

### Rebound PRF for Equine Hoof Laceration

**June 4, 2020: 23 YO paint horse mare with an at least 4-day old laceration to the right hind hoof area**

**Physical Exam:** laceration through the coronary band extending caudally to the level of the heel bulb and cranially to extend to the distal margin of the cranial hoof wall. Hoof wall was avulsed laterally and the wound was contaminated. Horse was grade 3 lame but would bear weight if asked to do so. No drainage noted and did not appear to enter any joint capsules. No photos available.

**Treatment:** owner to lavage the wound daily with cold water therapy, begin stall rest, and begin administering broad spectrum oral antibiotics (trimethoprim-sulfa) and oral anti-inflammatories (phenylbutazone).

### June 10, 2020: Rebound PRF applied

**Physical Exam:** Lateral 1/3 of the hoof wall had avulsed completely. Coronary band was lacerated and pointing ventrally. Horse was still weight bearing. Discussed PRF therapy with owner, owner agreed

**Treatment:** PRF kits utilized following the instructions within the kit. PRF membranes were used to cover the injured coronary band and the portion of exposed. A sterile Telfa wrap was placed over the area and wrapped with conform gauze to secure the pad and lots in place. Routine Robert-Jones bandage applied and the foot was then placed in a protective boot (Davis boot). Antibiotics continued as well as stall rest. Bute paste discontinued as mare appeared comfortable, continued stall rest



### June 17, 2020: One week post Rebound PRF application

**Physical Exam:** Horse remained sound. Bandage removed. Platelet clot placed on the wounds still present but they had incorporated into the wound beds

**Treatment:** Wound was lightly scrubbed with chlorhexidine scrub and lavaged with sterile saline. Topical nitrofurazone ointment was applied to the entire wound and bandaged as previous, continue stall rest

## June 24, 2020: Two weeks post Rebound PRF applied

**Physical Exam:** Horse remained sound, antibiotics discontinued, still on stall rest. Bandage removed to find wound at coronary band was 70% healed with epithelization as well as hair regrowth circumferentially around the wound. Coronary band was beginning to regrow both horizontally as well as proximally and ventrally. Hoof capsule tissue present and beginning to form over the exposed lamina at its proximal portion.

**Treatment:** thin film of nitrofurazone ointment applied over the wound and bandaged once again as has been done before, continue stall rest



## July 2, 2020: Three weeks post Rebound PRF applied

**Physical Exam:** wound progressing better than expected, granulating well, keloid beginning to form nicely on the exposed laminae, minimal seepage

**Treatment:** apply strong iodine to the exposed wound and exposed laminae. bandage with lincomycin powder and place back in Davis boot. Small turnout.

**Plan:** consult with farrier on shoeing options and use of epoxy to fill void in hoof wall.

## July 8, 2020: Recheck

**Physical Exam:** Coronary band continues to have hoof tissue expanding over all areas of the wound. Small pea sized portion of granulation tissue is still seeping ever so slightly. Laminae are now level with the lateral aspect of the foot

**Treatment:** removed bandage, applied 7% strong iodine to the area. Horse still sound so will leave un-bandaged, allow access to outside air, continued small paddock access and will have owner apply strong iodine to the wound BID. Will get with farrier and apply shoe as described previously. Will likely let farrier take over hoof care from here. Will make decision next visit as to fill defect with epoxy or just leave shod and open to air

