

Guidelines for Control Judge and Treatment Veterinarians at AERC Endurance Competitions and UMECRA Competitive Rides and Drives

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The Veterinary Team

The ride veterinary team should consist of a Head Control Judge Treatment Veterinarian and/or may also include Associate Control Judges.

- Head Control Judge (Head Veterinarian) - recommended 1 control judge per 15-25 horses
- Associate Control Judge
- Treatment Veterinarian - recommended 1 treatment vet per 30-40 horses

If needed, the head control judge can also be the treatment veterinarian.

AERC Control Judge and Treatment Veterinarian exams are available online.

Pre-Ride Responsibilities

The Head Control Judge may work with management to determine details for the ride such as the loop length order, hold types, etc

The Head Control Judge should determine roles and responsibilities of the veterinary team and veterinary supplies needed.

All veterinarians should review the appropriate rules for the ride, i.e. AERC, UMECRA, regional organizations, as well as the appropriate veterinary handbooks from AERC and UMECRA. While digital copies are available online, printed copies should be made available when possible. UMECRA rules may be different from AERC Rules and should be followed at UMECRA sanctioned rides.

Veterinarians should familiarize themselves with the different types of score cards (Limited Distance (LD)/Endurance vs Competitive) as well as how these cards are used throughout the ride to evaluate the horses. Asking a more experienced vet to explain the differences before the ride begins is appropriate and encouraged.

At Ride Responsibilities

A. Ride Criteria

It is the head veterinarian's responsibility to determine the parameters (P/R's and hold times) and the criteria for successful completion. These may be established with input from ride management as well as the veterinary team working the ride. Considerations that need to be taken into account include, ambient temperature, trail conditions, weather, and skill level of riders/drivers when appropriate.

B. Rider Briefing

It is the head veterinarian's responsibility to ensure the announcement of parameters (P/R's and hold times) and the criteria for successful completion for LD, Endurance and Competitive riders. The method and flow through the vet checks should also be described as well as the procedures for Best Condition (BC) scoring for LD and Endurance riders.

If the finish line is a considerable distance from the vet check area, appropriate time should be added to the horse/rider time to meet the pulse parameter at the finish. This information MUST be posted 12 hours prior to the ride start and stated in the pre-ride meeting.

An announcement should be made on whether the CRI (Cardiac Recovery index) will be used and if tack should be on or off during vet checks or if water and in what volume will be allowed for competitive horses for sponging.

C. Exams

Pre-Ride Exam

All horses shall have a pre-ride exam. The type of exam will be determined by the ride the horse and rider are entered in. All Pre-Ride exams consist of metabolic and lameness assessments. See below explanations of ride determined protocols.

Control Checks

The purpose of control checks is to identify and remove from competition those horses which present an unacceptably high risk of developing subsequent and more serious metabolic or biomechanics lesions before those injuries actually occur. The horses must be fit to continue. *AERC Guidelines for Judging AERC Endurance Competitions pg 13*

Types of control checks.

These are determined by ride management and head veterinarian. UMECRA rules encourage the "Gate into timed hold" for all checks.

- Gate into timed hold
- Straight Hold
- Pulse and Go
- Trot-by

Number of checks

These are determined by ride management.

AERC rules

- at least once for any ride at or over 25 miles
- 2-3 holds for 50 mile rides
- 5-8 holds for 100 mile rides

UMECRA rules

- minimum of 2-3 stops for 50 miles ride
- minimum of 5-8 checks on a 100 mile ride. (pg 8 UMECRA)

Suggestions for ride managers (pg 28 UMECRA)

- 25-mile competitive ride: Requires a stop within 25 miles or increment thereof. Horse may not travel more than 20 miles without a scheduled vet stop.
- 50 mile ride: a stop usually held every 12-20 miles.
- 100 mile ride: stop a sufficient number of times to ensure horse safety, depending on weather and trail. Checks should be more frequent than 25-miles intervals, especially during the last half of the ride.

Exam Considerations

- Will be determined by type of ride, ie LD/Endurance vs. Competitive (See below)
- Any horse grade 3 lameness on the AAEP Lameness Scale (See below) or worse regardless of ride entered is not fit to continue
- Veterinarians should use the information gained during their exam to determine if the horse is fit to continue.

Flow of the Vet Check

1. Horses/riders should have an unimpeded pathway to the crew area, times should be recorded on the time card in an efficient manner.
2. Pulse should be taken in a timely fashion when requested and in the same place for all horses (preferably in a marked pulse box). Pulses and pulse times should be recorded before proceeding.
3. Horses should be allowed to go to the hold right after pulsing down or exam to eat and drink and rest without disturbance.
4. Horses need to have a metabolic and lameness evaluated after pulsing down. The time at which the exam is performed can be determined by the veterinarian and ride management and must be announced at the rider meeting. It is strongly suggested that the exam be performed before the horse goes to its hold but some rides may choose to have the exam prior to horses exiting from their hold times. Riders should be encouraged to have the horse examined at any time during the hold if they have concerns.
5. Riders should be notified immediately of any aberrations that would prevent fit to continue, so corrections can be attempted.
6. A recheck exam can be done 5-10 minutes before going out on the trail again if progressive recovery or any other parameter is of concern.

It is at the veterinarians' discretion to determine if it is safe to examine the horse. If at any point the veterinarian determines it not safe to examine the horse the veterinarian can decide if alternative methods of examination are appropriate, adjust points or grading accordingly or dismiss the horse.

Types of Examinations

1. **Completion Exam:** Should be the same criteria as applied throughout the ride (+/- CRI).
2. **Best Condition Exam:** The first ten horses to cross the finish line are eligible to stand for best condition. This applies to Limited Distance and Endurance riders only). Specifics of when a horse should present for BC should be determined before the ride and announced at the riders meeting along with the exam protocol.
3. **Post-Ride Courtesy and Safety Checks:** Veterinarians may ask for any horse to return after a check to ensure they are recovering. These exams are not to be lameness exams or other work that lays outside the scope of a ride exam. If those types of exams are requested by a rider it is at the veterinarians' discretion if there is time to complete the exam and charge appropriately.
4. **Other Checks:** Any horse pulled mid ride (rider option or otherwise) should have an exam when they return to camp.

AERC Pull Codes (explanation found on page 23-26 AERC Guidelines)

- L-Lame
- M-Metabolic
- SF-Surface Factors
- OT-Over Time
- DQ- Disqualified

Rider Option applies only to horses that are judged fit to continue but the rider for whatever reason has decided not to continue.

- RO-Rider Option
- RO-L Rider Option Lame
- RO-M Rider Option Metabolic

It is the head control judge (veterinarian) responsibility for filling out any post ride reports and submitting to AERC. Forms can be obtained from ride management or on the AERC web page under the veterinarian tab.

AAEP LAMENESS SCALE

0: Lameness not perceptible under any circumstances.

1: Lameness is difficult to observe and is not consistently apparent, regardless of circumstances (eg under saddle, circling, inclines, hard surface, etc.)

2: Lameness is difficult to observe at a walk or when trotting in a straight line but consistently apparent under certain circumstances (eg weight-carrying, circling, inclines, hard surface, etc.)

3:Lameness is constantly observable at a trot under all circumstances.

4:Lameness is obvious at a walk.

5:Lameness produces minimal weight bearing in motion and/or at rest or a complete inability to move.

Limited Distance/Endurance Rides

- Limited Distance rides: 25-35 miles, completion time is determined when the horse meets pulse completion parameters of 60 beats per minute.
- Endurance: 50 - 100 miles, completion time is when horse crosses the finish line
- Placement is based on completion times.

It is the head veterinarian's responsibility to ensure the announcement of parameters (P/R's, and hold times) and the criteria for successful completion. The method and flow through the vet checks should also be described as well as the procedures for Best Condition (BC) scoring. If the finish line is a considerable distance from the vet check area, appropriate time should be added to the horse/rider time to meet the pulse parameter at the finish. This information **MUST** be posted 12 hours prior to the ride start and stated in the pre-ride meeting. An announcement should be made on whether the CRI will be used and if tack should be on or off during vet checks.

Pre-Ride Exam

Record the following on the AERC control card using the A,B,C,D scoring other than for TPR.

- A = Superior
 - B = Acceptable
 - C = Cause for Concern
 - D = Unacceptable - cause for reevaluation and/or elimination
-

1. Pulse - record numerical value
2. Respiration-***not necessarily recorded but can be used later in the ride for evaluation of fit to continue

3. Temp- **not necessarily recorded but can be used later in the ride for evaluation of fit to continue
4. Mucous membranes
5. CRT (capillary refill time)
6. Skin tent
7. Jugular fill
8. Gut sounds—all 4 quadrants
9. Anal tone
10. Muscle tone
11. Back and withers for soreness
12. Wounds - record any scars or wounds the horse starts with on the picture
13. Have the horse trot out and back to evaluate for lameness, fatigue, attitude and impulsion.

Additional notes can and should be added as needed.

Control Check

1. The horse must pass the pulse parameter set before the ride any time within 30 minutes of arrival at the timer.
2. Horses should be timed into the hold as of the minute they walk into the pulse lane rather than at the time the check is completed. The pulse time should be recorded on the score sheet by the pulse taker.
3. Horses should be checked for all parameters using the rider card and scores recorded. Any horse with a D score or lameness of grade 3 or more should be reevaluated to determine fitness to continue. If the veterinarian has any concerns they should ask the horse/rider to come back before leaving the hold.
4. Temperature should be considered an adjunct control parameter to be used if there is an indication that the horse could be hyperthermic.(slow pulse recovery, panting, flared nostrils) 103 F is expected at times but to come down with discontinuing exercise. 103.5 temps lasting longer than 30 minutes with aggressive cooling are not "fit to continue." Temp of 105 F is critical and requires aggressive cooling.
5. Before leaving the hold horses can be trotted out again for a lameness check.
6. If possible horses should be observed on the trail as often as possible.

Completion Check

Criteria for successful completion are listed under AERC Endurance Rules. The AERC final parameters have been adopted in their entirety. All the criteria on the Rider's Card should be checked.

A horse should be certified for completion if it:

- Demonstrated being "fit to continue" in that it possesses remaining reserves, and could safely be ridden further, even if at a reduced speed.
- Has stable vital signs, and is demonstrating progressive recovery. As with criteria used throughout the ride, the completion criteria are set at the discretion of the head control judge. However a pulse of 64 bpm is the maximum completion pulse criteria set by AERC rules and 60 bpm is the completion pulse criteria for LD.
- Is not consistently lame at the trot on a straight line (Grade III) nor at the walk (Grade IV or V)
- Has not been administered nor requires urgent medication or treatment of any kind. Pg 26-27 AERC Guidelines for Control Judges and Treatment Veterinarians

Best Condition (BC)

The first ten horses to cross the finish line are eligible to stand for best condition. Use the form provided by AERC. The AERC description of Best Condition can be found on pages 26-27 of the AERC vet guidelines. There is also a description of what parameters should be used for each category for the vet portion on the back of the first page of the BC score sheet (see forms below)

Exact procedures for best condition exams can vary from veterinarian to veterinarian. The most important thing is constancy. The veterinarian doing the BC exam must be consistent in their exam process. All procedures for the BC exam should be explained at the riders meeting prior to the ride. Veterinarians are only responsible for filling in the veterinary portion of the score sheet. If the veterinarian determines none of the horses are suitable for a best condition award the award does not need to be given.

Example of a BC exam procedure-

1. Horse presents for CRI 10 min after finish (for LD this is 10min after reaching pulse, for endurance this is 10 min after crossing finish line, whether they have pulsed down or not). The CRI pulse may be used to certify the horse for completion.
2. If not already certified for completion, horses are examined for completion.
3. Horse is then presented at a predetermined time announced during rider meeting for their BC exam which should include a full evaluation of metabolic parameters and soundness. It can include another CRI. Lameness evaluation can include circles (similar to competitive) or other parameters that were previously set by the veterinarian(s). Time of exam can be changed if needed due to extenuating circumstances and must apply to all riders in the event.

Cardiac Recover Index (CRI)

The Cardiac Recovery Index (CRI) is a tool for determining fatigue. It can be used at all control check points as well as at completion on endurance rides, and is used in the best condition exam.

The procedure for the CRI is

1. The horse's pulse is taken
2. The horse is then immediately trotted straight out 125 feet and back (this can be used to evaluate the horses gait for the check).
3. The pulse is taken a second time 1 minute after the horse began its trot out. (During this minute other parameters can be checked).

If there is a significant increase (2-3 beats in 15 secs) of the second heart rate the horse should be re-evaluated. A rise in CRI, in and of itself, cannot be the sole reason for disqualification. If an exit CRI is used, ask riders to return to the vet area 10 minutes before their hold is up to present for their CRI.

Competitive Rides/Drives

- Competitive rides- 25 miles to 50 miles
- Drives- mileage can vary depending on trail available
- Novice rides (15 miles or less)

Competitive rides/drives are placed based on a point system determined by a predetermined time to complete the trail, p/r and the vet exam. It is important to record any deductions necessary during the pre exam as well as the completion exam.

It is the head veterinarian's responsibility to ensure the announcement criteria for successful completion. Other examples of items to clarify during pre-ride meeting: preference on tack removal during holds and allowance of artificial water for cooling during holds and where water is provided for drinking on the trail.

Pre-Ride Exam (Use the UMECRA Score Sheet)

1. Pulse
2. Respiration
3. Body Condition Score
4. Temperature (per conditions)
5. Mucus Membranes (Using A,B,C,D scoring system)
6. Capillary Refill Time (CRT) (Using A,B,C,D scoring system)
7. Skin Tent (Using A,B,C,D scoring system)
8. Gut Sounds (Using A,B,C,D scoring system- veterinarians can average all 4 quadrants)
9. Record Lesions (using the horse's silhouette – ask riders to declare lesions)
10. Lameness, Attitude, Fatigue
 - Examine and evaluate the following in this order: Have the horse trotted straight out and then circled both ways at a trot to evaluate for lameness.
 - Horses with Grade II or worse may not start.
 - At the same time, evaluate the horse for attitude and fatigue. (willingness, ears up, quality of gate ie short and choppy)
 - Record notes on score sheet for comparison pre and post ride
11. Score soreness in back (0-10) & shoulders (0-10) & others (0-10). Others being cinch area or gluteals, etc. same area on every horse. Use numeric scoring.
12. Legs – Palpate for pain (0-10), heat (0-5), filling (0-5). Use numeric scoring.
13. Manners may be scored at any time up to -10 points per incident.

For consistency and efficiency in scoring, if there are 2 vets present, split the exam so that the same vet examines the same parameters on each horse pre and post ride. (For example Vet 1 watches trot out and palpates and scores back and shoulders. Vet 2 palpates legs and scores lesions such as interference marks, etc.) Both vets can do metabolic parameters. It is not recommended that the same vet examine the trot out and the palpation of legs because the lines will back up because one vet is doing the lengthy evaluations.

Mid-ride Check

1. P/R's shall be taken 10 minutes after arrival (15 minutes for drivers). If the horse does not meet the parameters of less than 68 pulse and respiration, it is rechecked 10 minutes later and 30 points are deducted and the score of the second P/R is deducted from the score. If the equine again fails it is excused.
2. At all checks during the ride the horse must be allowed at least 2 minutes of "still time" (not being asked to move) before a P/R is taken. Horses should be evaluated under the same conditions (ie all horses should stand in the same area with the same conditions, shade vs sun)
3. The horse is trotted straight out and back for a non-scored lameness check. This must be done in hand. The saddle may or may not have to be removed as determined prior and announced at the riders meeting.

4. If there is concern for the horse metabolically the veterinarian may choose to do a more detailed exam and can pull a horse if it is determined the horse is not fit to continue.

Spot Check

Horses are met by a spotter on trail and instructed to trot to the timer, vet, or P&R volunteer at a designated spot further down the trail. This makes the checks fair for everyone P/R's are taken 10-15 minutes after arrival. The 10-15min time is included in the ride time.

1. A horse may NOT be pulled at a spot check simply for not meeting parameters. However, if the veterinarian feels that the horse is unfit to continue, it should be excused. A horse may not be held extra time, for a second recheck.

Completion Check

1. P/R's shall be taken 10-15 minutes after arrival. If the horse does not meet the parameters, it is rechecked 10 minutes later. The equine's pulse and respiration must be 68 or lower 10 minutes after the first check in order to complete. If the equine again fails it does not complete the ride. The horse will need to be further examined by the veterinarian (ie a completion exam or similar).
2. The horse should be checked for metabolic parameters and recorded on the ride sheet. Gut sounds are also evaluated. These are scored A,B,C,D.
3. Method of checking for the remainder of the score sheet should if possible be the same as the check in, ie the veterinarian should be assigned the same examinations for each horse as they were for the pre-ride check.
4. The trot out exam should be done first so that there is not the perception that any palpation of the horse, whether back or legs, has caused any aberration of gait. The trot out scoring is based on the pre-ride evaluation vs the post-ride evaluation using a numerical scoring system. The remaining evaluation is then continued following the procedure done at the vet in. If time allows, veterinarians newer to the exam should evaluate the lameness portion with a more experienced veterinarian to become more familiar with the point system.
5. Care should be taken not to penalize a horse for something it checked in with (subtract pre-ride minus points from pre-ride check from those at final check). Keep in mind that there are no plus points.

Treatment

Please see 'Guidelines for Control Judge and Treatment Veterinarians at AERC Endurance Competitions' the Treatment Principles section, as well as the AERC Vet Committee's handout: Emergency Treatment of Endurance Horses – General Guidelines.

Being a veterinary official at an endurance ride involves judging the event in accordance with the rules and regulations of UMECRA and ensuring the safety and welfare of each horse at the ride.

Horses can be evaluated:

- At a veterinary hold
- Out on the trail
- By an observant owner at any time pre-ride or post-ride

The treatment veterinarian should be alerted of any horse needing veterinary care immediately.

Recommended Equipment and Medications

- Stethoscope
- Watch with seconds indication
- Thermometer
- Twitch
- Nasogastric tube
- Stomach pump
- Bucket
- IV catheters - 14 x 2" or larger – 10 gauge are suggested
- Large bore fluid administration sets for high volume fluid flow
- Flashlight/Headlamp
- Hoof knife and hoof tester
- Sterile pack and suture material
- 60-100 liters non-alkalizing IV fluids
- Oral electrolytes - Isotonic
- Calcium gluconate (dairy milk fever preparation)
- KCl (small vials - 20mEq each)
- General multi-electrolyte solution for large animals (i.e. Dextrolyte)
- Ophthalmic medications
- NSAIDS (Phenylbutazone, banamine, etc.)
- Tranquilizers - Xylazine, butorphanol, Acepromazine, Detomidine
- Wound medication - Antibiotic ointment

- IV 50% Glucose solutions
- Euthanasia solution or supplies for appropriate euthanasia method as recommended by AAEP Euthanasia Guidelines

Metabolic Conditions in Endurance Horses

Their complete physiologic description is beyond the scope of this publication, but one must realize that they are caused by electrolyte depletion due to sweating (sweat contains Na, Cl, Ca, Mg and K ions).and by energy depletion resulting in low blood glycogen. First, it must be realized that horses lose tremendous volumes of electrolyte-rich fluids during endurance competition. Secondly, it must be realized that distance horses DO NOT BECOME ACIDOTIC during an endurance ride because they lose so many Chloride ions and are running in an aerobic condition and do not accumulate acid.

Common conditions include but are not limited to:

- Exhausted Horse Syndrome
- Rhabdomyolysis - Tying Up
- Thumps (Synchronous Diaphragmatic Flutter)
- Heat Stress
- Cramps

Diagnosis

These conditions can be recognized by the generalized clinical signs of:

- Colic – mild to severe abdominal pain
- Depression - No interest in food or life in general
- Elevated rectal temperature, greater than 103 F
- Persistently elevated pulse and respiratory rates
- Dehydration
- Anorexia
- Lack of thirst even though clinically dehydrated
- Increased capillary refill time
- Decreased gut sounds
- Muscle cramps, spasms, or fasciculations
- Poor mucous membrane color
- Hyperemic line around incisor teeth

Treatment

The philosophy of treatment at a ride should be to stabilize the horse to a point that the horse starts to eat and drink and signs of exhaustion are reduced. Intestinal sounds should come back throughout successful treatment and as energy and electrolyte requirements are corrected. The horse will relax and gain interest in life. This may only involve some oral electrolyte supplement or other palliative care by the owner. In more severe cases however, it may involve triage attention with all one can imagine to correct the problem.

The treatment of metabolically compromised distance horses involves:

1. Fluid administration - rapidly - 20-40 liters
2. Correction of electrolyte depletion
3. Energy administration - in the form of glucose
4. Body temperature correction.

1. Fluid Administration to Correct Dehydration:

- A. An endurance horse can lose 10% of its body weight throughout a 100 mile ride so fluid administration is a main part of treating sick endurance horses.
- B. Catheters:
 - a. 14 gauge – 2” or 6”
 - b. 10 gauge - 6” are preferred
 - c. Two can be placed when necessary to facilitate rapid fluid administration - flow rates of 5-10 L/hr
 - d. Sutured and/or glued in place
 - e. IV Sets: Must be large bore sets
 - f. Simplex sets for the tops of gallon jugs
- A. Fluids:
 - a. Polyionic non-alkalizing (Normasol, Plasmolyte 3-5 L bags)
 - b. Horses may need up to 40 to 60 liters. Most situations are corrected after 20 liters
 - c. Oral Isotonic Electrolyte Solution: can be used alone or in conjunction with IV therapy. Approximately 2-3 gallons may be administered every two hours with care take to ALWAYS check for reflux, as ileus (see note below) is very common in the stressed distance horse.

Note: Homemade isotonic IV solutions can be made in gallon jugs of commercially available distilled water (even tap water if necessary) with the addition of 1 tablespoon table salt and 1 tablespoon lite salt. This can be used in an emergency.

Note: Ileus is very often found in compromised endurance and competitive horses. The cause is related to dehydration, energy and electrolyte imbalance. Ileus manifests itself with lack of intestinal motility and fluid buildup in the stomach, even to the point of rupture. Therefore, horses under treatment should have their stomachs refluxed, especially before giving oral fluids, and, if positive, then at least every 2 hours.

Acid-Base Correction

DISTANCE HORSES DO NOT DEVELOP ACIDOSIS DURING COMPETITION. Generally, we have no way of testing for acid-base balance out on the trails. Therefore, adding bicarb or OH ions during treatments is not recommended since the wrong pH correction could be deadly.

Many times after a catheter is in place and fluids flowing, the administration of a 1 liter bottle of large animal multi-electrolyte-dextrose mixture (i.e. Dextrolyte) can correct problems (Na, Cl, K, Ca and Mg) very well.

If the horse does not seem to be responding after receiving 20 liters of fluids IV, one should continue fluids and start looking to refer the horse to a full-service equine veterinary hospital. The ride manager should provide contact information with directions to the closest equine facility prior to the ride.

2. Electrolyte administration: (using the formula)

-neuromuscular excitability is directly proportional to the Na and K concentration and indirectly proportional to Ca and Mg and H+ ion concentration

Use the equation:

$$NE \sim \frac{[Na] \times [K+]}{[Ca^{++}] \times [Mg] \times [H^{++}]}$$

Therefore if: Ca is low - Neuromuscular excitability will be high (inversely related). The horse's muscles will be twitching, cramping, and fasciculating (tetanic). Thumps (synchronous diaphragmatic flutter) may also occur.

-Calcium is administered directly using a 20% Calcium borogluconate solution to effect or add 100ml to each liter of fluids to a dose of 250-500ml - monitor heart closely. Stop if cardiac irregularities develop or breathing becomes labored.

Therefore if: K is low - Neuromuscular excitability will be low (directly related). The horse will be flaccid, disinterested, stumbly and weak with ileus. K should be added to provide 10 mEq/L in the second or third liter of fluids. Dose is 20-40 mEq/L while monitoring the heart closely.

3. Energy Administration

Glucose - 500 cc of 50% Glucose is added to 3-5 Liter bag for correction of energy depletion.

4. Body Temperature Correction

Some horses will show rectal temperatures of 103 degrees F at rest stops but will recover to normal during the rest. Body core temperatures run 2-3 degrees F higher than rectal temperature. Therefore, rectal temperatures of 105 degrees F are in the critical range and must be corrected by the horse (panting and sweating) and rider/pit crew (with cold sashes). Horses that have rectal temperatures in excess of 105 degrees F and exhibit signs of heat stress require vigorous cooling. Alcohol in water, ice in water, increasing the air movement over the skin (fanning), and sometimes ice enemas can be extreme measures to reduce a horse's body temperature. Dehydration is usually an item that must be corrected in hyperthermic horses as well.

NSAIDS, such as phenylbutazone or banamine, can cause kidney damage when used in a dehydrated horse. Evaluate the hydration status of the horse by looking at skin tent, capillary refill time, moistness of the gum, and jugular distension. Then, use NSAIDS only after hydration is determined to be normal or corrected to near normal status. If needed to reduce colic symptoms, for example, use sparingly (at half dose) while rehydration is taking place usually only after urination has taken place. Acepromazine causes peripheral vasculature dilation and should be only used in a hydrated horse that has normal circulating blood volume. Tranquilizers that have less effect on blood pressure and circulation can be used if necessary to facilitate treatment and make the horse more comfortable (Detomidine/Xylazine/Torbugesic).

Other conditions veterinarians should be prepared for include but are not limited to:

- Lacerations
- Ophthalmic injuries
- Musculoskeletal injuries
- Euthanasia

Veterinarians should charge their normal fees for any medications or treatments administered during a ride. If owners request any exams/services not within the scope of an endurance ride the veterinarian can use their judgement as to if they have time to complete the exam/service and if it is appropriate to complete the exam/service at the ride.

RESOURCES

AERC Guidelines for Judging AERC Endurance Competitions-
<https://aerc.org/compete/control-judges-handbook/>

AERC Rules and Regulations - <https://aerc.org/compete/aerc-rules-regulations/>

UMECRA Rules and Veterinary Handbook- <https://umecra.com>

Books:

[Equine Emergencies Treatment and Procedures](#) James A. Orsini, Thomas J. Divers

Endurance books:

Articles:

Associations:

Upper Midwest Endurance and Competitive Rides Association <https://umecra.com>

Distance Riding Association of Wisconsin <https://www.drawisconsin.com>


Minnesota Distance Riding Association <https://mndra.com>

AERC Scorecard

RIDER INFO
 Rider Name _____ DATE _____ DISTANCE _____ RIDER # _____
 Junior Rider _____ Sponsor's Name (Juniors) _____
 Horse Name _____ Age _____ Breed _____ Color _____
 Rider AERC # _____
 AERC Wt Div _____
 Rider UMECRA # _____
 UMECRA Wt Div _____

HORSE INFO
 Horse AERC # _____
 Horse UMECRA # _____

POST RIDE INFO
 Ride Time _____
 Rider Weight _____

<p>Body Condition Score (Must be between 3 & 8) Circle Score</p> <p>1 - Poor 2 - Very Thin 3 - Thin 4 - Moderately Thin 5 - Moderate 6 - Moderately Fleshy 7 - Fleshy 8 - Fat 9 - Extremely Fat</p>		 <p>Mark at points of concern (can use contrasting color at final exam)</p>		<p>FINISH TIME: _____</p> <p>Post-Ride (Final) Examination</p> <p>P _____ Cardiac R _____ Recovery T _____ Index (CRI)</p>	
<p>Pre-Ride (First) Examination</p>		<p>Post-Ride (Final) Examination</p>		<p>Comments</p>	
Parameter	A,B,C,D	Parameter	A,B,C,D	Comments	
Mucus Membranes		Mucus Membranes			
Capillary Refill		Capillary Refill			
Jugular Refill		Jugular Refill			
Skin Tenting		Skin Tenting			
Gut Sounds Grade each quadrant		Gut Sounds Grade each quadrant			
Anal Tone		Anal Tone			
Muscle Tone		Muscle Tone			
Back Withers		Back Withers			
Tack Galls		Tack Galls			
Wounds		Wounds			
Gait		Gait			
Impulsion		Impulsion			
Attitude		Attitude			
Overall Impression		Overall Impression			
Signature of Examiner		Signature of Examiner			
Reason of elimination		Reason of elimination		Signature _____	

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Best Condition (BC) Worksheet

Best Condition Judging Worksheet

Pulse	10 Min	1 Hour
64	0	0
60	1	1
56	2	1
52	3	2
48	3	2
44	4	3

CRI Same/Less	3
Up 4 beats/min	2
Up 8 beats/min	1
Over 8 B/min	0

A = 2

B = 1

C = 0

Score tack, related lesions, and not-tack pain, interference, etc., on a scale of 0 to 5.

A = 6.5 - 10
 B = 3.5 - 6.5
 C = 0.0 - 3.5
 D = Ineligible

Placing:	1	2	3	4	5	6	7	8	9	10
Entry #										
(0-4) 10 Min										
(0-3) CRI										
(0-3) 1 Hour										
(0-10) Recovery										
(0-2) MM										
(0-2) Cap.										
(0-2) Jug.										
(0-2) Skin										
(0-2) G.I.										
(0-10) Hydration										
(0-5) Tack										
(0-5) Other										
(0-10) Wounds										
(0-10) Soundness										
(0-10) Impulsion										
(0-20) Gait/M										
(0-50) Total										

Instructions

A. VETERINARY SCORE SHEET	Maximum Score 500 Points
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STANDING EVALUATION

Recovery:

Base upon ability to demonstrate recovery; e.g. the Cardiac Recovery Index; recommend use the CRI taken 10 or 15 minutes post-finish time. Base the respiratory aspects on quality of respiration as determined visually and by auscultation.

Hydration Factors:

Use all the metabolic parameters that indicate the state of hydration, i.e. skin tenting, mucous membranes, capillary refill time, jugular refill time and gut sounds.

Lesions Producing Pain and Discomfort:

Major concerns are back pain and pain/swelling in joints, tendons, and ligaments that may be indicative of potentially serious pathology. Also consider girth, saddle, and other tack-induced lesions and all wounds. Note: Do all but cursory palpation after the movement phase.

MOVEMENT EVALUATION

Soundness:

Note: Not eligible for consideration for B.C. if there is a pathological gait aberration greater than grade II. Consider: Regularity of gait and movement.

Quality of Movement:

Consider: Attitude, coordination and impulsion (deterioration exhibited as a reluctance or refusal to trot, stumbling, leg weariness, muscle fatigue and stiffness).

Parts B & C to be completed by Ride Management ONLY (to be done after veterinary completion of Part A)

B. TIME FACTOR	Maximum 200 Points (Awarded to Fastest Rider)
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Riding Time of THIS Rider _____	(Value one point per minute)		
Riding Time of Winner _____		Maximum	_____ 200
Difference: _____		Less Difference (-)	_____
(Calculate time in minutes – exclude hold time)		Total Time Score	_____

C. WEIGHT	Maximum 100 Points (Awarded to the Heaviest Rider)
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Weight of Heaviest _____	(Value one-half point per pound)		
Weight of THIS Rider _____		Maximum	_____ 100
Difference: _____		Less Difference ÷ 2 (-)	_____
Difference ÷ 2 _____		Total Weight Score	_____

Total Score = A + B + C = Score	_____
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** The Rider's finishing weight is determined at the conclusion of the ride with tack and the same clothes worn during the ride.

This score sheet must accompany AERC Ride Results for Winner to be eligible for Regional and National Awards. Mail original copy to AERC with Ride Results.