Building a successful herpetological veterinary service is comprised of two important disciplines: the medicine practiced and the management of the business. Both are intrinsically necessary as one cannot succeed without the other.

The majority of veterinary medicine focuses on domestic species. However, the reptile clade is comprised of nearly 10,000 distinct species that occupy almost every biome on the planet. The evolutionary diversity is staggering; our own species has been present in multiple variants for a few hundred thousand years, while Emydidae (pond turtles) have been essentially unchanged for 45 million years. Furthermore, reptiles are incredibly diverse in their phylogenetic relationships to each other; chelonia are far more closely related to birds and crocodiles than to other reptiles, while geckos and bearded dragons are more distantly related to each other than humans are to rabbits. It is not difficult to understand why a reptile is not a “reptile” and that it is inappropriate to assume that one single therapy or treatment plan should apply to multiple, let alone all, species.

**MEDICINE PRACTICED**

The majority of herptile diseases have underlying husbandry etiologies; therefore having a strong knowledge of their natural history is essential and is a critical factor in practicing quality medicine. Without the ability to assess a patient’s husbandry and determine if it is appropriate for that species, clinicians will have difficulty formulating an effective treatment plan.

The next most important factor for achieving success in herpetological medicine is to gain knowledge in the unique physiology and anatomy, disease syndromes, and therapies utilized in herptiles. This might seem counterintuitive, but, if husbandry and care are not appropriate and/or corrected, an accurate diagnoses and treatment protocol will not be successful. It is not possible to separate natural history from disease management and therapeutics. Natural history and husbandry information can be found in other chapters throughout Sections 1 and 2 of this text, and the reader is encouraged to pursue this critical information.

**Managing/Developing the Business**

During the process of gaining an important knowledge base in herpetological medicine (an ongoing career process), clinicians must also focus on developing a business and facility that will support practicing this particular subset of medicine. The following components are essential for a successful business:

(A) Attracting clients
(B) Proper organization
(C) Knowledgeable support staff
(D) Appropriate infrastructure
(E) Necessary equipment

**A) Attracting Clients.** Herptile-owning clients are not a particular anomaly, even if they are not the most common of pet owners. Zoological medicine and reptile/amphibian medicine are recognized specialties in veterinary medicine, and regardless of whom you ask, herpetological medicine is a small fraction (5%-20%) of their zoological case load. To date, there are no dedicated herptile-only veterinary practices in the United States, despite there being limited numbers of avian-exclusive, exotic companion mammal-exclusive, and even fish-exclusive practices.

However, a rewarding herpetological service can be built with similar approaches utilized to develop other successful services. Three strategies are important.

1. **Marketing/advertising your herpetological service.** Without a way to reach potential clients, there is no way to get them to consider your practice. Traditional print media has generally gone the way of the dinosaur and been replaced with the internet. One challenge with internet exposure/marketing is holding the attention of potential clients for more than a few seconds, and it becomes critical to “grab their attention” and differentiate your practice from others quickly. Even the practice name plays a role and needs to be focused and descriptive of the patients being targeted so potential clients can see the practice as uniquely filling their needs.

In today’s internet age, the practice website has become a significant marketing tool. The website must be dynamic yet easy to use and intuitive. To hold the attention of the viewer, images of herptiles and procedures routinely performed on them can be displayed and discussed to reassure clients that the practice is comfortable with these species. The veterinarian(s)’ and staff’s credentials and experience can be listed along with continuing education attended. Also, the clinician’s curriculum vitae can be posted on the site to show their active involvement in herpetological medicine through publications, lectures, and teaching. Nothing can build a client’s confidence more than to see that the practice is contributing to the knowledge base of herpetological medicine. Additionally, the practice’s memberships in important associations such as the Association of Reptilian and Amphibian Veterinarians (ARAV), as well as local, national, and international herpetological societies or associations, can be posted. As smartphones are one of the main tools for communication and internet connection, it is critical that websites are designed to be compatible with computers as well as mobile-based browsers.
Search-engine optimization is a skill in and of itself and is critical for more targeted internet placement. As with the development, maintenance, and management of a successful website, companies can be employed to improve the practice’s website search-engine placement. This is a worthwhile investment, like the financial investment practices would make in the size and location of a telephone “Yellow Pages” advertisement in the past. This, as well as the inclusion of videos, blogs, regular updates, and changes, will dramatically increase the ever-important website presence.

Social media has become an intrinsic part of our culture and must be utilized to build a successful herpetological service. Facebook, Twitter, Instagram, Snapchat, and Flikr are all social media platforms (with more to follow) that have become popular and effective methods to gain exposure to and connect with potential clients. Herpetological patients are considered interesting to the public, so posting pictures and videos of these animals on social platforms is a great way to promote your expertise as a herpetological veterinarian. A media release form should be utilized to allow the clinic to post pictures of client’s animals on social media. Additionally, when their animal shows up on your social media page or in a post, the client will share that image and thus your practice, providing great exposure at a minimal cost.

If your practice has a media savvy employee who can be placed in charge of taking images and posting them regularly, this skill can be utilized. Posting frequently to blogs and social media will increase your standings on search engines; pictures rank higher than text, and videos rank higher than pictures. Use caution, however, as it is possible that too-frequent posting may result in a loss of followers, possibly due to overload.

These social media platforms are efficient, timely, and a preferred method to get information to clients about upcoming events, promotions, products, new employees, public service announcements (i.e., cautioning clients not to overheat pets in cars during summer travel), holiday business hour changes, and more. The timely nature of these social platforms is useful for situations such as emergency closure or other issues that may affect the practice hours.

Another successful form of promotion that is especially worthwhile in herpetological practice is direct exposure, going directly to the source of potential clients. Other than the time commitment, there is little cost. Opportunities abound, especially in urban environments, and attending/becoming a member and/or speaking/exhibiting is a great way to acquire new clients. Examples of such venues/organizations include the following:

- Herpetological societies and meetings
- General and order- or species-specific reptile rescues/shelters (focus on 501c3 organizations)
- Exotic animal shows/sales (may or may not be herptile-specific)
- Reptile subsets of animal rescue exhibits
- Pet shops that carry/sell herptile species
- Reptile hobbyist group (breeder and/or keeper) meetings
- Local/regional VMA groups/meetings

3. Establishing yourself as a local expert. Although it can be challenging to find time during a busy practice day, personally taking calls from potential clients as well as from local veterinarians regarding cases will build your credibility in your region as a qualified and approachable herpetological veterinarian. As mentioned above, it is important not to provide too much detailed information without seeing the case yourself. However, providing a list of possible differentials and diagnostic options can help these potential clients or referring veterinarians to see the value that your expertise and practice can offer. It is critical to show that there is more to treating herptiles than a home remedy or a dose of antibiotic. Obtaining a specialist qualification so that you can legitimately call yourself a “specialist” can have many advantages. Likewise, be careful not to give the impression of being a “specialist” if you do not hold a recognized qualification (e.g., DACZM, DABVP[R/A]) in the United States (see Chapter 4).

(B) Proper Organization: Client and Patient Processing

“Have only one chance to make a first impression.” Every veterinary practice has standard procedures for addressing clients and their animals when they arrive for an appointment. Most canine/feline patients are socialized as well as socially accepted, and it would be considered an unusual event for another pet’s owner to be startled or afraid by their presence. This is not always the case with herps. At a minimum, people that do not own herptiles may be surprised to see them in a practice lobby, and it is not uncommon to have the occasional client in terror. Furthermore, many herptile owners seek the attention associated with possessing an unusual pet and will carry them out in the open.

The reception staff is critical in instructing clients on the policies and procedures of the hospital. This communication must start when the client makes the appointment and be reinforced by the receptionists in person upon arrival. All herptile patients should arrive at the hospital in an appropriate carrying container or cage. During cool weather, owners should be instructed to consider insulated containers and advised that exposure to low temperatures can be damaging to the patient’s health, as well as hinder an accurate veterinary evaluation. If there are specific clades or species that the clinician is not willing to take on as patients (i.e., crocodilians, venomous snakes) it should be stated clearly to potential clients at first contact. It would also be advisable for the clinician to research the local jurisdictional regulations regarding potentially dangerous and illegal species and determine the role the veterinarian should play if such species are presented.

Technology can be utilized to easily alleviate potential issues. When the owner is making the initial appointment, along with obtaining the name and phone number of the client, the staff should obtain their e-mail address to send them hospital information and new patient forms. An added benefit of electronic communication is that the “no-show” occurrence rate decreases significantly because of the added communication and increased disclosure. Another system utilized is texting appointment reminders. Once you have the owner’s cell phone number, it can be used as a brief reminder to owners regarding upcoming appointments and can even be programmed in advance. The dental profession has been utilizing this system and has had remarkable success, both with helping people keep appointments and encouraging rescheduling an appointment rather than simply not showing up.

Forms sent to the new client should include a summary of clinic policies and procedures, the basic consultation fee, and information regarding restraint and caging of their pet at the appointment, as well as patient health and husbandry questionnaires. To increase efficiency,
new client forms are sent to the owner to read/fill out in advance. Compliance in completely filling out these forms is necessary, and reception staff must review them for completeness at the time of intake. With the advent of camera phones, owners are encouraged to bring photographs of their enclosures, setups, and supplies. This way, it is easy for the clinician to assess husbandry almost as if they were making an onsite visit. The new client should understand that the more information provided at the first visit, the more accurate the assessment, diagnosis, and treatment plan can be.

The health and husbandry questionnaire can be utilized to help the owner summarize the husbandry and care of the animal they are presenting, as well as increase the efficiency of the technical staff and doctor. Table 1.1 is a condensed general outline of a typical form. While each practice should tailor the questionnaire form to their needs, it is important that the queries are kept simple and brief. The primary goal is to identify general issues rather than specific ones, allowing the clinician to easily investigate potential problems.

Other policies should be determined and documented at the hospital prior to first presentation. As many herptile owners often have multiple animals, a decision should be reached about how additional animals at a visit will be charged. Additionally, charges for large collections (i.e., breeders) might be best based on time and not the number of animals.

Reptiles and amphibians have lower requirements for after-hours emergency care than mammals and birds, but plans should be made in advance regarding where emergent cases should be sent, as well as for times when a herptile-skilled doctor (or specialist) is not on duty. Overnight care plans must be made in advance, as there will be cases that require a higher level of treatment than outpatient care can provide. Having a plan in place for these situations is important to prevent client/staff frustrations and avoid legal liability.

(C) Knowledgeable Support Staff

"You are only as good as those helping you." Recently a t-shirt was seen that said, "Behind every successful veterinarian is an exhausted technician." Not only is that true, but "technician" should also be replaced intermittently with "assistant," "receptionist," and "manager."

Staff are not generally trained in how to process, inquire, and assist a herptile veterinarian, nor is there much coursework available even in accredited technician programs. Although staff education is still primarily the responsibility of the herpetological clinician, there is now specialization through the National Association of Veterinary Technicians in America in "exotic companion animals" or "zoo medicine." Also, many veterinary conferences that incorporate material on herpetological medicine offer continuing education for technicians. There is a veterinary technician group within the Association of Reptilian and Amphibian Veterinarians (ARAV).

Similarly, just as policies need to be established and followed for the herptile-owning client, appropriate guidelines for staff must be in place to ensure each appointment and treatment plan works smoothly and efficiently.

The basic policies involving the front desk staff include those listed earlier, such as providing new clients with forms and hospital procedures in advance. Additional recommendations might include placing reptile-owning clients into exam rooms as quickly as possible (to avoid distressing other clients) and having receptionists learn from teaching tools such as flash cards about the more common species seen in the practice so that basic knowledge and familiarity can be demonstrated to owners. This familiarity builds confidence in the client.

Fear of herptiles is one factor that must be considered when selecting staff that will be encountering these patients. It is critical that all staff are able to approach nondangerous herptile patients (perhaps even be comfortable handling them) when they present in the office. The damage done by an owner seeing a staff member recoil in revulsion is irreparable.

Managers also need to understand the unique issues presented with herpetological medicine. An informal survey of exclusively exotic animal practices in the United States concluded that technical labor needs were nearly 50% higher than domestic animal practices because of the increased time the staff spent working directly with the patients (K. Wright, personal communication). Additional resources were required for these exclusive exotic animal practices, including a commitment to stock specialty medications and unique supplies and equipment. Other important requirements include providing special housing and husbandry materials and unique food resources (insects and rodents), along with additional training of staff. Doctors need to be scheduled appropriately for these patients because more time will be taken to get a complete anamnesis as well as samples for diagnostic testing. Management and accounting must charge appropriately for the increased resources applied to each case.

As stated above, there is usually little instruction available for technical staff to learn to work with herpetological patients until they take a position in such a practice. There are good texts available, continuing education, and internet sources, but the best resource is the experienced herpetological veterinarian(s) in the practice. By taking the.time to personally train and educate the technicians and the assistants, the doctor can have them perform the necessary duties as expected by the practice. This also provides a support mechanism for team members to be quizzed, challenged, and have their skills confirmed/corrected. This method of instruction will help them to complete tasks more effectively but also gives them an environment that encourages them to continually advance and improve their skills.

(D) Appropriate Infrastructure

"Better facilities make for smoother operations." Unique infrastructure is necessary to be able to provide quality care to herptiles. These provisions are necessary to accommodate the unique anatomy and physiology that these animals have and will make the practice both easier and more effective.

The lobby requires little more than what is found in any other small animal practice. The entry door should be large enough to facilitate the admission of larger carriers, tubs, and even carts carrying multiple units. Seating is best when there are distinct separate areas, allowing clients with herps to sit away from, or at least out of direct vision of, other clients that might be disturbed by their presence. As with all areas of the hospital, good thermal control is important to avoid exposing these patients to inappropriately hot or cold temperatures.

Making the entrance/lobby appealing to owners is a great way to connect with these clients as soon as they enter your facility. Having decorations that show your interest in these species facilitates comfort, and having reading material, brochures, diets, and other information available communicates to these clients that you take their nontraditional pets seriously (Fig. 1.1).

An exam room needs to have a large work area, both to accommodate larger patients as well as to put the carrying cases or enclosures in which the animals were transported (Fig. 1.2). A sink with running water is essential for the ability to clean off both the patient and the doctor and/or technician. Drawers and cabinets should all close completely and securely, and there should be no gaps or spaces around, under, or behind fixed furniture that might allow a smaller patient an opportunity to hide or escape. For that same reason, the sink should have a permanently mounted mesh drain strainer. Doors entering the exam room work best with automatic closers and should have no more than a 1 cm gap between the bottom of the door and the floor. Any vents or wall perforations should have covers or have only small gaps (<1 cm) to
# TABLE 1.1 Reptile History Form

<table>
<thead>
<tr>
<th>Date:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referring veterinarian:</td>
<td></td>
</tr>
<tr>
<td>First and last name:</td>
<td></td>
</tr>
<tr>
<td>Pet’s name:</td>
<td></td>
</tr>
<tr>
<td>Species:</td>
<td>Age/DOB:</td>
</tr>
<tr>
<td>Sex: Male Female Unknown</td>
<td></td>
</tr>
<tr>
<td>Where did you obtain your reptile?</td>
<td></td>
</tr>
<tr>
<td>How long have you had your reptile?</td>
<td>Is your reptile: Wild caught? Captive bred?</td>
</tr>
</tbody>
</table>

## Housing
- What type of enclosure does your reptile live in?  
- What are the dimensions? H W L  
- Do you use a hygrometer (humidity meter)? YES NO If yes, what is the humidity?  
- How is the enclosure heated (e.g., light, heating pad, heat rock)?  
- What is the temperature? Day: Night: Basking site:  
- Do you use thermometers? YES NO  
- Where are they located?  
- Do you use a full-spectrum UVB bulb? YES NO UNKNOWN  
- What kind of bulb is it?  
- How often is it replaced and when was the last time?  
- How long are the lights on/off? Day: Night:  
- Does your pet spend time outside of the enclosure? If yes, explain:  
- What is the substrate (bedding)?  
- What is the water source?  
- Are there plants, branches, or other climbing structures?  
- Is there a hiding area? If so, what kind?  
- Are there any other reptiles in the same enclosure? YES NO If so, what species?  

## For Aquatic Species:
- How often do you change the water completely? Partially?  
- Do you use a water heater? YES NO Water temperature:  
- Does the aquarium have a filter? YES NO Do you test water quality? YES NO  

## Diet
- Please fill in the percentage of the total diet and types of food in each category that your pet actually eats:  
- Leafy greens: Legumes/beans: Fruits: Other vegetables:  
- Insects/small rodents: (circle one: live/dead) Pellets: Other (including treats):  
- How often do you offer food?  
- Where do you feed your reptile?  
- Do you add vitamin or calcium supplements to the food? YES NO  
- How often? What kind?  
- If insects are fed, are they gut loaded? YES NO UNKNOWN  

## Miscellaneous
- Do you soak or bathe your reptile? YES NO How often?  
- Do they have any seasonal behavior changes?  

## Medical History
- Has your reptile ever been checked for intestinal parasites?  
- Has your reptile ever laid eggs? YES NO UNKNOWN  
- How often does your reptile defecate?  
- How often does your reptile shed? When was the last shed? Any problems?  
- Check any boxes that apply to your pet:  
  - mites  
  - wounds  
  - weight loss  
  - weight gain  
  - not defecating  
  - anorexia  
  - diarrhea  
  - shedding problems  
  - difficulty breathing  
  - lethargy  
  - inactivity  
  - increased appetite  
  - decreased appetite  
  - limping  
  - vomiting  
  - deformed limbs  
  - swollen eyes  
- Is there anything else you would like us to know today?  
There will need to be hospital space in a designated ward for reptiles and amphibians (Fig. 1.3). The concerns above apply to this space as well (controllable heat, lighting, security, sanitation), along with the ability to isolate patients from each other to minimize intimidation, predation, and disease transmission and to provide optimal husbandry for each patient. Mesh or wire-fronted cages are not appropriate in most cases, so close-tolerance clear plastic or tempered glass doors are advisable. This style also has the added benefit of being able to control heat and humidity so that cages can be optimized for the health of the individual patient. When selecting cage design and materials, consider their ability to have heat sources installed within each unit, their resistance to heat damage and moisture, and ease of disinfection (see Chapter 46).

In the treatment area and critical care ward, it is important to have open floor space with clear lighting. At least one dedicated treatment table with an overhead focused beam exam light (individually controlled) will allow for basic procedures with most animals, whereas the floor will make for an easy exam area for very large individual patients. A large sink or a wet table is necessary for washing, soaking, and even holding some animals, but a clean bathtub will work. Avian/reptile incubators can be an excellent addition to the critical care ward, but they are not all equal. Each model should be considered prior to purchase for oxygen concentration abilities, thermostat accuracy, ventilation, security (e.g., escape proof), and the ability to be easily and completely cleaned and sanitized between uses (see Chapter 46).

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(E) Necessary Equipment

“No good carpenter blames his tools.” Appropriate materials and equipment kept in the treatment areas are a necessity, and if you have poor-quality tools, you will have poor-quality results. Specific medical equipment is necessary for examinations. Ophthalmoscopes and otoscopes found in any basic practice work well for examining most eyes, ears, and oral cavities; a Doppler monitor is necessary for assessing heart rate and quality; a gram (to the nearest 1 gram or better still 0.1 gram) scale for small reptiles and a cat/baby scale for most others is adequate for getting accurate weights; and a set of sexing probes to determine gender is required. Wooden-stick, cotton-tipped applicators and tongue depressors work well for opening mouths for examination; the soft wood works well for encouraging them to open without damaging sensitive gingiva or teeth. A cordless rotary tool (e.g.,
A Dremel) with a diamond grinder bit is preferred for trimming and rounding nails.

Appropriate diagnostic equipment is also imperative to provide quality herpetological veterinary services (Fig. 1.4). Table 1.2 provides a list of recommended equipment needed in different areas of the hospital.

Medical supplies required in a herpetological service are like those required in most veterinary practices. Anti-inflammatories, antibiotics, antifungals, and other medications should be stocked based on current research and known safety data and selected for each patient based on all available information, including patient specificities such as species, condition, husbandry, plasma biochemistries, and culture and sensitivity results. Just as in domestic animal medicine, there is no “one-size-fits-all” medical therapy, and a diversity of therapies must be immediately available. Access to a compounding pharmacy is important.

Table 1.3 provides a short list of some (not necessarily complete) of the most essential medications and drug products necessary for a herpetile veterinary service.

**APPRAOCH AND ATTITUDE**


Probably the single most important aspect of building a successful reptile practice is the approach and attitude the doctor takes in each case managed. The correct approach builds a doctor’s reputation, is a measure for success, and can be the inspiration to guide their career. Specifically, the proper approach involves the ability to differentiate what one knows versus what one does not and the ability to build on each. For example, clinicians need to understand that some clients may know more about a specific species than they do. Many owners report disappointment when a veterinarian pretends to have knowledge about a particular species but actually does not. This can be a fatal error in relating to clients and damages the reputation of the clinician. However, clinicians must also be prepared for clients who have spent time on the internet gathering selective “wisdom”; this misinformation spreads through herp-related sites and is presented as absolute certainty, often with no evidence or validation to support the claims. Obviously, clinicians cannot be expected to know all there is about every species and case presented. However, clinicians are obligated to seek out the best (often peer-reviewed journal) information available and utilize this to make evidence-based treatment decisions.

To avoid mismanagement of these cases, as described above, clinicians should complete as much research as possible in advance and never be embarrassed to admit they are not familiar with a species. Additionally, they should willingly defer to the owner’s knowledge unless they can readily validate their difference of opinion. In the case of an error, it is best to admit ignorance of a fact or mistake and take action to follow up with the owner after researching the topic.

In this information age, there is constant availability and a never-ending supply of material on almost any subject. A recent Google search for “causes of iguana diarrhea” produced over 130,000 website hits in less than a second. This exemplifies the need to specifically focus such searches and utilize only reliable sources that involve peer-reviewed research. Google Scholar (https://www.scholar.google.com), PubMed, and other recent searches and utilize only reliable sources that involve peer-reviewed research. Google Scholar (https://www.scholar.google.com), PubMed, and other reliable sources that involve peer-reviewed research.

**TABLE 1.2 Critical Areas and Basic Equipment Needs for a Practice Seeing Reptiles and Amphibians**

<table>
<thead>
<tr>
<th>Treatment/Lab Area</th>
<th>Hospitalization/Critical Care</th>
<th>Operating Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>Microscope</td>
<td>Oxygen cage/oxygen concentrator</td>
<td>Radiosurgical unit or laser</td>
</tr>
<tr>
<td>Centrifuge capable of processing hematocrit tubes, blood tubes, and fecal samples</td>
<td>Syringe pump</td>
<td>Ventilator (oxygen and room air), programmable for small volume and low tidal pressure</td>
</tr>
<tr>
<td>Bacterial and fungal culture supplies</td>
<td>Esophagostomy tubes</td>
<td>Endotracheal tube size 1–12 mm</td>
</tr>
<tr>
<td>Acid-fast stain kit</td>
<td>IO and cut-down IV supplies</td>
<td>Doppler</td>
</tr>
<tr>
<td>Wright’s stain kit</td>
<td>Blood transfusion supplies</td>
<td>Surgical loupes or magnification</td>
</tr>
<tr>
<td>Gram’s stain kit</td>
<td>Bandaging materials</td>
<td>Endoscopy</td>
</tr>
<tr>
<td>Radiology, preferably digital, and including horizontal beam capability</td>
<td>Fluid bags and warmer</td>
<td>Bone and external fixator supplies plating supplies</td>
</tr>
<tr>
<td>Ultrasonography</td>
<td>Blood transfusion supplies</td>
<td>Microsurgery instrumentation</td>
</tr>
<tr>
<td>In-house biochemistry analyzer (or access to a commercial lab)</td>
<td></td>
<td>Surgical heaters</td>
</tr>
<tr>
<td>Hemocytometer, diluents, and stains for in-house hematology (or access to a commercial lab)</td>
<td></td>
<td>Gas anesthesia</td>
</tr>
<tr>
<td>Heparin and EDTA blood tubes</td>
<td></td>
<td>Hemoclips/Ligasure</td>
</tr>
<tr>
<td>Digital in–out thermometer</td>
<td></td>
<td>Retractors such as Lone Star retractor</td>
</tr>
<tr>
<td>PCR testing supplies, formalin jars</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EDTA, Ethylene diamine tetra acetate; PCR, polymerase chain reaction.
answered with substantiated information such as research and published material, a specific treatment may be able to be initiated. However, in herpetological medicine, answers are often unclear, and application of evidence-based veterinary medicine, although always the goal, may not always be entirely possible. In these situations clinicians still have an obligation to provide treatment for these unique patients. Subsequently, it is important for the clinician to utilize the best available information in managing a case.

**REFERENCES**

See [www.expertconsult.com](http://www.expertconsult.com) for a complete list of references.
REFERENCES