Stay! Good Human.
Dealing with Separation Anxiety in Pandemic Pups 24

You Know Who They Are
How to Handle Difficult Clients with Grace and Patience 33
What keeps you up at night?

Are compliance, retention, and revenue on your mind?

MWI can help! We have a set of offerings that include:

• Automated and customized client communications
• Automated and customized parasiticide prevention communications based on the products you sell
• Customized and affordable preventive care plans

Connect with us today to learn more about our compliance solutions to help you rest easy.

Contact your MWI sales representative or learn more about our compliance solutions at www.mwiah.com/compliance
Financing promotions

Clinic acquisition promotion and debt consolidation

- Acquisitions include partnership buy-ins and second location purchases.
- Pay off high interest rate business loans, and consolidate into one loan.
- Available for minimum loans of $250,000 with flexible repayment options.
- Each promotion is available separately or combined for maximum benefit.
- You’ll also get a competitive rate through maturity, and you’ll know the rate up front.
- Applications must be received by June 30, 2021 and close by September 30, 2021.

Established clinic project promotion

- Loan types that qualify are expansions, clinic remodels, relocations, and additional locations.
- Available for minimum loans of $250,000 with flexible repayment options.
- You’ll also get a competitive rate through maturity, and you’ll know the rate up front.
- Established project loan applications must be received by June 30, 2021 and interim project opened by September 30, 2021.

Equipment promotion

- Upgrade or expand with new equipment or software.
- Loans up to $250,000.
- Flexible repayment options with no prepayment restrictions.
- Potential tax benefits along with the Section 179 tax allowance.

Owner-occupied commercial real estate fee waiver promotion

- This offer is on qualifying loans starting at $100,000 when you purchase or refinance commercial real estate.
- Waiver of appraisal fee for conventional and SBA commercial real estate secured loans.
- Waiver on Loan Packaging, Loan Processing and Fee on Practice Solutions commercial real estate loans.
- Waiver of Bridge Fee on SBA 504 Bridge Loans and bank portion of the Permanent Fee for SBA 504 term loans.
- Bank Packaging Fee on SBA 7(a) Loans.
- Apply from April 1, 2021 to June 30, 2021, and close loan by October 31, 2021.

To apply, contact your Practice Solutions Specialist
bankofamerica.com/practicesolutions | 800.428.2847

1.00% for the first 18 months on qualifying products
0% for the first 6 months on equipment loans

Owner-occupied commercial real estate fee waiver promotion

- This offer is on qualifying loans starting at $100,000 when you purchase or refinance commercial real estate.
- Waiver of appraisal fee for conventional and SBA commercial real estate secured loans.
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To apply, contact your Practice Solutions Specialist
bankofamerica.com/practicesolutions | 800.428.2847
Trends magazine provides timely perspectives on the art and business of companion-animal veterinary practice to all members of the practice team. trends.aaha.org

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How to educate clients on separation anxiety as remote workers return to the office by Valarie V. Tynes, DVM, DACVB, DACAW

33 Coping with Challenging Clients
Challenging clients can take a toll. Here are some tips to handle them by Jen Reeder

Stop the spreading
Stop the shedding
Protection unites us.
Nobivac® Lepto 4 — The first and only 4-way canine leptospirosis vaccine specifically shown to be effective against disease, mortality, and urinary shedding. Help protect dogs in both urban and suburban environments from leptospirosis with the unique efficacy of Nobivac® Lepto 4.

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Stop the spreading

Stop the shedding

Nobivac® Lepto4—The first and only 4-way canine leptospirosis vaccine specifically shown to be effective against disease, mortality, and urinary shedding. Help protect dogs in both urban and suburban environments from leptospirosis with the unique efficacy of Nobivac® Lepto4.1,2

VACCINATE WITH PEACE OF MIND. VACCINATE WITH NOBIVAC® LEPTO4.

To learn more, contact your Merck Animal Health sales representative or your distributor representative.

Customer Service: 1-800-521-5767 (Monday–Friday, 9:00AM–6:00PM EST)

Technical Services: 1-800-224-5318 (Monday–Friday, 9:00AM–7:00PM EST)


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A financing experience made for your waiting room on wheels.

When your workflow went curbside, CareCredit created a contactless digital solution to go right along with it. No matter where they’re waiting, your clients can:

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*Subject to credit approval.
from the editor’s desk

AS THE OWNER OF A BONA FIDE “PANDEMIC PUP,” I know firsthand how attached these guys can be. I can’t go three steps in the house without a furball veritably attached to my heels. Luckily for Pip, I’m a regular work-at-home worker, so he will have company even after things return to “normal.”

However, many people will eventually return to work, leaving their dogs to wonder: “How could they leave me? Why??” Luckily, Trends is ahead of the curve, with an informative feature on how to address the coming storm of young pups pining away for their humans. The article is penned by board-certified behaviorist Valarie Tynes.

Also this month, look for tips on how to deal with those “challenging” clients—you know who they are! The trick is to fight the unpleasantness with compassion and empathy, and while that is not always possible, it can at least help to keep it in mind.

EMPLOYEE OF THE MONTH
Have you nominated a team member who deserves a shoutout in Trends for our new Employee of the Month column? Let us know! If we feature your Employee of the Month, you’ll get $100 to share with your superstar staffer. Email ben.williams@aaha.org for details.

BONUS CONTENT
Look for the “online bonus content” graphic with certain articles in Trends. Then head to trends.aaha.org for some exclusive online extras. And consider sharing the free article of the month on your own social media page. Find it at trends.aaha.org.

COMING NEXT MONTH
Next month, we will have a very interesting and enlightening issue, The Diversity Issue. We all know there is work to be done in the fields of diversity, equity, and inclusion, so the July issue will be devoted to taking a close look at each in the veterinary profession.

As always, let me know what you think at trends@aaha.org.

—Ben Williams, Editor
HEARTGARD® Plus (ivermectin/pyrantel) has tools available to help you educate your clients about the real risks of heartworm disease. With HEARTGARD Plus, you’re recommending:

- Safe and trusted heartworm disease prevention that’s still #1 after 33 years¹
- The #1 dog-preferred, real-beef chew that makes compliance enjoyable for pets and pet owners²
- Highly effective control of five species of common intestinal parasites³,⁴
- Prevention backed by the HEARTGARD Plus Satisfaction Guarantee

**YOU SEE THIS INVISIBLE THREAT. YOUR CLIENTS DON’T.**

Get clinic support at HEARTGARDClinic.com

**IMPORTANT SAFETY INFORMATION:** HEARTGARD® Plus (ivermectin/pyrantel) is well tolerated. All dogs should be tested for heartworm infection before starting a preventive program. Following the use of HEARTGARD Plus, digestive and neurological side effects have rarely been reported. For more information, please see full prescribing information or visit www.HEARTGARDClinic.com.


HEARTGARD™ and the Dog & Hand logo® are registered trademarks of Boehringer Ingelheim Animal Health USA Inc. ©2021 Boehringer Ingelheim Animal Health USA Inc., Duluth, GA. All rights reserved. US-PET-0808-2020-A
Brief Summary: Before using NexGard® (afloxazin) Chewables, please consult the product insert, a summary of which follows.

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

**Description:** NexGard is a soft chewable for oral administration to dogs and puppies according to their weight. Each chewable is formulated to provide a minimum afloxazin dosage of 1.14 mg/lb (2.5 mg/kg).

**Indications:** NexGard kills adult fleas and is indicated for the treatment and prevention of flea infestations (Ctenocephalides felis), and the treatment and control of lice scabrus, Demodex canis, and Sarcoptes scabiei var. hominis, all in dogs.

**Dosage and Administration:** NexGard is given orally once a month, at the minimal dosage of 1.14 mg/lb (2.5 mg/kg). See full product insert for dosing table and details.

**Warnings:** Do not use in humans. Keep this and all drugs out of the reach of animals. Consult your veterinarian for further information.

**Adverse Reactions:** In a well-controlled US field study, which included a total of 333 households and 615 treated dogs (415 administered afloxazin; 200 administered active control), no serious adverse reactions were observed with NexGard.

**Safe Use in Breeding, Pregnant or Lactating Dogs:** The safety of NexGard has not been evaluated in breeding, pregnant, or lactating dogs.

**Contact Information:** For a copy of the Safety Data Sheet (SDS) or to report suspected adverse drug events, contact Boehringer Ingelheim Animal Health USA Inc. at 1-888-637-4251. 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/adverseeventreporting. It is not always possible to reliably estimate the adverse event frequency or establish a causal relationship to product exposure using these data.

**Post-Approval Experience (July 2018):** The following adverse events are based on post-approval adverse drug experience reporting. Not all adverse events are reported to FDA/CVM. It is not always possible to reliably estimate the adverse event frequency or establish a causal relationship to product exposure using these data.

**Effective Use in Dogs:** See full product insert for details regarding Effectiveness.

**Animal Safety:** In a margin of safety study, NexGard was administered orally at 0 to 9-week-old Beagle puppies at 1, 3, and 5 times the maximum exposure dose for a total of six treatments. 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.

**Contact Information:** For a copy of the Safety Data Sheet (SDS) or to report suspected adverse drug events, contact Boehringer Ingelheim Animal Health USA Inc. at 1-888-637-4251. For additional information about adverse drug experience reporting for animal drugs, contact FDA at http://www.fda.gov/animalvets. The information provided here is not comprehensive. The full FDA-approved product insert is available at www.nexgardfordogs.com. Consult your veterinarian for further information.

**Product approved by FDA under NADA # 141-406**

**Merck**

**Boehringer Ingelheim Animal Health USA Inc.**

**Duluth, GA 30096**

**NexGard® (afloxazin) Chewables**

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### CHEWABLES

**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 ascariids (Toxocara canis), Toxascaris leonina and hookworms (Ancylostoma caninum, Uncinaria stenocephala, and Bothriocephalus baeri) in dogs.

**Dosage:** HEARTGARD® Plus (ivermectin/pyrantel) should be administered orally at monthly intervals at the recommended minimum dose level of 6 mcg of ivermectin per kilogram (27.2 mcg/kg) and 5 mg of pyrantel (as pamoate salt) per kg (2.27 mg/kg) of body weight. The recommended dosing schedule for prevention of canine heartworm disease and for the treatment and control of ascariids and hookworms is as follows:

<table>
<thead>
<tr>
<th>Dog Weight</th>
<th>Chewables Per Month</th>
<th>Ivermectin Content</th>
<th>Pyrantel Content</th>
<th>Color Coding On Foil Backing and Carton</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 25 lb</td>
<td>1</td>
<td>68 mcg</td>
<td>57 mg</td>
<td>Blue</td>
</tr>
<tr>
<td>26 to 50 lb</td>
<td>1</td>
<td>136 mcg</td>
<td>114 mg</td>
<td>Green</td>
</tr>
<tr>
<td>51 to 100 lb</td>
<td>1</td>
<td>272 mcg</td>
<td>227 mg</td>
<td>Brown</td>
</tr>
</tbody>
</table>

**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 cart 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, if at all possible, but not reduced to a mushy consistency. 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. 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 when mosquitoes (vector), potentially causing 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 prevention 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 heartworm control can be reduced. Therefore, for optimal performance, the next dose of HEARTGARD® Plus should be given within a month (30 days) of the first dose. Dogs with an elevated body weight (51 to 100 lb) should receive two 272-mcg chewables for the month, instead of one 544-mcg chewable.

**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 O. volvulus. 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 microfilaria clearance. A mild hyperesthesia-type reaction, presumably due to dead or dying microfilariae and particularly evoking a transient diarrhea, has been observed in clinical trials with heartworm alone after treatment of some dogs that have circulating microfilariae.

**Keep this and all drugs out of the reach of children. In case of accidental ingestion, contact a physician immediately.** Physicians may contact a Poison Control Center for advice concerning cases of ingestion by humans.

**SAFETY:** Heartworm Plus has shown to be bovine-equivalent 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/lb kg). Studies with kennel indicate that certain dogs of the Collie breed are more sensitive to the effects of ivermectin administered at elevated doses (more than 16 times the target use level) than dogs of other breeds. At elevated doses, sensitive dogs showed adverse effects which included depression, ataxia, tremors, drooling, seizures, paresis, circulatory, excitability, stupor, coma and death. HEARTGARD® Plus has demonstrated no signs of toxicity at 10 times the recommended dose (80 mcg/kg) in sensitive Collies. Results of these trials and bioavailability studies support the safety of HEARTGARD® Plus 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 steroidal preparations have been administered with HEARTGARD® Plus in a heartworm disease prevention program.

In one trial, where some dogs had parvovirus, there was a marginal reduction in efficacy against intestinal helminths, 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 weight ranges.

<table>
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</table>

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**US-PET-0735-2020.**
Learn more at NexGardClinic.com

NexGard® (afoxolaner) is the only chew FDA-approved to prevent Lyme infections by killing black-legged ticks.

It’s safe for puppies as young as 8 weeks, weighing as little as 4 pounds.

The savory, beef-flavored chew was designed with compliance in mind:

• NexGard is a leader in average number of months of flea and tick control purchased per patient per year.2
• More NexGard users purchased a full 12 months of flea and tick protection than users of any other flea and tick chew.2

IMPORTANT SAFETY INFORMATION: NexGard is for use in dogs only. The most frequently reported adverse reactions include vomiting, pruritus, lethargy, diarrhea and lack of appetite. 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 or neurologic disorders. For more information, see the full prescribing information or visit NexGardClinic.com.

Assessment was conducted by IDEXX® and leveraged veterinary clinic PIMS transaction level data for 2019. This analysis included data from approximately 7000 U.S. clinics that had consistent data from 2017 to 2019. To be included, patients needed to have at least one parasiticide transaction in the baseline year (2018). The analysis was limited to loyal patients, where loyalty was defined as having one flea/tick control brand during the full three-year period. The average number of months of NexGard purchased per year was 6.64, compared to 6.69 for BRAVECTO. This analysis overestimates the duration of efficacy for BRAVECTO. For comparison purposes, each BRAVECTO chew was assessed as providing three months of flea & tick protection versus the labeled 12-week coverage for fleas and three species of ticks, and 8-week coverage for Lone Star ticks.

1. Data on file at Boehringer Ingelheim. 2. Data on file at IDEXX Laboratories, Inc. Westbrook, Maine USA.
View from the Board

The Essentialness of Inventory

INVENTORY MAY BE THE LEAST SEXY PART of running a veterinary hospital; however, it is vitally important to manage for the overall health of your business. After payroll, cost of goods sold (COGS) represents a hospital’s largest expense and directly affects the bottom line. The “sweet spot” of inventory management is not running out or having too much of an inventory item for hospital use and client sales. Everyone in the hospital should be involved in keeping the inventory at optimal levels, and developing standard operating procedures (SOPs) for the entire process is critical for success in inventory management.

Each hospital should develop an SOP for the process of evaluating and vetting potential additions to hospital inventory. Often, this could involve the medical director initiating discussion with the medical team on which supplies and products will provide the best care for their patients and clients. It is important to limit the number of brands of the same classification of drug. For example, if you carry every type of heartworm or flea and tick preventive, it makes it difficult for your team to make solid, consistent, and well-researched recommendations to clients already bombarded with ads and, sometimes, questionable advice. It is important for your clients to trust the confidence you have in your recommendations.

After the medical team has settled on the product list, it’s time to order! First, practices should consider pricing. Best pricing is always a factor in business decisions, especially inventory. Practices should negotiate and take advantage of every resource available to ensure they are not overpaying. Discounted buying groups exist for nearly every practice. AAHA Advantage is offered to our accredited members and offers lower pricing and rebates. There are also applications that will take your shopping list and indicate which distributors have the best pricing on the order date.

As you consider where to place your orders, keep in mind that the distributor and pharmaceutical company representatives are always interested in making hospitals aware of new products and special pricing. While it is not prudent to take advantage of every offer presented, it is important to nurture partnerships with people who are familiar with the inner workings and challenges of running a veterinary hospital. I am personally very thankful for one of our representatives who came to me in January of 2020 and said that though he did not have specific guidance, he was getting a feeling that the supply chains of goods from other countries could begin to slow down or evaporate. He specifically mentioned PPE and other essential hospital supplies. His recommendation did not include specific products and order quantities; however, we heeded his advice and were able to weather the subsequent shortages a little easier. It was all thanks to our strong relationship with a trustworthy and knowledgeable distributor representative.

Everyone on the team must understand their important role in the inventory process. Systems need to be in place to indicate reorder points and maximum quantity levels. Some practices use colored stickers and organization systems while others rely on staff to indicate stock or needed items on a “want list.” As the items are received at the practice, protocols should be in place to ensure that the correct items were ordered and received, expiration dates are noted, and duties are segregated—the staff members receiving the goods vary from those placing the orders—to prevent theft. To ensure accuracy of our inventory, we conduct periodic physical counts and audit the records for complete analysis of correct quantities, pricing, markups, and dispensing and injection fees. Discrepancies that cannot be reconciled, or “shrinkage,” is a problem at many hospitals and may be attributed to undocumented hospital use or client items that were not invoiced. To combat the latter issue, we have settings in our practice management software that require a prescription label on all client sales items and alerts staff to check the invoice if the label is missing. Sadly, theft can also be the reason for missing items.

We all can profit by digging deeper into our inventory policies and procedures. Please use the article in this month’s Trends to guide you to lower those COGS and get control of your second-largest expense category!

Cheryl Smith, CVPM, is a director on the AAHA board and is hospital administrator at Galway Veterinary Hospital, PLLC, in Galway, New York. Smith became a certified veterinary practice manager in 2009, and she graduated from the Veterinary Management Institute in 2011.
Next Up for AAHA

**AAHA Standards Updates**
We continuously update the *AAHA Standards of Accreditation* to reflect best practices in the field. Updates go into effect on June 1. See what’s changing at aaha.org/standards-updates.

**Say “Hello” at VMX!**
Stop by the AAHA VMX digital booth June 5–9 for exclusive AAHA Press specials and more.

**AAHA’s Renewed Focus on Purpose**
Hold on to your seats, AAHA members! The association has a new strategic plan and a renewed focus on the “why” behind what brought you into the profession to begin with. We are launching some bold initiatives in the coming year, and members will be the first to know—to give feedback and to benefit from our pilot programs that are sure to shake things up. Are you ready to join us? Visit aaha.org/renew before June 30.

**Review Your Staff List**
Is your staff list current? Ensure your team members are receiving their AAHA member benefits by logging into your account at aaha.org.

**#AAHADay Is Next Month**
Your team still has time to do something special to celebrate July 22! Get inspired and download social media posts at aaha.org/publicity.
Plan Your Year of Connexity

Save the Date! Sept. 22–25 in Scottsdale

After an all-virtual event in 2020, the in-person Connexity conference returns to Scottsdale, Arizona, this September. And, after a few years as an AAHA members-only event, Connexity is once again open to all in the profession.

“This year’s Connexity combines the things you loved about the old AAHA yearly conference with fresh approaches to CE and a forward-looking, inclusive vision,” said Erin Parrott, CMP, VEMM, AAHA’s senior manager of meetings and events. “Above all, it’s about providing spaces for the profession to grow and co-create together.”

Dear AAHA,

How should we get rid of an old digital dental X-ray unit?

—Cleaning House in Minnesota

Dear Cleaning,

X-ray machines contain dangerous substances such as lead, beryllium, and polychlorinated biphenyl–contaminated oil, so consult your state’s radiology safety department to see if certified personnel are required to remove the old unit. The vendor must disable the machine properly, and you’ll typically need to submit some paperwork and notify the state within 30 days. If the unit is truly broken, there are disposal services and medical equipment recycling services available. Another option, if the machine is still usable, is to donate it to Project V.E.T.S. (projectvets.org), which does accept older equipment for a tax-deductible donation. However, you would likely have to cover shipping costs.

—AAHA’s Member Experience Team

Virtual Connexity All Year Long

Last month, AAHA invited the whole profession to play in a free, virtual, mini-Connexity, including a game show–style showdown, a crowdsourced brainstorm on hospital staffing, and a session on how to reclaim your happiness in the profession. In lieu of a registration fee, donations were made to BlackDVM Network.

Connexity’s second virtual mini-conference is slated for November 10. Make your plan to attend the in-person, virtual, and on-demand sessions at aaha.org/connexity.
How to End the Kitty vs. Carrier Struggle
A familiar space helps make travel less stressful

Many cats associate travel with negative experiences like a trip to the vet. Sleepypod mobile pet bed allows your cat to travel safely in the comfort of its own bed, thereby reducing the stress of traveling to an unfamiliar destination because the Sleepypod is already a trusted part of your cat’s everyday life.
BUYING equipment, medicine, supplements, or supplies?

Let AAHA save you money!

AAHA’s Savings Programs have you covered so you can save and even earn rebates on things you purchase from participating vendors, including health and wellness products, animal biologicals, and home delivery pharmacy services.

Start your savings journey at aaha.org/savings.
Researchers Discover Three Deep-Sea Shark Species That Glow in the Dark

Scientists studying sharks off the New Zealand coast have discovered that three deep-sea species glow in the dark, including one that is now the largest-known luminous vertebrate. The sharks were collected during a fish survey of the Chatham Rise off the east coast of New Zealand. The kitefin, which can grow to nearly six feet in length, is now the largest-known luminous vertebrate—what researchers referred to as a “giant luminous shark.” The researchers, from the Université Catholique de Louvain in Belgium and the National Institute of Water and Atmospheric Research in New Zealand, said the findings have repercussions for our understanding of life in the deep sea, one of the least-studied ecosystems on the planet.

The sharks all live in what is known as the mesopelagic or “twilight” zone of the ocean, between 600 and 3,200 feet deep, beyond which sunlight does not penetrate. Seen from below, the sharks appear backlit against the bright surface of the water, leaving them exposed to potential predators without any place to hide. Researchers suggest these three species’ glowing underbellies may help camouflage them from any threats that might strike from beneath. The researchers published their findings in *Frontiers in Marine Science*.

“Considering the vastness of the deep sea and the occurrence of luminous organisms in this zone, it is now more and more obvious that producing light at depth must play an important role structuring the biggest ecosystem on our planet,” the researchers wrote.
New Study on Cats’ Loyalty

Researchers in Japan replicated their 2015 dog behavioral experiment, this time using cats to study how the animals would respond to people who had recently treated their owners poorly. Their findings are published in the journal *Animal Behavior and Cognition*. In the 2015 study, researchers had dogs see a situation in which a third party would either help the owner move junk after being asked to or turn their back on them. Then they had the third parties offer the dogs a treat. The dogs were as likely to take food from people when they helped or didn’t interact with the owner, but when the third party spurned the owner’s plea for help, the dogs tended to avoid taking the treat from them. The findings, the researchers wrote, indicated that dogs can socially eavesdrop, just as people and even other primates can.

The recent study involved 36 cats who saw the same basic setup as before, with a third party either choosing to help their owner open something or not. The cats weren’t any less likely to turn down free food when it came from the hands of their owner’s nemesis than when it came from their ally. The researchers acknowledged that there are explanations for their findings that have nothing to do with a cat’s capacity for loyalty. If the findings are valid, they say it’s probably yet another sign of the different evolutionary journeys that cats and dogs have taken alongside humankind.

“We consider that cats might not possess the same social evaluation abilities as dogs, at least in this situation, because unlike the latter, they have not been selected to cooperate with humans,” the study authors wrote.

Researchers Study Dogs for Clues About Cancer Treatment Side Effects

Researchers at the Cummings School of Veterinary Medicine at Tufts University are studying dogs to learn more about the impact of cancer treatments on the heart and blood vessels.

Vicky Yang, DVM, PhD, SB, DACVIM, veterinary cardiologist at the school, reports that some traditional chemotherapy drugs are known to cause long-term heart damage in canine patients. “This is something we’re starting to recognize more in our veterinary patients because we’re getting better at treating cancer, too,” she says. “The problem with our current way of monitoring toxicity is that we don’t know that it’s happening until it’s happened.”

The same thing happens in humans, and the impact is significant. There are 17 million cancer survivors in the United States, and that number is expected to grow to more than 26 million by the year 2040.

“These cancer survivors have more cardiovascular disease, and we can do something to prevent that,” says Iris Jaffe, MD, PhD, executive director of the Molecular Cardiology Research Institute at Tufts Medical Center. Jaffe relates that the problem has led to the creation of a growing field in both medicine and research: Cardio-oncology. It turns out that dogs have a high rate of developing cancer, so Jaffe is partnering with Yang and others to study how cancer therapies impact humans and dogs.
Backyard Chickens Risk Pathogen Spread
While the hobby of keeping backyard chickens has been on the rise, a University of Georgia researcher cautions that the practice has risks not just for chickens but for wildlife and people as well.

“As a researcher who studies pathogen movement along different groups, I see backyard chickens as a potential interface where pathogens can spill over into wild birds, or vice versa, and even into people,” said Sonia Hernandez, PhD, DVM, DACZM, professor of wildlife disease at the Warnell School of Forestry and Natural Resources and the College of Veterinary Medicine. “Owners need to seek information and medical care for their animals to minimize those risks.” Hernandez and first author Andrea Ayala published their review of pathogen transmission at the backyard chicken–wild bird interface in *Frontiers in Veterinary Science*.

Ayala identified practices that backyard chicken owners can implement to reduce the risk of pathogen emergence:
- Keeping backyard chicken feeders where only chickens can reach them
- Getting rid of wild bird feeders
- Using mesh small enough to prevent wild birds from interacting with chickens
- Removing contaminated water sources, insects, and rodents and maintaining good hygiene—changing footwear, for example—when visiting different flocks
- Limiting the number of visitors

Pet Industry Reaches Milestone by Exceeding $100B in Annual Sales
The American Pet Products Association (APPA) announced that the industry has reached more than $100 billion in annual sales, the highest level in industry history. The milestone was released in APPA’s 2020 State of the Industry Report during the organization’s recent Global Pet Expo Digital Access.

Highlights from the report included:
- $22.1 billion was spent on supplies, live animals, and over-the-counter meds, a 15.1% increase from 2019
- $42 billion was spent on pet food and treats, a 9.7% increase
- $31.4 billion was spent on veterinary care and product sales, a 7.2% increase
- While $8.1 billion was spent on other services such as grooming, dog walking, and boarding, this was a 21.4% decline from the previous year. The report states that as quarantines are lifted and consumers venture out, the use of these services is expected to rise

From a retail perspective, every channel showed an increase, especially e-commerce, which is consistent with consumer shopping trends overall:
- Total retail sales increased by 6.7% from 2019 to 2020.
- 47% of pet owners reported they increased the number of times they purchased online
- Pet specialty and independent retailers experienced solid growth
- 30% of pet owners spent more on their pet/ pet supplies in the past year with only 10% saying they spent less
Kentucky Boy Working to Get Rescue Animals Recognized as State Pet

Kentucky’s eight-year-old Ethan Branscum is on a mission to get rescue pets recognized as the official state pet. Branscum is known for his love for animals; his family has numerous rescue animals, and in the past, he set up a lemonade stand, donating the proceeds to a local humane society. His letter-writing campaign drew the attention of legislators, who sponsored a bill to name rescue animals as the Kentucky state pet.

Then came nearly a week of ice and snow that threw a wrench into the legislature’s schedule. “When we came back from the ice break, it was all hands on deck,” says state Sen. Adrienne Southworth (R-Lawrenceburg), Branscum’s senator, “and there were priorities for what got heard.” Southworth’s bill didn’t make it out of committee, but she did introduce a resolution encouraging Kentuckians to consider adopting pets from a shelter that was passed.

Undeterred, Branscum plans to work to introduce the legislation again at the next session. Meanwhile, he has a Facebook page (facebook.com/ethansrescuepetproject) and Instagram page (instagram.com/ethans_rescue_pet_project) and is starting a show, The Rescue Report, that will appear on his social media pages and feature news about animals and pets available for adoption.

JVM E’s New Editor-In-Chief Makes History

The Association of American Veterinary Medical Colleges (AAVMC) has named Regina Schoenfeld-Tacher, PhD, MEd, MA, as editor-in-chief of its Journal of Veterinary Medical Education (JVME), the first female and Latina to hold this position. On July 1, Schoenfeld-Tacher will succeed Daryl Buss, DVM, PhD, who has held the title since 2012.

“My appointment as editor-in-chief for JVME is tangible evidence of AAVMC’s commitment to educational innovation and diversity/inclusion,” said Schoenfeld-Tacher, associate professor of veterinary educational development at North Carolina State’s University College of Veterinary Medicine, in an association release.

Schoenfeld-Tacher has nearly two decades of experience serving on the JVME editorial board, and the AAVMC reports she has also played a significant role in refining internal processes related to manuscript review, acceptance, and keyword searchability. She has authored or coauthored 82 peer-reviewed journal articles, 28 of which were published in the JVME, and has served on the editorial board of the Interdisciplinary Journal of Problem-Based Learning and as a peer reviewer on nine additional academic journals.
New Data on the Prevalence of Anal Sac Disorders in Dogs

Researchers from the UK’s Royal Veterinary College (RVC) have published new research into the frequency and treatment of anal sac problems in dogs. Their findings are published in the journal *Veterinary Record*. The study focused especially on identifying breeds with increased or reduced risk of anal sac disorders. The breeds at greatest risk of an anal sac disorder compared with crossbreeds included Cavalier King Charles spaniel, King Charles spaniel, and cockapoo.

Conversely, breeds at reduced risk included larger-breed dogs including boxer, German shepherd dog, and lurcher. Flat-faced (brachycephalic) breeds such as shih tzu had 2.6 times the risk for anal sac disorders compared with long-skulled breeds such as border collies. Spaniel types, dachshund types, and poodle also showed increased risk for anal sac disease.

Other findings included:

- Anal sac disorders affected 4.4% of dogs.
- Flat-faced (brachycephalic) dogs had 2.62 times the risk of anal sac disorders compared with long-faced dogs.
- Spaniel types had 2.09 times the risk of anal sac disorders compared with non-spaniel types.
- Dachshund types had 1.38 times the risk of anal sac disorders compared with non-dachshund types.
- Poodle types had 1.46 times the risk of anal sac disorders compared with non-poodle types.
- The risks of anal sac problems were higher in older dogs.
- 20% of dogs with anal sac problems were prescribed antimicrobials while 12% were given pain relief.
- Anal sacs were surgically removed in under 1% of affected dogs.
- Dietary change was recommended in 8.18% of cases, and weight loss was recommended in 1.14% of cases.

Anette Loeffler, DrMedVet, PhD, DVD, DipECVD, MRCVS, associate professor of veterinary dermatology at the RVC and coauthor of the paper, said: “This study shines a spotlight on critically important area of veterinary practice: antibiotic usage. 20% of dogs presenting with an anal sac disorder received antibiotics even though diagnostic criteria for anal sac infection or proof of efficacy of antibiotic treatment are lacking.”

AAFP Releases Feline Hypertension Toolkit for Veterinary Professionals

The American Association of Feline Practitioners (AAFP) has released a new Hypertension Educational Toolkit to aid veterinarians in diagnosing systemic arterial hypertension in cats. The AAFP reports that this digital toolkit emphasizes the importance of checking blood pressure routinely to aid in tracking trends and early detection of hypertension in cats. AAFP stated that while veterinary professionals are encouraged to use the information provided in the toolkit when examining feline patients at any age, cats 10 years of age and older pose a higher risk for hypertension and need to be monitored more frequently.

The toolkit features section tabs focusing on different areas of content, including regulation, classifications, clinical signs, treatment, measuring blood pressure, frequently asked questions, and client resources, and a Blood Pressure Assessment Form is available to download and print in order to record results and other information. View, download, and print the hypertension toolkit from the AAFP’s website (catvets.com/hypertension-toolkit).
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Separation Anxiety and the “Pandemic Puppy”
What Lies Ahead After Lockdown

by Valarie V. Tynes, DVM, DACVB, DACAW

FOR MANY PEOPLE, THE YEAR 2020 WILL BE REMEMBERED WITH SADNESS. For some, it will be remembered as a highly stressful time in which they faced many new challenges; for others, it will be remembered as the year in which they added a new companion to their home.

A recent poll from the University of Michigan found that about 10% of US adults adopted a new pet last year. Pets provide comfort when we are stressed and they provide companionship for those who have been deprived of their usual social interactions because of the pandemic lockdown. Some of these new “pandemic pups” may have never experienced separation from their owners. Many owners working from home will have spent much more time than usual with their pets, and even pets who were in homes prior to the pandemic may be in for an abrupt shock when their owners go back to working away from home.

How do these sudden changes affect our pets? Many people have expressed concern that we will see a surge of dogs with separation anxiety after the lockdown ends. What are the odds that a dog who has spent every waking hour with their owner for 6–12 months will have a problem when their owner suddenly begins leaving the home for 8–10 hours each day? The fact is, we do not know.
Although canine separation–related distress is one of the most studied canine behavior problems, little data has come to light that really helps us to predict who may develop separation-related problems or how to prevent them.

**Pathophysiology**

Separation anxiety has traditionally been defined as marked distress that occurs only in the absence or perceived absence of the owner (attachment figure). The classic clinical signs associated with separation anxiety include vocalization, destructiveness, and house soiling. Other behavioral and physiological signs may include:

- Panting
- Pacing
- Salivation
- Hyperventilation
- Gastrointestinal signs such as vomiting and diarrhea
- Some dogs demonstrate a more depressed response, where they become withdrawn and completely inactive
- Some dogs exhibit extreme levels of panic and escape behavior that results in self-trauma. This is especially common in dogs who are crated when their owners leave them
- Most dogs will not eat when alone. They often run to their food soon after their owners return and begin eating. If the owners leave the dog a special treat but come home to find it untouched, this raises the index of suspicion for separation anxiety

Other characteristics that have also been associated with separation anxiety include increasing anxiety that is demonstrated when the owner goes through their routine departure preparations, excessive greetings upon return, and what is often described as “clingy” behavior when the owner is home. However, it has been discovered that all three of these features are not consistently present in every dog who demonstrates separation anxiety.

Owing to these differences in presentation, there is some question as to what the underlying pathophysiology may be for this problem. Is every dog diagnosed with separation anxiety experiencing anxiety because they are separated from their owner or are they experiencing some other emotional state, such as fear or frustration? Without a better understanding of the motivations that result in the problem, we remain at a loss as to how to prevent it from occurring.

Numerous studies have investigated whether dogs with separation-related problems experience insecure attachment to their owner that may be analogous to the human parent-child dynamics that leads to distress when a child is separated from a parent. Thus far, the results have been inconclusive, but they do suggest that “hyper-attachment” is not necessarily the cause, as not all dogs with separation anxiety exhibit hyper-attachment and not all dogs with signs of hyper-attachment exhibit separation anxiety.

Until more is known, prevention of separation anxiety must be aimed at attempting to “teach” dogs that being alone is not an unpleasant state and monitoring as needed to confirm that the dog does not have separation-related problems. What is known is that because of the nature of learning, dogs who experience distress while alone or confined will experience a general worsening of that distress if the situation is allowed to continue. Thus, early recognition and appropriate intervention when the problem is first noted will likely be most effective.

**Diagnosis**

The best way (really the only way) to accurately make a diagnosis of separation anxiety is to have the pet owner collect a few minutes of video of their dog’s behavior after the owner has departed the home. Without video, if the owner is only basing their concern on the signs of destruction, house soiling, or neighbor reports of vocalization, then many dogs can mistakenly be diagnosed with separation anxiety when in fact they are experiencing distress associated with other outside stimuli such as vehicles, people, or animals passing by the home. House-soiling dogs are often misdiagnosed with separation anxiety when, in fact, they have never been completely house-trained.

Worse yet is that, if an owner does not see the expected signs of destruction or house soiling, they may remain blissfully unaware that their dog is suffering. It is very likely that many dogs begin demonstrating signs of anxiety associated with being left alone long before the problem becomes so severe that destruction and house soiling develop. Unless an owner lives where others can hear and report, they may never know that their dog is vocalizing when left alone.
Collecting video is not difficult since almost everyone nowadays has a cellphone, and most cellphones can take photos and record videos. Clients might balk at your request to have them leave their phone set up to capture video of their dog, but they simply must be taught how to do this safely. The clinician must impress upon the pet owner that they only have to leave for 10–15 minutes, but they must actually leave the home. They can walk or drive around the block a few times and then return, but they must leave the dog alone as they normally would to get video that accurately portrays their dog’s behavior after he is left alone.

Even if the dog is not left confined, capturing video of the area surrounding the owner’s exit point can still be helpful. Most dogs with separation anxiety remain in the general area for a few minutes or run to look out windows. If the dog leaves the viewing area of the camera, you can often still hear an anxious dog whining on the recording as he moves about. If minimal footage of the dog is captured the first time, the clients should be urged to try again, aiming the camera at the area where they suspect the dog goes after they depart.

Once some representative video recording is captured, then all that is left to do is evaluate the video. Most owners will recognize if their dog is anxious or not. However, giving them some specific things to look for may help. Dogs who pace and pant or vocalize at all are probably anxious. If they paw at the door or nervously walk from the door to a window, they are likely anxious. If anxiety is confirmed, it may help to encourage the owner to come up with a way to view their pet at home for longer periods of time.

At some point, knowing how long the dog remains anxious will aid in monitoring treatment. Owners might consider purchasing some type of WiFi-enabled video camera. These are readily available online and are inexpensive and easy to use. They can be home security cameras or “nanny cams,” whatever is convenient for the owner. These cameras can be invaluable for monitoring the effects of different treatment modalities and the dog’s improvement over time.

**Treatment and Management**

Management of separation anxiety should first be aimed at trying to prevent—to the extent possible—the anxiety that the dog is experiencing. It is the repeated experience of anxiety, in a particular place and under particular circumstances, that leads to the continual worsening of the condition. Obviously, this can be challenging, since most people cannot quit their jobs and stay home with their pet 24/7 because he is experiencing separation anxiety.

It is equally critical that pet owners be reminded what they should not do, which is to start confining the dog to a crate to prevent further damage to their home. Dogs who repeatedly tear out of crates not only cause severe harm to themselves, but, as explained earlier, repeated experiences of distress in the crate only makes their anxiety associated with confinement worse.

Is every dog diagnosed with separation anxiety experiencing anxiety because they are separated from their owner or are they experiencing some other emotional state, such as fear or frustration?
The options that can be helpful include:

- Taking the dog to daycare—assuming the dog likes to be with other dogs and a good, reliable facility is available.
- Taking the dog to a friend or relative who stays home.
- Taking the dog to work. It is increasingly common for many workplaces to allow people to bring their dog to work with them, and this can be an excellent option, at least for the short term.
- If they cannot do any of the above and the dog is causing damage to the home, then one consideration is to find a location in the home that is different from where the dog has been left previously, such as a laundry room, bedroom, or bathroom, and leave the dog in that area. A video should first be collected of the dog alone in that area to determine that the dog’s anxiety is at least decreased from what it is when left in other locations.

Pet owners should be encouraged to recognize these options as short-term considerations that help prevent their dog from experiencing anxiety while they begin other forms of treatment. The other forms of treatment include pheromones, nutraceuticals, and anxiolytic medications. This treatment has been well documented elsewhere and is beyond the scope of this article. Suffice to say that a trial and error approach will likely be required in order to find the right intervention or combination of interventions that will adequately decrease the dog’s anxiety when he is left alone. In addition, routine monitoring by video will be necessary to confirm that the dog’s anxiety is truly under control.

**Prognosis and Prevention**

Successful treatment of separation anxiety can be challenging. Most studied interventions (medication and pheromones) have been shown to decrease the signs associated with separation anxiety in most cases. Complete resolution is less common. In addition, behavior modification, often aimed at teaching the dog to be more independent or decreasing responses to departure cues, can be challenging for many owners. Also, if not performed correctly, some of these exercises can make the dog’s behavior worse. Many pet owners may need the assistance of a qualified positive-reinforcement trainer to help them with behavior modification.

Attempts to prevent the problem should focus on teaching the dog that it is not just safe to be left alone but that it is a wonderful thing! When dealing with puppies or dogs who are new to the home, the pet owner should be sure that, if using a crate or similar means of confinement, the dog is very comfortable with being confined. If the dog:

- Acts at all hesitant to go into the crate or must be forced inside, then it must absolutely not be made to stay in the crate. Forcing the dog into a crate when the dog is already fearful or unhappy about being in the crate will definitely make the problem worse!
- If the owner comes home to find that the dog has destroyed bedding or damaged the crate, separation problems should be suspected and video should collected of the dog alone.

When dealing with puppies or dogs who are new to the home, the pet owner should be sure that, if using a crate or similar means of confinement, the dog is very comfortable with being confined.
Additional Tips for Preventing Separation Anxiety

• Owners should avoid leaving the dog suddenly for 4–8 hours, especially if the dog has not been left alone for any length of time.
• Departures should be very short at first and the behaviors of the dog should be the guide. Owners might start with a 2- to 3-minute period of leaving the dog alone. This could just mean confining the dog in the crate or closing a door between the owner and dog while the dog eats his meals.
• Length of departures should then be gradually increased a few minutes at a time. Once the dog has been shown to be calm and anxiety free for the first hour, then it is likely that it will be OK for several hours, but the next departure should be limited to 2–4 hours. These lengths of departures should be repeated a few times before going to 8-hour departures.
• If the dog is a puppy, the length of departures should be limited according to how long the pup can hold his bladder. As a general rule, most puppies can only hold it for about 1 hour per month of age. Therefore, an 8-week-old puppy can probably not go more than a couple of hours without eliminating. A 12-week-old puppy can probably only wait about 3 hours. If you leave a puppy confined for longer than he can comfortably go without eliminating, this can teach the puppy to dislike being confined.
• Every departure should be associated with some type of special treat. For very short departures, owners might consider a few small pieces of treat, but as the departures are lengthened, the treat should be something that will keep the dog busy for a longer period. Stuffed Kongs or similar food toys are ideal for this. If treats such as these are reserved for times when the dog is alone, they will eventually learn to associate these “good things” with being alone.
• Avoiding a lot of drama associated with departures and arrivals may be helpful and will certainly do no harm. This does not mean that people must ignore their pet, only that they should avoid making a big fuss. Getting the dog excited prior to departing may simply leave the dog in a high state of arousal, which is not conducive to the calm, relaxed feelings that we would like the dog to have when alone. Getting the dog very excited about arrivals can reinforce excited behaviors and only emphasizes the contrast between owner presence and owner absence, possibly making it harder for the dog to continue to associate being alone with feeling great.
Crate training can be a powerful tool in managing separation anxiety in dogs. It is essential to establish crate training in a calm and positive manner to ensure the dog associates the crate with comfort and security. Positive reinforcement techniques, such as praise and treats, can be used to encourage the dog to voluntarily enter the crate and spend time inside it. This helps the dog become accustomed to being alone and builds confidence in their ability to cope with being left alone.

It is crucial to avoid using the crate as a form of punishment. Dogs can learn to associate the crate with negative experiences, leading to further anxiety and behavioral issues. When crate training is linked with punishment, it can make the crate a place the dog dreads being in, exacerbating separation anxiety. Instead, crate training should be a positive and enjoyable experience for the dog.

Looking Ahead
We have yet to discover if the coming months or years will reveal a larger than usual population of dogs with separation anxiety, but when it comes to behavior problems, prevention is always easier than the cure. So, don’t wait; remind new pet owners now that they should be preparing their dog for more hours of alone time and working hard to make alone time more pleasant for the dog. We all love that our dogs love us and want to be with us, but separation anxiety leads to an enormous amount of suffering for dogs. So, it is ultimately in everyone’s best interest that some time and effort be invested in teaching dogs that it is OK to be alone.

Valerie Tynes, DVM, DACVB, DACAW, is a native Texan and received her DVM from Texas A&M University. She worked in private practice for 14 years before returning to academia to pursue residency in clinical animal behavior at the University of California, Davis, in 2000. She has been a diplomate of the American College of Veterinary Behaviorists since 2003 and is also board certified in animal welfare. She is a frequent speaker at veterinary meetings around the world and is author of numerous articles and textbook chapters. She joined Ceva Animal Health in October 2014 as a veterinary services specialist.
2021 Road Map to Clinic Acquisitions

Acquiring a clinic is one of the most significant purchases in a veterinarian's career, but it can also be one of the most challenging. There are several things you can do in both the pre- and post-transition period that can be critical to the success of the business. To help ensure a smooth journey, here are six “stops” you should consider taking along the way.

1. Get started
   As you set out, it’s important to evaluate your buying power with your lender through an in-depth financial analysis. You should understand your credit, know your production capacities and be mindful of your liquid assets. Your lender can help you avoid common mistakes and find the best possible financing for your situation.

2. Build a veterinary-specific team
   Take full advantage of resources that are specific to the veterinary industry, including attorneys, CPAs, consultants and lenders. It’s never too early to start conversations with your team to ensure that you’re on the right path to acquiring a clinic. The industry knowledge of these professionals will also help you navigate the twists and turns of clinic ownership once you’re open for business and as your clinic grows.

3. Identify a clinic
   There are a number of ways to find a location, including a listing from a broker, purchasing the clinic you’re associating in or being approached by a potential seller directly. Your team of industry experts can help you pinpoint a practice that fits the philosophy, location and demographics you want.

4. Make an offer
   Once you’ve identified the clinic, your attorney can help you put together a Letter of Intent to allow for any contingencies. The attorney can also help with the back-and-forth communication of the offer between you and the seller.

5. Due diligence
   You’ll want to fully review all aspects of the clinic with a veterinary-specific attorney, who can help you examine:
   - Financial information for the clinic
   - Utilities, leases and titles
   - Marketing programs in place
   - Systems and technology currently in use
   - Current licenses and vendor information
   - Any legal, regulatory or compliance issues

6. Business Banking Solutions
   Be sure to obtain the banking services your practice will need, including a point-of-sale machine for processing credit cards, payroll services, business checking and savings accounts, and a business credit card. These tools offer a direct route to streamlining clinic operations and managing your cash flow.

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Threats, Insults, and Pandemic Pains
Coping with Challenging Clients

by Jen Reeder

SINCE MARCH OF 2019, John MacFadyen has heard countless clients begin a complaint with, “I get that it’s a pandemic, but…”

The business manager at AAHA-accredited Veterinary Specialty and Emergency Center of Thousand Oaks in Thousand Oaks, California, MacFadyen said the practice was incredibly busy before the coronavirus outbreak forced the practice to adopt curbside protocols.

Leadership hired more staff and essentially converted two exam rooms into call centers. But with so many people sheltering in place with pets and a dearth of 24/7 ER practices in the county, wait times still skyrocketed to six to seven hours on bad days.

“A couple of months ago, I had a customer service representative say, ‘I get yelled at as much now in a day as I used to in a month,’” MacFadyen said.

To help buoy the team, MacFadyen gives $25 gift cards to anyone he sees coping with a difficult day, frequently orders pizza, and hosted a March Madness Bake-Off with a staff oncologist to bring in tasty treats and spread smiles with their over-the-top competitive antics.
Yet inevitably, compassion fatigue has “blown up.”

“Our people are swimming as hard as they can just to keep their heads above water, and it’s incredibly difficult because now you feel like you’ve got a 20-pound weight dragging you down that didn’t exist before,” he said. “So they’re having to swim that much harder just to keep the high level of medicine where it needs to be. But people don’t see that, of course.”

Challenging clients are nothing new to the veterinary profession, but the pandemic has led to them increasing in both number and intensity. The crisis has highlighted the importance of effective communication with clients and within a practice, from extending compassion when appropriate to setting boundaries and knowing when to terminate a relationship.

Pam Drake, DVM, a veterinarian at AAHA-accredited New Frontier Animal Medical Center in Sierra Vista, Arizona, said the pandemic presented a steep learning curve.

“I have developed better boundaries in the last year than in the entire 30-plus years I’ve been in practice,” she said. “While we remain compassionate toward people, we hold the line.”

———JASON SWEITZER, DVM

“We have to realize what our ultimate goal [is], and that’s generally to help the pet, help the client, and also take care of ourselves along the way.”

New Frontier Animal Medical Center has tried to have hard discussions masked on the patio during the pandemic
Dealing with the Distraught

While some clients seem to want or need to be angry in general, others are genuinely upset about a diagnosis or end-of-life discussions. Drake finds it helpful to share as much information as possible about potential outcomes so clients aren’t completely surprised by bad news.

When they lash out, she will be quiet and “let them process,” understanding it probably has nothing to do with her. If they don’t regain control of themselves, she will ask if there’s a family member they can call or excuse herself to give them time alone.

She recommends that when a client is obviously distraught, veterinarians document the conversations and have a technician witness the interactions.

“When people are in that level of distress, they will oftentimes misremember conversations,” she noted. “It just goes back to why we have the AAHA standards that we do—that documentation is your friend and having somebody else present is a nice safeguard, too.”

Jason Sweitzer, DVM, a veterinarian at AAHA-accredited Moorpark Veterinary Hospital in Moorpark, California, finds when clients are struggling with emotions, it is helpful to slow down, be present, and think about what they’re going through.

“As a profession, we tend to be very good problem-solvers, so once we look at it as a problem and we see they’re not acting in the way that they should, what’s the problem? Then we go ahead and solve it with empathy for them. When we look at it as, ‘They’re attacking me,’ our natural defensive tendencies go up and we immediately counterattack,” he said. “We have to realize what our ultimate goal [is], and that’s generally to help the pet, help the client, and also take care of ourselves along the way.”

He’s quick to mention that there are some clients you just can’t please, in which case leadership must be willing to protect themselves and the staff by firing the client or telling them, “This is a line you cannot cross. We can reconnect at a later point, but we need to end this conversation.”

For self-care, Sweitzer relies on crafting “dad jokes”—“My jokes are as lame as a cruciate tear”—to help himself and the team laugh. Colleagues might recharge by listening to music for a few minutes or taking a walk around the practice. He recommends everyone keep a list on their phone or next to a computer of activities that help them cope, including bathroom breaks and drinking water.

Placating Penny Pinchers

Of course, a common client complaint is that animal hospitals charge too much. Suzanne Tousley, DVM, of AAHA-accredited Urban Vet Care in Denver, Colorado, recently dealt with a man with preconceived notions of veterinarians being “money grubbing” who yelled and swore at her for discussing proposed diagnostics for his dog.
How to Apply Your Animal-Handling Skills to Challenging Clients

While it can seem like a degree in psychology would be useful for veterinary professionals, Cyndie Courtney, DVM, founder of The Jerk Researcher, a consulting agency that tries to understand difficult people (including ourselves), said veterinarians already have skills with pets they can apply to communicating with challenging clients.

Veterinarians don’t take the “jerk shortcut” and label/blame pets who are frightened or showing behavior issues. For instance, a cat peeing outside the litterbox isn’t exacting revenge because of a personality flaw. “We’re not extending this benefit of the doubt to the people who we’re dealing with in the same way that we extend the benefit of the doubt to the animals,” Courtney said.

Veterinarians focus on an animal’s current state rather than what happened in the past. If an aggressive or anxious patient comes in, it’s not helpful to think about what the pet owner did wrong that led to the issue. Instead, talk about what to do moving forward to help solve the problem.

Veterinarians set boundaries with animals to stay safe. An aggressive patient will need sedation, or, if teams notice negative body language, they move more slowly and use caution. An anxious, angry cat might need to come back a different day to finish treatments. “The ways that we use body language and our voice are also things we need to monitor with our clients,” she said. “When we approach a scared animal, we’re not going to face them straight on with our body. We’re not going to stare at them in the eye. We’re not going to use a loud, booming voice. These are things we should do in our communications as well if we’re trying to de-escalate a situation.”
“He said, ‘It’s even more than human medicine,’” she recalled. “I said, ‘No, it isn’t. If you did not have health insurance, would veterinary medicine be more expensive than human medicine?’"

When he continued “dropping F-bombs,” though rattled, she calmly explained she was making appropriate recommendations to rule out things in a step-by-step way and that there are costs associated with it—and also that she did not deserve his disrespect.

“I told him, ‘How you’re talking to me right now is not OK.’ He totally changed his tune,” she said. “I have two preteen girls who I’m teaching how to be respectful to others. I thought, ‘Who raised you?’”

During the pandemic, Tousley has also dealt with people hysterically crying about having to leave their cat in a carrier in the entryway instead of coming inside for an exam because they think their pet will be too scared without them. The animal is usually fine with it.

“I make a phone call and try to diffuse it by saying, ‘Oh my gosh, this is such a nice cat. He was so calm and relaxed and great for his exam,’” she said. “I will ask, ‘Do you have any concerns about this kitty?’ and then tell people you can’t make a big deal about the goodbye or hello. You just try to be positive and not point out that they shouldn’t be upset.”

**Pandemic Pains**
Nikki Burk, DVM, co-owner of AAHA-accredited South Hyland Pet Hospital in Minneapolis, Minnesota, instituted video chats for curbside appointments in fall of 2020. The goal was to assuage people’s fears of being separated from their pets and to help doctors see clients’ expressions during discussions. Surprisingly, most people choose to stick with phone calls.

Last summer when Burk had a day off, a client was so insistent on coming inside with her cat that a veterinarian allowed her to come inside, provided she wear a mask and maintain social distancing. Instead, she removed her mask in the exam room and kept trying to touch her pet while team members handled the animal. When the team protested, the client grew belligerent.

“The whole team was immediately upset,” she said. “That was not an acceptable risk to us.”

A veterinarian at a nearby practice told Burk about a man who burst into the facility without a mask, ranting that the employees were “communists” for requiring face masks. Because of such reactions, Burk trained her staff to explain that protocols are in place to keep the veterinary team healthy so they can keep the hospital open to treat pets. It’s a sentiment repeated on the practice’s website and phone messages played while callers are on hold.

“People on the front lines—the receptionists, the technicians—can bear the brunt of that. So, I want them to feel empowered and educated as far as what to do, and I want them to feel like whatever they decide to do in that moment, we’re going to support them,” she said. “They also know as soon as they’re uncomfortable, they can pass it off and go up the line to management or doctors or owners. I think it’s very important for team wellbeing.”

Will Draper, DVM, co-owner of AAHA-accredited practice The Village Vets, which has five locations in Atlanta, Georgia, and a sixth in Pennsylvania, said a plus to the pandemic is the dramatic increase in pet adoptions. He loves working with new patients and clients and allows a full hour for first exams instead of the standard 30-minute appointments for regulars.
Thwarting Threats
Draper always tries to behave like his grandmother is watching. He encourages his staff to be kind and remember Michelle Obama’s advice: “When they go low, we go high.”

Still, he’s fired more clients during the pandemic than he has in a long time, including people who have called female employees a name for a female dog. One angry client scheduled his dog for a 1 p.m. appointment before he had a 1:30 p.m. video meeting, and was furious about the exam not starting until 1:08 p.m. When Draper called to try to diffuse the situation, the client continued ranting and threatened, “You better check yourself before you wreck yourself.”

“I said, ‘Now you’re going white privilege on me, and you’re basically telling the boy to stay in his place,’” Draper—who is Black—recalled saying. Then he told the client he would be sending him his pet’s medical records, said, “have a nice day,” and hung up.

Whitney Durivage, MBA, CVPM, hospital administrator at Burlington Emergency & Veterinary Specialists in Williston, Vermont, said the practice has dealt with clients calling to complain about costs—almost a buyer’s remorse once their pet is home and healthy—and recently, accusations of “negligence” from a woman upset that her constipated cat would need a second enema. (She later apologized and sent a thank-you note for her cat’s care.)

“It is hard,” she said. “But you’re trying to help the client help the pet, right? That’s our end goal: how to relate to the client enough so that we can ultimately do what we’re here to do, which is make their pets feel better.”

Help Is Out There
If you would like to get or give help for veterinary professionals struggling with wellness, please visit Not One More Vet (nomv.org).
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14 Inventory Management Tips

Strategies That Save Time, Money, and Stress

by Roxanne Hawn

Not everyone loves inventory management. The work requires people who enjoy the never-ending puzzle of keeping enough of everything—but not too much—on hand. Step one is finding that person on your team.

1. Designate Inventory Manager(s)

Put at least one person in charge of inventory management. Practice managers often fill this role, but another team member can take it on as an additional responsibility.

Sometimes, it works well as a two-person operation. When Jamie Davis, BSc, CVPM, worked as a practice manager, she oversaw big-picture inventory management with help from a veterinary technician counterpart who did the day-to-day inventory ordering and monitoring.

After more than 20 years working in practice management, including more than a decade with AAHA-accredited facilities, Davis now serves as an executive assistant with CATALYST Veterinary Professional Coaches. In her experience, practices that name a point-person see better inventory management success and savings.

2. Protect Inventory Management Time

Inventory management cannot be done well by only squeezing in a few minutes here and there between appointments or other demands.

“I consider it an absolute best practice to utilize practice management software to set up the want list, set reorder points, receive inventory, and set prices.”

—ALYSSA WARDECKER, CVT
The amount of interruption-free time needed depends on several factors:

- Size of the practice, number of practitioners, or number of locations
- Current state of your inventory, especially after more than a year of punting because of the pandemic
- Recent turnover among practitioners since different doctors often prefer different items
- If it’s time for annual and quarterly inventory counts

Taking all that into account and assuming greater efficiency over time, Davis says, “The standard, weekly time for inventory, I think, can be accomplished in as little as three hours.”

Try to choose a day and time during the week where there might be less going on. Catie Hill, LVT, (the May 2021 Trends Employee of the Month) at Animal Hospital of Rowlett in Texas, uses Wednesday because the hospital only does spay/neuter surgeries that day—no mass removals, dentals, or other complicated procedures. “We also have only one doctor seeing appointments that day, so we have a smaller staff,” she says.

3. Leverage Practice Management Software

“I consider it an absolute best practice to utilize practice management software to set up the want list, set reorder points, receive inventory, and set prices,” says Alyssa Wardecker, CVT, inventory manager for Metro Pet Veterinary Hospitals in Pennsylvania. “Practice management software can be a huge help if it is set up correctly. Spending a little extra time on setting up our inventory in the software has saved me a lot of time and stress. It does the hard work for me.”

4. Order Based on Need, Not Comfort

Over the years, Davis found success in making inventory decisions “off need, not off comfort.” She understands the sense of control and peace of mind that an abundant inventory provides. Yet, she says, “then you end up having abundant amounts of money sitting on your shelves in the form of inventory and products.”

Thanks to vendors who often deliver supplies within a day or two, Davis says, “We really don’t have to stock things like [it’s] the apocalypse.”

It takes fellow staff time to adjust to seeing shelves, cabinets, refrigerators, and drawers not as full as before, but good communication helps them understand the value of lean inventory and assures them that leanness doesn’t ignore need. For example, if the team sees an uptick in kennel cough cases, then they can alert the inventory manager to increased demand for relevant meds.

Being lean, however, often requires team consensus for limiting the type of stocked items in key product classes such as antibiotics, preventives, and analgesics.

5. Set a Nearly Real-Time Budget

Davis also recommends keeping a fluid, realistic inventory budget rather than what she calls a “fictional number that stays finite.”

The tenth edition of AAHA’s Financial...
and Productivity Pulsepoints shows the average pharmacy expenses as a percentage of total revenue at 13%.

Davis aims even lower—around 10–12%, including other supplies and items documented in cost of goods. She suggests looking at practice revenue week to week and then basing your weekly inventory order budget on that. She says, “It doesn’t have to be this challenging mathematical equation. You basically go into your practice management software and pick your date ranges. Keep those consistent, then see the overall revenue brought in, and 10% of that is your inventory budget.”

These real-time adjustments give you flexibility to match seasonal demand.

Using this budgeting strategy, along with leaner planning, Davis reduced the cost of goods at one practice by more than 5%.

6. Do Quarterly Inventory Counts
Quarterly inventory counts help reconcile in-house reality with inventory reports from your practice management software. If the values fall far apart, then regular hands-on counts can help uncover possible problems:

- Theft or product diversion
- A pattern of missed charges
- A pattern of costly mistakes or waste

Quarterly inventory counts also provide an opportunity to flag items expiring soon and minimize waste. Lindsey Rud, CVT, at Loyal Companions Animal Hospital in Illinois, uses sticky tags like what people use to mark places to sign important paperwork. Rud says, “If there’s a certain milligram size of a medication that’s going to be expiring before another, then we can try and use that one up quicker so as not to lose money.”

7. Place Reorder Tags as Visual Reminders
Hill created laminated reorder tags that fellow teammates can pull off and drop in her special inventory bucket as an extra alert for low counts on certain things. For example, if a standard order of item Z is six boxes, the reorder tag gets rubber-banded to the next-to-the-last box on the shelf. “The tag tells me how much to order based on our sales calculation over the past six months,” she says, adding that her goal is to phase out the tags as her sales and inventory reports improve in accuracy.

Wardecker implemented a similar tagging system recently and finds it helpful for items that, she says, “are harder to track through our practice management software, such as our in-hospital supplies and white goods.”

8. Do Walk-Throughs
In addition to using practice management software alerts and tracking, Rud spot-checks other items before placing inventory orders. She says, “I just walk around and check things that are not in the computer system, like syringes and gauze and things. It takes me maybe 15 minutes. I have a certain way that I walk around the hospital to check all those items, and then check the computer system.”

Hill also uses walk-throughs to monitor usage of things that come in big
bottles, like 500-count medicines. “I take a peek in the bottle to see what I think, and every once in a while, I’ll double-check my numbers,” she says. “I’ll go and pull the sales report to see what we’ve sold more frequently for like seasonal items, so I usually just look at all the different drawers and gauge based on eyeball.”

9. Label Open Containers
Rud also places tiny, blank yellow labels onto bottles, which gives the team a place to write “open” when that item enters practice use. “That way,” she says, “we’re not having four or five or six bottles open at a time. We’re keeping good track of everything that’s going on.”

Hill’s team writes “open” with a sharpie on bottles for the same reason. It also cuts down on possible pharmacy mistakes when sending clients home with a whole bottle of something that isn’t 100% full.

10. Pre-Count Commonly Used Items
Rather than hand-count every prescription, Hill’s team creates prepackaged bottles for the most common medications in the most common quantities. She says, “So, like with our antibiotics, typically we send home 7 counts or 14 counts. When time permits, we create these little pill vials that are already prepackaged, then I have little trays in the pharmacy cabinet, like little pencil trays, that hold the vials. That has limited the number of mistakes as far as counting goes because one person just sits and does it for 20 minutes.”

For these grab-and-go prescriptions, the team uses a piece of masking tape as a place to write the:
- Med name
- Med strength
- Pill count
- Expiration date
They then simply replace the tape with a standard prescription label when dispensing.

11. Implement Vaccine Safeguards
Hill helps prevent mixups with two-part vaccines by positioning the vaccine trays in the refrigerator with the vials holding the powder in the front of the ones holding diluent. “If they just pick up one vial, they see it’s powder, and obviously you can’t draw a powder into a syringe, so they go back and grab the second part,” Hill says. “We also take the label off the vial and wrap it around the syringe, so that’s another double-check system.”

12. Be Creative with Out-of-Stock Items
With backorders more common during the pandemic, inventory managers have been learning creative skills this past year for
handling low counts and shortages on meds, foods, and more:

- Ask vendors to alert you to looming backorder issues.
- Call meds into nearby human pharmacies, if possible.
- Order online immediately for next-day pickup or delivery directly to clients’ homes.
- Temporarily use a comparable med, if possible.
- Establish relationships with compounding pharmacies.
- Ask nearby veterinary colleagues if they have the item in stock, with the promise to replace it when your next order arrives.

Take time to keep practitioners and teammates abreast of backorder situations. Wardecker posts a printed backorder sheet in the pharmacy area, but others jot notes onto whiteboards in the treatment area. “This allows our staff to see what’s on backorder, when it was ordered, and when it is expected to be released,” Wardecker says. “This helps resolve some of the frustration related to the many backorders.”

Even when they’re back in stock, some meds get allocated—meaning manufacturers limit how much they send each month. Practices saw this happen recently with a heart medication. “It was really coming close to the point where we needed to compound it,” says Rud, “but it came back just before we ran out of stock. Even specialty hospitals weren’t getting it.”

13. Educate in Fun Ways
Davis recommends playing The Price Is Right–style games to help the practice team understand the actual costs of various inventory items, such as that three dollar catheter adapter that team members might assume costs maybe five cents.

Whether during team meetings or incorporated into quarterly inventory counts, raising cost awareness also increases compliance with rules for handling certain medications carefully.

“Mistakes are going to be made,” Davis says. “There was a particular medication that was over $200 a bottle, and it had to be refrigerated. I think one time it got left out on the counter, and people were like ‘Oh! There goes 200 bucks.’ And that doesn’t even take into account the revenue that could have been generated. That’s just the cost of the vial to us.”

14. Streamline Costs and Ordering
Look for tools that provide price comparisons and streamline your weekly inventory orders. Davis, Rud, and Wardecker all use a system to order from all their vendors through a single portal, which saves them a lot of time and money.

More than Function
Inventory management supports veterinary team function and establishes the base for client and community trust. People rely on practices to have the items their pets need. This requires careful balance of the value of lean inventory and of being a go-to resource for clients.

Beyond saving practices money, lean inventory, price shopping, and even private label options also save clients’ money, freeing up their budget for additional care. Davis says, “And that makes [the team] feel great when we can save the clients’ money, too. Instead of having to spend $100 on one medication, they can maybe spend $50, and then the remaining $50 could go toward a procedure their pet needs instead.”

Roxanne Hawn is a freelance writer, blogger, and author living in Golden, Colorado.
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The COVID pandemic has spurred innovation of digital health at a crazily accelerated pace. There’s no denying that this surge in adoption of new technologies has been a change agent for veterinary medicine. There’s also no denying that COVID has propelled our profession toward a major shift in the way we deliver care. Telehealth is no longer just a point-solution to current pandemic problems; it is now a practice necessity. And while much of telehealth’s recent growth has been focused on the interplay between in-person and virtual visits, its real future potential lies in connecting longitudinal data and experiences across the entire consumer journey.

In the blink of an eye, telehealth version 2.0 is here, and it’s time to look beyond what telehealth has done for us today to imagining what it can continue to do for us tomorrow. Virtual care is primed and ready for its next act. Here are 10 trends we can expect to see coming soon to the veterinary stage.

1. Evolution of Care Models: A Virtual-First Approach
Client consumers will continue to expect virtual options for the delivery of their pet’s care, including everything from initial consultations to recheck exams. The practice of the future will lean into offering increased ratios of virtual compared with in-person visits to meet clients’ evolving needs and preferences. The next-gen opportunity in veterinary
telehealth will be virtual engagement that incorporates high-impact digital touchpoints seamlessly across the continuum of patient and client care. By proactively designing telehealth programs now, clinics can successfully position their organizations to provide integrated, consumer-centric care.

2. Contactless Experiences Are Here to Stay
The pandemic heightened caution with regard to extended exposure to others, leaving veterinary teams needing to quickly pivot the way they delivered care. While practices were essentially forced into a new way of doing things, such as adopting airport-like check-in experiences and exploring new technology-enabled workflows, being thrown in the deep end also provided teams the opportunity to appreciate how leveraging technology could streamline processes for all. Lobby kiosks are now in development to provide everything from completing appointment formalities and delivering telemedicine to fulfilling prescription requests and providing education.

3. Emergence of Remote Clinical Services
Radiology has already proved to be an effective field for outsourcing via telemedicine. Telehealth offers an opportunity for other areas of specialization—especially those with a shortage of veterinary specialists—to offer remote services. Dermatology, oncology, behavior, and hospice are disciplines ripe for decentralization. There is opportunity for these groups to band together virtually—as a regionally dispersed but medically unified business—to provide consults to veterinarians and clients in regions where access to specialty care is limited. This is not only better for clients and patients, but it allows the potential for greater collaboration with specialists across geographies.

4. Insourcing over Outsourcing
Just as more remote clinical services will begin to emerge, we will also see increased adoption of practice insourcing. COVID has prompted some clinics to outsource telehealth services to help manage an increase in client needs, provider workloads, and after-hours triage. The disadvantages of this approach are that most clients would prefer to speak with “their own” veterinarian and outsourced solutions are generally unfamiliar with hospital protocols. Recognizing this, savvy practices will move toward utilizing internal capacity by creating new virtual care roles for existing staff using agnostic telemedicine solutions. In turn, protocols are preserved, revenue is retained, and exceptional client experience is achieved while improving job satisfaction.

5. The Rise of Decentralized Teams
Much of client communications and many day-to-day tasks do not require a veterinarian-client-patient relationship (VCPR) or the need to be completed within the confines of a practice’s four walls. Phone calls, triaging, client education, follow ups, lab callbacks, history intakes, and more of a long list of services can all be performed remotely. Experiencing staff shortages? When one considers virtual team members, it allows the casting of a wider net, expanding candidate searches beyond the radius of a 50-mile commute. Our hospice practice has successfully employed

Telehealth solutions are effective on their own, but big data and AI supercharge them.
With so many low-cost or no-cost telehealth tools available, decentralized teams are a realistic option.

Although our team is distributed over seven different states, our workflow, and most importantly, the client experience, remains seamless. With so many low-cost or no-cost telehealth tools available, decentralized teams are a realistic option. And, another positive by-product of going virtual? Working from home offers team members an increase in job satisfaction with a decrease in burnout and compassion fatigue. Even for team members who are geographically local to their practice, how many wouldn’t welcome the opportunity to work from home one or two days a week? We all recognize the importance of health and wellness in our profession, and this is one viable solution that can help foster that.

6. Big Data and AI Will Be a Part of Everything We Do
Telehealth solutions are effective on their own, but big data and AI supercharge them. Although veterinary medicine is in the AI-infancy stages compared with human medicine, companies will continue to develop tools to translate the mass influx of patient data into meaningful medical insights.

The future of telemedicine in veterinary medicine will undoubtedly include advancing technology to collect, process, and analyze a large scope of data automatically, predicting the development of disease as well as providing recommendations on the most suitable treatment plan based on thousands of cases. AI-based veterinary care chatbots and algorithms are already in use, completing tasks as simple as answering client questions about medications and behavior to more complex tasks such as triaging symptoms, providing predictive models to improve speed and accuracy of arriving at a diagnosis, and analyzing genetic codes to advance precision-based medicine.

7. The Internet of Medical Things: Wearables Will Be Commonplace
The Internet of Medical Things (IoMT) is an amalgamation of medical devices and applications connecting patients to their care providers through telemedicine apps and an internet connection. While general awareness of IoMT is increasing, the near future will offer an explosion of newer-generation pet wearables that use AI to interpret the collected data. These cutting-edge technologies will transform patient health by creating new approaches to prevention, early detection, and at-home personalized point-of-care treatment based on continuous monitoring.

Activity trackers are already moving beyond the “simple” task of assessing a pet’s mobility—they are unlocking behaviors that can alert the veterinary team to early signs of illness as well as assess response to therapies. Examples include detection of scratching that can indicate skin allergies, quantifying how frequently a pet is drinking to alert early signs of renal disease or diabetes, uncovering licking behaviors that can indicate joint pain, or picking up on sleep disruptions that can reflect early cognitive changes. Litterboxes can now monitor and track a cat’s body weight. Collars can measure biometric data such as heart and respiratory rate, allowing for targeted interventions during adverse events. When a provider does need to see their patient, either virtually or in person, they now have access to a wealth of longitudinal information to help give a richer picture of what happened since the last visit and allow a more targeted approach to care.

8. Digital Trust Will Become a Must
Along with an increasing adoption of the IoMT and connectivity, digital trust will become essential as veterinary practices receive and exchange...
Most of today’s veterinary students have lived their lives in a predominantly digital world, and it is only natural that these veterinarians of tomorrow want to incorporate technology and telehealth into their traditional medical education.

Organizations will need to assure clients that their telehealth programs are safe and that their organization is diligently working behind the scenes to protect personal data. As telehealth increasingly becomes part of the everyday norm, clients will need assurances that the private information they share through wearables, mobile apps, virtual visits, and patient portals is protected.

9. Telemedicine Training Will Be Commonplace in the Veterinary Curriculum

Most of today’s veterinary students have lived their lives in a predominantly digital world, and it is only natural that these veterinarians of tomorrow want to incorporate technology and telehealth into their traditional medical education. As such, we will see more and more veterinary schools follow Texas A&M’s lead by adopting telehealth education and experiences into their curriculum. As newly graduated veterinarians begin to practice, their exposure to digital health will help them remain relevant in our ever-evolving practice landscape where the gap between technology and medicine continues to rapidly close.

10. The VCPR Will No Longer Be a Barrier to Care

OK, so a girl can dream. While I am a proponent of the VCPR, I do feel the current language around how the VCPR must be established is antiquated and that state regulations have not kept pace with innovation. The in-person requirement for the VCPR was added to the AVMA’s Model Veterinary Practice Act in 2003 and later revised in 2012 to reflect “personal, technological, and societal changes.”

I don’t think anyone can dispute that a great deal of technical and societal change has taken place over the past 18 years (not to mention the events of this past year alone), and it’s time we revisit outdated legislation to meet the evolving needs of our profession and client demands.

In human medicine, all states allow a physician to establish a relationship with a new patient via telemedicine. Ontario has allowed the establishment of a VCPR through electronic means for three years. The pandemic allowed the opportunity to establish the VCPR through electronic means in many of our states, and one year later, the sky still remains blue and above us.

To put it simply, when it comes to how the VCPR is established, state boards need to trust veterinarians to exercise their clinical judgment, to apply their clinical expertise, and to use their common sense. My degree and experience should allow me to make these basic, fundamental care decisions.

Ensuring the Success of Telehealth 2.0

Today’s veterinary industry faces incredible challenges with regard to addressing ever-increasing client expectations, all while lowering costs and providing consistent, high-quality care (not too much to ask of us, right?!). Forward-thinking practices recognize that virtual care can help address these challenges and, with that, support their continued growth and success. Like anything in medicine, there is no one-size-fits-all approach, and every organization’s vision for the future of telehealth will be different. What matters most for success is that we continue to move forward and that we never stop defining—and refining—ourselves and our profession.

Telehealth 2.0 isn’t about replacing in-person care—it’s about opening another door that allows for increased access to care, improved patient outcomes through continuity of care, and increased team satisfaction.
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Positivity in Practice

Use What Is Working Well to Fix What Isn’t

by Louise Dunn

In your practice, are you trapped by problems with people or procedures that, no matter how many times you lecture, correct, or warn, you never seem to be able to fix? Maybe you are trapped by the failure to deliver exceptional medical care and client service to every patient, every client, every time. If you find yourself frustrated when using the same tools (lecturing, correcting, warning, or adding more management layers) to fix a problem, it’s time to try something different. Break free of the trap by using a new tool—the positivity tool.

Appreciative Inquiry (AI) is a process where you use what is working well to fix what isn’t working. AI focuses on positive assets, capabilities, procedures, and resources to solve other problems. Consider this example: A practice has a senior wellness program that is seeing record participation, but a newly implemented wellness program has low client acceptance and no amount of effort has improved the numbers. What is the difference? What is being said or done that garners higher client acceptance in the senior wellness program, and how might the practice translate that success to the new program?

Taking time to explore what is working best in a successful situation helps to identify the team’s strengths, best practices, and peak performances. Then, those strengths can be applied to design a strategy to improve what is not working well elsewhere in the practice.

Changing what questions are asked and reframing them in a positive way is the first step toward moving the team to look for a solution in what is working well.
The AI process focuses on a cycle known as the 4-D Cycle:
- Discovery—finding out what is valued, motivating, and/or effective
- Dreaming—facilitating dialogue and identifying common themes about the vision for what will work best
- Designing—creating action-oriented statements, ideals, and provocative propositions
- Destiny—applying initiatives

The AI process hinges on asking positive questions on constructive topics. It is not about accusations and inflammatory questions. Consider the difference between these two questions:
1. “Why can’t we ever post charges without mistakes and missed charges?”
2. “Can you describe what happens when the correct invoice is created and what small changes could be made to improve accuracy in those wrong invoice situations?”

Which question would you prefer to answer?

AI differs from the traditional problem-solving routine most of us are accustomed to, where we approach every problem based on the assumption that people and processes are broken. Look at the two questions in the prior paragraph—the first one screams that the team is always messing up and the invoicing process needs significant fixes. In contrast, the second question inquires about specific steps and focuses on positive dialogue to explore changes. Changing what questions are asked and reframing them in a positive way is the first step toward moving the team to look for a solution in what is working well.

While a more traditional problem-solving technique (identifying the key problem, analyzing root causes, discussing possible solutions, and developing an action plan) may be necessary for some issues, AI may be a better choice for solving many dilemmas. Kathryn Primm, DVM, CVPM, owner and chief veterinarian of AAHA-accredited Applebrook Animal Hospital in Ooltewah, Tennessee, points out that “people want to feel valued. Positivity motivates and inspires. We know that even in training dogs, punishment creates bad attitudes and problems down the road. Why not choose to inspire?”

Another example of AI in practice is offered by Nan Boss, DVM, owner of AAHA-accredited Best Friends Veterinary Center in Grafton, Wisconsin. Let’s say your practice lacks consistency of care when it comes to anesthesia and surgery protocols. Boss suggests asking what each of your surgery techs is really good at. Then, as a team, they can consider how to teach each other so that every patient gets the best possible care.

AI is not a cure-all for every problem you and your team might face. The AI process is best suited for specific issues, such as:
- Complex, multicause issues
- Recurrent problems not responding to other solutions
- Worsening problems

When faced with multiple causes to a problem, instead of trying to tackle each issue individually, focus on what is already working well and applying it to the problem. For example, the wellness program suffering from low client compliance mentioned earlier offers a complex, multicause issue. It could involve different cultural perspectives, conflicting personalities, income variances, and an exhaustive list of other factors. Since you cannot “fix” such an extensive list, look instead at what is working (either at your practice or from best practices in the medical field) and build on those successes.

Using AI in your veterinary practice would appear as follows:
1. Choosing a topic based on what is critical for the success of your current strategic plan, which could include problems you want to solve
2. Discovery phase—discussing positive stories about the topic and defining what your team sees as working or not working
3. Dream phase—imagining what the “ideal” might look like
4. Design phase—planning specifically what needs to be done to realize the dream
5. Destiny phase—implementing the plan; the who, what, when, and how to get it done

How will the AI process look in your team? Consider another issue—attracting new clients:
1. Reframe the inquiry process. Instead of stating the problem as “we need to fix our low new client numbers,” try “what are ways we might facilitate new clients in scheduling appointments?”

This positive framing changes the focus so team members can focus on what works rather than what doesn’t.
2. Discovery—Gather stories about what attracted recent new clients to the practice. What do team
members see as most important to new clients? What are team members most proud of about the practice that they tell other people? Identify patterns—what is the reason past clients came to the practice?

3. Dream—Dream about what might be accomplished by emphasizing the positive points brought out in the discovery phase. Will you enhance what past clients said they valued? Will you stop doing things that are not attractive to new clients? Will you promote what the team has identified as what they are proudest of?

4. Design—Drill down. Time to get the specifics of the strategy for attracting new clients. Who needs to spearhead projects, what protocols need to be changed, and what strategies will be put into motion? You might consider approaches to marketing, appointment procedures, new client packets, surveys, or new team roles such as a Client Experience Team.

5. Destiny—Implementation of the design phase with a clear plan. Write out the project using a project-implementation document.

An additional tip from Primm is to make a plan to evaluate the effectiveness of your new process. Without this, how will you know if you have succeeded? A strategic plan document may look like this:

**Title/Goal**
Using social media to promote our practice and attract new clients.

**Objective**
To attract potential clients to our practice website and Facebook page with the ultimate goal of getting them to schedule an appointment.

**Design**
**Strategy**—Build our presence on social media through an active and engaging Facebook page—which kind of post has been the most successful? Can we do more of those posts? What are other strategies to try?

**People**—Consider team members for a New Client Team, who will be responsible for creating and posting the content as well as responding to comments and monitoring the page.

**Finances**—How many hours per week will each team member spend on these new responsibilities? You might also consider budgeting for continuing education, such as sending team members to a conference highlighting electronic marketing practices.

**Time frame**—Establish the members of the New Client Team by next week. Register members for a conference or webinar within the next three months. Schedule weekly project development time and biweekly social media postings. (For example, Boss recommends assigning each DVM and tech to one case study per month.)

**Metrics**—Look up past new client numbers, recent new client numbers, reasons for visits, survey results, and so on.

Notice that this process does not mention what is wrong with the practice. Instead, the focus is on what is valued, which ends up clearly showing what the practice should stop doing simply because it isn’t working. Using this framework, your practice can explore the AI technique and create a standard operating procedure for the AI process and project implementation. It is essential to include all the steps in the AI process; skipping a step will derail the group and give the impression that management does not support it.

Appreciative Inquiry can be a transformative process to bring about positive change and let go of negative questions and demoralizing tactics. Using AI can help your team discover what is working right and what is highly valued in your practice, and then your team can apply this positivity to solving problems and creating strategic plans for the future.

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Louise Dunn is owner of Snowgoose Veterinary Management Consulting, based in North Carolina.
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Case Study

Pain Management Case of the Month

Treating Infraspinatus and Supraspinatus Trigger Points and Supraspinatus Tendinopathy Utilizing Shockwave Therapy

by Heather Owen, DVM, MAV, CCRP, CCFT, MT

Myofascial trigger points are hyperirritable spots located in a taut band of skeletal muscle. They can generate pain and dysfunction and are often caused by mechanical stresses resulting in chronic muscle overload through injury, surgical trauma, neuropathy, joint dysfunction, or osteoarthritis. This results in localized hypoxia and ischemia and the release of inflammatory mediators, which sensitize afferent nerve fibers accounting for the tenderness of the area. On a palpation level, this feels like a golf ball or a hard knot in the muscle belly.

With the addition of shockwave and rehabilitation exercises, these patients are able to keep their muscle and musculocutaneous junction intact and are maintaining function. Some dogs respond to conservative management with shockwave, whereas for others, regenerative medicine or even rest and corticosteroid injection into the bursa or tendon can help. As many as 50% may never fully recover from the condition.

Signalment and History
The patient was a 10-year-old neutered male Great Pyrenees mix. The patient was presented for coxofemoral degenerative...
joint disease management when pharmaceuticals were not enough to keep him comfortable. He was slow to rise in the morning and was now limping on the right front limb. He was slipping on the hardwood floors at home and refusing to go up the stairs. He continued to go for one-mile leash walks daily but was unable to get up on furniture and had stopped playing.

**Physical Examination and Diagnostics**

On physical evaluation, he had decreased hip and shoulder extension. He was guarded on right shoulder extension and had myofascial trigger points in the right supraspinatus and infraspinatus muscles. There was pain on supraspinatus tendon palpation.

Body condition score was 7/9 and a lameness score of 3/5 RH. The pain score was 2/4 according to the Colorado State University (CSU) Pain Scale. Digital thermography confirmed the physical evaluation findings. Radiographs and musculoskeletal ultrasound were obtained, and shockwave was applied to the trigger points as well as the supraspinatus tendon. A recheck musculoskeletal ultrasound was performed following the initial shockwave treatments to evaluate for resolution of trigger points and tendonitis. A rehabilitation program for the shoulder disease was initiated after resolution of disease, and disease-modifying nutraceuticals and antislip footing support were initiated as adjuncts to healing.

Musculoskeletal ultrasound images were obtained before any treatment was administered. Left and right supraspinatus fibers near the musculotendinous junction had an irregular fiber pattern. Musculoskeletal ultrasound diagnosis was supraspinatus insertional tendinopathy, grade I on the right side with bilateral infraspinatus and supraspinatus myofascial trigger points. The plan for treatment involved four treatments with shockwave over the supraspinatus tendon and the infraspinatus and supraspinatus muscles on both sides.

**Treatment and Outcome**

After four treatments with shockwave therapy, the musculoskeletal ultrasound revealed tendon healing.
and myofascial trigger point resolution. The patient’s pain scale decreased to a 1/4 on the CSU Pain Scale and rehabilitation was started to decrease lameness, increase function, and increase range of motion to shoulder and coxofemoral joints.

Land rehabilitation involving a land treadmill, lateral hill walking, and incline and decline walking in addition to lateral, incline, and decline standing were performed. Stand-to-down and down-to-stand exercises, walking up and down stairs, wobble board and rocker board (both in flexion/extension and abduction/adduction), and Cavaletti rails were implemented. Four shockwave treatments were performed in total. Rehabilitation is ongoing at monthly maintenance intervals owing to chronic degenerative joint disease of the coxofemoral joints.

Piezoelectric shockwave therapy was utilized to treat the myofascial trigger point present in the supraspinatus and infraspinatus muscle groups in addition to the inflamed musculotendinous junctions of both the infraspinatus and supraspinatus muscles. A 15-mm stand-off pad was utilized, and a frequency of 8 shocks/second for a total of 1,000 shocks at 0.1 mJ/mm² for the trigger point and 0.2 mJ/mm² for the supraspinatus tendon and infraspinatus tendon were utilized. Two treatments were needed for the trigger point, and four treatments were needed to resolve the tendonitis.

Rechecks of the patient were performed at two weeks and then every four weeks: These involved pain assessment, gait analysis, stance analysis, goniometry, Gulick tape measurements, myofascial palpation, digital thermography, and musculoskeletal ultrasounds.

Significant improvement in fiber pattern and orientation were already apparent in muscles.
Recheck of musculoskeletal ultrasound of the supraspinatus tendon and supraspinatus and infraspinatus eight weeks after starting shockwave therapy revealed a normal fiber pattern of infraspinatus and supraspinatus muscles, normal echogenicity of supraspinatus tendon, and decrease in overall size of supraspinatus tendon.

Lameness score of the patient is 1/5 on right front. There was no pain on supraspinatus tendon palpation, and right shoulder extension had increased to near normal. To date, this patient is 0/5 lame and remains 0/4 on the CSU Pain Scale, and the owner describes him as back to “acting like a puppy.” He is able to run, jump, climb stairs, go for walks, and get up on furniture again. By incorporating a home exercise program, disease-modifying nutraceuticals, antislip flooring, and maintenance rehabilitation, this patient has not had any further pain or dysfunction.

**Discussion and Conclusion**

Muscle sprains, tendinopathies, and myofascial trigger points are common in practices. How we manage and treat these common occurrences is ever-evolving. Incorporating shockwave therapy early in the treatment of these conditions results in quicker resolution of pain, faster resolution of lameness and discomfort for the patient, and increased function of the muscles and tendons. While palpation of the myofascial structures can never be underestimated, being able to “see” the healing with the use of digital thermography and musculoskeletal ultrasound helps to give us more objective analysis of the resolution utilizing different modalities, including shockwave therapy, therapeutic ultrasound, and regenerative medicine, as we work together to further understand how to better treat our patients.

Heather Owen, DVM, MAV, CCRP, CCFT, MT, is the owner of Animal Acupuncture and Canine Sports Medicine Facility in Tulsa, Oklahoma. She is certified in medical acupuncture along with being a certified canine rehabilitation practitioner, certified canine fitness practitioner, and a certified master trainer. She received her DVM from Oklahoma State University.

Comments from Mike Petty, DVM, CCRT, CVPP, DAAPM

Myofascial pain syndrome is a condition that previously only had treatment modalities like massage, dry-needling (insertion of an acupuncture needle into the affected area), and laser. With the advent of shockwave technology, we now have another treatment.

There are three types of shockwave therapies: electromagnetic, electrohydraulic, and piezoelectric. The two that are used most commonly in veterinary medicine are electrohydraulic and piezoelectric. Piezoelectric therapy, as mentioned in this article, has the advantage of being nonpainful to administer, but it is a lower strength and may require longer and more frequent therapies. Electrohydraulic is painful to administer and usually requires that the patient receive some kind of sedative plus pain medication before therapy, but it often only requires one or two treatments. If you are interested in using shockwave therapy in your practice, you should thoroughly investigate what type of unit you want to purchase.

Myofascial pain is rarely a condition onto itself; there is almost always some underlying or perpetuating cause, such as degenerative joint disease, acute injury to a joint or limb, or surgery, to name a few. Treatment of the myofascial pain is only temporary if the underlying cause is not adequately treated. This doesn’t mean myofascial pain treatment is not important; indeed, sometimes the myofascial pain is worse that the underlying issue. It does mean that you have to use your investigative skills to diagnose the underlying issue and set up a treatment plan.

Michael C. Petty, DVM, CCRT, CVPP, DAAPM, is in private practice in Canton, Michigan. He is a frequent national and international lecturer on topics related to pain management. Petty offers commentary on each Pain Case of the Month (and occasionally writes one himself). He was also a member of the task force for the 2015 AAHA/AAP Pain Management Guidelines for Dogs and Cats.
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Employee of the Month

Why Is Katie So Awesome?

Briargate Boulevard Animal Hospital Manager Alyson Evans, CVMA, CVA, RVT, CVT, BSIS, CCFP, says:

Before stepping into the role of hospital manager, I was the lead technician here. I knew from my first day of work that I would be mentoring Katie to step into that role. Not only has Katie grown as an individual and outstanding leader, but she also earned her CVT designation in November 2019, followed by finding out she was going to be a first-time mom in December. Well, we all know what happened next: COVID. Still, Katie came to work every day excited and enthusiastic about being at work and continued to learn and develop her leadership skills.

How Does She Go Above and Beyond?

With her giant respirator fitted and working, Katie still managed to train incoming staff and interns in anesthesia and surgical procedures. Katie literally worked up until two days before she went into labor, and she returned to work just six weeks later. In December of 2020, our hospital had to shut down due to half the team contracting COVID-19. Katie took the lead on most of the team communications. She embraced her leadership role and duties with grace and a smile on her face. We were recently acquired by VetCor, and with the acquisition, I became hospital manager and Katie was promoted to lead technician. I couldn’t be prouder.

In Her Own Words

Why do you love your job? I love my role at Briargate Boulevard because of our amazing culture. I have found a work family here. I have a strong bond with our clients and with their furry family members. I love to provide the best medical care that I can.

Favorite celebrity: Zac Efron—I learned a lot from his documentary on Netflix.

Pets at home: Nala (border collie), Dixie (husky mix), and Swim Shady (betta).

What brought you to the profession? Because of my interest in animals, I always knew I wanted to be a vet tech. I love to see and learn about all kinds of animals.

Hobbies outside of work: I’m a mom now, so my daughter takes a lot of my time, but I do lots of crafty things for her. I just made her a texture book. I also enjoy working out and staying healthy.

Congratulations to Katie, and special thanks to Briargate Boulevard Animal Hospital Manager Alyson Evans, CVMA, CVA, RVT, CVT, BSIS, CCFP, for nominating her and writing up this article!
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