

## NY Pilot Program Offers EKGs for Horses

by Tom Precious

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**NYSGC equine medical director  
Dr. Scott Palmer**  
Photo: Kevin Thompson

New York's equine medical director is beginning a pilot program at [Aqueduct Racetrack](#) and [Belmont Park](#) to screen Thoroughbreds for cardiac arrhythmias with the use of a small recording device attached to a smartphone or computer.

"To lose even one horse is a tragedy," said Dr. Scott Palmer, equine medical director for the New York State Gaming Commission who first tested the screening device on horses that ran this past summer in the Travers Stakes and Whitney Stakes (both gr. I) at [Saratoga Race Course](#).

An arrhythmia is a disturbance in the regular rhythm of a heart beat—too fast, too slow, or irregular—which can be life-threatening.

The initial plan is to test the accuracy of the devices and to build a database of horses and their electrocardiogram results with an ultimate goal of using future screenings to determine whether a horse might have a serious enough condition to warrant being scratched from a race.

Palmer said there has been one research paper done in Canada about cardiac arrhythmias in Standardbred horses but nothing about Thoroughbreds.

"I'd like to just know the prevalence of these things," Palmer said.

The initial surveys at Aqueduct and Belmont will be performed by NYSGC or New York Racing Association veterinarians. Palmer said the EKG device is stored in a small plastic case that attaches to the back of a smartphone. The device is held up to a horse's side near its left elbow, an application is activated, and the veterinarian selects record to conduct an EKG that lasts about a minute.

The information is then automatically sent to a cloud-based database with information about the results and the names of the horse and owner, or depending on the results, to an equine cardiologist for additional evaluation.

The AliveCor Mobile devices and application cost about \$200 each, which will be funded by the NYSGC. Palmer, who oversees the safety and health of horses at New York tracks for the commission, said trainers will not pay for the additional screening services.

Palmer said the information provided by the devices and application, originally developed for humans, will be more extensive than what veterinarians can now get with an equine heart monitor.

"It's not going to be bullet proof," Palmer said, but he noted it has the potential to provide far greater information about a horse's heart and on a wider basis than is currently available.

The new program follows a report by the New York Equine Safety Review Board and its investigation into horse fatalities during the 2014 Saratoga meet, including several from cardiac-related deaths. Palmer said he hopes for as large a Thoroughbred survey as possible at Aqueduct and Belmont, and that the mobile application could "revolutionize" screenings of horses before and after races.

Palmer, a veterinarian, said the first surveys and checks into the accuracy of the devices—making sure they can handle, for instance, cold temperatures in a barn in January—will be focused on Thoroughbreds.

Along with Saratoga, Palmer did some initial testing of the devices at the assembly barn at Belmont and the testing barn at Monticello Raceway, a harness track. He said trainers and owners have welcomed the initiative.