



endurance veterinarian NEWSLETTER

November 2008

Volume 3 • Issue 4

A quarterly newsletter
for veterinary members of
the American Endurance
Ride Conference

IN THIS ISSUE:

Vet Committee

Page 2

Insurance Survey

Page 2

More on licensing and the AERC veterinarian

by the AERC Vet Committee

Page 3

Body condition scoring for the horse

developed by Craig H. Wood

Page 4

AERC and FEI: subtle differences in respective rules

by Thomas R.

Timmons, DVM

Page 8

There are now
195
AERC-certified
head veterinarians!

Have you signed up
yet? Contact the
AERC office.

Endurance Veterinarian Newsletter is published quarterly by the American Endurance Ride Conference. It is sent without charge to AERC veterinary members as a benefit of veterinary membership in AERC.

The views expressed in this publication are those of the authors and do not necessarily reflect the views of AERC, its Board of Directors, or its editorial staff.

American Endurance Ride Conference

P.O. Box 6027

Auburn, CA 95604

866-271-2372 • 530-823-2260

fax 530-823-7805

e-mail: aerc@foothill.net

website: www.aerc.org

Welcome to our November 2008 issue

You have recently received in the mail a request for nominations for the AERC Veterinary Committee. If serving on the Veterinary Committee is of interest to you or if you know of a colleague who would be a good committee member and has expressed interest, consider nominating yourself or a colleague. The Veterinary Committee is a great opportunity to engage in endurance-related veterinary topics with your colleagues. What does the committee do? The Veterinary Committee acts as an advisory committee to the AERC Board of Directors on matters related to the control of AERC rides. The committee additionally provides education for riders, control judges and treatment veterinarians involved in the sport. Additionally the committee is responsible for working with the Welfare of the Horse Committee and submitting equine fatality reports. Establishing drug testing procedures is also the responsibility of the Veterinary Committee. Committee members participate in discussions on current issues brought before the committee primarily through e-mail correspondence and conference call meetings. We also meet in person annually at the AERC convention.

The Veterinary Committee is a vital group to guide the sport of endurance riding and to help ensure the health and welfare of our equine athletes. You might consider becoming a committee member if it is your desire to participate in this endeavor and to be a part of current and interesting veterinary issues. As a committee member you would be interacting and discussing with your colleagues current veterinary topics and innovative ideas involving the sport of endurance riding. It's a great way to be involved in the sport.

If you believe through your enthusiasm and availability you can participate as an effective member, or know a colleague who can, please send in your nomination to the AERC office no later than December 10.

I hope to see some of you in Louisville for a great AERC Veterinary CE and convention.

Melissa Ribley, DVM, AERC Veterinary Committee Chair

Veterinary CE at 2009 AERC Convention

We have a great AERC Veterinary CE lined up for you in Louisville, Kentucky, on February 19, 2009. It will be approved for 7 hours of CE credit. Speakers include:

- Ken Marcella, DVM, who will be discussing the significance of hematuria in the endurance horse
- Ray Martin, an attorney, will speak about reducing our legal liability as veterinarians working endurance rides.
- Meg Sleeper, DVM, will be presenting us with the different sounds of the equine athlete heart and what they mean
- Victoria Maxwell, DVM, will be discussing equine degenerative joint disease in the endurance horse

The CE includes lunch and will be an educational day not to be missed. Watch for further information and registration in the mail.

AERC Veterinary Committee

Melissa Ribley, DVM, Chair (W), Grass Valley, CA, 530-268-1378, mr Ribley@wildblue.net

Olin Balch, DVM (NW), Cascade, ID, 208-315-3898, obalch@earthlink.net

Todd Holbrook, DVM (CT), Stillwater, OK, 405-744-9529, holbrtc@okstate.edu

Jamie Kerr, DVM (W), Napa, CA, 707-795-1793, 707-255-1532, jkerrdvm@aol.com

Howard Ketover, DVM (MW), Middleton, W, 608-438-4380, hket@earthlink.net

Nick J. Kohut, DVM (NE), Gap, PA, 717-442-4520, njkdvm@aol.com

David Nicholson, DVM (MT), Craig, AK, 775-233-6030, klawockvet@xprides.com

Ann Stuart, DVM (SE), Barnardsville, NC, AnnStuart@tds.net

Darla Wright, DVM (SW), Kikngman, AZ, 928-753-5749, djhorsedoc@citilink.net

Drug Testing Subcommittee: Duane Barnett, DVM, Chair

Appointed Members

Duane Barnett, DVM (SE), Mocksville, NC, 336-753-8438, docduane@aol.com

Jim Bryant, Jr., DVM (NW), Monroe, WA, 360-568-3111, Eqhealer@aol.com

Trisha Dowling, DVM (MW), St. Denis, Saskatchewan, Canada, 306-258-4455, dowling@sask.usask.ca

Stan Eichelberger, DVM (NE), Roanoke, VA, 540-343-0193, bergervet@aol.com

Langdon Fielding, DVM (W), Loomis, CA, 916-652-7645, landgonfielding@yahoo.com

Barney Fleming, DVM (MT), Custer, SD, 605-673-5801, fleming@gwtc.net

Jeanette Mero, DVM (W), Mariposa, CA, 209-966-6497, drjmero@sti.net

Michele Roush, DVM (W), North San Juan, CA, 530-292-1902, bcm@gv.net

Thomas R. Timmons, DVM (NW), Gold Hill, OR, 541-826-9001, pony@rveh.com

Bruce Weary, D.C. (Non-Vet Member), Prescott, AZ, 928-776-7897, bweary@cablone.net

Insurance survey: your input is needed

AERC is considering purchasing an insurance policy for AERC control judges. There are two types of insurance being considered:

One policy would provide professional liability. An example of where this might be used is if, as a control judge, you eliminated a horse from competition and the owner/rider of the horse later came back with a claim against you for loss of value in the horse whose value was dependent upon completion of the event. This policy would not provide medical malpractice coverage.

The second policy provides medical malpractice insurance and not professional liability coverage. An example of where this might be used is if, as a control judge, you determined a horse was fit to continue and the horse went on in the ride and died shortly after from metabolic complications and the owner/rider claimed negligence on the part of you as the control judge.

Neither policy covers your duties as a treating veterinarian, only as a control judge, and neither policy provides license protection coverage. Cost to purchase a one-event policy—good for only the day(s) of the event—for either policy is \$42.00. To purchase both policies for one event is \$84.00.

AERC needs your help in determining the interest of control judges in either of these policies. Please respond to aerc@foothill.net and let us know if you are interest-

ed in either one or both of the described policies and approximately how many times per year you would use the policy.

Thank you for your valuable input,
The AERC Veterinary Committee

Post-ride statistical form information

For you head vets, the post ride statistical reporting form has a spot for listing all vets working the rides. Please fill out all names of vets working the ride. This is very important information as we are trying to get a good database on who is out there working rides and this may be the only way we have of knowing which vets are working what rides. Thanks in advance for your help in collecting this valuable information.

**Renewed your AERC
membership for 2009?
Great!**

**If not, this is your last issue.
Renew now!**

**Renew the fast and easy way – call the AERC
office and renew with a credit card: 866-271-2372.**

More on licensing and the AERC veterinarian

by Melissa Ribley, DVM

In the last issue of the AERC Veterinary Newsletter, we discussed the question of "Do I Need a License?" for working an out-of-state endurance ride either as a control judge and/or treatment veterinarian. In that article, the recommendation was made to refer to the state's practice act in which you are going to be working.

In order to assist AERC veterinarians with this question, the Veterinary Committee is working on compiling the information from all practice acts in the U.S. and is asking for your help.

We are asking for a volunteer veterinarian from each state to research the practice act of their state and report findings to the Veterinary Committee. We will then

compile this information and have it readily available as a resource to AERC veterinary members.

In order to obtain this information, you can contact your state veterinary medical board directly and ask them to forward you the pertinent section of the practice act. Phone numbers and websites for veterinary medical boards can be obtained from the Association of Veterinary Medical Boards at: www.aavsb.org/DLR/DLR.aspx.

An example of the section from the Florida Practice Act that addresses this is shown below.

If you can help with this project, please contact Vet Committee member Ann Stuart, DVM at AnnStuart@tds.net.

The 2008 Florida Statutes

Title XXXII
REGULATION OF
PROFESSIONS AND
OCCUPATIONS

Chapter 455
BUSINESS AND PROFESSIONAL
REGULATION: GENERAL
PROVISIONS

**[View
Entire
Chapter](#)**

455.2185 Exemption for certain out-of-state or foreign professionals; limited practice permitted.--

(1) A professional of any other state or of any territory or other jurisdiction of the United States or of any other nation or foreign jurisdiction is exempt from the requirements of licensure under this chapter and the applicable professional practice act under the agency with regulatory jurisdiction over the profession if that profession is regulated in this state under the agency with regulatory jurisdiction over the profession and if that person:

(a) Holds, if so required in the jurisdiction in which that person practices, an active license to practice that profession.

(b) Engages in the active practice of that profession outside the state.

(c) Is employed or designated in that professional capacity by a sports entity visiting the state for a specific sporting event.

(2) A professional's practice under this section is limited to the members, coaches, and staff of the team for which that professional is employed or designated and to any animals used if the sporting event for which that professional is employed or designated involves animals. A professional practicing under authority of this section shall not have practice privileges in any licensed veterinary facility without the approval of that facility.

History.--s. 1, ch. 94-96; s. 15, ch. 97-261; s. 30, ch. 2000-160.

http://www.leg.state.fl.us/statutes/index.cfm?mode=View%20Statutes&SubMenu=1&Ap_p_mode=Display_Statute&Search_String=455.2185&URL=CH0455/Sec2185.HTM

Body condition scoring for the horse

from the University of Maine Cooperative Extension; developed by Craig H. Wood, University of Kentucky Department of Animal Sciences Cooperative Extension Service

The standard AERC rider card has no check box for "body condition" and is an easily overlooked or ignored parameter in the pre-ride examination of the endurance horse. The thin, fat, over- or under-trained horse is more difficult to eliminate without just cause than the lame or obviously sick horse. However, as control judges, we should express our concern to riders of horses with liabilities such as poor body condition and should recommend and conduct extra-close surveillance during the ride. The following article describes how to score the body condition of a horse and serves as a reminder as to the importance of considering this factor when assessing the readiness of an equine to withstand the rigors of an endurance ride.

-Melissa Ribley, DVM

In a world where millions of people are taking steps to improve their own physical condition in order to live healthier lives, it only stands to reason that this same concept would be applied to other aspects of their lives and businesses. The ability to accurately assess a horse's body condition, which is vital to its welfare, weighs heavily on the horse owner.

The old saying, "Beauty is in the eye of the beholder," has never been more appropriate than in the body condition of horses. Beauty in one owner's eye is fat in another's. Hence the problem: What is the appropriate body condition of a horse, and what would be acceptable to the industry? A body conditioning scoring system developed by Dr. Don Henneke has served to provide a standard scoring system for the industry which can be used across breeds and by all horse people. The system assigns a score to a particular body condition (1 to 9) (see Table 1 on page 6) as opposed to vague words such as "good," "fair," "bad," or "poor," which leave differences in interpretation to the eye of the beholder.

The horse's body condition measures the balance between intake and expenditure of energy. Body condition can be affected by a variety of factors such as food availability, reproductive activities, weather, performance or work activities, parasites, dental problems, and feeding practices. The actual body condition of a horse can also affect its reproductive capability, performance ability, work function, health status, and endocrine status.

Therefore, it is important to achieve and maintain proper body condition. In order to do this, one must evaluate body fat in relationship to body musculature. In Maine during winter, a horse's thick hair coat may hide the fact they are thin. Without extra energy in the winter to stay warm, horses can starve.

Body condition scoring system

The system developed by Dr. Henneke assigns a numerical value to fat deposition as it occurs in various places on the horse's body. The system works by assessing fat both visually and by palpation (examination by touch), in each of six areas. Horses accumulate fat in these areas in a set order. For instance, a horse that scores 7 will have the same amount of fat as any other horse that scores 7, whether the horse is a thoroughbred, quarter horse or Arabian.

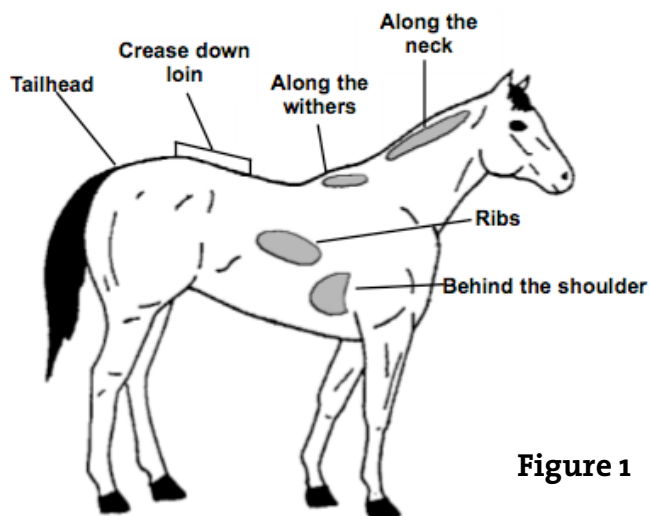


Figure 1

Fat is assessed in the following areas: the loin, ribs, tailhead, withers, neck, and shoulders (Figure 1). A numerical value is assigned based on the cumulative fat in all six areas (Table 1).

continued on next page

**Coming soon to your mailbox:
2009 AERC Rules & Regulations
2009 Rule 13 Appendices
Guidelines for Judging AERC
Endurance Competitions**

Loin: An extremely thin horse will have a negative crease and a ridge down the back where the spinous processes project up. No fat can be felt along the back of the horse. However, this is one of the first areas to fill in as a horse gains weight. Fat is first laid down around body organs, then along the base of the spinous processes. As the horse gets fatter, an obvious crease or depression forms down the back because of fat accumulation along the spinous processes.

Ribs: The next place to look is in the ribs. Visually assess the rib area, then run your fingers across the rib cage. A very thin horse will have prominent ribs, easily seen and felt, with no fat padding. As the horse begins to gain weight, a little padding can be felt around the ribs; by level 5 the ribs will no longer be visible, but can be easily palpated by passing a hand down the rib cage. Once the horse progresses towards obesity, feeling the ribs will be impossible.

Tailhead: In a very thin horse up to a number 3, the tailhead is prominent and easily discernible. Once the horse starts gaining weight, fat fills in around the tailhead. Fat can easily be palpated, and as the horse becomes obese, the fat will feel soft and begin to bulge.

Withers: Conformation of the withers may affect your assessment of body condition. The prominence or sharpness of the withers may vary between breeds; a thoroughbred typically has more prominent withers than a quarter horse. However, if a horse is very thin, the underlying structure of the withers will be easily visible. At a level 5, the withers will appear rounded. At levels 6 through 8, varying degrees of fat deposits can be felt along the withers. In obese horses, the withers will be bulging with fat.

Neck: The neck allows for refining the assessment of body condition. In an extremely thin horse, you will be able to see the bone structure of the neck, and the throatlatch will be very trim. As the horse gains condition, fat will be deposited down the top of the neck. A body condition score of 8 is characterized by a neck that is thick all around with fat evident at the crest and the throatlatch.

Shoulder: The shoulder will also help you refine the condition score, especially if conformation factors have made some other criteria less helpful. As a horse gains weight, fat is deposited around the shoulder to help it blend smoothly with the body. At increasing condition scores, fat is deposited behind the shoulder, especially in the region behind the elbow.

Putting the system to work

Once body condition scores have been determined for your horses, how can you tell what is too fat or too thin? It has been suggested that the optimum score is a 5. This horse has some fat but has not yet reached the fleshy point. A horse below a 5 may have fat stores too low to maintain a healthy status if stressed. Body fat reserves are important to the overall health of a horse because fat represents energy reserves that can be used during periods of stress. Horses at a 3 or below have virtually no fat reserves; if more energy is needed, protein is broken down from muscle to meet energy requirements. In addition to increasing the quantity of feed, horse owners should consider checking their horse's teeth, treating for internal parasites and evaluating their horse's health status.

If a horse is exposed to extreme cold, lactation, or some other severe stress, a condition score of 6 or 7 would be desired. A horse can easily burn a great deal of fat in a short period of time in a high-stress situation. Body fat also plays a role in reproduction. Mares with a body condition score of 3 or below develop endocrine imbalances and have difficulty conceiving.

Horses with high condition scores are also predisposed to problems, but the problems are less immediate than those of a horse in poor body condition. Fat horses tend to be less agile performers and tire more quickly than trimmer horses. Fat horses are also more prone to colic and laminitis. Extremely fat horses may also have endocrine problems, they may be hypothyroid and show a deficient metabolic rate, which most likely is one reason they are fat.

One more factor you should consider when assigning a body condition score is the basic body type of your horse. Some horses, usually the easy keepers, just tend to carry more body fat than others. A horse that always seems to score a 7 or 8, despite attempts to lower the horse's weight, may be perfectly healthy at that score. Additionally, the horse may require more exercise to keep muscles in shape.

This body condition scoring system will by no means tell you how fit your horse is for performance. Although horses in training will have less fat due to their exercise intensity, the fat level has nothing to do with muscle tone, cardiovascular fitness, or any other measure of athletic conditioning. The scoring system also does not distinguish between types of fat deposited.

continued on next page

Table I. Characteristics of Individual Condition Scores

Condition	Neck	Withers	Loin	Tailhead	Ribs	Shoulder
1 Poor	Bone structure easily noticeable, animal extremely emaciated, no fatty tissue can be felt.	Bone structure easily noticeable.	Spinous processes project prominently.	Spinous processes project prominently.	Tailhead (pinbone) and hook bones project prominently.	Bone structure easily noticeable.
2 Very Thin	Faintly discernable, animal emaciated.	Faintly discernable.	Slight fat covering over base of spinous processes. Transverse processes of lumbar vertebrae feel rounded. Spinous processes are prominent.	Tailhead prominent.	Slight fat cover over ribs. Ribs easily discernable.	Shoulder accentuated.
3 Thin	Neck accentuated.	Withers accentuated.	Fat buildup halfway on spinous processes but easily discernable. Transverse processes cannot be felt.	Tailhead prominent but individual vertebrae cannot be visually identified. Hook bones appear rounded but are still easily discernable. Pin bones not distinguishable.	Slight fat cover over ribs. Ribs easily discernable.	Shoulder accentuated.
4 Moderately Thin	Neck not obviously thin.	Withers not obviously thin.	Negative crease along back.	Prominence depends on conformation; fat can be felt. Hook bones not discernable.	Faint outline discernable.	Shoulder not obviously thin.
5 Moderate	Neck blends smoothly into body.	Withers rounded over spinous processes.	Back level.	Fat around tailhead beginning to feel spongy.	Ribs cannot be visually distinguished but can be easily felt.	Shoulder blends smoothly into body.
6 Moderately Fleshy	Fat beginning to be deposited.	Fat beginning to be deposited.	May have slight positive crease down back.	Fat around tailhead feels soft.	Fat over ribs feels spongy.	Fat beginning to be deposited.
7 Fleshy	Fat deposited along neck.	Fat deposited along withers.	May have positive crease down back.	Fat around tailhead is soft.	Individual ribs can be felt, but noticeable filling between ribs with fat.	Fat deposited behind shoulder.
8 Fat	Noticeable thickening of neck, fat deposited along inner buttocks.	Area along withers filled with fat.	Positive crease down back.	Tailhead fat very soft.	Difficult to feel ribs.	Area behind shoulder filled in flush with body.
9 Extremely Fat	Bulging fat. Fat along inner buttocks may rub together. Flank filled in flush.	Bulging fat.	Obvious positive crease down back.	Building fat around tailhead.	Patchy fat appearing over ribs.	Bulging fat.

From Henneke et al. *Equine Vet J.* (1983) 15 (4), 371-2.

continued on next page

You make the call

Determine the body condition of the following three horses based on the system in Table 1.



Horse 1

This horse would have a condition score of 2.5 to 3.0. The neck and withers are thin and accentuated. There is fat build-up halfway on the spinous processes, and the tailhead is prominent but individual vertebrae cannot be visually identified. The ribs are easily discernible with no fat being deposited behind the shoulder.



Horse 2

Horse 2 is a horse that is in good condition with a score of 5.5 to 6. The neck blends smoothly into the body, the withers are rounded over the spinous processes, and the back is level with no positive or negative crease. Ribs cannot be visually distinguished but can be easily felt and the shoulder blends smoothly into the body.



Horse 3

This horse is obviously fleshy with a condition score of 7.5. Fat is beginning to be deposited along the top of the neck as well as in and around the withers. This horse has a positive crease down the back. The individual ribs are not visible and are difficult to feel. Fat has been deposited behind the shoulder and the area is flush with the body.

IT'S RENEWAL TIME – JOIN AERC FOR 2009 NOW!

2009 AERC Membership

Vet/Control Judge only (\$20) Full membership (\$65)

Name _____ AERC # _____

Address _____

City/State/Zip _____

Home phone _____ Work phone _____ Fax _____

E-mail address _____

Payment enclosed: Check Money Order Visa MasterCard

Credit Card # _____ Expiration _____

Signature _____

Return to: AERC • P.O. Box 6027 • Auburn, CA 95604 • fax 530-823-7805

AERC and FEI: subtle differences in respective rules

by Thomas R. Timmons, DVM

Over the years, the relationship between American Endurance Ride Conference and Federation Equestre Internationale (FEI) riders has seen various low points. Recent events illustrate that these low points arise from lack of understanding of the rules of both sanctioning bodies and are applied in error by veterinary judges. Understanding the differences between the two and upholding the rules of each will prevent future conflict.

We cannot escape the fact that virtually all FEI rides are dual sanctioned in the U.S. and Canada. Dual sanctioned means that all FEI riders are cross-entered in the ride, under FEI and AERC rules. FEI rules take precedence and are applied first (to FEI entered riders), followed by AERC rules if the rider is eliminated under FEI rules. In other words, a rider/horse combination may be eliminated under FEI rules, but may still obtain a completion under AERC rules. AERC entered riders are NOT subject to FEI rules at any time in a dual sanctioned event.

Table 1 examines the few rules that are a common source of confusion between AERC and FEI. The first column lists where in the course of the ride, the second lists the particular situation while the third column describes the AERC rule, and the fourth is FEI. Notes or comments are in the fifth column.

In summary, the primary AERC-FEI differences are in four areas. 1) Number of presentations allowed for meeting pulse criteria during the course of the ride; 2) association of pulse criteria and veterinary exam; 3) number of presentations at the finish line for meeting pulse criteria and trot out, and 4) maximum time frame

Table 1

VET CHECK VS. FINISH	CIRCUMSTANCE	AERC	FEI	COMMENTS
VET CHECK	Maximum time to present for pulse criteria	30 minutes	30 minutes	
VET CHECK	Pulse criteria – number of presentations	Multiple presentations allowed	Two presentations maximum *	* If eliminated, may re-present for AERC.
VET CHECK	Presentation for vet exam after meeting pulse criteria	May present at any time.*	Must proceed immediately to vet exam.	*Unless set and announced by head veterinary control Judge at pre-ride meeting.
FINISH	Maximum time to present at finish	60 minutes 30 minutes *	30 minutes**	* Limited distance required to present within 30 minutes of arrival. ** If eliminated, may use 60 minutes for AERC.
FINISH	Pulse criteria – number of presentations	Multiple presentations allowed	One presentation only *	* If eliminated, may re-present for AERC.
FINISH	Presentation for vet exam after meeting pulse criteria	May present at any time within 60 minutes of arrival/finish	Must proceed immediately to vet exam	
FINISH	Completion exam – number of presentations	Multiple presentations Allowed	One presentation only*	* If eliminated, may re-present for AERC completion
FINISH	Post completion treatment	Allowed	Not permitted for two hours (2 hours, otherwise automatic elimination*	* Medication form 3 may be submitted for treatment before 2 hours (fluids only)

to meet pulse and complete a finish examination. Outside of these four areas, there is minimal difference between the two governing bodies.

It is interesting to point out that the first difference is rarely an issue, since most horses are “sent to the end of the line” to allow others to proceed, whom have successfully met the pulse criteria. By the time a horse is presented a second time, the pulse is usually within parameter.

The second difference is due to the fact that AERC rules do not specify a relationship in time between meeting pulse criteria and the veterinary exam. Some AERC veterinary judges prefer to examine horses only at the end of the hold. In essence, this eliminates the need to examine a horse twice (at the beginning and end of the mandatory hold). Most metabolic or lameness problems are more evident after the horse has rested. The type of

continued on next page

ride (single day vs. multiday), distance and number of veterinary control judges present will generally dictate the timing of the exam and should be announced by the head veterinary judge at the pre-ride meeting. If not determined and announced by the head veterinary control judge, riders may present for the exam at any time of their choice.

FEI endurance rules stipulate that pulse recovery (pulse criteria) and the veterinary inspection/examination (metabolic stability and soundness evaluation) be completed at the same time. Though it is not a rule, but by design, all inspections/examinations take place at the beginning of the hold because the pulse recovery and inspection/exam are inseparable. To address the discovery of latent problems, re-examinations or exit exams are very common after phase three or four (third or fourth vet check for 100mi/160km) and continue through phase five (fifth vet check). Such additions are published in a schedule before the event and are announced at pre-ride meetings.

The third and fourth differences are where most trouble has occurred. FEI rules are more stringent in that a finish inspection/examination must take place within 30 minutes of crossing the finish line and one examination/inspection takes place. In other words, a horse must recover within 30 minutes and the rider/horse has one opportunity for a FEI completion. It is worthwhile to note that this rule is quite similar to the AERC limited distance rule, with exception that multiple inspections/

examinations are allowed. Endurance veterinarians and experienced riders expect a reasonably conditioned horse to recover within 10 to 20 minutes after arrival. Regardless of what we expect, things do occur or conditions conspire against a rider/horse combination. If by rule, they are eliminated from a FEI competition, **an AERC completion may be possible** given additional time to recover or an opportunity to work on lameness, and re-present.

Considering AERC and FEI rules, it is by far much easier to illustrate the differences than it is to point out the similarities; there are very few of the former as shown in the above table. On ride day, judging of hydration status, metabolic condition, surface factors and gait are the same and are the basis for determining disqualification, elimination, vet out or pull, whichever term one chooses to use. The concern for the health and safety of the horse is equal in all cases.

The future compatibility of AERC and FEI rests on veterinary judges understanding the few differences in rules between the two sanctioning bodies. These rules are few in number and do not require segregation between AERC and FEI riders. Segregating the two and making great pains to hold one group above, below or to the side of the other during the pre-ride meeting and/or on ride day only serves a feeling of difference that is unnecessary. It must be kept in mind that all riders entered in a ride are AERC members; it just happens that some have elected to ride under more restrictive rules.

AERC is seeking 2009 Research Proposals

The AERC is soliciting proposals from non-university personnel as well as traditional university research scientists. If you, as a ride veterinarian, have a proposal, the AERC Research Committee would like to hear from you.

The American Endurance Ride Conference is soliciting research investigations that would benefit endurance horses and endurance horse riding. The following areas are of great interest to the AERC:

1. Identification of risk factors for non-completions
2. Working in conjunction with the current AERC horse database, creation of a second database to include more specific horse information that is readily searchable and statistically analyzable.

Proposals dealing with other aspects of endurance horses and riding will be considered as well. The deadline for proposals is February 1, 2009; one paper copy and an electronic version should be submitted to the AERC national office.

Questions may be addressed to Olin Balch, DVM, PhD, at 208-315-3898 or obalch@earthlink.net.

Congratulations to AERC-Certified Vets

The following veterinarians have passed the AERC certification exam and have received their certificates (and the CE units that go along with passing the exam). Regions in which the veterinarians routinely vet rides are also listed. This list is online at www.aerc.org/CertifiedHeadVets.asp. If you wish to have additional regions added to your name, please call the office at 866-271-2372 or e-mail: endurancenews@foothill.net.

Central Region

Jim Baldwin, DVM
Robert A. Beecher, DVM
Valerie Bixler, DVM
Ron Brown, DVM
Gail Conway, DVM
Nancy Crider, DVM
David Cross, DVM
Joseph DuBois, DVM
Barney Fleming, DVM
Dane Frazier, DVM
Tamara Gull, DVM
M. Patricia Harrop, DVM
Todd C. Hollbrook, DVM
Carter C. Hounsel, DVM
Valerie Lewis Jaffe, DVM
Dan Keil, DVM, PhD, DACVM
Susan Keil, DVM, MS, DAVCO
Lisa Mauzerall, DVM
Melinda Poole, DVM, DABVP
Linda Reznicek, DVM
Leon Self, DVM
Dennis N. Seymore, DVM
Dawna L. Voelkl, DVM
Sylvia Wiebe, DVM
Kristi Zarges, DVM

Midwest Region

Robert A. Beecher, DVM
Rachel Boyce, DVM
Elaine L. Burkhart, DVM
Tracy L. Busalacchi, DVM
Trisha Dowling, DVM
Mary Cardeccia, DVM
Anne Christopherson, DVM
Wesley Elford, DVM
Nicole Eller-Medina, DVM
Maureen Fehrs, DVM
Barney Fleming, DVM
Marnie Gamm, DVM
Michael Habel, DVM
Donald L. Hamilton, DVM, PhD
M. Patricia Harrop, DVM

Rebecca Kamerer, DVM
Howard Ketover, DVM
Travis Kuhlka, DVM
Mary Lambert, DVM
Erin Master, DVM
Sara Michelin, DVM
Dean E. Peterson, DVM
Melinda Poole, DVM, DABVP
Jon T. Quinton, DVM
Judy Rongen, DVM
Cindy Schlund, DVM
Sybil Soulsby, BVScM
Joanne Tetens-Woodring, DVM
Robin Whitney, DVM

Mountain Region

Lyle Bischoff, DVM
Deborah L. Burnett, DVM
Anne Christopherson, DVM
Tom Currier, DVM
Elizabeth C. Dagnall, DVM
Barney Fleming, DVM
Tanya Fyfe, DVM
Georgette Goonan, DVM
Michael Gotchey, DVM
Kay Gunckel, DVM
Pamela Handy, DVM
Leslie Mikos, DVM
Dave Nicholson, DVM
Charlie Noland, DVM
Richard Poteste, DVM
Ray Randall, DVM
Melanie Robinson, DVM
Judy Rongen, DVM
Jason Rucker, DVM
L. Gretchen Saam, DVM
J. Maxwell Smylie, DVM
Heather Sparks, DVM
Deanna Spiker, DVM
C. Mike Tomlinson, DVM
Irina Weese, DVM
Darla J. Wright, DVM

Northeast Region

Stan Alkemade, DVM
Margaret Brosnahan, DVM
Lawrence Buggia, DVM
Julie Bullock, DVM
Kathy Eichelberger, DVM
Maureen Fehrs, DVM
Claire Godwin, DVM
Debbie Hadlock, VMD
Lisa Hanelt, DVM
Bruce Hansen, DVM
Brittany Hazzard, DVM
M. Patricia Harrop, DVM
Tanja Marie Hess, DVM
Allison Hooper, DVM
Jennifer Jones, DVM
Pamela Karner, VMD
Arthur B. King, DVM
Kathy Kivi, DVM
Nick Kohut, DVM
J. Mark McConnon, DVM
Jessica A. Michel, DVM
Ronald C. Miles, Jr., DVM
Linda Neimeier, DVM
Sarah Ralston, VMD, PhD
Nancy R. Reams, DVM
Patrick Rodawold, DVM
Judy Saunders, DVM
Meg Sleeper, VMD
Larry Sefanick, VMD
Joanne Tetens-Woodring, DVM
C. Mike Tomlinson, DVM
Jeannie Waldron, DVM
Tracy R. Walker, DVM
Joy P. Watkins, DVM

Northwest Region

Karen Balch, DVM
Olin Balch, DVM
Jason Bradley, DVM
James Bryant, DVM
Cierra Buer, DVM
Christine Ellen Cane, DVM
Marla Foreman, DVM

Michael A. Foss, DVM
John Gilray, DVM
Gail Jewell, DVM
Scot Lubbers, DVM
Kimberli Maltman, DVM
Tanja Menks, DVM
Sarah Metcalf, DVM
Katie Moore, DVM
Michael Morrow, DVM
Gene Nance, DVM
Dave Nicholson, DVM
Michael Peterson, DVM
Jennifer Posey, DVM
Jennifer Powers, DVM
R.G. Root, DVM
Keith R. Ruble, DVM
Sarah Schroer, DVM
Eric Sharpnack, DVM
Ann Swartz, DVM
Thomas Timmons, DVM
C. Mike Tomlinson, DVM
Robert Washington, DVM

Pacific Southwest Region

Fred Beasom, DVM
Cynthia Binder, DVM
Cheryl Dell, DVM
Larry K. Dresher, DVM
Barney Fleming, DVM
Rebecca Florio, DVM
Susan Garlinghouse, DVM
Kevin Lazarcheff, DVM
Jeanette Mero, DVM
Dave Nicholson, DVM
Michael S. Peralez, DVM
Ray Randall, DVM
William M. Talbot, DVM
C. Mike Tomlinson, DVM
Darla J. Wright, DVM

Southeast Region

Anna McQuaid Ayers, DVM
Natalie Barron, DVM
Julie Bullock, DVM
Anne Christopherson,

DVM
Nicole DiNucci Cunningham, DVM
Megan Davis, DVM
Kathy Eichelberger, DVM
Candace Erickson, DVM
Stephen S. Galloway, DVM
Michael Habel, DVM
Melissa A. Hamilton, DVM
M. Patricia Harrop, DVM
Fred M. Hopkins, DVM
Deidre Huff, DVM
Arthur B. King, DVM
Nick Kohut, DVM
Ken Marcella, DVM
J. Mark McConnon, DVM
Jennifer Applewhite McKee, DVM
Troy J. Nelson, DVM
Melinda Poole, DVM, DABVP
Rebon Brent Pugh, MS, DVM
Karen Reynolds, DVM
Wendy Rosenbec, DVM
Otis K. Schmitt, DVM
Douglas Shearer, DVM
Gary Shelton, DVM
Amy Spies, DVM
Sheryl Strasser, DVM
James H. Steere, DVM
Ann Stuart, DVM
Bart Sutherland, DVM
Paula Thorne, DVM
Robbie Whaley, DVM
Laura L. Wolfe, DVM

Southwest Region

Nancy Crider, DVM
Darryl Dunn, DVM
Greg Fellers, DVM
Barney Fleming, DVM
Bradley Scott Houser, DVM
Linda Locklar, DVM
Jim Lytle, DVM
J. Mark McConnon, DVM

Dave Nicholson, DVM
Larry Nolen, DVM
Tom Parker, DVM
Stacey Sickler, DVM
Kenneth Skinner, DVM
Debra Tibbits, DVM
C. Mike Tomlinson, DVM
Robin W. Waldron, DVM
Darla J. Wright, DVM
Kristi Zarges, DVM
Sidney Zarges, DVM

West Region

Stephanie Bell, DVM
Adrienne Brouwer-Rasi, DVM
Craig A. Brown, DVM
David Byerly, DVM
Joanne Clemitsen, DVM
Cheryl Dell, DVM
Robert Dieterich, DVM
Roderick Eck, DVM
John C. Ellery, DVM
Greg Fellers, DVM
Barney Fleming, DVM
Karen Indreland, DVM
James Kerr, DVM
Kevin Lazarcheff, DVM
Rob Lydon, DVM
K. Gary Magdesian, DVM
Susan McCartney, DVM
Jeanette Mero, DVM
Robert Morgan, DVM
Dave Nicholson, DVM
Claude Pacheco, DVM
Michael S. Peralez, DVM
Leslie Phillips, DVM, PT
Judy Reens, DVM
Melissa Ribley, DVM
Michele Roush, DVM
Ashley Sansome, DVM, MPDV
Marcia Smith, DVM
Cory Soltau, DVM
James H. Steere, DVM
C. Mike Tomlinson, DVM
Michele C. Weaver, DVM
Michael R. Witt, DVM

Haven't taken the exam yet? You may request one by contacting the AERC office, or download the examination, answer sheet and evaluation form online (on the Vets / Forms page). Reviewing the AERC rules and regulations and the AERC vet guidelines will enable you to pass the exam and be recognized as an AERC-certified head veterinarian.