

S2S 2026 Application Process for Manual Therapy Specialty Clinical Experience

Athletico Physical Therapy is proud to offer a Manual Therapy Specialty Clinical Experience through our Student to Specialist program, S2S. A limited number of placements are available for DPT students completing their final clinical experience. Selected students will be placed with a Clinical Instructor who holds a manual certification, including Certified Manual Physical Therapist (CMPT), Certified Orthopedic Manual Therapist (COMT), or Fellow of the American Academy of Orthopedic Manual Physical Therapists (FAAOMPT). Students will focus on high level critical thinking and utilization of evidence-based treatment to improve clinical outcomes. Students will be introduced to the rationale behind manual therapy along with various manual techniques for the spine, pelvis, upper and lower extremities. This is a specialty experience, and an application is required.

Requirements:

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- o Resume
- Letter of Intent
- o Letter of Recommendation from a faculty member
- Completed DCE Acknowledgement Form
- ☐ Final Clinical Experience for 2026
- ☐ Strong Orthopedic background and interest in sports
- Exemplary professional behavior and communication skills

Preference: Desire to work in an Outpatient Orthopedic setting upon graduation.

Interested applicants should submit their application packet electronically at this link by March 31, 2025. Click here to apply.

Applications will be reviewed by Athletico's Student Clinical Education Team. Top applicants will undergo a virtual interview in May/June and final decisions will be announced by **June 18**, **2025**. This is a competitive application process. Athletico Physical Therapy has limited Manual Therapy rotations available.

Terms:

- Final clinical experience is defined as a terminal experience immediately preceding graduation.
- Athletico Physical Therapy will accept applications from academic programs which we
 do not currently hold a contract with. If the applicant is chosen, Athletico will execute a
 one-time contract.
- If an applicant does not receive a Manual Therapy Specialty Clinical, they may still be considered for a general outpatient orthopedic placement at the request of the DCE.

Deadline for Applications: March 31, 2025 Decisions will be announced by: June 18, 2025



S2S Manual Therapy Locations:

- Foulkstone, DE
- Ocean View, DE
- Byron, IL
- Champaign, IL
- Chicago, IL or surrounding area up to 1-hour driving distance.
- Western suburbs of Chicago, IL
- Council Bluffs, IA
- Des Moines, IA
- · Waukee, IA
- Frederick, MD or surrounding area up to 30 minutes driving distance.
- St. Louis, MO, or surrounding area up to 1-hour driving distance.
- Athens, PA
- Reading, PA or surrounding area up to 1-hour driving distance.
- Brambleton, VA
- Norfolk, VA
- Richmond, VA or surrounding area up to 1-hour driving distance.
- Williamsburg, VA
- Shepherdstown, WV Caseload is 50% manual orthopedics/50% pelvic health



Manual Skills List: Please reference this list as a guide as you enhance your manual therapy skills on your clinical experience! These are not all inclusive, and you may not encounter all these skills based on the patient population on your Cl's caseload.

Upper Extremity

Shoulder	Elbow	Wrist/Hand
SL STJ Distraction with	Seated/Supine MWM for Lateral	Seated/Supine AP Carpal
Upward Rotation	Elbow Pain	Row Glides
SL Inferior GHJ	Prone AP PRU jt glide	Seated/Supine Lateral Proximal
Capsule Stretching		Row Glides
Seated ACJ MWM	Standing Anterior PRU jt glide	Seated/Supine Medial Proximal
	(grade 5) (Mill's Manipulation)	Row Glides
Supine GHJ AP/Inferior Mobilization	Supine HU jt Distraction	Seated Dorsal 1 st CMC Glide
Supine ACJ Mobilization	Osteokinematic whip for	Seated Anterior 1st CMC Glide
	Abducted Ulna	(Sawmiller's Grip)
SL Assessment of Scapular Muscular Tone	Percussion Manipulation of Loss of Anterior Glide of Radius	Distal RU jt Mobilization
SL Subscap Release		
Inferior GHJ Mobilization in Flexion/Abduction		
Supine Manual Posterior Capsule Stretch and IR Mobilization		

Key:

SL=Sidelying
STJ=Scapulothoracic Joint
GHJ=Glenohumeral Joint
ACJ=Acromioclavicular Joint
MWM=Mobilization with Movement

AP=Anterior Posterior
PRU jt=Proximal Radioulnar Joint
HU jt=Humeroulnar Joint
CMC=Carpometacarpal
RU jt=Radioulnar Join



Spine

Cervical	Rib	Thoracic	Lumbar	SI Joint
Flexion Mobilization	1 st Rib	Upper Thoracic	Supine	Anterior
of Occiput on Atlas	Mobilization/	Traction	Lumbopelvic Roll	Innominate
(for limited AO)	Manipulation	Technique		Rotation Thrust
AA Mobilization	2 nd Rib	Mid-Thoracic	Flexion Lumbar	Long Axis
(Limited with	Mobilization/	Traction	Facet	Distraction
Rotation)	Manipulation	Technique	Manipulation	(Sacral Focus)
Mid-Cervical	Costotransverse	Mid-Thoracic	Prone Unilateral	SI Right on Left
Locking Technique	Manipulation	Manipulation	PA with UE/LE	Sacral Torsion
			MET	MET
Mid-Cervical	Rib and Thoracic	Prone CT Junction	SL Motion	Fixated Right
Opening Technique	Spring Testing	Manipulation	Assessment	Sacral Base
			using TPs	Mobilization or
				Manipulation
Facet vs	Seated Anterior	Prone Central and	Extension Lumbar	Thigh Thrust
Uncovertebral	MET	Unilateral PA	Facet	Manipulation
Manipulation		Mobilization and	Manipulation	
		Manipulation		
AA Manipulation	Seated Posterior	SL TL Junction	Lumbar Facet	
Mid-range	MET	Rotation	Gaping	
(Limited Rotation)		Manipulation		
Up/Down Glide		Seated CT	Sidelying Lumbar	
Mobilization or		Junction	Spine Traction	
Manipulation		Manipulation		
		Seated to Supine		
		and Supine only		
		TL jt gapping		
		Seated Rotational		
		MWM and HVLAT		

Key:
AO=Atlanto occipital Joint
AA=Atlantoaxial
CT=Cervicothoracic Joint

PA=Posterior Anterior
SL=Sidelying
TL=Thoracolumbar
UE=Upper Extremity
LE=Lower Extremity

MET=Muscle Energy Technique TP=Transverse Processes HVLAT=High Velocity/Low Amplitude Technique



Lower Extremity

Hip	Knee	Foot/Ankle
Long Axis Distraction	Supine Posterior	TCJ Distraction/Manipulation
(Hip Focus) and HVLAT	Femoral Mobilization	
Inferior Glide of Hip	Supine Posterior Tibial Mobilization	Proximal Tibiofibular Joint Manipulation
Lateral Distraction with Belt (Can do MWM)	Supine/Prone Medial or Lateral Proximal Tibial MWM	WB Posterior TCJ MWM
Posterior Hip Mobilization	Seated Tibial Rotation Mobilization	Distal TFJ MWM
Anterior Translation Hip Manipulation	Patellofemoral Assessment of Pathology	Anti-Pronatory Series
Prone Anterior Glide		Talonavicular, Cuboid, Subtalar, AP, Proximal Tib/Fib Joint Mobilizations
Hip Percussion Manipulation		MTP Flexion Mobilization/Manipulation
Prone Figure 4 Mobilization		Calcaneal Whip Manipulation
		Cuboid Whip Manipulation

Key:

HVLAT=High Velocity/Low Amplitude Technique **MWM**=Mobilization with Movement

TCJ=Talocrual Joint

WB=Weight Bearing

TFJ=Tibiofibular Joint **AP**=Anterior Posterior

Tib/Fib=Tibia/Fibula

MTP=Metatarsophalangeal Joint

Additional Concepts

- Reviewing Clinical Practice Guidelines and Clinical Prediction Rules
- Movement Control Screening-Activation Phase (LOCAL), Acquisition Phase (REGIONAL), Assimilation Phase (GLOBAL)
- o Vertebral Artery Screen/Modified DeKlyn's
- o Upper Cervical Ligament Testing (Alar/Transverse/Tectorial Membrane)
- AA/AO/Cervical Mobility Testing
- Upper Motor Neuron Screen
- Mid-Cervical Mobility Testing
- o 1st and 2nd Rib Mobility Testing
- CT Region Mobility Testing
- o Thoracic Spine and Rib Spring Testing
- Hip Component
- o Pelvic vs. Sacral vs Thoraco-Lumbar Component



Manual Therapy Specialty Clinical Experience Letter of Recommendation

Materials due by: March 31, 2025					
Name of Applicant:					
Please provide your views on the foll below.	lowing by	placing ")	(" in the aן	opropriate	column
	Very Weak	Below Average	Average	Above Average	Very Strong
Applicant's capacity for analytic thinking and problem-solving				3	3
Ability to work effectively with others					
Communication and interpersonal skills					
Commitment to learning					
Sense of responsibility and professional obligation					
Motivation					
Accountability for actions, decisions, and behaviors					
Demonstrates technical competency in basic manual and joint mobilization skills					
Please attach a brief written statement describing what distinguishes this appropriate Physical Therapy's Specialty Manual	oplicant f	rom other o	candidates		
Please return this rating form and the w with their other materials electronically a				applicant w	rill turn in
Name (please print):					
Signature (electronic acceptable):					
Date:	_				
Phone:					



DCE Acknowledgement Form

Student's name:	
Dates of Final Clinical experience	e:
DCE's name:	<u> </u>
DCE's email:	
Please indicate which specialty	experience the student is applying for:
Cheerleading/Gymnastic	
Endurance Athlete	
Manual Therapy	
Pelvic Health	
Performing Arts	
Sports	
Concussion/Vestibular	
based upon the options available. The top candidates will have a v	ne. Please discuss with the student their top geographic choices in the application. Applications are due by March 31, 2025. irtual interview in May or early June. Final decisions will be sent will be cc'd on all correspondence between Athletico and the
outpatient orthopedic placement	specialty experience, they may still be considered for a general at your request. Athletico will gladly assess availability for a sed upon the student's desired geographical location.
	ling Athletico's Student to Specialist clinical experiences, please ico.com. Thank you for assisting your student with this
_	ement form to the applicant. The applicant will submit this electronically as one application packet.
Signature of DCE	Date



Letter of Intent

In one page or less please answer the following:

- 1. Why are you interested in a Manual Therapy Specialty Clinical Experience with Athletico Physical Therapy?
- 2. What are your post-graduation career goals?
- 3. What are your goals during your Manual Therapy clinical experience?
- 4. What sets you apart from other candidates applying for a Manual Therapy Specialty Clinical Experience with Athletico?

