

1. Therapist Background Summary (DUE WITH APPLICATION)

Outline your education and training, experience with scoliosis or other spinal deformities and plans for use of this method after C2 certification.

2. Please provide a Case Review:(DUE WITH APPLICATION OR WITHIN 30 DAYS OF RECEIPT OF APPLICATION IN ORDER TO HOLD SPOT AT THE COURSE)

NOTE: Case Reviews are required by all C2 applicants, regardless of whether or not you are bringing your own patient to the course. If you are bringing a patient to the course, you may choose to use that patient or a different patient for your case review. You may prefer to use the patient you are bringing to the course for your Case Review, because we will need background information on any patients being brought to the course anyway. You may use 10-15 power point slides to present your 10 minute case with 5 minutes for Q&A. The Case Review should include a minimum of the following information:

- a. Medical history of the patient (Date of onset, age, other PMH)
- b. History of treatment including brace
- c. Clinical measurements taken at the initial evaluation (scoliometer, chest wall circumference, breath volume, inclinometer, other measurements as found on your standard evaluation form)
- d. Radiological (x-ray) measurements of Cobb angle, degree of rotation (Raimondi and/or Nash-Moe), Risser, with copy of actual x-ray (out of brace) at start of treatment
- e. Patient photographs in standing (anterior, posterior, lateral) and forward bending (posterior and lateral)
- f. If patient is braced, include in-brace patient photo and in brace patient x-ray if available
- g. Curve classification (3C, 4C, N3N4 or single L or single TL)
- h. Treatment plan given after evaluation based upon risk of progression, physician prescription, and other guidelines (SOSORT)
- i. Frequency/duration/date range of therapy done
- j. Completed Schroth templates describing Schroth exercises done with key completed for curve pattern, position, pad placement, activation)
- k. Photographs of patient doing Schroth exercises
- l. List of other treatments done (orthopedic exercise, manual therapy)
- m. Objective outcomes of the treatment to date, including radiological and clinical re-evaluation (as above), copies of follow up x-rays and patient photographs (as above)
- n. Conclude with a brief statement assessing overall treatment your assessment of outcome, and plan of care for future (or discharge plan)

Please submit your Case Review electronically to the host clinic. Be sure to obtain a signed consent from the patient to release information for the purposes of the Case Review.

Therapist Background Summary and Case Reviews should be submitted **at the time of your application** to the course. If you need more time to complete this information but would like to submit your application in order to assure your spot at the course, please be advised that your Case Review will be due WITHIN one month of receiving your application, or you will be at risk of losing your spot in the course.



BSPTS APPLICATION
Level 2 Certification Course (C2)

Applicant Name:	
Credentials: (PT, MPT, DPT)	
Home Address:	
Phone Home/Cell:	
Business Email Address:	<i>*We will email course information as course date approaches. Please check your spam folder so you don't miss any course information.</i>
Personal Email Address: <i>(to receive SBI newsletter)</i>	
Employer Name:	
Employer Address:	
Employer Phone\Fax:	
Date and Location of BSPTS C1 Certification Completed:	
Additional Scoliosis Training Received Since BSPTS C1 Certification:	
Avg. Hrs/Wk in Patient Care:	
Avg. Hrs/Wk in Scoliosis Care:	
C2 Course Applying for: (date and location)	
Indicate Your Intention to Bring Your Own Patient to C2: (note: confirmation will be needed 3 months prior to course start date)	I DO or I DO NOT intend to bring my own patient to C2 If you do intend to bring your own patient, please indicate curve pattern of patient: 3C 4 C N3N4 Single L or THL

Participation All course attendees are required to participate in exercise lab. Please list any conditions that may influence your ability to participate in lab:	
Participation, continued.	
Do you have scoliosis?	Yes / No
If yes*, please answer:	
Age of diagnosis:	
Severity (Cobb angle):	
Current symptoms:	
Past treatment:	
Limitations:	

** Please note: if you have a known scoliosis, please bring your most recent x-ray with you.*



BSPTS C2 Applicant Agreement

I understand that completion of C2 course does not guarantee C2 certification, and that in order to obtain certification, I must pass the BSPTS C2 practical examination. If I fail to pass the C2 examination I will be required to take the entire course at full cost before retaking the C2 certification exam.

I understand that BSPTS C2 certification is primarily intended for use in scoliosis patient care. I understand that in order to be permitted to teach Schroth therapy courses, I must become a Certified Instructor through BSPTS. I agree that I will not provide lectures for the purpose of training others to use Schroth therapy for patient care. I understand that I may provide lectures for the purpose of promoting my therapy services, and for educating the public, other professionals, and university students on scoliosis conservative management and Schroth principles for general purposes only.

If I am a Clinical Instructor for physical therapy students, I agree that my students will be able to observe me providing Schroth therapy.

_____ **Applicant Name**

_____ **Applicant Signature**

_____ **Date**

CEUs: 44.5 (CEUs are approved in the state in which the course is taught. CEU approval in the state in which the student resides/practices is the responsibility of the student)

C2 Course Fee: \$2,600

Course Payment:

Course payment is due **in full** at the time of registration, no later than 30 days prior to start date of course. Once payment is received, you will receive an email with payment confirmation and course details. Class size is limited. Early registration is recommended. Course may be paid by check made payable to:

___ New York, NY: Hagit Berdishevsky

Mail to: Hagit Berdishevsky, 16 East 96th Street 1B, New York, NY 10128

___ Boston, MA: Spine Academy PT

Mail to: Spine Academy PT, c/o Amy Sbihli, MPT, DPT, 33 Summer Street, Lexington, MA 02420

___ Milwaukee/Wauwatosa, WI: Spinal Dynamics of Wisconsin

Mail to: Spinal Dynamics of Wisconsin, 3333 N Mayfair Road, Suite 101, Wauwatosa, WI 53222

___ Steven's Point, WI: Scoliosis Rehab Inc.

Mail to: Scoliosis Rehab, 2918 Post Road Suite B, Stevens Point, WI 54481 or

To fax/scan and pay w/cc# call 877-734-2220

___ California: Scoliosis Rehab Inc.

Mail to: Scoliosis Rehab, 2918 Post Road Suite B, Stevens Point, WI 54481 or

To fax/scan and pay w/cc# call 877-734-2220

Course Cancellation Policy:

Due to the involved nature of course organization, cancellation policy is as follows:

1. If registrant cancels with less than 30 days notice:
 - If cancelled spot is filled with another attendee, a refund will be issued, less 10% service charge
 - If cancelled spot is not filled, there will be *no refund* of course fees.
2. If registrant cancels with more than 30 days notice:
 - Refund will be issued, less 10% service charge
3. We reserve right to cancel the course at any time due to low attendance or other conflicts.
 - Should the course be cancelled by instructors, full refunds will be issued.
 - Should an unavoidable course interruption occur, arrangements will be made for course completion at a later time.