







COMMON DENTAL ABNORMALITIES

ABNORMALITY	WHAT IT IS	HOW IT FORMS	PROBLEMS CAUSED	THE FIX
MOLARS Hooks	 Protrusions from the front/back upper molars that hang over the lower molars, or from the front/back lower molars that overlap the upper ones.	Can result from a naturally occurring overbite or underbite, or secondary to other molar problems that push the jaw out of alignment.	Prevents jaws from moving freely, can lead to excessive transverse ridges (see below).	Round off with a hand file or power Dremel tool.
Ramps	 Molars take on a ski-jump-like appearance. Similar to hooks, ramps can occur at either the front or back, upper or lower molars.	Can accompany hooks, or be secondary to other molar abnormalities that push the jaw out of alignment. Can occur if a hook is filed down on the top or bottom, without a corresponding correction being made on the opposing molar.	Prevents jaws from moving freely; can lead to excessive transverse ridges.	Round off with a hand file or power Dremel tool. It's especially important that ramps be completely reduced to prevent abnormal wear on the opposing molar.
Step	 Distinct "bump" in the molar arcade, where one tooth grows longer than its neighbors.	May occur when a deciduous cap is retained too long, preventing normal growth. This allows the molar on the opposite side to grow too long.	Prevents the molars from moving freely either front to back or side to side.	Reduce or flatten with a hand file or power tool. If a step is large, it may be cut first using a molar cutter, then smoothed with a file.
Wave	 Entire molar arcade becomes uneven and develops a "wave-like" appearance.	Often arises secondary to other factors causing misalignment, such as retained deciduous caps, missing teeth, or large hooks and ramps.	Prevents jaws from moving freely and inhibits effective grinding.	Can be partially corrected by reducing high areas with a hand file or power tool. Will improve when underlying factors are corrected. Likely to be a long-term management issue.
Points	 Sharp edges form on the outer edge of the upper molars, and the inner edges of the lower molars.	Arise during normal wear, because the wide upper jaw and narrow lower jaw configuration of a horse's mouth prevents these edges from being worn away.	Causes discomfort; if allowed to become sharp enough may cut cheeks or tongue.	Filing down the sharp edges, usually with a hand file. This constitutes the procedure known as "floating."
Transverse ridges	 A series of washboard-like, side-to-side ridges that form along the molar arcades.	Arise when either the upper or lower jaw is shifted forward out of alignment, preventing even wear of the molar's surface. Ridges form at the portion of the molar surface corresponding with the space between two molars on the opposite jaw.	Prevents jaws from moving and grinding freely.	May be partially flattened using a hand float or power tool. Will improve when other factors causing poor alignment, such as ramps or hooks, are corrected.
Shear	 Extreme angulation of molar arcades hitting surface.	Forms when a horse has an unusually large difference in the width of the upper (wide) and lower (narrow) jaw.	Prevents jaws from moving and grinding freely.	Difficult or impossible to correct completely, but angles can be prevented from becoming too extreme by regularly filing the outside of the upper jaw and the inside of the lower molars using a motorized or hand file.
INCISORS Ventral curvature (smile)	 Outer edges of the lower incisors grow long relative to the outer edges of the upper incisors.	May be a natural occurrence for your horse. Can occur when deciduous caps are retained on the upper corner incisors, preventing normal growth of permanent incisors. Can occur due to abnormal grinding patterns secondary to molar misalignments.	Inhibits jaws' normal side-to-side grinding.	Incisors are filed using a motorized or hand file to keep them level. In extreme cases, long outer edges of the lower incisors are cut using a motorized diamond-wheel saw.

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Dorsal curvature (frown)	 Outer edges of the upper incisors grow long relative to the outer edges of the lower incisors.	May be a natural occurrence for your horse. Can occur when deciduous caps are retained on the lower corner incisors, preventing normal growth of permanent incisors. Can occur due to abnormal grinding patterns secondary to molar misalignments.	Inhibits jaws' normal side-to-side grinding.	Incisors are filed using a motorized or hand file to keep them level. In extreme cases, long outer edges of upper incisors are cut using a motorized diamond-wheel saw.
Offset (diagonal bite)	 Upper incisors on one side of the mouth are very long, and lower incisors on the opposite side are very long, causing incisors to meet on a diagonal, rather than on a straight line.	May develop over time if your horse has a tendency to chew in one direction only. May occur secondary to molar misalignments, or as a result of missing incisors.	Inhibits jaws' normal side-to-side grinding.	Incisors are filed using a motorized or hand file to keep them level. In extreme cases, long upper and long lower incisors are cut using a motorized diamond-wheel saw.
Overbite	 Upper incisors protrude over the front of lower incisors.	Your horse may've been born with an overbite. Hooks or ramps on the front upper or back lower molar can also shift the upper jaw forward, resulting in an overbite.	Prevents jaws from moving freely. The longer an overbite remains uncorrected, the more severe it may become because corresponding hooks, ramps, and transverse ridges will become more pronounced, pushing the lower jaw even farther back.	Correct corresponding molar abnormalities and reduce (cut) upper row of incisors using a motorized diamond-wheel saw.
Underbite	 Lower incisors protrude over the front of the upper incisors.	Your horse may've been born with an underbite. Hooks or ramps on the front lower or back upper molar can shift the lower jaw forward, resulting in an underbite.	Prevents jaws from moving freely. The longer an underbite remains uncorrected, the more severe it may become because corresponding hooks, ramps, and transverse ridges will become more pronounced, pushing the lower jaw even farther forward.	Correct corresponding molar abnormalities and reduce (cut) lower row of incisors using a motorized diamond-wheel saw.
Missing incisor	 A front tooth is missing.	Your horse's teeth may be lost during a traumatic event, or may never erupt due to a congenital abnormality.	Corresponding tooth on the opposite jaw will overgrow, and eventually prevent the jaws from sliding freely side to side. Incisor misalignment makes it difficult to grasp and tear pasture forage.	Keep opposite row of incisors level by filing them regularly using a motorized or hand file. If opposite incisor has already overgrown excessively, it can be cut prior to filing.
OTHER Wolf teeth	 Small, shallow-rooted teeth at the front of the upper molar arcade. Wolf teeth rarely occur at the front of the lower molar arcade.	A normal finding in many horses, but may not appear or may be lost spontaneously.	Interfere with the bit. May actually break off below the gum line and become loose, causing discomfort.	Wolf teeth are easily removed, ideally before 2 years of age.
Retained caps	 Deciduous teeth, often called "baby" teeth aren't lost at the appropriate time.	A normal occurrence in some horses. May be related to uneven wear due to molar/incisor misalignments.	Retained caps prevent normal wear of underlying adult tooth. Corresponding adult tooth on the opposite jaw may overgrow, resulting in molar ramps, steps, or waves, or incisor misalignments. Caps can cause discomfort.	Caps are easily removed at appropriate time if they aren't lost spontaneously.
Rotten teeth	 Teeth become rotten or infected.	Arises due to trauma; abnormal wear over a long period of time; or old age.	Chronic infection that can lead to general health problems. May lead to tooth loosening and eventual loss. May lead to infections in the sinus where tooth roots sit.	Rotten or loose teeth are usually removed. This can be done standing in some cases, but may require general anesthesia and surgical removal.