



Orthotic Fitter Competency Attestation

SUPERVISOR INSTRUCTIONS

To meet the eligibility criteria for ABC's Certified Fitter-orthotics credential, each candidate is required to possess the knowledges and demonstrate sufficient competence in the areas detailed on this attestation form. The attestor must be one of the following: an ABC certified orthotist, an ABC certified orthotic fitter, or a professional referral source*.

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

NOTE: Please be advised that a **NO** answer in any of the Knowledge or Skill areas will prevent the application from being approved. The attestor should address any areas that cannot be marked as **Yes** with the applicant prior to completing this Competency Attestation form.

Applicant's Name: _____

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

ATTESTATION:

Applicant Name: _____

I attest that the applicant, in my opinion, possesses the moral character and professional standards required of ABC certificants. I further attest that the applicant has demonstrated knowledge and competency in all of the elements contained on this Attestation form and is capable of performing the functions listed above that are required of a Certified Fitter-orthotics.

Your Name: _____

Your certification number: CPO: _____ CO: _____ CFo: _____

For Referral Source, Credential: _____

Are you in good standing with ABC, or your professional credentialing body? Yes No
(Good standing is defined as being current with annual renewal fees, complying with mandatory continuing education, and not currently under disciplinary sanction.)

Your current employer: _____

Daytime phone number: _____

Your employer during the period of this attestation: (if same, indicate same)

Please indicate the time frame during which you supervised this applicant or have had familiarity of their knowledge and competency.

From: ____/____/____ to ____/____/____

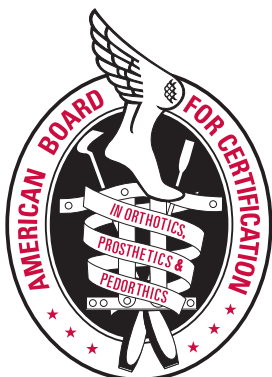
Facility name and location: (If same, indicate same)

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 Discipline Committee or applicable credentialing body.

Signature of Attester: _____ Date: _____

All sections of this form must be complete.

This Competency Assessment form must be included with the Certified Fitter-orthotics application.



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