

Certified Assistant in Functional Manual Therapy™

The Directors of the Institute of Physical Art and the CAFMT Board of Directors, Ryan Johnson and Peter Rumford, hold to the philosophy that Physical Therapist Assistants, through a series of integrated continuing education courses, can achieve an advanced level of clinical competency.

It is the directive of the CAFMT board to provide a system in which Physical Therapist Assistants develop and demonstrate excellence in the following to become an essential team member of advanced physical therapy:

- Understanding of the Functional Manual Therapy® treatment paradigm
- Performance of manual therapy interventions
- Exercise education and adaptations
- Posture and ergonomic training
- Self-care and injury prevention patient education

Building on the reputation of the Certification in Functional Manual Therapy (CFMT), which has certified advanced clinicians in Physical Therapy for over two decades, the recognition of CAFMT will provide the successful PTA candidate a platform for both professional and financial advancement.

To apply for CAFMT, please complete the following application. Once the IPA office receives your application, you will be sent an invoice, with the option to pay in full or secure your enrollment with a \$200 deposit. Once payment is received you will be officially enrolled in the certification process!

IMPORTANT: The CAFMT testing is rigorous and comprehensive. You are expected to pass all testing at a combined oral practical and written exam score of 80%. To achieve this goal, you must be very knowledgeable and manually proficient in the material of all the required coursework. We anticipate the CAFMT testing to be equally demanding as the CFMT testing process. Historically, most physical therapists who have passed CFMT took each class at least twice, and lab assisted in many classes. Once accepted into the CAFMT program, the IPA administrative team will work closely with you to develop a strategy for you to best prepare for this testing.

We are excited to partner with you in your professional development and journey to become an advanced Physical Therapist Assistant.

Sincerely,

CAFMT Board Members

Ryan Johnson, PT, DPT, CFMT, FAAOMPT

Peter Rumford, PT, DPT, CFMT, FAAOMPT

Certified Assistant in Functional Manual Therapy™ Application

APPLYING FOR YEAR _____

YEAR PREFERRED _____

(Pricing for future years may change.)

First name _____

Last name _____

If courses were taken under previous surnames, please list:

Mailing address

(Please check the phone number that is easiest to reach you at M-F 8:00-4:00 MT)

Home phone _____

Work phone _____

Cell phone _____

Email Address: _____

PTA Program from which you graduated: _____

Year of Graduation: _____

Prior to registration, please ensure you have an online account with IPA at ipafmt.com

Signature _____ Date _____



CAFMT PAYMENT INFORMATION & APPLICATION CHECKLIST

Date: _____

- \$1,100 Payment in full for 2025
- \$1,400 Payment in full for 2027
- \$200 Deposit (remaining balance will be due August 1st prior to testing year)

Remittance Amount: _____

Check MC Visa AmEx _____ Exp. Date _____ CV _____

Print name as it appears on card: _____

Authorization Signature: _____

CAFMT APPLICATION CHECKLIST:

- Application
- Payment Information
- Release of Liability
- Picture

NOTE: If your application is not complete and does not include all items listed above, you cannot be registered and may miss out on an opening in the year to which you are applying. BE SURE your application is complete.



CAFMT™ Year: _____

Location: Orange County, CA

Release of Liability for (Print Name): _____

I, the undersigned, am engaging the Certified Assistant in Functional Manual Therapy® ("CAFMT™") for the purpose of providing me with physical therapy training and testing. I hereby release the CAFMT™ board, the Institute of Physical Art, their owners, agents, employees, and contractors, including any facilities where instruction takes place, from any responsibility, and I agree to hold them harmless from any and all liability, claims, damages, actions and causes of action whatsoever, for loss, damages, or injury to person or property, irrespective of how arising and however caused.

I further agree that any and all of my physical and medical conditions, limitations and sensitivities will not prevent my participation in this course and hereby release and hold IPA, their owners, agents, employees, and contractors harmless from any liability, claims, damages, actions, causes of action whatsoever in any way relating to or arising from said conditions, limitations, or sensitivities. I expressly agree that all manual therapy, rehabilitative, pain management, exercise instruction, and motor learning instruction shall be undertaken at my own risk, and I represent that I am physically and medically able to undertake any and all physical therapy, rehabilitative, and pain management instruction provided, and the activities related thereto.

I understand and agree that this release and waiver of liability constitutes a complete waiver of my right to sue and collect damages from IPA or the CAFMT Board regardless of whether either acted negligently.

This Release of Liability and all other aspects of my relationship with IPA and the CAFMT™ process, contractual or otherwise, are and shall be governed by the laws of the State of Colorado and Routt County, CO, and I consent to the jurisdiction of the State of Colorado and Routt County as the sole forum regarding this Release of Liability. If any portion of this Release of Liability is found by a court or other appropriate authority to be invalid, then the remainder of the Release of Liability shall remain in full force and effect.

I recognize that IPA's services are not essential services, and that I could obtain similar services elsewhere.

I represent that no special relationship exists between IPA or the CAFMT™ process and me, and that I am under no physical, economical or other compulsion to sign this Release of Liability. I acknowledge that the instruction and CAFMT™ process that I will receive from IPA is sufficient consideration for signing this Release of Liability.

I understand and agree that this release of liability will allow IPA to avoid liability for any failure on their part to use reasonable care in any way. I recognize and understand that this is a release of all current and prospective claims, and I have read this release of liability before signing it.

Practice Act: I agree to utilize all skills of evaluation, assessment and treatment learned in this course to the extent allowed under the regulations of my professional practice act. I acknowledge that my attendance does not represent authorization by the IPA, the CAFMT™ board, or any of its officers, to utilize any of the material learned which may lie outside of the strict interpretation of my practice act.

Copyright: All information presented in IPA courses, unless otherwise indicated, is proprietary material, owned by and copyrighted to the Institute of Physical Art, Inc. with all rights reserved. Course information, manuals, and materials may not be shared, presented, duplicated, distributed, or utilized in any manner without prior written authorization from a legal representative of the IPA. I also agree not to video or audio any part of the course or take pictures during instruction without prior written authorization from the IPA.

Signature: _____

Date: _____