

Proposal for Revision of AERC Rule 13

13.1 General Provisions:

- 13.1.1 The purpose of this rule against the use of Prohibited Substances or Prohibited Treatments in equines during endurance rides is both to protect the equines from harm and to ensure fair competition. Endurance equines should compete under their natural abilities without the influence of any drug, medication or veterinary treatment.
- 13.1.2 Prohibited Substances or Prohibited Treatments as defined in this Rule shall not be administered to or used in an equine competing in an endurance ride. No equine in which a Prohibited Substance or its metabolite is present shall compete in an endurance ride, regardless of when the Prohibited Substance was administered to it.
- 13.1.3 For purposes of this rule, an equine shall be considered to be competing in an endurance ride from the time it passes its pre-ride veterinary examination until the time it either has been pulled during a ride or is examined for its post ride veterinary examination after finishing a ride. If the equine stands for best condition judging, it will be considered to be still competing until the later of its post ride vet check or the best condition judging. Each day of a multiple day ride shall be considered a separate ride for purposes of this rule.

13.2 Prohibited Substances:

- 13.2.1 The products identified in Appendix A to this rule are Prohibited Substances.
- 13.2.2 A substance which is not identified by name in 13.2.1 above is a Prohibited Substance if it falls within the categories identified on Appendix B to this rule.
- 13.2.3 Notwithstanding any other provision of this rule, the products or categories of substances identified in Appendix C to this rule are not Prohibited Substances.
- 13.2.4 If a substance is not identifiable as a Prohibited Substance under 13.2.1 or 13.2.2 above or is not specifically allowed under 13.2.3 above, it is a Prohibited Substance if it is (a) either an exogenous substance or an endogenous substance administered in abnormal amounts, and is (b) potentially harmful to the equine or performance enhancing.
- 13.2.5 The AERC recognizes that trace amounts may be detected of some substances which are commonly used for treating equines and which are considered not to influence horses during competition when present under certain threshold levels. The AERC also recognizes that trace amounts may also be detected of substances which have no legitimate use in equines but which are present at extremely low levels from unintentional and unavoidable exposure to environmental contamination. Accordingly, notwithstanding any other provision of this rule, the following specific substances only are not Prohibited Substances if detected in concentrations below the threshold amount corresponding to the substance in the table shown in Appendix D to this rule.
- 13.2.6 General guidelines for the length of time selected substances remain in an equine's system are set out in Appendix E to this rule. These detection time guidelines are advisory only and are not a part of this rule governing Prohibited Substances. The detection time for a Prohibited Substance varies with the size and health of the equine, the method of administration, dosage, the testing method and the detection limits used by the testing laboratory, among other factors. Accordingly, these detection time guidelines shall not affect the determination of whether or not there has been a violation of this rule. Reliance on these detection time guidelines does not guarantee compliance with this rule.

13.3 Prohibited Treatments:

- 13.3.1 The treatments or procedures identified in Appendix F to this rule are Prohibited Treatments if administered to an equine while it is competing in an endurance ride.
- 13.3.2 Prohibited Treatments while an equine is competing in an endurance ride shall also include any diagnostic procedures involving the use of a needle, syringe or other device or instrument except for a stethoscope, heart rate monitor, rectal or skin temperature thermometer, or syringe for the oral administration of permitted substances. Drawing blood or measuring blood parameters by any means

including, but not limited to, transdermal methods from an equine while it is competing in an endurance ride is a Prohibited Treatment unless it is done for diagnostic or research purposes and access to results or other information from measuring blood parameters is withheld from the equine's rider, owner and crew until after the equine has finished competing in the ride. The intention to draw blood or measure blood parameters by any means from an equine for diagnostic or research purposes must be declared in writing to the head veterinarian at the time of the equine's pre-ride veterinary examination so that there is no misinterpretation during competition of the purpose for using the needle and syringe necessary for drawing blood or instruments needed to measure blood parameters.

- 13.3.3 The following veterinary procedures are considered Prohibited Treatments even if performed prior to time the treated equine is competing in an endurance ride:
 - 13.3.3.1 Shockwave therapy is a Prohibited Treatment unless performed more than seven days prior to the time the treated equine is competing in an endurance ride.
 - 13.3.3.2 Surgical or chemical neurectomy, whenever it is performed, is a Prohibited Treatment. No equine which has been the subject of a neurectomy at any time after the effective date of this rule shall compete in an endurance ride.
- 13.3.4 Notwithstanding any other provision of this rule, the treatments or procedures identified in Appendix G to this rule are not Prohibited Treatments even if administered to an equine while it is competing in an endurance ride.
- 13.4 Revision of Appendices:
 - 13.4.1 The appendices referred to in this rule shall be periodically updated by the AERC upon the advice of its Veterinary Committee and shall be published on an annual basis with the AERC Rules.
- 13.5 Enforcement Procedures:
 - 13.5.1 Any equine and rider violating this rule at an endurance ride shall forfeit any completion or placing for the ride. The AERC may impose additional penalties for violation of this rule on any person responsible for the violation. Normally, the rider of the equine and its owner shall be considered the persons responsible for its custody and care at a ride. Accordingly the rider of the equine and its owner shall avoid liability for additional penalties for violation of this rule only by showing by clear and convincing evidence that: (a) some other person outside of the rider or owner's control was responsible for the violation and (b) the rider or owner bore no fault for the violation.
 - 13.5.2 Every rider or other person in control of an equine at an endurance ride shall upon request by an AERC approved veterinarian or governmental testing representative permit a specimen of urine, saliva, blood or other substance to be collected from the equine for testing. Refusing to allow or co-operate with testing for Prohibited Substances at an endurance ride shall be considered to be the same as the administration or use of a Prohibited Substance and shall be grounds for immediate disqualification from the event as well as the imposition of additional penalties by the AERC.
 - 13.5.3 The AERC shall with the advice of the Veterinary Committee establish and publish procedures for the testing for Prohibited Substances. Upon receipt of a laboratory report from an approved laboratory showing the presence in a test sample from an equine competing in an endurance ride of a substance which may be a Prohibited Substance under this rule, the Executive Director shall simultaneously transmit by email or telecopy copies of the laboratory report to the Veterinary Committee and the Legal Committee. The Veterinary Committee shall submit its comments on the laboratory report and any other matters which bear on the laboratory report to the Executive Director and the Legal Committee within 15 days of receipt of the laboratory report. The Veterinary Committee shall not communicate with the accused or any member of the AERC not on the Legal or Protest and Grievance Committees about the material reviewed by the Veterinary Committee or its findings. Upon advice by the Veterinary Committee and Legal Committee that the laboratory report shows the presence of a Prohibited Substance within the meaning of this rule, the Executive Director shall immediately file a protest with the Protest and Grievance Committee and forward the Veterinary Committee's comments on the laboratory report and related matters to the Protest and Grievance Committee. The filing of a protest by the Executive Director under this rule shall not be subject to the deadlines otherwise applicable to filing protests.

RULE 13

Drug rule revision – the background

BY THE AERC VETERINARY, LEGAL AND RULES COMMITTEES • FIRST OF THREE PARTS

The American Endurance Ride Conference operates under its own drug rule and drug testing program that have been in place for many years. AERC had the foresight years ago to regulate drugs and prohibited treatments in horses and to implement and administer its own drug testing program. They did so for several reasons:

Equine safety and welfare. One important reason to have a rule in place banning the use of prohibited substances as well as a drug testing program to facilitate enforcement of this rule is to help protect the safety and welfare of our horses. Horses competing in such a rigorous sport as endurance riding cannot do so safely under the influence of substances that may mask an impending injury or illness.

Level playing field. A second reason is to provide a level playing field that deters horses from competing under the influence of performance-enhancing substances.

Monitoring prohibited substances. Lastly, it is important for the public image of our sport to be monitoring our horses for substances that may affect the safety, welfare and performance of our horses. Without looking for and monitoring prohibited substances, as an organization we cannot publicly declare that we compete in a sport that regulates performance-enhancing and welfare-endangering substances.

Revision needed

It has become clear to those within AERC tasked to interpret and enforce the current drug rule, along with those riders attempting to comply with the current drug rule, that the rule is in need of revision. The current AERC drug rule reads:

13. The integrity of Endurance Competition requires that the equine is not influenced by any drug, medication or veterinary treatment. Endurance equines must compete entirely on their natural ability. AERC prohibits from competition equines who contain evidence of the administration of abnormal substances or of normal substances in abnormal amounts (exogenously administered compounds even if normally found endogenously).

13.1 The use of additional therapies during competition shall be prohibited. This shall include any invasive procedures, (e.g.: acupuncture), manipulative procedures, (e.g.: osseous manipulative procedures), the use of any devices to manipulate or stimulate acupressure or response points, (e.g.: Bioscans, laser lights, magnetic stimulation devices, etc). Competition shall mean the time from the pre-ride veterinary examination to the completion of the final veterinary examination for the event, including the best condition judging. Multiple day rides shall be treated as they have been determined by AERC either individual day events or one event if so designated.

13.1a. Upon discovery of the presence of such drug or medication, the approved laboratory shall immediately report the matter to the Executive Director of AERC. Any action or substance administered internally or externally, whether drugs or otherwise, which may interfere with the testing procedure, or mask or screen the presence of such drug, is forbidden.

13.1b. Upon receipt of the laboratory report, the Executive Director shall immediately file a protest. No fee for such protest shall be required.

13.1c. The Executive Director shall simultaneously transmit by e-mail or telecopy copies of the complaint to the chairs of the Veterinary Committee and the Protest and Grievance Committee. Within 10 days, the Veterinary Committee shall submit its comments on the laboratory report and any other matters that bear on the protest to the Protest and Griev-

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ance Committee. The Veterinary Committee shall not communicate with the accused or any member of AERC not on the Protest and Grievance Committee.

13.1d. Every entrant shall, upon request of an AERC approved veterinarian, permit a specimen of urine, saliva, blood or other substance to be taken for testing, and refusal to comply with such request shall constitute grounds for immediate disqualification of the equine/rider from further participation in that days ride and shall bar the equine/rider from further participation in AERC sanctioned events for such period as determined by the Protest and Grievance Committee.

This is not a clear and easily followed rule as exemplified by the numerous questions regularly received by the Veterinary Committee on what medications and substances are allowable and not allowable under this current rule. The vast majority of the AERC members want to follow the rule but need more clear guidance on how to comply. The problem is compounded when even the Veterinary Committee has difficulty at times interpreting what is allowable/not allowable. It is also a difficult rule for the Protest and Grievance Committee to practically apply and so it is difficult to enforce. The rule as written is ambiguous and in many respects has conflicting language.

Modern laboratory testing methodology has become quite sensitive and so very low levels of substances are now detectable. Therapeutic substances administered to a horse for valid health reasons prior to competition are now detectable long after there is no longer any effect on the horse. There are also environmental contaminants present in very low levels (such as cocaine) that are detectable with modern laboratory testing. Our current drug rule does not allow for “threshold levels” of substances so trace levels of any substance are considered a violation. This rule treats all levels, regardless of how low a level, of detected abnormal substances as a violation which makes it very difficult for owners who are treating their horses prior to competition with valid, therapeutic substances to comply with the rule.

In addition, without regulatory threshold levels of substances defined in a drug rule, what defines a positive drug test becomes laboratory-dependent. Using a lab with more sensitive testing methodology will result in more positives than using a lab with less sensitive testing methodology.

With thresholds in place defining what level is considered a violation of the rule, application of the rule will not vary with changing laboratories. (For more information on threshold levels, there is a thorough article reprinted from *The Horse* titled “The Straight Dope” reprinted in the May 2007 issue of *Endurance News*.)

Cooperative effort

Revision of AERC’s drug rule has involved cooperative work and research by several committees within AERC, consulting experts outside of AERC, review by the AERC board of directors, and input from the membership. The committees that have been involved in the revision have been the Veterinary, Legal, and Rules committees. Outside experts consulted have been Dr. Thomas Tobin, who is considered by many to be a leading expert in the field of medication monitoring; Dr. John Lengel, who previously supervised the USEF drug testing program, and Dr. Kent Allen, who currently administers the USEF drug testing program.

Revision introduction

This three-part article will introduce the proposed revision of the AERC drug rule by section. A revision was previously introduced to the membership at the recent AERC convention in Sparks during the Hot Topics sessions. There was constructive feedback from the membership and this latest revision reflects changes and additions based on that feedback. Further constructive comments from the membership is welcomed by the Veterinary, Rules and Legal committees.

While the intent of the drug rule revision is to make the rule more easily interpreted and followed, it is not the intent to revise the basic philosophy of our sport which is: **Equines will not compete under the influence of any drug, medication or veterinary treatment.** The integrity of endurance riding remains an important factor in the revised drug rule. Following is the general provision of the proposed revision of the drug rule:

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13.1 General provisions:

13.1.1 The purpose of this rule against the use of Prohibited Substances or Prohibited Treatments in equines during endurance rides is both to protect the equines from harm and to ensure fair competition. Endurance equines should compete under their natural abilities without the influence of any drug, medication or veterinary treatment.

The revised drug rule will now refer to “Prohibited Substances” rather than “drugs or medications” as the definition of a “drug” is not relevant to the intent of the rule. Metabolites of Prohibited Substances are also included because the identifying indicator in the laboratory for a particular substance is often not the parent substance but a product of the horse metabolizing the parent substance.

Note the revised rule will not regulate when a substance can or cannot be given—this is not a “time” rule defining when a substance can or cannot be given. Rules based on mandatory withdrawal times are fraught with complications in enforcement. Rather, this revised rule simply states a Prohibited Substance or its metabolite shall not be present in the horse during competition. The definition of the time of competition has not changed from the original rule.

Following is the next section of the revised Rule 13 which addresses Prohibited Substances:

13.1.2 Prohibited Substances or Prohibited Treatments as defined in this Rule shall not be administered to or used in an equine competing in an endurance ride. No equine in which a Prohibited Substance or its metabolite is present shall compete in an endurance ride, regardless of when the Prohibited Substance was administered to it.

13.1.3 For purposes of this rule, an equine shall be considered to be competing in an endurance ride from the time it passes its pre-ride veterinary examination until the time it either has been pulled during a ride or is examined for its post-ride veterinary examination after finishing a ride. If the equine stands for best condition judging, it will be considered to be still competing until the latter of its post-ride vet check or the best condition judging. Each day of a multiple day ride shall be considered a separate ride for purposes of this rule.

The rule will be as clear and specific as possible in defining Prohibited Substances in order to enable riders to easily comply. Specific Prohibited Substances will be listed first by name and then be listed by category as a second method of determining if a substance is prohibited. Specific Not Prohibited Substances will be listed both by name and category.

If a substance cannot be found on any of the above lists, there is a “catch all” clause to include Substances that are administered in abnormal amounts, welfare-threatening or performance-enhancing. Establishing thresholds for some of the Prohibited Substances is vital because there are valid uses for therapeutic medications prior to competition in maintaining the health of horses and trace levels of these substances, below threshold levels, will be picked up by modern laboratories. With the use of thresholds, these trace levels will not be considered a violation.

There are also low levels of environmental contaminants present ubiquitously. Trace levels of common therapeutic medications or environmental contaminants which are below established threshold levels will not be included in the Prohibited Substance category. (See “The Straight Dope” for more information on threshold levels).

Recommended withdrawal times will be listed as a reference only for general guidelines and will not affect the validity of a positive finding or the determination of a drug rule violation. Withdrawal times for individual horses vary so good judgment and caution should be used when administering substances prior to competition. The specific appendices will be addressed in part three of this three-part series. They will be flexible to allow for new substances or changes in the thinking of classifying a substance as allowable or not allowable. A substance will be classified as Not Allowable if it is welfare-threatening, performance-enhancing or sports-compromising.

13.2 Prohibited Substances:

13.2.1 The products identified in Appendix A to this rule are Prohibited Substances.

[Appendix A lists specific products by name which the Veterinary Committee determines to be prohibited, for example, banamine, bute, etc., listing as many as possible such as in AERC-I list or USEF guidelines.]

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13.2.2 A substance which is not identified by name in 13.2.1 above is a Prohibited Substance if it falls within the categories identified on Appendix B to this rule.

[Appendix B lists substances by categories such as in latest version of FEI rules.]

13.2.3 Notwithstanding any other provision of this rule, the products or categories of substances identified in Appendix C to this rule are not Prohibited Substances.

[Appendix C lists specific products such as Legend, Adequan, Regumate, or categories such as electrolytes which the Veterinary Committee determines to be allowable, listing as many as possible.]

13.2.4 If a substance is not identifiable as a Prohibited Substance under 13.2.1 or 13.2.2 above or is not specifically allowed under 13.2.3 above, it is a Prohibited Substance if it is (a) either an exogenous substance or an endogenous substance administered in abnormal amounts, and is (b) potentially harmful to the equine or performance-enhancing.

13.2.5 The AERC recognizes that trace amounts may be detected of some substances which are commonly used for treating equines and which are considered not to influence equines during competition when present under certain threshold levels.

The AERC also recognizes that trace amounts may also be detected of substances which have no legitimate use in equines but which are present at extremely low levels from unintentional and unavoidable exposure to environmental contamination. Accordingly, notwithstanding any other provision of this rule, the following specific substances only are not Prohibited Substances if detected concentrations below the threshold amount corresponding to the substance in the table shown in Appendix D to this rule.

[Appendix D sets out table like FEI does, showing certain specific substances with threshold levels.]

13.2.6 General guidelines for the length of time selected substances remain in an equine's system are set out in Appendix E to this rule. These withdrawal time guidelines are advisory only and are not a part of this rule governing Prohibited Substances.

The withdrawal time for a Prohibited Substance varies with the size and health of the equine, the method of administration, dosage, the testing method and the detection limits used by the testing laboratory, among other factors.

Accordingly, these withdrawal time guidelines shall not affect the determination of whether or not there has been a violation of this rule. Reliance on these withdrawal time guidelines does not guarantee compliance with this rule.

[Appendix E includes table showing selected substances with general withdrawal times like USEF guidelines.]

RULE 13

The Revision of AERC's Drug Rule

BY THE AERC VETERINARY, LEGAL AND RULES COMMITTEES • SECOND OF THREE PARTS

This article is the second in a series describing the revision of AERC's drug rule. The first article discussed the history and purpose of the drug rule, reasons for its revision, the general provisions of the revised drug rule, and the prohibited substances section of the revised rule. This article will continue the discussion of the drug rule revision by discussing prohibited treatments and enforcement procedures.

The current AERC rule 13.1 reads: "The use of additional therapies during competition shall be prohibited. This shall include any invasive procedures (e.g.: acupuncture), manipulative procedures (e.g.: osseous manipulative procedures), the use of any devices to manipulate or stimulate acupressure or response points (e.g.: Bioscans, laser lights, magnetic stimulation devices, etc.)." Rule 13.1 then goes on to describe time of competition which has already been discussed in part 1 of this series.

Revision goals

The goal in revising this section of the drug rule is to be as specific and all-inclusive as possible in clarifying to riders what therapies are considered allowed during competition and which are not.

Horse and rider safety is paramount. Treatments or procedures will be classified as prohibited if they can potentially put the horse's welfare and safety at risk by masking an injury or illness. Also prohibited will be treatments that could potentially put the rider at risk by decreasing pain sensation in the horse's feet and limbs and possibly altering the horse's proprioceptive reflexes (placing the feet correctly).

Performance-enhancing procedures prohibited. Procedures that could be considered performance-enhancing will also be prohibited in order to maintain the integrity of endurance competition.

Blood draws for testing/research allowable. Drawing blood from horses during competition can certainly be considered an invasive procedure and the current drug rule is not clear in its wording of allowing or prohibiting diagnostic blood draws during competition. There is valuable diagnostic and research information that can be obtained from testing blood samples collected during competition. The revised drug rule recognizes this value by clearly allowing blood draws for the specific purposes of diagnostic testing and research.

In order for these diagnostic blood draws to not affect the outcome of the ongoing competition, the lab values will be withheld from the rider until the horse has been withdrawn from or completed competition.

Prohibited treatment changes

Following is the proposed revision of the drug rule that refers to prohibited treatments:

13.1 Prohibited Treatments:

13.1.1 The treatments or procedures identified in Appendix F to this rule are Prohibited Treatments if administered to an equine while it is competing in an endurance ride.

[Appendix F list treatments which the Veterinary Committee determines to be prohibited including, for example, various invasive procedures such as osseous manipulation, acupuncture, or any procedure involving the insertion of a needle, hose or other instrument into a horse, or manipulative procedures using a device or instrument such as devices to manipulate or stimulate acupressure or response points, including but not limited to Bioscans, laser lights, or magnetic stimulation devices.]

13.1.2 Prohibited Treatments while an equine is competing in an endurance ride shall also include any diagnostic procedures involving the use of a needle, syringe or other device or instrument except for a stethoscope, heart rate monitor, rectal or skin temperature thermometer, or syringe for the oral administration of permitted substances.

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Drawing blood from an equine while it is competing in an endurance ride is a Prohibited Treatment unless it is done for diagnostic or research purposes and access to results or other information from the blood draw is withheld from the equine's rider, owner and crew until after the equine has finished competing in the ride.

The intention to draw blood from an equine for diagnostic or research purposes must be declared in writing to the head veterinarian at the time of the equine's pre-ride veterinary examination so that there is no misinterpretation during competition of the purpose for using the needle and syringe necessary for drawing blood.

13.1.3 The following veterinary procedures are considered Prohibited Treatments even if performed prior to the time the treated equine is competing in an endurance ride:

13.1.3.1 Shockwave therapy is a Prohibited Treatment unless performed more than seven days prior to the time the treated equine is competing in an endurance ride.

13.1.3.2 Surgical or chemical neurectomy, whenever it is performed, is a Prohibited Treatment. No equine which has been the subject of a neurectomy at any time after the effective date of this rule shall compete in an endurance ride.

13.1.4 Notwithstanding any other provision of this rule, the treatments or procedures identified in Appendix G to this rule are not Prohibited Treatments even if administered to an equine while it is competing in an endurance ride.

[Appendix G lists treatments the Veterinary Committee determines to be allowable during an endurance ride.]

New therapies/procedures reviewed annually

The Veterinary Committee recognizes there are new therapies and procedures being introduced into the equine world on a regular basis. Because of the changing nature of equine therapies and procedures, the Prohibited Treatments are specified in the format of appendices, and updating the appendices will be required on an annual basis in order to keep the rule current and practically applied.

Enforcement procedures

The next section of the drug rule to be revised is the section describing enforcement procedures for the rule. The section of the current drug rule that refers to enforcement procedures is as follows:

13.1a. Upon discovery of the presence of such drug or medication, the approved laboratory shall immediately report the matter to the Executive Director of AERC. Any action or substance administered internally or externally, whether drugs or otherwise, which may interfere with the testing procedure, or mask or screen the presence of such drug, is forbidden.

13.1b. Upon receipt of the laboratory report, the Executive Director shall immediately file a protest. No fee for such protest shall be required.

13.1c. The Executive Director shall simultaneously transmit by e-mail or telecopy copies of the complaint to the chairs of the Veterinary Committee and the Protest and Grievance Committee. Within 10 days, the Veterinary Committee shall submit its comments on the laboratory report and any other matters that bear on the protest to the Protest and Grievance Committee. The Veterinary Committee shall not communicate with the accused or any member of AERC not on the Protest and Grievance Committee.

13.1d. Every entrant shall, upon request of an AERC approved veterinarian, permit a specimen of urine, saliva, blood or other substance to be taken for testing, and refusal to comply with such request shall constitute grounds for immediate disqualification of the equine/rider from further participation in that day's ride and shall bar the equine/rider from further participation in AERC sanctioned events for such period as determined by the Protest and Grievance Committee.

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Designating the responsible party. The enforcement procedures for the proposed revised rule have been updated from the original drug rule to specify the person responsible for the violation. This is an important clarification, particularly in situations where the rider, owner and horse caretaker are not the same person.

Minimum penalty. The revision also specifies the minimum penalty for a drug rule violation which is disqualification from the ride.

Drug levels reviewed before protest is filed. An additional revision to the drug rule is the process in how a drug rule violation protest is filed by the executive director of AERC. With threshold values in place that specify if a detected substance is prohibited, any and all values of detected substances reported by a lab may not be a drug rule violation. The levels detected will be evaluated by both the Veterinary Committee and Legal Counsel Committee to determine if in fact a violation has occurred. If, with advice of the Veterinary and Legal Counsel committees, a Prohibited Substance has been determined to be detected, the executive director will then file a protest.

Following are the enforcement procedures of the proposed revision of the drug rule:

13.5 Enforcement Procedures:

13.5.1 Any equine and rider violating this rule at an endurance ride shall forfeit any completion or placing for the ride. The AERC may impose additional penalties for violation of this rule on any person responsible for the violation. Normally, the rider of the equine and its owner shall be considered the persons responsible for its custody and care at a ride. Accordingly the rider of the equine and its owner shall avoid liability for additional penalties for violation of this rule only by showing by clear and convincing evidence that: (a) some other person outside of the rider or owner's control was responsible for the violation and (b) the rider or owner bore no fault for the violation.

13.5.2 Every rider or other person in control of an equine at an endurance ride shall upon request by an AERC approved veterinarian or governmental testing representative permit a specimen of urine, saliva, blood or other substance to be collected from the equine for testing. Refusing to allow or cooperate with testing for Prohibited Substances at an endurance ride shall be considered to be the same as the administration or use of a Prohibited Substance and shall be grounds for immediate disqualification from the event as well as the imposition of additional penalties by the AERC.

13.5.3 The AERC shall with the advice of the Veterinary Committee establish and publish procedures for the testing for Prohibited Substances. Upon receipt of a laboratory report from an approved laboratory showing the presence in a test sample from an equine competing in an endurance ride of a substance which may be a Prohibited Substance under this rule, the Executive Director shall simultaneously transmit by e-mail or telecopy copies of the laboratory report to the Veterinary Committee and the Legal Counsel Committee. The Veterinary Committee shall submit its comments on the laboratory report and any other matters which bear on the laboratory report to the Executive Director and the Legal Counsel Committee within 15 days of receipt of the laboratory report. The Veterinary Committee shall not communicate with the accused or any member of the AERC not on the Legal Counsel or Protest and Grievance Committees about the material reviewed by the Veterinary Committee or its findings. Upon advice by the Veterinary Committee and Legal Counsel Committee that the laboratory report shows the presence of a Prohibited Substance within the meaning of this rule, the Executive Director shall immediately file a protest with the Protest and Grievance Committee and forward the Veterinary Committee's comments on the laboratory report and related matters to the Protest and Grievance Committee. The filing of a protest by the Executive Director under this rule shall not be subject to the deadlines otherwise applicable to filing protests.

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Revisions a collaborative effort

These proposed revisions to the current AERC drug rule have been a collaborative effort of the Veterinary, Legal Counsel and Rules committees with valuable input from outside experts within the equine drug testing profession. The revisions have been made with the intent of making the rule more easily interpreted and followed by riders and at the same time retaining AERC's current philosophy that horses should perform on their natural ability without the influence of drugs, medications or veterinary treatments. The Veterinary Committee welcomes constructive input from the membership on the revision of AERC's drug rule.

RULE 13

Appendices to the revised drug rule

BY THE AERC VETERINARY, LEGAL AND RULES COMMITTEES • THIRD OF THREE PARTS

This article will continue the discussion of the drug rule revision by listing the appendices that are referred to in the body of the rule.

Appendix A is referred to in the revised drug rule as listing products that are Prohibited Substances. Because the basic philosophy of the AERC is that equines should compete under their natural abilities without the influence of any drug or medication, there are more than 900 specific substances listed in this appendix in an attempt to specifically name all possible substances that would be used in the horse.

Appendix B lists categories of prohibited substances. If one cannot find a substance in question listed in Appendix A, then Appendix B should next be referred to in order to determine if the substance is permitted within the drug rule.

Appendix C lists the allowed substances. The Veterinary Committee developed the allowed substance list based on several parameters. If a substance was determined not to be performance-enhancing, welfare-threatening or sports-compromising and its use is determined to be in the best interest of the horse, then a substance was listed in the allowed substance appendix.

Appendix D lists threshold levels for substances that have an established, published threshold level. Many substances do not have an established threshold value. The threshold levels listed are consistent with the substance having no pharmacological effect on the horse at or below that level.

Because trace amounts of therapeutic substances may be picked up by laboratories using modern testing technology, and these trace amounts would not be influencing the horse at these levels, it is important to have threshold values in place for as many common therapeutic substances as possible. These threshold values were developed with extensive consultation with Dr. Thomas Tobin, a world-recognized expert in the field of pharmacology and medication monitoring.

Of note is that there are threshold values listed for both urine and plasma. Currently, the AERC drug program has been relying solely on blood sampling for drug testing. The Veterinary Committee will be evaluating how samples are collected in our drug testing program and will likely make a recommendation to collect both urine and blood samples in order to make the best use of these threshold values.

Appendix E lists detection times for some commonly used therapeutic substances in the horse. Established detection times do not exist for all substances. It is important to note that withdrawal times will vary from horse to horse and it is important to take one's own horse's circumstances into consideration when deciding how long a medication should be withdrawn prior to competition. Appendix E is to be used as an estimated guideline only. To minimize the possibility of an adverse drug test finding, it is recommended to adhere to the most conservative detection time guidelines.

Appendix F is referred to in the revised drug rule as listing treatments or procedures that are Prohibited Treatments. There is little change here from our current drug rule other than to update techniques to reflect current technology. There will be new therapies and procedures being developed for equines on a regular basis. Because of this, Appendix F will require annual updating to keep the rule current.

Appendix G addresses allowable procedures and treatments. This appendix could be infinitely long and common sense must apply. A completely inclusive list of allowed procedures and treatments is not practical. The procedures/treatments listed are those the Veterinary Committee has been asked about most commonly and are listed for clarification purposes. Commonly performed and accepted horsemanship procedures such as castration of colts/stallions or the use of hoof protection such as shoes and boots will not be addressed in this appendix.

The Veterinary Committee, Legal Counsel Committee and Rules Committee welcome constructive membership input on these appendices and any other items related to the revision of the AERC drug rule.

Drug	Trade Name(s)		
Acebutolol	Sectral	
Acecarbromal			
Acenocoumarol			
Acepromazine	Atrovet, Notensil, PromAce®	
Acetaminophen (Paracetamol)	Tylenol, Tempra, etc.	
Acetanilid			
Acetazolamide	Diamox, Vetamox	
Acetophenazine	Tindal	
Acetophenetidin (Phenacetin)			
Acetylpromazine			
Acetylsalicylic acid (Aspirin)			
Adinazolam			
Albuterol (Salbutamol)	Proventil, Ventolin	
Alclofenac			
Aclomethasone	Aclovate	
Alcuronium	Alloferin	
Aldosterone	Aldocortin, Electro cortin	
Alfentanil	Alfenta	
Almotriptan	Axert	
Alphaprodine	Nisentil	
Alpidem	Anaxyl	
Alprazolam	Xanax	
Alprenolol			
Althesin	Saffan	
Ambenonium	Mytelase, Myeuran	
Ambroxol	Ambril, etc.	
Amcinonide	Cyclocort	
Amiloride	Moduretic; Midamor	
Aminocaproic acid	Amicar, Caprocid	
Amiodarone			
Aminoglycosides	Gentocin, Amiglyde, Tobrex, Biosol, Adspec (including gentamicin, amikacin, tobramycin, neomycin, spectinomycin)	
2-Aminoheptane	Tuamine	
Aminophylline	Aminophyllin, etc.	
Aminopyrine			
Amisometradine	Rolictron	
Amisulpride	Solian	
Amitraz	Mitaban	
Amitriptyline	Elavil, Amitril, Endep	
Amlodipine	Ammivin, Norvasc	
Amobarbital	Amytal	
Amoxapine	Asendin	
Amperozide			
Amphetamines			
Amrinone			
Amyl nitrite			
Anileridine	Leritine	
Anilopam	Anisine	
Anisindione			
Anisotropine	Valpin	
Antipyrine			
Apazone (Azapropazone)	Rheumox	
Apomorphine			
Aprindine			
Aprobarbital	Alurate	
Arecoline			
Arsenic			
Articaine	Septocaine; Ultracaine, etc.	
Atenolol	Tenormin	
Atomoxetine	Strattera	
Atracurium	Tracrium	
Atropine			
Azacylonol			
Azapiperone	Stresnil, Suicalm, Fentaz (with Fentanyl)	
Bacitracin			
Baclofen	Lioresal	
Barbital	Veronal	
Beclomethasone	Propaderm	
Belladonna			
Bemegride	Megimide, Mikedimide	
Benazeprilat, Benazepril	and MC-tab	Lotrel, Lotensin
Bendroflumethiazide	Naturetin	
Benoxaprofen			
Benoxinate	Dorsacaine	
Benperidol	Anquil	
Benztazepam	Tiadipona	
Benztactizine	Deprol, Bronchodilerten	
Benztocaine			
Benzocetamine			
Benzodiazepines			
Benzphetamine	Didrex	
Benzthiazide			
Benztropine	Cogentin	
Benzylpiperazine (BZP)			
Bepiridil	Bepadin	
Betamethasone	Betasone, etc.	
Betaxolol	Kerlone	
Bethanechol	Urecholine, Duvoid	
Bethanidine	Esbatal	
Biperiden	Akineton	
Biriperone			
Bisoprolol	Zebeta, Bisobloc, etc.	
Bitolterol	Effectin	
Boldenone	Equipoise	
Bretylum	Bretylol	
Brimonidine	Alphagan	
Bromazepam	Lexotan, Lectopam	
Bromfenac	Duract	
Bromhexine	Oletor, etc.	
Bromisovalum	Diffucord, etc.	
Bromocriptine	Parlodel	
Bromodiphenhydramine			
Bromperidol	Bromidol	
Brompheniramine	Dimetane, Disomer	
Brotizolam	Brotocol	
Budesonide	Pulmacort, Rhinocort	
Bufotenine			
Bumetanide	Bumex	
Bupivacaine	Marcaine	
Buprenorphine	Temgesic	
Bupropion	Wellbutrin	
Buspiprone	Buspar	
Butabarbital Secbutobarbitone	Butacaps, Butasol, etc.	
Butacaine	Butyn	
Butalbital (Talbutal)	Fiorinal	
Butamben (butyl aminobenzoate)	Butesin	
Butanilcaine	Hostacain	
Butaperazine	Repoise	
Butoctamide	Listomin	
Butorphanol	Stadol, Torbugesic	
Butoxycaine	Stadacain	
Caffeine			
Calusterone	Methosorb	
Camazepam	Paxor	
Camphor			
Candesartan			
Capsaicin	Atcand	
Captodiame	Covatine	
Captopril	Capolen	
Carazolol	Carbacel, Conductor	
Carbachol	Lentin, Doryl	
Carbamezapine	Tegretol	
Carbidopa + levodopa	Sinemet	
Carbinoxamine	Clistin	
Carbromol	Mifudorm	
Carfentanil			
Carisoprodol	Rela, Soma	
Carphenazine	Proketazine	
Carpipramine	Prazinil	
Carprofen	Rimadyl	
Carteolol	Cartrol	
Carticaine (see articaine)	Septocaine; Ultracaine, etc.	
Carvedilol	Coreg	
Cathinone (khat, kat, qat, quat, chat, catha, Abyssinian tea, African tea)			
Celecoxib	Celebrex	
Cephalosporins	Naxcel, Kefzol (including ceftiofur, cefazolin)	
Cetirizine			
Chamomile	Zyrtec	
Chloral betaine	Beta-Chlor	
Chloral hydrate	Nactec, Oridrate, etc.	
Chloraldehyde (chloral)			
Chloralose (Alpha-Chloralose)			
Chlorbutanol			
Chlordiazepoxide	Librium	
Chlorhexidol 2			
Chlormerodrin	Neohydrin	
Chlormezanone	Trancopal	
Chloroform 2			
Chlorophenesin	Maolate	
Chloroprocaine	Nesacaine	
Chloroquine	Avloclor	
Chlorothiazide	Diuril	
Chlorpheniramine	Chlortriemton, etc.	
Chlorproethazine	Newiplege	
Chlorpromazine	Thorazine, Largactil	
Chlorprothixene	Taractan	
Chlorthalidone	Hydroton	
Chlorzoxazone	Paraflex	
Cilostazol	Pletal	
Cimeterol			
Cimetidine	Tagamet	
Cinchocaine	Nupercaine	
Citalopram	Celex	
Clemastine	Tavist	
Clenbuterol	Ventipulmin	
Clibucaine	Batrax	
Clidinium	Quarezan, Clindex, etc.	
Clobazam	Urbanyl	
Clobetasol	Temovate	
Clocapramine			
Clocortolone	Cloderm	
Clofenamide			
Clomethiazole (Chlormethiazole)			
Clomipramine	Anafranil	
Clonazepam	Klonopin	
Clonidine	Catapres	
Clorazepate	Tranxene	
Clormecaine	Placacid	
Clothiapine	Entermin	
Clotiazepam	Trecalmo, Rize	
Cloxacilolam	Enadel, Sepazon, Tolestan	
Clozapine	Clozaril, Leponex	

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Appendix A: Prohibited Substances . . .

Drug	Trade Name(s)		
Cocaine		Dipyridamole	Persantine
Codeine		Dipyrrone	Novin, Methampyrone
Colchicine		Disopyramide	Norpace
Comfrey		Divalproex	Depakote
Conorphone		Dixyrazine	Esucos
Corticaine	Ultracain	Dobutamine	Dobutrex
Cortisone	Cortone, etc.	Dopamine	Intropin
Cromolyn	Intel	Donepezil	Aricept
Crotetamide		Doxacurium	Nuromax
Cyamemazine	Tercian	Doxapram	Dopram
Cyclandelate	Cyclospasmol	Doxazosin	
Cyclizine	Merazine	Doxefazepam	Doxans
Cyclobarbital	Phanodorm	Doxepin	Adapin, Sinequan
Cyclobenzaprine	Flexeril	Doxylamine	Decapryn
Cyclomethylcaine	Surfacaine	Dromostanolone	Drolban
Cyclothiazide	Anhydron, Renazide	Droperidol	Inapsine, Droleptan, Innovar-Vet (w/ Fentanyl)
Cyrimine	Pagitan	Dyclonine	Dyclone
Cyproheptadine	Periactin	Dyphylline	
Danazol	Danocrine	Edrophonium	Tensilon
Dantrolene	Dantrium	Eletripan	Relpax
Darbepoetin	Aranesp	Eltenac	
Decamethonium	Syncurine	Enalapril (metabolite enalaprilat)	Vasotec
Dembroxol (Dembrexine)		Enciprazine	
Demethylpyrilamine	Sputolysin	Endorphins	
Demoxepam		Enkephalins	
Deoxycorticosterone	Percortin, DOCA, Descotone, Dorcostrin	Ephedrine	
Derecoxib	Deremaxx	Epinephrine	
Desipramine	Norpromine, Pertofrane	Epoetin alfa	
Desonite	Des Owen	Ergonovine	Ergotrate
Desoximetastone	Topicort	Ergotamine	Gynergen, Cafergot, etc.
Detomidine	Dormosedan	Erthrityl tetranitrate	Cardilate
Devil's Claw		Erythropoietin (EPO)	Epogen, Procrit, etc.
Dexamethasone	Azium, etc.	Esmolol	Brevibloc
Dextromethorphan		Esomeprazole	Nexium
Dextromoramide	Palfium, Narcolo	Estazolam	Domnamid, Eurodin, Nuctalon
Dextropropoxyphene	Darvon	Etamiphylline	
Dezocine	Dalgan	Etanercept	Enbrel
Diamorphine		Ethacrynic acid	Edecrin
Diazepam	Valium	Ethamivan	
Diazoxide	Proglycem	Ethchlorvynol	Placidyl
Dibucaine	Nupercainal, Cinchocaine	Ethinamate	Valmid
Dichloralphenazone	Febenol, Isocom	Ethoheptazine	Zactane
Dichlorphenamide	Daramide	Ethopropazine	Parsidol
Diclofenac	Surpass, Voltaren, Voltarol	Ethosuximide	Zarontin
Dicumarol	Dicumarol	Ethotoin	Peganone
Diethylpropion	Tepanil, etc.	Ethoxzolamide	Cardrase, Ethamide
Diethylthiambutene	Themalon	Ethyl alcohol	
Diflorasone	Florone, Maxiflor	Ethylaminobenzoate (Benzocaine)	Semets, etc.
Diffurcortolone	Flu-Cortinest, etc.	Ethylestrenol	Maxibolin, Organon
Diffunisal		Ethylisobutrazine	Diquel
Digitoxin	Crystodigin	Ethylmorphine	Dionin
Digoxin	Lanoxin	Ethylnorepinephrine	Bronkephrine
Dihydrocodeine	Parcodin	Etidocaine	Duranest
Dihydroergotamine		Etifoxin	Stresam
Dilorazepam	Briantum	Etizolam	Depas, Pasaden
Diltiazem	Cardizem	Etodolac	Lodine
Dimeflin		Etodroxizine	Indunox
Dimethisoquin	Quotane	Etomidate	
Dimethylglycine	DMG	Etorphine HCl	M99
Dimethylsulfoxide (DMSO)	Domoso	Eugenol	
Dimethylsulphone (MSM)		Famotidine	Gaster, etc.
Diphenadione		Felbamate	Felbatol
Diphenhydramine	Benadryl	Felodipine	Plendil
Diphenoxylate	Difenoxin, Lomotil	Fenarbamate	Tymium
Dipremorphine	M50/50	Fenbufen	Cincopal
		Fenclozic acid	Myalex
		Fenfluramine	Pondimin
		Fenoldopam	Corloпам
		Fenoprofen	Nalfon
		Fenoterol	Berotec
		Fenspiride	Respiride, Respan, etc.
		Fentanyl	Sublimaze
		Fentiazac	
		Fexofenadine	Allegra
		Firocoxib	Equioxx
		Flecainide	Idalon
		Floctafenine	Idalon, Idarac
		Fluanisone	Sedalande
		Flucinolone	Synalar, etc.
		Fludiazepam	Erispam
		Fludrocortisone	Alforone, etc.
		Flufenamic acid	
		Flumethasone	Flucort, etc.
		Flumethiazide	Ademol
		Flunarizine	Sibelium
		Flunisolide	Bronilide, etc.
		Flunitrazepam	Rohypnol, Narcozep, Darkene, Hypnodorm
		Flunixin	Banamine
		Fluocinolone	Synalar
		Fluocinonide	Licon, Lidex
		Fluopromazine	Psyquil, Siquil
		Fluoresone	Caducid
		Fluorometholone	FML
		Fluoroprednisolone	Predef-2X
		Fluoroquinolones	Baytril, Cipro, Ciloxan, A180 (including enrofloxacin, ciprofloxacin, danofloxacin)
		Fluoxetine	Prozac
		Fluoxymesterone	Halotestin
		Flupenthixol	Depixol, Fluanxol
		Fluphenazine	Prolixin, Permitil, Anatensol, etc.
		Flupirtine	Katadolone
		Fluprednisolone	Alphadrol
		Flurandrenolide	Cordran
		Flurazepam	Dalmane
		Flurbiprofen	Froben
		Fluspirilene	Imap, Redeptin
		Fluticasone	Flixonase, Flutide
		Flutoprazepam	Restas
		Fluvoxamine	Dumirox, Faverin, etc.
		Formoterol	Altram
		Fosinopril, metabolite, Fosinoprilat	Monopril
		Fosphenytoin	Cerebyx
		Furosemide	Lasix
		Gabapentin	Neurontin
		Galantamine	Reminyl
		Gallamine	Flaxedil
		Gamma-oryzanol	
		Gepirone	
		Glutethimide	Doriden
		Glycopyrrolate	Robinul
		Griseofulvin	
		Guaifenesin (glycerol guaiacolate)	Gecolate
		Guanadrel	Hylorel
		Guanethidine	Ismelin
		Guanabenz	Wytensin
		Halazepam	Paxipam
		Halcinonide	Halog
		Halobetasol	Ultravate
		Haloperidol	Haldol
		Haloxazolam	Somelin
		Hemoglobin glutamers	Oxyglobin Hemopure
		Heparin	

Appendix A: Prohibited Substances . . .

Heptaminol	Corofundol	Loperamide	Imodium	Methotrimeprazine	Levoprome, Neurocil, etc.
Heroin		Loprazolam	Dormonort, Havlane	Methoxamine	Vasoxyl
Drug	Trade Name(s)	Loratidine	Claritin	Methoxyphenamine	Orthoxide
Hexafluorenum	Myalexen	Lorazepam	Ativan	Methscopolamine	Pamine
Hexobarbital	Evipal	Lormetazepam	Noctamid	Methsuximide	Celontin
Hexocyclium	Tral	Losartan	Hyzaar	Methylatropine	
Hexylcaine	Cyclaine	Loxapine	Laxitane	Methylchlorthiazide	Enduron
Homatropine	Homapin	LSD		Methylidopa	Aldomet
Homophenazine	Pelvichthol	Mabuterol		Methylergonovine	Methergine
Hops		Macrolides	Zithromax, Biaxxin	Methylphenidate	Ritalin
Hordenine		(including erythromycin, azithromycin, clarithromycin)		Methylprednisolone	Medrol
Hydralazine	Apresoline	Magnesium sulphate		Methyltestosterone	Metandren
Hydrochlorthiazide	Hydrodiuril	Maprotiline	Ludiomil	Methylpyron	Noludar
Hydrocodone (dihydrocodienone)	Hycodan	Mazindol	Sanorex	Methysergide	Sansert
Hydrocortisone (Cortisol)	Cortef, etc.	Mebutamate	Axiten, Dormate, Capla	Metamide	
Hydroflumethiazide	Saluron	Mecamylamine	Inversine	Metoclopramide	Reglan
Hydromorphone	Dilaudid	Mecizine	Antivert, Bonine	Metocurine	Metubine
Hydroxyamphetamine	Paradrine	Meclofenamic acid	Arquel	Metolazone	
Hydroxyzine	Atarax	Meclofenoxate	Lucidril, etc.	Metomidate	Hypnodil
Hyoscine		Medazepam	Nobrium, etc.	Metopon (methylhydromorphone)	
Ibomal	Noctal	Medetomidine	Domitor	Metoprolol	Lopressor
Ibuprofen	Motrin, Advil, Nurpin, etc.	Medryson	Medriusar, etc.	Metronidazole	Flagyl
Ibutilide	Corvert	Mefenamic acid	Ponstel	Mexazolam	Melix
Iloprost	Ventavis	Meloxicam	Mobic	Mexilitine	Mexilil
Imipramine	Imavate, Presamine, Tofranil	Melperone	Eunerpan	Mibefradil	Posicor
Indomethacin	Indocin	Memantine	Namenda	Midazolam	Versed
Infliximab	Remicade	Menthol		Midodrine	Pro-Amiline
Ipratropium		Meparfynol	Oblivon	Milenperone	
Irbesarten	Avapro	Mepazine	Pacatal	Milrinone	
Isapirone		Mepenzolate	Cantil	Minoxidil	Loniten
Isocarboxazid	Marplan	Meperidine	Demerol	Mirtazepine	Remeron
Isoetharine	Bronkosol	Mephenesin	Tolserol	Misoprostel	Cytotec
Isoflupredone	Predef	Mephenoalone	Control, etc.	Mivacurium	Mivacron
Isomethadone		Mephentermine	Wyamine	Modafinil	Provigil
Isometheptene	Octin, Octon	Mephentoin	Mesantoin	Moexipril (metabolite, moexiprilat)	Uniretic
Isopropamide	Darbid	Mephobarbital (Methylphenobarbital)	Mebaral	Molindone	Moban
Isoproterenol	Isoprel	Mepivacaine	Carbocaine	Mometasone	Elocon
Isosorbide dinitrate	Isordil	Meprobamate	Equanil, Miltown	Montelukast	Singulair
Isoxicam	Maxicam	Mepylcaine		Moperone	Luvatren
Isoxsuprine	Vasodilan	Meralluride	Mercurydrin	Morphine	
Isradipine	DynaCirc	Merbaphen	Novasural	Mosaprimine	
Itraconazole	Sporanox	Mercaptomerin	Thiomerin	Muscarine	
Kava kava		Mercumalilin	Cumertilin	N-butylscopolammonium bromide	Buscopan
Ketamine	Ketalar, Ketaset, Vetalar	Mersalyl	Salyrgan	Nabumetone	Anthraxan, Relafen, Reliflex
Ketazolam	Anxon, Laftram, Solatran, Loftran	Mesalamine	Asacol	Nadol	Corgard
Ketoconazole	Nizoral	Mesoridazine	Serentil	Naepaine	Amylsine
Ketoprofen	Orudis	Metaclazepam	Talis	Nalbuphine	Nubain
Ketorolac	Toradol	Metaproterenol	Alupent, Metaprel	Nalmefene	
Labetalol	Normodyne	Metaraminol	Aramine	Nalorphine	Nalline, Lethidrone
Lamotrigine	Lamictal	Metaxalone	Skelaxin	Naloxone	Narcan
Lansoprazole		Metazocine		Naltrexone	Revia
Laurel		Methacholine		Nandrolone	Nandrolin, Laurabolin, Durabolin
Lavender		Methadone	Dolophine	Naphazoline	Privine
Lemon balm		Methamphetamine	Desoxyn	Naproxen	Equiproxen, Naprosyn
Lenperone	Elanone-V	Methandriol	Probolic	Naratriptan	Amerge
Leopard's bane		Methandrostenolone	Dianabol	Nedocromil	Tilade
Letosteine	Viscotiol, Visiotal	Methantheline	Banthine	Nefazodone	Serzone
Levallorphan		Methapyrilene	Histadyl, etc.	Nefopam	
Levobunolol	Betagan	Methaqualone	Quaalude	Neostigmine	Prostigmine
Levomethorphan		Metharbital	Gemonil	Nicardipine	Cardine
Levorphanol	Levo-Dremoran	Methazolamide	Naptazane	Nifedipine	Procardia
Lidocaine	Xylocaine	Methcathinone		Niflumic acid	Nifluril
Lisinopril	Prinivil, Zestril	Methdilazine	Tacaryl	Night shade	
Lithium	Lithizine, Duralith, etc.	Methixene	Trest	Nikethamide	Coramine
Lobeline		Methocarbamol	Robaxin	Nimesulide	
Lofentanil		Methohexital	Brevital	Nitazoxanide	Navigator
Loflazepate, Ethyl	Victan	Methotrexate	Folex, Nexate, etc.	Nitrazepam	Erimin

Appendix A: Prohibited Substances . . .

Nimodipine	Nemotop	Phenicol (including chloramphenicol, florfenicol) Nuflor	Prothipendyl	Dominal
Nitrazepam	Mogadon	Phenindione	Protokylol	Ventaire
Nitroglycerin		Phenmetrazine	Protriptyline	Concordin, Triptil
Drug	Trade Name(s)	Phenobarbital	Proxibarbital	Axeen, Centralgol
Nizatidine.....	Axid	Phenoxybenzamine	Pseudoephedrine	Cenafed, Novafed
Nordiazepam	Calmday, Nordaz, etc.	Phenprocoumon	Pyridostigmine	Mestinon, Regonol
Norepinephrine		Phensuximide	Pyrilamine	Neoantergan, Equihist
Norethandrone		Phentermine	Pyrimethamine.....	Daraprim
Nortestosterone		Phentolamine	Pyrithyldione.....	Hybersulfan, Sonodor
Nortriptyline.....	Aventyl, Pamelor	Phenylbutazone	Quazipam.....	Doral
Nylidrine	Arlidin	Phenylephrine	Quetiapine	Seroquel
Olanzapine.....	Zyprexa	Phenylpropanolamine	Quinapril, metabolite Quinaprilat	Accupril
Olmesartan	Benicar	Phenytoin	Quinidine	Quinidex, Quinicardine
Olsalazine	Dipentum	Physostigmine	Rabeprazole	Aciphex
Omeprazole	Gastroguard, Ulcerguard, Prilosec, Losec	Picrotoxin	Racemethorphan	
Orphenadrine	Norlfex	Piminodine	Racemorphan	
Oxandrolone	Anavar	Pimozide	Raclopride	
Oxaprozin	Daypro, Deflam	Pinazepam	Ractopamine	Raylean
Oxazepam	Serax	Pindolol	Ramipril, metabolite Ramiprilat	Altace
Oxazolam	Serenal	Pipamperone	Ranitidine	Zantac
Oxcarbazepine	Trileptal	Pipecuronium	Rauwolfia	
Oxprenolol	Trasicor	Pipequaline	Red poppy	
Oxybutynin		Piperacetazine	Remifentanyl	Ultiva
Oxycodone	Percodan	Piperocaine	Remoxipride	Roxiam
Oxymetazoline	Afrin	Pipotiazine	Reserpine	Serpasil
Oxymetholone.....	Adroyd, Anadrol	Pipradrol	Rifampin	
Oxymorphone	Numorphan	Piquindone	Rilmazafone	
Oxyperitine.....	Forit, Integrin	Pirbuterol	Risperidone	
Oxyphenbutazone	Tandearil	Pirenperone	Ritanserin	
Oxyphencyclimine	Daricon	Pirenzapine	Ritodrine	Yutopar
Oxyphenonium.....	Antrenyl	Piretanide	Rivastigmine	Exelon
Pancuronium	Pavulon	Piritramide	RizatRIPTAN	Maxalt
Pantoprazole.....	Protonix	Piroxicam	Rocuronium	Zemuron
Papaverine	Pavagen, etc.	Polyethylene glycol	Rofecoxib	Vioxx
Paraldehyde	Paral	PolymixinB	Romifidine	Sedivet
Paramethadione	Paradione	Polythiazide	Ropivacaine	Naropin
Paramethasone	Haldrone	Ponazuril Marquis	Salicylamide	
Pargyline	Eutonyl	Pramoxine	Salicylate	
Paroxetine	Paxil, Seroxat	Prazepam	Salmeterol	
Passion flower		Prazosin	Scopolamine (Hyoscine)	Triptone
Pemoline	Cylert	Prednisolone	Secobarbital (Quinalbarbitone)	Secondal
Penicillins (including procaine penicillin G, sodium or potassium penicillin G, ampicillin)		Prednisone	Selegiline	Eldepryl, Jumex, etc.
Penbutolol	Levatol	Prethcamide	Sertraline	Lustral, Zoloft
Penfluridol	Cyperon	Prilocaine	Sibutramine	Meridia
Pentaerythritol tetranitrate	Duotrate	Primidone	Sildenafil	Viagra
Pentazocine	Talwin	Probenecid	Skullcap	
Pentobarbital	Nembutal	Procainamide	Snake Venoms	
Pentoxyfylline	Trental, Vazofirin	Procaine	Sodium cacodylate	
Pentylentetrazol	Metrazol, Nioric	Procaine penicillin	Somatropin	Nutropin
Perazine	Taxilan	Procateterol	Somatrem	Protopropin
Perfluorodecolin		Prochlorperazine	Sotalol	Betapace, Sotacor
Perfluorodecahydronophthalene		Procyclidine	Spiclomazine	
Perfluorooctylbromide		Promazine	Siperone	
Perfluorotripropylamine		Promethazine	Spirapril, metabolite Spiraprilat	Renomax
Perfluorocarbons		Propafenone	Spirolactone	Aldactone
Pergolide mesylate		Propanidid	Stanozolol	Winstrol-V
Periciazine	Alodept, etc.	Propantheline	Strychnine	
Perindopril	Biprel	Proparacaine	Succinylcholine	Sucostrin, Quelin, etc.
Perlazine	Hypnodin	Propentophylline	Sufentanyl	Sufenta
Perphenazine	Trilafon	Propiomazine	Sulfasalazine	Azulfidine, Azaline
Phenacetamide	Phenurone	Propionylpromazine	Sulfonamides and Potentiated Sulfonamides	(sulfamethazine, trimethoprim/sulfadiazine).....
Phenaglycodol	Acalo, Alcamid, etc.	Propiram	Tribrissen, Septra, TMS
Phenazocine	Narphen	Propofol	Sulfondiethylmethane	
Phencyclidine (PCP)	Sernylan	Propoxycaine	Sulfonmethane	
Phendimetrazine	Bontril, etc.	Propoxyphene	Sulfuridazine	Inofal
Phenelzine	Nardelzine, Nardil	Propranolol	Sulindac	Clinoril
		Propylhexedrine		

Appendix A: Prohibited Substances . . .

Sulpiride	Aiglonyl, Sulpitol	Tiletamine	Component of Telazol	Tropicamide	
Sultopride	Barnetil	Timiperone	Topolopon	Tubocurarine (Curare)	Metubin
Sumatriptan	Imitrex	Timolol	Blocardrin	Tybamate	Benvil, Nospan, etc.
Drug	Trade Name(s)	Tocainide	Tonocard	Tyrosine	
Tadalafil	Cialis	Tofisopam	Grandaxain, Seriel	Urethane	
Talbutal	Lotusate	Tolazoline	Priscoline	Valerian	
Tandospirone		Tolmetin	Tolactin	Valnoctamide	Nirvanyl
Telmisartan	Micardis	Topiramate	Topamax	Valsartan	Diovan
Temazepam	Restoril	Torseimide (Torasemide)	Demadex	Vardenafil	Levitra
Tenoxicam	Alganex, etc.	Tramadol	Ultram	Vedaprofen	
Terazosin	Hytrin	Trandolapril & metabolite, trandolaprilat.....	Tarka	Venlafaxine	Efflexor
Terbutaline	Brethine, Bricanyl	Tranexamic acid		Veralipride	Accional, Veralipril
Terfenadine	Seldane, Triludan	Tranylcypromine	Parnate	Verapamil	Calan, Isoptin
Testolactone	Teslac	Trazodone	Desyrel	Vercuronium	Norcuron
Testosterone		Trenbolone	Finoplix	Vervain	
Tetrabenazine	Nitoman	Tretoquinol	Inolin	Viloxazine	Catatrol, Vivalan, etc.
Tetracaine	Pontocaine	Triamcinolone	Vetalog, etc.	Vinbarbital	Delvinol
Tetracyclines (including oxytetracycline, doxycycline)		Triamterene	Dyrenium	Vinylbital	Optanox, Speda
Tetrahydrozoline	Tyzine	Triazolam	Halcion	Warfarin	Coumadin, Coufarin
Tetrazepam	Musaril, Myolastin	Tribromethanol		Xylazine	Rompun, Bay Va 1470
THC		Tricaine methanesulfonate	Finquel	Xylometazoline	Otrivin
Thebaine		Trichlormethiazide	Naqua, Naquasone	Yohimbine	
Theobromine		Trichloroethylene	Trilene, Trimar	Yucca	
Theophylline	Aqualphyllin, etc.	Triclofos	Triclos	Zafirlukast	Accolate
Thialbarbital	Kemithal	Tridihexethyl	Pathilon	Zaleplon	Sonata
Thiamine		Trifluomeprazine	Nortran	Zeranol	Ralgro
Thiamylal	Surital	Trifluoperazine	Stelazine	Zileuton	Zyflo
Thiethylperazine	Torecan	Trifluperidol	Triperidol	Ziprasidone	Geoden
Thiopental	Pentothal	Triflupromazine	Vetame, Vesprin	Zolazepam	
Thiopropazate	Dartal	Trihexylphenidyl	Artane	Zolmitriptan	Zomig
Thiopropazine	Majeptil	Trimeprazine	Temaril	Zolpidem	Ambien, Stilnox
Thioridazine	Mellaril	Trimethadione	Tridione	Zomepirac	Zomax
Thiosalicylate		Trimethaphan	Arfonad	Zonisamide	Zonegran
Thiothixene	Navane	Trimipramine	Surmontil	Zopiclone	Imovan
Thiphenamil	Trocinate	Tripelennamine	PBZ	Zotepine	Lodopin
Tiapride	Italprid, Luxoben, etc.	Tripolidine	Actidil	Zuclopenthixol	Ciatyl, Cesordinol
Tiaprofenic acid.....	Surgam				

Appendix B

Prohibited Substance Categories

1. Anti-inflammatory drugs (steroidal and/or non-steroidal) or other substances that have similar pharmacological actions
2. Antipsychotic, anti-epileptic and antihypertensive substances
3. Antidepressants such as selective serotonin reuptake inhibitors, monoamine oxidase inhibitors and tricyclic antidepressants
4. Tranquilizers and sedatives including benzodiazepines and barbiturates
5. Antihistamines
6. Narcotics and opioid analgesics
7. Amphetamines and other central nervous system stimulants including cocaine and related psychotic drugs
8. Beta-blockers
9. Diuretics
10. Anabolic steroids and growth promoters
11. Peptides and genetically recombinant substances such as erythropoietin, insulin growth factor and growth hormone
12. Hormonal products (natural or synthesized) except for progesterone or similar acting progestagens in mares only, administered for the purpose of controlling the estrus cycle.
13. Pharmacological substances designed and marketed primarily for human use or use in other species and for which alternative and generally accepted products are available for use in horses
14. Hypersensitizing or desensitizing agents
15. Oxygen carriers
16. Antibiotics
17. Antiprotozoal antimicrobials
18. Antifungal medications
19. Proton pump inhibitors and H2 receptor antagonists
20. Masking agents
21. Substances designed, marketed, and/or administered to affect the behavior of an equine in a calming (tranquilizing) or energizing (stimulating) manner. This is to include herbal and/or natural products.
22. Local anaesthetics
23. Sympathomimetic cardiac stimulants
24. Respiratory stimulants
25. Bronchodilators and products used for the treatment of recurrent airway disease, mucolytics and cough suppressants
26. Muscle relaxants
27. Anti-coagulants
28. Anticholinergic substances
29. Evacuants and laxatives
30. Topical agents, including ophthalmic, otic, dermal and wound ointments or liniments that contain any prohibited substance
31. Any substance administered while competing in an endurance ride by nasogastric tube or syringe/needle.

Appendix C

Allowed Substances

1. Vitamins (other than thiamine administered for the purpose of providing a calming/tranquilizing effect)
2. Minerals
3. Electrolytes administered orally
4. Topical agents such as liniments and wound dressings that do not contain a prohibited substance

5. Topically applied isopropyl alcohol
6. Ice and ice water administered orally and/or topically
7. Progesterone and similar acting progestagens such as altrenogest (Regumate) only in mares to control estrus cycles.
8. The following chondroprotective agents: glucosamine, chondroitin sulfate, polysulfated glycosami-

noglycan, hyaluronate. Not to be administered by needle/syringe while competing in an endurance ride (see Appendix B item 31).

9. Sucralfate (Carafate, Sulcrate)

10. Acid neutralizers including aluminum hydroxide (Maalox, Neighlox)

Appendix D

Threshold Levels

Urinary thresholds refer to the parent drug and/or metabolite. S = stallions, G = geldings, M = mares.

Substance	Concentration	Fluid
Acepromazine	25 ng/ml	urine
Albuterol	1 ng/ml	urine
Arsenic	200 ng/ml	urine
Atropine	10 ng/ml	urine
Benzocaine	50 ng/ml	urine
Boldenone	15 ng/ml (S)	urine
BZE (Benzoylcegonine)	50 ng/ml	urine
Betamethasone	60 ng/ml	urine
Bupivacaine	5 ng/ml	urine
Butorphanol	10 ng/ml	urine
Caffeine	100 ng/ml	plasma
	300 ng/ml	urine
Clenbuterol	25 pg/ml	plasma
Dantrolene	100 ng/ml	plasma
Dexamethasone	60 ng/ml	urine
Dimethylsulfoxide (DMSO)	15,000 ng/ml	urine
	1,000 ng/ml	plasma
Dipyron	1,000 ng/ml	plasma
Estranediol	45 ng/ml (S)	urine
Flumethasone	10 ng/ml	urine
Flunixin (Banamine)	50 ng/ml	plasma
Furosemide	100 ng/ml	plasma*
Hydrocortisone	1,000 ng/ml	urine
Imipramine	20 ng/ml	plasma
Isoflupredone	60 ng/ml	urine
Isoxsuprine	1,000 ng/ml	urine
Ketoprofen	20 ng/ml	plasma
Lidocaine	50 ng/ml	urine
Meclofenamic Acid	1,000 ng/ml	plasma
Mephesisin	200 ng/ml	plasma
Mepivacaine	10 ng/ml	urine
Methocarbamol	1,000 ng/ml	plasma
Methoxytramine	4,000 ng/ml	urine
Methylprednisolone	1,000 ng/ml	urine
Morphine	50 ng/ml	urine
Naproxen	5,000 ng/ml	plasma
Oxyphenbutazone	1,000 ng/ml	plasma
Pentazocine	50 ng/ml	urine
Phenylbutazone	1,000 ng/ml	plasma
Prednisolone	1,000 ng/ml	urine
Prednisone	100 ng/ml	urine
Procaine	50 ng/ml	urine
Promazine	25 ng/ml	urine
Pyrilamine	50 ng/ml	urine
Salicylates	750,000 ng/ml	urine
Salicylic Acid	625,000 ng/ml	urine
	5,400 ng/ml	plasma
Terbutaline	10 ng/ml	urine
Testosterone		
(epitesterone)	20 ng/ml (G)	urine
Testosterone	55 ng/ml (M)	urine
Tetramisole	80 ng/ml	plasma
Theobromine	2,000 ng/ml	urine

*The threshold for furosemide applies only if the urine specific gravity is less than 1.010.

Appendix E

Known Detection Times for Substances Used Therapeutically

A detection time is not the same as a withdrawal time. The detection time is the approximate period of time for which a drug (or its metabolite) remains in a horse's system such that it can be detected by the laboratory and is provided only as a guide. Horses are biological entities and as such may not follow the scientific modeling upon which these detection times are based. The withdrawal time

for a drug must be decided upon by the treating veterinarian and is likely to be based on the detection time plus a safety margin, chosen with professional judgment and discretion to allow for individual differences between horses such as size, metabolism, degree of fitness, recent illness or disease etc. The existence or non-existence of a detection time for a particular substance shall not

affect the validity of a positive medication finding or the determination of a Rule 13 violation. There is evidence that a number of drugs (including flunixin and dipyron) that are excreted in a horse's urine can be recycled if the horse eats its bedding (particularly straw). Ensure that horses have clean bedding and that the bedding could not have been contaminated by another treated horse.

Typical Dose/Route* for Drug (Brand Name)	Elimination Therapeutic Indication	Detection Limit 1000 lb. (450kg) Horse	Half-Life	Source of Info.
Tranquilizers/Sedatives				
acepromazine (Atravet®, PromAce®)	Tranquilizer used for calming horses. Has no pain-relieving action.	25 mg IV, IM; 30 mg IM 50 mg Orally	3 hr (IV), 6 hr (Orally)	36 hr (Canada), 120 hr (AAEP) 72 hr (Australia)
butorphanol (Torbugesic®)	Sedative with pain-relieving action, used frequently to treat colic in horses.	5 mg IV	4 hr	72 hr (Canada)
dantrolene (Dantrium®)	Muscle relaxant used in horses with myopathies ("tying-up").	1 gram Orally	2 hr	36 hr (Canada)

Appendix E: Known Detection Times for Substances Used Therapeutically . . .

Drug (Brand Name)	Therapeutic Indication	Typical Dose/Route* for 1000 lb. (450kg) Horse	Elimination Half-Life	Detection Limit Source of Info.
detomidine (Dormosedan®) (Canada)	Sedative with pain-relieving action, used frequently to treat colic in horses.	5 mg IV	1 hr	48 hr (Australia, FEI), 72 hr
guaifenesin (Guailaxin®, Gecolate®)	Muscle relaxant used in horses with myopathies ("tying-up").	2 gram IV, Orally	1.5 hr	24 hr (Canada), 48 hr (Australia)
methocarbamol (Robaxin®)	Muscle relaxant used in horses with myopathies ("tying-up").	5 grams IV, Orally	1 hr	24 hr (Canada)
romifidine (Sedivet®)	Sedative with pain-relieving action, used frequently to treat colic in horses.	30 mg IV	N/A**	48 hr (Australia)
Anti-inflammatories/Pain Relievers				
aspirin	Orally or pain-reliever in the horse. Sometimes used to treat periodic ophthalmia ("moon blindness"), laminitis, and colic due to parasite damage.	11.7 grams Orally	1 hr	24 hr (Canada)
dimethylsulfoxide (DMSO)	Applied topically as an anti-inflammatory agent, given IV to treat myopathies and increase urination.	19.8 grams topically 450 mg IV	9 hr	36 hr (Canada), 72 hr (AAEP) 96 hr (AAEP)
dipyrone (Novin®)	Nonsteroidal anti-inflammatory drug used to treat colic and musculoskeletal pain and inflammation.	10 grams IV, IM	NA	120 hr (Canada), 15 days (ELISA test - AAEP), 72 hr (FEI)
flunixin meglumine (Banamine®)	Nonsteroidal anti-inflammatory drug used to treat colic and musculoskeletal pain and inflammation.	450 mg IV, Orally	1.6 hr	72 hr (Canada), 72 hr (Australia) 15 days (ELISA - AAEP), 144 hr (FEI)
ketoprofen (Ketofen®, Anafen®)	Nonsteroidal anti-inflammatory drug used to treat colic and musculoskeletal pain and inflammation	1 gram IV	1.5 hr	48 hr (Canada), 72 hr (Australia, AAEP), 96 hr (FEI)
lidocaine (Xylocaine®)	Local anesthetic used to block nerves.	150 mg SC	1 hr	24 hr (Canada)
meclofenamic acid (Arquel®)	Nonsteroidal anti-inflammatory drug used to treat colic and musculoskeletal pain and inflammation.	1 gram Orally	8 hr	48 hr (Canada), 72 hr (Australia)
mepivacaine (Carbocaine®)	Local anesthetic used to block nerves.	300 mg SC, IA	3 hr	48 hr (Canada, Australia, FEI)
naproxen (Equiproxen, Aleeve®)	Nonsteroidal anti-inflammatory drug used to treat colic and musculoskeletal pain and inflammation.	2 grams Orally	4 hr	120 hr (Canada)
phenylbutazone ("Bute")	Nonsteroidal anti-inflammatory drug used to treat colic and musculoskeletal pain and inflammation.	3 grams, IV, Orally 8.8 mg/kg twice daily on Day 1, then 4.4 mg/kg twice daily on Days 2-11	11 hr	96 hr (Canada), 120 hr (Australia), 168 hr (FEI)
procaine (Novocaine®)	Local anesthetic used to block nerves.	200 mg SC	2 hr IM 1 hr SC	48 hr (Canada)
procaine penicillin G	Combined with penicillin to make the antibiotic slowly absorbed from the injection site, to give it a long duration of antibacterial action.	4 million International Units IM	10 hr	425 hr (Canada)
Corticosteroids				
betamethasone (Betasone®, Celestone®) (Australia)	Anti-inflammatory; allergic reactions.	35 mg IM	NA	24 hr (Canada), > 7 days
dexamethasone (Azium®)	Anti-inflammatory; allergic reactions.	25 mg IV, IM 10 mg Orally	4 hr	24 hr (Canada), 48 hr (Australia) 144 hr (ELISA - AAEP)
flumethasone (Flucort®)	Anti-inflammatory; allergic reactions.	5 mg IV, IM	NA	24 hr (Canada)
isoflupredone (Predef 2X®)	Anti-inflammatory; allergic reactions.	24 mg IM	NA	48 hr (Canada)
methylprednisolone acetate (Depo-Medrol®)	Anti-inflammatory; allergic reactions.	200 mg IA, IM	9 days	96 hr (Canada), 222 hr (ELISA - AAEP), > 45 days (Australia)
prednisolone	Anti-inflammatory; allergic reactions.	150 mg IV	1.65 hr	24 hr (Canada)
prednisone	Anti-inflammatory; allergic reactions.	1 gram Orally	2 hr	24 hr (Canada)
triamcinolone (Vetalog®)	Anti-inflammatory; allergic reactions.	24 mg IM	2 hr	24 hr (Canada), 15 days (Australia)
Miscellaneous Drugs				
aminophylline	Opens airways in horses with "heaves".	1.5 grams IV	NA	96 hr (Canada)
theophylline	Opens airways in horses with "heaves".	6 grams Orally	NA	>7 days (Australia)
clenbuterol (Ventipulmin®)	Opens airways in horses with "heaves".	0.4 mg Orally	NA	72 hr (Canada)
dembrexine (Sputolysin®)	Expectorant for horses with "heaves".	150 mg Orally	NA	72 hr (Canada)

Appendix E: Known Detection Times for Substances Used Therapeutically . . .

Drug (Brand Name)	Therapeutic Indication	Typical Dose/Route* for 1000 lb. (450kg) Horse	Elimination Half-Life	Detection Limit Source of Info.
diphenhydramine (Benadryl®)	Antihistamine.	500 mg Orally	NA	48 hr (Canada, Australia)
isoxuprine (Vasodilan®)	Dilates blood vessels, used for treatment of navicular disease.	300 mg Orally	3 hr	36 hr (Canada), weeks-months (ELISA - AAEP)
omeprazole (Gastrogard®, Ulcergard®)	Proton pump inhibitor used for the treatment of esophagitis, erosive gastritis and gastric ulcer	0.7 mg/kg once daily Orally	N/A	24 hr (Merial)

* IV - intravenous, IM - Intramuscular, SC - Subcutaneous, IA - Intra-articular (into the joint); ** No information available.

Appendix F

Prohibited Treatments

1. Acupuncture, or any procedure involving the insertion of a needle into the equine.
2. Osseous manipulation (chiropractic).
3. Any manipulative procedure using an external device or instrument such as devices to manipulate or stimulate acupressure or response points, including but not limited to bioscans, laser lights or magnetic stimulation.
4. Any procedure involving the placement of a tube or other instrument into the equine (other than the oral cavity using a dosing syringe, see Appendix G item 4 for the purpose of administering a substance or to stimulate a response.
5. Extracorporeal Shockwave therapy or similar device to produce a temporary or permanent analgesia. This would also include radiofrequency (RF) neurectomy. Extracorporeal shockwave therapy is not permitted within 7 days of competition.
6. Any external magnetic field device or electro-pulse generator device applied either over the entire body or specifically on pressure points. This would include but not be limited to P3 machines.
7. Administration of a local anesthetic, either topical, injectable or oral to any part of the horse or any procedure that results in desensitization of any part of the equine.

Appendix G

Allowable Treatments

1. Massage.
2. The use of instruments commonly known as grooming instruments.
3. The use of ice boots and other means of applying ice/ice water topically.
4. The oral administration of permitted substances by means of dosing syringe.
5. Deep massage/acupressure using digital (hand/finger) pressure only.