Application Packet

2020 Exam Cycle

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The Academy of Physical Rehabilitation Veterinary Technicians™
10807 Kuykendahl Road, Suite 406 ♦ The Woodlands, TX 77382

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Welcome

The Academy of Physical Rehabilitation Veterinary Technicians (APRVT) appreciates your interest in becoming a Veterinary Technician Specialist in Physical Rehabilitation, VTS (Physical Rehabilitation). The APRVT's goal is to assure the veterinary profession and the public that an APRVT recognized veterinary technician possesses the knowledge, skills and experience needed to practice physical rehabilitation applications at an advanced level of competency. Although the academy requirements are rigorous, they are not designed to be obstacles to prevent candidates from becoming certified. The requirements of eligibility for the examination are defined in the APRVT constitution and bylaws.

All forms described in this packet MUST be used for the application submission. Individual files may be requested to assist an applicant with formatting. It is the applicant's responsibility to include all required documents. All forms must be typed or word-processed following formatting instructions for the individual section. The Application packet must be submitted as ONE document, including a Table of Contents saved in .PDF format.

NOTE - case reports must be submitted separately in a Word 97-2004 (.doc) document for commenting purposes AND .pdf embedded in the Application packet. Files shall be named with applicant last name, first name then case report number.

All files are to be uploaded to the applicant's personal Drop Box account. It is the applicant's responsibility to maintain personal Drop Box accounts and to read the general FAQ for Drop Box submission found on the APRVT website.

Drop Box document file links are to be sent to the Academy Credentialing and Case Review Chair: aprvtapplications@gmail.com. You should be submitting a total of five (5) links.

With the exception of signatures, handwritten forms will not be accepted. Please scan these items into the application packet.

Include only the information requested. Extraneous documents will not be accepted and may result in your application being rejected. This is a professional application and all efforts should be made by the applicant to ensure it is an example of their highest quality of work.

IF YOU ARE RESUBMITTING AN APPLICATION: Applicants must resubmit an entire application in full each application Year. An Applicant may only use a AIN for a total of two cycles. After this time an updated pre-application must be submitted to receive a new AIN.

Application Packet –Eligibility and Requirement Checklist

Before an applicant embarks on the application process, the APRVT recommends a thorough understanding of each eligibility are requirement for the application of a VTS (Physical rehabilitation). As stated in the APRVT bylaws and constitution, applicants must:

1. Submit Pre-Application packet one (1) year prior to application submission consisting of: A Letter of Intent, two (2) letters of recommendation and a completed Curriculum Vitae
2. Fulfill minimum points credentialing criteria including documentary evidence.
3. Submit a mentor agreement/request form.
4. Mentorship: Each VTS candidate shall be supervised by a veterinarian who is certified in veterinary rehabilitation conferred for a minimum of FIVE (5) years **or** is a veterinary college diplomat of Veterinary Sports Medicine and Rehabilitation (DACVSMR) (no time minimum).
5. Provide proof of graduation from an AVMA approved Veterinary Technician program and/or credentialing license to practice as a Veterinary Technician in some State or Province of the United States, Canada, or other country.
6. Meet experience requirements after graduation from a recognized school of Veterinary Technology and/or becoming credentialed to practice as a Veterinary Technicians through documentary evidence (case logs and skills list) of advanced competence in veterinary physical rehabilitation.
7. Minimum of five (5) years as a credentialed veterinary technician (10,000 hours working 40 hours a week, 50 weeks a year) with two (2) of those years with experience as a credentialed veterinary technician (4,000 hours) AND three (3) of those years containing at least 4,500 hours (75% of 6,000 hours, 3 years- 40-hour work week) of work as a credentialed rehabilitation veterinary technician in veterinary physical rehabilitation experience. Verification of experience required. For those working full time in physical rehabilitation in the previous five years prior to application submission, please e-mail the Credentialing Chair for further instructions. Be prepared to submit the work experience documentation sheet.
8. Meet Education requirements after graduation from a recognized school of Veterinary technology and/or becoming credentialed to practice as a Veterinary Technician. Continuing Education accounting for a minimum of forty (40) qualifying hours of advanced continuing education (CE) within the last 5 years prior to application pertaining to veterinary physical rehabilitation or associated topics that can be directly correlated to any of the APRVT Advanced Skills Checklist
9. Provide four (4) detailed case reports following the guidelines set forth in the application packet.
10. Provide documentary evidence through both case logs and the advanced skills list of competence in veterinary physical rehabilitation. A minimum number of forty (40) cases, but no more than sixty (60) cases, is strongly encouraged.
11. Provide five (5) prospective examination questions written as required by the examination committee guidelines.
12. Hold current membership with NAVTA including documentary evidence of membership number.
13. Membership of the American Association of Rehabilitation Veterinarians - technician associate strongly encouraged.

Professional Experience and History

Applications may be submitted after a minimum of five (5) years' experience as a credentialed veterinary technician (10,000 hours' total, working 40 hours a week, 50 weeks a year for five years) have been completed. Two (2) of those years must contain **4,000 hours** (2 years - 40-hour work week) of work as a credentialed veterinary technician. Three (3) of those years must contain experience as a credentialed veterinary technician working in veterinary physical rehabilitation, with at least **4,500** hours (75% of 6,000) of time in the specialty as described in the APRVT definition of veterinary physical rehabilitation. For the purpose of this eligibility requirement, the definition of veterinary physical rehabilitation as established by the Academy of Physical Rehabilitation Veterinary Technicians will be used to determine the number of hours you have spent providing rehabilitative care.

Work experience must be documented and will be verified with information provided on the Work Experience summary form. Please inform previous employers to prevent delays in processing.

For those working full-time in a physical rehabilitation facility and have not worked in general veterinary medicine in the immediate five years prior to application submission, please email the Credentialing Chair for clarification. Be prepared to submit the professional experience and history document early for evaluation of eligibility.

Curriculum Vitae Formatting Instructions

Please use the Curriculum Vitae format located on the Academy website to assist with application processing. Applicant Name MUST be on each page listed. Do not change the formatting. Only Times New Roman font at 12pt with 0.5-inch margins will be accepted. Page numbers and section headings should be listed in addition to applicant name appearing at the top of each page. Please save as a .PDF to be included in your application. **If your CV is different or you have updated information from the pre-application submission, please update your CV to reflect work achieved and highlight in yellow. Do NOT forget your NAVTA member number and your veterinary technician license number.**

License and Diploma

Applicants must be a graduate of an AVMA approved Veterinary Technology Program **and/or** legally credentialed to practice as a veterinary technician in a state of the United States, province of Canada or other country. Below are acceptable credentials from a country outside of the USA.

Please contact the APRVT for specific information about credentialing if a country is not listed.

- **United Kingdom (UK):** must submit a copy of the RCVS certificate. Candidates must hold a license to practice as an RVN and be in good standings with the RCVS. At this time, the RCVS diploma is not required.
- **Australia:** must submit a copy of the Certificate IV in veterinary nursing or a Bachelor of Applied Science in Veterinary Technology. At this time, a diploma in veterinary nursing is not required.
- **Canada:** must be credentialed to work as a veterinary technician in your province. This requires that you take and pass the VTNE.

A scanned copy (**.PDF**) of the **current** license must be included. If the current license does not indicate the original date of credentialing, documentation must accompany the license, which includes the date. Please write on you **CV** the veterinary medical board or association for which your license can be verified with.

Graduates of an AVMA approved veterinary technology program must submit a scanned copy of the diploma as proof of gradation along with the name of the school. If a state does not issue a paper license and has a voluntary credential process, an official letter from the state Veterinary Medical Board or state Veterinary Technicians Association stating the original date of credentialing and that the applicant is in good standing to legally practice as a veterinary technician must be included. Canceled checks and other documents will not be accepted as proof.

Those states without voluntary credentialing for veterinary technicians must be a graduate of an AVMA approved Veterinary Technology program AND pass the VTNE, which will serve as the date of credentialing.

Physical Rehabilitation Diploma/Certificate: Please provide a scanned copy of your diploma or certificate from the organization in your application packet. A screenshot of your name listed on the organizations website will NOT be accepted.

Applicant Professional Work History and Experience Form

Applicants are required to provide employment and work history experience. This may be verified by the Academy by calling employers listed below. DO NOT HANDWRITE on this form. By including contact information, applicants are hereby approving the Academy to contact current and previous employer. If experience cannot be verified the application may be denied or delayed for acceptance. If multiple employers or supervisors exist, please use separate forms for each.

Personal Information

Name

(Last) (First) (Middle Initial)

Mailing Address (you may not use a PO Box)

Street:

State/Provence **Zip/Country Code**

Phone (home) **Phone (work)**

Phone (cell)

E-Mail Address (REQUIRED)

Present Occupation:

Credentials (e.g. CVT, RVT, LVT)

Other:

AVMA approved school of veterinary technology

School Name: **Year:**

Are you currently credentialed to legally practice as a veterinary technician?

Please Mark 'X'

Yes	No	If yes, date first issued	State License #
Yes	No	If yes, date first issued	State License #

Are you currently credentialed as a rehabilitation technician?

Please Mark 'X'

Yes No

If yes, date first issued

Credentialing School

Applicant Professional Work History and Experience Form

Estimate, as accurately as possible, how many hours you have spent practicing veterinary technology as a **credentialed** veterinary technician in the last five (5) years:

[ ] hours (4,000 minimum)

Estimate, as accurately as possible, how many hours you have spent practicing veterinary technology as a **credentialed veterinary physical rehabilitation technician** in the last five (5) years:

[ ] hours (4,500 minimum)

To estimate hours = (hours per week) X (percent in specialty) X (weeks worked at job) = Total hours
(Example: 40 hours/week x 75% X 50 weeks/year X 3 years = 4,500 hours)

List your employment history as a credentialed veterinary technician.

Name of Practice/ Institution	Average number of hours worked per week	Average number of hours spent as a veterinary technician	Average number of hours spent in the physical rehabilitation	Type of practice (general, surgical, dental, etc.)	Starting date-Ending date

Applicant Name (Last, First)

Applicant Credentials:

APRVT Requirements/Points System

Applicants must show evidence of activities that earn a minimum of **155 points** (out of a possible 465 - point system) using the following criteria. The APRVT looks favorably upon the well-rounded applicant. **Photocopies of certificates, publications/table of contents, syllabus, fliers, proceedings, articles, and diplomas are REQUIRED for points to be accrued and counted towards total. If evidence is not provided, points will not be counted.** If a presentation was given, do NOT submit a PowerPoint presentation. An affidavit or statement, from the applicant's mentor including type of event, learning objective, date given, title and audience or RACE provider number will be accepted as evidence.

Teaching experience is accepted if the following criteria are met (at least one): course material is peer reviewed, a syllabus or outline is followed or course content is above and beyond what is expected for entry level physical rehabilitation, participants are either invited or exclusive to veterinary professionals. For each category, a description of evidence must be provided. Teaching at the high-school level will NOT be accepted as experience unless the speaker provides material on a regular basis (e.g. and entire semester).

Include a separate CE log for and CE claimed in the points system. Do NOT duplicate CE claimed for the minimum number or use Webinars.

1. Evidence of completion of postgraduate training or other advanced training in addition to credentialed veterinary technology in topics related to veterinary physical rehabilitation (e.g. completion of a post-graduate training in physical rehabilitation certification)
   (50 points total) _____
   File Description: _____

2. Evidence of completion of postgraduate training including observation hours, case reports and an examination or other advanced training in addition to credentialed veterinary technology degree in topics related to veterinary pain management
   (50 points total) _____
   File Description: _____

3. Evidence of significant experience teaching courses related to veterinary physical rehabilitation in academia (veterinary or veterinary technology school, veterinary physical rehabilitation certification school or professional continuing education program).
   (30 points total) _____
   File Description: _____

APRVT Requirements/Points System

4. First or senior author on a peer-reviewed publication in a scientific journal within the last 5 years resulting from research or clinical practice related to veterinary physical rehabilitation.
   (30 points per item- 60 points maximum) _____
   File Description: _____
   File Description: _____

5. Co-author (i.e., not a first or senior author) on a peer-reviewed journal publication or a primary invited author on textbook chapters related to physical rehabilitation within the last 5 years.
   (20 points total) _____
   File Description: _____

6. Editor of a textbook containing information about veterinary physical rehabilitation within the past 5 years.
   (30 points per textbook - maximum 60 points) _____
   File Description: _____
   File Description: _____

7. Invited podium speaker at national or international scientific veterinary conferences on topics related to veterinary physical rehabilitation.
   (20 points per item- maximum 40 points) _____
   File Description: _____
   File Description: _____

8. Membership of AARV technician association.
   (5 points total) _____

9. Membership of International Veterinary Academy of Pain Management (IVAPM).
   (5 points total) _____

10. RACE approved Continuing Education (CEU) in *addition* to the 40 required CEU within the last 5 years. WEBINARS MAY NOT BE USED. Ensure CE is not duplicated from the required 40.
    (1 point per 2 CEU, maximum 5 points) _____
    File Description: _____
    File Description: _____
    File Description: _____
    File Description: _____
    File Description: _____

APRVT Requirements/Points System

11. Physical rehabilitation article written for general public, local veterinary clinics.
    (5 pts each - maximum 10 points) _____
    File Description: _____
    File Description: _____

12. Guest speaker at a RACE approved lecture series (please provide RACE provider number or statement from mentor on letterhead stating lecture information, location, learning objective and duration)
    (20 pts per lecture - maximum 40 points) _____
    File Description: _____
    File Description: _____

13. Guest speaker non-RACE approved lecture (i.e. canine fitness center, dog show, local veterinary clinic. Please provide event name, location, audience and advert or other evidence.
    (10 points per lecture - maximum 20 points) _____
    File Description: _____
    File Description: _____

14. Evidence of completion of postgraduate training or other advanced training restricted to veterinary professionals. (E.g. The Chi Institute Veterinary Technician Acupuncture Course,
    (25 points total) _____
    File Description: _____

15. Evidence of completion of postgraduate training or other advanced training restricted to veterinary professionals (e.g. any of the UT programs: OA case manager, Canine Pain Manager, Nutrition Case Management. Fear Free Certification. Certified Canine Fitness Trainer)
    (20 points total) _____
    File Description: _____
    File Description: _____

16. Evidence of completion of a Bachelor's of Science (BS) or Masters (MS) in an animal related field
    (25 points total) _____
    File Description: _____

Applicant total points claimed out of 465 (minimum 155): _____
Approved Total Points: _____ *(Credentialing Committee only)*

Reminders: Include a separate CE log for and CE claimed in the points system. Do NOT duplicate CE claimed for the minimum number or use Webinars. Evidence is to be provided following the points system with the correlating category clearly labeled.

Continuing Education

Applicants must submit a minimum of forty (40) qualifying hours of advanced continuing education (CE) pertaining to veterinary physical rehabilitation or associated topics that can be directly correlated to any of the APRVT Advanced Skills Checklist. The 40 hours of CE must be completed in the past five (5) years. The CE must be above and beyond requirements needed to complete any rehab certification program. Twenty (20) hours of CE should be specifically physical rehabilitation credits, ten (10) hours of pain management CE, and ten (10) hours of complementary and integrative topics (e.g. massage, acupressure, nutrition, etc.). More than 40 hours of CE may be submitted in order to compensate for any hours deemed unqualified and subsequently rejected. If the title of the course does not describe which category it correlates with, please indicate where it fits in. **Continuing education programs MUST be presented by a VTS member (in any of the specialty academies), a credentialed rehabilitation veterinarian or a veterinary diplomat of any American college** with preference for the following disciplines: American College of Veterinary Sports Medicine and Rehabilitation (ACVSMR), American College of Veterinary Surgeons (DACVS), American College of Veterinary Internal Medicine (neurology) or American College of Veterinary Anesthesia and Analgesia (ACVAA). A provider's diplomat/credential status (DACVS, DACVSMR, DACVB, VTS, etc.) will must be listed.

Failure to include the speaker's credentials will result in those hours being rejected.

Only the continuing education activities described on the CE log form will be considered. Furthermore, submitting continuing education activities analogous to self-study (e.g., reading journal articles and passing an associated quiz) will not be accepted. You must use the Continuing Education Record to submit only the continuing education attended by the applicant for five years prior to the application submission deadline. EACH lecture attended at a meeting shall be listed individually on the CE form followed by the CE Certificate, which shall be an electronic copy or scanned representation provided by the organization or speaker as proof of attendance. Cancelled checks or other documents will not be accepted as proof of attendance. Use the APRVT's ***definition of continuing education*** found in the supplemental section of this packet to determine whether or not your CE meets the requirements regarding content. If the title of the CE does not provide enough information to show the CE was related to specified categories, you may submit electronic copies of the course description provided by the organization providing the CE. For a particular meeting, each lecture attended should be listed on the form with speaker credentials. In evaluating CE resources, the APRVT is looking for diversity in the percentage of CE obtained from in-house, online, and meeting/conference attendance. It is expected that no more than 50% (20 hours) of in-house and online combined CE will be accepted and if provided in excess, they will not contribute towards the total hours needed. This means that it is MANDATORY for at least 20 hours of CE to come from national, state or local meetings.

Applicant Continuing Education Outline

- All CE must be completed within five (5) years of application.
- CE must meet the APRVT requirements as defined in the applicant packet
- Scanned copies of certificate of attendance or other proof of attendance for these events are required and must follow this form
- 40 hours of approved CE minimum (20 maximum may be online education). Applicants are *encouraged* to submit > 40 hours of CE.

Applicant Name (first/last) _____ Credentials _____

Examination Year					
Date	**Location/ Convention**	**Speaker**	**Title**	**CE Category**	**Hours**
				Page total	

Total Hours Combined: _____

Case Log Instruction

Candidates must provide documentary evidence through both case logs and the advanced skills list of competence in veterinary physical rehabilitation.

- Only cases that take place after the applicant reaches two (2) years of work as a credentialed veterinary technician and three (3) years in the specialty.
- Case logs submitted must take place in the year prior to application deadline and must be submitted with the application packet. They should be listed from oldest to newest.
- The case log is intended to provide a summary of a patient's condition and the rehabilitation that was performed on a variety of cases, while succinctly demonstrating as many advanced rehabilitation skills as possible (as outlined in the Advanced Skills Form).
- If a case is used to demonstrate mastery of a particular skill, the applicant MUST use the verbiage pertaining to that specific skill in the case summary log (e.g. the context in which skill was used).
- Each case log should clearly outline the applicant's role in the rehabilitation plan and demonstrate which of their actions contributed to a successful outcome.
- Case logs MUST demonstrate a variety of rehabilitation cases to represent the applicant's diversity working in physical rehabilitation (i.e., orthopedic, neurologic, weight loss, geriatric, etc.) as well as the applicant's use of advanced rehabilitation skills and care throughout all phases of the case.
- Ensure that common or routine orthopedic, neurologic or geriatric cases comprise <15% of your case log. Common or routine case examples include uncomplicated pre or post-operative orthopedic, neurologic or geriatric rehabilitation. Furthermore, submitting 5 similar rehabilitation cases (i.e., uncomplicated TPLO/TTA, hemilaminectomy rehabilitation etc.) may result in disqualification of the supplementary case logs.
- A minimum number of forty (40) cases, but no more than sixty (60) cases, is strongly encouraged in the event a case is dismissed and shall reflect the mastery of veterinary physical rehabilitation knowledge and skills.
- Case logs must correlate with at least ONE Advanced skill and should be described in the summary description. If the summary does not match the skill, the log will be rejected.
- If a case log is rejected, the correlating skill is also rejected (e.g. all logs have a skill but not all skills have a correlating case log).
- A case log MUST correlate with a Case Report. If the log fails, the report fails.
- The applicant will use the APRVT Case Log formatting instructions to document said cases. Case log should not exceed formatting instructions. A minimum number of eight (8) visits is required.
- **All cases included in the applicant's log must be completed at the facility where the applicant is currently employed or while under the supervision of the employer at a different location.**
- APRVT case logs should be written in the third person with perfect spelling and grammar.
- Abbreviations should be expanded on first mention if not on abbreviation list found at the end of this packet

Case Log Format and Example

Instructions: Include date, patient identification (name or number), number of visits, species/breed, age, sex, weight, veterinary diagnosis, immediate rehabilitative goals, equipment, modalities or therapeutic aides used (please reference equipment or physical modalities listed in the skills list), demonstration of advanced skills and knowledge (referencing the skills list), use of objective scales, final outcome/goals, and succinct summary outcome including ONE advanced skill (not to exceed **250 words** in summary of care section or **three** case logs per page) of veterinary physical rehabilitation techniques, skills, and procedures performed by the applicant on the patient. A case log is the applicant's chance to demonstrate their understanding of therapies and conditions to the Academy.

Abbreviations recognized by the Academy can be found in the application packet. If an abbreviation is used and is not in the abbreviation list, it must be fully spelled out with the abbreviation in parentheses. Medications must include dosages and frequency (e.g. mg/kg BID x7d) Applicants can find approved validated approved objective scales in the **supplemental section of the APRVT application packet.** Please use Times New Roman 9-point font. Patients must be seen for a minimum number of **eight (8)** visits to qualify for submission. If a patient is being seen on an extended basis and currently under care, state this as such in the visit box. Omitting any portion in the Log format will result in the log being rejected.
Image Submission: Image submissions will not be accepted.

Applicant Identification Number (AIN): 001-2016

Case log: # 1	**Patient ID:** Dustin/ID 5651	**Number of Visits:** 50	**Date:** 1/1/17
Species/Breed: K9/Labrador Retriever	**Age:** 3 years	**Sex:** M/N	**Weight (kg):** 30
Diagnosis/Conditions: Right tibial spiral fracture at 5 months of age stabilized with ESF. Secondary metatarsal external rotation, tibial valgus, abnormal RPL conformation stifle to metatarsals.			
Immediate rehabilitative goals: Long term OA management secondary to abnormal joint conformation, conditioning and training.			
Representative Signed Advanced Skills (including assistance in) and Knowledge:			
☒ Supplemental Skills #17			
Validated Scale(s) Used: ☒ Pain score 0/4 ☒ Lameness Score 0/5 ☐ Neurologic Score			
Pharmaceuticals and Supplements Used (mg/kg; route; frequency; start/end date): IA HA injections (Hylartin-V, 1 ml IA bilat. stifles with sterile surgical prep) q6 months. Adequan (polysulfated glycosaminoglycan) 1mg/kg q3 months. Carprofen 2.2mg/kg PO SID-BID prn soreness after exercise.			
Equipment used: ESWT (PulseVet VersaTron4Paws protocol – 1000 pulses/stifle med/lat/Cr) q6-9 months, UWTM, LLLT, NMES, tPEMF, Land Ther.Ex.			
Summary of Care (include final outcome if any, equipment used and goals including ONE advanced skills that the applicant performed): RPL tibial fracture completely healed with complication of externally rotated tibia/metatarsals. Goniometry and ROM measurements wnl 8 weeks following ESF removal. No functional limitations and patient at risk for OA due to abnormal healing of tibia (e.g. torsional forces created by external rotation). to augment), MSC harvest recommended at 6 years of age for long term OA management. Joint viscosity replacement and ESWT used to preserve articular cartilage health.			

Case Log Form

Case log: # Example	Patient ID:	Number of Visits:	Date:
Species/Breed:	Age:	Sex:	Weight (kg):
Diagnosis/Conditions:			
Immediate rehabilitative goals:			
Representative Signed Advanced Skills (including assistance in) and Knowledge. TYPE IN SKILL TITLE BELOW			
☐ [INSERT CATEGORY TITLE and SKILL #]			
Validated Objective Scale(s) Used: ☐ Pain score ☐ Lameness Score ☐ Neurologic Score			
Pharmaceuticals and Supplements Used (mg/kg; route; frequency; start/end date):			
Equipment used:			
Summary of Care (include final outcome if any and goals including ONE advanced skills that the applicant performed):			

Case log: # Example	Patient ID:	Number of Visits:	Date:
Species/Breed:	Age:	Sex:	Weight (kg):
Diagnosis/Conditions:			
Immediate rehabilitative goals:			
Representative Signed Advanced Skills (including assistance in) and Knowledge. TYPE IN SKILL TITLE BELOW			
☐ [INSERT CATEGORY TITLE and SKILL #]			
Validated Objective Scale(s) Used: ☐ Pain score ☐ Lameness Score ☐ Neurologic Score			
Pharmaceuticals and Supplements Used (mg/kg; route; frequency; start/end date):			
Equipment used:			
Summary of Care (include final outcome if any and goals including ONE advanced skills that the applicant performed):			

Case log: # Example	Patient ID:	Number of Visits:	Date:
Species/Breed:	Age:	Sex:	Weight (kg):
Diagnosis/Conditions:			
Immediate rehabilitative goals:			
Representative Signed Advanced Skills (including assistance in) and Knowledge. TYPE IN SKILL TITLE BELOW			
☐ [INSERT CATEGORY TITLE and SKILL #]			
Validated Objective Scale(s) Used: ☐ Pain score ☐ Lameness Score ☐ Neurologic Score			
Pharmaceuticals and Supplements Used (mg/kg; route; frequency; start/end date):			
Equipment used:			
Summary of Care (include final outcome if any and goals including ONE advanced skills that the applicant performed):			

Case Reports – Instructions/Guidelines

Four (4) detailed case reports are required. Case reports must demonstrate expertise and understanding of principles in the management of a variety of veterinary patients requiring veterinary physical rehabilitation. At this time, canine and feline species will only be accepted. Case reports must be the original work of the applicant and strictly adhere to the case report submission and guidelines. ***Not following directions or formatting may result in your reports being rejected.*** *It is strongly recommended for your mentor to review your report. It must be of similar caliber for submission to a scientific journal.*

- Only cases that take place after the applicant reaches five (5) years of work as a credentialed veterinary technician with three (3) years of those years spent in the specialty field may be submitted.
- Reports must be no more than five written (5) pages each, 1-inch margins, Times New Roman 12pt., and double-spaced. One (1) page may include objective measurement documentation, one (1) page may include equipment and one (1) page may be used for supplemental therapeutics, abbreviations, references or supplemental information. Please include a separate title page with title, application year and AIN **totaling nine (9) pages**. Serial measurements or treatments should include initial parameters, any major changes during treatment to a protocol and final information if available. Reports should be written in 3rd person with perfect spelling and grammar.
- The use of references is required, and plagiarism will not be tolerated. References are NOT included as part of the five-page maximum. References must be derived from texts or search of literature. They should be placed at the end of the document following a standardized format, Harvard style, in alphabetical order with superscripts in the body of the report. Material citation guidelines will be provided upon request. A minimum of 5 (five) references including textbooks, journal articles or other approved sources is required. Evaluators should be able to follow a reference to its source. If a reference cannot be verified, points will be deducted.
- The case report must be taken from the case logs and referenced. Case reports must demonstrate expertise and understanding of principles in the management of a variety of veterinary patients or research participants requiring veterinary physical rehabilitation.
- Abbreviations should be expanded on first mention if not on abbreviation list.
- Reports must demonstrate expertise in the management and treatment of clinical cases and will be reviewed for modalities utilized by the technician, goals of care, and the technician's role in the management as it relates to the case.
- Case reports will be scored on writing (communicates clearly, concisely yet thoroughly), diagnosis/condition (demonstrating a clear understanding of the diagnosis, condition and its treatment based on relevant anatomy and physiology), modalities (explanation of a modality and reason for its use), and explanation of goals of physical rehabilitation. **Please reference and follow the Case Report Review Template. This is how your report will be graded.**
- Medications, if referenced, should be referred to by drug name, not brand or trade name. (Correct- Carprofen; incorrect-Rimadyl). Drug dosages must be expressed in metric units with specific dosage (mg/kg not mg only), time intervals, and route of administration.

Case Report Validated Scoring System

- Case reports **must** utilize the following validated scoring systems and will be verified in the case logs.
  - **Lameness scoring:** Millis DL. Levine D. Chapter 13: Assessing and Measuring Outcomes. Eds. Millis DL. Levine D., In *Canine Rehabilitation and Physical Therapy, 2nd.* Elsevier, Philadelphia, PA, 2014. p 221.
  - **Neurological scoring:** Lee CS, Bentley RT, Weng HY, Breur, GJ. Modified Frankel scoring system: A preliminary evaluation of the reliability of a modified functional scoring system for assessing neurologic function in ambulatory thoracolumbar myelopathy dogs, BMC Veterinary Research, 2015, 11:241.
  - **Pain scoring:** Glasgow Composite Measure Pain Scale (CMPS-SF) – Canine/Feline, http://www.gla.ac.uk/media/media_61908_en.pdf, accessed on 7/25/2016

- Case report grading system will be utilized. Applicants will be provided with a summary sheet if necessary. All reports are graded by two different evaluators. The Applicant with the highest scoring Case Report for a given examination year may become eligible to become an invited speaker for an APRVT sponsored CE event or peer reviewed writing opportunity.
  - (PASS) - PASS without any further response from applicant.
  - (PWC) - Pass with Clarification – This category does not require revisions of the report; however, the applicant should answer questions from the reviewer.
  - (PWR) - Pass with Revisions- This category requires the applicant to revise sections of their report.
  - (FAIL) - Fail- This category requires the applicant submit four new case reports.

Case Report Scoring Template

Please see that your individual Case Report follows this specific format with appropriate headings. Each section will be graded on the criteria listed.

I Presentation Formatting (10 points) - Correct formatting followed (Times New Roman 12 font double spaced - 8 page total). Separate Cover page with applicant name, applicant Identification Number, Title of Case (e.g. Rehabilitation of Total Hip replacement) and Examination Year. Correct spelling, grammar and terminology will be looked at for each case. Tables, charts or images at end of report before references.

II Introduction (5 points) - Brief introduction should state the type of case featured in the report, a brief listing of therapeutic modalities and/or pharmaceuticals used and outcome.

III Clinical Report (10 points) - Should consist of signalment, clinical history, findings (including measurements, diagnostic findings, and pain scale records) and primary diagnosis. All laboratory data should be formatted in a table.

IV Clinical Assessment (20 points) - Subjective assessments, objective assessments, and diagnosis of primary reason for rehabilitation therapy. Attention to the patient as a whole – physical exam, medical status, emotional health, risk, co-morbidities, primary environment (i.e. clinic, recovery room, at home)

V Detailed description of the physical rehabilitation protocol employed (10 points) - Including all therapeutic modalities and/or therapeutic exercises and massage. Should include muscles targeted for therapy and details of a therapeutic exercise plan. Simply listing "detailed HEP" is not acceptable.

VI Clinical Outcome (10 points) - A subjective and objective response to therapy (use of a pain- or disability-scoring system required). In chronic patients, include recommended long-term therapeutic plan

VII Discussion (20 points) - Author's subjective critique. MUST include rationale for use of analgesics and physical modalities, critical evaluation of patient care, deficiencies, and areas of possible case management improvement. The Physical Rehabilitation Veterinarian will set protocol. However, the applicant should understand the reasoning as to why each therapy was chosen. This is an opportunity for the applicant to show critical thinking skills and expand on therapies that may not have been available but would have benefited the patient.

VIII Summary (5 points) -Provides a brief interpretive summary of the case report – one or 2 paragraphs

IX References (10 points) -MUST BE INCLUDED FOR ALL INFORMATION DERIVED FROM TEXTS OR RELATED LITERATURE. Placed at the end of the document in Harvard style referencing. References may include standard reference texts, online reference material (e.g. www.ivis.org, www.vin.com), published conference proceedings, and peer-review literature as indexed in PubMed. A minimum of 5 (five) references including textbooks, journal articles or other approves sources is required.

X Tables and Charts - Summary of clinical therapeutics in table format showing visit number, therapeutics utilized response to treatment and any other ongoing assessments. Entries are not duplicated and changes in patient status or treatment are only documented.

Advanced Skills Assessment

The Academy of Physical Rehabilitation Veterinary Technicians requires mentors of each VTS candidate to be supervised by a veterinarian who is certified in veterinary physical rehabilitation **or** is a Veterinary Sports Medicine and Rehabilitation **(DACVSMR)** diplomat. The Academy recognizes the difficulty that an applicant may encounter locating evaluators to attest to skills mastery, and until a sufficient number of VTS (Physical Rehabilitation) and DACVSMR individuals exist, the Academy will, on a case-by-case basis, accept skill verification by a diplomat from an established American College of Veterinary Specialists, or a VTS in any of the approved specialties recognized by NAVTA for the first three (3) years. A veterinarian of an established American College of Veterinary Specialists or a CVT with a VTS Academy recognition must only attest to mastery of skills within their expertise. In the case of the aforementioned VTS attesting to a subset of skills, mentorship by a veterinarian certified in physical rehabilitation is still required to attest to a majority of skills listed. The applicant should understand that the evaluator might be subject to submission of supporting documentation validating an expert understanding of the specialty field.

Applicant must be able to complete **90%** of core skills below. Supplemental skills are to be used to enhance the core skills should the applicant have access. A maximum of 96 skills will be used for determining the applicants score. Case reports from this section may be given special considerations. By setting a high standard for our Academy members, we ensure that individuals have developed skill sets beyond those of a technician graduate of a veterinary physical rehabilitation certification program.

The APRVT is aware that some states or provinces may not permit a task to be performed by a credentialed veterinary technician. Each applicant must understand and state individual legal limitations in their application in order to prevent skills verification dismissal and applicant denial. Supplemental information must be provided where necessary in an appendix. The applicant may still be required to demonstrate an understanding of the advanced skill regardless of actual task performance.

It is NOT required for each skill to have a correlating case log.

Simply listing a particular skill in a case log is NOT acceptable and the skill will not be counted as mastered if the skill is not described in the log. Select ONE case log that best represents each signed skill. The applicant must include the case log number in the allotted space on the skills list. Please remember that all case logs must have a correlating skill. If a case log is rejected, the skill will be rejected as well.

Include all forms including signatures in the final Application packet as ONE .PDF file including all pages in the application packet.

Advanced Skills List Definitions and Guidelines

Advanced knowledge is defined as being able to consistently demonstrate a higher level of skill above and beyond the credentialed veterinary technician in order to accomplish mastery of physical rehabilitation therapies, therapeutic exercise equipment and provide education to clients, colleagues and others.

Common rehabilitative therapies are considered those described in the equipment list. Common rehabilitative conditions are considered those found in the abbreviation list.

Common conditions seen in orthopedics, neurology and rehabilitation therapy are considered those found in the reading materials list.

Mastery is defined as consistently being able to perform the task safely with great skill, knowledge and a high degree of success without being coached or prompted.

IMPORTANT: For each of the required skills categories, including supplemental section, applicants must be able to do the following:

1. Apply at least two items listed in the therapeutic exercise equipment and modalities section to each skill
2. Take into consideration common rehabilitative therapies and conditions for patients treated in veterinary rehabilitation
3. Recognize potential complications or considerations during skill application for common conditions treated in veterinary rehabilitation
4. Mark off all subsection boxes for each skill listed. If these boxes are not marked, off the skill and any correlating case log may be rejected.
5. Acceptable formatting for Mastery Date: Month/Year (e.g. 02/2017). Do NOT write a mastery date with the year only or with month and date only.

Skills List Table of Contents

Definitions and Guidelines
Required Core Categories
Canine Behavior and Handling
Small Animal Anatomy, Physiology and Directional Terms
Responses of Musculoskeletal Tissues to Disuse and Remobilization
Patient Assessment and Management
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Small Animal Behavior and Handling

The VTS (Physical Rehabilitation) must have an understanding of canine and feline behaviors in order to safely, effectively deliver therapeutic treatment plans, and evaluate patient pain assessment or endurance levels during the rehabilitation process.

#	Skill	Mastery Date	Evaluator Initials	Reference Case # (s)
1	*Possess anticipatory skills and demonstrate the ability to apply behavior for canine and feline species during rehabilitative therapies (e.g. communication, fear and aggression)*			
2	*Possess anticipatory skills and demonstrate the ability to apply concepts of animal learning for the applications of physical rehabilitation therapies and treatments* ☐ *associative or non-associative* ☐ *behavior modification (e.g. desensitization, positive reinforcement, classical conditioning, etc.)*			
3	*Demonstrate the ability to properly provide recommendations for rehabilitation patients in the prevention of anxiety and stress for the following:* ☐ *low stress handling* ☐ *minimal restraint* ☐ *behavior modification*			
4	*Demonstrate the ability to appropriately select and use equipment for control and safety of rehabilitation patients:* ☐ *head halter* ☐ *comfort cone/collar* ☐ *basket muzzle*			
5	*Demonstrate the ability to properly instruct owners or caregivers to safely modify rehabilitation therapies for fearful and/or painful patients*			

Small Animal Anatomy and Physiology

It is required for the VTS (Physical Rehabilitation) to have advanced knowledge of canine and feline anatomy, normal anatomical function during movement and changes that occur during recovery from an injury or illness in order to assist in physical rehabilitation therapies.

#	Skill	Mastery Date	Evaluator Initials	Reference Case #
6	*Demonstrate advanced knowledge of normal animal anatomy and physiology as it relates to:* ☐ *directional terms* ☐ *anatomical planes* ☐ *axes of joint motion* ☐ *autonomous zones* ☐ *differences in conformation among breeds* ☐ *weight-bearing and weight distribution*			
7	*Demonstrate advanced knowledge of abnormal animal anatomy and physiology as it relates to:* ☐ *anatomical planes* ☐ *differences in conformation among breeds* ☐ *weight-bearing and weight distribution.*			
8	*Demonstrate advanced knowledge of animal anatomy and physiology when recognizing, describing or palpating major bony landmarks of:* ☐ *the forelimb* ☐ *the hind limb* ☐ *the vertebral column*			
9	*Demonstrate advanced knowledge of animal anatomy and physiology for common congenital orthopedic conditions as seen in a variety of breeds (e.g. Legg-Perthes disease, Osteochondritis dissecans, dysplasia)*			

Small Animal Anatomy and Physiology

#	Skill	Mastery Date	Evaluator Initials	Reference Case #
10	*Demonstrate advanced knowledge of animal anatomy and physiology for common orthopedic injuries as seen in a variety of breeds (e.g. CCL-D)*			
11	*Demonstrate advanced knowledge of animal anatomy and physiology when recognizing and accurately identifying:* ☐ *major joints* ☐ *flexor and extensor surfaces* ☐ *shapes of articular surfaces* ☐ *normal joint motion in the limbs, spine, pelvis and sacroiliac joints*			
12	*Demonstrate advanced knowledge of animal anatomy and physiology for surgical corrective or stabilization procedures for common orthopedic conditions (e.g. TPLO, MPL, ED, HD)*			
13	*Demonstrate advanced knowledge of animal anatomy and physiology as it relates to identification of potential complications and post-operative considerations for surgical corrective or stabilization procedures for common orthopedic conditions or injuries (e.g. TPLO and implant failure, patellar tendinopathy, femoral fracture, quadriceps contracture)*			
14	*Demonstrate advanced knowledge of animal anatomy and physiology for common neurologic injuries as seen in a variety of breeds (e.g. brachial plexus injury, spinal cord injury)*			

Small Animal Anatomy and Physiology

#	Skill	Mastery Date	Evaluator Initials	Reference Case #
15	*Demonstrate advanced knowledge of animal anatomy and physiology for common neurologic conditions as seen in a variety of breeds (e.g. degenerative myelopathy, disc disease, spinal stenosis)*			
16	*Demonstrate advanced knowledge of animal anatomy and physiology for surgical corrective or stabilization procedures for common neurologic conditions or injuries (e.g. laminectomy, ventral slot, bone cement fixation)*			
17	*Demonstrate advanced knowledge of animal anatomy and physiology as it relates to identifying potential complications and post-operative considerations (e.g. laminectomy, ventral slot, bone cement fixation)*			
18	*Demonstrate advanced knowledge of animal anatomy and physiology for normal skeletal alignment and its influences on mobility, function and pathologic conditions*			

Small Animal Anatomy and Physiology

#	Skill	Mastery Date	Evaluator Initials	Reference Case #
19	*Demonstrate advanced knowledge of animal anatomy and physiology involving antigravity and prime mover muscles and the role they play during movement:* ☐ *forelimb* ☐ *hind limb* ☐ *spine* ☐ *synovial bursae* ☐ *major ligaments of the forelimb* ☐ *major ligaments of the hind limb* ☐ *major ligaments of the spine*			
20	*Demonstrate advanced knowledge of animal anatomy and physiology as it relates to conditions affecting senior and geriatric patients*			
21	*Demonstrate advanced knowledge of animal anatomy and physiology as it relates to patients of different age groups participating in fitness or conditioning programs* ☐ *puppy* ☐ *adult* ☐ *senior* ☐ *geriatric*			

Responses of Musculoskeletal Tissues to Disuse and Remobilization

The VTS (Physical Rehabilitation) must have advanced knowledge of how cartilage, joint capsules, muscles, ligaments, tendons, and bones respond to disuse and remobilization (above and beyond the credentialed veterinary technician) as it relates to the application of therapeutic exercise and modalities commonly used in the clinical setting.

	Skill	Mastery Date	Evaluator Initials	Reference Case #
22	*Be able to recognize tissues most affected by disuse and immobilization for common rehabilitative conditions:* ☐ *cartilage* ☐ *meniscus* ☐ *joint capsule* ☐ *muscle* ☐ *bone* ☐ *tendon* ☐ *ligament*			
23	*Demonstrate advanced knowledge general time frames of deleterious tissue changes and occurrence for common rehabilitative conditions (see skill#_____)*			
24	*Demonstrate advanced knowledge of when damaged tissues can safely be remobilized after injury or a period of immobilization*			
25	*Demonstrate advanced knowledge of the general phases of wound healing:* ☐ *inflammatory* ☐ *reparative* ☐ *remodeling*			
26	*Demonstrate advanced ability to identify potential complications or considerations during the general phases of*			

	wound healing			

Responses of Musculoskeletal Tissues to Disuse and Remobilization

	Skill	Mastery Date	Evaluator Initials	Reference Case #
Articular Cartilage, Meniscus, Joint Capsule				
27	*Demonstrate advanced knowledge of normal structure and function of articular cartilage:* ☐ *collagen* ☐ *cartilage*			
28	*Demonstrate advanced knowledge of normal structure and components of the cartilage extracellular matrix (ECM):* ☐ *water* ☐ *proteoglycan aggregates* ☐ *chondrocytes* ☐ *type II collagen*			
29	*Demonstrate advanced knowledge of mechanical and physical properties for patients with abnormal articular cartilage (including identification of potential complications or considerations):* ☐ *structural breakdown* ☐ *factors affecting breakdown* ☐ *changes caused by disuse and immobilization*			
30	*Demonstrate advanced knowledge for remobilization of cartilage and identify potential complications or considerations including:* ☐ *biochemical demand of that joint* ☐ *if certain medications have affected tissue integrity*			

Responses of Musculoskeletal Tissues to Disuse and Remobilization

	Skill	Mastery Date	Evaluator Initials	Reference Case #
31	*Demonstrate advanced knowledge to describe changes associated with the meniscus during immobilization or injury and identify potential complications or considerations (e.g. decreased joint position sense following immobilization)*			
32	*Demonstrate advanced knowledge to recognize and describe adaptations of cartilage* ☐ *increased mechanical stress (e.g. effects of training on cartilage)* ☐ *acute inflammation* ☐ *abnormal biomechanical stresses*			
33	*Demonstrate advanced knowledge to properly identify potential complications or considerations of cartilage adaptation*			
34	*Demonstrate advanced knowledge to be able to describe changes in the joint capsule with immobilization:* ☐ *responses of the joint capsule after immobilization* ☐ *recognize potential effects medications may have*			
35	*Demonstrate advanced knowledge to be able to identify potential joint capsule complications (e.g. abnormal rang of joint motion or atrophic changes during a selected exercise)*			

Responses of Musculoskeletal Tissues to Disuse and Remobilization

	Skill	Mastery Date	Evaluator Initials	Reference Case #
Muscle				
36	*Demonstrate advanced knowledge to describe and provide an understanding of different muscle fiber types (Type I and Type II)*			
37	*Demonstrate advanced knowledge of factors affecting muscle contraction including identification of potential complications or considerations (e.g. Type I muscle atrophy)*			
38	*Demonstrate advanced knowledge to describe the adaptation or response of muscle to:* ☐ *disuse or immobilization (e.g. mechanism of muscle atrophy)* ☐ *neurogenic muscle atrophy* ☐ *atrophic changes associated with aging* ☐ *effects of medications on immobilized muscles* ☐ *increased mechanical stress*			
39	*Demonstrate advanced knowledge to describe and recognize characteristic muscle changes in at least two common orthopedic conditions seen in rehabilitation therapy (e.g. gluteal muscle atrophy with hip dysplasia)*			
40	*Demonstrate advanced knowledge of the mechanism for which myofascial trigger points (MTrP's) manifest, in at least four commonly affected muscle groups* ***(see suggested reading materials on the APRVT website or reading list)***			

Responses of Musculoskeletal Tissues to Disuse and Remobilization

	Skill	Mastery Date	Evaluator Initials	Reference Case #
Ligaments, Tendon and Bone				
41	*Demonstrate advanced knowledge to describe and understand the following normal structure and biomechanics:* ☐ *ligament* ☐ *tendon* ☐ *bone*			
42	*Demonstrate advanced knowledge and be able to describe the response of ligaments, tendons and bone to:* ☐ *disuse* ☐ *immobilization* ☐ *remobilization*			
43	*Demonstrate advanced knowledge and proper identification of potential complications or considerations for ligament, tendon and bone:* ☐ *disuse* ☐ *immobilization* ☐ *remobilization*			
44	*Demonstrate advanced knowledge in order to understand and describe at least two effects of medications and identify potential complications or considerations on* ☐ *ligaments* ☐ *tendons* ☐ *bones*			

Responses of Musculoskeletal Tissues to Disuse and Remobilization

	Skill	Mastery Date	Evaluator Initials	Reference Case #
45	*Demonstrate advanced knowledge to describe at least two changes in bone resulting from:* ☐ *disease conditions* ☐ *adaptations to increased stress* ☐ *stress protection*			

Patient Assessment and Management

A VTS (Physical Rehabilitation) must be able to effectively and safely manage rehabilitation patients under the direction of a veterinarian utilizing a variety of equipment or devices, carry out pain assessment and score pain effectively at each and every visit, perform cursory examinations, and utilize Body Condition Scoring **(BCS)** systems. Applicants should be using scoring systems utilized by the APRVT for each skill listed in the following categories: Pain assessment, lameness scoring, neurological status scoring.

#	Skill	Mastery Date	Evaluator Initials	Reference Case #
46	*Demonstrate ability to assist with performing cursory orthopedic examinations and recording pertinent findings and abnormalities to the supervising veterinarian (e.g. palpation skills, balance assessment, overall posture, etc.)*			
47	*Demonstrate ability to assist with performing cursory neurologic examinations and recording pertinent findings and abnormalities to the supervising veterinary (e.g. palpation skills, balance assessment, overall posture, etc.)*			

Patient Assessment and Management

#	Skill	Mastery Date	Evaluator Initials	Reference Case #
48	*Demonstrate advanced knowledge of and ability to describe at least four normal locomotive movement patterns, including accurately recording findings, in the canine patient*			
49	*Demonstrate advanced knowledge of and ability to describe abnormal locomotive movement patterns (e.g. lameness), including accurately recording findings, in the canine patient using a validated scoring system*			
50	*Demonstrate appropriate technique and knowledge to accurately record normal joint ranges of motion with a goniometer* ***Note: all joints must be proficiently assessed***			
51	*Demonstrate appropriate technique and knowledge to accurately record abnormal joint ranges of motion with a goniometer* ***Note: all joints must be proficiently assessed***			
52	*Demonstrate appropriate technique to accurately record normal muscle circumference girth measurements with a tension tape device of the:* ☐ *triceps* ☐ *antebrachium* ☐ *hind limb* ☐ *thoracic*			

Patient Assessment and Management

#	Skill	Mastery Date	Evaluator Initials	Reference Case #
53	*Demonstrate appropriate technique to accurately recognize abnormal muscle circumference girth measurements with a tension tape device of the:* ☐ *triceps* ☐ *antebrachium* ☐ *hind limb*			
54	*Demonstrate advanced knowledge of and ability to recognize normal and abnormal tissue (e.g. effusion, swelling)*			
55	*Demonstrate advanced knowledge of pain assessment and recognition for the rehabilitation patient using validated pain scales for different pain states* ***(reference APRVT acceptable pain scoring systems)***			
56	*Demonstrate advanced knowledge of and ability to describe appropriate patient BCS using a validated scoring system*			
57	*Demonstrate advanced knowledge of and ability to recognize abnormal canine structure (e.g. congenital malformation) and associated compensation movements*			
58	*Demonstrate an advanced ability to provide appropriate nursing care for the non-ambulatory or weakly ambulatory rehabilitation patient (e.g. bedding, bladder management, nutrition, assistive or positioning devices)*			
59	*Demonstrate ability to accurately record and maintain patient medical records in a format conducive to continuous consistent treatments between colleagues*			

Patient Assessment and Management

#	Skill	Mastery Date	Evaluator Initials	Reference Case #
60	*Demonstrate ability to effectively communicate treatments as prescribed by the veterinary team to clients:* ☐ *home therapeutic exercises* ☐ *pain assessment scales* ☐ *rationale behind treatments*			
61	*Demonstrate an advanced ability and knowledge of common pharmaceuticals used for patients receiving rehabilitative therapies. This includes:* ☐ *providing appropriate client education* ☐ *colleague discussions* ☐ *application to patients* ***Reference: APRVT common pharmaceuticals***			
62	*Demonstrate advanced knowledge of disability or functional independence score assessment in the rehabilitation patient* ***Note: please see the APRVT reading list***			

Physical Modalities, Manual Techniques and Adjunctive Treatments

A VTS (Physical Rehabilitation) must have knowledge of various physical modalities, manual therapy techniques and adjunctive treatments commonly utilized in physical rehabilitation. Care for therapeutic equipment, including proper applications, identification, care, maintenance, contraindications, and troubleshooting is important for an expert level of skill. A VTS (Physical Rehabilitation) should understand manual therapy techniques specific to veterinary physical rehabilitation and adjunctive therapies such as acupuncture and chiropractic.

#	Skill	Mastery Date	Evaluator Initials	Reference Case #
63	*Demonstrate advanced knowledge of and the ability to select and administer superficial thermal modalities:* ☐ *cryotherapy* ☐ *heat therapy*			
64	*Demonstrate advanced knowledge of and the ability to set-up, troubleshoot and properly administer prescribed electrical stimulation and understand therapeutic effects:* ☐ *TENS* ☐ *NMES*			
65	*Demonstrate advanced knowledge of and the ability to set-up, troubleshoot and properly administer prescribed therapeutic laser (including class III, class IV) and understand therapeutic effects*			
66	*Demonstrate advanced knowledge of and the ability to set-up, troubleshoot and properly administer prescribed therapeutic light therapy such as LED's and understand therapeutic effects*			

Physical Modalities, Manual Techniques and Adjunctive Treatments

#	Skill	Mastery Date	Evaluator Initials	Reference Case #
67	*Demonstrate advanced knowledge underwater treadmills including:* ☐ *the ability to set-up, troubleshoot and properly utilize* ☐ *understand therapeutic effects and applications.* ☐ *appropriate selection of various patient aides (e.g. jets, jackets, noodles)* ☐ *safety precautions*			
68	*Demonstrate advanced knowledge of swimming pools including:* ☐ *the ability to set-up, troubleshoot and properly utilize* ☐ *understand therapeutic effects and applications* ☐ *appropriate selection of various patient aides (jets, jackets, noodles, etc.)* ☐ *safety precautions*			
69	*Demonstrate advanced knowledge of and the ability to set-up, troubleshoot and properly utilize various therapeutic exercise equipment (e.g. cavaletti rails, physio-balls) including:* ☐ *appropriate equipment selection* ☐ *patient aides* ☐ *safety precautions*			
70	*Demonstrate advanced knowledge of and the ability to describe, perform and instruct when appropriate, at least two different common therapeutic massage techniques*			

Physical Modalities, Manual Techniques and Adjunctive Treatments

#	Skill	Mastery Date	Evaluator Initials	Reference Case #
71	*Demonstrate advanced knowledge of and the ability of the following during therapeutic exercise:* ☐ *utilize environmental objects (e.g. stairs, hills)* ☐ *describe various therapeutic exercises (e.g. sit-stand)* ☐ *appropriate selection, modification, troubleshooting, and recognition of patient aides*			
72	*Demonstrate advanced knowledge of and the ability to recognize situations during the course of patient treatment which may implicate personal or patient safety including:* ☐ *use of personal protective equipment* ☐ *shielding* ☐ *assistive devices*			
73	*Demonstrate advanced knowledge of and the ability to explain the following in layman's terms including reasons for use during client education:* ☐ *prescribed physical modalities* ☐ *manual therapy techniques* ☐ *adjunctive treatments*			
74	*Demonstrate advanced knowledge of and the ability to explain the following techniques in manual therapy (including limitations on personnel qualified to perform the therapy within veterinary medical practice acts):* ☐ *chiropractic* ☐ *joint mobilization* ☐ *massage therapy (beyond introductory techniques)* ☐ *myofascial release*			

Common Conditions and Surgical Procedures in Veterinary Physical Rehabilitation

The VTS Physical Rehabilitation candidate must be able to explain: common orthopedic and neurological procedures, which circumstances they would be performed, implications of disease on rehabilitation success, circumstances requiring surgical or medical intervention and common rehabilitation concerns/contraindications. All of these must be considered when working with a rehabilitation patient during common rehabilitative therapies for the skills listed below.

#	Skill	Mastery Date	Evaluator Initials	Reference Case #
75	*Demonstrate advanced knowledge of and the ability to describe common corrective surgical procedures for canine stifle conditions (e.g. TPLO, TTA, wedge osteotomy)*			
76	*Demonstrate advanced knowledge of and the ability to describe common corrective surgical procedures for canine hip conditions (e.g. TPO, THR)*			
77	*Demonstrate advanced knowledge of and the ability to describe common corrective surgical procedures for canine shoulder conditions (e.g. arthroscopy)*			
78	*Demonstrate advanced knowledge of and the ability to describe common corrective surgical procedures for canine elbow conditions (e.g., arthroscopy, ulnar ostectomy)*			
79	*Demonstrate advanced knowledge of and the ability to describe corrective surgical procedures for fracture management (e.g. pins, plates) and joint salvage (e.g. arthrodesis)*			
80	*Demonstrate advanced knowledge of and the ability to describe minimally invasive surgical procedures (e.g. arthroscopy)*			

Common Conditions and Surgical Procedures in Veterinary Physical Rehabilitation

#	Skill	Mastery Date	Evaluator Initials	Reference Case #
81	*Demonstrate advanced knowledge of and the ability to describe common corrective surgical procedures for angular limb deformities (e.g. limb lengthening, arthrodesis)*			
82	*Demonstrate advanced knowledge of and the ability to describe common surgical procedures for amputation*			
83	*Demonstrate advanced knowledge of and the ability to describe surgical corrective procedures to manage intervertebral disc disease at various levels of the vertebral column (e.g. hemilaminectomy, ventral slot, LS decompression).*			
84	*Demonstrate advanced knowledge and ability to accurately describe and understand pathophysiology, diagnosis, and treatment of common canine performance or sporting injuries (e.g. biceps tenosynovitis, carpal instability).*			

Professional Communication

The VTS (Physical Rehabilitation) is an integral part of the rehabilitation team, which makes it necessary to possess the advanced knowledge of and the ability to provide accurate communication of prescribed therapies to patient caretakers for successful patient outcomes. The VTS (Physical Rehabilitation) must able be able to effectively report concerns or problems to the veterinary rehabilitation team in a timely manner.

#	Skill	Mastery Date	Evaluator Initials	Reference Case #
85	*Possess advanced knowledge and the ability to properly demonstrate hands on training of home exercises, including identification of potential complications or considerations and satisfactory replication of those exercises. This includes providing clear verbal, written and/or electronic instructions.*			
86	*Possess advanced knowledge and the ability to properly communicate regularly with clients to ensure compliance with exercise protocol. This includes maintaining up to date and accurate communication log within patient record.*			
87	*Possess advanced knowledge and the ability to properly evaluate and take into consideration handler/client limitations and interaction with patient to ensure successful therapy outcome. This includes documentation of any obstructions the client may present (e.g. is the caretaker able to lift the patient safely) and record limitations in the patient record.*			
88	*Demonstrate advanced knowledge and the ability to properly discuss with handler home environment and necessary modifications to ensure a safe and supportive environment for recovery (e.g. flooring, routines, feeding)*			

Nutrition

The VTS (Physical Rehabilitation) must possess an advanced knowledge of nutrition and understand the role nutrition plays for the rehabilitation patient in a variety of common conditions seen by the physical rehabilitation team (e.g. patient age, comorbidities, anticipated activity level.) and understand how they relate to common rehabilitative therapies. Applicants must also be able to identify potential complications or considerations during common rehabilitative therapies for the skills listed below.

#	Skill	Mastery Date	Evaluator Initials	Reference Case #
89	*Demonstrate the advanced knowledge and the ability to assist with developing a weight loss program and effectively communicate weight loss counseling programs with written instruction or educational materials.*	.		
90	*Demonstrate the advanced knowledge and the ability to assist in developing a nutrition history sheet to record dietary intake (e.g. treats).*			
91	*Demonstrate the advanced knowledge and the ability to recognize the varying needs of patient age groups, comorbidities and restrictions in feeding strategies.*			
92	*Demonstrate the advanced knowledge and the ability to calculate BCS (e.g. difference between body fat and muscle mass).*			
93	*Demonstrate the advanced knowledge and the ability to calculate muscle condition score (e.g. WSAVA global Nutrition Council, 2015)*			
94	*Demonstrate the advanced knowledge and ability for nutritional plan development (e.g. how BCS may effect patients recovering from surgical procedures) including reassessment until nutritional and rehabilitative goals are met*			
95	*Demonstrate advanced knowledge of and the ability to develop a nutritional plan for maintaining lean body mass (e.g. geriatric rehabilitation patients with sarcopenia)*			
96	*Demonstrate advanced knowledge of and ability to develop nutritional plans for decreasing chronic inflammation as it relates to common rehabilitative therapies (e.g. OA)*			

Supplemental Skills

The VTS (Physical Rehabilitation) is not required to perform skills listed in the supplemental section; however, these skills may be used to enhance the core skills should the applicant have access. Applicants must be able to apply at least two items in the therapeutic exercise equipment and modalities section for common rehabilitative therapies and conditions for each of the skills below. Applicants must also be able to identify potential complications or considerations during common rehabilitative therapies for the skills listed below. Strong preference for case reports from this section is desired.

#	Skill	Mastery Date	Evaluator Initials	Reference Case #
1	*Demonstrate an advanced ability and skill to troubleshoot, select and apply equipment or devices for the weakly ambulatory patient (e.g. slings, braces)*			
2	*Demonstrate an advanced ability and skill in education of professional staff when caring for non-ambulatory or weakly ambulatory patients during:* ☐ *in-hospital exercises* ☐ *routine medical care* ☐ *postural positioning*			
3	*Demonstrate an advanced ability and skill proficiency to obtain high quality diagnostic radiographs for common rehabilitative conditions (e.g. TPLO stifle positioning)*			
4	*Describe Kinesio taping indications and techniques and list at least two conditions which may benefit from this modality.*			
5	*Demonstrate advanced knowledge and use of Stem Cell therapy (Adipose or Bone Marrow Derived) including contraindications for common rehabilitative therapies or medications*			
6	*Demonstrate the advanced knowledge of and the ability to properly assess orthotic devices for at least **two** different orthopedic conditions*			

Supplemental Skills

#	Skill	Mastery Date	Evaluator Initials	Reference Case #
7	*Demonstrate advanced knowledge and ability to accurately describe and understand surgical, conservative management and usage of orthotic devices where applicable for common conditions in rehabilitation therapy*			
8	*Demonstrate advanced knowledge of and the ability to obtain high quality orthosis fiberglass impressions, including objective bony landmark and muscling measurements, for at least **ONE** common orthopedic condition*			
9	*Demonstrate advanced knowledge for describing, including neuro-anatomical responses and indications for use, at least one joint mobilizations techniques for at least two joints in the small animal patient*			
10	*Demonstrate advanced knowledge of and the ability to describe (including neuro-anatomical response to Grade V joint manipulation. Note: the CVT is restricted from performing this skill*			
11	*Demonstrate advanced knowledge of and possess the ability to describe canine performance or pleasure activities (e.g. agility, lure coursing, etc.) and recognize functions or needs of working dogs (e.g. police, mobility, search and rescue) during rehabilitation therapy.*			
12	*Demonstrate advanced knowledge of and ability to utilize Hyperbaric Oxygen Chamber therapy*			
13	*Demonstrate advanced knowledge of extracorporeal shockwave therapy including* ☐ *Mechanism of action* ☐ *Common treatment protocols and clinical applications* ☐ *Patient preparation* ☐ *Indications and contraindications*			

Skills Assessment Signature and Initials Form

The applicant is required to state whether or not he/she has mastered the skills on this form. The Academy is aware that some states or provinces may not allow a task to be performed by a credentialed veterinary technician; however, applicants are still required to have an expert level of understanding. The Academy requires mentorship of each VTS candidate to be supervised as, described in the mentorship packet, by a veterinarian who is certified in veterinary physical rehabilitation **or** is a Veterinary Sports Medicine and Rehabilitation (DACVSMR) diplomat **and** has mastered the skill when attesting to your mastery of each skill on this form. In those cases' where a non-rehabilitation veterinary specialist or CVT (VTS) attests to an applicant's skill, those individuals must attest to the subset of skills that they themselves are experts.

If a skill was mastered at a prior place of employment listed in your employment history, it must be validated by the veterinarian associated with the prior employment in the form of a signature on the skills list form or by a letter stating such.

Testifier's **must** sign at the bottom of the form to validate their initials throughout the form. Skills will be rejected if a signature is not present to confirm the initials.

Acknowledgement:

I, the undersigned, declare that I have read the APRVT Advanced Skills List. I further attest that the above-named applicant has achieved the APRVT definition of mastery for the above skills that are marked with my initials.

Applicant:	Skill Testifier:
(Signature)	(Signature)
Printed Name	Printed Name:
	Credentials:
	Initials
Skill Testifier:	Skill Testifier:
(Signature)	(Signature)
Printed Name:	Printed Name:
Credentials:	Credentials:
Initials	Initials

Skills Assessment Signature and Initials Form

Skill Testifier:	Skill Testifier:
(Signature)	(Signature)
Printed Name:	Printed Name:
Credentials:	Credentials:
Initials	Initials

Skill Testifier Contact Information:

Name and Credentials:	
Street /Hospital Address:	
State/Province	
Zip/Country Code:	Phone:
Email Address:	

Skill Testifier Contact Information:

Name and Credentials:	
Street /Hospital Address:	
State/Province	
Zip/Country Code:	Phone:
Email Address:	

Skill Testifier Contact Information:

Name and Credentials:	
Street /Hospital Address:	
State/Province	
Zip/Country Code:	Phone:
Email Address:	

Page 2: Skills assessment signature and validation form

Therapeutic Exercise Equipment and Therapeutic Modalities

In addition to a VTS (Physical Rehabilitation) possessing knowledge of therapeutic exercise equipment and modalities, access to various therapeutic exercise equipment items specific to veterinary physical rehabilitation or therapeutic modalities is required in order to be proficient and have mastery in the advanced skills.

Sixty percent (60%) or minimum of 26 items listed below, are considered necessary for the VTS in Physical Rehabilitation to be able to carry out advanced skills. Up to an additional THREE items may supplement the equipment list to fulfill the 60% requirement. It is the responsibility of the mentor to verify the VTS (Physical Rehabilitation) candidate has regular access to the listed items. Items not verified will not be counted towards the percentage. Regular access is defined as accessible for 75% of the applicant's time spent working. The APRVT understands accessibility may be limited for certain items and will consider this when reviewing the application packet if adequately addressed by the applicant or mentor in the form of a brief letter of explanation in an appendix section.
Equipment listed does not need to be reflected in the case logs. Images of equipment will not be accepted.

#	Equipment or Physical Modality	Evaluator Initials
1	*TENS unit*	
2	*NMES unit*	
3	*Heat therapy: hydrocollator pack, heating pad*	
4	*Ice therapy: pack, compression system or cold whirlpool*	
5	*Goniometer (at least two sizes)*	
6	*Tension tape measurer*	
7	*Taylor percussion hammer/pleximeter*	
8	*Hemostat*	
9	*t-PEMF bed or blanket*	
10	*t-PEMF Loop*	
11	*Therapeutic laser: Class III or Class IV*	
12	*LED laser*	
13	*Micro-current device*	
14	*Land Treadmill*	
15	*Underwater treadmill or pool*	
16	*Balance pods*	

Therapeutic Exercise Equipment and Therapeutic Modalities

#	Equipment or Physical Modality	Evaluator Initials
17	*Balance disc(s)*	
18	*Balance donut and/or ring*	
19	*Balance pad or foam balance pad*	
20	*Other miscellaneous shaped balance equipment*	
21	*Balance board, wobble board or similar balance device*	
22	*Cavaletti system including capability to adjust equipment*	
23	*Physio balls (e.g. therapy ball, peanut, egg, Yoga ball)*	
24	*Harness systems (at least three types)*	
25	*Gait analysis system or means of video capturing (at least one)*	
26	*Extracorporeal Shockwave unit (focused)*	
27	*Extracorporeal Shockwave unit (radial)*	
28	*Ace bandage, T-Touch wrap, proprioceptive wraps*	
29	*Thera Band/Thera Band tubing*	
30	*Pointer Excel II*	
31	*Splints or means to fabricate splints/braces*	
32	*Protective booties*	
33	*Safety vests (floatation devices)*	
34	*Hydraulic hoist or device*	
35	*Mobility cart and calipers for measurements*	
36	*Means to provide incline or decline exercises*	
37	*Means to provide stair type exercise*	
38	*MSK Ultrasound*	
39	*Hyperbaric Oxygen chamber*	
40	*Platelet Rich Plasma collection system*	
41	*Means to provide positive reinforcement behavior modification (e.g. clicker, lead lines)*	
42	*Means to provide regenerative medicine (e.g. Stem Cell harvest systems)*	
43	*Kinesio Tape*	
44	*Other equipment: Please specify*	
45	*Other equipment: Please specify*	
46	*Other equipment: Please specify*	

Therapeutic Exercise Equipment and Therapeutic Modality Signature and Initials Form

The applicant is required to state whether or not he/she has access to equipment considered necessary for a VTS (Physical Rehabilitation) the on this form. The Academy is aware that some states or provinces may not allow a task to be performed by a credentialed veterinary technician; however, applicants are still required to have access to equipment and modalities. The Academy requires mentorship of each VTS candidate to be supervised as, described in the mentorship packet, by a veterinarian who is certified in veterinary physical rehabilitation **or** is a Veterinary Sports Medicine and Rehabilitation (DACVSMR) diplomat when attesting to equipment and modalities listed on this form. In those cases' where a non-rehabilitation veterinary specialist or CVT (VTS) attests to an applicant's access, those individuals must attest to the subset of equipment or modalities that they themselves are experts.

If an equipment was available at a prior place of employment listed in your employment history, it must be validated by the veterinarian associated with the prior employment in the form of a signature on the equipment and modalities list form or by a letter stating such. Testifier's **must** sign at the bottom of the form to validate their initials throughout the form. Items will be rejected if a signature is not present to confirm the initials.

Acknowledgement:

I, the undersigned, declare that I have read the APRVT Equipment and Modalities List. I further attest that the above-named applicant possesses knowledge of therapeutic exercise equipment and modalities, access to various therapeutic exercise equipment items specific to veterinary physical rehabilitation or therapeutic modalities that are marked with my initials.

Applicant:	Skill Testifier:
(Signature)	(Signature)
Printed Name	Printed Name:
	Credentials:
	Initials

Skill Testifier Contact Information:

Name and Credentials:	
Street /Hospital Address:	
State/Province	
Zip/Country Code:	Phone:
Email Address:	

Equipment and modalities verification signature form

Waiver, Release and Indemnity Agreement

This form must be signed, dated, and included in your applicant packet. Electronic submission via Portable Document File (.PDF) is accepted as part of the submission packet.

I hereby submit my credentials to the Academy of Physical Rehabilitation Veterinary Technicians (APRVT) for consideration for examination in accordance with its rules and enclose the required application fee. I agree that prior to or subsequent to my examination; the APRVT Executive Board may investigate my standing as a credentialed veterinary technician, including my reputation for complying with the standards of ethics of the profession. I understand and agree that the application fee shall be nonrefundable.

I agree to abide by the decisions of the Executive Board and thereby voluntarily release, discharge, waive and relinquish any and all actions or causes of actions against the Academy of Physical Rehabilitation Veterinary Technicians and each and all of its members, officers, examiners and assigns from and against any liability whatsoever in respect of any decisions or acts that they may make in connection with this application, the examination, the grades on such examinations and/or the granting or issuance, or failure thereof, of any certificate, except as specifically provided by the Constitution and Bylaws of this organization. I agree to exempt and relieve, defend and indemnify, and hold harmless the Academy of Physical Rehabilitation Veterinary Technicians, and each and all of its members, officers, examiners and assigns against any and all claims, demands and/or proceedings, including court costs and attorney's fees, brought by or prosecuted for my benefit, extended to all claims of every kind and nature whatsoever whether known or unknown at this time. I further agree that any certificate, which may be granted and issued to me, shall be and remain the property of the Academy of Physical Rehabilitation Veterinary Technicians.

I understand that as part of the application submitted herewith I am being asked to suggest issues, questions and ideas, which the Academy of Physical Rehabilitation Veterinary Technicians can include in future examinations. I hereby assign to the Academy of Physical Rehabilitation Veterinary Technicians all right, title and interest in and to any and all such issues, questions and ideas which I may submit to Academy of Physical Rehabilitation Veterinary Technicians now or in the future.

I certify that all information provided by me on the application submitted herewith is true and correct. I acknowledge that I have read, understand and agree to abide by the terms and conditions stated above.

Full name and title: _____

Date: _____

Non-Disclosure Agreement

THIS AGREEMENT is made and entered into as of _____by and between the **Academy of Physical Rehabilitation Veterinary Technicians (APRVT)**, (the "disclosing party"), located at 10807 Kuykendahl Rd. Suite 406, The Woodlands ,Texas 77382 and _____ (the "recipient" "candidate" or "receiving party").

This agreement is entered into pursuant to non- disclosure of information. Recipient shall be acting as candidate. Throughout the duration of this Agreement, the Disclosing Party may deem it necessary to disclose or share certain information with the recipient. Therefore, in consideration of this agreement both parties agree to as follows:

CONFIDENTIAL INFORMATION

For all intents and purposes of this Agreement, "Confidential Information" shall mean or include any information that is deemed proprietary to the Disclosing Party and that which is not generally known to the public, whether in tangible or intangible form, whenever and however disclosed, including but not limited to:

(i) business plans
(ii) performance results or status of other candidates
(iii)proprietary application and examination results, formulations or decisions
(iv)and any other information that the Disclosing Party may deem confidential. This includes any and all social media sites (Facebook, Instagram, Twitter etc.)

The recipient may disclose information concerning their own status of membership, application or examination but no information of any other members or prospective members within the APRVT without their express written and mutual consent. The APRVT shall not engage in dispersal of personal information for purposes such as study or work groups unless express permission is received from the candidate, and in such case the APRVT shall not moderate such a group unless specifically sponsored or endorsed by the APRVT. The APRVT is not to distribute personal information, of any kind, which may affect the "recipient" "candidate" or "receiving party" employment status.

I, the "recipient" "candidate" or "receiving party", authorize release of the following information:

☐ Name and Email Address for purposes of creating a workgroup, managed solely by prospective candidates

☐ Name, Email Address and Location (Please specify below) for purposes of a "Member Directory" on the www.aprvt.com website. It is the responsibility of the Member to ensure information is accurate and up to date annually.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the aforementioned date.

Full name and title

"Receiving Party": _____

Date: _____

Applicant Mentor Request Letter

To be submitted to the mentor by the mentee.

Dear Veterinary Mentor,

This letter has been presented to you by a credentialed veterinary technician currently employed at **your facility,** who has an interest in pursuing membership in the Academy of Physical Rehabilitation Veterinary Technicians (APRVT). In order to achieve this objective, your technician will complete a two-step process of submitting an application packet for approval by the APRVT credentialing committee and sitting for a comprehensive examination. Successful completion of both steps will earn your technician the title of Veterinary Technician Specialist in Physical Rehabilitation. A technician with VTS (Physical Rehabilitation) recognition demonstrates superior knowledge in the care and management of veterinary physical rehabilitation cases while promoting patient safety, consumer protection and professionalism.

The application process is especially time consuming and your technician will need your support and guidance throughout the process. It is recommended that you read the entire application packet to become familiar with the areas in which your technician will require your assistance. All cases contained in the case log, skills list and reports must be performed within the immediate five (5) years prior to the application deadline.

All cases must be performed at the facility where the technician is employed or while under the supervision of the employer at a different location (i.e., your clinic performs physical rehabilitation services at a different location, but you and your technician are still in charge of the case and perform the services).

Allow your technician to assist in developing a rehabilitative plan from start to finish. The technician should be able to anticipate the needs of the veterinarian performing a procedure, including equipment, therapeutic exercise technique, postoperative care when necessary, bandages, diagnostics, etc. that is specific for each case and discuss with you why they selected each modality, piece of equipment, exercise, client education, etc.

The APRVT requires that a veterinary mentor is currently licensed and certified in rehabilitation or is a board certified veterinary specialist. Mentor's shall have a minimum of five years' experience in their field if they are not diplomates, and must be able to attest to the technician's ability to master the required percentage of skills on the APRVT Advanced Skills Form. In those sections (indicated on skills list) where a VTS may attest to a subset of skills within their specialty, applicants must contact the credentialing chair prior to an evaluator attesting to a skill.

Respectfully submitted by,

[Insert Applicants Name] Signature: _____

Applicant/Mentor Agreement Signature Page

I, _____, do hereby contract with
_____ to be my veterinary physical rehabilitation mentor.

I will provide my mentor with an outline detailing how I intend to accomplish my training program. My mentor must then approve this outline. Once the training methods are agreed upon, my mentor must sign this proposal and I will submit it to the APRVT Board of Directors for further approval.

We will be in contact _____ (applicant insert frequency) times per year via phone, email, letter, fax, and/or in person to review my progress.

I will submit at least one-half of my case logs and case reports to my mentor by _____ for review.

The remainder of my credentials packet will be submitted for review by my mentor by _____

Applicant	**Mentor**
_____	_____
(Signature)	(Signature)
Printed Name	**Printed Name**
_____	_____

Mentor Contact Information: (*Please print clearly*- this is primary means of contact)

Street Address _____
State/Province _____
Zip Code _____
Phone _____
Email Address _____

Veterinarian Mentor Agreement Form

The APRVT requires a licensed veterinarian trained in physical rehabilitation with at least 5 years' experience, a diplomate or a VTS who has mastered the skill attest to an applicant's ability to perform the task. A testifier must sign at the bottom of all forms to validate their initials throughout the form. Mastery is defined as being able to perform the task safely, with a high degree of success, and without being coached or prompted. Mastery requires having performed the task in a wide variety of patients and situations. The skills mastered in the *Advanced Skills List* are to be demonstrated in case logs and case reports. The applicant must also demonstrate mastery of 100% of the skills on the *Regulatory and Practice Knowledge* form.

The APRVT understands that some of the skills may be difficult to demonstrate in a typical case log summary. Once the applicant has documented at least 40 valid cases, any remaining case log entries may be used for the sole purpose of documenting these skills (i.e., "Dr. Roberts verified my ability to use Electrical Stimulation in the management of post-operative surgical IVDD", "Dr. Smith verified that I correctly identified orthopedic lameness and properly documented this in the medical record." "Dr. Jones witnessed me safely and properly handling patients requiring additional assistance during hydrotherapy (underwater to swimming)." "Drs. Daniels and Murphy verified my client education communication when discussing a home therapeutic exercise program and ability to properly instruct on patient pain assessment"). **Please do not exceed 60 case log entries. Additional case log entries are encouraged in the event an individual case log is not acceptable for submission.**

If a skill was mastered at a prior place of employment listed in your employment history, it must be validated by the veterinarian associated with the prior employment in the form of a signature on the skills list form or by a letter stating such.

Applicant	**Mentor**
_____	_____
(Signature)	(Signature)
Printed Name	**Printed Name**
_____	_____

Mentor Contact Information: (*Please print clearly*- this is primary means of contact)

Street Address _____

State/Province _____

Zip Code _____

Phone _____

Email Address _____

Regulatory and Practice Knowledge – Mentor Mastery Verification

The VTS (Physical Rehabilitation) must have an intimate understanding of regulatory guidelines and principles within their individual state or provincial veterinary practice acts as they relate to animal physical rehabilitation. Where a rehabilitation veterinarian is not able to directly supervise the VTS (Physical Rehabilitation), a state licensed veterinarian must supervise veterinary physical rehabilitation patients. The VTS (Physical Rehabilitation) must also be able to work collaboratively with colleagues outside of the veterinary profession. A mentor must verify that potential applicants have a thorough understanding of the information listed in the table below. At this time, a Physical Therapist or VTS in any specialty will not be accepted to attest to the knowledge listed below. Applicants must fulfill all sections.

	Description	Date	Evaluator Initials
1	*Be able to describe the role of the credentialed veterinary technician including definitions of respective practice acts within the applicant's current state*		
2	*Be able to explain the role of collegial relationships in veterinary physical rehabilitation (Chiropractor, Physical Therapist, Acupuncturist, Massage Therapist)*		
3	*Be able to describe the Model Practice Act of Animal Physical Rehabilitation and Complementary/Alternative Medicine (CAVM) as defined by the American Veterinary Medical Association (AVMA)*		
4	*Be able to describe the ideal practice model as written by the American Association of Rehabilitation Veterinarians (AARV)*		
5	*Be able to describe the concept and importance of the Veterinary-Client-Patient relationship during physical rehabilitation.*		
6	*Be able to describe the role of the referring veterinarian and methods of referral including the importance of communication in a timely manner (following the AVMA Principles of Veterinary Medical Ethics)*		

FINAL APRVT APPLICATION INSTRUCTIONS

A completed application packet includes **ALL** required forms and documents in a single scanned electronic format (Portable Document File or .pdf) including **the LOI as a cover page**. With exception to signatures, all forms must be typed. Hand written forms will not be accepted. Multiple files can be lost or missed when submitted electronically so please double-check your work. Remember, this is a professional application; spelling/grammar and overall presentation will be considered when the application is reviewed. Because sending large file formats via electronic mail has limitations, please upload to a Cloud Drop Box account then send a link to the **Credentialing and Case Review chairperson** for the current application year. Applicants are responsible for their own Drop Box accounts.

The APRVT reserves the right to contact the applicant and ask for additional documentation to verify information contained in the application.

Application is to be submitted on or before 11:59:59 pm (CST) January 1st of the year prior to examination along with a non-refundable $75.00 application fee.

Applications marked after this time will be rejected. Please keep this time stamp receipt in mind when loading or submitting electronically - the time stamp receipt will be used for verification. It is recommended to upload documents well before the deadline as individual files may take time depending on their size. All submissions are final. Nothing may be added to an application after it has been received.

Electronic payments may be made via the Academy PayPal account found at www.aprvt.com

If an applicant cannot pay via PayPal: When sending payment via mail, the APRVT requires receipt of fees to be received **14 days before application deadlines** to avoid application denial along with an electronic mail notification to the Credentialing and Case Review Chairperson of intent to submit fees via mail. Further mailing instructions will be provided after notification is received. You may submit the **$75.00** application fee by PayPal or by enclosing a certified check or money order made out to:
The Academy of Physical Rehabilitation Technicians.

A checklist has been included to help ensure completion of all the necessary steps for a successful submission. Applicants will receive notification of application receipt within *forty-eight (48) hours* after electronic submission via electronic mail. Notification of your eligibility to participate in the examination will occur **ninety (90) days** after receipt of all required materials.

FINAL APRVT APPLICATION CHECKLIST

A completed application packet includes ALL required forms and documents in an electronic format. Because sending large file formats via electronic mail has limitations, please upload to Drop Box.

How to label APRVT application files: *LastName_Firstname_file category_APRVT_year.pdf*

- ☐ Letter of Intent (copy): Note: submitted during pre-application and becomes a cover letter
- ☐ Copy of the FINAL APRVT Application checklist
- ☐ Table of Contents following the format of the application packet specific to the applicant's submissions
- ☐ Updated Curriculum Vitae (including NAVTA number) following updating instructions
- ☐ Electronically completed Professional History and Employment History Form
- ☐ Scanned copy of license, diploma and/or credential to practice as a veterinary technician
- ☐ Signed and scanned copy: Waiver, Release and Indemnity Agreement Form
- ☐ Signed and scanned copy: Non-Disclosure Agreement Form
- ☐ Signed and scanned copy: Applicant/Mentor Agreement Request Form and proof of mentor credentials
- ☐ Points System Form, including total and required section documentation
- ☐ Electronically completed Continuing Education Record with scanned proof of attendance and outline of continuing education courses attended listed with current year first
- ☐ Case logs (minimum forty - 40, maximum sixty - 60) using the approved formatting
- ☐ Four (4) In-Depth Case Reports using the approved formatting instructions
  - ☐ Four (4) In-Depth Case reports using the approved formatting instructions submitted at Word.doc
- ☐ Completed advanced skills and knowledge form including signatures
- ☐ Completed equipment and modalities form including signatures
- ☐ Five (5) Prospective examination questions following formatting instructions
- ☐ Final approval of application packet by mentor
- ☐ Application fee

Applicant	**Mentor**
_____	_____
(Signature)	(Signature)
Printed Name	**Printed Name**
_____	_____
_____	_____

Additional Information

Subspecialty Category

The Academy has determined that it will be approximately five (5) years from the formation of a canine/feline specialty to begin to acquire sufficient numbers of candidates to develop a subspecialty track of the Academy. The Academy does not foresee the establishment of a subspecialty until 2023, however should the need arise earlier; this will be brought before the Academy BOD.

Membership

An active member in the Academy shall be an individual who has graduated from an accredited veterinary technician or technology program or its equivalent, who has successfully obtained the VTS recognition in Physical Rehabilitation and has been accepted for membership by the Executive Board once the final examination has been completed.

Active members shall support and promote the ideals of the Academy (to promote the advancement of knowledge and high standards of physical rehabilitation in animals) while adhering to the Academy and NAVTA Code of Ethics. Active members have voting privileges, may run for office and will be responsible for promoting the continued growth of the organization through outreach to state veterinary technician associations and physical rehabilitation programs. Members who do not adhere to Academy Bylaws or Policy and Procedure manual including confidentiality and code of conduct, if holding a Chair position may be subject to disciplinary action. Applicants are encouraged to read the Academy Bylaws and Constitution for details regarding membership obligations and award recognition renewal.

Exam Question Formatting Instructions

As part of the VTS (Physical Rehabilitation) application writing process, each applicant is being asked to write and submit five (5) exam questions for review. This will enable the APRVT Exam Committee to develop a changing question databank keeping current and relevant with each year and encourage participation for APRVT members.

The exam questions should be written using the APRVT Reading List as a reference list available at www.aprvt.com. Applicants are to use only the reading list for their application year.

Exam Question Format

1. Which of the following combinations of physical examination findings suggest intact pain perception?
    a. stretches and flexor reflexes
    b. vocalization, attempt to move away from stimulus
    c. normal muscle tone and cranial nerve function
    d. crossed extensor reflex and normal conscious proprioception

Correct answer: b

References (two references are required for a question to be considered):
1. Millis DL, Taylor and Hoelzler M. (2014) Chapter 10 Orthopedic and Neurological Evaluation in *Canine Rehabilitation & Physical Therapy*.2nd Edition, Millis DL, Levine D, Taylor RA. Saunders/Elsevier. St. Louis, MO. 2014 pg 196.

2. Olby N, Halling KB, Glick TR. (2005) "Rehabilitation for the Neurologic Patient" in *Vet Clin Small Anim* 35 1389–1409.

Please note the following:

- The questions must be all multiple choice
- There can be no true false questions
- There must be one correct and 3 other answers (these 3 answers are called distractors)
- Format each question like the example given
- Make sure that the correct answer is indicated as well as being highlighted

Exam Question Formatting Instructions

Reference Formatting Guidelines

Book:
Author(s) last name and initials, year of publication, Chapter and title of Chapter, Name of book and edition of text, Book editors – last name first and initials, Publisher, place of publication, page numbers where reference found.

Journal Article
Authors(s) last name and initials, year of publication, Title of Journal article, Name of Journal, if possible volume and issue of journal, pages numbers for the article.

Below are some websites where you can look at how to reference books and journals and webpages.

http://www.citethisforme.com/harvard-referencing

http://www.citethisforme.com/us/citation-generator/harvard

http://www.harvardgenerator.com/

https://www.mendeley.com/guides/harvard-citation-guide

http://openjournals.net/files/Ref/HARVARD2009%20Reference%20guide.pdf

Appeals

If an **application** is rejected, an appeal of the decision may be made within thirty (30) days of notification of rejection. This appeal must be electronically mailed. All appeal letters MUST be written by the applicant and sent via e-mail attention: Executive Secretary and President. Subject Line APRVT APPLICATION APPEAL YEAR.

All appeal decisions will be based on the original submitted application. Applicants may not submit additional data to augment the original application, therefore they must ensure the original application is complete and accurately reflects qualifications.

If an **examination** is failed, the candidate will, upon written request through the Executive Secretary and President within thirty (30) days of notification, provide a statement for grounds of reconsideration; the candidate will be given written clarification as to the areas of deficiencies. The letter of clarification of deficiencies will be provided by mail within sixty (60) days of the candidate's appeal. The examination decision or passing score however will NOT be repealed.

The candidate may retake the examination two (2) times in the next two (2) years (a total of three (3) times) without reapplying to the Academy. The candidate **must pay the applicable examination fee each year** by the prescribed time

Special Accommodations

The APRVT is committed to providing all individuals with an opportunity to demonstrate their proficiency on the VTS recognition examination, and that includes ensuring access to persons with disabilities in accordance with relevant law.

If an applicant has a disability or medical condition that they believe requires an adjustment to standard testing conditions, we encourage them to apply for accommodated testing. A decision on most requests will be made within ninety (90) days of receipt of a complete application.

Applicants in need of further information will be given resources for a general overview of the accommodations process along with links to helpful information after a formal request is submitted.

Academy of Physical Rehabilitation Veterinary Technicians Definitions

Advanced knowledge is defined as being able to consistently demonstrate a higher level of skill above and beyond the credentialed veterinary technician in order to accomplish mastery of veterinary physical rehabilitation therapies, therapeutic exercise equipment and provide education to clients, colleagues and others.

Common rehabilitative therapies are considered those described in the equipment list. Common veterinary rehabilitative conditions are considered those found in the abbreviation list.

Continuing Education - In-house training: Continuing education provided for people who work at a particular practice or institution. This type of continuing education is not open to the veterinary profession at large and lecturers or instructors often work at the practice or institution. You must be currently employed at the facility providing the in-house training. You may hire an outside speaker to come talk to your practice as part of in-house training. Please be aware: the people providing instruction may not meet the APRVT requirements for acceptable CE. If part of your CE is in-house (meetings accessible only to technicians inside your facility), you will need an official CE certificate or a signed letter from the person supervising your attendance. The CE certificate or letter should detail where and when the training took place, the name and diplomat status of the CE provider, the objectives and goals, a statement of your satisfactory performance and the total hours provided. (1 hour of lecture = 1 hour of CE)

Continuing Education - Local meeting: A gathering of people for providing continuing education in the field of veterinary medicine. Local meetings are announced by state/city organizations. There is an expectation that continuing education at a local meeting will be provided by lecturers or instructors who are considered experts in the subject they are discussing. You will need an official CE certificate. Please be aware: the people providing instruction may not meet the APRVT requirements for acceptable CE.

Continuing Education - Nationally recognized meeting: A gathering of people for the purpose of providing continuing education in the field of veterinary medicine. National meetings are announced in journals typically read by professionals in the field of veterinary medicine. There is an expectation that continuing education at a nationally recognized meeting will be provided by lecturers or instructors who are considered experts in the subject they are discussing. You will need an official CE certificate. Please be aware: the people providing instruction may not meet the APRVT requirements for acceptable CE.

Academy of Physical Rehabilitation Veterinary Technicians Definitions

Continuing Education - Online training: Requires an official CE certificate or a signed letter from the person supervising your attendance in the program. The CE certificate or letter should detail when the training took place, the name and diplomat status of the CE provider, the objectives and goals of the training program, a statement of your satisfactory performance and the total hours provided. Please be aware: the people providing instruction may not meet the APRVT requirements for acceptable CE.

Direct supervision- the candidate is working alongside with or in the same building (with at least one common entrance) with a state licensed veterinarian.

Sports medicine and rehabilitation: as defined by the American College of Veterinary Sports Medicine and Physical Rehabilitation; sports medicine and rehabilitation is the structural, physiological, medical and surgical needs of athletic animals and the restoration of normal form and function after injury or illness.

Mastery is defined as consistently being able to perform the task safely with great skill, knowledge and a high degree of success without being coached or prompted.

Physical Rehabilitation: as established by the American Association of Rehabilitation Veterinarians - the treatment of injury or illness to decrease pain and restore function.

Published Articles or Books about Physical Rehabilitation – This will include article of book title. Journal or publisher of article or book. These will be listed in correct publishing form, either Harvard System or the Vancouver System.

Speaking at a CE Meeting – Whether local, national, or international meetings, you will need to provide titles of the lectures with a summary of content.

VTS (Physical Rehabilitation): is a credentialed veterinary technician working in physical rehabilitation who has demonstrated mastery and advanced knowledge of common rehabilitative therapies and equipment while upholding the Academy's mission, values and code of ethics.