

## Headshaking

Headshaking in horses is characterized by spontaneous flipping of the nose, head tossing, rubbing of the nose on objects, snorting, and sometimes striking at the muzzle. Possible causes for these clinical signs include dental problems, ear irritation (parasites, infection), eye abnormalities (“floaters”, pain, infection), rhinitis (allergic or other), trigeminal neuritis (inflammation of the trigeminal nerve), temporohyoid osteoarthropathy (inflammation of the stylohyoid and petrous temporal bones secondary to middle/inner ear infection), TMJ pain (inflammation and pain associated with the joint of the jaw), and photic headshaking (a syndrome in which bright light induces rubbing, sneezing, and sometimes violent headshaking).

With this list of possible explanations for the pony’s headshaking, my recommendations are to have the pony examined by a veterinarian. A complete physical examination should be performed including looking in the ears and eyes to rule out ear mites, “floaters” (spots that appear to drift in front of the eyes), and infections of the ear (otitis) and eye (conjunctivitis) and an oral exam to identify any dental abnormalities, oral ulcerations, or irritations of the tongue. Careful examination of the pony’s nose may indicate the presence of inflammation and/or irritation associated with rhinitis, allergies, or nasal congestion.

Your veterinarian will also want to know the answers to some important questions that can help define the possible causes of the headshaking. Does the pony have any nasal discharge or excessive tearing from the eyes? Does the headshaking happen when he is in the stall or turned out? Under saddle or lounging? When the sun is shining or on cloudy days? When he transitions from light to dark or vice versa?

Further diagnostic tests are specialized and would require a trip to an equine referral hospital. A routine work-up for headshaking at our facility also includes an endoscopic exam in which the internal aspects of the nasal passages, the sinus openings, and the guttural pouches can be evaluated. Infection in the guttural pouches, inflammation of the stylohyoid bones, and fractures can be causes of headshaking in horses. Radiographs of the skull are taken to evaluate the bones of the skull, the inner ear bone structure, the TMJ, and the stylohyoid bones within the guttural pouches.

If photic headshaking is diagnosed, some treatment recommendations are to try

sunglasses or fly masks on the horse to shade him from bright light. Turn out and riding in dimmer light, such as on cloudy days, early evening, or in a dimly lit indoor arena may help alleviate the clinical signs. If the horse is bothered during exercise, nose nets and other devices which attach to or dangle from and over the nostrils and muzzle area have been successful in some cases. If radiographic and endoscopic evaluations indicate otitis media/interna or temporohyoid osteoarthropathy, antibiotic and anti-inflammatory therapy is recommended for a prolonged period of time (1-3 months in some cases). Some other medications that have been successful in managing headshakers which may be associated with neuritis and rhinitis include antihistamines (hydroxyzine, cyproheptadine), anti-seizure medications (carbamazepine), and anti-psychotic medications (fluphenazine).

The nerve manipulations you may be referring to are blocks of the infraorbital and/or ethmoid nerves with a local anesthetic while the horse is actively shaking its head. Blocking these nerves inhibits sensation of the upper lip, cheeks, and nostrils. Resolution or reduction of headshaking after nerve block suggests that irritation of the nostrils, lip, or cheeks may be resulting in the headshaking behavior but it does not identify a cause for that irritation. Anti-inflammatory therapy with either steroids (dexamethasone, prednisolone) or non-steroidal anti-inflammatory medications (Banamine, phenylbutazone) may be helpful for some of these cases.

Headshaking in horses poses a diagnostic and therapeutic dilemma. A good start is with a complete physical examination to rule out the easy problems followed by a trip to a referral hospital for specialized diagnostic tests. A systematic approach allows your veterinarian to choose the appropriate medical therapy for the horse to manage the syndrome.

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