ways. For example, Pownall was able to negotiate new terms for his line of credit. In discussions with the banker, Pownall provided the analysis of multiple scenarios.

"That gave the bank the confidence to know I was being proactive," said Pownall. "They suspended principal payments for a few months, and I just paid interest. It helped a lot. We also took advantage of Canada's version of the Payroll Protection Program. Look at what support is available to you, and grab it."

Ultimately, when lockdowns eased, Pownall's practice was prepared to pick up where it left off and recoup lost sales. Taking action and leveraging partnerships put his practice in a good position for weathering the storm.

Case Study #2: Overhauling Accounts Receivable

In equine practice, the horse owner is often not present at the appointment. Instead, a barn manager, trainer, groom, etc., is on site without cash to pay for services rendered. Veterinarians by nature focus on patients and clients first, worrying about payment later. That leads to high accounts receivable.

Penno has instituted a policy of requesting credit cards from all new clients and updating existing client accounts with charge cards. The policy grants the practice permission to charge that card after the scheduled visit or emergency call. That way, clients can be charged even if they are not present. If client is present, he or she can choose to pay with cash, check or credit card.

Receiving payment at the time of service allows the practice to use that income immediately for items such as payroll, accounts payable, investing in new equipment or implementing new marketing programs.

"When an account is receivable, it costs us employee time and other hard costs to collect that money," Penno said. "The money we eventually collect is progressively less than what was initially billed. Accounts receivable can be a large asset, but that is only the case if you collect it."

Penno added that future-proofing his practice has included refining a strategy that keeps the business profitable while maintaining its culture and team-based approach. By putting staff first, he believes it will create a business that allows employees to maintain a safe and secure income for their families while creating opportunities for up-and-coming prospective partners.

"First and foremost is the health of our culture and happiness of our staff," Penno said. "I don't think businesses can maintain solid growth and stability without a positive work environment balancing our patient needs with quality of life."

Case Study #3: Concentrate on Your Superpowers

The Fear of Missing Out (FOMO) drives so many decisions these days. It's tempting to get caught up in "keeping up." Instead, Kivett focuses on her "superpowers" more than on the services her competitors are offering. She doesn't ignore what competitors are doing. She simply spends more time identifying where her practice excels.

"I look at how our value proposition is different," she said. "That changes. Sometimes it changes year to year, other times within a year. I'm constantly looking at the change and the need to consider new possibilities."

When she started her practice, no one provided high-quality dentistry services. She embraced the niche and heavily marketed the service. As others came in and offered that service, she shifted her focus. That led to the construction of an animal hospital. Between Kivett and her staff, they can offer a breadth of services all under one roof.

"One of the things I also think about is the culture change that's coming and how to build a culture at our practice where everyone wants to come to work every day," she said. "I have brought team members into discussions about challenges ahead and encourage them to think about how we scale."

For Kivett, that means fostering an environment where all staff can share ideas for solving problems. Not only does she expect input, but the team also considers if that solution is scalable as the practice expands. If it's workable, it's implemented. If not, it's abandoned and something else is considered.

"I'm always also thinking about the millennial mindset and culture in the workplace," she said. "That is different than the mindset decades ago. There is going to be another shift before I retire. There will be a different culture among younger people, and I want to be able to adapt and change."

Where To Not Cut Corners

Not only does future-proofing mean thinking of how different scenarios could play out, it also means identifying clear, realistic goals. It's critical that long-term goals are attainable and if not, then they should be split into smaller, more attainable goals, Penno said.

"Frequently, not being able to attain a goal that was too large can be considered a failure, when the goal was not attainable to begin with," he said. "Making smaller, more attainable goals keeps a positive outlook and positive culture."

When the future looks uncertain, tightening the belt and cutting expenses is prudent. However, marketing is usually the first to go. Pownall recommended resisting the urge to cut back on marketing efforts. In 2008, and again in the pandemic, Pownall increased the practice's marketing efforts.

"Everything ends, and we wanted to

be well-positioned when things turned around," he said. "There is a lot of research by the Harvard Business School showing that those who invest more or maintain investment in marketing during stressing times come back better than before."

Take-Home Message

Veterinarians historically have little to no business training before becoming practice owners. Understanding basic business principles and implementing strategies can help practice owners become more profitable and efficient.

"There are considerable resources available now to veterinary practice owners that they can take advantage of for the benefit of their clients, patients, staff and themselves," Kivett said. "AAEP has a whole series of training sessions geared to business management, and that's a great starting place." **EM**

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In recent years, equine ulcer disease has been described as two distinct entities, depending on location in the stomach: a) non-glandular disease and b) glandular disease.

At the Northeast Equine Practitioner's Association (NEAEP) Symposium in late 2020, Guy Lester, BSc, BVMS, PhD, DACVIM, of the University of Florida, presented a comprehensive look at gastric ulcer disease in horses.

The most commonly recognized ulcer problem is non-glandular (squamous) ulcer disease that has multifactorial causes related to physiologic and psychologic factors. It is possible that high-speed exercise might increase the intra-abdominal pressure that compresses the stomach and causes gastric acid to wash onto the non-glandular mucosa to impact pH and create mucosal damage.

Environmental factors such as stabling and social elements are also important.

Another clear association of non-glandular disease is cribbing, although it is unclear whether this is the result of an environmental effect or is symptomatic of gastric ulcers. Horses with non-glandular ulcer disease often take longer than usual to consume a grain meal while failing to put on weight despite having ample groceries.

Glandular ulcers, although less considered than non-glandular ulcers, have been identified in the stomach and pyloric regions in up to 63% of Thoroughbred racehorses and sport and pleasure horses, and up to 33% of endurance horses. Initial signs might be somewhat vague, such as decreased performance, girth pain, change in appetite and colic. The greatest risk for development of glandular ulcers involves frequent exer-

cise (at least five days a week).

Treatment options for non-glandular disease rely on increasing gastric pH—this might take two to three weeks to achieve a response. By contrast, suppression of acid might not have the same impact on healing of glandular lesions, since they are already acid tolerant.

To decrease acid, medications can be used. The two most common are proton pump blockers such as omeprazole and histamine agonists such as ranitidine. Another treatment relies on protective coating of the epithelium with sucralfate. A lesser-used treatment seeks to improve mucosal resistance to acid using misoprostol—dosing has not been figured out as yet, and there are some initial problems with colic and diarrhea as a consequence of misoprostol treatment. Lester noted that there is very little evidence of the need to treat bacterial



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infections with antimicrobials as is done for human gastric ulcers.

Most horses' acid is well suppressed at 2 mg/kg omeprazole paste; to get suppression in all individuals, it is recommended to treat at 4 mg/kg. Studies with omeprazole have demonstrated that an enteric-coated drug administered orally for maintenance decreases acid secretion at doses of 1 mg/kg rather than having to resort to the full (and expensive) 4 mg/kg. Compounded forms of omeprazole have achieved poor efficacy. In addition, the medication should be protected from heat degradation—at 104 degrees Fahrenheit, decay occurs within 160 hours.

Failure of omeprazole treatment is becoming increasingly recognized in horses, according to Lester. Ad-lib hay can decrease bioavailability of the drug by 50-66%. Proton pump inhibitors are

absorbed and metabolized by the liver to accumulate selectively in the highly acidic space of stimulated parietal cells. By morning, 70% of the proton pumps are active, so it is best to fast the horse overnight prior to administering oral omeprazole. Then administer omeprazole paste 30-60 minutes prior to feeding. Meal feeding promotes acid secretion via gastrin, and acid is required to convert the omeprazole pro-drug into the active component.

Each horse's metabolism is also variable, with rapid metabolism eradicating the drug quickly, especially if the horse has the C4P2c19 enzyme that actively metabolizes the drug.

Glandular gastric ulcer disease takes longer to heal than non-glandular. It is important to note that signs might resolve but lesions can still be present; therefore, a gastroscopic exam is helpful.

Or one can measure gastric luminal pH to see if acid suppression is occurring in a horse receiving an approved omeprazole product at an appropriate dose. In many cases, acid suppression begins to wane by 10-14 hours, and in fact, oral omeprazole increases stomach pH >4 for only about four to six hours. In humans, treatment failure is sometimes addressed by administering a double dose or giving the regular dose every 12 hours. Another alternative suggested by Lester is the use of fenbendazole or esomeprazole (an active drug, not a pro drug) at low doses to suppress acid.

An injectable, long-acting omeprazole formulation is available in Australia that provides good efficacy; it is given IM at a dose of 2 grams every seven days. Studies have demonstrated 100% healing in cases of non-glandular disease and 75% in glandular disease. **EM**

Experts Agree on DJD

An aging patient base and improving diagnostics means today's equine veterinarians are diagnosing and treating more degenerative joint disease (DJD). In order to better understand degenerative joint disease (DJD)—a major cause of lameness in horses—American Regent Animal Health, makers of Adequan® i.m. (polysulfated glycosaminoglycan), brought together a group of equine practitioners ranging from a new graduate in equine practice to leading imaging and lameness practitioners to researchers and surgeons. The company asked EquiManagement to moderate a half-day discussion on the diagnosis and treatment of DJD. We have gleaned the following tidbits and advice from these practitioners to share with you.

This group included **Kent Allen**, DVM, owner of Virginia Equine Imaging and a founder of the International Society of Equine Locomotor Pathology (ISELP); **Robin Dabareiner**, DVM, PhD, DACVS, who worked at Texas A&M for 23 years before working at Waller Equine Hospital in Texas; **Christopher E. Kawcak**, DVM, PhD, DACVS, DACVSMR, ACVS Founding Fellow/MIS, who is the director of Equine Clinical Services at Colorado State

University (CSU); **Zach Loppnow**, DVM, an associate veterinarian at Anoka Equine Veterinary Services in Minnesota; **Rick Mitchell**, DVM, MRCVS, DACVSMR, an owner of Fairfield Equine Associates and a founding member of ISELP; **Kyla Ortved**, DVM, PhD, DACVS, DACVSMR, the Jacques Jenny Endowed Term Chair of Orthopedic Surgery at the University of Pennsylvania's New Bolton Center; **Kelly Tisher**, DVM, managing partner at Littleton Equine Medical Center in Colorado; and **Gary White**, DVM, owner of Sallisaw Equine Clinic in Oklahoma. *All are paid consultants of American Regent Inc. The opinions expressed by the consultants may not be the opinions of American Regent Animal Health or American Regent Inc.*

You will find a long article on EquiManagement.com (search DJD to find the article "Managing DJD in Horses: Vet Panel Provides Insights to Help Your Practice").

In that article you can watch video clips from the Round Table, click to read research and get a full picture of the state-of-the industry for DJD.





Researchers want vets to better 'read' horses to determine whether the animals are in pain.

AAEP 2020: Recognizing Musculoskeletal Pain in Ridden Horses

‘Horses are trying to communicate; we just have to learn how to listen,’ Dr. Sue Dyson said.

By Stacey Oke, DVM, MSc

According to Sue Dyson, MA, VetMB, PhD, DECVMR, FRCVS, “We are conditioned that many horse behaviors are normal, but they are not. We need to appreciate that what we call ‘naughty horses’ are actually those in pain, and that with resolution of pain, ridden horse behavior will improve, as well as their performance.”

This key message was driven home during Dyson’s presentation at the virtual 2020 AAEP Convention. Dyson, from Market Weston in the United Kingdom,

then described her recently developed “ridden horse pain ethogram,” or RHpE, to help practitioners recognize even the most subtle lameness cases.

“Many horses appear sound in hand but have pain-related musculoskeletal problems when ridden,” she explained. “That pain can manifest as behavior issues that are often mistakenly labelled as training-related or even dismissed by saying, ‘That is how he’s always gone.’ ”

Using Dyson’s RHpE, however, could reveal that a great many of those behaviors are indeed related to treatable musculoskeletal pain.

“An ethogram simply refers to a series of named behaviors, each with specific definitions,” Dyson explained. “To create our RHpE, we identified 117 different behaviors and compared them between lame and non-lame horses. Of those, we identified 24 behaviors, the majority of which were at least 10 times more likely to be observed in lame horses.”

Those 24 behaviors could be broken down into four main categories when assessing horses:

1. **Facial markers** such as repeated head tilting, ears rotated back behind vertical or lying flat for 5 seconds or

more, eyelids closed or half closed from 2-5 seconds, and sclera exposed repeatedly

2. **Body markers**, including tail clamped tightly to the middle or held to one side and tail swishing

3. **Gait markers** involving a rushed gait or moving too slow (i.e., fewer than 35 trot steps/15 seconds) and spontaneous changes in gait

4. **Miscellaneous markers**. Horses can show a reluctance to move forward, stopping spontaneously, and exhibit bucking or rearing.

The RHPe was validated in 24 lame and 13 non-lame horses examined blindly. Dyson and colleagues found a significant difference in the number of behaviors of the RHPe between lame and non-lame horses. Specifically, non-lame horses exhibited a maximum of six of the 24 behaviors (mean and median score 2), whereas lame horses exhibited

a maximum of 14 of the 24 behaviors (mean and median score 9).

“The presence of eight or more of the 24 behaviors is highly likely to reflect the presence of musculoskeletal pain in sporthorses,” she said. “Some horses with a score of less than 8 may also be lame.”

In addition to being useful in the RHPe’s creator’s hands, Dyson assures us that any veterinarian can reliably apply this RHPe in live horses “with training and practice.” She does, however, warn practitioners that rider skill, rider size, tack fit and even other sources of pain such as gastric ulcers have the potential to influence the RHPe scores.

“A good rider cannot conceal abnormal behavior, although different behaviors may be manifest than with a less skilled rider,” she added.

When using the RHPe, Dyson recommended observing the horse in its full repertoire of movements, including

multiple gaits and 10-meter circles to the left and right at the rising trot. Watch carefully for at least 5-10 minutes, use a stopwatch to accurately measure how long behaviors last and step frequency, and use a tick sheet to improve the reliability of the RHPe in practice.

Dyson emphasized that the RHPe can be used by veterinarians to identify lameness, and it can be used:

- for owner education to help alert owners to the presence of a problem without evidence of overt lameness,
- in pre-purchase examinations,
- when assessing saddle fit, and
- to assess response to diagnostic anesthesia during a traditional lameness examination.

In other words, the RHPe is an incredibly powerful tool.

“Horse are trying to communicate; we just have to learn how to listen,” Dyson concluded. **EM**

Ad Index

BLUE = SPONSORED EDITORIAL

RED = SPECIAL ADVERTISING SECTION

AAEP.....	61
ADM	13
American Regent Animal Health (Adequan).....	3
American Regent Animal Health (BetaVet)	39, 40
Animal Arts.....	34
Astro CT	1
Avanti Equine Veterinary Partners	17
Bimeda	11
CareCredit: Business Briefs on Emergency Cooperatives.....	14
CareCredit	15
CareCredit	30-31
Covetrus and Zoetis Sponsored Editorial: Engaging New or Former Clients for Vaccinations.....	46
Covetrus.....	46
Dandy Products	56
Dechra.....	49, 50
Disease Du Jour Podcast (brought to you by Merck Animal Health).....	51
EquiManagement newsletters.....	62
Equine Diagnostic Solutions.....	35
Equine Podiatry Solutions.....	Inside Front Cover

Equinosis	7
Equithrive	29
Franklin-Williams	59
Hallmarq.....	23
Kentucky Performance Products.....	5
Merck Animal Health	43, 44
Nutramax.....	27
Platinum Performance.....	Back Cover
Purina.....	55
Shank’s Veterinary Equipment.....	34
SmartPak.....	25
Soft-Ride	21
Sound	9
Sox for Horses.....	35
Spalding	53
Straight Arrow	19
The Business of Practice Podcast (brought to you by Dechra Veterinary Products)	51
Universal Imaging	33
USRider.....	47
Vet-Ray by Sedecal	45
Wellness Ready/Equithrive	Inside Back Cover
W.F. Young Inc.	37

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