

Report from the CVMA Animal Rehabilitation Task Force

Jon Klingborg, DVM, Chair

The CVMA Animal Rehabilitation Task Force met on February 17, 2011. The ARTF was composed of:

- 3 small animal DVMs
 - one from a two-dvm practice
 - one from a multiple location group practice
 - one from a large referral practice
- 1 small animal Board-Certified Surgeon
- 1 RVT
- 1 Equine DVM
- 1 DVM with an animal rehabilitation referral practice that is a certified in Animal Rehabilitation.

Our guest speakers crossed the spectrum of the Animal Rehabilitation and Physical Therapy issue:

- A DVM who has pioneered the education of DVMs, Physical Therapists and RVTs in animal rehabilitation, Dr. Janet Van Dyke, DVM, CCRT, CEO, Canine Rehabilitation Institute
- A DVM who provides animal rehabilitation in her referral practice with three licensed PTs on staff, Dr. Jessica Waldman, DVM, CCRT, Certified Veterinary Acupuncturist, Medical Director, California Animal Rehabilitation
- A California licensed RVT & Physical Therapist who provides referral services to horses, Dr. Jennifer Welter, PT, DPT, CERP, RVT, Equine Therapeutic Solutions
- A California licensed Physical Therapist who works exclusively on people, and is the past president of the California PT Association, Dr. James Syms, PT, DSc, ATC, SCS, Loma Linda University, Department of Physical Therapy

What we learned:

1) First of all, “physical therapy” and “physiotherapy” are protected terms that can only be used by licensed Physical Therapists. Therefore, veterinarians should not be referring to themselves as physical therapists and it is a violation for them to provide ‘physical therapy.’ Instead, veterinarians may provide physical rehabilitation or animal rehabilitation services. It is important for veterinarians to respect this title protection—because DVMs wouldn’t want PTs who are providing services to animals to refer to themselves as practicing ‘veterinary medicine.’

2) Physical Therapists have a degree program that is intensive and at the doctoral level. PTs have extensive classroom and hands-on training.

3) Certification programs—There are two intensive programs in the United States that teach veterinarians, physical therapists and RVTs. Some information on the programs will be handed out.

4) It was presented that over 80% of the patients receiving animal rehabilitation are dogs, with the remaining 20% of therapy on horses. DVMs providing AR to dogs said that most of these pets are older and have multiple health problems. The Task Force heard numerous examples of reasonably healthy older dogs either suddenly developing new problems (e.g. cancer, decompensated heart or kidney failure) or ‘crashing’ in the process of undergoing therapy. *It was the prevalence of these issues that led the task force to conclude that a PT should always be providing therapy under direct supervision.*

Regarding equine physical therapy, the presenter (Jennifer Welter, PT, DPT, CERP, RVT) suggested that a partnership between the two professions would be ideal for both—PTs have a skill set that DVMs don’t often acquire in veterinary school, and DVMs have a depth of understanding of animal physiology and disease that PTs lack. She was an advocate for indirect supervision of PTs to provide this therapy.

Unfortunately, neither the Physical Therapy nor Veterinary Practice Acts allow for a Physical Therapist to provide ‘physical therapy’ to an animal--- when a California licensed PT is providing rehabilitation services to an animal, it is outside the scope of the PT practice act. Within the Veterinary practice act, a PT is essentially working as an Unregistered Assistant who provides rehab under direct supervision. There is no allowance for indirect supervision, even if that individual is also an RVT.

5) The Future: It does appear that animals would benefit from a collegial approach to rehab by DVMs and PTs. However, this would require significant discussion between both professions and changes in two practice acts to clarify issues of what procedures should be left to direct supervision and which would be allowable under indirect supervision. Issues of liability are present, and the very real potential of an animal having a life threatening crisis while undergoing rehab need to be addressed to protect animals and the consumer.

Conclusion: DVMs have responsibility to provide a level of care that meets or exceeds the standard. DVMs also have the training necessary to understand the numerous health issues that are often presented when an aging or debilitated animal is presented for rehabilitation. While Physical Therapists are highly trained and highly skilled, they do not have the background training to understand some of the problems in the aged or injured pet.

It is clear that that any individual, other than a DVM, who provides rehab services for a animal should do so under the direct supervision of a veterinarian.