

EquiManagement

Business Solutions for Equine Practitioners

July/August 2017

Plugging
Policy
Gaps

Data-
Driven
Marketing

When Equine Vets Become Parents





greatness

DOESN'T GET
DAYS OFF.



Boehringer
Ingelheim



GASTROGARD[®]
(omeprazole) Oral Paste for Equine Horses

 **JOINT
HEALTH**
PORTFOLIO[™]


Prascend[®]
(pergolide tablets)

ULCERGARD[®]
(omeprazole)



WE BELIEVE COMPLACENCY
DOESN'T FUEL GREATNESS, AND
"GOOD ENOUGH" IS NOT AN OPTION.
FROM COMPETITION HORSES TO
TRAIL COMPANIONS TO THE PEOPLE
WHO CARE FOR THEM, EVERY
MOMENT'S AN OPPORTUNITY.
THAT'S WHY WE BRING ONLY THE
BEST IN EQUINE HEALTH SOLUTIONS
AND SUPPORT. BECAUSE A HORSE
DESERVES NOTHING LESS. WE DON'T
BELIEVE IN LIMITS. WE BELIEVE
IN ELIMINATING OBSTACLES, AND
UNLOCKING POTENTIAL.

Prascend and Vetera are registered trademarks of Boehringer Ingelheim Vetmedica GmbH.
Gastrogard and Ulcergard are registered trademarks of Merial.
©2017 Boehringer Ingelheim Vetmedica, Inc. EQU-0176-GEN0717



Boehringer
Ingelheim

UNBRIDLE YOUR POTENTIAL



WE KNOW A THING OR TWO ABOUT GUTS

Probiotics. They're good for the gut and the immune system, and therefore good for the overall health of your horse. University studies* found that in order for probiotics to be effective for horses, they must be given at a daily rate of 1 billion CFU of an individual strain. Triple Crown® doesn't just meet this effective rate, they surpass it, and they're the only feed that does so. In fact, Triple Crown feeds have 100 times more guaranteed probiotics than any national brand. Maybe now is a good time to take a closer look at the nutrients in your feed.

For more information, call or visit:
800.451.9916 | triplecrownfeed.com/compare

**TRIPLE CROWN**

THERE'S NUTRITION BEHIND THE CROWN

*University of Kentucky, 2015. Ohio State University, 2015.

Inside



4 Publisher's Points

By Kimberly S. Brown

6 New Vet Column

By Zach Loppnow, DVM

8 Keeping Up

By Nancy S. Loving, DVM

14 Communication Styles

Understanding your own communication style, and those of your colleagues and clients, can help you be more successful.

Brought to you by Boehringer Ingelheim Animal Health

By Nancy S. Loving, DVM

16 When Equine Veterinarians Become Parents

This survey brings to light some of the problems and successes of combining a veterinary profession with parenting.

By Amy L. Grice, VMD, MBA

26 Plugging Policy Gaps

Every veterinary practice needs insurance, but not all practices need the same coverage.

By Denise Farris, J.D.

34 Competitive Environment

By analyzing the competitive position of your practice, you can make more effective strategic decisions about your future.

By Amy L. Grice, VMD, MBA

40 Sizing Rooms for Equine Hospitals

Whether adding a room or building from scratch, you only have one chance to get your hospital room sizing right.

By Tony Cochrane, AIA

46 Data-Driven Marketing

Here are tips on using data to create more successful marketing campaigns.

By Katie Navarra

54 NAHMS Report Summary

The USDA's survey of the horse industry shows areas where veterinarians can make inroads in horse health care.

By Nancy S. Loving, DVM

56 Cases Clarify Compounding Liability

Manage your risks and exposure if you use compounded products in your veterinary practice.

By Denise Farris, J.D.

60 Interprofessional Communication

The ability to communicate clearly and effectively with clients is essential to our success as veterinarians.

By Colleen Best, DVM, PhD

64 Advertising Index

Cover Photo: A listserv survey of AAEP members gives insights into the expectations and reality of becoming parents while practicing veterinary medicine.
iStockPhotos.com



by **SEDECAL**



WEPX-V10

Wireless Portable X-Ray System

- Completely wireless portable solution
- Touch screen control
- Sturdy leather carrying case

Contact us for more
information on equine
and mixed animal solutions

Phone 800.920.9525

Email info@vetray.com

Web www.vetray.com



Family Stress

As if being a full-time equine veterinarian wasn't enough, adding family responsibilities can make the already difficult task of practicing medicine 24/7/365 seem daunting. In this issue, Amy Grice, VMD, MBA, an AAEP Board Member and frequent contributor to



EquiManagement, discusses the results of a survey of AAEP members about becoming parents (page 16).

The questions explored the demographics of the families, how child care was provided and what accommodations were made by the practice. Then she compared the expectations before delivery to the reality after the baby arrived.

While not all equine veterinarians are in the demographic to become new parents, many older practitioners are practice owners or partners. That means that they will be hiring associates who are mostly young women in their child-bearing years. So even if you aren't looking to become a new parent yourself, you might have to deal with the complications of pregnancy at work, maternity leave and child care. In addition, you need to consider that adoption (by singles or couples) has most of the same challenges as having a baby biologically.

One concern that has been expressed by older practice owners when discussing this topic is that new mothers sometimes do not return to work at the end of their maternity leaves. When sur-

vey respondents were asked whether they returned to their employment positions after their leaves, 97% of males returned to their work full time. Of the females, 65% returned to a full-time position, 17% transitioned from part time back to full time over a period of time, 11% transitioned to permanent part-time work and 7%

did not return to their positions.

Unfortunately, some of the women surveyed said that their work environments, both when they were pregnant and after giving birth, were not healthy for them mentally or physically.

New This Month

Our partner Boehringer Ingelheim Animal Health, which is also an AAEP Educational Partner, cares about equine veterinarians. The company is working with *EquiManagement* for the final three issues of 2017 to bring you information on work/life balance issues.

In this issue (page 14), you can read about communication styles. Once you recognize the general patterns of communication styles and learn how to deal with them, your relationships with your clients (as well as staff, colleagues and family) could improve. Of course, this means that you need to recognize your own communication style, so you can potentially adjust it to relate better with clients.

If you have comments or suggestions concerning *EquiManagement*, contact me at KBrown@aimmedia.com. **EM**



EquiManagement

Associate Publisher/Editor

Kimberly S. Brown
KBrown@aimmedia.com

Associate Publisher/ Advertising Sales

Michelle Adaway
madaway@aimmedia.com
859-619-8263

Advertising Sales

Tom Brazil
tbrazil@aimmedia.com
805-538-9986

EQUINE NETWORK

Group Publisher

David Andrick

Senior Editor

Laurel Scott

Art Director

Adam Purvis

Group Production Director

Barbara Van Sickle

Production Manager

Diane Paolini

Prepress Specialist

Brad Burleson

Advertising Information Manager

Judy Howard



ACTIVE INTEREST MEDIA

President & CEO Andrew W. Clurman

**Senior Vice President,
CFO & Treasurer** Michael Henry

**Executive Vice
President, Operations** Patricia B. Fox

**Senior Vice President,
Digital & Data** Jonathan Dorn

**Vice President,
Controller** Joseph Cohen

**Vice President,
Research** Kristy Kaus

AIM Board Chair Efreim Zimbalist III



Copyright 2017 Cruz Bay Publishing

EquiManagement.com

When compliance counts...

Prescribe UNIPRIM antibiotic powder, a convenient and cost-effective treatment.

UNIPRIM®

TMP/SDZ Powder for Horses

DESCRIPTION: UNIPRIM Powder contains 67 mg trimethoprim and 333 mg sulfadiazine per gram.

UNIPRIM Powder is a combination of trimethoprim and sulfadiazine in the ratio of 1 part to 5 parts by weight, which provides effective antibacterial activity against a wide range of bacterial infections in animals.

Trimethoprim is 2,4-diamino-5-(3,4,5-trimethoxybenzyl) pyrimidine.

ACTIONS: Microbiology: Trimethoprim blocks bacterial production of tetrahydrofolic acid from dihydrofolic acid by binding to and reversibly inhibiting the enzyme dihydrofolate reductase.

Sulfadiazine, in common with other sulfonamides, inhibits bacterial synthesis of dihydrofolic acid by competing with para-aminobenzoic acid.

Trimethoprim/sulfadiazine thus imposes a sequential double blockade on bacterial metabolism. This deprives bacteria of nucleic acids and proteins essential for survival and multiplication, and produces a high level of antibacterial activity which is usually bactericidal.

Although both sulfadiazine and trimethoprim are antifolate, neither affects the folate metabolism of animals. The reasons are: animals do not synthesize folic acid and cannot, therefore, be directly affected by sulfadiazine; and although animals must reduce their dietary folic acid to tetrahydrofolic acid, trimethoprim does not affect this reduction because its affinity for dihydrofolate reductase of mammals is significantly less than for the corresponding bacterial enzyme.

Trimethoprim/sulfadiazine is active against a wide spectrum of bacterial pathogens, both gram-negative and gram-positive. The following in vitro data are available, but their clinical significance is unknown. In general, species of the following genera are sensitive to trimethoprim/sulfadiazine:

Very Sensitive

Escherichia
Streptococcus
Proteus
Salmonella
Pasteurella
Shigella
Haemophilus

Sensitive

Staphylococcus
Moraxella
Moraxella
Moraxella
Brucella

Moderately Sensitive

Moraxella
Moraxella
Moraxella

Not Sensitive

Mycobacterium
Leptospira
Pseudomonas
Erysipelothrix

INDICATIONS AND USAGE: Trimethoprim/sulfadiazine is indicated in horses where potent systemic antibacterial action against sensitive organisms is required. Trimethoprim/sulfadiazine is indicated where control of bacterial infections is required during treatment of:

Acute Strangles
Respiratory Tract Infections

Acute Urogenital Infections
Wound Infections and Abscesses

Trimethoprim/sulfadiazine is well tolerated by foals.

CONTRAINDICATIONS: Trimethoprim/sulfadiazine should not be used in horses showing marked liver parenchymal damage, blood dyscrasias, or in those with history of sulfonamide sensitivity.

ADVERSE REACTIONS: During clinical trials, one case of anorexia and one case of loose feces following treatment with the drug were reported.

Individual animal hypersensitivity may result in local or generalized reactions, sometimes fatal. Anaphylactoid reactions, although rare, may also occur. **Antidote:** Epinephrine.

Post Approval Experience: Horses have developed diarrhea during trimethoprim/sulfadiazine treatment, which could be fatal. If fecal consistency changes during trimethoprim/sulfadiazine therapy, discontinue treatment immediately and contact your veterinarian.

PRECAUTION: Water should be readily available to horses receiving sulfonamide therapy.

ANIMAL SAFETY: Toxicity is low. The acute toxicity (LD50) of trimethoprim/sulfadiazine is more than 5 g/kg orally in rats and mice. No significant changes were recorded in rats given doses of 600 mg/kg per day for 90 days.

Horses treated intravenously with trimethoprim/sulfadiazine 48% injection have tolerated up to five times the recommended daily dose for 7 days or on the recommended daily dose for 21 consecutive days without clinical effects or histopathological changes.

Lengthening of clotting time was seen in some of the horses on high or prolonged dosing in one of two trials. The effect, which may have been related to a resolving infection, was not seen in a second similar trial.

Slight to moderate reductions in hematopoietic activity following high, prolonged dosage in several species have been recorded. This is usually reversible by folic acid (leucovorin) administration or by stopping the drug. During long-term treatment of horses, periodic platelet counts and white and red blood cell counts are advisable.

TERATOLOGY: The effect of trimethoprim/sulfadiazine on pregnancy has not been determined. Studies to date show there is no detrimental effect on stallion spermatogenesis with or following the recommended dose of trimethoprim/sulfadiazine.

DOSAGE AND ADMINISTRATION: The recommended dose is 3.75 g UNIPRIM Powder per 110 lbs (50 kg) body weight per day. Administer UNIPRIM Powder orally once a day in a small amount of palatable feed.

Dose Instructions: One 37.5 g packet is sufficient to treat 1100 lbs (500 kg) of body weight. For the 1125 g packets and 12 kg boxes, a level, loose-filled, 67 cc scoop contains 37.5 g, sufficient to treat 1100 lbs (500 kg) of body weight. For the 200 g, 400 g, and 1200g jars, and 2000 g pails, two level, loose-filled, 32 cc scoops contain 37.5 g, sufficient to treat 1100 lbs (500 kg) of body weight. Since product may settle, gentle agitation during scooping is recommended.

The usual course of treatment is a single, daily dose for 5 to 7 days.

Continue acute infection therapy for 2 or 3 days after clinical signs have subsided.

STORAGE: Store at or below 25°C (77°F)

HOW SUPPLIED: UNIPRIM Powder is available in 37.5 g packets, 1125 g packets, 200 g jars, 400 g jars, 1200 g jars, 2000 g pails and 12 kg boxes. Apple Flavored UNIPRIM Powder is available in 37.5 g packets, 1125 g packets, 200 g jars, 400 g jars, 1200 g jars and 2000 g pails.

CAUTION: Federal (USA) law restricts this drug to use by or on the order of a licensed veterinarian.

ANADA # 200-033, Approved by FDA



800-621-8829 • 859-254-1221
inform@neogen.com • animalsafety.neogen.com



Your Backup Vehicle

Disability and other insurances are critical to new veterinarians.

Picture this: You just purchased a brand new car that will get you to and from work every day. You put a lot of work into finding the right car, and you are excited to drive it.

But what happens if, one day when you go to drive that car, it doesn't start? What do you do then? Hopefully, you have a backup vehicle in the garage. That backup vehicle might not be very pretty, and it might not be very fast, but it will get you through until your new car works again. If it comes down to relying on your backup vehicle, hopefully you have a little air in each of the tires.

We all face a similar situation in our veterinary careers. Through four years of veterinary school and hundreds of hours of clinical practice, our careers are just like that brand new car. We rely on that car every day to pay bills, provide income for our families and plan for retirement. What happens, though, when that car breaks down—when we can't rely on our careers for income?

As much as we each hope this never happens, the harsh reality is that it does. Whether through career fatigue, injury or a multitude of other reasons, there might come a time when we can no longer work in the career we have spent so much time learning to master. What happens then?

We have to rely on our backup plan to get us through the hard times. That backup plan is made up of four kinds of insurance: life, disability, liability and health.

Before you turn the page because I

brought up insurance, stay with me for a second. Insurance is certainly a complex and confusing landscape, but it is absolutely critical that each of us has a little bit of coverage in each of those four categories. A little air in each of the tires in the backup car, if you will.

As students and recent graduates, we need this backup vehicle more than ever. The average student debt nationally has climbed more than \$150,000 upon graduation, with many students and recent graduates facing more than \$300,000 in student loans. We bank on our careers to pay off these massive debts, and as crushing as they are with a steady income, they would be even worse without it.

Each of the four insurance types helps to protect our lives from getting crushed by this debt. From liability insurance that protects our license and ability to practice, to life insurance that protects our families and loved ones should the absolute worst happen, each of these insurances plays a key role in keeping

us afloat. While each has a specific role, there is one that absolutely cannot be ignored because of the importance it plays in helping us in the day-to-day during the hard times: disability insurance.

It is disability insurance that keeps us from being crushed by student debt when we are not able to practice.

There are many different ways to customize a disability policy to fit your specific situation. What you decide is best is up to you, but I would encourage you to take a moment today to give some thought to disability insurance.

If you have a policy already, go back over it and make sure that it covers your needs. Does your policy still cover your assets and protect you from any student debt you might have? If not, how does it need to change? If you are new to the area of disability insurance, make sure to find a good insurance agent to go through the steps with you. You don't have to be an expert in any of this to make the best of it; you just have to find someone who is.

Regardless of where you are in your career journey, I urge you to not let the tires in your backup vehicle go flat. You never know when you might need it. **EM**

Editor's note: If you want to learn more about liability insurance, please see the article on p. 26.

Zach Loppnow, DVM, is a new graduate currently practicing in Minnesota. He was the national VBMA vice president for 2016 and is an active member of the Minnesota SCAAP.



COURTESY ZACH LOPPNOW



**WHEN THERE'S A WAY TO
PAY FOR YOUR CARE
EVERYONE FEELS HAPPIER.**

With CareCredit, horses get the care they need and you get paid within two business days.

- The new CareCredit **Pay My Provider** online portal allows clients to apply and pay using their CareCredit credit card online anytime, anywhere.
- Clients can use their card again and again* for all of their horse's veterinary care.
- You can spend less time collecting payments and more time to Practice Your Passion.™

“

CareCredit's new Pay My Provider is great because our clients can just send a payment themselves instead of relying on us to process it. And we're able to get that payment very quickly.

– Melissa King, King Equine Vet Services, McDonough, GA

”

Learn more or enroll today by calling 800-300-3046, option 5.

*Subject to credit approval.
©2017 CareCredit EQUIM2017VA

 **CareCredit®** 
Making care possible...today.

www.carecredit.com

Colitis Cause: New Research Show Microflora Shifts

Inflammation in the large or small colon or cecum causes colitis, which develops for a variety of reasons. A common cause is a bacterial infection (Salmonellosis, clostridiosis, or Potomac horse fever) or a viral infection. Also, antibiotic-associated diarrhea has the potential, such as in the case of colitis X, to lead to sepsis and shock. Additionally, NSAIDs are known to cause right dorsal colitis, while sand colic or severe parasitism might elicit acute or chronic diarrhea.

At the 2017 North American Veterinary Community (NAVC) conference, Anne Wooldridge, DVM, MS, PhD, DACVIM-LA, of the Auburn Univer-

sity College of Veterinary Medicine, reported on new research into causes of colitis. Evaluation of the microflora of the colon and cecum indicated that the predominant microbiota of healthy animals is 46-70% *Firmicutes*, with the rest comprised of *Bacteroidetes*, *Proteobacteria*, *Verrucomicrobis*, *Actinobacteria* and *Spirochaetes*. However, analysis of horses with diarrhea demonstrated that shifts occur in the proportion of these bacterial phyla.

Antibiotic treatment also has a propensity to alter the distribution of the normal microbiota. While most antibiotics have the potential to change the microbiota, Wooldridge stated that trimethoprim-sulfa administration results in the most marked changes.

Editor's note: Explaining gut flora and the need to keep it as stable as possible to your clients might help them avoid digestive upset in their animals with abrupt feed changes, self-prescribed pain medications or supplements.

IgG and IgM Response to West Nile Virus and Eastern Equine Encephalomyelitis Vaccines

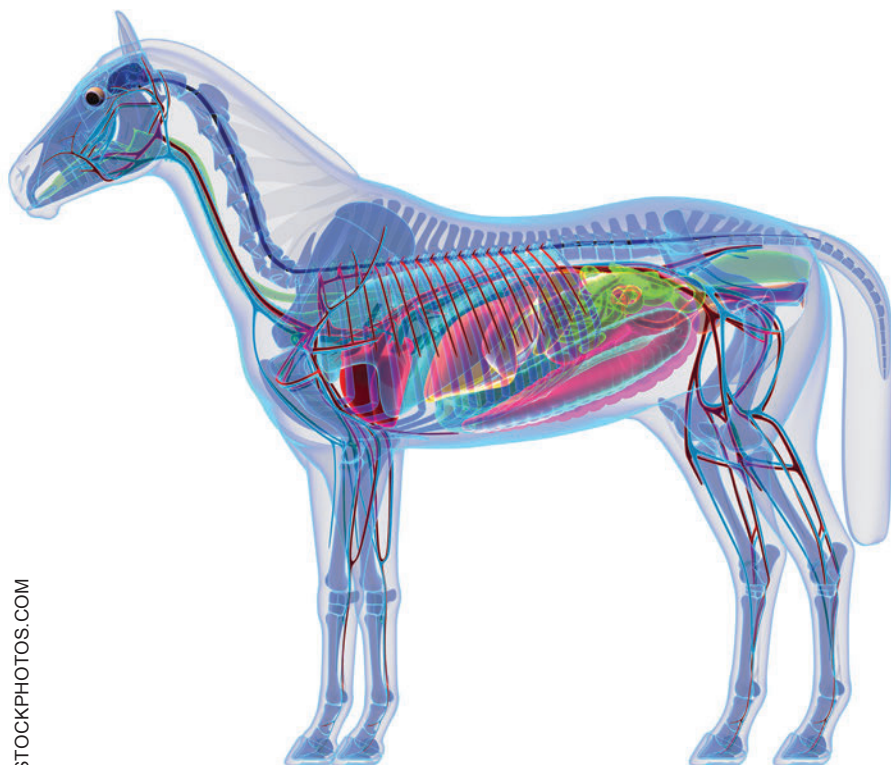
Veterinarians often wonder if vaccinating with multivalent vaccines for West Nile virus (WNV) or Eastern equine encephalomyelitis (EEE) virus could interfere with serologic diagnostic testing.

Frank Andrews, DVM, MS, DACVIM, addressed this topic at the 2016 AAEP meeting by describing a study of six adult Percheron horses, ages 8-25 years, and six 4-month-old pony foals and their dams. The adult Percheron horses and the foals were immunized with killed WNV and EEE antigens. The adult horses and pony dams all had a previous history of annual vaccinations, but the pony foals were too young to have yet received any vaccine. The pony foal dams did not receive annual immunization boosters during this study, so they could serve as sentinels for exposure of EEE and WNV.

Blood samples were collected from all the horses and foals at the start of the study, then weekly after the foals received the initial primary vaccine. A second immunization of the primary series was given to the foals three weeks after the initial dose. More blood samples were taken weekly for three more weeks.

The results yielded the following information:

- IgM titers were < 1:400 in all adult horses, foals and dams



The microflora of the equine digestive tract can be disrupted by many causes, and this disruption could result in colitis.

BUILT VET-TOUGH

The **EVO**lution of portable ultrasound

With 35+ years of building rugged, portable ultrasound designed by and for veterinarians, E.I. Medical Imaging continues to innovate.

Built for the toughest veterinary environments, EVO® is the latest evolution in ultrasound, including great image quality, processing power, field-swappable batteries, and doppler... all in a weather-sealed, 6 lb. unit.

EVO® incorporates user-friendly patient management software integrated with the latest technology, cased in barn-tough, liquid-resistant materials.

Using EVOStream®, you can view live scans on any iOS or Android device.

Transducer cables are tested to 1.2 million flex cycles, ensuring seasons of uninterrupted use. All components, including transducers and cables, can be repaired in our Colorado facility. With unparalleled service turnaround times and a free loaner program, you will never be left holding a broken probe.

It's not just our built vet-tough quality—with great imaging, patient archiving and species-specific protocols, EVO® is THE gold standard for veterinary ultrasound.

Used in top equine hospitals, clinics and universities, EVO® is built specifically for your demanding environment.

For more information or for a demonstration, contact us at **1.866.365.6596** or go to **eimedical.com**.



throughout the study.

- IgG titers were > 1:100 after vaccination due to antibody response. IgG titers ranged from negative to 1:10 prior to foal vaccination, then rose to > 1:100 after a second booster. Foals normally require three boosters for effective immunity.

The study concluded that vaccination did not result in IgM > 1:400 of EEE or WNV; therefore, vaccination with a multivalent vaccine containing killed WNV and EEE does not interfere with diagnostic testing for acute disease.

Editor's note: This could be useful for educating your staff, as well as your clients.

Duration of Response to Equine Rabies Vaccine

Equine clients often wonder why there is a need for annual equine immunizations with rabies vaccines when vaccines for their dogs and cats are labeled for three-year intervals.

A study presented at the 2016 AAEP Convention by David Wilson, BVMS, MS, Hon DACVIM, looked into how long an antibody titer persists in horses from rabies vaccination.

Using a single dose of an inactivated rabies vaccine (ImRab3 by Merial) in 48 adult horses, the level of rabies virus neutralizing antibodies (RVNA) was measured.

Serum samples were tested prior to vaccination, at three to seven weeks post-vaccination and at six-month intervals for the following two to three years.

The assumption is that rabies virus neutralizing antibodies (RVNA) levels greater than 0.5 IU/ml are considered protective in horses, as in other species.

Questions that were asked during this study were:

- What is the RVNA response from horses older than 20 years?
- What is the RVNA response

for naïve horses that had never received rabies immunization?

Because immunosenescence is documented in several species, to answer the first question, the 48 horses were split into two groups: Group 1 had 28 individuals younger than 20 years old; Group 2 had 20 individuals older than 20 years. Prior to vaccination, 60% of the horses had protective antibodies. Three weeks following rabies immunization, 95% had protective antibody levels, while at three years post-immunization, 86% had protective antibody levels.

Two of the Group 2 aged horses demonstrated no measurable response to the vaccination. By contrast, 10/11 old horses maintained protection at three years post-vaccination.

One of the most striking findings in the study is that there was no significant association between age and vaccine response: Seven horses—five young and two old—had a poor response. However, no poor responders were identified in horses with RVNA > 0.5 IU/ml prior to vaccination.

Another study looked at rabies immunization of 11 previously vaccinated non-pregnant mares. All developed a strong anamnestic response to vaccination. At three years from the last sampling date after a single booster, titers were approximately 10 IU/ml; by nine to 11 years, titers were about 3 IU/ml. It is estimated that the rabies titer half-life ranges from three to five years.

A third study (cited at 2004 AAEP) looked at two dozen 4-month-old foals given a single dose of EquiRab (Merck Animal Health) vaccine. At 9 months post-immunization, five foals had RVNA that had fallen below 0.5 IU/ml; at 1 year, six foals had titers below 0.5 IU/ml. However, all were challenged with rabies virus and all resisted developing disease.

The conclusion to these studies

EquiManagement Business Solutions for Equine Practitioners

ADVISORY BOARD

Andrew Clark, DVM, MBA

Georgetown, Kentucky
dvmmmba.com

Ashley E. Craig, DVM

Former VBMA President
Hagyard Equine Medical Institute
Lexington, Kentucky
hagyard.com

Robert Magnus, DVM, MBA

Wisconsin Equine Clinic
Oconomowoc, Wisconsin
wisconsinequine.com

Mike Pownall, DVM

McKee-Pownall Veterinary Services
Ontario, Canada
mpequine.com

**Racquel M. Lindroth, DVM,
DABVP (Equine)**

Bozeman, Montana



The AAEP does not endorse editorial or advertising content unless so acknowledged within the individual article or advertisement.

Equioxx®

(firocoxib)

Rx

Because managing OA pain shouldn't cause more pain.

EQUIOXX delivers efficacy with an exceptional safety profile.

When you do the research, you'll find EQUIOXX is the right choice for treating osteoarthritis pain and inflammation for your clients.

- **First and Only** – EQUIOXX – the first and only coxib NSAID for horses – spares COX-1 while inhibiting COX-2^{1*}
- **More Effective** – In a study, EQUIOXX was rated as effective or more effective than phenylbutazone, including improvement in pain on manipulation, range of motion, joint circumference and overall improvement scores²
- **Safety** – EQUIOXX has been tested on more horses in safety studies than any other NSAID^{3,4} at the recommended dose, most horses had no side effects
- **Convenient** – One dose controls pain up to 24 hours which can also aid in compliance

*Clinical relevance has not been determined.

Time to put your old NSAID out to pasture. See how EQUIOXX can make a difference for your clients.

EQUIOXX.com



Available in three formulations to fit in and out of competition needs: Injection, Paste and Tablet.

IMPORTANT SAFETY INFORMATION: As with any prescription medication, prior to use, a veterinarian should perform a physical examination and review the horse's medical history. A veterinarian should advise horse owners to observe for signs of potential drug toxicity. As a class, nonsteroidal anti-inflammatory drugs may be associated with gastrointestinal, hepatic and renal toxicity. Use with other NSAIDs, corticosteroids or nephrotoxic medication should be avoided. EQUIOXX has not been tested in horses less than 1 year of age or in breeding horses, or pregnant or lactating mares. For additional information, please refer to the prescribing information or visit www.equioxx.com.



Merial is now part of Boehringer Ingelheim.

©EQUIOXX is a registered trademark of Merial.

©2017 Merial, Inc., Duluth, GA. All rights reserved. EQUIEQX1607 (1/17)

¹Data on file at Merial, Safety Study, PR&D 0144901.

²Doucet MY, Bertone AL, et al. Comparison of efficacy and safety of paste formulations of firocoxib and phenylbutazone in horses with naturally occurring osteoarthritis. *J Am Vet Med Assoc.* 2008;232(1):91-97.

³EQUIOXX product labels and FOI summaries and supplements.

⁴Data on file at Merial, Clinical Experience Report PHN 471, PR&D 0030701.

Equioxx® (firocoxib)

CAUTION: Federal law restricts this drug to use by or on the order of a licensed veterinarian.

EQUIOXX® (firocoxib) is indicated for the control of pain and inflammation associated with osteoarthritis in horses. Firocoxib belongs to the coxib class of non-narcotic, non-steroidal anti-inflammatory drugs (NSAID).

CONTRAINDICATIONS: Horses with hypersensitivity to firocoxib should not receive EQUIOXX.

WARNINGS: EQUIOXX is for use in horses only. Do not use in horses intended for human consumption. Do not use in humans. Store EQUIOXX Tablets out of the reach of dogs, children, and other pets in a secured location in order to prevent accidental ingestion or overdose. Consult a physician in case of accidental human exposure.

Horses should undergo a thorough history and physical examination before initiation of NSAID therapy. Appropriate laboratory tests should be conducted to establish hematological and serum biochemical baseline data before and periodically during administration of any NSAID. NSAIDs may inhibit the prostaglandins that maintain normal homeostatic function. Such anti-prostaglandin effects may result in clinically significant disease in patients with underlying or pre-existing disease that has not been previously diagnosed.

Treatment with EQUIOXX should be terminated if signs such as inappetence, colic, abnormal feces, or lethargy are observed. As a class, cyclooxygenase inhibitory NSAIDs may be associated with gastrointestinal, renal, and hepatic toxicity. Sensitivity to drug-associated adverse events varies with the individual patient. Horses that have experienced adverse reactions from one NSAID may experience adverse reactions from another NSAID. Patients at greatest risk for adverse events are those that are dehydrated, on diuretic therapy, or those with existing renal, cardiovascular, and/or hepatic dysfunction. The majority of patients with drug-related adverse reactions recover when the signs are recognized, drug administration is stopped, and veterinary care is initiated.

Concurrent administration of potentially nephrotoxic drugs should be carefully approached or avoided. Since many NSAIDs possess the potential to produce gastrointestinal ulcerations and/or gastrointestinal perforation, concomitant use of EQUIOXX with other anti-inflammatory drugs, such as NSAIDs or corticosteroids, should be avoided. The concomitant use of protein bound drugs with EQUIOXX has not been studied in horses. The influence of concomitant drugs that may inhibit the metabolism of EQUIOXX has not been evaluated. Drug compatibility should be monitored in patients requiring adjunctive therapy.

The safe use of EQUIOXX in horses less than one year of age, horses used for breeding, or in pregnant or lactating mares has not been evaluated. Consider appropriate washout times when switching from one NSAID to another NSAID or corticosteroid.

The Safety Data Sheet (SDS) contains more detailed occupational safety information. For technical assistance, to request an SDS, or to report suspected adverse events call 1-877-217-3543. For additional information about adverse event reporting for animal drugs, contact FDA at 1-888-FDA-VETS, or <http://www.fda.gov/AnimalVeterinary>.

Rev 10/2016



ISTOCKPHOTOS.COM

Many horse owners wonder why horses need annual rabies vaccines when their dogs and cats only need vaccines every three to five years.

described by Wilson is that administration of a second dose of rabies vaccine within one year of the original immunization induces a robust and persistent anamnestic response that persists for years. It might be unnecessary to booster rabies vaccine annually following the initial two doses, but to be certain, titers can be checked. Any horse with a titer below 2 IU/ml might need to be revaccinated, even those that tend to experience adverse reactions to vaccinations.

Editor's note: Over-vaccination of horses (humans and other animals) is a concern among some of your clients. This type of information might eventually change the requirements for rabies vaccines. However, the necessity to protect humans and other animals with annual rabies vaccination probably outweighs the concern of over-vaccination.

Seasonal Influence on Hormone Responses to TRH Stimulation Testing in PPID Horses

Another presentation at the 2016 AAEP Convention was given by Amanda Adams, PhD, about interpretation of thyrotropin-releasing hormone (TRH) testing to identify early onset of pituitary pars intermedia dysfunction (PPID). Early stages of PPID can present with false negative endogenous ACTH levels. The TRH stimulation test is more sensitive for identifying a significant rise in ACTH in early cases.

Sixty-three horses were evaluated in the study. Seventeen controls had no classical signs and no abnormal endocrine tests; 21 subclinical PPID cases had no hypertrichosis, but did have abnormal endocrine testing; and 25 demonstrated clinical PPID with

hypertrichosis and two or more abnormal endocrine tests.

All TRH stimulation testing was performed after feeding, each month at the same time of day, in the field. Both 10- and 30-minute samples were taken to collect EDTA plasma and were sent to the Cornell University's Diagnostic Laboratory.

The results were as follows:

- All horses exhibited seasonal increases in ACTH, particularly at the 10-minute (T10) samples—ACTH elevation was most apparent in the PPID group.
- T10 sampling also correlated well with ACTH and the hypertrichosis scoring system (0 = normal; 1 = regional; 2 = generalized; 3 = severe generalized).
- In the autumn months (August, September, October), there was 69% sensitivity of endogenous ACTH for PPID versus non-PPID horses. At T10 and T30, sensitivity from TRH stimulation test was improved to approximately 80-90%.
- Comparing autumn to non-autumn months revealed that T10 ACTH from TRH stimulation testing had better sensitivity and specificity than measuring ACTH without the stimulation test.
- After administering a single dose of TRH, the T10 cutoff value to confirm PPID positive is > 460 pg/ml in autumn months and > 178 pg/ml in non-autumn months.

In conclusion, TRH testing in autumn months has the highest sensitivity at the 10-minute sample following a TRH stimulation injection.

*Editor's note: Helping your clients understand why you want to do testing in specific seasons can promote you as the go-to person for equine health information. **EM***



Supporting Your Dedication to Equine Care.



Bimeda Equine supports you with a wide range of veterinary health products and nutritional supplements, including trusted names like ConfidenceEQ®, Equimax®, Polyglycan® and Tandem™.

To learn more about our range of equine products, please visit www.bimedaequine.com or call 1-888-524-6332.

Client Communication Styles

Productive relationships are key to your success.

By Nancy S. Loving, DVM

The ability to forge productive working relationships depends on how well you are able to interact with your clients and staff. You need to effectively communicate your thoughts so they are delivered and received as you intended. To achieve that, you need to understand the various communication styles you will encounter. This is important in your veterinary practice as well as for everyday life.

Researchers have categorized many types of communication styles. A communication style is not a specific ability, but rather a preferred way of adapting and using your abilities. Following are the most common communication styles.

Passive or Submissive: This person avoids expressing his or her thoughts, opinions or feelings. Those controlled feelings might mount up to a breaking point that results in an outburst, which isn't helpful in endearing a client to you, or vice versa. This type of communicator relies on apologies, prefers not to make decisions and avoids confrontations (yet feels like a victim and blames others).

Aggressive: These individuals overtly express their opinions and feelings, often in a way that runs over the rights of others. Communicators with this style feel that they are more important than anyone else. It is not uncommon to have clients who behave this way.

Passive-Aggressive: To an observer, this person might seem passive, but beneath that veneer is anger. Ultimately, such resentment causes the person to undermine the perceived (real or imagined) offender. A sarcastic, complaining, patronizing behavior typifies this kind of "communicator."

Assertive: An assertive communicator has no problem being decisive or expressing his or her thoughts and feelings, but does so without violating the rights of others. This behavior is optimal for good communication, as these individuals value not just themselves, but also respect other peoples' time and expertise.

Manipulative: This person seeks to make others feel sorry for him or her because that individual feels that his or her needs are not being met. This creates an uncomfortable and frustrating atmosphere for those on the receiving end.

From these descriptions, you might consider that you routinely fall into one



Better communication can benefit outcomes and your satisfaction.

or two categories, and you probably know clients who fit in each category. Affixing "labels" to yourself or others isn't constructive, but it is helpful to note preferences in communication style. You might find that communicating in one manner is relevant to certain situations and not others. Recognition of these traits gives you a means to begin working on improving and fine-tuning your communication skills.

Here are situations that might help you understand these styles in your clients:

You might have a client (manipulative) who makes you feel bad because you don't want to schedule routine appointments during dinner or on the weekend.

You might have a client (passive-aggressive) who undermines your credibility because of a perceived negative interaction with you or your practice.

If you capitalize on an "assertive" communication style when explaining health care, and your client is similarly respectful, this generates the best path to success for the horse and for improving your enjoyment of the profession.

Research has demonstrated that effective communication is based:

- 7 percent on word meaning;
- 38 percent on the way we say the words we choose; and
- 55 percent on nonverbal cues, such as facial expressions.

Therefore, achieving successful interactions also relies on observation of nonverbal communications. This is similar to what you do when "reading" your equine patients.

Take-Home Message

Finding the right mix of communication styles between you and your clients can help diminish friction, stress and anxiety in your professional life while enabling you to build strong relationships with your clients. Ultimately, this enables you to do the best by their horses and to maximize the enjoyment of your chosen profession. **EM**

Resource

Visit UKY.edu and search for "communication styles" for a PDF on "The Four Basic Styles of Communication."



WE BELIEVE COMPLACENCY
DOESN'T FUEL GREATNESS,
AND "GOOD ENOUGH" IS
NOT AN OPTION. FROM
COMPETITION HORSES TO
TRAIL COMPANIONS TO
THE PEOPLE WHO CARE FOR
THEM, EVERY MOMENT'S AN
OPPORTUNITY. THAT'S WHY
WE BRING ONLY THE BEST IN
EQUINE HEALTH SOLUTIONS
AND SUPPORT. BECAUSE A
HORSE DESERVES NOTHING
LESS. WE DON'T BELIEVE
IN LIMITS. WE BELIEVE IN
ELIMINATING OBSTACLES,
AND UNLOCKING POTENTIAL.

GASTROGARD
(omeprazole)

**JOINT
HEALTH
PORTFOLIO**

Prascend
(pergolide tablets)

ULCERGARD
(omeprazole)

VETERA
vaccines



UNBRIDLE YOUR POTENTIAL

Prascend and Vetera are registered trademarks of Boehringer Ingelheim Vetmedica GmbH. Merial is now part of Boehringer Ingelheim. Gastrogard and Ulcergard are registered trademarks of Merial.
©2017 Boehringer Ingelheim Vetmedica, Inc. EQU-0188-GEN0717

97% of males who responded to our survey returned to their full-time positions after having a baby, compared to 65% of females.



When Equine Veterinarians Become Parents

This survey brings to light some of the problems and successes of combining a veterinary profession with parenting.

By Amy L. Grice, VMD, MBA

Recently, a robust discussion began on the Parenting Rounds of the AAEP listserv. A pregnant veterinarian asked for advice on preparing for the change in her life that was soon to occur.

Her questions ranged from what to

expect her energy level to be, to whether it was realistic to think she could take the baby with her in the truck (she was a solo practitioner). Many caring colleagues shared their own experiences and helped answer her questions.

To gather more information about this topic, a 12-question survey about

parenting was posted on both the Parenting and New Practitioners listserv groups of the AAEP. A total of 135 veterinarians responded, 29% of them male and 71% female.

The goal of the survey was to gather information about the experience of becoming a parent while employed in the

ISTOCKPHOTOS.COM

career of equine veterinary medicine. The questions explored the demographics of the families, how child care was provided and what accommodations were made by the practice. Then we compared the expectations before delivery to the reality after the baby arrived. It was clear that the respondents wanted to be heard on this topic, as the majority took the opportunity to write comments about their experiences.

Who Responded

Respondents were asked about the number of children they have. A strong majority of respondents reported having just one (37%) or two (47%) children. Three children were reported by 13% and four by just 2%. The children are mostly under 6 years of age, with 35% reporting one child in that age range, and 26% reporting two. However, 32% of respondents reported that all their children were over the age of 6 years.

Responses to the question “How many weeks of maternity or paternity leave did you take for your first child’s birth?” were filtered by gender. Male respondents overwhelmingly (89%) took one week or less of leave after the birth. Females had a much broader range of time taken, undoubtedly driven by their personal circumstances. Sadly, 9% of new mothers took one week or less of maternity leave, 11% took just two weeks, 9% three weeks and 5% four weeks. This data indicates that 34% of post-partum women took one month or less to recover from birth and bond with their infants. Six weeks of leave were taken by 15% of female respondents, eight weeks by 21% and 12 weeks by 18%. Much smaller numbers took extended leaves.

Even those women who reported leave times of an extended length sometimes were working prior to that leave ending. For example, one respondent commented, “Technically I took four weeks, but I was doing some appointments and did some reproductive work a week after she was born.”

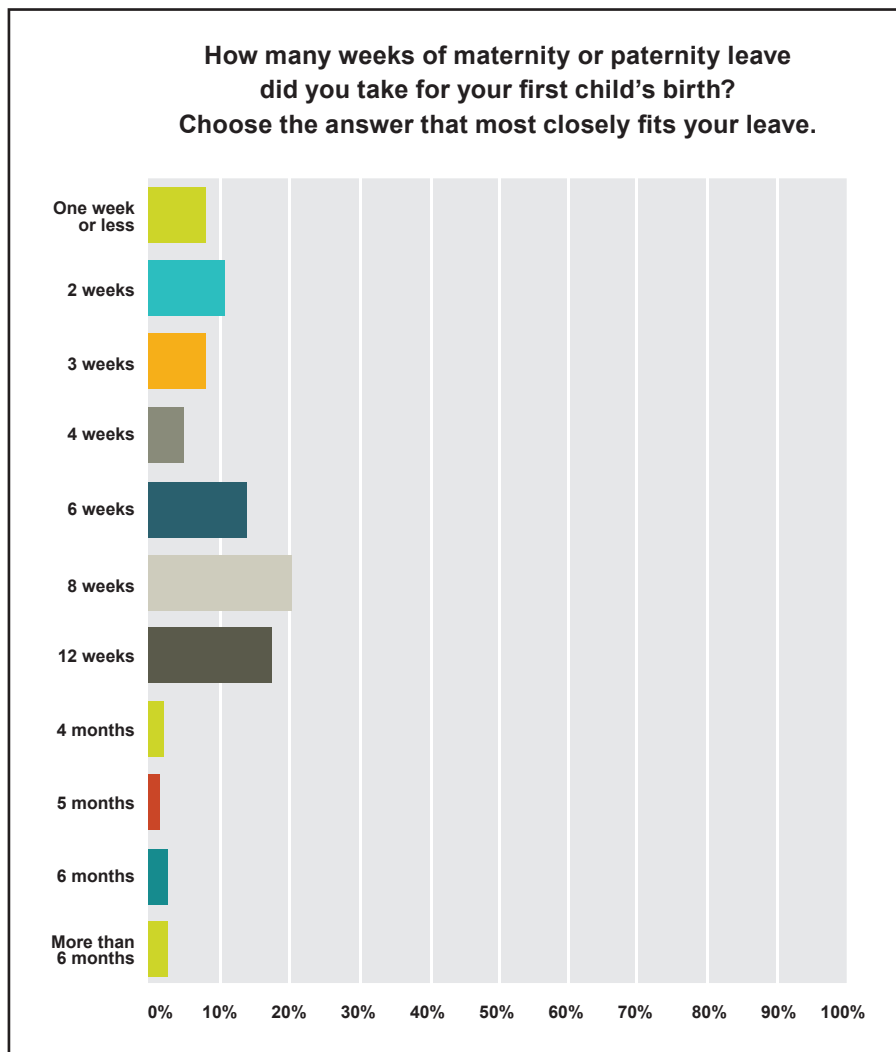


Figure 1. Weeks of maternity leave taken by female veterinarians after the births of their first children

Another veterinarian who reported a week or less of leave commented, “No maternity leave was available with my associate position.”

The leave that was taken by veterinarians responding to this survey was primarily unpaid: 62% of females and 40% of males received no maternity/paternity leave compensation for the time away. Respondents’ comments indicated that they typically relied on a patchwork of vacation time, personal days, disability insurance and personal savings to meet their financial obligations while they were away from work.

One exception was a Canadian re-

spondent who noted that in that socially advanced country, one year of paid leave is provided to share between both parents, with the stipend based on a percentage of previous earnings.

Maternity leave from employment after childbirth provides a critical time for maternal-infant bonding, physical healing from birth and adjustment to life with a new baby. A longer length of maternity leave is associated with increased breastfeeding duration, as well as improved maternal mental health and child development.

The Family and Medical Leave Act (FMLA) passed in 1993 entitles eligible

employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons for up to 12 weeks. However, the FMLA only applies in the private sector to employers with 50 or more employees in 20 or more work weeks in the current or preceding calendar year. Very few veterinary practices are this large, but many of them follow this policy voluntarily.

In the general U.S. workforce, many women cannot afford to take unpaid leaves and instead use a combination of short-term disability, sick leave, vacation and personal days in order to have some portion of their maternity leaves paid. The U.S. is one of only five developed countries in the world that does not mandate paid maternity leave.

According to a report from the U.S. Department of Health and Human Services in 2011, 65.9% of women in 2006–2008 reported being employed during their last pregnancy. Of those women, 70.6% reported taking maternity leaves. Thus, nearly one-third of employed women did not report taking any maternity leave (29.4%). When taken, the average length of maternity leave was 10.3 weeks.

Nationally, the proportion of women who took maternity leaves for their last children varied by race and ethnicity. Hispanic women were less likely to report having taken any maternity leave than non-Hispanic white or non-Hispanic black women (59.5% versus 73.0% and 68.7%, respectively). Among women who reported taking maternity leave for their last pregnancy, 33.1% did not have any portion of their maternity leaves paid. Only 24.9% percent of women reported paid maternity leave for more than two months (nine or more weeks).

These figures represent the United States population of new mothers, not the cohort of equine veterinarians surveyed. The survey data suggested that the situation is certainly no better in the equine veterinary industry, and might be worse.

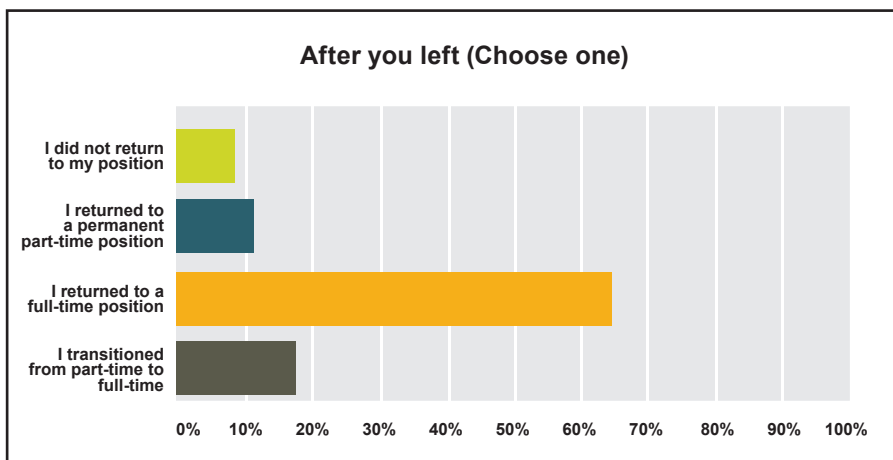


Figure 2. Percentage of female veterinarians returning to their positions of employment after maternity leaves

Did You Return to Work?

One concern expressed by older practice owners when discussing the marked demographic shift in equine practitioners' gender over the last decade is that new mothers don't always return to work at the end of their maternity leaves. When respondents were asked whether they returned to their employment positions after their leaves, 97% of males returned

to their work full time. Of the females, 65% returned to a full-time position, 17% transitioned from part time back to full time over a period of time, 11% transitioned to permanent part-time work, and 7% did not return to their position.

Comments by respondents revealed that those in solo practice were generally able to adjust their schedules initially to

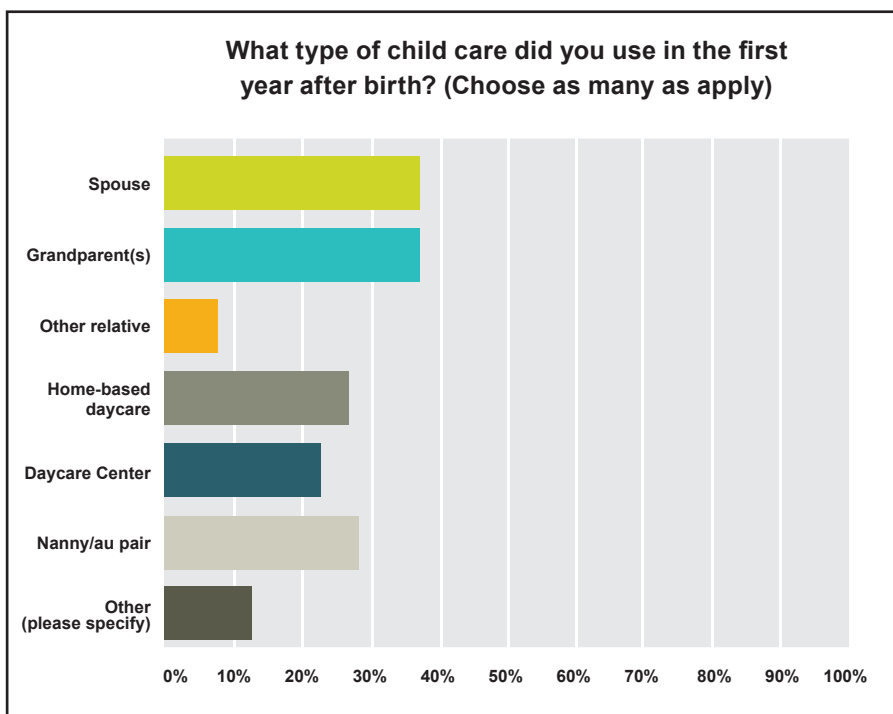


Figure 3. Types of child care used by respondents in the first year after birth

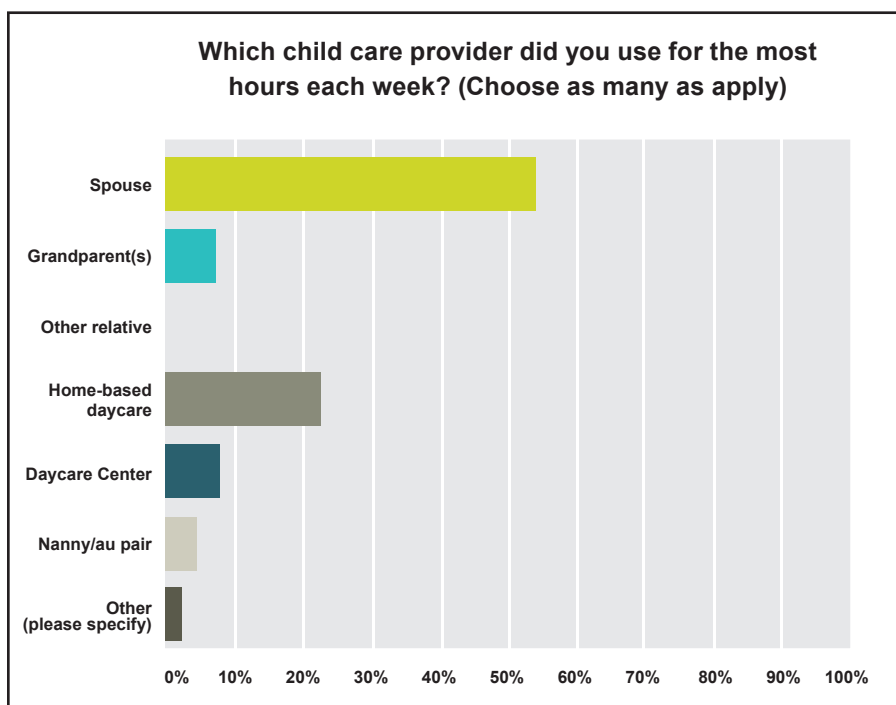


Figure 4. Child care providers primarily utilized by male respondents

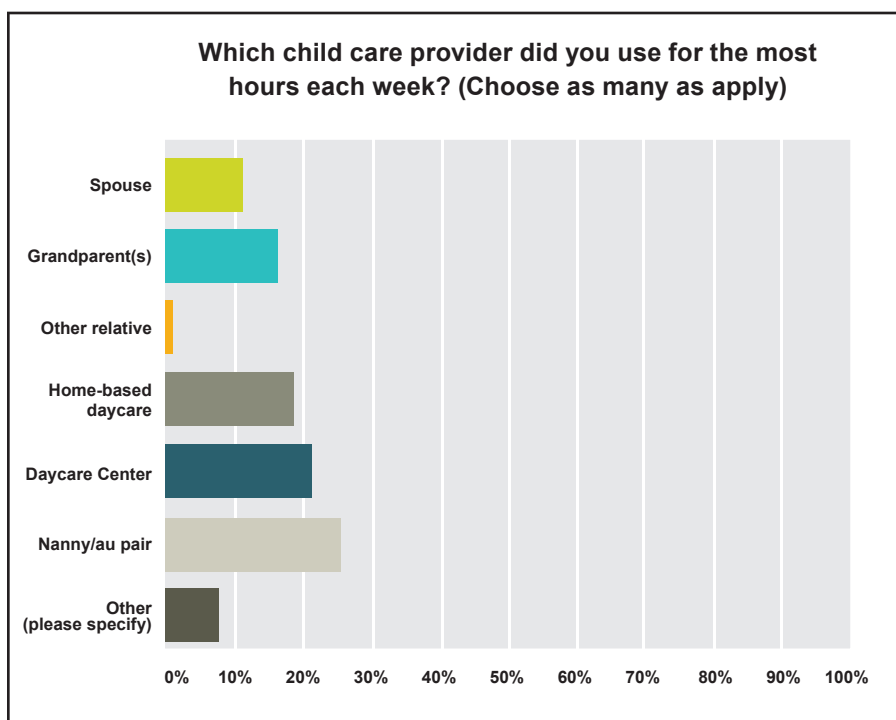


Figure 5. Child care providers primarily utilized by female respondents

have a lighter workload. Two female respondents employed as associates stated they were not allowed to return to work after their maternity leaves and were

terminated. One subsequently filed a pregnancy discrimination suit against her former employer, while the other opened her own solo practice.

Child Care Options

Equine veterinarians responding to this survey were asked to indicate all the different types of child care they utilized in the first year after the births of their children. Spouses and grandparents were both utilized by 37% of respondents, with smaller percentages also utilizing a nanny (28%), home-based daycare (26%) or a daycare center (22%). In addition, 7.5% used other relatives for care.

When queried which provider of child care assumed responsibility for the most hours of care, responses differed between male and female respondents. 54% of male veterinarians indicated that their spouses provided the majority of care, with 23% using home-based daycare primarily. Among the females, only 11% relied on a spouse to provide the majority of care. A nanny or au pair was primarily utilized by 25.5% of respondents; 20% depended on a daycare center; 19% used mostly home-based daycare; and 16% mostly had care from grandparents.

These statistics show that female equine veterinarians most often do not have the comfort of having their babies cared for by a family member, unlike the males. The stress that these women feel about parenting is most likely increased by this lack of relatives involved in child care. Meanwhile, gender roles in society continue to be weighted toward mothers caring for their children.

In a 2012 Pew Research survey, the vast majority of Americans (79%) rejected the notion that women should return to their traditional role in society. However, when asked what is best for young children, 42% said that having a mother who works part time is ideal and 33% said it's best to have a mother who doesn't work at all. Even among full-time working moms, only about one in five (22%) said that having a full-time working mother is ideal for young children. Thus, female veterinarians who are mothers might also face

An Interview with Angela Yates, DVM

Dr. Angela Yates is a solo practitioner from Indianapolis, Indiana. After graduating in 2008, she did an internship at Peterson & Smith, but after completing it, found that there were very few jobs due to the Great Recession.

She and her husband returned to their hometown to be nearer to family as they started their own family. While building up her own solo equine practice, Yates worked at a small animal hospital to earn a living. When she had built her equine practice to about 200 clients, she left her companion animal job. Yates and her husband have two children, ages 2 and 4.

What arrangements did you make for child care? “My husband and I made a conscious choice to return to Indianapolis, despite not having jobs there, so that we could be near family. Our parents live just two minutes away. My mom is a nurse and still works full time, doing three 12-hour shifts, but she always wanted to provide care for her grandchildren.

“It is simply a wonderful arrangement, and we are so lucky. When my kids were babies, I pumped milk on the road or stopped by the house to nurse them. As a solo practitioner, with no one to answer to, I have much more flexibility than many.”

What was the hardest thing for you as an equine vet? “I worried constantly about getting injured during the times I was pregnant. We all know horses are dangerous, and I felt very vulnerable and like I needed to protect my baby. With infants, the hardest thing is sometimes not seeing them more than 20 minutes before they go to bed and feeling like you’re missing so much of their lives, especially during the busy spring work season. But this is balanced out by the slow season in the fall and winter months, when I can take them to the museum or the aquarium, or just be home with them more.”

How did you handle emergency work? “In my regional area, there are very few group practices. Instead, there are a bunch of solo practices, and the clients are used to calling their own veterinarians to see if they are available to come for an emergency. But if they are not, they simply call the next veterinarian on their list. It is a strange regional thing that after practicing in Florida I thought was really odd, but that is just what the horse people do here.

“It has made emergency work less stressful, because if you cannot go, or it will take you too long to get there, they simply call someone else and think nothing of it. So if I was at a birthday party with my daughter and got an emergency call, I could say, ‘I can be there in two or three hours.’ If they needed care sooner, they would be comfortable calling someone else. I’m very lucky in that regard.”

What is the best piece of advice you would give to other equine veterinarians about to become parents? “Try to have the strongest support system possible. Whether you live near family or must depend on friends, neighbors or other parents, you will need the support of others.

“Also, we all have horrible days—sometimes personally and sometimes professionally. But remember, it is very rare to have a day that’s horrible in both parts of your life. While you are pregnant, only do what you feel comfortable doing. If something were to happen to your baby, and you had made a decision to do something because you felt pressured, you will never forgive yourself.

“I remember being asked to castrate a mature stallion when I was quite pregnant. I just didn’t feel comfortable with taking on that risk, so I declined to do it. And remember that everyone has their own unique situation; no one’s life is the same, so don’t judge others for the choices they make.”

societal pressure and judgment about their choices to have careers.

Additional findings of the Pew Research Center suggested that women continue to bear a heavier burden when it comes to balancing work and family, despite progress in recent decades to bring about gender equality in the workplace. A 2013 Pew Research Center survey found that mothers with children under age 18 were about three times as likely as fathers to say that being a working parent made it harder for them to

advance in their job or career (51% vs. 16%). In addition, they found that mothers were much more likely than fathers to report experiencing significant career interruptions in order to attend to their families’ needs. Part of this is due to the fact that gender roles are lagging behind labor force trends.

While women represent nearly half of the U.S. workforce, on average, they still devote more time than men to housework and child care, and fewer hours to paid work—although the gap has narrowed over time. When these


responsibilities are layered on the robust working schedule of most equine veterinarians, the stage is set for some to become overwhelmed and unable to achieve balanced, healthy lives.

Parenting Concerns

Before the arrival of their first children, 52% of all respondents to the AAEP listserv parenting survey worried a great deal about not “being there” for their children. 32% worried about their ability to handle emergency calls for work. About a quarter of respondents

"I recommend ColiCare for all of my patients, and my own horses are enrolled, too!"

—Marsha Severt, DVM
Brown Creek Equine Hospital



ColiCare, the **#1 vet-recommended colic surgery reimbursement program**[†] puts you back at the center of the horse's wellness care and reimburses horse owners up to **\$7,500** to help ease the financial burden of colic surgery.

ColiCare[™]
FROM  **SMARTPAK**

SmartPak.com/ColiCare | 1-800-461-8898

[†]2016 Lebel Marketing Veterinary Market Survey

worried a lot about being able to schedule their time effectively, being physically or mentally exhausted, or having difficulty arranging child care.

Perhaps because of the close bond of infant to mother, females had more concern than males about emergency duty: 83% of females reported moderate to a great deal of worry versus 29% of males. Similarly, 68% of the women had concerns about physical and mental stress, versus only 31% of the men.

Of the female respondents, 47% worried about being seen as less dedicated by the practice owner, compared to 2.5% of the men. 48% of women worried about being seen as less dedicated by clients, compared to 13% of men. The survey showed that 64% of women worried about losing momentum in their careers, compared to 15% of men.

When these same factors were examined under the spotlight of reality after the birth of that first child, 77% of parents responding indicated that having enough time with their babies was a real concern. That result was not much different between the men (79%) and women (76%). Perhaps because so many of them had spouses providing the bulk of the child care, only 33% of male respondents reported experiencing significant physical or mental stress, compared to 72% of the female respondents.

“Overwhelming is an understatement!” commented one mother.

Career Fears and Facts

Although emergency duty did prove to be difficult for 67% of women and 23% of men who were new parents, the reality was less serious than they had imagined before the birth.

“On occasion, it seemed like coordination of child care for emergencies was a total disaster, but for the most part, it worked well,” said one female veterinarian.

“In the first six months, this was a huge issue, especially when trying to

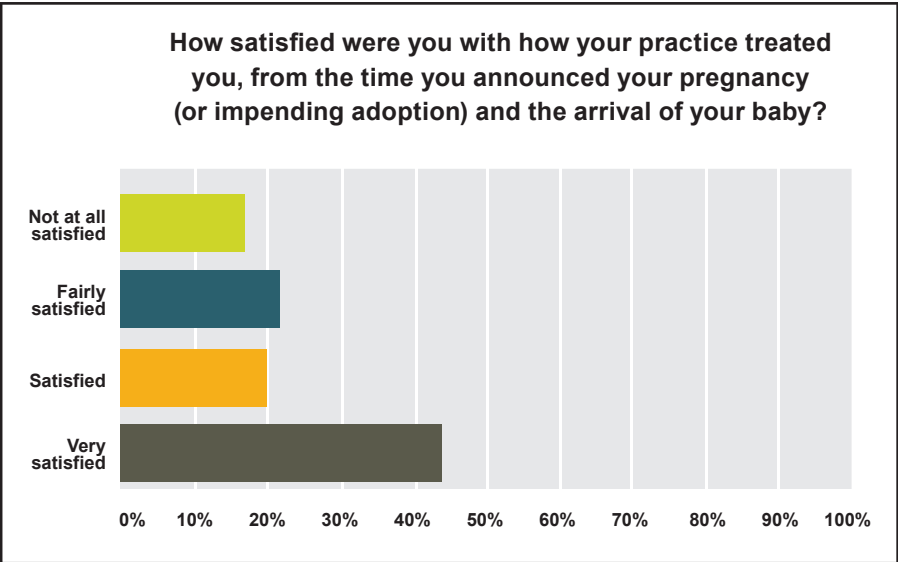


Figure 6. Female veterinarians' satisfaction with treatment by practices after announcement

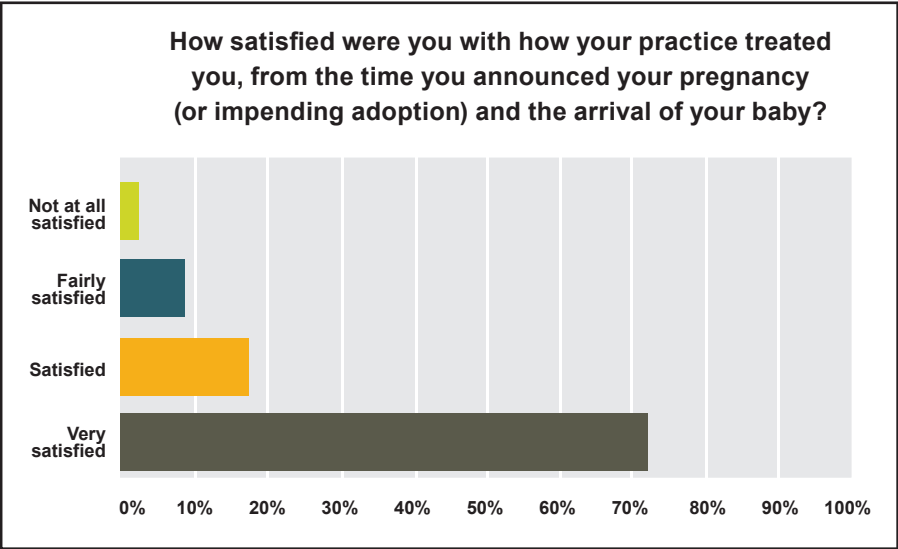


Figure 7. Male veterinarians' satisfaction with treatment by practices after announcement

navigate breastfeeding and pumping,” said another.

Despite the challenges, these new parents found ways to meet their personal and professional responsibilities.

Losing momentum in their career trajectory was an issue for 45% of the females, but a concern for only 8% of the males. This result was more positive than the respondents had feared. However, one female respondent comment-

ed, “This is my number-one large fear, and I feel it is happening, which is a great source of depression for me.”

Another said, “I wish this were less true. I don’t regret my priorities shifting away from work and toward my girls, but I wish I didn’t get ‘punished’ quite so much for doing so.”

The same difference in perception held true for worries about being seen as less dedicated by owners and clients.

The Long Story

Purina® Well-Gel™ is recovery nutrition at its best, but don't take our word for it. Take Amigo's.

Amigo was a successful 9-year-old competitive endurance horse until, during a pasture accident, a large tree limb penetrated his left thoracic cavity. At the referral hospital, his prognosis for survival was given as 2% and he arrested shortly after arrival.

But Amigo didn't die that day. He survived, only to develop severe pleuropneumonia which left him completely inappetent.

For 28 days, Purina® Well-Gel™ was enterally administered. The highly digestible, fiber-added complete enteral diet provided Amigo with essential nutrients and energy, high-quality protein to help maintain muscle mass, and digestible fiber to support hindgut function. It gave him a chance for survival.

Seven years later he's a healthy, active 16-year-old horse.

So we can say that Purina® Well-Gel™ meets 100% of a horse's daily NRC requirement for protein, vitamins and minerals*; supplying the complete nutrition needed for a complete recovery.

But Amigo says it best.

The Short Story



Animals speak louder than words.™ Purina® Well-Gel™ is sold exclusively to veterinarians. Your Purina expert can tell you more than this ad ever could: 800-227-8941.



FEED GREATNESS™

*When fed as directed. | © 2017 Purina Animal Nutrition LLC. All rights reserved. Well-Gel™ is a registered trademark of Purina Animal Nutrition

Amigo's story is provided as an individual's experience with Purina® horse products and is not a representation of actual results that can be guaranteed. Because of factors outside of Purina Animal Nutrition LLC's control, individual results to be obtained, including but not limited to: financial performance, animal condition, health or performance cannot be predicted or guaranteed by Purina Animal Nutrition LLC.

Only 29% of the women and 2.5% of the men reported that difficulty in reality.

However, there were certainly some individuals who had different experiences. As one respondent commented, “Funny, I did not even think this would be a problem before I had my first child. Boy, was I mistaken!”

But another said, “The clients were very excited and supportive throughout my pregnancy, and often were glad to see me back and hear about the kids. I do not ever bring my kids along to farm calls, though, as I do worry this would make me seem less professional.”

Only 53% of females struggled with scheduling, which they had anticipated would be more problematic prior to the birth (69%). Interestingly, 33% of males reported concern with scheduling after their children arrived, but only 26% had been worried before birth. A stronger-than-expected bond of the men to their infants might account for those findings.

These statistics are strong evidence that the reality of having a child while working as an equine veterinarian is quite different for males than it is for females.

Practice Reality

In the concluding question, the survey participants were asked how satisfied they were about how their practices treated them from the time they announced their pregnancies or impending adoptions until the arrival of their babies. Not unexpectedly, a very strong majority of the male respondents were satisfied, with 90% reporting they were satisfied or very satisfied. 43% of female respondents reported being very satisfied. One commented that she was “overwhelmed with how great everyone was and continues to be.”

Another veterinarian reported, “My practice was happy to hear the news, worked with me on my schedule, and picked up more emergency duties so that I wouldn’t have to be on call after month 7.”



The issues of pregnancy, maternity leave and flexible scheduling in the early years of child rearing need to be addressed by veterinary practices.

Another 41% were satisfied or fairly satisfied. One new mother said, “It all turned out really well, but my practice does not communicate well. It was on my shoulders to be proactive and discuss any changes in my schedule, etc. They ended up allowing me to change my schedule completely as I had proposed it. After three months back with decreased hours, my production has increased every month compared to last year. I am much more focused and driven with my time at work and away from my child, especially while paying for child care. Having a child was one of the best things I have ever done.”

Unfortunately, the 16% of women who were unsatisfied had some pretty bad experiences. One veterinarian said, “I was told to hide my pregnancy, and then I was told, two weeks after a C-section, on the day my daughter was discharged from NICU, that I would be fired if I was not back to work in one week. We had previously agreed on six weeks leave. I had gone into acute kidney failure and delivered via emergency C-section. When I called to say I was being admitted to the hospital, I was screamed at and berated.”

Another female veterinarian said, “My employer was completely unsupportive during my pregnancy. I was

appalled at some of their behavior.”

Take-Home Message

The current equine veterinary industry is largely made up of practices owned by older male veterinarians who employ younger female associates. Because of biological imperatives, the issues of pregnancy in practice, maternity leave and flexible scheduling in the early years of child rearing need to be addressed by practices in advance of the inevitable. It is clear from this survey that male equine veterinarians experience becoming a parent much differently than female practitioners.

Male practice owners need to look through the lens of the young women they employ and become familiar with their different perspective. Solutions to providing excellent patient and client care with a team of female veterinarians who have young families can lie in new paradigms. The old business model might need to give way to fresh approaches to equine practice.

Accepting the new demographic reality of the profession requires embracing change. Change is difficult, but practices leading the way into the future with new business models are likely to be the future success stories of our profession. **EM**

OSPPOS®

(clodronate injection)

OSPPOS® controls the clinical signs associated with Navicular Syndrome

Easily Administered
via intramuscular injection

Well Tolerated*
in clinical trials

Proven Efficacy*
at 6 months post treatment

No Reconstitution
Required



Learn more online

www.dechra-us.com
www.osphos.com

As with all drugs, side effects may occur. In field studies, the most common side effects reported were signs of discomfort or nervousness, colic, and/or pawing. OSPPOS should not be used in pregnant or lactating mares, or mares intended for breeding. Use of OSPPOS in patients with conditions affecting renal function or mineral or electrolyte homeostasis is not recommended. Refer to the prescribing information for complete details or visit www.dechra-us.com or call 866.933.2472.

CAUTION: Federal law restricts this drug to use by or on the order of licensed veterinarian.

* Freedom of Information Summary, Original New Animal Drug Application, NADA 141-427, for OSPPOS, April 28, 2014.

Dechra Veterinary Products US and the Dechra D logo are registered trademarks of Dechra Pharmaceuticals PLC. © 2016 Dechra Ltd.

OSPPOS® (clodronate injection)

Bisphosphonate
For use in horses only.

Brief Summary (For Full Prescribing Information, see package insert)

CAUTION: Federal (USA) law restricts this drug to use by or on the order of a licensed veterinarian.

DESCRIPTION: Clodronate disodium is a non-amino, chloro-containing bisphosphonate. Chemically, clodronate disodium is (dichloromethylene) diphosphonic acid disodium salt and is manufactured from the tetrahydrate form.

INDICATION: For the control of clinical signs associated with navicular syndrome in horses.

CONTRAINDICATIONS: Horses with hypersensitivity to clodronate disodium should not receive OSPPOS.

WARNINGS: Do not use in horses intended for human consumption.

HUMAN WARNINGS: Not for human use. Keep this and all drugs out of the reach of children. Consult a physician in case of accidental human exposure.

PRECAUTIONS: As a class, bisphosphonates may be associated with gastrointestinal and renal toxicity. Sensitivity to drug associated adverse reactions varies with the individual patient. Renal and gastrointestinal adverse reactions may be associated with plasma concentrations of the drug. Bisphosphonates are excreted by the kidney; therefore, conditions causing renal impairment may increase plasma bisphosphonate concentrations resulting in an increased risk for adverse reactions. Concurrent administration of other potentially nephrotoxic drugs should be approached with caution and renal function should be monitored. Use of bisphosphonates in patients with conditions or diseases affecting renal function is not recommended. Administration of bisphosphonates has been associated with abdominal pain (colic), discomfort, and agitation in horses. Clinical signs usually occur shortly after drug administration and may be associated with alterations in intestinal motility. In horses treated with OSPPOS these clinical signs usually began within 2 hours of treatment. Horses should be monitored for at least 2 hours following administration of OSPPOS.

Bisphosphonates affect plasma concentrations of some minerals and electrolytes such as calcium, magnesium and potassium, immediately post-treatment, with effects lasting up to several hours. Caution should be used when administering bisphosphonates to horses with conditions affecting mineral or electrolyte homeostasis (e.g. hyperkalemic periodic paralysis, hypocalcemia, etc.).

The safe use of OSPPOS has not been evaluated in horses less than 4 years of age. The effect of bisphosphonates on the skeleton of growing horses has not been studied; however, bisphosphonates inhibit osteoclast activity which impacts bone turnover and may affect bone growth.

Bisphosphonates should not be used in pregnant or lactating mares, or mares intended for breeding. The safe use of OSPPOS has not been evaluated in breeding horses or pregnant or lactating mares. Bisphosphonates are incorporated into the bone matrix, from where they are gradually released over periods of months to years. The extent of bisphosphonate incorporation into adult bone, and hence, the amount available for release back into the systemic circulation, is directly related to the total dose and duration of bisphosphonate use. Bisphosphonates have been shown to cause fetal developmental abnormalities in laboratory animals. The uptake of bisphosphonates into fetal bone may be greater than into maternal bone creating a possible risk for skeletal or other abnormalities in the fetus. Many drugs, including bisphosphonates, may be excreted in milk and may be absorbed by nursing animals.

Increased bone fragility has been observed in animals treated with bisphosphonates at high doses or for long periods of time. Bisphosphonates inhibit bone resorption and decrease bone turnover which may lead to an inability to repair micro damage within the bone. In humans, atypical femur fractures have been reported in patients on long term bisphosphonate therapy; however, a causal relationship has not been established.

ADVERSE REACTIONS: The most common adverse reactions reported in the field study were clinical signs of discomfort or nervousness, colic and/or pawing. Other signs reported were lip licking, yawning, head shaking, injection site swelling, and hives/pruritus.



Distributed by: Dechra Veterinary Products
7015 College Boulevard, Suite 525
Overland Park, KS 66211 866-933-2472

© 2016 Dechra Ltd. OSPPOS is a registered trademark of Dechra Ltd. All rights reserved.
NADA 141-427, Approved by FDA



Veterinarians need to determine the potential for future loss against the cost of insurance.



Plugging Policy Gaps

Every veterinary practice needs insurance, but not all practices need the same coverage.

By Denise Farris, J.D.

Let's admit it: Insurance pricing can be a pain. It involves taking your limited time to address a future-loss contingency that might or might not ever happen. Then you have to price the value of that contingency against start-up capitalization, monthly overhead and a very real desire to have some money left to take home at the end of the month.

These factors drive many market buyers to the “basic-coverage-for-the-least-amount” approach. That approach works fine, as long as you don't have a loss. The “budget basement” option is almost always a bad choice when you discover that *your* loss has “slipped” into a coverage gap, leaving the

clinic—or worse, you personally, as the clinic owner—on the hook for cost of legal defense and damages. Thus, it's definitely worth your time to approach your insurance shopping mindfully, deliberately, responsibly and with an eye to benefit versus cost.

Know Your Coverage Options

There are no standard templates for what types of coverage are needed for a veterinary practice. Requirements will vary from state to state and practice to practice. Each plan depends on the type and size of your practice; who and how many people you employ; whether your practice is station-

He's more than my horse. He's my partner.



Casey Martin
Professional
Steer Wrestler
5x WNFR
Qualifier



COSEQUIN[®]
ASU[®] **PLUS**

**THE MOST ADVANCED
COSEQUIN FORMULA!**

Contains proprietary,
trademarked ingredients
NOT available in other brands.

Active Ingredients:

- FCHG49[®] Glucosamine (GLU)
- TRH122[®] Chondroitin Sulfate (CS)
- NMX1000[®] Avocado/Soybean Unsaponifiables (ASU)
- Green Tea Extract (EGCG)
- Hyaluronic Acid (HA)
- Methylsulfonylmethane (MSM)

Reduce COX-2 Activity^{1,2}

Reduce PGE² production^{1,2}

Inhibit NF- κ B
nuclear translocation^{1,2}

010.1296.00

nutramax[®]
LABORATORIES
VETERINARY SCIENCES, INC.

946 Quality Drive • Lancaster, SC 29720
nutramaxlabs.com • 1-888-886-6442

*For more technical information on all equine products or to order, contact
your authorized veterinary distributor or visit CosequinEquine.com*

¹Source: Survey conducted in February 2016 of equine veterinarians who recommended oral joint health supplements.

1. Heinecke LF, Grzanna MW, Au AY, et al. Inhibition of prostaglandin E2 production by the combination of hyaluronan, avocado/soybean unsaponifiables, glucosamine, and chondroitin sulfate involves a NF- κ B dependent mechanism. *ORS* 2011.

2. Heinecke LF, Grzanna MW, Au AY, et al. Inhibition of cyclooxygenase-2 expression and prostaglandin E2 production in chondrocytes by avocado soybean unsaponifiables and epigallocatechin gallate. *Osteoarthritis and Cartilage* 2010;18:220-227.

ary (in buildings), mobile or both; your analysis of exposure risks and likelihood of those risks; and your own perception of price versus comfort. At a minimum, you should understand and consider the following coverage types.

Basic Business Coverages

The AVMA website provides a vast number of insurance resources for the practitioner. Take a minute to look over these resources, including the AVMA's various insurance options, and understand what each of the coverage categories provides. Don't just stop with the AVMA—there are many insurance providers easily located on the web that specialize in veterinary coverages. Don't be ashamed to shop for competitive prices, but be sure you know what you're shopping for.

Basic business coverages typically

include the following option categories:

Health, Medical and Life Insurance:

These plans, which follow the owners and the employees, typically include options such as life insurance, disability income, hospital indemnity and coverage of professional overhead expense in the event of a death or incapacity. Owners should consider "Key Man" policies, i.e., those policies covering the owners in an amount sufficient to either buy out that owner's interest or keep the practice going in the event of that owner's incapacity or death.

General Business Coverages: These coverages include Workers' Compensation, which might or might not be mandatory, based upon your domicile state; employment practices liability; flood; commercial auto; builder's risk; data breach; employee dishonesty and crime; umbrella liability; event liability

or cancellation; and director's/officer's liability coverage. Be sure to discuss whether you utilize a large percent of students in your facility and how that might impact your coverage needs.

Each of the above represent potential "stand-alone" options, so it's *critically important that you work with your insurance professional to understand what is offered and what your practice requires.*

Property Coverages

Property coverages represent an entire smorgasbord of options, including building, business, personal property and inventory; business interruption; spoilage or contamination; outdoor signs; exterior building glass; credit card damages; water backup and overflow; loss of business income; mechanical breakdown coverage; fine arts; data breach and cyber liability.

Additional coverages are required to insure business vehicles or mobile veterinary clinics. Check on the status of Hazardous Waste disposal coverage. Finally, be sure you understand what constitutes "packaged" versus "stand-alone" options.

Liability Coverages

General Liability: General liability covers a business' exposure to claims for bodily injury, personal injury and property damage caused by the business' operations, products or injury that occurs on the business' premises. For example, if in your parking lot your mobile veterinary clinic backs into a client bringing his or her dog in for vaccinations, your general liability policy would typically cover injury to the client (personal injury) and injury to the dog (property damage).

Professional Liability (Malpractice or Errors and Omissions Coverage): Many professional services and products create exposures that don't involve personal injury or property damage.

our expertise is your strength

Workers' Compensation • Business Property & Liability • Employment Practices Liability • Umbrella Liability • Commercial Auto • Flood • Data Breach • Professional Liability • Veterinary License Defense • Professional Extension (Animal Bailee) • Embryo & Semen Storage Coverage • Safety & Risk Management Resources • Personal Auto • Homeowners • Renters • Personal Excess (Umbrella) Liability



Protect your livelihood with all the right coverage through AVMA PLIT. We are the most trusted source of professional, business and personal coverage for every stage of your career.

800-228-7548 • avmaplit.com

AVMA | PLIT®
Protecting you through it all

THE EVOLUTION OF EQUINE IMAGING CONTINUES....

Introducing the New
LOGIQ® V Equine



NEXT Equine DR®



*The Best
Selling
Equine DR
System in
History*

**REGENERATIVE THERAPY JUST
GOT SMARTER...**



SOUND®

SMART RLT

Regenerative Laser with an IQ



Sound® brought RLT to the market in 2012 with the promise for better outcomes on difficult tendon and ligament injuries. After **60,000+ treatments**, **3,000+ horses** and **100+ Winners**, the RLT has lived up to that promise again and again.

(800) 268-5354 opt 1
soundvet.com



Authorized Distributor
GE Healthcare



Professional liability coverage differs from general liability in that it focuses on the insured's alleged failure to perform on the part of, financial loss caused by, and/or error or omission in the service or product sold or provided by the policyholder. For example, professional liability insurance covers those damages arising from the insured's negligence, misrepresentations, violations of good faith and fair dealing, and inaccurate advice.

Recognize that various states require certain professions—such as legal, medical and veterinary—to carry professional liability insurance. You can verify your state's status by checking with your state VMA Board.

Care, Custody and Control: If your animal patients remain in your care—either through boarding, hospitalization or transportation—you require additional Care, Custody and Control

insurance. This differs from professional and general liability coverage in that it applies to injuries to an animal in your care which *is not* directly related to the treatment. This would include injury or loss from fire, wind, attack from other animals, vandalism, theft, etc.

Cost of Defense: Most of these coverages also provide “cost of defense” options. Given the rising costs of legal representation, this defense option is key and typically well worth the cost. Attorney fees can easily run from \$10,000 to hundreds of thousands of dollars defending a claim.

Defense coverage means the policy limits cover *both* the cost of insurance defense of the claim, with the attorney typically hired by the insurer, as well as the cost of damages ultimately awarded by either a court or a settlement between the parties, *but only to the limits of the policy.*

Manage Your Buying Analysis

With all of the options above, which do not cover all of the available insurance coverages, analysis can be overwhelming. Here are some tips on how to manage the process:

Create a summary sheet of your practice's primary operations and the status of all persons involved in same.

Highlight those areas you believe to be the major risk exposures.

Understand the difference between a “claims made” versus an “occurrence” policy and pricing related to each. “Claims made” means insurance coverage is determined by the policy in effect the date the claim is made and is typically less expensive. “Occurrence” policies mean insurance coverage is determined by whether the policy existed at the time the occurrence happened, regardless of when the claim is made. As it expands the exposure timeframe for liability, “occurrence made” policies are more expensive, but make sense for those practices that have more open-ended liability exposure or for practitioners who are leaving the practice, but still have exposure during the statute of limitations timeframe.

Schedule a meeting with a well-respected insurance advisor or agent to review your planning sheet and to complete an application for quote

Be sure to identify *all* of your activities on the application. *Failure to identify an activity typically voids coverage for damages rising from that activity.*

Understand the concept of “riders” and what they are. A “rider” is an add-on provision to the basic policy that provides additional benefits at an extra cost.

Because standard policies are restricted to basic terms and conditions, the parties cannot “bargain” modifications. The rider permits policies to be expanded or better customized.

Ask your agent for a copy of the available riders to any policy. The rider list is

Dream it. Design it. Build it. Equine Veterinary Architects



ANIMAL ARTS
architecture animals people

800.332.4413 www.animalarts.com

THEY CAN'T BECOME A LEGEND

from THE SIDELINES.

Everyday training and competing takes its toll. Before joint dysfunction sidelines your clients, attack it with LEGEND. It delivers the same effective therapy lasting 45 days whether delivered via IV with three once-weekly doses or IA — making it the perfect fit for your clients' training and competition schedules as well as your clinic.^{1,2} Treat them like LEGENDs.

www.equineLEGEND.com



©LEGEND is a registered trademark, and TMthe Horse Logo and TMMAX, Merial Awards Xpress are trademarks, of Merial. ©2016 Merial, Inc., Duluth, GA. All rights reserved. EQUIOLG1605-B (03/16)

¹LEGEND product label and FOI summary.

²Kawcak CE, Frisbie DD, Trotter GW, et al. Effects of intravenous administration of sodium hyaluronate on carpal joints in exercising horses after arthroscopic surgery and osteochondral fragmentation. *Am J Vet Res.* 1997;58(10):1132-1140.

IMPORTANT SAFETY INFORMATION: The safety of LEGEND has not been evaluated in breeding stallions or in breeding, pregnant or lactating mares. The following adverse reactions have been reported following use of LEGEND Injectable Solution: Following intravenous use: occasional depression, lethargy, and fever. Following intra-articular (LEGEND Injectable Solution — 2 mL only) use: lameness, joint effusion, joint or injection site swelling, and joint pain.



LEGEND®
(hyaluronate sodium)



LEGEND® Multi Dose (hyaluronate sodium)

For Intravenous Use in Horses Only
Not for Intra-Articular Use
and

LEGEND® (hyaluronate sodium)

Injectable Solution

4 mL For Intravenous Use In Horses Only
2 mL For Intravenous or Intra-Articular Use
In Horses Only

BRIEF SUMMARY

Prior to use please consult the product insert, a summary of which follows:

CAUTION

Federal Law restricts this drug to use by or on the order of a licensed veterinarian.

INDICATIONS

LEGEND® Injectable Solution and LEGEND® Multi Dose Injectable Solution are indicated in the treatment of equine joint dysfunction associated with equine osteoarthritis.

CONTRAINDICATIONS

There are no known contraindications for the use of LEGEND® Injectable Solution and LEGEND® Multi Dose Injectable Solution in horses.

RESIDUE WARNINGS

Do not use in horses intended for human consumption.

HUMAN WARNINGS

Not for use in humans. Keep out of reach of children.

ANIMAL SAFETY WARNING

For LEGEND Injectable Solution 4 mL and LEGEND Multi Dose Injectable Solution – Not for Intra-articular use. The Intra-articular safety of hyaluronate sodium with benzyl alcohol has not been evaluated.

PRECAUTIONS

Complete lameness evaluation should be conducted by a veterinarian. Sterile procedure during the injection process must be followed. Intra-articular injections should not be made through skin that is inflamed, infected or has had a topical product applied. The safety of LEGEND Injectable Solution and LEGEND Multi Dose has not been evaluated in breeding stallions or in breeding, pregnant or lactating mares.

ADVERSE REACTIONS

No side effects were observed in LEGEND Injectable Solution clinical field trials. Side effects reported post-approval: Following intravenous use: Occasional depression, lethargy, and fever. Following intra-articular (LEGEND Injectable Solution – 2 mL only) use: joint or injection site swelling and joint pain. For medical emergencies or to report adverse reactions, call 1-800-422-9874.

ANIMAL SAFETY SUMMARY

Animal safety studies utilizing LEGEND Multi Dose Injectable Solution were not performed. LEGEND Multi Dose Injectable Solution was approved based on the conclusion that the safety of LEGEND Multi Dose Injectable Solution will not differ from that demonstrated for the original formulation of LEGEND Injectable Solution. LEGEND Injectable Solution was administered to normal horses at one, three and five times the recommended intra-articular dosage of 20 mg and the intravenous dose of 40 mg. Treatments were given weekly for nine consecutive weeks. No adverse clinical or clinical pathologic signs were observed. Injection site swelling of the joint capsule was similar to that seen in the saline treated control horses. No gross or histological lesions were observed in areas of the treated joint.

For customer care or to obtain product information, including a Material Safety Data Sheet, call 1-888-637-4251 Option 2.

©LEGEND is a registered trademark, and ™ the Horse Logo is a trademark, of Merial. ©2016 Merial, Inc., Duluth, GA. All rights reserved.



If a horse owner or her horse gets injured on your property, do you have the right coverage to protect your assets and your practice?

the best tool to identify coverages you'd assume were part of the basic package but are not. A "rider review" often succinctly identifies potential coverage gaps and allows you to make a meaningful evaluation of whether the extra coverage is worth the extra price.

Keep your insurance updated as your practice changes year to year.

Finally, be sensible about your cost/value analysis. Remember, the cost of your coverage must always be weighed against your peace of mind when that claim is filed against you and your practice. Not if—but when—that happens, a well-drafted comprehensive insurance plan will prove to be the best money you've ever spent. **EV**

Denise E. Farris practices equine, insurance and veterinary law in the Kansas City, Kansas, area. "AV" rated in Martindale-Hubbell, she has been named in "Best of the Bar," "SuperLawyers," "Preeminent Women Lawyers," "Top 100 Lawyers Kansas," "Top 50 Female Lawyers Kansas" and EQUUS

magazine's "Leaders in Equine Law."

In addition to writing numerous articles, Denise has been a featured speaker at local, state and national symposiums, including the National Equine Law Practitioner's Conference, the AAEP Hambletonian Conference, the National Farrier's Convention, the National Multiple Trail Users Conflict Symposium and the North American Trail Ride Conference. She is an avid equestrian who competes in endurance and competitive trail riding events.

DISCLAIMER: This article provides general coverage of its subject area. It's provided free, with the understanding that the author, publisher and/or publication do not intend this article to be viewed as rendering legal advice or service. If legal advice is sought or required, the services of a competent professional should be sought. The author and publisher shall not be responsible for any damages resulting from any error, inaccuracy or omission contained in this publication.

ARND BRONKHORST PHOTOGRAPHY

BIGELOIL® QUILTED POULTICE DOESN'T MESS AROUND.

Bigeloil® Liniment has been trusted by trainers and horse owners for decades. Poultices have actually been used for thousands of years. So we think it's safe to say they both qualify as "tried and true." Now we're proud to offer a "no-mess" Bigeloil® poultice that makes this enduring method of leg and hoof care quick and easy. You get all the benefits of traditional poultice

ingredients such

as Kaolin clay and Epsom salt, but in innovative, quilted fiber paper pockets.

That means no residue left on the legs or hooves—and no cleanup.



nothing to wash off. This makes them ideal for use in low-water regions and for travel.

VERSATILE LEG AND HOOF CARE

Bigeloil® Quilted Poultice Leg Wraps can be used whenever you're concerned about heat or stiffness in your horse's leg. Bigeloil® Quilted Poultice Hoof Pads can be used after heavy work or competition, or when heat, bruising, or soreness of the hoof is a concern.

MORE TO THE FAMILY

Bigeloil® Liniment and Liquid Gel Liniment are well-known by professionals as invigorating rubs that quickly stimulate circulation to help relieve sore muscles, tendons, and joints that can arise from exertion or strain. And the liniment also works great as a refreshing brace or body wash after strenuous muscular activity. All yours from Bigeloil®.

QUICK, EASY, AND CLEAN

Using a Bigeloil® Quilted Poultice is simple: just soak for 20 seconds, apply to your horse's leg or hoof, and cover with a wrap. Both the wraps and pads typically remain wet for 12-18 hours. Removal is also easy: just take off the wraps and pads and throw them away. Bigeloil® Quilted Poultice products require minimal water for preparation and absolutely no water after removal since there's



For increased strength, add a splash of Bigeloil® Liniment to the water before soaking the Quilted Poultice Hoof Pads or Leg Wraps.

ULTRA
SHIELD®

FLEX+MAX®

SHOWSHEEN®

Alask
Cushion®

BUTE-LESS®



ABSORBINE®

- SINCE 1892 -

VETERINARY
LINIMENT

HOOFLEX®

BIGELOIL®


THE
MISSINGLINK®

LEATHER
THERAPY®

The Horse World's Most Trusted Name®

absorbine.com

©2017 W. F. Young, Inc.



One commonality among equine veterinarians is the need to service their clients 24/7/365.

Competitive Environment

By analyzing the competitive position of your practice, you can make more effective strategic decisions about your future.

By Amy L. Grice, VMD, MBA

The “competitive environment” refers to the conditions within the industry of which a company is a part.

In business terms, an industry is defined as a group of firms that creates products and services that are close substitutes for each other, or share a distinct commonality or focus, such as horses. Industries are composed of specific segments and strategic groups. Segments

Editor's note: In the first two parts of this series, we looked at the concept of strategic planning and the analysis of the external environment. In Part Three, we consider the competitive environment.

are similar types of businesses that operate within the industry, such as feed companies or pharmaceutical firms.

A strategic group is a set of firms that compete in a particular market across a similar set of competitive criteria. In our profession, the industry is the equine industry, the segment is equine veterinary and the strategic groups include the different types of equine practices such as racetrack, Western performance, general practice, etc.

Consideration of the state of each of these is necessary to be able to predict and create the future of a business with

ARND BRONKHORST PHOTOGRAPHY

The Science of Exceptional

Stop flu where it starts.

Trust Flu Avert® I.N. for superior protection against relevant flu strains threatening the U.S. horse population.¹

- Just ONE dose required
 - An ideal first flu vaccine for young horses
 - Provides protection at the site of infection and long-lasting immunity
- Proven safe and effective
 - Intranasal application leaves no risk for injection site reactions to interfere with training or competing
- Rapid onset of protection
 - Onset of flu protection within five to seven days following one dose – no matter when your horse was last vaccinated for flu.²

Now that's exceptional.



Flu Avert® I.N.
vaccine

Visit us online to learn more about Merck Animal Health and the equine products and programs that help you keep horses healthy.

¹ UC Davis (Nicola Pusterla) & Merck Animal Health. Infectious Upper Respiratory Surveillance Program. Ongoing Research 2008-present.

² Townsend HGG. Onset of protection against live-virus equine influenza challenge following vaccination naive horses with a modified-live vaccine. Unpublished data.

The Science of
Healthier Animals

2 Giralda Farms • Madison, NJ 07940 • merck-animal-health-usa.com • 800-521-5767
Copyright © 2017 Intervet Inc. d/b/a/ Merck Animal Health, a subsidiary of Merck & Co., Inc.
All rights reserved. 3654 EQ-FluAvert-PM



accuracy. After all, an industry can be in a state of slow growth while a segment within an industry can be in growth. Competitors in the growth segment would need to attend to the intentions of competitors in the slow-growth industry, as well as those in strategic groups. When demand is created, firms with resources will gravitate to that segment. An example is the automotive industry.

The automobile industry in North America has been mature (and thus experiencing stagnant growth) for some time. However, until recently, the SUV (sport utility vehicle) market has been in growth. Fifteen years ago, consumers had perhaps half a dozen models of SUVs from which to choose, including Jeeps, Broncos, Blazers and Suburbans. Now there are dozens of options for SUVs, ranging from the low-priced Kia to the super-premium Porsche.

In the equine veterinary industry, we have seen Thoroughbred breeding work wane but high-end sports medicine work increase. In response, some veterinary practices that previously had high percentages of their revenue from reproductive work have pivoted to sending a sports medicine team to Wellington in the winter months.

Economic Structure of the Equine Industry

The horse industry in the U.S. is highly fragmented and relatively large, similar in size to the garment industry or movie industry. Depending on the source, the horse industry is reported to generate between \$2.5 and \$100 billion each year in goods and services. There are estimated to be 7.1 million citizens participating in the equine industry in some capacity,¹ and 1.4 million FTE

employees.² The economic contribution is well-balanced between various segments of the industry. There is approximately \$32 billion generated from the recreation segment, \$29 billion from the showing segment, \$26 billion from the racing segment and \$15 billion from other industry segments.³

Total expenditures for equine veterinary services in the U.S. were estimated at \$825 million in 2011, a steady increase over the last 20 years. Mean spending by horse owners on veterinary services has shown slow growth over 15 years. Adjusted for the consumer price index, the mean expenditure per horse rose about 5% from 2009-2012.⁴ This has somewhat mitigated the effect of a 33% decrease in total numbers of horses nationwide.

There are 3,920 U.S. equine veterinarians, which represent 5.7% of the total number of vets employed in private practice. Equine practitioners are 50.6% male and 49.4% female.⁵ The equine veterinary industry is highly fragmented, and consistently about 40% of AAEP members are solo practitioners. After solo practitioners, the most common size of equine practice is that with two to three doctors. Calculations by the National Research Council indicated that only 122 new equine graduates are needed annually to maintain a steady state in the number of equine vets currently in practice in the United States.⁶

The equine veterinary industry is dominated by exclusively equine practices, but many horses in rural areas, particularly in the Midwest, are served by mixed practices.⁷ In regions with intensive equine industry activity, the majority of services are provided by veterinarians that restrict their practices solely to equines.

Even though they work with a single species, the veterinarians serving the equine industry are highly fragmented in the type of care they provide, the type of practice structure they have, the amount of revenue they earn and the number of hours they work.



Laboratory Testing Service Specializing in Equine Infectious Diseases

Respiratory→S. equi, EHV 1, EHV 4, Influenza, R. equi
Neurologic→EPM, EHV 1, WNV
Biosurveillance→ S. equi, Salmonella, EHV 1, Influenza

EQUINE DIAGNOSTIC SOLUTIONS, LLC
University of Kentucky Coldstream Research Campus•
1501 Bull Lea Rd., Suite 104
Lexington, KY 40511
Tel:(859)288-5255 • Fax:(859)288-5250
www.equinediagnosticsolutions.com

One commonality is the need to provide emergency care 24/7/365. With many horse owners without means of transport, and many emergencies involving minimally ambulatory patients, on-the-farm care is essential. This need is one of the most stressful and alienating aspects of equine practice, and leads to high attrition.⁸ However, clients rate emergency care in the farm setting as their top priority in choosing a veterinarian, according to a comprehensive study by the AAEP in 2012.⁹ This presents an opportunity for equine practices that can excel at providing that service.

The recession of 2008 affected the equine industry significantly. Horse ownership is financed with disposable income, and it is almost exclusively recreational. The equine veterinary industry is obviously heavily dependent on the health of the equine industry.

However, although horse owners' costs increased, a 2015 survey by the American Horse Publications revealed that 88.6% of respondents expected to own or manage the same number of horses or more horses in 2016.¹⁰ The Merck-Henry Schein 2013 National Equine Veterinary Economic Study reported that respondents experienced a rebound of practice revenue in 2012, mirroring the improvement in employment, consumer confidence and stock market performance.¹¹

The economic downturn led to fewer horses being produced by breeding operations. Records of breed registries of foals show that most breeds have been declining in the number of new registrations. Quarter Horses showed precipitous drops beginning in 2007, with some minor improvement noted recently. These decreases in breeding activity directly impact the equine vet-

erinary industry due to decreases in the frequency of services needed.

When performing this type of analysis for your own practice, you should evaluate the current conditions locally, regionally and nationally.

Porter's Five Forces Analysis

Porter's Five Forces analysis is a framework for analyzing the level of competition within an industry and for developing a business strategy. It investigates five forces that determine the competitive intensity, and therefore the attractiveness, of an industry.

By assessing the forces that drive competition, one can determine which "force" captures the value or where the power lies in a particular industry. Porter's Five Forces is a simple but powerful tool for understanding where power lies in a business situation. This helps you



+ THE BEST IN THE WORLD RELY ON GEL

Soft-Ride™

PATENTED EQUINE COMFORT BOOTS & GEL ORTHOTICS

TRANSPORTING • STALLING • RECOVERY



Soft-Ride Ice Spa

PORTABLE SEA SALT SPA FOR RAPID COOLING AFTER WORKOUT TO QUICKLY REDUCE DAMAGING INFLAMMATION



ICE SPA 21" ICE SPA 28"

- Soft Rides achieve maximum performance
- Protect and comfort to decrease fatigue
- Provide support, stability and shock absorption
- Gel orthotic improves circulation to provide relief and faster recovery

*** FOR SHOD OR UNSHOD HORSES**

ICE SPA THERAPY 21

- For Extended Therapeutic Cooling
- Laminitis Prevention
- Post Surgery • Colic
- Performance Recovery

ICE SPA RECOVERY 28

- Athletic Performance Icing
- Immersion of Knees and Hocks

CHANNELED GEL ORTHOTIC

- Circulated cold under sole



FOR THE ULTIMATE IN SPA BENEFITS PORTABLE AERATION AND MINERAL SALT TREATMENT OPTIONS

US TOLL FREE 855-763-8743 | INTERNATIONAL 281-334-2576 • www.SoftRideBoots.com

SHIPPED WORLDWIDE FROM MFG PLANT 626 GRAND AVE. BACLIFF, TX 77518 OR [ASK YOUR VETERINARIAN](#)

understand both the strength of your current competitive position and the strength of a position into which you're considering moving.

THE FIVE FORCES ARE:

Supplier Power: Here you assess how easy it is for suppliers to demand high prices. This is driven by the number of suppliers of each key product or service you need to run your business, the uniqueness of their products or services, their strengths and control over the market, the cost of switching from one to another, and so on. The fewer the supplier choices you have, and the more you need suppliers' help, the more powerful your suppliers are.

Buyer Power: Here you ask yourself how easy it is for buyers (clients) to drive prices down. Again, this is driven by the number of buyers, the importance of each individual buyer to your business, the cost to individuals switching from your products and services to those of someone else, and so on. If the majority of your revenue comes from just a few buyers, then they are often able to dictate terms to you.

Competitive Rivalry: Here you consider the number and capability of your competitors (other veterinarians). If you have many competitors, and they offer equally attractive products and services, then you'll most likely have little power in the situation. In that situation, buyers will go elsewhere if they don't feel that they get a good deal from you. On the other hand, if no one else can do what you do, then you can often have tremendous strength.

Threat of Substitution: Substitutes allow your customers to find a different way of fulfilling a need that you currently fill, drawing money away from the market and further threatening an industry by creating price pressures and introducing new competitors. Internet companies have created a substitute for obtaining the medical supplies and pharmaceuticals in which many practices used to have a monopoly. Other

substitutes are lay practitioners who offer dentistry and other services to horse owners. If substitution is easy and viable, this weakens your power.

Threat of New Entry: Power is also affected by the ability of people to enter your market. New entrants to an industry can impact prices and profit, and sometimes shift the rules of the game.

How many new entrants are attracted is affected by how difficult it is to enter the field. If it costs little in time or money to enter your market and compete effectively, or if there are few economies of scale in place, then new competitors can quickly enter your market and weaken your position. If there are strong and durable barriers to entry, then you might have a more favorable position and can take fair advantage of it.

Veterinary medicine requires significant investment of time and money in education. In hospital-based practices, there is investment in infrastructure. However, once the degree is earned, there are fewer barriers to opening an ambulatory practice.

As you look at your own practice, you should utilize Porter's Five Forces. By assessing the forces that drive industry competition, one can determine which "force" captures the value, or where the industry power lies for your individual situation.

Take-Home Message

Although the competitive environment is challenging, equine practice remains attractive for many veterinarians. Horses are an iconic symbol in the U.S., and horse owners are passionate and committed to their passion. Animals and their care are increasingly important to the public, and horses are considered family members and/or pets by 85% of owners.¹² Owners value and respect their equine veterinarians, and most are not strongly price-conscious. Experienced equine veterinarians continue to earn generous salaries, and most practices remain profitable.

By analyzing the competitive position of your practice, you can make more effective strategic decisions about your future direction. **EM**

¹ Horses. APHIS. Accessed 5/4/2014, aphis.usda.gov/animal_health/emergingissues/downloads/1horses.pdf

² American Horse Council, "National Impact of US Horse Industry" Accessed 4/15/14, horsecouncil.org/national-economic-impact-us-horse-industry

³ American Horse Council, "National Impact of US Horse Industry" Accessed 3/30/17, horsecouncil.org/national-economic-impact-us-horse-industry

⁴ AVMA, "US Pet Ownership and Demographics Sourcebook" (Schaumburg: AVMA, 2012), 102.

⁵ AVMA Market Research Statistics US Veterinarians -2016. Accessed 3/30/17, avma.org/KB/Resources/Statistics/Pages/Market-research-statistics-US-veterinarians.aspx

⁶ National Research Council, Workforce Needs in Veterinary Medicine (Washington: National Academies Press, 2012), 54.

⁷ National Research Council, Workforce Needs in Veterinary Medicine (Washington: National Academies Press, 2012), 50.

⁸ AVMA, "2013 US Veterinary Workforce Study: Modelling Capacity Utilization" (Schaumburg: AVMA, 2012), 29.

⁹ AAEP "Horse Owner/Trainer Veterinary Services Survey 2012 Report of Findings". Accessed 5/9/14, touch.aaep.org/custdocs/AAEP%20Horse%20Owner-Trainer%20Veterinary%20Services%20Survey%20Report%20of%20Findings%202013.pdf

¹⁰ 2015 AHP Equine Industry Survey. 7/31/15. Accessed 3/30/17. american-horsepubs.org/equine-survey/2015-equine-survey/

¹¹ Andy Clark & Ed Boldt, "National Equine Veterinary Economic Study 2013" (2013 AAEP Convention)

¹² AVMA, "US Pet Ownership and Demographics Sourcebook" (Schaumburg: AVMA, 2012), 42.

inspire™



INSPIRE™ HORSE FEEDS

Blue Seal® horse feeds are products that you've trusted for years. Now they have a new look and a new name — Inspire™.

- Fixed ingredient formula for digestive health
- Made fresh with trusted, quality ingredients
- Complete and precisely balanced nutrition

Find Inspire at your Blue Seal retailer.

866-647-1212 • blueseal.com



Large equine hospitals might need or want a generous client area to accommodate a greater flow of people.

Sizing Rooms for Equine Hospitals

Whether adding a room or building from scratch, you only have one chance to get your hospital room sizing right.

By Tony Cochrane, AIA

Whether you are planning a large hospital or a one-room, haul-in clinic, our advice is to think big. Creating rooms that are large enough is half the battle in designing a well-functioning equine

veterinary facility. In this article, we will share our best tips for right-sizing equine veterinary spaces so they are easy to use and cost effective.

Stalls

Let's begin with stalls. Most horse people are familiar with 12-foot-by-12-foot

stalls, as this is the basic module in the United States. Many products are manufactured to create stalls to this standard. However, 12-foot-by-12-foot stalls are too small for larger breeds of horses (drafts and warmbloods), for a mare and foal, and for ICU or neurological stalls, where having more space to work

COURTESY ANIMAL ARTS



POWERFUL SOFTWARE FOR EQUINE PRACTICES

For Dr. Megan Hays, equine veterinarian at B.W. Furlong & Associates, it didn't take long to notice the benefits of running ImproMed Equine practice management software.



Her work is remarkably efficient, whether in the hospital or in the field. By having all of the information and tools at her fingertips through a complete mobile edition, treatment plans, and easy-to-use cloud-based apps, she is able to provide better patient care with maximized profitability. Plus, with ImproMed's best-in-class support and training, she can focus on what matters - practicing better medicine.

Visit [ImproMed.com/BWFurlong](https://www.impromed.com/BWFurlong) to learn more about Dr. Hays' success story and ImproMed Equine.

around the horse is very important. Our advice is to use 14-foot-by-14-foot modules for specialized medical stalls and large breeds, and to use at minimum 12-foot-by-18-foot or 14-foot-by-18-foot stalls for foaling or mare and foal. One of the easiest ways to accommodate a foaling stall is to remove a partition to create a double-wide stall.

Barn Aisles

Most barn aisles are either 10 feet or 12 feet wide. The latter is the width that works best for cross-tied horses. For medical barns, we prefer 14 feet in width because it helps reduce accidental transmission of disease, and it is less stressful to walk a frightened horse through a slightly wider space.

If your horses have the ability to ex-

In busy hospitals, it might be necessary to accommodate more than one horse in the same examination space.

tend their heads from their stall doors, a wider aisle will also help prevent accidental contact between the horse in its stall and one being led through. If you plan to do workups in the medical barn, enlarge the aisle space to 16 feet in width, but remember that cross-ties are dangerous in a wide aisle.

Examination Spaces

The building block for the equine medical facility is an examination space. The minimum size for a safe examination space is a 16-foot-by-16-foot clear space. If you have a wall of cabinets, enlarge the space by two feet in that direction to maintain the full 16-by-16 clear space. An exam space can

be used for a basic exam, taking vitals, ultrasound, mobile X-ray, etc.

In busy hospitals, it might be necessary to

accommodate more than one horse in the same examination space. Each examination area will need its 16-foot-by-16-foot module, plus you will need 8 feet of additional clear circulation space to prevent interference between horses that are being walked through and examinations being performed. For example, a room that contains three examination spaces would likely be (16 feet plus 8 feet) x (3(16)), or 24 feet by 48 feet in size, to be used comfortably for three horses simultaneously.

Examination/Treatment Space with Stocks

The minimal size for a treatment space that includes stocks is 18 feet by 24 feet. This assumes the horse can be walked straight through the room via a separate entry and exit. This size module is efficient for rooms such as standing surgery and dental.

If the room is planned with only one exit, then it must be enlarged to be safe enough to turn the horse and exit the room from the same door. With a room that is 24 feet by 24 feet or larger, increasing it to 24 feet by 30 feet will feel safer if the room only has one entry/exit.

Induction and Recovery Stalls

When we design induction stalls, we begin by speaking directly with the surgeon, as he or she likely has been trained a specific way for inducing and recovering horses, and this will influence the size of the space.

In the case of recovery, the stall size is critical to maintaining the safety of the horse. For horses recovering unassisted, most people agree that the stall should be a standard 12-foot-by-12-foot module (padding will slightly reduce the room size) to prevent the horse from crashing around while recovering.

Your Padding & Safety Flooring Specialists

Custom Wall Padding

Superior Flooring Options for Barns, Exam, Surgery, and Recovery Rooms

Pavesafe • Trac-Roll • Vet-Trac



Dandy Products, Inc.

3314 State Route 131, Goshen, OH 45122

888-883-8386 513-625-3000 Fax: 513-625-2600

www.dandyproducts.net

However, if the veterinarian prefers assisted induction with a squeeze gate or assisted recovery with ropes, the stall might need to be enlarged to allow room for this assistance. Spaces that are 14 feet by 14 feet or 12 feet by 16 feet are typical sizes for enlarged induction/recovery stalls.

Combination Induction and Procedure Areas

In the smallest hospitals, a veterinarian might create a padded knockdown stall where procedures are done in the stall. This is not optimal, but it can be done when there are no other possibilities.

A typical 12-foot-by-12-foot induction/recovery stall will be too small for this purpose, and a larger 14-foot-by-14-foot or 16-foot-by-16-foot stall might be used. As a reminder, this stall will not be an ideal size for unassisted induction or recovery, and it will be a little small for working in, so the space is compromised for both of its functions.

Surgery Rooms

If a hospital is large enough to have a dedicated surgery room, it should put its resources toward sizing this space for well-run surgeries. Our rule of thumb for the smallest efficient general surgery room is 20 feet by 25 feet from wall to wall, with the table placed in the center parallel to the long dimension.

For a more generously-sized general surgery room, enlarge the room slightly to 20 feet by 30 feet, as the long dimension can be confining in the smallest module. While this room might sound big, it's actually too small for large orthopedic surgeries. Orthopedic and other specialty surgery rooms need even more space. For example, 25 feet by 30 feet is common in larger hospitals and 30 feet by 30 feet in referral and teaching settings where more people might be present, in addition to tools and carts and anesthesia equipment.



A HOME FOR EVERY HORSE

Fed by 

There are approximately 170,000 horses in transition in the United States. Through A Home for Every Horse and the over 600 rescues involved, horses are given a second chance.

Cactus was one of 59 malnourished and mistreated horses rescued from hardship and brought to Colorado in 2015. Thanks to the help of rescue workers and volunteers, Cactus and his friends all were given a second chance at a happy life. Cactus is now thriving in his new home, where not only is he a great riding horse, but a wonderful new member to their family.

Horses in transition, like Cactus, deserve a second chance.

FIND OUT HOW TO

Heart the Cause Today

WWW.AHOMEFORVERYHORSE.COM

A Home For Every Horse is brought to you by the Equine Network and sponsored by:



Specialty Imaging

Do not proceed with designing specialty equipment rooms without aligning the exact sizing of the room with the equipment to be installed. For example, scintigraphy and overhead X-ray typically have gantries supported by steel structures that are specific to the equipment. Clearly, the room needs to be sized to at least accommodate the steel structure, and to provide some space in front of the equipment for staging either the standing sedated or anesthetized horse.

For those few hospitals incorporating human medical equipment such as human CT machines or human models of hi-field MRI, the sizing of a room becomes more complicated. It must be upsized for a horse, rather than planned around a typical human model. Hospitals planning for this type of expensive equipment should visit other university and referral hospitals to understand what works and what does not before proceeding.

Central Supply and Pharmacy

As hospitals grow over time, supply needs grow. Supply and pharmacy rooms can get cluttered, and cluttered supply spaces can make inventory control more challenging.

When sizing your pharmacy and central supply areas, consider all the items you need to store, and estimate their spatial requirements. We often articulate needs in terms of “linear feet of shelving.” This will help you anticipate the true need for the room size. It is typical for a full-service busy hospital to need at least 12 feet by 16 feet for stocked materials.

Central supply rooms get much larger if planned to allow ambulatory trucks to pull in for stocking. In this scenario, the supply room will become a garage-like space with large oversized bays. For example, 15 feet in width in each bay and 30 feet in depth will allow for shelving on both sides of the truck and at one end.

We also have observed larger stocking

areas in facilities serving rural areas and in practices with a large ambulatory service, where central supply might need to serve many farms or farms in a wide region.

Laboratory

It is easy to size a laboratory space, as it is nothing more than an equipment coordination exercise. Make a list of all of the lab equipment that your lab needs to contain (now and in the near future), and work with your designer to provide the counter space to accommodate the equipment, along with some seating stations.

Ask your designer to “walk you through” the laboratory area by looking at all the cabinets and equipment properly placed and the outlets located. This will help you get a lab that is just right in size.

Lobbies and Client Spaces

Last but not least, put some thought into the client spaces of your hospital.

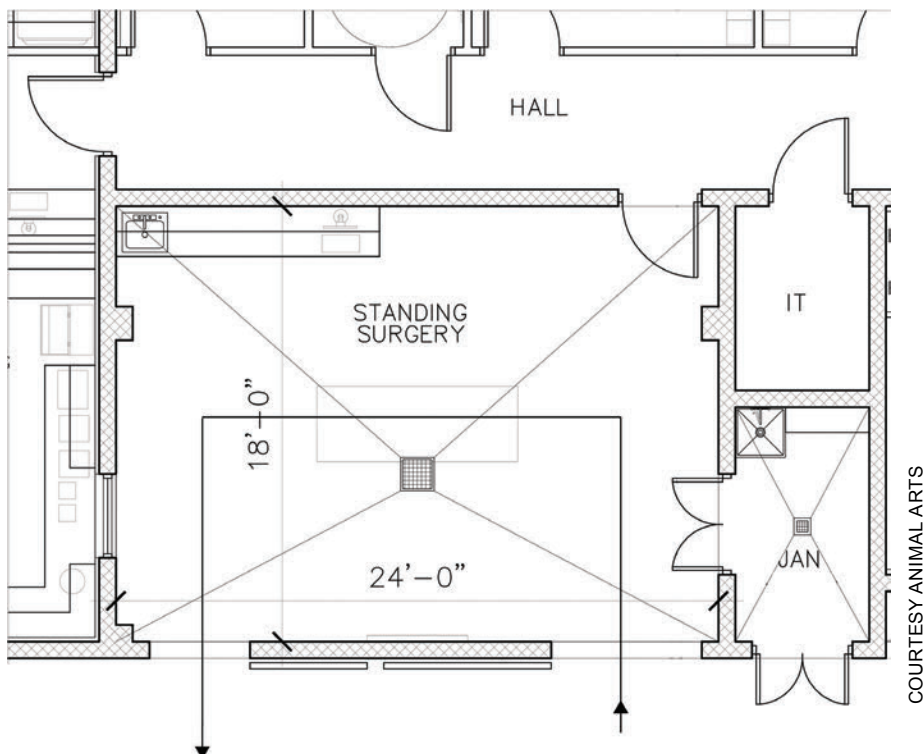
Because these spaces don’t make money (at least not directly), they tend to receive little focus. A small sitting area sized to accommodate a few comfortable chairs, a television and a coffee station is sufficient for small- and medium-sized hospitals. This space might be dimensioned like a generous office—or 10 feet by 12 feet or 10 feet by 14 feet in size.

Large hospitals might need or want more generous client areas for gathering groups or to accommodate a greater flow of clients.

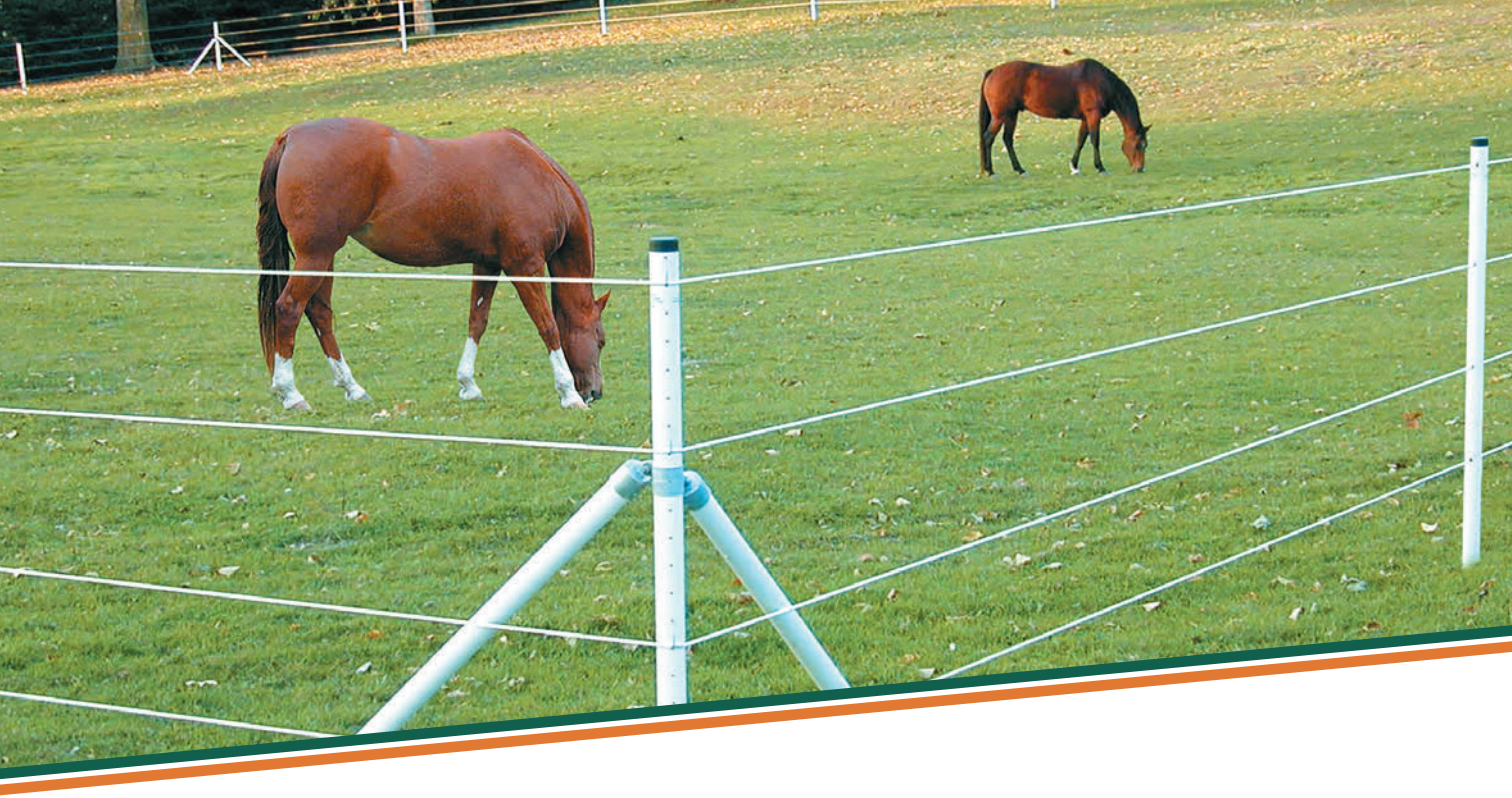
Take-Home Message

Whether you’re designing a one-room addition or a large hospital, proper room sizing is an important balance of cost and function. In addition to starting with the guidelines we have offered in this article, visit several hospitals and talk with your colleagues to get a good feel for the best sizing of your working spaces.

Remember, you only have one chance to get it right. **EM**



This floor plan excerpt shows the traffic pattern for a horse into and out of an examination room with stocks.



AAEVT MEMBERS CAN LEARN TO WIN!

Each month from April through September, ElectroBraid in partnership with *EquiManagement* will be offering information about electric fence safety for horses. This will be accompanied by a short, multiple choice quiz about that month's information. Pass the test and be entered to win one of seven prizes that month!

Enter each month for a chance to win a different prize! Each monthly entry will qualify you for a ticket to win the grand prize: One of each of the monthly prizes and a set of Equine Anatomy books!

Most horse operations use electric fencing, and now you can be a resource to those horse owners about best practices for safe electric fence use for equines.

Don't miss your chance to learn more about electric fence safety for horses that you can pass along to your clients, and your chance to win monthly prizes!

ENTER TODAY AT

<http://equimanagement.com/page/vet-tech-program>

ELECTROBRAID
FENCE

EquiManagement
Business Solutions for Equine Practitioners

NO PURCHASE NECESSARY. A PURCHASE DOES NOT IMPROVE YOUR CHANCES OF WINNING. Sweepstakes open to full- and part-time equine veterinary technicians and assistants ages 18 and older as of 4/10/17 and residents of 50 USA and D.C. To enter, complete the quiz and fill out the form on <http://equimanagement.com/vet-tech-program>, where you can also find the complete rules. All entries must be received by 10/27/17. Approximate total ARV: \$1,107.50. All federal, state and local laws and regulations apply. Sponsor: ElectroBraid and Active Interest Media, LLC. Void where prohibited.

The AAEP Touch website has surveys you can use to gather information from your clients.



Data-Driven Marketing

Here are tips on using data to create more successful marketing campaigns.

By Katie Navarra

A CBC (complete blood count) and a chemistry profile are essential tools for gathering critical information about a horse's overall wellness. Through analyzing the results, you're able to make proper recommendations for treatment or long-term care.

"We closely analyze a CBC count and use those insights

to create a treatment plan," said Mike Pownall, DVM, MBA, of McKee-Pownall Equine Services in Ontario, Canada.

Pownall is part of the Oculus Insights team; he is also the founder of the Veterinary Business Matters blog and podcast.

"We don't—but should—do that with the information we have about our customers, to create more effective marketing strategies," he said.

ISTOCKPHOTOS.COM

Some diagnoses you have to face head-on.

Equine Protozoal Myeloencephalitis (EPM) is an expert in deception and your clients may at first confuse it with other issues, such as lameness. Only stopping the parasite responsible can stop EPM from causing further damage to the horse's brain and CNS. Time matters. The sooner EPM is detected and diagnosed, the better the chance for recovery.

That's why you need a tube of MARQUIS on every truck to initiate treatment immediately. MARQUIS is a powerful anti-protozoal.

Only MARQUIS offers a 3X loading dose protocol that allows it to reach steady state in 24 to 48 hours.*¹

*Clinical relevance has not been determined.

The signs can be subtle.

The treatment should be aggressive.

Marquis®

(15% w/w ponazuril)

Clients can save on their next purchase.
MAX.merial.com



¹MARQUIS Freedom of Information Summary and Supplement and product label.

IMPORTANT SAFETY INFORMATION: The safe use of MARQUIS in horses used for breeding purposes, during pregnancy, or in lactating mares, has not been evaluated. In animal safety studies, loose feces, sporadic inappetence, lost weight, and moderate edema in the uterine epithelium were observed.



@MARQUIS is a registered trademark, and TMMAX, Merial Awards Xpress is a trademark, of Merial. ©2016 Merial, Inc., Duluth, GA. All rights reserved. EQUIOMQ1506-B (04/16)



MARQUIS®

(15% w/w ponazuril)

Antiprotozoal Oral Paste

Caution: Federal (U.S.A.) law restricts this drug to use by or on the order of a licensed veterinarian.

For The Treatment Of Equine Protozoal Myeloencephalitis (EPM) In Horses For Oral Use Only

BRIEF SUMMARY

Before using MARQUIS, please consult the product insert, a summary of which follows:

INDICATIONS

MARQUIS (ponazuril) is indicated for the treatment of equine protozoal myeloencephalitis (EPM) caused by *Sarcocystis neurona*.

WARNINGS

For use in animals only. Not for use in horses intended for food. Not for human use. Keep out of reach of children.

PRECAUTIONS

Prior to treatment, a complete neurologic exam should be completed by a veterinarian. In most instances, ataxia due to EPM is asymmetrical and affects the hind limbs. Clinicians should recognize that clearance of the parasite by ponazuril may not completely resolve the clinical signs attributed to the natural progression of the disease.

The prognosis for animals treated for EPM may be dependent upon the severity of disease and the duration of the infection prior to treatment. The safe use of MARQUIS (ponazuril) in horses used for breeding purposes, during pregnancy, or in lactating mares, has not been evaluated. The safety of MARQUIS (ponazuril) with concomitant therapies in horses has not been evaluated.

ADVERSE REACTIONS

In the field study, eight animals were noted to have unusual daily observations. Two horses exhibited blisters on the nose and mouth, three animals showed skin reactions for up to 18 days, one animal had loose stools, one had a mild colic on one day and one animal had a seizure while on medication. The association of these reactions to treatment was not established.

ANIMAL SAFETY SUMMARY

MARQUIS (ponazuril) was administered to 24 adult horses (12 males and 12 females) in a target animal safety study. Three groups of 8 horses each received 0, 10 or 30 mg/kg (water as control, 2X and 6X for a 5 mg/kg [2.27 mg/lb] dose). Horses were dosed after feeding. One half of each group was treated for 28 days and the other half for 56 days followed by necropsy upon termination of treatment. There were several instances of loose feces in all animals in the study irrespective of treatment, sporadic inappetence and one horse at 10 mg/kg (2X) lost weight while on test. Loose feces were treatment related. Histopathological findings included moderate edema in the uterine epithelium of three of the four females in the 6X group (two treated for 28 days and one for 56 days).

For customer care or to obtain product information, including a Material Safety Data Sheet, call 1-888-637-4251 Option 2, then press 1.

©MARQUIS is a registered trademark of Merial.

©2016 Merial, Inc., Duluth, GA.
All rights reserved.



“Data-driven marketing refers to the insights and decisions that arise from the analysis of data about or from consumers.”—Amy Grice, VMD, MBA

The marketing strategist's equivalent to a CBC blood panel is data-driven marketing. Data-driven marketing was once a catchphrase reserved for the savviest marketers.

“Data-driven marketing refers to the marketing insights and decisions that arise from the analysis of data about or from consumers,” said Amy L. Grice, VMD, MBA, from Virginia City, Montana. Grice is an experienced veterinarian with strong business skills that she uses to offer consulting services that focus on strategic analyses and planning.

Data-driven marketing has evolved into an integral component of nearly all advertising strategies. Large and small companies alike gobble up as many details as possible about existing customers, potential customers and product experiences. By understanding why clients make the decisions they do, marketers and business owners can create targeted, personalized messages that speak directly to a customer's values and preferences.

According to Teradata, a company that provides software and analytics related to data collection, today's customers have grown accustomed to marketers' knowledge of their preferences and anticipation of their needs. Fractured or conflicting messages from a brand make marketers seem unorganized and annoy customers, sometimes even driving them away.

In this article Pownall and Grice offer practical advice for collecting and using data to develop more effective marketing messages. That data can help you better connect with your customers to provide better service and ultimately increase sales.

Identify Your Goals

Pownall said that setting goals is the

first step to using data in marketing campaigns.

“People often get caught up in looking at the number of ‘likes’ they have on a Facebook post or the click-through rate of an electronic newsletter, but you have to determine a goal before you can decide if the results are effective,” he said. These metrics aren't meaningful if they aren't tied to a measurable goal.

“Say that, through the addition of dentistry services to the practice, your goal is to increase overall sales for the year by 10 percent,” he said. Providing demonstrations at barns, writing a story in your practice's electronic newsletter and promoting the service on Facebook might all be part of the marketing plan to sell the new service. But without clearly identifying goals at the outset (i.e., increasing annual sales by 10 percent), it is difficult to determine whether or not the time and investment were worthwhile.

Data Collection

Collecting or finding data is the next step to implementing a data-driven marketing strategy. The data that is used in the planning phase to create a marketing campaign can come from a variety of sources. One way is to generate your own data through surveying your clients.

“Understanding what clients value and have interest in allows the targeting on personalized marketing messages,” Grice said. “By understanding why new clients have chosen the practice, equine veterinarians get feedback on what they are doing well.”

Another source for data is industry organizations.

“The American Association of Equine Practitioners (AAEP) and the

To detect pathology of the GI tract,

TEST YOUR EQUINE PATIENTS WITH THE ONE DIAGNOSTIC SCREEN THAT IS...



SIMPLE – Requires only a fresh fecal sample and clean water.

QUICK – Provides accurate results in minutes, right in the barn.

SENSITIVE – Detects pathology of the foregut, hindgut or both.

Recent research carried out by Professor Derek Knottenbelt and his team at the University of Glasgow vet school confirms “the very high prevalence of large colon and caecal diseases that are likely to be of clinical significance.”*

This raises the value of a reliable diagnostic method for detecting pathologies of both the foregut and hindgut. The SUCCEED® Equine Fecal Blood Test™ provides a quick stall-side screen test for GI tract conditions, helps differentiate foregut from hindgut conditions, and supports earlier intervention and more targeted treatments.

Available only through veterinarians.



SUCCEED®
Equine Fecal Blood Test™

To keep your clients' horses healthy,

MAINTAIN OPTIMAL GI HEALTH WITH THE ONE DIGESTIVE PRODUCT THAT IS...



PATENTED – Validated with multiple patents in the U.S. and worldwide.

TESTED – Evaluated in various clinical trials.

SUPPORTED – Includes the industry's best colic reimbursement program.

Veterinarians seeking to maintain optimal GI health in their equine patients know SUCCEED® is backed with clinical trials and published research.

They also know that SUCCEED Veterinary Formula, sold only through veterinarians, supports their practice with the Healthy Gut Commitment veterinary colic reimbursement program. This provides up to \$800 for medical colics and up to \$15,000 for colic surgery.

Available only through veterinarians.



SUCCEED®
Digestive Conditioning Program®
VETERINARY FORMULA

For research, technical data and more, register or log on to
the SUCCEED Veterinary Center: www.succeed-vet.com

*"Perspectives on equine digestive health," by Helen Warren, PhD. Supplement to Equine Health magazine, May 2016.

SUCCEED® is a registered trademark, and Equine Fecal Blood Test™ is a trademark of Freedom Health LLC. © 2017. All Rights Reserved. U.S. Patent Nos. 7,629,180 and 8,168,446. Canadian Patent No. 2,601,368.

SUCCEED® and Digestive Conditioning Program® are registered trademarks of Freedom Health LLC. © 2017. All Rights Reserved. U.S. Patent Nos. 7,658,964; 7,824,706; 7,968,989 and 8,197,842. SUCCEED Veterinary Formula available in the U.S. only, not available for sale in the state of Texas.



**HORSE DENTAL
EQUIPMENT**

**Your partner to develop
your equine dentistry
business.**

Innovative products



Portable Watercooling

Innovative services



Warranty



Free Trial



**Technical
Center in USA**



**Maintenance
Every 500 horses**



**Free Loan Equipment
For scheduled maintenance**

US MASTER DISTRIBUTOR
JORGENSEN LABORATORIES, Inc
Loveland, CO
800-525-5614

www.jorvet.com



www.horse-dental-equipment.us

American Horse Council (AHC) collect general data that can be helpful in developing marketing strategies,” Grice said.

The AAEP Touch website compiles feedback that the association has collected from more than 6,000 horse owners, trainers, breeders and farm managers in the United States. This has uncovered the attributes these clients most desire in their equine veterinarians and the healthcare services they most value for their horses.

Grice highlighted the finding of the 2012 AAEP Owner Trainer survey that revealed the availability of “on-farm” ambulatory emergency services was one of the top three factors in deciding which veterinarian to use.

“As a result, many practices advertise 24/7/365 emergency services prominently on their websites, Facebook pages and business cards,” she said.

The AHC periodically conducts national and state economic impact studies. These studies provide invaluable demographic data and insights into professions and related industries that are impacted by equine ownership. AHC primarily uses its results for educating the public and the media, as well as elected officials in Congress and state legislatures, regarding the industry’s impact and importance. However, veterinarians can find useful information about what motivates owners, trainers, breeders, etc., in the AHC survey results.

Outside the horse industry, it’s possible to access and/or buy data related to unemployment rates, demographics by geographic region and more.

“Research can help you decide whether or not to open a satellite location in another area,” Pownall said. “The average income per household and unemployment rates in an area can help you decide if an area is a good fit.”

The tricky part about using this type of information is that horse owners

might not necessarily live in the same area where their horses are kept.

Dive Into Data

Discover what your clients really want, not what they say they want. “By understanding what clients need and value the most, veterinarians can emphasize how their practices provide for these needs,” Grice said.

Pownall offers a personal experience to emphasize the importance of digging beneath the surface of seemingly helpful data. Before purchasing a standing MRI, he asked clients how often they had horses with undiagnosed lamenesses. Then he asked how often the clients thought they would use an MRI service. The responses were overwhelmingly positive.

Once the unit arrived, the reality was that those clients who indicated an interest in the service rarely used it. “The clients who thought they’d use it once a month haven’t used it at all,” he said. “If I had known then what I know now, I may have done things differently.”

To avoid a similar situation, he recommended conducting a formal survey that reaches a wider client population. “I also would have included the potential cost for the service and asked the clients for feedback based on the expense,” he said.

Digging into the data also means reviewing your customers based on who they are, their interactions with email and their interactions with your website. When you ask a customer how he or she prefers to receive information from you, provide it to that person in that format. If that person says he or she prefers email, save the postage on a mailing for a customer who prefers a hard copy.

While the emphasis is largely on collecting and analyzing data, remember not to get so caught up in the prospect of gathering information that you lose sight of what you want to do with the data once you have it.



A LITTLE RELIEF FOR THOSE WHO MEAN SO MUCH.

Like it or not, we all need a bit more help as we age—including our horses. To help your equine friend age well—and live well—Absorbine® offers Bute-Less®, formulated to relieve the discomfort

associated with daily exercise and aging. Bute-Less® also provides support for a healthy inflammatory response. And it's proven to be effective within one week.*

GENTLE ON THE STOMACH

Knowing the digestive systems of horses as we do, we've also made sure that Bute-Less® is gentle on the stomach, with a specialized formula that uses only natural active ingredients: Devil's Claw Extract, Yucca, and Vitamin B-12.

Bute-Less® also offers a choice of delivery methods so that you can choose what works best for you and your horse: pellets, paste, or liquid.

A NAME YOU CAN TRUST

Bute-Less® comes with something else that will help give you peace of mind: the backing of our unmatched history of muscle and joint care—a history that goes back 125 years.

Bute-Less® is just one of the many products from Absorbine® that horse owners from around the world have come to trust. So when you're looking for exceptional horse care products, look for the yellow ribbon.



YUCCA



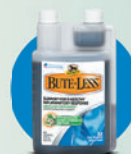
DEVIL'S CLAW EXTRACT



B-12



PRODUCTS OF THE YEAR
This product has been reviewed and recommended by
HORSE JOURNAL
For more information go to
www.horse-journal.com
EDITOR'S CHOICE



*Scientific study completed December 2012.



ULTRA SHIELD®

FLEX+MAX®

SHOWSHEEN®

MASTIC CUSHION®

BUTE-LESS®



ABSORBINE®

- SINCE 1892 -

VETERINARY LINIMENT

HOOFLEX®

BIGELOIL®

THE MISSING LINK®

LEATHER THERAPY®

The Horse World's Most Trusted Name®
absorbine.com

©2017 W.F. Young, Inc.

Measure Success

Chances are you don't have a lot of time in the day to devote to gathering, analyzing and using data to create marketing messages. Pownall recommended starting the process by understanding the data available from the social sites you use.

"If your goal is to promote a new service and the majority of the 'likes'

on your Facebook post are from people outside your service area, the data is telling you to adjust your marketing efforts," he said. "This information is available for free. If you don't have the time or interest in doing it, have an office assistant do it for you."

The individuals engaging online can also confirm whether your efforts are on track if the people that are reacting

are also calling to schedule appointments for the new service. Social media interactions are a part of a larger system. Posts should ultimately drive customers to your website, so monitoring the traffic on your website and where those visitors came from is part of the process.

In addition to the data available from individual social media sites, there are a number of free tools, such as Google analytics, that can help you understand your audience.

"Monitor the data regularly," he suggested.

Getting Started

Grice said that the AAEP Touch website offers prepared surveys that you can use to poll your clients. The surveys are written for several different scenarios. The AAEP Touch website also offers videos and other tools for connecting with your clients and their horses.

For example, if you find that a certain discipline of riding is prevalent among your clients, you might decide to sponsor a local competition geared to that discipline. Speaking at a seminar that addresses the concerns of that segment of horse owners is another method for reaching an audience.

"Once you receive that information, you might decide to use some of the tips available on the AAEP Touch website to market your practice," she said.

Take-Home Message

Investing time and money in marketing efforts and devoting valuable resources to collecting data is futile unless the results are monitored regularly and put to use.

"If you're not getting a return (on your current marketing efforts), it's not worthwhile to continue to use those tactics," Pownall said. "Determine a goal, collect the data and evaluate the marketing to measure success." That means you might have to change things up in order to succeed in your marketing, based on your goals. **EM**



Lifting large animals

SHANK'S
VETERINARY EQUIPMENT
~ since 1957 ~

- Custom Tables & Equipment
- Equine Tables and Surgery Tables
- Fabricated Metal Specialty Items
- Food Animal/Cattle Equipment
- Miscellaneous Products

815.225.7700
www.shanksvet.com



Looking for
QUALITY
BANDAGES
for your
Practice?

STERIROLL®
Sterile leg bandage in several lengths

REDIROLL™
Nonsterile leg bandage in several lengths

COMBIROLL®
Bulk cotton combine roll preferred by
veterinarians, 10-yard rolls

All products available in
8", 12", 14" and 16" widths

Endorsed by leading equine veterinarians and used
by hospitals, clinics and schools of veterinary
medicine across the U.S.



THE FRANKLIN-WILLIAMS COMPANY

MADE IN THE USA

Lexington, Kentucky • 800 556-5517 • 859 259-0515
www.franklinwilliams.com



VETERINARY FORMULA
Wiser Concepts®

BoneWise™

Supporting strong, resilient bones

- Maintains optimal levels of bone density when horses are most at risk for bone loss
- Supports bone mineral content and bone turnover to encourage the swift repair of microdamage
- Supplies the unique ingredient Lithothamnion that provides a readily available form of calcium and trace minerals

Recommend for horses that are:

- Confined to a stall or laid up for any reason
- Exhibiting signs of bucked shins or developmental bone diseases
- Growing (weanlings, yearlings, 2-year-olds)
- In training or competing regularly
- Recovering from a skeletal injury
- Third trimester broodmares

BoneWise is supported by research showing 11% more mineral content in the bone of supplemented horses.



*Available through all major veterinary suppliers.
Sold to veterinarians only.*

For more information, call KPP:

800-772-1988

Developed by:



KPPvet.com



The majority of people surveyed said they had used a veterinarian as their primary source of information in the previous year.

NAHMS Report Summary

The USDA's survey of the horse industry shows areas where veterinarians can make inroads in horse health care.

By Nancy S. Loving, DVM

Do you ever wonder about the distribution of horse breeds in the United States? What about horse age and use? What about the likelihood that owners will provide preventive health procedures to their horses?

The latest National Animal Health Monitoring System (NAHMS) survey, conducted in 2015, provides comprehensive health information compiled by the USDA Veterinary Services division. Its Animal Health report contains facts and figures about the state of the equine indus-

try based on survey results from 28 states representing 72% of nearly 4 million equids in the United States.

Here are a few points of interest:

- About 89% of the operations have 19 or fewer horses, but they account for 58% of horses in the United States.
- The other 11% of the operations house more than 20 horses, and they account for 42% of US horses.
- Horses aged 5-20 years make up 65.6% of the equine population.

- Horses aged 1-5 years account for 16.5% of the population, with 11.4% of horses being older than 20 years.
- The predominant breed is the Quarter Horse (42.1%), with the greatest numbers living in the West and Central regions. This is in contrast to 3.9% Arabians, 3.2% warmblood breeds, 4.7% drafts and 7.1% Thoroughbreds.
- The Northeast has the highest percentage of draft horses (15.2%).

Most operations were either a farm/ranch (39.5%) or a personal residence using horses for show and pleasure (38.8%). Boarding and training operations comprise 9.3% of respondents, while breeding farms made up 7.6%. Of notable interest was the use of horses: 47.2% for pleasure, 25% for farm/ranch, 8.5% for breeding, 8.1% for showing and 3.2% for lessons. Racing accounted for 1.6% of horses.

Where do veterinarians fit into the scheme of things? The majority—nearly 71%—of those surveyed said they had used a veterinarian as their primary information source in the previous year. Not surprisingly, 65.2% used their farrier as an additional source of information, with 13% using a farrier as their primary source.

One-third of respondents used other horse owners, veterinary supply and feed store workers, and/or horse care magazines or books as their information sources. Riding instructors, acupuncturists, non-veterinarian dentists and the internet were other common sources of information for making health decisions.

Nearly 79% of the operations had a veterinarian provide a service at least once in the previous year. Facilities designated as breeding farms or boarding, training or riding stables were more likely to use veterinary services than farm/ranch operations. More veterinary services were used in the Northeast (about 57%) than in the Western USA (38%).

Vaccinations were given on 66.7% of the equine premises, with 52% of those procedures performed by veterinarians and 44% being owner administered. However, 78.5% of boarding/training stables used veterinarians for vaccine administration. The larger the size of the operation, the more likely that vaccinations were given.

Fecal testing for intestinal parasites was performed at 17.5% of the operations, although 38.4% of the operations housing 20 or more horses did fecal testing for parasites.

Overall, 39% of the operations used a veterinarian as the primary person taking care of equine dental needs, whereas 17% used a non-vet equine dentist. In general, 40% of the operations did not provide any dental care. For hoof trimming services, professional farriers were employed in 60% of the operations, 25% used employees and 7% did not offer any foot care.

Nearly 37% of horses owned by survey respondents were tested for EIA in the previous 12 months. The incidence of EIA in the USA in 1972 was 4%, whereas this incidence had



ARND BRONKHORST PHOTOGRAPHY

This survey shows that veterinarians have untapped opportunities to educate and serve horse owners.

been reduced through EIA testing to 0.005% in 2015.

Biosecurity measures were examined for the introduction of new incoming horses on a premises:

- EIA testing was required for 65.9% of the operations.
- Vaccination within the past year was required for 58.7%.
- Deworming was required for 58.9% within the past year
- An official certificate of veterinary inspection (CVI) was required for 46.8%.
- Quarantine was required in only 44% of the premises before allowing contact with resident horses.

Only 8.6% of the operations use computerized records, with 20% using a health logbook, 21% using handwritten notes on a calendar or in a checkbook, and 19.3% using records maintained by a veterinarian. The largest number (31%) had no health records kept on the horses.

Take-Home Message

Clearly, there are areas of preventive health care that can be improved and offered by veterinarians to more horses throughout the country. Veterinarians have an important role to encourage these objectives through client education, particularly in the areas of immunizations, parasite control testing, dentistry and biosecurity. **EM**

While using compounded drugs for equine patients isn't illegal, there are requirements that you must follow so you are practicing legal veterinary medicine.



Cases Clarify Compounding Liability

Manage your risks and exposure if you use compounded products in your veterinary practice.

By Denise Farris, J.D.

Veterinary compounding—preparing a multi-ingredient drug from generic or trade-name pharmaceuticals—is a time-honored practice. Veterinary patients run the gamut from carnivores to reptiles to food-producing animals. With different systems and different end purposes, there are no FDA-approved animal drugs available to treat all conditions in all animals.

Because of this, many veterinarians demonstrate a blasé attitude toward legal compliance with federal and state compounding regulations. The relative “newness” of the regulations, coupled with the complexity of jurisdictional issues between federal and state regulations, doesn't help.

Finally, the law is not self-enforcing. It can be “on the books” but is evident only when educated plaintiffs' lawyers begin suing under it. Prior to 2014, there was no case law

ARND BRONKHORST PHOTOGRAPHY

incentive demanding accountability for improper compounding practices.

That's no longer the case.

The public is now more educated, thanks to highly visible cases such as the 2009 deaths of the polo ponies in Florida, or the 2010 human deaths from spinal meningitis arising from contaminated vials of joint injections. Recent cases and disciplinary actions alert veterinarians that a better-educated public is now holding practitioners accountable for compounds gone bad. The savvy practitioner must know applicable rules and regulations and employ a more mindful attitude toward the use of compounded products.

General Rules and Regulations

What is "compounding"? Compounding is defined broadly by the AVMA as: "Any drug that is *manipulated* based on a licensed practitioner's prescription, but not in accord with an FDA-approved label, to meet the medical needs of a specific patient." (Go to AVMA.org and search for "compounding definitions" on the website.)

By contrast, the AVMA defines "FDA-Approved Drug" as: "A drug whose manufacturer has demonstrated safety, efficacy and product quality to the U.S. Food and Drug Administration for the labeled indication. Both 'pioneer brand-name' drugs and generic drugs are FDA-approved."

When is compounding justified? According to the International Academy of Compounding Pharmacists, justifiable instances include:

Discontinued products—when commercial medications have been discontinued for reasons other than safety or effectiveness and are unavailable.

Product integrity—where using a commercially available, finished product as the compounding ingredient source adds unnecessary expense, increases the risk of contamination or yields a product with insufficient concentration.

No alternative therapy—where there's no commercial alternative to treat the disease or condition, or an FDA-approved drug is temporarily unavailable.

Patient compliance—where a medication must be altered to enable a patient to take it, such as adding flavoring or changing the dosage form.

Other examples are more subtle, such as combining two injectable medicines into one syringe.

In recent developments, you might see a Veterinary Medical Device (VMD)—such as an equine surgical lavage—improperly used off-label as a joint injection treatment. (For more information on this topic visit AAEP.org, log in, and search for "medical devices.")

Legal compliance is based on two primary factors:

1. scale of the "production" and "use" of the compounded product
2. documentation of the justified use of the compounded product

Compounding sanctions rarely apply when a unique alteration is employed under a *documented* VCPR (vet/client/patient relationship) for a single patient with unique needs not met by an existing FDA-approved drug. This is the essence of "traditional compounding," and by statute, is *not* regulated by the Food and Drug Administration. Where compounded products are not tested for potency, purity, efficacy, sterility and shelf life compliance, this limited production is key.

But when a product is mass manufactured without oversight, issues arise. Many mass produced compounded products

- a. arrive in contaminated containers;
- b. contain too little active ingredient—i.e., they do not reach the therapeutic threshold for treatment;
- c. contain too much active ingredient—i.e., they may present a toxicity issue;
- d. contain active ingredients prohibited for therapeutic use in particular animals;
- e. contain active ingredients harmful to human handlers;
- f. contain active ingredients prohibited in food-producing animals;
- g. contain active ingredients contraindicated in breeding animals; or
- h. are not accurately or appropriately labeled.

Thus, the production and sale of one large batch of bad product can be catastrophic, as evidenced in the deaths of the polo ponies and the humans who developed meningitis.

Federal Regulations

Federal standards require all "new animal drugs" intended for interstate sale to pass FDA testing and approval. Under the 1938 Food, Drug and Cosmetic Act (FDCA), an "animal drug" is defined as a drug "intended for use in the mitigation, treatment or prevention of disease in animals" (Section 201(g)(1)(B) Federal Food, Drug and Cosmetic Act (the FDCA) [21 U.S.C. § 321(g)(1)(B)].)

Under the FDCA, made applicable to animal drugs under the 1994 Animal Medicinal Drug Use Clarification Act (AMDUCA), drugs intended for use in animals require an approved new animal drug application (NADA) unless they are generally recognized as safe and effective. This requires extensive research and testing to ensure consistent potency, purity, efficacy, sterility and stable shelf life before FDA approval is granted.

If a drug is mass produced and sold without this testing, it is by federal regulations deemed "unsafe" under section 512(a)(1) of the FD&C Act [21 U.S.C. § 360b(a)], and "adulterated" under section 501(a)(5) of the FD&C Act [21 U.S.C. § 351(a)(5)]



Your clients must know why you are using a compounded product, and your records must indicate the reasons. Otherwise, you could face state and federal penalties, as well as civil legal action, if problems arise.

and (c)]. Sale of such products is a violation of sections 512(a) (1) of the FD&C Act [21 U.S.C. § 360b(a)], Section 501(a)(5) of the FD&C Act [21 U.S.C. § 351(a)(5)], and is expressly prohibited under section 301(a) of the FD&C Act [21 U.S.C. § 331(a)].

FDA sanctioning is typically focused on the compounding manufacturer and *not* on the veterinarians. However, recent rule-making actions by the FDA indicate discretionary authority toward players in the stream of commerce when warranted. This, in turn, can lead to more civil actions.

In a “negligence per se” context, a plaintiff need only prove the existence of a federal or state statute—and a defendant’s violation of that statute, plus harm—to win his or her case.

A veterinarian’s provision of illegally compounded product could also constitute a violation of the federal Lanham Act, 15 U.S. Code § 1125, which prohibits misrepresentations in a commercial context. A veterinarian’s representation that a

compounded drug is as efficient as an FDA-approved product would be a violation under the Lanham Act, possibly subject to injunctive relief (i.e., an order to cease and desist) coupled with treble damages (i.e., three times the actual damages).

State Applications

State violations, which run on top of federal violations, can include veterinary and pharmaceutical board sanctions *plus* common law actions for misrepresentation, ordinary and professional negligence, or fraud.

Many state veterinary or pharmaceutical board regulations prohibit the use of a compounded product where an FDA-approved drug exists. Nearly all state boards require evidence that “informed consent” guidelines have been met, yet very few veterinarians document informed consent compliance relative to compounded drugs.

Where poor recordkeeping is rampant, veterinarians using compounded product without documentation of the reasons and proof of informed consent from clients are legally vulnerable. Violations can include administrative sanctions (i.e., fines, reprimands, temporary suspensions and permanent license loss), as well as civil actions (i.e., court actions awarding monetary damages).

Recent Cases

Until 2014, there were no reported cases involving veterinary liability related to improper use of a compounded product. However, in 2014 a number of valuable Thoroughbred racehorses in Florida and Kentucky were improperly treated with a compounded EPM product manufactured by Wickliffe Pharmacy, even though an FDA-approved EPM product, Marquis, was available.

The horses either died or were permanently disabled. Testing revealed that death resulted from toxic levels of pyrimethamine.

The FDA imposed sanctions against Wickliffe, and the owners filed suit, cross-suits and counter-suits against Wickliffe, the stables, the trainers and the administering veterinarians under theories of general and professional negligence. While the Florida cases were confidentially settled, the Kentucky cases remain active, including claims for actual and punitive damages.

In 2016, the Florida Veterinary Board administered sanctions against a Florida equine veterinarian for, among other acts, compounding and record-keeping violations. The practitioner treated several horses for lameness issues, with deteriorating conditions that resulted in euthanasia. Records revealed the horses were given a “cocktail injection” with no other detail provided.

They were treated with Previcox, an unjustified, off-label use of an FDA-approved drug labelled for osteoarthritis treatment in dogs, as well as given compounded omeprazole versus GastroGard, with no written documentation as to why the compound was used. Sanctions included a monetary fine, a one-year probation and ongoing educational requirements.

Practice Suggestions

1. Understand and apply the rules. Review the federal and state regulations at your regular practice group meetings. Contact your state Veterinary and Pharmaceutical Boards to request a presentation on state regulations and their basic application.

Watch for state-specific “special labeling” requirements. Understand the basic protocols expounded by both the AVMA and AAEP on the use of compounded products, which can be found on the AVMA website (avma.org and

search for “compounding FAQs”) and the AAEP website (AAEP.org and search for “compounding guidelines”).

2. Review and implement practice protocols on written “informed consent.” Print client handouts explaining the difference between FDA-approved, generic and compounded drugs, and when and why you use the compounds. If you deviate from using an FDA-approved product in favor of a compound, document why. Remember, cost savings is *not* a justification under applicable law.

3. Keep Detailed Records!

4. Check with your insurance carrier to verify whether compounding exposures are “covered” under your professional liability policy.

5. Work with your state and national veterinary associations for educational articles and seminars relative to developments in this complex arena.

Your attention to these simple protocols will put you way ahead of the game in managing your compounding exposures and risks. **EV**

Denise E. Farris practices equine, insurance and veterinary law in the Kansas City, Kansas, area. “AV” rated in Martindale-Hubbell, she has been named in “Best of the Bar,” “SuperLawyers,” Preeminent Women Lawyers, Top 100 Lawyers Kansas, Top 50 Female Lawyers Kansas and EQUUS magazine’s “Leaders in Equine Law.” In addition to writing numerous articles, Denise has been a featured speaker at local, state and national symposiums, including the National Equine Law Practitioner’s Conference, the AAEP Hambletonian Conference, the National Farrier’s Convention, the National Multiple Trail Users Conflict Symposium and the North American Trail Ride Conference. She is an avid equestrian who competes in endurance and competitive trail riding events.

DISCLAIMER: This article provides general coverage of its subject area. It is provided free, with the understanding that the author, publisher and/or publication do not intend this article to be viewed as rendering legal advice or service. If legal advice is needed or required, the services of a competent professional should be sought. The author and publisher shall not be responsible for any damages resulting from any error, inaccuracy or omission contained in this publication. For more information about the author, contact the Farris Law Firm, LLC, 20355 Nall Avenue, Stilwell, KS 66085; 913-766-1262; dfarris@farrislawfirm.com.



Communicating well with clients and other equine professionals will enhance your standing with horse owners and the community.

Interprofessional Communication

The ability to communicate clearly and effectively with clients is essential to our success as veterinarians.

By Colleen Best, DVM, PhD

How we communicate matters. It shapes how the world sees and responds to us. Research has shown that the way in which we communicate with

clients is one of the top five criteria used when selecting a veterinarian.¹

Veterinary colleges have also recognized the importance of communication, as communication training is now a mandatory part of the curriculum.

Research has demonstrated a number of direct and clear benefits to communicating well with clients, such as increased client adherence to recommendations² and stronger veterinarian-client relationships.³

AMY K. DRAGOO

American Association of Equine Practitioners

SADDLE UP



63RD ANNUAL CONVENTION & TRADE SHOW

November 17-21 | San Antonio, Texas

***Save \$100 when you register
by October 16!***

convention.aaep.org



Perhaps most importantly, if we don't interact with clients in a way that leaves them confident they received good care, the odds increase that they will not pay their invoices or will switch veterinarians.

The verdict is clear: The ability to communicate clearly and effectively with clients is essential to our success as veterinarians.

When we consider the interactions between ourselves and other professionals (e.g., veterinarians at other clinics or referral hospitals, farriers, chiropractors), the impact of "good" communication is unclear. As a result, we are reluctant to devote significant time and energy toward an uncertain outcome.

A handful of research studies and commentaries published in peer-reviewed literature have begun to shed light on relationships between referring veterinarians (rDVMs) and specialists. The results of one focus group study suggest that how rDVMs interact with specialists impacts the care patients receive.⁴

A separate study looking at communication between rDVMs and specialists regarding nutritional referrals found that the needs of rDVMs are different from those needs specialists believe they hold; rDVMs indicated they welcomed nutritional recommendations more than specialists perceived they would.⁵

Also, rDVMs and specialists indicate that different amounts of communication occurred between them (i.e., 50% of rDVMs indicate they were contacted by phone prior to receiving a case summary, while 80% of specialists indicate they contacted the rDVM by phone prior to sending a case summary).⁶

These studies start to build the case for the importance of communication between rDVMs and specialists, as it might impact patient care.

While there are no research studies evaluating the veterinarian-farrier relationship, commentaries⁷⁻⁸ espouse the same concepts as the commentaries⁸⁻⁹



In the veterinarian-farrier relationship, both parties desire the same things: a healthy horse and a happy client.

on the rDVM-specialist relationship. In both of these relationship dyads, there is differing knowledge and skill between the parties. However, both parties desire healthy and sound horses as the outcome.

I believe it is reasonable to extrapolate from rDVM-specialist and veterinarian-farrier relationships to the more broadly termed interprofessional communication. Dr. W.A. Moyer stated that the most important component of the veterinarian-farrier relationship is that the wellbeing of the horse be the top priority. This is further backed up by research³ and guidelines¹⁰ that suggest the primary focus or common goal be the best interest of the patient.

Much of the time when we interact with another professional, it is because

we need that person's expertise or capacity to do something. We need that person's cooperation/collaboration in order to improve the outcome of the case. This is important to keep in mind.

In fact, it's important to discuss. It might seem obvious, because we are seeking to collaborate and work cooperatively with the other person; but this is not always the case.

By clarifying our goals in engaging with the other person, we can achieve several things. One, we provide an opportunity for mutual goal-setting—having a goal that both parties are dedicated to achieving sharply increases the likelihood that it will be achieved. Two, when we are clear that we need something the other person has, namely his or her knowledge, expertise or skill,

AMY K. DRAGOO

it is complimentary. It makes the other person feel good that he or she has the ability to help. Further, communicating about why you are collaborating can serve as a reminder to ourselves that it's okay to—and we need to—rely on others in some situations.

With the common goal of providing the patient and client with the highest quality care possible, how can professionals best accomplish this?

Medicine, both human and veterinary, has seen a paradigm shift from paternalistic or doctor-centered care, where the care provider dictates care and expects clients to fall in line, to relationship or partnership-oriented care, in which the doctor and client form a team which then works together to provide care to the patient.

I believe that a model of partnership with other professionals, whether veterinary or not, is likely to facilitate a strong and functional working relationship. When we look at what this would entail, it would involve a focus on collegiality, professionalism, respect and communication.

These words are often used, but their dictionary definitions are not descriptive or prescriptive enough to use them as a framework for interactions and behavior. The definition of collegiality leaves much to be desired, as it is generally “a friendly relationship between colleagues.”¹¹ In my experience, a more accurate definition would be “a relationship between colleagues that is respectful, polite and cooperative.”

Professionalism is another term commonly used. However, it is poorly defined for our purposes, its meaning being “the conduct, aims or qualities that characterize or mark a profession or a professional person.”¹²

One veterinary medicine licensing

body has described behaviors that are consistent with professionalism. They include when an individual “... engages in collaborative care with clients, colleagues and peers, and maintains appropriate and dignified boundaries in the client relationship and all professional interactions.”¹³ These criteria are more descriptive and create a clearer picture of the behavior that one can strive to attain.

Lastly, we often speak of respect. The

Collegiality, professionalism, respect and communication are key to good working relationships.

definition I prefer is “a willingness to take into consideration one or another aspect of a person when one's actions affect [that person].”¹⁴ It describes an attitude and cognitive process against which we can measure our behavior to determine whether we were respectful in a given interaction.

When we are interacting with other professionals, how can we modify our behavior and communication to increase the likelihood of a positive outcome for ourselves and the other professionals, as well as our clients and patients?

1. *Mindfulness of Attitude:* It's easy to be wrapped up in our own obligations, stresses and strains each day. When our main focus is survival, it can be hard to find the time, energy and willingness to communicate openly and collaborate with colleagues.

When we enter into interactions with colleagues with an attitude of authority and expect the others to comply with our request despite minimal opportunity for conversation or negotiation, then we put ourselves in an oppositional situation from the start. On the other hand, if we purposefully engage with

the others with a respectful attitude and an open mind, acknowledging that person's skill set and experience as essential to a positive outcome for the case, then the stage is set for a successful interaction.

2. *Communication:* A key aspect of good communication is that it is unambiguous. The best way to accomplish this is to begin the conversation by stating the purpose of the conversation and what you are hoping the other person can provide.

The use of open-ended questions throughout the discussion is also essential. In using open-ended questions, you ensure that the other person has the opportunity to freely share his or her thoughts—and it is the most efficient way of gathering information.

The use of empathy is helpful. Empathy involves trying to stand in the shoes of the other person and recognize his or her experience, then communicating back to that person that you understand what his or her experience is. Empathy and respect go hand in hand. Respect involves a curiosity of the other's experience; empathy takes it a step further, and that curiosity turns into an active attempt to understand the other's experience and an echoing of it back to the other. Using empathetic communication displays respect and is a great relationship-building tool.

3. *Reciprocity:* By nature, humans tend to match or mirror the behaviors of others. This occurs both with the tone of the interaction and the nonverbal cues. This is relevant to our discussions because it explains how one person's demeanor can influence that of the other party. You have likely heard a story about someone diffusing an intense exchange by responding quietly and calmly, which in turn, supported the party that was in a heightened emotional state.

We should consider the idea of reciprocity when communicating with other professionals in that our demeanor will influence our interactions with them. If we have a positive demeanor, this will reflect positively in our interactions.

4. Conflict Management: Similar to the old saying “If you have livestock, you have dead stock” is the thought that where there are relationships, there are conflicts. Dealing with conflict is difficult and uncomfortable for many people. Recognizing what your conflict style is—competing, accommodating, compromising, avoiding, collaborating—can help you learn to more effectively manage challenging situations.

Resolving conflict with the professionals with whom we need to work on an ongoing basis, while awkward and often tough, is essential to strong and effective working relationships. **EM**

Resources

- ¹Blach, E.L. Customer service in equine veterinary medicine. *Vet Clin North Am Equine Pract* 2009;25(3):421-432.
- ²Kanji, N.; Coe, J.B.; Adams, C.L., et

al. Effect of veterinarian-client-patient interactions on client adherence to dentistry and surgery recommendations in companion-animal practice. *J Am Vet Med Assoc* 2012;240(4):427-436.

³Nogueira Borden, L.J.; Adams, C.L.; Bonnett, B.N., et al. Use of the measure of patient-centered communication to analyze euthanasia discussions in companion animal practice. *J Am Vet Med Assoc* 2010;237(11):1275-1287.

⁴Best, C. Exploring the role of interpersonal relationships in equine veterinary practice. PhD Thesis. University of Guelph, Guelph, Ontario, Canada, 2015.

⁵Towell, T.L.; Hamp, S.; Wayner, C.J. Referring veterinarians’ opinions and veterinary teaching hospital veterinarians’ perceptions of those opinions regarding communication and nutritional product recommendations. *J Am Vet Med Assoc* 2010;237(5):513-518.

⁶Moyer, W.A. and Werner, H.W. Developing and sustaining a mutually functional relationship with farriers. American Association of Equine Practitioners Convention, 2012.

⁷Martinelli, M.J. Thoughts on the veterinary/farrier relationship. *Eq Vet Educ* 1996;337-40.

⁸Burrows, C.F. Meeting the Expectations of Referring Veterinarians. *J Vet Med Educ* 2008;35(1):20-25.

⁹Block, G.; Ross, J. Northeast Veterinary Liaison Committee. The relationship between general practitioners and board-certified specialists in veterinary medicine. *J Am Vet Med Assoc* 2006;228(8):1188-1191.

¹⁰American Association of Equine Practitioners website. Guidelines for Equine Veterinary Referral, Available at: aaep.org/info/vetcase-referral.

¹¹“Collegiality,” Merriam-Webster.com. Merriam-Webster, n.d., dictionary.cambridge.org/dictionary/english/collegial?q=collegiality

¹²“Professionalism,” Merriam-Webster.com. Merriam-Webster, n.d., merriam-webster.com/dictionary/professionalism

¹³Darwall, S.L. Two kinds of respect. *Ethics* 1977;36-49.

¹⁴“Code of ethics.” College of Veterinarians of Ontario. December 2015. cvo.org/CVO/media/College-of-Veterinarians-of-Ontario/Resources%20and%20Publications/Position%20Statements%20and%20Guidelines/CodeofEthics.pdf.

Ad Index

AAEP.....	61
A Home for Every Horse	43
Animal Arts.....	30
AVMA PLIT.....	28
Boehringer Ingelheim ...inside front cover	
Boehringer Ingelheim sponsored editorial.....	14
Boehringer Ingelheim.....	15
Bimeda.....	13
Care Credit.....	7
Dandy.....	42
Dechra.....	25
Doc's Products	inside back cover

Equine Diagnostic Solutions.....	36
E.I. Medical	9
Electrobraid Vet Tech Program	45
Franklin Williams.....	52
Freedom Health.....	49
Henry Schein.....	41
Jorgensen	50
Kent Nutrition.....	39
Kentucky Performance Products.....	53
Merck	35
Merial Equiox.....	11,12
Merial Legend	31, 32
Merial Marquis	47,48

Neogen	5
Nutramax.....	27
Platinum Performance.....	back cover
Purina Animal Nutrition.....	23
Shank's	52
SmartPak.....	21
Soft-Ride	37
Sound	29
Triple Crown	1
Vet Ray	3
WF Young Bigeloil.....	33
WF Young Bute-Less.....	51

BUILD STRONGER BONE *in utero*

"Research has shown that trying to make up for nutritional deficiencies after foaling does not work and can lead to developmental orthopedic disease. ***The mare must provide the necessary nutrients stored within her own bones to create the skeleton of the foal in utero.***" – BloodHorse

OCD Pellets were designed to provide the required nutritional support during the development of your equine athletes from the fetus to maturity.



www.DocsProductsInc.com
866-392-2363





WELLNESS



PERFORMANCE



CONDITIONS

Every Case. Every Time.

Support for **Wellness, Performance & Conditions.**



For Veterinarians, By Veterinarians since 1996

For two decades, Platinum Performance® has been researching the role of nutrition in equine health to provide veterinarians with the information and formulas needed to support the health of their patients.

See the Difference Platinum Can Make in Every Case.

PLATINUM
PERFORMANCE®

Good Nutrition is Good Medicine™

PlatinumPerformance.com | 866.553.2400

© 2017 PLATINUM PERFORMANCE, INC.



SINCE 1996