



PRI Mini Residency Center Application

PART ONE (Demographics)

Today's Date 8/12/21

Name Julie Blandin

Professional Title PT, ATC, CSCS, PRC

Employer / Company Thrive Proactive Health

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

JULIE BLANDIN, PT, PRC

PART TWO (PRI Mini Residency Center Description)

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

A PRI Residency at Thrive Proactive Health will provide a great interdisciplinary experience and mentorship opportunity to enhance one's appreciation, application, and understanding of the science of Postural Restoration in a private practice, physical therapy and integrative wellness center. In addition to Postural Restoration based physical therapy, we provide other onsite self care services including massage, cupping, acupuncture, energy medicine, fitness training, mindset training and performance psychology. Various educational opportunities will be offered weekly to the resident, including going through weekly meetings with our lead PRC, Julie Blandin and going through a structured curriculum that she created for her team. Structured feedback will be offered via competency evaluations every 2 weeks to help the resident understand their strengths and areas of opportunity. By the end of this 6 week residency, the resident will demonstrate application of PRI knowledge and patient care skills necessary to function as a staff therapist in an outpatient or sports setting. They will feel comfortable with efficient whole body PRI testing and interpretation of those results, orthotics fabrication, breathing and gait assessments, as well as the integration of PRI in various Fitness and Movement systems.

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.

A typical caseload has a mix of general outpatient and sport specific patients. Common diagnosis codes include neck pain, shoulder pain, back pain, SI dysfunction, pelvic floor dysfunction, hip pain, headaches, knee and foot pain. All patients regardless of referral source are screened with a PRI assessment framework. We treat a fairly active population, largest of which is middle aged adults ages 35-60. We have a low population of Medicare patients and postoperative patients. Being a military town, we do see a lot of Tricare referrals including military dependents, as well as some active duty and special operators.

2. Outline any unique opportunities that exist.

Unique opportunities exist with integration of onsite wellness services including massage, cupping, dry needling, acupuncture, energy medicine, fitness/strength and conditioning, mindset training and positive/performance psychology. We can also offer extra collaborative training with our partnering pain management physician that specializes in functional medicine and regenerative medicine. Residents will also learn how to make PRI orthotics to work with Dr. Paul Coffin, as well as the integration of PRI into speciality populations including geriatrics, baseball, golf, volleyball, running, cycling, soccer, yoga, pilates, powerlifting, and fitness and movement.

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.

Julie Blandin leads our Postural Restoration programming and has nearly 15 years studying PRI and over 10 years mentoring other clinicians in PRI. She shares a strong passion in sports rehab and integration of PRI in fitness and movement. Julie has extensive experience teaching and speaking as she spent over 6 years developing and teaching the PRI Integration for Fitness and Movement affiliate course for the Postural Restoration Institute. All other clinical staff members at Thrive share in the desire to learn and grow in their understanding of PRI. As a staff, we sit down together twice a month to discuss various PRI topics, including specific training around PRI application, case studies about various clients/patients, interpretation of movement observations and PRI tests. Julie has created many adjunct supportive videos, documents, and competency check outs to help train staff internally which will be used throughout this residency.

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

Sports rehab, fitness and movement, orthopedics, massage/myofascial release (including Graston, dry needling), triplanar matrix functional movement assessments, gait/running analysis, footwear assessments and PRI orthotics.

5. Describe the environment and setting.

Thrive currently has 2 locations, one is a small quaint satellite office. The main office is 5000 sq ft and includes a 2500 sq ft gym/boutique fitness center where specialty fitness classes run daily including women's health and small group fitness. The main location has many other integrative services that run alongside Physical Therapy, including massage, cupping, acupuncture, energy medicine, fitness training, mindset training and performance psychology, nutrition and coming soon, IV therapy.

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.

At Thrive, the applicant only needs to have taken the 3 primary courses. Additional courses like Impingement and Instability and Advanced Integration are recommended but not required.

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

At this time, we are open to accept applications throughout the year on an as needed basis.

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?

PRI is the every day primary form of treatment/management that we use and encourage all clinical staff members to get trained in, in our hiring process. Every PT patient and fitness client is screened with a PRI framework to rule out axial contributions to their pain or performance/movement limitations.

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

This is an exciting and rewarding opportunity for the resident, myself, and our company. I love to teach and share my passion for PRI, as well as watch team members grow in their understanding and application. It would be a rewarding experience for me personally, but also I can see the benefits to how it will help the rest of our staff to grow faster as well. This is a great way to provide a structured form of application and help to spread the science of Postural Restoration.

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.

During COVID I reduced my hours to work on the business and other projects, as well as to assure my other PTs had enough patients to stay employed. I have continued to open my schedule less than 25-30 hours on a weekly basis, but then fit clients in otherwise as needed. As a business owner, I typically work 45-50+ hours a week, and will be available to the resident daily. We may pull a couple long days 1-2 days per week, as I will typically load my schedule up with patient care 1-2 days exclusively, so I don't have to keep bouncing headspaces with other various projects. Additionally, I will probably open my schedule more and find myself on the clinic floor more as this kind of work excites me or I can open my schedule up to do PRI consulting at a partnering practice in a nearby town (about 45 minutes away) which I have done periodically in the past. On days when I'm not on the clinic floor, the resident could have access to the structured curriculum that I've put together as trainings for my staff, and the resident could also be paired up with other Thrive staff members. All of our PTs, exercise specialists and fitness coaches have taken multiple PRI courses and have experience and mentorship to share with the resident. The resident could also help work with me on some of our projects we have going on, as described below, which would directly integrate PRI application into speciality populations.

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

We actually started talking about starting our own residency or fellowship program with PT and PTA students years ago. Over the past 3 years, I've put together some cool resources to serve such an opportunity like this as well as help to train our team. Our current goal is to finalize putting together a pelvic floor/women's health fitness program and then there are 2 upcoming projects in the works: one is for golfers and the other is for runners.

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?

We are scheduled to host Respiration in November and after that all of my PTs will have taken the primary PRI courses. Currently two of three, have taken 2 courses myokin/pelvis, but we do a lot of breathing training in house, which then several other staff members will be available for the resident to learn and collaborate with as well. Karyn Pereira, Matt Campbell, Heather Gray are all exercise specialists, though not PRT credentialed, they have been working closely with me for 3-4+ years. They are very proficient in various PRI principles and PRI Fitness and Movement application and will be a tremendous asset for 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.

We have had several students at Thrive, and before Thrive, I have had many students over the years as I am a certified clinical instructor for the APTA. We also have hired two 1st year DPTs to start their career off at Thrive. With new clinicians and students, we have an 8 week structured training program designed to onboard them and introduce PRI in a way that doesn't overwhelm them. Previous interns including Matt Varca, Sarah Ratti, Maureen Moore are now PRCs, and Hilliary Arechigo is on her way. I believe that we can provide an exceptional structured experience for a resident, much like we provide a structure to our students and employee onboarding.

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?

As mentioned before, a PRI framework is used to assess and guide patient care. For treatment, we may use various forms of movement training and myofascial manual releases – Graston, Dry Needling, cupping, essential oils and vibration therapy. We use other approaches like Anatomy Trains, Dynamic Neuromuscular Assessment, Pilates, Gary Grays Triplanar Matrix Functional Movement, Shirley Sharmans Movement Impairment Syndromes, Vladimir Janda's Cross Syndromes and DNS as well to help communicate weakness patterns and movement impairments (we are hosting a private DNS course in a few months actually), however like I said, we by far use breathing, gait integration and PRI discussions the most, and that will be the main focus for the resident.

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

Much of what and when I refer out has to do with the patient, their goals and personal needs, as well as the chronicity and prior medical history. I am not quick to refer out for traditional PRI interdisciplinary integration as we focus on other various forms of self care and pain relief which I describe below. I will assess their footwear and need for orthotics if I suspect an ascending problem or see a strong asymmetry at their calcaneus/feet. I will often refer out to a dentist for dental sleep medicine, a flat plane relaxation mouthguard, or orthodontia when I notice an asymmetrical bite that affects holding neutrality of the neck/upper quarter tests, an abnormal axial rotation/sidebending pattern, or I suspect airway health or bite problems while sleeping.

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?)

We make PRI orthotics with Dr. Coffin in house. I refer most of my dental cases to dentist Michael Folck. Dr. Folck is a dentist I connected with 10+ years ago through the American Academy of Craniofacial Pain. He is still working only a couple days a week, but is soon approaching retirement. I am soon going to have to look for another craniofacial oriented dentist. I also integrate frequently with an integrative physician named Lisa Barr, MD who specializes in pain management, functional and regenerative medicine. Since we are an integrative wellness center promoting self care, I refer out a lot to our internal services such as energy medicine, massage, restorative fitness, mindset coaching, acupuncture a lot. I also make orthotics with Dr. Coffin, and refer out to chiropractors and dentists. I do not do a great job referring out to optometrists as I've had many setbacks and roadblocks in that arena. Something I tell people is that we are affecting their "adaptation", how we can help them move better and manage various stressors influences how their body is going to move and age. We focus on long term relationships with fitness training and our other services to promote self care and help people change how their body and stress levels are adapting,

10. What are your expectations of the mini resident?

Though this is a short residency, the resident will still be an integral member of our care team, actively engaged in thinking, problem solving and decision making with clinical patient treatments and evaluations. Residents may have to learn our EMR system to do chart reviews and help with documentation like a scribe. Residents will also actively help with projects related to PRI and may present a topic of discussion at one of our monthly staff trainings.

Residents are expected to fit in like a team member, including abiding by our dress code which is “business casual” and demonstrating respect and maintaining a professional attitude with other staff members, referral sources, clients and patients. They would also need to be a good steward of the resources provided to them, including signing a Confidentiality and Security Agreement, agreeing not to share Thrive’s intellectual property, including all internal training documents, videos and presentations.