



BSPTS APPLICATION
Level 1 Training Course (L1)

Applicant Name:	
Credentials: (PT, MPT, DPT)	
State License #:	
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>
May we include your contact info on our website(s) so patients can find you?	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>*Websites: BSPTSNorthAmerica-RigoConcept.com; BSPTS.net</i>
Employer Name:	
Employer Address:	
Employer Phone\Fax:	
Employment Years: - Total years employed - Years at current employer	
Avg. Hrs/Wk in Patient Care	
Describe Current Patient Care Mix (ortho, neuro, peds, scoliosis, etc.):	
Describe Your Past Training/Experience in Scoliosis Patient Care:	
Describe Your Goals for Using Method Following Course Completion:	
L1 Course Applying For: (date and location)	

How Did You Hear About Us:	
Have you completed the L1 pre-requisite BASE course?	<input type="checkbox"/> Yes. I have included my certificate with this registration. <input type="checkbox"/> No. Please go to BSPTS.net to complete. Upon completion, forward certificate to your teacher.
Additional Information:	
IMPORTANT LAB INFORMATION FOR STUDENTS ATTENDING L1 All course attendees are required to participate in exercise lab.	
Please list any conditions that may influence your ability to participate in lab:	
Do you have scoliosis?	Yes / No
If yes *, please answer:	
Age of diagnosis:	
Severity (Cobb angle):	
Current symptoms:	
Past treatment:	
Limitations:	
X-ray We strongly recommend you bring your x-ray (CD and printed) with you to class. If you do not have an x-ray, please contact us and we can help you coordinate getting an x-ray prior to class	___ Yes I have an x-ray and will be bringing it to class ___ No I do not have an x-ray and need assistance in coordinating an x-ray prior to class

Payment for course will be remitted by _____ <div style="text-align: center;">(name of person or institution)</div>

I understand that my final acceptance into this L1 course is contingent upon me completing the online BASE Course (including passing the online examination) prior to attending this L1 Course. The Online BASE Course is available at www.bspts.net. NOTE: You may REGISTER for L1 course prior to completing the Online BASE Course but you must COMPLETE AND PASS the Online BASE Course prior to the start of the L1 course. Failure to do so will result in cancellation of your L1 course attendance (see cancellation policy below).

I understand there will be a written exam at the end of Level 1. At the end of Level 1 you will get information about how to prepare a Case Report Paper and Presentation to get access to Level 2.

I understand that the L1 course is the first of a 3-part course program through BSPTS. Advancement to subsequent courses is contingent on passing competency evaluations. The maximum number of trials for passing the competency evaluation is three. If not passing after 3 trials, it will be obligatory to repeat the previous level course (offered at 50% cost reduction). Only two repetitions of each course level are permitted.

The minimum time to finish BSPTS certification from Level 1-3 will be **21 months**. Minimum time between Level 1 -2 is 9 months, and from level 2 -3 is one year. The maximum time to finish BSPTS certification from level 1-3 will be **six years**. In the event a student does not finish the 3-level certification program in six years, it would be necessary to restart the course series.

Full course information can be found at www.bspts.net

I understand that BSPTS L1 training is primarily intended for use in 1:1 individual physical therapy treatment of patients with Adolescent Idiopathic Scoliosis (AIS). It may be applied with limitations for patients with other scoliosis such as neuromuscular scoliosis. It is recommended that students complete L2 training prior to treating adult painful degenerative scoliosis, or prior to offering group or immersion type therapy. The completion of the full 3-part program is recommended for optimum competency in treating scoliosis.

I agree that I will not use the L1 material to train other physical therapists in treating scoliosis.

I agree to sign the BSPTS Ethics of Practice Agreement upon completion of the L1 course.

I agree to the course cancellation policy below.

Course Cancellation Policy:

1. If registrant cancels with less than 30 days notice (including failure to complete BASE Course):
 - 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 (including failure to complete BASE Course):
 - 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.

Applicant Name

Applicant Signature

Date

CEUs: 48 (CEUs will be 40 as of 2025)

(CEU's are approved in the state in which the course is taught. CEU approval for state in which the student resides/practices is the responsibility of the student)

Course Fee: L1 - \$2850 USD

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 to 6-10. Early registration is recommended. Course may be paid by check - made payable to course instructor/business in bold below. Students preferring to pay by credit card, Paypal, Venmo or Zelle should contact the teacher directly.

___ Boston, MA: Spine Academy PT

Check/ Mail to: **Spine Academy PT** c/o Amy Sbihli, MPT, DPT, 1762 Massachusetts Ave Suite 204
Lexington, MA 02420 Questions? Contact Amy at amysbihli@bspts.net

___ Milwaukee/Wauwatosa, WI: Cindy Marti, PT

Check/Mail to: **C.Marti PT** , 2469 North 100th St, Wauwatosa, WI 53226
Course location: 3333 N Mayfair Road, St 305, Wauwatosa, WI 53222
Questions? Contact Cindy at cindymarti@bspts.net

___ Stevens Point, WI: Scoliosis Rehab Inc.

Check/ Mail to: **Scoliosis Rehab**, 2918 Post Road Suite B, Stevens Point, WI 54481
Questions? Contact Beth at bethjanssen@bspts.net

___ California: Scoliosis Rehab Inc.

Check/Mail to: **Scoliosis Rehab**, 2918 Post Road Suite B, Stevens Point, WI 54481
Questions? Contact Beth at bethjanssen@bspts.net

Last updated: 8/1/24 TA



Physical Therapist Liability Waiver Form for BSPTS Course Attendees

____ **(initial)** To the best of my knowledge, I am in good physical condition and fully able to participate in this course. I am fully aware of the risks and hazards connected with the participation in this event, including physical injury or even death, and hereby elect to voluntarily participate in said event, knowing that the associated physical activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in this course.

____ **(initial)** I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, Schroth Barcelona Institute (DBA BSPTS North America- Rigo Concept), Barcelona Scoliosis Physical Therapy School, C. Marti PT, SC; Scoliosis Rehab Physical Therapy Inc; Spine Academy Physical Therapy, PLLC and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in physical activity, or while on or upon the premises where the event is being conducted.

____ **(initial)** It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVE, DISCHARGE, and CONVENTION TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the State of Wisconsin.

____ **(initial)** I agree to allow photos taken during the course to be published on BSPTS social media, including but not limited to Facebook, Instagram, BSPTS websites, and newsletters

____ **(initial)** I agree In signing this release, I acknowledge and represent that I HAVE READ THE FORGOING Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

Signature of Therapist

Print Name

Date

Event

BSPTS – Rigo Concept

Ethics Statement

Ethics:

All physical therapists trained are expected to abide by BSPTS Rigo Concept practice ethics and will be required to sign this Ethics of Practice Agreement as part of BSPTS Level 1 course attendance.

Practice Ethics are as follows:

1. Physical therapists involved in treating scoliosis should be part of a treatment team including physicians and orthotists (when bracing is indicated).
2. Physical therapy is not intended to take the place of bracing or surgery (when either is indicated), but is intended to be a compliment to a comprehensive treatment approach.
3. Indications for physical therapy treatment will be based upon accepted medical criteria.
4. Clear expectations of the goals of physical therapy will be given to all patients treated.
5. Websites used to promote scoliosis treatment with BSPTS Rigo Concept should contain proper information in accordance with BSPTS content.
6. Training of other therapists in the BSPTS Rigo Concept is prohibited.

I agree to abide by this code of ethics, to the best of my ability.

Printed Name

Participant Signature

Date