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**Application Packet**

2022 Exam Cycle

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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). It is our goal to assure the veterinary profession and the public that veterinary technicians who fulfill the eligibility criteria possesses the knowledge, skills and experience needed to practice physical rehabilitation at an advanced level of competency. The Academy requirements are rigorous but are not designed to be obstacles to prevent candidates from becoming recognized. All requirements of eligibility for the examination are defined in the APRVT constitution and bylaws and should be read carefully.

All forms described in this packet MUST be used for 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. An application packet is considered complete when submitted as ONE document, including a properly labeled Table of Contents saved in .PDF format with FOUR case reports submitted separately in a Word 97-2004 (.doc) document for commenting purposes. With the exception of signatures and initials, handwritten forms will not be accepted. Please scan these items into the application packet. Case reports must be embedded in the application .PDF file packet. File naming convention is: Exam Year, Applicant ARN number, Case report number, Correlating case log number (2021 Exam.ARN 04-2021.Case report 1.Case log 22).

All files are to be uploaded to the applicant’s personal Drop Box account then shared with the Credentialing Chair. 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**](mailto:aprvtapplications@gmail.com)**. You should be submitting a total of five (5) links.**

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 an ARN for a total of two cycles. After this time an updated pre-application must be submitted to receive a new ARN.

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| **Application Packet –Eligibility and Requirement Checklist** |

Before an applicant embarks on the application process, the APRVT recommends a thorough understanding of the eligibility requirements for the application of a VTS (Physical Rehabilitation). As stated in the current year Academy Bylaws, applicants must:

1. Fulfill Pre-Application criteria packet one (1) year prior to application submission consisting of:
   1. A Letter of Intent.
   2. A completed Curriculum Vitae.
   3. Two (2) letters of recommendation.
   4. Points system (please include any planned continuing education or activities that will be completed by final application submission).
   5. Signed mentor agreement/request form.
   6. Mentorship by an approved veterinary mentor as described in the APRVT Bylaws.
   7. Signed release of liability, waiver and acknowledgement forms.
   8. Meet requirements to become registered, licensed certified or otherwise credentialed to practice as a veterinary technician or veterinary nurse in accordance with individual state, province or country regulations.
   9. Proof of Credentialed Veterinary Technician (or regional equivalent) license.
   10. Projected experience requirements, hours worked, after becoming credentialed to practice as a veterinary technician or veterinary nurse through documentary evidence.
   11. Projected continuing education requirements after becoming credentialed to practice as a veterinary technician or veterinary nurse through detailed documentary evidence.
2. Submit a completed application packet including:
   1. Signed mentor agreement/request form.
   2. Mentorship by an approved veterinary mentor as described in the Bylaws.
   3. Signed release of liability, waiver and acknowledgement forms.
   4. Meet requirements to become registered, licensed certified or otherwise credentialed to practice as a veterinary technician or veterinary nurse in accordance with individual state, province or country regulations.
   5. Proof of Credentialed Veterinary Technician (or regional equivalent) license.
   6. Meet experience requirements, hours worked, after becoming credentialed to practice as a veterinary technician or veterinary nurse through documentary evidence.
   7. Minimum of five (5) years as a credentialed veterinary technician with two (2) of the years with experience in a general practice setting. 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 a work experience documentation sheet.
   8. Meet continuing education requirements after becoming credentialed to practice as a veterinary technician or veterinary nurse through detailed documentary evidence.
   9. Meet points system requirements upon final packet submission

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| **Application Packet –Eligibility and Requirement Checklist** |

* 1. Provide four (4) detailed case reports correlating to case logs following the guidelines set forth in the application packet;
  2. Provide documentary evidence through both case logs and the advanced skills list of competence in veterinary physical rehabilitation. Skills must be attained within the immediate five (5) years prior to submission; Case logs are to be collected in the year of application submission;
  3. Current membership with the National Association of Veterinary Technicians in America including documentary evidence of membership number;
  4. Membership with the American Association of Rehabilitation Veterinarians strongly encouraged;
  5. Five (5) prospective examination questions written as required by the examination committee guidelines;
  6. Have not earned a VTS in any recognized NAVTA specialty in the immediate five (5) years prior to application submission.

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| **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 outside of physical rehabilitation medicine. 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.

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| **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 the applicant’s 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 time of pre-application submission, please update your CV to reflect work achieved and highlight in yellow.**

**Do NOT forget your NAVTA member number (including expiration date or evidence of dues paid) and your veterinary technician license number.**

Applicants should be prepared to submit a fully completed Continuing Education log at the time of pre-application submission should the committee be unable to verify pre-eligibility.

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| **License and Diploma** |

Applicants must be a graduate of an AVMA approved Veterinary Technology Program **or** arelegally 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 standing 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 your **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 graduation along with the name of the school. If a state does not issue a paper license and has a voluntary credentialing 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 from the organization’s website will NOT be accepted.

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| **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 employers. 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. All sections are REQUIRED to be filled out completely.

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| --- | --- | --- | --- |
| **Personal Information** | | | |
| **Name** | | | |
| (Last) | (First) | (Middle Initial) | |
|  | | | |
| **Mailing Address (you may not use a PO Box)** | | | |
| **Street:** | | | |
| **State/Province** | | **Zip/Country Code** | |
|  | | | |
| **Phone (home)** | | **Phone (work)** | |
| **Phone (cell)** | |  | |
|  | | | |
| **E-Mail Address:** | | | |
| **NAVTA Number:** | | | **Expiration Date:** |
|  | | | |
| **Present Occupation:** | | | |
| **Credentials (e.g. CVT, RVT, LVT)** | | | |
| **Other:** | | | |
| **AVMA approved school of veterinary technology** | | | |
| **School Name:** | | **Year:** | |

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| **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: | |

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| **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. If applicant is working 100% in physical rehabilitation and has prior veterinary technology experience, pre-approval is required and a copy of communications with the Credentialing Chair MUST be included.

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|  | 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) |

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| 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** |
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**Applicant Name (Last, First)**

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**Applicant Credentials:**

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| **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. **File Descriptions:** 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. an entire semester).

\*\*Include a separate CE log for credits claimed in the points system. Do NOT duplicate CE claimed for the minimum number or use Webinars. When using this form as pre-application, include planned attendance or completion dates\*\*

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. Invited podium speaker at national or international scientific veterinary conferences on topics related to veterinary physical rehabilitation. Courses must be RACE approved with number provided.

(20 points per item- maximum 40 points) \_\_\_\_\_\_\_

File Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 in required eligibility hours.

(1 point per 2 CEU, maximum 5 points) \_\_\_\_\_\_\_

File Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **APRVT Requirements/Points System** |

11. Physical rehabilitation article written for general public, local veterinary clinics.

(5 pts each - maximum 10 points) \_\_\_\_\_\_\_

File Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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14. Evidence of completion of postgraduate training or other advanced training restricted to veterinary professionals. Program instructors must fulfill speaker credential requirements and are exceptionally recognized experts. (e.g. Acupressure, Therapeutic Massage).

(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 Animal Pain Manager, Nutrition Case Management. Fear Free Certification. Certified Canine Fitness Trainer)

(20 points total) \_\_\_\_\_\_\_\_

File Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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):** \_\_\_\_\_\_\_\_\_\_\_\_\_ *(write in total)*

**Approved Total Points: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *(Credentialing Committee only)*

.

Logo, company name

Description automatically generated

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| **Applicant Continuing Education Form – POINTS SYSTEM** |

Reminders: This is a separate CE log for only the Points System and shall 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.

* All CE must be completed within five (5) years of application.
* CE must meet the APRVT requirements as defined in the applicant packet and be RACE approved WITH reference number.
* Scanned copies of certificate of attendance or other proof of attendance for these events are required and must follow this form
* Additional approved CE for Points system is ten (10) and must be in person.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant Name (first/last) |  |  | Credentials: |  |

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Examination Year** | | | | | |
| **Date** | **Location/ Convention** | **Speaker Name/Credentials** | **Title/Session Topic** | **CE**  **Category** | **RACE#** | **Hours** |
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| --- | --- |
| **Total Hours Combined:** |  |

15

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| **APRVT Points System File Verification** |

Please insert photocopies of certificates, publications/table of contents, syllabus, fliers, proceedings, articles, or diplomas. If evidence is not provided, points will not be counted for the section claimed.

**Category X: RVT Membership Card. 5 points.**

Graphical user interface, text, application

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**Category 1: <Insert File Description>**

**Category 2: <Insert File Description>**

**Category 3: <Insert File Description>**

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| **Continuing Education (Core Requirement)** |

Applicants must submit a minimum of forty (40) RACE approved 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 of application submission. However, for the 2021-2022 examination years, applicants may use the previous six (6) years due to the year 2020 pandemic related in person conference restrictions. 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.) must be listed. All CE must be RACE approved with the provider number included.

**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. 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.

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| **Applicant Continuing Education Form** |

* All CE must be completed within five (5) years of application. If using this form for a Pre-Application, indicate PLANNED continuing education.
* CE must meet the APRVT requirements as defined in the applicant packet and be RACE approved.
* 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.
* **Provide separate logs for minimum eligibility and Points System**

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| Applicant Name (first/last) |  |  | Credentials |  |

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|  | **Examination Year** | | | | | |
| **Date** | **Location/ Convention**  **(Indicate if in person or live Webinar)** | **Speaker Credentials (DACVSMR, VTS mandatory)** | **Title/Session Topic** | **CE**  **Category** | **RACE#** | **Hours** |
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| **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 shall 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.
* Case logs are intended to provide a summary of a patient’s condition and the rehabilitation that was performed on a variety of cases, while succinctly demonstrating one (1) skill per log for 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.
* 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 advanced knowledge and skills.
* Case logs must correlate with only ONE Advanced skill and shall be described in the summary description. If the summary does not match the skill, the log will be rejected.
* **IMPORTANT:** 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) AND any correlating Case Report is rejected.
* One (1) case log MUST correlate with a Case Report. If the log fails, the report fails.
* The applicant will use the Case Log formatting instructions for documentation. Case logs 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.**
* Case logs should be written in the third person with perfect spelling and grammar. Using applications (e.g. Grammarly, CorrectMe English Grammar), Speller Spell Check) is strongly encouraged. Case logs will be rejected with spelling and grammatical errors, thus rejecting the correlating skill or case report.
* Abbreviations should be expanded on first mention (otherwise must be found in the **abbreviation list**).

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| **Case Log Format and Example** |

**Instructions:** Please ensure each point is included for each case log. Case logs are evaluated on completeness and any omissions or errors will result in rejection.

* Inclusion of date of last visit
* Logs are written within the current application year
* Patient identification (name or number)
* Number of visits. A minimum number of **eight (8)** visits is required to qualify. If a patient is being seen on an extended basis and currently under care, state this as such in the visit box.
* Species/breed, age, sex, weight (in Kg)
* Veterinary diagnosis
* Rehabilitative goals
* Equipment used (including description)
* Modalities or therapeutic aides used (please reference equipment or physical modalities listed in the skills list)
* Domain header and skill number
* Use of objective scales. At least one scale must be mentioned in the summary of care. Approved validated objective scales are located in the **supplemental section of the application packet.**
* Demonstration of advanced skill and knowledge referencing the skill claimed. Please include Final outcome/goals, and succinct summary of care including (not to exceed **250 words** in summary of care section or **three** case logs per page) 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. Think of the summary of care as a “mini” case report.
* Indication of which case logs correlate with the required four (4) Case Reports by highlighting the skill claimed.
* Each log is free of errors and omissions. Logs with errors will result in rejection of the Case Report and correlating skill. Using applications (e.g. Grammarly, CorrectMe English Grammar), Speller Spell Check) is strongly encouraged. Case logs **WILL BE REJECTED** with spelling and grammatical errors, thus rejecting the correlating skill or case report.
* Abbreviations recognized by the Academy are used. If an abbreviation is used and is not in the abbreviation list, it must be fully spelled out with the abbreviation in parentheses.
* Medications include dosages and frequency (e.g. mg/kg BID x7d)
* Times New Roman 9-point font is used.

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| **Case Log Example** |

**Case Report EXAMPLE Applicant Identification Number (AIN): 001-2016**

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| **Case log: # 1** | **Patient ID:** Dustin/ID 5651 | **Number of Visits:** 50 (ongoing) | **Date:** 1/1/21 |
| **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: TYPE IN ONE SKILL TITLE BELOW** | | | |
| ☒ Skill #17 Small Animal Anatomy and Physiology – CASE REPORT 2 | | | |
| **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 100mg/ml) 1mg/kg q3 months. Carprofen 2.2mg/kg PO SID-BID prn soreness after exercise. | | | |
| **Equipment used:** ESWT (Hydraulic PulseVet VersaTron4Paws protocol – R05 Trode, 1000 pulses/stifle med/lat/Cr) q6-9 months or Piezoceramic Elvation Piezowave 10mm gel pad, 8Hz, 8intensity 1,000 pulses), UWTM, LLLT, 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 measurements of both pelvic limbs wnl 8 weeks following ESF removal (literature reference Jaegger GL. Millis DL. Levine D. 2002) with 0/5 lameness bilat PL’s. Patient did not have functional activity limitations secondary to injury type at time of evaluation or throughout treatment. Patient is at risk for development of OA over time due to the abnormal healing of tibia. Torsional forces created by external rotation are suspected to result in abnormal wear on normal joints. This can lead to OA, despite lack of OA presence at time of injury and on recheck radiographs, due to destruction of the articular cartilage, loss of cartilage strength, destruction of proteoglycan and ECM. There is also risk for possible injury to intra-articular structures such as the meniscus, CrCl, CdCl with joint motion and weightbearing during activity. The primary weightbearing region in the stifle is at the medial aspect of the tibial plateau, which in this patient is affected by the rotational conformation after injury. To preserve long term joint health, MSC harvest was recommended at 6 years of age, joint viscosity replacement (e.g. HA IA injections) every 6 months, ESWT (electrohydraulic or piezoceramic), oral nutraceuticals, a high EPA rich diet, and maintenance of ideal body weight along with modified low impact activity long term. | | | |

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| **Case Log Form** |

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| **Case log: #** | **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 ONE 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 skill that the applicant performed):** | | | |

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| **Case log: #** | **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 ONE 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 skill that the applicant performed):** | | | |

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| **Case log: #** | **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 ONE 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 skill that the applicant performed):** | | | |

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| **Case Report – 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, only 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 and shall be free of grammatical and spelling errors.*

* 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 with AIN and Correlating Case Log # in upper righthand corner in the following pages. 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. **DO NOT PLACE YOUR NAME ON THE REPORT ANYWHERE.**
* 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 notations in the body of the report (e.g. Author A. 2012). 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, critical thinking and understanding of principles in the management of a variety of veterinary patients or research participants requiring veterinary physical rehabilitation. Simply listing *“photobiomodulation reduces inflammation”* is not acceptable.
* 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, critical thinking skills, 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), explanation of goals of physical rehabilitation and critical thinking. Abbreviations should be expanded on first mention if not on abbreviation list.
* 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.
* **Please reference and follow the Case Report Scoring Template. This is how your report will be graded.**

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| **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.

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| **Case Report Scoring Template** |

**Case Reports must follow this specific format with appropriate headings and sections will be graded on the criteria listed.**

**I Presentation Formatting (10 points) -** Correct formatting followed (Times New Roman 12 font double spaced - 9-page total). Separate Cover page with applicant Identification Number, Title of Case (e.g. Rehabilitation of Total Hip replacement) and Examination Year. **Correct spelling, grammar and terminology are required for each case. Please use resources such as Grammarly and Spellcheck to ensure accuracy.** Tables, charts or images at end of report before references. DO NOT include your name anywhere on the report.

**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) -** Consists of signalment, primary diagnosis, overview of clinical history, findings (e.g. measurements, diagnostic findings, objective/validated score records) and rehabilitation therapies implemented. All laboratory data or ongoing therapies are to be formatted in a table.

**IV Clinical Assessment (20 points) –** Includes patient response to treatment of the primary reason/diagnosis for rehabilitation therapy. Attention to the patient as a whole is heavily weighted. Points of discussion should include overall physical exam findings in detail and medical status at inception of therapy, emotional health status, co-morbidities, primary environment (i.e. clinic, recovery room, at home) or barriers encountered during therapy.

**V Detailed description of the physical rehabilitation protocol employed (10 points) -** Includes all therapeutic modalities, specific or targeted exercises, massage or treatments applicable to patient care. Descriptions should include muscles targeted for therapy and details of a therapeutic exercise plan. Simply listing “detailed HEP” or “LLLT was used for pain control” is not acceptable. Readers should be able to replicate the plan.

**VI Clinical Outcome (10 points) -** A subjective and objective response to therapy (use of a pain- or disability-scoring system required) describing patient response to therapeutic plan implemented. For patients needing long term care, include recommended long-term therapeutic plan summary.

**VII Discussion (20 points) -** Author’s subjective critique and critical thinking demonstration of the patient response to therapy. This 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 the protocol however the applicant should understand the reasoning as to why each therapy was chosen. This is an opportunity to show critical thinking skills and expand on therapies not available or used but would have benefited the patient in detail.

**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 and 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 five (5) references is required.

**X Tables and Charts -** Summary of clinical therapeutics in table format showing visit number, therapeutics utilized response to treatment, exercise plan repetition/duration changes and any other ongoing assessments. Entries are limited to documentation of changes in patient status or treatment over a long period of time.

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| **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. 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’s 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 but each Log MUST have a skill**

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.

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| **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. The below example would be rejected.

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| 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.)* |

1. 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.

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| **Skills List Table of Contents** |

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| **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 |
| Physical Modalities, Manual Techniques and Adjunctive Treatments - |
| Common Conditions and Surgical Procedures in Veterinary Physical Rehabilitation |
| Client Communication |
| Nutrition |
| **Supplemental Skills** |
| **APRVT Advanced Skills Validation Signature Page** |

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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.

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| # | **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* |  |  |  |

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| **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.

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| # | **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)* |  |  |  |

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| **Small Animal Anatomy and Physiology** |

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| # | **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)* |  |  |  |

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| **Small Animal Anatomy and Physiology** |

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| # | **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* |  |  |  |

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| **Small Animal Anatomy and Physiology** |

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| # | **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* |  |  |  |

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| **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.

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|  | **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 of the 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* |  |  |  |

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| **Responses of Musculoskeletal Tissues to Disuse and Remobilization** |

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|  | **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* |  |  |  |

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| **Responses of Musculoskeletal Tissues to Disuse and Remobilization** |

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|  | **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 range of joint motion or atrophic changes during a selected exercise)* | | |  |  |  |

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| **Responses of Musculoskeletal Tissues to Disuse and Remobilization** |

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|  | **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)*** |  |  |  |

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| **Responses of Musculoskeletal Tissues to Disuse and Remobilization** |

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|  | **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* |  |  |  |

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| **Responses of Musculoskeletal Tissues to Disuse and Remobilization** |

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|  | **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* |  |  |  |

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| **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.

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| # | **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 veterinarian (e.g. palpation skills, balance assessment, overall posture, etc.)* |  |  |  |

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| **Patient Assessment and Management** |

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| # | **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* |  |  |  |

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| **Patient Assessment and Management** |

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| # | **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* |  |  |  |

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| **Patient Assessment and Management** |

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| # | **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*** |  |  |  |

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| **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.

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| # | **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* |  |  |  |

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| **Physical Modalities, Manual Techniques and Adjunctive Treatments** |

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| # | **Skill** | **Mastery**  **Date** | **Evaluator Initials** | **Reference**  **Case #** |
| 67 | *Demonstrate advanced knowledge of 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* |  |  |  |

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| **Physical Modalities, Manual Techniques and Adjunctive Treatments** |

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| # | **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* |  |  |  |

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| **Common Conditions and Surgical Procedures in Veterinary Physical Rehabilitation** |

The VTS Physical Rehabilitation candidate must be able to explain: common orthopedic and neurological procedures, in 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.

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| # | **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)* |  |  |  |

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| **Common Conditions and Surgical Procedures in Veterinary Physical Rehabilitation** |

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| # | **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).* |  |  |  |

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| **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.

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| # | **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)* |  |  |  |

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| **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.

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| # | **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)* |  |  |  |

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| **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.

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| **#** | **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* |  |  |  |

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| **Supplemental Skills** |

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| # | **Skill** | **Mastery**  **Date** | **Evaluator Initials** | **Reference**  **Case #** |
| 7 | *Demonstrate advanced knowledge of 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 mobilization technique 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* |  |  |  |

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| **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 |

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| **Skills Assessment Signature and Initials Form** |

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:

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

Page 2: Skills assessment signature and validation form

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| **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 a 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 | *PEMF bed or blanket* |  |
| 10 | *Portable PEMF device* |  |
| 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* |  |

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| --- |
| **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) 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 guidelines, by a veterinarian who is certified in veterinary physical rehabilitation according to the current year Bylaws **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 boarded veterinary specialist or CVT (VTS) attests to an applicant’s access, those individuals must attest only to the subset of equipment or modalities that they themselves are experts.

If 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 submitted via Portable Document File (.PDF).*

I hereby submit my credentials to the Academy of Physical Rehabilitation Veterinary Technicians (APRVT) for consideration for examination in accordance with its rules and shall enclose the required application fee when due.. 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 all fees 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:

1. business plans
2. performance results or status of other candidates
3. proprietary application and examination results, formulations or decisions
4. any other information that the Disclosing Party may deem confidential. This includes any and all public domain 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** |

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 three-step process of submitting pre-application materials, an application packet for approval by the APRVT credentialing committee and sitting for a comprehensive examination. Successful completion of these 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 one (1) year 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. ***It is critical for a mentor to review application documents, especially Case Reports.***

The APRVT requires that a veterinary mentor is currently licensed and certified in rehabilitation for a minimum of five (5) years or is a board-certified veterinary specialist 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. It is also a mentor’s responsibility to ensure the VTS (Physical Rehabilitation) ***adheres to individual state/province regulatory guidelines*** when performing physical rehabilitation therapies.

Respectfully submitted by,

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor Name and Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of mentor credentialing achievement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Applicant Agreement with Mentor 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 type* - this is primary means of contact)

|  |  |
| --- | --- |
| Street Address |  |
| State/Province |  |
| Zip Code |  |
| Phone |  |
| Email Address |  |
|  | |

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| --- |
| **Veterinarian Mentor Agreement Form – Skills List and Case Logs** |

The APRVT requires a licensed veterinarian trained in physical rehabilitation with at least five (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. ***Credentialed Veterinary Technicians and Physical Therapists with rehabilitation credentialing are not accepted for mentorship***. Applicant must demonstrate mastery of 100% of the ***Regulatory and Practice Knowledge*** skills.

Some skills may be difficult to demonstrate in a typical case log summary therefore, 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. Jones witnessed me safely and properly handling patients requiring additional assistance during hydrotherapy (underwater to swimming).” “Dr. Daniels verified client education communication when discussing a home therapeutic exercise program and ability to properly instruct on patient pain assessment”). Additional case log entries are encouraged in the event an individual case log is not acceptable for submission. **Case log entries are not to exceed sixty (60) entries.**

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 |  |

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| **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** | **Mentor 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)* |  |  |

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **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. Handwritten 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](http://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.

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| **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 with applicant and mentor signature

Labeled 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 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, outline of continuing education courses attended listed with current year first and ***speaker credentials***

Case logs (minimum forty - 40, maximum sixty - 60) using the approved formatting

Four (4) In-Depth Case Reports using the approved formatting instructions embedded into application packet

Four (4) In-Depth Case reports using the approved formatting instructions submitted as a Word.doc

Completed advanced skills and knowledge form including signatures

Completed equipment and modalities form including signatures

Completed regulatory and practice knowledge form

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 determined that it would 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 2025, 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.

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| **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 Submission 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. Harvard style reference formatting is preferred.

**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

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| **Special Forms – Work Experience** |

**Professional Experience and History – 100% in the Specialty Request Form**

The Academy recognizes an applicant may work 100% in the specialty in the immediate five (5) years prior to application submission. In these instances, pre-approval is required from the credentialing chairperson for a complete application submission to ensure the applicant meets hours required working as a credentialed veterinary technician according to the eligibility requirements. Please submit this completed form with signatures in the pre-application and application packets.

Dear Credentialing Chairperson,

I am writing to request pre-approval of work experience because I have worked 100% in the specialty of physical rehabilitation or some percentage thereof for the immediate five (5) years prior to application submission. I attest to my detailed submission of work experience that I have attained the required experience as a credentialed veterinary technician.

Credentialed veterinary technician experience:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Applicant** | **Name of Practice** | **Starting date- Ending date** | **Credentialing Chair Initials** | **Date of Approval** |
|  |  |  |  |  |
|  |  |  |  |  |

Rehabilitation veterinary technician experience:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Applicant** | **Name of Practice** | **Starting date- Ending date** | **Credentialing Chair Initials** | **Date of Approval** |
|  |  |  |  |  |
|  |  |  |  |  |

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Credentialing Chairperson Only:*

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| --- |
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| **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 Credentialing Chair 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

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| **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 letter from an attending physician may be required depending the accommodation request. 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.

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| **Application Packet 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.

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| **Application Packet 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.