

Instructions for **NANRIC Ultimates™**

Providing this device as an emergency aid can greatly reduce or prevent displacement (rotation and/or sinking) of the coffin bone. Extensive venogram studies have shown a direct relationship between DDF laxity and improved circulation to the laminae and sole corium. Enhancing blood flow to compromised feet is the first step to enhancing the healing environment. Time is always of the essence. For best results, always consider acute laminitis an emergency, regardless of how quickly the horse responds to medication.

Evaluation at time of onset should include initial x-rays and venograms. Further x-rays and venograms should be used to monitor initial progress or digression of disease for the first 30-45 days. Increase mechanics when damage and/or chronicity of the disease exceeds the limitations of the emergency device. A DDF tenotomy with derotation shoeing is indicated when the vascular pattern continues in a downward spiral. Comparable venograms can provide invaluable information. Note: The venogram procedure is technique sensitive and accurate interpretation requires a good working knowledge of the healthy as well as pathological ranges.

Reducing the DDF tension should be considered:

- Once the sole growth is steadily increasing
- The horse is sound
- No anti-inflammatory medication has been needed for several days to weeks

- There is no noticeable increase in digital pulse.

*Do not be in a hurry to reduce the mechanics.



Product Features:

- All-white one piece cuff and built-in wedge with a detachable base wedge designed to offer problem-free wean down process.
- Simply remove four screws to remove the base wedge.
- Strong, thick cuff and wedge remain once the base wedge is removed.
- Efficient mechanical breakover that can be further enhanced if necessary with rasp or grinder. Simply rasp the breakover farther back if needed to soften the DDF.
- Assembled **NANRIC Ultimates™** offer approximately 18 degree palmar angle (PA) like the original Redden Modified Ultimate™.
- Concave sole area to prevent sole pressure and more room for Advance Cushion Support™.
- Made of polyurethane which is an incredibly resilient, flexible, and durable material.
- Textured surface area inside cuff flange for strong gluing bond.

Application Methods

1. Bandage on when it is necessary to monitor the case closely with x-rays and venograms for the first 30-45 days following onset.
2. Glue on or cast on for low scale damage cases. If the x-rays taken every two weeks show sole growth, the Ultimate is offering sufficient mechanics.

***For detailed application instructions refer to back page.**

Remember that for best results, strict stall rest is indicated when using **NANRIC Ultimates™**. The goal is to quickly enhance circulation. Exercise can be helpful, but the downside far outweighs the positive effects.

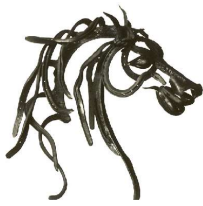
Wedge Removal

Acute Laminitis

The horse should be pain-free with a normal pulse, be radiographically stable (no displacement), and off all anti-inflammatory for 10 days before removing the first wedge. Providing all parameters remain within normal limits, the Ultimate can then be removed over the next 10-15 days. It is suggested that the horse remain barefoot in the stall for an additional 10-15 days with a four point trim and zero digital breakover.

Caution - Closely assess all parameters before resuming any form of exercise. **Radiographs are essential!**

- Do not remove the first wedge while on anti-inflammatories, which can distort your view of what is really happening inside the foot.
- Do not turn out while on anti-inflammatories.
- Monitor horn growth response closely.
- Monitor sole growth with x-rays.
- Monitor the blood flow with venograms.



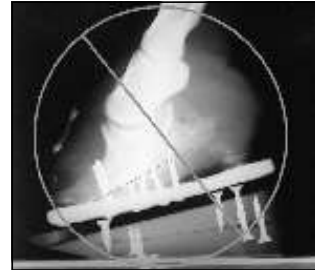
Instructions for Applying **NANRIC Ultimates™**

The **NANRIC Ultimate™** is a therapeutic aid designed to significantly reduce deep flexor tension as the load of the horse is transferred to the laminae. Mechanical mode of action is due to significant heel elevation, self-adjusting digital breakover and arch support. The **NANRIC Ultimate™** helps stabilize the position of PIII within the capsule at the onset of the syndrome. When applied properly, the load is shifted from the apex to the heel area. This relieves stress on the laminae and download on the sole corium.

Note: Once displacement (capsular rotation) has occurred, proper realignment (derotation) **must** precede application of this device. Pure lateral radiographs with soft tissue detail are essential for accurate assessment, and they offer optimum information for the veterinarian-farrier team.

Use Caution When Realigning PIII

Realigning PIII (derotation) is best accomplished by pushing the heel back from just behind the widest point of the foot to the widest point of the frog. Work to create a 0° palmar/plantar angle. When you have greater than five degrees and an HL of 15/18, the heel is not pushed back as described. Know your sole depth. Feet that have existing long toes, underrun heels, crushed digital cushion and caudal rotation have compromised heel circulation prior to laminitis. Loading the caudal part of the foot further compromises the weak heels, and becomes counterproductive. To overcome this complication, use more breakover on the bottom wedge to allow the foot to rock forward and increase palmar angle.



Do not use the **NANRIC Ultimate™** if the palmar angle is greater than 5°.

Application Methods

Cotton Bandage



Wrap a cotton bandage (34" L x 6" W) around the pastern. Mix Advance Cushion Support™ (ACS) and shape it into a pancake approximately 1/2" thick and 5" in diameter. Place it inside the **NANRIC Ultimate™**. Slide the Ultimate on the foot and set it on the ground to spread the ACS evenly over the sole, frog and sulci. Pick the foot up quickly to prevent excess ACS from pushing out the back of the Ultimate. Hold the foot up, if possible, until the ACS is cured. This will offer maximum arch support. Tape the Ultimate to the pastern bandage using 4" Elastikon (1 roll per foot), making a very secure figure-eight attachment.



Glue

If you choose to glue on the **NANRIC Ultimate™** for a more permanent attachment, make sure the cuff fits the trimmed foot. Apply ACS as described above. Remove the Ultimate, check for excess ACS and trim a depression in the ACS where the circumflex vessel would be found. Apply **NANRIC Mega Bond™** adhesive using the injection portholes in the cuff or apply EquiloX to the inner area of the cuff and reapply the Ultimate. **Caution:** When using any adhesive, examine the foot closely for breaks in the sole /wall junction. Sealing anaerobes can cause serious abscesses!



Cast

2" cast material can be used to apply the **NANRIC Ultimate™**. Trim the foot and apply the Ultimate and ACS as described above. Place the cast material on the foot and anchor with your thumb and start rolling it around the heel and work up the hoof wall. **Caution:** Make sure not to get up over the coronary band and avoid compromising the breakover at the toe with excess cast material.