



September 1, 2016

Attn: California Animal Physical Rehabilitation Task Force Members  
Cc: Dr Mark Nunez DVM, California Veterinary Medical Board Members  
Veterinary Medical Board  
1747 N. Market Blvd., Ste. 230  
Sacramento, CA 95834

Re: SECTION 2038.5 OF ARTICLE 4 OF DIVISION 20 OF TITLE 16 OF THE CALIFORNIA CODE OF REGULATIONS

**Position statement for ACVSMR diplomates working with non-veterinarians**

The ACVSMR recognizes that the field of veterinary sports medicine and rehabilitation is a novel field attracting individuals who are not veterinarians, but who are trained in human therapies including physical therapy, chiropractic, massage therapy and athletic fitness. In addition, canine and equine trainers who are not veterinarians, and who are not trained in human physical disciplines are providing fitness training for personalized fitness and sports. The ACVSMR encourages collaboration between individuals interested in advancing knowledge in the field of veterinary sports medicine and rehabilitation, through research, and through application of treatment techniques used in other species. The aforementioned treatment techniques should be applied with the knowledge that the effectiveness of a treatment in one species does not imply effectiveness in another. Until research advances the level of evidence based medicine, the onus is on the ACVSMR diplomate to apply best practices, and to use objective outcome measures when possible, for each treatment technique.

Current licensing requirements allowing non-veterinarians to treat animals vary across the US and these regulations will continue to change. While the college collaborates with individuals from many fields and backgrounds (veterinarians and non-veterinarians) it is impossible for the college to provide a blanket statement regarding who is qualified to treat animals. The ACVSMR recognizes that education in the non-veterinary field may be adequate to treat veterinary patients using a specific technique, and in some instances that



technique may be the best way to treat the pathology or dysfunction. However, establishing a specific diagnosis, evaluation and treatment of the patient, and re-evaluation of the diagnosis(-es) must be performed by a veterinarian.

Veterinarians undergo extensive animal training both before and during their formal education. This means that they possess anticipatory skills and the ability to interpret and respond to animal behavior (e.g. fear, pain and aggression) during diagnosis, and during therapy. They also have the ability to apply concepts of animal learning (associative or non-associative) and behavior modification (e.g. desensitization, positive reinforcement, classical conditioning, etc.) facilitating the application of physical rehabilitation therapies. They utilize low stress handling, minimal restraint and behavior modification for patients in order to prevent anxiety and stress. In the case of an elevation of stressful behavior on the part of the patient, veterinarians are trained to differentiate general stress from pain, and to appropriately select and use equipment or drugs for the control and safety of patients, correcting the therapeutic approach as needed in the interest of animal welfare. Veterinarians also have the ability to properly instruct owners or caregivers to safely handle patients while completing home exercises.

Veterinarians and non-veterinarians licensed to practice in the field of veterinary rehabilitation have varying degrees of education, skill level and experience in the field. It is the responsibility of the ACVSMR diplomate to ensure that a correct diagnosis has been made for the patients under his or her care, and the responsibility of that diplomate to adequately supervise any individual involved in the treatment of said patient. Adequate supervision should include thorough knowledge of the individual's skill set and experience and direct contact with the individual. It is the responsibility of each ACVSMR diplomate to ensure best practices in care of their patients, and that responsibility includes choosing, and where necessary supervising, other individuals' care of that patient.

**Unanimously approved by the ACVSMR Board of Directors Sept 1<sup>st</sup>, 2016**