

# How do we define poor performance?

Laurent Couëtil, DVM, PhD,  
Dip.ACVM



Purdue University is an equal access/equal opportunity/affirmative action university.

If you have trouble accessing this document because of a disability, please contact PVM Web Communications at [vetwebteam@purdue.edu](mailto:vetwebteam@purdue.edu).

# Outline

- Poor performance definition
- Approach to poor performance
- Adaptation to exercise and training
- Factors limiting performance
- Causes of poor performance
- Clinical evaluation of the RT
- Exercise testing

# Poor Performance Definition

- Decrease in performance level
  - Acceptable level of performance previously
- Exercise intolerance
  - Marked decrease in performance level
  - Not capable of training at previous level
- Unable to compete at expected level
  - Unproven horse
  - Expected level based on physical characteristics, genetic potential or training status
  - Training satisfactorily

# Approach to poor performance evaluation

- Agreement with owner/trainer on complaint
  - Decreased performance?
  - Exercise intolerance?
  - Expected level?
- Exercise intensity
  - High (Ex. Racehorses)
  - Moderate (Ex. Reining Horse)
  - Low (Ex. 4-H Horse)
- Fitness level



# Approach to poor performance evaluation

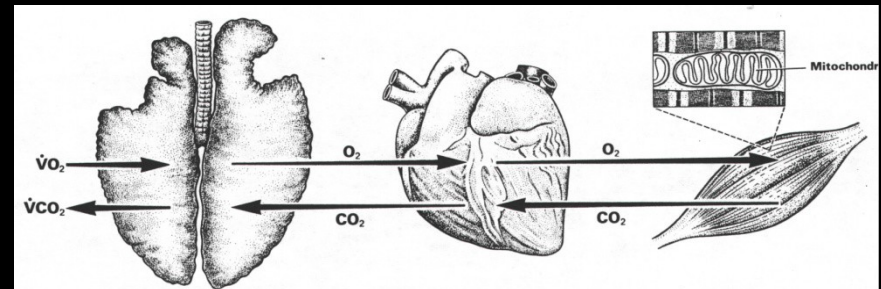
Exercise Intensity	Performance	Disease severity	Sensitivity to testing
High	↓ performance	mild	high
Moderate	↓ performance / exercise intolerance	moderate	moderate
Low	exercise intolerance	severe	mild

# Approach to poor performance evaluation

- Compare individual's previous and current measurements
  - Objective performance criteria (running time, finishing position, etc.)
  - Physiological parameters (heart rate, respiratory rate, etc.)
    - Guide therapy
  - Clinical signs (nasal discharge, cough, respiratory effort, etc.)
    - Response to therapy
- Compare parameters measured over an extended period of time
  - Objective performance criteria
  - Physiological parameters
  - Clinical signs

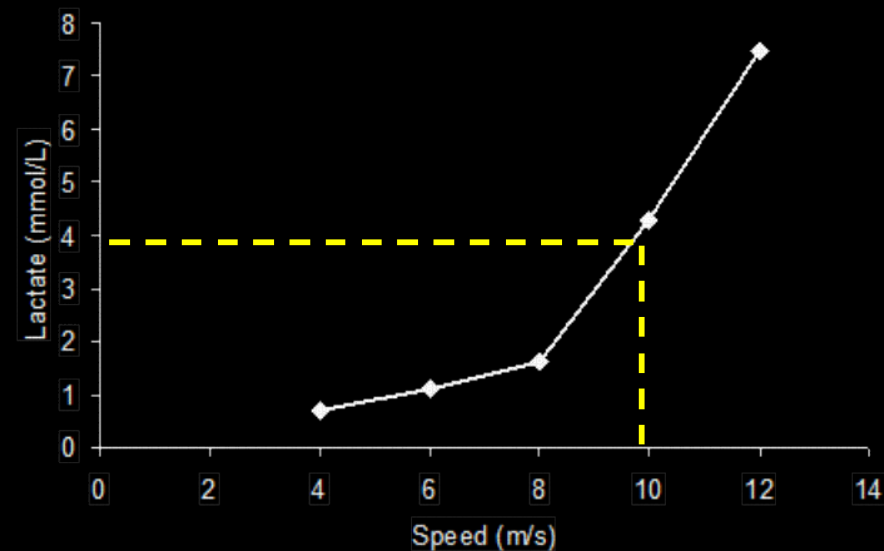
# Adaptation to exercise

- Respiratory
  - $V_E \times 30$ ,  $V_E$ =Expiratory Volume
- Cardio-Vascular
  - $HR \times 8-10$ ,  $HR$ =Heart Rate
  - $CO \times 10$ ,  $CO$ = Cardiac Output
  - $[Hb] \times 2$ ,  $Hb$ =Hemoglobin



# Adaptation to exercise

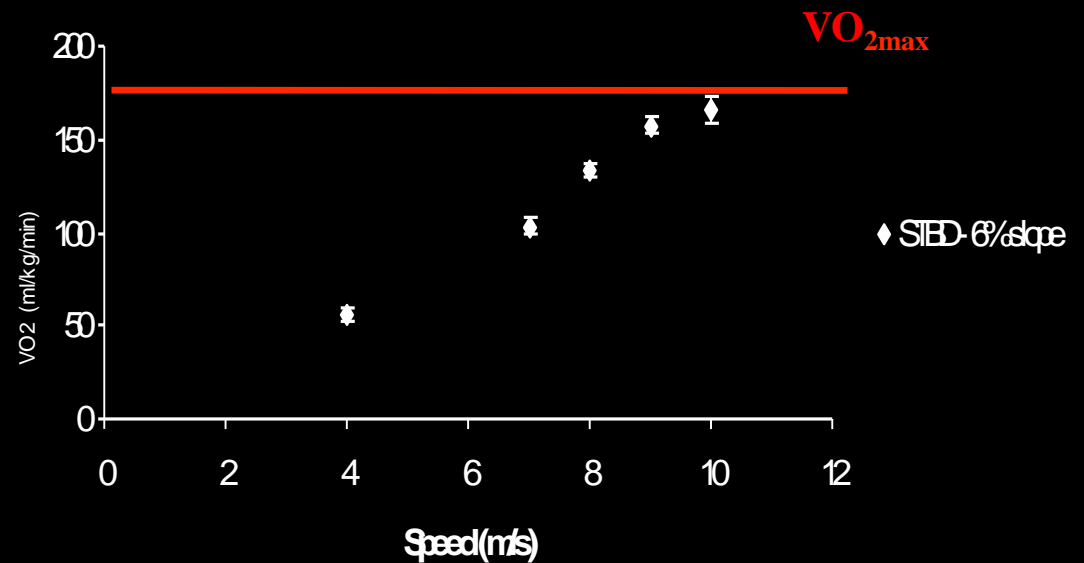
- Muscular
  - $> 80\%$  CO during strenuous exercise
  - Lactate
    - Lactate is a by-product of glucose utilization without the presence of oxygen. With training, lactate levels are lower during strenuous exercise.





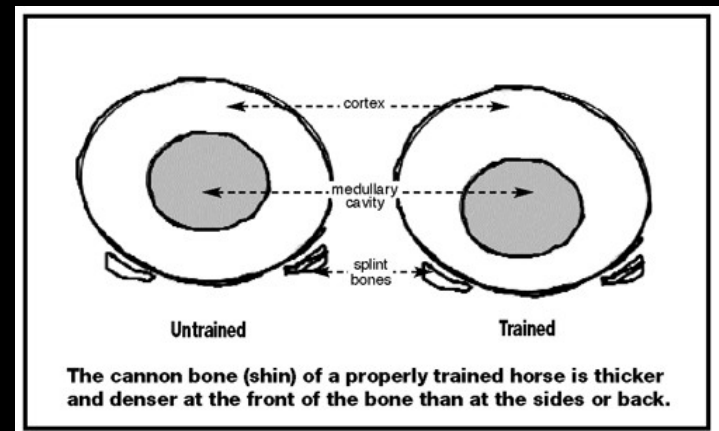
# Adaptation to exercise

- $\text{VO}_{2\text{max}} = 40 \times \text{VO}_{2\text{rest}}$
- $\text{VO}_2$  & HR increase linearly with exercise intensity up to a maximum
- $\text{VO}_{2\text{max}}$  = maximum oxygen consumption
- $\text{VO}_{2\text{rest}}$  = oxygen consumption at rest



# Adaptation to training

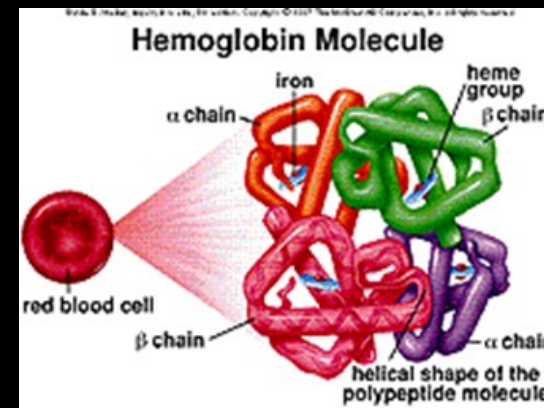
- Functional adaptations
  - Skeletal
    - Bones will respond to stresses applied to them
    - Where more force is applied, the bone responds by producing more bony tissue
    - See the picture to the right



# Adaptation to training

## – Cardiac Changes

- Maximum heart rate increases
- Increased mass of heart (cardiac muscle strengthens)
- Number of oxygen carriers (hemoglobin) in red blood cells increase by 15%



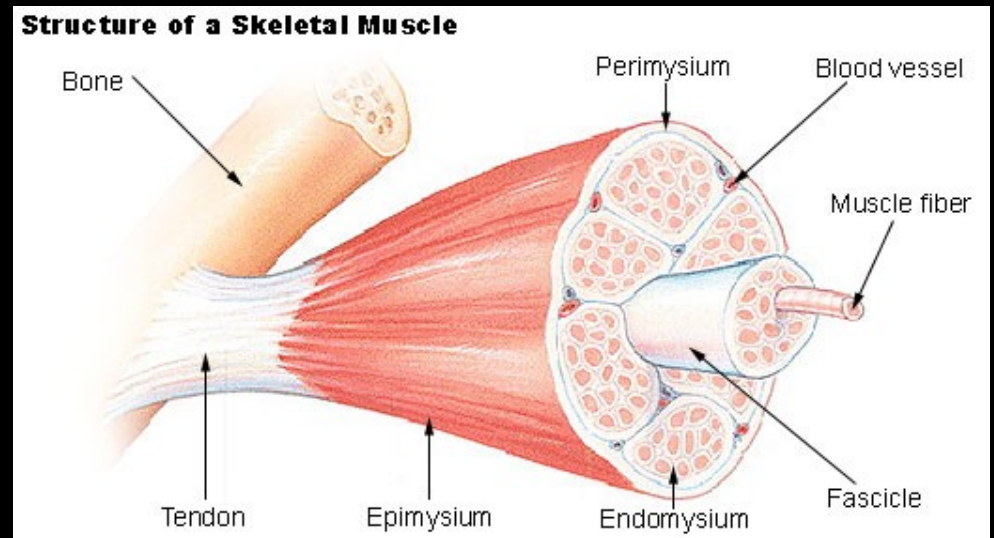
# Adaptation to training

## – Muscular

- Muscle fibers increase in size
- Increased amount of red blood cells delivered to muscle cells (increased capillary density)

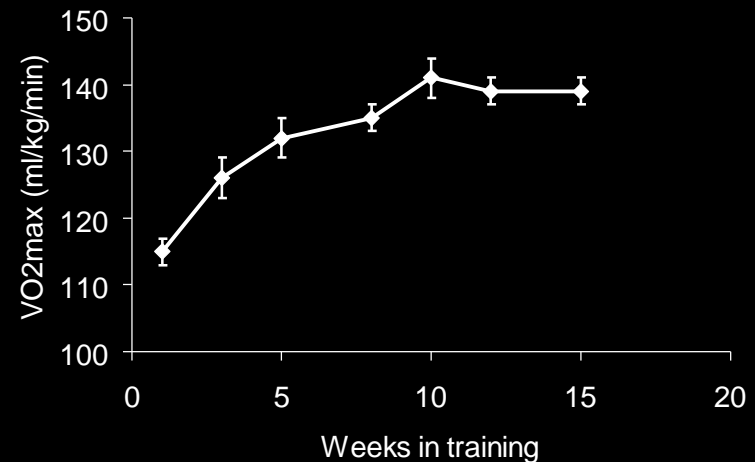
## – Respiratory

- No change with training in maximum volume of air that can be breathed per minute



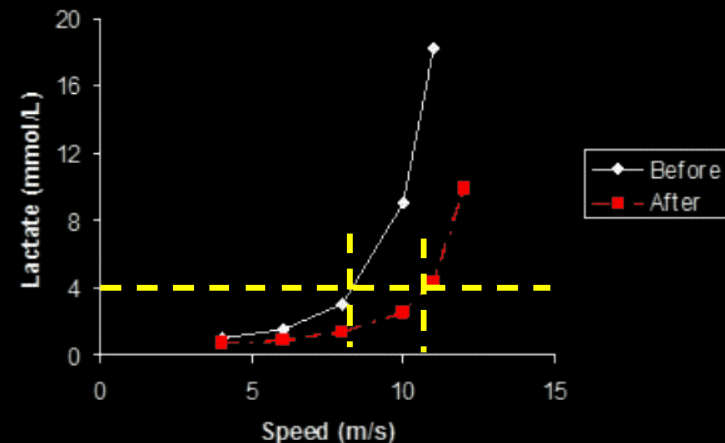
# Adaptation to training

- $\text{VO}_2\text{max}$ 
  - Exercise capacity
  - Athletic potential
  - Training  $\uparrow$  10 – 25 %



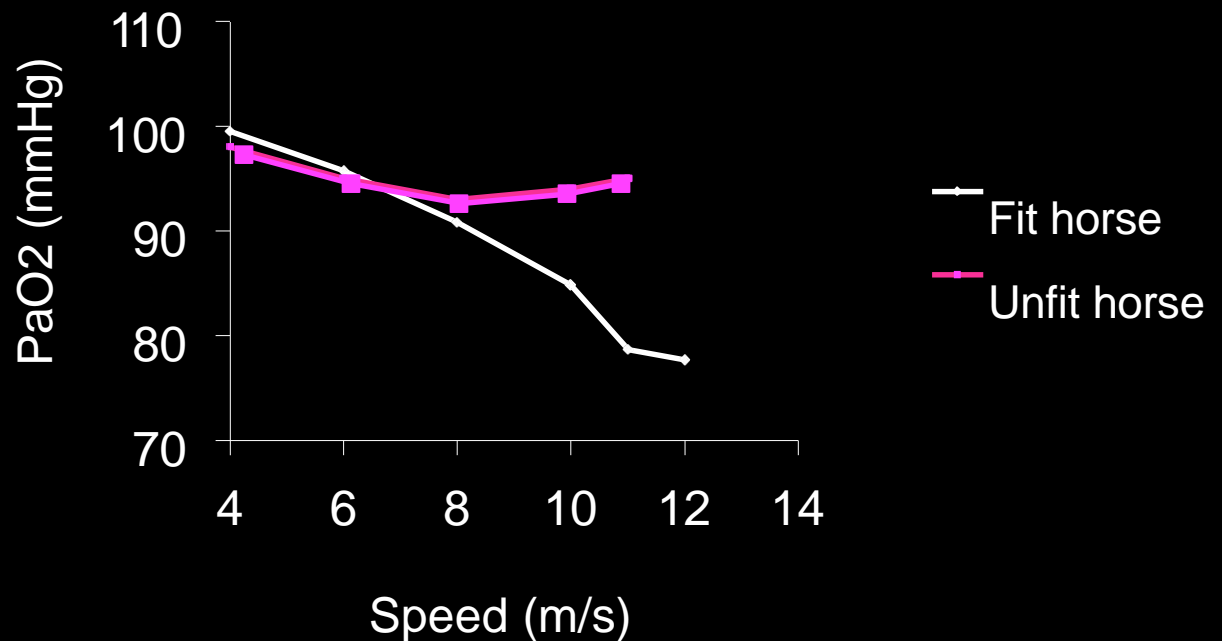
# Adaptation to training

- Lactate
  - A product of cells using energy without the presence of oxygen
  - Causes “the burn” when exercising heavily
  - Once fitness is achieved, the amount of lactate produced decreases



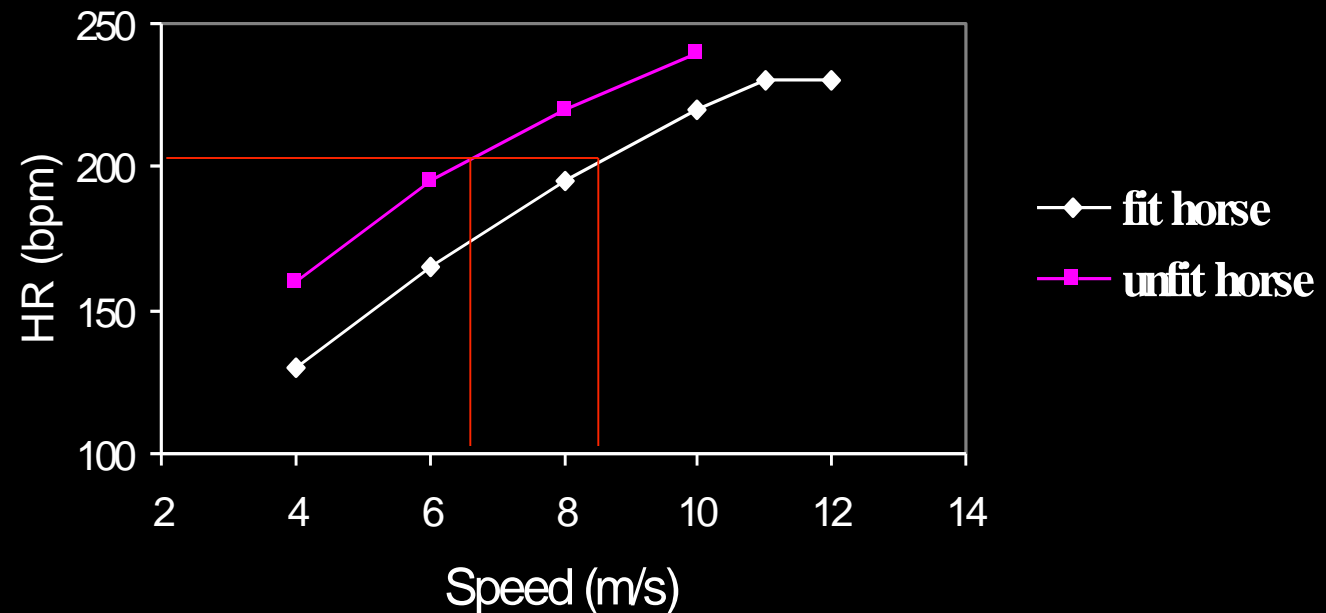
# Adaptation to training

- Gas exchanges
  - Exercise
  - Training
  - $\text{PaO}_2$  = partial pressure of oxygen
  - This value decreases with speed in the fit horse



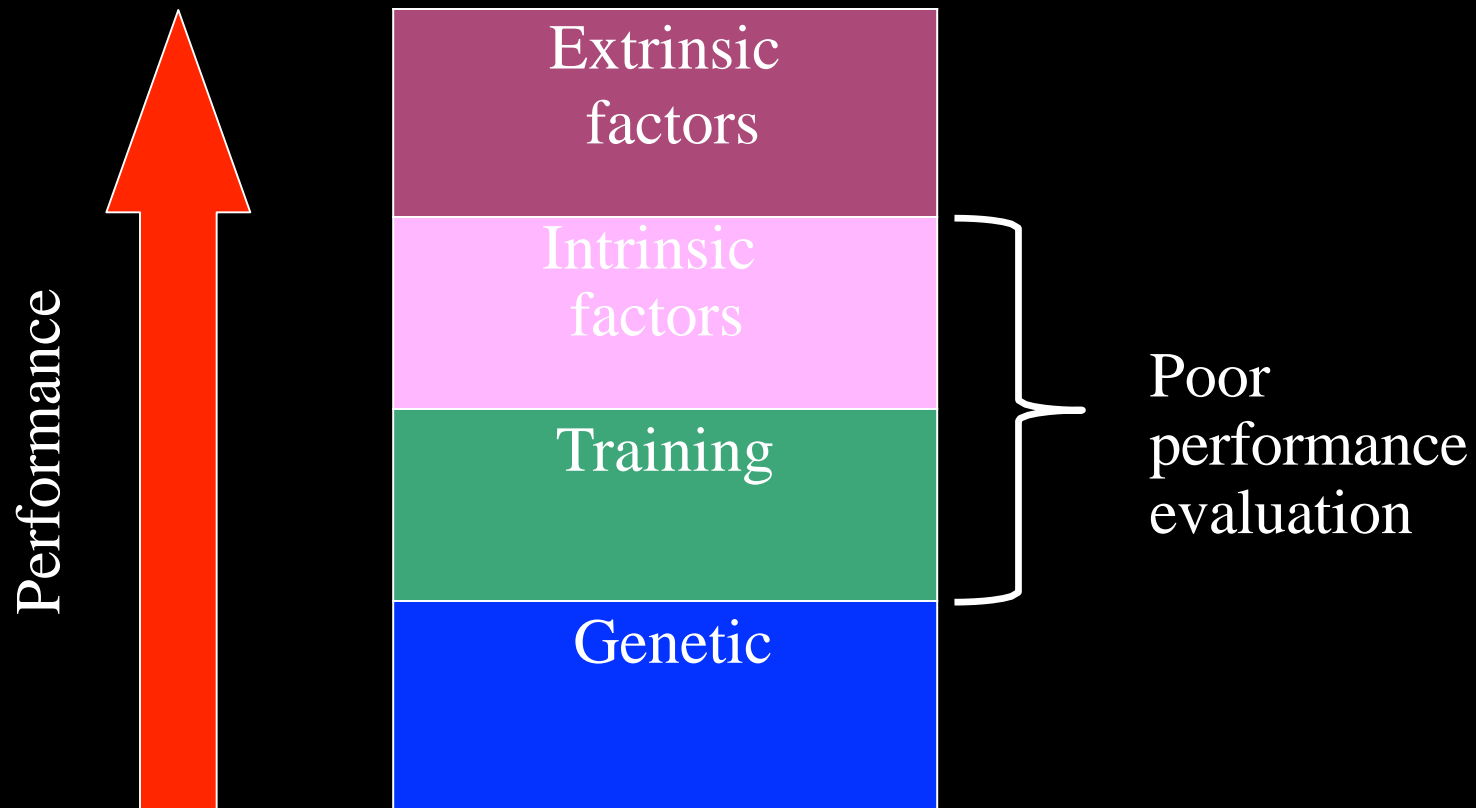
# Adaptation to training

- Heart rate
  - Speed vs. HR
  - Speed @  $\text{VO}_2\text{max}$  = speed @  $V_{\text{HRmax}}$
  - Training
  - $V_{200}$





# Factors limiting performance



# Factors limiting performance

Exercise type	Limiting factor	Respiratory disease severity	Body system
High intensity, short duration  > 80% $\text{VO}_2\text{max}$	Oxygen delivery  Lactic acid production	+	Respiratory
Moderate intensity, long duration 50-80 % $\text{VO}_2\text{max}$	Combustible, hyperthermia, dehydration	++	Cardiovascular Musculoskeletal
Low intensity, long duration  < 50 % $\text{VO}_2\text{max}$	Fitness	+++	Musculoskeletal

# Clinical evaluation of the RT

- Respiratory system
  - Upper airway endoscopy at rest



Arytenoid chondritis



Subepiglottic Cyst

# Clinical evaluation of the RT

- Respiratory system
  - Lower airway endoscopy post-exercise

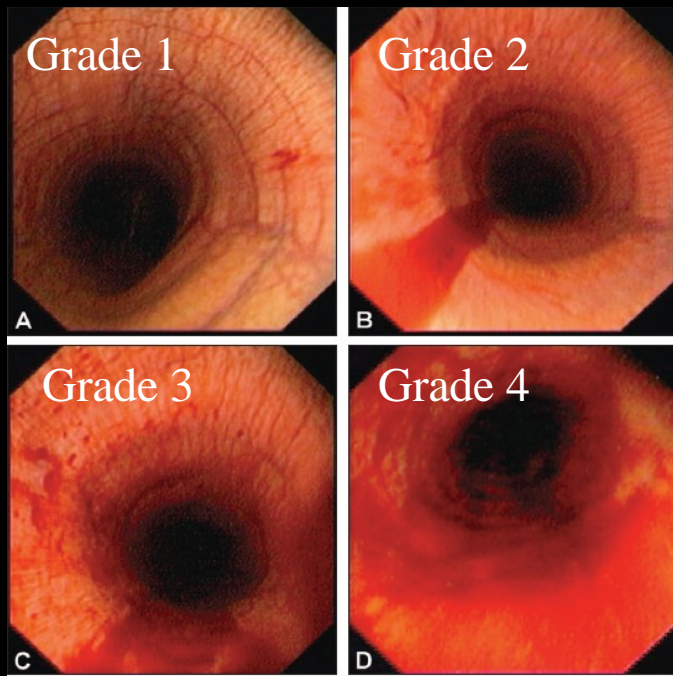


Figure 1—Endoscopic views of grade 1 (A), 2 (B), 3 (C), and 4 (D) exercise-induced pulmonary hemorrhage in Thoroughbred racehorses.

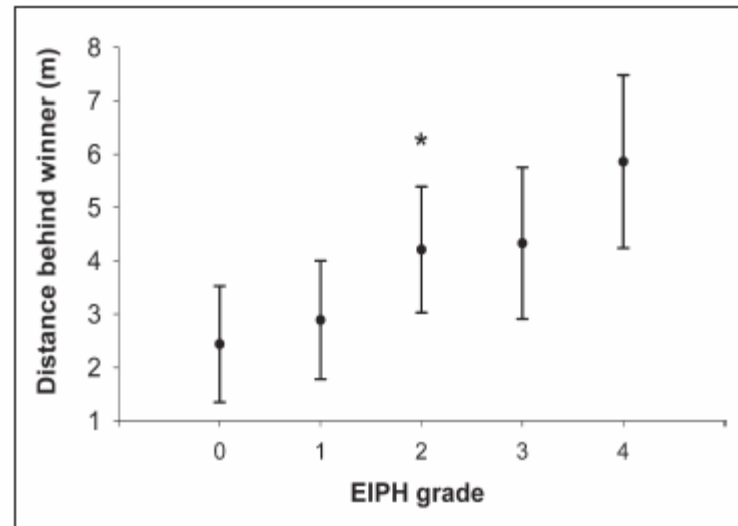


Figure 6—Least square mean distance horses finished behind the winner as a function of severity of EIPH among Thoroughbred racehorses ( $n = 744$ ) in Melbourne, Australia, examined between March 1 and June 18, 2003, for EIPH after racing. Error bars represent SE. \*Significantly ( $P < 0.05$ ) different from value for horses with grade 0 EIPH.

Hinchcliff et al. 2005

# Clinical evaluation of the RT

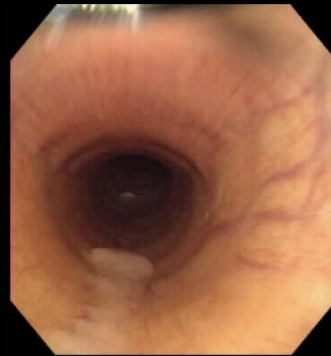
- Respiratory system
  - Lower airway endoscopy post-exercise
    - Grade  $\geq 2$  associated with poor performance in THB race horses (Holcombe et al. 2006)
    - Grade  $\geq 3$  associated with poor performance in sport horses (Widmer et al. 2008)



1



2



3



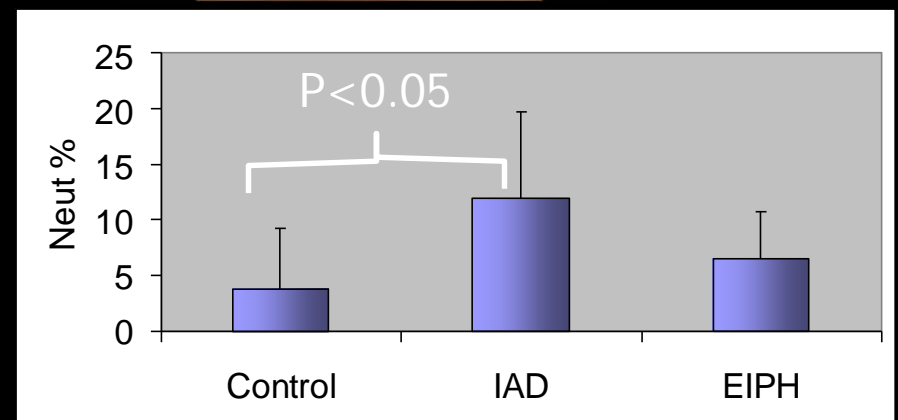
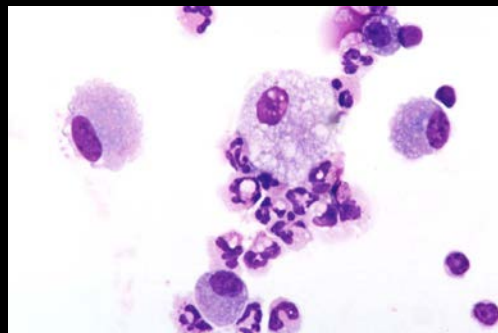
4



5

# Clinical evaluation of the RT

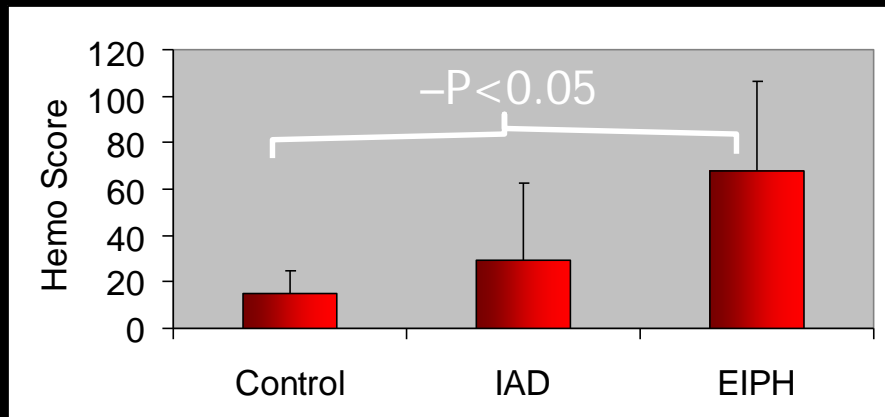
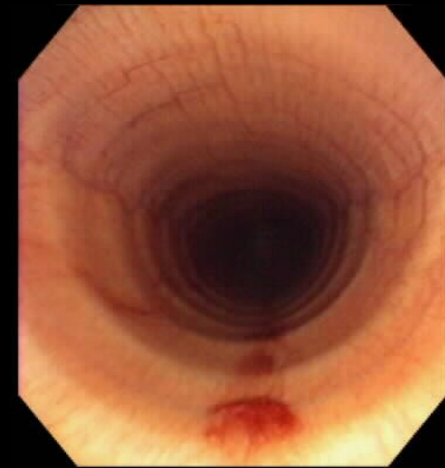
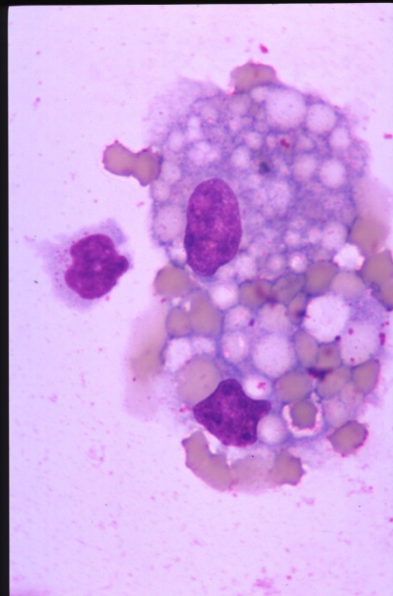
- Respiratory system
  - BALF neutrophilia ( $> 5\%$ )
    - IAD associated with poor performance
    - STBD (Rush 1995; Courouc  2002)
    - THB (Fogarty 1991)
  - TW cytology
    - No association (Holcombe 2006)



Couetil et al. 1999

# Clinical evaluation of the RT

- Respiratory system
  - BALF
    - EIPH
    - % hemosiderophages
    - [RBC]

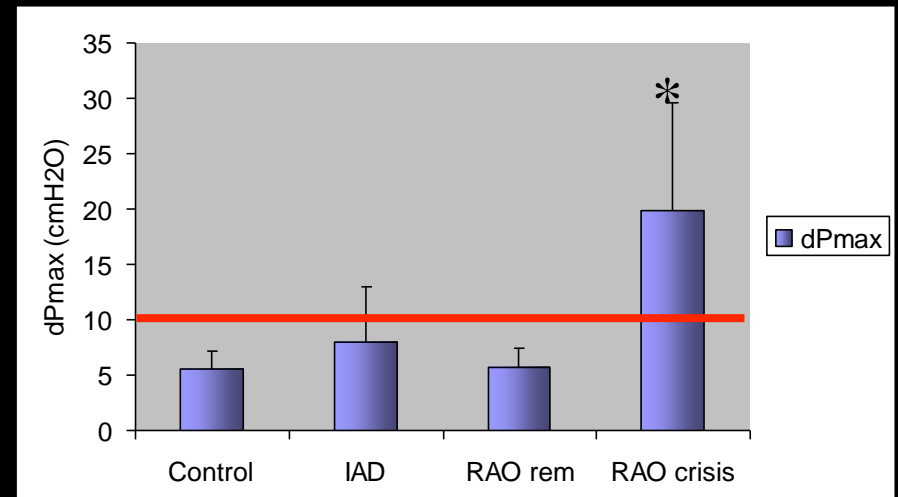
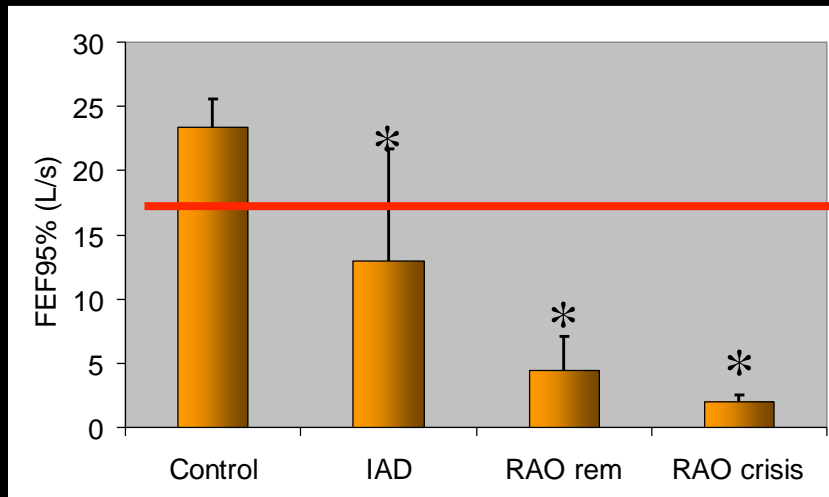


Couetil et al. 1999



# Advanced lung function tests

- Standard lung mechanics
- FE (forced expiration)
- FOM / IOS





# Advanced lung function tests

- Open  
Plethysmography
  - Commercially  
available
    - RAO crisis
    - IAD (AHR)



–Courtesy Ambulatory Monitoring, Inc.

# Exercise testing

- Treadmill / Field
  - Indications
    - Poor performance at moderate-high intensity exercise
    - Significance of abnormality found
  - Advantages:
    - Controlled environment
    - Standardized protocol
    - Numerous data collected
  - Weaknesses:
    - Gait differences
    - No rider
    - Costly

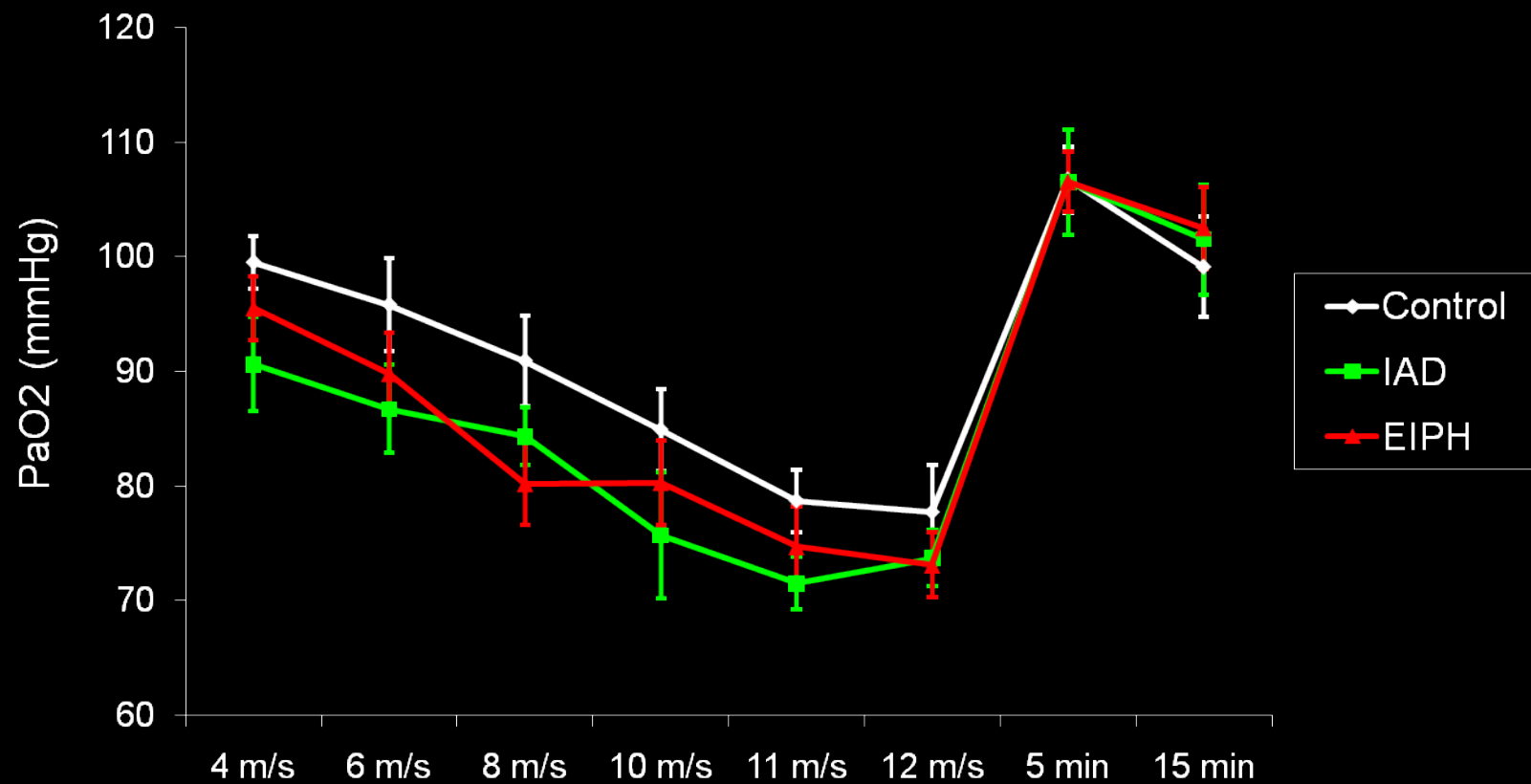


# Exercise testing

- Evaluation focused on:
  - Upper airway (endoscopy)
    - Treadmill
    - Dynamic endoscopy in the field
  - Gas exchanges, ventilation



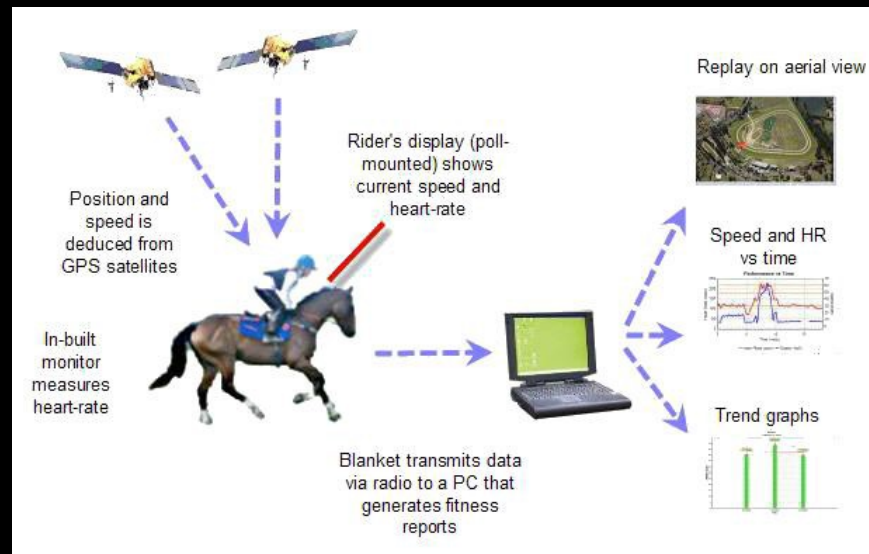
# Exercise testing



Couëttil et al., Equine Vet J 1999

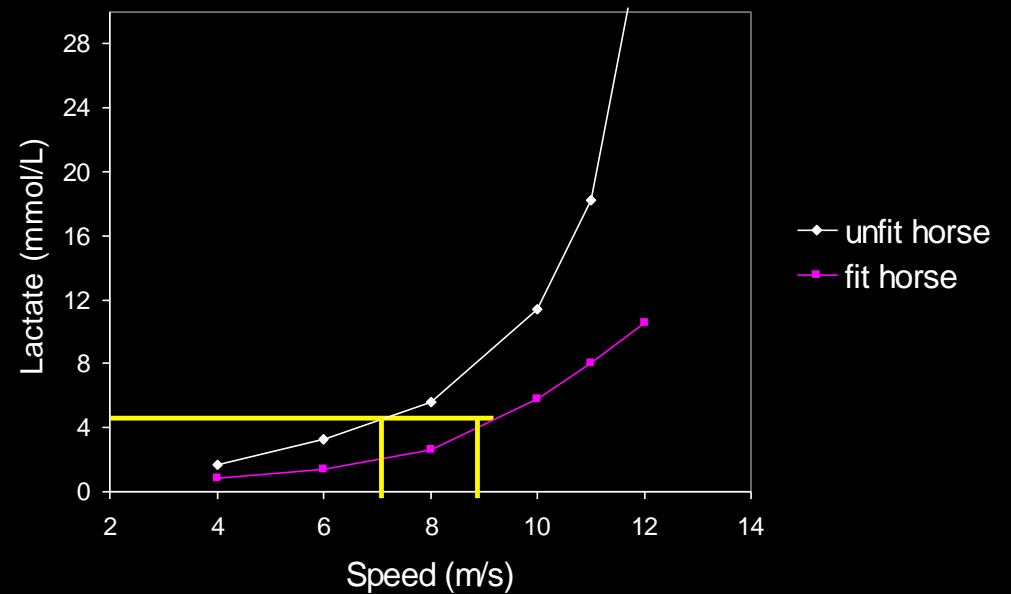
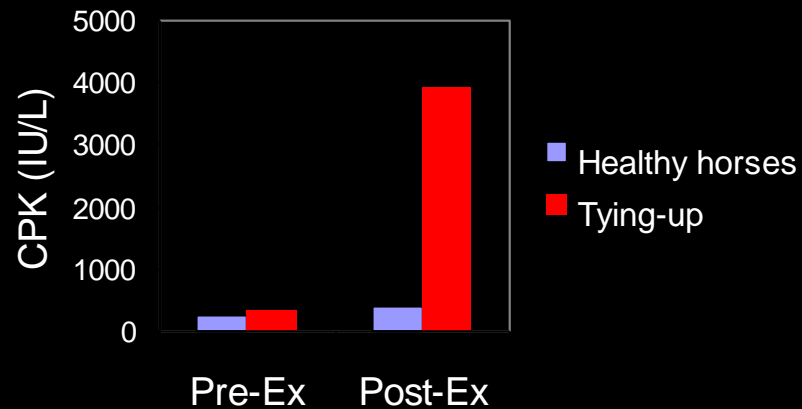
# Exercise testing

- Cardiovascular function
  - Exercise testing
    - Field / Treadmill
    - $V_{150}$  &  $V_{200}$



# Exercise testing

- Musculo-skeletal system
  - Fitness ( $V_{La4}$ )
  - Tying-up





# Summary

Exercise type	Respiratory disease	Diagnostic test	Other tests
High intensity, short duration	UAO IAD EIPH Infections	Endoscopy (dynamic) BAL $\pm$ TW Exercise testing Sensitive LFT	Gait at high speed Lactate HR / ECG CK pre-post CBC
Moderate intensity, long duration	UAO IAD / RAO Infections	Endoscopy (rest $\pm$ dynamic) BAL $\pm$ TW Exercise testing Sensitive LFT	Lameness exam Lactate HR / ECG CBC / electrolytes
Low intensity, long duration	UAO IAD / RAO IPF Infections	Endoscopy (rest) BAL $\pm$ TW BG @ rest LFT	Thoracic X-ray / US CBC

# Challenging cases

- Unproven horse
  - Reference database
  - Systematic evaluation
    - Treadmill
    - Field
  - Cause of poor performance
    - Legitimate cause
    - Undiagnosed pathology
    - Limited ability / lack of fitness
    - Behavior / psychological problem





# Questions?



Purdue University is an equal access/equal opportunity/affirmative action university.

If you have trouble accessing this document because of a disability, please contact PVM Web Communications at [vetwebteam@purdue.edu](mailto:vetwebteam@purdue.edu).