The Gelding Scar and Its Important Relationship to the Body's Fascial System
by Ruth Mitchell-Golladay

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Fascia, the connective tissue of the body, which surrounds every cell in the body, is comprised of a specific type of collagen protein. Scar tissue, a natural result following injury, has a different composition of the collagen. It is less elastic, often dense and therefore less flexible. This can lead to dysfunction.

The age at which a stallion is gelded can determine the influence the gelding scar will/may have in the horse's body. If he is gelded at a very young age, it may be the first scar in his body. If he is gelded at a later time, there may already be several scars throughout the body as the result of previous accidents/injuries.

Like humans, horses can scar in different ways. Many heal with minimal outward indication. Others develop contractures, hypertrophics or keloids. With contractures, there may be a pulling of the skin in towards the site of the injury, giving the area a puckered appearance. With hypertrophic scarring, the scar is initially red or purple and slightly raised above the skin. Over time they tend to fade and get flat unless influenced by other scar tissue either in the area or at a distance. Keloids are very elevated, red or dark and are formed when the body produces an excess of extra collagen. They often grown bigger than the area of the original injury.

In addition to healing an area, scar tissue has a tendency to lock down an area. And, if there are several scars in the horse's body, they can tend to migrate toward each other in an effort to lock down the entire system. This can lead to pain and/or dysfunction, including areas far from the original injury.

When considering the gelding scar, the complaint of the owner is often that the horse has suddenly begun to "travel close" behind or that he is suddenly "standing base narrow in the hind end." On evaluation the prepuce may be found to be very cold (or hot) when compared to the rest of the body. It is also possible to feel one or more "balls" of scar tissue within the prepuce.

To specifically address this scar tissue, use one hand and reach in as high as possible on the prepuce and gently cradle it in the palm of your hand with your fingertips on one side and the heel of your hand on the other side. Maintain this hold for 2 minutes. Then apply a very gentle downward pull or stretch (just taking the slack out of the tissue). Maintain that stretch for an additional 3 minutes. If the prepuce begins to move, follow that movement. (This is similar to a rope unwinding).

If there is very little scar tissue in the prepuce, this technique may only be necessary one time. However, if there is a greater degree of scar tissue in the prepuce, this technique may need to be repeated a few times prior to the dysfunction being eliminated. Additionally, the other scar tissue in the body must be addressed with appropriate scar releases in order to have an overall reduction or elimination of any dysfunctions.

HELP

Facilitated Healing through Myofascial Release – Putting the Pieces Together for Horse and Rider by Ruth Mitchell-Golladay

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BIO

As a physical therapist, massage therapist, equine sports massage therapist, gentle horsemanship practitioner, and lifetime animal lover, Ruth Mitchell-Golladay is able to combine knowledge with love while caring for the equine population. Ruth, a Texan, received her graduate degree in physical therapy from The University of Iowa in 1972 and opened a private practice in 1978. She

then attended The Institute of Natural Healing Sciences in Colleyville, Texas and became Nationally Certified in Therapeutic Massage and Bodywork in 1991.

Ruth began working with horses in 1990 and now specializes in the equine population. In 1994 she opened Equine Therapeutic Center, Inc. in Dallas, Texas (now based at Smith Mountain Lake, Virginia) where she provides therapy for horse and rider. She uses her biomechanical knowledge to assist in determining a problem with the horse and then primarily uses Myofascial Release techniques to decrease the symptoms and/or dysfunction. In addition, she uses several modalities including photonic torch, laser, electrical stimulation, therapeutic ultrasound and specialized taping. She assists owners, trainers, and/or riders in a home program of care (including exercises as indicated) for them to complete between therapy visits.

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