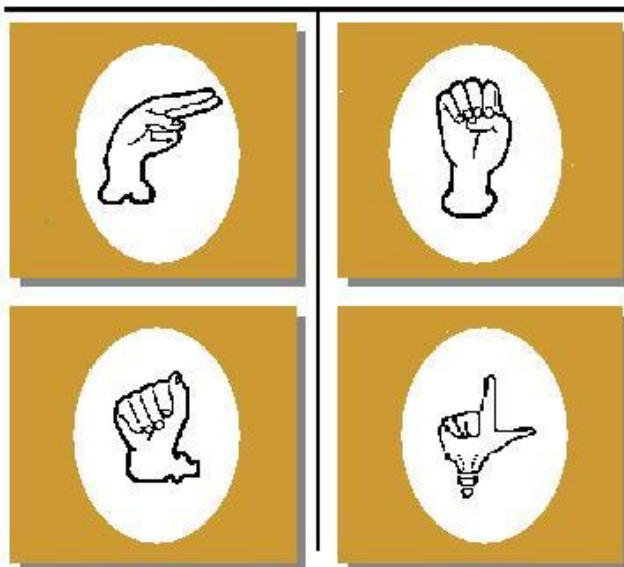


INSTITUTE OF THERAPEUTIC SCIENCES



**Certification in Orthopedic and Manual Physical Therapy
(C-OMPT)**



APTA

American Physical Therapy Association

CREDENTIALLED RESIDENCY PROGRAM



APTA

American Physical Therapy Association

CREDENTIALLED FELLOWSHIP PROGRAM

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 the period 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 physical therapist 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. Class Quiz
3. One half yearly and one final, written, practical examination, in that order.
4. Periodic resident evaluation in the OSCE format

CURRICULUM

Requisite

1. Home study course. Current concepts in orthopedic physical therapy, 3rd edition. APTA
2. Course notes, Institute of Therapeutic Sciences.

WINTER SESSION (January each year)

COURSE PERIOD	DESCRIPTION	PRACTICE ANALYSIS DSP	PERFORMANCE EVALUATION
1 ST & 2 ND QUARTER	Conceptual basis of the 3 stage approach Conceptual basis of determining appropriateness of patients for physical therapy Concepts and principles of lesion diagnosis. Concepts and principles of somatic diagnosis. Introduction to regional application (spine) Cervicothoracic complex Lumbopelvic complex Post operative management of	I, II, III, IV, V	Class quiz Periodic evaluation in OSCE format Half yearly testing, written, practical / oral.

	spinal dysfunction Exercise prescription (spine) Medical screening for the physical therapist (Systems Review, Regional application) Evidence based practice and scientific enquiry		
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SUMMER SESSION

COURSE PERIOD	DESCRIPTION	PRACTICE ANALYSIS (DSP)	PERFORMANCE EVALUATION
3 RD & 4 TH QUARTER	Regional application (Extremities) Ankle and foot Knee Hip Shoulder Elbow Wrist and hand TMD Post operative management of extremity dysfunction Exercise prescription (extremities) Neurophysiological basis of orthopedic dysfunction Evidence based practice and scientific enquiry	I, II, III, IV, V, V1	Class quiz Periodic evaluation in OSCE format Final testing, written, practical / oral.

Institute of Therapeutic Sciences

C-OMPT Application:

(towards a residency/fellowship)

Name: _____

SSN #: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Business Telephone: _____

Home Telephone / Email : _____

PT License Number: _____

Entry level degree: _____

Institution: _____

Highest earned degree: _____

Institution: _____

Employer: _____

Duration of clinical experience: _____

Type of practice setting: _____

How do you feel this program may benefit you:

Are you or have been engaged in teaching or writing: _____

I hereby affirm that I have completed all application information accurately and truthfully. I also understand that passing the certification does not guarantee a placement in the residency or the fellowship program and that admission is based on aptitude exhibited during the certification process, fulfillment of admission criteria and the discretion of the program director.

Signature and name

Date

INSTITUTE OF THERAPEUTIC SCIENCES

LIABILITY RELEASE

I, as my name and signature appears 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 \$ 2000 which is non-refundable and includes didactic, practical and examination components.

3 payments (\$ 700 initial, \$ 700 (5th month), \$ 600 (9th month)

RESIDENCY

Upon successful completion of the certification program an additional 150 hours of supervised clinical work onsite, and 850 hours of independent clinical work will earn the clinician an APTA approved clinical residency in orthopedic physical therapy (CRG).

FELLOWSHIP

Upon successful completion of the residency program an additional year of coursework (4 courses and 130 hours of supervised clinical work onsite), and 310 hours of independent clinical work will earn the clinician an APTA / AAOMPT approved clinical fellowship in orthopedic manual physical therapy (FAAOMPT).

Visit www.imptglobal.com or call 248-808-3792 for details

Contact:

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Institute of Therapeutic Sciences
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Northville
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(248) 808-3792