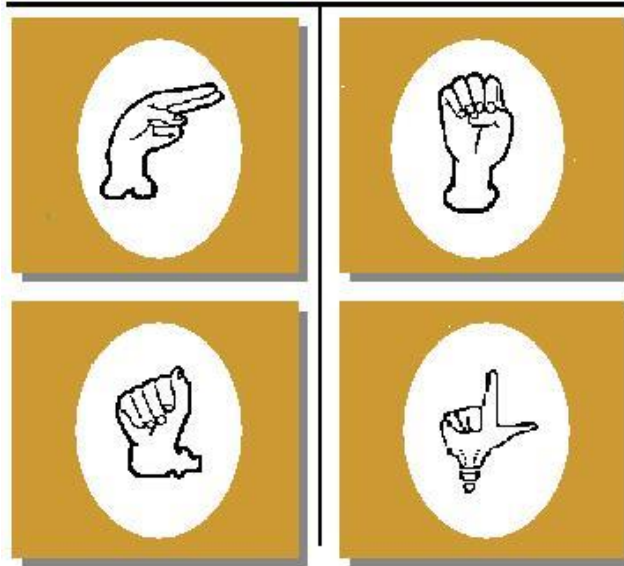


INSTITUTE OF THERAPEUTIC SCIENCES



Certification in Orthopedic and Manual Physical Therapy

C-OMPT

ORGANIZATION

The Institute of Therapeutic Sciences (ITS) conducts a certification program in orthopedic and manual physical therapy which combines the conceptual basis of traditional musculoskeletal physical therapy and advanced forms of therapeutic manual art. The certification process is a planned program of post professional clinical and didactic education for physical therapists that is designed to advance significantly the physical therapist 's preparation as a provider of patient care services in a defined area of clinical practice. It combines opportunities for ongoing clinical development, with a theoretical basis for advanced practice and scientific inquiry the certification is a demanding learning experience which combines supervised clinical learning and self-motivated effort. It intends to produce a specialist clinician in a specific field of learning. A graduate from an accredited physical therapy program with a current valid license may apply. Preference may be given to candidates with a minimum of 1-2 years' experience in an outpatient orthopedic setting. The ITS, intends to meet the standards set forth by the APTA to be able to produce a clinical specialist that is recognized by the association.

OBJECTIVES

The cognitive objectives of the program are

1. A strong clinical reasoning and diagnostic emphasis to be able to comprehensively manage musculoskeletal dysfunction
2. An appropriate awareness of the ability to practice as a musculoskeletal clinician in a direct access capacity
3. To have an idea as to how to indicate and contraindicate the different treatment approaches 'out there' at the appropriate level of irritability of a perceived musculoskeletal dysfunction

The affective and psychomotor objectives of the program are

1. To enable the musculoskeletal clinician to have the appropriate hands on tools for examination and intervention
2. To be able to critically evaluate such tools of examination and intervention for the constitutes of an evidence-based practitioner

DURATION

The duration of the program is on a part time basis for 12 months, wherein the physical therapist completes his/her coursework. The program begins in January each year and ends in December the same year. Classes are one weekend (Sat-Sun) a month for 12 months. A mid-term examination will be conducted after completion of 6 months of coursework, and a final exam after the 12-month period. The examination consists of a written and a practical (clinical reasoning / technique) component.

OBJECTIVES OF LEARNING:

The ITS follows the practice dimensions outlined in the Orthopedic DSP published in 2002. Description of Specialty Practice (DSP) for orthopedic physical therapy, set forth by the American Physical Therapy Association (APTA) committee on residency and fellowship program credentialing. The practice dimensions are as follows:

1. Examination
2. Evaluation
3. Diagnosis
4. Prognosis
5. Intervention
6. Outcomes

Competency within each practice dimension is expected of the resident to be able to meet the criteria required of a specialist clinician. Clinical competence is assessed on an ongoing basis and are but not limited to the following:

1. Journal clubs which may reflect critical analysis of scientific literature.
2. Case presentation emphasizing patient examination, evaluation and diagnosis, establishing a prognosis, implementation of plan of care, re-examination and documentation.
3. One half yearly and one final, written, practical and live patient examination, in that order.
4. Periodic student evaluation in the OSCE format

Other learning activities that are not required but encouraged are attendance to regional conferences and continuing education programs. Note: Completion of the certification program does not guarantee a direct admission into the residency component of the program.

C-OMPT SYLLABUS

Requisite

A graduate from an accredited physical therapy program with a current valid license to practice.

WINTER SESSION (January each year)

COURSE PERIOD	DESCRIPTION	PRACTICE ANALYSIS DSP	PERFORMANCE EVALUATION
1 ST & 2 ND QUARTER	<p>Conceptual basis of the 3 stage approach and determining appropriateness of patients for physical therapy</p> <p>Concepts and principles of lesion vs somatic diagnosis.</p> <p>Introduction to regional application (Upper Quarter / Cervicothoracic complex, Cranium, Shoulder and Upper Extremity)</p> <p>Post-operative management of Upper Quarter dysfunction Exercise prescription (Upper Quarter)</p> <p>Evidence based practice and scientific enquiry</p>	I, II, III, IV, V	<p>Class quiz</p> <p>Periodic evaluation in OSCE format</p> <p>Mid-term testing, written, practical / oral.</p> <p>Principles and concepts Regional application (Upper Quarter / Cervicothoracic complex, Cranium, Shoulder and Upper Extremity)</p>

SUMMER SESSION

COURSE PERIOD	DESCRIPTION	PRACTICE ANALYSIS (DSP)	PERFORMANCE EVALUATION
3 RD & 4 TH QUARTER	<p>Regional application (Lower Quarter / Lumbo-Pelvic-Hip, Knee, Ankle and foot)</p> <p>Post-operative management of Lower Quarter dysfunction</p> <p>Exercise prescription (Lower Quarter)</p> <p>Introduction to management of Temporomandibular and Vestibular dysfunction</p> <p>Medical Screening for the Musculoskeletal Clinician</p>	I, II, III, IV, V, VI	<p>Class quiz</p> <p>Periodic evaluation in OSCE format</p> <p>Final testing, written, practical / oral.</p> <p>Regional application (Lower Quarter / Lumbo-Pelvic-Hip, Knee, Ankle and foot)</p> <p>.</p>

POLICIES AND PROCEDURES:

Disciplinary action policy

The Institute expects all residents to be professional in their dealings with patients, colleagues, faculty and staff and to exhibit caring and compassionate attitudes. These and other qualities will be evaluated during patient contacts and in other relevant settings by both faculty and peers. Professional behavior is defined as appropriate behavior to the circumstance. Behavior of a resident reflects on a his / her qualification and potential to become a competent clinician.

If there is a determination by the faculty that unprofessional behavior was demonstrated by a resident, the following steps may be taken: Depending on the severity of the behavior, the resident may be warned in writing within five business days of the incident, that the behavior is unacceptable and that if the behavior is continued, it may lead to their dismissal from the program. Such a letter would provide examples about what is or is not acceptable, and may encourage the resident to seek professional help. The letter may state that counseling, therapy and anger management sessions may be considered as options. The resident is expected to respond within five business days with regards to compliance to the disciplinary action policy. The resident may be warned that a second incident may lead to a probationary period of one full quarter (3 months) where coursework may be continued with proof of professional help depending on the nature of the incident. If there is a second documented case of unprofessional behavior, the resident may be placed on probation as stated above. The resident will be encouraged to seek professional help, and will be warned that if such behavior occurs again, it may lead to dismissal from the program. If there is documentation that the unprofessional behavior occurs for a third time, the resident must appear before the faculty to address why he/she should not be dismissed from the program which if not considered legitimate, may result in dismissal. A decision letter of dismissal will be provided to the residents within two weeks of the decision.

Grievance appeal policy

In the event a student claims unfair, prejudicial, or capricious evaluation or treatment of a personal / academic nature, a grievance appeal may be appropriate.

PROCEDURE

A student seeking resolution of a grievance must submit it in writing to the Program Director within five business days after the occurrence of the decision/acts which give rise to the grievance. The Program Director will promptly review and respond with a written decision within five business days. The Program Director may meet with the resident and faculty subsequently as a review process to resolve the issue to mutual satisfaction. A decision in writing will be presented to the resident thereafter within five business days. Should the issue not be resolved to mutual satisfaction, and if the need arises, then independent legal counseling by the resident, may be encouraged.

Procedure for handling complaints against a credentialed program (APTA)

1. Any person (Complainant) may submit a complaint about a credentialed post professional certification, residency or fellowship program (Program) to the American Physical Therapy Associations' (APTA) American Board of Physical Therapy Residency and Fellowship Education (Board), in care of the APTA's Department of Residency/Fellowship & Specialist Certification.
2. Upon receipt of a complaint, APTA staff from the Department of Residency/Fellowship & Specialist Certification will forward a copy of the Post professional Residency & Fellowship Program Requirements as part of the ABPTRFE policies and procedures manual, Procedures for Handling Complaints about a Credentialed Residency or Fellowship Program, and a Complaint Form to the Complainant.

3. A Complainant must complete and sign a Complaint Form and submit it to APTA Department of Residency/Fellowship & Specialist Certification. By submitting a Complaint Form, the Complainant confirms that he/she is willing to have the Complaint Form known to the Program and agrees that the Complaint Form may be shared with the Program.

4. APTA staff will review all Complaint Forms to determine if the Complaint Form relates to matters within the scope of the Post professional Residency & Fellowship Program Requirements (Requirements) or Residency/Fellowship Program Agreement (Agreement).

a. If the Complaint Form does NOT relate to matters within the scope of the Requirements or Agreement, staff will so advise the Complainant, and the Complaint Form will not be sent to the Board.

b. If the Complaint Form DOES relate to matters within the scope of the Requirements or Agreement, staff will so advise the Complainant, and staff will send the Complaint Form (with all attachments, including supporting documentation) to the Board for review.

5. The Board will review the Complaint Form to determine whether the allegations, if true, would justify action by the Board.

a. If the Board determines that the allegations, if true, would NOT justify action by the Board, it will so advise the Complainant, and the matter will be closed.

b. If the Board determines that the allegations, if true, WOULD justify action by the Board, it will send the Complaint Form (with all attachments, including supporting documentation) to the Program for response, and it will request any additional information it deems relevant to determining whether the Program is in compliance with the Requirements or Agreement.

6. The Program will be responsible for responding to the Complaint Form and any associated request for information within 45 days, or such other period as the Board may specify.

7. The Board (and APTA staff) will share with the Program only the Complaint Form and supporting documentation. APTA staff will not provide the Program any initial letter(s) of complaint (except to the extent such material may be part of the supporting documentation submitted by the Complainant).

8. APTA staff will provide the Program's response to the Complaint Form and any associated request for information to the entire Board for review.

9. Within 45 days of receipt of the Program's response, the Board will:

a. Determine the Program is Out of Compliance and: i. Withdraw the credentialed status of the Program, or

ii. Request additional evidence to show compliance with designated requirements at the next annual review or as designated by the Board; or

- b. Determine the Program is in Compliance and:
 - i. Take no action, or
 - ii. Request additional evidence to show continued compliance at the next annual review.

10. With respect to any Complaint Form sent to the Program for response, the Board will notify the Program and the Complainant of its decision.

Institute of Therapeutic Sciences
Application (C-OMPT/Residency/Fellowship):

Name:
Address:
Telephone:
Email:
PT license number:
Entry level degree:
Institution:
Highest earned degree:
Institution:
ABPTS (OCS) certified: Yes / No (circle one)
ABPTRFE accredited residency graduate: Yes / No (circle one)
Employer:
Duration of clinical experience:
Practice setting:
How do you feel this program may benefit you?
Are you or have been engaged in teaching or writing (describe):
<i>I hereby affirm that I have completed all application information accurately and truthfully</i>
Sign / Name / Date

INSTITUTE OF THERAPEUTIC SCIENCES

LIABILITY RELEASE

I, as my name and signature appear below, am employing the Institute of Therapeutic Sciences (ITS) for instruction in health, manual therapy and rehabilitation sciences. I hereby release ITS and it's representatives / employees and agree to not hold it / them responsible from any untoward consequences, including liability, claims and damages. I also agree to not hold ITS and it's representatives / employees responsible for any loss or damages, and injury to person or property, however caused including all degrees of negligence. I also understand that all procedures undertaken are at my own risk and will not hold ITS and it's representatives / employees responsible for any untoward consequences.

I have executed this release on this _____ day of _____, 20_____.

NAME

SIGNATURE

WITNESS

FEE:

The fee for the program is \$2400.00 which is non-refundable and includes didactic and examination components.

YEAR ONE

\$ 2400.00 (3 installments)

Contact:

Residency Coordinator

Institute of Therapeutic Sciences

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Plymouth, MI 48170

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