



**MEETING MINUTES
VETERINARY MEDICAL BOARD
ANIMAL REHABILITATION TASK FORCE**

State Capitol Room 4203
Sacramento, California

Tuesday October 4, 2016

**Note: All motions in the minutes are italicized for reference.
Indented text following the motion indicates the discussion on the motion.**

TASK FORCE MEMBERS

Board and Committee Members Present

Mark Nunez, DVM, President – *Veterinary Medical Board*
Lee Heller, PhD, J.D. – *Veterinary Medical Board*
Jon Klingborg, DVM, Chair – *Multidisciplinary Advisory Committee*

Licensed Professional Stakeholders Present

Karen Atlas, PT, MPT – *California Association of Animal Physical Therapists (CAAPT)*
Sandy Gregory, RVT – *California Registered Veterinary Technician Association (CaRVTA)*
Kristen Hagler, RVT – *Academy of Physical Rehabilitation Veterinary Technicians*
Spring Halland, DVM – *Western University of Health Sciences, College of Veterinary Medicine*
Carrie Schlachter, DVM – *Northern Association of Equine Practitioners*
James M. Syms, PT, DSC – *California Physical Therapy Association (CPTA)*
Erin Troy, DVM – *Certified Animal Rehabilitation Therapist*
Janet Van Dyke, DVM – *Canine Rehabilitation Institute (CRI)*
Jessica Waldman, DVM – *Certified Veterinary Acupuncturist*
Po Yen Chou, DVM – *University of California, Davis (UCD)*

Other Stakeholders Present

Shelah Barr – *Consumer and Animal Masseuse*
Carrie Ann Calay – *Consumer*
LeOndra Clark-Harvey, Chief Consultant – *Assembly Committee on Business and Professions*
Valerie Fenstermaker – *California Veterinary Medical Association (CVMA)*
Bill Gage, Chief Consultant – *Senate Business, Professions and Economic Development Committee*

Guests Present

Kenneth Bruecker, Veterinary Medical and Surgical Group
Stacey DeFoe, California Physical Therapy Association
Rebecca Duerr, International Bird Rescue
Jason Kaiser, Executive Officer, Physical Therapy Board of California
Tameka Island, California Physical Therapy Association
Grant Miller, California Veterinary Medical Association
John Pasoe, University California, Davis
Dan Segna, California Veterinary Medical Association

Cindy Savely, Sacramento Valley Veterinary Technician Association
Richard Sullivan, Board Member
Linda Tripp, University California Davis
Cheryl Waterhouse, Board Member

1. Call to Order; Roll Call

Chair Nunez called the meeting to order at 10:18 a.m. and a quorum was established.

2. Welcome and Introductions

Those present introduced themselves and provided information on their respective practice affiliations.

Chairman Nunez proposed reordering items 7 and 8 on the agenda.

Chair Nunez stated that a recommendation from the Task Force should be forthcoming in January 2017 to the Veterinary Medical Board. The Veterinary Medical Board must then formulate its recommendation to the Legislature in early 2017.

Chair Nunez also stated that some of the logistical details of how the practice of Animal Physical Rehabilitation (APR) is ultimately regulated is vested with the Veterinary Medical Board.

3. Review and Approval of June 20, 2016 Animal Rehabilitation Task Force Meeting Minutes

Members of the Task Force requested minor edits to the draft minutes.

M/S/C: Vice Chair Klingborg moved and Ms. Heller seconded the motion to approve the minutes as amended. Roll Call: The motion carried unanimously

4. Public Comment on Items Not on the Agenda

Rebecca Duerr, DVM and PhD in Animal Physiology from the State Department of Fish and Wildlife expressed concern regarding the overlap in the terminology of Animal Physical Rehabilitation (APR) as used in Fish and Wildlife provisions.

Ms. Del Mugnaio informed the Task Force that during the regulatory drafting phase exclusions of other state provisions may be addressed.

5. Recap from June 20, 2016 Task Force Meeting (Annemarie Del Mugnaio, Executive Officer, Veterinary Medical Board)

A. Definition of Animal Physical Rehabilitation

B. Title of Service Provision- *Animal Rehabilitation/Animal Physical Rehabilitation*

C. Exclusions

D. Veterinarian-Client-Patient Relationship

Ms. Del Mugnaio reviewed the policy statements voted on by the Task Force at the June 20, 2016

meeting and referenced the policy statements as included in the meeting materials as the “Nomenclature Approved by the Animal Rehabilitation Task Force, June 20, 2016” document.

M/S/C: Ms. Heller moved and Vice Chair Klingborg seconded the motion to accept the title “Animal Physical Rehabilitation,” as the title of the practice for individuals who provide physical therapy to animals. The motion carried unanimously.

6. Discussion of the Scopes of Practice of Veterinarians, Registered Veterinary Technicians, Unlicensed Veterinary Assistants and Physical Therapists

Chair Nunez read the statutory definition of the scope of practice of veterinary medicine as provided in Business and Professions Code Section 4826. He stated that Registered Veterinary Technicians (RVTs) and Veterinary Assistants are part of the veterinary team.

Chair Nunez pointed out that there is no statutory authority in the Physical Therapy Practice Act that allows physical therapists to practice on animals as it’s currently written.

Ms. Atlas referenced information provided by Legal Counsel, Kurt Hepler, who explained how statutes may be expanded to authorize licensed professionals to engage in specialty areas of practice.

Mr. Hepler further explained the difference between a plenary license which provides broad authority to practice all aspects of the licensed profession verses a baseline license which may involve the issuance of additional certifications to further expand the scope of authority of the practitioner.

Ms. Barr commented that not all veterinarians are trained to provide APR and that preventing non-veterinarians who are trained in the special field from engaging in the delivery of services is hypocritical and is not protecting the consumer. Ms. Barr stated that the Task Force agreed at the June 20, 2016 meeting that the field of APR is a specialty area of practice.

Vice Chair Klingborg explained the length of study required to be granted a veterinary license and also referenced statute which addresses unprofessional conduct for licensees who practice beyond their level of competency. He mentioned that the authority of the Board to impose discipline on a veterinary license is a major deterrent for licensed practitioners to practice beyond their expertise. Dr. Syms pointed out that in no other aspects of physical therapy practice are they supervised by any other doctoring profession. Physical therapists are autonomous practitioners, but not independent practitioners.

Dr. Troy mentioned that current training programs for veterinarians and RVTs include education and training in APR.

Ms. Calay stated that as a consumer she would make certain that whoever provided care and treatment to her animal was appropriately credentialed. Physical therapists can learn about animals, just like veterinarians can learn about physical therapy. The learning and training can go both ways.

Chair Nunez affirmed that adequate training and education does go both ways. Outreach is also important to educate the consumer as to what a veterinarian does and what a physical therapist does.

Dr. Miller responded to Ms. Barr’s comments and stated that he did not recall the Task Force identifying APR as a specialty field. He also stated that as far as he is aware, there is nothing in the Physical Therapy Practice Act that allows physical therapists to practice on animals.

Dr. Waldman commented that physical therapists are considered veterinary assistants in the current law and may practice legally under the supervision of a veterinarian.

Vice Chair Klingborg agreed and added that since APR is the practice of veterinary medicine, any services provided by veterinarians or veterinary assistants must occur in a veterinary premises. A veterinarian cannot refer a case for physical therapy to somebody that is not a veterinarian because veterinarians cannot refer to non-veterinarians. A consultation can be made, but a consultative relationship is not one where the animal goes elsewhere, gets therapy, and then returns. It must all happen on a veterinary premise. Because we do not have the phrase “physical therapist” in the Veterinary Medicine Practice Act, they are all considered veterinary assistants.

{Agenda reorder – Agenda Item 8 was taken up before Item 7}

8. Discussion of Animal Rehabilitation Program Models in Other States

A. Information from the American Association of Veterinary State Boards (AAVSB)

Ms. Del Mugnaio provided a report from her meeting at the American Association of Veterinary State Boards and indicated that she serves on an Executive Director’s Forum where pressing practice issues are raised from each state and are discussed amongst executive directors from across the country. Ms. Del Mugnaio stated that she requested the topic of APR be placed on the agenda for the Executive Director’s Forum at the 2016 conference and reported the feedback as follows:

- Other states did not report having issues with how their respective laws/regulations govern APR, including states with indirect supervision and direct supervision.
- There was also no reported public demand for access to services as reported by the executive directors.
- Nevada reported that the oversight, which has been in place since 2004, and where the Veterinary Board registers physical therapists to provide APR works well. The Veterinary Medical Board in NV worked with the Physical Therapy Board to obtain permission to use the term “Animal Physical Therapy.” In order for a physical therapist to provide services, the veterinarian must first establish a Veterinarian-Client-Patient-Relationship (VCPR) and determine the animal is a candidate for physical therapy. The physical therapist must provide all records to the veterinarian and both the veterinarian and physical therapist must carry liability insurance. Physical therapists may work outside a veterinary practice, although RVTs must work in a hospital setting. There has been one complaint filed against both a physical therapist and the referring veterinarian from a client whose animal received physical therapy.
- All states reported that the practice of animal physical rehabilitation is within the practice of veterinary medicine and no state requires advanced training or certification for veterinarians beyond the DVM and a state license.

Ms. Atlas reported that she surveyed states that authorize physical therapists to provide APR to animals under indirect supervision and noted that none of the states reported having complaints on file or having taken disciplinary action against physical therapists with advanced training in APR. She stated that the timeframe was an aggregate of 72/73 years. She stated that this is a significant amount of time to demonstrate that physical therapists in the indirect supervision model are not posing harm to the public.

Ms. Del Mugnaio inquired how many physical therapists are practicing in each of the states in Ms. Atlas' report, as she was informed by the executive directors at the forum that the numbers were small in each of the states. Dr. Troy pointed out that she does not think the lack of reporting means that there are pets going without being harmed. She believed that the numbers involved were skewed.

Dr. Heller expressed that she was leery of those trying to undermine facts as people bring them forward. She concurred with Dr. Troy that anybody can cause harm, but she believes it is noteworthy if there is no evidence of harm at the level of complaint. Ms. Barr said that 70 years with no harm whether you know how many practitioners or not is notable.

Mr. Heppler encouraged the Task Force members to base their decisions on facts rather than speculation, conjecture or anecdotal evidence.

Ms. Calay provided information regarding the Illinois model for regulating non-licensed practitioners who provide care to animals.

Dr. Van Dyke provided information on the Colorado model and stated that physical therapists must maintain a physical therapy license in good standing and possess additional training, both course work and hands on training in the form of an internship to become licensed as an Animal Rehabilitation Therapist. The Physical Therapy Board has the ability to discipline the Animal Rehabilitation Therapy license and the human Physical Therapy license. The Physical Therapy Board would consult with the Veterinary Board on how to manage the complaint cases, however, the Physical Therapy Board retains responsibility over the Animal Rehabilitation Therapy license. Dr. Van Dyke mentioned that a licensed physical therapist who wants to practice APR must maintain both the Physical Therapy license and the Animal Rehabilitation Therapist license. Dr. Van Dyke explained that in order for a physical therapist to provide APR, the veterinarian must establish the VCPR, provide a working diagnosis, and furnish a veterinary medical clearance which certifies that the veterinarian has examined the animal within the past six months. She indicated that the physical therapist must provide medical records to the veterinarian in a specified timeframe and any new medical concerns that surface during APR must be addressed by the licensed veterinarian. She noted that all consumer complaints are filed with DORA (regulatory agency) and they are obligated to go to the Physical Therapy Board if it is a physical therapist licensed to do animal physical rehabilitation. Once with the Physical Therapy Board, they consult with the Veterinary Medical Board to discuss the matter. In Colorado, the legislative change was to the Physical Therapy Practice Act. However, the Veterinary Board and the Physical Therapy Board collaborated and were able to get this done in a two year time. Other states are following the Colorado model because it has worked so well.

Ms. Fenstermaker requested clarification on the meaning of indirect supervision as it's applied in California.

Ms. Del Mugnaio read California Code of Regulations 2034 subdivision (f) regarding indirect supervision.

Ms. Hagler pointed out that according to Nevada's provisions, Section 638.770 of the Code requires physical therapists to complete continuing education in animal physical therapy in order to maintain registration.

Vice Chair Klingborg stated that there are eight states that authorize a physical therapists to work under indirect supervision and forty-two states that require direct supervision. Ms. Atlas responded that not all

states have addressed the supervision models for animal physical rehabilitation. Dr. Van Dyke noted that the fact that other states don't have indirect supervision isn't because somebody voted against it, it's that they have never discussed it in this particular field.

Dr. Syms felt it was important to recognize that after over 70 years of exposure in this setting, the law of averages would catch up if it was unsafe – there would be some kind of activity demonstrating disciplinary conclusions.

7. Discussion of Educational & Training Requirements for Veterinarians, Registered Veterinary Technicians, and Unlicensed Veterinary Assistants and Physical Therapists

A. Additional Certifications

B. Additional Specialties

Chair Nunez suggested the Task Force focus on the five categories of professionals included in the APR discussion: veterinarians, RVTs, veterinary assistants, physical therapists, and physical therapy assistants.

He requested that the Task Force then address the education and training, level of supervision, and discuss practice settings for each of the five categories of professionals.

Vice Chair Klingborg requested clarification regarding the category of veterinary assistants.

The Task Force agreed that the term veterinary assistant is defined a person who works in an animal hospital setting as provided for in California Code of Regulations 2036.5.

M/S/C: Vice Chair Klingborg moved and Ms. Heller seconded the motion to address the five categories of professionals and their respective education and training, levels of supervision, and practice settings. Roll Call: The motion carried unanimously.

Dr. Chou provided an overview of the education and training of the UC Davis Veterinary Medical Program and stated that it is a four year post undergraduate training which is now a case-based learning and disease-based learning model, which teaches students to differentiate the disease processes and determine appropriate treatment options. Dr. Chou outlined the four-year clinical rotation options as provided in the meeting materials and emphasized the importance of students learning what tools are available to them in terms of diagnostics and treatment.

Chair Nunez requested Dr. Chou to speculate on the number of hours a student may be exposed to APR information.

Dr. Chou stated during the fourth year, the students participate in integrated medicine clinical rotations for a minimum of two weeks, twelve hours per day week. Third-year lectures are ten hours of lecture, with case based discussions on 10-20 patients per day.

Dr. Van Dyke inquired how many students participate in the integrated medicine club, and inquired whether the fourth-year clinical rotation is required for every student.

Dr. Chou responded that about one-quarter of the students participate in the first year and second year club, and also stated that the integrated medicine clinical rotation is an elective. However, he stated that

all students are exposed to the integrated medicine curriculum through lecture and in different course topics including, neurology, orthopedic surgery, soft tissue surgery, oncology, and internal medicine.

Ms. Atlas inquired whether the students are provided hands-on training in the use therapeutic modalities.

Dr. Chou stated that the students in integrated medicine are provided hands-on training and receive a lecture on modalities, and are evaluated on the use of various modalities if they choose to take that rotation.

Ms. Barr requested clarification if all students are exposed to some level of APR.

Dr. Chou stated that all students are trained to diagnose an animal and refer to the appropriate specialist for treatment. Dr. Van Dyke asked Dr. Chou if he would refer a rehabilitation case to a veterinarian graduate of his program and he responded no, he wouldn't, but graduates would know who and when to refer.

Chair Nunez explained that not all specific aspects of practice may have a course attached to it, but instead students are provided a breadth of training based on scope of practice of veterinary medicine. He went on to explain the examination validation process and the rigorous approach to collecting data from the profession regarding the knowledge, skills, and abilities a veterinarian must possess in order to practice competently. Chair Nunez explained that as the practice evolves, the examination evolves to cover the relevant knowledge and skills of a veterinarian.

Dr. Troy addressed the responsibility of a veterinarian to diagnose and assess the whole patient, not just focus on one singular issue. Dr. Troy stated that many patients present with serious co-morbidities that may be ever changing and require close oversight of a veterinarian.

Vice Chair Klingborg mentioned the Task Force seems to be addressing two types of veterinarian, the newly graduated student, and the experienced veterinarian. He stated that not only is APR in current mainstream curriculum for students, but it is also available at most conferences and offered through continuing education.

Dr. Van Dyke responded that perhaps the Task Force should be discussing whether veterinarians, who have not had exposure to APR, should be required to take additional training. She also expressed concern regarding the notion as expressed by some of the Task Force members that animals have been harmed by physical therapists who do not work under the direct supervision of a licensed veterinarian as she has not heard of any such harm from other states.

Vice Chair Klingborg stated that while eight states allow non-veterinarians to provide APR under indirect supervision, all fifty states authorize veterinarians to provide APR without having to undergo additional training.

Ms. Calay stated that a veterinarian should have training in any specialty area they choose to practice.

Ms. Barr commented that not all practitioners should preform services just because they have the authority to do so, especially since not all practitioners are ethical. She suggested that the entire model of training needs to be addressed for the sake of protection of the consumer.

Ms. Heller stated that it is beyond the purview of the Task Force to parse out each of the specialty areas of veterinary medicine and require veterinarians to obtain additional training in each of the specialty

areas of practice. However, she agrees that a generalist should not be providing care and treatment in an area of practice they are not adequately trained to provide.

Ms. Atlas commented that it places the consumer at risk when they visit a rehabilitation center with all the high tech equipment, but have no way of knowing that the practitioners providing APR are not trained.

Chair Nunez explained the board certification process and stated that the certification authorizes the individual to hold themselves out to the public as a specialist in a specific practice area, but does not provide the practitioner enhanced practice authorization or restrict those who are not board certified from engaging in the service. He stated that the consumer may seek out a board certified practitioner.

Dr. Halland provided an overview of the curriculum for APR at Western University and stated that it was similar to the curriculum that Dr. Chou presented. Years one and two are case based learning, where anatomy and physiology and all aspects of case management are woven together. Dr. Halland stated that veterinarians are trained to diagnose, but they're not trained in terms of "if X then Y," rather the students are taught to deal with all the variables of the treatment plan, including animal temperament, client expectations, financial constraints, etc. She stated that Western University focuses on life-long learning where students are encouraged to seek training through residencies, externships, etc. In the third year, all students are exposed to different rotations including small animal, large animal, diagnostics, surgery and post-operative care where rehabilitation is covered, and four weeks of an equine rotation with two weeks dealing with lameness where exposure to different rehabilitative modalities are covered. In the fourth year, students participate in the core surgery rotation and a core medicine rotation with is supervised by a faculty member and a preceptor, where again post-operative care and rehabilitation is covered. Western University offers selective rotations, including a Sports Medicine rotation and a Complimentary/Alternative Medicine rotation where students spend four weeks with a boarded specialist or a certified specialist, depending on the type of specialty.

M/S/C: Chair Nunez moved/ Ms. Fenstermaker seconded: Veterinarians have sufficient education and training to provide Animal Physical Rehabilitation. Dr. Van Dyke proposed an amendment to the motion that additional education and training is recommended for veterinarians to provide APR .

Chair Nunez felt that it would be appropriate to add in the recommendation that veterinarians have the education and training required to practice animal physical rehabilitation, but that if APR is something that they choose to engage in they should get additional training and education.

Dr. Van Dyke noted the Task Force could recommend that it would be a good idea to pursue additional training before offering this to the public. She noted she would vote against a statement that says veterinarians have sufficient training at this point to practice animal physical rehabilitation.

Ms. Del Mugnaio clarified that the motion with the amendment that the Task Force "recommends additional training and education for veterinarians to provide animal physical rehabilitation" was never seconded. Chair Nunez accepted the amendment.

Ms. Fenstermaker did not accept the amendment, commenting that she believes veterinary education is sufficient and a recommendation for further education is not necessary. She wished to either withdraw her second if that was the case, or stay with the first motion without the amendment.

M/S/C: Chair Nunez moved/ Ms. Fenstermaker seconded: Veterinarians have sufficient education and training to provide Animal Physical Rehabilitation.

Roll Call: Ayes: Nunez, Klingborg, Gregory, Hagler, Halland, Schlachter, Troy, Waldman, Chou, Fenstermaker.

Nos: Heller, Atlas, Syms, Van Dyke, Barr, Gage, Calay, Clark-Harvey.

Motion Passes 10-8

Dr. Miller provided public comment that animal rehabilitation was a core part of his education and training at UC Davis. He also commented that the Task Force voted on the definition of APR and the practice as defined by the Task Force is not the use of specific equipment, it is far more expansive than that. He commented that the purpose of the Task Force was not to decide whether veterinarians are minimally competent to provide APR.

Dr. Segna offered public comment on what he was taught in his veterinary medical education and stated he was taught how to diagnose, formulate a prognosis, treat, and refer if the patient needs care beyond his expertise. He commented that there a number of safeguards in place for the consumer. The license requires a lengthy course of study, and examination, and there are provisions addressing veterinarians practicing beyond their limitations. Dr. Segna also mentioned the ongoing learning opportunities for a veterinarian to pursue additional training in an area of interest. He commented that the veterinary education is sufficient for a veterinarian to practice APR.

Dr. Ken Bruecker offered public comment as a Board Certified Small Animal Surgeon and Board Certified by the American College of Sports Medicine, and a primary specialist in orthopedics who operates a tertiary referral service for post-operative care. Dr. Bruecker stated that the veterinary education does test core knowledge and that the Veterinary Medicine Practice Act should cover veterinarians to provide some level of rehabilitative care, but they should not be able to hold themselves out as rehabilitative therapists or open rehabilitative centers. He stated that he uses rehabilitation therapists at the rate of 3-6 referrals per week, including veterinarians, RVTs, and physical therapists with advanced training. Dr. Bruecker stated that he trusts physical therapists more than other rehabilitative therapists since they have four years of musculoskeletal knowledge that veterinarians do not get in their curriculum.

Ms. Hagler provided education pathways for RVTs to gain additional training post the two-year required curriculum, in terms of hands-on access to rehabilitative therapies. She mentioned that the new Mc Keran Veterinary Nursing book has an entire chapter on rehabilitation therapies and at the 2016 Western Veterinary Conference, Veterinary Technicians Symposium there was an entire day on the fundamentals of rehabilitation.

Ms. Gregory commented that she teaches at Foothill College and commented that passive range of motion and how to deal with the recumbent patient are required skills as defined by the American Veterinary Medical Association (AVMA); and the use of underwater treadmills is a recommended AVMA skill. She stated that AVMA accredited schools are teaching fundamentals of APR to RVT students either through case studies or through video demonstration.

Ms. Del Mugnaio read the regulations, California Code of Regulations Section 2036, defining the scope of responsibility of the RVT.

Vice Chair Klingborg supported adding APR to the RVT job task list as included in Section 2036.

Ms. Atlas proposed that RVTs with certification in APR should work under the direction and on the same premises of a qualified physical therapist or veterinarian. However, the RVT should not be allowed to write goals, establish treatment plans, employ joint-mobilization techniques, or discharge patients. Non-certified RVTs and veterinary assistants must be under immediate supervision.

Dr. Van Dyke cautioned the Task Force on delegating the practice of APR to an RVT as it's 90% evaluation and 10% therapy, and the RVT is limited on the diagnostic piece. Dr. Van Dyke commented that she believes that RVTs must be part of the rehabilitative team, but cannot be solely responsible for managing a rehabilitation program.

Dr. Troy commented that physical therapists cannot diagnose a medical condition of an animal either and that the collaborative approach is important.

Several members of the Task Force spoke in support of RVTs providing APR under the supervision of a veterinarian.

The Task Force discussed the liability of the supervising veterinarian to refer an animal patient to a qualified RVT for services.

Jason Kaiser commented on the model in physical therapy practice for the physical therapist to delegate tasks to a physical therapy assistant or a physical therapy aide based on their competency and stated that such competency should be documented.

Ms. Del Mugnaio clarified that the current Veterinary Medicine Practice Act does not limit an RVT to provide APR under direct supervision, a veterinarian may decide the appropriate level of supervision.

Dr. Schlachter commented that it would be impractical to require the direct supervision of an RVT for equine practices. To have a veterinarian onsite at all times would drive rehabilitation facilities out of business.

The Task Force discussed the need for RVTs to have additional training in APR to provide services under indirect supervision. Dr. Van Dyke commented that she would like to see language included to suggest that an RVT doing APR under the direction of a veterinarian (whether it is direct or indirect) is receiving that direction from a veterinarian who has pursued additional training. She believes it should be made as a suggestion, but not necessarily a requirement.

Dr. Waldman suggested there be an exception to the supervision requirement for APR occurring in a range setting.

M/S/C: Ms. Heller moved and Ms. Barr seconded the motion that RVTs performing APR must have additional training in APR to provide services under indirect supervision. RVTs who do not have additional training in APR must work under the direct supervision of a veterinarian or in a range setting as defined in regulation.

Dr. Waldman requested an amendment to the motion to include, "or within a range setting as defined in regulation." The amendment was not accepted in the motion.

Roll Call: Ayes: Heller, Atlas, Gregory, Syms, Van Dyke, Barr, Gage, Calay.

Nos: Nunez, Klingborg, Hagler, Halland, Schlachter, Troy, Waldman, Chou, Fenstermaker, Clark-Harvey.

The motion does not pass 8-10.

A discussion ensued regarding the type and degree of training that would be required of an RVT.

Ms. Calay commented that newly trained veterinarians should not be expected to supervise other personnel in specialty practice areas.

Dr. Miller offered public comment on the motion regarding advanced training for RVTs in the form of a concentrated training that would be obtained after the required course of study for an RVT license, and implored two Task Force members to recuse themselves from voting on the motion due to a conflict of interest. Dr. Miller stated that the Task Force members in question have a direct financial interest as providers of the APR training.

Mr. Heppler stated that if any of the members stand to benefit from the offering of the training they should consider recusing themselves whether the conflict of interest is real or perceived. Dr. Syms commented that the request to recuse should extend to anyone providing the service because they will benefit by allowing assistant personnel to assist in the delivery of these services.

Chair Nunez excused any Task Force member from having to recuse themselves from the vote.

M/S/C: Vice Chair Klingborg moved and Ms. Hagler seconded the motion that RVTs may provide APR under the direct supervision of a veterinarian unless in a range setting in which case the veterinarian may decide the appropriate level of supervision. Furthermore, animal physical rehabilitation should be added to the job tasks allowable for RVTs.

Mr. Heppler clarified that Vice Chair Klingborg's part of his motion would be to add APR to section 2036 as an animal healthcare task to be provided by an RVT. Ms. Del Mugnaio pointed out that this motion now spans both direct and indirect supervision so the mechanics would need to be figured out to make the wording work.

Ms. Fenstermaker posed a question about section 2036 that if APR becomes an RVT task then would it prohibit a veterinary assistant from doing it under 2036.5. Chair Nunez confirmed that that was how he read it.

Vice Chair Klingborg then changed the motion to simplify things and remove the last sentence: *RVTs may provide animal physical rehabilitation services under direct supervision unless in a range setting, in which case it is up to the supervising veterinarian to decide the appropriate level of supervision.*

Roll Call: Ayes: Nunez, Heller, Klingborg, Gregory, Hagler, Halland, Schlachter, Troy, Waldman, Chou, Gage, Calay, Fenstermaker, Clark-Harvey

No: Atlas, Syms, Van Dyke

Abstention: Barr

Motion passes 14-3-1

Dr. Miller inquired why the degree of supervision would need to be different in a range setting versus an animal hospital setting. He wondered why the motion doesn't just state that it should be at the discretion of the supervising veterinarian.

Ms. Barr inquired how the motion benefits the consumer. She felt the motion seemed to be just creating convenience for the veterinarians. Chair Nunez stated the motion is actually more restrictive as it requires direct supervision of the RVT whereas the current regulations would allow a veterinarian to determine the appropriate level of supervision.

Vice Chair Klingborg responded to Dr. Miller's inquiry and stated that small animal medicine tends to treat cases such as bone cancer and other serious medical conditions that may not be seen in a range setting. They are two different populations. Ms. Atlas agreed with Dr. Miller, making the point that it is inconsistent to change supervision levels based on species of animals.

Dr. Waldman responded to Ms. Atlas, saying that what the Task Force is doing is trying to create access. In a large animal setting, veterinarians travel hundreds of miles during the day and there is a cost factor associated with that compared to a small animal setting. So allowing indirect supervision for a large animal setting creates more access, which is why she felt it was a better idea to separate the two.

Dr. Van Dyke commented that she is in favor of the veterinarian deciding the appropriate level of supervision dependent on the competency of the RVT, as the liability also falls to the veterinarian. She further stated that if the proposal makes it fiscally impossible for a veterinarian to offer APR, the proposal will not afford access to APR.

Ms. Heller clarified that direct supervision does not require the veterinarian be in the room with the RVT.

M/S/C: Vice Chair Klingborg moved and Ms. Fenstermaker seconded the motion that Veterinary Assistants may provide APR under the direct supervision of a veterinarian or an RVT.

*Roll Call: Ayes: Nunez, Klingborg, Gregory, Hagler, Halland, Schlachter, Troy, Waldman, Chou, Fenstermaker,
No: Heller, Atlas, Syms, Van Dyke, Barr, Gage, Calay, Clark-Harvey
Motion passes 10-8*

Dr. Chou clarified that the RVT would be under the supervision of the veterinarian.

M/S/C: Vice Chair Klingborg moved and Ms. Fenstermaker seconded the motion that physical therapists may provide APR under the level of supervision as determined by the veterinarian in an animal hospital setting.

Ms. Atlas proposed an amendment to qualify that the physical therapist must have advanced certification in Animal Physical Rehabilitation.

The amendment was accepted. Motion Reads: Physical therapists with advanced certification in APR may provide APR under the degree of supervision as determined by the veterinarian within a veterinary premises or a range setting.

Roll Call: Ayes: Klingborg, Gregory, Hagler, Halland, Schlachter, Troy, Waldman, Chou, Fenstermaker
No: Nunez, Heller, Atlas, Syms, Van Dyke, Barr, Gage, Calay, Clark Harvey
The motion does not pass 9-9

Ms. Heller inquired whether the motion may include physical therapists as authorized to manage a veterinary premises.

Vice Chair Klingborg responded that the discussion of who may operate a veterinary premises is a different discussion and the motion proposed does allow a physical therapist to work under direct or indirect supervision.

Dr. Schlachter requested an amendment to the motion to address the range setting. She noted that she works with physical therapists that she would like to send out on an injured horse to do physical therapy that she prescribed.

Ms. Heller expressed concern that there was no discussion before the Task Force regarding the level of education and training of the physical therapist before calling a motion. She stated that the lack of thoughtful discussion violates the spirit and purpose of the Task Force meeting in an open forum.

Vice Chair Klingborg responded that the Task Force has had the opportunity to read what was given in the materials before the meeting, so he questioned whether any minds would actually change about the motion if training and education was even actually discussed. Ms. Heller commented that it is entirely possible that a discussion could change someone's mind.

Ms. Clark-Harvey commented that although the order of the discussion may not be consistent with prior agenda items, it does not preclude the Task Force from discussing the education and training of physical therapists after a motion has been presented.

Mr. Heppler commented on the agenda order and shared Ms. Heller's concern regarding the inconsistency in how each of the five professionals are discussed before the Task Force. He noted that it is the Task Force's decision on whether it wants to do away with what was agreed upon in terms of how to go about the process of discussion. If the Task Force wanted to do away with going through the five different licensee types and discuss education, experience, and levels of supervision required, it could. But he shared Ms. Heller's concern in that it seemed odd to go this far and then make a sudden change in how the subject was discussed.

Dr. Syms stated that there is considerable misunderstanding about the contemporary physical therapy practice and informed the Task Force that physical therapists diagnose, are trained in pain management, pharmacology, tendon pathology, clinical imaging courses, wound care, and are well-trained to work with patients who are unable to communicate.

Chair Nunez qualified that the training outlined by Dr. Syms addresses humans, however, the advanced training in APR is specific to animals. He commented that the motion as offered by Vice Chair Klingborg is somewhat controversial because it does not specify that the physical therapist must have the advanced training in APR.

Ms. Atlas commented that it is irresponsible to allow a physical therapist without advanced training in APR to provide services under direct or indirect supervision. Ms. Atlas stated that this discussion is about consumer protection and access to care. She stated that it is important for a physical therapist to understand their limitations and be trained to recognize when to refer back to the veterinarian for any medical issues, which is why it is critical to get the additional training to learn the red flags and when the case should be referred back. She commented that forcing the practice to occur in a veterinary premise will limit access and is a restraint of trade.

Ms. Atlas recommended that a physical therapist with advanced certification in APR should be able to practice APR under the indirect supervision of a veterinarian with a referral or a veterinary medical clearance and not be restricted to a veterinary premise.

Ms. Heller stated that the critical component is the referral by a veterinarian who should be assessing and diagnosing the animals before referring to a physical therapy center. Ms. Heller commented that fragile patients should not be referred to a physical therapy center where no veterinarian is on site. She commented that requiring all APR to occur in a veterinary premise will significantly restrict access to consumers who do not live in urban areas.

Dr. Troy provided several examples of cases that could not be appropriately managed without a veterinarian on site and stated that veterinary medicine should occur in a veterinary premises.

Vice Chair Klingborg commented that the Board cannot inspect facilities that are not registered veterinary premises and that compromises consumer protection.

Ms. Calay echoed Ms. Heller's concern regarding the compressed discussion regarding the education and training of physical therapists and requested the Task Force hold another meeting to provide sufficient time for the discussion.

Dr. Van Dyke commented that she has not experienced, nor is aware of, the type of problems expressed by Dr. Troy in a rehabilitation setting.

Ms. Fenstermaker commented on the difference between education and training, and stated that a twelve week course is in no way equivalent to four years of education, therefore, she feels strongly that APR must occur in an animal hospital setting. She noted that there is a huge slippery slope with all this and has concern that other professions trained in human medicine may think they can take a twelve week course and open up shop. She noted that veterinarians have an all-encompassing understanding of the animal patient and would entertain the fact that physical therapists do not.

Dr. Waldman shared experiences about medical ailments that could not be reasonably identified by a physical therapist. She also stated that the majority of veterinary insurance companies will not cover treatment by a non-veterinarian. Dr. Waldman made reference to two letters in the packet submitted by two industry leaders in the field of rehab, a veterinarian, Dr. Millis, and a physical therapist, Dr. Levine, both from the University of Tennessee program. She noted that they teach these courses and publish articles and they both clearly state they are in favor of direct supervision.

Ms. Atlas stated that the veterinarian is responsible for the referral and should not refer a patient with a medical risk. She commented that physical therapists with advanced training have the

skill set, competence, and ability to refer back to the veterinarian for any high risk situation. She noted that it speaks more to the veterinarian who is making inappropriate referrals rather than the therapist who is treating. That is why she believes a veterinary medical clearance/VCPR should be mandated to increase safety. Ms. Atlas also stated that insurance companies do cover APR as provided by physical therapists. She sees dogs every day that have insurance and the insurance companies are covering the services she provides. She felt that if this were to go through a statutory fix, then all the insurance companies would follow, and the same with malpractice insurance. Physical therapists have malpractice insurance already, so there should be no barrier there.

Mr. Heppler recommended the Task Force revisit the motion with the amendment.

A member of public provided testimony regarding the care and treatment provided to her dog by a physical therapist who provided exceptional care and was instrumental in saving her dog's leg.

Dr. Bruecker requested that another meeting be held to further the discussion regarding the specialized training of physical therapists. He thought that physical therapists bring a huge amount of expertise to what the Task Force is trying to propose, which is animal rehabilitation therapy.

Ms. Atlas commented that current statutes regarding inspection authority may be addressed by a legislative change. Mandating that these services be provided only on a veterinary premise is just another way to forward the same agenda that has been pursued for the last ten years.

Chair Nunez announced that another meeting will be held to continue the discussion before the Task Force.

Mr. Gage indicated that the Board has until April 2017 to provide a recommendation to the Legislature.

Ms. Del Mugnaio requested that the information currently before the Task Force be sufficient for the purposes of the next meeting discussion as the information is voluminous and could not be replicated for the public. She stated that managing, disseminating, and posting the information is time consuming for staff.

Mr. Heppler stated that the remainder of the agenda will be taken up at the next meeting.

9. Logistical and Operational Challenges

- a. Licensing**
- b. Enforcement and Discipline**
- c. Consumer Protection and Outreach; Information on the Internet**
- d. Supervision**
- e. Practice Settings**
- f. *North Carolina* United States Supreme Court Decision Regarding Anti-Trust -
(Kurt Heppler, Supervising Counsel, Department of Consumer Affairs)**

10. Final Recommendation of the Task Force to the Veterinary Medical Board

11. Adjournment

Chair Nunez adjourned the meeting was adjourned at 5:20 p.m.