Practitioner's Program Annual

2026

THE EQUINE PRACTICE COMPANY
EXCELLENCE THROUGH EDUCATION
Practitioner's Program

The Equine Practice Company

Practitioner's Program Annual 2026

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EXCELLENCE THROUGH EDUCATION
Practitioner's Program

Created exclusively for members of the Equine Practitioner's Program

Supporting excellence, confidence, and continual learning in your equine veterinary education

"Every horse teaches us something new. Every case reminds us why we chose this work. Excellence in equine practice is built one lesson at a time."

— The Equine Practice Company

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Dear Colleague,

Thank you for investing in yourself, your patients, and your profession by being part of the Practitioner's Program for 2026. It's a privilege to support you, and I want to acknowledge what it means for you to be holding this Annual in your hands.

Equine practice remains one of the most rewarding and challenging areas in veterinary medicine. It asks a tremendous amount of us - long days, complex casework, physical demands, and continual decision-making under pressure. And yet, despite these realities, you've chosen to continue growing your clinical knowledge and strengthening your skillset. That commitment speaks volumes about the kind of veterinarian you are.

This Annual has been created with deep respect for your time and your practice. Inside, you'll find concise summaries of each of the 2026 video modules. Some topics also have extended written summaries available within the program portal, which you can access anytime you're logged in. Think of this Annual not as a book containing every answer, but as a practical guide that helps you quickly understand what each module covers and where to go inside the program if you want to explore a topic more deeply.

We've also included blank pages at the end of each section so you can add your own handwritten notes - insights from the videos, key takeaways from cases you see in the field, or clinical pearls you want to remember. This makes the Annual not just a reference, but a personalised companion that continues to evolve with your experience through the year.

My hope is that as you move through each section, you'll feel more confident in your decision-making, more supported in your clinical reasoning, and more connected to a community of equine practitioners who care about excellence as much as you do. You're not learning alone; you're part of a global network of veterinarians committed to elevating the standard of equine care.

Thank you for trusting us with your ongoing education. Thank you for showing up for yourself, and for the horses and clients who rely on your expertise. And thank you for continuing to invest in lifelong learning - one of the most important commitments you can make to your career and wellbeing.

I hope this 2026 Annual becomes a resource you return to often, and a reminder of the meaningful work you do every day.

With appreciation,

Olivia

With Gratitude to Our Speakers

Equine practice is not an easy path, but it comes with incredible rewards.

It is physically demanding, emotionally taxing, and often misunderstood by those outside our profession. The long hours, the responsibility, the weight of decision-making, the quiet pressure to always “get it right” - these are realities that only those who live this life truly understand.

What makes this profession sustainable, and what makes it special, is the willingness of experienced clinicians to share what they have learned along the way. To share their wealth of knowledge and experience with colleagues from over 60 countries and counting, to raise the bar on equine practice globally.

To every speaker who has contributed to the Practitioner’s Program, and to this 2026 Annual - thank you.

Many of you have spent decades in the field. You have carried the late-night emergencies, the complicated cases, the losses, the wins, and the lessons that only time and experience can teach. And yet, you continue to give your time, your knowledge, and your honesty so that others may grow.

Your contribution goes far beyond lectures and notes. It lives in the confidence of the young graduate facing their first difficult case. It lives in the calm of the experienced practitioner who remembers a detail you once shared. It lives in better outcomes, better welfare, and better care for horses around the world.

This Annual - and this program - exist because of your generosity.

On behalf of our entire community of equine veterinarians, thank you for your service, your mentorship, your honesty, and your commitment to lifting others as you climb.

We are deeply grateful.

Dr. Olivia James
BVSc(hons) MANZCVS(Eq Dentistry)CMAVA DICEVO DAVDC(Equine)

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How to Use This Annual

This Annual is a quick-reference companion to the Practitioner's Program 2026. It gives you a clear snapshot of what each lecture covers and helps you navigate easily between the printed summaries and the full training materials inside the online portal. Think of it as your bridge between the physical and digital learning experience, designed to support you throughout the year in a practical and efficient way.

What This Annual Includes

- Concise summaries of every lecture in the program
- A simple guide to the core concepts within each module
- A fast way to refresh your learning without rewatching entire presentations
- Natural breaks between modules, allowing you to pause, reflect, and return as needed

These summaries help you understand the scope of each topic and point you to where the complete content lives inside the program. Whether you're revising a topic weeks later or preparing for a specific case, this Annual is designed to help you locate the right material quickly and confidently.

Accessing Full Content

Each summary corresponds with a full-length video inside the Practitioner's Program portal. Many modules also include extended written notes, additional case examples, and supplementary resources. Logging in gives you access to the complete depth of the program, including detailed clinical explanations, demonstrations, and guidance directly from each presenter. Use this Annual as your starting point, then dive deeper online whenever you need more detail.

What This Annual Is Not

This book is **not** a replacement for the full videos or written modules. It does not contain every detail or clinical nuance from the presentations, and it is not intended to function as a standalone clinical reference. Instead, it provides a high-level overview to support your navigation, revision, and ongoing study throughout the year, complementing - not replacing - the full program.

Make It Your Own

At the end of each module group, blank pages are provided for your handwritten notes. Use them to consolidate what you've learned, record case insights, highlight useful reminders, or capture any clinical pearls you want to refer back to later. Over time, these personal notes will turn your Annual into a customised learning tool that reflects your own practice, experience, and professional growth throughout 2026.

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01

How to Improve Your Ultrasound Imaging in the Field

Suzan Oakley DVM, DACVSMR, DABVP (Equine), Cert. ISELP

Covering Flexor tendons, Inferior Check Ligament and Front Suspensory Ligament

Ultrasound is a very important diagnostic tool, even in the era of advanced imaging such as MRI, CT and PET scanning. Ultrasound is readily available in almost any location and provides real – time information for optimal patient management. The quality of information provided by ultrasound is very user dependent. This lecture will demonstrate how to improve your image quality in the field by the use of proper technique, patient preparation, probe handling and user ergonomics.

Original anatomical dissections will review and illustrate the relevant anatomy of the metacarpus, including the flexor tendons, inferior check ligament and the front suspensory ligament. Normal reference images are shown and reviewed. Videos featuring a split screen camera with the live probe position and ultrasound image presented simultaneously are used to explain exactly HOW to get outstanding ultrasound images of these areas in the field.

02

How to Take Perfect Podiatry Radiographs

Dr. Jen Lugton BVSc(hons)

Podiatry radiographs differ slightly from our normal veterinary radiographs as we take our podiatry radiographs with a different purpose in mind. We are considering the farrier and the information that the farrier needs. Hence why they are also termed 'Farrier Friendly' radiographs. Podiatry radiographs focus on the shoe and the solar aspect of the foot. They typically involve 2 views per foot: the Lateromedial (LM) & the Dorsopalmar/plantar (DP) views. And importantly we take the images with a lower exposure so we have 'soft tissue detail' and can see the entire outline of the hoof capsule.

Perfecting these images is hugely beneficial for you, vets that you may refer to, the farriers you work with and of course your clients. Methodical and repeatable images are easier to interpret as they train our brains to what is expected and then we see any abnormalities easier and faster. Farriers rely on our images for measurements and guidance, and they may judge our skills on the quality of our radiographs. Having great images can gain a lot of respect.

The equipment needed when performing podiatry radiographs are; your X-ray machine and lead aprons, a flat surface with shade and power, X-ray blocks x 2. There are numerous x-rays blocks on the market and you can even make them yourself if you like. I use Dr Reddens Wooden blocks with guide wires. Whichever you choose it is important to make sure the height of the blocks matches your generator. With the generator on the ground, we want the focal beam approximately 1.5cm above the solar surface of the hoof (close to palmar rim of P3). A hoof pick and wire brush are essential to clean the solar aspect of the foot but also any dirt on the outer hoof wall. Sedation can be beneficial for cooperation with standing on the blocks.

Markers are necessary for calibration in some machines. Barium paste is often used to define the coronary band, the outline of the dorsal wall and the point of the frog. With modern digital radiographs and increasing the soft tissue detail and consistency in my images I have personally decreased my routine reliance on barium. But for some individual cases it can be useful. I do not recommend pulling shoes for podiatry radiographs. When noting the time since shoeing, these provide valuable information with the current shoeing strategy. I will pull them after for veterinary views if needed.

To obtain perfect podiatry images we must aim the focal beam at the solar aspect of the foot. We want the plate as close to the foot as possible and perpendicular to the beam in order to reduce magnification and distortion of the images. When we position the horse on the blocks, we want a natural stance with the head and the body straight. When standing on only one block we will often see pinching in the lateral joint space on the DP images. Other common problems I see that lead to poor quality images include Images that are too oblique. Here we see separation of shoe branches, wings of P3 and an elongated shape of navicular bone. To obtain a true lateral image stay parallel to the bulbs of the heels. Images that are taken on uneven ground can inhibit our ability to measure and assess ML balance.

Every horse can benefit from podiatry radiographs so recommend them to everyone. Equip yourself, be methodical, learn as you go and keep honing your skills.

03 Practical Abdominal and Pulmonary Ultrasonography

Dr. Zoë Gratwick BVSc, MSc, MMedVet, DipECEIM, MRCVS EBVS

Abdominal ultrasonography can be useful in a wide variety of circumstances.

This includes (but is not limited to):

- Colic: acute, chronic or recurrent
- Weight loss
- Diarrhoea
- Inappetence
- Pyrexia of unknown origin
- Lethargy/poor performance
- Behavioral abnormalities
- Further organ specific investigation

Pulmonary ultrasonography is especially useful to assess the likelihood and severity of bacterial (pleuro)pneumonia. It can also provide valuable information in a wider variety of circumstances. Ultrasonographic assessment of the cranioventral lung field and

pleural space is a recommended adjunct to abdominal ultrasonography. Comprehensive ultrasonographic assessment of the lung fields is advised if there is a suspicion of respiratory disease and further information is required.

Adequate patient preparation is the key to obtaining a useful set of diagnostic images. For clean, fine haired animals application of isopropyl alcohol to the skin surface may be adequate. However, for long haired patients clipping will usually be required. If animals are dirty, scrubbing of the area (e.g. with dilute chlorhexidine scrub solution) followed by wiping with surgical spirit solution or isopropyl alcohol may be required. Continued topical application of surgical spirit or isopropyl alcohol will then be necessary. Ultrasound gel isn't usually needed, but can be helpful in some cases. Isopropyl alcohol may be less damaging to the probe surface than surgical spirit.

The amount of restraint required for abdominothoracic ultrasonography is variable, as horses' tolerances to the procedure differ.

For each area that is being assessed we should try to optimize our image; consider the most appropriate depth, focal point and gain for the target region. Most of the adult equine abdomen will be scanned at depths of between 15cm and 25cm. A 3.5 MHz curvilinear transducer will be needed in order to obtain images at the required depth.

It's advisable to have a standardized approach to scanning the abdomen and lungs, i.e. an order in which the regions are assessed and a list of features to consider in each region. This minimizes the likelihood of forgetting to assess an area, or a particular feature within it.

In the two part presentation we will:

- Learn how to obtain a useful set of images of the equine abdomen and lungs
- Gain familiarity with normal findings
- Observe some examples of abnormalities

04

Capture and Interpretation of C-Spine Images

Dr. Alex Young BVSc(Hons I) DACVR DACVR-EDI

Capturing and interpreting cervical spine radiographs is crucial for accurately diagnosing conditions affecting this region. High-quality diagnostic images are essential as they significantly influence the interpretation of radiographs. Several challenges are associated with capturing quality cervical spine images, primarily due to the complex anatomy of the area, difficulties in handling patients with cervical pathology, and the limitations of available equipment.

The anatomy of the cervical spine is intricate and does not resemble the straightforward long bones of the appendicular skeleton. This complexity affects both the acquisition and interpretation of radiographs. The vertebrae in the cervical spine feature numerous nooks and crannies, making them difficult to image clearly on a two-dimensional radiograph. Achieving biaxial symmetry in radiographs simplifies interpretation by ensuring that the structures appear identical from left to right on a correctly taken lateral-lateral projection.

When preparing to capture radiographs, several considerations must be addressed to optimize the quality of the images. These include patient management, particularly in sedating horses with cervical issues who may not tolerate manipulation well. The equipment's capabilities also significantly affect the quality of the radiographs; for example, whether it can provide sufficient penetration to image the denser parts of the cervical spine or if modifications are necessary to enhance image quality.

Various radiographic projections are necessary to comprehensively evaluate the cervical spine. While lateral projections are commonly used, they may not always provide complete information. Oblique projections and other views can offer additional details that are not visible in lateral projections. For instance, different angles can highlight aspects of the vertebrae that are obscured in a standard lateral view.

Understanding the typical appearance of cervical vertebrae and being able to identify abnormalities is critical. Variations in the size and shape of the vertebrae, as seen in different projections, can indicate potential issues. External markers such as metal BBs are helpful in identifying specific vertebrae on radiographs, aiding in accurate diagnosis.

Integrating radiographic findings with clinical signs and other diagnostic results is important. This comprehensive approach ensures a more accurate assessment of the cervical spine, aiding in the correct diagnosis and management of conditions affecting this complex anatomical region.

05

Radiology of the Fetlock and Pastern

Dr. Bri Henderson BVMS MRCVS DACVSMR

Radiology of the fetlock and pastern centers on understanding the anatomy, standard radiographic views, and common pathologies affecting these equine joints. Key radiographic projections include the lateral-medial, flexed lateral, dorsal-palmar (DP), and oblique views, each providing unique insights into bone and soft tissue structures.

The lateral-medial view highlights the proximal dorsal aspect of the first phalanx (P1), a common site for osteochondritis dissecans (OCD) fragments in young horses and periosteal new bone formation in older horses. This view also allows assessment of the sagittal ridge and sesamoid bones, including their soft tissue attachments such as the suspensory and sesamoidean ligaments, and the collateral ligaments stabilizing the joint.

The flexed lateral view is particularly useful for visualizing the sagittal ridge and articular surfaces of the proximal sesamoid bones, aiding in the detection of lesions or fragmentation. Proper limb positioning is crucial to avoid superimposition and ensure diagnostic quality.

The DP view, typically taken at a 15-degree angle, clears the sesamoid bones from the joint margins, enabling evaluation of the distal condyles of the third metacarpal/metatarsal (MC/MT3) and the subchondral bone plate. In the pastern, the DP view is shot parallel to the ground. This projection is essential for identifying trauma, fractures, and subtle changes in the sesamoid bones and their attachments.

Oblique views (dorsolateral-palmaromedial and dorsomedial-palmarolateral) are indispensable for assessing OCD fragments, periosteal new bone formation, and the abaxial surfaces of the sesamoid bones. These views also help in evaluating the contour, size, and displacement of sesamoid injuries and are valuable for detecting distal splint bone fractures.

Pathologies commonly identified include osteoarthritis, subchondral bone trauma, and soft tissue injuries. In the fetlock, repetitive concussion leads to microdamage in cartilage and subchondral bone, progressing from edema and bruising to more severe cartilage injury and sclerosis. Early detection and management are critical to prevent advanced joint disease.

In the pastern, arthritis is often linked to biomechanical or anatomical issues, such as angular limb deformities or collateral ligament injuries, which can result in ringbone and rapid progression of joint degeneration. Bone cysts, particularly in young horses, require careful evaluation to determine joint communication, as this impacts prognosis and management.

Radiographic findings guide further diagnostic steps, such as ultrasound or advanced imaging, and inform treatment decisions ranging from rest and regenerative therapies to surgical intervention. Mastery of radiographic technique and anatomical knowledge is essential for accurate diagnosis and optimal management of fetlock and pastern conditions in horses.

Notes

Love what you've seen so far?

You're reading a preview of the Practitioner's Program Annual 2026 – just the first 25 pages of a much bigger resource our members keep on their desks all year.

As an Annual member, you'll receive the complete printed book delivered to your home or practice at no extra cost.

How to get your full copy:

1. Join the Practitioner's Program on an Annual plan
   Choose the annual one-time payment option when you join, and we'll automatically ship the full 2026 Annual to you.
2. Already a member? Upgrade at your anniversary
   If you switch to the annual one-time payment at your renewal, you'll also qualify for the next edition of the printed Annual.

What's inside the full 2026 Annual?

- 12 months of clinical highlights, cheat-sheets and checklists
- Case-based pearls from our core programs (Dentistry, Lameness, Ophthalmology & more)
- Imaging, nerve blocks, protocols and red-flag reminders you'll actually use in practice