

Date \_\_\_\_\_

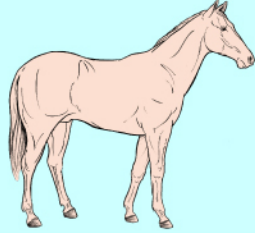
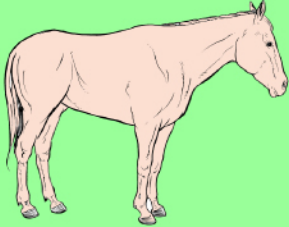
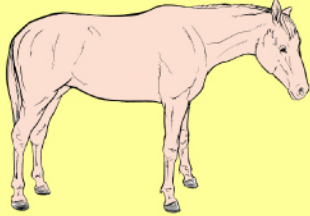
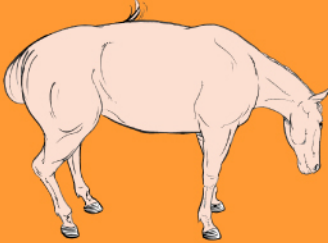
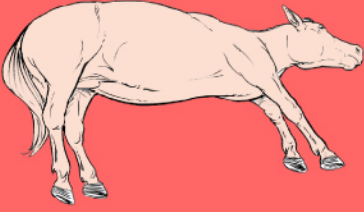
Time \_\_\_\_\_



Veterinary Medical Center

## Equine Comfort Assessment Scale

\*This scale is designed to be used in the context of the clinical presentation of each animal. If you do not believe the pain scoring criteria to be accurate for this patient, please explain in the comments section below.

Pain Score	Behavior	Clinical Assessment	Postural Features
0	 <ul style="list-style-type: none"> <li><input type="checkbox"/> Responds with interest to gate opening, approach by observer</li> <li><input type="checkbox"/> Takes care in movements around people</li> <li><input type="checkbox"/> Head above withers</li> <li><input type="checkbox"/> Attentive</li> <li><input type="checkbox"/> Moving freely, calmly</li> <li><input type="checkbox"/> Resting comfortably</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> HR: _____ (usually <math>\leq 40</math> bpm)</li> <li><input type="checkbox"/> Eyes: relaxed, normally responsive</li> <li><input type="checkbox"/> Normal muscle tension</li> <li><input type="checkbox"/> No focal areas of heat</li> <li><input type="checkbox"/> Palpation not aversive</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No lameness perceptible, bears weight equally</li> <li><input type="checkbox"/> Moves with ease of stride</li> </ul>
1	 <ul style="list-style-type: none"> <li><input type="checkbox"/> Head at or above withers</li> <li><input type="checkbox"/> Facing forward and watching</li> <li><input type="checkbox"/> Performs normal behaviors less frequently than expected</li> <li><input type="checkbox"/> Responds with quiet interest to gate opening, approach by observer</li> <li><input type="checkbox"/> Takes care in movements around people</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> HR: _____ (may be <math>\leq 40</math> bpm)</li> <li><input type="checkbox"/> Mild muscle tension</li> <li><input type="checkbox"/> Mild focal areas of heat</li> <li><input type="checkbox"/> Slightly steps, leans or pulls away from palpation, +/- muscle twitching</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Lameness difficult to observe, inconsistently apparent</li> <li><input type="checkbox"/> Mild injury or stiffness in movement</li> </ul>
2	 <ul style="list-style-type: none"> <li><input type="checkbox"/> Head level with withers</li> <li><input type="checkbox"/> Moving slowly about with bedding undisturbed</li> <li><input type="checkbox"/> Mild but more frequent restlessness</li> <li><input type="checkbox"/> Responds to approach</li> <li><input type="checkbox"/> Less enthusiastic, less interested, less interactive</li> <li><input type="checkbox"/> Less careful about movements around people</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> HR: _____ (may be <math>\geq 48</math> bpm)</li> <li><input type="checkbox"/> Tachypnea +/- RR: _____</li> <li><input type="checkbox"/> Moderate muscle tension</li> <li><input type="checkbox"/> Increasing areas of heat</li> <li><input type="checkbox"/> Palpation more aversive</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Lameness apparent only under certain circumstances, favors leg(s) occasionally</li> <li><input type="checkbox"/> Obvious stiffness in movement</li> </ul>
3	 <ul style="list-style-type: none"> <li><input type="checkbox"/> Head level or below withers</li> <li><input type="checkbox"/> May face back or corner of stall</li> <li><input type="checkbox"/> More vigorous signs of restlessness</li> <li><input type="checkbox"/> Eyes distracted, far away, weary</li> <li><input type="checkbox"/> Minimally reacts to interaction</li> <li><input type="checkbox"/> Stands in one position</li> <li><input type="checkbox"/> Beginning to become internalized</li> <li><input type="checkbox"/> Less careful about movements around people</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> HR: _____ (may be <math>\geq 60</math> bpm)</li> <li><input type="checkbox"/> Tachypnea +/- RR: _____</li> <li><input type="checkbox"/> Sweating</li> <li><input type="checkbox"/> Severe muscle tension</li> <li><input type="checkbox"/> Widespread areas of heat</li> <li><input type="checkbox"/> Vigorously aversive response to palpation</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Moderate lameness, able to bear weight but clearly favors one or more limbs</li> <li><input type="checkbox"/> Obvious discomfort, weight shifting</li> <li><input type="checkbox"/> Arched back</li> <li><input type="checkbox"/> Very stiff movements</li> <li><input type="checkbox"/> Abnormal standing posture</li> </ul>
4	 <ul style="list-style-type: none"> <li><input type="checkbox"/> Head often below withers</li> <li><input type="checkbox"/> Stands in corner or faces wall</li> <li><input type="checkbox"/> Ears back, eyes weary</li> <li><input type="checkbox"/> Frequent signs of severe agitation</li> <li><input type="checkbox"/> Extremely uncomfortable, panicky OR</li> <li><input type="checkbox"/> Extremely internalized/withdrawn</li> <li><input type="checkbox"/> Unwilling to rise</li> <li><input type="checkbox"/> Careless about movements around people</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> HR: _____ (may be <math>\geq 70</math> bpm)</li> <li><input type="checkbox"/> Tachypnea +/- RR: _____</li> <li><input type="checkbox"/> Profuse sweating</li> <li><input type="checkbox"/> Extreme muscle tension / rigidity +/- fasciculation</li> <li><input type="checkbox"/> Widespread areas of heat</li> <li><input type="checkbox"/> Extremely aversive response to palpation, possibly aggressive</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Unable or unwilling to bear weight</li> <li><input type="checkbox"/> May not be able to move</li> <li><input type="checkbox"/> Constant shifting of weight</li> <li><input type="checkbox"/> Very abnormal standing posture OR</li> <li><input type="checkbox"/> In sternal or lateral recumbency</li> </ul>

Current Pain Treatment(s):

Comments: \_\_\_\_\_

## Equine Comfort Assessment Scale List of Behavioral Descriptors

### General

- Pawing
- Stamping
- Tail switching w/o insects or other stimulus
- Circling in stall
- Flaring nostrils frequently
- Frequent head shaking w/o obvious reason
- Repetitive behaviors:  
Examples can include rubbing, pacing
- Getting up and laying down frequently
- Rocking to and fro on limbs
- Grunting
- Difficult to get settled down

### Musculoskeletal-specific

- Frequent weight shifting
- Rocking to and fro on limbs
- Stamping
- "Grimacing" (assoc. w/ laminitis)

### Abdomen-specific

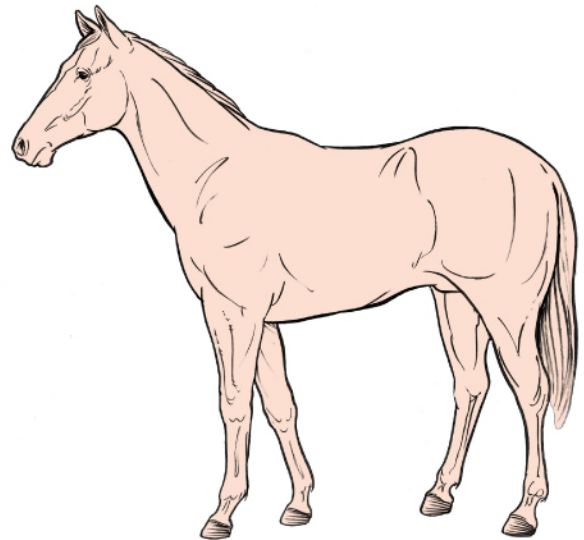
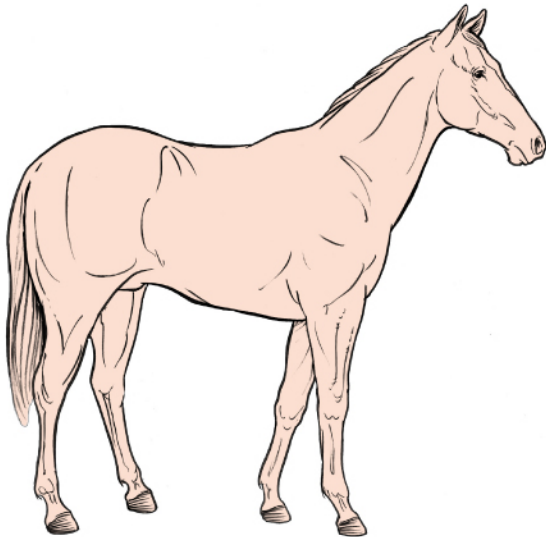
- Pawing
- Flank watching
- Flank biting
- Teeth grinding
- Kicking at abdomen
- Rolling on ground
- Grunting
- Thrashing

### Palpation Reactions

Aversive reaction to palpation may manifest as:

- Splinting
- Muscle twitching
- Hyperalgesia / Allodynia
- Biting
- Striking
- Kicking

## Location of Palpation Abnormalities



Please mark:

- Tender to palpation
- ✕ Warm
- Tense
- ⋈ Fasciculations

## Facial Expressions

0

1

2

3

4

