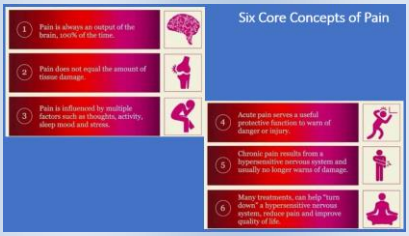
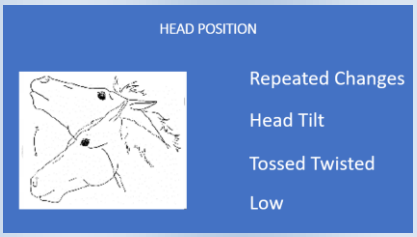
PAIN IDENTIFICATION

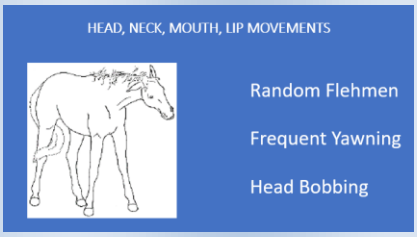


- Pain is in the brain
- Pain does not equal the amount of tissue damage
- Hypersensitivity to pain increases over time
- Fascial restrictions, scar tissue, adhesions = more pain
- Vet can say issue healed; however, pain can still be there!



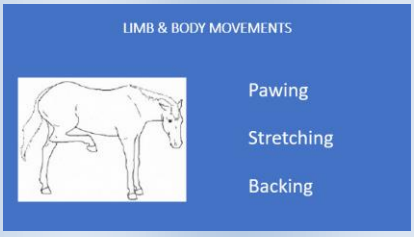
HEAD POSITION

- Head up/down, in/out, side tilting, repeated changes
- Head low; depression, listless
- Head in front or behind vertical
- Head position changes regularly, tossed or side twists



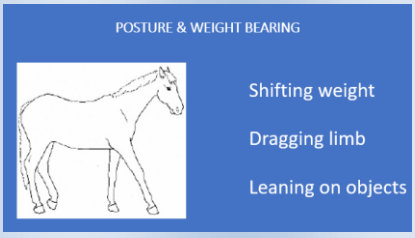
HEAD, NECK, MOUTH, LIP MOVEMENTS

- Head bobbing, tilting, rotating or whole body shaking
- Abbreviated weaving, Spontaneous flehmen response
- Lip quivering/wincing, frequent yawing bouts
- Extending Tongue, Licking, Chewing, Salivating, Itching
- Frustration head tossing, nose tossing/flipping



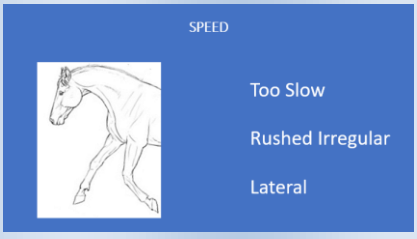
LIMB & BODY MOVEMENTS

- Stepping in place, Stomping, Kicking out, back, up (belly)
- Rolling, Pawing, Romping/bucking
- Limb trembling, Lifting/holding limb up
- Backing, Flinching, Stretching



POSTURE & WEIGHT BEARING

- Altered stride, Resting limb, Shifting weight, Pointing
- Cross-legged limb resting, Camping under (Base narrow)
- Tucked up abdomen, Straining to defecate or urinate
- Atypical recumbency, Limb resting or dragging or dangling
- Base narrow or wide, Leaning against objects (walls/trees)

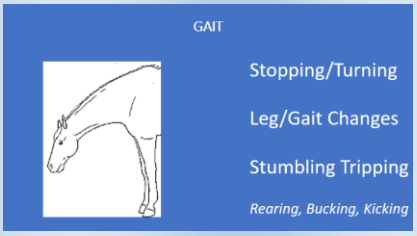


SPEED

- Gait too slow, rushed or repeated changes of speed
- Irregular rhythm in trot or canter
- Hindlimbs do not follow tracks of forelimbs but repeatedly deviate to left or right; on three tracks in trot or canter

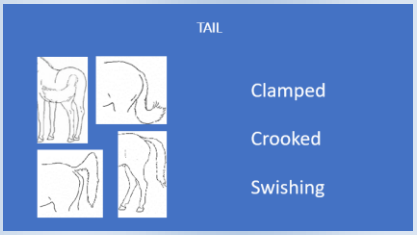
FASCIA

- Fascial restriction in one part of the body affects all other parts. Therefore, restriction around the hip region in this example, results in inability to lift arms.
- Horse will stumble, trip or slow down



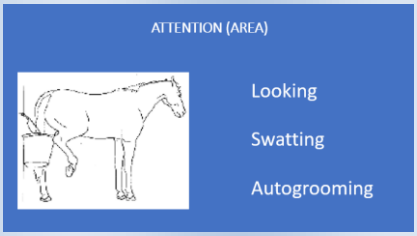
GAIT

- Spontaneous changes of gait or direction
- Stumbles, trip, repeated bilateral hindlimb toe drag
- Repeated canter leg changes or incorrect strike off
- Reluctance to move forwards or stops spontaneously
- Rearing, bucking or kicking backwards



TAIL

- Held to one side crooked
- Clamped tightly to middle or flaccid and limp
- Swishing large movements: repeatedly up/down, side to side, circular; repeatedly during transitions

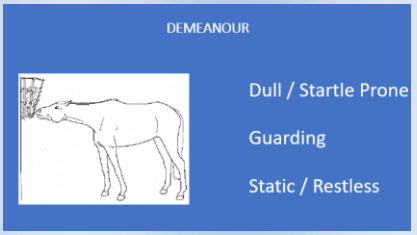


ATTENTION (AREA)

- Auto grooming is nibbling, nuzzling, biting, rubbing an area of the body to another or against an object
- Looking, glancing, gazing
- Swatting, swinging head and neck towards area

NOURISHMENT

- Altered eating or drinking, slipping water but not drinking
- Atypical jaw motion, quidding
- Disinterest in food or water



DEMEANOUR

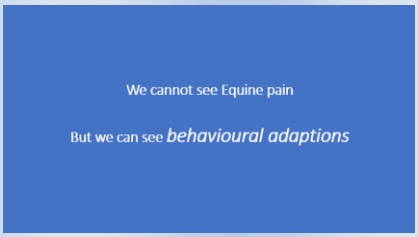
- Conservative movement, minimising movement
- Uncharacteristic aggression or fear guarding and cowering
- Dull expression, Depressed demeanour
- Hyper-response, startle-prone, restlessness, ill at ease

VOCALISATIONS

- Screaming, calling, whining
- Grunting, squealing, groaning
- Sighing, smarting
- Teeth grinding

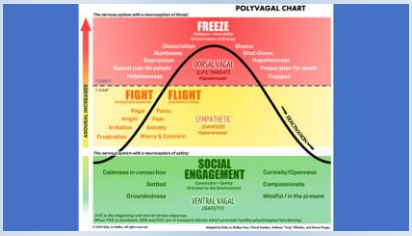
FASCIA

- The irritation area in the body may not be the location of restriction.
- In this example, the restriction issue is around the hip. However, the irritation/sensation is lower in the limb



PAIN EXPRESSION

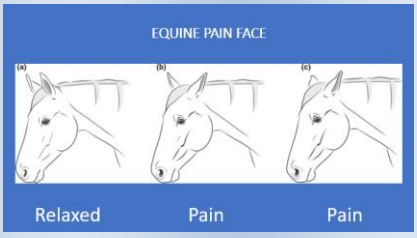
- The horse has the largest amygdala of all domesticated animals. Meaning horses express emotions as behaviour
- Therefore, we need to be aware of behaviour changes as a sign of pain experiences



POLYVAGAL THEORY

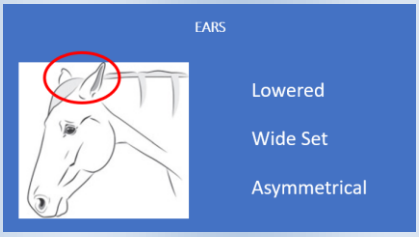
- When pain issues are present for long time-frames, horses tend to introvert and hide internally from the pain.
- This means they "shut-down" in depression and may no longer show pain expression in an obvious physical display

EQUINE PAIN FACE



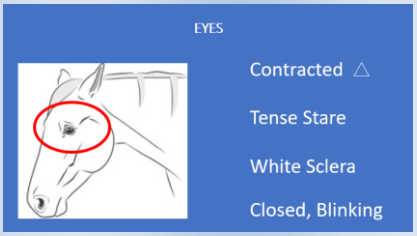
EQUINE PAIN FACE

- a. Facial expression of pain free, relaxed, attentive horse
- b. Facial expression of a horse in pain, asymmetrical ears
- c. Facial expression of a horse in pain, with low ears



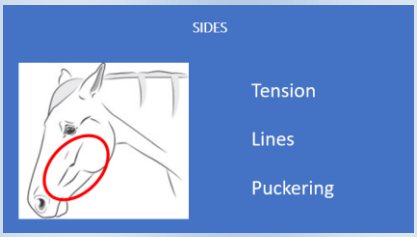
EARS

- Asymmetrical ears, low ears or
- Ears base wide; distance between ears increases at base
- Ears rotated back behind vertical
- Ears flat (one or both or repeatedly



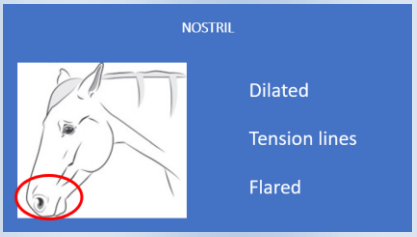
EYES

- Contraction of the muscle above the eye giving peaked triangular top lid, or displaying white sclera
- Tense Stare; Zoned Out or Glazed over
- Eye lids closed or half closed for 2–5s, frequent blinking



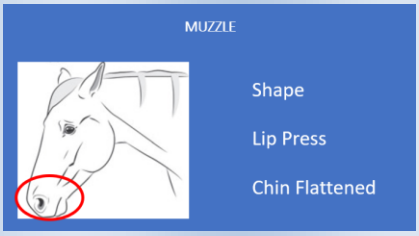
SIDES

- Tension of the facial muscles
- Lines, Puckering
- Chewing / sucking / moving



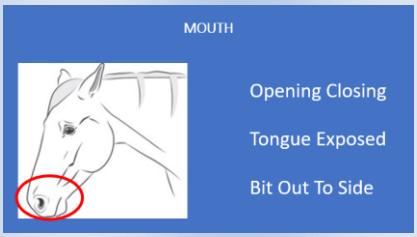
NOSTRILS

- Nostril dilated (wider) in the medio-lateral direction from the midline to the outside
- Tension lines and/or wrinkles
- Flared



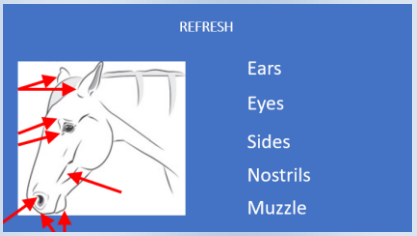
MUZZLE

- Edged shape of the muzzle
- Lips pressed together
- Flattened chin



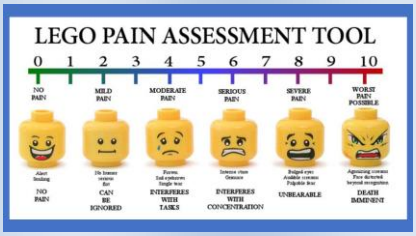
MOUTH

- Mouth opening and/or shutting repeatedly with separation of teeth
- Tongue exposed, protruding or hanging out, and/or moving in and out repeatedly
- Bit pulled through the mouth on one side, repeatedly



RECAP

- Ears; Symmetry, spacing, level
- Eyes; Shape, focus
- Sides; Tension, lines, puckering
- Nostrils; Dilated, flared, wrinkles
- Muzzle; Shape, press, flat
- Mouth; Open, Tongue, movement

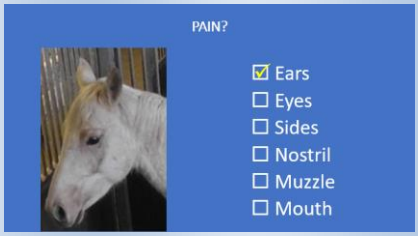


PAIN ASSESSMENT

- We can grin and bear low level pain
- Medium pain interferes with tasks, facials, and attitude
- High level pain is unbearable and takes full focus affecting behaviour and mood and can result in physical expression

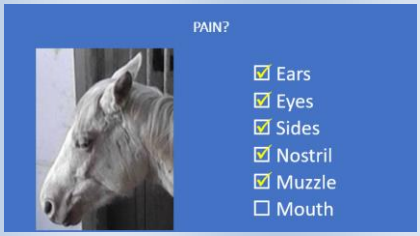
ASSESSING PAIN FACES

- Left horse; Pain free before surgery
- Right horse; In pain after Surgery in recovery ward

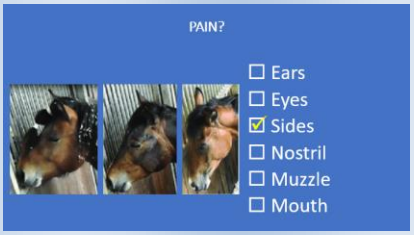


- Ears widely spaced

- Tension above eye

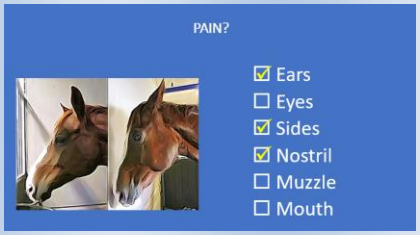


- Ears stiffly back
- Orbital tightening
- Strained chewing muscles
- Nostrils strained, and flattened
- Mouth strained; pronounced chin

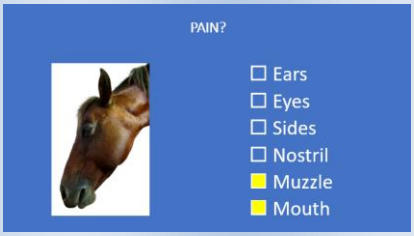


- Strained chew muscles
- Mouth tension increase
- Left; No pain present
  Middle; Moderate pain
  Right; Obviously present

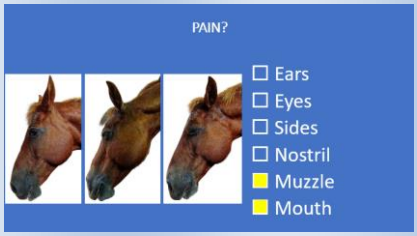
- Ears low, asymmetrical
- Eye angled, intense stare
- Muzzle tension
- Mimic muscle tension



- Left; No pain
- Right; Ears back
  Sides contracted
  Tense facial muscles
  Nostril dilation



- Pronounced upper lip relaxation
- Open mouth
- Sedated-like appearance

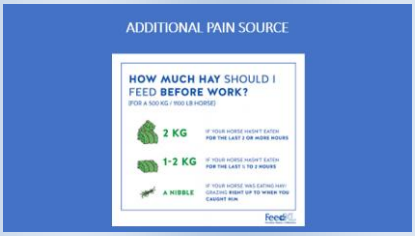


- Left; Upper lip not relaxed
- Middle; Lip slight relax
- Right; Pronounced relaxation of upper lip

- Although animals present with signs of pain, sometimes it is difficult to interpret and categorize the signs.
- Animals vary in their tolerance of pain and cannot verbalize their pain score nor describe how they feel

- **This Isn't Easy!**
- One of the greatest challenges in health care is assessing pain in patients that cannot describe the location nor level of their pain
- This makes it difficult to interpret and categorize signs
- Requires attentiveness!

ADDITIONAL



CONSIDERATIONS - FEEDING

- The horse is a monogastric and a continuous grazer 24/7
- The stomach should NEVER be empty. Or less than 2hours
- Full (grass, hay, chaff) stomach stops gastric acid ulcers
- Feed horses (hay or chaff) before each and every class

CONSIDERATIONS - HOOF

- For a horse standing square on said hoof, you should be able to draw a straight line through pastern and hoof
- Much like you walking in uncomfortable, ill-fitting shoes all day, malalignment is painful and energy expensive

CONSIDERATIONS - BITS

- Rider reins are best attached to the halter, not the bit
- Horses can be led from halter without bit and bridle
- Ensure bit not breaking teeth seal, thin palates are hard fit
- Thin bits are harsh, thicker bits are kinder, if tongue space

Take this information out to the horses and assess their pain level present.

☒ ☑ HORSE NAME:										
PAIN FACE										
1. Ears										
2. Eyes										
3. Sides										
4. Nostrils										
5. Muzzle										
6. Mouth										

PAIN BODY										
Head Position										
Head, Neck, Mouth, Lip Moves										
Limb and Body Movements										
Posture and Weight Bearing										
Speed										
Gait										
Tail										
Attention (Area)										
Nourishment										
Demeanour										
Vocalisations