

Dr. Cruz is an assistant professor of Large Animal Surgery at the Ontario Veterinary College, part of the University of Guelph. Born in Spain, Dr. Cruz comes from a family of veterinarians and firmly believes that prevention of disease is a far better approach than focusing solely on cures. A surgery specialist, he focusses on lameness, orthopaedics and minimally-invasive surgery. Also affiliated with the Comparative Orthopaedic Research lab, he is currently studying orthopaedic injuries in Standardbred and Thoroughbred racehorses (along with the OVC's Dr. Mark Hurtig).

Does Your Horse Need a Specialist?

Dr. Antonio Cruz talked with Horse-Canada about when – and how – to choose a specialist for your horse.

by Leslie Smith Dow, with Dr. Antonio Cruz

Dr. Cruz has earned the distinction of being board-certified by both the American College of Veterinary Surgeons and the European College of Veterinary Surgeons, which requires extensive examinations, publication of research papers, residency programs and extensive specialized training.

Horse-Canada: What is a veterinary specialist?

Dr. Antonio Cruz: The term specialist must be used carefully. The American Veterinary Medical Association (AVMA) only approves the use of the term specialist in those individuals that are “board-certified” by the relevant College specialty board (for

example, a surgeon certified by the board of the American College of Veterinary Surgeons). In order to obtain board certification, each individual must undergo a several years of training above and beyond their veterinary degree at a recognized facility. They are subjected to a gruelling examination at the end of their training program. Only then is the individual board-certified and worthy of the term “specialist”.

An owner must be aware of different wording which could inadequately indicate similar status but may not necessarily indicate that the individual is board-certified. Board-certification is the only specialty denomination widely approved by the American Veterinary Medical Association. Some of these acronyms would be: Diplomate ACVS (for surgery), Diplomate ACVIM (for internal medicine), Diplomate ACVR (for diagnostic imaging), Diplomate ACVA (for anaesthesia) and so on. Visit www.acvs.org for the American College of Veterinary Surgeons (which certifies veterinary specialists in Canada and the US).

There are specialists across all areas and all fields of interest (surgery, medicine, respirology, diagnostic imaging, anesthesia, ophthalmology, neurology, cardiology, etc.).

H-C: What can a specialist do that a regular veterinarian can't?

A.C.: Board-certified specialists have been trained in a specific area (i.e. surgery, anesthesia, internal medicine, reproduction, diagnostic imaging, etc...) and are therefore prepared for advanced procedures. Some board certified surgeons with a special interest in lameness and orthopaedics may be able to investigate a lameness that has proven difficult for the general practitioner, and perform an arthroscopy as a diagnostic tool if needed. However, complementary and alternative medicine do not have board-certification status.

H-C: When should a horse-owner consult a specialist?

A.C.: This decision should be made in consultation with the general practitioner – who knows and should advise when the case needs the help of a specialist. This should be a team approach between the generalist, the owner and the specialist.

H-C: What if the horse owner is worried that calling in a specialist might offend the attending veterinarian?

A.C.: Referring specialists should only be used under the guidance of the general practitioner and this is why most specialists refuse to see horses that have not been referred by a colleague. On the other hand, general practitioners have the moral obligation to refer a horse to a specialist when their level of training or facilities prevent the animal from having the best available care (always with the owner's agreement).

The general practitioner and the specialist form a team with complementary tasks and abilities and just because a horse is referred should not reflect poorly on the general practitioner. On the contrary, the owner should praise his or her veterinarian's abilities to recognize when referral is indicated.

It is the specialist's duty to maintain very fluid communication with the attending veterinarian, who is an essential part of the treatment of a horse. She or he likely knows the horse – and the owner – better than the specialist.

H-C: How much is the intervention of a specialist likely to cost?

A.C.: It depends. Horses, just like humans, are unpredictable. An elective procedure in a healthy horse generates expenses that are more or less anticipated. In an emergency case there could be changes on a daily basis that



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would require more expensive intervention. It is important that the owner is given an estimate and frequent updates on their bills. Owners must also realize that especially in “unconventional” or emergency situations the bills can vary greatly and may not be cheap.

I find that in Canada, where people may not be aware of the cost of medical care, the bills come as a surprise. When I worked in the USA this was rarely the case and when I worked in the UK most horses were insured, so cost was not much of an issue. Owners should really think about insuring their horses; in my view it is really the best choice. If advanced medical attention is needed, the decision is much easier to make – without having to think so much about the financial side.

H-C: Will care by a specialist involve a trip to hospital?

A.C.: About 15,000 horses in Canada each year visit university and private hospitals. It is important to recognize that some procedures will require a specific environment – including most surgical procedures. Just as your family doctor wouldn't do an advanced procedure in the office, you would not want your horse having some surgeries done in the field – though a castration is fine.

H-C: What are the most common circumstances or illnesses that may require a specialist?

A horse undergoing surgery on its knee.

A.C.: Veterinary medicine has become so sophisticated that it is virtually impossible to maintain a very deep level of knowledge across all areas. Examples of referral would be fracture repair, colic surgery, respiratory surgery, arthroscopic surgery, complicated medical cases, horses that need special treatment or attention around the clock, advanced diagnostic imaging, etc.

While anesthesia always has a part of risk, it is also very important to ascertain that the anaesthesia in your horse will be done by (or directly supervised by) a board-certified anaesthesiologist.

H-C: When should a horse owner elect NOT to bring in a specialist?

A.C.: This is a very important question and one that the general practitioner will know best – as he or she will know the special circumstances of the horse and any related circumstances. For some people, referring a very sick horse with a very low chance of survival and a very high bill may not be appropriate while others may be willing to proceed.

The general practitioner will counsel the owner on the best approach. Often, specialists communicate with the referring veterinarians regarding the case, then make a joint recommendation about what is best for horse and owner. 🐾