

CLEAR Certification process and check out sheet

Certification process (overview)

1. Attend Part I and Part II of the Scoliosis Seminar series
2. Pass written exam with grade of 80% or better (exam already made, but not included)
3. Purchase all necessary equipment as outlined by the CLEAR Institute's equipment packages and submit a Case Study to CLEAR Institute
4. Attend the Basic Workshop (Part III) of the Scoliosis Seminar series
5. Complete 1 day out-come based certification at the STAR clinic in Dallas

Out-come based certification check out sheet

Sections:

1. X-ray positioning (actual exposure unnecessary)
2. X-ray analysis (from sample packet)
3. Treatment plan development (derived from sample packet)
4. Mix procedures (derived from sample packet)
5. Adjustment set-ups (derived from sample packet)
6. Set procedures (derived from sample packet)

X-ray positioning

<u>View</u>	<u>Pass</u>	<u>Fail</u>	<u>Reason(s) for failure</u>
Netural Lat. Cervical	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lat. Cervical Flexion	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lat. Cervical Exension	<input type="checkbox"/>	<input type="checkbox"/>	_____
A-POM Cerv-Dorsal	<input type="checkbox"/>	<input type="checkbox"/>	_____
Base Posterior	<input type="checkbox"/>	<input type="checkbox"/>	_____
A-P Lumbar	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lat. Lumbar	<input type="checkbox"/>	<input type="checkbox"/>	_____
Full Spine	<input type="checkbox"/>	<input type="checkbox"/>	_____

X-ray Analysis

<u>View</u>	<u>Pass</u>	<u>Fail</u>	<u>Reason(s) for failure</u>
Netural Lat. Cervical	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lat. Cervical Flexion	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lat. Cervical Exension	<input type="checkbox"/>	<input type="checkbox"/>	_____
A-POM Cerv-Dorsal	<input type="checkbox"/>	<input type="checkbox"/>	_____
Base Posterior	<input type="checkbox"/>	<input type="checkbox"/>	_____
A-P Lumbar	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lat. Lumbar	<input type="checkbox"/>	<input type="checkbox"/>	_____
Full Spine	<input type="checkbox"/>	<input type="checkbox"/>	_____

Treatment Plan (theory only, demonstration required in later portion)

Applicant is able to identify the correct and indicated **adjustments** for his case

Pass Fail Reason(s) for failure

Applicant is able to identify the correct and indicated **weighting/glasses** for this case

Pass Fail Reason(s) for failure

Applicant is able to identify the correct **mix procedures** for this case

Pass Fail Reason(s) for failure

Applicant is able to identify the **correct set** procedures for this case

Pass Fail Reason(s) for failure

Applicant is able to identify the indicated **exercises** for this case

Pass Fail Reason(s) for failure

Mix Procedures

(Applicant must demonstrate proper use of each piece of equipment according to the needs of the case)

<u>Equipment</u>	<u>Pass</u>	<u>Fail</u>	<u>Reason(s) for failure</u>
Wobble Chair	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cervical traction unit	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vibration traction	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eckard Table	<input type="checkbox"/>	<input type="checkbox"/>	_____
Core Stim (lig)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Core Stim (muscle)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Woggon Basic	<input type="checkbox"/>	<input type="checkbox"/>	_____

Adjustment set-ups

<u>Adjustment</u>	<u>Pass</u>	<u>Fail</u>	<u>Reason(s) for failure</u>
MTA	<input type="checkbox"/>	<input type="checkbox"/>	_____
C0/C1 malposition	<input type="checkbox"/>	<input type="checkbox"/>	_____
C1 rotation	<input type="checkbox"/>	<input type="checkbox"/>	_____
C2 spinous rotation	<input type="checkbox"/>	<input type="checkbox"/>	_____
P-A Cervical spine	<input type="checkbox"/>	<input type="checkbox"/>	_____
Upper angle	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lower angle(by hand and instr.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
CD angle (by hand and instr.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
DUD drop	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ant. Dorsals	<input type="checkbox"/>	<input type="checkbox"/>	_____
P-A thoraco-lumbar	<input type="checkbox"/>	<input type="checkbox"/>	_____

#1 adj	<input type="checkbox"/>	<input type="checkbox"/>	_____
#1-a adj.	<input type="checkbox"/>	<input type="checkbox"/>	_____
# 2 adj.	<input type="checkbox"/>	<input type="checkbox"/>	_____
# 3 adj	<input type="checkbox"/>	<input type="checkbox"/>	_____
# 5 adj.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Set Procedures

Applicant is able to demonstrate set-up and use **STC** correctly for his case

Pass Fail Reason(s) for failure

Applicant is able to demonstrate correct **head/body weighting with neuro-rehab**

Pass Fail Reason(s) for failure

Applicant is able to correctly demonstrate **isometric/tonic exercises** for this case

Pass Fail Reason(s) for failure

Applicant is able to identify the correct **spinal molding** for this case

Pass Fail Reason(s) for failure
