



## FOC: Functional Orthopedic Certification

The Institute of Physical Art, Inc. (IPA) offers a unique certification for physical therapists, physical therapy assistants, and occupational therapists that practice in a general orthopedic or acute care setting. This certification tests the applicant's skills of assessment and treatment for articular, soft tissue, and neuromuscular dysfunctions. The therapist must demonstrate competency in an understanding of basic pathology and the integrated application of PNF, joint mobilization, soft tissue mobilization and the principles and exercises of Back Education and Training to the treatment of general orthopedic pathologies. Review and testing is scheduled Monday through Thursday, beginning the first Monday in August, in Steamboat Springs, CO.

### PREREQUISITES

The following courses are required:

BET: Back Education and Training

PNF I: Proprioceptive Neuromuscular Facilitation

FM I: Functional Mobilization I

FM II: Functional Mobilization II

### PREPARATION

We encourage students to re-take courses and volunteer to lab assist at courses in preparation for certification.

We also strongly recommend that you purchase an updated manual if your manual is more than 3 years old. Updated IPA manuals are available for \$25 each, or \$30 with binder.

IPA Manuals - Last Update:

CFS- 01/2015 v 7.3    PNF I -01/2015 v 7.91    FM I – 01/2015 v 7.5    FM II – 01/2015 v 8.0

### ITINERARY

The FOC review/certification is conducted over a four-day period in conjunction with CFMT. These review sessions will highlight the key concepts of each course and allow for specific lab practice of many of the techniques. Please note the modified schedule on Tuesday afternoon/evening to allow for recreational activities or additional study time. There will be an evening banquet at the Johnson's Morning Star Ranch on Wednesday, August 2.

<b><u>Day</u></b>	<b><u>AM session</u></b>	<b><u>PM session</u></b>
Monday	PNF (8:00-12:30)	BET (1:30-5:30)
Tuesday	FM I (8:00-12:00)	FM II (2:00-7:00)
Wednesday	Written exams (10:00-12:00)	Dinner at Morning Star Ranch
Thursday	Oral Practical Exams (9:00-12:00)	Oral Practical Exams (1:30-4:30)

## TESTING FORMAT

The examination is divided into three sections:

- **Written examination:** True/false, fill-in-the-blank, multiple choice, and short answer questions for a total of 50 points.
- **Oral examination:** Questions from each of the four required courses for a total of 50 points. There will be one eclectic question, worth two points, to provide an opportunity to demonstrate the ability to integrate all IPA philosophies and clinical approaches.
- **Practical examination:** Questions from each of the five required courses for a total of 25 points.

## GRADING AND PASSING CRITERIA

To pass, the student must achieve a score of at least 70% in each written and each oral/practical section for each course, and a minimum of 80% combined score for each course. Failure to attain a score of 70% on a specific section necessitates a retake of that section. If a candidate fails to reach a combined score of 80% in a given course, and both written and oral/practical scores are below 80%, then both written and oral/practical must be retaken. (i.e., 77% written and 75% oral/practical = 76%, both tests need to be retaken. However, with a 77% written and 81% oral/practical = 79%, only the written needs to be retaken.) If the combined score is below 75% then both the written and the oral/practical must be retaken (i.e. 85% written and 61% oral/practical = 73%, both tests need to be retaken). Failure of three or more sections will necessitate a retake of the entire exam.

FOC examiners will follow specifically designed criteria for grading to maintain the highest standards of objectivity and fairness. All grading decisions will be final. Participants will be required to sign a waiver agreeing to abide by all IPA grading decisions, and relinquishing all rights to dispute the same.

Distinction	94 – 100%
Honors	90 – 93.9%
Pass	80 – 89.9%

Physical therapists who pass FOC with at least an 80% on each of the sections of the FOC exam may apply those grades towards CFMT for a period of three years following the initial exam. All therapists returning to test for CFMT will be required to retake the oral/practical for each section to ensure continued competency in the clinical application of the material.

Candidates who pass the examination are awarded an FOC Certificate. Testing results will be confirmed within 90 days.

## RETAKE CRITERIA

Any failed section of the exam can be retaken at a future FOC testing or at a prearranged site with a qualified FOC proctor. The retake fee is \$75 per written section, and \$100 per oral/practical section. Failed sections may be retaken for up to three years. After three years, the entire exam must be retaken.

## CONFIDENTIALITY

It is a firm policy of the IPA that strict confidentiality is observed regarding all test scores. Only lists of those candidates that successfully complete the FOC exam will be made public.

## APPLICATION

Please return your completed application, corrected transcript (make note on the transcript of any courses you plan to attend prior to testing), signed release of liability form, current photograph, and full payment of \$675 or a minimum deposit of \$200. Due to the fact that last minute substitutions are not possible because of the extensive preparation time required, **\$200 is non-refundable**.

**The balance in full is due by September 1<sup>st</sup>** eleven months prior to testing.

## CANCELLATION POLICY

For cancellations before September 1<sup>st</sup> eleven months prior to testing: **\$100 is non-refundable** and non-transferable, **\$100 is transferable** to a future certification or course, and the balance is refundable.

For cancellations between September 1<sup>st</sup> and February 1<sup>st</sup> of the test year: **\$200 is non-refundable** and non-transferable and the balance over \$200 is refundable **only if your position can be filled**. If your position cannot be filled, 50% is forfeited and 50% is refundable.

After February 1<sup>st</sup> of the test year, no refund will be issued due to the fact that last minute substitutions are not possible because of the extensive preparation time required.

All cancellations must be received in writing.



**Functional Orthopedic Certification Application**  
**YEAR APPLYING FOR \_\_\_\_\_**  
(Pricing for future years may change.)

First name \_\_\_\_\_ Last name \_\_\_\_\_

Previous surnames \_\_\_\_\_

How would you like your name to appear on your certificate? \_\_\_\_\_

Mailing address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

(Please circle the phone number that is easiest to reach you at M-F 8:00-4:00).

Email address \_\_\_\_\_

Where did you attend PT school? \_\_\_\_\_

When did you take your first IPA course? \_\_\_\_\_

Initial here to indicate that you understand and agree to the cancellation policy. \_\_\_\_\_

(Review the cancellation policy on page 3 of this packet.)

**In order to answer the following questions, please use a separate sheet of paper and attach to this application.**

1. Please summarize, in 100 words or less, your motivation for becoming certified through the Institute of Physical Art.
2. Explain your work situation over the last 18 months (type of patients, number of hours, patients per hour, etc.).

**PAYMENT INFORMATION**

\$675 Payment in full

\$200 Deposit

Manuals: \$25 each, \$30 each with binder. BET PNFI FM I FM II

Total amount due: \_\_\_\_\_

Check or MC Visa AmEx # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Print name as it appears on card: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_



## FOC Release of Liability

**Course Date:** \_\_\_\_\_

**Location:** Steamboat Springs, CO

I, the undersigned, am engaging the Functional Orthopedic Certification (“FOC”) for the purpose of providing me with physical therapy training and testing. I hereby release the Institute of Physical Art (“IPA”), their agents, employees and contractors, including any facilities where instruction takes place, from any responsibility, and I agree to hold them harmless from any and all liability, claims, damages, actions and causes of action whatsoever, for loss, damages, or injury to person or property, irrespective of how arising and however caused.

I further agree that all of my physical and medical conditions, limitations and sensitivities are disclosed in writing below, and hereby release and hold the Institute of Physical Art, their agents, employees and contractors harmless from any liability, claims, damages, actions, causes of action whatsoever in any way relating to or arising from said conditions, limitations, or sensitivities. I expressly agree that all physical therapy, rehabilitative, and exercise training instruction and use of all facilities and equipment shall be undertaken at my own risk, and I represent that I am physically and medically able to undertake any and all physical therapy, rehabilitative, and exercise training instruction provided and the activities related thereto.

I further agree to abide by all IPA grading decision and relinquish all rights to dispute the same.

I UNDERSTAND AND AGREE THAT THIS RELEASE AND WAIVER OF LIABILITY CONSTITUTES A COMPLETE WAIVER OF MY RIGHT TO SUE AND COLLECT DAMAGES FROM THE IPA REGARDLESS OF WHETHER THE IPA DIRECTORS ACTED NEGLIGENTLY.

This Release of Liability and all other aspects of my relationship with the FOC process, contractual or otherwise, are and shall be governed by the laws of the State of Colorado, and I consent to the jurisdiction of the State of Colorado as the sole forum regarding this Release of Liability, if any portion of this Release of Liability is found by a court or other appropriate authority to be invalid, then the remainder of the Release of Liability shall remain in full force and effect.

I represent that no special relationship exists between the FOC process and me, and that I am under no physical, economical or other compulsion to sign this Release of Liability. I acknowledge that the instruction that I will receive from FOC is sufficient consideration for signing this Release of Liability.

I UNDERSTAND AND AGREE THAT THIS RELEASE OF LIABILITY WILL ALLOW IPA TO AVOID LIABILITY FOR ANY FAILURE ON THEIR PART TO USE REASONABLE CARE IN ANY WAY. I RECOGNIZE AND UNDERSTAND THAT THIS IS A RELEASE OF ALL CURRENT AND PROSPECTIVE CLAIMS, AND I HAVE READ THIS RELEASE OF LIABILITY BEFORE SIGNING IT.

All of my physical or medical conditions, limitations or sensitivities are as follows;

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Name (please print) \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_