

ANIMAL REHABILITATION

SPECIAL INTEREST GROUP

President's Message

Kirk Peck, PT, PhD, CSCS, CCRT

APTA Combined Sections Meeting- Las Vegas, 2014

On behalf of the entire ARISG, I extend a special thanks to Laurie Edge Hughes, BScPT, MAnimSt (Animal Physio), CAFCI, CCRT, who presented on manual therapy of the canine thoracic spine during the SIG programming in Las Vegas. Her presentation was without question, another excellent example of quality education in animal rehabilitation. In addition, the programming was well attended this year, a testament to both Laurie's notoriety in the world of animal rehab and a growing interest by those seeking to learn more about this exciting area of practice. A highlight of Laurie's presentation was her uncanny ability to self-produce home video with live dogs to augment instruction on multiple treatment techniques.

Following Laurie's presentation, the ARISG met for its annual business meeting. Multiple topics of interest were discussed this year so I encourage you to please read the minutes as posted on the SIG web site. Topics of discussion included SIG engagement in CEU opportunities, the need to develop a pool of expertise for speaking events, a review of the 2007 Practice Analysis Survey, and state legislative updates to name a few. However, one of the most important issues discussed related to programming for next year's CSM in Indianapolis, IN. Several great ideas were generated but top billing focused on anything related to therapeutic exercise for canine rehab. SIG officers have already identified a potential speaker for this topic and will strive to have a proposal submitted for CSM in 2015. Submission of SIG proposals to CSM does not equate to automatic acceptance. All proposals, even those associated with APTA Sections, are subjected to the same level of criteria grading, so keep your fingers crossed.

ABC News Release- Associated Press

In late January I was contacted by a journalist from New York who works for the Associated Press. She expressed a fascination in what she recently discovered as a new option for animals in the area of physical therapy. Long story short, the reporter interviewed not only me but also Sasha Foster PT, CCRT, who works at Colorado State University and the Canine Rehab Institute, Coral Springs, FL. The story presented a positive view of animal physical therapy on a national scale. It was posted in the February 4 online edition of ABC News titled, *PT for Pets? Vets Prescribing Physical Therapy* by Diana Marszalek.

IAVRPT- 8th International Symposium - Mark Your Calendars!

The ARSIG is now a proud **Silver Sponsor** for the "8th International Symposium on Veterinary Rehabilitation/Physical Therapy and Sports Medicine" to be held in Corvallis, OR, August 4-8, 2014. This is the first time the ARSIG has co-sponsored a non-APTA event related to animal rehabilitation thanks to generous approval by the Orthopaedic Section Board

of Directors. This year's symposium proves to be an exciting event for both veterinarians and physical therapists seeking to learn new and innovative approaches to rehabilitation based on scientific evidence. Please explore the IAVRPT website for more details and programming highlights.

Legislative Update

Physical therapists from multiple states have recently been contacting me regarding practice law on animal rehab. I have recently heard from colleagues in Wisconsin, West Virginia, Florida, Arizona, Oregon, and New Jersey to name a few. This is wonderful news since it indicates a growing interest in this particular field of practice, but it also creates a new dilemma for political discussion and debate. The question is, "What language should people be looking for by way of legal authority?" The answer is, it all depends, and it is multifactorial, therefore not easy to address with a simple response. So I offer a few very important questions everyone should be well versed to answer based on your particular state law:

1. First, does the PT Practice Act specify that treatment is delivered to humans, patients, clients, individuals, or some associated mix? If it states "humans" only then animals are pretty well eliminated from the picture. Words such as Individuals, Patients, and Clients are open to broader interpretation but it depends on who is reviewing the language, eg, Professional Boards of PT, Departments of Health, Attorney Generals, etc.
2. Is there explicit language in the PT Practice Act pertaining to animal rehab or animal physical therapy?
3. Does explicit language exist in the Veterinary Practice Act providing an option for animal therapy by non-veterinarians?
4. What about rules and regulations for physical therapists and veterinarians? Statutory language is often less detailed than regulations so make sure to explore all documents related to scope of practice in your state. Most states post these materials online for public consumption so please get familiar with the laws in your state.

Without diving into excessive details my primary message at this point is for therapists to please become intimately familiar with all state laws regarding animal practice - in fact, it is your duty as a licensed practitioner. This means to review the practice acts for *both* the physical therapy and veterinary professions. Some states, like Colorado and New Hampshire, adopted language in the PT Practice Acts, but other states, such as Nevada and Nebraska, adopted language in the Veterinary Practice Acts. This creates added complexity when exploring legal language related to animal physical therapy.

Supervision of PT Services on Animals

I am going to comment about a concern circulating among veterinarians regarding supervision of PT services on animals. This issue is very important since it relates directly to current and future legislative debate on the adoption of language in scope of practice for physical therapists. In short, there are 3

basic scenarios of supervision in animal rehab: (1) direct supervision where a veterinarian is on premise and immediately available to a PT, (2) indirect supervision or basically treatment by referral to a PT practicing off-site and the veterinarian is not on premise, and (3) Unrestricted direct access as currently practiced in human care in many states.

Language adopted in Colorado, New Hampshire, and Nebraska allow for practice by referral following medical clearance by a veterinarian. This level of supervision encourages a positive relationship between the PT and Veterinarian and provides assurance that medical conditions are being addressed along with physical limitations and activity restrictions. The unrestricted direct access model is, of course, preferred by the PT profession in general, but physical therapy practice on animals is not an entry-level competency at the present time.

Simply put, the practice of animal rehabilitation by physical therapists is growing but remains in infancy. Therefore, evaluation and treatment by referral is an acceptable improvement over laws that require direct supervision. The profession of physical therapy has experienced many growing pains in achieving current levels of practice on humans. Unfortunately, we are now experiencing a repeat of similar growing pains as the profession evolves into collaborative practice on animals. There is more to come on this topic in the near future so please stay tuned.

Have A Great Spring!!

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Animal Physical Therapy Providers – Have You Checked Your Liability Insurance Lately?

In the past few months, I have spoken to many physical therapists who are active in treating animals. Many are unaware the professional liability insurance policy they currently have may exclude them from coverage. Shortly after completing my certification program in canine rehab, I was reviewing my policy with the APTA sponsored program HPSO/CNA. I knew my policy included an endorsement for “service to animals” so I assumed everything was in order. As I reviewed my policy, I came across an “exclusion” which stated that if I spent more than 50% of my time treating animals, I was NOT covered! I contacted HPSO and asked for clarification, and was told if I am treating animals greater than 50% of the time, I was in fact, NOT covered. No one from HPSO or CNA could give me the “why” for this exclusion.

The insurance agent took my request to several markets, which all declined coverage. We eventually did find coverage, but at a large cost in premium. Each year I would make my annual call to HPSO to inquire if the limitation of “no more than 50% time spent treating animals” remained.

Several weeks prior to this year’s CSM meeting in Las Vegas, I contacted HPSO and CNA as a newly elected officer of the ARSIG and discussed concerns with this limitation and the numbers of current ARSIG members who are unaware of the exclusion. I was pleased by their willingness to sit down with Kirk Peck and me at CSM to see if we could come up with a solution. Our meeting was very productive with both representations from HPSO and CNA underwriters. The final outcome, as yet to be finalized, has the potential to see the 50% exclusion dropped. I anticipate a final decision by the end of February

2014, and will notify our ARSIG as soon as possible. I feel this is an important “win” for us as part of the Orthopaedic Section within the APTA to not be excluded from APTA sponsored programs such as professional/general liability insurance.

HPSO/CNA produces a nice package of risk analysis that can be obtained online. I was struck by the comment, “We firmly believe that KNOWLEDGE is the key to patient safety.” Knowledge in our state practice act is imperative in mitigating your exposure. Some of the important strategies to minimize risks include:

- Communicate effectively with patients, families, and colleagues.
- Know and comply with state laws regarding scope of practice.
- Adapt an informed consent process that includes discussion and demonstrates that the patient/owner understands all the risks
- Ensure that clinical documentation practices comply with the standards promulgated by PT professional associations, state practice acts, and facility protocols
- Avoid documentation errors that may weaken legal defense efforts in the event of litigation.
- Maintain clinical competencies specific to the relevant patient population.
- Recognize patients’ medical conditions and co-morbidities that may affect therapy.
- Delegate patient therapy services only to the appropriate level of staff.

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