



EQUINE CASE STUDY

A case study utilizing myofascial release, acupressure and trigger point therapy to treat bilateral “Stringhalt” in a 12 year old Akhal-Teke horse



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Summary “Stringhalt” is a horse condition that causes one or both hind legs to spasm when walking, trotting or backing. The condition is thought to be related to a neurological cause from either plant toxicity or peripheral nerve injury. The prognosis is poor and the horse’s performance and quality of life can be affected. Treatment has included surgically cutting the digital extensors with varied results.

The objective of the study is to utilize soft tissue release via acupressure, trigger point and myofascial release to decrease symptoms of stringhalt.

The case study is a 12 year old Akhal-Teke horse of excellent pedigree. In 2011, she was caught in barbed wire overnight and sustained lacerations to the bone in her hindlimbs. Shortly after the injury the horse was placed in a stall for several months and was unable to walk or run, developing stringhalt. Currently, her condition is aggravated by stress and alleviated by certain types of massage (myofascial, acupressure, and trigger point release). The incidence of stringhalt occurs every 3–5 min, with more frequent and severe symptoms on the right hindlimb. The horse is unable to run or back up.

Six 1 to 1½ hour bi-weekly treatments were performed. The treatments consisted of myofascial release at the cervical, sacrum and iliums, acupressure of the bladder meridian (including c-spine, t-spine, L-spine, and hamstring), and trigger point release of the iliacus. The stringhalt symptoms were monitored for 30 min prior to each of the 6 treatment sessions.

After 6 treatments, the horse was observed running and standing in a position that promotes hip extension. She has not been able to do either since the injury. The frequency and severity of the spasms have decreased to every 10–20 min. The horse’s owners report that her disposition, stress and quality of life are much improved.

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The results suggest that myofascial release, acupressure and trigger point therapy may be utilized to provide a positive treatment outcome in the case of stringhalt. However, please note that the scope of practice varies by state and special training is needed to work with the equine population.

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Introduction

“Stringhalt” in a horse is a condition that affects one or both hind legs to spasm, drawing the leg into the horse’s abdomen and stalling in this position until it slams back to the ground. The literature varies on the cause, but a neurological factor is suggested, either plant toxicity or peripheral nerve injury (Adams et al., 2012).

Australian stringhalt is acquired by ingesting a type of flatweed or false dandelion, found in pastures. The stringhalt symptoms typically abate over time when the horse is removed from exposure to the weed (Huntington et al., 1989). Conventional stringhalt, conversely, lists numerous possible etiologies, including thalamus abnormalities, trauma to the dorsal metatarsal region, and decreased nerve conduction in the hindlimbs (Crabhill et al., 1994).

The prognosis is poor and a horse’s performance and quality of life are affected in severe cases. The digital extensors have been surgically cut as a treatment with an approximate 50% success rate (Crabhill et al., 1994). More recent published accounts of surgical myotectomy of the lateral digital extensor tendon have shown positive results (Kachwaha et al., 2012). Botox was utilized as a treatment option of two Dutch Warmblood dressage horses with stringhalt. The extensor digitorum lateralis and the lateral vastus muscles were injected and showed a decrease in hyperflexion or hyperabduction for up to 12 weeks (Wijnberg et al., 2009). Regenerated nerve fibers with thin myelin sheaths were discovered in horses with Australian stringhalt. Anti-seizure medications showed improvement in trot gait, but not in walking or turning. The

recovery time for stringhalt varies from 3 months to 3 years, and in severe cases the horse is euthanized (Huntington et al., 1989). The disparity of known causes and limited treatment options provoked the interest in pursuing the case study. The review of professional literature using myofascial, acupressure and trigger point release to treat stringhalt in a horse was not discovered. However, a related publication utilized massage of the equine hindlimb in non-affected horses to treat hindlimb protraction, which is the equivalent of hamstring tightness (Hill et al., 2010). The gluteals and biceps femoris group were treated with a significant difference in flexibility recorded by measuring stride length. The opposite result was intended for our case study, specifically that retraction of the hindlimb (hip extension) would be achieved by releasing the hip flexors.

The case study presented is a 12 year old Akhal-Teke mare. She is an excellent pedigree of famous Russian show and racehorses. While boarded in Canada, she was caught in barbed wire overnight and sustained lacerations to the bone in her hindlimbs. After being placed in a stall for months in 2011 with inadequate food and water, she developed stringhalt in both hindlimbs. In 2012, ownership was transferred and she was moved to Florida.

The horse’s stringhalt is reported by her owners to be aggravated by stress and changes in diet and alleviated by certain types of massage (myofascial, acupressure, and trigger point release). She was given vitamin injections via her veterinarian 3 years prior, including high doses of magnesium which were noted as beneficial in decreasing the symptoms. Her diet consists of grass, alfalfa, hay and



Figure 1 Stringhalt.



Figure 2 Stringhalt.

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