Postural Restoration Institute®

PRI Mini Residency Center Application

PART ONE (Demographics)

Today's Date **8/13/21**

Name **Mike DeMille**

Professional Title **Mike DeMille PT, DPT PRC**

Employer / Company **Divergence Physical Therapy and Wellness**

Work Address **330B Washington Street, Wellesley MA, 02481**

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Email **mdemille@divergenceptandwellness.com**

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

Mike DeMille

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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.
    2. Outline any unique opportunities that exist.
    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.
    4. Outline the areas of specialization and the areas of interest that exist.
    5. Describe the environment and setting.
    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.
    7. Provide application deadlines/time frames, as well as up to date availability.

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?

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

    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.

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

    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?

    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.

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?

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

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?)

10. What are your expectations of the mini resident?