



Keeping your horse's joints healthy

Throughout life, a horse's joints flex, bear weight and absorb shock in varying degrees. Every ride or event creates 'wear and tear' on the joints. Also known as 'repetitive use trauma,' this can produce progressive deterioration of the articular cartilage accompanied by changes in the bone and soft tissues of the joint.¹ These are hallmarks of degenerative joint disease (DJD).

What is DJD?

DJD, commonly referred to as osteoarthritis, is a painful disease that can occur within any joint that consistently experiences wear and tear. It can occur in any horse, regardless of age or discipline. DJD is common, causing up to 60% of lameness.² DJD-related lameness may be subtle at first, then develop into overt lameness. Depending on the severity, the lameness may be noticeable by one or all of the following: owner, rider, trainer or veterinarian.

Catching DJD early allows for proactive treatment to help maintain a horse's mobility and career. Treating DJD with Adequan® i.m. (polysulfated glycosaminoglycan) can help slow the effects of DJD. Adequan® i.m. is the only FDA-approved equine PSGAG available and the only one proven to:^{3,4}

- **Reduce** inflammation
- Restore synovial joint lubrication
- Repair joint cartilage
- Reverse the disease process

INDICATIONS Adequan[®] i.m. (polysulfated glycosaminoglycan) is recommended for the intramuscular treatment of non-infectious degenerative and/or traumatic joint dysfunction and associated lameness of the carpal and hock joints in horses.

IMPORTANT SAFETY INFORMATION There are no known contraindications to the use of intramuscular Polysulfated Glycosaminoglycan. Studies have not been conducted to establish safety in breeding horses. **WARNING:** Do not use in horses intended for human consumption. Not for use in humans. Keep this and all medications out of the reach of children. **CAUTION:** Federal law restricts this drug to use by or on the order of a licensed veterinarian. For full prescribing information, visit adequan.com

1. McIlwraith CW, Frisbie DD, Kawcak CE, van Weeren PR. Joint Disease in the Horse. St. Louis, MO: Elsevier, 2016; 33-48.

2. Wayne McIlwraith, Management of Joint Disease in the Sport Horse, 2010 Proceedings Equine Research Nutrition Conference, Management of Joint Disease SH.

3. Burba DJ, Collier MA, DeBault LE, Hanson-Painton O, Thompson HC, Holder CL: In vivo kinetic study on uptake and distribution of intramuscular tritium-labeled polysulfated glycosaminoglycan in equine body fluid compartments and articular cartilage in an osteochondral defect model. J Equine Vet Sci 1993; 13: 696-703.

4. Adequan[®] i.m. Package Insert, Rev 1/19.



Equine Lameness Questionnaire

Your horse's mobility involves many factors, from what your horse eats to how much your horse exercises. By providing the information below, we'll be better able to determine the cause(s) of your horse's lameness.



Patient information

Patient name:	Patient age:	Breed:
Gender: Mare Stallion Gelding		
Primary use:		
Name of farrier and date of last trimming/shoeing:		
Current diet (include all regular treats):		
Describe housing and/or access to turnout:		
Describe frequency and intensity of usual exercise:		
Previous medical history (include any prior lameness even if resolved):		
Have there been any recent changes in the horse's feed, housi	na situation, exercise.	etc.?
Current medications (include dose and frequency of administration):		
current medications (include dose and nequency of administr		
Current therapies (ex: chiropractic, massage, acupuncture):		
Current supplements or other products administered or applie	d (include amount an	d frequency):
History of current lameness		
1. How long has the horse been lame?		
2. Has the horse been rested or exercised?		
3. Has the lameness worsened, stayed the same or improved	?	
4. Do you know what caused the lameness? (accident, fall, co	Illision, etc.)	
5. Once warmed up, does the lameness go away?		
6. Is the lameness more obvious under saddle?		
7. Is the lameness more obvious while being lunged?		
8. Is the horse more lame on hard surfaces or on soft surface		
9. Has the horse received any treatment for the lameness (inc		
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10. Is there anything else you would like us to know about?		

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Equine Lameness Evaluation

What to expect

Examination (may include some or all):

- Palpation: A thorough hands-on exam of the horse (includes use of hoof testers)
- Observation of horse at a walk and at a trot in a straight line
- Observation of horse at trot in a straight line after systematic flexion of joints
- \cdot Observation of horse on lunge line at the walk, trot and canter in both directions
- Observation on variable surfaces and/or under saddle

Lameness localization:

- · Local anesthetic/nerve "blocks"
- Imaging: Radiographs and/or Ultrasound (additional imaging may be recommended)

Treatment plan:

- Based on examination and diagnostic findings an individual treatment or management plan will be developed
- \cdot Follow-up call and/or visit to evaluate response to treatment scheduled

Individualized care

- Every lameness case is different, so diagnosing the cause of your horse's lameness and developing a treatment plan that addresses the root problem can take time
- There are many treatment options. To be successful, the treatment plan will take into consideration:
 - · Location, severity and cause of the lameness
 - Type and level of the horse's work
 - · Your ability to manage the prescribed care

On-location evaluations: What we need from you

- \cdot A quiet, safe location away from other horses or distractions
- A flat surface with soft/even footing
- A flat surface with hard/firm footing (concrete, asphalt, etc.)
- \cdot A flat location with even footing suitable for lunging
- An arena or area to observe horse under saddle if indicated (must provide rider, too!)
- Good lighting. If your arena or barn does not offer good lighting, please let us know so that we are sure to schedule the lameness exam during periods with the greatest daylight or make plans to conduct the exam at another location

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