



CHEFF CENTER VOLUNTEER NEWSLETTER

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April 2024 Issue 39

VOLUNTEER PROFILE: CHRIS CASPER



Ryan and Chris

We would like to introduce you to Chris Casper, our volunteer of the month for April 2024.

Chris grew up in Pennsylvania and ended up coming to Michigan to attend Western Michigan University in 2021. He graduated from WMU with a Bachelor of Science in psychology and is going on to Boston, MA, to get his graduate degree. He will earn his master's in two years, and after three more will have his PsyD (doctoral degree) in clinical psychology.

Chris served in the Army from 2013-2016 and was deployed to Afghanistan where he saw combat. After his return, he worked with the VA for his PTSD, and took part in a veterans

program at a therapeutic riding center where they taught leading, ground pen training, and horse psychology and behavior. He stated that his experience with the horses helped him learn to trust again and build connections, not just with his horse, but with other people. Because of his experience, he fell in love with horses and volunteered and/or worked at four different ranches, two of which worked with the military/veterans.

Chris' plan after he gets his doctoral degree is to work with veterans and specifically deal with their trauma from being in combat (sadly, there aren't many programs in the U.S., outside of the VA, that deal specifically with combat trauma).

Volunteering since 2022, Chris has not only been involved in regular TR classes but has also done Read and Ride and is great at being on-call when we are short for classes.

In his "spare" time (when he has it) he enjoys carpentry, home remodeling, archery, long-distance hiking, and travel, both in the U.S. and abroad. Chris feels that the most beautiful place he has been so far was the peak of Mt. Blanc in the Swiss/French Alps.

What is Chris' favorite thing about being at Cheff? "Fostering children's laughter." What a great answer! His favorite horse is Ryan because "he always wants to run."

Chris will be leaving us later this summer to move to Boston with his girlfriend, Baylee, and his service dog, Autumn, a Staffordshire Terrier. They will be there until Chris gets his PsyD and then, who knows where they will end up?

We are thrilled to have Chris for the remainder of his time in Michigan and wish him the best of luck in his future helping our heroes heal!

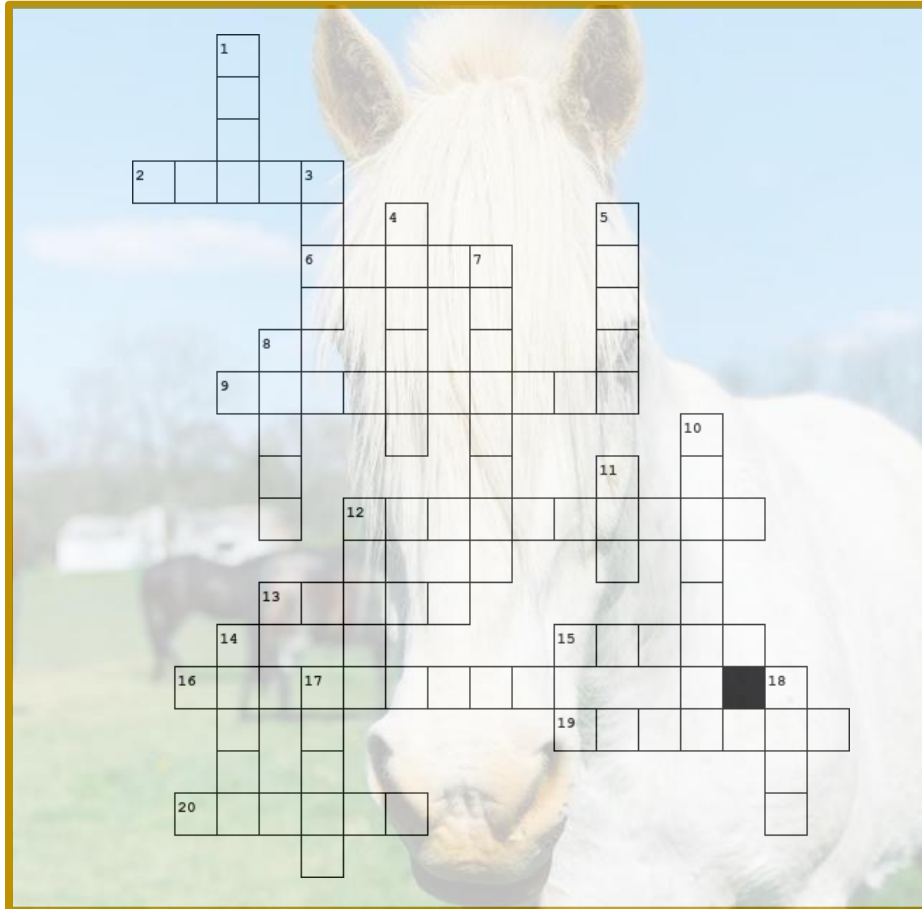


"Helping others is the secret sauce to a happy life."
- Todd Stocker

CHEFF CROSSWORD PUZZLE

With the Herd at Cheff – CROSSWORD PUZZLE

We usually profile a Cheff equine or breed on this page. But we've now featured everyone in the barn... So, instead, here's a puzzle focused on a few things in and around the herd. Print and complete OR [do the puzzle online](#). You'll find the answer key elsewhere in this newsletter.



Across

2. Larger, stronger work horses are this type
6. Being a mix of two breeds, like Art or Ryan
9. Tess's breed
12. A tasty after-class treat (two words)
13. Herd member whose breed originated in a Low Country
15. Most common breed in our herd
16. Breed of 4 Down
19. Herd member who's part Quarter Horse, part Paint
20. Another favorite after-class treat

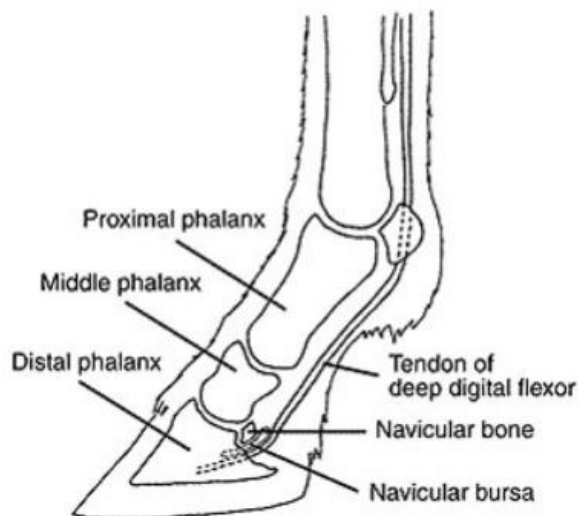
Down

1. Smallest mare in the Cheff herd
3. Saddle, halter & reins, as a group
4. Tallest horse in the herd
5. Our black & white tobiano
7. A _____ blade can be useful in the spring
8. White face marking
10. Material spread over stall floors
11. Ryan's color
12. Belly strap that secures an English saddle
14. Of the three types of the modern equid, the one not found at Cheff
17. Grooming tool used in a circular motion
18. _____ wrap (used on lower leg)

EDUCATION CORNER: NAVICULAR DISEASE

Navicular disease or syndrome in horses relates to problems associated with the navicular bone in the horse's hoof and its surrounding tissues. The term is used to describe a variety of conditions, including a progressive degenerative condition involving the navicular bone located behind the distal phalanx (or coffin bone) inside the hoof capsule, the bursa (the joint capsule that sits around the bone), and the deep digital flexor tendon (which runs over the navicular bone before attaching to the coffin bone).

This condition is found in one or, more commonly, both front feet. It is a common cause of chronic or intermittent lameness in horses, especially those with faulty conformation or high-performance activities, and can lead to significant and even disabling lameness.



What is Navicular?

Navicular is not a single disease or syndrome. The term was once widely used as a generic diagnosis of foot and heel pain. With advances in technology, veterinarians now use the term "navicular disease" to specifically refer to changes within the navicular bone structure itself. The disease can be identified by MRI scanning that looks for damage to soft tissue structures, increased fluid in the navicular bursa and distal interphalangeal joint, and changes in the bone.

Although there are navicular bones in all four feet, associated lameness almost always occurs in the front legs, and typically affects both front feet. Heel pain is very common in horses with navicular syndrome. Lameness may begin as mild and intermittent, and progress to severe. This may be due to strain and inflammation of the ligaments supporting the navicular bone, reduced blood flow and increased pressure within the hoof, damage to the navicular bursa or DDF tendon, or from cartilage erosion.

Affected horses display a "tiptoe" gait – trying to walk on the toes due to heel pain; they may stumble frequently. Although lameness usually occurs in both front feet, one foot may be more sore than the other. After several months of pain, the feet may begin to change shape, especially the foot that has been experiencing the most pain, which tends to become more upright and narrower. Toe-first landing, usually seen as a consequence of navicular disease, may actually be a cause or at least a contributing factor to the onset of tendon inflammation and bone modifications.

Causes

There is no single known cause of navicular disease, although there are many theories and several primary factors. The first factor is compression of the navicular bone; repeated compression in this area can cause cartilage degeneration, with the cartilage flattening and gradually becoming less springy and shock-absorbing. It may also begin to erode. Cartilage degeneration is common in navicular horses, usually along the flexor surface. This finding, and the associated biochemical changes, have led some researchers to conclude that there are elements in navicular disease common to osteoarthritis, and to suggest similar therapeutic regimes.

Cartilage erosion may progress to the point that the bone underneath will become exposed. With the cartilage no longer present to protect it, the navicular bursa and DDF tendon may become damaged by

the constant rubbing against the navicular bone. Navicular bursitis (inflammation of the navicular bursa) may occur, even if cartilage damage is not severe.

Constant compression can also increase the bone density directly under the cartilage surfaces, especially on the flexor side. This tends to make the bone more brittle, and thus more likely to break.

Another main factor is the tension placed on the ligaments that support the navicular bone. Some experts believe that the degenerative process begins with excess tension placed on these ligaments, causing strain and inflammation. Inflammation from strain of the impar ligament can decrease blood flow to and from the navicular bone, as the major blood vessels supplying the bone run up and down this area. If the ligament continues to be strained, it can thicken and permanently reduce blood flow to the navicular bone.

Because veins are more easily compressed than arteries, blood flow to the bone would be less obstructed than blood flow from the bone. This would cause a buildup of pressure within the navicular bone. The navicular bone, in response to both the increased pressure and overall decreased blood supply, would absorb mineral from its center.

Excess tension can also cause exostoses (bone spurs) where the ligaments attach to the navicular bone, giving the bone a "canoe" shape. If tension is extreme, the ligaments may tear.

Although found in all breeds of horses, navicular disease is most typically diagnosed in Quarter Horses, Thoroughbreds, and warmbloods. It can also affect horses that have disproportionally small feet for their size. Affected horses are usually between the ages of 7 and 14.

Treatment

The treatment for navicular is as varied as the possible causes; veterinary advice is recommended to determine all the options for an individual horse.

If it is thought that foot conformation may be a factor, therapeutic shoeing may help considerably, especially in the early stages, although sometimes the effects are only temporary. Hoof care is a subject of great debate, though, and others believe that removing shoes altogether is the best way to manage this disease, as it allows increased circulation to the hoof. People on both sides agree that proper hoof shape and angle are an important long-term management plan for a horse with navicular disease. Different horses may respond in different ways to a given technique, so the farrier, owner, and veterinarian should work as a team to formulate a plan and to adapt if the initial plan is not effective.

Rest and controlled exercise can be useful, especially in the early stages, when it can help to reduce the stresses on the navicular bone, particularly in conjunction with an appropriate change in shoeing. Many horses respond well to a combination of medication and effective farrier services.

There are several different medical treatments available including painkillers that also have anti-inflammatory effects and the newer bisphosphonates, which regulate bone metabolism. Some studies have suggested these bisphosphonates are useful for navicular disease, however it is unclear at what stage they work best.

Anti-inflammatory drugs are used to treat the pain and can help the lameness resolve sometimes if shoeing and training changes are made. These include nonsteroidal anti-inflammatory drugs (NSAIDs), corticosteroids, and other joint medications. The use of intramuscular or oral glycosaminoglycans has been shown to decrease pain in horses with navicular disease, but this effect wanes after discontinuation of therapy.

Bisphosphonates can be useful in cases where bone remodeling is causing pain. They protect bones from breaking down by blocking cells called osteoclasts (specialized bone cells that play a critical role in the maintenance, repair, and remodeling of bones).

Gallium nitrate (GaN) has been hypothesized as a possible treatment for navicular disease, but its benefits have not been confirmed by formal clinical studies. One pilot study examined horses given gallium nitrate in their feed rations. While it was absorbed slowly, it did stay in the animals' systems, providing a baseline dosage for future studies.

Vasodilators and anticoagulants can improve the blood flow into the vessels of the hoof.

Surgery is sometimes considered as a last resort; there are different options reported, with the traditional surgical treatment, known as “nerving” or “denervating,” being more common when other treatment options have failed. This involves cutting the palmar digital nerves, so the horse loses sensation in the heel. As with any surgery, this is not without risk and may only mask the issue, causing more serious problems in the long term. There is a chance of the nerves re-growing and on average the procedure offers a mean of 20 months of successful performance. It will only work in cases where a nerve block to those specific palmar digital nerves has been positive.

No single treatment works for all cases, probably because there is no single cause for all cases. The degenerative changes are usually quite advanced by the time the horse is consistently lame, and these changes are believed to be non-reversible. Currently, it is best to manage the condition and focus on alleviating pain and slowing the degeneration.

While we still do not know exactly what causes degeneration of the navicular bone and its associated tendons and ligaments, in terms of imaging and awareness, at least, we have moved on in leaps and bounds in the last 15-20 years with the advent of MRI and improvements in equine foot care.

<https://www.horseandhound.co.uk/plus/vet-library/navicular-disease-horses-699820>

[Navicular syndrome - Wikipedia](#)

[The beat on navicular disease in horses - MSU Extension](#)

<https://extension.missouri.edu/publications/g2743>



FUN FACT

Mister Ed, a show about a talking horse, ran from January 5, 1961, to February 6, 1966. The horse originally appeared in short stories by Walter R. Brooks. Comedian George Burns financed the original pilot for Mr. Ed, which was shot at his McCadden Studio in Hollywood at a cost of \$70,000. Jack Benny was also involved behind the scenes.

The title role of Mister Ed, a talking palomino, was played by gelding Bamboo Harvester and voiced by former Western film actor Allan Lane. The role of Ed's owner, a good-natured, but rather klutzy architect named Wilbur Post, was played by Alan Young. Many of the program's gags follow from Mister Ed's tendency to talk only to Wilbur, Ed's skills as a troublemaker, and his precociously human-like behavior.



A running gag is that other characters hear Wilbur talking to Ed and question to whom he is talking. According to the show's producer, Arthur Lubin, Young was chosen for the lead role because he "just seemed like the sort of guy a horse would talk to."

Mister Ed appeared to talk by using a technique called the "nylon fishing line" or "thread technique," where the trainer strung the bridle with a nylon fishing line that fed into the horse's mouth. When the trainer tugged on the line, the horse tried to dislodge it by moving his lips, so Mister Ed appeared to talk. The horse's trainer eventually taught Mister Ed to move his lips on cue when his hoof was touched.

The other main characters throughout the series are Wilbur's generally tolerant young wife, Carol (Connie Hines), and two sets of neighbors, to whom Ed delights in making Wilbur appear as eccentric as possible. Occasionally, Carol's father would appear, always trying to persuade her to divorce Wilbur, whom he often refers to as a "kook" because of Wilbur's clumsiness. Alan Young performed double duty during the final season of the series, also directing nearly all episodes.

Ed's ability to talk was never explained, or ever contemplated much on the show. In the first episode, when Wilbur expresses an inability to understand the situation, Ed offers the show's only remark on the subject: "Don't try. It's bigger than both of us!"



CHEFF UPDATES



With heavy hearts, we share the passing of Simon, one of Cheff's therapy horses. Before Simon became a beloved member of our staff, he was a retired show horse that held a world title or two in showmanship and/or halter. Simon spent two years serving in Cheff's classes and programs, including Girlz in the Barn.

Earlier in his career, Simon was diagnosed with "Navicular Disease," characterized by inflammation or degeneration of the navicular bone and its surrounding tissues (see this month's Education Corner article for more information). While he was at Cheff, his condition was closely monitored and maintained until recently, when the disease progressed beyond a point where he was able to be kept comfortable. Simon was a favorite of volunteers and will be greatly missed. We remain incredibly grateful to his owner, Tanya, for sharing him with us for the time he was here.

Welcome back to Zeke, a beautiful horse that was graciously loaned to Cheff by Emily. Zeke is presently on trial, fingers crossed!

Cheff had the privilege of hosting two different groups of WMU Occupational Therapy students. They were introduced to the world of Equine Assisted Activities and Therapies - focusing on therapeutic riding and hippotherapy. Each student took a turn on horseback while exploring and evaluating how equine movement can affect riders. Looks like they enjoyed their experience!





APRIL BIRTHDAYS

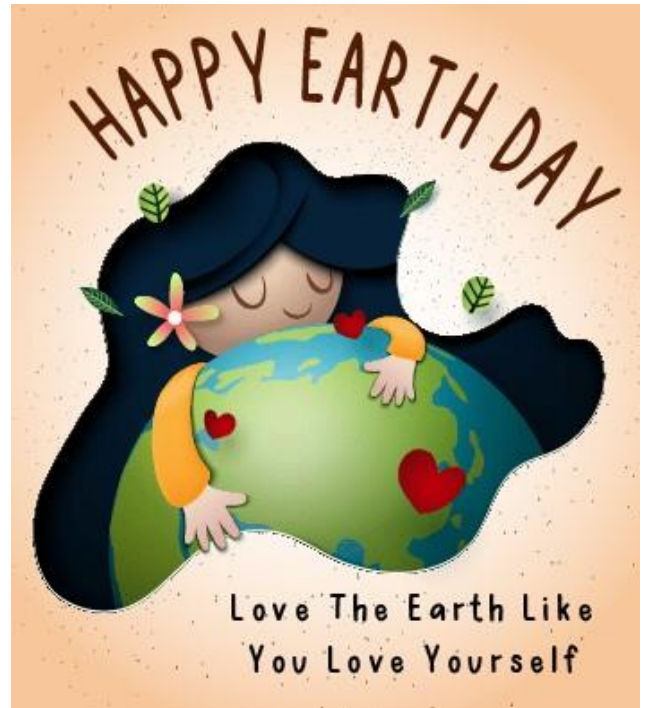
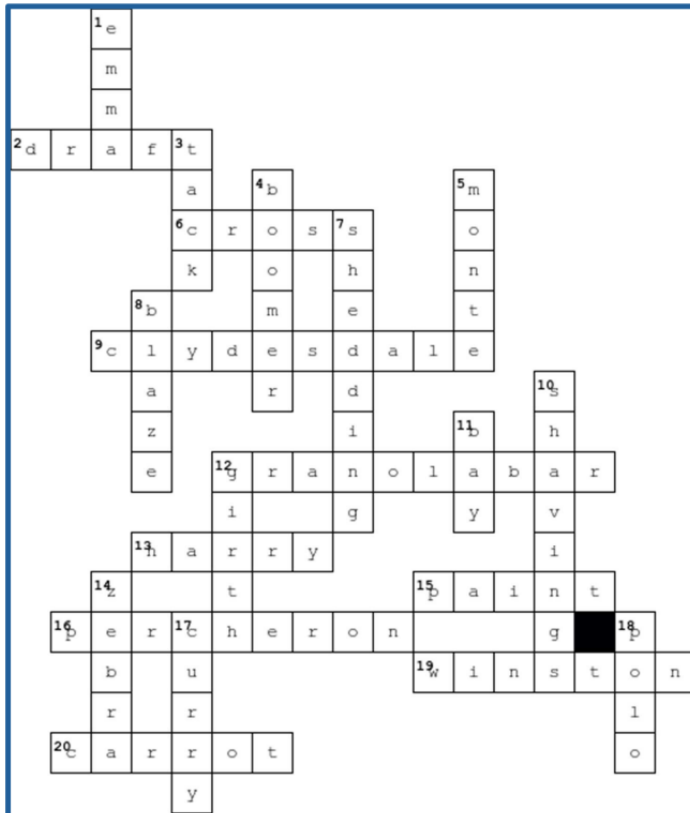


Deb B
Sophie G
Joni H
North R

Carter B
Hadley H
Becky K
Kassidy S

Lynsey C
Zachary H
Edie L
Alexa W

CHEFF CROSSWORD ANSWERS



Harding's

Harding's customers - if you join their Community Rewards program and select the Cheff Center as your organization of choice, we receive a rebate based on your purchase amounts.

Please let your friends and family know—every penny helps! For more information, click on the link: <https://www.hardings.com/savings-and-rewards/community-rewards/>

Rite Aid

Rite Aid is one of Cheff's partners and extended their shopper rewards program to us. Please consider signing up as a Cheff Supporter. Simply register at: support.rxfundraising.com/CheffCenter

Cheff gets a large discount on horse-related products!

If you would like to get more bang for your buck, you could make a [DONATION](#) to Cheff and we will gratefully use it where most needed!

Any Questions/Comments/Suggestions?

If so, you can contact Sara Putney, Volunteer Administrator, at sara@cheffcenter.org

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