

Lameness and conditions of the foot

RUMA guidelines include the following

- Treat all cows as soon as lameness is noted
- Inter-digital necrobacillosis (foul in the foot) is one of the few conditions likely to be responsive to systemic antimicrobials.
- Digital dermatitis, which is characterized by acute lameness with varying degrees of circumscript dermatitis classically at the bulbs of the heel, responds to topical antimicrobial rather than systemic.
- All lame feet should be checked before using antimicrobials.
- Hoof trimming is an important part of routine foot care as well as often being necessary to make a diagnosis and as part of treatment of lame animals.
- Consider using a footbath to increase hoof strength.

Foul in the foot/Bovine footrot, should respond well to antibiotic, provided it is identified early and the foot is examined for any other problems. There are specific claims for treatment with tylosin or tilmicosin both macrolides, and these are the preferred antibiotics in view of their relatively narrow spectrum. The zero milk withhold of ceftiofur is financially attractive for lactating dairy cow treatment, although far from ideal from an antibiotic resistance control perspective.

For digital dermatitis, topical treatment is more effective than systemic, with individual application of Oxytetracycline spray, and/or herd treatments with copper Sulphate footbaths being recommended (Laven and Logue, 2006; Logue et al., 2012). Suggested protocols range from 5% solution twice daily for 3 days a week or a fortnight, to 2% solution for less severe cases. It is not uncommon for Lincomycin or Lincomycin/Spectinomycin to be used in footbaths to control digital dermatitis. It should be noted that this is unlicensed, invoking a standard 7-day milk withdrawal period, is based on anecdotal recommendations only, and to be discouraged. Use of hypochlorite containing parlour washings for foot-bathing appears to be ineffective against digital dermatitis.

Contagious Ovine Digital Dermatitis (CODD) involves severe tissue damage, and is not as susceptible to trimming and topical treatment as conventional footrot, nor is there evidence of a benefit to using footrot vaccine, except perhaps in situations where both conditions are present. However, both Tilmicosin and long-acting Amoxicillin have been reported as effective (Davies, 2011; Duncan et al., 2012), and should be regarded as reasonable elements of a control programme.