



Application Packet

2027 Exam Cycle

2027 Exam Cycle - Updated 4/01/2026

The Academy of Physical Rehabilitation Veterinary Technicians™ - Section 501(c)(6) not-for profit organization

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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 year are defined in the APRVT constitution and bylaws and should be read carefully. Applicants are held to the eligibility requirements approved for the exam cycle year.

All forms described in this packet **MUST** be used for application submission. 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 and case reports embedded in the application saved in .PDF format with FOUR case reports submitted separately in a Word 97-2004 (.doc) document for commenting purposes. When possible, it is recommended to use hyperlinks for supporting documentation such as certificates and embed in the .PDF to help with organization of files. With the exception of signatures and initials, handwritten forms will not be accepted. Please scan these items into the application packet. Recommended file naming convention is: Exam Year, Applicant AIN number.

Submission instructions: All files are to be uploaded to the applicant's personal Drop Box account then shared with the Credentialing Chair via E-mail. It is the applicant's responsibility to maintain personal Drop Box accounts, retain original copies of files, and to read the general FAQ for Drop Box submission found on the APRVT website.

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

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 organized and an example of their highest quality of work.



Re-Application Instructions

IF YOU ARE RESUBMITTING AN APPLICATION: Applicants must resubmit an entire application, in full including any requested supplementary documentation. Remember, applicants are held to submission guidelines for the year where the AIN is received. An Applicant may only use an AIN for a total of two consecutive cycles. After this time an updated pre-application must be submitted to receive a new AIN. Applicants who do not submit a letter to re-apply within 30 days after receiving a rejection letter will automatically forfeit the AIN and are required to resubmit a pre-application packet.

Any mentor requests to assist a prospective applicant with the application adjustments must be made within the specified period after rejection, typically 30 days. Requests outside of the time period will be rejected.

Important details for re-applicants:

- Advanced Skills list: All skills must be re-validated for the current application year including veterinary mentor signatures. Using skills from the year of rejection will not be accepted.
- Case Logs: Applicants may continue to use case logs in the prior year of original application but at least 25% (or 10 case logs) are required to be in the current application year.
- Case Reports are not required to be in current application year. Case Reports must correlate with a case log.
- A copy of the letter of intent to re-apply (submitted within 30 days of receiving an application rejection letter) must be included in the re-application packet.
- Include copies of all communications with the credentialing committee in an appendix at the end of the resubmission.



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:
 - a. A Letter of Intent.
 - b. A completed Curriculum Vitae.
 - c. Two (2) letters of recommendation.
 - d. Points system (all planned activities must be completed by final application submission).
 - e. Signed mentor agreement/request form.
 - f. Mentorship by an approved veterinary mentor as described in the APRVT Bylaws.
 - g. Signed release of liability, waiver and acknowledgement forms.
 - h. 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.
 - i. Proof of current Credentialed Veterinary Technician (or regional equivalent) license.
 - j. Projected experience requirements, hours worked, as a veterinary technician or veterinary nurse through documentary evidence.
 - k. 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:
 - a. Updates to previously submitted pre-application documents (e.g. continuing education, points system) highlighted in **YELLOW**. ***Signature forms and documents included in section 1e-k stated above are not required for final application submission unless specifically stated in the applicants welcome letter. Valid licensing is required at time of submission.**
 - b. Meet experience requirements, hours worked, after becoming credentialed to practice as a veterinary technician or veterinary nurse through documentary evidence.
 - c. Minimum of three (3) years as a credentialed veterinary technician and fulfilling the hours' requirement (4,500 hours out of 6,000 total hours) working 75% of time worked in the specialty of physical rehabilitation.
 - d. Meet continuing education requirements after becoming credentialed to practice as a veterinary technician or veterinary nurse through detailed documentary evidence.
 - e. Meet points system requirements upon final packet submission.
 - f. Provide four (4) detailed case reports correlating to case logs following the guidelines set forth in the application packet. Reports must be collected in the immediate year preceding application submission.
 - g. Provide documentary evidence through both case logs and the advanced skills list of competency in veterinary physical rehabilitation. Skills may be collected in the immediate three (3) years and case logs must be verified within the immediate year prior to application submission.
 - h. Current membership with the National Association of Veterinary Technicians in America including documentary evidence of membership number.
 - i. Three (3) prospective examination questions written as required by the examination committee guidelines.
 - j. Have not earned a VTS in any recognized NAVTA specialty in the immediate three (3) years prior to application submission.



Professional Experience and Work History

Applications may be submitted after a minimum of three (3) years as a credentialed veterinary technician or veterinary nurse (6,000 hours working 40 hours a week, 50 weeks a year) containing at least 4,500 hours (75% of 6,000 hours, 3 years- 40-hour work week) of work in veterinary physical rehabilitation experience in the immediate three (3) years prior to application as described in the APRVT definition of veterinary physical rehabilitation. For the purposes 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 spent providing rehabilitative care.

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

Applicants are not required to have direct experience working as a credentialed veterinary technician in a general practice or other specialty setting and may only have experience working in physical rehabilitation however, applicants are required to be able to perform essential tasks and functions with expert knowledge or skill as a credentialed veterinary technician as described in the [skills list](#).

Curriculum Vitae Formatting Instructions

The Curriculum Vitae format located on the Academy website must be used for application processing. Applicant Name **MUST** be on each page listed. Do not change the formatting. Only Times New Roman font at 12pt with 1.0-inch margins will be accepted. Page numbers and section headings should be listed at the top of each page. Please save as a .PDF to and embed in your application.

If your CV is different or you have updated information from the time of pre-application submission, please update information 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 credentialed veterinary technician license number. Licenses must be active.



License and Diploma

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

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

- **United Kingdom (UK):** must submit a copy of the RCVS certificate. Candidates must hold a license to practice as an RVN and be in good standing with the RCVS. You must be enrolled in the Royal College of Veterinary Surgeons' (RCVS) Veterinary Nurse register
- **Australia:** While most Australian states do not require registration in order to work as a veterinary nurse or technician, AIMVT requires that all applicants be registered by an appropriate regulatory authority. In Western Australia, contact the Veterinary Surgeons' Board to complete your registration. In other Australian states, voluntary registration with the Veterinary Nurses' Council of Australia will meet this requirement. You must be a registered veterinary nurse or technician in Australia for all of the years of work you submit as part of your professional history.
- **Canada:** You must hold a credential issued by your provincial veterinary regulatory authority.

A scanned copy (.PDF) of the current license with expiration date 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 provide 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. Successful completion of the VTNE is required.

In those states without voluntary credentialing for veterinary technicians, individuals 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.



Professional Work History and Experience Form

Applicants are required to provide employment and work history experience. This may be verified by the Academy by contacting 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.

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:

Veterinary Technician License #/State

Expiration Date:

Veterinary Technician License #/State

Expiration Date:

NAVTA Number:

Expiration Date:

Present Job Title and Credentials (e.g. CVT, RVT, LVT)

AVMA approved school of veterinary technology

School Name:

Year:

Credentialed Veterinary Technician License

If licensed in multiple states, list the license which correlates to employer address first

Date Issued	Exp:	State License #
Date Issued	Exp:	State License #



Professional Work History and Experience Form

Estimate, as accurately as possible, how many hours you have spent practicing veterinary technology as a **credentialed veterinary physical rehabilitation technician** in the last three (3) years:

hours (4,500 minimum)

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

List your employment history as a credentialed veterinary technician.

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

Workplace Verification Contact Information

Provide Contact Name, Title/Role at Workplace, Best Method of Contact (E-mail, Phone)

1.
2.
3.

Applicant Name (Last, First)

--

Applicant Credentials:

--



Points System Requirements

Applicants must show evidence of activities in the immediate **three (3) year** period prior to application submission unless otherwise indicated “*” and earn a minimum of **160 points** using the following criteria. The Academy utilizes the points system to evaluate an applicant’s experience and qualifications. A well-rounded applicant should have well over the minimum points required. Files are to be named for each category and should include **Points Category Number and Description** in the following convention: **Section 1.a: CCRP Certificate. Photocopies of certificates, course syllabus, flier page, proceeding title page or presentation title and learning objective (including conference name), articles and publications (first page with author name and year of publication), and diplomas are REQUIRED for points to be accrued and counted towards total. If evidence is not provided, points will not be awarded. Do NOT submit full PowerPoint presentations or full proceedings. An affidavit or statement, from the applicant’s mentor including type of event, learning objective, date given, title and audience or RACE provider number may be accepted as evidence if needed. Education sessions attended which are delivered by multiple speakers may receive partial credit if a co-instructor does not meet speaker requirements.**

Special note for category three (3) – “Significant Teaching Experience”. Please reference the **APRVT Definitions** in appendix. **Point accrual breakdown:** Each semester, quarter or program duration = 10 points.

Include a separate CE log for credits claimed in the points system. Do NOT duplicate CE claimed for the minimum number and include planned attendance or completion dates.

Applicant total points claimed (minimum 160): _____ (type in total)

**Indicates Activity may be completed more than the immediate three (3) years prior to application submission*

Section 1*

Category Total: _____

**Activities may be completed more than the immediate three (3) years with a maximum of ten (10) years prior to application submission*

- a. Evidence of completion of postgraduate training or advanced training in addition to credentialed veterinary technology in a field of self-study as a subject matter expert. This category shall include any combination of criteria from the certifying organization such as evidence of experience in the field of study, required continuing education, mentorship, observation hours, practical experience, case report competency, skills demonstration or verification. A final qualifying examination of competency validation is required. Maintenance of credentials or ongoing membership is preferred, but not required. This category does NOT include certifications which are meant to learn new areas of study or material for an applicant in veterinary physical rehabilitation (e.g. myofascial trigger point, osteoarthritis management, fitness and conditioning, etc). **(50 points per item)**

- **Section Total:** _____



Section 1*

- b. Editor (or co-Editor) of a textbook containing information about veterinary physical rehabilitation. **(50 points per item)**
- c. Authorship contribution on a peer-reviewed publication in a scientific journal (e.g. *JAVMA*, *Frontiers*) resulting from research or clinical practice (if 'in print', please provide the stage of publication at time of application). **(50 points per item)**
- **Section Total:** _____
- d. Primary invited author publication on textbook chapters related to veterinary physical rehabilitation. **(50 points per item)**
- **Section Total:** _____
- e. Co-author (i.e., not a first or senior author) on a peer-reviewed journal publication or textbook related to physical rehabilitation. **(20 points per item)**
- **Section Total:** _____
- f. Evidence of significant experience teaching courses related to veterinary physical rehabilitation (veterinary or veterinary technology school, veterinary physical rehabilitation certification school or professional continuing education program). Programs must be RACE approved or is validated through a national Education Standards Accreditation body. *See Significant Teaching Experience definition.* **(10 points per activity)**
- **Section Total:** _____

Section 2

Category Total: _____

Activities must be completed within the immediate three (3) years prior to application submission

- a. 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. Panel discussions are ineligible in this category. **(20 points per item)**
- **Section Total:** _____
- b. Poster presentation of scientific research (must be active in research). **(20 points per item)**
- **Section Total:** _____
- c. Case presentation (related to physical rehabilitation) at a national or international scientific veterinary conference **(15 per activity)**
- **Section Total:** _____
- d. 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)** -
Section Total: _____



Section 2

e. Evidence of completion of postgraduate training or other advanced training with at least one individual from a veterinarian diplomate college or CrVT VTS educator. RACE approval required. (e.g. Companion Animal Pain, Nutrition, Behavior) **(15 per activity)**

– **Section Total:** _____

f. Evidence of completion of postgraduate training or other advanced training. At least one program instructor must fulfill speaker credential requirements or are exceptionally recognized experts in their field of study. (e.g. Acupressure, Therapeutic Massage, Canine Fitness/Conditioning). **(10 per activity)**

- **Section Total:** _____

Section 3

Category Total: _____

Activities must be completed within the immediate three (3) years prior to application submission

a. RACE approved Continuing Education (CEU) in addition to the 40 required CEU within the last 3 years. Ensure CE is not duplicated in required eligibility hours. Please provide a separate CEU log for this category. **(1 point per CEU)**

– **Section Total:** _____

b. Physical rehabilitation article written for general public, local veterinary clinics. **(5 pts each)**

– **Section Total:** _____

c. 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)**

– **Section Total:** _____

Applicant total points claimed (minimum 160): _____ *(type in total)*

**Indicates Activity may be completed more than the immediate three (3) years prior to application submission*



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 recorded Webinars. Evidence is to be provided following the points system with the correlating category clearly labeled.

- CE may be completed within three (3) years of final 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 or be hyperlinked to supporting documentation.

Applicant Name (first/last) _____ Credentials: _____

Examination Year						
Date	Location/ Convention	Speaker Name/Credentials	Title/Session Topic	CE Category	RACE #	Hours
Page total						

Total Hours Combined:

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.

EXAMPLE Section 1e: Co-Author of textbook chapter

Pain Management for Veterinary Technicians and Nurses	
16	Physical Rehabilitation 411 <i>Kristen Hagler, Wendy Davies, and Lis Conarton</i>
16.1	Scope of Training for the Team 411
16.1.1	Team Approach to Care 413
16.1.2	Applications in Veterinary Medicine 413
16.2	The Veterinary Technician – A Physical Rehabilitation 413
16.2.1	Common Conditions and Injuries 413
16.2.2	General Wound Healing 415
16.2.3	Bone 415
16.2.4	Muscle 415
16.2.5	Tendons and Ligaments 416
16.2.6	Articular Cartilage 417
16.3	Client Communication and Activity Modification 417
16.4	Patient Assessment 418
16.4.1	Veterinary Diagnosis – The Rehabilitation Team 418
16.4.2	Objective Outcomes: Goniometry and Muscle Girth 419
16.4.3	Pain and Disability Scoring – Methodology in Pain Scoring and Assessment 420
16.4.4	The Musculoskeletal System 422
16.4.5	Structural and Postural Evaluation 424
16.4.6	Gait Analysis and Movement 425
16.4.7	Lameness 425
16.4.8	The Aging Patient 427
16.5	Patient Management 427
16.5.1	Assistive Devices: Mobility Wheelchairs, Harnesses, and Footwear 427
16.5.2	Bracing, Splinting, and Prostheses 429
16.5.3	Kinesio Taping 429
16.5.4	Environmental Modifications 430
16.6	Therapeutic Modalities and Emerging Treatments 431
16.6.1	Superficial Thermal Therapies 431
16.6.2	Photobiomodulation (Therapeutic Laser) 433
16.6.3	Electrical Stimulation 434
16.6.4	Extracorporeal Shock Wave Therapy (ESWT) 435
16.6.5	Therapeutic Ultrasound (THUS) 435
16.6.6	Electro-Magnetic Therapy 436
16.7	Manual Therapy and Myofascial Trigger Points 436
16.7.1	Myofascial Trigger Points 436
16.7.2	Joint Mobilizations and Chiropractic 437
16.7.3	Joint Range of Motion – Passive 438
16.7.4	Therapeutic Massage 438
16.8	Emerging Therapeutic Medical Interventions 439
16.8.1	Regenerative Medicine and Biological Treatments 439
16.8.2	Corticosteroids and Hyaluronic Acid 440
16.8.3	Stem Cells 440

Copyrighted Material

Section 1 a. – f.: <Insert File Description>

Section 2 a - f: <Insert File Description>

Section 3 a - c: <Insert File Description>



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 may be completed in the past three (3) years of application submission. 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, acupuncture, 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 (residents included) 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), or American College of Veterinary Internal Medicine (neurology). 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 credits 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. 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 pre-recorded online combined CE will be accepted** and if provided in excess, they will not contribute towards the total hours needed.



Continuing Education Form – CORE APPLICATION

- CE may be completed within three (3) years of application. Do not use this form for a Pre-Application. Do not duplicate 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 or be hyperlinked to supporting documentation.
- 40 hours of approved CE minimum (20 maximum may be online education). Applicants are *encouraged* to submit > 40 hours of CE.
- **Provide separate CE logs for Core Application and Pre-Application Points System**
- **Provide totals for Combined Hours for each page listed.**

Applicant Name (first/last) _____ Credentials _____

Examination Year						
Date	Location/ Convention (Indicate if in person or live Webinar)	Speaker Credentials (DACVSMR, VTS mandatory)	Title/Session Topic	CE Category	RACE#	Hours
Page total						

Total Combined Hours:



Case Log Instruction

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

- Case logs shall take place in the immediate year prior to application deadline and must be submitted with the application packet. List all logs from oldest to newest unless the log correlates with a case report. **Re-applicants**: please read the requirements for case log submissions.
- Case logs with treatments which are continuous through the year of application deadline are to include the last date seen before application submission and total number of visits.
- Case logs correlating with a case report are to be listed first regardless of patient treatment date.
- A minimum number of forty (40) cases are required. In the event a case is dismissed it is encouraged to submit more than forty (40), but no more than sixty (60) cases.
- 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, or the log is claimed for the same skill twice, the log **and** skill will be rejected.
- 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). 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).
- At least twenty percent (20%) of case logs, or 8 logs out of a minimum of 40, are to have a *literature reference* to support the skill being claimed. Literature references are to follow formatting for case reports and are to be listed at the end of the case log section submitted. References shall be not be older than ten (10) years unless the reference is considered foundational to the specialty.
- Each case log must clearly outline the applicant's role in the rehabilitation plan, demonstrate which of their actions contributed to a successful outcome and critical thinking to demonstrate knowledge. **Do NOT** include phrases such as "Ms. Smith was happy with Fluffy's progress", "Rocket did not want to participate so we stopped therapy", "Dr. Smith verified my skill". These statements do not allow case log reviewers to evaluate an understanding or knowledge of a particular skill and may disqualify the log and correlating skill.
- Case logs **MUST** demonstrate a **variety** of rehabilitation cases to represent the applicant's diversity working in physical rehabilitation as well as the applicant's use of advanced rehabilitation skills and care throughout all phases of the case.
 - **IMPORTANT:** Common or routine orthopedic, neurologic or geriatric cases must comprise less than fifteen percent (<15%) of the case logs. Examples include uncomplicated pre- or post-operative orthopedic and neurologic conditions or geriatric rehabilitation where the condition is stable for many months. Submitting five (5) similar rehabilitation cases such as uncomplicated stifle or elbow procedures, uncomplicated and complete recovery of function after hemilaminectomy) may result in case log disqualification.

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Case Log Instruction

- One (1) case log MUST correlate with a Case Report. **IMPORTANT: If the log fails, the report fails.** 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.
- **All cases included in the applicant's log must be completed at the facility where the applicant is currently employed, and the mentor is supervising case treatment. All cases are required to be under the supervision of a veterinarian.**
- 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.
- ChatGpT, Artificial Intelligence (AI) writing software or other AI writing tools are strictly prohibited. Programs such as Turnitin.com may be used to verify submitted information is an original work written by the applicant. Evidence of cheating is grounds for immediate rejection.
- Abbreviations should be expanded on first mention. For example: *The patient received an Intra-articular (IA) joint injection. On next mention is written as: IA injections can provide pain management for chronic conditions.*
- The applicant must use the Case Log formatting instructions for documentation.



Case Log Formatting Checklist

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, regardless of number of visits

Logs are written within the current application year (unless applicant is re-applying)

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 and include last visit date.

Signalment: Species/breed, age, sex, weight (in kg)

Veterinary diagnosis and any co-morbidities

Rehabilitative goals

Equipment used for therapeutic exercise

Modalities or therapeutic aides used (reference equipment or physical modalities listed in the skills list)

Skills list domain header and skill number including marking the check box

Use of objective scales. At least one scale must be mentioned in the summary of care **including changes in patient status**. Approved 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 veterinary physical rehabilitation techniques, skills, and procedures performed by the applicant on the patient relating to the referenced skill. A case log is the applicant's chance to demonstrate an understanding of therapies and conditions to the Academy. Think of the summary of care as a "mini" case report. Applicants are required to include critical thinking skills.

Summary of care must be a minimum of **150 words** not to exceed **250 words** in summary of care section or **three** case logs maximum per page).

Indication of which case logs correlate with the required four (4) Case Reports by **highlighting** the skill claimed and listing these logs **FIRST** in the case log presentation.

Each log is free of errors and omissions. Logs with errors will result in rejection of a correlating Case Report and correlating skill. Case logs **WILL BE REJECTED** with repeated spelling, grammatical errors or not utilizing case log guidelines. Any correlating skill or **case report** will be rejected. Using AI automatically fails the log and possibly the entire application.

Abbreviations are used correctly. If an abbreviation is used, it must be fully spelled out with the abbreviation in parentheses. **Academy of Physical Rehabilitation Veterinary Technicians (APRVT)** is listed as **APRVT** on next mention.

Medications and photobiomodulation treatments include dosages and frequency (e.g. mg/kg BID x7d; J/cm²)

Times New Roman 9-point font is used.

At least (20%) of case logs, or 8 logs out of a minimum of 40 have a *literature reference* not exceeding ten (10) years. Case logs correlating with a case report are required to have a reference.

NO more than fifteen percent (15%) of the case logs are considered "routine" rehabilitation conditions.



Case Log Example

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

Case log: # 1	Patient ID: Dustin/ID 5651	Number of Visits: 50 (ongoing)	Date (last): 1/1/2025
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. No co-morbidities.			
Immediate rehabilitative goals: Long term OA management secondary to abnormal joint conformation, conditioning and training. Management of patient functional patterning during movement and decreasing compensatory movement formation.			
Representative Signed Advanced Skills (including assistance in) and Knowledge: TYPE IN ONE SKILL TITLE BELOW			
<input checked="" type="checkbox"/> Skill #17 Small Animal Anatomy and Physiology – CASE REPORT 2			
Validated Scale(s) Used: <input checked="" type="checkbox"/> Pain score - Initial and Recheck: 0/4 <input checked="" type="checkbox"/> Lameness Score Initial and Recheck - 0/5 <input type="checkbox"/> Neurologic Score – n/a			
Pharmaceuticals and Supplements Used (mg/kg; route; frequency; start/end date): Intra-articular (IA) Hyaluronic Acid (HA) - 1.0 ml IA bilateral stifles with sterile surgical prep – every 6 months. Adequan (polysulfated glycosaminoglycan 100mg/ml) 1mg/kg every 4 weeks after initial loading series of 8 injections over a 4 week duration. Carprofen 2.2mg/kg PO SID-BID prn soreness after exercise.			
Equipment used: Rt stifle med/lat/Cr ESWT (Hydraulic PulseVet VersaTron4Paws protocol – R05 Trode, 360ppm, 1000 pulses) q6-9 months or Piezoceramic Elvation Piezowave F7G3, 10mm gel pad, 8Hz, 0.052mJ/mm ² 1,000 pulses, UWTM, PBM 12J/cm ² , 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 (<i>Jaegger GL. Millis DL. Levine D. 2002</i>) 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 which can then lead to OA despite lack of OA presence at time of injury. Cartilage destruction of the articular cartilage, loss of cartilage strength, destruction of proteoglycan and ECM occurs over time in joints with abnormal conformation or excessive high impact activity. This particular patient is also at risk for injury to the intra-articular structures such as the meniscus, CrCl, or CdCl due to abnormal 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.			

Reference: Jaegger GL, Marcellin-Little DJ, Levine D: Reliability of goniometry in Labrador retrievers. Am J Vet Res 63:979-986, 2002.



Case Log Form

Case log: #	Patient ID:	Number of Visits:	Date (last):
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			
<input type="checkbox"/> [INSERT CATEGORY TITLE and SKILL #]			
Validated Objective Scale(s) Used (Include Initial and Recheck or changes during treatment):			
<input type="checkbox"/> Pain score <input type="checkbox"/> Lameness Score <input type="checkbox"/> 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):			

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			
<input type="checkbox"/> [INSERT CATEGORY TITLE and SKILL #]			
Validated Objective Scale(s) Used (Include Initial and Recheck or changes during treatment):			
<input type="checkbox"/> Pain score <input type="checkbox"/> Lameness Score <input type="checkbox"/> 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):			

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			
<input type="checkbox"/> [INSERT CATEGORY TITLE and SKILL #]			
Validated Objective Scale(s) Used (Include Initial and Recheck or changes during treatment):			
<input type="checkbox"/> Pain score <input type="checkbox"/> Lameness Score <input type="checkbox"/> 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):			



Case Report – Instructions/Guidelines

Four (4) detailed case reports are required. 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 will result in your reports being rejected.** It is strongly recommended for your veterinary mentor or a VTS (any specialty) 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.

- Case reports submitted shall take place in the immediate year prior to application deadline and must correlate with an advanced skill. 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. Listing “*photobiomodulation reduces inflammation*” is not acceptable.
- 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 FILE REPORT ANYWHERE** to maintain anonymity when scored by review committee.
- Patient signalment, veterinary diagnosis and any rehabilitation specific diagnosis is required.
- The use of references is required, and plagiarism or use of Artificial Intelligence assisted writing will not be tolerated. References are NOT included as part of the five-page maximum and 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 in bold with notations in the body of the report (e.g. **Author A. 2012**). A minimum of 8 (eight) references including textbooks, journal articles or other approved sources is required. Evaluators should easily be able to follow a reference to its source. If a reference cannot be verified, points will be deducted. References are not to exceed ten (10) years unless foundational to the specialty.
- Reports must demonstrate expertise in the management and treatment of clinical cases and will be reviewed for modalities utilized by the applicant, goals of care, critical thinking skills in case management and modalities, and the applicant’s role in 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. e.g. *Physical Exam (PE)*.
- 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.
- Applicants are required to demonstrate an understanding of how pain management relates to the case being reported. Case reports discussing “fitness” as the sole demonstration of advanced knowledge and skill will not be accepted unless prior approval is granted by the Applications Committee Chair.



Case Report Validated Scoring System

- Case reports **must** utilize the following validated scoring systems and will be verified in the case logs. Additional scoring systems will be considered if the applicant provides appropriate reference information and demonstrates an understanding of the scoring system used.
 - **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.

Or

Lameness scoring: American Association of Equine Practitioners (AAEP) lameness scale (Ross 2011): 0 = no lameness; 1 = inconsistent lameness under specific circumstances only; 2 = consistent lameness under specific circumstances only; 3 = consistent lameness at a trot; 4 = consistent lameness at a walk; and 5 = most severe lameness.

Ross, M.W. (2011). Movement. In: *Diagnosis and Management of Lameness in the Horse*, 2e (eds. M.W. Ross and S.J. Dyson), 64–80. Saint Louis: W.B. Saunders.

www.aep.org

Or

Numerical Grading System

Duerr F. *Subjective Gait Evaluation* ed Duerr FM. In *Canine Lameness*. Wiley-Blackwell. 2020. 12.

- **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

If using an individualized hospital pain scoring system. At least one validated reference is required for the species being assessed and a multi-parameter system must be utilized.



Case Report Scoring Rubric

Case Reports must follow this specific format with appropriate headings and sections will be graded on the criteria listed. THIS IS HOW REPORTS WILL BE GRADED.

- A case report grading system will be utilized. Applicants will be provided with a summary sheet and explanation of scoring if necessary. All reports are anonymously graded by two different evaluators and averaged.
 - (PASS) - PASS without any further response from applicant.
 - (DNM) – Does not Meet- This category requires the applicant to resubmit an application. Reports may only be used for one resubmission opportunity.

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), patient signalment, correlating case log number and current examination year. All literature references follow correct formatting at end of report. Work is original and written by the applicant without use of ChatGPT or AI. Tables, charts or images at end of report before references. DO NOT include your name anywhere on the report. **Correct spelling, grammar and terminology are required for each case and points will be deducted.**

II Introduction (5 points) - Brief introduction with signalment, the type of case featured in the report, goal of rehabilitation therapy, list of interventions used (e.g. imaging, regenerative medicine, surgical), lameness/neurological/functional scores, pain status and clinical outcome. The correlating skill should be clearly described.

III Clinical Report (10 points) - Overview of pertinent clinical history affecting treatment, primary reason/diagnosis, pharmaceuticals or supplements used and their ongoing relation to the condition, a detailed description of interventions, assistive devices or environmental modifications utilized for the case, findings (e.g. measurements, diagnostic findings, objective/validated score records) and description of rehabilitation therapies chosen are to be briefly discussed.

IV Clinical Assessment (10 points) – Includes treatment of the primary reason/diagnosis for rehabilitation therapy and how the patient responded to treatment. Attention to the patient as a whole is heavily weighted. Points of discussion to highlight clinical assessment should include overall physical and rehabilitation exam findings in detail. This includes pain and disability level at inception of therapy and changes throughout treatment. Emotional health status, co-morbidities, primary environment (i.e., in-patient treatments, home), assistive and coaptation devices or barriers to treatment encountered during therapy which affected outcomes are to be included. All laboratory data, ongoing therapies or serial joint motion measurements are to be formatted in a table and placed at the end of the report.

V Detailed description of the physical rehabilitation protocol employed (20 points) - Includes descriptions of all medical interventions incorporated, therapeutic modalities, therapeutic exercises, manual therapies, custom coaptation devices, or other treatments applicable to patient care. Descriptions should be detailed to include muscles targeted for therapy, details of a therapeutic exercise plan or why a modality was chosen and what effect is expected. Simply listing “detailed HEP” or “LLLT was used for pain control” is not acceptable. Readers should be able to replicate the plan and understand clinical relevance with supporting references.



Case Report Scoring Rubric

VI Clinical Outcome (10 points) – A summary of the subjective and objective response to therapy (conveying an understanding of the scoring systems used is required) describing patient response to therapeutic plan implemented. For patients needing long term care, a recommended long-term therapeutic plan summary may be included.

VII Discussion (20 points) – A demonstration of the author’s subjective critique and critical thinking of the patient response to therapy and therapies chosen. This **MUST** include rationale for use of analgesics and physical modalities, critical evaluation of patient care, where any deficiencies lie, and areas of possible case management improvement. This is an opportunity to show critical thinking and reasoning skills, demonstrate an understanding of rehabilitation therapy and expand on therapies not used, but would have benefited the patient in detail. *Rehabilitation Veterinarians will set therapeutic protocols however the applicant must understand the reasoning as to why each therapy was chosen, explain rationale and provide literature references to support claims made.

VIII Summary (5 points) - Provides a brief interpretive summary of the case report, outcome (or veterinary prognosis) and how this case demonstrated the chosen advanced skill being discussed. A summary of clinical outcome may be included if necessary (e.g., lameness and pain score changes; return to previous function or changes in lifestyle). Maximum one (1) paragraph.

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 eight (8) references is required and may not exceed ten (10) years unless considered a foundational to the specialty.

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.



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, is a Veterinary Sports Medicine and Rehabilitation (DACVSMR) diplomat **or** is a DACVSMR candidate-resident **or** is a VTS member in good standing of the APRVT and has maintained membership eligibility (a veterinarian of record is still required for overall supervision). 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 with mastery of the skill/s claimed. 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. The applicant should understand that mentor may be subject to submission of supporting documentation validating an expert understanding of the specialty field.

Applicants 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. High standards set for Academy members ensures 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. All case logs must have a correlating skill. If a case log is rejected, the skill will be rejected as well and if the case log correlates with a case report, the report is automatically rejected and will not be considered for review.

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



Advanced Skills List Definitions and Guidelines

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

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

Common 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 (2) 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.

2	<p><i>Possess anticipatory skills and demonstrate the ability to apply concepts of animal learning for the applications of physical rehabilitation therapies and treatments</i></p> <p><input checked="" type="checkbox"/> <i>associative or non-associative</i></p> <p><input type="checkbox"/> <i>behavior modification (e.g. desensitization, positive reinforcement, classical conditioning, etc.)</i></p>
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5. Acceptable formatting for Mastery Date: Month/Year (e.g. 02/2017). Do NOT write a mastery date with the year only or with month and date only. Mastery dates must not exceed three (3) years from application year. CASE LOGS and correlating SKILLS must be in the immediate year prior to application submission.



Skills List Table of Contents

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



Small Animal Behavior and Handling

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

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



Small Animal Anatomy and Physiology

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

#	Skill	Mastery Date	Evaluator Initials	Reference Case #
6	<p><i>Demonstrate advanced knowledge of normal animal anatomy and physiology as it relates to:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>directional terms</i> <input type="checkbox"/> <i>anatomical planes</i> <input type="checkbox"/> <i>axes of joint motion</i> <input type="checkbox"/> <i>autonomous zones</i> <input type="checkbox"/> <i>differences in conformation among breeds</i> <input type="checkbox"/> <i>weight-bearing and weight distribution</i> 			
7	<p><i>Demonstrate advanced knowledge of abnormal animal anatomy and physiology as it relates to:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>anatomical planes</i> <input type="checkbox"/> <i>differences in conformation among breeds</i> <input type="checkbox"/> <i>weight-bearing and weight distribution.</i> 			
8	<p><i>Demonstrate advanced knowledge of animal anatomy and physiology when recognizing, describing or palpating major bony landmarks of:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>the forelimb</i> <input type="checkbox"/> <i>the hind limb</i> <input type="checkbox"/> <i>the vertebral column</i> 			
9	<p><i>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)</i></p>			



Small Animal Anatomy and Physiology

#	Skill	Mastery Date	Evaluator Initials	Reference Case #
10	<i>Demonstrate advanced knowledge of animal anatomy and physiology for common orthopedic injuries as seen in a variety of breeds (e.g. CCL-D)</i>			
11	<i>Demonstrate advanced knowledge of animal anatomy and physiology when recognizing and accurately identifying:</i> <input type="checkbox"/> <i>major joints</i> <input type="checkbox"/> <i>flexor and extensor surfaces</i> <input type="checkbox"/> <i>shapes of articular surfaces</i> <input type="checkbox"/> <i>normal joint motion in the limbs, spine, pelvis and sacroiliac joints</i>			
12	<i>Demonstrate advanced knowledge of animal anatomy and physiology for surgical corrective or stabilization procedures for common orthopedic conditions (e.g. TPLO, MPL, ED, HD)</i>			
13	<i>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)</i>			
14	<i>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)</i>			



Small Animal Anatomy and Physiology

#	Skill	Mastery Date	Evaluator Initials	Reference Case #
15	<i>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)</i>			
16	<i>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)</i>			
17	<i>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)</i>			
18	<i>Demonstrate advanced knowledge of animal anatomy and physiology for normal skeletal alignment and its influences on mobility, function and pathologic conditions</i>			
19	<i>Demonstrate advanced knowledge of animal anatomy and physiology involving antigravity and prime mover muscles and the role they play during movement:</i> <input type="checkbox"/> <i>forelimb</i> <input type="checkbox"/> <i>hind limb</i> <input type="checkbox"/> <i>spine</i> <input type="checkbox"/> <i>synovial bursae</i> <input type="checkbox"/> <i>major ligaments of the forelimb</i> <input type="checkbox"/> <i>major ligaments of the hind limb</i> <input type="checkbox"/> <i>major ligaments of the spine</i>			



Small Animal Anatomy and Physiology

#	Skill	Mastery Date	Evaluator Initials	Reference Case #
20	<i>Demonstrate advanced knowledge of animal anatomy and physiology as it relates to conditions affecting senior and geriatric patients</i>			
21	<i>Demonstrate advanced knowledge of animal anatomy and physiology as it relates to patients of different age groups participating in fitness or conditioning programs</i> <input type="checkbox"/> puppy <input type="checkbox"/> adult <input type="checkbox"/> senior <input type="checkbox"/> geriatric			



Responses of Musculoskeletal Tissues to Disuse and Remobilization

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

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



Responses of Musculoskeletal Tissues to Disuse and Remobilization

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



Responses of Musculoskeletal Tissues to Disuse and Remobilization

	Skill	Mastery Date	Evaluator Initials	Reference Case #
31	<i>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)</i>			
32	<i>Demonstrate advanced knowledge to recognize and describe adaptations of cartilage</i> <input type="checkbox"/> <i>increased mechanical stress (e.g. effects of training on cartilage)</i> <input type="checkbox"/> <i>acute inflammation</i> <input type="checkbox"/> <i>abnormal biomechanical stresses</i>			
33	<i>Demonstrate advanced knowledge to properly identify potential complications or considerations of cartilage adaptation</i>			
34	<i>Demonstrate advanced knowledge to be able to describe changes in the joint capsule with immobilization:</i> <input type="checkbox"/> <i>responses of the joint capsule after immobilization</i> <input type="checkbox"/> <i>recognize potential effects medications may have</i>			
35	<i>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)</i>			



Responses of Musculoskeletal Tissues to Disuse and Remobilization

	Skill	Mastery Date	Evaluator Initials	Reference Case #
<i>Muscle</i>				
36	<i>Demonstrate advanced knowledge to describe and provide an understanding of different muscle fiber types (Type I and Type II)</i>			
37	<i>Demonstrate advanced knowledge of factors affecting muscle contraction including identification of potential complications or considerations (e.g. Type I muscle atrophy)</i>			
38	<i>Demonstrate advanced knowledge to describe the adaptation or response of muscle to:</i> <input type="checkbox"/> <i>disuse or immobilization (e.g. mechanism of muscle atrophy)</i> <input type="checkbox"/> <i>neurogenic muscle atrophy</i> <input type="checkbox"/> <i>atrophic changes associated with aging</i> <input type="checkbox"/> <i>effects of medications on immobilized muscles</i> <input type="checkbox"/> <i>increased mechanical stress</i>			
39	<i>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)</i>			
40	<i>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)</i>			



Responses of Musculoskeletal Tissues to Disuse and Remobilization

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



Responses of Musculoskeletal Tissues to Disuse and Remobilization

	Skill	Mastery Date	Evaluator Initials	Reference Case #
45	<p><i>Demonstrate advanced knowledge to describe at least two changes in bone resulting from:</i></p> <p><input type="checkbox"/> <i>disease conditions</i></p> <p><input type="checkbox"/> <i>adaptations to increased stress</i></p> <p><input type="checkbox"/> <i>stress protection</i></p>			

Patient Assessment and Management

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

#	Skill	Mastery Date	Evaluator Initials	Reference Case #
46	<p><i>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.)</i></p>			
47	<p><i>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.)</i></p>			



Patient Assessment and Management

#	Skill	Mastery Date	Evaluator Initials	Reference Case #
48	<i>Demonstrate advanced knowledge of and ability to describe at least four normal locomotive movement patterns, including accurately recording findings, in the canine patient</i>			
49	<i>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</i>			
50	<i>Demonstrate appropriate technique and knowledge to accurately record normal joint ranges of motion with a goniometer</i> Note: all joints must be proficiently assessed			
51	<i>Demonstrate appropriate technique and knowledge to accurately record abnormal joint ranges of motion with a goniometer</i> Note: all joints must be proficiently assessed			
52	<i>Demonstrate appropriate technique to accurately record normal muscle circumference girth measurements with a tension tape device of the:</i> <input type="checkbox"/> <i>triceps</i> <input type="checkbox"/> <i>antebrachium</i> <input type="checkbox"/> <i>hind limb</i> <input type="checkbox"/> <i>thoracic</i>			



Patient Assessment and Management

#	Skill	Mastery Date	Evaluator Initials	Reference Case #
53	<p><i>Demonstrate appropriate technique to accurately recognize abnormal muscle circumference girth measurements with a tension tape device of the:</i></p> <p><input type="checkbox"/> <i>triceps</i></p> <p><input type="checkbox"/> <i>antebrachium</i></p> <p><input type="checkbox"/> <i>hind limb</i></p>			
54	<p><i>Demonstrate advanced knowledge of and ability to recognize normal and abnormal tissue (e.g. effusion, swelling)</i></p>			
55	<p><i>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)</i></p>			
56	<p><i>Demonstrate advanced knowledge of and ability to describe appropriate patient BCS using a validated scoring system</i></p>			
57	<p><i>Demonstrate advanced knowledge of and ability to recognize abnormal canine structure (e.g. congenital malformation) and associated compensation movements</i></p>			
58	<p><i>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)</i></p>			
59	<p><i>Demonstrate ability to accurately record and maintain patient medical records in a format conducive to continuous consistent treatments between colleagues</i></p>			



Patient Assessment and Management

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



Physical Modalities, Manual Techniques and Adjunctive Treatments

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

#	Skill	Mastery Date	Evaluator Initials	Reference Case #
63	<i>Demonstrate advanced knowledge of and the ability to select and administer superficial thermal modalities:</i> <input type="checkbox"/> cryotherapy <input type="checkbox"/> heat therapy			
64	<i>Demonstrate advanced knowledge of and the ability to set-up, troubleshoot and properly administer prescribed electrical stimulation and understand therapeutic effects:</i> <input type="checkbox"/> TENS <input type="checkbox"/> NMES			
65	<i>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</i>			
66	<i>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</i>			



Physical Modalities, Manual Techniques and Adjunctive Treatments

#	Skill	Mastery Date	Evaluator Initials	Reference Case #
67	<p><i>Demonstrate advanced knowledge of underwater treadmills including:</i></p> <p><input type="checkbox"/> <i>the ability to set-up, troubleshoot and properly utilize</i></p> <p><input type="checkbox"/> <i>understand therapeutic effects and applications.</i></p> <p><input type="checkbox"/> <i>appropriate selection of various patient assistive aides</i></p> <p><input type="checkbox"/> <i>safety precautions</i></p>			
68	<p><i>Demonstrate advanced knowledge of swimming pools including:</i></p> <p><input type="checkbox"/> <i>the ability to set-up, troubleshoot and properly utilize</i></p> <p><input type="checkbox"/> <i>understand therapeutic effects and applications</i></p> <p><input type="checkbox"/> <i>appropriate selection of various patient assistive aides</i></p> <p><input type="checkbox"/> <i>safety precautions</i></p>			
69	<p><i>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:</i></p> <p><input type="checkbox"/> <i>appropriate equipment selection</i></p> <p><input type="checkbox"/> <i>patient aides</i></p> <p><input type="checkbox"/> <i>safety precautions</i></p>			
70	<p><i>Demonstrate advanced knowledge of and the ability to describe, perform and instruct when appropriate, at least two different common therapeutic massage techniques</i></p>			



Physical Modalities, Manual Techniques and Adjunctive Treatments

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



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.

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



Common Conditions and Surgical Procedures in Veterinary Physical Rehabilitation

#	Skill	Mastery Date	Evaluator Initials	Reference Case #
81	<i>Demonstrate advanced knowledge of and the ability to describe common corrective surgical procedures for angular limb deformities (e.g. limb lengthening, arthrodesis)</i>			
82	<i>Demonstrate advanced knowledge of and the ability to describe common surgical procedures for amputation</i>			
83	<i>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).</i>			
84	<i>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).</i>			



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 be able to effectively report concerns or problems to the veterinary rehabilitation team in a timely manner.

#	Skill	Mastery Date	Evaluator Initials	Reference Case #
85	<i>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.</i>			
86	<i>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.</i>			
87	<i>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.</i>			
88	<i>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)</i>			



Nutrition

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

#	Skill	Mastery Date	Evaluator Initials	Reference Case #
89	<i>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.</i>			
90	<i>Demonstrate the advanced knowledge and the ability to assist in developing a nutrition history sheet to record dietary intake (e.g. treats).</i>			
91	<i>Demonstrate the advanced knowledge and the ability to recognize the varying needs of patient age groups, comorbidities and restrictions in feeding strategies.</i>			
92	<i>Demonstrate the advanced knowledge and the ability to calculate BCS (e.g. difference between body fat and muscle mass).</i>			
93	<i>Demonstrate the advanced knowledge and the ability to calculate muscle condition score (e.g. WSAVA global Nutrition Council, 2015)</i>			
94	<i>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</i>			
95	<i>Demonstrate advanced knowledge of and the ability to develop a nutritional plan for maintaining lean body mass (e.g. geriatric rehabilitation patients with sarcopenia)</i>			
96	<i>Demonstrate advanced knowledge of and ability to develop nutritional plans for decreasing chronic inflammation as it relates to common rehabilitative therapies (e.g. OA)</i>			



Supplemental Skills

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

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



Supplemental Skills

#	Skill	Mastery Date	Evaluator Initials	Reference Case #
7	<i>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</i>			
8	<i>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</i>			
9	<i>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</i>			
10	<i>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</i>			
11	<i>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.</i>			
12	<i>Demonstrate advanced knowledge of and ability to utilize Hyperbaric Oxygen Chamber therapy</i>			
13	<i>Demonstrate advanced knowledge of extracorporeal shockwave therapy including</i> <input type="checkbox"/> <i>Mechanism of action</i> <input type="checkbox"/> <i>Common treatment protocols and clinical applications</i> <input type="checkbox"/> <i>Patient preparation</i> <input type="checkbox"/> <i>Indications and contraindications</i>			



Skills Assessment Signature and Initials Form

The applicant is required to state whether or not they have 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 veterinary mentorship request letters, by a veterinarian who is certified in veterinary physical rehabilitation, is a Veterinary Sports Medicine and Rehabilitation (DACVSMR) diplomat or is a DACVSMR candidate-resident or is a VTS member in good standing of the APRVT and has maintained membership eligibility (a veterinarian of record is still required for overall supervision). In all cases, attestors must attest to the subset of skills that they themselves are experts. The Academy reserves the right to audit an applicant's claim to skill expertise at any time.

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. All skill 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 named applicant has achieved the APRVT definition of mastery for the above skills that are marked with my initials.

Applicant: <hr/> (Signature) <hr/> Printed Name: <hr/> Skill Testifier: <hr/> (Signature) <hr/> Printed Name: <hr/> Credentials: <hr/> Initials: <hr/>	Skill Testifier: <hr/> (Signature) <hr/> Printed Name: <hr/> Credentials: <hr/> Initials: <hr/> Skill Testifier: <hr/> (Signature) <hr/> Printed Name: <hr/> Credentials: <hr/> Initials: <hr/>
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Skills Assessment Signature and Initials Form

Additional Skill Testifier Contact Information:

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

Signature: _____

Initials: _____

Additional Skill Testifier Contact Information:

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

Signature: _____

Initials: _____

Page 2: Skills assessment signature and validation form



Therapeutic Exercise Equipment and Therapeutic Modalities

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

Sixty percent (60%) or 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 (3) 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 or Physical Modality	Evaluator Initials
1	<i>TENS unit</i>	
2	<i>NMES unit</i>	
3	<i>Heat therapy: hydrocollator pack, heating pad</i>	
4	<i>Ice therapy: pack, compression system or cold whirlpool</i>	
5	<i>Goniometer (at least two sizes)</i>	
6	<i>Tension tape measurer</i>	
7	<i>Taylor percussion hammer/pleximeter</i>	
8	<i>Hemostat</i>	
9	<i>PEMF bed or blanket</i>	
10	<i>Portable PEMF device</i>	
11	<i>Therapeutic laser: Class III or Class IV</i>	
12	<i>LED laser</i>	
13	<i>Micro-current device</i>	
14	<i>Land Treadmill</i>	
15	<i>Underwater treadmill or pool</i>	
16	<i>Balance pods</i>	



Therapeutic Exercise Equipment and Therapeutic Modalities

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



Therapeutic Exercise Equipment and Therapeutic Modality Signature and Initials Form

The applicant is required to state whether or not they have 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 **or** is a Veterinary Sports Medicine and Rehabilitation (DACVSMR) diplomat **or** is a DACVSMR candidate-resident **or** is a VTS member in good standing of the APRVT and has maintained membership eligibility (a veterinarian of record is still required for overall supervision) when attesting to equipment and modalities listed on this form.

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: _____
 (Signature): _____
 Printed Name: _____

Skill Testifier: _____
 (Signature): _____
 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

Form must be signed, dated, and included in the application. Submit as a 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.

Applicant Name: _____
Title: _____
Date: _____



Non-Disclosure Agreement

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

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

CONFIDENTIAL INFORMATION

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

- (i) business plans
- (ii) performance results or status of other candidates
- (iii) proprietary application and examination results, formulations or decisions
- (iv) 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 Veterinary 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 logs 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, using therapeutic modalities, executing 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 veterinary mentor to review application documents, especially Case Reports.***

The APRVT requires that a veterinary mentor is currently licensed and certified in rehabilitation or is a board-certified veterinary specialist (or resident) 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. VTS (Physical Rehabilitation) members may mentor a candidate if they meet the eligibility criteria and the candidate is supervised by a veterinarian. 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: _____

Veterinary Mentor Name and Credentials: _____

Date of veterinary mentor credentialing achievement: _____



Applicant Agreement with Veterinary Mentor Signature Page

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

I will provide my veterinary mentor with an outline detailing how I intend to accomplish my training program. My veterinary mentor must then approve this outline. Once the training methods are agreed upon, my veterinary 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

Veterinary Mentor

(Signature)

(Signature)

Printed Name

Printed Name

Veterinary Mentor Contact Information: *(Please type - this is primary means of contact)*

Street Address _____

State/Province _____

Zip Code _____

Phone _____

Email Address _____

Year Credentialed in Rehabilitation or ACVSMR award year: _____



Veterinarian Mentor Agreement Form – Skills List and Case Logs

The APRVT requires a licensed veterinarian trained in physical rehabilitation with at least three (3) years' experience, a diplomate or a VTS (physical Rehabilitation) with active membership 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 veterinary mentorship.*** Applicant must demonstrate mastery of **100%** of the ***Regulatory and Practice Knowledge skills*** and ***Essential Credentialed Veterinary Technician knowledge and 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

Veterinary Mentor

(Signature)

(Signature)

Printed Name

Printed Name

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

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



Regulatory and Practice Knowledge – Veterinary 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 veterinary 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	<i>Be able to describe the role of the credentialed veterinary technician including definitions of respective practice acts within the applicant's current state.</i>		
2	<i>Be able to explain the role of collegial relationships in veterinary physical rehabilitation (Chiropractor, Physical Therapist, Acupuncturist, Massage Therapist).</i>		
3	<i>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).</i>		
4	<i>Be able to describe the concept and importance of the Veterinary-Client-Patient relationship during physical rehabilitation.</i>		
5	<i>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)</i>		

Applicant Name: _____

Date: _____

Veterinarian Mentor Signature: _____

Date: _____



Essential Credentialed Veterinary Technician Skills – Veterinary Mentor Mastery Verification

The VTS (Physical Rehabilitation) must have an intimate understanding of activities essential as a credentialed veterinary technician as they relate to animal physical rehabilitation and general animal care. A veterinary 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	<i>Perform a comprehensive physical exam on at least ONE small animal species. Examination of multiple life stages (juvenile, adult, and geriatric) is encouraged. Assess and document findings including weight, temperature, heart rate, pulse rate, respiratory rate, heart/lung sounds, BCS, numerical pain score, hydration status, and any abnormal findings</i>		
2	<i>Demonstrate efficient and accurate calculation of medication doses as related to those commonly used in veterinary physical rehabilitation pain management and associated procedures (e.g. diagnostic imaging, joint injections)</i>		
3	<i>Demonstrate mastery of venipuncture and laboratory processing in healthy animals in at least two locations. This may include regenerative medicine collection techniques or laboratory sampling for diagnostics.</i>		
4	<i>Demonstrate mastery or knowledge of intravenous catheter placement and maintenance.</i>		
5	<i>Demonstrate mastery or knowledge of cystocentesis, either blind or ultrasound guided.</i>		
6	<i>Demonstrate mastery of proper wound management techniques and/or bandage placement. Log at least 2 different wounds/bandages - specifying location and bandage type (supportive, protective,</i>		
7	<i>Demonstrate mastery of proper application of splints. Log at least two locations and type.</i>		



Essential Credentialed Veterinary Technician Skills – Veterinary Mentor Mastery Verification

8	<i>Demonstrate mastery of proper application of bandages. Log at least two locations and type.</i>		
9	<i>Demonstrate proper nursing care techniques for the recumbent patient. This is to include at <u>minimum</u> urinary bladder care, proper bedding, and safe manipulation of postural changes.</i>		
10	<i>Demonstrate knowledge of common nosocomial diseases, contagious/infectious diseases in small animals and risk management in the treatment setting.</i>		
11	<i>Demonstrate knowledge of safe handling procedures and precautions for patients undergoing chemotherapeutic agents (e.g. handling urinary accidents, what is a 'NADIR')</i>		
12	<p><i>Demonstrate advanced knowledge or advanced skill in the following:</i></p> <p><input type="checkbox"/> <i>Endotracheal intubation and tube placement noting selection process in regard to length and size, and safe technique for sealing cuff.</i></p> <p><input type="checkbox"/> <i>Set up at least two pieces of electronic monitoring equipment for patients undergoing sedation or anesthesia</i></p>		
13	<i>Demonstrate knowledge or skill of patient positioning and technique for radiographic diagnostic imaging studies for at least four (4) anatomical locations. For example: Lumbar spine imaging includes a right lateral and VD lumbar view to include T13-L1 and L7-S1 with directional markers.</i>		
14	<i>Demonstrate skilled application of crisis intervention/grief management strategies with pet owners or team members.</i>		
15	<i>Demonstrate knowledge and skill in accurate medical charting following standardized documentation procedures (e.g. SOAP format).</i>		
16	<i>Demonstrate knowledge and be able to recognize abnormal oral/dental, and integumentary conditions needing further veterinary medical attention (e.g. tooth fracture, oral masses).</i>		



Essential Credentialed Veterinary Technician Skills – Veterinary Mentor Mastery Verification

17	<i>Demonstrate knowledge or skill of aseptic technique and patient preparation for a variety of sterile procedures (such as joint injections, stem cell harvesting, arthroscopy, etc).</i>		
18	<i>Demonstrate knowledge <u>and</u> skill of animal handling and restraint for medical procedures</i>		
19	<p><i>Demonstrate advanced knowledge and skill for the following pharmacological skills:</i></p> <p><input type="checkbox"/> <i>Recognition of adverse or undesirable drug reactions including initial management steps following common protocolized recommendations. For example: Fluffy’s owner reports diarrhea started after starting Carprofen. What is a common protocolized recommendation considering the medication taken</i></p> <p><input type="checkbox"/> <i>Preparation, dispensing and communication with pet owners of prescribed pharmaceuticals</i></p> <p><input type="checkbox"/> <i>Recognition of common drug classifications (this is not limited to pain management as rehabilitation patients often have co-morbid conditions)</i></p>		
20	<i>Demonstrate the ability to recognize and triage emergency conditions including during delivery of rehabilitation therapies. For example: describe to a colleague an emergency plan should a patient collapse while performing hydrotherapy; broken toe-nail during therapeutic exercise</i>		

Applicant Name: _____

Date: _____

Veterinarian Mentor Signature: _____

Date: _____



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. Please upload the application to a Cloud Drop Box account, then send a link to the **Credentialing and Case Review chairperson**. Applicants are responsible for their own Drop Box accounts and original file copies!

Applications marked after submission deadlines 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. The APRVT reserves the right to contact the applicant regarding 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 \$85.00 application fee.

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

If an applicant cannot pay via PayPal: When sending payment via mail, the APRVT requires receipt of fees to be received **14 days before application deadlines** to avoid application denial along with an electronic mail notification to the Finance Chairperson of intent to submit fees via mail. Please E-Mail APRVTFinance@Gmail.com for further mailing instructions after notification is received. You may submit the application fee by PayPal or by enclosing a certified check or money order made out to:

The Academy of Physical Rehabilitation Technicians.

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



FINAL APRVT APPLICATION CHECKLIST

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

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

How to label Case Reports (Word): *AIN Number_Application Year_Case report Number.doc*

- Labeled table of contents following the format of the application packet specific to the applicant’s submissions
- Copy of the FINAL APRVT Application checklist with applicant and veterinary mentor signature
- Complete Pre-Application Packet including activity updates **highlighted** in yellow. All copies signed and dated.
 - Letter of Intent submitted during pre-application and becomes a cover letter
 - Letters of recommendation (2)
 - Updated Curriculum Vitae (including NAVTA number and proof of membership)
 - Electronically completed Professional History and Employment History Form
 - Scanned copy of license, diploma and credential to practice as a veterinary technician
 - Supplemental credentialing diplomas
 - Waiver, Release and Indemnity Agreement Form
 - Non-Disclosure Agreement Form
 - Applicant Mentor Request Agreement Form and proof of mentor credentials
 - Skills and Case Logs agreement form
 - Regulatory and practice knowledge form
 - Essential Credentialed Veterinary Technician Skills – Veterinary Mentor Mastery Verification
 - Points System Form, including total and required section documentation
 - Continuing Education Record with scanned proof of attendance, outline of continuing education courses attended listed with current year first and *speaker credentials*
- Completed advanced skills and knowledge form including signatures
- Completed equipment and modalities form including signatures
- 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 as .PDF
- Four (4) In-Depth Case Reports using the approved formatting instructions submitted as a Word.doc
- Three (3) Prospective examination questions following formatting instructions
- Application fee \$85.00

Applicant

Veterinary Mentor

(Signature)

(Signature)

Printed Name

Printed Name

Dated: _____

Dated: _____



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 through successful final examination.

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



Exam Question Formatting Instructions

As part of the VTS (Physical Rehabilitation) application writing process, each applicant is being asked to write and submit three (3) 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 (This is extremely important for importation into ExamSoft).

Arial font, 9-point, no indentations, lower case letters for answer choices, single spaced

Which of the following combinations of physical examination findings suggest intact pain perception?

stretches and flexor reflexes

*vocalization, attempt to move away from stimulus

normal muscle tone and cranial nerve function

crossed extensor reflex and normal conscious proprioception

Correct answer: b

Correlating Skill Domain and Number: Small Animal Anatomy and Physiology. Skill 19.

References (two references are required for a question to be considered):

1. Goldberg ME. Tomlinson JE. The Disabled patient 1: Assistive Devices and Technology. *Physical Rehabilitation for Veterinary Technicians and Nurses*, First Ed. Eds Goldberg ME. Tomlinson JE. John Wiley & Sons, 2018. 148-150
2. Bartner L. The Neurological Exam. ed Duerr. F. In *Canine Lameness* 1ed. Wiley-Blackwell. 2020. 56.

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 before the references and has an ‘*’ included



Exam Question Formatting Instructions

Reference Formatting Guidelines

References shall not be more than ten (10) years old unless it is considered foundational to the specialty.

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>



Special Forms – VTS (Physical Rehabilitation) Mentorship Support Request Form

APRVT Endorsed Mentorship for Application Processing

The Academy recognizes an applicant may be highly experienced and be an excellent example of an exceptionally qualified expert but may require additional assistance completing the application process. Mentorship of an applicant by an Academy member does not guarantee acceptance of an application and the basis of mentorship is to guide the applicant in the right direction for final application acceptance.

Eligibility (all criteria must be met):

- Applicants who have successfully completed a pre-application (Phase I)
- Applicants with rejection of a full application and failure to meet criteria in either Phase I or II
- VTS (Physical Rehabilitation) mentor must be conferred for a period of three (3) years and hold active membership eligibility

DATE

Dear Credentialing Chairperson,

I am writing to request the supervision of an Academy mentor to assist me with submission of application materials in consideration for acceptance to sit for the VTS (Physical Rehabilitation) qualifying examination. I have thoroughly read the recommendations from the credentialing committee regarding my previous submissions but require additional clarification or support. I believe I fully represent the high standards of the Academy and am an exceptionally qualified expert in the field of veterinary physical rehabilitation.

Thank you for your consideration.

Sincerely,

Signed		
Full Name (First, Last)		
Original Application Rejection Year (with AIN#):		
Current Application Year:		



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.

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.



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.

Continuing Education – General Definition: One credit hour is a minimum of 50 minutes. Once the initial 50-minute requirement is met, subsequent time earned can be counted in one half hour (25 minute) increments. Courses with a total of less than the minimum of 50 minutes will not count. 1 semester unit = 15 CE hours. 1 quarter unit = 10 CE hours. All courses must contain the primary instructor/lecturer's name, credentials, RACE approved. Courses with multiple instructors may be pro-rated for credit if speaker credentials are not met.

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.

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.



Application Packet Definitions

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.

Continuing Education – Webinar/Online Recordings: 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.

Continuing Education – Webinar/Online Real-Time or Live Interaction: Requires that the course cannot be paused and has check points within the program to make sure the participant is in attendance. You will need an official CE certificate with RACE approval for eligibility for required core CE hours.

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.

Significant Teaching Experience: At least **one** of following criteria must be met: course material is peer reviewed; a syllabus or outline is followed, course content is above and beyond what is expected for entry level physical rehabilitation, participants are either invited or exclusive to veterinary professionals. Course content delivery must be in-person and may be a combination of lectures or hands on labs. Teaching experience must fulfill at least one semester (or quarter) of a regular course of study. Providing a single lecture to students on an annual basis (for example) is not acceptable. Teaching at the high-school level will NOT be accepted as experience.

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.



Application Packet Definitions

Published Articles or Books about Physical Rehabilitation – This will include article or 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.