



Canadian Physiotherapy Association

PO Box 2001, Cochrane, Alberta, T4C 1B8 Canada

Phone / Fax: (403) 932-4432

Website: www.physiotherapy.ca/Divisions/Animal-Rehabilitation

E-mail: animalrehab@physiotherapy.ca

Comments on the Modernization of the Regulation of the Veterinary Profession

Ontario Ministry of Agriculture, Food and Rural Affairs

Food Safety and Environmental Policy Branch

1 Stone Road West, 2nd Floor S.W.

Guelph, Ontario N1G 4Y2

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The Animal Rehab Division (ARD) of the Canadian Physiotherapy Association welcomes the opportunity to provide feedback on the proposed changes to the *Veterinarians Act* as presented by the College of Veterinarians of Ontario (CVO).

We understand that the proposed model is intending to keep up with the public's expectations in regard to acquisition of services. We feel that The proposed 'Authorized Activities' however, will deleteriously impact services currently being delivered by non-veterinarian allied animal health providers including animal physiotherapists.

Regarding the proposed authorized activities

The ARD has concerns that the full list of proposed authorized activities is not appropriate in its entirety and has the potential to have a negative effect on the public's access to services currently performed by non-veterinarians. As such, our association is not in support of the authorized activities proposed for veterinarians. Specifically, our concerns and suggestions regarding the proposed authorized activities and/or wording contained within the authorized activities are outlined below.

1. "Making or communicating a diagnosis, identifying a disease, disorder, dysfunction or condition as the cause of an animal's signs and presentation"

Non-veterinarian animal health practitioners routinely make their own scope-specific diagnoses and are competent in doing so. The list above limits continuance of such practice. As an example, physical therapists with rehabilitation training are able to provide physical diagnoses of the neuromusculoskeletal systems (i.e. disorders or dysfunction of nerves, bones, joints, muscles, tendons, ligaments, fascia, etc.) based on their physical examination. In fact, physical therapists

TRAIN veterinarians within post graduate rehabilitation therapy training programs HOW to do a rehabilitation and functional physical exam and make physical diagnoses which are not a part of a veterinarian's core competency.

Animal physical therapists, are often sent veterinary referrals to 'assess and treat', or provided diagnoses that are not true diagnoses (i.e. "soft tissue injury"), or given a list of potential diagnoses, or a list of symptoms (i.e. lame left hind leg and pain with hip extension), which requires a physiotherapist to make their own diagnosis before treating. Physiotherapists with training in animal rehabilitation have become part of the animal healthcare physical diagnostic team. Veterinarians should be allowed to delegate the making of a physical diagnosis to physical therapists trained in animal rehabilitation. Furthermore, perhaps physical therapists should be exempt from this clause, since physical diagnostics are part of our scope and capabilities.

We request you take into consideration, the following points:

- According to the Physiotherapy Act in Ontario, physical therapists are trained and authorized to perform: "Communicating a diagnosis identifying a disease, a physical disorder or dysfunction as the cause of a person's symptoms."
(<https://www.ontario.ca/laws/statute/91p37>) Physical therapists with certification in animal rehabilitation are capable and competent of the same. (See course content in links below)
 - https://physiotherapy.ca/app/uploads/2022/08/ARD_overview_chap_diploma_in_canine_rehabilitation_202208.pdf
 - https://physiotherapy.ca/app/uploads/2022/07/diploma_in_equine_rehab.pdf
- The term 'diagnosis' has been argued to not be exclusive to medical doctors in the human field, and in fact, a 'medical diagnosis' does not provide sufficient direction for treatment. (<https://www.ncbi.nlm.nih.gov/pubmed/3054944>) As an example, the diagnosis of 'spinal osteoarthritis' can have numerous courses of treatment – depending on the physical and functional assessment. One human or animal with spinal osteoarthritis may have good joint range of motion, and mild pain, whereas another case may have crippling pain, loss of function and adverse neurological signs. The functional physical assessment – not the diagnosis – dictates the treatment plan and outcome. This clinical reasoning is an area of expertise of physical therapists.
- Furthermore, human research shows that physiotherapists as managers of patients referred for orthopaedic consultation were in agreement with orthopaedic surgeons 91.8% of the time in regards to recommendations of appropriateness for the patient to see a surgeon. In cases of discordance, physiotherapists tended to refer for consultation.
<https://www.ncbi.nlm.nih.gov/pubmed/?term=expanding+roles+physiotherapist+triage+MacKay> Additionally, experienced physical therapists had higher levels of knowledge in managing musculoskeletal conditions than all physician specialists and general practice physicians, except for orthopaedists.
(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1177956/>)
- It has been argued that a diagnosis may be difficult to obtain on an animal because they are non-verbal (as compared to people). Physical therapists are equipped to assess and diagnose non-verbal patients, such as those with neurological conditions (e.g. those with stroke, head injuries, Alzheimer's disease or cerebral palsy) or paediatric patients, or those who do not speak a language that is familiar to the physiotherapist. Physiotherapists are astute at understanding signs of pain, and specific enough with their physical evaluation to determine areas of pain.

- In the human medical field, research shows that only 1/3 of patients referred for physical therapy come with a medical diagnosis. A 2011 presentation at the Canadian Physiotherapy Association Congress revealed that this percentage was the same in animal health care as well. (Edge-Hughes, L: Update on Animal Rehabilitation. 2011).
- The ARD curricula (as well as the curricula for Animal Rehab worldwide) contains the assessment of animal patients and the making of a physical diagnosis based on that assessment (<https://physiotherapy.ca/divisions/animal-rehabilitation/professional-development/>)
- Animal physiotherapists are often asked by referring veterinarians to assess and treat musculoskeletal cases, and have become part of the diagnostic team within veterinary medicine. A comprehensive musculoskeletal rehabilitative assessment is not included in the core competency of a veterinary program.
- Perhaps most importantly, a physiotherapist engaged in animal rehab needs to be able to summarize his/her findings as a physical diagnosis in order to communicate with the client as well as the animal's regular veterinarian. If a physiotherapist is not permitted to communicate a physical diagnosis, owners would be unclear on the purpose and nature of the physiotherapist's assessment, and treatment choices. It would also not be in the best interest of the animal patient as the therapist could not provide a clear summation of findings, thoughts, and logical conclusions to all practitioners involved in the care of the animal (including the patient's veterinarian).

If the true intent is to 'Modernize' the Veterinarians Act then enabling others to use their own professions skills to make and communicate their own diagnoses (within their respective scopes of practice) is a missing element to the proposal. We suggest that veterinarians be the only ones allowed to make a MEDICAL diagnosis, and allow non-veterinarian professionals to make and communicate their own diagnoses (Physical diagnosis, Rehab diagnosis, Pathofunctional diagnosis, etc.).

2. "Performing an assessment to determine the fitness or soundness of an animal, or a group of animals, on which it is reasonably foreseeable that a person will rely on the assessment"

Others in the animal industry currently engage in this practice. For example, physical therapists, chiropractors, & massage therapists with 'animal specific' training perform assessments within their scopes of practice to help determine if an animal is fit to compete in an event, progress an exercise program, or return to normal activities.

A non-veterinarian assessment is not a replacement for a traditional veterinary assessment. Animal physical therapists evaluate in a way that a traditional veterinary examination does not. Additionally, most national equine or canine sporting teams will travel with an animal physiotherapist, chiropractor, and/or massage therapist to provide assessments and treatments to the animal athletes. Animal physical therapists do not perform medical examinations, but their assessment includes determining whether a ligament has been torn, a joint is sprained, a muscles strained, or any neurological damage. Animal physical therapists are critical in determining whether an animal is 'fit to compete' – or is at serious risk of further injury if they continue. Will the proposed *Act* hinder the ability of non-veterinarian allied animal health practitioners to continue to function as they have been?

Animal physical therapists should be given further exemptions to perform an assessment to determine the fitness or soundness of an animal or group of animals. This falls within the scope of what we know and do as well.

We suggest removing this cause, providing exemptions within the clause, or further clarifying the clause.

3. “Performing a procedure on tissue below the dermis”

Our concerns are as it pertains to Acupuncture & Dry Needling:

- Acupuncture and Dry Needling are techniques utilized by a large number of physiotherapists in human practice. A multitude of educational programs exist to train physiotherapists in these needling techniques and concepts. The Canadian Physiotherapy Association has a division dedicated to acupuncture (<http://www.cpaacupuncture.ca/>), as does the World Confederation for Physical Therapy (<http://www.wcpt.org/iaapt>). It is a skill well within the domain of physical therapy & physical therapists.
- The ARD has a position statement on Acupuncture and Dry Needling on Animal Patients: <https://physiotherapy.ca/app/uploads/2022/07/ard-acup-positionstatement.pdf>
- Additionally, the ARD has created a course to certify physical therapists in small animal neuroanatomical acupuncture and dry needling. The course has extensive prerequisites and consists of didactic, practical, and examination components. There are currently a number animal physical therapists in Ontario with this certification who are providing this service to animal patients.
<https://physiotherapy.ca/divisions/animal-rehabilitation/professional-canine-rehabilitation-courses/>
- There are additional educational opportunities for non-vets to learn acupuncture / needling on animals:
 - <https://www.iict.com.au/training-provider/search-affiliate-workshop/1547-icet-international-college-of-equine-therapies>
 - <http://myopainseminars.com/canine-trigger-point-therapy-ctpt-program/>
- Physiotherapists are contributing to the research behind acupuncture on animal patients: <http://www.diva-portal.org/smash/record.jsf?pid=diva2%3A1058616&dsid=-5793>
- Veterinarians need not be legally responsible (which they would be if they were to be required to give directives) for the use of acupuncture and dry needling by non-veterinarian professionals, specifically physiotherapists, trained in these techniques. As such, it is plausible to imagine that many veterinarians would choose not to refer to a qualified physiotherapist to perform these services, not based on skill, but based on liability risk alone.
- To remove the right for a physical therapist to perform a needling technique or require that physical therapists seek permission and directive from a veterinarian to utilize these techniques will consequently reduce access to these services and skilled practitioners, increase the time delay between assessment and treatment for conditions where needling would be appropriate, and increase the healthcare cost burden for the pet owner.
- The consequence of restricting this activity, without providing any exemptions, limits non-veterinarian allied animal health practitioners to fully help their animal patients by restricting the tools we would typically utilize within our scope of practice. This diminishes our ability to maximize patient outcomes. Furthermore, this limits animal owners from accessing acupuncture or dry needling services at a time when access to veterinary services is strained, both now and into the foreseeable future.

If the intent is to ensure that only veterinarians perform surgical procedures, then please amend this item to clearly state 'surgery' so that access to acupuncture or dry needling by trained and qualified non-veterinarians is not hindered.

4. "Moving the joints of the spine beyond the animal's usual physiological range of motion using a fast, low amplitude thrust."

Spinal manipulation is a very specific skill set and MOST veterinarians are not trained in spinal manipulation as neither the evaluation or treatment of spinal facet joints is even a part of the core veterinary curriculum. As such, it is questionable as to whether this activity should even be an authorized activity for veterinarians. Additionally, physical therapists are also trained in spinal manipulation (low amplitude, high velocity thrust), so it is not appropriate for this task to be so exclusionary to just veterinarians and chiropractors.

We suggest either including physical therapists in the list of exempted professionals or remove this authorized activity altogether.

5. "Applying or ordering the application of a form of energy prescribed by the regulation under this Act."

This authorization is far too all encompassing. It would include all forms of physical therapeutics utilized by physical therapists (e.g. laser, ultrasound, shockwave, pulsed electromagnetic field, electrical stimulation, etc.).

- The public already witnessed what the College of Veterinarians of Ontario felt to be appropriate in regards to the regulation of Forms of Energy in the first few drafts of their Policy and Position Statements on Forms of Energy. There was no consultation prior to the creation of the first iteration presented to the CVO council, and only after huge public outcry were amendments made. It was clear that the CVO did not have sufficient understanding of the therapeutic forms of energy OR their safety profiles.
 - Within the CVO's currently written *Position Statement and Policy Statement on Use of Forms of Energy in the Treatment and/or Care of Animals*, there still exists restrictions on the use of radial shockwave and class 4 laser therapy. Both of these tools are common modalities used by physical therapists (and others) in the practice of animal rehabilitation.
- It is concerning that 'therapeutic forms of energy' are even included as Authorized Activities, as electrotherapeutic modalities are not protected under the Regulated Health Professions Act (RHPA) for human health care. This restriction further hinders non-veterinarian animal health practitioners, that are trained in the use of therapeutic forms of energy, from using the tools at their disposal to fully rehabilitate their animal patients.

It is questionable as to whether this activity should be included as an authorized activity. Should the authorization be specific to the ordering & application of forms of energy such as MRI, CT imaging, radiographs, or radiation therapy, then the wording should be improved so as to clarify this intention, and we would be in favour of this inclusion.

The Animal Rehab Division commends the College of Veterinarians of Ontario on their desire to modernize the *Veterinarians Act*. As animal health care has evolved and expanded, it is imperative for the veterinary industry to adjust accordingly. The previous definition of veterinary medicine, “the practice of dentistry, obstetrics including ova and embryo transfer, and surgery, in relation to an animal other than a human being”, has allowed for the inclusion of non-veterinarian animal health practitioners and subsequently an expansion of health care services offered to animals. There has never been evidence of harm as a justification to restrict public access to non-veterinarian health services impacted by the proposed *Act*. It is imperative that these services not be adversely affected – for the wellbeing of animals in Ontario. Additionally, without amendments to the restricted activities list, there is a concern that non-veterinarian allied animal health practitioners will suffer a loss of income that prohibits business continuity.

With current veterinary shortages and strains on the animal health industry, non-veterinary allied animal health practitioners, such as animal physical therapists, are poised to fill a void. It would behoove the OMAFRA and the CVO to ensure that allied animal health care not be restricted by potentially monopolistic authorizations as might be inadvertently enabled by adopting the proposed *Veterinarians Act* as it is currently written.

The Animal Rehab Division believes that amending small portions of the proposed *Veterinarians Act* will improve Ontarian’s access to animal rehabilitation services and foster interprofessional collaboration between the veterinary and physiotherapy professions.

We look forward to your reply and further discussion on these matters.

Sincerely,

A handwritten signature in black ink, appearing to read "L. Edge-Hughes". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Laurie Edge-Hughes
BScPT, MAnimSt (Animal Physiotherapy), CAFCI, CCRT, Cert. Sm Anim Acup/Dry Needling

Advocacy & Public Relations Lead,
The Animal Rehab Division of the Canadian Physiotherapy Association