



intercom

October 2020

a publication of the San Diego County Veterinary Medical Association

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Jennifer White,
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AAHA: How To Focus On What Matters Most

Mia Cary, DVM

9.17.2020: Whether you are an individual contributor, manage a team, or run an entire practice, being able to set clear and effective priorities is a critical part of your role. Prioritization is crucial because of the incredible volume of data, ideas, and options available in a hectic veterinary hospital environment and in everyday life. If we do not want to drown, then we must be open to exploring ways of prioritizing so we know what to say “yes” to and what to avoid. Being able to sift through the noise and set clear priorities allows us to accomplish the tasks that have the greatest impact and deliver the results we seek.

But effective prioritization is often a huge challenge for even the most talented and driven professionals. Why is it so hard, and why do so many suffer from initiative overload? One part of the challenge is being able to sort and rank which tasks are most important.

One way to determine which tasks are most important, and therefore what to focus on, is to use the [Eisenhower Matrix](#) to determine what is urgent and important.



Grab a piece of paper and draw a cross to make four quadrants representing importance and urgency. Important activities have an outcome that leads to achieving predetermined goals. Urgent activities demand immediate attention and are usually associated with achieving someone else’s goals. They are often the ones we concentrate on, and they demand attention because the consequences of not dealing with them are immediate. Each of the four quadrants represents a different work strategy and priority level. The top left quadrant is for tasks that are both urgent and important; tasks in the top right are important but not urgent. The bottom left quadrant represents tasks that are urgent but not important, and, finally, the bottom right includes tasks that are not important and not urgent.

Place each of your work or personal goals within the matrix according to their importance and urgency; then plan to tackle the tasks accordingly.

First Quadrant: Tackle First

Quadrant 1 contains tasks that are both urgent and important, so these are the tasks that need to be your first priority. These are the critical tasks for your life and career that cannot be delayed or skipped without negative consequences.

Second Quadrant: Plan It

Quadrant 2 has the tasks that are important but not currently urgent. These are the kinds of tasks that you want to plan ahead for and build out a schedule to tackle them. These kinds of tasks could be related to relationship building, new opportunities, future strategy, and making improvements to existing systems, so this is where you want to invest most of your time.

Third Quadrant: Delegate It

The third quadrant represents tasks that are urgent but not important, meaning they will not add value to your day or work. Think of the tasks that do not bring you closer to achieving your professional or personal goals—those are the things that belong in this quadrant. In fact, these are the tasks that are often the most distracting to your productivity, such as some emails, meetings, and phone calls. When focusing on your priorities, it’s ideal to delegate these kinds of tasks so you can complete items in your first and second quadrants. If you cannot delegate them, be mindful of the time involved with completing these tasks, and reconsider whether any can move to the fourth quadrant.

Fourth Quadrant: Delete It

Fourth-quadrant items are both not important and not urgent, meaning they should be avoided entirely. Checking email throughout the day and responding to unimportant messages are great examples of fourth-quadrant tasks that can be removed from the productive hours of your day. Busywork of any kind or things you know are ways to procrastinate are other examples of what goes in this quadrant. Avoiding them or moving them to free time will help you to spend more time delegating tasks and tackling the items you have in the first two quadrants instead.

About The Author

Mia Cary, DVM, is a consultant, speaker, and facilitator specializing in leadership, communication, and teamwork with the purpose of activating others to thrive. She is the former chief of professional development and strategic alliances for the AVMA and chief innovation officer for the North American Veterinary Community. Prior to those roles, Cary held education and leadership positions at Boehringer Ingelheim and Novartis Animal Health and worked as a small-animal practitioner in Gainesville, Florida. She is a champion for Pet Peace of Mind and is a past president of the American Association of Industry Veterinarians. She is CEO and change agent for Cary Consulting as well as CEO of the Pride Veterinary Medical Community. She also serves on the board of advisors for the Veterinary Entrepreneurship Academy. She lives in Greensboro, North Carolina, with her husband, John; three bonus kids, Dakota, Carson, and Grant; and cats Louie and Leo.



Board Meeting Highlights



August 5, 2020

7 Board members present

Association Office/Director's Report:

• Fall Virtual DVM and RVT meeting topic is Fear Free In The Time of COVID-19. DVM program begins at 9am and RVT program begins at 2pm, both running about 3.5 hours. The speaker for the RVT track is confirmed. The DVM speaker is still under negotiation. Attendees will register through SDCVMA website and program will run through Zoom. Positive Adventures has been hired to provide technical support and serve as a co-host. A profit/loss handout was shared. Attendee cost established. MSP: Registration for DVM is \$119/person. MSP: Registration for RVT is \$49/person

• Practice Manager's Meeting and Specialists' Update Sunday is confirmed for February 20 & 21, 2021. Handlery secured for live program. Staff Looking into hybrid program - live & available virtual, should we need.

• Comp to members CE opportunities continue to be promoted via email • The Member Spot Light column continues with Dr. Diane Shelton on deck for the November issue. Board members continue to sign up for the upcoming months.

• Two new advertisers joined this past month for the Intercom publications.

• A platinum sponsor is secure for virtual program with additional participation confirmation for upcoming conferences.

Committee Updates:

• The new CVMA Director has been selected and will be announced soon.

New Business:

• Dr. Stanke is moving out of state and must regretfully resign from the board. She looks forward to being an eligible conference speaker in the future.

• A preliminary slate of officers for 2021 was presented and reviewed by the Board.

Welcome New Members

Emi Daniel, DVM (ROS 20)
Matthew Gilbert, DVM (ROS 14)
Courtney de Craen (Affiliate)

Be On The Lookout! for the SDCVMA 2021 Board of Directors & Officers Ballot

Below are the candidates for the SDCVMA 2021 Board. (Positions or people not currently listed are filled in a two or three-year term). All Board positions are listed on page 4 of this Intercom.

Dr. Megan Gibbings will serve as 2021 President and Dr. Caroline Seitz as immediate Past President.

Further nominations of candidates, from the membership, can be hand written in on the blank line on your ballot. Remember, if you are adding a fill-in candidate, you will need to solicit votes and they must be a San Diego county resident AND member.

Ballots were mailed via USPS, to all voting members on 10/01/20 and must be returned via mail by 11/01/20 for tabulation at the November Board Meeting.

DVM Ballot

Vice President: Dr. Tonya Gossard
(one open position)

Secretary/Treasurer: Dr. Zarah Hedge
(one open position) Dr. Grant Mayne

CVMA Delegates: Dr. Max Hibi
(two open positions) Dr. Leejoan Ma

Affiliate Ballot

Affiliate Chapter Representative: Arica Cayton, RVT
(one open position)

Meet The NEW Candidates for SDCVMA's 2021 Board of Directors & Officers

Candidates are listed in alphabetical order according to last name.



Aricay Cayton, RVT, Affiliate Chapter Representative Candidate

Aricay has been working in the veterinary field for over 20 years. Having started out as a Technician Assistant, Aricay dedicated herself to veterinary medicine and elected to attend and graduate from one of the top veterinary technician programs in the country, the Bel-Rea Institute of Veterinary Technology. Aricay became licensed as a Certified Veterinary Technician (CVT) in Colorado (2008), and later as a Registered Veterinary Technician (RVT) in California (2017). Aricay relocated to San Diego four years ago to step into the role of Treatment Supervisor at the Cardiff Animal Hospital & Wellness Center, and is currently working towards becoming a Veterinary Technician Specialist (VTS) in Clinical Practice. When Aricay is not working or studying for her VTS exam, she spends her time hiking or adventuring with her two adoring Miniature Australian Shepherds, Sidekick and Oslo.



Dr. Zarah Hedge, Secretary/Treasurer Candidate

As Chief Medical Officer and VP of Shelter Medicine for San Diego Humane Society, Dr. Zarah Hedge oversees a team of over 100 shelter and wildlife medical staff who provide lifesaving specialized surgeries, progressive treatments and long-term care and rehabilitation for animal patients in the care of San Diego Humane Society. Dr. Hedge is one of less than 30 veterinarians in the world who hold the distinction of being certified in shelter medicine by the American Board of Veterinary Practitioners. She brings more than a decade of experience working in shelter medicine, high quality, high volume spay/neuter (HQHVSN), and community medicine and is a graduate of the College of Veterinary Medicine at Western University of Health Sciences in Pomona, where she was also an assistant professor after graduating.



Dr. Leejoan Ma, CVMA Delegate

When Dr. Ma decided to move to San Diego a year ago, she was looking for a change in her professional and personal life. Professionally, she had been in general practice for 14 years at the same clinic since graduating from Kansas State in 2005. She felt ready to make a change and switched to relief work with a combination of general and emergency work. Dr. Ma also wanted to take a more active role by contributing to the veterinary community in a different capacity, and that is why she looked to joining SDCVMA. When the opportunity to become a CVMA delegate opened up, Dr. Ma was instantly drawn to the position. After receiving a law degree in 2012 from Santa Clara University, she has been looking for a way to utilize her legal background without leaving veterinary medicine. Dr. Ma believes this position provides the opportunity to use both of her professional degrees in an advocacy role.

On a personal note, Dr. Ma looks forward to traveling once the pandemic restrictions are lifted. Prior to 2020, she would travel overseas once a year. Since being a flight attendant before going to veterinary school, world discovery has always been one of the most important goals in her life.

Dr. Grant Mayne, Secretary/Treasurer Candidate



Dr. Mayne attended Cornell University for both his undergraduate and graduate education. Following graduation from the veterinary college, Dr. Mayne married his college sweetheart, Evelyn, and designed, built and owned the Vickory Hill Veterinary Hospital in Southboro, MA. In the eighties, Dr. Mayne decided to explore the business world and was accepted into the Boston University Business School.

In 1990, with his MBA in hand, he moved to California and accepted a managerial position with a newly formed corporation, the Veterinary Centers of America. VCA at that time had just 14 hospitals and one fledgling veterinary lab. Opportunities in the subsequent years took Dr. Mayne and now family to Portland, OR and then back to CA to Lake Arrowhead. It was there Dr. Mayne partnered with Patrick Rains and established the Arrowhead Animal Hospital. The practice flourished. In 2003, Dr. Mayne's Evelyn was diagnosed with multiple myeloma. Living at a lower altitude became necessary and Dr. Mayne commuted for a while from their new home in Palm Springs, but eventually had to sell the Arrowhead practice.

After several years of helping out in local practices in Palm Springs, Dr. Mayne moved to San Diego. He feels fortunate to be associated with several local practices over the past ten years and to meet with many of the great area practitioners and specialists. Presently, he works part time as a general surgeon at the Judy Veterinary Clinic and enjoys attending the excellent seminars hosted by the SDCVMA. Dr. Mayne has been a SDCVMA member since 2007 and looks forward to sharing his experiences, as he serves on the Board as Secretary/Treasurer.

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Member Spotlight
Gregory Ogilvie, DVM,

DACVIM (SAIM & Oncology), DECVIM-CA Oncology

Interview Conducted By:

Leah Shufelt, BS, RVT,

SDCVMA Affiliate Chapter Representative

Q: How did you first get into the veterinary field?

A: I began dreaming about becoming a veterinarian when I was five years old in part because I loved caring for animals of all kinds. As a fifth generation Colorado native, I grew up in rural Colorado in a place called Salida, where we raised animals of all kinds. My brother and I raised, nurtured and cared for injured and orphaned baby birds, deer, elk, chipmunks and squirrels. We later became falconers where we rehabilitated and flew kestrels, prairie falcons, Redtail hawks, and eventually arctic gyrfalcons and eagles.

Q: Where did you go to veterinary school?

A: Colorado State University.

Q: What brought you to San Diego?

A: I had the honor of lecturing at dozens of various veterinary conferences in San Diego prior to making the decision to move to this magnificent region with my family. We all fell in love with the people, ocean, animals and lifestyle in San Diego County. I joined a group of friends (Don Krawiec, Tim and Amy Concannon, Sarit Dupa and David Proulx) to build a series of three hospitals known as California Veterinary Specialists. It was the most amazing experience of my life, all directed to provide Special Care from the Heart. In the mean time, I found that the San Diego veterinarians are some of the best in the world. They and their veterinary health care teams embody the very best our profession has to offer.

Q: What is your favorite part of being a Veterinarian?

A: Working with the angels here at California Veterinary Specialists who provide compassionate care for pets and their families.

Q: What is your favorite type of case?

A: I am an internist and an oncologist. As such, we take what appears to be hopeless cancer cases and make them happy and

healthy. When that happens, we stand along side each family veterinary health care team and smile contently.

Q: What are your hobbies/interests outside of work?

A: I love to snow ski, SCUBA dive and am a trail marathon runner, road bicyclist and most recently have become an Ironman triathlete.

Q: What is something about you that others might find surprising?

A: My wife Karla and I met as ski instructors in the mountains of Colorado. We both worked in the ski industry until I graduated from vet school. Karla, our daughter, and I adore going skiing anywhere there is snow....as long as we do not have to shovel it!

Q: What are you most looking forward to doing once we no longer need to shelter in place/social distance?

A: I am really looking forward to the time when I can chat with, hug, and spend time with my favorite clients, and their pets.... and the veterinary health care teams who were so kind to refer them to us. Oh, how sweet it will be! I can hardly wait!

Q: Where is your favorite place to travel or your favorite vacation?

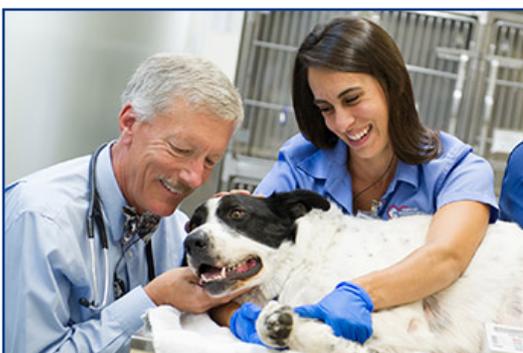
A: Patagonia, Argentina where whales calve out fifteen feet from the beach; Bora Bora where the colorful fish and the coral sparkle; Jackson Hole, Wyoming where the skiing is down a 4000 foot drop in deep powder snow; and the sleepy magnificent town of Salida, Colorado where I grew up and where my heart sings whenever I am there.

Q: What is your favorite part of being a member of the SDCVMA/organized veterinary medicine?

A: It has been my honor to be a member of SDCVMA and CVMA for a very long time. These organizations provide intimate, meaningful educational experiences and they protect the dignity and vitality of the veterinary community. While my membership in the myriad of other veterinary organizations is delightful, SDCVMA and CVMA have made the greatest impact on my personal and professional life.

Q: Anything else you would like to share for your profile?

A: I began to dream of becoming a veterinarian when I was six years old. I can say without hesitation or reservation it has been the most wonderful experience of my life. I have never, ever regretted a single day in this amazing profession and wish I had the opportunity to thank the countless people who have made that so! 🐾



(upper): Dr. Ogilvie with co-worker, Brooke, RVT and patient, Zander



*(middle): Death Ride® bike race in CA
(far right): Dr. Ogilvie's dog, Maya (photo by wife, Karla)*



AAHA: Does Your Practice Have A Pricing Problem?

Karen Felsted, CPA, MS, DVM, CVPM

9.10.2020: Setting and adjusting veterinary fees is a hugely important and complicated task for practice owners and managers, and requires understanding what competitive practices are charging, how your expenses are changing year over year, and what your clients are willing and able to pay for services. In my work, I have noticed that many practices are delaying this kind of analysis and simply increasing their prices by a set percentage each year, which can eventually work against the practice.

Pricing is especially important now as we face the financial consequences of the worldwide COVID-19 pandemic. Many businesses have closed, millions of people have filed for unemployment, and most households are carefully reconsidering their expenses in a time of financial uncertainty. Despite these changes, some veterinary practices continue to do very well, but many are seeing a decline in revenue and profits, and pet owner concerns about the cost of care will no doubt increase as this situation goes on.

Additionally, most of the pet owner studies conducted in the profession indicate that price was already an issue for many pet owners, and many team members indicate that cost is the most common reason pet owners leave a practice.

The answer to these issues is not to lower all your fees. However, practices need to be more strategic in their fee setting and fee increases, especially in 2020, rather than just raising fees by a certain percentage every year. Consider the following factors when reviewing your prices.

Does your practice need to rethink your current fee strategy?

This is the first question to be answered when evaluating your fees. The following are indicators of a healthy practice with accurately set service fees:

- **Your practice is truly profitable.** At least once a year, look at the practice's profit-and-loss statement, after making the appropriate adjustments to convert net income to true operating profits. Is your practice covering all expenses and bringing in a strong net profit?
- **Your practice is experiencing real growth.** Review how well your practice has done in three areas to determine whether you have real growth: the number of client transactions, the number of visits, and the number of new clients.
- **Clients are readily accepting your recommendations.** Talk to your staff and review how much pushback and resistance your clients are giving to your care recommendations. Review how many clients have balances due or have had difficulty paying for services.

If all the above is true of your practice, it is likely that your current fee strategy is working and your client base is accepting of your prices.

If your practice isn't as profitable as you'd like, isn't growing, or has client pushback to services, price may not be the issue, but you need to at least consider that possibility. In addition to better pricing strategies, don't forget that profitability can be increased through other means, such as increasing marketing programs to bring in more clients, reducing expenses, and improving productivity.

What do competitive practices charge?

Veterinary practices commonly use published fee references to set their prices, and these kinds of guides can be extremely helpful in understanding what other veterinary practices are charging and where you fit into the community. Fee references such as AAHA Press's *The Veterinary Fee Reference* and information found in *Benchmarks 2019: A Study of Well-Managed Practices* are essentially a large conglomeration of data on what other practices are charging. These are useful resources to understand where your practice falls in the mix and to see how certain types of your fees are priced compared to hospitals like yours.

Do as much local research as you possibly can. Get to know the prices and client experiences at the practices around you so that you know both what your community expects and the value offered by your competitors. It is critical to remember that just because another practice charges a certain amount for a service and clients pay it, there's no guarantee it will be the same at your practice. To charge the same price, you have to offer the same value to customers.

Also, keep in mind that price strategies such as bundling related services and products together, using promotional pricing and offering good/better/best packages will often encourage clients to select a higher level of care. Payment alternatives are also critical; pet owners are used to subscription payments in all walks of life, so educate clients early and frequently about the options you offer.

What are your clients willing to pay?

Regardless of what we consider fair pricing, it's ultimately up to the pet owner and whether they feel that the value is on par with the services provided.

The VHMA conducted a study that surveyed US pet owners of varying demographics on what monetary value they place on veterinary services. Unsurprisingly, the results (available in the *Pet Owners Economic Value Study*) were that pet owners often prefer to pay less than the price perceived as reasonable in the marketplace. However, again, this doesn't mean you should lower prices. You may find it helpful to compare your fee schedule with the *Pet Owners Economic Value Study* results. If you find that there is a huge gap between what clients are willing to pay and what you are currently charging, you can examine other factors. What pet owners will be willing to pay can be influenced through education, a better product or service, or a great client experience. Pet owners still determine what veterinary care is worth, and we have to find a way to accept that or offer a product or service that they value more.

About the author

Karen Felsted, CPA, MS, DVM, CVPM, CVA, is a CPA as well as a veterinarian who has spent the past 20 years working as a financial and operational consultant to veterinary practices and the animal-health industry. She also spent three years as CEO of the National Commission on Veterinary Economic Issues. She is active in multiple veterinary organizations, has written an extensive number of articles for a wide range of veterinary publications, and speaks regularly at national and international veterinary meetings. In 2011 and 2017, Felsted was awarded the Western Veterinary Conference Practice Management Continuing Educator of the Year award, and in 2014, she received the VetPartners Distinguished Life Member Award. 🐾



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BRITTANI JONES, DVM, DACVS-SA

Dr. Jones graduated from The Ohio State University, School of Veterinary Medicine in May 2015. She then completed a general medicine and surgery rotating internship at the Animal Medical Center in New York in July 2016. Dr. Jones went on to complete a small animal surgery residency in July 2019 at Michigan State University in Lansing, Michigan. She joined VCA Animal Specialty group in September 2019. Dr. Jones became a diplomate of the American College of Veterinary Surgeons in February 2020.

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VINNews:
**CA Plan Puts Veterinarians in
Strict Control of Animal Rehab**

Lisa Wogan

Physical therapists could act as veterinary assistants under proposed rules

8.26.2020: California regulators are inching, seemingly inexorably, toward establishing rules for animal physical rehabilitation that put the practice squarely under veterinary control.

Following a public hearing this month that was requested and heavily attended by opponents of the proposed rules, the California Veterinary Medical Board indicated it had no plans to shift course. The opposition, led by the Animal Physical Therapy Coalition, said it is not giving up the fight.

The conflict comes down to a matter of expertise: Veterinarians know animal anatomy, physiology and behavior, but not necessarily physical therapy tools and techniques. Physical therapists know the treatment approach but lack expertise in animal health and behavior. Meanwhile, the field of animal rehabilitation has been growing around the country for the past 20 years, and state licensing boards are playing catchup.

Animal physical rehabilitation is the practice of treating animals after injury, surgery or illness, or for chronic pain. Treatments are drawn from physical therapy principles used in human practice, and may include manual therapy, exercise, laser therapy, hydrotherapy and therapeutic ultrasound.

In California, neither the veterinary medicine nor physical therapy practice act addresses animal physical rehabilitation (APR) or animal physical therapy. Within that void, a number of animal physical therapy practices exist, run by physical therapists, veterinarians and in some cases physical therapists, veterinarians and veterinary technicians working together under one roof.

Rules proposed by the CVMB would effectively outlaw practices that do not involve a veterinarian on the premises by restricting the practice to “veterinarians with an established veterinarian-client-patient relationship; registered veterinary technicians working under the degree of supervision determined by the veterinarian; and veterinary assistants working under direct supervision of the veterinarian.”

Physical therapists would be permitted to work with animals in the role of unlicensed veterinary assistants.

If adopted, these rules would make California the sixth state to prohibit physical therapists from providing APR without a veterinarian on the premises, according to CVMB meeting notes.

Opponents of these regulations contend they will put practices out of business and drive up costs for others, greatly reducing the number of animal physical therapists in California, shrinking consumer choice and harming practitioners’ livelihoods.

Long Road Toward Regulation

- Eight states allow physical therapists to provide animal rehabilitation. They are Colorado, Nebraska, Nevada, New Hampshire, Oregon, South Carolina, Utah and Virginia. Colorado, Nebraska and Nevada allow licensed physical therapists with defined training, experience and certification to perform physical/rehabilitation therapy on animals with the clearance or referral of a veterinarian. The therapy can be administered away from a veterinary clinic and without direct supervision by a veterinarian.

- Five states — Louisiana, Missouri, New York, Ohio and Vermont — mention physical therapists in their practice acts. They require

physical therapists to perform animal rehabilitation under the direct supervision of a veterinarian.

California has been wrestling for at least nine years with how to handle APR. According to its timeline, the CVMB began discussing the issue in 2011. In 2015, it approved language, which it withdrew a month later, after policy and legal issues were raised. Among complaints were concerns that the board was “attempting to limit business competition and protect the profession’s financial interests, not to further its consumer protection mandate,” according to a summary prepared by the board.

The Legislature directed the board to create a task force comprised of veterinarians, registered veterinary technicians, animal rehabilitation and related animal industry professionals, consumers and legislative representatives to make recommendations to the board.

The Animal Rehabilitation Task Force, as it was called, ended up recommending that the state allow trained physical therapists to perform APR under the direct or indirect supervision of a veterinarian and that the CVMB and the Physical Therapy Board of California work collaboratively to establish minimum standards for physical therapists to practice on animals.

The board rejected the task force proposal, saying that the recommended actions exceeded the board’s legal purview. It recently reiterated that it “does not have statutory authority to create a new license type or certificate for physical therapists that potentially would establish educational, experience, and safety standards ...” In October 2017, the board approved alternative language that constitutes the current proposed rule.

Meanwhile, the Animal Physical Therapy Coalition, comprised of physical therapists, veterinarians, RVT’s and consumers, tried to sidestep the board. It pushed for a legislative cure in the form of the [Animal Rehabilitation Act of 2018](#) (AB 3013). The amended bill would have created an advanced certificate in animal physical rehabilitation in the state’s veterinary medicine practice act and allowed qualified physical therapists to operate under indirect supervision, but on their own premises, after a referral from a veterinarian had been made. It would have provided a path for qualified physical therapists to register for an APR premise permit, to allow for board inspections, and allowed the two boards to work together to regulate the field.

The CVMB opposed the bill, and argued it would have significant fiscal impact because it mandated the board to provide accreditation services, inspections and license physical rehabilitation premises. Bill supporters have disputed this claim. The California Veterinary Medical Association and the California Registered Veterinary Technician Association also opposed the bill. It died in the Appropriations Committee.

In early 2019, the CVMB submitted the proposed language to the California Department of Consumer Affairs for initial review. That process took about one year. The rules were published in March, when a 45-day public comment period commenced.

Controversy Continues

A hearing on the proposal — delayed and then held virtually due to the COVID-19 pandemic — was convened on Aug. 13 in response to a written request by Karen Atlas, a licensed physical therapist who owns a canine rehabilitation practice in Santa Barbara. Atlas served on the task force and is president of the California Association of Animal Physical Therapists and the Animal Physical Therapy Coalition.

The veterinary board hearing attracted attention from both supporters and opponents of the proposed rule, with opponents in greater number: Twenty-one spoke and 146 submitted written comments against, compared with 13 who spoke and 38 who sent comments in favor. Opponents also submitted a petition with more than 4,000 signatures in support of the task-force approach already rejected by the board.

The majority of supporters were veterinarians and registered veterinary technicians, many specializing in animal rehabilitation. They argued that only veterinarians and registered veterinary technicians are adequately educated and trained to ensure the safety and health of animals receiving rehabilitation treatment. They also argued that the regulation is needed to provide recourse for consumers.

Dr. Erin Troy, who said she was one of the first veterinarians in California to practice APR, summarized the sentiments of many proponents who spoke during the hearing.

“APR is safest when practiced with a veterinarian on-site,” she said. “This has never been disputed.”

The opposition was comprised mostly of physical therapists, many of whom work with animals in California or other states. They argued that animal physical therapists have successfully collaborated with veterinarians under an indirect supervision model in states including California for more than a decade without harming animals.

Several veterinarians also spoke in opposition. They praised the skills of physical therapists and their contribution to veterinary medicine, and complained that the proposed rules would negatively affect how they practice medicine.

Dr. Marissa Greenberg, a veterinarian in Southern California, encouraged the board to give pet owners more choices and leave the decision about the level of supervision up to the veterinarians. She also stressed there aren't enough options in the state.

“I myself drove two hours each direction in order to have my own dog receive physical therapy because the choices are already so limited,” she said.

Letters and comments from pet owners echoed calls for more choice to better serve rural areas and support competition.

There is no comprehensive count on the number of rehabilitation practices operating with and without veterinarians. A search for therapist on the website of the Canine Rehabilitation Institute, which offers certification in rehabilitation and acupuncture for dogs, yields 54 rehabilitation practices with veterinarians and 10 with physical therapists only.

The CVMB contends that its rules will finally give physical therapists a legal avenue to work with animals as veterinary assistants. Without this change, the board contends that animal physical therapists working on their own are practicing veterinary medicine without a license.

Atlas calls this provision unrealistic for physical therapists, whom she describes as the co-founders and creators of this specialty. “To suggest that these licensed and trained professionals be relegated to the level of an untrained person off the street is nonsensical,” Atlas told the VIN News Service. “It does not make sense to subject them to only work in a hierarchal model when an interprofessional collaborative model has been proven safe, effective, and in the best interest of all involved.”

After the hearing, the board approved a series of responses to public comments, effectively advancing the proposed rules with no changes. As part of the process, the board is required to respond to all substantive comments. It will continue to review responses at a meeting in October. Once the responses are completed, the board submits a “rule-making file” to the state Department of Consumer Affairs and other agencies for final approval.

Not Necessarily The Final Chapter

Atlas told the VIN News last week that the battle isn't over. “Should the Board decide to continue with their inadequate regulatory efforts despite massive public opposition, we will have no choice but to continue to fight on behalf of the consumers, animals, and all the professionals involved who wish to inter-professionally collaborate in the specialty field of animal physical therapy/rehabilitation,” she said in an email.

Atlas did not specify what her next steps would be. However, in written comments and testimony, opponents laid the groundwork for possible legal challenges.

In a letter to the board, Steven Simas of Simas and Associates, a Sacramento-based law firm representing CAAPT and APTC, outlined what he called “the legal defects and deficiencies in this regulation and process.”

Simas maintains that because physical therapy and rehabilitation are not included in the practice act, the addition of animal physical rehabilitation language unlawfully enlarges the scope of veterinary practice. That change, he wrote, can be accomplished only through legislative action.

The board has argued that its proposed language falls under the following sections of the Business and Professions Code:

- Under current statute, the practice of veterinary medicine includes diagnosing, prescribing, or administering a drug, medicine, appliance, application, or treatment of whatever nature [the board's emphasis] for the prevention, cure, or relief of a wound, fracture, bodily injury, or disease of animals.
- Only licensed veterinarians can practice veterinary medicine.
- An individual can administer a drug, medicine, appliance, application, or treatment of whatever nature at the direction of and under the direct supervision of a licensed veterinarian.

“The Board's proposed APR regulation would authorize non-veterinarians to perform APR under the supervision of a veterinarian,” CVMB wrote in a statement provided to the VIN News Service by a spokesperson from the Department of Consumer Affairs. “The Board's proposed regulation does not go beyond what is already prohibited by statute.”

Opponents also described the proposed regulations as a restraint of trade. They said the new rules create a veterinary monopoly.

Atlas told the board it was in the “crosshairs” of antitrust laws, comparing the situation to [N. Carolina Board of Dental Examiners vs. FTC 135](#).

In the case, the North Carolina Board of Dental Examiners ran afoul of the Federal Trade Commission in the early 2000s, when it tried to put non-dentists out of the teeth-whitening business by accusing them of practicing dentistry without a license.

Licensed dentists maintained that these procedures put patients at risk of injury to the mouth. Lay practitioners argued that requiring a professional license to perform less-invasive procedures restricts trade and drives up prices.

The dental board argued that as a state agency, it was immune from anti-trust law. The U.S. Supreme Court rejected that argument in 2015, saying the examiners did not qualify for immunity since a controlling number were “active market participants” in the occupation they regulated.

The dental examiners had to discontinue the practice of sending cease-and-desist letters to teeth-whitening services.

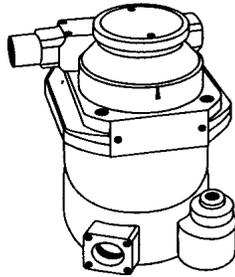
CVMB member Dr. Christina Bradbury, speaking after the hearing, rejected the charge that the board is motivated by preserving business for veterinarians.

“There is this whole notion that we are here to protect the veterinarians and that this is all a conspiracy to maintain their ability to make more money, and that it's a monopoly,” she said. “I'm stunned by it because the majority of the people that are talking are the ones that are actually concerned about losing their own money... We are not here to protect veterinarians. We are here to protect the public and the animals.” 🐾

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Keeping Pets in Homes

Gary Weitzman, DVM, MPH, CAWA, president and CEO of San Diego Humane Society

Everything seems to be changing in the world these days and animal welfare is no exception. Nationally, our efforts are now focusing on keeping animals with their families — and out of shelters. Here in San Diego, a major part of this effort is our participation in the **Human Animal Support Services** model that is helping to reimagine what animal welfare will look like in our post-COVID world.

Human Animal Support Services is an international movement in animal welfare and San Diego Humane Society (SDHS) is one of 18 pilot shelters launching this program. The focus is to ensure as many community members as possible get the help they need to care for their pets. This means supporting families to keep their pets in their homes with services ranging from providing pet food and offering behavior assistance to, ultimately, accessing veterinary care, so families are not faced with the difficult choice to surrender a pet.

Increasing access to affordable veterinary care is essential to keeping pets with the people who love them. Because, no matter their financial situation, people love their pets like family. We even find that the most vulnerable among us will feed their pets before themselves. Yet, animals are surrendered daily because their owners are unable to afford veterinary care. Pre-COVID, we averaged more than 30 animals a day relinquished at our campuses, often because people could not afford veterinary care. That's why we need the veterinary community's help.

For many years, SDHS has partnered with more than 100 veterinary offices in San Diego through our **Veterinary Voucher Program**. We would like to extend this network to include more practices to help more families access veterinary care by sending them to their local veterinary clinics and not the shelter as a last resort before relinquishment. We are also rolling out our **Spay & Neuter Voucher Program** for San Diego residents. We invite you to partner with us to help expand this important program. The cost of spay/neuter surgeries will be reimbursed (\$55 for male cats, \$70 for female cats and \$85 to \$185 depending on the gender and size for dogs) — so we can all be there for pet families in our communities.

In addition, we will bring more preventive veterinary care directly to people who need it most through **Community Outreach**. Our efforts will include mobile clinics, pop-up clinics and, when COVID-19 restrictions are eased, larger community pet events. Once again, we invite local veterinarians to partner with us at these events or continue to stay on our referral list.

Finally, veterinary offices can join a new **Community Microchip Scanner Program** we're creating. Our data shows that more than 50% of reclaimed stray animals at SDHS last year were found within one mile of their home address. That amounts to about 3,000 animals who could have skipped the shelter trip if they had stayed in their community. By becoming a partner in this new program, your office can be a safe place people can bring a lost pet to scan for a chip, immediately identify the owner and return them before they ever enter a shelter.

We're in this together and look forward to working with you to keep our community's pets healthy, happy and at home. If you have questions or are interested in working with us, please email Geraldine D'Silva, director of Human Animal Support Services at San Diego Humane Society, at GDSilva@sdhumane.org. 🐾

Introducing the 2020 AAHA/AAFP Feline Vaccination Guidelines

Tony McReynolds

9.10.2020: The newly released *2020 AAHA/AAFP Feline Vaccination Guidelines*, created by AAHA and the American Association of Feline Practitioners (AAFP) updates the *2013 AAFP Feline Vaccination Advisory Panel Report*. And they come with a slew of all-new, helpful [resources](#).

NEWStat talked to Amy Stone, DVM, PhD, chair of the *2020 AAHA/AAFP Feline Vaccination Guidelines* Task Force, to find out what veterinary teams can expect.

NEWStat: What are the major updates to the 2020 guidelines?

Amy Stone: There's new information about how best to time kitten vaccinations to overcome the interference of maternally derived antibodies. While keeping the concepts of core and noncore, the new guidelines further define feline patient populations to determine their specific risk for disease exposure. It's no longer just indoor cats versus outdoor cats. There's also a section about how to best use in-clinic serology to diagnose disease and, in certain cases, to determine when to vaccinate. Finally, there is an extensive section updating the view on feline injection-site sarcomas.

NEWStat: How will the updated guidelines help veterinary professionals practice better medicine?

AS: The updated guidelines provide new information on the timing of feline vaccines for the best protection of cats from preventable infectious diseases. These changes help practitioners determine the best individualized infectious disease prevention strategy for their feline patients based on the most recent evidence available. Additionally, they give practitioners and their entire staff tools to communicate the importance of vaccines to clients.

NEWStat: How can practitioners think differently about the way they treat cats?

AS: I actually think they should be thinking differently about how they consider disease susceptibility and what patient population the cat belongs to. For example, there are some outdoor cats who come into contact with fewer other cats than indoor cats do.

NEWStat: Can you talk a little bit about the [lifestyle-based vaccine calculator](#)?

AS: The calculator allows a practitioner to put in the lifestyle factors of the cat, the age of the cat, and the type of vaccine that they have in their practice. The result is a recommendation for how to vaccinate that cat in that moment and for the future. It then produces a customized PDF printout with the patient name that can be attached to the record or even given to the client. It's a great conversation starter for veterinarians and pet owners.

NEWStat: What are some other highlights?

AS: The guidelines are mobile-ready, so you can access them easily from a smartphone. Plus, they include:

- Robust [FAQs](#) and [tips](#) for client and staff education
- Recommendations for core and noncore vaccines for [pet](#) and [shelter-housed](#) cats
- A webinar summarizing the must-see and clinically important sections of the guidelines (available in October).

The 2020 AAHA / AAFP Feline Vaccination Guidelines are available online! Read them at aaha.org/felinevaccination or catvets.com/vaccination. 🐾

Photocredit: editor/Rajah





For optimal viewing, please visit the Notices & Recommended Reads section electronically on our SDCVMA website so you can click thru to all the articles and references.

Veterinary Medical Board Office Reopens to the Public

The Veterinary Medical Board office is open to the public, Monday through Friday from 8:00 a.m. to 5:00 p.m, excluding state holidays. (916) 515-5220 main • BreEZe Help Desk: (916) 557-1208 for Registration, Password Resets, Account Unlocks & Linking Licenses to your account.



National Veterinary Technician Week Is Here!

October 11-17, 2020

Veterinary technicians are critical to the day-to-day function of veterinary practices, and play vital roles in preserving animal health and welfare. National Veterinary Technician Week provides an opportunity to recognize veterinary technicians' contributions. Because we value veterinary technicians every day of the year, we take this week to honor their commitment to compassionate, high-quality veterinary care for all animals. First celebrated in 1993, National Veterinary Technician Week takes place in the third week of October each year.

Thank you, veterinary technicians, for all you do!



Staff & Client Education on Vaccine Storage & Handling

9.10.2020: The Centers for Disease Control and Prevention (CDC) online training module, "[You Call the Shots: Vaccine Storage and Handling](#)," is a useful resource for staff training on vaccination.¹ The practice should designate a person to be the primary vaccine coordinator for the facility. This person will be responsible for ensuring all vaccines are stored and handled correctly. A second staff member to serve as an alternate in the absence of the primary coordinator should be appointed (this is particularly important in case of after-hours emergencies). Both coordinators should be fully trained in routine and emergency policies and procedures.

The healthcare team, led by the veterinarian, should emphasize and educate clients that they are part of a team approach to vaccine management, requiring the entire staff's understanding of zoonotic disease, core and non-core vac-

cines determined by the pet's lifestyle, hospital policy, state law, client compliance, and adverse vaccination events.

¹ *You Call the Shots* is an interactive, web-based immunization training course. It consists of a series of modules that discuss vaccine-preventable diseases and explain the latest recommendations for vaccine use. Each module provides learning opportunities, self-test practice questions, reference and resource materials, and an extensive glossary.



Rabies Pre-exposure Vaccination and Titers for Veterinarians

Rabies exposure is an [occupational hazard](#) for the veterinary healthcare team, and preventive measures are necessary to protect personnel. Pre-exposure rabies vaccination provides additional protection for at-risk veterinarians, vet techs and other staff, but does not replace good preventive measures such as [personal protective equipment](#), and safe animal and specimen handling procedures.

Veterinarians and veterinary support staff are in the frequent-risk group with regard to rabies exposure and should be administered pre-exposure rabies vaccinations, according to the [recommendations](#) of the U.S. Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP). According to the National Association of State Public Health Veterinarians' [Compendium of Veterinary Standard Precautions for Zoonotic Disease Prevention in Veterinary Personnel](#), all staff with animal contact must be vaccinated against rabies, followed by periodic titer checks and rabies vaccine boosters, in accordance with the ACIP recommendations.

For a map of rabies vaccination locations around San Diego County, please call or email the SDCVMA office at (619) 640-9583 or sdcvma@aol.com.



VMB: Face-to-Face Training Waiver Extension

9.18.2020: This [60-day waiver extension order](#) further extends the Director of the Department of Consumer Affairs' (DCA) [June 4, 2020, waiver order](#) relating to the requirement that applicants who are already licensed in another state and seeking California licensure from the Board, and temporary licensees, complete a "face-to-face" training class in California in order to qualify for licensure.

The original June 4 waiver order removed the requirement that training for license applicants who are already licensed out-of-state, and temporary licensees, must be conducted "face-to-face" in California, so that the training may be conducted via appropriate electronic means.

The previous [extension order](#) expires on October 2, 2020. The current extension order now expires on December 1, 2020.





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Meetings • Seminars • Events • Webinars

October	1-4	AAHA Connexity Virtual and On Demand Meeting, www.aaha.org
	9-11	CVMA Fall Seminar To Go, www.cvma.net
	9 & 21	VCA EAH & Referral Center Radiology Seminar, Dr. Craychee, MS, DACVR, 1-2pm
November	21	SDCVMA Holiday Gala: cancelled for 2020
December	11-14	Fetch DVM 360° Virtual, www.FetchDVM360.com
February 2021	20	SDCVMA Practice Managers' Meeting , 6 CEUs, Handlery Hotel San Diego
	21	SDCVMA Specialists' Update Sunday , 6 CEUs, Handlery Hotel San Diego
April	24 & 25	SDCVMA Spring Veterinary Conference, Endocrinology for the GP , 12 CEUs, Handlery Hotel San Diego
	25	SDCVMA Spring Technician Seminar, Endocrinology for the RVT , 6 CEUs, Handlery Hotel San Diego



🐾 **LatinAmerica VMA:** Meets last Saturday of each month. For any questions, please contact Dr. Al Guajardo 619-582-2560 or Dr. Miguel Constantino 619-278-0000.

SAVE THE DATE

**SDCVMA SPRING
VETERINARY CONFERENCE**

Endocrinology

*for the
General Practitioner*

April 24 & 25, 2021

SPEAKERS

Patty Lathan, VMD, MS, DACVIM

Associate professor of small animal internal medicine at Mississippi State University.

Renee Rucinsky, DVM, DABVP (Feline)

Owner and feline specialist at Mid Atlantic Cat Hospital in Queenstown, Maryland.

*Diabetes Mellitus • Diabetic Ketoacidosis • Hypothyroidism
Addison's Disease • Cushing's Disease
Hypertensive Disease • Hyperaldosteronism • Pancreatitis*

Veterinary Conference Schedule Both Days:

7:30am-8:30am Registration & Breakfast
8:30am-4:30pm CE Sessions
10:00am Refreshment Break
12:00-1:00pm Luncheon

2:30pm Refreshment Break
5:00pm Happy Hour on
Saturday ONLY

The SDCVMA is a California Statutorily Approved CE Provider.

**Technician Seminar • 6 CEU
Endocrinology for the Veterinary Technician**

Speaker: Dennis Spann, DVM, DACVIM

*Causes of Polyuria/Polydipsia • Diabetes Mellitus •
Hypoadrenocorticism • Disorders of Calcium Metabolism
• Miscellaneous Feline Endocrinopathies*

Sunday, April 25, 2021 • 9:00am - 4:30pm

Support Staff Welcome

Breakfast & Lunch Included





Brokers and Appraisers
Practice and Real Estate Sales
Transition Specialists
Practice Appraisals

Ellie Wattles, DVM, President, Broker
Beka Herrera, Vice President, Broker
Connie Burke, CPA, CVA, CM&AA

GREATER SACRAMENTO- Motivated Seller: This historic town is located just 30 minutes north of Sacramento within Placer County, paradise for outdoor enthusiasts, wine connoisseurs, foodies and history buffs alike. The practice is located on a major thoroughfare with excellent visibility and ample parking. Efficient ~1,900 sq. ft. free-standing facility. Computerized practice includes digital X-Ray and IDEXX lab 2019 Gross ~\$798,000. Currently operated as a 1 DVM practice with great staff. Major practice price reduction. **NEW PX PRICE: \$400,000. REAL ESTATE PRICE: \$420,000.**

INLAND EMPIRE- Rare Opportunity: Located in the heart of southwest Riverside County and ~1.5 hours from L.A. & San Diego. This upscale community offers a rural feel w/ incredible amenities available. Amazing location to reside and work. PX is located in a popular shopping center w/ ample parking. ~2,800 sq. ft. hospital includes 3 exam rooms, & multiple runs/runs. Well-equipped PX w/ digital X-Ray & IDEXX lab. Under-utilized PX w/ limited DVM hours & services. Room for expansion & growth. 2019 Gross ~\$1.3 Million. **PX PRICE: \$1.1 Million. RE PRICE ONLY: \$400,000.**

SANTA CRUZ COUNTY- New Listing: Situated in the heart of the Monterey Bay area, 84 miles south of San Francisco, less than 10 miles from the ocean, this friendly community offers an ideal environment for working and living. Although agriculture forms the economic base, technology, electronic companies, electrical products, construction materials and heavy construction companies support the economic structure. Spacious, freestanding ~3,744 square foot leased facility situated near a major thoroughfare. Long established, full-service, small animal hospital includes 3 exam rooms, 30 cages, 8 runs with DR- XRAY & IDEXX lab equipment. 2019 Gross just over \$1.1 Million. **PRACTICE PRICE: \$820,000.**

ORANGE COUNTY, COASTAL- Priced to sell quickly: This charming community offers ideal weather, a diversified economy & excellent educational system. The city is located near three airports: (SNA), (LGB), & (LAX). PX is located in a newly renovated urban shopping center. Efficient leased facility ~1,200 sq. ft. w/ 2 exam rooms, 3 runs & several cages. 2019 Gross ~\$554K produced w/**extremely limited**, part time DVM hours. Significant growth potential with new energetic owner-operator. Currently, the PX values at greater than 1 year's gross. **PX PRICE ONLY: \$470,900.**

CONTRA COSTA COUNTY- New Listing: Easy access to San Francisco and Sacramento, this convenient, central location, along with a temperate climate, allows residents to enjoy a wide variety of unique and scenic attractions within the immediate Bay Area as well as throughout Northern California. Leased facility, ~2,000 sq. ft located in a shopping center with ample parking. Facility offers 2 exam rooms and 20 cages. Computerized practice includes DR X-RAY, Abaxis lab equipment. Many opportunities for growth with new energetic owner. **PRACTICE PRICE ONLY: \$399,000.**

MENDOCINO COUNTY: Just 2 hours north of the San Francisco Bay Area & west of Sacramento. This area boasts spectacular scenery & distinctive wineries. Hundreds of miles of hiking trails, verdant hills & secluded lakes residents can easily find solitude & beauty. 1 part-time DVM PX. ~1,500 sq ft leasehold facility located in a small strip-center. 2019 Gross ~\$396,000 produced with very limited hours. **PX PRICE ONLY: \$120,000.**

SANTA CRUZ COUNTY, Scotts Valley: Located about 6 miles north of the City of Santa Cruz & 26 miles southwest of San Jose. Well established PX situated within a strip center. Leasehold facility is ~1,800 sq. ft w/ 2 exam rooms & 15+ cages. Full service, computerized 1- DVM px. Equipment includes CR X-Ray & IDEXX lab. 2019 Gross ~\$783,000. Very motivated seller due to health issues. **PRACTICE PRICE ONLY: \$390,000**

SAN DIEGO COUNTY, NORTH: Near perfect climate. Leisurely drive to beach cities and downtown San Diego. Endless outdoor activities, easy access to retail & commercial areas. ~1,895 sq. ft. leased facility. Full-service hospital w/ experienced staff 2019 Gross ~\$740,000 produced with limited DVM hours & services. Excellent opportunity for first time buyer or satellite practice. **PRICED FOR A QUICK SALE. PRACTICE PRICE ONLY: \$365,000.**

LOS ANGELES, COASTAL: MOTIVATED SELLER! Rare opportunity to own a well- established practice located in an excellent area. The city includes a state university, along with a harbor port, airport. ~1,100 sq. ft. free-standing facility. Equipment includes Abaxis VS2 lab, dental unit, Digital DR X-Ray. 2019 net sales ~\$556,000. **PRACTICE PRICE: \$400,000. REAL ESTATE PRICE: \$575,000.**

Interest rates have dropped to historic levels.
Contact us to learn how we can help achieve your goals of buying or selling!

545 Sespe Avenue Fillmore, CA 93015
Phone: 805.524.3195 Fax: 805.524.3192
E-mail: PacProInc@aol.com Website: www.pacificproinc.com



California **Veterinary Specialists**

Please join us in welcoming

Anastacia Davis, DVM, MS, Practice Limited to Surgery



Dr. Anastacia Davis received her undergraduate degree in Biology at the University of Washington and she is a 2014 graduate of Washington State University's College of Veterinary Medicine.

After earning her doctorate in veterinary medicine, she completed a small animal rotating internship in medicine and surgery at Seattle Veterinary Specialists, a surgical internship at Coral Springs Animal Hospital in Florida, and a surgical research fellowship at the University of Georgia. She then completed a three-year residency & master's program in small animal surgery at Virginia-Maryland College of Veterinary Medicine.

Dr. Davis has extensive experience in all aspects of small animal surgery including soft tissue, orthopedics, and neurosurgery. She particularly enjoys oncologic surgery, skin and reconstruction, wound management, and fracture repair.

Dr. Davis joins Christian Osmond, DVM, Diplomate, American College of Veterinary Surgeons at our Carlsbad location.

+
**24-Hour
Emergency
Care**

Carlsbad
760-431-2273
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Carlsbad, CA 92008

Murrieta
951-600-9803
39809 Avenida Acacias
Suite E
Murrieta, CA 92563

Ontario
909-947-3600
2409 S. Vineyard Ave.
Suite 0
Ontario, CA 91761

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Address Service Requested

ORTHOPEDICS & REGENERATIVE MEDICINE: *an exciting partnership*



VCA Emergency Animal Hospital & Referral Center

A CENTER OF EXCELLENCE FOR REGENERATIVE MEDICINE

Stem cell therapy and platelet rich plasma (PRP) therapy are beneficial adjuncts for treatment of many orthopedic and musculoskeletal problems. A main stream treatment modality for degenerative joint disease, these regenerative medicine therapies are anti-inflammatory, have analgesic effects and promote healthy joint cartilage regeneration in damaged or post-surgical joints. Stem cells and PRP also promote healing of fractures, muscle, tendon and ligament tears and open wounds have a synergistic action, although they are also effective when used as separate treatments in many situations.

The VCA Emergency Animal Hospital and Referral Center is a Vet Stem Center of Excellence. Dr. Holly Mullen is an expert in using stem cells and PRP for the treatment of multiple orthopedic conditions. Intra-articular therapy at the time of ACL stabilization, OCD, hip and elbow dysplasia and various joint surgeries means better comfort, faster healing and earlier return to function. Patients with chronic osteoarthritis, muscle injuries and tendinopathies can also be helped. Newer applications include healing of infected or delayed union fractures, treatment of certain ocular, renal, GI and liver/pancreas diseases, and repair of complex multiple fractures. Dr. Mullen has been using regenerative medicine for over 12 years in patients with multiple orthopedic issues and would be happy to consult with you on patient selection and treatment options for all of your orthopedic, wound care and regenerative medicine needs.



Holly Mullen
DMV, DACVS

COMPLETE REGENERATIVE MEDICINE INCLUDING:

- Orthopedic consultation and surgery
- Fracture Repair
- Cardiovascular and Thoracic Surgery
- Vascular Shunts
- Exotic Animal Surgery
- Reconstructive and Plastic Surgery
- Neurosurgery
- Oncologic Surgery
- Genitourinary Surgery
- Head and Neck Surgery
- Laser Surgery
- Pain Management
- Regenerative Medicine and Stem Cell Therapy
- Thoracoscopy

OPEN 24/7

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www.VCAemergency.com

MON-SUN: OPEN 24 HOURS

Ask for our Referral Coordinator, Rhonda Nevins,
to help facilitate your referral appointments.

