

ANIMAL REHABILITATION

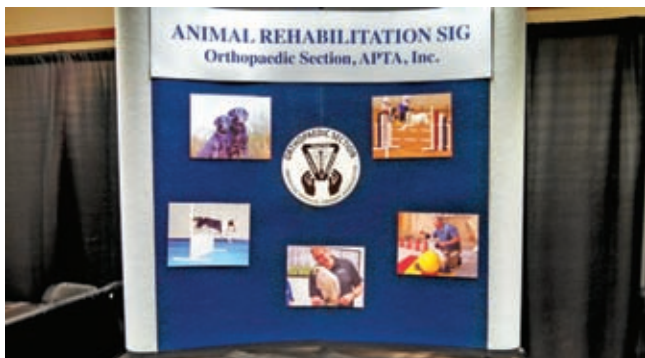
SPECIAL INTEREST GROUP

President's Message

Kirk Peck, PT, PhD, CSCS, CCRT

8th International Symposium on Veterinary Rehab/ Physical Therapy and Sports Medicine:

The International Symposium was held in Corvallis, OR, August 3-8, 2014. Attendance exceeded 250 veterinarians, veterinary technicians, and physical therapists representing over 21 countries including Canada, Sweden, Africa, the UK, Slovenia, Germany, and the Netherlands to name a few. Presentations were well attended and covered a variety of topics, including regenerative medicine, rehabbing the sporting canine, multiple topics on equine rehab, and updates on laser therapy.



The ARSIG had its own booth at the symposium thanks to the generosity and support of the Orthopaedic Section. The booth generated a lot of interest by attendees and even resulted in a little income through sales of the canine anatomy clipboards that some of you may have seen at past events. The clipboards are still available through the Orthopaedic Section, and we hope to have a few for sale at the 2015 Combined Sections Meeting in Indianapolis as well. If interested, please visit the Orthopaedic Section booth in the exhibit hall at CSM.

Recent State Legislative Action:

On August 20, the Governor of Nebraska signed into law proposed Rules and Regulations from the Board of Veterinary Medicine and Surgery allowing PTs to practice on animals through referral by a veterinarian. Essentially that means a veterinarian must first provide medical clearance, but may then refer to a physical therapist, or other qualified health care provider for animal rehab. The Nebraska law is a bit unusual in that "other" qualified providers were also at the table during years of language negotiations. Those professions included chiropractic, occupational therapy, massage therapy, and acupuncturists.

For the past 8 years, I have spent countless hours attending Veterinary Board of Medicine meetings to negotiate acceptable language with a common goal in mind; to lay a path for future therapists wishing to legally treat animals in Nebraska. The key element of the NE law is that healthcare providers who acquire a license to treat animals through the Board of Veterinary Medicine cannot provide interventions that exceed their respective

human scope of practice. In a nutshell, a physical therapist may provide treatment interventions to animals so long as those interventions fall within the human scope of practice. In light of the NE regulations, and laws already enacted across the country, it is my hope that other states will also seek to open doors for PTs and PTAs to legally treat animals within an allowable scope of practice.

Three Reasons to Enact Legal Language for Animal Rehab:

1. Legal language provides practice protection to PTs treating animals. Most human practice laws were not intended to allow PTs to treat other species. Therefore PTs treating animals without explicit language in the law to support such practice are legally vulnerable.
2. Legal language, if appropriately crafted, will support term and title protection for physical therapy and physical therapists respectively. This has been an important goal for APTA in relation to PTs and PTAs in human practice and therefore should remain just as important for those treating animals.
3. Maybe most important, legal language provides an essential element of public safety. By having language codified into law, greater authority is provided to regulatory agencies to stop unlicensed, inappropriate, and incompetent individuals from treating animals. In short, we should all be just as concerned about the quality of care being provided to animals by others as well as our own. As a point of reference, competence and public safety are two of the most important elements that need to be assured when negotiating legal language with outside entities. If those two issues are not addressed during language negotiations then political tensions will inflame.

California Veterinary Medical Board:

The California Veterinary Medical Board (VMB) has scheduled a public hearing on the proposed regulatory language to mandate "direct supervision" over all non-vets treating animals on October 21-22, San Diego, CA. The CA proposal is of concern to the ARSIG for many reasons, but primarily due to its lack of foresight with current trends in state laws and regulations.

ARSIG Logo:

As mentioned in a previous newsletter, the ARSIG is looking to adopt a creative design for a logo representing the association. Why a logo? Pure and simple, logos are great marketing tools and they create a sense of being more official when displayed on public documents such as the SIG website, letterhead paper, brochures, and yes, even our new ARSIG conference booth. SIG officers welcome creative ideas from members; however, we will most likely need to seek professional assistance to accomplish our goal of adopting a logo within the next year.

Call for OPTP Submissions:

Our members need your expertise! Please consider submit-

ting a fun clinical pearl, a critique of a recently published article, a unique case study, or an abstract of primary research.



Life is meant to be enjoyed...Happy Fall Season!!

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An Alternative Method To Assess The Canine Cranial Cruciate Ligament



Kirk Peck, PT, PhD, CSCS, CCRT

Recently I attended a continuing education course on the topic of canine sports medicine anatomy with laboratory dissection. As part of the course, James Cook, DVM, PhD,¹ introduced a new technique to assess the integrity of the cranial cruciate ligament (CCL). The test has not been statistically validated by randomized controlled studies; however, it does offer the canine rehab practitioner an alternative approach to triangulate data when clinically assessing the CCL for potential disruption.

Five-Step Process (Photos A-D):

1. Lay dog supine on firm surface (may require two people for support)
2. Flex hip and stifle to 90° and maintain in that position
3. Stabilize the femur of leg being tested
4. Internally rotate tibia on femur with firm pressure
5. Compare ROM bilaterally

Results: Excessive internal rotation of involved leg may indicate a disruption in CCL integrity. As seen in the photos, the right leg demonstrates excessive IR of the tibia on femur in comparison to the left leg (Photo B compared to Photo D). Results from this examination should be clinically compared to outcomes from other commonly used orthopaedic tests to assess the CCL.

Caution: Performing this test places the dog in an awkward position and requires a quick maneuver of the tibia that may be uncomfortable to the patient, especially if the CCL is disrupted. Therefore, caution must be used when performing the maneuver. In some cases, the dog may need to be sedated by a veterinarian before the test can be accurately performed.

Testing Procedure Cranial Cruciate Ligament Integrity



A. Normal left CCL—stifle in neutral position.



B. Normal left CCL—tibia internally rotates ~ 35°.



C. Torn right CCL—stifle in neutral.



D. Torn right CCL—tibia internally rotates ~ 65°.

Photos reprinted with permission from Kirk Peck.

REFERENCE

1. Cook JL, Warnock J. *Canine Sports Medicine Anatomy*. Paper presented at: 8th International Symposium on Veterinary Rehabilitation/Physical Therapy and Sports Medicine Preconference. August 4, 2014; Corvallis, OR.