



3-D TREATMENT OF SCOLIOSIS: ADVANCED CERTIFICATION COURSE (C2) Stevens Point, WI

February 26 – March 3, 2014

Deadline January 27, 2014

1

Name of Participant

Title

Facility

State & License Number

Address: Home Facility

City

State

Zip

Home Phone

Cell Phone

Facility Phone

Fax Number

E-Mail Address

2

IMPORTANT *Please attach a brief background outlining your education and training, experience with scoliosis or other spinal deformities and plans for use of this method after certification.*

Please provide a case study:

Document the medical history of the patient, history of treatment including brace, measurements taken at the initial evaluation (scoliometer, rib cage mobility and breath volume, inclinometer, other measurements as found on your standard evaluation form) and x-ray measurements. Include photographs in standing, curve classifications per Rigo system (3C, 4C, N3N4 or single L or single TL), and information about the treatments that were performed including exercise selection, pad placement, activation and facilitation techniques used. Also provide the outcomes of the treatment including follow up x-rays (if available) and photographs of the different exercise positions if possible. Conclude with a brief statement assessing the treatment. In short, the case study should include an evaluation, treatment plan and execution with a discharge summary for the patient. Please submit your case study to patientservices@scoliosisrehab.com. Be sure to obtain a signed consent from the patient to release information for the purposes of the case study.

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PLEASE TELL US:

1. Your average hours per week of patient care: _____ hours
2. Your average hours per week of scoliosis patient care: _____ hours

4

COURSE FEES: \$2500 – must be paid in full at the time of registration. Payment may be by check or money order payable to **Scoliosis Rehab Inc.**, or by credit card (below). *Cancellation of course attendance with less than 30 (thirty) days notice will result in no refund of course fees. Cancellation of course attendance with more than 30 days notice will result in a refund of courses fees, less a 10% administrative fee. Class size is limited.*

CREDIT CARD PAYMENT

Check one: ___ Visa ___ MasterCard

Cardholder Name as it appears on card (please print): _____

Address on file for credit card, including zip code:

Account Number: _____ - _____ - _____ - _____

Exp. Date: ____ / ____ Security Code: _____

Signature: _____

BSPTS Basic Certification C2 Applicant Agreement

I understand that completion of the C2 Course lectures and practicum does not guarantee C2 certification, and that in order to obtain certification, I must pass the BSPTS C2 written and visual examination given at the end of the course. Should I fail to pass the C2 examination, I may retake the examination after attending a second C2 certification course at no cost.

I understand that I must attend and pass BSPTS C2 in order to obtain certification for 1) treating AIS in groups; 2) treating adults with degenerative and painful scoliosis; and 3) treating patients who have had spinal surgery for scoliosis.

Applicant Signature

Date