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## IVERHART MAX<sup>®</sup>

Chewable Tablets  
(ivermectin/pyrantel pamoate/praziquantel)

**CAUTION:** Federal (US) law restricts this drug to use by or on the order of a licensed veterinarian.

**BRIEF SUMMARY:** Please consult package insert for complete product information.

**Indications:** For use in dogs to prevent canine heartworm disease by eliminating the tissue stage of heartworm larvae (*Dirofilaria immitis*) for a month (30 days) after infection and for the treatment and control of roundworms (*Toxocara canis*, *Toxascaris leonina*), hookworms (*Ancylostoma caninum*, *Uncinaria stenocephala*, *Ancylostoma braziliense*), and tapeworms (*Dipylidium caninum*, *Taenia pisiformis*).

**WARNINGS:** For use in dogs only. Keep this and all drugs out of reach of children. In safety studies, testicular hypoplasia was observed in some dogs receiving 3 and 5 times the maximum recommended dose monthly for 6 months (see **Animal Safety**). In case of ingestion by humans, clients should be advised to contact a physician immediately. Physicians may contact a Poison Control Center for advice concerning cases of ingestion by humans.

**PRECAUTIONS:** Use with caution in sick, debilitated, or underweight animals and dogs weighing less than 10 lbs (see **Animal Safety**). The safe use of this drug has not been evaluated in pregnant or lactating bitches.

All dogs should be tested for existing heartworm infection before starting treatment with IVERHART MAX Chewable Tablets, which are not effective against adult *D. immitis*. Infected dogs should be treated to remove adult heartworms and microfilariae before initiating a heartworm prevention program.

While some microfilariae may be killed by the ivermectin in IVERHART MAX Chewable Tablets at the recommended dose level, IVERHART MAX Chewable Tablets are not effective for microfilariae clearance. A mild hypersensitivity-type reaction, presumably due to dead or dying microfilariae and particularly involving a transient diarrhea, has been observed in clinical trials with ivermectin alone after treatment of some dogs that have circulating microfilariae.

**ADVERSE REACTIONS:** In clinical field trials with ivermectin/pyrantel pamoate, vomiting or diarrhea within 24 hours of dosing was rarely observed (1.1% of administered doses). The following adverse reactions have been reported following the use of ivermectin: depression/lethargy, vomiting, anorexia, diarrhea, mydriasis, ataxia, staggering, convulsions and hypersalivation.

**ANIMAL SAFETY:** Studies with ivermectin indicate that certain dogs of the Collie breed are more sensitive to the effects of ivermectin administered at elevated dose levels (more than 16 times the target use level of 6 mcg/kg) than dogs of other breeds. At elevated doses, sensitive dogs showed adverse reactions which included mydriasis, depression, ataxia, tremors, drooling, paresis, recumbency, excitability, stupor, coma and death. No signs of toxicity were seen at 10 times the recommended dose (27.2 mcg/lb) in sensitive Collies. Results of these studies and bioequivalence studies support the safety of ivermectin products in dogs, including Collies, when used as recommended by the label.

In a laboratory safety study, 12-week-old Beagle puppies receiving 3 and 5 times the recommended dose once weekly for 13 weeks demonstrated a dose-related decrease in testicular maturation compared to untreated controls.

**HOW SUPPLIED:** IVERHART MAX Chewable Tablets are available in four dosage strengths (see **Dosage** section) for dogs of different weights. Each strength comes in a box of 6 chewable tablets, packed 10 boxes per display box.

**STORAGE INFORMATION:** Store at 20°C -25°C (68°F-77°F), excursions permitted between 15°C-30°C (59°F-86°F). Protect product from light.

For technical assistance or to report adverse drug reactions, please call 1-800-338-3659.

Manufactured by: Virbac AH, Inc. Fort Worth, TX 76137

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Ask Shawn

# A TUG OF WAR OVER TASKS

**W**hat percentage of practices, large and small, would you say have the receptionist duties include taking the client into the exam room, pulling vaccines and filing and dispensing medications from the veterinarian at the end of the office visit? I feel it's a lot of work for the front office team and takes them away from the phones and reception desk. The practice owner feels it would increase the payroll percentage too much for a technician to do.—**Overworked**

**Dear Overworked and Frazzled:**

The dilemma you present isn't uncommon but I think many veterinary practices try to solve the problem of who does which tasks without looking at the big picture. The owner says it will increase technician costs. So if that's the case, I am assuming that the owner is OK with increased

customer service representative (CSR) costs? It is not an extra cost to the clinic if the technicians do these tasks and the result is reduced hours on the CSRs.

Everyone wants to provide topnotch service, but they also want to charge the same fees as everyone else. Impossible. Your clinic needs to figure out a labor budget and stick to it, and it doesn't matter who does which tasks.

Ideally we want your labor costs, including veterinarians, to be at 40 percent. You can spend it all on one position or give low salaries to multiple positions.

The real question is whether you are willing to charge for the level of service you want to provide. If the technicians filling the rooms works better for your practice, then you need to decide what to charge to offer that level of service to the client and still keep your numbers in line.

Good luck!

—**Shawn**



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## Got a question? Ask Shawn.

Maybe you're tired of babysitting your team members. Perhaps you're looking for strategies to beat a bully. Shawn can help. **Shawn McVey, MA, MSW**, is a member of the *Firstline* and *Veterinary Economics* Editorial Advisory boards and CEO of McVey Management Solutions in Austin, Texas. Email your questions for him to [firstline@advanstar.com](mailto:firstline@advanstar.com), then visit [dvm360.com/mcvey](http://dvm360.com/mcvey) to read McVey's advice on other hot topics.

## MY VIEW

## The pet owner's pact with their pets

By Adam Oliver

What are the responsibilities of a pet owner?

Merriam-Webster defines responsibility as: "the state of being the person who caused something to happen; a duty or task that you are required or expected to do; something that you should do because it's morally right, legally required ...".

Sometimes people look to others to blame for something they didn't do or uphold. In the case of our furry friends, the unwillingness to take responsibility can have negative consequences.

You've probably heard a pet owner who can't pay say, "I guess you don't love animals if you aren't willing to help me out." Statements like this bother me because they may feel manipulative, as if the owners are attempting to remove responsibility from themselves and place it on the team.

Having a pet is similar to having a child—in many cases, pets have replaced children in a family. You should be willing to take financial responsibility for your pet. Accidents and injuries will happen. Your pet will not be 100 percent healthy all of the time. Hopefully, your pet will not have any cataclysmic injury or illness. But I believe pet owners are responsible to



address and correct each problem to the best of their ability.

Now don't get me wrong. I'm not suggesting owners should place themselves in extreme debt to treat their animals. Each situation is unique and each treatment plan is unique as well. But I do worry that pet owners lose sight of the fact that pets need regular care, and this costs money.

Planning financially for a pet is difficult. As veterinary team members, it's important to

remind pet owners that there will be times in their pets' lives where they will need unexpected veterinary visits as well as regular routine care. If we work together with pet owners, we can often come up with treatment plans that meet the needs of pets and clients.

*Adam Oliver is a technician at Veterinary Specialty Care in Mt. Pleasant, S.C. Share your thoughts on pet owners' responsibilities by emailing [firstline@advanstar.com](mailto:firstline@advanstar.com).*

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for two sample scripts to discuss pet insurance. And to learn how to debunk three common third-party payment plan myths, head over to [dvm360.com/3myths](http://dvm360.com/3myths).

## THE VHMA FILES:

# When you suspect EMPLOYEE THEFT



Use these steps to address this serious breach of trust.

By Christine Shupe, CAE, Executive Director, VHMA

In the workplace, our most trusting relationships are those that are built over time. We reward those who have earned our trust by giving them more responsibility and greater autonomy. We are confident that these employees will turn in an exemplary performance. What could go wrong? According to experienced managers, plenty.

The U.S. Department of Commerce estimates that one in three business failures is due to employee theft. And it's on the rise—even in veterinary practices. In addition to their many responsibilities, practice managers must also keep an eye open for office irregularities that suggest employee theft.

**1 Recognize an inside job.** At first a few products are missing or perhaps there are inconsistencies in a spreadsheet, which you chalk up to clumsiness or an oversight. But soon it's clear that something is off and it's time to address your suspicions.

While these behaviors aren't necessarily incriminating, they may signal a problem:

- > Employees who consistently do not take vacations (violations are often discovered while the perpetrator is on vacation).
- > Employees who are overly protective of their workspace.
- > Employees who prefer unsupervised work,

either working after hours or taking work home.  
> Employees who show unexpected changes in behavior.

These behaviors coupled with unexplained debt and lost financial statements may indicate trouble.

**2 Implement a plan.** If you suspect theft, first tell the practice owner and work together to identify a plan. It's essential to have evidence before making accusations.

An investigation is necessary to collect the information to support your suspicions. The investigation should be discreet, and information should be limited to those who need to know. Documentation is key. Be careful not to prejudge, and be sure to consider all potential suspects. An impartial third party can help evaluate information to eliminate potential biases.

**3 Be proactive.** Managers can minimize the potential for theft by thoroughly evaluating new hires. Perform background and credit checks at the time of hiring and at random times during an employee's tenure with a practice.

Addressing employee theft can be distressing, infuriating and uncomfortable. The situation can be volatile, so it's important to remain calm and have the facts before confronting the employee. **FL**

### DID YOU KNOW?

> Four out of five cheats are first-time offenders, but less than 7 percent of new employees commit a fraud in the first year of employment.  
> The higher the position in the company, the more the individual usually steals as a result of their knowledge of, and at times ability to, override internal controls. Tenured employees also have developed a higher level of managerial trust.

Visit [dvm360.com/VHMA](http://dvm360.com/VHMA) for a quick quiz to test your knowledge about employee theft.



Christine Shupe, CAE, is the executive director of the Veterinary Hospital Managers Association. The association is dedicated to serving professionals in veterinary management through education, certification and networking.



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**IMPORTANT SAFETY INFORMATION:** For use in dogs only. The most common adverse reaction is vomiting. Other adverse reactions reported are dry/flaky skin, diarrhea, lethargy, and anorexia. The safe use of NexGard in pregnant, breeding, or lactating dogs has not been evaluated. Use with caution in dogs with a history of seizures.

See brief summary on page 6.

# NexGard™ (afoxolaner) Chewables

**CAUTION:** Federal (USA) law restricts this drug to use by or on the order of a licensed veterinarian.

**Description:**

NEXGARD™ (afoxolaner) is available in four sizes of beef-flavored, soft chewables for oral administration to dogs and puppies according to their weight. Each chewable is formulated to provide a minimum afoxolaner dosage of 1.14 mg/lb (2.5 mg/kg). Afoxolaner is the chemical composition 1-Naphthalenesulfonamide, 4-[5-(3-chloro-5-(trifluoromethyl)-phenyl)-4,5-dihydro-5-(trifluoromethyl)-3-isoxazolyl]-N-[2-(2,2-trifluoroethyl)amino]ethyl.

**Indications:**

NEXGARD kills adult fleas and is indicated for the treatment and prevention of flea infestations (*Ctenocephalides felis*), and the treatment and control of Black-legged tick (*Ixodes scapularis*), American Dog tick (*Dermacentor variabilis*), and Lone Star tick (*Amblyomma americanum*) infestations in dogs and puppies 8 weeks of age and older, weighing 4 pounds of body weight or greater, for one month.

**Dosage and Administration:**

NEXGARD is given orally once a month, at the minimum dosage of 1.14 mg/lb (2.5 mg/kg).

**Dosing Schedule:**

Body Weight	Afoxolaner Per Chewable (mg)	Chewables Administered
4.0 to 10.0 lbs.	11.3	One
10.1 to 24.0 lbs.	28.3	One
24.1 to 60.0 lbs.	68	One
60.1 to 121.0 lbs.	136	One
Over 121.0 lbs.	Administer the appropriate combination of chewables	

NEXGARD can be administered with or without food. Care should be taken that the dog consumes the complete dose, and treated animals should be observed for a few minutes to ensure that part of the dose is not lost or refused. If it is suspected that any of the dose has been lost or if vomiting occurs within two hours of administration, redose with another full dose. If a dose is missed, administer NEXGARD and resume a monthly dosing schedule.

**Flea Treatment and Prevention:**

Treatment with NEXGARD may begin at any time of the year. In areas where fleas are common year-round, monthly treatment with NEXGARD should continue the entire year without interruption.

To minimize the likelihood of flea reinfestation, it is important to treat all animals within a household with an approved flea control product.

**Tick Treatment and Control:**

Treatment with NEXGARD may begin at any time of the year (see **Effectiveness**).

**Contraindications:**

There are no known contraindications for the use of NEXGARD.

**Warnings:**

Not for use in humans. Keep this and all drugs out of the reach of children. In case of accidental ingestion, contact a physician immediately.

**Precautions:**

The safe use of NEXGARD in breeding, pregnant or lactating dogs has not been evaluated. Use with caution in dogs with a history of seizures (see **Adverse Reactions**).

**Adverse Reactions:**

In a well-controlled US field study, which included a total of 333 households and 615 treated dogs (415 administered afoxolaner, 200 administered active control), no serious adverse reactions were observed with NEXGARD.

Over the 90-day study period, all observations of potential adverse reactions were recorded. The most frequent reactions reported at an incidence of > 1% within any of the three months of observations are presented in the following table. The most frequently reported adverse reaction was vomiting. The occurrence of vomiting was generally self-limiting and of short duration and tended to decrease with subsequent doses in both groups. Five treated dogs experienced anorexia during the study, and two of those dogs experienced anorexia with the first dose but not subsequent doses.

**Table 1: Dogs With Adverse Reactions.**

	Treatment Group			
	Afoxolaner		Oral active control	
	N <sup>1</sup>	% (n=415)	N <sup>2</sup>	% (n=200)
Vomiting (with and without blood)	17	4.1	25	12.5
Dry/Flaky Skin	13	3.1	2	1.0
Diarrhea (with and without blood)	13	3.1	7	3.5
Lethargy	7	1.7	4	2.0
Anorexia	5	1.2	9	4.5

<sup>1</sup>Number of dogs in the afoxolaner treatment group with the identified abnormality.

<sup>2</sup>Number of dogs in the control group with the identified abnormality.

In the US field study, one dog with a history of seizures experienced a seizure on the same day after receiving the first dose and on the same day after receiving the second dose of NEXGARD. This dog experienced a third seizure one week after receiving the third dose. The dog remained enrolled and completed the study. Another dog with a history of seizures had a seizure 19 days after the third dose of NEXGARD. The dog remained enrolled and completed the study. A third dog with a history of seizures received NEXGARD and experienced no seizures throughout the study.

To report suspected adverse events, for technical assistance or to obtain a copy of the MSDS, contact Merial at 1-888-637-4251 or [www.merial.com/nexgard](http://www.merial.com/nexgard). For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VETS or online at <http://www.fda.gov/AnimalVeterinary/SafetyHealth>.

**Mode of Action:**

Afoxolaner is a member of the isoxazoline family, shown to bind at a binding site to inhibit insect and acarine ligand-gated chloride channels. In particular those gated by the neurotransmitter gamma-aminobutyric acid (GABA), thereby blocking pre- and post-synaptic transfer of chloride ions across cell membranes. Prolonged afoxolaner-induced hyperexcitation results in uncontrolled activity of the central nervous system and death of insects and acarines. The selective toxicity of afoxolaner between insects and acarines and mammals may be inferred by the differential sensitivity of the insects and acarines' GABA receptors versus mammalian GABA receptors.

**Effectiveness:**

In a well-controlled laboratory study, NEXGARD began to kill fleas four hours after initial administration and demonstrated >99% effectiveness at eight hours. In a separate well-controlled laboratory study, NEXGARD demonstrated 100% effectiveness against adult fleas 24 hours post-infestation for 35 days, and was > 93% effective at 12 hours post-infestation through Day 21, and on Day 35. On Day 28, NEXGARD was 81.1% effective 12 hours post-infestation. Dogs in both the treated and control groups that were infested with fleas on Day -1 generated flea eggs at 12- and 24-hours post-treatment (0-11 eggs and 1-17 eggs in the NEXGARD treated dogs, and 4-90 eggs and 0-118 eggs in the control dogs, at 12- and 24-hours, respectively). At subsequent evaluations post-infestation, fleas from dogs in the treated group were essentially unable to produce any eggs (0-1 eggs) while fleas from dogs in the control group continued to produce eggs (1-141 eggs).

In a 90-day US field study conducted in households with existing flea infestations of varying severity, the effectiveness of NEXGARD against fleas on the Day 30, 60 and 90 visits compared with baseline was 98.0%, 99.7%, and 99.9%, respectively. Collectively, the data from the three studies (two laboratory and one field) demonstrate that NEXGARD kills fleas before they can lay eggs, thus preventing subsequent flea infestations after the start of treatment of existing flea infestations.

In well-controlled laboratory studies, NEXGARD demonstrated >94% effectiveness against *Dermacentor variabilis* and *Ixodes scapularis*, 48 hours post-infestation, and against *Amblyomma americanum* 72 hours post-infestation, for 30 days.

**Animal Safety:**

In a margin of safety study, NEXGARD was administered orally to 8- to 9-week-old Beagle puppies at 1, 3, and 5 times the maximum exposure dose (6.3 mg/kg) for three treatments every 28 days, followed by three treatments every 14 days, for a total of six treatments. Dogs in the control group were sham-dosed. There were no clinically-relevant effects related to treatment on physical examination, body weight, food consumption, clinical pathology (hematology, clinical chemistry, or coagulation tests), gross pathology, histopathology or organ weights. Vomiting occurred throughout the study, with a similar incidence in the treated and control groups, including one dog in the 5x group that vomited four hours after treatment.

In a well-controlled field study, NEXGARD was used concomitantly with other medications, such as vaccines, anthelmintics, antibiotics (including topicals), steroids, NSAIDs, anesthetics, and antihistamines. No adverse reactions were observed from the concomitant use of NEXGARD with other medications.

**Storage Information:**

Store at or below 30°C (86°F) with excursions permitted up to 40°C (104°F).

**How Supplied:**

NEXGARD is available in four sizes of beef-flavored soft chewables: 11.3, 28.3, 68 or 136 mg afoxolaner. Each chewable size is available in color-coded packages of 1, 3 or 6 beef-flavored chewables.

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## PEARLS of practice

### Off the mark



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### Get staff buy-in and reduce turnover



Staff turnover is a costly waste of everyone's time. Watch as *Firstline* Editorial Advisory Board Member Pam Weakley explains the power of including your veterinary team in the hiring process and shares how to spot those who aren't working out at your practice at [dvm360.com/teambuyin](http://dvm360.com/teambuyin), or scan the QR code above to see the video now.







## PEARLS of practice

### Fear Free tip:

#### TEACH PET OWNERS TO CHOOSE THE RIGHT CRATE AND PREPARE THEIR PETS TO TRAVEL

Mikkel Becker, CPDT, recommends teaching pet owners these tips to prepare their pets for a Fear Free veterinary visit:

> Crates for cats need a removable top. In traditional crates, fearful and hesitant cats may need to be pulled out for an exam, while top removal kennels allow the veterinarian to perform the exam with the cat remaining in the base of the carrier.

> Get pets used to carriers before the veterinary visit. Feed the animal meals or stuffed food puzzles and chews in the crate and drop in treats randomly to encourage pets to spend time in the kennel and to make it "fun furniture" rather than a torture device.

> During car rides, use a commercial product or a rolled towel underneath the crate to prop it up and keep it evenly centered rather than tipped with the slant in the seat.

> For cats, cover the carrier with a sheet or light towel to reduce fearful visuals and frightening stimuli, such as dogs. Also avoid swinging the carrier. Instead, hold the carrier in both hands, like a breakable Christmas present, to keep the cat or small dog steady in the carrier.

And don't forget to check out [dvm360.com/FearFree](http://dvm360.com/FearFree) for more great tips and tools to prepare your practice to become Fear Free.



**Free client handouts**  
 Help pet owners habituate their pets to a carrier with the tool at [dvm360.com/carriertool](http://dvm360.com/carriertool). Then offer a Fear Free handout to prepare pets for a Fear Free veterinary visit [dvm360.com/FearFreehandout](http://dvm360.com/FearFreehandout).



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F. **Total Distribution (Sum of 15c and e)** 23,408 23,063

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Kristina Bildeaux, Audience Development Director

*Kristina Bildeaux*

Date: 9/30/14

I certify that the statements made by me above are correct and complete.

# Stretch your skills TO EARN MORE

Finding new tasks could be the key to generating more income for your practice—and boosting your pay.

By Kyle Palmer, CVT

If you turn your eye to areas around your practice, you may see gaps where you could offer more services to boost the care you offer for pets and people. Owning these areas—

and creating new profit centers within your practice—is a great way to position yourself for promotions and raises. And yes, this works for every member of the veterinary team—from kennel

attendant, receptionist, technician and practice manager to associate veterinarian. Here are examples of areas in my practice and how we grew them into new profit centers.

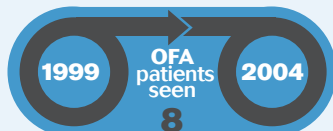
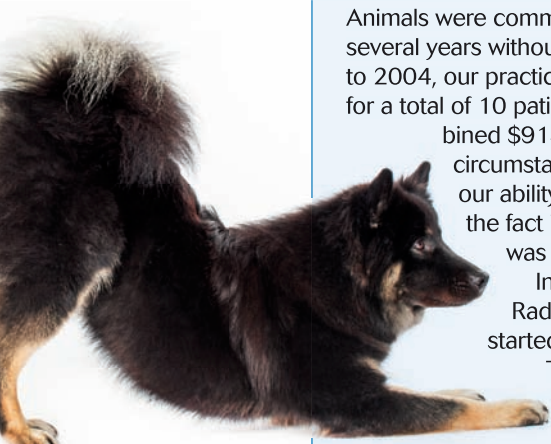
## CASE 1: OFA RADIOGRAPHS

After splitting with our sister clinic in 1998, where registration radiographs for the Orthopedic Foundation for Animals were commonplace, our practice went several years without doing many. From 1999 to 2004, our practice took OFA radiographs for a total of 10 patients, generating a combined \$913. While there were some circumstances that helped suppress our ability to perform the service, the fact is, no one in our practice was really interested.

In 2007, I took the Oregon Radiation Safety course and started taking more radiographs.

Then our practice crossed paths with a labradoodle breeder who wanted

some registration films. I decided we should start trying to increase our ability to provide the service—and increase practice revenue. We also had a new digital system that made repetitive x-rays to achieve perfection more palatable. The client was happy and continued to bring her dogs to our practice, insisting I take her films. Over time our demand grew, and the geographical area we were attracting clients from was huge. It turns out that labradoodle breeders talk. A lot. Many of them also want their films sent to a specialist in the Midwest before OFA submission and ask us to perform other services, such as microchip administration and thyroid panel submission. Our production has increased dramatically, which has offered me a strong position to negotiate my salary.



Total revenue generated:  
**\$913**



Total revenue generated:  
**\$11,866**



Total revenue generated:  
**\$29,919\***

In 2013, we topped **\$10,000** in gross revenue.

\*Not including ancillary services performed along with OFA since 2010, such as veterinary exams when needed, microchip implanting and thyroid testing.

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**Veterinary Technician**  
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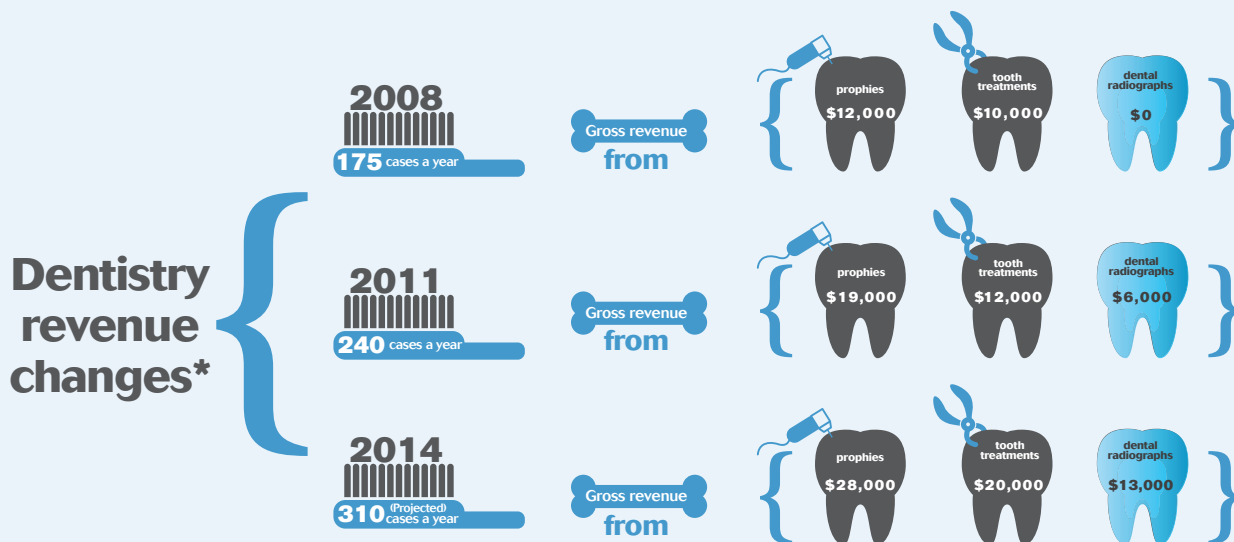


## CASE 2: DENTAL CARE

In 2009 I attended a regional CE meeting, keeping the idea of how to change our approach to small animal dentistry in mind. After taking days of lectures and looking at how we were performing dentistry, I asked for a budget to purchase a new scaler/polisher/high-speed drill unit, a dental radiograph machine, a digital dental sensor and software and a computer. I spent just under \$15,000—a few things

were on sale—and bought everything on the list.

According to my business plan, which I laid out for the owner in advance, we set a goal to get permission to do digital dental radiographs on at least 50 percent of dental patients in the first year. We hit 66 percent. By year two, I set a goal for 70 percent. We hit 73 percent. After year three, we hit a plateau of about 80 percent, which has stayed firm to this day.



I participate in 95 percent of our dentistry, continue to attend CE on dentistry and have sought training in advanced cases, should we ever move in that direction.

While the numbers show how the changes in our approach to dentistry have helped the bottom line, what they fail to show is even more important. It's difficult to assess, but many, many teeth would go without treatment if not for dental radiographs. No question our increase in gross revenue is due partly to being able to see what's going on below the gum line. Efficiency is also a factor. While gigly wire or a dinosaur cutting handpiece were the former options for extraction, the use of newer tools and strategies make extraction seamless and less time consuming. A common estimate in our practice is that it took us twice as long to generate half the extraction revenue before upgrading our equipment.

Client satisfaction is also immeasurable with the use of dental radiographs. We no longer have to face clients who doubt the need to have a tooth extracted. Now it's right there in black and white.

### WAYS TO GROW

Looking for other areas to grow? Consider taking ownership of areas such as nutrition counseling, bereavement counseling and weight loss counseling at your practice.



*Kyle Palmer, CVT, is a Firstline Editorial Advisory Board member and a practice manager at Silver Creek Animal Clinic in Silverton, Ore. Have you taken a step to grow in your job? Tell us about it! Send your questions or comments to [firstline@advanstar.com](mailto:firstline@advanstar.com).*

\*Numbers do not include revenue from IV catheters, preanesthetic lab work, anesthesia, vaccinations or medications.

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# REHAB LESSONS from human medicine

Human and veterinary medicine share more similarities than we may realize. And my experiences in both fields highlight how we can learn from each other.

By Caitlin Rivers, MOT, OTR/L

I spent fifteen years as a veterinary technician before going back to school to become an occupational therapist. I thought there would be a major shift to human medicine, but I was wrong. Of course people aren't dogs or cats, but occupational therapy does so many of the same things that veterinary medicine does. We adapt equipment, educate families on care plans, perform treatments and so on. Occupational therapy (OT) is known as the jack-of-all-trades in the human medical world. Technicians are the same in veterinary medicine.

We rely on our teammates to complete our job and help our clients.

Maybe right now you are asking what occupational therapy is. In a few

words, we help get human patients back up and as independent as possible after an injury or illness. Sound familiar?

## Why OTs are like technicians

OT means I spend my days doing tasks like these:

- > Assisting with range of motion—as you might after orthopedic surgeries
- > Promoting bed mobility—“flipping” patients who can't get up to prevent bed sores
- > Helping patients get steady on their feet and able to walk again—believe it or not, that's not just a physical therapy thing
- > Wrapping bandages, moving lines and tubes around when they are sick and many other things.

Not so different, eh? We all work with families of patients to help them help the patients when they're injured or sick.

I work with everyone from neonatal preemies to geriatric clients with dementia. When things aren't working as they should and I need to adapt things to make people able to do what they used to do, a lot of times I improvise and just make something.

When I was in veterinary medicine I was constantly making things up on the fly because I had to. You know not everything used in veterinary medicine was made for animals. A lot is human stuff that gets adapted for critters. You would think that wouldn't happen in human medicine, but

it does—all of the time. A lot of times clients can't afford pre-made specialized equip-





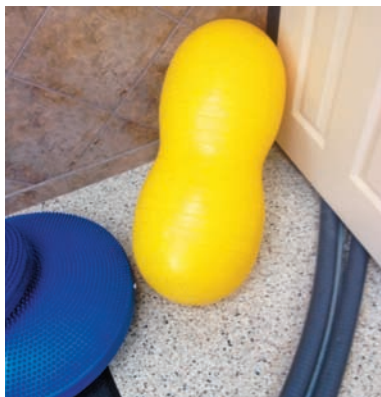
## 9 tools that help technicians *and* occupational therapists offer topnotch care

**1 Therabands** are widely used in both animal and human rehabilitation. In veterinary medicine we use them to work abduction in the hind leg as well as holding the rear leg in position when standing an animal that has weakened hind quarters and tends to splay out.

In human medicine they are used for a variety of upper and lower body exercises. The main goal of Therabands is to strengthen and condition the muscles in a way that does not apply a lot of external weight on the body.



**2 Peanut balls** are widely used in both veterinary medicine and human medicine. In the veterinary world peanut balls can be used to have dogs lie across the ball and stabilize them so you can work the



rear and front legs. They are also used as a core strengthening device where the dog is actually placed on top of the ball with the rehab therapist holding each side gently while the dog balances herself.

In human medicine these balls can be used for core strengthening as well. The child is placed on the ball, straddling it, and asked to perform a series of exercises. The ball is mostly used for sensory input though. The child lies down and the ball is rolled over his or her body with pressure several times. The child then rolls over and the ball is rolled over again. Many children with sensory processing disorders or autism like this treatment.

**3 Shelf Liner** that has a gripping texture is amazingly versatile. It is used in veterinary medicine to hold x-ray plates in place or to stop blankets and towels in kennels from sliding around.



In human rehab we use it to keep wheelchair cushions from sliding out from under the client or to make a gripping texture on the floor before an unsteady person attempts to stand up. We also use it for school-age children who need to keep slant boards or other adaptations from sliding off of their desks.

**4 Harnesses.** We love them! In veterinary medicine we use them to maintain control of an ambulatory animal without pulling on his or her neck. We also use them in rehab to help a patient stay upright after surgery or an injury.

In human medicine we use harnesses and slings to help move



bariatric clients from their beds to a wheelchair or to the toilet. It is easy to move patients who are 600 pounds or more by simply putting them in one and raising and then dropping them while guiding their movements.

**5 Hoyer lift.** It's used in veterinary medicine to hold an animal that can't stand into



a standing position so that he or she can receive rehab while weight bearing on the legs. In human medicine the Hoyer lift is what is attached to a harness or sling to elevate people past the height of the wheelchair and then help lower them to the chair for a safe transfer.

**6 Therapeutic ultrasound** is used by both human and veterinary medicine to alleviate



pain and to help break up scar tissue after surgery. Massage can also help, and both veterinary and human medicine use it. But therapeutic ultrasound works more deeply into the tissue.

**7 Airex pads.** These help challenge the balance of patients and make them able



to stand on land with more strength and harmony. In veterinary medicine we stand a dog on either its fore or rear limbs—but occasionally for a smaller animal all four limbs—to help the patient regain strength and balance.

In human medicine we stand a person on the pad and do exercises—balloon batting or bean bag throwing to challenge the person's equilibrium.

**8 Vet wrap** and socks are a normal part of life in veterinary medicine. They help keep a dog from licking a wound. In rehab they are also used to prevent legs of paralyzed dogs from developing deep wounds after being dragged across the ground. They are covering the foot, which helps them prevent wounds.

In human medicine the socks always have gripper bottoms, and they are used to prevent falls after an injury while the patient is doing balance or ambulatory work.



**9 Hair scrunchies** are useful in veterinary rehab to encourage dogs to paw at their mouths to work the shoulder muscles after an injury. In human medicine we often use stimulants to encourage specific motions as well. Brightly colored rings on a long tube offer patients with dementia the encouragement to grab hold of them and open their shoulder joints as they move them along the tube.



ment, so I make it. I build up handles on forks and spoons by using foam meant to insulate pipes. It gives an arthritic hand something larger and softer to hold onto. Yes, they sell them already made out of metal, but they're expensive and insurance doesn't cover it. I make do. I pad things, add rope to things and use equipment in ways the company never imagined.

### Teamwork counts

In OT, I rely on physical therapist, speech therapists and social workers, just to name a few. The veterinary world uses receptionists, veterinary assistants, technicians, doctors and so on. Team playing means stronger successes for our patients. Some of the most important people to me when I worked in the veterinary world were the kennel workers. They made it possible for me to do my job without having to worry about the cleanliness of the kennel or whether the animals had been out to go to the bathroom or had clean cages. In human medicine we get pulled out into specialties a lot more, but we still function as a team. When I want to know if someone's eating, I talk to the certified nursing assistants.

Another big task we share is charting. "If you don't document it, you didn't do it" is our motto. Sound familiar? Maintaining charts is a huge part of helping that patient get back up and out of the door successfully. It's how we, the team, communicate. It also serves as a legal document, and so correct abbreviations and word choices are important.

There's a strong connection between human and veterinary medicine. As veterinary medicine becomes more high-tech and more insurance driven, the two worlds will blur even more. Still, at the end of the day, it's all about helping our patients, even if it's just looking into their eyes and letting them know we care. Or maybe it's about helping a family say goodbye or rejoicing in a recovery. Mostly though, it's about being behind the scenes and being needed. Thanks for making a difference in the lives of so many. **FL**

*Caitlin Rivers is an occupational therapist and a former Firstline Editorial Advisory Board member who worked in the veterinary industry for more than 15 years.*

# Heartgard® Plus

(ivermectin/pyrantel)

## CHEWABLES

**CAUTION:** Federal (U.S.A.) law restricts this drug to use by or on the order of a licensed veterinarian.

**INDICATIONS:** For use in dogs to prevent canine heartworm disease by eliminating the tissue stage of heartworm larvae (*Dirofilaria immitis*) for a month (30 days) after infection and for the treatment and control of ascarids (*Toxascaris canis*, *Toxascaris leonina*) and hookworms (*Ancylostoma caninum*, *Uncinaria stenocephala*, *Ancylostoma braziliense*).

**DOSEAGE:** HEARTGARD® Plus (ivermectin/pyrantel) should be administered orally at monthly intervals at the recommended minimum dose level of 6 mcg of ivermectin per kilogram (2.72 mcg/lb) and 5 mg of pyrantel (as pamoate salt) per kg (2.27 mg/lb) of body weight. The recommended dosing schedule for prevention of canine heartworm disease and for the treatment and control of ascarids and hookworms is as follows:

Dog Weight	Chewables Per Month	Ivermectin Content	Pyrantel Content	Color Coding On Foil Backing and Carton
Up to 25 lb	1	68 mcg	57 mg	Blue
26 to 50 lb	1	136 mcg	114 mg	Green
51 to 100 lb	1	272 mcg	227 mg	Brown

HEARTGARD Plus is recommended for dogs 6 weeks of age and older. For dogs over 100 lb use the appropriate combination of these chewables.

**ADMINISTRATION:** Remove only one chewable at a time from the foil-backed blister card. Return the card with the remaining chewables to its box to protect the product from light. Because most dogs find HEARTGARD Plus palatable, the product can be offered to the dog by hand. Alternatively, it may be added intact to a small amount of dog food. The chewable should be administered in a manner that encourages the dog to chew, rather than to swallow without chewing. Chewables may be broken into pieces and fed to dogs that normally swallow treats whole.

Care should be taken that the dog consumes the complete dose, and treated animals should be observed for a few minutes after administration to ensure that part of the dose is not lost or rejected. If it is suspected that any of the dose has been lost, redosing is recommended.

HEARTGARD Plus should be given at monthly intervals during the period of the year when mosquitoes (vectors), potentially carrying infective heartworm larvae, are active. The initial dose must be given within a month (30 days) after the dog's first exposure to mosquitoes. The final dose must be given within a month (30 days) after the dog's last exposure to mosquitoes.

When replacing another heartworm preventive product in a heartworm disease preventive program, the first dose of HEARTGARD Plus must be given within a month (30 days) of the last dose of the former medication.

If the interval between doses exceeds a month (30 days), the efficacy of ivermectin can be reduced. Therefore, for optimal performance, the chewable must be given once a month on or about the same day of the month. If treatment is delayed, whether by a few days or more, immediate treatment with HEARTGARD Plus and resumption of the recommended dosing regimen will minimize the opportunity for the development of adult heartworms.

Monthly treatment with HEARTGARD Plus also provides effective treatment and control of ascarids (*T. canis*, *T. leonina*) and hookworms (*A. caninum*, *U. stenocephala*, *A. braziliense*). Clients should be advised of measures to be taken to prevent reinfection with intestinal parasites.

**EFFICACY:** HEARTGARD Plus Chewables, given orally using the recommended dose and regimen, are effective against the tissue larval stage of *D. immitis* for a month (30 days) after infection and, as a result, prevent the development of the adult stage. HEARTGARD Plus Chewables are also effective against canine ascarids (*T. canis*, *T. leonina*) and hookworms (*A. caninum*, *U. stenocephala*, *A. braziliense*).

**ACCEPTABILITY:** In acceptability and field trials, HEARTGARD Plus was shown to be an acceptable oral dosage form that was consumed at first offering by the majority of dogs.

**PRECAUTIONS:** All dogs should be tested for existing heartworm infection before starting treatment with HEARTGARD Plus which is not effective against adult *D. immitis*. Infected dogs must be treated to remove adult heartworms and microfilariae before initiating a program with HEARTGARD Plus.

While some microfilariae may be killed by the ivermectin in HEARTGARD Plus at the recommended dose level, HEARTGARD Plus is not effective for microfilariae clearance. A mild hypersensitivity-type reaction, presumably due to dead or dying microfilariae and particularly involving a transient diarrhea, has been observed in clinical trials with ivermectin alone after treatment of some dogs that have circulating microfilariae.

**Keep this and all drugs out of the reach of children.**

In case of ingestion by humans, clients should be advised to contact a physician immediately. Physicians may contact a Poison Control Center for advice concerning cases of ingestion by humans.

Store between 68°F - 77°F (20°C - 25°C). Excursions between 59°F - 86°F (15°C - 30°C) are permitted. Protect product from light.

**ADVERSE REACTIONS:** In clinical field trials with HEARTGARD Plus, vomiting or diarrhea within 24 hours of dosing was rarely observed (1.1% of administered doses). The following adverse reactions have been reported following the use of HEARTGARD: Depression/lethargy, vomiting, anorexia, diarrhea, mydriasis, ataxia, staggering, convulsions and hypersalivation.

**SAFETY:** HEARTGARD Plus has been shown to be bioequivalent to HEARTGARD, with respect to the bioavailability of ivermectin. The dose regimens of HEARTGARD Plus and HEARTGARD are the same with regard to ivermectin (6 mcg/kg). Studies with ivermectin indicate that certain dogs of the Collie breed are more sensitive to the effects of ivermectin administered at elevated dose levels (more than 16 times the target use level) than dogs of other breeds. At elevated doses, sensitive dogs showed adverse reactions which included mydriasis, depression, ataxia, tremors, drooling, paresis, recumbency, excitability, stupor, coma and death. HEARTGARD demonstrated no signs of toxicity at 10 times the recommended dose (60 mcg/kg) in sensitive Collies. Results of these trials and bioequivalency studies, support the safety of HEARTGARD products in dogs, including Collies, when used as recommended.

HEARTGARD Plus has shown a wide margin of safety at the recommended dose level in dogs, including pregnant or breeding bitches, stud dogs and puppies aged 6 or more weeks. In clinical trials, many commonly used flea collars, dips, shampoos, anthelmintics, antibiotics, vaccines and steroid preparations have been administered with HEARTGARD Plus in a heartworm disease prevention program.

In one trial, where some pups had parvovirus, there was a marginal reduction in efficacy against intestinal nematodes, possibly due to a change in intestinal transit time.

**HOW SUPPLIED:** HEARTGARD Plus is available in three dosage strengths (See DOSAGE section) for dogs of different weights. Each strength comes in convenient cartons of 6 and 12 chewables.

For customer service, please contact Merial at 1-888-637-4251.



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# 15 things you'd never say

Here's a quick countdown of the top phrases you will never hear veterinary team members say in practice. *By Andrew Roark, DVM, MS*

**15** It's the end of the day, and my scrubs are still so clean!

**14** I totally do this for the money.

**13** It's best to listen to what your breeder says, no matter what.

**12** Please don't leash your dog in the waiting room. We feel it's best for all patients to interact freely.

**11** No, I don't want to express that sebaceous cyst.

**10** You're right. He doesn't need heartworm prevention since he only goes outside to potty.

**9** I love the smell of parvo in the morning!

**8** I hope a cat bites me today. I need a new scar.

**7** Of course I'd be more comfortable with you restraining your pet instead of my experienced co-worker.

**6** Please continue to talk on the phone while I try to get the history on your pet.

**5** No, thank you. We don't like homemade cookies and cakes. They sit around for days and go completely to waste.

**4** I always get to leave work and take my lunch on time.

**3** No, we don't actually need anesthesia for dental cleanings. Most pets will just open their mouths and say ahh.

**2** Yup. It's puppies and kittens All Day. Long.

**1** I wish our patients were human. **FL**



*Dr. Andy Roark practices in Greenville, S.C. He is the founder and managing director of the veterinary consulting firm Tall Oaks Enterprises.*

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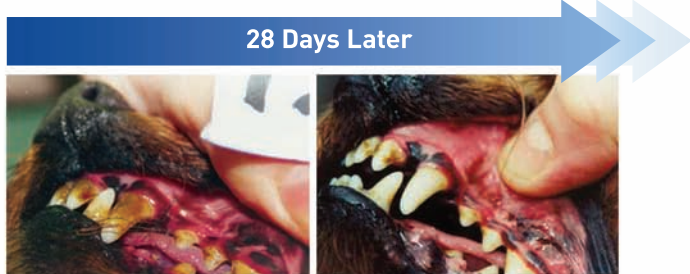
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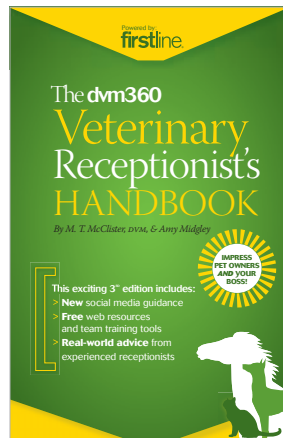
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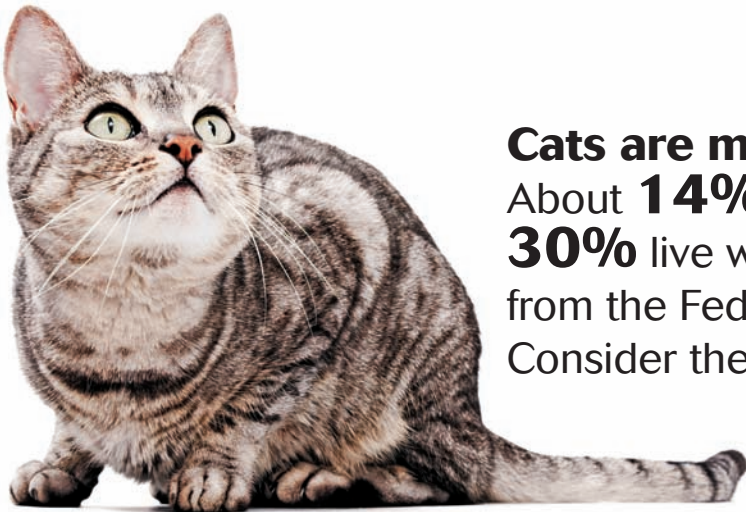
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<sup>2</sup> Opinion Research Corporation, Heartworm Prevention Medication Study, 2012. Data on file at Merial.

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See brief summary on page 15.