



## 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\* in good standing.

*\*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 attestors 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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