

POST-SURGICAL REHABILITATION

After the operation.

Rehabilitation for horses with kissing spine, before and after back surgery.

Surgery relieves the problem. The months that follow decide whether your horse comes back sound, settled and willing. That work is what we do, one horse at a time, to your surgeon's plan.

Kate Mieczkowska

BHS Qualified · RoR Approved Retrainer



Surgery is the start, not the finish.

Kissing spine is the most common cause of primary back pain in the horse, and Thoroughbreds are markedly over-represented. Surgery relieves the impingement between the spinous processes. It does not rebuild the deep muscle that should hold the back stable, and it does not teach the horse to carry himself well again. That is the job of the months that follow.

10×

Horses given a structured exercise rehabilitation programme had about ten times the odds of returning to their previous level of work. Surgery alone roughly doubled them.

Owner survey of 260 horses.
Brassington, Hardy & Bye, 2025

35 / 37

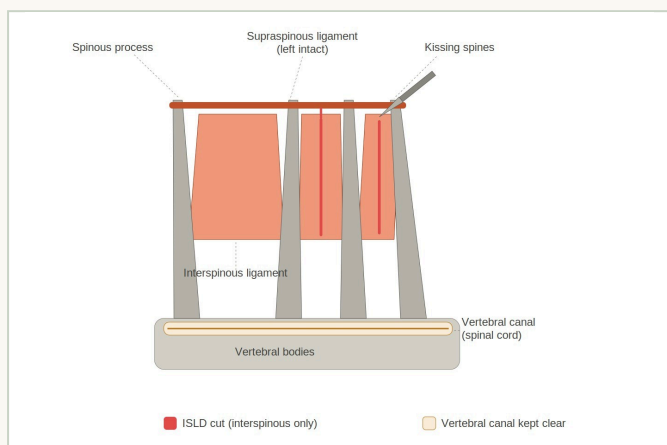
In the strongest controlled study, ISLD surgery resolved back pain in 35 of 37 horses, with no recurrence in the surgical group.

Coomer et al., Veterinary Surgery, 2012

Multifidus

The deep muscle that stabilises the spine wastes in racehorses with back pathology, and measurably rebuilds with targeted mobilisation exercises.

Stubbs et al., Equine Veterinary Journal, 2010 and 2011



What ISLD does

Interspinous ligament desmotomy is performed standing, under sedation. The surgeon cuts the ligament between the affected spinous processes; no bone is removed. It is a comparatively conservative operation, and one that depends on precise, staged rehabilitation to succeed.

If your horse is going back for further surgery

A further operation brings history with it, and that history is useful. It tells us where the back has struggled and what to watch. There is also a good case, supported by the physiotherapy literature, that strengthening the core before surgery improves the recovery after it. Where your surgeon agrees, Kate can begin that work before the operation, so your horse goes into theatre as well prepared as possible and comes home to someone who already knows him.

These figures describe groups of horses, not a promise for any individual. Every case is planned with, and reviewed by, the operating vet.



Long-reining: the horse finds his own balance while Kate feels every step through the reins.

WHO WILL CARE FOR YOUR HORSE

Kate Mieczkowska

Kate is BHS qualified and an RoR Approved Retrainer. She has spent her career bringing horses back from injury, surgery and difficult starts, and kissing spine is her particular interest. She works every horse herself. One person reads the horse each day, adjusts the programme when the horse says to, and knows when to call the vet.

Two long-reins, not a gadget

A fixed training aid holds a horse in a shape. Two long-reins leave him free to find his own balance, and let Kate feel his crookedness through the reins and correct it as it happens. A healing back rebuilds through true self-carriage, not a borrowed outline.

Calm is part of the treatment

A horse that frets on box rest loads the very structures that are trying to heal. A forage-first convalescent diet, a settled routine and company in sight keep him quiet while he cannot move about.

You stay part of it

Regular written updates, photographs of topline and posture over time, and a direct line to Kate. You will know what is happening, and why, at every stage.

CASE HISTORY INCLUDES

Post-operative back surgery · Kissing spine · SDFT tendon lesions · Navicular changes · Horses whose earlier management had not worked

Planned with your surgeon. Paced by your horse.

The surgeon's written plan always governs. This is the shape of a typical ISLD recovery as we deliver it. No phase moves on until the horse is ready.

Before surgery	Consultation and preparation Kate reviews the surgical notes with your vet. Baseline photographs and saddle template. Where your surgeon agrees, core and stability work begins.
Week 1	Box rest Forage-first convalescent diet, settled routine, company in sight.
Week 2	In-hand walking Short walks to grass, twice daily. Stitches or staples out at 10 to 14 days.
Week 3	Longer walks, small paddock In-hand walking built up on both reins. Restricted turnout in a small paddock, incisions covered.
Weeks 4 to 6	Circle work on two long-reins Walk, then trot, then trotting poles. No ridden work.
Around week 6	Veterinary re-examination Your vet confirms readiness before anyone sits on him.
Weeks 6 to 8 on	Ridden work and full turnout Hill work and poles rebuild hindquarters and topline. Saddle re-checked as the back changes shape.
Discharge	Handover A complete written record: programme, veterinary events, photographs and ongoing management advice.

THROUGHOUT

Your surgeon

Kept informed at each stage; consulted before every step up.

Physiotherapy

ACPAT-registered physio, timed to the surgeon's instructions.

Daily core work

Mobilisation and stability exercises to rebuild the deep back muscles.

Saddle fitting

Society of Master Saddlers fitter, re-templated as the topline returns.

Farrier

On the regular cycle, coordinated with the programme.

Records

Every session, observation and treatment written down as it happens.

Fred

Name changed to protect the owner's privacy

Ten-year-old Thoroughbred ex-racehorse · Kissing spine · ISLD, April 2026

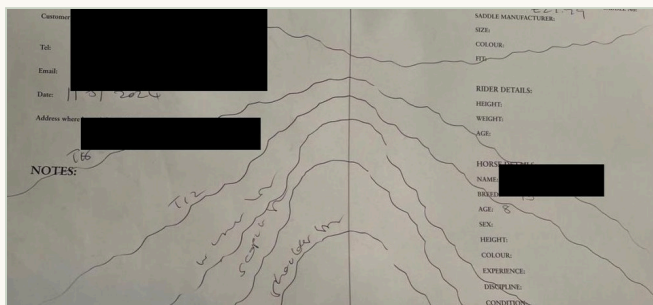
Fred was not lame, but he was working below himself: reluctant and inconsistent. Two months of systematic groundwork pointed to his back rather than his legs, and imaging confirmed kissing spine. After ISLD he followed his surgeon's plan in full at Windmill Hill. He is now back in ridden work, his spine supple with no guarding over the operated site, moving more level and more freely than before surgery.



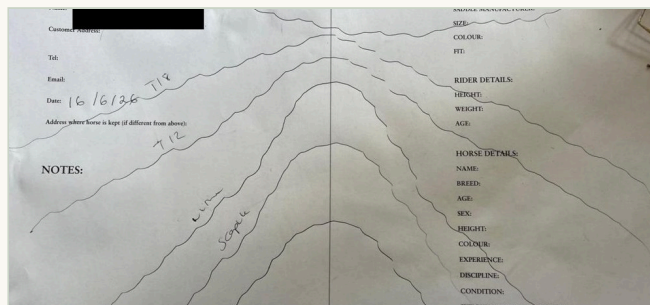
BEFORE · pre-surgery: spine prominent, back muscles thin



AFTER · June 2026: even muscle either side, surgical site healed



Saddle template, May 2024



Saddle template, June 2026 (personal details redacted)

The independent proof. In June 2026 a Society of Master Saddlers fitter re-templated his back. It had changed shape enough to need the saddle adjusted: a third-party record that the topline has genuinely changed.

WHAT HIS OWNER NOTICED

How relaxed he became, how well he coped with box rest, and how quickly he found his equilibrium once restricted turnout began. Above all, she valued having someone with empathy for her as well as for her horse.

Windmill Hill, Ibthorpe

35 acres in the Test Valley, Hampshire

Small paddocks for restricted turnout, beside companions

Hill work and off-road hacking from the gate

Stabling for box rest, within sight of other horses

Herd turnout around the clock once your vet clears it

Vet, physio, farrier and saddle fitter who know the yard

HOW WE START

- 1** Talk to Kate
A phone call about your horse, the planned surgery and what you want for him afterwards.
- 2** Kate speaks to your surgeon
With your permission she reviews the surgical notes and imaging, and agrees the plan with the operating vet.
- 3** A written plan
Phases, review points and fees in writing, before your horse travels.
- 4** Come before surgery if you can
Pre-operative preparation and a settled horse on the day give the best start to recovery.

Fees are quoted individually once the plan is agreed with your vet. Insurance-funded cases are welcome.

Sources: Brassington, Hardy & Bye (2025) Equine Veterinary Education 37(7):382–388 · Coomer et al. (2012) Veterinary Surgery 41(7):890–897 · Stubbs et al. (2010) Equine Veterinary Journal 42(Suppl 38):654–661 · Stubbs et al. (2011) Equine Veterinary Journal 43(5):522–529.