



VET WORK – PLAIN AND SIMPLE: VOLUME II

OCDs in sale horses

Commentary by industry professionals

Table of contents

➤ Dear Reader	3
➤ OCDs: An author's overview	4-6
➤ A few of the many successful horses with OCDs	7
➤ Definition of terms	8
➤ Q&A with Dr. Jeffrey Berk	9-11
➤ When do you start looking for OCDs in sale horses?	12
➤ As a breeder or seller, what is your perspective or stance on OCDs?	13-15
➤ As a buyer or adviser, what are some of your considerations when a yearling has an OCD? ...	16-17
➤ When you are evaluating yearlings for purchase at the sales, how important is it to you if a horse has an OCD?	18-21
➤ What OCD issues are important to you related to developing 2-year-olds for the sales market?	22-23
➤ What are the long-term prospects for a young racehorse who has had an OCD?	24-25
➤ Taking all of your knowledge and experience about OCDs into account, what are the key things that you think buyers should keep in mind?	26-31

About the author

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Cartoon illustrations by **Chris Ware**
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Dear Reader,

This booklet is an exploration of the sometimes thorny issue of OCDs and their implications for sales and race horses. *Even though an OCD may have no effect on a horse's ability to train or perform*, its very existence can be a mark against the horse when seen on radiographs at auction and, to this point in time, may be enough to cause some buyers to cross the horse off their short list without further consideration. The fear and misunderstanding of OCDs carries a high cost for breeders and consignors, but it has perhaps an even higher cost for yearling buyers and trainers as they may miss out on obtaining a high-quality athlete.

Research into the racing performances of horses diagnosed with findings of OCDs has shown that overemphasizing the importance of the condition may lead to hasty decisions by buyers regarding evaluation for purchase and subsequent race-ability. Many horses with unquestionable OCD findings are just as unquestionably sound and talented later on as racehorses. On the other hand, a significant OCD that is causing lameness or hampering a horse's action is a definite problem that needs addressing. The good news is that many OCDs can be managed with treatment or surgery, and others may just disappear naturally as part of the young horse's developmental process. Clearly, the heart of "the OCD problem" lies in the difference between the perception that the existence of an OCD is a limitation for a horse and the practical reality that many (indeed most) OCDs present no limitation to a horse's natural abilities and later success.

This booklet is designed to explain and demystify this complicated issue. Despite the seeming simplicity of a horse having an OCD, the "problem" is layered with considerations that are important for both the buyer and seller to understand. For example, not all OCDs are the same, and not all have the same effect on a horse's training and racing potential. Therefore, the reader is invited to explore the basic meanings and implications of OCDs, namely (1) what causes them, (2) what management practices and treatments can minimize or resolve them, and (3) what potential do horses with OCDs have as racing prospects.

In addition to an in-depth assessment of OCDs, this booklet also includes a glossary of important terms to help the reader better understand the language and significance of OCDs. Finally, commentary from a broad cross-section of industry professionals is included to offer a spectrum of opinion and develop a basis for further discussion.

To make this serious and academic topic more readable, we are also blessed with the humorous illustrations of Chris Ware, whose light hand on the pen can create a scene which might otherwise require a thousand words.

With appreciation for the horse and the thousands who work so diligently with them,



Frank Mitchell

... misunderstanding of OCDs carries a high cost for breeders and consignors, but it has perhaps an even higher cost for yearling buyers and trainers as they may miss out on obtaining a high-quality athlete.

OCDs

Author's overview

► In most cases, however, an OCD is a small thing and research indicates that, depending on size and location, most of them have little effect on training and racing.

► the bright and refreshing news for buyers is that OCDs have a surprisingly small effect on the racing performance of Thoroughbreds in training.

By Frank Mitchell

The condition we commonly call OCD is formally known in veterinary terminology as *osteochondritis dissecans*. As a horse's long bones grow, the animal's body lays down a layer of smooth *cartilage* along the *growth plates* at the ends of the bones (the *physes*). The rather slick but relatively soft cartilage matures and then hardens into bone (or *ossifies*), and that is how the bone lengthens and allows the horse to grow.

OCD occurs when the cartilage surface of the growing long bones and joints fails to develop properly, leaving cartilage at the surface. The OCD lesion is a split, opening, or separation at a certain spot in the otherwise smooth cartilage surface.

The occurrence of OCDs is not restricted to Thoroughbreds. (All horse breeds and, indeed, all radiographed mammals such as dogs, cattle, assorted livestock, and human beings may have OCDs when they are young and growing.) The reason for the existence of OCDs, therefore, lies in the natural occurring development of bone in young animals.

According to Dr. Wayne McIlwraith, Director of the Orthopaedic Research Center at Colorado State University, "The classical diagnosis of OCDs occurs when you have *clinical* signs. People typically notice filling in a joint (*synovial effusion*) with varying degrees of lameness. The most common locations for an OCD are a stifle, hock, or fetlock joint. Generally, the lameness is minimal in fetlocks, but they will nonetheless respond to flexion [if an OCD is present]. In the hock, the lameness is usually minimal, and, in the stifle, it can vary from no lameness to an obvious lameness."

The presence of OCDs can be confirmed with radiographs, as the separations in the cartilage

show up as dark spots or lines on radiographic images. Once radiographs began to be used at the farm level to identify OCDs in advance of the sales, breeders and farm managers began to search for ways to treat the condition so that they could eliminate any OCDs by sale time. Typically, this has led to increasingly early radiographic examination of horses at the farms, and most breeding farms hire vets to perform at least one pre-sale x-ray exam of

their horses, beginning as early as the fall of their weanling year. Thus, as Dr. McIlwraith stated, "many cases now are diagnosed with pre-sale radiographs. Until we started taking radiographs, the cases without clinical signs were missed."

The sales companies have established "repositories" where sellers, at their own expense place pre-sale x-rays, specifically so that buyers can have them reviewed by their veterinarian. Obviously, the purchase of a thoroughbred involves considerable expense, and buyers at the sales quite naturally

seek to protect their investment. Within this context, the "problem" of OCDs surfaces at the sales because buyers often search for "clean" x-rays in an effort to avoid significant risks. As OCDs and their implications for racing are not well understood by many buyers, the finding of an OCD tends to promote caution. To this point in time, therefore, many yearlings with OCDs have been discounted or rejected by buyers because they have been perceived as imperfect or flawed, even if they were considered to be outstanding racing prospects. In most cases, however, an OCD is a small thing and research indicates that, depending on size and location, most of them have little effect on training and racing.

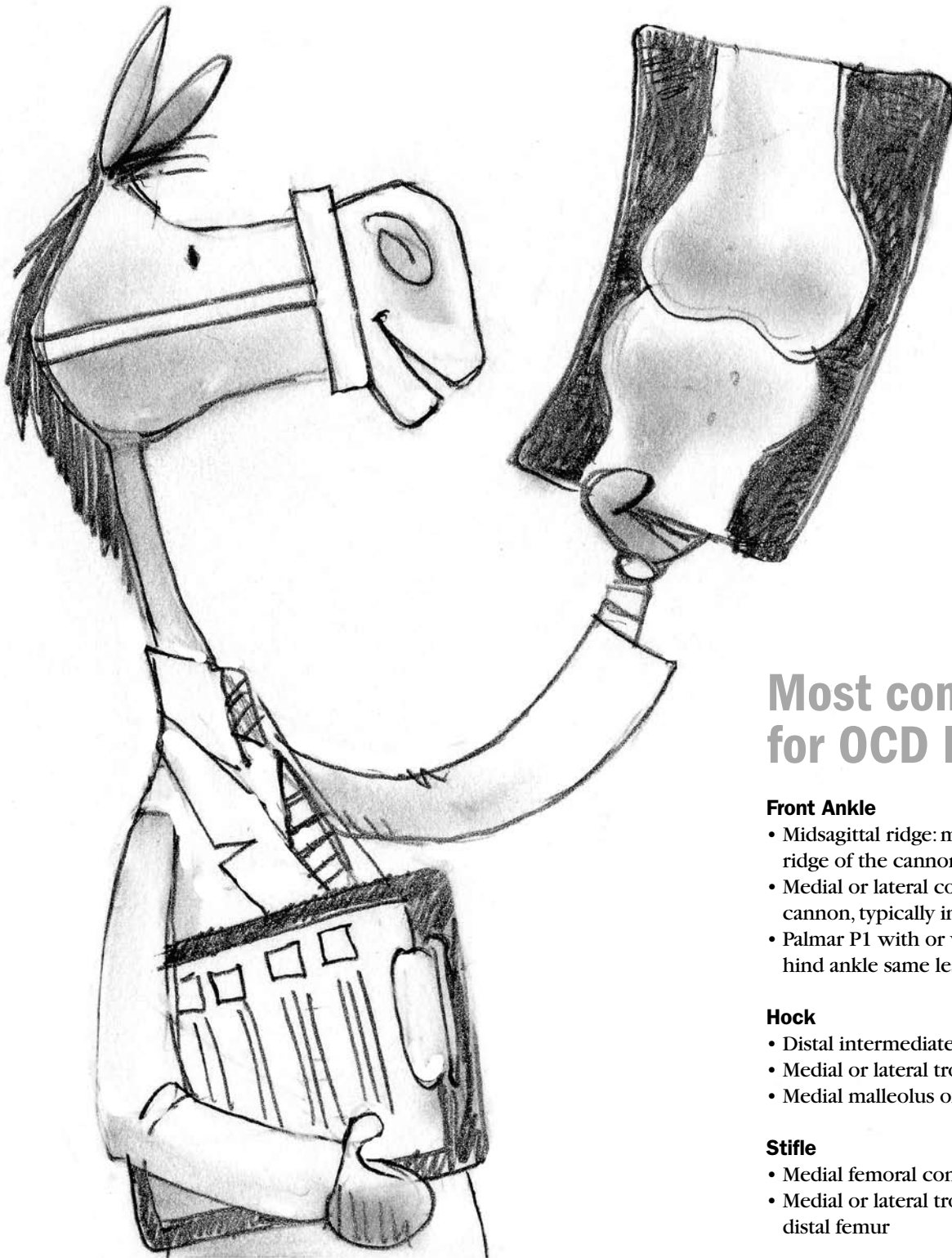
Because of the preoccupation some buyers have with "clean" x-rays, breeders typically are

... as buyers have become better informed about the nature and long-term implications of OCDs, they have also become less concerned and more forgiving.

OCDs are a spot in time that can be managed, that typically go away with time or treatment, and that generally will have no effect on the racing potential and performance of the equine athlete.

.....

Story
continues
on page 6



Most common sites for OCD lesions

Front Ankle

- Midsagittal ridge: middle of the central ridge of the cannon
- Medial or lateral condyle of the distal cannon, typically in the front ankle
- Palmar P1 with or without fragment; in hind ankle same lesion is called Plantar P1

Hock

- Distal intermediate ridge of the tibia
- Medial or lateral trochlear ridge of the talus
- Medial malleolus of the distal tibia

Stifle

- Medial femoral condyle
 - Medial or lateral trochlear ridge of the distal femur
-

under great pressure to help yearlings resolve their lucencies and other bone problems prior to sale time. Their window of opportunity before taking a horse to auction is quite restricted. Commercial breeders must have their horses right and ready at the time of sale, and the market for yearlings only lasts from July through October of their yearling season.

Therefore, breeders will seek to speed or otherwise help the process of complete bone development with non-harmful drugs or supplements such as Adequan, Cosequin, Osteoform, or Isoxuprine. Nonetheless, the situation remains a genuine quandary for breeders because many OCDs simply resolve naturally, but require time to do so. Thus, many yearlings go to the sales with lucencies that are in the process of resolving. Whether or not OCDs have resolved by sale time, however, the bright and refreshing news for buyers is that OCDs have a surprisingly small effect on the racing performance of Thoroughbreds in training.

Solid research into the growth-related incidence of OCDs and their effect on racing performance, like that conducted by Dr. McIlwraith, and colleagues, is offering some positive understanding of the situation for both buyers and sellers. The best current research shows that only a small minority of OCDs (typically in a few, specific locations) have a statistically negative effect on racing and training. In addition, the growing body of scientific evidence seems to confirm that most OCDs

are simply growth-related and passing occurrences. To this extent, time is the friend of owners and other horsemen because normal development processes will resolve the great majority of OCDs and allow the horse to train and race at the level of its natural ability. Breeders who have made large investments to bring their young horses to market can be

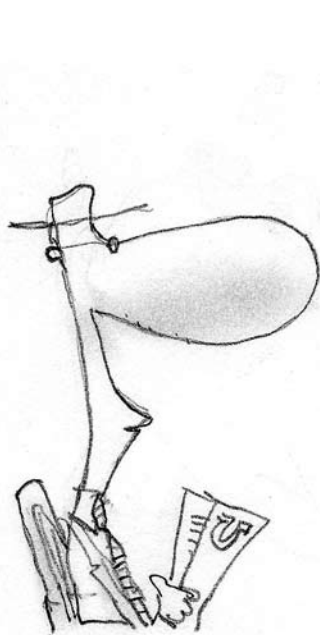
encouraged because, as buyers have become better informed about the nature and long-term implications of OCDs, they have also become less concerned and more forgiving.

In summary, it seems apparent that OCDs are a regular and naturally occurring irregularity. A number of different factors have been posed as the cause of OCDs, but the general consensus among practitioners is that, except for trauma to a joint, the

condition results from several elements genetically or naturally occurring together, almost like a sequence of dominoes. The interaction of genetic predisposition, nutrition, growth rate, conformation, activity level, general health, and management can all play a role in the development of an OCD.

Despite the many factors that prompt the development and resolution of an OCD, however, the good news for those working with young racehorses and those spending their money and dreams on them is that OCDs are a spot in time that can be managed, that typically go away with time or treatment, and that generally will have no effect on the racing potential and performance of the equine athlete.

The interaction of genetic predisposition, nutrition, growth rate, conformation, activity level, general health, and management can all play a role in the development of an OCD.



Repeat after
me... 'OCD
is NOT a BIG
PROBLEM!'

A few of the many successful horses with OCDs

XTRA HEAT

(1998 Dixieland Heat out of Begin, by Hatchet Man)

Won 26 of 34 starts in four seasons of racing and earned \$2,174,635. Her most notable victories (from 24 stakes successes) include the Beaumont Stakes, Prioress Stakes, Phoenix Breeders' Cup, Barbara Fritchie Handicap (twice), Genuine Risk Handicap, and Vagrancy Handicap, as well as a second in the Breeders' Cup Sprint.

Co-breeder Pope McLean said, "We sold her as a weanling for \$9,100, and she resold as a yearling at OBS August in Florida for \$4,700, and then resold as a 2-year-old in training for \$5,000. The same situation was going on in the last two sales: she wasn't passing the vet."

Trainer John Salzman examined Xtra Heat at a 2-year-old in training sale, liked the athletic potential he saw, and bought her at a bargain-basement price.

Salzman selected Xtra Heat because of her physical type — she looked really fast — and he never vetted her. Later he said, "I never would have known about the OCDs, but after her second victory, a man tried to buy her and had her vetted."

That unlucky man had a vet who spotted the OCDs on the 2-year-old filly's radiographs and turned down the future champion and multi-millionaire.

FARDA AMIGA

(1999 by Broad Brush out of Fly North, by Pleasant Colony)

Champion 3-year-old filly in 2002. Won four of eight lifetime starts and earned \$1,282,302. At 3, she won the Grade 1 Kentucky Oaks and Alabama Stakes, finished second in the Grade 1 Breeders' Cup Distaff.

At the Keeneland September sale in 2000, she brought only \$45,000 as part of the select Book 1 of the auction "because of OCDs in both stifles," said Mark Taylor of Taylor Made Farm, which consigned her. "She had OCDs in both stifles on the medial femoral condyle. Although she was a well-bred, good-looking filly in the select part of the sale, the OCDs made her affordable for anyone."

FAVORITE TRICK

(1995 by Phone Trick out of Evil Elaine, by Medieval Man)

Horse of the Year at 2 and champion 2-year-old colt in 1997 when he was unbeaten in eight starts. Won 12 out of 16 races lifetime and earned \$1,726,793. His most notable victories include the Breeders' Cup Juvenile, Hopeful, and Breeders' Futurity at Keeneland.

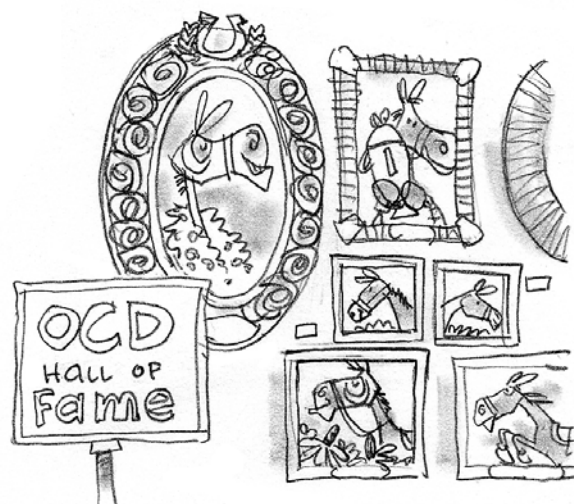
Sold for \$32,000 in Book 1 of the Keeneland September sale and resold for \$100,000 as a 2-year-old in training. Although an athletic and outstanding specimen, Favorite Trick was heavily discounted, especially as a yearling, because of OCDs. Those were cleaned up surgically, and he never looked back.

CAJUN BEAT

(2000 by Grand Slam out of Beckys Shirt, by Cure the Blues)

Won seven of 18 starts and earned \$1,059,100. His most important victories were the Breeders' Cup Sprint and the Kentucky Cup Sprint.

Sold for \$145,000 at the Keeneland November sale. According to Mark Taylor, "He was an unbelievably good-looking weanling who didn't sell very well. The folks at Padua liked what they saw, had surgery done on both stifles, and the horse wins the Breeders' Cup Sprint."



ARTIE SCHILLER

(2001 by El Prado out of Hidden Light, by Majestic Light)

Won the Breeders' Cup Mile in 2005 and has earned more than \$2 million to date. Still in training.

Sold for \$67,000 at Keeneland September in 2002. Bayne Welker of Mill Ridge said, "He had an irregular cyst in the distal lateral P1 that appeared to communicate with the joint."

ZAVATA

(2000 by Phone Trick out of Pert Lady, by Cox's Ridge)

Won five of 13 races, including the Saratoga Special, earning \$346,533.

A tremendous-looking yearling, Zavata sold for \$170,000 at the Keeneland September sale and then resold as a 2-year-old in training for \$575,000.

Bayne Welker said, "He had an OCD on the apex of the lateral sesamoids of his right hind."

BANDINI

(2003 by Fusaichi Pegasus out of Divine Dixie, by Dixieland Band)

Still training and racing, Bandini is a Grade 1 winner of the Blue Grass Stakes.

Given the current marketplace, he could have represented a financial disaster for co-breeder Junior Little because "he had a tiny OCD in a stifle," Little recalled. "They didn't want any part of him as a weanling, and he had eight people who went to the repository to look at his films, but none came to scope him. They didn't pass him on the x-rays. So we scratched him from the sale. Then, I brought him back home, gave him Adequan, and the OCD resolved before the yearling sale. He brought \$500,000 as a yearling."

UNBRIDLED'S SONG

(1993 by Unbridled out of Trolley Song, by Caro)

Won five of 12 starts, with his most memorable victories coming in the Breeders' Cup Juvenile, Florida Derby, and Wood Memorial, earning \$1,311,800.

Unbridled's Song was turned back at the Barrett's select sale of 2-year-olds in training after vets discovered a "flake" in his ankle. The gray colt had brought \$1.4 million, a record price for a juvenile in training at the time.

The owner took him back, and the horse won the Breeders' Cup Juvenile later that season in his third start. At stud, he is one of the most successful and popular stallions in America.

Definition of terms

CARTILAGE: firm but elastic connective tissue, especially important in the joints, as cartilage provides both the basis for bone growth and the surface that allows bones to move without producing undue wear.

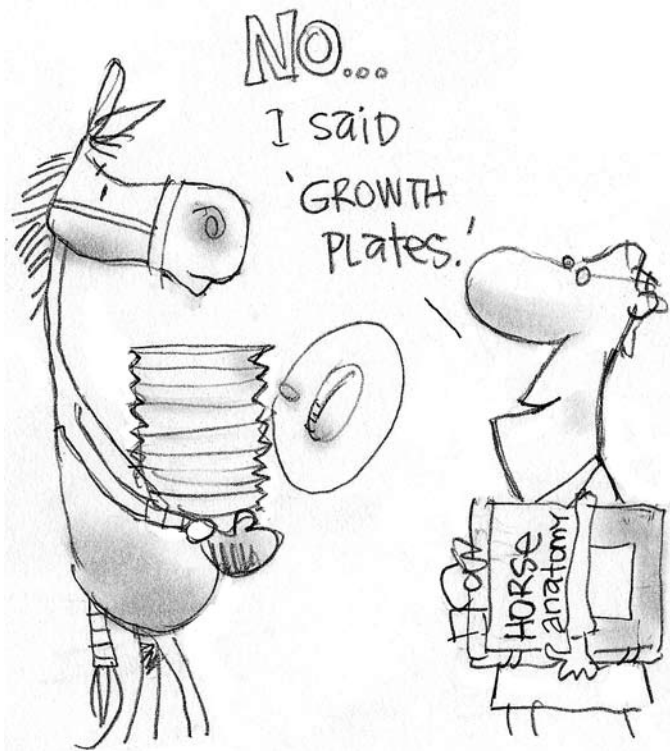
CLINICAL: an expression of a veterinary condition by a symptom such as lameness or swelling.

DEVELOPMENTAL: in the process of growing.

DEVELOPMENTAL ORTHOPAEDIC

DISEASE (DOD): a term that encompasses all bone-related growth disturbances of growing horses, including OCD, angular limb deformities, physitis, and other conditions.

ETIOLOGY: the cause, in this case the cause of an OCD.



GROWTH PLATES: the physes at the ends of long bones of animals allow the bones to grow in length by adding new cartilage as existing cartilage is hardened into bone.

LESION: in relation to an OCD, this is a site of pathology relative to the cartilage that may or may not involve the underlying bone.

LUCENCY: area of decreased bone density represented by a dark area in a radiograph; it may or may not be pathological.

MULTIFACTORIAL: multiple factors cause or are related to the development of a particular condition, in this case OCD.

OSSIFY, OSSIFICATION: hardening of cartilage into bone.

OSTEOCHONDROSIS: the process of abnormal bone and cartilage formation; sometimes called an OC, these may be referred to generally as OCDs, but the preferred practice is to distinguish between an OC and an OCD.

OSTEOCHONDRITIS DISSECANS (OCD):

split or separation of the cartilage surface of a bone that may allow development of inflammation (swelling) or effusion (fluid); an OCD specifically refers to such a split or opening that has either a flap of cartilage or a loose flake or chip associated with the opening in the bone surface.



PATHOGENESIS: causes of a health problem.

PATHOLOGY: relative to an OCD, the disease process taking place in the joint.

PATHOLOGICAL: an effect caused by a disease.

PHYSES: the growth plates at the end of the long bones of a horse (or other animal).

SYNOVIAL EFFUSION: filling in a joint.



Q&A with Dr. Jeffrey Berk

Jeffrey T. Berk, VMD, is a member of the Board of the American Association of Equine Practitioners. He is also a member of the Board of the Florida Association of Equine Practitioners and is a partner in the Ocala Equine Hospital in Ocala, Florida. In addition, he has served as facilitator of the “Purchase at Public Auction Forum” for the AAEP.

In the following, Dr. Berk discusses various aspects of the role of the vet in the process of sales evaluation and selection.

Q: What are the incidences of OCD that cause you concern?

A: The significance of an OCD is dependent upon the location of a lesion. In the fetlock, sagittal ridge OCDs are, in general, not lameness-producing in the vast majority of horses that have them. In other areas, like the medial femoral condyle of the stifle, there appears to be a higher incidence of lameness associated with an OCD lesion.

However, there is not a good correlation between the size of a lesion in the femoral condyle (of the stifle) and its propensity to produce lameness. In other words, some of the larger OCDs in that area remain non-clinical (or sound), while horses with smaller lesions in that area may become lame. That is why it is difficult to make predictions based upon the radiographic appearance of an OCD lesion in an area like the medial femoral condyle of the stifle joint.

The best that we, as veterinarians, can do is to assign a measure of risk to any given OCD based on rough percentages. It is, unfortunately, impossible to say that “this OCD lesion” will or will not bother “this horse.” The effect of an OCD on a horse’s performance is not all about the OCD. Other factors inherent in the pedigree itself, like pain threshold and the desire to win, are also important in the makeup of a successful racehorse.

Q: How do you explain the differences in opinion among experienced veterinarians regarding the significance of various OCD lesions?

A: As veterinarians try to translate their professional experience into a probability regarding a particular

radiographic finding, they are only as successful as the depth and variety of their experience.

Veterinarians dealing with different horse populations may end up making valid, but different, conclusions regarding the significance of OCD lesions, based upon their own experiences with horses of a unique group. For example, a veterinarian dealing primarily with young thoroughbreds in training (i.e., late yearlings to early 2-year-olds) may observe a correlation between a clinical lameness originating in the stifle joint and a radiographic finding of an OCD lesion in the medial femoral condyle of that same stifle. That individual

might consequently have some valid negative feelings about OCD lesions in stifles while reviewing repository radiographs on sale horses, based on his previous experience. Meanwhile, an equally experienced and talented veterinarian with a racetrack background might have a completely different viewpoint on the same radiographic finding, based on years of experience with sound adult racehorses whose stifle OCDs were only an incidental finding on a pre-purchase examination. These veterinarians also, while reviewing radiographs in the repository at a sale, come to a conclusion based on their experience. However, in this case, he or she comes to a different

conclusion, that OCDs in stifles are really not such a big deal.

How is it that two experienced, intelligent practitioners can come to such different conclusions? They come to different conclusions because they are dealing with two different populations of horses. The younger horses are an untested group; the latter are those left after the winnowing process has taken place and after

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“...we have a great deal of anecdotal information that doesn’t have a strong statistical framework to support it.”

Story continues on page 10



Q&A with Dr. Jeffrey Berk (continued from previous page)

all the horses affected by OCDs are weeded out and have not made it to the racetrack.

No one person seems to have an accumulation of experience in any one case to make a thorough generalization about these lesions. As a result, we have a great deal of anecdotal information that doesn't have a strong statistical framework to support it. For instance, if I have seen 15 OCDs on the medial femoral condyle and 10 were clinically lameness producing, but only three out of 15 were producing clinical lameness in another veterinarian's experience, our conceptions of the danger of an OCD to that location would be much different.

Q: When they were first discovered through radiographic exam, OCDs were an easy excuse for many purchases that failed to produce the desired results. Our present knowledge assures us that the reason a significant number of those horses failed to succeed at the level their connections hoped for has nothing to do with OCDs. What do we, as a community of horsemen, need to understand in light of recent information?

A: A horse's failure to perform up to expectation is a complex problem with no easy answers in many cases. Many times it is an oversimplification to relate lack of performance to an OCD lesion just because it was found on a set of radiographs taken for the repository at a sale. However, we have to remember that not all OCDs are innocuous. The challenge is to determine whether a particular OCD in a particular horse is going to be a soundness issue in the future. Since we can't do that most of the time, we have to settle for percentages, such as estimating that this OCD carries a 25 percent chance of becoming lameness producing.

What we, as a community of horsemen, should be learning is how to look at every aspect of a horse that is presented to us, its pedigree, conformation, and movement, along with radiographic and endoscopic findings, and then assign the proper

"...not all OCDs are innocuous. The challenge is to determine whether a particular OCD in a particular horse is going to be a soundness issue in the future."

.....



level of risk to each aspect, knowing that we are trying to maximize our success on a percentage basis. While attempting to de-emphasize the importance of those OCD lesions which have a low probability of becoming a clinical problem, we must also be careful to remember that in the course of breaking and training young Thoroughbreds, there are some OCD lesions that are career ending, and that those horses are never seen at the racetrack.

Q: How do you interpret the psychological hitch in horsemen's thinking that allows them to continue to think that some horses are "OK to race, not OK to pinhook"?

A: Saying "OK to race, not OK to pinhook" is an acknowledgement that many veterinary findings, while having a low probability of creating a clinical problem, may present enough of a risk factor

to warrant concern on the part of pinhookers who are buying to resell. For example, consider a yearling at a sale with a mild OCD on the lateral trochlear ridge of a stifle. If this individual has no history of effusion (filling) of the stifle joint, or lameness, a very high percentage of these horses, in my opinion will continue to be sound. Some buyers may have been unfortunate to have had a horse with the same lesion which did affect its soundness, and they might be reluctant to purchase another horse with such a finding. Thus, that horse, due to the fact that there will be some buyers down the line who will not be interested, carries a higher risk for resale.

In an ideal world, "OK to race" should be synonymous with "OK to pinhook." Hopefully, as large numbers of horses with radiographic or endoscopic issues are followed in their racing careers, statistics will be generated to demonstrate the true risk involved with those findings. In my opinion, the key to leveling this playing field lies in the education of the end users.

Q: Given that the great majority of OCDs have no impact on a horse's potential for training and racing, how might a veterinarian using a best-practice scenario present a finding to a client?

A: Finding an OCD isn't the whole picture in assessing which yearlings and 2-year-olds will make effective athletes. Too many factors go into the whole array of qualities that are required to be a tremendous athlete. If we x-rayed the winners of the Kentucky Derby, Travers, Woodward, and so forth, we would be surprised at what we find and what we discover that these horses have and are racing with successfully.

One of the important conclusions that

veterinary practitioners can draw from the increasing body of evidence about OCDs is that we don't want to capriciously impugn a potential athlete

"...we don't want to capriciously impugn a potential athlete due to a radiographic finding, unless it's a really significant finding."

due to a radiographic finding, unless it's a really significant finding.

The key reason for circumspection and balance in evaluating a finding of OCD is that we cannot look at x-rays and tell if that lesion will prevent a horse from becoming a good racehorse. We can only assign a risk factor for its likely significance. That risk factor may have an influence on the price level that a buyer chooses to participate in with that yearling, but calculated risk is inherent in the game, and every knowledgeable horseman is aware that there are many greater risks than OCDs.

➤ "What we, as a community of horsemen, should be learning is how to look at every aspect of a horse that is presented to us, its pedigree, conformation, and movement, along with radiographic and endoscopic findings, and then assign the proper level of risk to each aspect..."

➤ "In an ideal world, 'OK to race' should be synonymous with 'OK to pinhook.'"



When do you start looking for OCDs in sale horses?

We see the majority of OCDs starting in September of their weanling year. Sometimes you see some clinical signs, like swelling or lameness, and sometimes you don't. Most of the OCDs are gone by about April, and the horses are fine. It's a naturally occurring situation, and I think that understanding the process allows you to adjust your management. Most horses will have OCDs, yet most of the horses with OCDs will become perfectly normal racehorses.

Horsemanship is more straightforward than most people think. Being patient and allowing OCD lesions to run their course is important to do.

— **GARRETT O'ROURKE**

Manager of Juddmonte Farms, Lexington

Since we sell yearlings, we begin screening them for OCDs by using complete sets of x-rays in late February or the first of March [of their yearling season] so that we can be aware of the situation. Then we can begin treatment and know where we are in relation to the sales cycle.

Racehorses probably have had OCDs all along, but we never knew they were there until the technology showed it.

— **GERRY DILGER**

Owner of Dromoland Farm

If there has not been something obvious, we usually start looking for them in the spring. OCDs are the result of the bone failing to fully ossify. The long bones grow by adding cartilage at the ends, which then mineralizes (hardens into bone), and adds more cartilage. When the cartilage fails to harden into bone, it becomes a lucency.

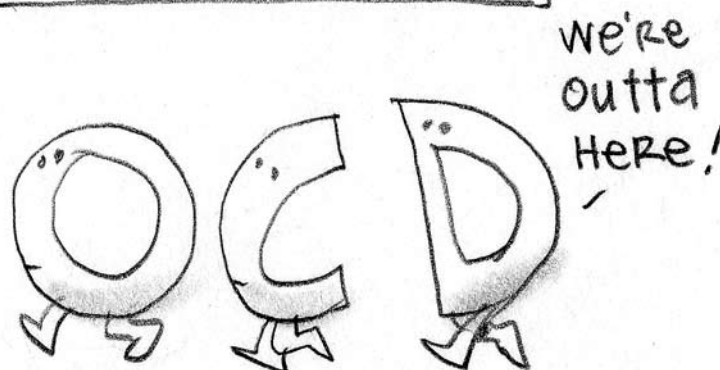
We may x-ray, find a lucency, and in 30 or 60 days, it may be gone. Looking back, we then know that the initial finding was an OCD or more precisely, a bone lucency, in the process of resolving into hardened bone.

When we take a spring set of x-rays and find a lucency, we commonly say, "Take another set in 60 days" of the spot in question, and then you know the progression, and you know whether the progression is toward resolving properly into bone or not.

— **JAMES MOREHEAD, DVM**

Equine Medical Associates, PSC

many of the OCDs
just go away...



If the young horses are clinically normal (showing no outward signs of a problem), we do survey radiographs in January of their yearling season. Then we see what we've got — see if there are things to address, if there are things we can address. If you're thinking about a summer sale as opposed to a fall sale, taking a radiograph of the affected joint just prior to the nomination deadline will help to make that decision. A finding of an OCD would be a reason to choose a later sale and give the yearling another 60 days to mature the bone.

One of the things we've found is that many of the OCDs just go away. We do very few surgeries on OCD lesions. We found that a lot of them improve over time and are not issues.

— **TOM EVANS**

Owner of Trackside Farm

One of the things we've found is that many of the OCDs just go away."

— Tom Evans

As a breeder or seller, what is your perspective or stance on OCDs?

At Taylor Made, we have a fairly unique perspective in that we have seen a very large number of horses come through our consignments, probably more horses than any other organization that scrutinizes x-rays. Over the course of time, we have seen a steady and consistent decrease in buyer apprehension about OCDs. About 15 years ago, if a horse had an OCD in a hock, it was considered to be a major depreciating factor in the horse's value. Now an OCD in a hock is basically believed to be inconsequential, unless it is very large or in a strange location.

Today, about 80 percent of the OCDs are viewed as relatively inconsequential by the majority of the buying public. Either they can be treated or operated on (if necessary), and most will not compromise the horse's ability to race. Also, veterinarians and trainers have a greater understanding about some veterinary findings that were once viewed as detrimental to a prospective racehorse, and realize now that most OCDs have little relationship to whether a horse is effective on the track.

"...the most experienced buyers are becoming more forgiving all the time. They are looking for the horse, not the vet report."

— Mark Taylor

As an example, not very long ago, I was commonly seeing horses with impeccable pedigrees and conformation being heavily discounted because of OCDs. Farda Amiga was depreciated down to \$45,000 in Book 1 of the Keeneland September yearling sale because she had OCDs in both

stifles (Farda Amiga won the Kentucky Oaks, Alabama, and nearly \$1.3 million). I now hear people in the walking ring at Keeneland remarking on an OCD report and saying, "Isn't that what Farda Amiga had?"

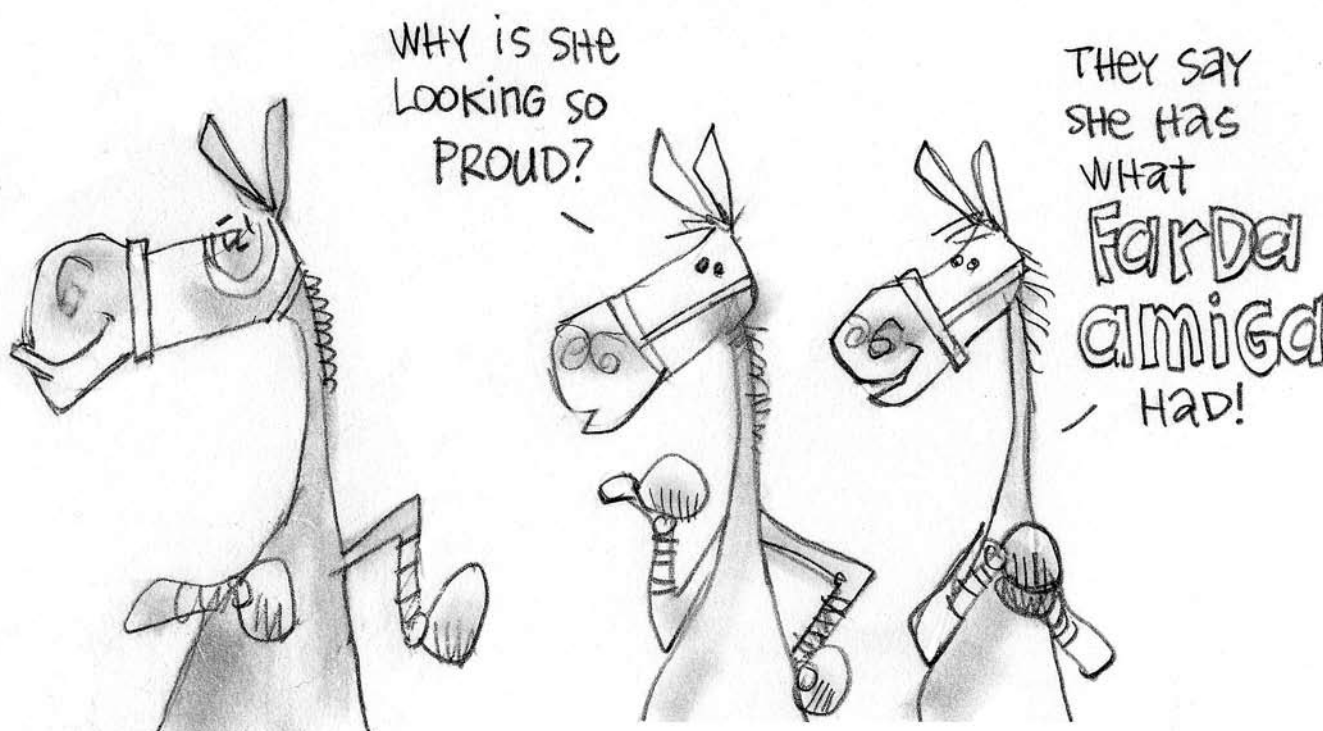
Another case is Cajun Beat. He had had a stifle surgery for OCDs, and as a result, he did not maximize his value. But that did not keep him from being one of the best

sprinters of his generation and winning a Breeders' Cup Sprint.

It's been a long time coming, but people are zooming through the learning curve now, compared to just a few years ago, and the market is becoming less prejudiced against a horse just because it has an OCD finding.

We try to be pro-active with our buyers.

Story
continues
on page 14

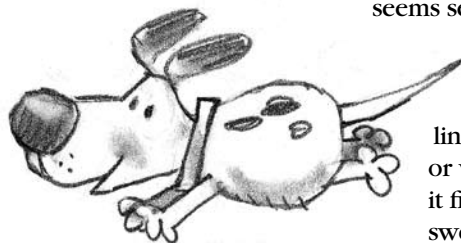


► “...no one knows with regard to an individual horse what a specific veterinary sales finding will actually lead to on the racetrack.”

— Rob Whiteley

► “...when we find a moderate OCD, we treat it. Then we x-ray again in 90 days, and many times, it's all gone.”

— Bruce Hill



They come to us looking for a good horse, but many of them have a budget. If someone wants a big-ticket horse, but can't buy at the top of the market, we tell them which horses have an OCD issue, either one that has had surgery or not, and tell them that these horses may not maximize their sales value. It's like two Maseratis: one pristine on the showroom and the other with a slight ding in a fender. The one with the ding is going to sell for a discount, but it's not going to affect how it runs. After going through a lengthy, frustrating, and sometimes expensive learning curve, the most experienced buyers are becoming more forgiving all the time. They are looking for the horse, not the vet report.

— **MARK TAYLOR**

Taylor Made Farm, Lexington

If Dr. Hunt thinks an OCD will be frowned upon at the sale because it is in a place that could do the horse any damage, we take it out. I look at it as a little flaw, but if the yearling has one, it's better to take it out.

It costs a little to take out an OCD, but it can cost a lot if you take a yearling up there to sell and have an OCD. We x-ray in the spring, and if Dr. Hunt finds something that seems serious, we just pluck it out of there.

Then the buyer has a good, clean product. I liken it to manufacturing a sweater. If it comes off the assembly line with a loose thread, missing button, or whatever, then you send it back, get it fixed, and the buyer gets a nice, clean sweater in new condition. Very few come off the assembly line with a flaw you can't fix, but those individuals you have to take to the track and race yourself, or essentially just give them away at the auction.

We couldn't sell Wanderin Boy (by Seeking the Gold out of Vid Kid), and we had to race him. He has won the Ben Ali at Keeneland and was second in the Pimlico Special. So, sometimes our bad luck is good luck.

— **ARTHUR HANCOCK**

Owner of Stone Farm and co-breeder of two Kentucky Derby winners

Unfortunately, we have a sales scene right now where you have to present a clean horse.

Until that changes, you can't take the stance that this hock OCD is not clinical and will probably resolve itself over time. If you do, many people either won't buy the horse or may discount it severely. For agents, it's easier to buy a yearling without an OCD than one with it.

— **BILL HARRIGAN**

Owner of Miacomet Farm

For me, the most frustrating part of the sales scene evolves from the fact that professional opinions are often based on very little systematically derived research. Specific outcome research is required to establish meaningful correlations between various veterinary conditions, such as OCDs, and levels of racing performance. The current body of research in this regard is insufficient. Except for some work on OCDs by Professor McIlwraith and colleagues, some important research on throats by Dr. Pierce, et al., and a handful of other empirical efforts, we have little research that correlates veterinary findings or procedures to racing success. This means that we lack a basis for establishing probability statements that can be anchored into verifiable data. As a result, we are generally dependent on experienced-based, subjective opinion or conjecture, and asked to take a leap of faith.

The actual truth is that no one knows what a specific veterinary finding in a sales horse will actually lead to on the racetrack. We do know, however, that horses often outrun their vet reports. For sure, some horses have debilitations or bone problems that are so severe that they are unlikely to train and race. Yet, even with those, it is amazing what some of them can overcome because of their class, determination, and athleticism. For example, among the foals I have bred, I have had an unsaleable colt (by Crafty Prospector) with a wry nose, who had one airway totally closed because of his twisted muzzle. I was told that he could never train. He went on to win 22 races. I have bred another colt who was unsaleable because he had crushed hocks. I was told he could never train. He now has earnings of \$150,000 and is still racing. And I have produced well over 300 foals who had naturally occurring OCDs, that were generally discounted at the sales, and yet went on to be

winners on the racetrack (a significant number of those also went on to be graded stakes winners). As a seller who is also a buyer, the only overriding conclusion I can think of is: If you like the horse, buy the horse.

Simply put, we are in the business of taking calculated risks. If we want to incur risks in an intelligent manner, it is our responsibility as sellers and buyers to become knowledgeable consumers of veterinary information. We need to inform ourselves about veterinary conditions, issues, and practices so that, as professional horsemen, we can also participate in estimating probabilities for success. In turn, this will give us the confidence to utilize our own practical thinking and gut feelings about a particular horse. Within this context, we are wise to use vets as consultants who have broad experience and common sense, who take the time to explain their findings and their thinking, and who see themselves as a partnering member of a properly informed decision-making team.

— **ROB WHITELEY**

Owner of Liberation Farm

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If you're going to sell yearlings, you have to survey them [for OCDs]. And if you find something in there, you have to take it out to be able to sell them well. If they are going to the racing stable in Holly Hill, we don't x-ray them. There are plenty of good horses out there with OCDs.

Way back when, before we put the surveys in the repository, we just sold them. When the system of vetting came in, our vet Walter Kaufman said, "If you go looking for them, you're going to find them." And there's no telling how many good horses, stallions and broodmares, raced well and went to stud with OCDs, and nobody knew the difference.

— **SETH HANCOCK**

President, Claiborne Farm

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We try to treat OCDs medically if at all possible. Adequan, Isoxuprine, Cosequin, Osteoform, aspirin, blisters, mud are all ways of addressing an OCD that are not invasive. And what we know is that a lot of OCDs do get better, but what we don't know is whether the treatments we did produced that effect or not. We aren't doing any blind research studies.

— **TOM EVANS**

Owner of Trackside Farm

In our short history at Padua, we have set up a program to x-ray all our horses early, and when we find a moderate OCD, we treat it.

Then we x-ray again in 90 days, and many times, it's all gone.

For all of our horses, we x-ray in November of their weanling year, in March of their yearling year. We take complete sets of radiographs. That way, we know which horses can be sent to the sales, which go into the racing stable.

We end up treating some OCDs, and by doing that, we think we're improving those horses and correcting those issues, but who knows? Dr. Time may have as much influence as the medications.

At Padua, we're fortunate in comparison to many breeders because we're not strictly commercial breeders, so that if we have to take a young horse home, we put it in the racing program because that is a big part of our operation. A lot of other people, however, aren't in that position. They have payrolls and stud fees to pay, and if the sales don't go well, there's the bank breathing down their necks. So the confusion and problems coming from concern about OCDs can have a serious effect on a large part of the industry.

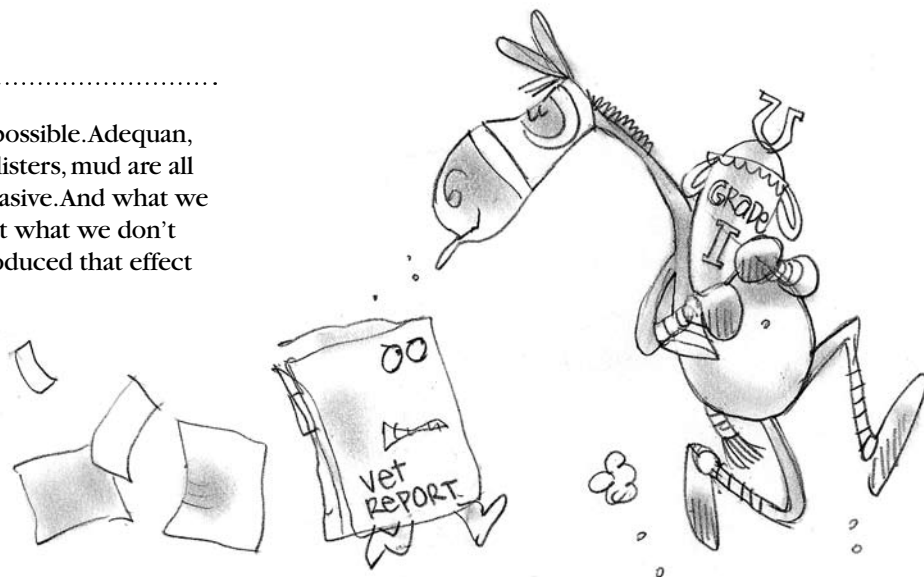
Awareness of OCDs has been a slow process of learning for the veterinary community. Years ago, the advice was just to turn out yearlings with OCDs and let them have some time. Then we started taking radiographs, and we were seeing things nobody had seen before, and the presumption was that the OCDs were bad. From the evidence of everyone who has worked with horses, that's often not the case. A lot of the ones we see go away, and most of the other ones are treatable.

— **BRUCE HILL**

Farm manager at Padua Stable, Florida

"...there's no telling how many good horses, stallions and broodmares, raced well and went to stud with OCDs, and nobody knew the difference."

— Seth Hancock



As a buyer or adviser, what are some of your considerations when a yearling has an OCD?

► *“When writing radiographic reports, I try to stay away from using the term OCD, unless there is a visible fragment, because of the negative connotation that the term OCD has acquired.”*

► *“Many of the lucencies that we see will fill in with treatment and maturity.”*

— Debbie Spike-Pierce, DVM

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In developing horses, there are different variations of OCD lesions. Some are fully developed with a visible fragment while others are in an early stage of cartilage involvement and may appear as a lucency or defect.

When writing radiographic reports, I try to stay away from using the term OCD, unless there is a visible fragment, because of the negative connotation that the term OCD has acquired. Often a more specific term, such as a lucency or defect is used to more accurately describe the radiographic change.

When discussing radiographic changes, an OCD should not be looked at so negatively. Most OCDs have a favorable prognosis with arthroscopic surgery.

Many early OCDs will respond to time and medication. Typical treatment consists of aspirin and isoxsuprine to augment the blood-flow to the area. Adequan and hyaluronic acid are often prescribed to maintain a healthy joint and cartilage. Many of the lucencies that we see will fill in with treatment and maturity.

— **DEBORAH SPIKE-PIERCE, DVM**
Rood and Riddle Equine Hospital

The thing about OCDs is that their severity depends on where they're at. If an OCD is in the stifle near the patella, it may cause a problem. If an OCD is on a weight-bearing surface, it may be a problem. Otherwise, it usually isn't a big issue.

An OCD in the sagittal ridge [of a fetlock] will often not cause any problem.

OCDs in the stifle, with observation and needed treatment, don't usually cause any problems. If you operate and clean up an OCD

in a stifle, it seems to work out pretty well. If you keep the lubrication in the joint, there shouldn't be a problem. If you don't want to use Adequan, glucosamine and other feed supplements often will do some good for a young horse.

An OCD doesn't put me off a sales horse. We had Vindication when I was with Padua, and his ankles were turned down by every vet at the sale. Vindication had some lucencies in his ankles, but he never had trouble with them. They didn't slow him down or really cause him any trouble.

The effect of an OCD on a horse's ability to train and level of performance depends on the size and location of the OCD. With one horse, we operated on both stifles and literally

took out a handful of bone from each stifle, but we now have him ready to run up in Canada.

— **RANDY BRADSHAW**

Farm trainer, Adena Springs; former assistant to Wayne Lukas, public trainer in Southern California, and farm trainer for Padua Stable

You have to evaluate each finding of an OCD to judge the significance of each case.

You put it into the matrix of how you evaluate a horse and how much you want to pay for it. It is rare for me to turn a horse down for an OCD, but there are some locations that I just don't want to deal with.

My perspective on OCDs is as the representative of buyers, not the representative of sellers. Sometimes the question for the buyer is “Do you want to deal with this problem?” And as with most other problems in racing, it comes

“You'd be amazed at what they can have as a yearling and then can run with. There are very few OCDs that will cause a problem down the line as far as racing and training.”

— Rhonda A. Rathgeber, PhD, DVM

down to the client you're dealing with. Clients that you have a long relationship with, who understand the risks and nuances of racing, can often buy a horse with an OCD and do well with it. But in dealing with others, especially those who aren't as attuned to the nature of the sport, you can put yourself in an awkward position if you advise them that this horse is OK and then it turns up unable to train because something is bothering it.

I've had some pretty good horses with some significant OCDs, but it's pretty rare that you don't have to work on them. There are times when you have to work on them. You do all sorts of things: injecting with corticosteroids and other medications. There are treatments that are successful, others not.

— **RICK M. ARTHUR, DVM**

Equine Medical Director for California Horse Racing Board

The location of an OCD and its size, along with the animal's clinical response, determine how the horse is affected. You'd be amazed at what they can have as a yearling and then can run with. There are very few OCDs that will cause a problem down the line as far as racing and training.

As people do more research, we will learn what they can run with as a 2-year-old or as a 3-year-old. The effect of an OCD on performance is a hard thing to evaluate because a radiographic finding is only one piece of the puzzle regarding the horse's potential as an athlete, which also includes training, overall health, conformation, pedigree, and management.

In responding to a finding of an OCD, every client is different and has individual limitations. Some clients want only a clean horse with no radiographic issues and have no tolerance for any risk. Then there are other clients who have no trouble assessing and accepting the risks of an OCD, just as they might when evaluating something in the stock market.

— **RHONDA A. RATHGEBER, PHD, DVM**

Hagyard Equine Medical Institute

A lot of people are very concerned with the report of an OCD, but that isn't necessarily the reason that a horse doesn't succeed as an athlete. Most of the advice we're getting is scientific guessing when it comes to OCDs.

— **BRUCE HILL**

Farm manager at Padua Stable, Florida

take two
every day &
call me in
three months.



thanks,
DOG!

When you are evaluating yearlings for purchase at the sales, how important is it to you if a horse has an OCD?

In selecting a potential athlete, I am not overly concerned about OCDs. We are learning so much more about the whole process of their development. We are taking so many different x-rays that, when we started x-raying and seeing all these things in joints, it caused some panic. But we have learned a lot in the years since by looking at the horses who have shown OCDs in x-rays and yet have trained and raced without trouble.

You have to take all this technology and put it into its practical place with racehorses in training. We've too much information, and I see it every year at the sales. We have horses that are failed by vets and then turn out to have no problem with the "issue" when it comes to training.

I believe we'll see a reversal of this trend of being overcautious with radiographs. Buyers need to take the veterinary information and factor it in, but the reversal is already taking place in my eyes. We see too many good racehorses who have come through the sales and who have been sold at discounts with unsatisfactory veterinary reports. I believe we're already seeing that the smartest buyers are going with their gut feeling about a horse — is it good enough to be an athlete — and using the vet report only as an aid in buying, not as the deciding factor.

In the last few years, I do think we have seen an overemphasis on veterinary comments at the 2-year-old sales. These horses have done a lot to get to the sales, and if you're back at the barn looking at the horse and like him, and yet your vet comes out and says this horse will never run, well, just use your common sense. If the horse has gone through that level of preparation, chances are that a veterinary issue is not going to bother him. They've already trained and not had it bother them. The horses are fine, regardless of what the veterinary report says.

Horses with OCDs might require maintenance, but so will every other horse. Even if they are clean on the radiographs, they will need maintenance to remain in training.

— NIALL BRENNAN

Trainer and consignor of 2-year-olds at auctions for juveniles in training

Once I've found a prospect I like, then I have a veterinarian go look at him. If a vet said to me, "This is just a little blemish in the bone, he'll probably be OK." That's fine with me.

I'm looking for an aura of class. I'm looking for a well-balanced horse with the personality of a bold — but not goofy and certainly not nervous — type. I'm looking for a good, athletic walk, and I'm looking for some good blood in the pedigree. If he toes out a little bit, is over at his knees, is a trifle straight in his pasterns, I may not let that stop me. I have to be that way because I'm going to buy a horse between \$100,000 and \$200,000. So from a practical standpoint, that has to be my approach.

I will buy yearlings that I have not been to the repository on. I believe that with a yearling the gamble is more reasonable. Some pinhookers will spend \$20,000 or more vetting yearlings at one sale. That just isn't realistic for me. Yearlings haven't done anything that should have caused a

chip or major issue. If a yearling looks good to me, and I know the consignor, and the consignor tells me that yearling is OK, I'm not going to vet him.

— COT CAMPBELL

Founder and principal of Dogwood Stable

When people go to the sales, they talk about OCDs more than anything else. It is an area that attracts more attention and causes more confusion in buyers and sellers, I believe, than anything else at the sales. And the truth is that we just don't know precisely how much of an effect it has on horses. Understanding of OCDs has been a slow process of learning for the veterinary community.

At our farm, we are getting about a third as many OCDs as other farms in the area, and I believe it is directly related to nutrition. Maybe that is something we can work on as an industry.

The worst thing about OCDs from the buyer's perspective is that if you turn down a horse because of an OCD, you can miss some awfully good horses. Some of those OCDs clear up, go away, and others can be treated or cleaned up. It is very tricky to understand

what's going on with a joint, and you have to rely on the

“...the smartest buyers are going with their gut feeling about a horse — is it good enough to be an athlete — and using the vet report only as an aid in buying, not as the deciding factor.”

— Niall Brennan

Story
continues
on page 20



Listen to YOUR GUT.

➤ ***"I think what the individual looks like as a potential athlete is the most important factor."***

— Robert J. Hunt, DVM,
MS Diplomate, ACVS
Surgeon

➤ ***"The worst thing about OCDs from the buyer's perspective is that if you turn down a horse because of an OCD, you can miss some awfully good horses."***

— Bruce Hill

➤ ***"Officer had OCDs in a stifle, and it never bothered him. He's one of many that have had OCDs and raced for me without any problem."***

— Bob Baffert



veterinary community to help you to decide which horses can have a reasonable chance of working out.

In our short history at Padua, we have set up a program to x-ray all our horses early, and when we find a moderate OCD, we treat it. Then we x-ray again in 90 days, and many times, it's all gone.

Vindication was a horse that most people were discounting. After we bought him, a number of agents and a few trainers informed us that it was the dumbest move and biggest waste of money they'd ever seen. We weren't in the dark about his ankles, though. We started him on a 90-day program of treatment, did follow-up radiographs, then broke him, put him into training, and everything went perfectly.

Vindication had OCDs, but there was nothing the matter with that horse that kept him from being a champion athlete. We might not have had as much courage if we hadn't had so much confidence in our vet. We have a long association with our vet. He works for us on all of our horses, and we look to him to give us the honest assessment of the probabilities that a horse can be an athlete. Without him, I'm not sure what decision we would have made.

At the sales, if you ask 10 different vets, you're likely to get many different opinions, and that's just confusing. If you have

developed a good working relationship with a vet, know what he's giving you in terms of information, and are happy with him, it's invaluable.

— **BRUCE HILL**

*General Manager of Padua Stable,
Florida*

OCDs sound worse than they really are. I've bought a lot of good horses that had OCDs in stifles. You just don't know if they're going to be a problem until they start racing. The OCDs in stifles haven't bothered many of mine. And then I've had horses that we've x-rayed for something totally different and found that they had an OCD in there all along, and it had never bothered them.

Sometimes, I think we can know too much. Farms are x-raying when the horses are weanlings, and they are monitoring them all along. They are trying to keep on top of everything. So I don't have too many problems with an OCD unless it's really bothering a horse, and those are the ones that are usually already operated on.

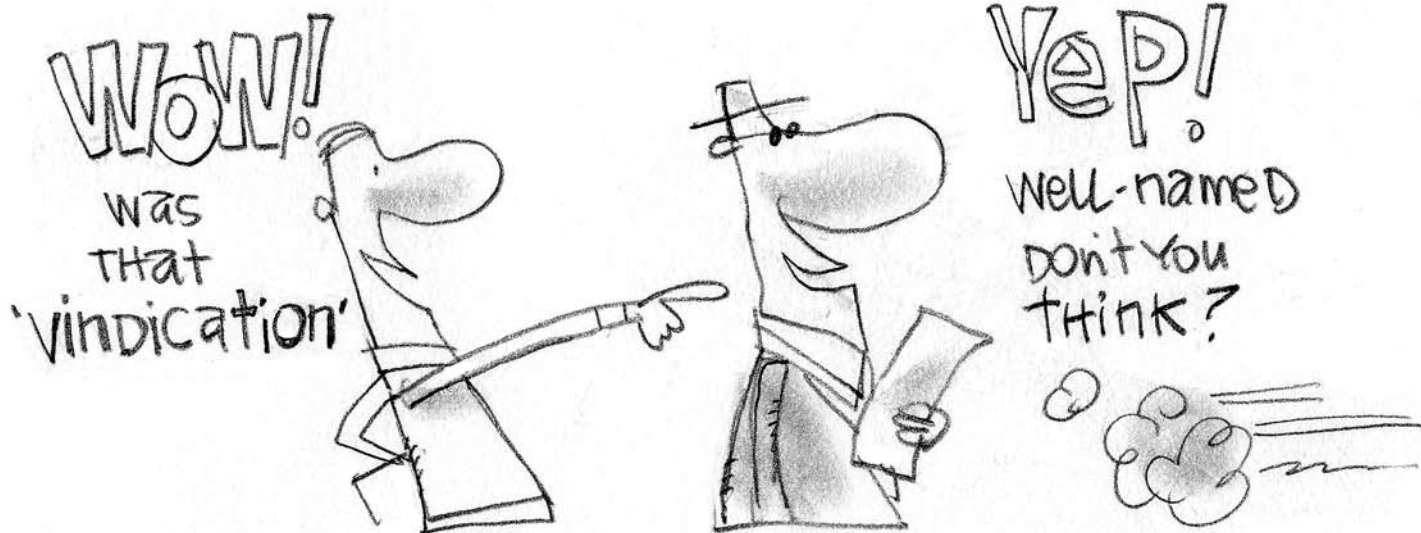
When I bought Real Quiet for \$17,000, I didn't vet him. I just bought the athlete.

I've had horses that didn't pass the vet when they were yearlings and then went on to become great racehorses. Horses change and sometimes it's for the better, sometimes not.

Officer had OCDs in a stifle, and it never bothered him. He's one of many that have had OCDs and raced for me without any problem. The reason I remember Officer is that when we were at the 2-year-old sales before Officer sold, Prince Ahmed said we weren't going to buy him because he didn't pass the vet. I told him that I was going to buy the horse for another client then. He said, "Aren't you going to pass on him because of the vet report? Doesn't that bother you?"

I told him that I'd prefer to have no questions about the vet report but that this was such a good individual, such an outstanding athlete, that I thought he would not have a problem and that I wanted to train him. So he went ahead and bought Officer, who won his first five starts and started favorite for the Breeders' Cup Juvenile.

Another reason I feel comfortable



about OCDs is that most consignors usually tell me if there's a problem. I've had a really good relationship with most consignors. The most important thing about the horse is whether they look like they can run.

In deciding about the purchase of a yearling, I make the last call, and decide whether I can live with a certain situation.

— **BOB BAFFERT**
Trainer

With regard to the Colorado State study by Dr. Kane, McIlwraith, Park, and others that used records from more than 1,100 sets of x-rays [which showed a minimal negative relationship between racing performance and incidence of OCDs], the lesson is that there's nobody qualified to know what will influence the racing ability of a horse. There just isn't the research to show precisely what has an effect and at what level of severity it might have an effect.

I worked in an era when there were no x-rays and was vehemently against radiography coming to the sales because it's a terrible way to judge a

man's horse. Instead of leveling the playing field, it has skewed the playing field in a different way.

— **GORDON E. LAYTON, DVM**
Veterinarian and owner of Loch Lea Farm

I think that there's value to be had at the sale for those knowledgeable horsemen who

have seen a lot of OCDs and can reasonably select those that are likely to regenerate into normal cartilage in a moderate amount of time. In three months time, it's likely to be fine. OCDs don't scare me anything like they did 10 years ago, as we've come a long way in learning how to manage OCD lesions and have come to learn that most resolve on their own.

With our increasing knowledge about OCDs and their management, buyers can have a greater comfort level that vet findings of OCD do not damage the horse's prospects as a

racers. Just buying a yearling because it has a clean set of x-rays isn't the answer. Being perfectly clean doesn't make a horse any faster.

— **GARRETT O'ROURKE**
Manager of Juddmonte Farms, Lexington

"Just buying a yearling because it has a clean set of x-rays isn't the answer. Being perfectly clean doesn't make a horse any faster."

— Garrett O'Rourke

What OCD issues are important to you related to developing 2-year-olds for the sales market?

Overall, we are seeing many fewer OCDs because most people are taking them out, and, in the high-end yearlings, there are very few OCDs of any significance. Yearlings toward the end of the September sale are a different story. These yearlings have more OCD lesions and have had less diagnostic work on them, and as a result, it takes a greater leap of faith to buy one for resale in the 2-year-old market.

With most OCD lesions, if removed before any damage is done to the bone, there's little or no difficulty training them and there is little or no effect on their racing ability.

Being a breeder has taught me tons more about OCDs, fractures, and spurs than being a pinhooker. When we first started using radiographic inspections as a selection tool, the assumption was that everything should look like it does in the textbooks. We've had a pretty steep and expensive learning curve, but there are any number of bony irregularities that don't fit the textbooks, and the great majority of those pose no threat to the racing potential of the horse if managed properly.

It was a very big learning curve for me. With OCDs, there is a differentiation between those that have fragmentation and those that are OCD lucencies. I've had multiple areas with lucencies of the bone in weanlings or short yearlings that, by the latter part of their yearling season or by the time they are 2-year-olds, have filled in and become solid and perfectly acceptable.

If there are pieces that have fragmented or broken off, that's the real OCD lesion, and even with those, I've found there is an excellent prognosis for yearlings with OCDs as racehorses just by using surgery to remove those fragments. I have had great luck with removing stifle OCDs.

I think that because we are going to resell young horses as 2-year-olds, we try to find yearlings who are the most perfect animals possible. It takes so much of the uncertainty out of the equation because the young horse in training will be put under a microscope at the sales.

I also think that all pinhookers, myself included, have passed on horses as yearlings and then had those horses

work in :21 and change, sell for a lot of money, and become a graded stakes winner. That makes you pretty upset with yourself, especially if you really liked the horse and passed on it because of a veterinary issue.

My whole theory has changed since I've been training my own. When I began pinhooking, I wouldn't buy a horse with a sagittal ridge OCD, but as the result of breeding my own and training them, we have had an excellent success rate with those horses. It's not something that will keep them from having a career, or even have an impact on it; it's just another consideration to be dealt with like any other minor health issue. Managed properly, it is not a problem.

Now, rather than searching for a perfect horse, if I really like a yearling, I will try to buy it. Since I'm going to resell it, I will sometimes put that horse with some vet issue at a different price level because I know that when I come to resell it, some veterinarians will advise their clients not to buy, and I will not be able to get a maximum profit from it. So I have to weigh the cost and benefit ratio and make a judgment on those grounds.

With my own horses, if they have a vetting issue, I take them to the 2-year-old sales. By that time, I've cleaned up the joint, have had them in active training, and the buyer can then see that the athletic ability is coming through.

— **BECKY THOMAS**

Owner-breeder-pinhooker in Florida, Kentucky, and New York

I'd say in my experience with breaking and training yearlings, trouble with OCDs hasn't been a prevalent problem at all.

Of those we buy at yearling sales, the most common place for an OCD is in the stifles. There are a lot of them, but they don't usually amount to much of a problem.

Last September, we purchased a well-bred horse that we liked a lot. It had OCDs in both stifles, one worse than the other. The report said that the colt would not be a pinhook prospect, but the OCDs would not be a problem for racing. The report said we'd get hurt if we re-presented this horse for sale.

"When I began pinhooking, I wouldn't buy a horse with a sagittal ridge OCD, but as the result of breeding my own and training them, we have had an excellent success rate with those horses."

— Becky Thomas

We liked the horse so much that we got a second opinion, and it was not quite as critical. It noted the stifle OCDs and also said they would not be a problem in training. We have had good luck working with the top surgeons in the field and checked with Dr. Bramlage, who concurred that the horse would not have trouble being an athlete in training. And he believed the stifles would clean up with proper surgery, and that is exactly what happened.

The vet report at the yearling sales put a lot of people off because we got him for a very reasonable price, had the stifles cleaned up surgically, and then I forgot that he had them. I actually forgot that he had had a problem. He never was lame, never had a problem, and he went through the 2-year-old sales prep without showing any issues in his stifles radiographically. When it was time to put him in the sales for horses in training, the paperwork reminded me that he had the surgery, and naturally, we put in a statement in the repository that we did the surgery. But the radiographs were fine, the colt sold well, and he looks like and trains like a very good horse in the

making. He is a 2-year-old at present and has not started.

His was a case of OCD that was moderate to severe, and yet he never had a problem. From my experience, that would be the norm for horses with that level of OCD as yearlings. We have, over the years, injected those horses with Adequan or done surgery, as necessary, and had very little trouble.

— **NIALL BRENNAN**

Trainer and consignor of 2-year-olds at auctions for juveniles in training

Some OCDs are not significant and others are. You have to get professional advice when dealing with OCDs because they aren't all the same. With 2-year-olds in training, they have been tested well enough to eliminate the most obvious problems. And the ones able to train and breeze with an OCD have a relatively good chance of performing well.

— **RICK M. ARTHUR, DVM**

Equine Medical Director for California Horse Racing Board



“...rather than searching for a perfect horse,
if I really like a yearling, I will try to buy it.”

— Becky Thomas

What are the long-term prospects for a young racehorse who has had an OCD?

If you review recent research relating racing performance to radiographic findings, you'll see that among the things that lowered racing prospects, OCDs were not on the list.

— **DEBORAH SPIKE-PIERCE, DVM**
Rood and Riddle Equine Hospital

If the horses are clinically sound and are racing, OCDs really don't make much difference to me. If they're racing with it, the horses are clearly either compensating for the situation, or it's just not bothering them. Of course, I see it from the perspective of someone who trains horses, not someone who tries to pick them at the yearling sales.

— **DOUG O'NEILL**
Trainer, Southern California

The lesions we see in fetlocks that appear to be flattening of the sagittal ridge are an example of a finding that is probably not greatly troublesome long-term. They are called OC lesions but are probably just delayed mineralization.

A close inspection of the animal for conformation and tracking is as important as the radiographic information. And I think these should take precedence over whether an animal has had an OCD removed or had a cosmetic surgery. I think what the individual looks like as a potential athlete is the most important factor in long-term success.

— **ROBERT J. HUNT, DVM, MS**
DIPLOMATE, ACVS SURGEON
Hagyard Equine Medical Institute

If it's a good horse, the prospects are outstanding. Once a horse is of racing age, we find most of the OCDs if we stumble across one while we're working on something else, not because the OCD is bothering him.

I've had people ask me how a horse worked out because he had failed the vet for this and that, and usually we've never had a problem with any of it. Horses fail the vet for lots of reasons, but most of them don't have problems at the

track because of that.

Vindication was the best one. Every vet on the grounds at the Saratoga sale turned him down for something in his ankle. Padua got the horse, and he was a champion.

The really good ones are hard to come by. Nobody wants to get stuck with a horse, but you have to trust your consignor. If I don't know the consignor well, I will vet the horse pretty well, but if I know the consignor, I will follow my instincts more.

The vetting may tell you if there's something that's going to be a real problem. The consignors in Kentucky have been very good in dealing with me, honest and straightforward.

Some vets are tough on throats, some are lenient. You never know how they are going to hold up, and after they've gone through training, it doesn't matter whether a horse has OCDs or not. If they are training and take a bad step, that's when something happens.

Silver Charm had a chip in his ankle, and I never knew it until we went to x-ray him for a possible sale, and it was in there. We had never known. We don't x-ray our horses unless they are in discomfort.

One horse who taught me to follow my instincts about a horse and not worry too much about vetting was Captain Steve. He was such a good-looking horse, so athletic and well-balanced that I loved him, but he had a bad throat, according to the vet. The first vet turned him down, then the second vet turned him down, and finally I found a vet who said his throat would be OK. Fortunately, I had a game owner who bought him and raced him for three years.

That throat didn't keep Captain Steve from winning a lot of important races and a ton of money. (Captain Steve was the best racer by champion Fly So Free. The chestnut raced three seasons, won four Grade 1 stakes, and earned more than \$3.2 million.)

I buy horses because I think they are going to be good racehorses, because they are athletic and move really well. But I also don't have to push on them very early to get them ready for racing.

— **BOB BAFFERT**
Trainer

"If you review recent research relating racing performance to radiographic findings, you'll see that among the things that lowered racing prospects, OCDs were not on the list."

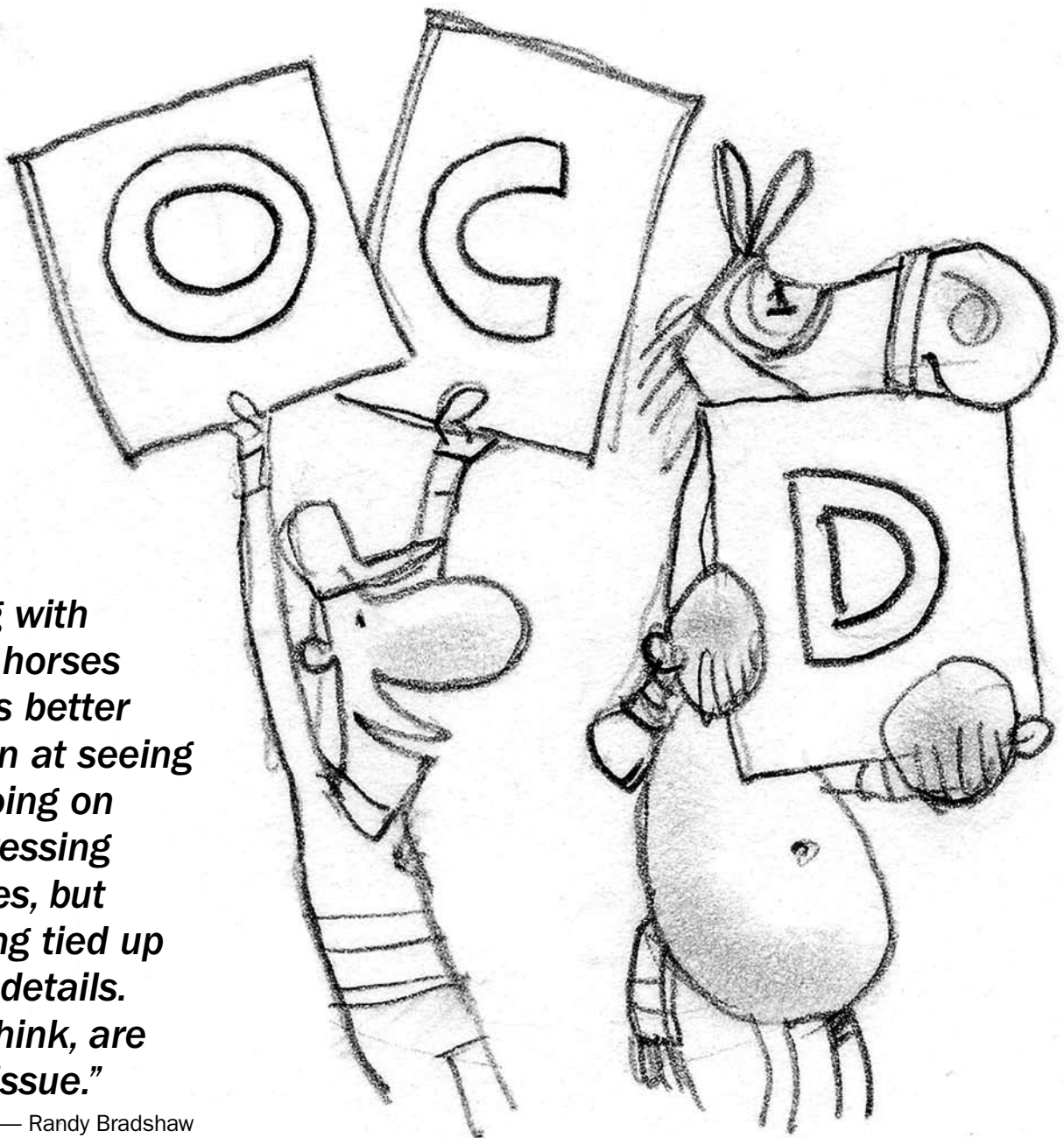
— Deborah Spike-Pierce, DVM

"...people ask me how a horse worked out because he had failed the vet for this and that, and usually we've never had a problem with any of it."

— Bob Baffert

“Working with so many horses makes us better horsemen at seeing what’s going on and addressing real issues, but not getting tied up in minor details. OCDs, I think, are a minor issue.”

— Randy Bradshaw



I wouldn't say I train horses with OCDs differently. Horses with tendons or suspensories need more time and patience, but not with OCDs. If I know one has an OCD and develops a little filling, I'd put it on Adequan, to ensure healthy joint lubrication, and in that regard, it's just like a car engine. If you keep it lubed properly, it will work well. If you put water in where you need oil, things start wearing out.

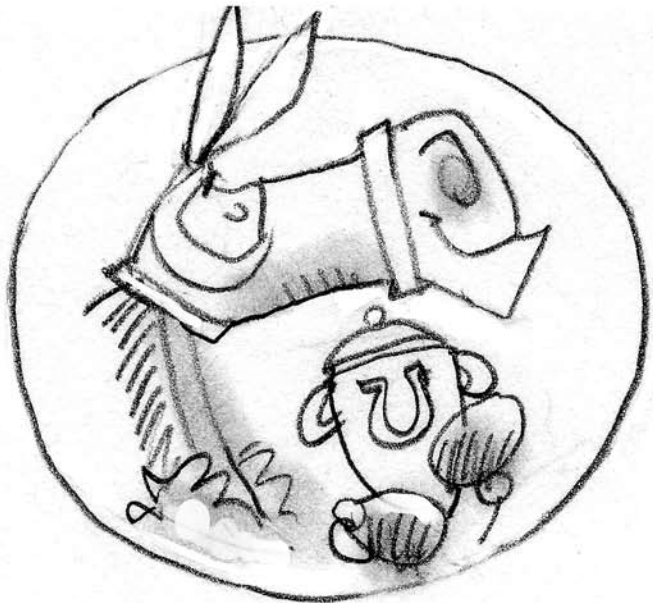
There are tons of horses out there running with OCDs. Thoroughbreds are athletes, racing is a contact sport, and if you go to the paddock and look at the horses, they all have something going on. The bottom line is that they have to have heart and they have to want to try to make it as a racehorse.

Horses have had OCDs since the beginning of time, and we've only recently found out what they are. When I was with Wayne, we broke a lot of horses, and here at Adena, we also work with a lot of horses.

Working with so many horses makes us better horsemen at seeing what's going on and addressing real issues, but not getting tied up in minor details. OCDs, I think, are a minor issue.

— **RANDY BRADSHAW**

Farm trainer; Adena Springs; former assistant to Wayne Lukas, public trainer in Southern California, and farm trainer for Padua Stable



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really likes.”***

— Robert J. Hunt, DVM, MS
Diplomate, ACVS Surgeon

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Taking all of your knowledge

and experience about OCDs into account, what are the key things that you think buyers should keep in mind?

Rather than looking for the perfect x-rays, I am probably a little more of a gambler with ailments than most because I believe there are a hell of a lot of horses that are running and doing well at the racetrack, but if you had gone by the book, you would have turned them down at a sale.

My confidence in the consignor is a keystone for me. Some consignors are so conscientious that they will walk up as you're walking away and will tell you that something is going on with a particular horse or that nothing is the matter with him. I appreciate that. It's the sort of forthrightness that is good for everybody.

I have had some horses who had issues but went on and never had a problem. I've had wonderful luck with some horses that might otherwise have been passed over but who turned out just great.

— COT CAMPBELL

Founder and principal of Dogwood Stable

The marketplace has come to understand that more of the things that we've called "problems" are truly "developmental findings" or "developmental orthopaedic findings," rather than something that is a problem for the horse. More and more we're finding that OCDs are not a problem and do not compromise the horse's potential as an athlete. And that's where the skill comes in. It takes a greater degree of expertise and experience to understand what's going on with the issue and realistically evaluate the yearlings that will and those that won't be able to train.

Without the assistance of a highly qualified veterinarian to explain the significance of the reports on these horses, it is very difficult to assess what's going on with the horse.

— TOM EVANS

Owner of Trackside Farm

Aside from the most significant OCDs that will produce clinical signs, most will improve or resolve with time. They are a juvenile condition of a young horse's bones as it is growing, and as it matures, the condition will be resolved in most cases.

From research conducted by Drs. McIlwraith, Bramlage, and others, the evidence suggests that most OCDs do not have an adverse affect on a Thoroughbred's racing potential.

Buyers should try to gain as much information as possible about the animal and should not let the radiographs have the final call, except in a few very severe situations: for instance, when a horse has large cyst-like lesions, erosive lesions in the joints, or crushed hocks. Typically, small chips will resolve or can be removed, most holes (or openings) in peripheral areas will fill in, and stifle OC lesions will be OK if monitored and given appropriate time. To understand these things and their subtle differences in particular cases, a buyer needs to have a good working relationship with a veterinarian so that the buyer knows how to interpret the findings and still can take a swing on a horse that he really likes.

— ROBERT J. HUNT, DVM, MS
DIPLOMATE, ACVS SURGEON
Hagyard Equine Medical Institute

We need to educate buyers and promote a better and more pragmatic relationship with veterinarians. I would like to see buyers gaining more information and knowledge from their veterinarians, and developing a greater comfort level with their veterinarians. What we are having now is a lot of buyers coming to town without an established relationship with a

► "More and more we're finding that OCDs are not a problem and do not compromise the horse's potential as an athlete."

— Tom Evans

► "I would like to see buyers gaining more information and knowledge from their veterinarians, and developing a greater comfort level with their veterinarians."

— Geoffrey Russell

Story continues on page 28

veterinarian. They select a vet quickly and ask them to check a set of x-rays. And what they get is a report with every miniscule variance or finding recorded. It's an overload of information, as many vets will candidly tell you, but they feel they are required to detail every possible issue because they aren't privy to the goals and expectations of the buyer they are working for.

The vets who work with Seth Hancock, Mike Ryan, or other important buyers have a relationship and know what these buyers can live with. Without knowledge of the client, the veterinarian is more conservative, and tells the buyer everything, even too much.

— **GEOFFREY RUSSELL**

Director of Sales, Keeneland

I think nutrition plays a significant role in OCDs at some farms. There's no doubt that poorly balanced, or improperly balanced, or poorly fed diets can increase the incidence of OCDs.

However, if you ask, "Is nutrition alone the cause of OCDs," the answer is, "Absolutely not." The development of OCDs is definitely multifactorial.

My take has been that you feed the proper quantities of those nutrients that are needed for proper bone formation so that you can remove cartilage and bone development from the etiology of the disease.

I have reached this conclusion after seeing many configurations of feeding programs around the world, and regardless of environment, a baseline percentage of horses have OCDs. Probably the lowest incidence occurs where people feed a well-balanced diet, apply basic horsemanship in nutrition management, and feed the lowest volume of refined feeds.

Most of the horses in Central Kentucky have been fed enough copper to turn them into pennies, and yet there is still a significant percentage of horses here who develop OCDs.

None of the diets we have tried have abolished OCDs. Any time someone tells you that you're going to feed away OCDs, you should run as fast as you can.

Most OCDs form in the first 12 months of a horse's life. After March of a horse's yearling season, you are pretty much out of the woods. If farms do survey x-rays in February or March, they have very few surprises in September due to OCDs.

— **STEPHEN JACKSON, PH.D.**

Bluegrass Equine Nutrition

The members of our team advise me whether we should persevere in trying to purchase the horse, whether the OCD is serious enough that we should take it out.

Vindication was a great example. He had some little things going on with his ankles, and some vets were negative about him. But our team thought he was a really nice prospect without any serious problems. We went ahead and bought him, and he went on to be a Breeder's Cup champion.

Horses are going to have these things. We have bought some 2-year-olds that had an OCD that had to be taken out. We did what we had to do, took out the OCD, and gave them some time off. They turned out to be great horses like we thought they would. Cajun Beat had some minor OCD issues at the farm. We took it out, and he turned out to be a great racehorse.

— **SATISH SANAN**

Owner of Padua Stable, Florida

I think the most important thing for the buyer to remember is that the OCD may not be there in three months. I think most people think that it's there now and that the horse will not be able to get over it, and that's not exactly true.

We've learned a lot about OCDs. Horses have probably always had them, and we've been on a big learning curve. Over the past 12 years, I've seen the veterinary response to OCDs change a lot, particularly regarding the decision to do surgery or not to do surgery. Sometimes the actual surgery does more damage than the lesion would ever cause. The incision causes soft-tissue damage, opens the body to the risk of

infection, and then there's also an anesthesia risk, a recovery risk, and a post-surgery risk. In central Kentucky, we have the best equine surgeons in the world available, but there's still some level of risk with it.

One of the most important lessons is to treat the horse and not the x-rays.

— **RHONDA A. RATHGEBER, PHD, DVM**

Hagyard Equine Medical Institute

My veterinarians give me a factual interpretation of what they see in the radiographs, not a "yes" or "no." We need to educate ourselves to understand the details about the issues our horses face. The majority of the veterinary findings we used in the past to flunk horses we now train with successfully. The breed hasn't changed, but we have learned that many things that show up on radiographs don't make any difference to training and racing.

"...we have learned that many things that show up on radiographs don't make any difference to training and racing."

— Becky Thomas

Professional commentary

The people who don't breed the quantity of horses that I do wouldn't know these things. I have worked with so many horses over the past several years that they have given me a great education into what a horse can tolerate if they have natural athleticism. So many people don't have the opportunity to work with a large number of horses, and as a result, they don't see the variety of things that happen.

— **BECKY THOMAS**

Owner-breeder-pinhooker in Florida, Kentucky, and New York

I know of one pinhooker who looks for OCD findings because he believes he can get them in a condition to make

that horse saleable and has been successful doing it.

If you're looking at a colt with a quarter-million dollar pedigree and you can buy him for \$100,000 because of an OCD, that's a major discount. Then it costs \$2,000 to \$3,000 at the most to have the surgery done, counting medication and time.

Particularly with OCDs in the ankle of a sales horse, where you have what looks like a chip but is a little OCD or a DOD in an ankle, those can be removed and the horse can be just fine. When trying to find those horses, you do need professional advice before buying one.

— **RICK M. ARTHUR, DVM**

*Equine Medical Director for
California Horse Racing Board*

**Story
continues
on page 30**

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— Rhonda A.
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FOR MY next
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Professional commentary

The horse business is the most vicious, next to the movie business, in that people hear something and take it at face value. They'll say, "That horse didn't pass the vet," and if you ask them who didn't pass him and what the problem was, they can't or won't tell you. They just heard someone else say something negative about it. That is criminal. Unfortunately, it is also sometimes intentional and not based at all on any facts.

Our science and vet work is so subjective that it gives an open door to unethical tactics. It fuels the confusion because you can always kill something with the gray area that is a little suspicious or with a rumor. I can remember the days when we bought horses without the ultrasounds and other technology. I believe our results were just as good, and it was a much simpler game. People at the sales can easily confuse themselves with too much information.

— **BRUCE HILL**

General Manager of Padua Stable, Florida

OCDs are a naturally occurring situation that will resolve in the course of time. There are very few horses that, if you x-ray them throughout their growth, will not show an OCD.

Some people will tell you that they don't have OCDs, but when I asked if they x-rayed their horses, they didn't. OCDs are not there unless you x-ray for them.

As people can recall from their own early days, developmental problems are part of growing pains. My brother and I both had soreness in our shoulders when we were in our early teens. Those were growing pains, and we grew out of them. Similarly, OCDs are just a little erosion of the cartilage, and even with the more serious ones, if you're willing to have patience and give the horses time, they will recover and be effective racehorses.

— **GARRETT O'ROURKE**

Manager of Juddmonte Farms, Lexington

The degree to which OCDs bother buyers and hurt sale prices is simply a function of lack of information and understanding. The sales "problem" that has frustrated sellers and buyers is also part of a mistaken and unproductive fascination many agents and buyers have with searching for "perfect x-rays" or "the perfect horse." The truth is that most horses will outrun their vet reports. And, as Yogi Berra, said, "If it was perfect, it wouldn't be." Buyers will generally be more satisfied if they focus on pedigree, conformation, balance, and athleticism, instead of giving undue importance to the presence of OCDs and other minor faults.

As a commercial breeder for Foxfield and now for Liberation Farm, I have felt the pain of numerous buyers who have come back to me kicking themselves because they



"I have felt the pain of numerous buyers who have come back to me kicking themselves because they didn't buy an eventual stakes horse that had an OC (a lucency waiting to fill in) or an OCD (an OC with a flake or fragment)."

— Rob Whiteley

didn't buy an eventual stakes horse that had an OC (a lucency waiting to fill in) or an OCD (an OC with a flake or fragment). And I have felt my own pain because I have had to sell very good and successful horses at a discount because they had an OCD.

The most recent example, in a long line of examples, was the win by Vestrey Lady in the \$150,000 Duchess Stakes at Woodbine. As a yearling, Vestrey Lady was a well balanced, well made, attractive, and athletic filly with an OCD in the hock. Several interested buyers told me that they really liked her, but that their vet had "turned her down because she had an OCD." We sold her for \$6,000, and the buyers who were bothered by the OCD missed another good one. (Hall of Famer Eddie Delahoussay, one of the most experienced, discerning, and complete horsemen in the business, bought her for a now very happy client).

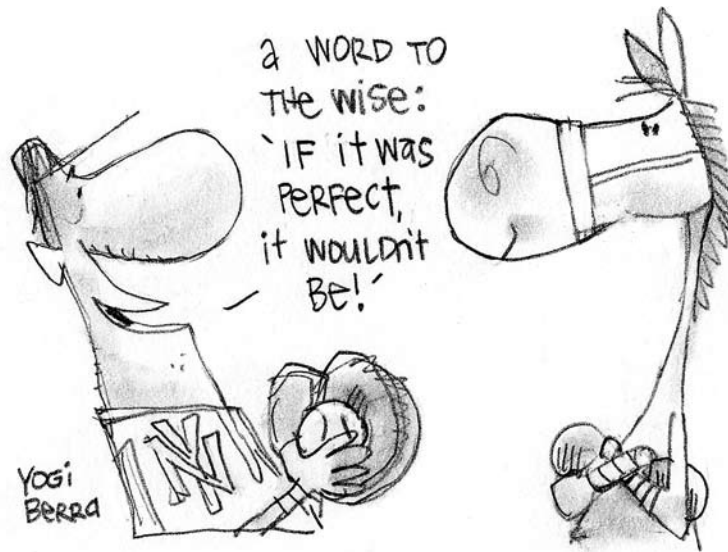
After reviewing the available information regarding OCDs and watching what buyers buy and what they walk away from over 20 years, the following are my 10 basic beliefs on the subject:

10 BASIC BELIEFS ABOUT OCDs

- 1** If the horse is an athlete who moves well and shows no clinical signs of a problem, the buyer should not back off him, simply because he has an OCD.
- 2** Most horses will have one or more OCs or OCDs at some time during their growth.
- 3** Many OCDs resolve or disappear as a normal part of a horse's development.
- 4** The resolution of OCDs may be assisted with Adequan and Cosequin or similar supplements.
- 5** Most OCDs that don't disappear will not affect racing performance.
- 6** If an OCD is not bothering a horse clinically, it will not likely bother him later.
- 7** Most OCDs that could be a significant problem later can be removed arthroscopically.
- 8** A knowledgeable veterinarian's input can be valuable in determining if the location or size of an OCD would likely lead to a significant problem when training or racing.
- 9** Insufficient research has been performed relating specific OCD (and various other veterinary) situations to later racing performance.
- 10** The veterinary community needs to base its predictive opinions related to OCDs on outcome research. (And, working with the sales companies, TOBA, and the CBA, it would be helpful to communicate that research to buyers and other industry participants.)

— **ROB WHITELEY**

Owner of Liberation Farm and former director of operations for Foxfield



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