

Fact Sheet

The Donkey's Foot



Donkeys are particularly prone to foot problems because in captivity in the UK they are managed in a damp environment with a temperate climate. They frequently have access to lush grazing, contrasting vastly with the desert conditions and fibrous diets where they evolved to survive and thrive in the wild. These differences increase the risk for the development of poor quality horn, laminitis and white line separation and disease.

The normal donkey foot

The normal donkey hoof is boxy and upright compared with the equine foot, with stronger heels and an even wall thickness from toe to heel. The hoof wall also has a higher moisture content compared with horses' feet. The normal x-ray appearance of a donkey foot also differs from that of a horse.

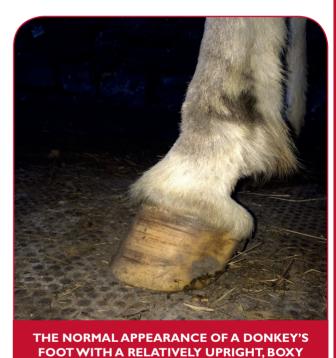


Foot trimming

Donkeys tend to grow more heel and sole than horses; the heels require careful rasping and the sole must be pared off by the farrier. This differs from horses' feet where the sole naturally flakes off.

Trimming should be carried out every 6-10 weeks by a suitably qualified farrier.

After routine trimming the hoof wall and frog should be weight bearing and the sole should appear concave.



APPEARANCE AND PLENTY OF HEEL.

KEY POINTS:

- donkeys' feet are distinctly different to horses' feet;
- most foot problems reflect mismanagement or laminitis;
- foot pain management is critical, uncontrolled pain may result in hyperlipaemia:
- regularly spend time handling and checking the feet, to help detect and prevent foot disease and to enable management changes if problems do

Miscellaneous



A CHRONIC FOOT

ABSCESS

Solar abscess:

- common cause of acute severe nonweight bearing lameness;
- pocket of pus within rigid hoof capsule exerts pressure on sensitive structures causing pain;
- site located by vet or farrier using hoof testers and opened to allow drainage;
- pain relief imperative to prevent undue stress:
- foot poulticing and tubbing assists drainage.

Laminitis:

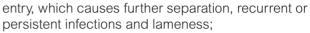
- common and typically associated with obesity, sugar-rich diet, Cushing's disease, overgrown feet and general illness:
- clinical signs include increased periods lying down, shifting weight, heat in feet, altered stance and reluctance to move;
- treatment requires correcting the underlying cause, providing pain relief and strict rest on a deep bed;
- x-rays may be necessary in some cases to determine severity, help direct treatment and gauge prognosis.



X-RAY SHOWING
PEDAL BONE
ROTATION
(ARROW)
ASSOCIATED
WITH SEVERE,
CHRONIC (LONG
STANDING)
LAMINITIS

Chronic foot disease:

- includes seedy toe, white line disease and chronic laminitis:
- poor quality horn becomes stretched at the white line, permitting bacterial/fungal



- these conditions are aggravated by dirty bedding/ paddocks, poor diet, lack of foot trimming and chronic laminitis;
- x-rays may be necessary to establish the extent of hoof wall damage and provide guidance for future trimming;
- any affected area should be pared and cleaned and predisposing factors addressed.

PREVENTING PROBLEMS

Foot problems can be minimised through good hoof care, which is achieved by:

- picking feet out daily to remove stones and debris;
- regular foot trimming;
- appropriate feeding;
- ensuring a clean well drained surface, in the stable and out in the paddock.

Many XLEquine practices regularly liaise with The Donkey Sanctuary with regard to treatment and management of donkeys. XLEquine would like to acknowledge the work they do to transform the quality of life of donkeys in the UK and abroad. The Donkey Sanctuary is a charity that will never turn away from a donkey in need. They rely on donations to continue providing for donkeys and mules worldwide.

www.thedonkeysanctuary.org.uk



XLEquine is a novel and exciting initiative conceived from within the veterinary profession made up of independently owned, progressive veterinary practices located throughout the United Kingdom, members of XLEquine are committed to working together for the benefit of all their clients.

© XLVet UK Ltd.

No part of this publication may be reproduced without prior permission of the publisher.

For further information contact your local XLEquine practice:

www.xlequine.co.uk