

**Canine
Arthritis
Rehabilitation
Exercise
Sports medicine**



THE UNIVERSITY of TENNESSEE **UT**
KNOXVILLE

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CARES Center for Veterinary
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Dr. Mark Nunez, President
Annemarie Del Mugnaio, Executive Officer
Veterinary Medical Board
1747 N. Market Boulevard
Suite 230
Sacramento, California [95834-2987](tel:95834-2987)

Re: [Section 2038.5 Of Article 4 Of Division 20 Of Title 16 Of The California Code Of Regulations](#)

[Dear Dr. Nunez,](#)

Thank you for the opportunity to address the California Veterinary Medical Board regarding issues related to the above California Code of Regulations. I am a Professor of Orthopedic Surgery at the University of Tennessee College of Veterinary Medicine, and a Diplomate of the American College of Veterinary Surgeons and a Charter Diplomate of the American College of Veterinary Sports Medicine and Rehabilitation. In addition, I am a co-founder of the only university-based certificate program that teaches canine rehabilitation to professionals, and have co-authored several textbooks and written many peer-reviewed research articles regarding rehabilitation. The situation you are facing in California is not unique, and I have consulted with other state boards regarding similar situations and hope that my comments will be useful. Please realize that these comments are my own views and do not necessarily reflect the views of the University of Tennessee.

My main concern regarding the application of veterinary physical rehabilitation is to protect the welfare and health of the animal patient, as well as the benefit to the owner. As you know, veterinarians and veterinary technicians undergo years of training in the diagnosis, treatment, and management of animal diseases and conditions. Physical therapists have undergone similar training regarding human patients. We can all learn from each other, and the collaborative approach between professions is something that we have embraced from day one to help the field of veterinary rehabilitation grow and develop. We have always supported direct supervision (veterinarian on site) of other health care professionals, such as physical therapists, during the treatment of animals. Recent attempts by some human health care professions to have direct access to veterinary patients, whether by referral or not, is likely related to monetary issues, and perhaps professional territoriality. In my opin-

ion, there are no good compelling reasons to offer veterinary rehabilitation services by a physical therapist at a site without a veterinarian, while there are many reasons to provide rehabilitation services with a veterinarian on site. No disrespect is meant to our physical therapist colleagues; on the contrary, I have great respect for physical therapists who have done much to teach us skills and techniques to help us apply treatments to animals, and I thank them for that. However, there are many situations that may arise while treating animals that require a veterinarian's training.

Most of the patients in our rehabilitation service are acute injury/post-operative patients or geriatric patients with conditions such as degenerative myelopathy or osteoarthritis. In both categories of patients, medical conditions can change rapidly, and a physical therapist trained in human medicine does not have the training or experience to recognize and react to these veterinary issues in a timely fashion. Infection, fixation failure, and the development of other medical conditions are just a few areas that would benefit from having a veterinarian on site for immediate patient evaluation. While an astute physical therapist may recognize complications and other conditions relatively quickly, it then means making an appointment and transport for further evaluation, potentially putting the health of the patient at risk.

Within the past couple of months, at least three cases that have been coming to our clinic for many months to treat arthritis had changes in the degree of lameness and were subsequently diagnosed with cancer. Having direct access to veterinary care was paramount to early diagnosis and initiation of a care plan. Other cases have developed post-operative infections and other complications after surgery. Patients with chronic neurologic problems often develop urinary tract infections that require diagnosis and treatment. Other patients that have been undergoing a series of rehabilitation appointments for weeks to months have developed atrial fibrillation, ruptured hemangiosarcoma, pneumonia, and renal failure, yet none had apparent disease at the time of initial evaluation. These conditions were diagnosed during regular rehabilitation appointments. Further, patients often require changes in medications, or additional treatments, such as pain medication, while undergoing rehabilitation. Having a veterinarian on site allows treatment to be instituted right away, helping to avoid unnecessary pain and suffering. Immediate access to veterinary care results in early recognition, diagnosis and treatment of the condition.

The issue of consumer choice for alternative health care needs by an owner for their pet is not a valid argument in my opinion. We are not in the restaurant or clothing business where consumer choice is important; we are in a profession that has the welfare of the patient and its caregiver at the forefront. Allowing consumers to choose from a "menu" of healthcare providers for their pet would be confusing, potentially result in ineffective and costly treatments, delay appropriate care for their pet, and de-emphasize the value of the profession of veterinary medicine.

It is also my opinion that some states that have allowed veterinary patient access to health care providers trained in human medicine do not have adequate training re-

quirements in place for non-veterinary health care providers. Most states that allow non-veterinarians to treat animals require some form of continuing education and hours worked in a veterinary clinic. Unfortunately, not all programs and experiences are the same. For example, the Canine Rehabilitation Continuing Education Program that we offer at the University of Tennessee has a rigorous closed book written, practical and oral examination (that does not allow collaboration with others) at the conclusion of coursework and practical experience, and allows candidates the opportunity to demonstrate that they have entry level skills for this area of veterinary medicine. This is not the case with other programs, however. Furthermore, we teach these courses to encourage collaboration of veterinarians, veterinary technicians, physical therapists and physical therapist assistants, not as rehabilitation therapists acting on their own. The number of required practical hours that most states require are far from adequate. Although I have completed veterinary training, a residency and well over 200 hours of practical training in both human physical therapy and orthopedic surgery, I am not qualified to practice physical therapy or orthopedic surgery on human beings; to believe that a person trained in human health care is somehow more capable of working on animal patients after minimal training is offensive to me. Also, there is no national or state licensing examination to guarantee entry level competency to the public, effectively allowing people to practice portions of veterinary medicine without a license.

To summarize, I believe that the primary care of veterinary patients *must* remain under the direct supervision of the veterinarian. Collaboration with other health care providers is encouraged to help all professions grow. However, allowing human health care professionals to treat animals after minimal exposure and training in veterinary medicine would encourage the practice of veterinary medicine without a license, and ultimately result in harm to animals and our profession. If you have any questions or I can help in any way, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads "Darryl L. Millis, DVM". The signature is written in a cursive, flowing style.

Darryl L. Millis, MS, DVM, DACVS, CCRP, DACVSMR
Professor of Orthopedic Surgery
Director, CARES Center for Veterinary Sports Medicine