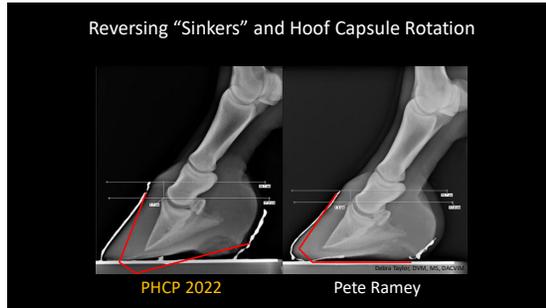


Reversing Hoof Capsule Rotation and Distal Descent (Sinking)  
PHCP 2022



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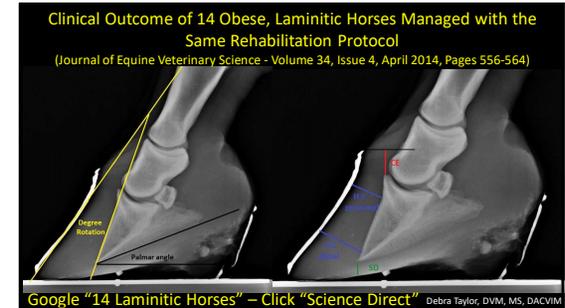
**Clinical Outcome of 14 Obese, Laminitic Horses Managed with the Same Rehabilitation Protocol**  
(Journal of Equine Veterinary Science - Volume 34, Issue 4, April 2014, Pages 556-564)

Rotation reversed in all (some completely, some partially).

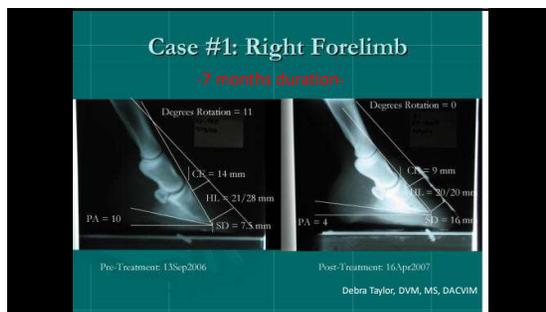
Comfort restored to all. Comfort, correct movement, and exercise are critical to success with improving both rotation and sinking – mechanically, and for processing carbs and breaking acute laminitis cycles. *“Exercise is the best insulin buster”—Dr. K!*

CE improved significantly in several individual cases, though as a whole averaged together, the entire study group “only” improved by about 1mm.

2



3



4

Lamellar separation, lamellar wedge, and sinking can occur anywhere – toes, quarters, heels...

I find that there is no better or worse place for lamellar separation to occur. It's all very serious.

5

**Farrier/Veterinarian Teamwork is Critical**

Radiographs – Management of inflammation and pain

Diagnosis – just to give you a toehold with owner compliance to nutritional changes and adequate trim/shoe cycles.

If EMS, IR or PPID diagnosis, then every bite should have less than 10% sugar + starch combined.

Diagnosis and treatment – PPID, IR, GI ulcers, really **ANY** ailment can/does contribute to weakness of the lamellar connection.

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Reversing Hoof Capsule Rotation and Distal Descent (Sinking)  
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Mineral Balancing per NRC Guidelines  
 Custom per forage analysis – *best*  
 Balancing to regional averages – *way better than guessing*  
 Buckshot Method – California Trace Plus (or similar) – *often effective*  
  
 Plain white loose salt – *always*  
  
 Vitamins E, A, limiting amino acids – *especially with hay vs. grass diets*  
 Prebiotics and Probiotics – *often magical stalemate breakers*  
  
 Details in “Feeding the Hoof” article at [Hoofrehab.com](http://Hoofrehab.com)

8

Mechanically Speaking...  
 In a nutshell, to grow out hoof capsule rotation and reverse distal descent/sinking:

- 1) Unload the walls
- 2) Protect the solar corium.
- 3) Establish heel height by prioritizing flat and heel-first impacts.

Easy? But... (Lotsa Buts...)

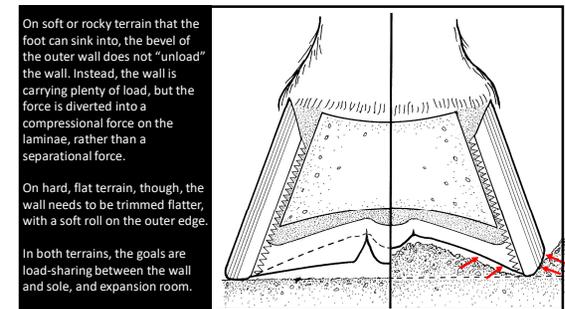
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**1) Unload the walls.**  
 This removes the shear forces from the laminae, then allows the coronet to relax distally toward a more normal position relative to P3. This also allows better connected wall/laminae growth from the coronet, down – thus growing out hoof capsule rotation.  
  
 Perfect, right?  
 (except that you just overloaded the solar corium)  
  
 Dang.

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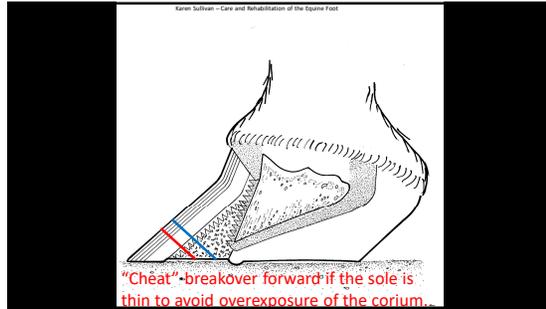


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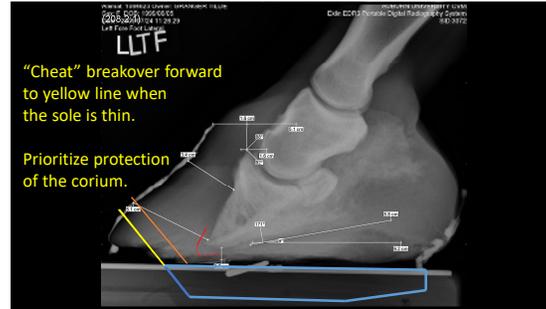


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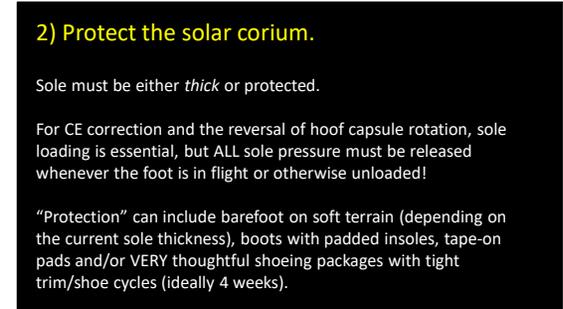
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3) Establish heel height by prioritizing flat and heel-first impacts.

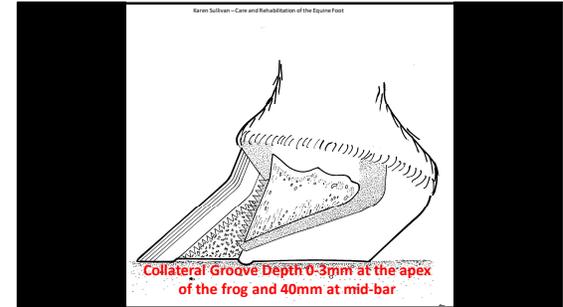
Toe-first compensation is the #1 enemy. There is basically no way to reverse hoof capsule rotation or improve CE on a horse that primarily loads toe-first.

Compensation by side-loading the foot is the #2 enemy.

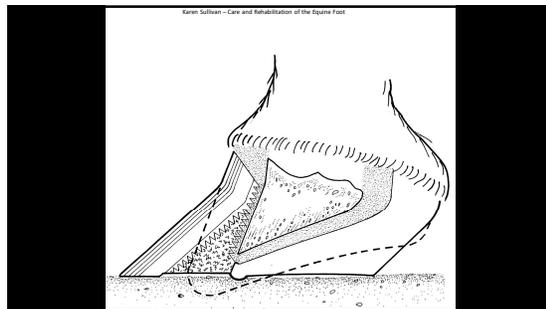
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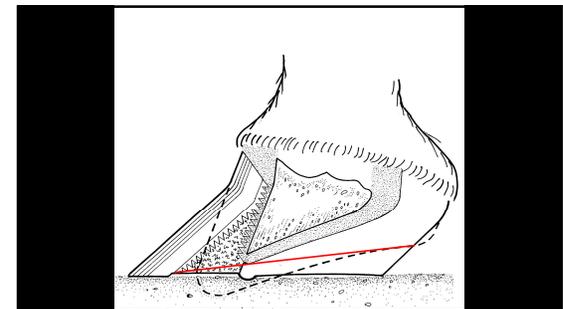
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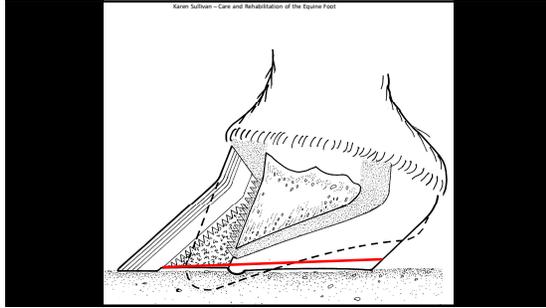
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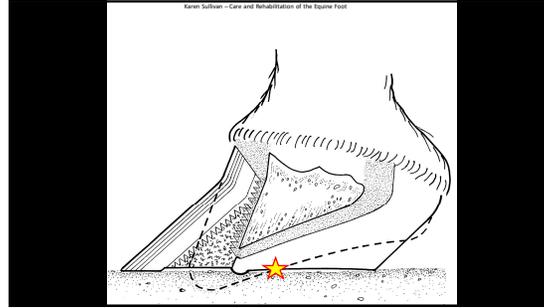
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# Reversing Hoof Capsule Rotation and Distal Descent (Sinking)

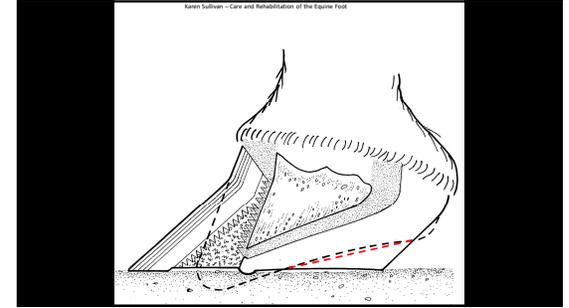
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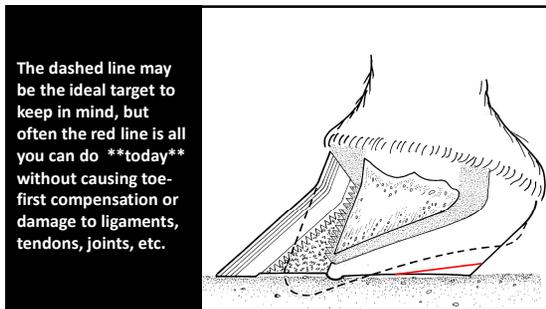
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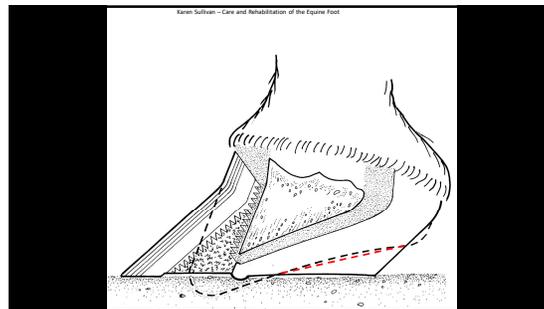


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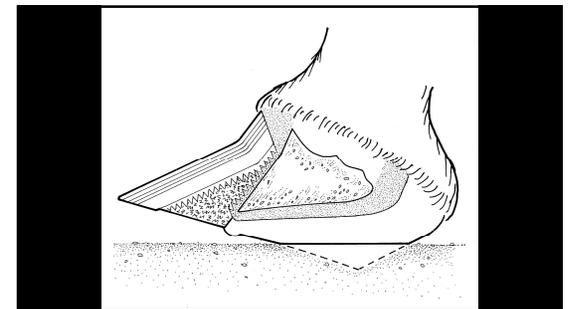


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The dashed line may be the ideal target to keep in mind, but often the red line is all you can do **\*\*today\*\*** without causing toe-first compensation or damage to ligaments, tendons, joints, etc.



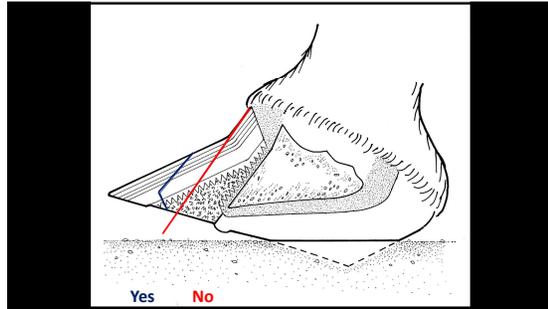
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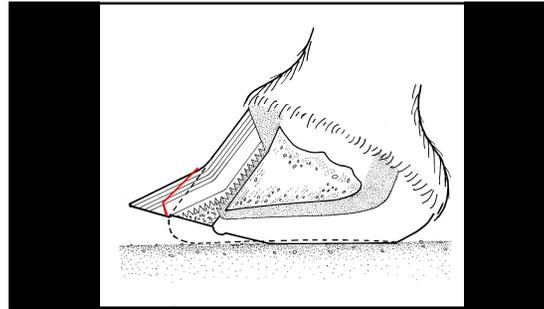
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# Reversing Hoof Capsule Rotation and Distal Descent (Sinking)

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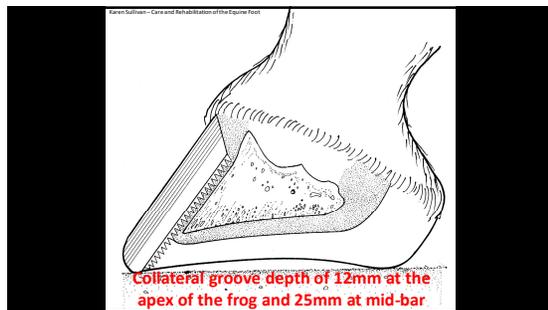
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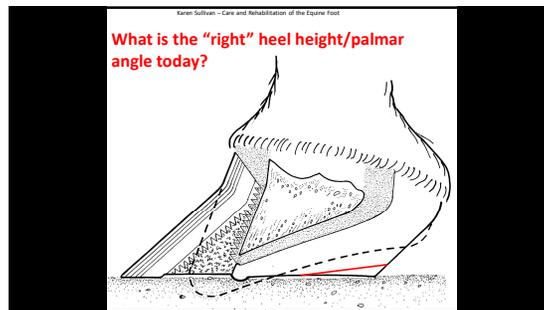
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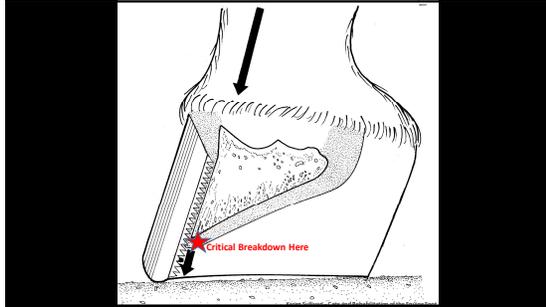


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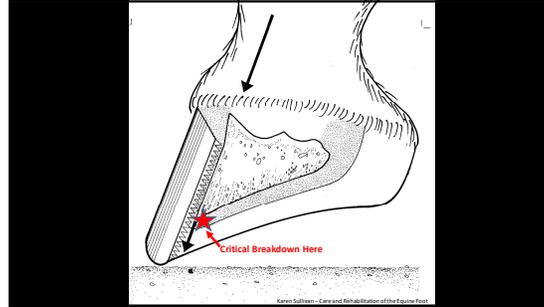


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# Reversing Hoof Capsule Rotation and Distal Descent (Sinking) PHCP 2022



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Prioritize comfort! Prioritize correct footfalls!  
**This is way more than being nice...**

- Exercise and voluntary movement during turnout are critical to processing carbs and thus breaking acute laminitis cycles.  
*Insulin Buster!*

**– BUT –**

- Compensative movement wrecks everything!

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With the primary goals of comfort and flat impacts (at walk) and flat or heel-first impacts (at faster gaits), I establish heel height/palmar angle based on:

- 1) Minimum 1/2"-5/8" (12-15mm) sole thickness – sole as a guide?
- 2) Stance
- 3) Movement
- 4) Response to offer of forward stretch – are the flexor muscles tight or relaxed? Do joint problems or other issues restrict extension or flexion? A higher heel may temporarily or permanently best support such issues.
- 5) Subjective evaluation of frog health and digital cushion integrity – How much frog pressure will the horse voluntarily bear without starting to compensate toe-first?
- 6) Wear pattern
- 7) Learning from previous *mistakes* with the individual foot/horse

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# Reversing Hoof Capsule Rotation and Distal Descent (Sinking) PHCP 2022



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Agir-Pro Ape Plex 10cc Luerlock Syringe

Stainless steel blunt tip Luerlock dispensing needles  
12 gauge

8 ounces Generic Desitin  
(40% zinc oxide cream)

2 teaspoons  
Copper sulfate powder

Details at [HoofRehab.com](http://HoofRehab.com) / thrush

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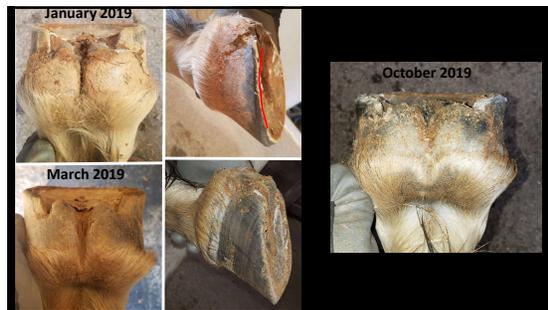
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**Establish heel height/palmar angle based on:**

- 1) Minimum 1/2"-5/8" (12-15mm) sole thickness
- 2) Stance
- 3) Movement
- 4) Response to *offer of* forward stretch
- 5) Subjective evaluation of frog health and digital cushion integrity
- 6) Wear pattern
- 7) Learning from previous *mistakes* with the individual foot/horse

8) Don't forget #7 !!! The "right" heel height is a moving target.  
Pay attention to post-trim movement and pre-trim wear patterns.  
Interview the owner/rider. Don't fall into \*\*\*HABIT\*\*\*

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# Reversing Hoof Capsule Rotation and Distal Descent (Sinking) PHCP 2022



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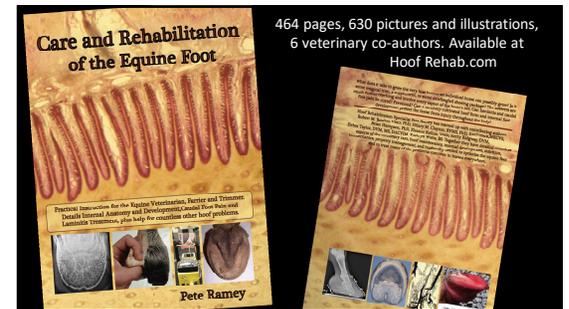
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