



Equine Sports Medicine

VISIT SUMMARY

DATE: April 1, 2026

OWNER: Jessica Cowan

PATIENT: Maestro

History:

Since discharge from rehab in November 2025, Maestro has had a mix of both good and bad outcomes with ridden work. He has improved since less canter work and lunging has been used in his daily routine. He presents today for lameness evaluation and rehabilitation guidance.

Evaluation:

Lameness examination:

- 2/5 right hind lame most apparent to the right- characterized by decreased cranial phase of stride; occasional 1/5 RF most apparent to the left
- Canters better to the right and resists picking up or maintaining the left hind lead.
- Twisting/external rotation of hock still present at walk and walks very narrow on all four limbs.
- Flexions:
 - o Moderate positive to bilateral stifle flexions
 - o Mild to full limb and distal limb flexions
 - o Negative to full limb flexions on forelimbs

Musculoskeletal examination:

- RF shoe is slid back
- RF turned in and heels crushed
- Atrophy of right gracilis and right middle gluteal
- Sens to left stifle point
- Good hindlimb circles
- Tight shoulder circles
- Good sternal lift
- Good LS tuck
- Good but slightly heavy hindlimb circles bilaterally
- Flat through pelvis again
- Subtle tight band across proximodistal quadriceps
- Prefers to rest right hind limb

Assessment:

Maestro has maintained good body condition and overall palpates very well compared to his discharge exam. He has subtly lost some pelvic musculature and does hold his pelvis in extension. It seems the right stifle injection and sacroiliac injections have really helped him with his quality of movement and willingness to move forward. Based on his lameness exam parameters, I do think there is still a component of pain vs dysfunction of the right hind proximal limb. Please see recommendations below.

Treatment:

None

Recommendations:

1. Treadmill- Incorporate this into Maestro's routine by replacing 10 minutes of walker exercise with a walk at a "working" speed, 2-3 days per week. We don't want him to leave his hind limbs in retraction (behind him in stride) for too long and a bit of a faster pace will help to avoid this.
Slowly increase treadmill time until it has replaced an entire walker session 2-3 days per week.
2. Band work- Incorporate the hind end resistance band for at least 5 minutes of ridden work and treadmill time 3-5 times per week.
3. Shoeing- I have sent in a consultation with Dr. Sammy Pittman and will defer to his recommendations when he gets back to me.
4. Straddle board- make 1-2 straddle board passes 3 times per week to help with abduction.
5. Diagonal tail pulls- complete 3-5 diagonal tail pulls on each side, holding each rep for 5-8 seconds. Perform these 3-5 times per week.
6. I would recommend hock and left stifle injections at Dr. Chauncey Smith's discretion.
7. Begin incorporating light canter work under saddle only.

Thank you!

Gabrielle Solum GrandPre, DVM, MS
Associate Veterinarian
Equine Sports Medicine & Rehabilitation (ESMR-AZ)
940-510-8653