

Nail Bind

Nail Bind is a term used to describe the condition where a nail has been driven too close to the sensitive laminae in the horse's foot. In mild cases the pressure on the sensitive tissues will cause low-grade pain and lameness. In some cases a localised infection develops around the nail leading to a foot abscess and associated severe pain and lameness.



HOOF TESTER PRESSURE WILL IDENTIFY THE AFFECTED NAIL

Clinical signs:

- lameness following shoeing, either immediately or a few days later;
- an increased heat in the affected foot may be noticed;
- an increased strength of pulse to the foot (digital pulse), can be felt towards the back of the fetlock;
- pain on applying hoof testers over the affected nail.

KEY POINTS:

- lameness associated with recent shoeing;
- pain over a particular nail on hoof tester examination;
- the affected nail, and often the shoe, needs to be removed;
- a poultice should be applied;
- tetanus antitoxin must be given if horse not fully vaccinated.



NAIL BIND OCCURS WITHIN ONE WEEK OF SHOEING, THE AFFECTED FOOT IS OFTEN 'POINTED' FORWARD

TREATMENT

- Sometimes removal of the offending nail is all that is required. However, in many instances the entire shoe is removed.
- If an abscess is present; the pus is drained and the nail hole flushed with antiseptic solution. A poultice should be applied to the foot to help continued drainage of the abscess.
- In simple cases diagnosed and treated early, this is usually enough to provide rapid relief.
- Tetanus antitoxin must be given, if the horse is not fully vaccinated or if vaccination status cannot be confirmed.
- In severe cases or those which have not received early diagnosis and treatment, infection may track under the sole, or even track up to burst out from the coronary band. In such cases local removal of the affected sole and/or wall, and a course of antibiotic treatment may be necessary.
- Once the horse is sound, with no discharge from the nail hole, careful re-shoeing may be carried out.

Applying a poultice

Once the affected nail has been removed, the horse's foot can be placed in hand hot water with added salt for up to ten minutes, to help draw out any pus or inflammatory fluids.

Then a piece of poultice is cut to size to cover both exit holes from the nail. This is then soaked in hot water and placed on the hoof with the plastic side to the outside. A bandage can then be applied over the top of this to hold the poultice in place.



Duct tape or silage tape can be used over this layer to prevent wearing of the dressing at the toe. It is usually best to stable the horse during treatment. Care should be taken to ensure that the tape or bandage is not too tight around the coronet band.

Prevention

Make sure that your horse's feet are regularly trimmed and shod by a qualified farrier, who will do their best to ensure accurate nail placement. Nevertheless, accidents will occasionally happen and are usually quickly overcome provided the horse receives early diagnosis and treatment.

Specific nutritional supplements may help to encourage good horn quality, helping the farrier to achieve accurate nail placement. Feed supplements containing zinc, biotin, calcium and methionine may help to aid good quality horn growth, especially for horses with naturally brittle feet.



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