

Trigger Point Therapy For Horses



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Instructor*

Trigger Point Foundation Course

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Assessing and Palpation

A Guide To Finding Pain In Your Horse

The First View

Assessing horses can be both static and dynamic and in an ideal world you would be able to view the horse being ridden, walked and trotted in hand. Some lameness only shows in trot with often the problem in the opposite side or even opposite diagonal to the discomfort you first see. Guidance from the owner is often useful, especially details of the horses behavior, but you need to be aware that the owners thoughts may lead you to a false conclusion of where the pain is. The owner may see the result of the pain and restriction but may not be aware of the cause.

Tip: Look at a horse walking and trotting from these three directions.

1. Directly in front - focus on the point of the shoulders
2. Directly behind - focus on the point of the hips
3. Sideways - focus on both the tracking up and neck carriage.

Looking at these landmarks (point of shoulders and points of hips) notice where the difference is:

- Is your eye drawn to above or below these points ?
- Are you drawn to the near or off side ?
- Are there signs of compensatory muscular development on one side as a result of pain on the opposite side ?
- Is the horse tracking in a straight line or is it veering to one side (The side of pain) ?
- Looking from the side is the horse tracking up evenly both sides ?

- Is the head bobbing on one leg only (The side of pain) ?
- Look for differences. Where are your eyes drawn to? Can you trust your intuition ?

Tip: Your first impression is usually correct! Trust yourself and develop the intuition needed to notice the subtle signs of pain or restriction.

Often we can get confused by looking too long at a horse and seeing what isn't there. You will usually notice in the first moment of looking!

Horses are very good at hiding where their pain and restrictions are as that is a sign of weakness in a herd in the wild - so they mask pain well. However there are ways of finding out that they can't mask!

Palpating Skills

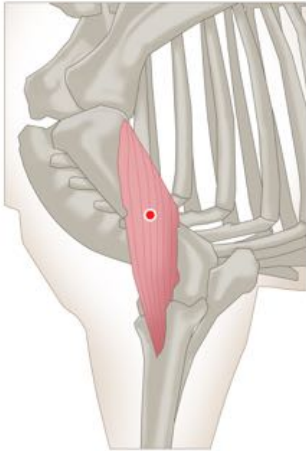
Palpating horses is key to discovering where the pain and restrictions are. If you don't palpate



you are just guessing where the pain is. Palpating doesn't adversely affect the therapeutic changes in any way and five minutes of palpating your horse will give you the key pointers required to achieve your treatment outcomes.

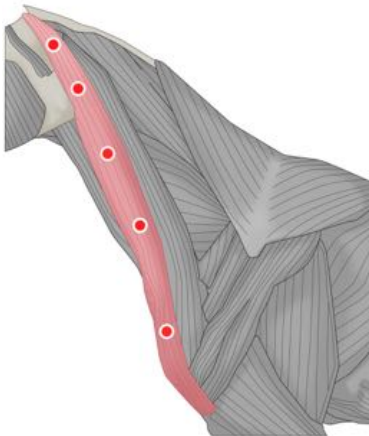
Tip: Don't be afraid to palpate the horse all over and here's why...

- Palpating gives the horse a reassurance that you are not a Vet who's about to stick a needle in!



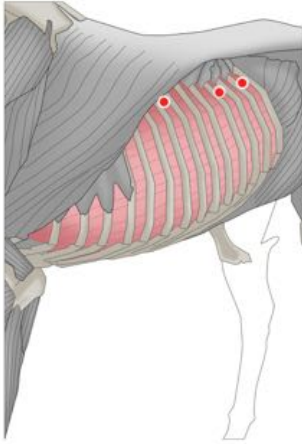
Brachialis

This muscle flexes the elbow joint. It attaches to the caudal surface of the humerus and inserts on the medial surface of the radius. It is innervated by the musculocutaneous nerve and in half of all horses, the outer part of the muscle is innervated by the radial nerve.



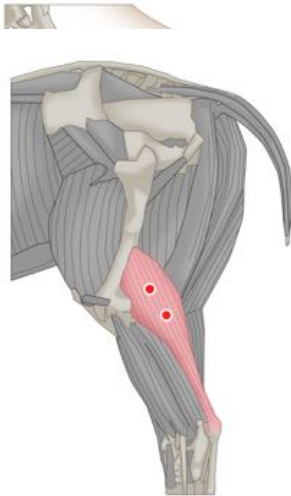
Brachiocephalic

Multiple attachments; nuchal crest, mastoid bone, wind of atlas & cervical vertebrae inserts to crest of humerus & deltoid tuberosity



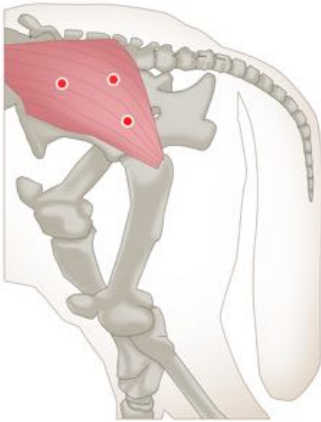
External Intercostals

These muscles run caudoventrally between the rib spaces. Their action is to assist in inspiration. This means that during inspiration, the ribs are brought forward and outward, which increases the space in the thoracic cavity, creating a vacuum for air to fill.



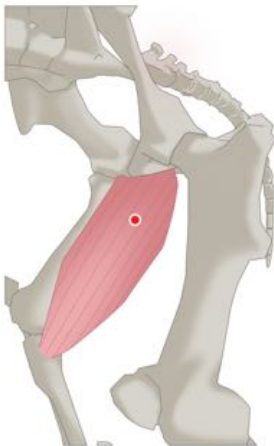
Gastrocnemius

This muscle extends the hock and flexes the stifle. It originates on the supercondylar tuberosities of the femur and inserts into the calcaneal tubur. It is innervated by the tibial nerve.



Gluteus Medius

Sometimes called the middle gluteus. This muscle extends the hip and assists abduction of the hindlimb. It has broad attachments to the ilium, the aponeurosis of the longissimus dorsi muscle, the gluteal fascia and sacroiliac ligaments. It inserts into the greater trochanter of the femur. Nerve supplied by the cranial gluteal nerve.



Gracilis

The gracilis is the most superficial muscle on the inner thigh. It adducts the limb and extends the stifle. It attaches to the pelvic symphysis via the symphyseal tendon, and inserts into the crural fascia, medial patella ligament and cranial border of the tibia. It is innervated by the obturator nerve.