



**NDTA™ CERTIFICATE COURSE IN THE CONTEMPORARY PRACTICE OF NDT
FOR THE MANAGEMENT OF ADULTS WITH STROKE AND BRAIN INJURY
SEPT – NOV 2023**

A Neuro-Developmental Treatment Association Approved Course
Course Number: 23A103

Course Type: In-person

Course Instructors:

Karen Guha, PT, C/NDT, CI
Rose Lesso, PT, C/NDT
Sherry Rock OT, C/NDT

Course Dates:

Part 1: Sept 15-17, 2023
Part 2: Sept 29-Oct 1, 2023
Part 3: Oct 20-22, 2023
Part 4: Nov 3-5, 2023
Part 5: Nov 24-26, 2023

Course Times:

Fri: 1:00pm – 7:30pm
Sat: 8:00am – 6:00pm
Sun: 8:00am – 5:30pm

Location: Back Works Spinal & Sports Rehabilitation
2415 University Ave E, Suite 101
Waterloo, ON Canada N2K 0H5

Contact: Dianne Green or Erika Sagle
reception@backworkspphysiotherapy.ca
Phone: 519-746-8172

Tuition Fees – payable upon acceptance:

NDTA Members: \$3000.00 + HST (\$3390.00 CAD)
Non-NDTA Members: \$3300.00 + HST (\$3729.00 CAD)

Course Description:

The NDTA Certificate course core curriculum includes didactic information, hands-on lab work in which participants practice problem solving and application of intervention strategies, treatment demonstrations by instructors, and mentored clinical practice in which participants work with a variety of clients. Participants assess and treat clients with neuromuscular disorders to gain a thorough understanding of each individual's underlying impairments and the resultant functional consequences, while developing basic handling skills. Participants must meet attendance requirements, successfully achieve course objectives, perform effective assessments, develop appropriate intervention strategies, plan and implement effective treatment plans, and successfully pass the standardized final exam and competencies. Once accomplished, an NDTA Certificate of Completion is awarded.

Course Objectives:

1. Observe, analyze and synthesize effective and ineffective posture and movement and its impact on a client's functional abilities/limitations
2. Demonstrate integration of course content information within practicum assignment:
 - a. Postural control
 - b. Typical/atypical development/movement analysis in function
 - c. Evaluation and treatment planning
 - d. Treatment – analysis and facilitation of movement
 - e. Parent/caregiver training/home management
 - f. Team work
 - g. PT, OT, SLP content
 - h. Neurophysiology
3. Identify components of typical movement and how it relates to the development of: sensory processing, upper and lower extremity function, and visual motor function.
4. Problem solve multi-system, and single system impairments as it relates to sensory-motor processing, upper and lower extremity function and visual motor function and chose effective NDT strategies to address identified functional limitations.





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APPLICATION FOR ENROLLMENT

Criteria for Acceptance

The following criteria will be used for selecting participants in the NDTA™ Contemporary Practice Model Certificate Course in the Treatment and Management of Adults with Hemiplegia (Course # 23A103). These criteria have been jointly established by the NDTA, Inc, and the course faculty. It must be emphasized that applicants do not have to meet all of the stated criteria in order to receive serious consideration. **All applicants must, however, meet the first two criteria.**

1. The applicant *must* be a qualified Physical Therapist, Occupational Therapist, or Speech-Language Pathologist.
2. The applicant *must* have a minimum of one year active clinical experience following graduation (excluding student internships), including a minimum of one year clinical experience with adult hemiplegic clients. Occasional exceptions can be made by the course Coordinator-Instructor.
3. The applicant *should* be presently working with clients with hemiplegia due to a CVA or head trauma, and returning to a similar caseload following the course.
4. Teams of therapists from the same facility who meet the course criteria *may* be given preference over individual applicants.
5. Priority *may* be given to applicants coming from facilities already employing other NDT-trained staff members.

Acceptance -- Application Deadline is **August 18, 2023** or when the course is filled.

Remember to include in your application:

- ☒ Reason for course application
- ☒ Letter of recommendation
- ☒ Application fee of **\$25.00 + HST \$28.25** (non-refundable)
- ☒ Copy of license/registration
- ☒ Proof of current malpractice insurance

All applicants will receive a response by **August 21, 2023**. We reserve the right to cancel this course, if necessary.

Reason for Course Application

On a separate sheet of paper, please submit your reasons for applying for this course. Include how and where you plan to apply the knowledge, and other pertinent information.

Declaration and Waiver of Liability

I understand that NDTA is not a sponsoring agency, does not present or offer the course, but merely lends accreditation to the course. The Coordinator Instructor and the course faculty are not employees, agents, or authorized representatives of NDTA. I understand that I cannot attend the course if proof of professional malpractice liability insurance has not been provided. I agree to indemnify NDTA for any professional malpractice.

In accepting a position in this course, I understand that my performance will be evaluated by the Instructors, and that my successful completion of the course and receipt of a *Certificate of Completion* shall depend upon my meeting standard objective behavioural criteria established for all course participants. Neither I nor anyone who has incurred expenses for my taking this course is entitled to any financial reimbursement should circumstances require that I leave the course for any reason, or in the event that I do not successfully complete the course.

I agree that all information submitted in the application package is true and correct, and I agree to all of the terms and conditions contained herein, and intend to be bound thereby.

Printed Name

Signature

Date





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RETURN APPLICATION NO LATER THAN: **August 18, 2023** with *non-refundable* application fee of \$25.00.
Fee required for application to be processed.

E-mail Application Package to reception@backworksphysiotherapy.ca or fax to (519) 746-8346

- Please submit payment for the **application fee only** with Application Package.

Payment Options:

- Cheque payable to Back Works Spinal & Sports Rehabilitation
- Visa
- Mastercard
- e-Transfer to reception@backworksphysiotherapy.ca

Name as it appears on credit card: _____

Credit Card Number: _____

Expiration: _____ Security Code (3 digits): _____

- ☐ I would like to use this credit card for payment of the course, should my application be accepted. Payment will not be run without applicant's confirmation.

Background Information

Name _____

Home address: _____ Home/Cell phone: _____

Work phone: _____

Fax number: _____

Email: _____

Occupation: ☐ PT ☐ OT ☐ SLP

University attended: _____ Graduation date: _____





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Current Employment Information

Present employer: _____ Position: _____

Address: _____ Type of facility: _____

_____ ☐ Acute ☐ Rehab ☐ Home Care ☐ Other
_____ If other, explain: _____

How long have you worked in your present job? _____ ☐ Full-time ☐ Part-time

Direct therapy provided to adults with hemiplegia in the last year:
☐ 2-5 hrs/week ☐ 6-10 hrs/week ☐ >10 hrs/week

Do you plan to continue actively treating clients with adult hemiplegia after the course?
☐ Yes ☐ No

Responsibilities [percent of time weekly and number of hours]

Supervisory/Administration	☐ 25% ☐ 50% ☐ 75% ☐ 100%	_____
Direct client treatment	☐ 25% ☐ 50% ☐ 75% ☐ 100%	_____
Clinical teaching		hours per year _____
Clinical research	☐ 25% ☐ 50% ☐ 75% ☐ 100%	_____

Experience

Total years of clinical experience as a therapist:	
Total years of full-time experience with adult clients:	
Total years of part-time experience with adult clients:	
Total years of experience with adult hemiplegic clients:	

Describe any prior courses or training you have completed with respect to Neuro-Developmental Treatment:

☐	☐
☐	☐





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Are other staff members at your facility NDT-trained? ☐ Yes ☐ No

Name	Discipline	When/Where Trained	Instructor
_____	☐ PT ☐ OT ☐ SLP	_____	_____
_____	☐ PT ☐ OT ☐ SLP	_____	_____
_____	☐ PT ☐ OT ☐ SLP	_____	_____

To your knowledge, is anyone else from your facility applying for this course? ☐ Yes ☐ No

Name	Discipline
_____	☐ PT ☐ OT ☐ SLP
_____	☐ PT ☐ OT ☐ SLP
_____	☐ PT ☐ OT ☐ SLP

Malpractice Liability Insurance

You are required to hold malpractice liability insurance which will cover you during your participation in the course. If accepted you will be required to submit proof of current coverage.

Status of Licensure

You must submit a copy of your current professional license/registration with your application. You may be required by state/province practice act to obtain temporary licensure in the state/province in which this course is held. The Coordinator Instructor or course sponsor will notify you if this is necessary.

Statement of Non-Discrimination

It is the policy of NDTA not to discriminate on the basis of gender, disability, race, color, national origin, sexual orientation, or age in admission and access to or treatment in employment, educational programs, or activities as required by Title IX of the Education Amendments of 1972, sec. 504 of the Rehabilitation Act of 1973; title VII of the Civil Rights Act of 1964; the Age Discrimination Act, the American for Disabilities Act of 1990, and their implementing regulations.

If you are accepted, will you be able to participate in all of the physical requirements of this course? This includes transferring severely impaired clients, facilitation of classmates, being facilitated by classmates, etc.

☐ Yes ☐ No

Possible limitations I have are described as follows:

I will require special assistance or equipment, such as:





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Letter of Recommendation

Name of Applicant _____

The above individual is applying for admission to the NDT/Bobath Certificate Course in the Treatment and Management of Adults with Hemiplegia. To assist us in our selection process, please respond to the following:

1. Briefly describe the applicant's clinical skills, including his/her most effective areas of patient treatment.
2. Describe the applicant's ability to function in a group.
3. Describe the applicant's ability to function in a learning situation, including his/her ability to receive constructive criticism and evaluation results.

Thank you for your time and assistance.

Name _____ Position _____

Facility _____

Please return to: **Applicant** for submission with completed application form.

