



Orthotic Fitter Exam Candidate Self Assessment Checklist

Prior to sitting for the ABC Certified Fitter-orthotics exam, each candidate is required to complete 1,000 hours of orthotic fitting experience. The following self assessment tool gives you a guideline for what areas you should focus on and the amount of time you should be spending in each area during this period.

DOMAINS OF PRACTICE

Certified Fitter-orthotics (CFO's) report that they spend their professional time divided between six areas of responsibility called **Domains of Practice**. As you work on the 1,000 hour experience requirement to take the ABC CFO exam, you should gain experience in each domain and arrange your time to approximately meet these percentages. Use the following chart to write in the percentage of time you spend in each domain.

Each domain is broken down into specific tasks. Reference the ABC *Fitter Book of Rules and Candidate Guide* for the specific tasks associated with each domain and identify the domains in which you should spend more or less time.

IMPORTANT INFORMATION

This checklist is for your use only and is not required as part of your application for the exam.

Use it as a tool to guide you through your work experience and to make sure that you are getting the type and amount of experience in each area that the profession expects.

DOMAIN	Recommended % of Time	Self-Assessment-% of My Time in These Domains
Patient Assessment Perform an assessment of the patient to obtain an understanding of the patient's prescribed needs.	29%	____%
Formulation of the Treatment Plan Create a specific treatment plan to meet the needs and goals of the patient.	17%	____%
Implementation of the Treatment Plan Perform the procedures necessary to deliver appropriate orthotic serves, including adjustments and alterations.	26%	____%
Follow-up Treatment Plan Provide continuing patient care and periodic evaluation to assure/maintain/document optimal fit and function of the device.	14%	____%
Practice Management Understand the policies of business, financial, and organization management.	14%	____%

ORTHOTIC FITTER KNOWLEDGE AND SKILL STATEMENTS—SELF ASSESSMENT

The knowledge and skills required of an ABC Certified Fitter-orthotics (CFO) in the provision of patient care are listed below. Use the rating scale as a self assessment to determine your strengths and weaknesses and to identify those knowledge or skills on which you should spend more time during your 1,000 hours.

Rate your knowledge of or skill with these items by circling the appropriate number on the following scale.
1 is no knowledge or skill, 5 is full knowledge or skill.

None 1-----2-----3-----4-----5 Full

Knowledge of musculoskeletal anatomy
 1-----2-----3-----4-----5

Knowledge of general musculoskeletal anatomy, including upper limb, lower limb, spinal
 1-----2-----3-----4-----5

Knowledge of bony landmarks relating to gross musculoskeletal anatomy of upper limb, lower limb, and spine
 1-----2-----3-----4-----5

Knowledge of gross neuroanatomy (e.g., major peripheral nerves of the upper and lower extremity)
 1-----2-----3-----4-----5

Knowledge of the circulatory system as it relates to prefabricated orthotic care
 1-----2-----3-----4-----5

Knowledge of anatomical planes, planes of motion, and normal range of motion (ROM)
 1-----2-----3-----4-----5

Knowledge of human development and aging, including pediatric, adult, and geriatric, as they relate to prefabricated orthotic care
 1-----2-----3-----4-----5

Knowledge of medical terminology as it relates to prefabricated orthotic care
 1-----2-----3-----4-----5

Knowledge of pathologies including cause and progression (e.g., vascular, neurologic, orthopedic)
 1-----2-----3-----4-----5

Knowledge of tissue characteristics (e.g., ulcers, pressure sores)
 1-----2-----3-----4-----5

Knowledge of volumetric changes (e.g., edema, weight gain/loss)
 1-----2-----3-----4-----5

Knowledge of normal human locomotion
 1-----2-----3-----4-----5

Knowledge of gait deviations
 1-----2-----3-----4-----5

Knowledge of biomechanics (e.g., actions of lever arms, application of force systems)
 1-----2-----3-----4-----5

Knowledge of assessment techniques, including gait observation, weight bearing status, skin/tissue assessment, manual muscle testing (MMT), pain evaluation, and volumetric assessment
 1-----2-----3-----4-----5

Knowledge of measurement tools and techniques (e.g., tape measurers, ML gauges, goniometers, Brannock device)
 1-----2-----3-----4-----5

Knowledge of orthotic forms (e.g., assessment, measurement)
 1-----2-----3-----4-----5

Knowledge of when to refer the patient to other healthcare providers [e.g., when patient needs are beyond fitters' scope of practice, when patient's health condition(s) require attention by other health care professional(s)]
 1-----2-----3-----4-----5

Knowledge of prefabricated orthotic design and fitting criteria of orthoses and compression garments (e.g., anatomical/device relationships, device trimlines)
 1-----2-----3-----4-----5

Knowledge of care and maintenance of prefabricated orthoses and compression garments
 1-----2-----3-----4-----5

Knowledge of device warranties
 1-----2-----3-----4-----5

Knowledge of available education and resource materials (e.g., fitting instructions, manufacturer's guidelines)
 1-----2-----3-----4-----5

Knowledge of safety procedures and standards (e.g., OSHA, MSDS)
 1-----2-----3-----4-----5

Knowledge of hand and power tools
 1-----2-----3-----4-----5

Knowledge of product design, composition, and materials
 1-----2-----3-----4-----5

Knowledge of when to modify the device based on reassessment of fit and function
 1-----2-----3-----4-----5

Knowledge of referral documents
1-----2-----3-----4-----5

Knowledge of appropriate documentation procedures
1-----2-----3-----4-----5

Knowledge of policies and procedures regarding privileged information
(e.g., HIPAA)
1-----2-----3-----4-----5

Knowledge of roles and responsibilities associated with other
healthcare professions
1-----2-----3-----4-----5

Knowledge of reimbursement protocols (e.g., Medicare, Medicaid)
1-----2-----3-----4-----5

Knowledge of universal precautions and infection control techniques
1-----2-----3-----4-----5

Knowledge of Scope of Practice of the ABC Certified Fitter-orthotics
1-----2-----3-----4-----5

Knowledge of Scope of Practice of other orthotic credentials
1-----2-----3-----4-----5

Knowledge of federal and state rules, regulations, and guidelines
(e.g., CMS, ADA, licensure)
1-----2-----3-----4-----5

Skill in interpreting referral documents (prescriptions and authorization
for service)
1-----2-----3-----4-----5

Skill in interviewing patients
1-----2-----3-----4-----5

Skill in communicating with referral sources
1-----2-----3-----4-----5

Skill in taking patient history and performing physical assessment
1-----2-----3-----4-----5

Skill in patient assessment techniques (e.g., measuring range of motion (ROM),
determining muscle strength, body segment alignment)
1-----2-----3-----4-----5

Skill in interpretation of physical findings (e.g., recognizing skin pressures,
dermatological conditions, skeletal deformities)
1-----2-----3-----4-----5

Skill in managing patients relative to their diagnosis and condition as it pertains
to prefabricated orthoses
1-----2-----3-----4-----5

Skill in measuring for prefabricated orthoses and compression garments
including upper limb, lower limb, and spinal
1-----2-----3-----4-----5

Skill in fitting, modifying, and adjusting prefabricated orthoses and
compression garments
1-----2-----3-----4-----5

Skill in evaluating fit and function of prefabricated orthoses and
compression garments
1-----2-----3-----4-----5

Skill in determining outcomes as they relate to the treatment goal
(e.g., reduction of pain, immobilization, improved gait, improved function)
1-----2-----3-----4-----5

Skill in documentation (e.g., patient records, billing documentation,
incident reports)
1-----2-----3-----4-----5

Skill in selection of and/or use of materials and components as it relates to
prefabricated orthotic treatment
1-----2-----3-----4-----5

Skill in use of safety equipment (e.g., personal protective equipment)
1-----2-----3-----4-----5

Skill in safe use of hand and power tools (e.g., bending irons, heat gun,
drill, grinder)
1-----2-----3-----4-----5

Skill in restoring the optimal fit and function of prefabricated orthoses
and compression garments
1-----2-----3-----4-----5

Skill in maintenance and repair of prefabricated orthoses
1-----2-----3-----4-----5

Skill in solving patient's Activities of Daily Living (ADLs) problems
related to the use of prefabricated orthoses and compression garments
1-----2-----3-----4-----5

RESOURCES

www.abcop.org

- *ABC Scope of Practice*
- *ABC Fitter Book of Rules & Candidate Guide*
- *ABC Code of Professional Responsibility*
- *Practice Analysis of ABC Credentialed Orthotic Fitters*



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

330 John Carlyle St., Suite 210
Alexandria, VA 22314
(703) 836-7114
Fax: (703) 836-0838
www.abcop.org

This self assessment checklist is developed from the *Practice Analysis of ABC Credentialed Orthotic Fitters*, which is also used to develop credentialing exam content as well as guidance for educational programs.

RECOMMENDED DEVICE LIST FOR 1,000 HOURS WORK EXPERIENCE

We've broken down the devices on which certified orthotic fitters report they typically spend their time. Use this as a guideline as you work on your 1,000 hour experience requirement. Use the following chart to write in the amount of time you spend on each device and identify those devices on which you should spend more time.

	Recommended % of Time	Self Assessment % of My Time
1. Lower Extremity	(44% Total)	____%
Orthopedic Shoes	2.9%	____%
Foot Orthoses (FO), prefabricated	4.1%	____%
Ankle Support	4.8%	____%
Ankle-Foot Orthosis (AFO-prefabricated)	4.2%	____%
Ankle-Foot Orthosis (AFO-custom)	2.8%	____%
Soft Knee Orthosis (KO)	5.5%	____%
Rigid Knee Orthosis (KO), prefabricated	6.6%	____%
Post-Operative Knee Orthosis (KO)	4.2%	____%
Hip Orthosis (HO)	1.2%	____%
Other	7.7%	____%
2. Spinal	(20% Total)	____%
Soft Lumbosacral Orthosis (LSO)	3.8%	____%
Semi-Rigid Lumbosacral Orthosis (LSO)	4.7%	____%
Rigid Lumbosacral orthosis (LSO)	2.0%	____%
Soft Thoracolumbosacral Orthosis (TLSO)	1.1%	____%
Semi-Rigid Thoracolumbosacral Orthosis (TLSO)	1.8%	____%
Rigid Thoracolumbosacral Orthosis (TLSO)	1.5%	____%
Thoracolumbar Orthosis (TLO-Hyperextension)	1.0%	____%
Semi-Rigid Cervicothoracic Orthosis (CTO)	0.6%	____%
Soft Cervical Orthosis (CO)	1.8%	____%
Semi-Rigid Cervical Orthosis (CO)	1.5%	____%
3. Upper Extremity	(21% Total)	____%
Hand Orthosis (HO)	4.2%	____%
Wrist Hand Orthosis (WHO)	11.4%	____%
Elbow Orthosis	5.4%	____%
4. Fracture Orthoses	(10% Total)	____%
Rigid Sole Shoe	1.7%	____%
Walking Boot	5.6%	____%
Other	2.7%	____%
5. Other	(5% Total)	____%
Compression Garments	1.9%	____%
Lymphedema Sleeves	0.7%	____%
Hernia Supports	0.4%	____%
Other	2%	____%