

**Veterinary Medical Board**

1747 N. Market Blvd., Suite 230, Sacramento, CA 95834

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**MEETING NOTICE and AGENDA  
VETERINARY MEDICAL BOARD  
ANIMAL REHABILITATION TASK FORCE**

**February 2, 2017**

Department of Consumer Affairs  
1625 North Market Blvd, Hearing Room  
Sacramento, California

**10:00 a.m.**

**TASK FORCE MEMBERS**

Board and Committee Members

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

Karen Atlas – *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

Shelah Barr – *Consumer and Animal Masseuse*

Bill Gage – *Chief Consultant, California Senate Business, Professions and Economic Development Committee*

Carrie Ann Calay – *Consumer*

Valerie Fenstermaker – *California Veterinary Medical Association (CVMA)*

Le Ondra Clark Harvey – *Chief Consultant, California Assembly Committee on Business and Professions*

1. Call to Order; Roll Call
2. Welcome and Introductions
3. Review and Approval of October 4, 2016 Animal Rehabilitation Task Force Meeting Minutes
4. Public Comment on Items Not on the Agenda

Note: The Task Force may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting. (Government Code Sections 11125, 11125.7(a)).

5. Recap from the October 4, 2016 Task Force Meeting (Annemarie Del Mugnaio, Executive Officer, Veterinary Medical Board)
6. Discussion of the Scopes of Practice of Physical Therapists
7. Discussion of Educational & Training Requirements for Physical Therapists
  - A. Additional Certifications
  - B. Additional Specialties
8. Discussion of Animal Rehabilitation Program Models in Other States
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 Hepler, Supervising Counsel, Department of Consumer Affairs)
10. Final Recommendation of the Task Force to the Veterinary Medical Board
11. Adjournment

This agenda can be found on the Veterinary Medical Board website at [www.vmb.ca.gov](http://www.vmb.ca.gov). Times stated are approximate and subject to change. This meeting will conform to the Open Meeting Act. Agenda discussions and report items are subject to action being taken on them during the meeting by the Task Force at its discretion. The Task Force provides the public the opportunity at meetings to address each agenda item during the Task Force's discussion or consideration of the item. Total time allocated for public comment may be limited. Agenda items may be taken out of order.

The meeting locations are accessible to the physically disabled. Other disability-related accommodations or modifications can be provided upon request. Please make your request for disability-related accommodations by contacting the Board at (916) 515-5220 or sending a written request to 1747 N. Market St., Suite 230, Sacramento, CA 95834. Provide at least five (5) business days' notice prior to the meeting to help ensure availability of requested accommodations.





**DRAFT 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 affiliation.

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. Veterinary-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 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 its 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. 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.

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 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.

{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 or 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 of the term "Animal Physical Therapy." In order for a physical therapist to provide services, the veterinarian must first establish a Veterinary-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 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.

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 less than a dozen providers in each of the states.

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.

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. Haglar 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 APR.

## **7. Discussion of Educational & Training Requirements for Veterinarians, Registered Veterinary Technicians, and Unlicensed 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 to learn 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, Neurosurgery, Orthopedic Surgery, Equine Surgery, etc.

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 are evaluated on the use of various modalities.

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.

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 perform 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 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 that 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 he is 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 .*

*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.  
No's: 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 his that he was taught in 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 safe guards 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 on-going 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 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 center. 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 muscular-skeletal knowledge that veterinarians do not get in their curriculum.

Ms. Haglar 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 its 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.

The Task Force discussed the need for RVTs to have additional training in APR to provide services under indirect supervision.

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*

*No: Nunez, Klingborg, Haglar, 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.

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

*M/S/C: Vice Chair Klingborg moved and Ms. Haglar seconded the motion RVTs may provide APR under the direct supervision of a veterinarian unless in a range setting in which case the veterinarian may provide 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 level of supervision would need to be different in a range setting verses an animal hospital setting.

Ms. Barr inquired how the motion benefits the consumer as it appears to primarily address logistics.

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 treated in a range setting.

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- Veterinary Assistants may provide APR under the direct supervision of a veterinarian or an RVT.*

*Roll Call: Ayes: Nunez, Klingborg, Gregory, Haglar, 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, Haglar, 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.

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.

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.

Dr. Syms stated that there is a 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. She commented that forcing the practice to occur in a veterinary premises 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 and not be restricted to a veterinary premises.

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 premises 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.

Dr. Waldman shared similar 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.

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 awareness to refer back to the veterinarian for any high risk situation. Ms. Atlas stated that insurance companies do cover APR as provided by physical therapists.

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.

Ms. Atlas commented that current statutes regarding inspection authority may be addressed by a legislative change.

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.



**Veterinary Medical Board**

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

**Monday, June 20, 2016**

1747 N. Market Blvd. – 1<sup>st</sup> Floor Hearing Room  
Sacramento, California

**Note:** *All motions in the minutes are italicized for reference.*

**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*

Nicole Billington – *California Senate Fellow, Business, Professions and Economic Development  
Committee*

Carrie Ann Calay – *Consumer*

Valerie Fenstermaker – *California Veterinary Medical Association (CVMA)*

Elissa Silva, Consultant – *California Assembly Committee on Business and Professions*

**Guests Present**

Richard Sullivan, Board Member

Cindy Savely, RVT, Sacramento Valley Veterinary Technician Association

Tara Welch, Department of Consumer Affairs Legal Affairs

Jason Kaiser, Executive Officer, Physical Therapy Board of California

Tameka Island, California Physical Therapy Association

Linda Tripp, University California Davis

Cris Forsyth, California Chiropractic Association

Dr. Diane Isbell, DVM

## **1. Call to Order**

Chair Nunez called the Task Force meeting to order at 10:10 a.m.

## **2. Welcome and Introductions**

Those present introduced themselves.

## **3. Opening Statement – Dr. Nunez, Chair of the Task Force**

Chair Nunez provided opening remarks regarding the composition of the taskforce; the selection process of the members, and the over-arching goal of the taskforce to develop a recommendation before the Veterinary Medical Board. Chair Nunez reminded the taskforce members that they are individually agents/or an extension of the Board and as such, their goals should not be to further their professional, financial, or other personal interests, but instead to work on a solution that will serve the consumer.

## **4. Review of the Objective of the Board’s Task Force (Annemarie Del Mugnaio, Executive Officer, Veterinary Medical Board)**

Ms. Del Mugnaio reviewed the items in the background document related to the history of the issue before the Task Force, that being Animal Rehabilitation (AR) its inclusion in the most recent Sunset Review Report as submitted to the Legislature in 2015 and 2016, respectively. She explained the goal of the Task Force is to develop a recommendation to the Veterinary Medical Board regarding an approach to regulating individuals who provide AR. The VMB is to make a recommendation to the Legislature by January 2017.

Ms. Del Mugnaio explained that the Task Force is not: attempting to craft statutory language, change the provisions related to Chiropractic Medicine, or discuss areas that are not considered the practice of veterinary medicine.

## **5. Review of the Mission and Vision of the Veterinary Medical Board: Consumer Protection (Executive Officer)**

Ms. Del Mugnaio read the Board’s Mission Statement, Vision Statement, and reviewed the statutory mandate, of BPC 4800.1 Priority of the Board and Protection of the Public.

## **6. Review of Applicable Statutes and Regulations (Kurt Heppler, Supervising Counsel, Department of Consumer Affairs)** **A. Open Meeting Act**

Mr. Heppler provided an overview of the Open Meeting Act, and the general governance structure and responsibilities of the Veterinary Medical Board and the Physical Therapy Board.

Mr. Heppler reminded Task Force members that they should not exchange emails amongst one another regarding agenda items, positions, or background material. He stated that if a member has information to share with the Task Force, the information should be shared with Ms. Del Mugnaio or staff.

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

Vice Chairman Dr. Klingborg addressed the scope of practice of veterinary medicine and the issue of animal medicine. He stated that every practitioner has the responsibility to only practice such aspects of veterinary medicine that the individual is competent to provide. Training in specific practice areas often occurs through professional growth opportunities including partnering with specialists in human medicine for clinical training as well as continuing education opportunities. He stated that unlike the human medicine model, veterinary medicine includes every aspect of animal medicine.

Mr. Heppler provided an overview of scope of practice of veterinary medicine in terms of how the scope of practice is formulated. The Legislature is the chief policy maker in the state and sets the boundaries of practice. Mr. Heppler cited the practice definition as provided for in Business and Professions Code (BPC) Section 4826. He also stated that the practice of veterinary medicine includes holding oneself out as a veterinarian.

Dr. Syms provided a statement regarding the extensive training of physical therapists. He commented on the mission statement of the Veterinary Medical Board to protect the consumer and the overly broad nature of the veterinary medicine practice definition that he hopes to help clarify.

Dr. Syms commented that physical therapists undergo three years of professional training on rehabilitative therapies and that physicians recognize physical therapists as the expert on rehabilitation therapies.

Mr. Heppler explained how the Practice Act may be amended to address others that may provide some aspects of veterinary practice, or the Practice Act may exclude some aspects of veterinary medicine from licensure.

Ms. Calay suggested that changing the term from “animal physical therapy” to “animal physical rehabilitation” may be confusing to the consumer.

Dr. Syms addressed the use of the term “Physical Therapy” or “Physiotherapy” as a protected term in California.

The Task Force discussed changing the term from “Animal Rehabilitation” to “Animal Physical Rehabilitation.”

Mr. Kaiser provided a statement regarding title protection of the term “Physical Therapy” and indicated that the term is actually in the Chiropractic Practice Act. Mr. Kaiser recommended that Mr. Heppler address the issue of title protection in terms of consumer awareness.

Mr. Heppler suggested that the Task Force move forward with a recommendation regarding the most appropriate title for the purpose of transparency and clarity for the consumer and not limit itself due to title protection.

*M/S/C - Vice Chairman Klingborg moved and Dr. Troy seconded the motion to change the term to Animal Physical Rehabilitation. The motion was subsequently deferred temporarily for further discussion regarding the definition of AR.*

Vice Chairman Klingborg referenced the Multidisciplinary Advisory Committee's (MDC's) recommended language regarding the definition of AR and provided background as to the evolution of the language, that being in response to hundreds of comments and letters of concern regarding the Board's initial proposal which included direct supervision requirements as well as wellness modalities.

Dr. Van Dyke provided definitions of AR from both the American College of Veterinary Sports Medicine and Rehabilitation, and the American Association of Rehabilitation Veterinarians.

Dr. Van Dyke paraphrased that The American College of Veterinary Sports Medicine and Rehabilitation references the restoration of normal form and function after injury or illness. She stated that the American Association of Rehabilitation Veterinarians definition focuses on restoration of function.

Ms. Atlas offered an expanded definition of AR, that it remediates impairments and promotes mobility improves function and quality of life through examination Pathofunctional diagnosis, Pathofunctional prognosis, establishing goals, treatment plan development, education, prevention, and physical intervention.

Vice Chairman Klingborg read information from an Animal Physiotherapy book which states: "the therapeutic use of physical agents or means to treat disease or injury." He also referenced a statement from the 1996 American Veterinary Medical Association House of Delegates which determined that, "veterinary physical therapy is the corrective use of non-invasive techniques excluding veterinary chiropractic for the rehabilitation of injuries for non-human animals."

Ms. Heller suggested creating a section separate from the definition of AR to exclude specific modalities

Ms. Fenstermaker suggested that the definition include, "illness or a surgical procedure," after the word "injury."

Dr. Waldman made suggestions regarding adding "ailment" to the definition and include decrease pain and return to function.

Ms. Calay made suggestions based on the Utah model where the provisions regarding animal physical therapy refers back to the Physical Therapy Practice Act.

The Task Force discussed a viable definition of AR.

Mr. Heppler reminded the group that the definition is not proposed as statute or regulation but rather a definition or nomenclature for the purposes of framing the practice.

*M/S/C: Dr. Klingborg moved and Dr. Troy seconded the motion to define Animal Physical Rehabilitation as the treatment of injury or illness to address pain and improve function by means of physical corrective treatment. Roll Call: The members voted in support of the language. Ms. Silva abstained.*

The Task Force discussed the proposed language from the MDC regarding defining AR as the practice of veterinary medicine as provided for in BPC Section 4826. A lengthy discussion ensued regarding who may be authorized to practice AR aside from licensed veterinarians.

Ms. Heller explained that based on current statute it appears that either the Veterinary Medicine Practice Act or the Physical Therapy Practice Act must be amended to authorize personnel other than veterinarians or RVTs to provide rehabilitation services for animals.

Dr. Van Dyke referenced the Colorado model and the diagnosis and referral by a veterinarian. She also stated that in Colorado the Physical Therapy Practice Act was amended to allow for work with animals by physical therapists. She explained that discipline is a shared responsibility between the Veterinary Medical Board and the Physical Therapy Board. Dr. Van Dyke reported that she is not aware of any complaints regarding physical therapists providing rehabilitative services to animals.

Vice Chair Klingborg stated that moving forward requires the Task Force to address diagnosis and treatment and supervisory oversight.

Ms. Heller commented that language under subsection (b) of the draft MDC document is too limiting as it does not allow individuals who are not licensed veterinarians or RVTs to practice AR outside a veterinary setting.

Ms. Fenstermaker reminded the group that the statute does allow for unlicensed personnel to provide services as unregistered assistants under the supervision of a veterinarian.

Ms. Atlas suggested that the Task Force examine the curricula of veterinarians, RVTs, and physical therapists before moving forward with voting on proposed language.

*M/S/C: Dr. Troy moved and Dr. Waldman seconded the motion to accept the language in subsection (b) of the MDC draft: Animal Physical Rehabilitation requires the diagnosis and prescriptive treatment of an animal patient, and it therefore is the practice of veterinary medicine as defined in Section 4826 of the Code. After further discussion regarding the existing scope of practice of veterinary medicine, which would encompass animal rehabilitation, Dr. Troy and Dr. Waldman withdrew the motion.*

Chairman Nunez introduced subsection (c) of the draft MDC document defining what AR does not include.

The Task Force discussed the difference between non-medical wellness modalities and other treatments used to address an injury.

*M/S/C: Chairman Klingborg moved and Dr. Van Dyke seconded the motion to approve the language regarding exclusions to the definition of Animal Physical Rehabilitation inserting the term "including but not limit to," as follows: For the purposes of this section, Animal Physical Rehabilitation does not include relaxation, recreational or wellness modalities, including but not limited to, massage, athletic training or exercise.*

Roll Call: The members voted in support of the language. Ms. Silva abstained.

*M/S/C: Dr. Waldman moved and Vice Chairman. Klingborg seconded the motion to approve the language regarding the current provisions of Musculoskeletal Manipulation as follows: Nothing in this section restricts or amends section 2038 of the California Code of Regulations regarding the provision of Musculoskeletal Manipulation modalities.*

Roll Call: The members voted in support of the language. Ms. Silva abstained.

Chairman Nunez inquired whether the language in the MDC draft regarding the need for establishing a valid Veterinary-Client-Patient Relationship (VCPR) before providing AR services is necessary since AR is already included as the practice of veterinary medicine.

Chairperson Klingborg stated that every state requires a VCPR prior to performing AR.

Ms. Atlas agreed that the VCPR should be in place and that a diagnosis and medical clearance is important prior to referring a patient for AR.

*M/S/C: Vice Chair Klingborg moved and Ms. Heller seconded a motion to accept language regarding establishing a VCPR as follows: Prior to performing or authorizing Animal Physical Rehabilitation, a veterinarian shall establish a valid veterinary-client-patient relationship as defined in sections 2032.1 or 2032.15 of the California Code of Regulations.*

Roll Call: The members voted in support of the language. Ms. Silva abstained.

Ms. Calay inquired about whether a VCPR should be in place before a consumer seeks wellness modalities from a non-veterinarian. She inquired about Safe Harbor laws.

Dr. Syms responded that wellness should be determined by a veterinarian.

Both Vice Chairman Klingborg and Ms. Heller reiterated that the Task Force is not attempting to regulate wellness treatments.

Ms. Del Mugnaio explained there is an owner exemption that is currently in place in the Veterinary Medicine Practice Act.

Ms. Barr commented on the professional responsibility of any practitioner to refer a patient that appears to need care beyond the scope of practice of that practitioner.

The Task Force discussed the issue of necessary training of any practitioner who provides AR. Task Force member's comments included methods of both formal and informal training.

Ms. Heller circled back to the educational component and stated that it is important to understand the curricula and training of both veterinarians and RVTs.

Vice Chairman Klingborg mentioned that the Board licenses veterinarians to practice veterinary medicine based on meeting minimum qualifications, but the Board does not certify competency. He also stated that no other state requires a licensed veterinarian to obtain an additional certification to provide AR; even in state that authorize non-veterinarians to practice AR with specified training.

Ms. Barr addressed the inconsistency in the language as proposed by the MDC which does not require any training for veterinarians to provide AR, but deems non-veterinarians who have additional training in rehabilitation therapies as unqualified.

The Task Force discussed professional liability and reality that licensees have an obligation to refrain from practicing any area of medicine they are not competent or qualified to provide.

Ms. Fenstermaker stated that not all licensed veterinarians provide AR and if they did so without appropriate knowledge or skill, the practitioner risks disciplinary action by the Board.

Dr. Troy addressed many areas of veterinary medicine that are complex and do not require specialized training or certification. She suggested that treating AR as a specialty area of practice is inconsistent with the regulatory model currently in place.

Ms. Barr commented that the language as proposed does not provide protection for the consumer as it does not require additional training for veterinarians.

Ms. Billington requested Ms. Del Mugnaio speak to the Board's enforcement oversight.

Ms. Del Mugnaio provided the Task Force members information regarding the Board's authority to pursue enforcement action based on unprofessional conduct, negligence, incompetence, and fraud.

Ms. Atlas commented that AR is a specialty field that is not taught in current veterinary programs, while other specialty areas of practice are part of the formal curriculum. She also commented on whether the examinations for licensure include questions regarding AR.

Ms. Atlas mentioned that PT does have a specialty certification in Electromyography.

Vice Chairman Klingborg addressed some of the CE opportunities for veterinarians at national conferences and mentioned that the profession is responding to the need for additional training both in veterinary medical school and in continuing professional development.

## **8. Discussion of Educational Requirements for Veterinarians, Registered Veterinary Technicians, and Unlicensed Assistants and Physical Therapists**

Dr. Chou, of UC Davis outlined the curriculum available to veterinary students. He reported that although it may not appear that AR is included in the curriculum by course title, it is in fact integrated in different streams of education. In the first two-years there are a number of required courses that teach physical rehabilitation. Dr. Chou informed the Task Force that he teaches the course "Vet 433," teaching the students modalities of fixing fractures. Dr. Chou stated that other courses that include animal rehabilitation are muscular skeletal disease and oncology. He commented on a number of professional clubs that students get involved in that are geared toward rehabilitative services. Dr. Chou outlined rotations such as small animal soft tissue surgery, orthopedic surgery, and oncology which all have aspects of rehabilitation. Dr. Chou emphasized that rehabilitative services must start with a student being able to diagnose the problem and determine appropriate treatment. The student must be aware of when not to do something and how to properly treat or refer an animal patient. The student learns how to diagnose and refer; not necessarily how to execute each modality.

A number of Task Force members made comments regarding agenda items that were not addressed during the meeting, including supervision, other states' models of AR oversight, and specific training for veterinarians and RVTs.

Mr. Heppler suggested Chairman Nunez defer those items to the next Task Force Meeting.

## **9. Public Comment on Items Not on the Agenda**

Mr. Kaiser thanked the work of the Task Force and offered his technical assistance as the group addresses both the practice of veterinary medicine and the practice of physical therapy.

## **10. Next Steps and Items for Discussion and Consideration at the Next Task Force Meeting**

Topics for next meeting:

- Take up the title of the practice, tabled motion to change title to Animal Physical Rehabilitation
- Defer language in MDC draft document in subsection (e)(1)(2)
- Discuss Education and Training for Veterinarians, RVTs, and Physical Therapists
- Resume meeting with the Scope of Practice of Veterinarians, RVTs, Physical Therapists, and Unlicensed Assistants
- Add Agenda Item for Final Recommendation to the Board
- Logistical/Operational Challenges to Include Information on North Carolina vs. Dental Board of Examiners
- Gather Information from the American Association of Veterinary State Boards

Ms. Hagler inquired whether new members may be added to the Task Force.

Chairman Nunez stated that it would be unfair to add Task Force members at this time.

Mr. Heppler commented that the meeting is public and that any member of the public may attend the meeting and make substantive public comment.

Ms. Del Mugnaio agreed to collect curricula information from both UC Davis and Western University to disseminate to the Task Force

Ms. Gregory offered to research training for RVTs related to AR.

## **11. Adjournment**

*M/S/C: Ms. Heller motioned and Dr. Van Dyke seconded the motion to adjourn the meeting at 4:18 p.m.*

## Nomenclature Approved by the Animal Rehabilitation Task Force

June 20, 2016

Animal Physical Rehabilitation is defined as the treatment of injury or illness to address pain and improve function by means of physical corrective treatment.

Animal Physical Rehabilitation does not include relaxation, recreational or wellness modalities, including but not limited to, massage, athletic training or exercise.

Changes to provisions are not an attempt to restrict or amend section 2038 of the California Code of Regulations regarding the provision of Musculoskeletal Manipulation modalities.

Prior to performing or authorizing Animal Physical Rehabilitation, a veterinarian shall establish a valid veterinary-client-patient relationship as defined in sections 2032.1 or 2032.15 of the California Code of Regulations.

## Motions Passed from the Animal Rehabilitation Task Force Meeting

October 4, 2016

Veterinarians have sufficient education and training to provide Animal Physical Rehabilitation.

RVTs may provide APR under the direct supervision of a veterinarian unless in a range setting in which case the veterinarian may provide the appropriate level of supervision.

Veterinary Assistants may provide APR under the direct supervision of a veterinarian or an RVT.

## Motions that Did Not Pass from the Animal Rehabilitation Task Force Meeting- October 4, 2016

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.

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.