



PRI Mini Residency Center Application

PART ONE (Demographics)

Today's Date August 12, 2021

Name Craig Stasio PT, MSPT, PRC

Professional Title Physical Therapist / Owner

Employer / Company SIMIO Health & Wellness, PLLC

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Please provide names of all of the PRCs or PRTs that are currently on staff at your facility:

Craig Stasio PT, MSPT, PRC

PART TWO (PRI Mini Residency Center Description)

• Please provide a description of what the resident can expect at your PRI Mini Residency Center:

1. Outline and describe the opportunities that currently exist with patients or clients, and the conditions that exist with the majority or typical patient/client representation.

SIMIO is an outpatient physical therapy clinic and restorative wellness center that offers several avenues for PRI minded care.

For clients that desire a more regional approach, or those that are of the mindset that they need to prioritize insurance billing for services rendered, we have three licensed physical therapists that provide insurance billed regional care. All physical therapists at SIMIO have attended at least 4 PRI courses. These therapists are using primary course content to take clients through program sessions focused on objective goals that pertain to the area of pain or limitation. These sessions are tailored for insurance billing and reimbursement by insurance carriers. While progressing through treatment, opportunities are created to educate the client on the importance and influence of the airway, respiration, autonomics, positional and peripheral sense, and integrative approaches to guide their programs.

SIMIO also hosts a Restorative Physical Therapy service for those clients that are ready to fully connect the dots between PRI Primary, Secondary and Tertiary concepts. Restorative care is a fee-for-service product and is provided by a postural restoration Certified provider. Restorative care fully integrates respiration, airway, ground and postural sense, gait, alternation, and reach.

2. Outline any unique opportunities that exist.

Since SIMIO offers insurance and fee-for-service products, the resident may be able to see how both systems can be successfully carried out in the clinic.

SIMIO also offers interdisciplinary integration options with a local

optometrist, airway centric dentists, and an international voice coach.

In addition to offering PRI orthotic services via Dr Coffin, SIMIO provides footwear guidance and injury prevention services at Gazelle Sports a local athletic store twice per month, as well as, frequent demonstration and education services to local sports teams and fitness centers.

3. Outline the experience and interest of the staff that the resident may have interactions with during their PRI Mini Residency Program at your center.

Kelly Marsman PT, DPT, is a women's health PT that has worked for SIMIO throughout her entire career and is primarily PRI minded in her care.

Kevin Proctor PT, DPT was a former student of SIMIO 10 years ago and integrates PRI with his prior experience treating chronic pain, cyclists, and geriatric populations. He is skilled at tri-planar integration concepts and is a very logical thinker.

Nate Dykema PT, DPT is also a former student 12 years ago and returns to SIMIO with a Mackenzie certification. This is interesting because as he integrates the PRI skillset, we see him being a versatile provider that can differentially diagnose positional preferences and reduce client symptoms quickly so that he is able to effectively return them to flexion, decompression, and alternation on a PRI program. This is a skill that many Mackenzie minded therapists lack the time or ability to achieve.

Craig Stasio PT, MSPT, PRC is the clinic owner and is Postural Restoration Certified. Craig is a whole-body minded neuro-sensory and neuro-reflexive practitioner. Clients that schedule with Craig are being seen for restorative services that are fee-for-service rather than insurance-billed. This allows clients to be

offered longer sessions and focus on enhanced life and movement goals. Craig educates clients and integrates their program to include reference centers, occlusal and visual patterns, respiration, gait, and alternation. Many clients travel to SIMIO from out of their home town for these services. A resident following Craig will likely see less traditional diagnoses, or perhaps common diagnoses that have struggled with orthopedic style treatment in prior care at other clinics.

4. Outline the areas of specialization and the areas of interest that exist.

Integration of PRI concepts with regional orthopedic diagnoses.
Postural-Dental integration with interdisciplinary Dentists.
Postural-Visual integration with an interdisciplinary Optometrist.
Postural-vocal integration with faculty of an international voice-work institute.
Disorders of the larynx and airway.
Upper cervical pathology.
Superior T4 Syndrome and related pathology.
Rebalancing Gait in patterned individuals.
Perfusion enhancement for sports performance.
PRI/Women's health intervention programs.
Fertility enhancement/enrichment.
Autonomic disorders associated with patterned postural and respiration disorders.

5. Describe the environment and setting.

SIMIO is health and wellness facility occupying 6,000 square feet of office space in a lakeshore community. We are on the outskirts of town near the highway to be accessible to clients that travel to our center. We offer 6 private treatment spaces, an open gym designed for functional movement observation. We also have two massage therapists and office space for health coaching, pilates, and other allied wellness services.

Our sessions are 40-90 minutes in length depending on service provider/payor. We see all clients privately without double booking. Clients in our center are very dedicated to their care and the education we provide them. We see ourselves as educators first, interventionists second.

6. Outline any additional PRI courses (other than the 3 PRI primary courses) that the applicant must complete prior to applying for a PRI Mini Residency Program at your center.

SIMIO is equipped to meet the educational needs of applicants that have completed the three primary courses only, but strongly suggest the completion of Impingement & Instability prior to their residency. Of course, any additional coursework is welcome and encouraged. SIMIO will provide the resident an experience that is commensurate with their coursework.

7. Provide application deadlines/time frames, as well as up to date availability.

Application deadlines do not apply as residency opportunities may be available throughout the year. SIMIO will host one resident at a time and will work to coordinate the date and schedule with the applicant. Contact Craig (craig@simiohealth.com) for more details.

PART THREE (PRI Experience & Expectations)

• Please type out your responses to the following questions, and include these with your application.

1. How much do you use PRI in your current every day practice with patients or clients? Is it a subordinate method, or is it your primary treatment/management approach?

Craig - 100% PRI approach

Kelly - 95% PRI approach
Kevin - 60% PRI approach
Nate - 60% PRI approach

All clients regardless of treating PT will be exposed to PRI intervention during their program, but there may be some additional activity, manual therapy, IASTM, women's health, neuro-reflexive and positional preference assessment and interventions used to assist patients with symptom reduction, compliance, and treatment efficiency to keep them motivated to address the underlying condition/pattern.

2. Why are you interested in becoming a PRI Mini Residency Center?

SIMIO is a teaching center. We believe that teaching makes us better learners and that we all need mentorship. We learn as much from those we mentor, as we do from our mentors.

Extending PRI education into the clinical setting is also a valuable resource. As the institute and its outreach grows, the content, intentions, principles, and application of the techniques could be diluted or mis-interpreted by course attendees without sufficient guidance or mentored practical experience. SIMIO believes that having residency centers would establish additional hands-on points of contact to educate, correct, and protect the science that the institute has developed.

3. How many hours do you (and any other PRCs or PRTs employed on staff) work on a weekly basis. If it is less than full time (<32 hours per week), please outline how you would plan to keep the resident active and learning during their full time 6-week PRI Mini Residency Program.

We work 40+ hours per week with 25-36 hours of direct patient care. The clinic PRC would be the primary residency instructor for the participant, however, there would be other clinicians that could easily provide patient contact with PRI application when needed.

A portion of the week is also dedicated to professional development, staff inservice, and marketing. The resident would be included in these activities as well.

4. What are your future goals for integration of PRI concepts within your practice/setting?

We are a Certified Postural Restoration Center and through staff mentorship, PRI coursework, and practice, we integrate PRI concepts into all components of patient care. We work daily to enhance staff application and awareness of the complexities of the science. Each provider is moving through their journey from being orthopedic minded to neuro-minded with regard to the effect of respiration and airflow, postural senses, reflexes, and autonomics. Just as the primary through tertiary courses have revelations appropriate to the experience and mindset of the learner, SIMIO takes a similar approach to integration of PRI content in the clinic.

5. Who on staff (must be a PRC or PRT credentialed professional) will oversee the resident during their time at the PRI Mini Residency Center? Which other healthcare or movement professionals on staff have taken at least 3 PRI courses and would be interested in having the resident spend time with them during their 6-week mini residency program?

Craig is the PRC in the building currently and will be the primary residency instructor. Kelly, Nate, and Kevin have all taken greater than 3 courses. All of the staff are eager to teach and help by offering time to the resident as they have with prior clinical affiliations and student observers. Each staff member has unique interests, specialties, communication and education styles that would enhance the overall experience of the resident.

6. Have you ever had any college or graduate students complete a clinical rotation or internship at your facility? If so, please express how that experience has been, and how you feel this would be

similar or different from student clinical rotations or internships that we completed at your facility.

SIMIO has been one of the most sought out clinical rotation sites for Grand Valley State University since 2008. At times we have had 4 students per year. Due to the complexity of the care we provide, we have only offered internships to final year students in the graduate program. Many of the prior students have returned to become staff members, but often after working elsewhere for a few years. Nate and Kevin are both former students from 10+ years ago. Our last student was in 2018. We have decreased clinical rotation placements since then with our transition to new space and investing in staff development as a Postural Restoration Center. We believe that we can offer a great education to graduate level students, but the level of instruction is more commensurate with a post-graduate internship or residency. This is why the PRI mini-residency suits SIMIO's educational and mentorship values.

7. Besides utilizing PRI as an assessment/treatment approach, what other PT or sports/performance-related interventions (i.e. Graston, Schroth, Dry Needling, FMS/SFMA, DNS, etc.) do you use in your practice or setting on a regular basis?

PRI is our primary approach, however, our staff comes with significant prior clinical experience. We have and have had providers trained or certified in IASTM, Women's Health, McKenzie method, SFMA/FMS, ART, AFS, among others. As clinicians, we have spent 17+ years studying the consistencies of human compensatory and neuro-reflexive positional patterns on posture. This is how we found PRI as such a great addition to melt into our practice.

8. What is your process for determining if/when someone needs interdisciplinary integration care, or referral to another practitioner for evaluation/consultation?

As we educate patients and intervene on their condition, we start with the orthopedic concepts of (re)position, ROM, stability and endurance to meet the client where their mindset is and work to maintain an objective result. This also allows us to educate on the mechanics of gait. Once they understand stance vs swing phase orthopedic limitations, we are able to start educating on airflow and positional sense. This starts the conversation about how neuro-sensory and neuro-reflexive interventions can promote or enhance the goals of our orthopedic care plan. If we make observable progress when we include reference centers, breathing, vision, or dental sense with non-manual techniques, we continue to add these concepts into their program. If we can create objective change with non-manual or manual techniques, but do not seem to be keeping these changes between sessions, and the clinician is confident that the application, as well as, the patients performance of the concept was accurate, we begin to test other interdisciplinary concepts. This may include poron for the arch or heel compression to demonstrate the need for footwear or orthotic recommendations. We also will use small cylinders, hyperbaloids, doubleguards, or craft sticks to isolate tooth sense. This allows us to demonstrate the benefit of working with our interdisciplinary dental office or communicate with the clients dentist. We also use a hemi-bill hat and/or trial lens set to change the peripheral demand on one eye or change their peripheral ground sense. If this creates objective change we would recommend further refraction with our interdisciplinary optometrist.

9. Do you currently integrate PRI with foot orthotics/footwear or collaborate with an optometrist or dentist in your area? If so, in what ways are these other disciplines integrated within your practice? Please include the names of any interdisciplinary professionals that you collaborate with on a regular basis. If you do not integrate with any other disciplines, please outline how you manage patients or clients who are not progressing with a traditional PRI program (i.e. do you refer onto another PRI clinician who does integrate?)

With regard to footwear:

SIMIO has had a relationship for the past 10 years with Gazelle Sports, an athletic footwear store with locations throughout Michigan. We provide footwear consulting, testing, and injury prevention services to clients and their customers twice per month. We utilize the Hruska shoe list for recommendations and client testing. We also train the Gazelle staff on locomotor movement, position, ground sense, and its relationship to the footwear we recommend.

We use Dr. Paul Coffin for all of our PRI orthotic needs.

With regard to Optometry:

We have a relationship with Dr. Neil Renaud, a Behavioral Optometrist/Visual Therapist who is happy to perform standing refraction and additional peripheral visual testing. He will also include HGIR and Cervical tests as requested. We often will accompany a client to his office. He also often refers his challenging visual clients to SIMIO when he is not seeing results with VT alone.

EagleEye Performance Vision - www.eagleeyevisiontherapy.com

With regard to Dentistry:

We have a direct relationship with Dr. Mailloux and Dr. Haas of Mailloux Dentistry and frequently are at their office to consult with mutual clients approximately 2-4 times per month. We also often accompany clients to their equilibration appointment for a PRI occlusal orthotic delivery. Also, many of our clients come from out of town. Those traveling clients are more apt to have Dr. Haas produce an occlusal orthotic if needed due to the complexities of receiving an accurate device from an out of town dentist.

SIMIO is currently working with Dr. Mailloux and Dr. Kevin Kross on scanning, printing, and producing PRI occlusal orthotics in-

house to improve the quality and consistency as well as decrease the delivery time for clients.

SIMIO also favors working with each local client's family dentist so that we may keep the client's existing dental provider as well as create new interdisciplinary relationships. There are at least 5 other dentists in my area that have fabricated PRI occlusal orthotics based on my guidance.

Mailloux Dentistry - <https://www.hollanddentist.com/>

10. What are your expectations of the mini resident?

Expectations of the resident: (in addition to the generic professional expectations of a care provider in any setting)

- Resident to self-Identify learning objectives and desired experience outcomes early in the experience.
- Create opportunity to meet objectives throughout the residency.
- Be adaptable and motivated.
- Have awareness that the paying client is the customer first, and that the clinical setting is a for-profit business.
- Respect the schedule and the client experience.
- Assist with day-to-day operations that increase the efficiency of the instructor to offset the additional time invested in the resident.