

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 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

Practice Domain	% of Exam	
	Orthotics	Prosthetics
Domain 1—Patient Assessment: Perform a comprehensive assessment of the patient, including their functional baseline, to understand the patient's orthotic/prosthetic needs, goals and expectations.	28%	22%
Domain 2—Formulation of the Treatment Plan: Analyze and integrate information from patient assessment to create a comprehensive orthotic/prosthetic treatment/care plan to meet the needs, goals and expectations of the patient.	18%	16%
Domain 3—Implementation of the Treatment Plan: Perform/direct all procedures necessary, including fabrication, to provide the comprehensive orthotic/prosthetic treatment/care.	27%	31%
Domain 4—Follow-up to the Treatment Plan: Provide continuing patient care through periodic evaluation to assure, maintain and document optimal fit and function of the orthosis/prosthesis.	15%	18%
Domain 5—Practice Management: Adhere to policies and procedures regarding human resources, physical environment, business and financial practices, reimbursement requirements and organizational management.	12%	13%



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.

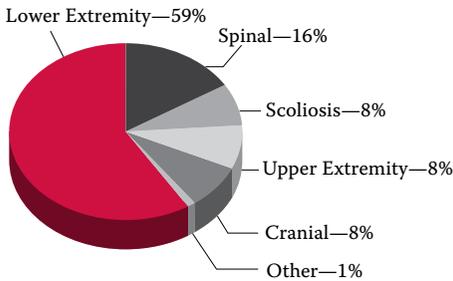
Task 4—Perform a diagnosis-specific clinical, functional and cognitive examination (for example, manual muscle testing; gait analysis; functional level [K level classification]; evaluation of anatomy; range of motion; joint stability; skin integrity; sensory function).

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

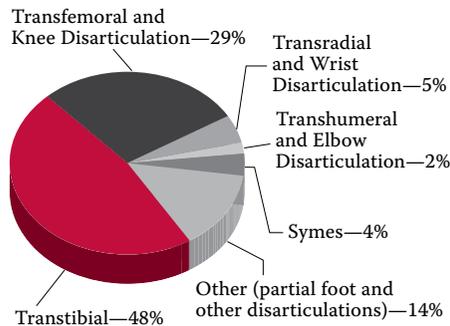
Current O&P Practice Composition

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.

Percentage of Time in Orthotic Practice Areas



Percentage of Time in Prosthetic Practice Areas



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.

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%

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 and administering and interpreting outcome measures

Adjusting and modifying orthoses/prostheses

Maintaining and repairing orthoses/prostheses

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.



**American Board
for Certification in
Orthotics, Prosthetics
& Pedorthics, Inc.**

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

abcop.org