

Managing the Long Stride: Caring for a Horse with Arthritis

Georgia Andrews

There is a moment every owner dreads: the horse that used to gallop to the gate now stands in the back of the stall, stiff-legged, eyes half-closed, rocking weight off a fetlock. The diagnosis — osteoarthritis — feels like a sentence. But it doesn’t have to be. Arthritis is the most common cause of lameness in older horses, yet with a thoughtful, multi-pronged approach to care, many arthritic horses continue to work, hack, and live comfortably for years. Modern equine medicine offers more tools than ever, and the owner’s daily routines matter just as much as any injection a veterinarian can give.

Understanding the Disease

Arthritis — specifically osteoarthritis, often called degenerative joint disease — is the progressive deterioration of joint cartilage, the smooth, shock-absorbing tissue that covers the ends of bones. As cartilage wears away, bone rubs against bone, inflammation sets in, and the joint becomes painful and stiff. The most commonly affected joints are the hocks, knees, fetlocks, and coffin joints.

It can be primary — the wear and tear of age and years of work — or secondary, following an injury, infection, or conformational fault that placed abnormal stress on a joint. A horse that fractured a fetlock at five is a candidate for arthritis at nine; a hunter that has jumped for a decade may develop hock arthritis in its late teens. Genetics, shoeing, footing, and workload all play a role. Understanding the cause helps the veterinary team target treatment, but the fundamentals of daily care are the same regardless.

Reading the Signs

Arthritis announces itself gradually. The classic presentation is a horse that is stiff after standing, “warming out” of it after a few minutes of movement — the opposite of a horse with a muscle strain, which is often worse as it moves.

Look for:

- Stiffness, especially when first pulled from the stall or after a cold night
- Shortened stride, dragging toes, or “pottery” movement
- Reluctance to go downhill, pick up a lead, or collect
- Bucking or refusing when asked to work — often mistaken for “naughty” behavior
- Swollen, warm, painful or “boggy” joints (windgalls on the hocks are a classic sign)
- Subtle behavior changes: a friendly horse becoming grumpy under saddle, or a stoic horse suddenly flinching at grooming over a joint

None of these signs is definitive alone, and stoic horses hide pain masterfully. When you suspect arthritis, the veterinarian begins with a lameness exam — trotting on straight lines and circles, flexion tests that stress individual joints, and sometimes nerve blocks to pinpoint the source. Imaging confirms the diagnosis: x-rays reveal narrowed joint spaces, bone spurs, and remodeling, while ultrasound can evaluate soft-tissue structures around the joint. In some cases, joint fluid analysis rules out infection, which is a different and urgent emergency.

The Veterinary Arsenal

No single treatment cures arthritis, but combinations can manage it well. The veterinarian will build a plan around the horse’s age, job, and the joints affected.

Anti-inflammatory medications remain the backbone. Non-steroidal anti-inflammatory drugs (NSAIDs) reduce pain and joint inflammation. Phenylbutazone (“bute”) and flunixin meglumine (“Banamine”) are the traditional mainstays, while newer options like firocoxib (Equioxx) are easier on the stomach and increasingly popular for long-term use. NSAIDs are not without risk — kidney and stomach damage are real concerns with prolonged daily dosing, so they should be used at the lowest effective dose and ideally under veterinary supervision, with periodic blood work.

Joint injections deliver medication directly where it hurts. Corticosteroid injections (such as triamcinolone) are powerful anti-inflammatories used for moderate to severe flare-ups — typically limited to two or three per joint per year. Hyaluronic acid injections add lubrication directly to the joint. Biologic therapies have expanded the toolkit dramatically: IRAP (interleukin-1 receptor antagonist protein) and PRP (platelet-rich plasma), made from the horse’s own blood, modulate inflammation and support healing, and stem cell therapy is used for more advanced cases. These come with higher costs but often impressive results.

Systemic joint protectants — often called “PSGAGs” and “HA series” — support cartilage health. Polysulfated glycosaminoglycan (Adequan) is given by injection, typically in a course of shots; hyaluronan (Legend) is given intravenously. Many practitioners use these as maintenance therapy once or twice a year, or when the horse’s workload changes.

The Owner’s Job: Daily Management

Medications buy time, but daily management buys years. This is where the owner’s influence is greatest.

Weight is medicine. Obesity is the most underrated aggravator of arthritis. Every extra pound compounds joint stress, and studies consistently link body condition to lameness severity. An arthritic horse should be at the lean end of the ideal body condition range — ribcage easily felt but not visible. That may mean soaking hay to reduce sugar, replacing grain with a ration balancer, and using a slow feeder to stretch grazing time.

The farrier is a co-therapist. Corrective shoeing dramatically improves many arthritic horses. Hock arthritis often responds to slight heel elevation; coffin and navicular problems often benefit from egg-bar shoes, wedge pads, or rocker-toed shoes that ease breakover. Therapeutic pads absorb shock. A farrier who understands arthritis, working in partnership with the veterinarian, is worth their weight in gold — schedule trims on a tight, consistent schedule, never letting feet get long.

Exercise: the paradox. Rest is not the answer for most arthritic horses; controlled movement keeps joints lubricated and muscles supporting them. The rules are: warm up slowly, work consistently rather than in explosive bursts, avoid hard surfaces and deep mud, and never push through sudden resistance. Turnout with a compatible pasturemate is often ideal — gentle self-selected movement throughout the day is the best joint therapy there is. Many arthritic horses do wonderfully in light, consistent work: trail riding, longe work at a walk, or hacking on soft footing. The key is regularity — a horse that is exercised gently every day is far more comfortable than one exercised hard on weekends and idle all week.

Comfort is an art. The barn environment should be engineered for comfort. Deep, non-slip bedding in a stall with rubber mats spares joints during lying down and rising — many arthritic horses struggle to get up on slippery concrete. Doorways should be wide and thresholds level. Heated or insulated water sources prevent dehydration in winter, when arthritic horses drink less. In cold, damp weather, joint fluid thickens and stiffness worsens dramatically; a waterproof blanket, a warm stall, and a longer warm-up choreography make a real difference, and some owners swear by magnetic or thermal leg wraps on the worst days.

Nutrition and supplements — with healthy skepticism. The supplement aisle is crowded with promises. Glucosamine, chondroitin sulfate, MSM, and hyaluronic acid all have supporting research, though efficacy varies by product quality and dose. Omega-3 fatty acids (found in flaxseed and fish oil) have genuine anti-inflammatory properties. Devil’s claw shows promise as a mild natural analgesic. The wise approach: ask your veterinarian for a recommendation, buy from reputable manufacturers with published research, give any supplement at least sixty to ninety days before judging it, and don’t expect supplements to replace real medical treatment. Devil’s claw in particular should not be combined with NSAIDs without veterinary advice.

Physical therapy and bodywork. Therapeutic modalities help maintain comfort: cold therapy (ice boots) after work to reduce inflammation, heat therapy to ease chronic stiffness, therapeutic ultrasound and laser therapy to deep tissues, and PEMF (pulsed electromagnetic field) devices that some owners use religiously. Skilled equine massage and stretching release tension that arthritic horses accumulate compensating for pain. Acupuncture has a solid following in equine practice for pain management, and chiropractic care can help when arthritis has created secondary misalignments — just ensure any practitioner is licensed and working with your veterinarian.

Quality of Life: The Hard Conversation

Arthritis is progressive, and at some point the question becomes whether the horse is living or merely existing. Owners should track good days against bad: is the horse eating readily, lying down and rising easily, socializing, bright-eyed? Pain that no longer responds to medication, weight loss, a horse standing with head hanging in a corner, or dangerous behavior born of pain are signals that the kindest decision may be retirement from life, not just from work. Euthanasia is heartbreaking — but doing it a day too early, on the horse’s terms, in a familiar field with a good friend, is a final act of stewardship.

There is no magic cure for equine arthritis — but there is a lifetime of good days in it, built on good veterinary care, lean weight, sound feet, consistent gentle exercise, and a soft place to stand. The horse that limps to the gate today may, with the right care, be trotting out to meet you for years to come.

Managing the Long Stride

Caring for a Horse with Arthritis

With the right care, many arthritic horses can live comfortable, active lives for years.

There is no single cure for equine arthritis — but there is a lifetime of good days in it, built on good veterinary care, lean weight, sound feet, consistent gentle exercise, and a soft place to stand.”

Hock

Stifle (Knee)

Fetlock

Coffin Joint

What Happens in an Arthritic Joint?	
Healthy Joint	Arthritic Joint
Smooth cartilage cushions the bones, allowing easy, pain-free movement.	Cartilage wears away, bone rubs on bone, spurs may form, and inflammation causes pain and stiffness.