



# Understanding Your Orthotic Assistant Exam Results

If you received your test results for the Orthotic Assistant exam only to learn that you did not pass the exam, the following information may help you focus your study for retaking the exam. Your test results notice indicates your score in each Content Domain along with the maximum score in each area. We recommend that you focus your exam study on those Content Domains where you performed the weakest. Below, along with a description of the Content Domain, are sample questions to help you determine the types of questions that you may have missed.

## Content Domains

### Assessment

*Review patient history and assessment findings (e.g., previous device use, medical history, physical limitations). Consult with orthotist about patient's condition (e.g., diagnosis, orthotic requirements).*

The functions of the peroneus longus muscle are:

1. Plantar flexion and inversion
- 2. Plantar flexion and eversion**
3. Dorsiflexion and inversion
4. Dorsiflexion and eversion

The distal aspect of the tibia articulates with the:

1. Calcaneus and fibula
2. Calcaneus and talus
- 3. Talus and fibula**
4. Talus and navicular

The cuboid bone is located on the:

1. medial aspect of the foot
- 2. lateral aspect of the foot**
3. dorsal aspect of the foot
4. plantar aspect of the foot

The plantar aponeurosis extends distally to the:

1. metatarsal heads
2. shafts of the metatarsal bones
3. midtarsal joints
- 4. proximal phalanges**

At initial contact the body weight line is:

1. Anterior to the ankle and posterior to the knee
- 2. Posterior to the ankle and posterior to the knee**
3. Posterior to the ankle and anterior to the knee
4. Anterior to the ankle and anterior to the knee

A gait disturbance characterized by ambulating on the heels due to weakness of the calf muscles is called:

- 1. Calcaneal gait**
2. Equinus gait
3. Steppage gait
4. Ataxic gait

A toe-walking gait pattern is commonly associated with tight:

1. hamstrings
2. quadriceps
- 3. gastrocnemius muscles**
4. tibialis anterior muscles

## Implementation of the Treatment Plan

*Perform procedures necessary to provide the appropriate orthotic services, including fabrication. Select the appropriate materials/techniques to obtain a patient model/image. Perform procedure (e.g., measure, take impression, delineate, scan, digitize). Assess orthosis for structural safety and alignment for accuracy in sagittal, transverse and coronal planes. Ensure that materials, design and components are provided as specified in the treatment plan.*

The trimlines for a Posterior Leaf Spring AFO should be established:

1. **posterior to the malleoli**
2. anterior to the malleoli
3. bisecting the malleoli
4. inferior to the navicular

When fabricating an articulated ankle foot orthosis (AFO), the mechanical ankle joints should be placed at the level of the:

1. Apex of the lateral malleolus
2. Apex of the medial malleolus
3. **Distal border of the medial malleolus**
4. Distal border of the lateral malleolus

The two anatomical landmarks used to measure the anterior length of a bivalved TLSO are:

1. Sternal notch and waistline
2. **sternal notch and pubic symphysis**
3. xiphoid process and pubic symphysis
4. xiphoid process and waistline

The **MAIN** goal of a functional knee orthosis used to treat an ACL injury is to:

1. hold the knee in a slight varus position
2. hold the knee in a slight valgus position
3. Prevent full knee flexion
4. **Prevent full knee extension**

The **PRIMARY** functional goal of a full-length carbon fiber footplate to address turf toe is to:

1. limit flexion of the MTP joint
2. increase motion at the hallux
3. **limit extension of the MTP joint**
4. block motion at the tarsometatarsal joint

Using a foam impression box creates:

1. **a negative impression of the patient's foot**
2. a positive model of the patient's foot
3. a non-weight bearing mold of the patient's foot
4. a mold for fabrication of a custom molded shoe

## Continuation of the Treatment Plan

*Provide continuing patient care and periodic evaluation to assure/maintain/document optimal fit and function of the orthosis. Obtain feedback from patient and/or caregiver to evaluate outcome (e.g., wear schedule/tolerance, comfort, proper usage and function. Assess patient's function and note any changes. Assess fit of orthosis to determine need for changes relative to initial treatment goals. Address evidence of excessive skin pressures or lack of corrective forces and formulate plan to modify orthosis accordingly.*

At a follow-up visit for a patient who was fit with a KAFO, they request that the proximal trimline of the thigh section be trimmed down 2" (50mm) to make the orthosis more comfortable. The assistant should:

1. **confer with the practitioner before making modifications**
2. refer the patient back to the prescribing physician
3. shorten the trimline as requested
4. shorten the trimline by 1" (25mm) instead of 2" (50mm)

A patient with a history of Charcot arthropathy has been wearing a solid ankle AFO for the past eight months. The patient has developed a new ulceration under the medial midfoot aspect of their foot. The assistant should:

1. Suggest that a new orthosis be fabricated
2. Heat and relieve the orthosis and instruct the

patient to continue wearing the orthosis

3. **Instruct the patient to discontinue wearing the orthosis and inform treating practitioner**
4. Have the patient stop wearing the orthosis for two weeks and return for another follow up appointment

A patient was fit with the appropriate size rigid frame anterior cruciform type spinal orthoses two weeks ago. They are now complaining of discomfort from the sternal pad and state they have been wearing the orthosis with the posterior strap loose. The assistant should:

1. Instruct the patient to continue to wear the orthosis with the posterior strap loose to decrease the irritation from the orthosis
- 2. Instruct the patient that the posterior strap needs to be worn tightly to decrease the irritation**
3. Add padding to the sternal pad to increase comfort

## Practice Management

*Adhere to policies and procedures in compliance with all applicable federal and state laws and regulations and professional and ethical guidelines (e.g., CMS, HIPAA, FDA, ADA, OSHA, ABC Code of Professional Responsibility). Comply with established documentation requirements.*

Medicare defines the "Date of Service" as being the date the:

- 1. Patient receives the item or service**
2. Patient is seen for final fitting
3. Patient is seen for initial evaluation
4. Patient is seen for their initial follow-up appointment

Infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin and mucous membranes are referred to as:

1. Contact Isolation
- 2. Standard Precautions**
3. Sterile Technique
4. Biohazardous Waste Program

The rules relating to the safe use of potentially hazardous materials in the fabrication of orthoses are under the jurisdiction of the:

1. Health Insurance Portability and Accountability Act
2. Durable Medical Equipment Medical Administrative Contractor
- 3. Occupational Safety and Health Administration**
4. Centers for Medicare and Medicaid Services

4. Shorten the overall length of the orthosis

A patient is seen for follow up after receiving an AFO to address foot drop. The patient wants the sulcus length footplate of the orthosis trimmed back to behind the ball of their foot. The assistant should:

1. Trim the footplate as requested
2. Add padding to the footplate to increase the patient's comfort
3. Explain to the patient that they need to see their physician to obtain a new Rx for that modification
- 4. Explain to the patient that the footplate length is needed to adequately provide support**

A patient requests clarification about how much Medicare will cover for the item and services provided. The facility is a participating supplier with Medicare. The patient should be told that Medicare will pay:

- 1. 80% of the Medicare allowable amount**
2. 80% of the usual and customary charges
3. 70% of the Medicare allowable amount
4. 100% of the Medicare allowable amount

Any adjustment to a recently provided orthosis must:

1. Be coordinated with the patient's physical therapist
- 2. Conform to the original prescription**
3. Be authorized by the physician's office
4. Be pre-authorized by the patient's insurance company

Which of the following activities are **NOT** within the independent scope of practice of an ABC certified orthotic assistant?

1. Taking an impression for a custom foot orthosis
2. Performing an initial evaluation of a new patient
3. Making a repair to an already delivered orthosis
4. Performing a follow-up visit six months after an orthosis was provided

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These sample questions are only examples of the type of test content you will see in the exam. For additional information about how to prepare for the exam, go to [ABCop.org](https://www.abccop.org) to access all the exam prep resources available.

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