



CODE OF PRACTICE

HORSES THAT HAVE NOT STARTED FOR 12+ MONTHS

Policy

Where a horse has not raced for 12 months or longer, a satisfactory veterinary clearance must be obtained and the horse must trial satisfactorily before being granted permission to nominate for a race.

Definitions

Qualified veterinary surgeon means a veterinarian who is:

- (a) registered with the Veterinary Practitioners Board (or equivalent regulatory body) in a State or Territory of Australia; and
- (b) approved by the relevant PRA (including by way of permit, approval or licence) if required by a Local Rule of that PRA.

Protocols

1. Veterinary clearance before trialing

The trainer of a horse that has not raced for 12 months or longer must produce to the Stewards a veterinary clearance as well as any other information, examination or report they require, from a qualified veterinary surgeon indicating that the horse is suitable to resume trialing and racing. Details of any injury or medical condition which might have caused the prolonged break from training or racing must be provided with the veterinary clearance.

Following receipt of a satisfactory veterinary clearance, the Stewards may grant written permission for the horse to be nominated for and participate in an official trial or jump-out.

2. Satisfactory trial

If permission to trial is granted by the Stewards, the horse must:

- (a) participate in an official trial or jump-out to the satisfaction of the Stewards; and
- (b) have a post-trial veterinary examination (conducted by a qualified veterinary surgeon) to ensure that the horse is suitable to continue its training regime.

3. Permission to race

Following a satisfactory trial and upon receiving the above satisfactory post-trial veterinary examination report, the Stewards may grant written permission for the horse to be nominated for and participate in a race.



CODE OF PRACTICE

CARDIAC ARRHYTHMIAS DETECTED DURING POST- EVENT INSPECTIONS

Policy

Where a horse is detected with a pathological cardiac arrhythmia (including atrial fibrillation) on auscultation after a race, official trial and/or jump-out the horse must undergo additional diagnostic procedures to determine the cause of the arrhythmia and a period of rest to allow the horse to recover and be treated if necessary.

The following protocols must be followed according to the number of occasions the horse has been detected with a cardiac arrhythmia.

Definitions

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Protocols

1. Cardiac arrhythmia (pathological) found for the first time

Where a horse is found to have experienced a pathological cardiac arrhythmia for the first time, the horse must not start in a further race, official trial, or jump-out until the Stewards have received a satisfactory report from a qualified veterinary surgeon which includes the results of:

- (a) an electrocardiography (ECG) of more than 60 seconds duration performed by that veterinarian whilst the horse is at rest; and
- (b) a cardiac auscultation performed by that veterinarian within 15 minutes of the horse completing a satisfactory gallop of at least 1000 metres.

2. Cardiac arrhythmia (pathological) found for a second time

Where a horse is found to have experienced a pathological cardiac arrhythmia for a second time, the horse must not start in a further race, official trial, or jump-out until the Stewards have received a satisfactory report from a qualified veterinary surgeon with specialist qualifications in equine medicine which includes the results of:

- (a) echocardiography performed by that veterinarian at rest;
- (b) electrocardiography (ECG) performed by that veterinarian at rest and at exercise (see below Notes on obtaining and interpreting an exercising ECG); and
- (c) any other examination that that veterinarian requests.

2. Cardiac arrhythmia (pathological) found for a second time (continued)

Following acceptance by the Stewards of the above report, they may grant written permission for the horse to be nominated for and participate in an official trial or jump-out.

The horse must not be nominated for a race unless:

- (a) it trials to the satisfaction of the Stewards in an official trial or jump-out, of at least 1,000 metres; and
- (b) a qualified veterinary surgeon provides a satisfactory post-trial report that includes the results of cardiac auscultation within 15 minutes of completion of the official trial or jump-out.

Following a satisfactory trial or jump-out which only Stewards or Veterinarians officiate at, and upon receiving the satisfactory post-trial veterinary report referred to above, the Stewards may grant written permission for the horse to be nominated for and participate in a race.

3. Cardiac arrhythmia (pathological) found for a third time

Where a horse is found to have experienced a pathological cardiac arrhythmia for a third time, the horse will be ineligible to start in any race, official trial, or jump-out, or be trained, unless otherwise determined by the Stewards in writing.

Notes on obtaining and interpreting an exercising ECG

- (a) Exercising ECG should allow evaluation of the rhythm at rest (minimum 60 seconds duration) and a continuous recording during a strenuous exercise test either on a treadmill or track. A heart rate greater than 200 beats per minute should be sustained for a minimum of 60 seconds. The recording should continue until the heart rate of the horse is below 80 beats per minute. Notwithstanding the potential for electrical interference, the recording must be of sufficient quality to allow evaluation of the heart rate, rhythm and morphology of complexes.
- (b) Horses with a high number of premature atrial contractions or runs of atrial tachycardia are likely to be at higher risk of developing atrial fibrillation.
- (c) Atrial fibrillation causes poor performance. Atrial fibrillation may be associated with ventricular arrhythmias and although unlikely this may result in collapse or death.
- (d) Arrhythmia are common in the immediate post exercise period (heart rate 180-220) beats per minute. Although common some arrhythmias can be a cause for concern as horses are known to collapse after finishing a race.
- (e) Sinus arrhythmia or occasional monomorphic premature complexes which are overdriven by intense exercise or only occur in the immediate post exercise period are unlikely to cause poor performance or endanger the safety of horse or rider.
- (f) Bradyarrhythmia which are not overdriven by exercise are of concern and these horses are not safe to ride.
- (g) Premature complexes occurring during intense exercise (heart rate greater than 200 beats per minute) may be a cause for concern.
- (h) Features of complex ventricular arrhythmia which are a cause for concern in any phase of the exercise test include; multiform QRS morphology, highly premature R on T timing, repetitive activity (couplets, triplets), paroxysmal or sustained VT, multiform tachycardia and polymorphic tachycardia.
- (i) Electrocardiographic findings should be interpreted alongside other clinical findings such as: abnormalities of cardiac chamber size, myocardial thickness or significant valvular regurgitation, haematological and biochemical findings, urinary fractional excretion of electrolytes and upper or lower airway disease.
- (j) Other diagnostic tests which may allow further evaluation of the heart include 24-hour ECG monitoring and measurement of cardiac troponin I before and 4 hours after a strenuous exercise test.



CODE OF PRACTICE

COMPULSORY REPORTING OF MAJOR FRACTURES, ORTHOPAEDIC SURGERY AND APPROVAL OF AFFECTED HORSES TO RETURN TO RACING

Policy

This policy is intended to help identify and manage racehorses that sustain major fractures or undergo major orthopaedic surgery and manage their return to training, galloping, trialling, and racing.

Where a horse has sustained a major fracture and/or undergone major orthopedic surgery, that injury/procedure must be reported within 7 days.

Such horses must not return to racing until they have undergone appropriate veterinary examinations and trials to obtain the requisite PRA permission.

Definitions

Major fracture includes, but is not limited to:

- (a) fractures to third metacarpus and metatarsus (cannon bone);
- (b) fractures of the proximal phalanx (pastern);
- (c) carpal and tarsal slab fractures;
- (d) fractures of the proximal sesamoid bones (mid-body and basal); and
- (e) stress fractures of long bones and the pelvis.

Major orthopaedic surgery includes, but is not limited to, fracture repair with the placement of surgical implants.

(The treating veterinary surgeon should provide appropriate advice to a trainer on whether an injury should be classified as a major fracture and whether major orthopaedic surgery has been performed.)

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- (b) approved by the relevant PRA (including by way of permit, approval or licence) if required by a Local Rule of that PRA.

Protocols

1. Mandatory reporting

Where a horse has sustained a major fracture and/or undergone major orthopedic surgery, that occurrence must be reported by the trainer to the relevant PRA within 7 days of the injury or procedure.

2. Return to training, galloping, trialling, racing

To be permitted to return to training, the trainer must comply with the following procedure;

Step 1

The trainer must submit to the PRA a comprehensive clinical report by the qualified veterinary surgeon who performed the surgical procedure or who managed the injury conservatively.

The report must include details of the nature of the injury, copies of any diagnostic images, procedures performed, post-injury management recommended and prognosis for a return to racing.

Step 2

When the trainer and the stable's qualified veterinary surgeon are satisfied that the horse is in a suitable condition to return to training a veterinary examination of the injured structures must be performed according to the protocols specified below.

A report of the examination must be provided to the PRA, together with an opinion from the stable's qualified veterinary surgeon as to the horse's suitability to undertake a 1000m gallop in front of the Stewards.

Step 2(a)

For all major fractures, except stress fractures of long bones and the pelvis, both the affected limb and the contra-lateral limb must be radiographed and examined by the stable's qualified veterinary surgeon (or other veterinarian approved by the PRA).

Unless otherwise determined by the Stewards on the basis of veterinary regulatory advice, the examination must include the following radiographic views for fractures that have occurred in the fetlock/distal cannon region:

- (a) Standing DPa (dorsal 15° proximal-palmar distal view)
- (b) Standing lateral (latero-medial view)
- (c) Lateral oblique (dorso 10° proximo 30° lateral palmaro-distal medial oblique view).
- (d) Medial oblique (dorso 10° proximo- 30° medial palmaro-distal lateral oblique view).
- (e) Flexed LM (flexed latero-medial view)
- (f) Flexed DPa (flexed dorsal 15° distal palmaro-proximal oblique view)

Radiographs of other regions should be performed and recorded according to accepted radiographic best practice.

Step 2(b)

If the trainer and the stable's qualified veterinary surgeon are satisfied that the horse is in a suitable condition to return to galloping less than 4 months after being diagnosed with stress fractures of long bones or the pelvis, the horse must undergo scintigraphy of the affected area.

Other diagnostic imaging techniques might also be indicated for diagnosis and monitoring of the injury.

On receipt of the examination report which includes an opinion from the stable's qualified veterinary surgeon that the horse is suitable to undertake a 1000m gallop in front of the Stewards, the PRA will consider the report and request any further material considered necessary.

Following that consideration (and any further material), the PRA may approve the horse to undertake a 1000m gallop in front of the Stewards.

Step 3

The horse gallops over 1000m to the satisfaction of the Stewards.

Step 4

Following the 1000m gallop, the trainer must arrange for a follow-up clinical veterinary examination to be performed by the stable's qualified veterinary surgeon. A report of that examination must then be provided to the PRA.

Following consideration of that report, the PRA may approve the horse to participate in an official trial over 1000m.

Step 5

The horse participates in an official trial over 1000m to the satisfaction of the Stewards.

Step 6

Following the official trial, a follow-up clinical veterinary examination must be performed by the stable's qualified veterinary surgeon and a report of that examination (which must include certification of suitability to race) must be provided to the PRA.

If the examining veterinary surgeon is in any doubt as to the suitability of a horse to return to racing, further diagnostic procedures must be undertaken to establish the suitability of the horse for racing.

Following consideration of the report (and the results of any further diagnostic procedures), the PRA may approve the horse to be nominated for a race.

Ongoing monitoring

Following the horse's return to racing, the trainer must, in conjunction with the stable's qualified veterinary surgeon, implement a system of monitoring the musculoskeletal health of the horse with special attention being paid to the affected and the contra-lateral limbs.

If any lameness or evidence of any musculoskeletal condition is detected at any stage, the veterinarian must undertake whatever diagnostic procedures are necessary to establish a definitive diagnosis and provide a comprehensive report to the PRA regarding the nature of the condition, the diagnostic procedures performed and an assessment of the horse's suitability to continue racing.



CODE OF PRACTICE

VETERINARY INSPECTIONS FOR 12 YEAR OLD HORSES

Policy

A horse aged 12 years that is permitted to race by the Stewards under AR 78(2) will be subject to pre-race and post-race veterinary inspections on race day.

Definitions

Qualified veterinary surgeon means a veterinarian who is:

- (a) registered with the Veterinary Practitioners Board (or equivalent regulatory body) in a State or Territory of Australia; and
- (b) approved by the relevant PRA (including by way of permit, approval or licence) if required by a Local Rule of that PRA.

Protocols

1. Before a horse aged 12 years is permitted to start in a race during its 12 year old racing season, the trainer must provide the Stewards with a report prepared by a qualified veterinary surgeon which sets out the horse's condition and suitability to race, as well as any other information, examination or report they require.
2. Where the Stewards are satisfied the horse is suitable to race and grant permission for it to race, on each day that the horse is presented on a racecourse to participate in a race, the horse must undergo pre-race and post-race inspections conducted by the PRA's veterinary officer.
3. The veterinary officer will complete a *PRA veterinary report for horse 12 years of age* (see below) which details those inspections as well as the horse's performance in the race.
4. The Stewards will consider the veterinary officer's report (and any other relevant information) and may grant written permission for the horse to participate in another race in its 12 year old racing season.

PRA VETERINARY REPORT FOR HORSE 12 YEARS OF AGE

Date: _____

Race Meeting Location: _____

Race number: _____ Race distance _____ metres

Name of Horse: _____

Age of Horse: _____ years

Brands: Right Side: Left Side:

Microchip number: _____

Trainer: _____ Mobile telephone: _____

(a) Pre-Race Veterinary Examination:

Attitude/Demeanour:

General body condition score: 1 2 3 4 5

Heart Rate. beats/min Respiratory Rate. breaths/min

Gait Observations:

Walk:

Trot:

Lameness Score (if applicable):

Additional Comments:

Veterinarian: _____ Veterinarian Signature: _____

Veterinary Board Registration number: _____

(b) Performance:

Distance of Race: _____ metres

Class of Race: _____

Placing: _____

Number of Starters: _____

Beaten Margin: _____

Comments:

(c) Post-Race Veterinary Examination:

General Appearance/Recovery:

Heart Rate.beats/min

Respiratory Rate. breaths/min

Gait:

Lameness Score (if applicable):

Additional Comments:

Veterinarian: _____

Veterinarian Signature: _____

Veterinary Board Registration number: _____

Stewards' Comments:

Office Use

Steward in Charge of Meeting: _____

Signature: _____

Date: _____

Chief Steward: _____

Signature: _____

Date: _____



CODE OF PRACTICE

REINSTATEMENT OF A RETIRED RACEHORSE

Policy

The reinstatement of a retired horse to be trained and raced requires the express prior permission of the Stewards under AR 297.

Ownership disputes and horse history (including the last owners' wishes) will be investigated by the Stewards prior to a decision being made to reinstate the horse.

Any ownership transfers and/or lease registration must be processed by Racing Australia or the relevant PRA (as applicable) in the usual manner before the horse is reinstated to participate in an official trial, jump-out or race.

Definitions

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- (a) registered with the Veterinary Practitioners Board (or equivalent regulatory body) in a State or Territory of Australia; and
- (b) approved by the relevant PRA (including by way of permit, approval or licence) if required by a Local Rule of that PRA.

Protocols

The sequence of events leading to possible reinstatement is as follows:

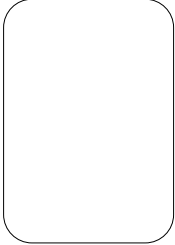
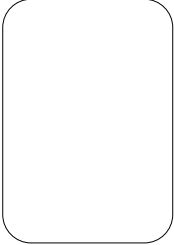


1. Applications to have a horse reinstated should be submitted in writing prior to, or immediately upon, the horse entering a trainer's stable. Trainers are reminded that a stable return must be lodged immediately upon a horse entering their stable (AR 296). Any person who fails to comply with AR 296 commits a breach of the Rules of Racing and may be penalised.
2. An application in writing to the Stewards is made by completing the *Application for reinstatement of a retired racehorse* form (see below) which requires an examination by a qualified veterinary surgeon and report, with particular reference to the full reasons for retirement and an assessment of the horse's suitability to return to training and racing.
3. Once submitted, the application and the veterinary report from the qualified veterinary surgeon will be considered before it is decided if any further examinations and/or tests are required. Only the Stewards (and PRAs) hold authority for approval to reinstate the horse.
4. When a horse has the written approval of Stewards to be reinstated to be trained, it must then participate in an official trial or jump-out to the satisfaction of the Stewards.
5. After satisfactorily participating in an official trial or jump-out, the horse must undergo an examination by a qualified veterinary surgeon and the trainer must submit a satisfactory veterinary clearance to the Stewards.

6. The Stewards will then examine all the evidence and may grant written permission for the horse to resume racing.

APPLICATION FOR REINSTATEMENT OF A RETIRED RACEHORSE

Veterinary Certificate

Date:	
Horse Name:	
Trainer Name:	

	BRANDS			DESCRIPTION	
Left Side			Right Side	Gender	
				Colour	

I certify that I have examined the above horse, which requires a Veterinary Certificate to assess its suitability for reinstatement as a racehorse after having been retired from racing for the following reason:

_____ (provide details), at
 _____ on ____/____/____

(Horse's Location)

The above diagnosis and prognosis for the condition was established after the following examination(s) were performed *(please tick)*:

- Physical Examination
- Radiographic Examination
- Endoscopic Examination
- Ultrasound Examination
- Bone Scan
- MRI
- Other *(Please explain)*

In my opinion, the horse is currently in a suitable/unsuitable condition to resume training and be reinstated as a racehorse for the following reason(s):

[Empty box for Veterinary Surgeon Name]

Veterinary Surgeon Name

[Empty box for Signature]

Signature

Registration number: _____

Date: _____

Office Use Only:

Date Received: _____

Approved to Reinstate: Yes / No

Reason(s): _____

PRA Veterinary Surgeon

Signature

PRA Stipendiary Steward

Signature

Racing Australia Notified: _____ Date: _____

Trainer/Owner Notified: _____ Date: _____