

August 22, 2016

Dr. Mark Nunez, President
Cc: Annemarie Del Mugnaio, Executive Officer
Veterinary Medical Board, Suite 230
1747 N. Market Boulevard
Sacramento, California 95834-2987

Dear Dr. Nunez,

Thank you for this opportunity to voice my opinion. My name is David Levine and I am a professor of physical therapy at the University of Tennessee. I am also an adjunct professor at the University of Tennessee College Of Veterinary Medicine and North Carolina State University College of Veterinary Medicine. I have been working and conducting research in animal physical rehabilitation since 1993 and am co-director of the University of Tennessee certificate program in canine rehabilitation. I have published in numerous peer-reviewed veterinary journals and co-edit the books "Canine Rehabilitation and Physical Therapy" and "Essential Facts of Physiotherapy in Dogs and Cats". I practice in canine rehabilitation and human physical therapy in addition to my University position. My opinions and thoughts expressed do not represent any other than my own and shall not be misconstrued otherwise.

Having worked in this field for a long time I am of the opinion that anyone besides a DVM needs to have direct (in-clinic) veterinary supervision. Without a veterinarian on site there are too many things that can be missed, go wrong, and ultimately harm the profession. As a recent example, we had a 13-year-old Golden who looked a bit tired and fatigued when presenting for rehabilitation. This patient had attended rehabilitation for over 6 months to maintain strength, mobility and quality of life (OA patient). I asked a DVM to look at her and she had a hemangiosarcoma, which required immediate veterinary medical care. As a PT who has worked in the field for a long time I was not knowledgeable about what to do except that I realized something was awry and consulted a DVM in the clinic immediately.

As a VT student as well (about 50% done), I realize the limitations of my knowledge base as well. I am constantly asking DVM's questions that deal with everything from radiology to medicine. The DVM also has ultimate responsibility for the patient, are we going to ask DVM's give this up and allow others to be primary care givers? I hope not!

I also feel that if the legislation allows other professions access to animals, the floodgates will open to many, many more professions. Legally they will have a stronger argument as why can one profession have direct access but not others. In the end I am just advocating for the safety of our clients and protection of the public.

In the human model, physical therapists have 3-4 years of graduate training and still generally need a referral from an MD (I recognize direct access exists but it is rarely used). I am a huge advocate for rehabilitation in animals, but at this time in this developing field, I feel like it would be a mistake to allow anyone but the DVM to oversee the animal's care.

All the best,

A handwritten signature in black ink, appearing to read 'D. Levine', with a large, stylized flourish at the end.

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