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YOUR GUIDE TO THE 2006 AAEP CONVENTION

Management & Care

BY CHRISTY WEST AND ERIN RYDER

Keep Old Horses Healthy

"How do we tell when a horse is aged?" asked Nancy Loving, DVM, who owns Loving Equine Clinic in Boulder, Colo., at the recent Healthy Horses Workshop for horse owners (held Dec. 2 in San Antonio, Texas, in conjunction with the 52nd annual American Association of Equine Practitioners Convention). "Most people think a horse is old once he's over 20 years old. But we have to think of physiological age, not just chronological age. For example, some people are old and frail at 70, while some are still playing tennis at 70.

"As the years go by, veterinarians see more and more older horses," she said. "I just lost a horse in my practice that was 42. The record is 62 years old (uncorroborated), and I have seen one at 52; horses in the mid-30s are very common."

Loving said the National Animal Health Monitoring System's 1998 equine study found that 30% of U.S. horses were over age 11, and 8% were over age 20. In a country with more than nine million horses, that's a lot of old horses, many of which have special health care needs. These special needs were the focus of her presentation to the 303 horse owners in attendance.

Maintaining Body Weight/Condition

Some older horses might become too fat, while others lose weight and can't seem to get it back. Loving said an older horse, much like a young growing horse, needs more protein and fat than a middle-aged horse, as well as a source of good-quality fiber. She addressed problems contributing to both weight loss and weight gain in old horses.

Tired of eating "Old horses are slower eaters and they often tire of eating, leaving food to nap," Loving said. "Consider herd competition for these horses; when they get tired of eating, everyone else cleans up all their food. You might have to separate these horses to feed them." It might be



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inconvenient, but it might be necessary, she said.

Hay type/quality Make sure hay is easily chewed and processed—i.e., it isn't overly mature and stemmy. "These old horses don't have the best dentition to chew poor-quality hay," she said.

Dental issues These might include oral pain, temporomandibular joint (TMJ) disease, periodontal disease, hypersalivation, oral ulcers, sensitivity to cold water, and/or halitosis (bad breath). Any painful dental problem can reduce a horse's willingness to eat, which can mean weight loss for these old horses. Signs suggestive of dental problems include poorly digested feed in feces, cow-pie (loose) manure, and/or quidding (dropping clumps of partly chewed feed on the ground), said Loving. And esophageal choke is a risk when food can't be properly chewed.

As a horse ages, his teeth continually erupt (push out) from the sinuses, unlike human, dog, or cat teeth that grow out and stop at a certain point. Eventually, there's no more tooth left to come down. "All herbivores do this," said Loving. "When their incisors are gone, horses can't do so well on pasture anymore."

As horses get older, their teeth angle out more and the grinding motion changes, said Loving. "Often they get sharp points on their teeth that cause mouth ulcers, which interfere with optimal chewing of food and extraction of nutrients. Use your camera, camera phone, or whatever to take pictures of your horse's body condition to compare to later. You see him every day; you can't see the forest for the trees. You need some objectivity, and this helps.

"Regular dental care can help keep the horse's constantly changing teeth in proper

alignment so he can properly chew and get maximum nutrition out of his food to maintain his body weight," she said.

She recommended that an equine veterinary dentist examine and tend to older horses' teeth at least twice annually, and that feed mashes or slurries be fed to older horses with very few or no teeth left.

Concentrates "I'm here to stamp out grain," Loving stated simply. "Horses don't normally consume grains in the wild. All the research shows that there is an increased risk of colic from feeding grain. You might think your horse needs more calories so you offer him grain, but it's processed in the small intestine rather than in the large hindgut, and this creates a potpourri of alterations to digestive health. In any case you can eliminate grain, do so because it can really create problems, such as gastric ulcers, obesity, obesity-associated laminitis, insulin resistance, colic, etc.

"Instead, if he needs extra calories, use beet pulp, rice bran, vegetable oil, alfalfa pellets, or complete feed pellets," she recommended. "Mashes are easier to eat, and it's more palatable if it's easier to eat. Any kind of oil you can find is okay, as horses are very well adapted to using fat as a caloric source."

Old and overweight "The leading cause of obesity is improper nutrition, not endocrine (hormone) disturbance," Loving stated. "I feel that obesity is a form of malnutritional abuse. Overfeeding is often done with the best of intentions, but these horses can founder and experience significant pain.

"Fat becomes an endocrine (hormone-secreting) organ at any age—it increases cortisol (often called stress hormone)," she said. "This can result in insulin resistance and glucose intolerance.

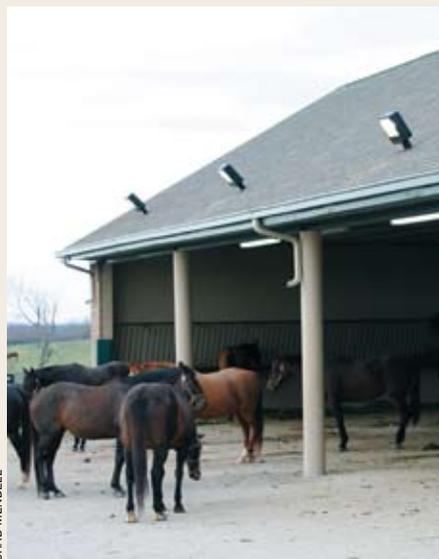
"For fat horses, cut their food down to about 70% of their needs—don't crash diet them," she recommended. "Weigh their feed—you can't just eyeball it. Soaking hay in a tub of water is said to remove some of the NSC (nonstructural carbohydrates, or starches) that causes some of the weight problem. Exercise the horse if he has no musculoskeletal problem. Plus horses do just fine with a grazing muzzle to limit feed intake so you can turn them out to exercise on pasture."

Additional Management Strategies

Shelter/blanketing Provide a some form of shelter such as a run-in shed for pastured older horses to get out of the weather. Blanketing might be necessary for some

horses, but don't keep them overly warm.

Deworming/vaccinations A horse with internal parasites can look unthrifty and pot-bellied, and he might show uneven shedding or colic. "An older horse should receive at least as aggressive deworming and vaccination strategies as a horse in his prime," Loving commented. "Keep up a good, steady program for all horses in the herd."



Be sure to provide some form of shelter such as a run-in shed for older horses.

Diarrhea, general poor condition, and/or cow-pie feces might suggest parasite infestation, and/or chronic sand ingestion.

Call the vet if he just doesn't seem right. Persistent weight loss or a depressed appetite might signal liver or kidney disease, anemia, or cancer. Your veterinarian can help diagnose the cause of poor condition in an older horse.

Air quality Outside air is preferable to maintain respiratory health, said Loving. Feed good-quality hay to keep down dust and avoid moldy hay.

Fitness/Lameness

"Keep old horses toned—exercise them, even if it's just pasture turnout," recommended Loving. "That will help keep joints and morale healthy! Stall confinement contributes to colic, and exacerbates arthritis because of lessened joint lubrication, and in addition, soft tissue injuries 'freeze up.' This is not too dissimilar to how you feel after sitting here for four hours," she said with a smile.

Clinical signs of lameness and pain include lying down more often, difficulty rising, pointing a limb (in order to take weight off of it), and possibly chewing on

a sore limb or even fences or the barn. "Some horses that are chewing on themselves or the barn stop chewing if you give them some painkiller," Loving said. "Their behavior is a way of communicating to us to do something!"

Osteoarthritis, ringbone, bone spavin, fetlock arthritis, degenerative joint disease, suspensory degeneration, and navicular disease can all cause lameness in any age horse, but these are particularly problematic concerns in older horses, she said.

"A horse should be maintained in a reasonably comfortable state even if he's just standing in a field," Loving said. She discussed several options for managing lameness in older horses:

Nonsteroidal anti-inflammatory drugs (NSAIDs) "These are palliative only; they make horses feel better but don't fix anything," Loving said. "But maybe that's okay. Hazards include kidney failure, gastric ulcers, and ulcerative colitis, which is darn near impossible to fix. I ask my clients, what are we talking about here? One must balance the risk of developing these side effects from NSAIDs vs. a horse's pain and quality of life. If we have tried aggressive medical management, yet he's still hobbling around in pain and/or having difficulty getting up or keeping up with the herd, then it may be practical to try low-dose Bute (phenylbutazone) or Banamine (flunixin meglumine)."

Corticosteroids are helpful when injected directly into joints. However, not all steroids are created equal, she noted. "They provide potent reduction of pain and inflammation and mask damage; some promote cartilage repair, but not all," she said. "Have a conversation with your vet about the best approach in using steroids, and which would be appropriate for your horse's situation."

Hyaluronic acid (HA) given intravenously or into a joint targets synovitis, reduces pain and inflammation, and lubricates joints, she said.

Polysulfated glycosaminoglycan (PS-GAG) has been very helpful for some of these geriatric situations, Loving said. "It has an affinity for cartilage, especially if it's damaged," she noted. "It decreases joint inflammation and increases synovial (joint) fluid viscosity (makes it thicker and increases its lubricating ability)." Loving stressed, though, that once there is significant cartilage damage as with arthritis, most of the systemic joint therapies have limited value, but they might be worth a try.



Management options include cold therapy (cold-hosing sore joints), a good warm-up and cool-down for exercise, and long-and-low type riding (with the horse on a long rein moving with a low head carriage) to help keep tissues supple, she said. Stretching can help improve the horse's flexibility.

Acupuncture has been shown, in some cases, to provide relief from musculoskeletal pain, she noted.

Oral joint supplements such as glucosamine have allegedly helped to relieve pain in sore joints, she said.

Foot Care/Laminitis

"You have to provide routine care to the feet because that's just as important as anything else to keep them comfortable," stated Loving. "Some horses can go barefoot all the time, some need boots when riding, and some just don't do well without shoes. Everything is trial and error."

Laminitis is a big risk in older horses, particularly those with hormonal imbalance, she said. Its onset can be subclinical, chronic, and insidious. "Owners need to be very conscious of this," she recommended. "Sinking and rotation (of the coffin bone) are excruciating. It's a very painful way to die, so we want to avoid it at all costs."

Cushing's Disease/Metabolic Syndrome

Cushing's disease or pituitary pars intermedia dysfunction is a fairly common condition in older horses that causes them to be hirsute (overly hairy) and have irregular or delayed shedding, among other clinical signs. "The pituitary gland enlarges and becomes overly active, but is not necessarily tumorous," she explained. "Pituitary activity overstimulates the adrenal glands and the horse's system is flooded with steroids. Puffy eyes (from fat deposits) are a tip that you need to look more deeply into this. Sometimes these horses drink a lot and pee a lot, are potbellied, and/or are susceptible to infections, particularly sinus infections or when they have trouble healing a wound. Having too much corticosteroid in the body causes alterations in glucose and cortisol (so-called "stress hormone") metabolism. It is reported that 70% of horses over 20 years old have apparent or subclinical signs."

Treatment includes dietary management; the medications pergolide, cyproheptadine,

or trilostane (which is not currently available in the United States); and/or body clipping the shaggy hair. "You can treat them (medically) for about \$1/day," she added. Horses should be treated before developing laminitis—an unfortunately common sequel of Cushing's disease.

Equine metabolic syndrome This leads to obesity and obesity-associated laminitis, but it also has another component—abnormal fat deposition such as a cresty neck or swollen sheath, Loving explained. This syndrome is not peculiar to older horses, she added. Diet modification and exercise are the only treatments at this time.

Hypothyroidism? "I hear so many times that a vet has 'diagnosed' a horse with thyroid problems," said Loving. "There might be thyroid problems secondary to Cushing's disease or metabolic syndrome, but there really isn't primary thyroid disease in horses. If they're on thyroid medications, look at other ways of treating them."

"Fat horses are commonly accused of being hypothyroid, when the predominant ailment that horse suffers from is access to an abundance of calories—a problem created by management and husbandry practices," she said.

Other Health Problems

Cancer/melanoma This is said to occur in 85% of gray horses over 18 years of age, she noted. It can affect the salivary glands, lymph nodes, perineum, penis, and/or eyes, and it can even result in bowel obstruction.

Squamous cell carcinoma These lesions can appear on the scrotum, perineum, or eyes in horses over 15 years of age. They often start small, she said, so she suggested that the audience go home and look carefully for skin cancers in aged horses.

Pyometra It is not unusual for a mare to develop a uterine infection in her older age. Pus buildup in the uterus (pyometra) can create a space-occupying mass that elicits colic.

Bladder stones As horses age, they might develop deposits of mineral concretions (stones) or sandlike crystals (sabulous urolithiasis) in the bladder; the sandlike debris is very hard to get rid of. Bladder irritation from stones or crystals causes an affected horse to urinate small amounts frequently. You often see the horse straining to urinate, and you might also see urine splatter on the hind legs (mares in back, geldings in front).

Anterior uveitis or moon blindness This causes a painful eye with signs of

conjunctivitis (inflammation of the membranes covering the lining of the eyelids), tearing, squinting, photophobia (discomfort from sunlight), and often the eyelids will appear swollen. In a horse with a painful eye, the eyelashes point down rather than out as with a normal horse.

Cataracts These can affect older horses,



Strict quarantine can help prevent spread during a disease outbreak.

but they seem to compensate incredibly well if only one eye has reduced vision.

"Old age need not be a burden," said Loving. "Considering all the premium health care we can offer our horses today, there is no reason they shouldn't be living into a ripe old age in the greatest of comfort."

For more information on older horse care, see:

- Older Horse Care articles online.
- Loving's book *All Horse Systems Go* (available at several retailers, such as Amazon.com):

Infectious Disease Outbreaks

Effective outbreak management is implemented before a single horse gets sick, according to Mary Scollay, DVM, track veterinarian at Calder Race Course and Gulfstream Park racetrack in Florida. Scollay advocated having a plan in place and tailoring that plan to the particular disease situation as needed.

When an infectious disease is suspected,

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Scollay said to first establish a perimeter to contain infected and exposed horses, communicate the plan, and only then attempt a diagnosis. Raising an alarm about a potential outbreak before setting the perimeter can prompt some horse owners to leave, leading to the spread of the pathogen. If you cannot establish a diagnosis, Scollay recommended maintaining infection control measures for at least 21 days.

Management of resources is key before an outbreak occurs. Establish a chain of command, assess the facility, and take inventory of available testing materials and biosecurity supplies (gloves, etc.) available. Horse entry requirements should be strictly enforced. Have a disease-reporting system in place so that people know what veterinary officials should receive information on a suspected case.

Scollay said a facility manager should provide clear, concise instructions for horse handlers.

Equine Emergency Care Tips

The first thing most guides on handling emergency situations will tell you to do is be prepared for that emergency. Know what can happen, what you'll do in that situation, who you'll call, what supplies you'll need, etc. For an equine health emergency, the same rules apply—you'll handle it best if you planned for it ahead of time so you understand what necessitates a call to the veterinarian, have the proper first aid supplies on hand, know how to use them, and are familiar with your vet's emergency phone services.

To help horse owners prepare for a horse health emergency, Mark Fitch, DVM, of Boulder, Colo., demonstrated emergency first aid procedures and discussed tips for various situations during the Healthy Horses Workshop.

Hoof Puncture Wounds

"If your horse has a non-weight-bearing lameness, make sure he doesn't have a nail or something in his foot," suggested Fitch. "If he does, remove it, then make a map (drawing) of the foot showing where the puncture is. Draw it out so there's no confusion (was it to the horse's left, or your left?) and make an X where the object was. We can usually find it, but it can be tough, especially in the frog—it's spongy enough that you might not easily see where the object was."

Although some veterinarians ask that owners leave penetrating objects in place so they can see how deep the puncture

goes, Fitch doesn't prefer this. "I don't like to recommend leaving them in place in case the horse damages himself further with more steps on it," he said. "Unless you're going to hold the foot up until the veterinarian gets there, take it out. I have never had one that got 100% sound after the tendon sheath was compromised (by a puncture wound), and if it isn't already compromised, I don't want to risk it. If it's in the joint, you'll probably see synovial fluid running out the nail hole when you take it out."

protection."

When the wound is further up on the leg in the heel bulb or pastern area, wrapping can be more of a challenge. Bandages like to scrunch together in the pastern area if you don't make sure to get some of the wrapping well below the heel bulb, said Fitch.

Wrapping Legs

The typical lower leg standing bandage, whether for wounds, injuries, or just protection, needs some padding, said Fitch.



Tendon damage can occur with too-tight wraps. If you are unsure how to apply a proper leg bandage, ask your veterinarian for advice.

Know How to Call Your Vet

"It's important for people to learn the emergency phone procedures for their veterinarian's service, with all the phones, cell phones, after-hours answering services, pagers, etc., that are out there," he stated. "In our practice, if you listen to the whole message, it takes three to four minutes to listen to all the options. The emergency information is first, but if you are waiting through all the options for a service when you've got an emergency, it seems like an eternity. Or your veterinarian might prefer that you call a cell phone number after hours instead of the office."

Wrapping Feet and Lower Legs

If your horse wounds a hoof, protecting the area from dirt and worse is a high priority. Fitch demonstrated using a disposable diaper to protect injuries to the bottom of the foot. "They conform to the foot real easily," he said. "Apply ELASTIKON (stretchy bandaging tape) over that, then you can cover it with duct tape for more

"We use sheet cotton—it provides extra cushion, plus it absorbs any discharge from a wound," he explained. "And the padding helps keep you from wrapping too tight and causing a 'bandage bow.' This is an ischemic injury (one caused by a lack of blood flow); the bandage acts like a tourniquet if you get it really tight. Most bandage bows don't actually hurt the tendon, but you get a lot of swelling in the peritendinous tissues (those next to the tendon). If you sweat these a little, the swelling goes right down."

However, tendon damage can occur with too-tight wraps; he recalled one owner wrapped all four of her horse's legs and ended up with three damaged tendons.

What about sports medicine support wraps or boots to prevent injury? "If those are tight enough to restrict motion, they're too tight—use them only for short periods," he recommends. "If they're tight enough to restrict motion, they hamper movement enough to affect performance. If that really worked, you'd see them on



every racehorse. They just don't make a boot that can prevent injury like a bowed tendon.

"The reality is that most horses get injured when they get tired," Fitch said. "Watch out for that—as they get tired from hard work, they start to stumble or take bad steps. At that point, they are susceptible to injury."

The exception to this rule is splint boots, which do help prevent leg wounds, he said. Splint boots prevent traumatic injuries from interfering (when one hoof hits the other leg).

Snakebite, Fire Evacuation, IV Shots, and More

Fitch described what to do in a variety of situations involving potential equine emergencies.

Snakebite "Don't worry so much about a tourniquet, as this can do more damage," said Fitch. "Just keep the horse as calm as you can and call your veterinarian; don't move the horse and stimulate more circulation (of the venom throughout the horse's body). Antivenom will be the most beneficial part of the treatment. It can be purchased at human hospital emergency rooms. It's pretty expensive, but it's worth it."

Fire "I don't recommend blindfolds to lead a horse out of a burning barn; they won't necessarily follow you easily," Fitch said. "But if you moisten those towels and put them over his nose, that can help protect his airways. Once they lose those mucosa (airway linings) to the heat, there are lots of problems with infection."

Intravenous (IV) injection emergency Do you give your own IV shots? The horse's jugular vein (where most IV shots are given) runs very close to his carotid artery. "If you put an IV medication in the carotid artery, the horse will likely die because the medication will go straight to his brain," warned Fitch. "If you go up high on the neck, the chances of hitting the carotid artery are a lot less."

Proud flesh This occurs when excessive granulation tissue in a wound builds up above the normal skin level, he explained. "The problem with this is that skin edges that normally would migrate over the wound won't go over the hill," said Fitch. "It's not a big problem; you just debride (cut away or apply medication to reduce) the excess tissue and it will heal. We use

HYDRASORB dressing (a highly absorbent foam dressing) or Panalog ointment (a combination antimicrobial and steroid)."

Air Quality Testing in Barns

"I used to look at a beam of light with the motes of dust in it and think it was aesthetically pleasing," said Melissa R. Mazan, DVM, Dipl. ACVIM, of the Tufts University School of Veterinary Medicine in Massachusetts. "Now that I know what's in those dust motes, the pleasure is gone."

Mazan said 25-80% of stabled horses develop neutrophilic airway inflammation (inflammation caused by a type of white blood cell that helps kill and digest microorganisms).



John Lyons worked with a young horse that was head shy and needle shy.

However, air quality testing along with owner education, modification of barn and field setups, and improved management practices can go a long way to clear the air.

You can collect data on air quality using a calibrated air pump and a host of filters to collect particulate in the air. You can choose filters for various sizes of particulates as well as filters specific to endotoxins and molds.

"Anything you'd like to look for you can have analyzed on those filters," Mazan said. She submits her filters to an Environmental Protection Agency laboratory for analysis.

Filters and pumps can be worn by horses

fitted with surcingle, or they can be worn by employees for real-time analysis.

According to Mazan, the average barn has levels of particulates that are "off the chart," referring to acceptable and unacceptable levels of various airborne particulates set for human environments. Grain dust, for example, is so high in endotoxins that it is associated with occupational asthma in humans.

Training Your Horse for Procedures—And Everything Else

Picture this: You're at a horse handling clinic watching the clinician's horse do pretty much anything you can think of and 50 other things you hadn't. You sit there amazed and envious, wishing you could get your horse to lead or sidepass that well with no visible cue, to say nothing of the ease with which that clinician can clip, load, and give shots to that horse. How do you get your horse to handle that well?

At the recent Healthy Horses Workshop, clinicians John Lyons of Parachute, Colo., and Mark Fitch, DVM, of Boulder, Colo., spent several hours on this topic for more than 300 horse owners, trainers, and veterinarians in attendance. Using attendees' horses, they demonstrated how to work around the problems of problem horses, and in doing so increase their compliance with more handling procedures than just those at hand.

"What we want you to be able to do is learn how to read these horses and do what's appropriate to work around them without scaring them more and making it more difficult to work around them," began Lyons.

The main message both clinicians emphasized was that handling and training horses isn't just about what you're trying to get the horse to do (or not do) at that moment. The way a horse responds to you for one activity is the same way he responds to you for other activities, so by improving your handling of your horse in one area, you'll see benefits in your other interactions with that horse as well.

It's Your Job

Lyons emphasized that it is the owner's job to train the horse to behave for the veterinarian, farrier, or whomever:



ANNE M. EBERHARDT

Lyons said, "Sometimes I reward a forward movement, sometimes just a forward thought. He has to think about getting in the trailer before he can actually go in."

"It is our responsibility to have the horse so well trained that we can do whatever we need to do without a problem," he stated. "Our horse does not have the right to hurt anyone. It's not because the vet smells funny that a horse hurts him, it's because we didn't train that horse well enough. It doesn't take that long to train them."

"If you really want your vet to love you and want to come see your horse, get him to act perfect for that vet," he added.

Handling Basics

Several of the horses Fitch and Lyons worked with during the clinic were not properly responsive to their cues to move forward, back, or sideways. So they started there, often using a snaffle bridle for more control and to help extend the cue lessons to riding work.

Working with a young horse that was there because he was head-shy and needle-shy, Lyons said, "He's never been taught to move away or to the right, so he crowds us. He's not doing anything wrong, he's just being a horse. It's like taking a kid to a nice restaurant but never teaching him how to eat. You can't get mad at him because he's

a horse. I just want to teach him to move away and what manners are."

Fitch added, "He has to have a balance between the respect and the fear in his life. We must remove the fear first, and instill respect in its place. Fear is removed using approach and retreat. Respect is instilled by teaching the horse to yield to and from pressure."

While repeatedly asking the horse to move forward, back, sideways, and stop, Lyons remarked, "Even after five minutes of doing this, you see a big change in the horse. Plus you're teaching him sidepassing, turns on the forehand, to move his haunches in, move laterally, get off the haunches, and to get far more responsive to the bit. As we get to the end of the

lesson, it takes less and less pressure for him to move. So we're getting him more and more responsive."

Trailer Loading

Next Lyons worked with a Paint mare who reportedly used to load in trailers fine, but had a bad experience getting on a trailer.

"She fights a lot and got worse and worse," said her owner. "It takes several people and a butt rope to load her now. I have put her grain in the trailer in a round pen; she will go in and eat, then comes back out. If I move a partition or something, she's out of there."

"The first step in is also the last step out," said Lyons. "Our job is to get the horse to back calmly from the front of the trailer all the way back. Really all you have to teach this horse is to put one foot in the trailer 200 times and take it out, put two feet in 200 times and take them out. You don't have a cue to ask the horse to back out of the trailer, so the horse decides to come back out on his own. I'm not getting up in there with her. I'm going to need a cue to ask this horse to stop and back up,

and one for that shoulder to go away. I'm trying to control her all the way in, and all the way out.

Lyons offered several tips related to trailer training during his work with the mare:

- "When the horse rears, while he's in the air I hit his front feet (with the crop). When they come down, I back off. That's how we start taking away the option of 'up.'"
- "Sometimes I reward a forward movement, sometimes just a forward thought. He has to think about getting in the trailer before he can actually go in."
- "Actions will follow thoughts. If he keeps coming out of the trailer and looking out to the side, about the fourth time he'll try pretty hard to go that way."
- "They start out bad, learn a little, get better, then get worse. They start trying other options because they're afraid, then they'll start getting in the trailer, then get a lot worse. They'll try every single option and put a lot of effort behind it. At this point a lot of people get real worried and wonder if they should have stopped. Don't."
- "Once the horse is in the trailer, you can start making noise and stuff, but don't trap the horse in there (by shutting the door). I don't ever trap them in the trailer until they're 100% solid in the trailer. Never ever, under any circumstances, do you close the door if you think there's the least chance he's going to flip out."

Lyons' General Handling Tips

- "You're not building a partnership, you're building a leadership."
- "I don't want my horse to know I have a watch, a time frame, or that I get frustrated or upset. I want my horse to think I'm flatline no matter what he does."
- "Good training is never a waste of time. Take extra time if you need it, even if a particular thing is not what you planned on doing today."
- "If you tap the horse (asking him to move forward) and he starts to back up, and he keeps going back, then you have to keep tapping until he goes forward. If you stop tapping when he backs up, then the taps start meaning 'back up.'"
- "A horse's skin is seven times more sensitive than yours. So if you wouldn't hit a person that way (he demonstrated with loud pats on the horse's neck), definitely don't do it to your horse! A rule of thumb is if you can hear your hand hit the horse, it's too hard. Do not hit that horse loud enough at any time to hear it—that's punishment, not praise." 🐾

