



# endurance veterinarian NEWSLETTER

November 2007

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A quarterly newsletter  
for veterinary members of  
the American Endurance  
Ride Conference

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## Welcome to our November 2007 issue!

**"The ride (horses) must be controlled by veterinarians."** This was one of the original six rules for AERC back in 1974. Even at that time, the pioneers of our sport recognized the importance of protecting the safety and welfare of our horses. Today within AERC, we continue to emphasize, above all, the importance of our horses' welfare. This is achieved both by good veterinary supervision of the ride and through competent, concerned, and observant riders.

Through the AERC Veterinary Handbook, AERC Continuing Education seminars and articles in this newsletter, AERC assists veterinarians by providing them with information they will need to competently perform their duties for "controlling the ride."

Equally, if not more important, is for us to continue to emphasize to riders their crucial role in their horses' care and welfare. It's important for ride veterinarians to make clear that no amount of "good vetting" can either prevent or help all horses survive a metabolic crisis as a result of overriding by an either ignorant or unconcerned rider. A horse can be overridden to the point of no return between vet checks and riders should be made clearly aware of that fact.

A vital role of the head veterinarian is to set the tone of the ride for both the other ride vets and all of the riders. A proficient head veterinarian will remind riders that they should be the first to recognize the fine line between what is normal and abnormal behavior for their particular horse. That head vet will also remind the ride vets that quality medical care is often much more efficiently achieved at a referral veterinary hospital than a field setting where the conditions are often marginal at best.

Veterinarians play a crucial role in protecting our horses' welfare during competition both through proficient judging and also by getting riders directly involved and responsible for the care of their horse. We as veterinarians have continued to improve our judging, diagnostic and treatment techniques of the endurance horse over the past 35 years of AERC history. We have also made great strides in encouraging riders to be aware of impending problems in their horse and to take ultimate responsibility for their horses' care and welfare. Now, however is not the time to become complacent as this sport will continue to present new challenges to the veterinary profession.

Melissa Ribley, DVM, AERC Veterinary Committee Chair



## News update for AERC veterinarians

### AERC Veterinary Continuing Education, sponsored by Idexx®

On Thursday, February 28, 2008, AERC veterinarians will meet at the Silver Legacy Hotel in Reno, Nevada, for an informative day of continuing education related to the endurance horse.

There is a full day of informative speakers lined up including **Dr. Dane Frazier** who will speak on the physiology behind the metabolic parameters we evaluate in the endur-

*continued on next page*

## AERC Veterinary Committee

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## News updates . . .

ance horse. Dr. Frazier has 30 years of experience working endurance rides and is past president of the AERC.

**Dr. Langdon Fielding**, who has served as treatment veterinarian on the Western States Trail Ride (Tevis) and has recently been board certified in equine emergency medicine, will be speaking to us on the treatment principles of the endurance horse.

**Dr. Robert Keene**, with Idexx, will discuss new concepts for pain management of the equine athlete.

We will also have joining us a 2008 AAEP presenter all the way originally from Italy and currently working at the Western College of Veterinary Medicine in Canada, **Dr. Francesca Sampieri**, who will be presenting her work on electrolyte supplementation in the endurance horse.

The seminar will be approved for 7 hours of CE credit and will include lunch. Watch your mail for the registration brochures that will be coming soon. Save the day and plan on joining your colleagues for a day of visiting with friends you have not seen for a while and for some interesting and educational presentations.

## Vet newsletter by e-mail

You can obtain an electronic version of the AERC Veterinary Newsletter by sending your request and e-mail address to: [endurancenews@foothill.net](mailto:endurancenews@foothill.net).

## Necropsy funding available

A reminder: AERC will fund necropsies for horses that die as a result of participating in AERC sanctioned endurance rides. Fatalities that occur days after the ride are funded if the fatality is related to participating in the ride. Fees associated with the necropsy, including transport fees to a lab if required, will be refunded in the amount up to \$250.

The necropsy does not have to be performed by a boarded pathologist or "AERC approved" veterinarian. Any DVM can perform the necropsy and the reimbursement request should be sent to the AERC office along with the necropsy findings.

Necropsies provide valuable information on cause of death and should be encouraged to every rider who suffers the loss of a competing endurance horse. With this knowledge, we may be able to help prevent some future tragedies.

## Have you renewed?

If you haven't renewed your AERC membership for 2008 yet, please do so right away! A membership form is found later in this newsletter. You can also renew by phone: call toll-free 866-271-2372.

# What the Revised Drug Rule Means to Veterinarians

## AERC Veterinary Committee

As of December 1, 2007, AERC's revised drug rule will take effect. The complete rule is attached to this newsletter and can also be accessed at the AERC website at [www.aerc.org](http://www.aerc.org).

The revised drug rule does not change the basic philosophy behind AERC's original drug rule, which is: Endurance horses should compete on their own merit and not under the influence of prohibited substances or veterinary treatment. The revision should, however, make it easier for you to advise competitors at the endurance rides you judge and also your endurance riding clients specifically on what substances are either allowed or not allowed during competition.

As part of the drug rule, you will see there is an appendix of prohibited substances (Appendix A) listing specific drugs by name in alphabetical order for easy reference. This list is quite extensive and is a compilation of over 900 substances. This appendix includes most all medications that would be used in the horse and also lists "natural and/or herbal" substances that potentially may influence the horse's behavior and performance. There is also a much shorter appendix listing allowed substances (Appendix C) that includes things such as electrolytes, vitamins/minerals, etc. and varies very little from the original AERC drug rule. If you are asked about a substance that does not appear in either appendix, please let a member of the Veterinary Committee know as we will be adding to and updating the appendix as needed in order to be complete.

In order to assist you with advising competitors and clients on how long prior to competition a particular medication should be withdrawn, as part of the drug rule there is an appendix of detection times (Appendix E) for some of the more commonly used therapeutic medications. There are many substances for which detection times are unknown, so clinical judgment must prevail.

The AERC Veterinary Handbook still has references to the original drug rule but will be updated and revised this year to reflect the changes in the current drug rule.

To answer frequently asked questions:

- 1. Omeprazole (Gastrogard, Ulcergard) is prohibited during AERC competition. Merial has indicated a detection time of 24 hours.**
- 2. Progesterone and progesterone-related compounds (including implants) such as Regumate are allowed only in mares for the purpose of regulating estrus. They are prohibited in stallions and geldings.**
- 3. Acid neutralizers such as Neighlox and Maalox are allowed during competition.**

It is important to note that antibiotics, anesthetics and sedatives are prohibited during competition and some have a prolonged detection time. Therefore, if emergency minor treatment such as suturing a wound is

required just prior to competition, the rider should be advised to withdraw from competition. When scheduling preventative care such as dental work that requires sedation, detection times for some of

the common sedatives should be taken into account. Effort should be taken to not schedule such procedures close to the time of competition.

Another item of note is that topically applied medications such as ophthalmic and otic ointments/drops are prohibited if they contain prohibited substances such as antibiotics or corticosteroids. These medications should either be withdrawn prior to competition or the horse should be withdrawn from competition.

The revised drug rule should provide you with easily referenced guidance on how best to advise your endurance riding clients when asked about what substances may be prohibited, when providing emergency minor care at and just prior to a competition, or when scheduling routine preventative care prior to competition.

**The revised drug rule does not change the basic philosophy behind AERC's original drug rule, which is: Endurance horses should compete on their own merit and not under the influence of prohibited substances or veterinary treatment.**

# Best Condition Judging at AERC Competitions

by Melissa Ribley, DVM

This article is intended to clarify some of the myths and misunderstandings about Best Condition judging. Following are some of the questions and situations that the AERC Veterinary Committee has been asked about:

**When should Best Condition judging be performed?** Best Condition judging can be performed at any time of your choosing post-ride. Some ride vets choose to have Best Condition judging set at a particular time post-ride, i.e., at 4:00 p.m. after a 50-mile ride or at 8:00 a.m. the next morning after a 100-mile ride. The advantage here is that all riders and crew know what time the horses will be judged, making the judging more spectator-friendly and adding to the aura and excitement.

Other vets choose to examine the horses one hour after the horse has finished the ride (has come across the finish line). The advantage here is that all horses are examined at the same time relative to when they finished the ride. When the horses have the same amount of rest period prior to Best Condition judging, it makes for a more accurate comparison.

Keep in mind if you decide to set the Best Condition judging at one hour after the horse has finished the ride, you must still offer the riders the opportunity to present for a completion exam any time within one hour of finishing the ride. This is in accordance with rule 6.2.1.1 that states, "Riders may present their equines for the final examination at a time of their choosing during the one-hour period." Whatever time you choose to perform your Best Condition judging, it is a good idea to announce this at the pre-ride meeting. This gives the top ten riders the opportunity to prepare and plan ahead.

**Who is eligible for Best Condition judging?** The current AERC rulebook still reads under rule 9.3 that the first 10 horses to finish the ride are eligible for Best Condition judging. The wording of this rule has not been updated to reflect the difference between horses that have finished the ride and horses that have completed the ride. Since the implementation of "Fit to Continue" as a requirement for completion, there is now a differentiation between horses that have "finished" the ride (have come across the finish line) and horses that have "completed" the ride (have passed their final veterinary exam). The Rules and Veterinary committees are working on updating the wording of this rule to reflect its

original intent which is that the first ten horses to complete the ride are eligible for Best Condition. Typically in practice, the first ten horses to complete the ride are considered eligible.

**Does judging and awarding Best Condition require more than one rider to present their horse for judging?** No. If nine of the top ten riders elect not to show for Best Condition judging, the sole remaining rider may still present and be awarded Best Condition.

**Does a Best Condition award have to be given?** No. If you determine that none of the horses presented for Best Condition are deemed worthy, then you can elect not to award Best Condition.

**Do you have to use the AERC Best Condition form?** If ride management wants the Best Condition to be recognized by AERC and for their riders to receive AERC recognition and points for the award, yes. Most ride managers will ask you to use the AERC Best Condition form. There are still a few rides, the Western States Trail Ride (Tevis) being a noteworthy example, that elect not to use the AERC format for Best Condition judging.

**Do horses need to have protective hoof wear removed prior to judging?** No. In fact, if the horse used protective hoof wear such as Easy Boots throughout the ride, the horses should be allowed to keep the hoof wear on for their post-ride exam and Best Condition judging.

**Should two different veterinarians judge different horses for Best Condition?** No. This makes for inconsistent scoring between horses as there is no collaboration between the vets at the time of the judging.

**Should you judge an immediate family member for Best Condition?** No. Judging an immediate family member for Best Condition is not prohibited within AERC rules, however the public perception of judging and possibly awarding Best Condition to an immediate family member should be strongly considered. Best Condition judging is the most subjectively performed duty that we as veterinarians are tasked with and is outside our primary role of protecting the horses' safety and advising riders. Avoiding an obvious conflict of interest when judging this subjectively performed task is important and therefore judging immediate family members should be avoided.

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Because Best Condition judging typically comes at the end of a long day, involves yet more paperwork, and usually results in dissatisfying at least a few of the candidates, it is often not one of our favorite duties as a ride veterinarian. However, keep in mind riders have worked hard to achieve the opportunity to present for this coveted award and therefore adequate attention to

detail should be given to the process of Best Condition judging.

With every packet that is sent to the head vet prior to AERC rides, there is a handout that outlines Best Condition judging procedures. If you are not familiar with these guidelines, read through them carefully before beginning your judging. Below are those guidelines:

## **AMERICAN ENDURANCE RIDE CONFERENCE Guidelines for Veterinarians**

### **Judging Best Condition:**

- **Veterinary Definition:** It is recognized that there are many ways of defining Best Condition (e.g., against the ideal, against the group examined, against itself, conditions throughout the ride or condition at the time of examination). For the veterinary portion of the score the definition accepted by AERC is: "the horse, at the time of the Best Condition examination, that is in the best condition and deemed most fit to continue . . ."
- The actual award is modified from the veterinary-defined portion to allow for finish time and weight factors.
- It is very important to use the full range of points allowed in each category. If only the upper end of the scale is used, a quite fatigued or lame horse ridden by an exceptionally fast or heavy rider will be the highest scoring horse after factors of weight and time are considered. This is not to minimize factors of weight and time but to prevent the award from going to an unfit or lame horse.
- **Standard:** All horses judged for B.C. will be judged against a standard of a well-conditioned, fit, sound and metabolically normal endurance horse. **CAUTION:** With regard to gait and movement one must consider what is normal for the breed, type and disposition (animation level). **NOTE:** Horses allowed to start with existing gait anomalies and finishing within the first ten should be judged according to the standard and without compensation or consideration for pre-existing gait anomalies associated with pathology.
- Any horse with a severe abnormality in any category should not be considered for Best Condition.
- If all horses score "low" using these standards, recognize that it may well be that no horses meet acceptable standards for awarding a B.C. award. If none of the horses evaluated are worthy (in the opinion of the veterinary examining committee) they may elect not to award Best Condition.
- Horses presented for Best Condition should not be shown with whips, or hazed except if necessary to initially cue them into the movement evaluation phase.
- Consider what is only "showmanship" that serves to "hype" the horse and detracts from evaluating the animal's true state of ability to continue.
- Horses should be shown in the movement evaluation phase prior to any palpation and flexion test. (Avoid excessive pressure on all flexion tests.)
- For purposes of B.C., impulsion is defined as the horse's "willingness to move forward."
- In the case of a B.C. tie, use the horse with the best veterinary score – if a tie still exists, break using the horse with the earlier time – if still tied, break with best combined score of weight plus time.
- **BE CONSISTENT!**

# Congratulations to AERC-Certified Vets

The following veterinarians have passed the AERC certification exam and have received their certificates (and the CE units that go along with passing the exam). Regions in which the veterinarians routinely vet rides are also listed. This list is online at [www.aerc.org/CertifiedHeadVets.asp](http://www.aerc.org/CertifiedHeadVets.asp). If you wish to have additional regions added to your name, please call the office at 866-271-2372 or e-mail: [endurancenews@foothill.net](mailto:endurancenews@foothill.net).

## Central Region

Jim Baldwin, DVM  
Robert A. Beecher, DVM  
Valerie Bixler, DVM  
Margaret Brosnahan, DVM  
Ron Brown, DVM  
Gail Conway, DVM  
Nancy Crider, DVM  
David Cross, DVM  
Joseph DuBois, DVM  
Barney Fleming, DVM  
Dane Frazier, DVM  
Tamara Gull, DVM  
M. Patricia Harrop, DVM  
Todd C. Hollbrook, DVM  
Carter C. Hounsel, DVM  
Valerie Lewis Jaffe, DVM  
Dan Keil, DVM, PhD, DACVM  
Susan Keil, DVM, MS, DAVCO  
Lisa Mauzerall, DVM  
Melinda Poole, DVM, DABVP  
Linda Reznicek, DVM  
Leon Self, DVM  
Dennis N. Seymore, DVM

## Midwest Region

Robert A. Beecher, DVM  
Rachel Boyce, DVM  
Elaine L. Burkhart, DVM  
Tracy L. Busalacchi, DVM  
Mary Cardecia, DVM  
Anne Christopherson, DVM  
Wesley Elford, DVM  
Nicole Eller-Medina, DVM  
Maureen Fehrs, DVM  
Barney Fleming, DVM  
Michael Habel, DVM  
Donald L. Hamilton, DVM, PhD  
M. Patricia Harrop, DVM  
Rebecca Kamerer, DVM  
Howard Ketover, DVM  
Travis Kuhlka, DVM  
Mary Lambert, DVM  
Sara Michelin, DVM  
Dean E. Peterson, DVM  
Melinda Poole, DVM, DABVP  
Jon T. Quinton, DVM  
Cindy Schlund, DVM  
Sybil Soulsby, BVScM  
Joanne Tetens-Woodring, DVM  
Robin Whitney, DVM

## Mountain Region

Lyle Bischoff, DVM  
Debora L. Burnett, DVM  
Anne Christopherson, DVM  
Barney Fleming, DVM

Tanya Fyfe, DVM  
Georgette Goonan, DVM  
Michael Gotchey, DVM  
Kay Gunckel, DVM  
Pamela Handy, DVM  
Dave Nicholson, DVM  
Charlie Noland, DVM  
Richard Poteste, DVM  
Ray Randall, DVM  
Melanie Robinson, DVM  
L. Gretchen Saam, DVM  
Heather Sparks, DVM  
C. Mike Tomlinson, DVM  
Darla J. Wright, DVM

## Northeast Region

Stan Alkemade, DVM  
Lawrence Buggia, DVM  
Kathy Eichelberger, DVM  
Maureen Fehrs, DVM  
Claire Godwin, DVM  
Debbie Hadlock, VMD  
Lisa Hanelt, DVM  
Bruce Hansen, DVM  
Brittany Hazzard, DVM  
M. Patricia Harrop, DVM  
Tanja Marie Hess, DVM  
Allison Hooper, DVM  
Jennifer Jones, DVM  
Pamela Karner, VMD  
Arthur B. King, DVM  
Nick Kohut, DVM  
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Ronald C. Miles, Jr., DVM  
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Sarah Ralston, VMD, PhD  
Nancy R. Reams, DVM  
Patrick Rodawold, DVM  
Meg Sleeper, VMD  
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C. Mike Tomlinson, DVM  
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Joy P. Watkins, DVM

## Northwest Region

Karen Balch, DVM  
Olin Balch, DVM  
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Marla Foreman, DVM  
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John Gilray, DVM  
Gail Jewell, DVM  
Scot Lubbers, DVM  
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Gene Nance, DVM  
Dave Nicholson, DVM  
Michael Peterson, DVM  
Jennifer Posey, DVM  
Jennifer Powers, DVM  
R.G. Root, DVM  
Keith R. Ruble, DVM  
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Eric Sharpnack, DVM  
Ann Swartz, DVM  
Thomas Timmons, DVM  
C. Mike Tomlinson, DVM  
Robert Washington, DVM

## Pacific Southwest Region

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Cynthia Binder, DVM  
Cheryl Dell, DVM  
Larry K. Dresher, DVM  
Barney Fleming, DVM  
Rebecca Florio, DVM  
Susan Garlinghouse, DVM  
Kevin Lazarcheff, DVM  
Jeanette Mero, DVM  
Dave Nicholson, DVM  
Michael S. Peralez, DVM  
Ray Randall, DVM  
C. Mike Tomlinson, DVM  
Darla J. Wright, DVM

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Natalie Barron, DVM  
Anne Christopherson, DVM  
Nicole DiNucci Cunningham, DVM  
Megan Davis, DVM  
Kathy Eichelberger, DVM  
Stephen S. Galloway, DVM  
Michael Habel, DVM  
Melissa A. Hamilton, DVM  
M. Patricia Harrop, DVM  
Deidre Huff, DVM  
Arthur B. King, DVM  
Nick Kohut, DVM  
Ken Marcella, DVM  
J. Mark McConnon, DVM  
Jennifer Applewhite McKee, DVM  
Troy J. Nelson, DVM  
Melinda Poole, DVM, DABVP  
Wendy Rosenbec, DVM  
Otis K. Schmitt, DVM  
Douglas Shearer, DVM  
Amy Spies, DVM  
James H. Steere, DVM

Ann Stuart, DVM  
Bart Sutherland, DVM  
Paula Thorne, DVM  
Robbie Whaley, DVM  
Laura L. Wolfe, DVM

## Southwest Region

Nancy Crider, DVM  
Darryl Dunn, DVM  
Greg Fellers, DVM  
Barney Fleming, DVM  
Bradley Scott Houser, DVM  
Linda Locklar, DVM  
Jim Lytle, DVM  
J. Mark McConnon, DVM  
Dave Nicholson, DVM  
Tom Parker, DVM  
Stacey Sickler, DVM  
Kenneth Skinner, DVM  
Debra Tibbits, DVM  
C. Mike Tomlinson, DVM  
Robin W. Waldron, DVM  
Darla J. Wright, DVM  
Sidney Zarges, DVM

## West Region

Stephanie Bell, DVM  
Adrienne Brouwer-Rasi, DVM  
David Byerly, DVM  
Joanne Clemitson, DVM  
Cheryl Dell, DVM  
Robert Dieterich, DVM  
John C. Ellery, DVM  
Greg Fellers, DVM  
Barney Fleming, DVM  
Karen Indreland, DVM  
James Kerr, DVM  
Kevin Lazarcheff, DVM  
Rob Lydon, DVM  
Susan McCartney, DVM  
Jeanette Mero, DVM  
Robert Morgan, DVM  
Dave Nicholson, DVM  
Claude Pacheco, DVM  
Michael S. Peralez, DVM  
Leslie Phillips, DVM, PT  
Judy Reens, DVM  
Melissa Ribley, DVM  
Michele Roush, DVM  
Marcia Smith, DVM  
Cory Soltau, DVM  
James H. Steere, DVM  
C. Mike Tomlinson, DVM  
Michele C. Weaver, DVM  
Michael R. Witt, DVM

Haven't taken the exam yet? You may request one by contacting the AERC office, or download the examination, answer sheet and evaluation form online (on the Vets / Forms page). Reviewing the AERC rules and regulations and the AERC vet guidelines will enable you to pass the exam and be recognized as an AERC-certified head veterinarian.