St. Luke's University Health Network Foot and Ankle Physical Therapy Fellowship

Application for Enrollment

Submit via email to Elizabeth.Scifers@sluhn.org

Demographic Information

Name:	
Address:	
City:	
State:	
Zip:	
Phone:	
Email:	
APTA Member #:	

FASIG Member: ☐Yes ☐No

Specialist Certification: ☐OCS ☐ SCS ☐ Other_____ _____

Date Obtained: _____ Valid Through: _____

Academic History

Undergraduate School Name:	
Degree:	
Dates Attended:	

Physical Therapy School Name:	
Degree:	
Dates Attended:	

Residency *(optional):*	
Specialty:	
Dates Attended:	

Other School Name:	
Specialty:	
Dates Attended:	

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Work History

How long have you practiced as a physical therapist?

- **6-12 months**
- **1-2 years**
- **2-3 years**
- **3-5 years**
- **5+ years**

What percentage of your caseload involves managing foot and ankle problems?

- **0-25%**
- **25-50%**
- **50-75%**
- **Vast majority of foot and ankle cases**

Company Name:	
Position:	
Top 5 diagnoses seen:	

Company Name:	
Position:	
Top 5 diagnoses seen:	

Company Name:	
Position:	
Top 5 diagnoses seen:	

Continuing Education:

Please provide proof of all prior foot and ankle continuing education.

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Essay Section

1. Foot and ankle superspecialization represents an advanced subspecialty in physical therapy, extending beyond entry-level and residency training. Beyond obtaining a credential, what motivates you to pursue this fellowship, and how do you see it advancing your development in clinical practice, teaching, scholarship, and service?

2. Explain how your prior experience and professional education would make you the best candidate for our Foot and Ankle Fellowship program.

3. How do emerging technologies and evidence regarding foot and ankle biomechanics influence your current clinical practice? Provide specific examples of how you have integrated recent evidence-based insights into your rehabilitation strategies.

4. Discuss a situation where you encountered a challenging patient with a foot or ankle condition that required advanced problem-solving. Explain your assessment approach, the rationale behind your intervention, and the outcomes achieved, including any lessons learned in patient-centered care.

5. Explain your philosophy to prescription of custom foot orthoses for patients with foot and ankle pathologies.

Please include an updated CV, 2 letters of recommendation (at least one from a direct supervisor) and a copy of your DPT school transcript with this application.