



Orthotic Fitter Competency Attestation

To meet the eligibility criteria for ABC's Certified Fitter-orthotics credential, each candidate is required to possess the knowledge and demonstrate sufficient competence in the areas detailed on this attestation form. The attester must be a certified/licensed practitioner, orthotic fitter, or a professional referral source*.

**Professional referral source is defined as any appropriately licensed healthcare provider who is familiar with the applicant's professional knowledge and skills.*

NOTE: The attester should address any areas that cannot be marked as **Yes** with the applicant prior to completing this Competency Attestation form.

Applicant's Name: _____

KNOWLEDGE AND COMPETENCY ASSESSMENT

Please complete the following related to the applicant's knowledge or competency in the following areas:

Does the applicant possess adequate knowledge and understanding of:

Gross musculoskeletal anatomy related to lower limb, upper limb and spine, including bony landmarks

Yes No

Planes of motion, basic joint structure and range of motion (ROM)

Yes No

Pathologies including cause and progression (e.g., vascular, neurologic and musculoskeletal disease processes)

Yes No

Examination techniques, including gait observation, weight bearing status, skin/tissue evaluation, pain evaluation and volumetric assessment

Yes No

Prefabricated orthotic design, fitting criteria of orthoses (e.g., anatomical/device relationships, device trimlines)

Yes No

Materials and their properties specific to the practice of orthotics

Yes No

Care and maintenance of prefabricated orthoses

Yes No

Medical, orthopedic and orthotic terminology

Yes No

Practice management (e.g., knowledge of reimbursement, patient confidentiality, federal and state rules, and regulations)

Yes No

Has the applicant demonstrated competency in:

Interviewing patients and communicating with referral sources

Yes No

Taking patient history and performing a physical exam (e.g., measuring ROM, determining muscle strength, body segment alignment)

Yes No

Managing patients relative to their diagnosis and condition

Yes No

Measuring for prefabricated orthoses, including upper limb, lower limb, and spinal

Yes No

Assessing the fit and function of the prefabricated orthosis at initial or diagnostic fitting

Yes No

Assuring appropriate fit and function of the prefabricated orthosis at final fitting and delivery

Yes No

Appropriate documentation methods using established record-keeping techniques

Yes No

Relating orthotic design to forces involved in orthotic treatment (e.g., full length footplate trimline provides increased stability to the knee during late stance)

Yes No

Educating patients regarding safe usage, maintenance and hygiene issues related to prefabricated orthoses

Yes No

Use of universal precautions

Yes No

ORTHOTIC FITTER COMPETENCY ATTESTATION

Applicant Name: _____

Your Name: _____

Your practitioner or orthotic fitter certification/license number: _____

**If a professional referral source attester:*

Credential type: _____

Certification/license number: _____

Are you in good standing with ABC, or your professional credentialing body? Yes No

Current Employer: _____

City/State: _____

Daytime Phone Number: _____ Email Address: _____

Please indicate the time frame during which this applicant obtained their experience hours.

From: ____/____/____ To: ____/____/____

I attest that the applicant possesses the moral character and professional standards required of an ABC credential holder, has demonstrated knowledge and competency in all elements contained on this attestation form and is capable of performing the functions listed above.

Any act of falsification by the attester is a violation of the ABC Code of Professional Responsibility and shall be referred to the ABC Professional Ethics Committee or applicable credentialing body.

Signature of Attester: _____ Date: _____

All sections of this form must be completed before the application is submitted.

Note: ABC certified attesters will receive four (4) Category II CEUs (up to two times per five-year cycle).



American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc.

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