**ASSESSMENT AT THE TROT:**

**0-10 Scale:**

1. Sound
2. The minimal degree of lameness detectable which may be inconsistent
3. A consistent, but mild, degree of lameness-detectable and inconsistent subtle head-nod.
4. Consistent and obvious head nod/ pelvic asymmetry.
5. Pronounced head and nod/pelvic asymmetry
6. Marked head nod/pelvic asymmetry
7. Very marked head nod/pelvic asymmetry
8. Difficulty trotting; only just able to place heels to the ground
9. Minimal Weight bearing heels not placed on the ground.
10. Only able to touch the limb to the ground
11. Unable to put limb to the ground.

**PROVOCATIVE TESTS**

**Flexion Tests are commonly used:**

1. This is completed by holding the joint in consideration in a flexed position firmly for a period approximately 1 minute after which immediately watching the movement of the horse at the trot which aids in detecting any change in gait compared to the observation before performing the test. The response to a flexion test should be interpreted in the light of other findings however should not be used as the sole criteria to base a firm diagnosis on.
2. The examiner attempts to flex the suspected joint only as far as possible. It is however not possible to differentiate pain responses the joints as they are linked together ie. flexion and extension.
3. A wedge-shaped piece of wood with a 20 ° inclination is used to perform the extension of the distal interphalangeal (DIP) joint and this is placed under the weight bearing foot to raise the toe and increase the load on the deep digital flexor tendon, the navicular bone and its ligaments. The horse is trotted away after 2 minutes. Even in confirmed cases of navicular syndrome the response to this test is inconsistent.
4. Assessment can be done by response to localized pressure maintained for 1 minute over extoses, tendon swelling, splints afterwhich the horse is immediately trotted away.