2025 Practice Analysis Report for the Certified Orthotic and Prosthetic Assistant Examinations (COA, CPA)

May 2025

Prepared for

American Board for Certification in Orthotics, Prosthetics & Pedorthics

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Introduction

The American Board for Certification in Orthotics, Prosthetics, and Pedorthics (ABC) is a national certifying and accrediting organization dedicated to setting the standard for excellence in these professions. Its mission is to establish and advocate for the highest standards in patient care, ensuring the safe and effective delivery of orthotic, prosthetic, and pedorthic services.

ABC fulfills its mission through rigorous credentialing programs that verify the qualifications of individuals in these fields. Certification assures that ABC-certified professionals have met stringent eligibility criteria, including comprehensive training, relevant experience, and demonstrated knowledge and skills essential for competent performance.

The development of a high-quality certification program must follow certain logically sound and legally defensible procedures. ABC partners with Meazure Learning to ensure the examination adheres to these standards, which are outlined in federal regulation (*Uniform Guidelines on Employee Selection Procedures*) and manuals such as *Standards for Educational and Psychological Testing* (published by the American Educational Research Association, 2014).

Starting in April 2025, ABC assembled a panel of subject matter experts (SMEs) to determine the competencies required for successful performance as a Certified Orthotic Assistant (COA) and Certified Prosthetic Assistant (CPA). The results of this process, known as a practice analysis study, serve as the cornerstone for examination development by ensuring the content on the examination reflects the tasks performed in practice settings.

The study included independent reviews by the panel, as well as small and large group discussions, to identify the major domains, tasks, and essential knowledge and skills required for competent performance as a COA or CPA. Based on these discussions, the test specifications for the examinations were developed.

Phase I. Panel Meeting

Panel of Experts

On April 6 and 7, 2025, a panel of 11 subject matter experts (SMEs), assembled by ABC, met to delineate the role of the COA and CPA. The meetings were facilitated by Jackie Phillips, Manager of Psychometrics at Meazure Learning, and Jennifer Hatch, Manager of Assessment Development at Meazure Learning. Steve Fletcher, Director of Professional Credentialing at ABC, and Molly Maguire, Professional Credentialing Administrator at ABC, were also in attendance.

To ensure a representative practice analysis, the panel was composed of SMEs selected to reflect the diversity of practice across the profession. Six panelists focused on orthotics, and five focused on prosthetics. See Table 1 for the panelist assignments by exam program. During the first meeting, panelists received training on their roles and expectations, including the importance of thinking broadly beyond their own work settings, achieving consensus as a group, and ensuring that no single perspective unduly influenced the panel's decisions. These principles were reinforced throughout the panel discussions.

Table 1: COA and CPA Panel Demographics

Exam	Name	Credentials	Employer	Years of Experience	State
COA	Tim Baldwin	COA, CFo	UCSF O&P Center at the Orthopaedic Institute	3 years or less	CA
	Laura Childs	COA, CTO	Westlake O&P	11 to 15	MN
	Charlene Good	CPOA, CFo	Hanger Clinic	3 years or less	VA
	John Greaney	COA/CFo	Boston O&P at Waltham Children's Hospital	4 to 6	MA
	Jennifer Trombley	COA, CFo	University of Michigan O&P Center	11 to 15	MI
	Katie Hausmann	CO	N/A	Other	NC
CPA	Steven Hoover	CP, LP, COA	Great Lakes Prosthetics & Orthotics, Inc.	11 to 15	MI
	Kyra Valliere	CPOA	Compass Limb and Brace	4 to 6	UT
	Robert Camper	CPA, CTP	Virginia Prosthetics, Inc.	11 to 15	VA
	Shira Browns	CPA	Kai David Prosthetics, Inc.	3 years or less	TX
	Moria Stephans	CPA	Hanger Clinic	11 to 15	FL

Independent Review of Content Outline

Prior to the first meeting, the past content outline developed from the 2012 practice analysis study was distributed to each panelist for independent review. The feedback of the independent review guided discussion during the meetings and informed the determination of test specifications (Phase II).

Instructional materials were distributed to each panelist to aid the practice analysis study, which included the meeting agenda, information regarding the practice analysis process, and guidelines for developing a content outline. The materials distributed to panelists can be referenced in Appendix A and the results of the independent review are presented in Appendix B.

Review of Target Audience and Eligibility

After reviewing the purpose of the meeting and clarifying roles and responsibilities, the panel discussed the mission of the program, relevant characteristics of potential certificants, the changes in the industry during the past five years, as well as the anticipated changes in the next five years. These discussions aided the review of the target audience and eligibility requirements for the examinations, which are detailed below.

Target Audience and Eligibility

What is an ABC Certified Assistant?

An ABC Certified Assistant supports the ABC certified practitioner in providing comprehensive orthotic and/or prosthetic patient care. Under the guidance and Indirect Supervision of the ABC certified practitioner, certified assistants may perform orthotic and/or prosthetic procedures and related tasks in the management of patient care. This includes fabrication, repairs and maintenance of devices to provide maximum fit, function and cosmesis that reflect the level of education and training received.

Upon meeting the ABC requirements and passing the certification exam, candidates are awarded the Certified Orthotic Assistant (COA) or Certified Prosthetic Assistant (CPA) credential. Candidates who have met the ABC requirements and passed certification exams for both disciplines will be awarded the Certified Prosthetic-Orthotic Assistant (CPOA) credential.

Eligibility

Candidates must be 18 years or older and meet the following requirements to be eligible to take the orthotic and/or prosthetic assistant exam. There are three pathways to certification:

Pathway 1: Education Only

- Successfully complete a Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredited assistant education program.

Pathways 2 and 3: Education and Clinical Experience

There are two experience pathways for eligibility.

Education (Pathway 2 and 3)

- High school diploma, GED certificate, college transcript or World Education Service (WES) Credential Evaluation (only applicable if education from a foreign country)
- Completion of three semester hours in each of the following courses (each course must be from a regionally accredited institution of higher learning): Human Anatomy, General/Fundamental Physics, and Medical Terminology.

Pathway 2 Experience

- For single discipline certification, completion of 12 months (a minimum of 1900 hours) of clinical experience under Direct Supervision of a certified/licensed orthotist or prosthetist.
- For dual discipline certification, completion of 18 months of clinical experience in both orthotics and prosthetics with a minimum of six months in each discipline under Direct Supervision of a certified/licensed orthotist or prosthetist.

Pathway 3 Experience

For those who currently hold a nationally recognized certification in a related allied health profession (e.g., Medical Assistant, Athletic Trainer, Physical Therapist/PTA, Occupational Therapist/OTA).

- For single discipline certification, completion of 500 hours of clinical experience under Direct Supervision of an ABC Certified Orthotist or Prosthetist.
- For dual discipline certification, completion of 1,000 hours of clinical experience in both orthotics and prosthetics with a minimum of 250 hours in each discipline.

Domain and Task Development

After the panel established a clear understanding of the program's target audience, the meeting shifted to developing a new content outline for COAs and CPAs. In small and large groups, the panel reviewed the 2012 practice analysis content outline, identifying the key domains—the major groupings of responsibilities and tasks that constitute significant areas of the role—and the specific tasks or activities performed within each domain.

Discussions focused on ensuring the identified responsibilities and tasks accurately reflected the diverse settings in which COAs and CPAs operate. Panelists received guidance on developing and evaluating domains and task statements (see Appendix A). As the panel refined the content outline, they evaluated the relevance and currency of each domain and task, making revisions as needed to ensure comprehensive coverage. Throughout the meetings, some tasks were reworded, removed, or reassigned to more appropriate domains.

Through an iterative process of development, review, and revision, the panel finalized a comprehensive list of four domains and 30 tasks for the COA exam, and four domains and 32 tasks for the CPA exam. The domains for each exam include:

1. Assessment
2. Implementation of the Treatment Plan
3. Continuation of the Treatment Plan
4. Practice Management

The final domains and tasks for the COA and CPA exams are listed in Appendices D and E.

Knowledge and Skill Statements

After finalizing the domains and tasks, the panel received guidance on developing knowledge statements. Working in both small and large groups, they identified industry-specific knowledge and skill areas required for the competent performance of each task. As part of this process, the panel participated in a linkage activity to ensure that each knowledge and skill statement was essential to at least one task within a domain. Some statements were linked to multiple tasks or domains, while one was removed (i.e., loss control) for not being critical across most practice settings.

In addition, the panel rated when each knowledge or skill area should be acquired for successful performance—either prior to certification or after. Most statements were determined to be necessary before certification, while those identified as acquired after certification were still considered essential, though typically required at a more foundational level. For both the COA and CPA exams, this process resulted in a final set of 44 knowledge statements and 21 skill statements. A complete list of the knowledge and skills, along with their associated linkages, can be found in Appendix C.

Practice Areas and Devices

The panel considered the percentage of work time that orthotic or prosthetic assistants spend on performing various practice areas as well as the frequency of time spent on devices within those areas. As displayed in Table 2, both COA and CPA panels reported spending most of their time on patient care, followed by fabrication and administration/documentation/other tasks related to billing, office management, inventory, or insurance.

Table 2: Percentage of Work Time Spent on Key Activities by COAs and CPAs

Activities	COA		CPA	
	N Panelists	Average (SD)	N Panelists	Average (SD)
Patient care	6	64% (19.1)	5	54% (15.2)
Fabrication	6	15% (8.9)	5	23% (16.8)
Administration/Documentation/Other	6	21% (11.1)	5	23% (5.7)
Total	**6**	**100%**	**5**	**100%**

SD = Standard deviation.

Note: Panelists rated the activities using the following question*: Overall, what percentage of orthotic/prosthetic assistant work time did you spend performing the following activities during the past year? Enter a whole number between 0 to 100. The total must equal 100.*

As shown in Table 3, across all six COA panelists, the majority of work time was focused on the lower extremity practice area, averaging 44% of their time. This was followed by spinal work at 20%, while upper extremity and cranial each accounted for approximately 13% and 12%, respectively. Scoliosis made up a smaller portion at 7%, and other practice areas comprised the remaining 3%. Overall, lower extremity care represented the primary area of focus among COA panelists.

Table 3: Percentage of Work Time Spent by COAs in Each Practice Area

COA Practice Area	N Panelists	Average (SD)
Lower Extremity	6	44% (9.2)
Spinal	6	20% (10.5)
Scoliosis	6	7% (7.2)
Upper Extremity	6	13% (6.8)
Cranial	6	12% (7.1)
Other	6	3% (5.9)
Total	**6**	**100%**

Note: Panelists rated the areas using the following question*: Overall, what percentage of orthotic assistant work time did you spend performing the tasks related to each practice area during the past year? Enter a whole number between 0 to 100. The total must equal 100.*

The COA panel reviewed various devices within each practice area and rated how frequently they had used each one over the past 12 months, using a scale from 0 (Never) to 4 (Daily). As shown in Table 4, the COA devices used most frequently—on at least a weekly to daily basis (ratings of 3 or higher)—included the Ankle-Foot Orthosis (AFO), Knee Orthosis (KO), Lumbosacral Orthosis (LSO), Thoracolumbosacral Orthosis (TLSO), Cervical Orthosis (CO), Wrist-Hand Orthosis (WHO), and Cranial Remolding Orthosis.

Table 4: Frequency of Device Use by COAs Across Practice Areas

Orthotic Practice Area/Device	N Panelists	Average	SD
Lower Extremity			
Shoes	6	2.67	1.37
Foot Orthosis (FO)	6	2.33	1.51
Ankle-Foot Orthosis (AFO)	6	3.50	1.22
Knee Orthosis (KO)	6	3.50	0.55
Knee-Ankle-Foot Orthosis (KAFO)	6	1.83	0.98
Hip Orthosis (HO)	6	2.33	1.37
Hip-Knee-Ankle-Foot Orthosis (HKAFO)	6	1.00	0.63
Other	6	0.67	1.03
Spinal			
Lumbosacral Orthosis (LSO)	6	3.50	0.55
Thoracolumbosacral Orthosis (TLSO)	6	3.00	1.10
Thoracolumbar Orthosis (TLO)	6	1.33	1.21
Cervicothoracic Orthosis (CTO)	6	1.50	1.05
Cervical Orthosis (CO)	6	3.17	1.17
Other	6	0.67	1.03
Scoliosis			
Lumbosacral Orthosis (LSO)	6	1.17	1.17
Thoracolumbosacral Orthosis (TLSO)	6	2.33	1.21
Cervicothoracolumbosacral Orthosis (CTLSO)	6	0.50	0.84
Upper Extremity			
Hand Orthosis (HO)	6	1.83	0.75
Wrist-Hand Orthosis (WHO)	6	3.00	0.63
Wrist Orthosis (WO)	6	2.17	0.75
Elbow-Wrist-Hand Orthosis (EWHO)	6	1.50	1.05
Elbow Orthosis (EO)	6	2.17	0.98
Shoulder-Elbow-Wrist-Hand Orthosis (SEWHO)	6	1.17	0.75
Shoulder Orthosis (SO)	6	2.17	1.60
Other	6	0.50	0.84
Cranial			
Cranial Remolding Orthosis	6	3.00	1.26
Protective Helmet	6	2.67	0.52

Note: Panelists rated the devices using the following question: *In the past 12 months, how often did you use each device? 0 = Never | 1 = Rarely (quarterly or less) | 2 = Occasionally (monthly) | 3 = Often (weekly) | 4 = Daily*

As displayed in Table 5, across all five CPA panelists, the majority of work was focused on the transtibial practice area, averaging 63% of their time. This was followed by transfemoral at 31%, while transradial, transhumeral, and symes each accounted for approximately 3% or less, respectively.

Table 5: Percentage of Work Time Spent by CPAs in Each Practice Area

CPA Practice Area	N Panelists	Average (SD)
Transtibial	5	63% (8.6)
Transfemoral	5	31% (5.9)
Transradial	5	3% (1.3)
Transhumeral	5	1% (0.45)
Symes	5	3% (1.4)
Total	**5**	**100%**

Note: Panelists rated the areas using the following question*: Overall, what percentage of prosthetic assistant work time did you spend performing the tasks related to each practice area during the past year? Enter a whole number between 0 to 100. The total must equal 100.*

The CPA panel reviewed various devices within each practice area and rated how frequently they had used each one over the past 12 months, using a scale from 0 (Never) to 4 (Daily). As shown in Table 6, the CPA devices used most frequently—on at least a weekly to daily basis (ratings of 3 or higher)—included the hybrid transtibial socket design, sleeve suspension and roll-on liners (with either locks or valves), ischial containment and sub-ischial transfemoral sockets, mechanical knee control schemes, suction with expulsion valve suspension, and the roll-on locking suspension for transfemoral devices. These results suggest that certain designs and suspension mechanisms are more consistently used in current prosthetic practice, particularly for transtibial and transfemoral applications.

Table 6: Frequency of Device Use by CPAs Across Practice Areas

CPA Practice Area/Device	N Panelists	Average	SD
Transtibial			
Sockets			
Patella tendon bearing	5	1.80	1.30
Total surface bearing	5	2.20	1.64
Hybrid	5	4.00	0.00
Suspension Mechanisms			
Roll-on liner with lock	5	3.60	0.89
Roll-on liner with valve	5	3.60	0.55
Sleeve	5	4.00	0.00
Vacuum	5	3.20	0.84
Supracondylar	5	2.00	1.00
Transfemoral			
Sockets			
Quadrilateral	5	0.40	0.55
Ischial containment	5	3.40	0.89
M.A.S. design	5	0.40	0.55

Sub-ischial	5	3.40	0.55
Control Schemes			
Fluid control	5	1.40	0.55
Microprocessor	5	2.80	0.45
Mechanical	5	3.20	0.45
Suspension Mechanisms			
Roll-on with locking mechanism	5	4.00	0.00
Vacuum-assisted	5	2.40	0.89
Suction with expulsion valve	5	3.60	0.55
Hip joint/pelvic band/waist belt	5	0.60	0.89
Skin fit	5	1.00	1.00
Transradial			
Control Schemes			
Myoelectric	5	1.20	0.84
Body-powdered	5	1.60	0.55
Passive	5	0.80	0.45
Suspension Mechanisms			
Self	5	1.40	0.55
Locking	5	1.00	0.00
Suction	5	1.00	0.00
Harness	5	1.60	0.55
Transhumeral			
Control Schemes			
Myoelectric	5	0.60	0.55
Body-powdered	5	1.20	0.45
Hybrid	5	1.00	0.00
Passive	5	0.20	0.45
Suspension Mechanisms			
Locking	5	0.80	0.45
Suction	5	1.00	0.00
Harness	5	1.20	0.45
Symes			
Sockets			
Patella tendon bearing	5	0.40	0.55
End bearing	5	1.60	0.55
Medial opening	5	1.00	1.00
Posterior opening	5	0.40	0.55
Expandable wall	5	1.20	0.45
Suspension Mechanisms			
Sock fit	5	1.40	0.55
Anatomical	5	1.20	0.45

Note: Panelists rated the devices using the following question: *In the past 12 months, how often did you use each device? 0 = Never | 1 = Rarely (quarterly or less) | 2 = Occasionally (monthly) | 3 = Often (weekly) | 4 = Daily*

The panelists indicated the percentage of orthotics or prostheses were fabricated onsite versus at a central fabrication. As displayed in Table 7, both the COA and CPA panels reported fabricating prosthetic or orthotic devices using a mix of onsite and central fabrication methods. On average, the six COAs reported a nearly even split: 52% onsite and 48% central fabrication, while the five CPAs reported a stronger preference for onsite fabrication (78%) compared to central fabrication (22%).

Table 7: Percentage of Fabrication Work Completed Onsite vs. Central Fabrication by COAs and CPAs

Fabrication	COA		CPA	
	N Panelists	Average (SD)	N Panelists	Average (SD)
Onsite	6	52% (37.2)	5	78% (21.6)
Central fabrication	6	48% (37.2)	5	22% (21.6)
Total	**6**	**100%**	**5**	**100%**

Note: Panelists rated the areas using the following question*: Overall, what percentage of the orthoses/prostheses you provided were fabricated onsite versus at central fabrication? The percentages must total 100%.*

Phase II. Examination Weights

The final phase of the practice analysis study involved developing test specifications, which define the percentage of exam questions allocated to each content area. These specifications were informed by the panelists' independent reviews and group discussions throughout the study.

Both top-down and bottom-up approaches were used to develop the test specifications. In the top-down approach, domain weights were calculated first. During their independent review, panelists rated the criticality of each domain and how frequently they performed tasks in that domain over the past 12 months (see Appendix B). These two ratings were multiplied to produce a relative importance score for each domain, which was then converted into a percentage. The resulting percentages, which sum to 100%, represent the top-down domain weights.

The bottom-up approach focused on the relative importance of each individual task. In this method, each task's weight was calculated by dividing its relative importance score by the sum of all task scores. The weight of each domain was then calculated by summing the weights of its associated tasks.

After reviewing the strengths and limitations of both approaches, the panel opted to use a hybrid method that incorporated elements of both. This approach ensured alignment with the overall importance of each domain (top-down) while maintaining detailed representation at the task level (bottom-up). Final test specifications are presented in Table 8.

For both exams, the panels noted that tasks within the Practice Management domain often include skills acquired after certification, while the Implementation of the Treatment Plan and Continuation of the Treatment Plan domains warranted greater emphasis due to their critical role in practice.

Table 8: Domain Weighting Options

	Domain	Top Down	Bottom Up	Final Weight
COA	Domain 1 - Assessment	21%	11%	27%
	Domain 2 - Implementation of the Treatment Plan	34%	45%	31%
	Domain 3 - Continuation of the Treatment Plan	22%	30%	27%
	Domain 4 - Practice Management	23%	14%	15%
	Total	100%	100%	100%
CPA	Domain 1 - Assessment	30%	12%	20%
	Domain 2 - Implementation of the Treatment Plan	34%	44%	35%
	Domain 3 - Continuation of the Treatment Plan	21%	29%	30%
	Domain 4 - Practice Management	15%	15%	15%
	Total	100%	100%	100%

Conclusion

The 2025 Practice Analysis for the Certified Orthotic Assistant (COA) and Certified Prosthetic Assistant (CPA) examinations provides a comprehensive evaluation of the competencies required for entry-level practice as a COA and CPA. Through the collaboration of experienced subject matter experts and adherence to industry standards, this study has ensured the relevance of the updated exam blueprints.

Key outcomes of this analysis include:

- The identification of four core domains and 30–32 critical tasks for each certification track.
- The alignment of 44 knowledge statements and 21 skill statements with these tasks, confirming their essential role in competent practice.
- Detailed weighting of each domain to reflect current professional practice, ensuring the examination accurately assesses the most critical and frequently performed responsibilities.
- Insights into the evolving nature of practice areas, device usage, and fabrication methods.

Once the test specifications are finalized, the existing item bank will be reclassified to align with the updated content areas. Any gaps—where content does not adequately meet the test specifications—will be addressed through the development of new items. When new test forms are created, items will be selected to ensure full alignment with the test specifications.

Appendix A: Practice Analysis Materials

Practice Analysis Meeting Agenda

Certified Orthotic and/or Prosthetic Assistant (COA & CPA)

April 6 and 7, 2025

This schedule is subject to change depending on the speed with which tasks are accomplished.
A 30-minute lunch will be provided. Additional breaks will be provided if time permits.
Please bring a laptop/tablet. We will work in Word and Microsoft SharePoint.

Sunday, April 6

8:00 – 8:15 a.m.	Arrive at ABC Office
8:30 a.m.	Introductions and Logistics (large group)
8:45 a.m.	Overview of COA and CPA Programs and the Practice Analysis Process
9:00 a.m.	Target Audience and Eligibility Pathways
9:15 a.m.	Brainstorming the COA & CPA Role
9:30 a.m.	Introduction to Domains and Tasks
10:00 a.m.	Domain and Task Statement Development (COA/CPA breakouts)
Noon	Lunch
12:30 p.m.	Introduction to Knowledge and Skill Statements (large group)
1:30 p.m.	Domain and Task Statement Development Continued (COA/CPA breakouts)
2:00 p.m.	Knowledge and Skill Statement Development and Linkage Activity
4:30 p.m.	Wrap-Up and Next Steps (large group)
5:00 p.m.	Adjourn Meeting

Monday, April 7

8:00 – 8:15 a.m.	Arrive at ABC office
8:30 a.m.	Review Progress and Day 2 Objectives (large group)
8:45 a.m.	Introduction to Practice Areas, Devices, and Weighting Process
9:00 a.m.	Practice Areas and Devices Development (CPA/CPA breakouts)
10:00 a.m.	Approval of Final Content Outline
11:00 a.m.	Preliminary Validation Ratings and Approval of Test Weightings
12:15 p.m.	Wrap-Up and Next Steps (large group)
1:00 p.m.	Adjourn Meeting

Brainstorming Activity

1. What are the major responsibilities of the role?
2. What types of settings do they work in?
3. What general activities do they perform? How do activities differ across work settings?
4. What knowledge or skills are necessary to perform the job successfully?
5. How has the role changed in the last five years?
6. Do you anticipate changes to the role in the next five years? Will there be knowledge or skills that become more or less important?
7. Consequences/benefits?

Target Audience

A **target audience statement** describes the defining characteristics of the group that is expected to seek certification. It should be a high level, one or two sentence description that is usually placed above the content outline, on the website, or in the candidate handbook for the public's use. It also helps item writers and test developers remain on the same page throughout the exam development process.

Typical areas included in a target audience statement:

- ✓ Prerequisites, level of experience, or other qualifications of the targeted population
- ✓ Purpose of the certification program
- ✓ Goals and/or mission of someone who fills this role

Key Questions

- Does the target audience statement accurately describe the professionals who would seek this certification?
- Are the eligibility requirements appropriate for the level of knowledge and skills being tested?
- Do the requirements exclude any groups who should be eligible for the certification?
- Are there any emerging trends or changes in the field that should be reflected in the audience statement or eligibility criteria?
- Is the required work experience and/or education requirements (if any) sufficient, relevant, and appropriate?
- Are there any ambiguities in the language that could be clarified?
- Are there any unnecessary barriers to entry that should be reconsidered?
- How do these requirements compare to similar certifications in the field?

Domains

Domains are the major areas of responsibilities or duties that represent the logical groupings of the tasks. Domains are denoted as major headings in a content outline. A typical job or role consists of three to eight domains, often represented by a two- or three-word behavioral descriptor. These can be determined before or after task statements.

Key Questions

- Do the domains provide a broad, but comprehensive, description of the major areas of practice or knowledge?
- Are all critical aspects of the profession covered by the domains and subdomains?
- Do the subdomains collectively cover all important aspects of their parent domain?
- Do the domains and subdomains reflect current practice and allow for emerging trends?
- Are the domains and subdomains appropriate for the target level of practice (e.g., entry-level, intermediate, advanced)?
- Would a practitioner in the field easily understand what each domain or subdomain covers?
- Are the titles free of jargon or ambiguous terms?
- Is there any unnecessary overlap between domains or subdomains?
- Is each subdomain sufficiently different from the others?

Task Statements

Certification exams assess the significant knowledge and skills required of an individual for safe and competent practice in the field. Most assessments cannot assess ALL the tasks of a profession; therefore, a job task analysis focuses on the most essential areas of expertise using task statements. These statements define, measure, and communicate the important units of work that are performed in a job.

Tasks are the individual functions, whether mental or physical, required for certain aspects of a job or role; essentially, a description of duties performed.

Since the number of tasks associated with a job or role can be large, and because there is a limit to the number of test questions and/or time devoted to testing, it is best practice to identify just those tasks that meet the following criteria:

- ✓ **Critical** – failure to perform the task competently would result in harm to clients or other stakeholders.
- ✓ **Frequently performed** – the task is performed regularly on the job.
- ✓ **Unique** – the task is unique to the role and not a supporting task across professions (e.g., marketing, administrative functions)
- ✓ **Opportunity to learn** – the majority of candidates have been exposed to some level of formal or informal education/training necessary to learn how to competently perform the task.

Writing Task Statements

Task statements should provide a clear, complete picture of what is being done, how it is being done, and why it is being done. A complete task statement will answer four questions:

1. **Performs what action?** (action verb)
2. **To whom or what?** (direct object)
3. **In order to produce / create what?** (the reason or expected output) – *optional*
4. **How does it happen / using what?** (tools, equipment, work aids, or processes) – *optional*

Example Task Statement: Measure the vital signs of the patient using standard medical office equipment to determine the patient's current condition.

Performs what action? (Action verb)	**To whom or what is done?** (Direct object)	**In order to produce or create what?** (The reason / expected output)	**How does it happen / using what?** (The procedures, tools, equipment, or work aids)
Measure	the vital signs of the patient	to determine the patient's current condition	using standard medical office equipment.

Tasks statements are best if they:

- ✓ Focus on one verb and one object (unless activities are always back-to-back or interdependent)
- ✓ Avoid abbreviations, acronyms, and excessive "e.g.," "i.e.," or "etc."
- ✓ Use common, easily understood terms that are precise and convey a specific meaning
- ✓ Allow a person with no knowledge of your profession to understand what is actually done
- ✓ Make sense on their own, without depending on surrounding statements to give context
- ✓ Are descriptive rather than prescriptive. That is, they describe the work as conducted in practice, rather than an idealized notion of how work should be performed.

Knowledge and Skill Statements

Knowledge is the organized body of factual or procedural information that is directly applied to the successful performance of a task. Skill describes the application of knowledge and focus on specific actions, behaviors, or cognitive processes that are required to perform the task effectively. Because the ultimate goal is to build and assessment tool that measures the knowledge and skills listed in the final test blueprint, it is important to identify just those knowledge and skills that meet the following criteria:

- ✓ Critical – lack of this knowledge or skill would result in the inability to perform the task, resulting in harm clients or other stakeholders.
- ✓ Testable – the knowledge or skill should be observable, quantifiable, and measurable given the format of the examination (if the test format has already been set)
- ✓ Opportunity to Learn – the majority of candidates would have been exposed to some level of formal or informal education/training necessary to learn the knowledge or skill

Writing Knowledge and Skill Statements

For each task, ask yourself the following questions:

1. *What is required for this task; knowledge of what; skill at what?*
2. *How is the knowledge or skill applied to this task, to what effect or in what context?*
3. *To what degree of accuracy is the knowledge or skill needed?*
4. *Is this knowledge or skill essential for competent performance?*

Knowledge and skill statements are best if they:

- Linked to at least one task or domain to demonstrate job-relatedness
- Use a standardized format (e.g., communicating, identifying)
- Clear and concise
- Maintain an appropriate level of specificity. When using examples, ask yourself:
    - *Is the degree/level of knowledge or skill inferred by the task statement or does it need to be stated?*
    - *Are the examples used in the knowledge statements truly meant to be examples, or is it a comprehensive list? ("i.e.," indicates an exhaustive list and "e.g.," indicates examples).*
    - *Could listing examples cause blueprint users (e.g., item writers) to overlook other key instances of this knowledge?*

Example

Task: Measure the vital signs of the patient to determine the patient's current condition using standard medical office equipment.

Knowledge of:

- ~~Thermometers~~
- ~~Sphygmomanometers~~
- Office forms

Skill in:

- Taking temperature
- Measuring blood pressure

In this instance, the first two knowledge statements could be dropped since the skill statements subsume the knowledge. (The learner must have the knowledge before being able to demonstrate the skill.)

Appendix B: Results of Independent Review of Content Outline

Tables B-1 and B-2 summarize the results of the panelists' independent review of the task statements identified in the 2012 practice analysis as essential for competent practice as a COA or CPA. Panelists rated how frequently they performed each task in the past year and how critical each task is for optimizing patient outcomes (see rating scales below). Please note that the task statements may be shortened for display purposes.

Frequency: How frequently did you perform the task during the past year? Consider your own work when making the frequency ratings.

1 = Never
2 = Rarely (quarterly or less)
3 = Occasionally (monthly)
4 = Often (weekly)
5 = Daily

Criticality: How critical is this task to optimizing outcomes for patients and/or caregivers? Consider the profession in general when making criticality ratings.

1 = Not critical
2 = Minimally critical
3 = Moderately critical
4 = Highly critical

Table B-1. Panelist Ratings of COA Task Statements: Frequency and Criticality

Orthotic Assistant Task Statements	N	Frequency		Criticality		Relative Importance (F * C)
		Mean	SD	Mean	SD	
Domain 1. Assessment						
0101. Review patient's prescription/referral	7	4.43	1.13	3.86	0.38	17.08
0102. Review patient history and assessment findings	7	4.43	1.13	3.86	0.38	17.08
0103. Consult with certified orthotist about patient's condition in order to understand the treatment plan	7	3.57	0.98	3.14	0.69	11.22
0104. Document assessment findings, as directed	7	4.29	1.11	3.86	0.38	16.53
Domain 2. Implementation of Treatment Plan						
0201. Provide patient with preparatory care for orthotic treatment	7	3.57	0.79	2.71	0.76	9.69
0202. Select appropriate materials/techniques in order to obtain a patient model/image	7	4.00	1.15	3.14	1.07	12.57
0203. Prepare patient for procedure required to initiate treatment plan	7	4.29	1.11	3.00	1.15	12.86
0204. Perform procedure (e.g., measure, take impression, delineate, scan, digitize)	7	4.57	0.53	3.71	0.49	16.98
0205. Select appropriate pre-fabricated orthosis based on patient measurements and treatment plan	7	4.43	0.79	3.71	0.49	16.45
0206. Comply with manufacturer's specifications regarding components/materials	7	4.71	0.49	3.71	0.49	17.51
0207. Prepare delineation/impression/template for modification/fabrication	7	3.57	1.27	2.86	0.90	10.20
0208. Rectify and prepare patient model/image for fabrication	7	3.86	1.46	3.43	0.79	13.22
0209. Fabricate/assemble/align orthosis in order to prepare for initial or diagnostic fitting	7	3.86	1.07	3.43	0.53	13.22
0210. Assess device for structural safety and ensure that manufacturers' guidelines have been followed	7	4.86	0.38	3.86	0.38	18.73

0211. Assess alignment of orthosis for accuracy in sagittal, transverse and coronal planes	7	4.57	0.53	3.86	0.38	17.63
0212. Ensure that materials, design and components are provided as specified in the treatment plan	7	4.86	0.38	3.43	0.79	16.65
0213. Complete fabrication process after achieving optimal fit and function of orthosis	7	3.86	1.07	3.29	0.95	12.67
0214. Re-assess orthosis for structural safety at time of delivery	7	4.86	0.38	4.00	0.00	19.43
0215. Educate patient and/or caregiver about the use and maintenance of the orthosis	7	4.71	0.49	3.71	0.49	17.51
0216. Document treatment using established record-keeping techniques	7	4.71	0.49	3.86	0.38	18.18
Domain 3. Continuation of the Treatment Plan						
0301. Obtain feedback from patient and/or caregiver to evaluate outcomes	7	4.00	1.00	3.14	1.07	12.57
0302. Assess patient's general health, including physical status, skin condition, height and weight	7	4.43	0.53	3.29	0.49	14.55
0303. Assess patient's psychosocial status (e.g., family status, job or caregiver)	7	4.29	0.76	2.86	0.90	12.24
0304. Assess fit and function of orthosis to determine need for changes to meet goals	7	4.43	0.79	3.71	0.49	16.45
0305. Assess patient's achievement of planned treatment goals	7	3.71	1.11	3.00	1.15	11.14
0306. Inform certified orthotist of all findings that affect the treatment plan	7	4.14	1.21	3.29	0.95	13.61
0307. Adjust orthosis to meet goals of treatment plan	7	4.43	0.79	3.57	0.79	15.82
0308. Assess adjusted orthosis for structural safety	7	4.57	0.53	3.86	0.38	17.63
0309. Evaluate results of adjustments to orthosis, including static and dynamic assessment	7	4.29	1.11	3.43	1.13	14.69
0310. Educate patient to ensure continued proper use of adjusted orthosis	7	4.57	0.53	3.71	0.49	16.98
0311. Document all findings and actions related to follow-up using recordkeeping techniques	7	4.57	0.53	3.86	0.38	17.63
Domain 4. Practice Management						
0401. Comply with all applicable federal, state and local laws and regulations	7	4.86	0.38	3.86	0.38	18.73
0402. Adhere to professional and ethical guidelines	7	4.86	0.38	4.00	0.00	19.43
0403. Comply with established documentation requirements related to patient billing	7	4.86	0.38	4.00	0.00	19.43
0404. Promote a safe and professional environment for patient care	7	4.86	0.38	3.86	0.38	18.73

Table B-2. Panelist Ratings of CPA Task Statements: Frequency and Criticality

Prosthetic Assistant Task Statements	N	Frequency		Criticality		Relative Importance (F * C)
		Mean	SD	Mean	SD	
Domain 1. Assessment						
0101. Review patient's prescription/referral	4	3.75	1.50	3.00	1.15	11.25
0102. Review patient history and assessment findings	4	4.50	1.00	3.75	0.50	16.88
0103. Consult with certified prosthetist about patient's condition in order to understand the treatment plan	4	4.25	0.50	3.50	0.58	14.88
0104. Document assessment findings, as directed	4	5.00	0.00	4.00	0.00	20.00

Domain 2. Implementation of Treatment Plan						
0201. Provide patient with preparatory care for prosthetic treatment	4	3.75	1.26	3.25	1.50	12.19
0202. Select appropriate materials/techniques in order to obtain a patient model/image	4	3.75	1.26	3.25	0.50	12.19
0203. Prepare patient for procedure required to initiate treatment plan	4	4.00	1.41	3.25	0.96	13.00
0204. Perform procedure (e.g., measure, take impression, delineate, scan, digitize)	4	4.75	0.50	3.50	0.58	16.63
0205. Comply with manufacturer's specifications regarding components/materials	4	4.75	0.50	3.75	0.50	17.81
0206. Prepare delineation/impression/template for modification/fabrication	4	4.00	0.82	3.25	0.96	13.00
0207. Rectify and prepare patient model/image for fabrication	4	4.00	0.82	3.75	0.50	15.00
0208. Fabricate/assemble/align prosthesis in order to prepare for initial or diagnostic fitting	4	4.25	0.96	3.50	0.58	14.88
0209. Assess device for structural safety and ensure that manufacturers' guidelines have been followed	4	4.75	0.50	3.75	0.50	17.81
0210. Assess alignment of prosthesis for accuracy in sagittal, transverse and coronal planes	4	5.00	0.00	4.00	0.00	20.00
0211. Ensure that materials, design and components are provided as specified in the treatment plan	4	4.50	0.58	3.50	0.58	15.75
0212. Complete fabrication process after achieving optimal fit and function of orthosis	4	4.00	0.82	3.25	0.96	13.00
0213. Re-assess prosthesis for structural safety at time of delivery	4	4.25	0.50	3.25	0.96	13.81
0214. Educate patient and/or caregiver about the use and maintenance of the prosthesis	4	4.50	1.00	3.50	1.00	15.75
0215. Document treatment using established record-keeping techniques	4	4.50	1.00	3.75	0.50	16.88
Domain 3. Continuation of the Treatment Plan						
0301. Obtain feedback from patient and/or caregiver to evaluate outcomes	4	4.00	1.15	3.50	0.58	14.00
0302. Assess patient's general health, including physical status, skin condition, height and weight	4	4.00	1.15	3.25	0.96	13.00
0303. Assess patient's psychosocial status	4	3.00	1.41	2.75	0.96	8.25
0304. Assess fit and function of prosthesis to determine need for changes to meet goals	4	3.50	1.29	3.75	0.50	13.13
0305. Assess patient's achievement of planned treatment goals	4	3.50	1.29	3.25	0.50	11.38
0306. Inform certified prosthetist of all findings that affect the treatment plan	4	4.75	0.50	3.75	0.50	17.81
0307. Adjust prosthesis to meet goals of treatment plan	4	3.75	0.96	3.50	0.58	13.13
0308. Assess adjusted prosthesis for structural safety	4	3.75	0.96	3.50	1.00	13.13
0309. Evaluate results of adjustments to prosthesis, including static and dynamic assessment	4	4.50	0.58	4.00	0.00	18.00
0310. Educate patient to ensure continued proper use of adjusted prosthesis	4	4.00	1.15	3.50	0.58	14.00
0311. Document all findings and actions related to follow-up using recordkeeping techniques	4	4.50	1.00	3.75	0.50	16.88
Domain 4. Practice Management						
0401. Comply with all applicable federal, state and local laws and regulations	4	5.00	0.00	4.00	0.00	20.00
0402. Adhere to professional and ethical guidelines	4	5.00	0.00	4.00	0.00	20.00
0403. Comply with established documentation requirements related to patient billing	4	5.00	0.00	4.00	0.00	20.00
0404. Promote a safe and professional environment for patient care	4	4.75	0.50	4.00	0.00	19.00

Tables B-3 and B-2 summarize the results of the panelists' independent review of the domains identified in the 2012 practice analysis as essential for competent practice as a COA or CPA. Panelists rated the percentage of work time they spent performing tasks related to each domain in the past year and how critical each domain is for optimizing patient outcomes (see rating scales below).

Percent of Time: Overall, what percentage of orthotic and/or prosthetic assistant work time did you spend performing the tasks related to each domain during the past year? The total must equal 100%.

Criticality: How critical is this task to optimizing outcomes for patients and/or caregivers? Consider the profession in general when making criticality ratings.

1 = Not critical
2 = Minimally critical
3 = Moderately critical
4 = Highly critical

Table B-3. Panelist Ratings of COA Domains: Percentage of Time Spent and Criticality

Orthotic Assistant Domains	N	% of Time Spent		Criticality		Relative Importance (F * C)
		Mean	SD	Mean	SD	
Domain 1 – Assessment	7	20.71	6.73	3.86	14.10	79.90
Domain 2 – Implementation of Treatment Plan	7	32.86	12.82	3.86	8.09	126.73
Domain 3 – Continuation of the Treatment Plan	7	23.57	0.38	3.57	0.38	84.18
Domain 4 – Practice Management	7	22.86	0.53	3.71	0.49	84.90

Table B-4. Panelist Ratings of CPA Domains: Percentage of Time Spent and Criticality

Prosthetic Assistant Domains	N	% of Time Spent		Criticality		Relative Importance (F * C)
		Mean	SD	Mean	SD	
Domain 1 – Assessment	4	30.00	28.58	3.75	0.50	112.50
Domain 2 – Implementation of Treatment Plan	4	32.50	20.62	4.00	0.00	130.00
Domain 3 – Continuation of the Treatment Plan	4	22.50	9.57	3.50	0.58	78.75
Domain 4 – Practice Management	4	15.00	9.13	3.75	0.50	56.25

Appendix C: Knowledge and Skill Statement Relevance and Point of Acquisition

The tables below summarize the knowledge and skill areas required for competent practice as a COA or CPA, including the associated content domain and the typical point of acquisition (i.e., when the knowledge or skill is usually learned). Panelists indicated whether each area was necessary for practice within a given domain (denoted by an "X") and rated when it is most acquired using the scale below.

Point of Acquisition: When should this knowledge or skill be acquired by an orthotic/prosthetic assistant?

0 = Not necessary
1 = Primarily before becoming certified
2 = Primarily after becoming certified

Table B-1. COA Panelist Ratings of Knowledge and Skill Statement Relevance and Point of Acquisition

	Domain				Point of Acquisition (% of Panel)			
	1	2	3	4	N Panelists	Not necessary	Before	After
COA Knowledge Statements								
General musculoskeletal anatomy, including upper limb, lower limb, spinal	X	X	X		6	0%	100%	0%
Basic neuroanatomy (e.g., major peripheral nerves of the upper and lower extremities)	X	X	X		6	0%	100%	0%
Anatomical landmarks (surface anatomy)	X	X	X		6	0%	100%	0%
Anatomical planes, planes of motion, and normal joint range of motion	X	X	X		6	0%	100%	0%
Normal human locomotion	X	X	X		6	0%	100%	0%
Gait deviations	X	X	X		6	0%	100%	0%
Tissue characteristics/management	X	X	X		6	0%	100%	0%
Volumetric control (e.g., edema, weight gain/loss)	X	X	X		6	0%	100%	0%
Biomechanics (e.g., actions of lever arms, application of force system)	X	X	X		6	0%	100%	0%
Pathologies, including cause and progression (e.g., orthopedic, neurologic, vascular)	X	X	X		6	0%	100%	0%
Medical terminology	X	X	X	X	6	0%	100%	0%
Referral documents	X	X		X	6	0%	100%	0%
Documentation techniques	X	X	X	X	6	0%	100%	0%
Policies and procedures regarding protected healthcare information	X	X	X	X	6	0%	100%	0%
Reimbursement protocols (e.g., CMS, Medicaid)		X	X	X	6	0%	50%	50%
Material safety procedures and standards (e.g., OSHA, MSDS)		X	X	X	6	0%	100%	0%
Universal precautions, including sterile techniques and infection control	X	X	X	X	6	0%	100%	0%
Ethical standards regarding proper patient management	X	X	X	X	6	0%	100%	0%

Scopes of practice related to orthotic/prosthetic credentials	X	X	X	X	6	0%	100%	0%
Boundaries of the orthotic/prosthetic assistant scope of practice	X	X	X	X	6	0%	100%	0%
Orthotic/prosthetic design and function	X	X	X		6	0%	83%	17%
Orthotic/prosthetic fitting criteria	X	X	X		6	0%	100%	0%
Orthotic/prosthetic fabrication		X	X		6	0%	100%	0%
Clinical examination techniques	X	X	X		6	0%	100%	0%
Impression-taking techniques, materials, devices and equipment		X	X		6	0%	100%	0%
Rectification/modification procedures as they relate to specific orthotic/prosthetic designs		X	X		6	0%	100%	0%
Measurement tools and techniques	X	X	X		6	0%	100%	0%
Orthotic/prosthetic forms (e.g., assessment, orthometry, measurement, evaluation, outcomes)	X	X	X		6	0%	100%	0%
Materials science		X	X		6	0%	100%	0%
Componentry		X	X		6	0%	100%	0%
Alignment devices and techniques		X	X		6	0%	100%	0%
Hand and power tools		X	X		6	0%	100%	0%
Care and maintenance of orthoses/prostheses	X	X	X		6	0%	100%	0%
Computer-aided design and manufacturing (CAD/CAM)		X			6	0%	17%	83%
Item warranty and warranty limitations	X	X	X	X	6	0%	0%	100%
~~Loss control (e.g., risk management, inventory control)~~			X		6	0%	0%	100%
Research and literature	X	X	X		6	0%	83%	17%
Human development and aging, ranging from pediatric to geriatric	X	X	X		6	0%	100%	0%
The psychology of the disabled	X	X	X		6	0%	100%	0%
Patient educational materials		X	X		6	0%	33%	67%
Federal and state rules, regulations, and guidelines (e.g., FDA, ADA, HIPAA)	X	X	X	X	6	0%	100%	0%
ABC Facility Accreditation Standards			X	X	6	0%	33%	67%
New: General insurance workflow and protocol	X	X		X	6	0%	33%	67%
New: Cultural competency	X	X	X	X	6	0%	50%	50%
New: Manufacturer guidelines		X	X	X	6	0%	100%	0%
COA Skill Statements								
Communicating with patient/family/caregiver	X	X	X	X	6	0%	100%	0%
Communicating with orthotists/prosthetists and other staff	X	X	X	X	6	0%	100%	0%
Identifying gross surface anatomy	X	X	X		6	0%	100%	0%
Interpretation of physical findings (e.g., recognizing skin pressures, dermatological conditions)	X	X	X		6	0%	100%	0%
Identifying normal and pathological gait/motion	X	X	X		6	0%	100%	0%
Impression-taking/measuring for orthoses/prostheses		X	X		6	0%	83%	17%

Use of mechanical measuring devices	X	X	X		6	0%	83%	17%
Use of electronic (and computer-based) measuring devices	X	X	X		6	0%	83%	17%
~~Use of computer-based measuring devices~~	X	X	X		6	0%	50%	50%
Patient delineation, rectification and/or patient model modification		X	X		6	0%	100%	0%
Orthotic/prosthetic fabrication		X	X		6	0%	100%	0%
Use of safety equipment		X	X		6	0%	100%	0%
Use of hand and power tools		X	X		6	0%	100%	0%
Use of materials and components		X	X		6	0%	100%	0%
Use of alignment devices		X	X		6	0%	100%	0%
Aesthetic finishing		X	X		6	0%	83%	17%
Evaluating fit and function of an orthosis/prosthesis	X	X	X		6	0%	100%	0%
Adjusting and modifying orthoses/prostheses			X		6	0%	100%	0%
Maintaining and repairing orthoses/prostheses			X		6	0%	83%	17%
Documentation	X	X	X	X	6	0%	100%	0%
New: Gathering quantitative and qualitative outcomes data	X	X	X	X	6	0%	17%	83%
New: Collaborating with interdisciplinary team	X	X	X	X	6	0%	33%	67%

Table B-2. CPA Panelist Ratings of Knowledge and Skill Statement Relevance and Point of Acquisition

	Domain				Point of Acquisition (% of Panel)			
	1	2	3	4	N Panelists	Not necessary	Before	After
CPA Knowledge Statements								
General musculoskeletal anatomy, including upper limb, lower limb, spinal	X	X	X		5	0%	100%	0%
Basic neuroanatomy (e.g., major peripheral nerves of the upper and lower extremities)	X	X	X		5	0%	100%	0%
Anatomical landmarks (surface anatomy)	X	X	X		5	0%	100%	0%
Anatomical planes, planes of motion, and normal joint range of motion	X	X	X		5	0%	100%	0%
Normal human locomotion	X	X	X		5	0%	100%	0%
Gait deviations	X	X	X		5	0%	100%	0%
Tissue characteristics/management	X	X	X		5	0%	60%	40%
Volumetric control (e.g., edema, weight gain/loss)	X	X	X		5	0%	60%	40%
Biomechanics (e.g., actions of lever arms, application of force system)		X	X		5	0%	100%	0%
Pathologies, including cause and progression (e.g., orthopedic, neurologic, vascular)	X	X	X		5	0%	100%	0%
Medical terminology	X	X	X	X	5	0%	100%	0%

Referral documents	X			X	5	0%	20%	80%
Documentation techniques	X	X	X	X	5	0%	80%	20%
Policies and procedures regarding protected healthcare information	X	X	X	X	5	0%	40%	60%
Reimbursement protocols (e.g., CMS, Medicaid)	X	X	X	X	5	0%	0%	100%
Material safety procedures and standards (e.g., OSHA, SDS)		X	X	X	5	0%	100%	0%
Universal precautions, including sterile techniques and infection control	X	X	X	X	5	0%	100%	0%
Ethical standards regarding proper patient management	X	X	X	X	5	0%	100%	0%
Scopes of practice related to orthotic/prosthetic credentials	X	X	X	X	5	0%	100%	0%
Boundaries of the orthotic/prosthetic assistant scope of practice	X	X	X	X	5	0%	100%	0%
Orthotic/prosthetic design	X	X	X		5	0%	80%	20%
Orthotic/prosthetic fitting criteria	X	X	X	X	5	0%	100%	0%
Orthotic/prosthetic fabrication		X	X		5	0%	40%	60%
Clinical examination techniques	X	X	X		5	0%	100%	0%
Impression-taking techniques, materials, devices and equipment		X	X		5	0%	40%	60%
Rectification/modification procedures as they relate to specific orthotic/prosthetic designs		X	X		5	0%	40%	60%
Measurement tools and techniques	X	X	X		5	0%	100%	0%
Orthotic/prosthetic forms (e.g., assessment, orthometry, measurement, evaluation, outcomes)	X	X	X	X	5	0%	0%	100%
Materials science	X	X	X		5	0%	100%	0%
Componentry	X	X	X		5	0%	100%	0%
Alignment devices and techniques		X	X		5	0%	100%	0%
Hand and power tools		X	X	X	5	0%	100%	0%
Care and maintenance of orthoses/prostheses		X	X	X	5	0%	40%	60%
Computer-aided design and manufacturing (CAD/CAM)	X	X			5	0%	0%	100%
Item warranty and warranty limitations		X	X	X	5	0%	0%	100%
~~Loss control (e.g., risk management, inventory control)~~					5	80%	0%	20%
Research and literature	X	X	X	X	5	0%	20%	80%
Human development and aging, ranging from pediatric to geriatric	X	X	X		5	0%	40%	60%
The psychology of the disabled	X	X	X		5	0%	0%	100%
Patient educational materials	X	X	X	X	5	0%	0%	100%
Federal and state rules, regulations and guidelines (e.g., FDA, ADA, HIPAA)				X	5	0%	100%	0%
ABC Facility Accreditation Standards				X	5	0%	0%	100%
New: Manufacturer guidelines		X	X	X	5	0%	0%	100%
New: General insurance workflow and protocol	X		X	X	5	0%	0%	100%
New: Cultural competency	X	X	X	X	5	0%	0%	100%

CPA Skill Statements								
Communicating with patient/family/caregiver	X	X	X		5	0%	0%	100%
Communicating with orthotists/prosthetists and other staff	X	X	X	X	5	0%	0%	100%
Identifying gross surface anatomy	X	X	X		5	0%	100%	0%
Interpretation of physical findings (e.g., recognizing skin pressures, dermatological conditions)	X	X	X		5	0%	40%	60%
Identifying normal and pathological gait/motion	X	X	X		5	0%	80%	20%
Impression-taking/measuring for orthoses/prostheses	X	X	X		5	0%	100%	0%
Use of mechanical measuring devices	X	X	X		5	0%	100%	0%
Use of electronic (and computer-based) measuring devices	X	X	X		5	0%	100%	0%
~~Use of computer-based measuring devices~~	X	X	X		5	0%	100%	0%
Patient delineation, rectification and/or patient model modification		X	X		5	0%	100%	0%
Orthotic/prosthetic fabrication		X	X		5	0%	60%	40%
Use of safety equipment	X	X	X	X	5	0%	100%	0%
Use of hand and power tools		X	X	X	5	0%	100%	0%
Use of materials and components		X	X	X	5	0%	100%	0%
Use of alignment devices		X	X		5	0%	100%	0%
Aesthetic finishing		X	X		5	0%	0%	100%
Evaluating fit and function of an orthosis/prosthesis	X	X	X		5	0%	60%	40%
Adjusting and modifying orthoses/prostheses		X	X		5	0%	80%	20%
Maintaining and repairing orthoses/prostheses		X	X		5	0%	60%	40%
Documentation	X	X	X	X	5	0%	100%	0%
New: Gathering quantitative and qualitative outcomes data	X		X		5	0%	0%	100%
New: Collaborating with interdisciplinary team	X	X	X	X	5	0%	0%	100%

Appendix D: Certified Orthotic Assistant (COA) 2025 Examination Blueprint

Orthotic Assistant Domains and Tasks	Weight
Domain 1: Assessment	**27%**
0101. Review patient's prescription/referral.	
0102. Obtain and/or review patient history and assessment findings, including but not limited to previous device use, medical history, functional limitations, activity levels, patient measurements.	
0103. Consult with certified orthotist and/or interdisciplinary team about patient's condition to understand the treatment plan and goals.	
0104. Document assessment findings using established documentation requirements.	
Domain 2: Implementation of the Treatment Plan	**31%**
0201. Confirm the treatment plan with the supervising orthotist to ensure that device selection, materials, design, and components are appropriate and patient specific.	
0202. Prepare patient for procedure required to initiate treatment plan.	
0203. Select appropriate materials and techniques to gather patient data for fabrication or device selection (e.g., measure, take impression, cast, scan).	
0204. Select appropriate prefabricated orthosis based on patient measurements, manufacturer's specifications, and the established treatment plan.	
0205. Modify and prepare patient model/image for custom fabrication.	
0206. Participate in the fabrication and assembly of the orthosis to prepare for initial or diagnostic fitting.	
0207. Assess device for structural safety and ensure that manufacturers' guidelines have been followed prior to patient fitting.	
0208. Assess alignment of orthosis for accuracy in the sagittal, transverse, and coronal planes to provide optimal function and comfort.	
0209. Complete the fitting process to achieve optimal fit and function of orthosis, and confirm the device meets the treatment plan objectives.	
0210. Reassess orthosis for structural safety.	
0211. Educate patient and/or caregiver about the use and maintenance of the orthosis (e.g., fitting guidelines, wearing/break-in schedules, follow-up care).	
0212. Document treatment using established documentation requirements.	
Domain 3: Continuation of the Treatment Plan	**27%**
0301. Obtain feedback from patient and/or caregiver to evaluate outcomes (e.g., wear schedule/tolerance, comfort, ability to don and doff, proper usage and function, concerns, changes in medical history).	
0302. Assess patient's general health (e.g., skin condition, psychosocial status, physical health).	
0303. Assess fit and function of orthosis to determine need for changes to meet goals of the established treatment plan.	
0304. Assess patient's progress toward treatment goals (e.g. document pertinent outcome measures, communication with interdisciplinary team).	
0305. Inform certified orthotist of all findings that affect the treatment plan.	
0306. Complete necessary adjustments to orthosis to maintain optimal fit and function.	
0307. Inspect adjusted orthosis for structural safety.	

0308. Evaluate results of adjustments to fitted orthosis, including static and dynamic assessment.	
0309. Educate patient/caregiver to ensure continued proper use of adjusted orthosis.	
0310. Document all findings and actions related to follow-up using established documentation requirements.	
Domain 4: Practice Management	**15%**
0401. Comply with all applicable federal, state, and local laws and regulations (e.g., CMS, HIPAA, FDA, ADA, OSHA, state licensure).	
0402. Adhere to professional and ethical guidelines (e.g., ABC Code of Professional Responsibility).	
0403. Comply with established documentation requirements related to patient billing and claims development (e.g., insurance processes, authorizations, denials, appeals).	
0404. Promote a safe and professional environment for patient care.	

Orthotic Assistant Knowledge Statements
1. General musculoskeletal anatomy, including upper limb, lower limb, and spinal
2. Basic neuroanatomy (e.g., major peripheral nerves of the upper and lower extremities)
3. Anatomical landmarks (surface anatomy)
4. Anatomical planes, planes of motion, and normal joint range of motion
5. Normal human locomotion
6. Gait deviations
7. Tissue characteristics/management
8. Volumetric control (e.g., edema, weight gain/loss)
9. Biomechanics (e.g., actions of lever arms, application of force system)
10. Pathologies, including cause and progression (e.g., orthopedic, neurologic, vascular)
11. Medical terminology
12. Referral documents
13. Documentation techniques
14. Policies and procedures regarding protected healthcare information
15. Reimbursement protocols (e.g., CMS, Medicaid)
16. Material safety procedures and standards (e.g., OSHA, MSDS)
17. Universal precautions, including sterile techniques and infection control
18. Ethical standards regarding proper patient management, including ABC Code of Professional Responsibility
19. Scopes of practice related to orthotic/prosthetic credentials
20. Boundaries of the orthotic/prosthetic assistant scope of practice
21. Orthotic/prosthetic design and function
22. Orthotic/prosthetic fitting criteria
23. Orthotic/prosthetic fabrication
24. Clinical examination techniques
25. Impression-taking techniques, materials, devices and equipment
26. Rectification/modification procedures as they relate to specific orthotic/prosthetic designs
27. Measurement tools and techniques
28. Orthotic/prosthetic forms (e.g., assessment, orthometry, measurement, evaluation, outcomes)
29. Materials science
30. Componentry

31. Alignment devices and techniques
32. Hand and power tools
33. Care and maintenance of orthoses/prostheses
34. Computer-aided design and manufacturing (CAD/CAM)
35. Item warranty and warranty limitations
36. Research and literature
37. Human development and aging, ranging from pediatric to geriatric, as they relate to orthotic treatment
38. The psychology of the disabled
39. Patient educational materials
40. Federal and state rules, regulations, and guidelines (e.g., FDA, ADA, HIPAA)
41. ABC Facility Accreditation Standards
42. General insurance workflow and protocol
43. Cultural competency
44. Manufacturer guidelines

Orthotic Assistant Skill Statements
1. Communicating with patient/family/caregiver
2. Communicating with orthotists/prosthetists and other staff
3. Identifying gross surface anatomy
4. Interpretation of physical findings (e.g., recognizing skin pressures, dermatological conditions)
5. Identifying normal and pathological gait/motion
6. Impression-taking/measuring for orthoses/prostheses
7. Use of mechanical measuring devices
8. Use of electronic and computer-based measuring devices
9. Patient delineation, rectification and/or patient model modification
10. Orthotic/prosthetic fabrication
11. Use of safety equipment
12. Use of hand and power tools
13. Use of materials and components
14. Use of alignment devices
15. Aesthetic finishing
16. Evaluating fit and function of an orthosis/prosthesis
17. Adjusting and modifying orthoses/prostheses
18. Maintaining and repairing orthoses/prostheses
19. Documentation
20. Gathering quantitative and qualitative outcomes data
21. Collaborating with interdisciplinary team

Appendix E: Certified Prosthetic Assistant (CPA) 2025 Examination Blueprint

Prosthetic Assistant Domains and Tasks	Weight
Domain 1: Assessment	**20%**
0101. Review patient's prescription, referral, chart notes, and medical and device history.	
0102. Evaluate patient's needs and concerns to determine appropriate care.	
0103. Evaluate existing device and fit, as applicable.	
0104. Consult with supervising prosthetist about patient's condition to understand the treatment plan and goals.	
0105. Document assessment findings using established documentation requirements.	
Domain 2: Implementation of the Treatment Plan	**35%**
0201. Provide patient/caregiver with pre/post-operative education and care.	
0202: Educate and prepare patient/caregiver for treatment plan.	
0203. Perform procedure utilizing appropriate materials/techniques to obtain impression/model, adhering to all standard safety protocols.	
0204. Prepare and modify impression/model for fabrication.	
0205. Fabricate, assemble, and align prosthesis to prepare for safe initial or diagnostic fitting, according to treatment plan.	
0206. Assess and adjust static and dynamic alignment of prosthesis to provide optimal function and comfort.	
0207. Ensure that materials, design, and components are provided as specified in the treatment plan.	
0208. Complete fabrication process after achieving optimal fit and function of device.	
0209. Finalize prosthesis for structural quality and safety at time of delivery, according to manufacturer's guidelines.	
0210. Educate patient/caregiver about the use and maintenance of the prosthesis.	
0211. Document treatment using established documentation requirements to comply with the treatment plan.	
Domain 3: Continuation of the Treatment Plan	**30%**
0301. Obtain feedback from patient/caregiver to evaluate effectiveness of treatment (e.g., wear schedule/tolerance, comfort, ability to don and doff, proper usage and function).	
0302. Assess patient's general health (e.g., skin condition, psychosocial status, physical health).	
0303. Assess fit and function of prosthesis to determine need for changes.	
0304. Assess patient's progress toward achievement of planned treatment goals.	
0305. Consult with supervising prosthetist on findings that affect the treatment plan.	
0306. Implement appropriate adjustments to device based on feedback and assessment.	
0307. Reassess prosthesis for structural quality and safety.	
0308. Evaluate results of adjustments to prosthesis, including static and dynamic alignment.	
0309. Educate patient/caregiver to ensure continued proper use of adjusted prosthesis.	
0310. Perform appropriate outcome measure testing.	
0311. Document findings and actions related to follow-up using established documentation requirements.	

0312. Communicate with patient's care team about relevant findings or changes made.	
Domain 4: Practice Management	**15%**
0401. Comply with all applicable federal, state, and local laws and regulations (e.g., CMS, HIPAA, FDA, ADA, OSHA, state licensure).	
0402. Adhere to professional and ethical guidelines (e.g., ABC Code of Professional Responsibility).	
0403. Comply with established documentation requirements related to patient billing and claims development (e.g., insurance processes, authorizations, denials, appeals).	
0404. Promote a safe and professional work environment for employees and patients.	

Prosthetic Assistant Knowledge Statements
1. General musculoskeletal anatomy, including upper limb and lower limb
2. Basic neuroanatomy (e.g., major peripheral nerves of the upper and lower extremities)
3. Anatomical landmarks (surface anatomy)
4. Anatomical planes, planes of motion, and normal joint range of motion
5. Normal human locomotion
6. Gait deviations
7. Tissue characteristics/management
8. Volumetric control (e.g., edema, weight gain/loss)
9. Biomechanics (e.g., actions of lever arms, application of force system)
10. Pathologies, including cause and progression (e.g., orthopedic, neurologic, vascular)
11. Medical terminology
12. Referral documents
13. Documentation techniques
14. Policies and procedures regarding protected healthcare information
15. Reimbursement protocols (e.g., CMS, Medicaid)
16. Material safety procedures and standards (e.g., OSHA, SDS)
17. Universal precautions, including sterile techniques and infection control
18. Ethical standards regarding proper patient management, including ABC Code of Professional Responsibility
19. Scopes of practice related to orthotic/prosthetic credentials
20. Boundaries of the orthotic/prosthetic assistant scope of practice
21. Orthotic/prosthetic design
22. Orthotic/prosthetic fitting criteria
23. Orthotic/prosthetic fabrication
24. Clinical examination techniques
25. Impression-taking techniques, materials, devices and equipment
26. Rectification/modification procedures as they relate to specific orthotic/prosthetic designs
27. Measurement tools and techniques
28. Orthotic/prosthetic forms (e.g., assessment, orthometry, measurement, evaluation, outcomes)
29. Materials science
30. Componentry
31. Alignment devices and techniques
32. Hand and power tools
33. Care and maintenance of orthoses/prostheses

34. Computer-aided design and manufacturing (CAD/CAM)
35. Item warranty and warranty limitations
36. Research and literature
37. Human development and aging, ranging from pediatric to geriatric, as they relate to prosthetic treatment
38. The psychology of the disabled
39. Patient educational materials
40. Federal and state rules, regulations and guidelines (e.g., FDA, ADA, HIPAA)
41. ABC Facility Accreditation Standards
42. Manufacturer guidelines
43. General insurance workflow and protocol
44. Cultural competency

Prosthetic Assistant Skill Statements
1. Communicating with patient/family/caregiver
2. Communicating with orthotists/prosthetists and other staff
3. Identifying gross surface anatomy
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17. Adjusting and modifying orthoses/prostheses
18. Maintaining and repairing orthoses/prostheses
19. Documentation
20. Gathering quantitative and qualitative outcomes data
21. Collaborating with interdisciplinary team