



Orthopaedic Specialist 2019 Recertification Candidate Guide

Deadline: October 31, 2018

Apply online at www.abpts.org

spec-recert@apta.org

Orthopaedic Recertification Candidate Guide

A Recertification Candidate Guide has been prepared to provide you with important information regarding the recertification process and ABPTS policies and procedures for recertifying.

You are responsible for knowing the contents of this candidate guide. It is essential that you keep this document readily available for reference.

- General Information - American Board of Physical Therapy Specialties (ABPTS)
- Minimum requirements for Orthopaedic Physical Therapy Recertification
- Completing the online application
- Recertification by Specialist Certification Examination Information
 - Orthopaedic Exam Content Outline
 - Orthopaedic Sample Questions
- Recertification by Professional Development Portfolio
 - Professional Development Portfolio Requirements (located with the Blank PDP Forms online: <http://www.abpts.org/Recertification/Orthopaedics/>)
 - Approved Professional Development Activities
 - Professional Development Activities Summary Form
 - Professional Development Activities Total Points Summary Form
- Recertification by completion of an APTA Orthopaedic Physical Therapy Clinical Residency
- Emeritus Status

Recertification/MOSC
ABPTS Specialist Certification Program
American Physical Therapy Association
1111 N. Fairfax Street
Alexandria, VA 22314-1488

Phone: 800.999.2782, ext. 3390

Fax: 703.706.8186

Website: www.abpts.org

Email: spec-recert@apta.org

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American Physical Therapy Association

The American Physical Therapy Association (APTA) is a national professional organization representing more than 100,000 physical therapists, physical therapist assistants, and physical therapy students throughout the United States. Its goals are to serve its members and the public by increasing the understanding of the physical therapist's role in the health care system, and by fostering improvements in physical therapy education, practice, research, and professional development.

APTA established the specialist certification program in 1978 to provide formal recognition for physical therapists with advanced clinical knowledge, experience, and skills in a special area of practice, and to assist consumers, the health care community, and others in identifying physical therapy specialists.

American Board of Physical Therapy Specialties

Coordination and oversight of the specialist certification program is provided by the American Board of Physical Therapy Specialties (ABPTS). ABPTS is the governing body for the approval of new specialty areas and the certification and recertification of clinical specialists. ABPTS is comprised of eleven individuals: board certified physical therapists from different specialty areas; a physical therapist member of the APTA Board of Directors; an individual with expertise in test development, evaluation, and education; and a non-physical therapist member representing the public.

Specialty Councils

The Specialty Council, representing the area of orthopedic physical therapy, has been appointed to delineate the advanced knowledge, skills, and abilities for their specialty area; to determine the academic and clinical requirements for certification; and to develop the certification examinations and oversee the maintenance of specialist certification. The Council comprises five board-certified specialists in the practice area.

Recertification Purpose

The purpose of recertification is to verify current competence as an advanced practitioner in a specialty area and to encourage ongoing education and professional growth. To maintain the certified specialist designation, individuals must recertify every ten [10] years. By maintaining their specialist certification, certified specialists indicate that they are committed to clinical excellence and the development of knowledge and skills in their chosen specialty.

Recertification has been a one-time process as the certification period lapses. ABPTS is transitioning to a model of continued competency that focuses on continued competence of the

physical therapist specialist throughout the years. This new model has been titled the "Maintenance of Specialist Certification (MOSC)."

Recertification Development

The Task Force on Recertification, including both ABPTS and Specialty Council members, developed the recertification process. ABPTS established minimum guidelines for recertification, from which Specialty Councils developed recertification plans appropriate for their practice areas.

The Specialty Council gathered data from certified specialists on their current practice and professional development activities. The Specialty Councils used this data to develop recertification models that are both rigorous and flexible enough to address the diverse career paths of clinical specialists.

Currently, the Council offers the Specialist Certification examination and an alternative assessment option for recertification. This alternative assessment option is a Professional Development Portfolio. To complete a portfolio, candidates must document their professional development activities related to specialty practice.

To ensure consistency in assessing professional development activities, the Task Force created a framework of standard professional development categories. Each Specialty Council developed requirements for their specialty using this framework and the competency areas in the *Description of Specialty Practice* (DSP).

To recertify, candidates must meet minimum eligibility requirements, including current physical therapy license and a minimum number of patient care hours since initial certification. Requirements are established by individual Specialty Councils and approved by ABPTS.

Maintenance of Specialist Certification (MOSC)

ABPTS has developed a model for Maintenance of Specialist Certification" that focuses on continuing competence of the physical therapist specialists over a 10 year period since the last certification date. This new model includes the following elements:

- o Professional Standing and Direct Patient Care Hours;
- o Commitment to Lifelong Learning through Professional Development;
- o Practice Performance through examples of Patient Care and Clinical Reasoning;
- o Cognitive Expertise through a Test of Knowledge in the Profession.

The purpose of the transition to the Maintenance of Specialist Certification process is:

- o To more effectively verify current competence as an advanced practitioner in the specialty area;
- o To more effectively evaluate professional development and clinical experience;
- o To better encourage ongoing education and professional growth;
- o To keep pace with the rapidly expanding specialty knowledge base and scientific evidence that guides our clinical decision making; and
- o To promote improved health outcomes related to physical therapy specialty services.

All individuals who are newly recertified will be subject to the new "Maintenance of Specialist Certification (MOSC)" process. Additional information regarding the MOSC can be found online at www.abpts.org. Any additional questions/concerns should be addressed to staff at spec-recert@apta.org or 800/999-APTA (2782), ext. 3390.

Recertification Assessment

To recertify, candidates must meet minimum eligibility requirements, including a current physical therapy license and a minimum number of direct patient care hours since initial certification. All eligible candidates must complete a competency assessment to achieve recertification. The Recertification Application is available for online submission at www.abpts.com. Select online application and log-in with your APTA ID number to begin your application submission. Certified specialists must choose one of the following assessment options.

Specialist Certification Examination

Candidates who wish to sit for the Specialist Certification examination must select this option on the Recertification Application. The Specialist Certification Program will send these candidates specific instructions on registering for the 2017 examinations. Specialist Certification examinations will be offered nationwide via computerized testing. Candidates may select a date within the testing period of **March 2 – 16, 2019**.

Professional Development Portfolio

A Professional Development Portfolio consists of documenting professional development activities related to specialty practice. Examples are continuing education or college courses, teaching, presentations, professional writing, professional services, clinical supervision, research, and direct patient care beyond the minimum requirement.

APTA Clinical Residency

Candidates who have completed an APTA-accredited orthopaedic residency program after their last certification date may submit evidence of successful completion in lieu of a Professional Development Portfolio (PDP).

Orthopaedic Physical Therapy Minimum Requirements for Recertification

The minimum eligibility requirements established by ABPTS for recertification are as follows:

1. Certification Status

Applicants must hold current certification as an Orthopaedic Physical Therapy Specialist (OCS) by the American Board of Physical Therapy Specialties (ABPTS).

2. Physical Therapy License

Applicants must hold a current unrestricted license to practice physical therapy in the United States, the District of Columbia, Puerto Rico, or the Virgin Islands.

3. Application Fee

Applicants will be required to pay a **non-refundable recertification** assessment review fee of \$650 for APTA members or \$910 for non-APTA members.

Recertification applications are to be submitted by the **October 31, 2018** application deadline. Recertification candidates, who are unable to complete their application online by this deadline, must contact the Recertification/MOSC staff to request a one-month extension of the application deadline. A **late application fee of \$300** will be charged and late applications must be uploaded to the Portal by **November 30, 2018**.

4. Patient Care Experience

Candidates are required to document evidence of continued direct patient care activities in the specialty area, the equivalent of 200 hours per year since the date of most recent certification. For example, if you are applying in **October 31, 2018** for recertification in 2019 and were certified in 2009, you must document 2,000 hours of direct patient care in the specialty area. However, if you were certified in 2010, you would need to document 1,800 hours. 200 of the total hours must have occurred within the last three [3] years.

Direct patient care in the specialty area must include activities in each of the elements of patient/client management applicable to the specialty area and included in the *Description of Specialty Practice* (DSP). These elements, as defined in the *Guide to Physical Therapist Practice*, are examination, evaluation, diagnosis, prognosis, and intervention. See instructions on documenting patient care experience. Also, see enclosed copy of additional information on what activities constitute direct patient care.

Candidates submit an application and review fee for recertification to document that they meet minimum eligibility requirements. Candidates either 1) state they intend to register for the next written examination, or 2) submit their Professional Development Portfolio (PDP), or 3) submit evidence of successful completion of an APTA-

accredited orthopaedic residency, within the past 10 years, in lieu of the PDP or exam. Candidates who choose the PDP assessment must submit their portfolio with supporting documentation. The Specialist Certification Program distributes the recertification applications and PDPs for peer review. Candidates must meet all requirements by the deadline. The Specialty Council will only consider experience completed by the deadline date toward recertification requirements. **No resumes or CVs accepted.**

Recertification Assessment Fee and Application Deadline

The **non-refundable** recertification assessment fee of **\$650** for APTA members or **\$910** for non-APTA members must be submitted with your application for recertification by **October 31, 2018**.

Late applications that are completed after October 31, 2018 will be accepted ONLY with a \$300 late fee.

You can submit payment of the recertification fee in the following ways: online by credit card (MasterCard, VISA, Discover, or AMEX) or by mail with check or money order (payable to APTA). If you submit your payment by mail, you must also complete and include a **recertification payment form** with your payment.

Submit checks or money orders to:

**APTA • Accounting Department
Recertification Application
Specialist Certification Program
PO Box 75701
Baltimore, MD 21275-5701**

Recertification for Individuals Involved in the Specialist Certification Program

Specialty Council members, ABPTS members, cut score study participants, Committee of Content Experts (CCE), Specialization Academy of Content Experts (SACE) members (item writers and reviewers), and appointed committees who are intimately involved in the development and administration of the Specialist Certification examination will not be eligible to sit for the Specialist Certification Examination in their specialty area during and for **two years** from the date of involvement in the process. ABPTS members may recertify via the Professional Development Portfolio during and immediately after their term is complete. Members of the Specialty Councils, Specialization Academy of Content Experts (SACE), Committee of Content Experts (CCE), and cut score study committees have the option of applying for recertification after completion of their term or applying for recertification by Professional Development Portfolio (PDP) during their term. Attempting to recertify during the term of appointment limits the candidate to recertification by PDP only. Section XIV. I of *ABPTS Policies and Procedures Manual* contains detailed information on recertification for

individuals involved in the specialist certification program. Because certain conditions apply to these individuals, please contact APTA's Specialist Certification Program to obtain a copy of the policy.

Recertification for Individuals Who Have Completed an APTA-Accredited Clinical Residency

Recertification candidates who have completed an APTA-accredited orthopaedic residency program may submit evidence of successful completion in lieu of a Professional Development Portfolio (PDP). Completion of a post-professional clinical *fellowship* program, even if it is APTA-accredited, CANNOT be used for recertification in lieu of a PDP. The candidate must still meet all other eligibility requirements, including current certification by the American Board of Physical Therapy Specialties: current licensure to practice physical therapy in the United States or any of its possessions or territories; evidence of continued direct patient care activities in the specialty area, the equivalent of 200 hours per year since the date of most recent certification, with 200 of the total hours occurring within the last three (3) years; and any other minimum eligibility requirements specific to the specialty area, e.g., emergency care certification, CPR, etc.

In order to qualify under this option, the clinical residency program must meet the following criteria:

1. The clinical residency program must be based on a curriculum plan reflective of the *Description of Specialty Practice* in the specialty area. Note that this is a pre-requisite for the program to be accredited by the APTA.
2. The program must have been APTA-accredited as a residency in the specialty area at the time that the candidate completed the program.

An explanation of the rationale for these criteria is as follows. The Professional Development Portfolio (PDP) is structured so recertification candidates can demonstrate professional development activities that reflect the scope of the Orthopaedic DSP. To become accredited by the APTA, an orthopaedic residency program must have a curriculum that addresses every aspect of the Orthopaedic DSP. Becoming an APTA-accredited program is the only way that the American Board of Physical Therapy Specialties (ABPTS) currently recognizes that a program has proven its curriculum is based on the DSP. Having successfully completed that curriculum is the assurance that ABPTS requires from recertification candidates to demonstrate professional development activities in the specialty area. Please note that APTA-accredited fellowships are, by definition, more focused in their curriculum and thus do not have curriculum plans reflective of the entire scope of the DSP. **Completion of a fellowship, even if accredited by the APTA, is not**

sufficient to substitute for submission of a PDP, although activities undertaken as part of the fellowship could be used for points in the PDP.

In addition, when a program is reviewed for accreditation, only the aspects of the program that are current at the time of the review are relevant. Program design and curricular content prior to the review process is not reviewed. There is no feasible way to accredit a program retroactive to the date of the review; and any attempt to do so could not be substantiated and would therefore be arbitrary. Thus, graduation from a program prior to its accreditation does not meet the recertification criteria.

Please contact Recertification staff at 800/999-2782, ext. 3390 for verification of your eligibility to apply for recertification under this option prior to submitting your application.

When to Begin the Recertification Process

Certified specialists may apply for recertification starting within three (3) years of the expiration date of their ten (10) year certificate and therefore, have three (3) separate opportunities to recertify. For example, a candidate whose certificate expires in June 2021 may apply for recertification by the application deadline in 2018, 2019, or 2020. If he/she recertifies successfully, the new certificate expiration date will be June 2031 regardless of the year that the application was submitted. You are not penalized for recertifying early.

The opportunities for recertification in 2019, 2020, and 2021 are as follows:

1. 2019

Candidates may submit an application for recertification by October 31, 2018 for a certification that expires on June 30, 2018.

2. 2020

Candidates may submit an application for recertification by October 31 of 2018 or 2019 for a certification that expires on June 30, 2020.

3. 2021

Candidates may submit an application for recertification by October 31, 2018, 2019, or 2020 for a certification that expires on June 30, 2021.

Considerations on Recertifying Before Expiration Year

Specialists may benefit from recertifying early to take advantage of the three (3) opportunities ABPTS provides to recertify before their expiration date. If candidates apply in their 7th or 8th year, they are able to reapply for recertification before their certificate expires if they are not successful during their first or second attempts. In addition, some specialists know that they may have difficulty meeting the recency eligibility requirements in

their tenth year of certification due to an employment change. These specialists benefit by recertifying early while they are certain that they still meet all eligibility requirements.

Emeritus Status

Board-certified specialists who are retiring from physical therapy practice and active patient care, or a therapist who does not participate in direct patient/client care but may perform occasional demonstrations or supervision of patient/client care of less than five hours per week, have an option to retain their credential by petitioning to ABPTS for the designation "**emeritus**." You must currently hold the certification to apply for the emeritus status. The option of petitioning for emeritus status will not be available once a certification has lapsed. Emeritus status consideration requires completion of an emeritus status application and a one-time application fee of \$100. For more information visit <http://www.abpts.org/Recertification/EmeritusStatusApplication/> or contact us at spec-recert@apta.org

Benefits of Recertification

Candidates who are recertified will:

- Receive a certificate validating certification as a clinical specialist in physical therapy;
- Be recognized by their peers at APTA's Annual Ceremony for Recognition of Clinical Specialists;
- Be entitled to use the specialty designation Neurologic Certified Specialist;
- Receive a board certified specialists lapel pin in their specialty area;
- Continue to have their name listed in the *Directory of Certified Clinical Specialists*;
- Have indicated to the public that they have documented ongoing professional development and current knowledge, skills, and abilities in orthopaedics.

Steps to Apply for Recertification

1. Candidates submit an application online for recertification to document that they meet minimum eligibility requirements. With their application, candidates either 1) state they intend to register for the examination, 2) have completed an APTA-accredited residency program, or 3) submit their Professional Development Portfolio (PDP). Candidates who choose the PDP assessment must submit a typewritten portfolio on the appropriate PDP forms with supporting documentation with their application. Curriculum vitae and resumes are not accepted. The recertification application and Professional Development Portfolios are distributed for peer review.

Recertification applications must be completed online and Professional Development Portfolios and

supporting documents must be uploaded to the application online in Word or .pdf formats. It is the applicant's responsibility to ensure that all forms are completed according to instructions. The Professional Development Portfolio forms must be typewritten. Incomplete applications or forms improperly completed will be returned and will result in a SIGNIFICANT DELAY in the review process.

Before you submit your application, ensure that your PDP is uploaded with all appropriate documents and you have printed a copy for your records.

All requirements must be met, including a completed application, by the **October 31st deadline** of the given year. *The Specialty Council will only consider experience completed by the deadline date toward recertification requirements and will review only Professional Development Portfolios of applicants who meet all eligibility requirements.*

Recertification candidates, who are unable to complete their application by the above deadline, must contact Recertification staff to request a one-month extension of the application deadline.

A late application fee of \$300 will be charged and late applications must be completed by November 30th of the given year.

Professional Development Portfolio Blank Forms are available online at:
<http://www.abpts.org/Recertification/Orthopaedics/>

2. Applications undergo a preliminary review by Recertification staff and later reviewed by the Specialty Council, including PDPs. Candidates are notified if they need to resubmit any part of their application, including clarifying or providing additional information or documentation for the PDP. Applicants must resubmit requested documentation within the timeframe indicated on their notification.

3. The Specialty Council gives candidates two (2) opportunities to submit requested documentation for recertification. If a candidate does not submit the requested material by the deadline, the record will show that (s)he did not meet the requirements for recertification in the given year.

4. All candidates are notified of the results of the application review, including the Professional Development Portfolio assessment. Should an eligible candidate fail the Professional Development Portfolio (s)he can elect to take the Specialist Certification examination.

Specialty Councils will submit the names of individuals they recommend for recertification to ABPTS. ABPTS will make recertification decisions during its May meeting.

Reapplication

Candidates who are not recertified in their first or second attempt **and who still hold a current certificate** may reapply for recertification the following year. Eligible candidates who do not pass the Professional Development Portfolio Assessment in a given year and hold a current certificate may elect to submit a reapplication the following year. In their reapplication, candidates must indicate whether they wish to resubmit their Professional Development Portfolio or sit for the Specialist Certification Examination for recertification in the given year.

To reapply, candidates must submit a new application, which is available online at www.abpts.org. The reapplication, verification of current licensure to practice physical therapy, updated direct patient care hours, recertification assessment fee (\$650 for APTA members or \$910 for non-APTA members), and other requested documentation must be submitted by the specified application deadline.

Reapplicants must meet the current direct patient care requirements to be eligible for recertification. Candidates whose initial certification has expired are not eligible for reapplication, but may apply as a new applicant for certification.

Implications for Not Completing Recertification before Certificate Expiration Date

If the recertification process is not completed by the time of the certificate expiration, ABPTS will no longer recognize the individual as a certified specialist, will remove the individual's name from the *Directory of Certified Clinical Specialists*, and will advise the individual that it would be unethical and a misrepresentation to publicly display the certification in any way or to use the certifying initials after his or her name.

Candidates whose certificate has expired may apply as a new applicant for certification.

Policy and Procedures

Confidentiality

Candidate names, application documents, Specialist Certification examination results and PDP scores are considered confidential. Only recertification staff, members of the Board of Physical Therapy Specialties, members of the Specialty Council, and designated staff at the testing agency shall have access to this information. Candidates can request that the Specialist Certification Program release their name, address, and phone number to other

candidates to form study groups for the Specialist Certification exam. Copies of the test results and portfolio score will be released only at the written request of the candidate.

Disciplinary Procedures

All applicants, candidates, and certified specialists are required to abide by the APTA *Code of Ethics* and its accompanying *Guide for Professional Conduct* which are both available at request from Recertification staff. Any complaints regarding APTA members will be handled through the Judicial Committee in accordance with the procedures outlined in *The Procedural Document on Disciplinary Action of the American Physical Therapy Association*. Complaints involving non-APTA member certified specialists or complaints regarding the specialist certification process pertaining to application or examination issues will be subject to procedures approved by ABPTS which is available at request from Recertification staff.

Applicants or candidates who have been determined to be involved in fraud, misrepresentation, or irregular behavior in the application or examination process will be subject to disciplinary action, to be determined by ABPTS. Fraud or misrepresentation in the application process will be considered evidence of unethical behavior. If determined prior to certification, it will bar an applicant or candidate from the certification process for some period of time as determined by ABPTS, at its discretion.

All potential candidates are required to sign an Affidavit and Pledge of Confidentiality online and agree not to reveal the Specialist Certification examination content or the identity of other candidates. Candidates also agree not to falsify any information in their application or Professional Development Portfolio. Examinees that violate security will not have their exams scored. Irregular or improper behavior that is observed or that is shown by other means will be considered a possible subversion of the certification process and will constitute grounds for invalidation of a candidate's exam or Professional Development Portfolio.

Removal of Certification

Should any unethical behavior in the application or certification process become known after certification has been awarded, it will be considered grounds for revocation of certification. In addition, in the event that ABPTS becomes aware by any means of a revocation or suspension of a certified specialist's state license to practice physical therapy, ABPTS will notify the certified specialist in writing of the immediate withdrawal of certification. The specialist's name will be removed from the *Directory of Certified Clinical Specialists in Physical Therapy* and reinstatement as a certified specialist will be dependent upon proof of license reinstatement.

Reconsideration of Decision Regarding

Eligibility for Recertification Assessment

A candidate whom the Specialty Council determines to be ineligible for recertification may submit a written request for reconsideration to challenge the application of the eligibility requirements to his/her case (but not the requirements themselves). A candidate must submit such a request in writing within two (2) weeks after the date of the denial, as recorded on the written decision sent to the candidate. For more information on procedures for requesting reconsideration of a Specialty Council decision, contact Recertification staff.

Appeal of Recertification Decision

The purpose of the appeal procedure is to enable a candidate to obtain review by the APTA Board of Directors of ABPTS' response to a request for reconsideration. Contact ABPTS recertification staff to gain access to *Procedures for the Review of Certification Actions*.

Instructions for Completing the Recertification Online Application

To complete the online application, you will need the following information:

- APTA login password
- Physical Therapy License information
- Professional Development Portfolio (PDP) (Option C)
- Proof of Residency (Option B)

To start your application, go to www.abpts.org and select online application. You will need your APTA login/password to access your specialist certification record. Follow the online instructions for completing the application; be sure to complete each section of the application by confirming the green check mark in the menu on the left. Items with red asterisks (*) within each section should also be completed. Red question marks (?) are located throughout the application to help you complete the item.

You may stop and save your work to continue at a later time while completing the online application. Please note, however, your application will not be reviewed until it is **submitted** successfully, and only after all supporting documentation is uploaded and the application fee is paid in full.

Please ensure that the application includes your valid, unique email address as this will be the primary mode of communication from ABPTS staff.

Note: Electronic communication from ABPTS may be blocked or forwarded to bulk mail folders by some spam filters.

Physical Therapy License Verification

Please note: a copy of your license is not acceptable. There are three ways to submit evidence of licensure. You may either:

1. Copy the link address from the state online

verification

If your state provides on-line verification of licensure, you can copy and paste the link address of the online verification from the website of your state board of physical therapy to your **online application** for recertification.

2. Upload a copy of the Online License Verification

If your state provides on-line verification of licensure, you can submit a copy of the on-line verification of licensure printed from the website of your state board of physical therapy with your application for the Specialist Certification examination.

Please ensure that your name, state, license number, expiration date are included on the printed page from the on-line verification page. You may have to advance to another page to obtain all required information. **The Federation of State Boards (FSBPT) website (www.fsbpt.org)** has an online directory of the state licensing agencies where you can verify your license.

3. Contact State Licensing Agency

Applicants who live in states that do not have on-line access of verification of physical therapy licensure should send a letter to their state board of physical therapy requesting that the licensing agency send verification of current licensure to practice physical therapy directly to the Specialist Certification Program. **The Federation of State Boards website (www.fsbpt.org)** has contact information for each state licensing agency. Please be aware that some states charge a fee to prepare license verification letters.

Instructions for Completion of Description of Physical Therapy Experience

Please describe your physical therapy clinical experience accrued since the date of your most recent certification. A separate form should be used for: 1) each **facility** in which you have accumulated experience as a physical therapist **since the date of your most recent certification** and 2) each **position** in which you have accumulated experience **since the date of your most recent certification**. This form may be photocopied if necessary.

You must complete the Summary Chart which will provide the total number and recency of direct patient care hours that you accumulated since your most recent certification.

Candidates may not include experience in the specialty area which will occur after the October 31st deadline in any recertification year.

Candidates are not required to document all their experience if their total direct patient care hours greatly exceed the minimum requirement. Use your own judgment to decide how many years of experience to document, considering whether your documented hours reflect the range and quality of your specialty experience. Normally, candidates submit experience obtained within the past five (5) years.

Experience accumulated prior to the start of your most recent certification cannot be used to meet current minimum eligibility requirements. Refer to the start date printed on your certificate.

If your position includes working within more than one specialty area, you are responsible for estimating the total amount of time spent solely in the specialty area of application. Should you choose to apply for certification in a second specialty area at a later date, you will not be permitted to submit the same documentation of direct patient care hours as you submitted for this application.

What Constitute Direct Patient Care? Applicants for recertification frequently ask questions related to the activities that they may include in calculating their "direct patient care" hours. Because each situation is different, there is no specific list of activities that may always be included or excluded as direct patient care. However, a guiding principle to consider for defining direct patient care is: the activities that a therapist participates in that have a direct influence on the care of a specific patient or client. **In Appendix Item 3 are some frequently asked questions and answers regarding direct patient care hours.**

Supporting Documentation: Applicants are not required to submit original documentation with their application to verify employment history. However, the Specialty Councils conduct random audits of applications.

Applicants should be prepared to submit documentation to verify their practice experience (e.g. written verification from supervisors, time records W-2 forms.

Hours Applied to the Portfolio

- Direct patient care hours used to meet the minimum eligibility requirement (the equivalent of 200 hours per year since the date of the most recent certification, with 200 hours completed in the last 3 years) for recertification **MAY NOT** be used in the Portfolio to accrue clinical practice points.

- Calculate hours applied to the portfolio at the bottom of the Summary Chart Form by deducting the minimum eligibility requirements from the Cumulative Total of Direct Patient Care Hours in Specialty Area.

Example: 3,240 Direct Patient Care Hours in Specialty Area – 2,000 hours (eligibility) = 1,240 hours applied to portfolio for points

- Hours accrued as a result of direct clinical supervision of student/peers or clinical consultation with peers in a health care profession may not be counted twice in the portfolio. If a portion of your direct patient care hours applied was accrued as a result of your clinical supervision, then divide your total applied hours accordingly on this summary form.

Example: 1,240 hours eligible for points on the portfolio; 1,040 points are direct patient care hours performed by you; 200 hours are the number you accrued as a result of clinical supervision in the specialty care area.

Total Direct Patient Hours from PT Experience Chart	3,240	
Hours Applied to Eligibility	- 2,000	
Remaining Hours that can be Applied to Portfolio	= 1,240	
Remaining Hours Total split between additional Direct Patient Care Hours and Clinical Supervision Hours activity as appropriate	= 1,040	(Direct Patient Care --Approved Professional Development – Activity #1)
	= 200	Clinical Supervision -- Approved Professional Development – Activity #8)

Development Portfolio forms must be typewritten. Incomplete applications or forms improperly completed will be returned and will result in a SIGNIFICANT DELAY in the review process.

Portfolios must be uploaded to the recertification application. Before you submit your application, please make sure your PDP is uploaded with all appropriate supporting documents and you have printed a copy for your records.

Applicants should upload forms and supporting documentation. Recertification assessment fees can be paid online or send checks to:

APTA
Accounting Department
Specialist Recertification Application
P.O. Box 75701
Baltimore, MD 21275-5701

Professional Development Portfolio Requirements (PDP)

Candidates must submit professional development activities that relate to increasing knowledge and skill in orthopaedic physical therapy, providing a contribution to the specialty practice of orthopaedic physical therapy, or continuing clinical excellence in the provision of orthopaedic patient care.

Candidates must obtain a minimum of thirty-five [35] professional development activity points. Please do not document in excess of sixty [60] professional development activity points when preparing your PDP. Candidates must document professional development activities that reflect the content of the *Description of Specialty Practice (DSP)*.

The two major professional development activities are (A) Practice Dimensions / Knowledge Areas, and (B) Professional Responsibilities. A maximum of 14 points can be earned in the Practice Dimensions activity via documentation of direct patient care in orthopaedic physical therapy.

Activity (B), Professional Responsibilities, is grouped into two categories, Consultation and Education, and Critical Inquiry, each of which is further divided into sub-categories.

One point in two sub-categories, are required for each category.

(Consultation / Education and Critical Inquiry).

A. Practice Dimensions and Procedures/Knowledge Areas 1-5

This category includes the following Approved Professional Development Activities

- Direct Patient Care (14 point maximum)

Submission of Recertification Application and Professional Development Portfolio

Recertification application must be completed online and Professional Development Portfolios and supporting documents must be uploaded to the application online. It is the applicant's responsibility to ensure that all forms are completed according to instructions. The Professional

B. Professional Responsibilities Consultation and Education

(One point in two sub-categories, are required for each category.)

This category includes the following Approved Professional Development Activities

- #1a Teaching a continuing education or college/university course related to the specialty area.
- #1b Subject matter expert or consultant
- #1c Committee participation
- #1d Item writing for certification exam
- #1e Clinical supervision & Consultation
- #1f Professional Services

Critical Inquiry

(2 points required/spread across at least two sub-categories) This category includes the following Approved Professional Development Activities

- #2a (i) Satisfactory completion of college/university course related to specialty area
- #2a (ii) Participating in a continuing education course related to specialty practice
- #2b (i) Case study or case report
- #2c (i) Grant proposal, primary investigator or co-investigator
- #2c (ii) Contribution to a research project
- #2c (iii) Professional Presentations
- #2c (iv) Professional Writing – Author (book chapter, peer-reviewed journal article, and non-peer reviewed publication)
- #2c (v) Professional Writing – Editor (book editor, peer reviewed journal editor, editorial board member, non-peer reviewed publication)
- #2d (i) Professional Writing – Author (reviews or commentaries)/Editor (manuscript reviewer)
- #2e (i) Contribution to a physical therapy outcome database system

Professional development activities must have been completed within the past ten years or since the date of your most recent certification. Questions regarding the Professional Development Portfolio (PDP) should be sent to spec-recert@apta.org.

The Specialty Council and ABPTS will conduct random audits of Professional Development Portfolios (PDP). If a candidate's PDP is selected for an audit, (s) he should be able to provide evidence of involvement in professional development activities such as transcripts, course content outlines, research abstracts, article reprints, etc.

Candidates must identify and describe the professional development Activities (PDA) for each entry and enter the point credit according to ABPTS guidelines as indicated in the overview located in the blank forms

Professional Development Portfolio Blank Forms are available online at:

<http://www.abpts.org/Recertification/Orthopaedics/>

Once you have submitted your application it will go through a preliminary review by staff and then sent to the council. You have two additional times to submit or clarify any information requested by the council or reviewer.

Address Changes

Should your mailing address, e-mail or phone number change please log in to the online application portal and make the appropriate changes there as soon as possible to ensure that there is no interference in staff's ability to contact you.

RECERTIFICATION for Individuals Sitting the Specialist Certification Examination

Submission of Recertification Exam Application

Applicants must meet the minimum eligibility requirements for the examination by the application deadline of October, 31st in the given recertification year. The minimum eligibility requirements established by ABPTS to sit for the Orthopaedic Specialist Certification exam are as follows:

- Current licensure to practice physical therapy in the United States or any of its possessions or territories;
- Evidence of 2,000 hours of direct patient care in the specialty area within the last 10 years, 25% (500) of which must have occurred within the last 3 years or completion of an APTA-accredited orthopaedic residency program. Direct patient care must include activities in each of the elements of patient/client management applicable to the specialty area and included in the *Description of Specialty Practice* (DSP). These elements, as defined by the *Guide to Physical Therapist Practice*, are examination, evaluation, diagnosis, prognosis, and intervention.

National Board of Medical Examiners® (NBME®)

The National Board of Medical Examiners® (NBME®) is a nonprofit organization that strives to provide the highest quality testing and research services to organizations involved in the licensure and certification of medical and health science professionals. NBME provides test development, test administration, editorial production, and psychometric services to ABPTS and the Specialty Councils. NBME currently delivers the Specialist Certification examinations by computer through Prometric, which administers testing programs for educational institutions, professional associations, corporations, and other organizations. Examinations are delivered in test centers that have secure rooms dedicated to test delivery.

Services for Persons with Disabilities

The American Board of Physical Therapy Specialties (ABPTS) provides reasonable and appropriate accommodations in accordance with the *Americans with Disabilities Act* for individuals with documented disabilities who demonstrate a need for accommodations.

It is the responsibility of the person with a disability to provide advance notice and appropriate documentation of the disability with a request for test accommodations. If an applicant identifies functional limitations or special needs that would prevent him/her from taking the certification exam under standard testing conditions, ABPTS will evaluate and respond to that applicant's needs for special arrangements.

Any requests must be made in writing to ABPTS, accompanied by the appropriate forms, at the time of application for the exam (October 31st). The request for testing accommodations must include verification of the disabling condition from a professional specializing in the relevant area and a description of the requested accommodation. Applicants will be notified of ABPTS' decision regarding the request and of the accommodations that will be provided. If accommodation is not requested in advance, availability of accommodations cannot be guaranteed.

SCHEDULING THE EXAM

Scheduling Permit

By mid-December, after your recertification exam application has been approved and your recertification assessment fees paid, Recertification staff will send you an email indicating you can download your Scheduling Permit. The permit contains information and instructions for scheduling a testing appointment at a Prometric Testing Center. Check that the information on your permit is correct, and that your name (first name, middle initial, last name) exactly matches what is printed on the identification you will use on the day of the examination. If the name on your permit does not match the name on your identification, you must contact APTA immediately. **Name changes or corrections cannot be made within (7) business days of your scheduled testing date.** You will be denied admission to the test if the name on the permit does not exactly match the name on your identification.

When you arrive at the Testing Center on the day of your exam, you must present your Scheduling Permit and one form of an unexpired, government issued identification that includes both your photograph and signature. Acceptable forms of unexpired identification include the following: valid passport, state driver's license with photograph, or military ID card. If your identification contains your photograph but not your signature, you can use another form of unexpired identification that contains your signature, such as student/employee identification card or a credit card, to supplement your photo-bearing, government-issued identification.

Note: Prometric test center locations are subject to change, and there is no guarantee that a center listed on the Prometric website at the time of application will be available for a future ABPTS test administration. The most efficient way for candidates to check for test center locations is to log on to www.prometric.com/ABPTS and select 'locate a test center'. This provides the most up to date information.

Examination Dates

The examinations will be administered nationwide at Prometric Testing Centers between the dates of **March 2-16, 2019.**

How to Schedule an Appointment at a Prometric Testing Center

Recertification staff will notify approved candidates when they may begin to schedule a date to sit for the examination. Candidates are not eligible to schedule a session until they have been approved to take the exam and have printed their Scheduling Permit.

You must print or download your Scheduling Permit before you contact Prometric to schedule a testing appointment. You will need to provide Prometric with the scheduling number that is included on your scheduling permit. Appointments are assigned on a first-come, first-served basis; therefore, you should schedule an appointment as soon as possible after you have printed your Scheduling Permit. If you delay scheduling you may not be able to make an appointment at your preferred test site or for your preferred test date. You should report any problems in scheduling a testing appointment to recertification staff at least four weeks before the first day of the testing window to give ABPTS an opportunity to resolve the problem.

Prior to your testing appointment, you can log into the URL provided to access and reprint your permit if necessary.

Rescheduling an Exam

If you are unable to make a testing appointment and would like to reschedule, you must contact Prometric by 12:00 pm EST of the second business day prior to your appointment. The rescheduled test date must fall within the testing window. Fees from your previously scheduled test will be transferred to the rescheduled exam as follows:

a. If you contact Prometric by 12:00 p.m. EST of the second business day prior to your test date, you will be permitted to reschedule without penalty. If you provide less than two days, Prometric will charge a \$106 fee to reschedule your examination (higher fee applies for international testing sites)

b. If you cancel your appointment within 2 business days, you must contact Prometric Candidate Cares at the phone number listed on the permit and pay a \$106 fee to reinstate your eligibility record in order to reschedule your

appointment within the testing window (higher fee applies for international testing sites).

c. If you do not appear on your test date, and would like to reschedule your exam within the testing window, you must wait 48 hours before you contact Prometric Candidate Cares (1-800-853-6764) to pay a Prometric rescheduling fee (\$106) in order to reinstate your eligibility record.

PREPARING FOR THE EXAM

Description of Specialty Practice (DSP)

The *Description of Specialty Practice (DSP)* is a document that outlines the knowledge, skills, and abilities related to clinical practice in that physical therapy specialty area. The DSP content is based on a detailed practice analysis conducted by the Specialty Council. A practice analysis involves extensive research, including survey data and judgments of subject matter experts, of the knowledge, tasks and roles that describe advanced specialty practice. The Specialty Council develops the Specialist Certification Exam from the DSP and includes a percentage of questions from each of the major content areas identified in the practice analysis. Since the competencies identified in these documents are revalidated at least every ten years, it is recommended that candidates review a **current** copy of the DSP in their specialty area. **If you are recertifying by Specialist Certification exam a copy of the DSP will be provided after your application and application fee is processed.**

The Specialist Certification examination or Portfolio will encompass all advanced clinical competencies in the patient care area, as well as in the areas of teaching, interpretation of scientific literature and the research process, administration, consultation, and communication.

Exam Content Outline

The content outlines for the Orthopaedic specialty exam dictates the percentage of questions in each major content areas. The content outline as presented is an approximation of the test construction and should not be interpreted as an exact distribution of test items. See Appendix: Item 1.

Preparation for the Exam

You declare your intent to sit for the specialist certification exam at the time of application and are expected to begin preparation for the exam at that time. You are responsible for determining the method and amount of preparation necessary for the exam. Results from candidate surveys suggest that helpful methods of examination preparation include, but not limited to, advanced level texts, *Physical Therapy*, and other journals containing current physical therapy research. You may also want to review the

Description of Specialty Practice and the content outline to determine what content will be covered on the exam and to direct your study efforts.

Review Materials and Courses

Resource materials are compiled by APTA Sections and board-certified specialists to reflect current literature in the specialty area. They are provided for your information only. **Neither ABPTS nor the Specialty Councils review or endorse the content of review materials and courses.**

In addition, reviewing these resources does not guarantee that a candidate will receive a passing score on the specialist certification examination. Applicants should contact their Section directly to receive information.

Section on Orthopaedic APTA
2920 East Avenue South Suite 200
La Crosse, WI 54601-8282
Phone: (800) 444-3982 x 204
Website: www.orthopt.org

Study Groups

Recertification staff maintains a list of candidates who are interested in participating in study groups. To be included in a study group listing, check the appropriate box on the Application Form. Study group lists will be automatically generated and can be made available to candidates who have indicated their interest in participating in study groups by **mid-November**.

Tutorial

After you are approved to sit for the examination, Recertification staff will make available a tutorial to help familiarize you with the testing software prior to your test day. The tutorial can be downloaded from the APTA Specialist Certification website: (<http://www.abpts.org/SpecCertExamTutorial/>) You should acquaint yourself with the testing software well in advance of your test date. Test center staff is not authorized to provide instruction on use of the software.

The tutorial will also be available at the beginning of the examination session. You may use up to 10 minutes before beginning the examination. The test driver is easy to understand and requires little or no prior computer experience.

Exam Development

The Specialist Certification examinations are developed by Specialty Councils of ABPTS. APTA has contracted with the National Board of Medical Examiners® (NBME®) to assist in the development, administration, scoring, and reporting of results for the certification examinations. Using the DSP as a basis, the specialty councils make the final determinations regarding the exam content and the number

of questions, or items, in each area.

Items for the exam are solicited from content area experts currently practicing in the specialty area representing the full range of practice settings and focus in all regions of the country. Item writers attend workshops and receive instruction to enable them to write high quality, practice-related test items. Test items undergo extensive editing and review by subject matter experts and professional test editors before Specialty Councils approve them to be placed on the examinations.

Exam Question Format

Items are designed to test synthesis and analysis levels of cognitive skills as well as content knowledge. The exam is composed of objective multiple choice questions with 4 or 5 answer choices. The questions either stand alone or are part of a series that relate to a presented case study. There will be approximately 200 items on the exam, with approximately 100 questions within each 3-hour time block. See Appendix Item 2 for sample questions that are representative of the format of questions for each exam but may not necessarily reflect the ability level or content of the items.

Answer Strategy

You should consider answers to each question carefully and eliminate the least likely ones instead of randomly selecting an answer. Please keep in mind that there is no penalty for incorrect responses. Since test scores are based on the actual number of questions answered correctly, it is to the candidate's advantage to select an answer for each question rather than leaving any blank. There is only one best answer for each question.

SITTING FOR THE EXAM

Computerized Testing

The Specialist Certification examinations are administered by computer. The examination questions are presented on computers and candidates provide their responses using new a mouse or keyboard. NBME® works with Prometric to deliver these examinations worldwide at more than 300 testing centers. Approved candidates should contact Prometric as soon as possible once they have their Scheduling Permit to schedule a testing appointment. Candidates may take the test on any day that it is offered during the testing window, provided that there is space at the Prometric test center of choice.

Test Centers and Testing Conditions

Prometric provides computer-based testing services for academic assessment, professional licensure, and certification. Please be aware that there may be test takers from other professions taking examinations during your test administration. Their exam schedule may differ from your schedule, and they may arrive and depart at different times.

These testing centers provide the resources necessary for secure administration of the examination, including video and audio monitoring and recording, and use of digital cameras to record the identity of candidates.

Exam Time

You should arrive 30 minutes before your scheduled testing appointment. The official exam time begins the moment that you enter your identification number online. There are 200 questions on the exam. The exam is administered during a seven (7) hour testing session, which consists of an online tutorial (up to 10 minutes), four 1.5 hour test periods, an optional break after any section (up to 50 minutes), and a post-test survey if time is available within the testing session. Please note that if you finish a section early, you may not use the extra time for a different section of the exam.

If you have unused time after you complete the examination you will be given the opportunity to complete an online survey about the test administration. The purpose of the survey is to evaluate the test scheduling and delivery procedures. Your responses will be kept confidential, and the time you take to complete this survey will not detract from your allotted examination time.

Cancelled or Delayed Exam Administration or Problems at the Testing Center

Exam administrations may be delayed or cancelled in emergencies such as severe weather, or in the event of natural disasters that render a testing center inaccessible or unsafe, or causes extreme technical difficulties. If for any reason, Prometric closes a testing center where you have already scheduled a testing appointment, they will reschedule the examination appointment at no additional charge.

Any candidate once checked in and seated at a test station, who is delayed to take the examination by more than 30 minutes because of technical difficulties, is responsible for reporting the delay to Specialist Certification Program at 800/999-2782, ext 8520, as soon as possible. For such cases, the candidate may be eligible to choose to reschedule his or her examination at no additional charge. Before deciding to reschedule, you should be sure that there is another appointment available during the testing period. The test administration will not be considered "irregular" if you choose to remain and test despite the delay. You will receive the maximum number of hours available to candidates to complete the exam even if the test is delayed.

Any candidate, once checked in and seated at a test station, who has a concern or complaint about the test center environment, should immediately report the problem to the Test Center Administrator. If you feel that the problem was not resolved to your satisfaction, you should contact the Specialist Certification Program at 800/999-

2782, ext 8520, as soon as possible.

Equipment Malfunction

Should you experience any difficulty with the computer, please notify the Test Center Administrator immediately. Do not wait until you have completed the exam to bring equipment malfunctions to the attention of the Test Center Administrator. Once again, if you feel that the problem was not resolved to your satisfaction, you should contact the Specialist Certification Program at 800/999-2782, ext. 8520, as soon as possible.

Please note that, occasionally, a computer at the testing center may need to be restarted. Prometric has appropriate safeguards in place to ensure the integrity of candidate examination data. As soon as a candidate answers a test item, the response is immediately copied, and saved, on the candidate's directory on the server at a center. If there is a computer restart, the driver locates the results from the directory and picks up where the examinee left off. The system does not change or delete any responses. Thus, examination data are captured at the instant a candidate responds to a question; the computer can be restarted, if necessary, without losing or corrupting examination data.

Admission to the Test

You should arrive at the testing center at least 30 minutes before your scheduled testing time on your testing day. If you arrive late, the Test Center Administrator may refuse you admission. If you arrive more than 30 minutes after your scheduled testing time, you will not be admitted. In that event, you must pay a \$100 fee to Prometric to reinstate your eligibility record in order to reschedule your appointment within the testing window.

Upon arrival at the test center, you must present your Scheduling Permit and an unexpired, government-issued form of identification (such as a current driver's license, valid passport, or military ID) that includes both your photograph and signature. You will also sign a test center log, be photographed, and store your personal belongings in your assigned locker. You will be scanned with a handheld metal detector and be asked to empty and turn out your pockets prior to entry into the testing room to confirm that you have no prohibited items. You will be asked to repeat this process prior to every entry into the testing room after a break.

Test Center staff will collect your Scheduling Permit. You will be provided with laminated writing surfaces and markers. You will be instructed to write your name and Candidate Information Number (CIN) on one of the laminated writing surfaces provided. Your Scheduling Permit will be retained at the Test Center. You may request access to the permit during the examination if it becomes necessary for you to rewrite the CIN on the

laminated writing surface. Test Center staff will escort you to your assigned testing station and provide brief instructions on use of the computer equipment. Laminated writing surfaces and markers issued are to be used for making notes and/or calculations during the testing session. They should only be used at your assigned testing station, and only after you have begun your examination by entering your CIN. You must enter your CIN to start the examination, which begins with a brief tutorial prior to the first test block. Depending on the type of markers provided, you may also be provided an eraser. Otherwise, if you have filled the laminated writing surfaces and need additional space for making notes, you will need to notify test center staff and a replacement will be provided. Laminated writing surfaces must be returned to test center staff at the end of the testing session.

If your identification contains your photograph but not your signature, you can use another form of unexpired identification that contains your signature, such as student/employee identification card or a credit card, to supplement your photo-bearing, government-issued identification. As a security procedure, you will be photographed before you begin taking the examination.

Important Note: The name on your Scheduling Permit must exactly match the name on your identification form. The only acceptable difference would be the presence of middle name or middle initial, or suffix on one document and its absence on the other. If you do not present your permit and required identification on the exam day, you will be denied admission to test. In that event, you must pay a fee to Prometric to reschedule your test

Testing Regulations and Rules of Conduct

Test center staff monitor all testing sessions. Candidates must follow instructions of test center staff throughout the examination. Test center staff are not authorized to answer questions from candidates regarding examination content, testing software, or scoring.

If staff observes a candidate violating test administration rules or engaging in other forms of irregular behavior during an examination, the center staff will not necessarily inform the candidate of the observation at the time of the examination. Test Center Administrators are required to report such incidents to NBME; each is fully investigated.

Candidates may not bring any personal belongings into the testing area including but not limited to the following:

- mechanical or electronic devices, such as cellular telephones,
- calculators, watches of any type, electronic paging devices,
- recording or filming devices, radios;
- outerwear such as coats, jackets, head wear, gloves;

- book bags, backpacks, handbags, briefcases, wallets;
- books, notes, study materials, or scratch paper;
- food, candy, gum or beverages.

If you bring any personal belongings to the test center, you must store them in a designated locker outside the testing room. You should keep in mind that the lockers are small and that mechanical or electronic devices stored in lockers must be turned off. Making notes of any kind during an examination, except on the laminated writing surface provided at the test center, is not permitted and removal of those materials from the secure testing area during a testing session or break is prohibited.

**Although the site provides noise reducing headphones, you are encouraged to bring your own cordless soft-foam earplugs (subject to inspection).

Incomplete Examinations

After you start taking an examination, you cannot cancel or reschedule that examination unless a technical problem prevents you from completing your examination. If you experience a computer problem during the test, notify test center staff immediately. The testing software is designed to allow the test to restart at the point it was interrupted. In most cases, your test can be restarted at the point of interruption with no loss of testing time. If you do not finish the exam for any reason you are not permitted to resume the incomplete sections of the test. You must reapply for the next regularly scheduled administration. The examination fee is non-refundable for incomplete examinations.

EXAM RESULTS

Exam Results and Notification

After ABPTS meets in May to make certification/recertification decisions, score reports will be prepared for online distribution in June by the Specialist Certification Program. The score report includes your examination score, the passing score on the examination, and feedback on your performance according to the major competency areas tested.

Scaled Scores

Your score is based on the actual number of questions answered correctly, but it is a scaled score. ABPTS requires a scaled score of 500 to pass the examination. Scaling is a statistical procedure that converts raw scores from different test forms to a uniform scale. The purpose of scaling scores is to keep the passing score constant for all exam forms, while the number of correct answers necessary for passing may vary for different exam forms.

Passing Score

The certification exam assesses a clearly defined domain of knowledge and skills. Candidates must demonstrate a mastery of the content by achieving a passing score on the Specialist Certification Examination. The passing score is based on a detailed analysis of exam data and a recommended performance standard from a panel of clinical subject matter experts.

For the Professional Development Portfolio, the Specialty Council establishes the minimum number of points and the required distribution of points for both the type of activity and competency area. Candidates must achieve a minimum passing score on the Portfolio, regardless of the performance of the other candidates on the assessment.

CONFIDENTIALITY

Confidentiality of Applicant Identity

Applicant names, application documents, and test scores are considered confidential. Only Specialist Certification Program staff, members of the American Board of Physical Therapy Specialties, members of the Specialty Council, and designated staff at NBME® and its subcontractors shall have access to this information. Applicant identity can be released for study group purposes only, with the consent of each applicant. Copies of test scores will be released only at the written request of the candidate.

Confidentiality of Examination Content

All candidates must sign a Pledge of Confidentiality in their application for recertification. **Candidates must not disclose examination content to others or reproduce any portion of the examination in any manner.** The examination of any candidate who violates these security rules will not be scored.

IRREGULAR BEHAVIOR

Irregular Behavior During the Examination Process

Irregular behavior includes any action by candidates or others when solicited by a candidate that subverts or attempts to subvert the examination process. Test center administrators are required to report any irregular behavior by a candidate during the examination. Irregular behavior may include, but is not limited to the following: seeking and/or obtaining access to examination materials; impersonating a candidate or engaging another individual to take the examination by proxy; giving, receiving, or obtaining unauthorized assistance during the examination or attempting to do so; making notes of any kind during an examination except on the erasable writing surface provided at the test center; memorizing and/or reproducing examination materials; failure to adhere to testing center regulations; possessing unauthorized materials during an examination administration (e.g., recording devices, photographic equipment, electronic paging devices, cellular telephones, reference materials); or any other behavior that

threatens the integrity of the Specialist Certification Examination. Looking in the direction of the computer monitor of another candidate during the examination may be construed as evidence of copying or attempting to copy, and a report of such behavior may result in a determination of irregular behavior. Candidates must not discuss the examination while a session is in process. Test center administrators are required to report all suspected incidents of irregular behavior. A candidate who engages in irregular behavior or who violates test administration rules may be subject to invalidation of their examination.

Certification-Related Grounds for Disciplinary Action

Applicants or candidates who are determined to have engaged in fraud, misrepresentation, or irregular behavior in the application or examination process, to have disclosed examination content to others or reproduced any portion of the examination in any manner, or to have violated the Pledge of Confidentiality will be subject to disciplinary action, to be determined by ABPTS, which may include, without limitation, withdrawal of any certification granted and permanent or temporary exclusion from the certification process. Before taking disciplinary action, ABPTS will give the individual written notice of the evidence against him/her and an opportunity to respond.

PROCEDURES FOR REVIEW OF RECERTIFICATION DECISIONS BY EXAMINATION

Procedures for Review of Recertification Actions

A candidate who wishes to request that ABPTS reconsider its decision to deny recertification by examination must request a complete copy of procedures from the Specialist Certification Program.

The purpose of ABPTS reconsideration procedure is to enable a candidate to challenge an ABPTS decision denying recertification by examination and to seek relief from untoward circumstances associated with the onsite administration of the examination and errors in the transmission of examination responses due to technical malfunction. To be considered, the request must include supporting evidence of technical malfunction.

Candidates must submit a request for reconsideration in writing and address the request to the Chair of ABPTS at the APTA Specialist Certification Program. To request reconsideration, the candidate must submit a written request no later than two (2) weeks after the date of the letter notifying the candidate of exam results. For purposes of determining compliance with the foregoing deadline, a request for reconsideration will be deemed submitted on the postmark date. The request for reconsideration must specify the grounds on which it is based and the corrective

action sought. Within seven (7) days of the receipt of a request for consideration ABPTS will acknowledge in writing the receipt of the request, including the date on which the request was received.

Appeal to APTA Board of Directors of ABPTS Decision to Deny Recertification by Examination

A person may not appeal to the APTA Board of Directors unless (s)he has submitted a request for reconsideration to ABPTS. A candidate who wishes to submit an appeal must request a complete copy of procedures from the Specialist Certification Program.

Any candidate adversely affected by ABPTS' decision on reconsideration may appeal to the APTA Board of Directors within fourteen (14) days of receipt of ABPTS notification of the Committee's decision. A candidate must submit this appeal in writing, and the candidate must address it to the Governance Department. The candidate must also send a copy of the written appeal to the Chair of ABPTS. The appeal must set forth arguments in support of the candidate's position. ABPTS will send written acknowledgement of receipt of the appeal to the candidate within seven (7) days after ABPTS receives the candidate's written appeal request.

Appendix

Item 1: Exam Content

Item 2: Sample Questions

Item 3: What Activities Constitute Direct Patient Care Hours?

Appendix: Item 1

Exam Content Outline

The orthopedic examination is based on the *Description of Specialty Practice in Orthopaedic Physical Therapy*. The areas tested are (1) the practice dimensions and professional responsibilities, and (2) the knowledge areas and procedures. The examination questions are linked to those 2 major areas. For example, to perform a patient evaluation you must have knowledge of anatomy and physiology of the musculoskeletal system. To select a procedural intervention, you must have knowledge of movement science. Below is an overview of the 2 linked areas. In addition, the examination questions are distributed over body regions found in Matrix 2.

Practice Dimensions and Professional Responsibilities

The practice dimensions and professional responsibilities identify what orthopaedic clinical specialists do in their day-to-day professional roles. The responsibilities are linked to knowledge areas and procedures in the examination questions.

Practice Dimensions

1. Examination

- Obtain history
- Perform systems review
- Conduct test and measures
- Reexamination

2. Evaluation

- Interpret data from history
- Develop working diagnosis (hypothesis)
- Determine appropriateness of physical therapy
- Plan tests and measures
- Respond to emerging data
- Select additional tests and measures

3. Diagnosis

- Establish diagnosis
- Determine most appropriate intervention approach

4. Prognosis

- Establish prognosis
- Establish plan of care

5. Intervention

- Implement plan of care
- Coordination of care and patient management
- Communication
- Patient/client-related instruction

6. Outcomes

- Remediation
- Optimization of patient satisfaction
- Promotion of primary/secondary prevention

Professional Responsibilities

1. Consultation and Education

- Contribute special knowledge or expert opinion in client based, community or academic settings

2. Critical Inquiry

- Maintain “state of the art knowledge”
- Apply principles of evidence based practice
- Contribute to body of knowledge in orthopaedics

Knowledge Areas and Procedures

The orthopaedic physical therapy specialist examination is based on the major competency areas listed below. The approximate percentage of the exam devoted to each of these areas is outlined below. These percentages were based on a survey of APTA’s orthopaedic physical therapy specialists and on the opinions of a group of subject matter experts. Each question in the item bank is categorized according to these competency areas, and when the test is constructed the question distribution on the exam approximately reflects these percentages.

DSP Areas	% of Exam
Human Anatomy and Physiology	10
Movement Science	10
Pathology/Pathophysiology/Pain Science	10
Medical/Surgical Interventions	10
Orthopaedic Physical Therapy and Practice	10
Critical Inquiry/Evidence Based Practice	
Other Professional Roles/Responsibilities/Values	10
Examination/Evaluation/Diagnosis	20
Prognosis/Interventions/Outcomes	20
TOTAL	100

* Note: The examination is not testing performance of an actual examination. Rather, it is testing the critical thinking processes related to examination.

Matrix 2 - Body Regions

The following chart reflects current orthopaedic clinical specialist practice based on survey responses. The orthopaedic physical therapy specialist examination will reflect these approximate percentages.

Body Regions	% of Exam Questions
Head/Maxillofacial/Cranial/Mandibular	3
Cervical Spine	13
Thoracic Spine/Ribs	6
Lumbar Spine	20
Pelvis/Sacroiliac/Coccyx/Abdomen	7
Shoulder/Shoulder Girdle	15
Arm/Elbow	4
Wrist/Hand	4
Hip	7
Thigh/Knee	12
Leg/Ankle/Foot	9
TOTAL	100

Sample Questions

Candidates for the specialist certification examination in orthopaedic physical therapy are encouraged to review the following sample questions in order to familiarize themselves with the examination format. Please note that the questions listed below reflect the format but not necessarily the complexity of the actual examination questions.

1. A patient reports pain above and below the lateral aspect of his left elbow, present with gripping or when lifting a full cup of coffee. There is tenderness to palpation just proximal to the radial head. Elbow motion is full and painless. Evaluation of the cervical spine is unremarkable. Passive ulnar deviation and flexion of the wrist are full and painless with elbow flexion, but when repeated with elbow extension there is mild pain over the proximal lateral elbow. Mild weakness is noted only with resistive testing to wrist extension and radial deviation.

2. What aspect of this subjective evaluation would be considered a disability according to the Nagi model?

- The patient's:
- A. inability to walk or hike with his friends
 - B. recent weight gain of 10 pounds
 - C. long history of recurring low back pain
 - D. complaint of deep, aching pain in the heel

3. Upon evaluation, range of motion and strength of the ankle were within normal limits and pain-free. Gait analysis revealed no significant deviations. Palpation around the foot and ankle did not provoke any symptoms. During active mobility testing, isolated lumbar spine flexion measures to be 30 degrees. This indicates:

- A. normal spinal flexion range of motion
- B. limited spinal flexion range of motion
- C. adaptive shortening of the iliopsoas
- D. adaptive shortening of the hamstrings

4. Further examination reveals that trunk flexion in standing produces posterior thigh and calf pain on the right. However, repeated trunk flexion in sitting is pain-free. Repeated trunk extension in standing produces mild central lumbar pain. Sitting thoracolumbar slump testing with right knee extension and ankle dorsiflexion overpressure reproduced the patient's heel pain. In correlating the history and physical examination findings, the most appropriate physical therapy diagnosis is:

- A. entrapment of the peroneal nerve at the ankle
- B. L5 to S1 disc derangement syndrome
- C. lumbar spinal stenosis
- D. limited mobility of the neuro-meningeal elements

Joint	Motion	Passive Range of Motion	Resistive Testing
Elbow	Flexion	Full, no pain	Strong, painless
	Extension	Full, no pain	Strong, painless
Radio/	Pronation	Full, no pain	Strong, painless
Ulnar	Supination	Full, no pain	Strong, painless
Wrist	Flexion	Full, pain noted on extensor surface of elbow at end range	Strong, pain on extensor surface of elbow when tested at full flexion
	Extension	Full, no pain	Slight decrease in strength and painful

Which of the following diagnoses is MOST likely?

- A. Olecranon bursitis
- B. Cubital tunnel syndrome
- C. Lateral epicondylitis
- D. Radial nerve entrapment

Use the following information to answer questions 2, 3, and 4.

A patient reports a deep, aching pain above the right posterior heel. The patient cannot recall any overuse or trauma. He states that he had been able to regularly walk 3 miles 5 times a week with friends, but the heel pain has prevented him from participating in this activity over the past 6 weeks. Standing or walking for more than 30 minutes aggravates the pain. The patient reports a weight gain of 10 pounds over the past 2 months and a long history of recurrent low back pain.

Use the following information to answer questions 5 and 6.

A 53-year-old woman reports a 6-month gradual onset of right lateral shoulder pain which has become severe over the past month. There is no pain at rest. The pain prevents her from combing her hair with her right hand or fastening her bra behind her back. Lying on the right shoulder is painful. Examination reveals a moderately increased thoracic kyphosis. The cervical exam is unremarkable. Active and passive shoulder abduction is 85 degrees, external rotation 30 degrees, flexion is 100 degrees, and internal rotation is 40 degrees, with pain at the end-range of all motion over the area of the deltoid insertion. All resisted motions are strong and painless.

5. The most likely working hypothesis for this case is:

- A. cervical radiculopathy
- B. rotator cuff syndrome
- C. chronic recurrent bursitis
- D. glenohumeral adhesive capsulitis

6. The initial treatment approach should include:

- A. gentle ROM/stretching procedures
- B. isometric exercises for the shoulder
- C. stretching in the quadrant position
- D. ice, ultrasound, and cervical traction

7. A patient bends forward from the standing position, exhibiting a rib hump on the right. The thoracic spine is:

- A. sidebent right and rotated right
- B. sidebent right and rotated left
- C. sidebent left and rotated right
- D. rotated right with no sidebending

Use the following information to answer questions 8, 9, 10, and 11.

Static Posture:	<ul style="list-style-type: none"> • 2 degrees of calcaneal inversion when measured in subtalar joint neutral
Gait Observation:	<ul style="list-style-type: none"> • Excessive midtarsal pronation at terminal stance and preswing
Passive Mobility:	<ul style="list-style-type: none"> • 2 degrees of total calcaneal eversion from neutral • 5 degrees of total calcaneal inversion from neutral • 0 degrees of talocrural dorsiflexion • 45 degrees of talocrural plantarflexion • 65 degrees of first metatarsophalangeal (MTP) extension • 45 degrees of first MTP flexion straight-leg raise combined with ankle • plantarflexion and inversion reproduces the patient's heel pain
Resistive Tests:	<ul style="list-style-type: none"> • 3+/5 gastrocnemius soleus • 3/5 peroneous longus-reproduces heel • Pain
Other muscles:	<ul style="list-style-type: none"> • 5/5-pain free
Palpation:	<ul style="list-style-type: none"> • Exquisite tenderness over plantar surface of cuboid • Tender in sinus tarsi area

A patient reports heel pain that is worse in the morning and most severe with the first few steps out of bed. The pain has been increasing over the last three months. The pain decreases during the morning after walking but recurs after about twenty minutes of jogging. Physical examination findings are as follows:

8. This patient's abnormal pronation is likely a compensation for diminished:

- A. First MTP extension
- B. motor control of the gastrocnemius soleus
- C. motor control of the tibialis anterior
- D. talocrural dorsiflexion

9. Mobilization of which articulation would most improve this patient's ability to absorb shock during the initial contact to the loading response phase of gait?

- A. Inferior tibiofibular
- B. Tibiotalar
- C. Talocalcaneal
- D. 5th Metatarsophalangeal

10. Which nerve is most directly involved with this patient's pain complaint?

- A. Peroneal
- B. Saphenous
- C. Sural
- D. Tibial

11. Which strengthening exercise would most directly treat this patient's weakness?

- A. Single-leg heel raise with the body weight raised up over the fifth metatarsal
- B. Single-leg heel raise with the body weight raised up over the first metatarsal
- C. Resisted plantarflexion and inversion using theraband
- D. Resisted dorsiflexion and inversion using theraband

12. Following repair of a flexor tendon (superficialis) laceration in Zone II of the hand, the physician asks the physical therapist to institute an early mobilization program to promote gliding using the protocol described by Kleinert. The patient is now ten days post-surgery and comes to the therapist in a bulky dressing. Which of the following actions is appropriate?

- A. Place the patient in a dorsal splint immobilizer; begin AROM and passive mobilization at twenty-one days post-op.
- B. Instruct the patient in active flexion and extension exercises and otherwise immobilize in a dorsal splint holding the MP in flexion and the PIP and DIP in extension.
- C. Fabricate a dorsal splint that holds the MP in flexion and the PIP and DIP in flexion with rubber bands and teach the patient active extension of the PIP and DIP (against the rubber bands)
- D. Instruct the patient in retrograde massage (four times per day) for edema control and otherwise keep immobilized until three weeks post-surgery

13. A 15-year-old boy is referred to a physical therapist by an athletic trainer. He reports a one-month history of a vague ache in his hip, thigh, and knee. He is active and plays sports, but he does not recall a specific episode of injury. On examination, the therapist notes a slight limp, mild weakness of the hip abductors, and considerably limited internal rotation of the hip. Given his symptoms, the therapist should suspect which of the following conditions?

- A. Femoral neck stress fracture
- B. Legg-Calve-Perthes disease
- C. Meralgia paresthetica
- D. Slipped capital femoral epiphys

14. A 32-year-old maintenance worker is referred to physical therapy with a diagnosis of costochondritis. He reports falling off a step stool three months ago and hitting his right midback against an iron railing. Upon examination, the physical therapist finds the right sixth rib is anterior when compared with adjacent ribs. There is exquisite tenderness at the right sixth costochondral junction.

Which of the following manual procedures is most appropriate for this patient?

- A. A high-velocity, low amplitude procedure to promote anterior glide of the right sixth rib
- B. A high-velocity, low amplitude procedure to promote left rotation of T6
- C. A rib mobilization procedure using isometric contractions of the right pectoralis minor
- D. A rib mobilization procedure using isometric contractions of the right serratus anterior

Key:

1-C, 2-A, 3-B, 4-D, 5-D, 6-A, 7-C, 8-D, 9-C, 10-A, 11-B, 12-C, 13-D, 14-D

Frequently Asked Questions What Activities Constitute Direct Patient Care?

Applicants for specialist certification in physical therapy and applicants for re-certification frequently ask questions related to the activities that they may include in calculating their “direct patient care” hours. Because each situation is different, there is no specific list of activities that may always be included or excluded as direct patient care. However, a guiding principle to consider for defining direct patient care is: the activities that a therapist participates in that have a direct influence on the care of a specific patient or client.

Following, are some frequently asked questions and answers regarding direct patient care hours.

1. ***We have weekly multi-disciplinary team meetings during which we discuss the patients on our unit. Sometimes patients and their families are present and sometimes they are not present. May I count these as direct patient care?***

Yes, these hours, because you discuss the specific needs of one or more specific patients, may be included in direct patient care hours.

2. ***I spend a fair amount of time putting together home exercise programs for my patients. May I count these as direct patient care?***

Yes, the time you spend preparing a home exercise program for a specific patient is direct patient care time.

3. ***I updated all of the home exercise files in our department. I drew new pictures and re-typed all of the instructions. May I count these as direct patient care?***

No, the time spent doing this project would not be direct patient care because there is no direct influence on a specific patient.

4. ***May I count the hours I spend reviewing patient’s medical record before a visit?***

Yes. Reviewing the medical record is part of taking care of a specific patient and is included as direct patient care.

5. ***I supervise 5 physical therapists. In preparation for completing the staff performance appraisals, I review the records of the patients they have treated and discharged from physical therapy. May I count this time as direct patient care?***

No. The purpose of this type of record review is to gather information about staff performance. Because the patients are discharged, there is no opportunity to directly influence the care of a specific patient.

6. ***I’m a senior therapist, and I review all of the physical therapy documentation in the records of all of the patients on our unit. May I count this time as direct patient care?***

Yes, because these patients are under the current care of the physical therapists in your department, you could have an influence on the care of any specific patient. This time might also be considered consultative or administration time, but be careful. If you count the hours as direct patient care, you cannot also count them in another category, such as administration.

7. May I count the time I spend teaching a family how to help a patient with car transfers or with performing the home exercise program?

Yes. The activity you describe is care directly related to a specific patient and may be included as direct patient care.

8. We offer a support group for family members of patients with rheumatoid arthritis. We go over information about the disease process, joint protection, energy conservation, and things family members can do to assist the person with RA. Does this count as direct patient care?

No. In this situation, the information is general and does not relate to a specific patient.

9. Once a year, we screen all of the participants in a community senior center for risk of falls. Does this count as direct patient care?

Yes. Because you are specifically screening each participant, these hours would be considered direct patient care.

10. A local nursing home asked me to review their procedures and identify things they could do to decrease their number of patient falls. May I count this time as direct patient care?

No. This activity is different from client screening. In this activity you are looking at global issues that affect many individuals rather than directly affecting the care of a specific individual.

11. My office is in a local fitness center, and I screen all of their new clients over the age of 65 for movement related faults in order to prevent injury when they start exercising. I do this in exchange for reduction in my rent, so there's no fee to the client. Does this time count as direct patient care?

Yes. In this situation, you are providing a service to a specific person with a specific need.

12. I'm involved in a research project with subjects with total hip replacements. I either provide one-on-one gait training using a partial body weight support system or I meet with the subjects in groups of 4 to discuss fall prevention strategies at home. May I count this time as direct patient care?

Yes. In both the one-on-one gait training and the discussion of fall prevention in the small group, you have the opportunity to tailor one or more aspects of your intervention for any of those individuals. Even if your partial body weight support protocol is very rigid, you are still assessing how the subject is responding to the intervention and making judgments about each subject's safety.

13. The research project that I'm involved with requires that I examine all of the patients in a post-operative knee clinic. Someone else screens the patients to ensure that they can tolerate my examination. I then complete the same 5 tests on all patients and enter my results into the research database. Does this count as direct patient care?

No. Even though you are interacting with individual patients, their care is not directly influenced by your interaction.

14. As part of a class I teach, I work with a group of students to evaluate and treat a pediatric patient in a nearby clinic. Does this time count as direct patient care?

Yes. The activity you describe involves several aspects of the patient/client management model and has a direct influence on a specific person. This activity could also be counted under clinical supervision. You can decide to which category you would like to assign these hours.

15. Each year, I ask a local resident who has bilateral lower limb amputations to come to my class on prosthetics and talk to the students about his experiences with PT, how he functions, etc. He demonstrates how he performs aspects of his daily routine for the students and lets them examine him and ask questions. Does this time count as direct patient care?

No. In the situation you describe, the person with the lower limb amputations is serving as one of the teachers and does not appear to be personally benefiting from any direct care that you are providing.

16. I teach an exercise class of aerobics, strengthening, and balance activity to a group of 12-15 children with mental retardation. May I count this time as direct patient care?

Maybe. In this situation, it is important to apply the guiding principle. It is possible to imagine the first interaction you would have with a group this size would provide an opportunity to screen the class members to determine the feasibility of their exercise participation. This would be considered direct patient care. Once the class is running, however, the opportunity for direct influence on specific participants in a group this size is quite limited and would not be considered direct patient care.

17. While our students are on clinical affiliations, they send me a written case of a patient they are currently treating. I provide feedback on their examination, evaluation, and interventions and return the case to the students while they are still on their affiliation. They discuss my feedback with their clinical instructor and implement changes as needed. Does this time count as direct patient care?

Yes. Because the feedback you are providing may have direct influence on a specific patient, the time you spend completing this activity may be considered direct patient care. A paper review of cases after the student is finished with the clinical would not be direct patient care.

18. I provide acute care and injury management for athletes in venues where athletes practice and compete. May I count this time as direct patient care?

Yes, provided that you are identified as a person whose responsibilities include the examination and/or provision of care for athletes at the event or practice. You may include pre and post-event time as long as you are still responsible for the examination and/or care of the athletes at the event or practice. You may NOT include "on-call time", travel time, or time that you are not "on-site".

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