



2018 ORTHOPAEDIC SPECIALIST CERTIFICATION CANDIDATE GUIDE



SPRING 2017

Dear Fellow Physical Therapist:

Congratulations! By acquiring this Candidate Guide, you have been proactive in your interest in and pursuit of specialist certification. The specialist certification program has been designed to identify and define physical therapy specialty areas and to formally recognize physical therapists who have attained advanced knowledge and skills in those areas.

Certification also assists the public and health care community in identifying therapists with acknowledged expertise in a particular field of practice and demonstrates that physical therapists are devoted to addressing the unique needs of the people with whom we work.

Certification is achieved through successful completion of a standardized online application and examination process. Coordination of this program is provided by the American Board of Physical Therapy Specialties (ABPTS), the governing body for approval of new specialty areas and certification of clinical specialists. Specialty councils representing the 9 recognized specialty areas have been appointed to delineate and describe the advanced knowledge, skills, and abilities of clinical specialists; determine specific requirements for certification; and develop the certification examinations.

The dedicated volunteers currently giving their time and service to the development of this process are listed in the rosters in the beginning of this guide. APTA established this program in 1978 to provide formal recognition for physical therapists with advanced clinical knowledge, competence, and skills in a special area of practice. The program evolved from the membership of special interest sections of APTA as a way to encourage and facilitate the professional growth of individual members and thereby facilitate growth of the entire profession.

Certified specialists have clearly demonstrated their commitment to service by the variety, depth, and consistency of their professional involvement. Their desire to attain formal recognition of their advanced clinical knowledge, competence, and skills reflects their devotion to their profession and their patients. In these times of dramatic health care reform, dedication to public service by providing high quality physical therapy services is paramount.

If you share these personal and professional principles, then you are in the right place! Please join the growing number of physical therapists who have chosen this pathway of professional development.

Thank you for your interest and I wish you success in this endeavor.

Sincerely,

Tracy Spitznagle, PT, DPT, MHS

Board-Certified Women's Health Clinical Specialist
Chair, American Board of Physical Therapy Specialties

ROSTERS

AMERICAN BOARD OF PHYSICAL THERAPY SPECIALTIES

SPECIALTY COUNCIL

AMERICAN BOARD OF PHYSICAL THERAPY SPECIALTIES

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1. GENERAL INFORMATION

1.1. American Physical Therapy Association

The American Physical Therapy Association (APTA) is a national professional organization representing more than 95,000 physical therapists, physical therapist assistants, and physical therapy students throughout the United States. Its goals are to serve its members and to serve 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 and the health care community to identify physical therapy specialists.

1.2. American Board of Physical Therapy Specialties

Coordination and oversight of the specialist certification process is provided by the American Board of Physical Therapy Specialties (ABPTS), which is the governing body for approval of new specialty areas and certification of clinical specialists. ABPTS comprises 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 nonphysical therapist member representing the public.

The American Physical Therapy Association (APTA) prohibits preferential treatment or adverse discrimination on the basis of race, creed, color, gender, age, national or ethnic origin, sexual orientation, disability or health status in all areas including, but not limited to, its qualifications for membership, rights of members, policies, programs, activities, and employment practices.

1.3. Specialty Council

The Specialty Council, representing the area of orthopaedic 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 5 board-certified specialists in the practice area.

1.4. Additional Physical Therapy Examinations

Individuals interested in Cardiovascular & Pulmonary, Clinical Electrophysiology, Geriatric, Neurologic, Pediatric, Sports, and Women's Health certifications must complete a separate online application, accessible through APTA's Specialist Certification Program website (www.abpts.org).

1.5. National Board of Medical Examiners

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.

1.6. Prometric

NBME currently delivers the specialist certification examinations by computer through Prometric. Prometric 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.

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 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.

1.7. Restriction of the Term Board-Certified Specialist

APTA's House of Delegates adopted a policy that no physical therapist shall purport to be a "Board-Certified Clinical Specialist" unless (s)he has successfully completed the certification process as developed by the American Board of Physical Therapy Specialties (HOD 06- 94-23-39). In addition, ABPTS does not permit applicants for certification to state that they are "board eligible."

2. CERTIFICATION REQUIREMENTS

2.1. General Requirements

Applicants must hold a current permanent/unrestricted license to practice physical therapy in the United States or any of its possessions or territories. In addition, applicants are required to pay the application review fee.

Applicants must meet the minimum eligibility requirements for the 2018 examination by the application deadline, **July 31, 2017**.

Applicants must submit a complete application and review fee for each specialist certification exam.

ABPTS does not permit applicants to use the same direct patient care hours for different specialty areas.

2.2. Other Requirements

Applicants must meet requirements for Option A or Option B

Option A

Applicants must submit evidence of 2,000 hours of direct patient care as a licensed United States physical therapist (temporary license excluded) in the specialty area within the last ten (10) years, 25% (500) of which must have occurred within the last three (3) years. 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.

Option B

Applicants must submit evidence of successful completion of an APTA-accredited postprofessional clinical residency completed within the last 10 years that has a curriculum plan reflective of the *Description of Specialty Practice: Orthopaedic Physical Therapy (DSP)*. Experience from residencies in which the curriculum plan reflects only a portion of the DSP will not be considered.

Applicants must submit evidence of successful completion of an APTA-accredited post professional Orthopaedic clinical residency. Applicants who are currently enrolled in an ABPTRFE-accredited clinical residency, or enrolled in a residency program that has been granted candidacy status, may apply for the specialist certification examination in the appropriate specialty area prior to completion of the residency. These applicants will be conditionally approved to sit for the examination, as long as they meet all other eligibility requirements, pending submission of evidence of successful completion of the ABPTRFE-accredited clinical residency to APTA's Specialist Certification Program no later than 1 month before the examination window opens. To verify your residency program's accreditation status, please visit www.abptrfe.org.

2.3. Steps to Complete Certification

Certification as a Physical Therapy Clinical Specialist consists of 2 major steps:

STEP 1. You must submit evidence that you have fulfilled the minimum eligibility requirements as defined by the specialty council. This includes completion of all required application forms, fees, documentation of the required practice hours, and other requirements specified by the specialty council.

You must meet all requirements by the application deadline, July 31, 2017. The Specialty Council will not consider experience toward the minimum eligibility requirements that was not acquired by the application deadline.

STEP 2. Following completion of Step 1 and approval of the application, the candidate must sit for and receive a passing score on the computer-based certification exam.

Certification is awarded for a period of 10 years. ABPTS has recently transitioned to a model of continued competency throughout the years of certification rather than a one-time recertification process as the certification period lapses. This new model has been titled the "Maintenance of Specialist Certification (MOSC)." Please review details of MOSC program in Section 2.4.

2.4. Maintenance of Specialist Certification (MOSC)

Since the inception of board-certified physical therapy clinical specialization in 1978, board certification was not lifelong; it was valid for a period of 10 years. To be recertified as a clinical specialist, the specialist had to demonstrate ongoing practice in the specialty area by meeting a minimum number of practice hours and also by either passing the exam again, preparing a professional development portfolio (PDP), or by completing an APTA-accredited residency program. In assessing the recertification process, several issues came to the attention of ABPTS regarding this process:

- Most specialists (88%) have chosen to recertify using the PDP option. While this shows ongoing activity in the specialty area, there is little quality control regarding the specific activities listed in the PDP, and there is no independent assessment of knowledge in the specialty area.

- The specialty councils have repeatedly attempted to revise the PDP to improve the quality of data and the representativeness of specialist practice, but despite multiple revisions there continues to be a shared sense among the specialty councils and ABPTS that the PDPs do not capture the essence of specialist practice.
- As the number of specialists has increased over the past 25 years, the workload required by specialty councils to review the PDP documents has become overwhelming.
- A study that ABPTS conducted of recertification of multiple health care professions has indicated that most certification boards are not using a portfolio approach.
- A continuing competence model is a necessary step of accountability to our patients, health care organizations, and to the public to ensure a certain level of quality and expertise in physical therapist clinical specialist practice.
- A continuing competence-based model would be more consistent with the direction in which state licensing requirements are moving.

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

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

ABPTS has developed a model for certification that focuses on continuing competence of the physical therapist specialist. This new model has been titled the "Maintenance of Specialist Certification" and includes the following elements:

- Professional Standing and Direct Patient Care Hours
- Commitment to Lifelong Learning Through Professional Development
- Practice Performance Through Examples of Patient Care and Clinical Reasoning
- Cognitive Expertise Through a Test of Knowledge in the Profession

Requirement 1: Professional Standing and Direct Patient Care Hours

- In years 3, 6, and 9, a specialist must submit evidence of current licensure as a physical therapist in the United States or any of its possessions or territories.
- In years 3, 6, and 9, a specialist must submit evidence of 200 hours of direct patient care acquired in the specialty area within the last 3 years. Direct patient care hours accrued in year 10 may be applied to the year 3 requirements for the next MOSC cycle.

Requirement 2: Commitment to Lifelong Learning Through Professional Development

- Each board-certified specialist is obligated to participate in ongoing professional development, **within his or her designated specialty area**, which leads to a level of practice consistent with acceptable standards. Each specialist may choose to pursue professional development that leads to a level of practice beyond prevailing standards.
- A web-based system to track continuing competence in a specialty area will be developed. This system will provide an individual account tracking mechanism for each specialist to record professional development activities during years 3, 6, and 9 of his or her certification cycle. There is not an hour requirement in this area, but the specialist must show evidence of professional development activities (equivalent to 10 MOSC credits) within 2 of the 3 designated activity categories in years 3, 6, and 9. By year 9, a specialist must have accrued a minimum of 30 MOSC credits and demonstrated professional development in each of the 3 designated activity categories. These activities include professional services, continuing education coursework, publications, presentations, clinical supervision and consultation, research, clinical instruction, and teaching.

Requirement 3: Practice Performance Through Examples of Clinical Care and Reasoning

- The purpose of this requirement is to document continuing competency in patient/client management in the specialty area.
- The specialist will use an online system to complete 1 reflective portfolio submission in years 3, 6, and 9 of his or her certification cycle. These reflective portfolio submissions will be used to demonstrate the specialist's use of clinical care and reasoning. Each submission must have a reflective component and must have documentation that reflects clinical reasoning.
- These reflective portfolio submissions will not be scored but will be screened for completion of required information and reflection.

Requirement 4: Cognitive Expertise Through a Test of Knowledge in the Profession

- During year 10 of the certification cycle, the specialist will be required to sit for a recertification examination, comprising approximately 100 items. The exam will be specialty specific, assess an individual's cognitive expertise in the specialty area, and **reflect contemporary specialist practice**.
- The exam blueprint breakdown for this exam will mirror that of the initial certification exam, as noted in the various *Descriptions of Specialty Practice*. Items will be coded and pulled from existing specialty item banks.
- Successful completion of requirements 1-3 are prerequisites for sitting for the recertification exam. If a specialist fails to receive a passing score after the first attempt, he or she will be permitted to sit for the exam 1 additional time and will maintain his or her certification during this 1-year grace period.

Timeline: MOSC System Launched

- Systems are now in place for the new MOSC process.
- All individuals whose certification expiration is 2023 or beyond are subject to the new MOSC process. This will include a waiver of the first 3-year requirements for specialists whose certifications expire in 2023, 2024, and 2025. These cohorts will be required to fulfill the year 6 (second 3-year) requirements beginning in 2016, 2017, and 2018 respectively.
- The first recertification exams will be administered in 2023.

Any additional questions/concerns should be addressed to staff at spec-recert@apta.org or 800/999-APTA (2782), ext 3390.

2.5. Ineligibility for Certification

Item writers and reviewers are not eligible to sit for the specialist certification examination in their specialty area for 2 years from the date of involvement in the process.

Specialty council members, ABPTS members, and cut-score study participants are prohibited from sitting for the specialist certification exam for a period of 2 years from the date of participation in the certification process.

3. APPLICATION PROCESS

3.1. Application Deadline

Completed applications and application review fees for the 2018 specialist certification examinations must be submitted online to the APTA Specialist Certification Program on or before July 31, 2017. Applications submitted after the deadline may not be reviewed.

3.2. Procedures for Application Review

The Specialist Certification Program staff will review all submitted documents and will notify applicants by email regarding approval to sit for the exam within approximately 6 weeks. Applicants who are advised to revise or provide new documents will be instructed to resubmit materials to APTA headquarters by a specified deadline.

If the applicant does not resubmit by the specified deadline, the record will indicate that he or she has not met the minimum eligibility requirements and is not approved to sit for the 2018 exam.

3.3. 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 or her from taking the certification exam under standard testing conditions, ABPTS in consultation with its testing agency, will evaluate and respond to that applicant's needs for special arrangements.

Any requests must be submitted to ABPTS, accompanied by the appropriate forms and uploaded at the the time of online application submission for the exam (by July 31, 2017). 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 in the fall of the decision regarding the request and the accommodations that will be provided. If accommodation is not requested in advance, availability of accommodation cannot be guaranteed.

Note: Certain testing accommodations may require shared cost with candidate.

3.4. Certification in More Than 1 Specialty Area

Applicants must submit a complete set of online application materials and fees for each specialist certification exam. A certified specialist who applies for certification in a second specialty area is not permitted to submit the same direct patient care hours that he or she submitted for certification in the first specialty area. The Specialist Certification Program staff will review previously submitted applications for duplication of hours.

3.5. Submission of Application

It is the applicant's responsibility to ensure that the application is completed according to instructions.

In addition, it is imperative that you enter your name on the application exactly as it appears on the identification form you intend to present at the testing center. Please note that the way your name is entered on the application is also the way your name will appear in the APTA membership database.

Applicants who opt to pay the review fee by check should send the application fee with the appropriate payment form described in Section 3.6 below in a single mailing to:

APTA
Specialist Certification Application
P.O. Box 75701
Baltimore, MD 21275

If applicable, verification of current physical therapy license must be sent separately by your state licensing agency.

3.6. Application Review Fee

The nonrefundable application review fee must be submitted with your online application to the APTA Specialist Certification Program on or before July 31, 2017.

Payment of the review fee may be made by check (payable to APTA) or by credit card (MasterCard, VISA, Discover, or American Express). The Payment Form must accompany your fee. The applicant review fees are listed below:

APTA Member: \$515
Non-APTA Member: \$860
Member/Non-APTA Member Reapplication: \$160

Note: Reapplication fee is due by August 31, 2017

3.7. Time Limit for Active Application/Reapplication

Applicant files will remain active for only 2 consecutive exam administrations. However, eligibility for the second exam administration requires an online reapplication submission by August 31, along with a \$160 reapplication fee, as well as the current examination fee by November 30. This policy applies to those who choose to delay sitting for the exam, those who are not approved to sit for the examination, and those who do not pass the exam. Eligible reapplicants will receive reapplication information by email directly from the Specialist Certification Program. To reapply, you must submit an online reapplication, verification of current licensure to practice physical therapy, updated direct patient care hours, and any other requested documentation. The APTA Specialist Certification Program must receive this documentation by the reapplication deadline for the next scheduled exam. Reapplicants must meet the current practice requirements to be eligible to sit for the exam.

After 2 consecutive exam administrations, you must submit an entirely new application and initial applicant review fee to apply for specialist certification.

3.8. Address Changes

Should your mailing address, email address, or phone number change, please notify the APTA Specialist Certification Program immediately. The Specialist Certification Program maintains separate records from APTA's membership database, so candidates must email (spec-cert@apta.org) or phone (800/999-2782, ext 8520) the department.

4. SCHEDULING THE EXAM

4.1. Examination Fee and Scheduling Permit

The examination fee is submitted after you have been notified that you are eligible to sit for the exam. The fee must be received by the APTA Specialist Certification Program on or before November 30, 2017.

You may pay the examination fee by check (payable to APTA) or by credit card (MasterCard, VISA, DISCOVER or AMEX), by mail or online. Please note that both first-time and repeat test takers must pay the following examination fees:

APTA Member: \$800
Non-APTA Member: \$1,525

Contact the Specialist Certification Program at 800/999-2782, ext 8520, for additional information about sitting for the specialist certification examination in an international location.

Before the end of December, after your examination fee has been received, APTA's Specialist Certification Program will send you an email with instructions on how to access and download your electronic scheduling permit online. You must print your scheduling permit before you contact Prometric to schedule a test date. Check to make sure that the information on your permit is correct, and that your name (first name, middle initials, last name) exactly matches your name 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 match the name on your identification.

4.2. Test Dates

The examination will be administered at testing centers internationally between the dates of **March 3 and March 17, 2018**.

4.3. How to Schedule an Appointment at a Testing Center

The Specialist Certification Program 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 paid their exam fee and have their scheduling permit.

You **must print or download** your scheduling permit before you contact Prometric to schedule a testing appointment. 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 accessed 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 the Specialist Certification Program at least 4 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 in at the URL provided to access and reprint your permit if necessary.

4.4. Refunds and Cancellations

The Applicant Review Fee is not refundable. You must notify the APTA Specialist Certification Program in writing if you decide, for any reason, not to sit for the 2018 exam. Upon receipt of written notification, your examination fee will be refunded minus 20% of the fee. **Please allow 6 weeks for processing.**

4.5. Rescheduling an Exam

If you are unable to keep a testing appointment and would like to reschedule, you must contact Prometric by 12:00 pm local time 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 pm local time of the second business day prior to your test date, you will be permitted to reschedule without penalty. If you provide less than 2 business days' notice, Prometric will charge a \$101 fee to reschedule your examination (*rescheduling fees vary for international sites*).
- b. If you cancel your appointment within 2 business days or do not appear on your test date, you must contact Prometric Candidate Cares at the phone number listed in the permit and pay a \$101 fee to reinstate your eligibility record in order to reschedule your appointment within the testing window (*rescheduling fees vary for international sites*).

5. PREPARING FOR THE EXAM

5.1. Description of Specialty Practice (DSP)

The *Descriptions of Specialty Practice* (DSP) are documents developed for each specialty area that outline the knowledge, skills, and abilities related to clinical practice in the 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 written exam from the DSP and includes a percentage of questions from each of the major content areas identified in the practice analysis. Because applicants will find the DSP for their specialty area helpful in organizing exam preparation, a copy is made available electronically to each new applicant upon receipt of the application and payment of the application review fee. If you wish to purchase an advance copy of the DSP, please contact APTA's Member Services at 800/999-2782.

5.2. Exam Content Outline

The content outline for the exam that specifies the percentage of questions in each major content area is found on page 10. The content outline is presented as an approximation of the test construction and should not be interpreted as an exact distribution of test items.

5.3. 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 are 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.

5.4. Review Materials and Courses

A resource guide listing prepared by APTA's Orthopaedic Section can be found on page 13. Some sections hold review courses related to advanced practice in their specialty area. Applicants should contact their section directly to receive information. Neither ABPTS nor the specialty councils review or endorse the content of review materials and courses.

5.5. Study Groups

The APTA Specialist Certification Program maintains a list of candidates who are interested in participating in study groups. To be included in study group listings, select "participate in study group" and answer "yes" on the application. Study group lists will be generated and emailed by November 17, 2017, to candidates who have indicated their interest in participating in study groups. **Study group lists are emailed by request only.**

5.6. Exam Development

The specialist certification examinations are developed by specialty councils of ABPTS. APTA has contracted with the 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 items in each area.

Questions (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.

5.7. Exam Question Format

Questions (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 relates to a presented case study. Beginning on page 11 are 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. There are 200 items on the exam, consisting of 50 questions in each 1½-hour time block.

5.8. 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.

5.9. Tutorial

After you are approved to sit for the examination, the Specialist Certification Program will make available a tutorial so that you may practice using the testing software prior to your test day. The tutorial can be accessed on the APTA Specialist Certification website (www.abpts.org/SpecCertExamTutorial/). You should acquaint yourself with the testing software well before your test date. Test center staff are 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.

6. SITTING FOR THE EXAM

6.1. Computer Testing

The specialist certification examinations are administered by computer. The examination questions are presented on computers, and candidates provide their responses using a mouse or keyboard. NBME works with Prometric to deliver these examinations worldwide at more than 300 test 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.

6.2. 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 test 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.

6.3. 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 1½-hour test periods, an optional break after any section (up to 50 minutes), and a post-test survey if time is available within 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.

6.4. Admission to the Test

You should arrive at the test 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 \$101 fee to Prometric to reinstate your eligibility record in order to reschedule your appointment within the testing window (*rescheduling fees vary for international sites*).

Upon arrival at the test center, you must present a printed copy of your scheduling permit or present it electronically (e.g. via Smartphone) 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 required to remove eyeglasses for visual inspection by the test center administrators. Jewelry, except for wedding and engagement rings, is prohibited and hair accessories are subject to inspection. You should not wear ornate clips, combs, barrettes, headbands, and other hair accessories. Any examinee wearing any of these items may be prohibited from wearing them in the testing room, and asked to store such items in their locker. These inspections will take a few seconds, and will be done at check-in and upon return from breaks.

If you brought a printed copy of your scheduling permit, the Test Center Staff will collect it. 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 by the Test Center Administrators. 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 will begin 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 may 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: You will not be admitted to the testing room without presenting either a printed or electronic copy of your permit and an unexpired, government-issued form of identification (such as a driver's license or passport) that includes **both** your photograph and signature.

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 (see section 4.5 for additional instructions).

6.5. 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 test center staff will not necessarily tell 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.

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

6.6. 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 test center regulations
- Possessing unauthorized materials during an examination administration (eg, recording devices, photographic equipment, electronic paging devices, cellular telephones, reference materials)
- Any other behavior that threatens the integrity of the specialist certification examinations

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.

6.7. Canceled or Delayed Exam Administration or Problems at the Testing Center

Every effort is made to administer an examination at the scheduled test time and location. On occasion, however, exam administrations may be delayed or canceled in emergencies such as severe weather, a natural disaster that renders a Prometric Testing Center (PTC) inaccessible or unsafe, or extreme technical difficulties. If Prometric closes a testing center where you have already scheduled a testing appointment, it will reschedule the examination appointment at no additional charge.

In that event, Prometric will attempt to notify you in advance of your testing appointment to schedule a different time and/or center. Rescheduling an appointment for a different time or center may occur at the last minute due to limited availability of seats in a PTC.

You are advised to reconfirm your appointment with Prometric and maintain flexibility in any travel arrangements you may make.

If you experience an emergency situation on the day of your examination that you feel may jeopardize your ability to perform effectively on the examination, you may be eligible to postpone sitting for the examination until 2019. However, please note that if you opt to still sit for the examination and are not successful, this is not a basis for appealing examination results and your ability to sit again in 2019 at no additional cost may be in jeopardy.

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 the 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.

6.8. Exam Deferral

Candidates may defer their examinations through the ABPTS online application system located at www.abpts.org. To access your application click on "Online Application" from the Quick Links menu. Find your current application and click "History." On the left-hand side of the screen, click on "Applicant Admin." At the top of the Applicant Admin page is "Submit Deferral." It is recommended that you review the [deferral guidelines](#) before selecting "Yes" from the drop-down menu. Last, scroll to the bottom of the page, and click "Save" to complete the deferral request. Please note you will not receive an email confirming the deferral, but once you click save that will finalize the process.

6.9. 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 test 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.

6.10. 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. As noted in section 6.8, 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 (see section on "Reapplication" 3.7). The examination fee is nonrefundable for incomplete examinations.

7. EXAM RESULTS

7.1. Exam Results and Notification

After ABPTS meets in May 2018 to make certification decisions, score reports will be prepared for online distribution in mid-June 2018. The score report specifies your examination score, the passing score on the examination, and feedback on your performance in the major competency areas tested. In mid-June 2018, the Specialist Certification Program staff will send you an email notification announcing that score reports are available online, including instructions on how to access and download your score report.

Although there is a time lapse between the close of the examination window and the availability of examination results, much is happening during this period of time. Key validation takes place after the exam window closes in March. Key validation is a process of preliminary scoring and item analysis of the exam data, followed by careful evaluation of the item-level data, to identify potentially flawed or incorrect items prior to final scoring. During April and early May, standard setting committees are convened at the NBME to participate in content-based standard setting studies. The outcome of each committee's standard setting meeting is the recommendation of a passing standard of each of the specialty examinations during their May meeting. NBME then scores the specialist certification examinations and candidates are notified of their exam results as soon as this information is received by the Specialist Certification Program.

7.2. Scaled Scores

While your score is based on the number of questions answered correctly, it is a scaled score. ABPTS requires a scaled score of 500 to pass the examination. Scaling is a procedure that converts raw scores (number of correct responses) to a more easily interpretable scale. The purpose of scaling scores is to simplify things by keeping the passing score at the same number (eg, 500) for all exam forms, while the raw scores necessary for passing may vary for different forms.

7.3. Passing Scores

The certification examinations assess a clearly defined domain of knowledge and skills. You will be certified upon achievement of a passing score on the 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. This panel includes physical therapists in the specialty representing diversity in practice setting, years of experience, theoretical perspective, and geographic region.

Upon receiving board-certification, the candidate will:

- receive a certificate recognizing board certification as a specialist in an area of physical therapy
- be entitled to note they are "board-certified" in their specialty
- receive a board certified specialists lapel pin in his or her specialty area
- be recognized by his or her colleagues at APTA's annual Ceremony for Recognition of Clinical Specialists at APTA's Combined Sections Meeting
- be included in the online Directory of Certified Clinical Specialists in Physical Therapy

8. CONFIDENTIALITY

8.1. 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 the 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.

8.2. Confidentiality of Examination Content

All candidates must sign/acknowledge the Affidavit & Pledge of Confidentiality in their online application for certification. 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.

9. 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 Affidavit & 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 the candidate and an opportunity to respond.

10. PROCEDURES FOR REVIEW OF DECISIONS

10.1. Reconsideration of Decision Regarding Eligibility to Sit for the Exam

An applicant whom the Specialty Council has determined to be ineligible may request the Council to reconsider its denial of eligibility. The request for reconsideration must specify the grounds on which it is based. An applicant may submit new information in support of his or her request for reconsideration. An applicant may challenge the Specialty Council's application of the eligibility requirements to his or her case, but not the requirements themselves. An applicant may not appeal to ABPTS unless he or she has first submitted a request for reconsideration to the Council. An applicant must submit his or her request for reconsideration no later than 2 weeks from the date of the denial letter. For purposes of determining compliance with the foregoing deadline, a request for reconsideration will be deemed submitted on the postmark date. The Specialty Council will notify the applicant in writing of its decision on reconsideration.

10.2. Appeal to ABPTS of Specialty Council's Decision Regarding Eligibility to Sit for the Exam

An applicant who wishes to submit an appeal must contact the Specialist Certification Program for a complete copy of the procedures.

An applicant whom the Council has determined upon reconsideration to be ineligible may appeal the decision to ABPTS. An applicant may challenge the Council's application of the eligibility requirements to his or her case, but not the requirements themselves. The applicant must submit his or her appeal no later than 2 weeks from the date of the Council's decision on reconsideration. The appeal must be in writing and must be addressed to the Chair of ABPTS at the APTA Specialist Certification Program. For purposes of determining compliance with the foregoing deadline, a request for reconsideration will be deemed submitted on the postmark date. The appeal must specify the grounds on which it is based.

The Appeal Committee, a committee of ABPTS, will be responsible for the review and disposition of requests from applicants for appeal of a Specialty Council decision. The Appeal Committee will make its decision no later than 30 days from the date of receipt of the request for appeal. The

Appeal Committee will send written notification of its decision to the Chair of the Specialty Council and the applicant by certified mail, return receipt requested, no later than 7 days from the date of its decision.

10.3. Procedures for Review of Certification Actions

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

The purpose of the ABPTS reconsideration procedure is to enable a candidate to challenge an ABPTS decision denying certification 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 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 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.

10.4. Appeal to APTA Board of Directors of ABPTS Decision to Deny Certification

A person may not appeal to the APTA Board of Directors unless he or she 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 the ABPTS decision on reconsideration may appeal to the APTA Board of Directors within 14 days of receipt of the ABPTS notification of the Appeal Committee's decision. A candidate must submit this appeal in writing, and the candidate must address it to the President of the APTA at the APTA Governance Department. The candidate must also send a copy of the written appeal to the Chair of ABPTS at the APTA Specialist Certification Program. The appeal must set forth arguments in support of the candidate's position. ABPTS will send written acknowledgment of receipt of the appeal to the candidate within 7 days after ABPTS receives the candidate's written appeal request.

11. EXAM CONTENT OUTLINE & SAMPLE QUESTIONS

11.1. Exam Content Outline

The orthopedic examination is based on the *Description of Specialty Practice (DSP) in Orthopaedic Physical Therapy*. The areas tested are (1) the practice expectations and professional roles/responsibilities/values, and (2) the knowledge areas. The examination questions are linked to those 2 major areas. For example, to perform a patient evaluation you must have knowledge of the human anatomy and physiology of the musculoskeletal system. To select a procedural intervention, you must have knowledge of movement science.

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

Matrix 1 - 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.

Areas	% of Exam Questions
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 for 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/Craniomandibular	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

11.2. 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.

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.

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 thora-columbar 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

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:
- sidebent right and rotated right
 - sidebent right and rotated left
 - sidebent left and rotated right
 - rotated right with no sidebending

10. Which nerve is most directly involved with this patient's pain complaint?
- Peroneal
 - Saphenous
 - Sural
 - Tibial

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:
- first MTP extension
 - motor control of the gastrocnemius soleus
 - motor control of the tibialis anterior
 - 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?
- Inferior tibiofibular
 - Tibiotalar
 - Talocalcaneal
 - 5th Metatarsophalangeal

11. Which strengthening exercise would most directly treat this patient's weakness?
- Single-leg heel raise with the body weight raised up over the fifth metatarsal
 - Single-leg heel raise with the body weight raised up over the first metatarsal
 - Resisted plantarflexion and inversion using theraband
 - 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?

- Place the patient in a dorsal splint immobilizer; begin AROM and passive mobilization at twenty-one days post-op.
- 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.
- 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)
- 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?

- Femoral neck stress fracture
- Legg-Calve-Perthes disease
- Meralgia paresthetica
- Slipped capital femoral epiphysis

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

12. RESOURCE GUIDE INFORMATION

Resource guides 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 the ABPTS nor the specialty councils has reviewed or endorsed the content of these lists. In addition, reviewing these resources does not guarantee that a candidate will receive a passing score on the specialist certification examination.

Orthopaedic Physical Therapy Resource Information

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