

Guiding Your Resident through their Clinical Training



How to Use the ABC *Practice Analysis* to Your Advantage



Thank you for your commitment to mentoring a resident as they complete the clinical training portion of their O&P education. The ultimate goal is to assure that the practitioner resident is competent to safely and effectively provide patient care.

The O&P profession relies on the ABC practitioner certification exams to independently assess new practitioner’s knowledge and skills. The exams are built on the foundation of the ABC *Practice Analysis of Certified Practitioners in the Disciplines of Orthotics and Prosthetics*. The *Practice Analysis* is a contemporary description of the profession. Becoming familiar with the wealth of information presented in this report will help you gauge whether your residency is in line with what candidates will be expected to know when they take their Simulation and CPM board exams.

Test Content Outlines

A good place to start reviewing the *Practice Analysis* is with the Test Content Outlines. They are derived from the percentage of time today’s practitioners tell us they spend performing the tasks in each area of practice. The ABC exams are designed to approximately mirror those percentages.

TEST CONTENT OUTLINE – SIMULATION EXAMS

Practice Domain

	ORTHOTICS	PROSTHETICS
Domain 1 – Practice Assessment	10-20%	15-25%
Domain 2 – Formulation of the Treatment Plan	35-45%	25-35%
Domain 3 – Implementation of the Treatment Plan	15-25%	25-35%
Domain 4 – Follow-up Treatment Plan	20-30%	15-25%

TEST CONTENT OUTLINE – ORTHOTIC CPM EXAM

Practice Domain and Practice Area

PRACTICE DOMAIN		PRACTICE AREA	
Domain 1 – Patient Assessment	23%	Lower Extremity	67%
Domain 2 – Formulation of Treatment Plan	23%	Spinal	22%
Domain 3 – Implementation of Treatment Plan	54%	Scoliosis	11%

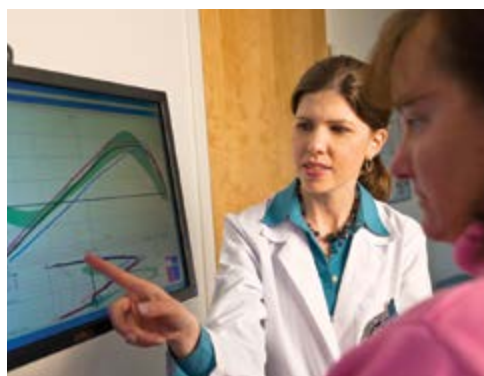
TEST CONTENT OUTLINE – PROSTHETIC CPM EXAM

Practice Domain and Practice Area

PRACTICE DOMAIN		PRACTICE AREA	
Domain 1 – Patient Assessment	11%	Transtibial	52%
Domain 2 – Formulation of Treatment Plan	26%	Transfemoral/Knee Disarticulation	42%
Domain 3 – Implementation of Treatment Plan	32%	Transradial/Wrist Disarticulation	2%
Domain 4 – Follow-up Treatment Plan	30%	Transhumeral/ Elbow Disarticulation	2%
Domain 5 – Practice Management	1%	Symes’s	2%

Task Statements

Each Domain in the *Practice Analysis* includes a list of task statements that describe the specific activities that make up that Domain. Task statements are the core elements of practitioner performance. Consider using this information as a part of your on-going resident assessment. ABC has created a sample Assessment Tool using the task statements that is available at ABCop.org. Since exam questions are tied to these task statements, this tool can be beneficial to your resident’s training process.



For example, a question about Medicare’s lower extremity functional level classifications would relate to the fourth task statement under the Patient Assessment Domain.

Task 4—Perform a diagnosis-specific clinical, functional and cognitive examination (for example, manual muscle testing; gait analysis; functional level [K level classification]; evaluation of anatomy; range of motion; joint stability; skin integrity; sensory function).

The Assessment Tool can help you review the domain task statements to make sure your resident is progressing in their ability with these competencies.

Knowledge and Skill Statements

The *Practice Analysis* also details the knowledge and skills that your resident should possess in order to provide safe and effective patient care. ABC has created a sample Assessment Tool, available on the ABC website that uses the identified knowledge and skills to measure the resident’s level of knowledge in specific areas and their skills in delivering patient care. Below is a partial list of the knowledge and skills—the full list is available in the report.

KNOWLEDGE OF:




Musculoskeletal anatomy, including upper limb, lower limb, spinal, cranial
 Systems anatomy (e.g., motor control, vestibular, somatosensory)
 Surface anatomy
 Medical terminology
 Kinesiology, including upper limb, lower limb, spinal
 Normal human locomotion
 Planes of motion
 Biomechanics
 Mechanics (e.g., levers and force systems)
 Pathologies (e.g., muscular, neurologic, skeletal, vascular)
 Orthotic/prosthetic design
 Orthotic/prosthetic fitting criteria
 Outcome measurement

SKILL IN:

Interpreting referral documents, (e.g., prescriptions, orders)
 Interpreting radiological images, (e.g., scoliosis x-rays)
 Performing clinical assessment
 Identifying surface anatomy
 Interpreting physical findings (e.g., recognizing skin pressures, dermatological conditions)
 Analyzing normal and pathological gait/motion
 Analyzing orthotic/prosthetic gait/motion
 Delineating, rectifying and/or modifying patient models
 Selecting appropriate materials and components
 Evaluating fit and function of an orthosis/prosthesis
 Selecting, administering and interpreting outcome measures
 Adjusting and modifying orthoses/prostheses
 Maintaining and repairing orthoses/prostheses

Another example of practice composition that will help you assure that your resident is getting an appropriate mix of patient types is the age range of the patients that are served by orthotists and prosthetists. These percentages can help you focus on the types of interventions that are likely to be tested on the exams and how much emphasis is given in each age range.

PERCENTAGE OF PATIENTS IN EACH AGE RANGE BY DISCIPLINE

		ORTHOTICS	PROSTHETICS
	Pediatric (0 to 18 years)	37%	11%
	Adult (19 to 65 years)	36%	52%
	Geriatric (more than 65 years)	27%	37%

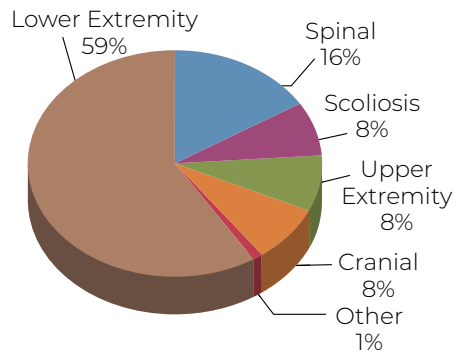
Current O&P Practice Composition

The *Practice Analysis* also includes data on the percentage of time spent in regard to orthotic and prosthetic devices. This important information can assist you with your residency by helping to guide the self-assessment of your program. This information is also beneficial to your resident as the exam development committees use this data to determine the number and type of questions in each practice area.

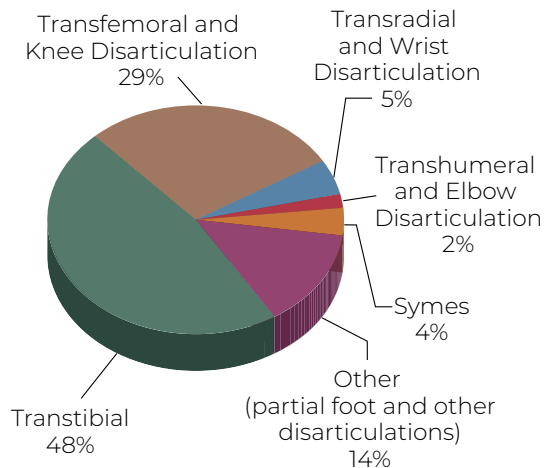
The practice analysis breaks down the practice areas even further. For example in orthotics, certified orthotists report they spend 59% of their time in the lower extremity practice area. Within that area their time is divided among specific device types. About 18% of their time is spent on AFOs, 8% on foot orthoses, 7% on shoes, 6% on knee orthoses and 4% on knee ankle foot orthoses.

In prosthetics, certified prosthetists report that they spend 48% of their time providing care related to transtibial prostheses. This is further broken down by socket design and suspension method. About 20% report they utilize hydrostatic (employing a locking mechanism) and 18% say they use a total surface bearing (no locking mechanism employed) design. For suspension method 22% of prosthetists say they use roll-on liner with lock or lanyard. 13% say they utilize a roll-on liner or suction with other accessories (seal or sleeve). You can use this information to determine if your resident is getting the appropriate amount of experience with specific devices.

Percentage of Time in Orthotic Practice Areas



Percentage of Time in Prosthetic Practice Areas



ADDITIONAL RESOURCES on ABC's website include the *Code of Professional Responsibility*, the *ABC Orthotic, Prosthetic and Pedorthic Scope of Practice* and the *Practitioner Book of Rules and Candidate Guide*. Making your resident familiar with these resources will enhance their clinical training and prepare them for their certification exams at the completion of their residency.

Both the Task Statement and Knowledge and Skills Assessment Tools are available at **ABCop.org**. Simply log into your accredited facility's MY ABC account and download for your personal use.



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330 John Carlyle Street
Suite 210
Alexandria, VA 22314-5760
703.836.7114

ABCop.org