



Lameness is widely held to be the one of, if not the biggest threat to sheep welfare and production. The welfare implication of having both lame ewes and lambs is clear. However the economic impact is less clear, but in ewes is related to decreasing fertility and milk production, and in lambs an increase in finishing times as lame lambs are feeding less.

In tackling an outbreak of lameness, trying to reach a diagnosis is crucial as the four main lamenesses have very different causes, and consequently very different effective treatments. The main four in order of prevalence are

1. **Scald / Strip;**

A product of especially lambs having to walk in coarse, lush or long grass. The sensitive skin between the claws then becomes damp and damaged and bacteria from the soil infect the broken skin. There is no infectious component as the bugs are everywhere.

Treatment- topical antibiotic spray for individuals

Control- good pasture management, formalin or zinc sulphate footbathing, with frequency depending on prevalence, (between fortnightly and 3 monthly)

2. **Footrot;**

All sheep that are affected with strip are then capable of getting footrot if the bacteria responsible are present (*Dichelobacter nodosus*). As the footrot bug requires a damaged foot to gain access, potentially controlling strip helps control footrot. However there is an infectious component as *D. nodosus* needs to be present on farm, and it is hence worth trying not to import the bug and inspecting bought in animals.

Treatment- trimming of excess hoof, topical antibiotic spray \pm systemic antibiotics \pm footrot vaccine. To prevent spread to uninfected sheep, all affected with footrot should be separated and managed as a separate group, clean group onto pasture not grazed by sheep for at least 2 weeks

Control- controlling scald, routine foot bathing as above, footrot vaccine at times of high risk e.g. housing at lambing. Also consider liming gateways, footbaths at thoroughfares, gateways.

3. **White Line Degeneration / Shelley hoof;**

A very common finding in sheep, but not usually causing severe lameness unless an abscess has formed. Shelley hoof arises from a weak junction between the horn of the wall and the horn of the sole at the white line. Grit and mud is then able to force its way up the hoof possibly upto the level of the coronary band. Predisposing causes for a weak white line is sub clinical laminitis, a stressful episode (bad lambing), being a heavier breed or excessive stony pathways.

Treatment- trimming underun horn of wall back to healthy junction. Systemic antibiotics if abscessation

Control- addressing various predisposing causes, routine foot trimming.

4. **Contagious Ovine Digital Dermatitis (CODD)**

A very important cause of lameness at present as it is becoming more common, causes severe lameness in all sheep, is very contagious and is mainly bought onto a farm via infected sheep. This disease is different from footrot as it attacks the coronary band where the horn is produced and the whole horn sloughs off very quickly leaving a bleeding stump of sensitive toe.

Treatment- previously used micotil! Unlicensed antibiotic footbaths for all affected and as prevention for unaffected. Separate affected animals.

Control- as above, most importantly avoiding buying in affected animals.

Key to tackling a lameness problem is identifying the main cause of lameness within a group of sheep, initiating an appropriate treatment regime rapidly to minimise welfare implications and economic losses, and to also consider a long-term control strategy. Longer-term control measures aren't as labour intensive as treatment procedures, and most importantly stop the financial loss before they have occurred.