

Book Review – BUY IT!

## Hoof Problems

By Rob van Nassau

This book is for the curious, intelligent reader looking for detailed approaches to the anatomy, function, diseases and injuries of the hoof. And it's for the reader who likes to hear about cures whether they are technical surgeries or home remedies. Every effort is made by the author(s) to elucidate. I am so grateful to be given real information. So many supposed vet books for the non-vet are the shallow pool version when what you want is a deep sea dive. The author has a wealth of experience to contribute. Rob van Nassau has over 30 years of farrier experience working in a specialist equine vet clinic. He is a former European Champion farrier and National Champion in Holland.

example the tiny muscles in the vascular system and in the intestines peristalsis); and heart muscular tissue (horizontally striped muscle that is involuntary, thus in a separate category). On horizontally striped muscular tissue, rings can be clearly seen; smooth muscular tissue has no rings. Muscle fibre is made of horizontally striped muscular tissue.

When the horse moves forward there is continuous antagonistic muscle activity, allowing balanced and harmonious movement of the limbs.

### TENDONS

Tendons attach the muscle to the bone. They are situated at each end of the muscle. In the lower foot of the horse, the tendons are an extension of the muscles that produce the backwards and forwards movements. A tendon is made up of bundles of sinuous fibre. The sinuous fibre is bound together by connective material. In various places, the tendon is enclosed by a tendon sheath filled with lubricating fluids (synovial fluid). There are very few blood vessels in the tendon, which limits the supply of nutrients and the removal of waste matter. This explains why a tendon injury heals extremely slowly. A tendon does not contract like a muscle, and does not stretch: its function is to transfer the force of traction.

### TENDONS IN HORSE LIMBS

In the forelimb, the transition from muscle to tendon starts at the height of the knee (the wrist joint), and in the hind limb at the height of the hock. The lower limb is completely 'wrapped' with tendons and ligaments that criss-cross over each other. These ensure absorption during the enormous release of force in locomotion and jumping.



A macro registration of the extensor tendon or the toe extensor with its strong tendons (10) which are attached to the coronary protuberance of the pedal bone.



Shown in blue (and 7 on the adjacent diagram), the deep flexor tendon glides over the navicular bone (1) and is attached to the underside of the pedal bone (2). In this area (circled) the tendon glides over the navicular bone like a pulley.



The deep flexor tendon attaches at the semilunar crest under the pedal bone.



2. Pedal bone; 2a. Hoof joint
3. Short pastern bone; 3a. Coronary joint
4. Long pastern bone; 4a. Pastern joint (fetlock)
5. Cannon bone
6. Sesamoid bones (2)
7. Deep flexor tendon, or pedal bone tendon
8. Superficial flexor tendon, or short pastern bone tendon
9. Small metacarpal bones
10. Extensor tendon

The pictures are terrific. I'm a photographer and I really appreciate these. There are all sorts of them, from shots of surgical procedures to microscopic looks at fibres: close-up, clear, annotated, and illustrated.

Every page is a multi-layered look. If you don't understand the text or the point of a photo, there's another one to help you. There's so much material, you could spend an hour before turning a page.

There's an abundance of interesting home cures, the sort you might learn while reminiscing with your vet as he packs up his truck to leave on another call. For example, says Rob van Nassau, you can use honey to kill fungus. "Bees know how to keep the nursery of the queen's eggs clean. Honey contains propolis - a fungicidal agent." Honey is also indexed, appearing in three places in the text: a thorough index is a real plus.

There are elucidations that only a thoughtful instructor realizes a student needs. For example, in my barn we are having a bout of foot fungus. We recently installed rubber stall mats. These mats fit the stalls tightly and don't drain. I increased the bedding, which has helped but, still, we've never before in 20 years had any fungus issues. So I am keen to read about them here. I am made aware IMMEDIATELY that a fungus issue is also a bacterium one. And I am made aware that their sources are ever present in the soil. Now I knew both of these things. But this book tells me to treat fungus and bacterium as separate issues. I am given separate cures for them. Fungus is described specifically so I can see how it moves through the hoof. Suddenly, it's the enemy and I can see it!

I love the confidence I feel when I read this book. I am being educated.

Now, the book isn't perfect. It has several purposes. Most are benign. One is to provide detailed anatomical description. Well done!

Another is to offer case histories, in delightfully deep detail, of problems that look insurmountable. Also well done, even if the examples overall are weighted towards the most serious.

Thirdly, less benignly, the book is promotional. It promotes the patented shoes that the author and his brother have created. This is fine BUT why not state it up front?

Which parallels a real problem. The book has some forceful, sophisticated and sometimes extreme approaches to problems and I would like to know more about the credentials behind the suggestions. There is insufficient biographical information about the author. I find on the back cover that he's a well-recognized farrier of the highest calibre. He is associated with a specialist equine vet clinic. This is great to hear but it's very bareboned bio. And so, I wonder, is this vet clinic where the hoof surgeries are done? There's a lot of extreme cutting away of hoof elements. Who performs these operations? The author isn't a vet so I'm assuming he has vet support. I'd like to know how the vets are involved in the procedures and what the author expects of *my* farrier.

The other people producing this book are the author's brother as fellow researcher and the author's wife as photographer and writer. However, without reading the bookjacket, I wouldn't know until I worked my way through most of the book that these were strong collaborations. Therefore, I want the author to establish a foundation for the material.

Besides, I would love to hear the story of their farrier practice, the history of which is interesting in itself.

This book is a wonderful addition to my library and I'll put it right next to my medical books. You should, too. And don't forget to give it to your farrier. *Tania Evans, Editor*

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