Understanding Your Prosthetic Assistant Exam Results

If you received your test results for the Prosthetic 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 prosthetist about patient's condition (e.g., diagnosis, prosthetic requirements).

The functions of the biceps femoris muscle are:

1. Knee flexion and hip flexion
2. **Knee flexion and hip extension**
3. Knee extension and hip extension
4. Knee extension and hip flexion

The distal aspect of the tibia is called the:

1. Tibial tuberosity
2. Lateral malleolus
3. **Medial malleolus**
4. Tibial tubercle

When taking measurements of a transtibial residual limb, MTP stands for:

1. Medial Transverse Position
2. Medial Tendon Plateau
3. Medial Tibial Position
4. **Medial Tibial Plateau**

The body's center of mass reaches highest point at:

1. initial contact
2. **mid-stance**
3. terminal stance
4. mid-swing

At early mid-stance the body weight line is:

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

When a transfemoral amputee actively plantar flexes their sound side ankle to assist with clearance of the prosthesis during swing phase, this is called:

1. **Vaulting**
2. Circumduction
3. Steppage gait
4. Trendelenburg gait

The collection of excess tissue that can form high on the inner thigh above the medial/proximal transfemoral socket trimline is referred to as:

1. **an adductor roll**
2. window edema
3. bursitis
4. verrucose hyperplasia

Implementation of the Treatment Plan

Perform procedures necessary to provide the appropriate prosthetic 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 prosthesis 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.

If the weight line falls anterior to the prosthetic knee axis on a transfemoral prosthesis, this will cause the knee to be:

1. **more stable**
2. less stable
3. more likely to buckle at initial contact
4. more likely to buckle at mid-stance

A transfemoral patient is ambulating during the final fitting and delivery appointment. The assistant notices that the pylon between the knee and the foot is leaning laterally. The **MOST** likely cause of this is:

1. foot is too outset
2. foot is excessively externally rotated
3. **excessive abduction of the socket**
4. excessive adduction of the socket

The Proximal Medial/Lateral (PML) measurement on a transtibial residual limb is taken:

1. at the apex of the femoral condyle
2. **just above the adductor tubercle**
3. at the apex of the tibial condyle
4. just below the adductor tubercle

During dynamic alignment of a transtibial prosthesis, the assistant notes excessive knee flexion occurring in late mid-stance. The **MOST** likely cause of this is the:

1. socket flexion is insufficient
2. socket adduction is insufficient
3. prosthetic foot is placed too anteriorly
4. **prosthetic foot is placed too posteriorly**

When setting up a transtibial prosthesis to standard alignment the prosthetic foot should be placed:

1. in approximately 5° to 7° of internal rotation
2. in neutral alignment
3. **in approximately 5° to 7° of external rotation**
4. in neutral dorsiflexion

When performing a diagnostic socket fitting for a transradial prosthesis, the anterior trimline of the socket should be established just distal to the:

1. **cubital fold**
2. olecranon process
3. medial epicondyle
4. lateral epicondyle

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 prosthesis 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 prosthesis accordingly.

At a follow-up visit for a patient who was provided with a transtibial prosthesis, requests that the proximal trimline of the prosthesis be trimmed down 1" (25mm) to make the prosthesis less noticeable under their pants. 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 1/2" (12mm) instead of 1" (25mm)

A 12 y/o patient with a Symes prosthesis has been wearing their latest prosthesis for the past 10 months. The patient has developed skin irritation at the malleoli and over the tibial tubercle. The **MOST** likely cause of the patient's problem is:

1. The patient is wearing too few socks
2. The patient is wearing too many socks
3. **The patient has begun to outgrow the prosthesis**
4. The patient's liner is worn out and not providing appropriate cushioning

A transtibial patient is being seen for a six-month follow-up. They are complaining of discomfort on the anterior/distal aspect of their residual limb. The **MOST** likely cause of this problem is:

1. They are wearing too many socks
2. **They are wearing too few socks**
3. The prosthesis is too long
4. The socket is too abducted

A patient is seen for their first two-week follow up after receiving a transfemoral prosthesis. The patient is exhibiting a medial whip during late stance. The **MOST** likely cause is:

1. the hydraulic resistance in the knee is set too high
2. the hydraulic resistance in the knee is set too low
3. the mechanical knee joint is internally rotated
4. **the mechanical knee joint is externally rotated**

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

The Medicare functional classification system for lower extremity amputees that determines what types of prosthetic components are medically necessary is referred to as:

1. **K-level**
2. G-level
3. L codes
4. A codes

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 modifications to a recently provided prosthesis 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 prosthetic assistant?

1. Taking an impression for a prosthesis
2. **Performing an initial evaluation of a new patient**
3. Making a repair to an already delivered prosthesis
4. Performing a follow-up visit one year after a prosthesis was provided

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 to access all the exam prep resources available.