



# 2010 Information Booklet and Application

Physical Therapy  
Specialist Certification Examinations

Women's Health

Application Deadline: July 31, 2009  
Examination Dates: February 27 - March 13, 2010

*Please read this booklet carefully and keep it until you have received your examination results. You are responsible for knowing its contents.*

# Is your application complete?

## Check List Prior to Submitting Your Application

- I completed all necessary pages of the application, including:
  - Application Form
  - Affidavit and Pledge of Confidentiality Form
  - Description of Physical Therapy Experience Form for each facility and position
  - Summary Chart of Physical Therapy Experience Form
  
- I enclosed four copies of my case reflection (pg. 29).
  
- I enclosed my Payment Form (pg. 50) and application review fee.
  
- I verified and listed my APTA ID # on my application and Payment Form.
  
- I signed my application and had it **notarized**.
  
- I enclosed verification of my license from the website of the state where I am licensed. If my state board does not have license verification available via the Internet, I requested that license verification from my state board be sent directly to the Post Graduate Certification Department.
  
- I verified that the **name** on my application **matches exactly** what is on my **driver's license** or other signed unexpired, government-issued photographic **identification card**.
  
- I made a copy of all materials mailed to APTA for my files.
  
- I included my email address in order to receive confirmation of receipt of my application and payment as quickly as possible. **If you would prefer to be contacted by mail, please enclose a self-addressed stamped postcard or envelope.**
  
- My application was postmarked by the **July 31<sup>st</sup> deadline**.



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# Rosters

## American Board of Physical Therapy Specialties Specialty Councils

### **American Board of Physical Therapy Specialties (ABPTS)**

H. Steven Sadowsky, PT, MS, CCS, Chair  
William Bandy, PT, PhD, SCS  
Manuel Domenech, PT, EdD, OCS  
David G Greathouse, PT, PhD, ECS, FAPTA  
Cathleen C. Harro, PT, MS, NCS  
Stephen Miller, MD, MPH  
Kim Nixon-Cave, PT, PhD, PCS  
Patricia S. O'Sullivan, Ed.D  
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### **Specialty Council on Cardiovascular and Pulmonary Physical Therapy**

John D. Lowman, Jr., PT, PhD, CCS, Chair  
Ana Lotshaw, PT, CCS  
Jeffrey Rodrigues, PT, DPT, CCS

### **Specialty Council on Clinical Electrophysiologic Physical Therapy**

C. Ray Schaney, PT, DSc, ECS, Chair  
John Halle, PT, PhD, ECS  
Scott W. Shaffer, PT, PhD, OCS, ECS

### **Specialty Council on Geriatric Physical Therapy**

Deborah A. Kegelmeyer, PT, PhD, GCS, Chair  
Myla Quiben, PT, DPT, GCS, NCS  
Tamara N. Gravano, PT, DPT, GCS

### **Specialty Council on Neurologic Physical Therapy**

Diane Wrisley, PT, PhD, NCS, Chair  
Donald D Straube, PT, MS, NCS  
Kathryn E. Brown, PT, MS, NCS

### **Specialty Council on Orthopaedic Physical Therapy**

Michael B. Miller, PT, OCS, Chair  
Pam Kikillus, PT, DSc, OCS  
Deborah Givens, PT, PhD, OCS

### **Specialty Council on Pediatric Physical Therapy**

Eric Pelletier, PT, DPT, PCS, Chair  
Betsy Donahoe-Fillmore, PT, PhD, PCS  
Stephanie Yu, PT, MSPT, PCS

### **Specialty Council on Sports Physical Therapy**

Harvey Wallmann, PT, DPTSc, SCS, Chair  
Edward Mulligan, PT, SCS  
Teresa L. Schumann, PT, SCS, ATC, CSCS

### **Specialty Council on Women's Health Physical Therapy**

Jean M Irion, PT, EdD, SCS, Chair  
Karen Abraham, PT, PhD, OCS  
Rebecca Byerley, PT

Spring 2009

Dear Fellow Physical Therapist:

Congratulations! By acquiring this Information Booklet and Application, you have been proactive in your interest in and pursuit of specialist certification. The specialist certification program has been designed to identify and define physical therapy specialty areas and to formally recognize physical therapists who have attained advanced knowledge and skills in those areas. Certification also assists the public and health care community in identifying therapists with acknowledged expertise in a particular field of practice and demonstrates that physical therapists are devoted to addressing the unique needs of the people with whom we work.

Certification is achieved through successful completion of a standardized application and examination process. Coordination of this program is provided by the American Board of Physical Therapy Specialties (ABPTS), the governing body for approval of new specialty areas and certification of clinical specialists. Specialty councils representing the seven recognized specialty areas have been appointed to delineate and describe the advanced knowledge, skills, and abilities of clinical specialists; to determine specific requirements for certification, and to develop the certification examinations.

The dedicated volunteers currently giving their time and service to the development of this process are listed in the rosters in the beginning of this booklet. APTA established this program in 1978 to provide formal recognition for physical therapists with advanced clinical knowledge, competence, and skills in a special area of practice. The program evolved from the membership of special interest sections of APTA as a way to encourage and facilitate the professional growth of individual members and thereby facilitate growth of the entire profession.

Certified specialists have clearly demonstrated their commitment to service by the variety, depth, and consistency of their professional involvement. Their desire to attain formal recognition of their advanced clinical knowledge, competence and skills reflects their devotion to their profession and their patients. In these times of dramatic health care reform, dedication to public service by providing high quality physical therapy services is paramount.

If you share these personal and professional principles, then you are in the right place! Please join the growing number of physical therapists who have chosen this pathway of professional development.

Thank you for your interest and I wish you success in this endeavor.

Sincerely,

*H. Steven Sadowsky, PT, RRT, MS, CCS*

Chair, American Board of Physical Therapy Specialties

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## 1. General Definitions

### 1.1. American Physical Therapy Association

The American Physical Therapy Association (APTA) is a national professional organization representing more than 73,330 physical therapists, physical therapist assistants, and physical therapy students throughout the United States. Its goals are to serve its members and to serve the public by increasing the understanding of the physical therapist's role in the health care system, and by fostering improvements in physical therapy education, practice, research, and professional development.

APTA established the specialist certification program in 1978 to provide formal recognition for physical therapists with advanced clinical knowledge, experience, and skills in a special area of practice, and to assist consumers and the health care community to identify physical therapy specialists.

### 1.2. American Board of Physical Therapy Specialties

Coordination and oversight of the specialist certification process is provided by the American Board of Physical Therapy Specialties (ABPTS), which is the governing body for approval of new specialty areas and certification of clinical specialists. ABPTS is comprised of board-certified physical therapists from different specialty areas; a physical therapist member of the APTA Board of Directors; an individual with expertise in test development, evaluation, and education; and a non-physical therapist member representing the public.

### 1.3. Specialty Councils

Specialty councils, representing the areas of cardiovascular & pulmonary, clinical electrophysiologic, geriatric, neurologic, orthopaedic, pediatric, sports and women's health physical therapy, have been appointed to delineate the advanced knowledge, skills, and abilities for their specialty areas; to determine the academic and clinical requirements for certification; and to develop the certification examinations. Each council is comprised of three board-certified specialists in the practice area.

### 1.4. Cardiovascular and Pulmonary, Clinical Electrophysiologic, Geriatric, Neurologic, Orthopaedic, Pediatric, and Sports Examinations

Individuals interested in Cardiovascular and Pulmonary, Clinical Electrophysiologic, Geriatric, Neurologic, Orthopaedic, Pediatric, and Sports certifications must complete a separate application, which can be printed at no cost from APTA's Post Graduate Certification Department Website ([www.apta.org/specialist\\_certification](http://www.apta.org/specialist_certification)). Print versions of the application book are available for a fee of \$15. Please contact APTA's Post Graduate Certification Department at 800/999-2782, ext 8520 for additional information.

### 1.5. National Board of Medical Examiners

The National Board of Medical Examiners® (NBME®) is a not-for-profit institution that strives to provide the highest quality testing and research services to organizations involved in the licensure and certification of medical and health science professionals. NBME provides test development, test administration, editorial production, and psychometric services to ABPTS and the specialty councils.

### 1.6. Prometric

NBME currently delivers the specialist certification examinations by computer through Prometric. Prometric administers testing programs for educational institutions, professional associations, corporations, and other organizations. Examinations are delivered in test centers that have secure rooms dedicated to test delivery.

### 1.7. Restriction of the Term Board-Certified Specialist

APTA's House of Delegates adopted a policy that no physical therapist shall purport to be a "Board-Certified Clinical Specialist" unless (s)he has successfully completed the certification process as developed by the American Board of Physical Therapy Specialties (HOD 06-94-23-39). In addition, ABPTS does not permit applicants for certification to state that they are "board eligible."

## 2. Certification Requirements

### 2.1. Minimum Eligibility Requirements

The minimum eligibility requirements established by ABPTS to sit for a specialist certification exam are as follows:

1. Current licensure to practice physical therapy in the United States or any of its possessions or territories.
2. Evidence of 2,000 hours of direct patient care in the specialty area within the last ten (10) years, 25% (500) of which must have occurred within the last three (3) years. Direct patient care must include activities in each of the elements of patient/client management applicable to the specialty area and included in the *Description of Specialty Practice (DSP)*. These elements, as defined by the *Guide to Physical Therapist Practice*, are examination, evaluation, diagnosis, prognosis, and intervention. In addition to this practice requirement, both the Cardiovascular & Pulmonary and Clinical Electrophysiology specialty areas have additional requirements that must be met. Please refer to the specific requirements for each specialty area that are listed on pg. 14 under "Minimum Eligibility Requirements."

### 2.2. Steps to Complete Certification

Certification as a Physical Therapy Clinical Specialist consists of two major steps:

**STEP I.** You must submit evidence that you have fulfilled the minimum eligibility requirements as defined by the specialty council. This includes completion of all required application forms, fees, documentation of the required practice hours, and other requirements specified by the specialty council.

You must meet all requirements by the application deadline, July 31, 2009. The specialty council will not consider experience toward the minimum eligibility requirements that was not acquired by the application deadline.

Upon receiving board-certification, the candidate will:

- receive a certificate recognizing board certification as a specialist in an area of physical therapy
- be entitled to use the appropriate certified specialist initials (CCS, ECS)
- be recognized by their colleagues at APTA's annual Ceremony for Recognition of Clinical Specialists
- be included in the online Directory of Certified Clinical Specialists in Physical Therapy

Certification is valid for a period of ten (10) years, at which time board-certified specialists must be recertified. A list of current recertification requirements is available from the Post Graduate Certification Department or on-line at [www.apta.org/specialist\\_certification](http://www.apta.org/specialist_certification).

### 2.3. Ineligibility for Certification

Item writers and reviewers are not eligible to sit for the specialist certification examination in their specialty area for two years from the date of involvement in the process.

Specialty council members, ABPTS members, and cut score study participants are prohibited from sitting for the specialist certification exam for a period of two years from the date of participation in the certification process.

## 3. Application Process

### 3.1. Application Deadline

Completed applications and application review fees for the 2010 specialist certification examinations must be submitted to the APTA Accounting Department postmarked on or before July 31, 2009. Applications post-marked after the deadline may be returned without review.

### 3.2. Procedures for Application Review

The specialty council will review all submitted documents and the Post Graduate Certification Department will notify applicants regarding approval to sit for the exam. Applicants who are advised to revise or provide new documents will be instructed to resubmit materials to APTA headquarters by a specified deadline. If the applicant does not resubmit by the

deadline, the record will indicate that they have not met the minimum eligibility requirements and is not approved to sit for the 2010 exam.

### 3.3. Services for Persons with Disabilities

The American Board of Physical Therapy Specialties (ABPTS) provides reasonable and appropriate accommodations in accordance with the Americans with Disabilities Act for individuals with documented disabilities who demonstrate a need for accommodations.

It is the responsibility of the person with a disability to provide advance notice and appropriate documentation of the disability with a request for test accommodations. If an applicant identifies functional limitations or special needs that would prevent him/her from taking the certification exam under standard testing conditions, ABPTS in consultation with its testing agency, will evaluate and respond to that applicant's needs for special arrangements.

Any requests must be made in writing to ABPTS, accompanied by the appropriate forms (see pp. 53-55), at the time of application for the exam (**by 7/31/09**). The request for testing accommodations must include verification of the disabling condition from a professional specializing in the relevant area and a description of the requested accommodation. Applicants will be notified of the decision regarding the request and the accommodations that will be provided. If accommodation is not requested in advance, availability of accommodation cannot be guaranteed.

### 3.4. Certification in More than One Specialty Area

Applicants must submit a complete set of application materials and fees for each specialist certification exam. A certified specialist who applies for certification in a second specialty area is not permitted to submit the same direct patient care hours that (s)he submitted for certification in the first specialty area. The specialty council will review previously submitted applications for duplication of hours.

### 3.5. Submission of Application

It is the applicant's responsibility to ensure that all forms are completed ac-

ording to instructions. Application forms must be typewritten or neatly printed. All photocopies must be legible.

In addition, it is imperative that you enter your name on the application exactly as it appears on the identification form you intend to present at the testing center. Please note that the way your name is written on the application is also the way your name will appear in the APTA membership database.

Applicants should return the application forms and applicable review fee described in Section 3.6 below in a single mailing to:

APTA  
Specialist Certification Application  
P.O. Box 79054  
Baltimore, MD 21279-0054

If applicable, verification of current physical therapy license must be sent separately by your state licensing agency.

### 3.6. Application Review Fee

The non-refundable application review fee must be submitted with your application and received in the APTA Accounting Department postmarked on or before July 31, 2009.

Payment of the review fee may be made by check (payable to APTA) or by credit card (MasterCard, VISA, or AMEX). The Payment Form (pg. 50) must accompany your fee. The applicant review fees are listed below:

**APTA Member: \$500**  
**Non-APTA Member: \$845**

### 3.7. Time Limit for Active Application

Applicant files will remain active for only two [2] consecutive exam administrations. After two exam administrations, you must submit an entirely new application and applicant review fee to apply for specialist certification. This policy applies to those who are not approved to sit for the examination, those who do not pass the exam, and those who choose to delay sitting for the exam.

### 3.8. Reapplication

If your applicant file is still active and you are not approved to sit for the examination, choose to delay sitting for the

examination, or do not receive a passing score, you must submit a reapplication to be eligible to sit for the next scheduled exam. Reapplication information will be sent to you from the Post Graduate Certification Department.

To reapply, you must submit a reapplication form, verification of current licensure to practice physical therapy, updated direct patient care hours, and any other requested documentation. The APTA Accounting Department must receive this documentation by the application deadline for the next scheduled exam. Reapplicants must meet the current practice requirements to be eligible to sit for the exam.

Reapplicants who are retaking the examination are required to pay the current examination fee as well as a \$115 registration fee, which must be submitted with the reapplication forms.

### 3.9. Address Changes

Should your mailing address, email address or phone number change, please notify the APTA Post Graduate Certification Department immediately. The Post Graduate Certification Department maintains separate records from APTA's membership database, so candidates must write or phone the department directly at 1-800/999-2782, ext. 8520.

## 4. Scheduling the Exam

### 4.1. Examination Fee and Scheduling Permit

The examination fee is submitted after you have been notified that you are eligible to sit for the exam. The fee must be received in the APTA Accounting Department post-marked on or before November 30, 2009.

You may pay the examination fee by check (payable to APTA) or by credit card (MasterCard, VISA, or AMEX), by mail or online. Please note that both first-time and repeat test takers must pay the following examination fees:

**APTA Member: \$800**

**Non-APTA Member: \$1,525**

By mid-December, after your examination fee has been received, the Post Graduate Certification Department will send you your Scheduling Permit. The permit contains information and instructions for scheduling a testing appointment at a Prometric Test Center. After obtaining your Scheduling Permit, you are able to contact Prometric immediately to schedule a test date. Check to make sure that the information on your permit is correct, and that your name (first name, middle initials, last name) exactly matches your name on the identification you will use on the day of the examination. **If the name on your permit does not match the name on your identification, you must contact APTA immediately.** Name changes or corrections cannot be made within 7 business days of your scheduled testing date. You will be denied admission to the test if the name of the permit does not match the name on your identification.

### 4.2. Test Dates

The examinations will be administered at testing centers nationwide between the dates of **February 27 - March 13, 2010**.

### 4.3. How to Schedule an Appointment at a Testing Center

The Post Graduate Certification Department will notify approved candidates when they may begin to schedule a date to sit for the examination. Candidates are not eligible to schedule a session until they have paid their exam fee and have received their Scheduling Permit.

You must have your Scheduling Permit before you contact the testing center to schedule a testing appointment. Appointments are assigned on a first-come, first-served basis; therefore, you should contact the testing center to schedule as soon as possible after you have received your Scheduling Permit. If you delay scheduling you may not be able to make an appointment at your preferred test site or for your preferred test date. You should report any problems in scheduling a testing appointment to the Post Graduate Certification Department at least four weeks before the first day of the testing window to give ABPTS an opportunity to resolve the problem.

### 4.4. Refunds and Cancellations The Applicant Review Fee is not refundable.

You must notify the APTA Post Graduate Certification Department in writing if you decide, for any reason, not to sit for the 2010 exam. Upon receipt of written notification, your examination fee will be refunded minus 15% of the fee. **Please allow 4-5 weeks for processing.**

### 4.5. Rescheduling an Exam

If you are unable to keep a testing appointment and would like to reschedule, you must contact Prometric by 12:00 pm EST of the second business day prior to your appointment. The rescheduled test date must fall within the testing window. Fees from your previously scheduled test will be transferred to the rescheduled exam as follows:

- a. If you contact Prometric by 12:00 p.m. EST of the second business day prior to your test date, you will be permitted to reschedule without penalty.
- b. If you provide less than two business day's notice, Prometric will charge you a \$110 fee to reschedule your examination.

If you do not appear on your test date, you must contact Prometric at the phone number on your scheduling permit to pay a Prometric rescheduling fee (\$110) and wait 48 hours before rescheduling your appointment within the testing window.

## 5. Preparing for the Exam

### 5.1. Description of Specialty Practice (DSP)

The *Descriptions of Specialty Practice (DSP)* are documents developed for each specialty area that outline the knowledge, skills, and abilities related to clinical practice in the specialty area. The DSP content is based on a detailed practice analysis conducted by the specialty council. A practice analysis involves extensive research, including survey data and judgments of subject matter experts, of the knowledge, tasks, and roles that describe advanced specialty practice. The specialty council develops the written exam from the DSP and includes a percentage of questions from each of the major content areas identified in the practice analysis. Because applicants will find the DSP for their spe-

cialty area helpful in organizing exam preparation, a copy will be mailed to each new applicant upon receipt of the application and payment of the application review fee.

If you wish to purchase a copy of the DSP prior to submitting an application and paying the application review fee, please contact the APTA Member Services 1 800 999-2782, ext 3395.

## 5.2. Exam Content Outline

The content outlines for each exam that specify the percentage of questions in each major content area begin on pg. 9. The content outlines are presented as an approximation of the test construction and should not be interpreted as an exact distribution of test items.

## 5.3. Preparation for the Exam

You declare your intent to sit for the specialist certification exam at the time of application and are expected to begin preparation for the exam at that time. You are responsible for determining the method and amount of preparation necessary for the exam. Results from candidate surveys suggest that helpful methods of examination preparation include, but are not limited to, advanced level texts, *Physical Therapy*, and other journals containing current physical therapy research. You may also want to review the *Description of Specialty Practice* and the content outline to determine what content will be covered on the exam and to direct your study efforts.

## 5.4. Review Materials and Courses

A list of resource guides prepared by APTA Sections can be found on pg. 54. Some Sections hold review courses related to advanced practice in their specialty area. Applicants should contact their Section directly to receive information. **Neither ABPTS nor the specialty councils review or endorse the content of review materials and courses.**

## 5.5. Study Groups

The APTA Post Graduate Certification Department maintains a list of candidates who are interested in participating in study groups. To be included in

study group listings, check box 23 on the Application Form (pg. 16). Study group lists will be generated and distributed by November 16, 2009 to candidates who have indicated their interest in participating in study groups. **Study group lists are sent by request only.**

## 5.6. Exam Development

The specialist certification examinations are developed by specialty councils of ABPTS. APTA has contracted with the National Board of Medical Examiners® (NBME®) to assist in the development, administration, scoring, and reporting of results for the certification examinations. Using the DSP as a basis, the specialty councils make the final determinations regarding the exam content and the number of items in each area.

Questions (items) for the exam are solicited from content area experts currently practicing in the specialty area representing the full range of practice settings and focus in all regions of the country. Item writers attend workshops and receive instruction to enable them to write high quality, practice-related test items. Test items undergo extensive editing and review by subject matter experts and professional test editors before specialty councils approve them to be placed on the examinations.

## 5.7. Exam Question Format

Questions (items) are designed to test synthesis and analysis levels of cognitive skills as well as content knowledge. The exam is composed of objective multiple choice questions with four or five answer choices. The questions either stand alone or are part of a series that relates to a presented case study. Beginning on pg. 10 are sample questions that are representative of the format of questions for each exam, but may not necessarily reflect the ability level or content of the items. There will be approximately 200 items on the exam.

## 5.8. Answer Strategy

You should consider answers to each question carefully and eliminate the least likely ones instead of randomly selecting an answer. Please keep in mind that there is no penalty for incorrect responses. Since test scores are based on the actual number of questions answered correctly, it is to the

candidate's advantage to select an answer for each question rather than leaving any blank. There is only one correct answer for each question.

## 5.9. Tutorial

After you are approved to sit for the examination, the Post Graduate Certification Department will make available a tutorial so that you may practice using the testing software prior to your test day. The tutorial can be downloaded from the APTA Post Graduate Certification Department Website ([www.apta.org/specialist\\_certification](http://www.apta.org/specialist_certification)). You should acquaint yourself with the testing software well before your test date. Test center staff are not authorized to provide instruction on use of the software.

The tutorial will also be available at the beginning of the examination session. You may use up to 20 minutes before beginning the examination. The test driver is easy to understand and requires little or no prior computer experience.

## 6. Sitting for the Exam

### 6.1. Computerized Testing

The specialist certification examinations are administered by computerized testing. The examination questions are presented on computers and candidates provide their responses using a mouse or keyboard. NBME works with Prometric to deliver these examinations nationwide at more than 300 Testing Centers. Approved candidates should contact Prometric as soon as possible after receiving their scheduling permit to schedule a testing appointment. Candidates may take the test on any day that it is offered during the testing window, provided that there is space at the Prometric Test Center of choice.

### 6.2. Test Centers and Testing Conditions

Prometric provides computer-based testing services for academic assessment, professional licensure, and certification. Please be aware that there may be test takers from other professions taking examinations during your test administration. Their exam schedule may differ from your schedule, and they may arrive and depart at different times.

These testing centers provide the resources necessary for secure administration of the examination, including video and audio monitoring and recording, and use of digital cameras to record the identity of candidates.

### 6.3. Exam Time

You should arrive 30 minutes before your scheduled testing appointment. The official exam time begins the moment that you enter your identification number on-line. There are approximately 200 questions on the exam. During the 7 1/2 hour testing session, you will be given a total of 6 hours to complete the examination. It will be given in two 3 hour sections, with one optional 50-minute lunch break after the first section. You may also take up to 20 minutes prior to beginning the examination to complete the on-line version of the tutorial and 20 minutes after the exam to complete the brief survey questions.

After you complete the examination, you will be asked to complete an on-line survey about the test administration. The purpose of the survey is to evaluate the test scheduling and delivery procedures. Your responses will be kept confidential, and the time you take to complete this survey will not detract from your allotted examination time.

### 6.4. Cancelled or Delayed Exam Administration or Problems at the Testing Center

Exam administrations may be delayed or cancelled in emergencies such as severe weather, a natural disaster that renders a Testing Center inaccessible or unsafe, or extreme technical difficulties. If for any reason, Prometric closes a testing center where you have already scheduled a testing appointment, they will reschedule the examination appointment at no additional charge.

Any candidate, once checked in and seated at a test station, who is delayed to take the examination by more than 30 minutes because of technical difficulties, is responsible for reporting the delay to the Post Graduate Certification Department at 1-800/999-2782, ext. 8520 as soon as possible. For such cases, the candidate may be eligible to choose to reschedule his or her examination at no additional charge.

Before deciding to reschedule, you should be sure that there is another appointment available during the testing period. The test administration will not be considered "irregular" if you choose to remain and test despite the delay. You will receive the maximum number of hours available to candidates to complete the exam even if the test is delayed.

Any candidate, once checked in and seated at a test station, who has a concern or complaint about the test center environment, should immediately report the problem to the Test Center Administrator. If you feel that the problem was not resolved to your satisfaction, you should contact the Post Graduate Certification Department at 1-800/999-2782, ext. 3150 as soon as possible.

### 6.5. Equipment Malfunction

Should you experience any difficulty with the computer, please notify the Test Center Administrator immediately. Do not wait until you have completed the exam to bring equipment malfunctions to the attention of the Test Center Administrator. Once again, if you feel that the problem was not resolved to your satisfaction, you should contact the Post Graduate Certification Department at 1-800/999-2782, ext. 3150 as soon as possible.

Please note that, occasionally, a computer at the testing center may need to be restarted. Prometric has appropriate safeguards in place to ensure the integrity of candidate examination data. As soon as a candidate answers a test item, the response is immediately copied, and saved, on the candidate's directory on the server at a center. If there is a computer restart, the driver locates the results from the directory and picks up where the examinee left off. The system does not change or delete any responses. Thus, examination data are captured at the instant a candidate responds to a question; the computer can be restarted, if necessary, without losing or corrupting examination data.

### 6.6. Admission to the Test

You should arrive at the Testing Center at least 30 minutes before your scheduled testing time on your testing day. If you arrive late, the Test Center Administrator may refuse you admission. If

you arrive more than 30 minutes after your scheduled testing time, you will not be admitted. In that event, you must pay a fee to Prometric to reschedule the testing appointment. The rescheduled appointment must fall within the testing window.

Upon arrival at the test center, you must present your Scheduling Permit and an unexpired, government-issued form of identification (such as a current driver's license, valid passport, or military ID) that includes **both** your photograph and signature. You will also sign a test center log, be photographed, and store your personal belongings in your assigned locker. Test center staff will collect your Scheduling Permit. You will be instructed to write your name and Candidate Identification Number (CIN) on one of the laminated writing surfaces provided. Your Scheduling Permit will be retained at the Test Center Administrator's station. You may request access to the permit during the examination if it becomes necessary for you to rewrite the CIN on the laminated writing surface. In addition to the laminated writing surfaces, you will be provided with dry-erase markers and an eraser. Test center staff will escort you to your assigned testing station and provide brief instructions on use of the computer equipment. You must enter your CIN to start the examination. You may then take a brief tutorial prior to starting the first test block.

If your identification contains your photograph but not your signature, you can use another form of unexpired identification that contains your signature, such as student/employee identification card or a credit card, to supplement your photo-bearing, government-issued identification.

As a security procedure, you will be photographed before you begin taking examination.

**Important Note:** The name on your Scheduling Permit must exactly match the name on your identification form. The only acceptable difference would be the presence of middle name or middle initial, or suffix on one document and its absence on the other. If you do not present your permit and required identification on the exam day, you will be denied admission to test. In that event, you must pay a fee to

Prometric to reschedule your test (see section 4.5 for additional instructions).

### **6.7. Testing Regulations and Rules of Conduct**

Test center staff monitor all testing sessions. Candidates must follow instructions of test center staff throughout the examination. Test center staff are not authorized to answer questions from candidates regarding examination content, testing software, or scoring.

If staff observes a candidate violating test administration rules or engaging in other forms of irregular behavior during an examination, the center staff will not necessarily tell the candidate of the observation at the time of the examination. Test Center Administrators are required to report such incidents to NBME; each is fully investigated.

Candidates may not bring any personal belongings into the testing area including but not limited to the following:

- mechanical or electronic devices, such as cellular telephones, palm pilots, calculators, watches of any type, electronic paging devices, recording or filming devices, radios;
- outerwear such as coats, jackets, head wear, gloves;
- book bags, backpacks, handbags, briefcases, wallets;
- books, notes, study materials, or scratch paper;
- food, candy, gum or beverages.

If you bring any personal belongings to the test center, you must store them in a designated locker outside the testing room. You should keep in mind that the lockers are small and that mechanical or electronic devices stored in lockers must be turned off. Making notes of any kind during an examination, except on the erasable writing surface provided at the test center, is not permitted and removal of those materials from the secure testing area during a testing session or break is prohibited.

### **6.8. Irregular Behavior During the Examination Process**

Irregular behavior includes any action by candidates or others when solicited by a candidate that subverts or attempts to subvert the examination process. Test Center Administrators

are required to report any irregular behavior by a candidate during the examination. Irregular behavior may include, but is not limited to the following: seeking and/or obtaining access to examination materials; impersonating a candidate or engaging another individual to take the examination by proxy; giving, receiving, or obtaining unauthorized assistance during the examination or attempting to do so; making notes of any kind during an examination except on the erasable writing surface provided at the test center; memorizing and/or reproducing examination materials; failure to adhere to testing center regulations; possessing unauthorized materials during an examination administration (e.g., recording devices, photographic equipment, electronic paging devices, cellular telephones, reference materials); or any other behavior that threatens the integrity of the specialist certification examinations. Looking in the direction of the computer monitor of another candidate during the examination may be construed as evidence of copying or attempting to copy, and a report of such behavior may result in a determination of irregular behavior. Candidates must not discuss the examination while a session is in process. Test Center Administrators are required to report all suspected incidents of irregular behavior. A candidate who engages in irregular behavior or who violates test administration rules may be subject to invalidation of their examination.

### **6.9. Incomplete Examinations**

After you start taking an examination, you cannot cancel or reschedule that examination unless a technical problem prevents you from completing your examination. As noted in section 6.5, if you experience a computer problem during the test, notify test center staff immediately. The testing software is designed to allow the test to restart at the point it was interrupted. In most cases, your test can be restarted at the point of interruption with no loss of testing time. If you do not finish the exam for any reason you are not permitted to resume the incomplete sections of the test. You must reapply for the next regularly scheduled administration (see section on "Reapplication"). The examination fee is non-refundable for incomplete examinations.

## **7. Exam Results**

### **7.1. Exam Results and Notification**

After ABPTS meets in May 2010 to make certification decisions, score reports will be prepared and mailed out in June 2010 by the Post Graduate Certification Department. The score report specifies your examination score, the passing score on the examination, and feedback on your performance in the major competency areas tested.

Although there is a time lapse between the close of the examination window and the availability of examination results, much is happening during this period of time. Key validation takes place after the exam window closes in March. Key validation is a process of preliminary scoring and item analysis of the exam data, followed by careful evaluation of the item-level data, to identify potentially flawed or incorrect items prior to final scoring. During April and early May, standard setting committees are convened at the NBME to participate in content-based standard setting studies. The outcome of each committee's standard setting meeting is the recommendation of a passing standard of each of the specialty examinations during their May meeting. NBME then scores the specialist certification examinations and candidates are notified of their exam results as soon as this information is received by the Post Graduate Certification Department.

### **7.2. Scaled Scores**

While your score is based on the number of questions answered correctly, it is a scaled score. ABPTS requires a scaled score of 500 to pass the examination. Scaling is a procedure that converts raw scores (number of correct responses) to a more easily interpretable scale. The purpose of scaling scores is to simplify things by keeping the passing score at the same number (e.g., 500) for all exam forms, while the raw scores necessary for passing may vary for different forms.

### **7.3. Passing Score**

The certification examinations assess a clearly defined domain of knowledge and skills. You will be certified upon

achievement of a passing score on the examination. The passing score is based on a detailed analysis of exam data and a recommended performance standard from a panel of clinical subject matter experts. This panel includes physical therapists in the specialty representing diversity in practice setting, years of experience, theoretical perspective, and geographic region.

## **8. Confidentiality**

### **8.1. Confidentiality of Applicant Identity**

Applicant names, application documents, and test scores are considered confidential. Only Post Graduate Certification Department staff, members of the American Board of Physical Therapy Specialties, members of the specialty council, and designated staff at the NBME and its subcontractors shall have access to this information. Applicant identity can be released for study group purposes only, with the consent of each applicant. Copies of test scores will be released only at the written request of the candidate.

### **8.2. Confidentiality of Examination Content**

All candidates must sign a Pledge of Confidentiality in their application for certification (pg. 17). Candidates must not disclose examination content to others or reproduce any portion of the examination in any manner. The examination of any candidate who violates these security rules will not be scored.

## **9. Grounds for Disciplinary Action**

Applicants or candidates who are determined to have engaged in fraud, misrepresentation, or irregular behavior in the application or examination process, to have disclosed examination content to others or reproduced any portion of the examination in any manner, or to have violated the Pledge of Confidentiality will be subject to disciplinary action, to be determined by ABPTS, which may include, without limitation, withdrawal of any certification granted and permanent or temporary exclusion from the certification process. Before taking disciplinary action, ABPTS will give the individual written notice of the evidence against him/her and an opportunity to respond.

## **10. Procedures for Review of Decisions**

### **10.1. Reconsideration of Decision Regarding Eligibility to Sit for the Exam**

An applicant whom the council has determined to be ineligible may request the council to reconsider its denial of eligibility. The request for reconsideration must specify the grounds on which it is based. An applicant may submit new information in support of his or her request for reconsideration. An applicant may challenge the specialty council's application of the eligibility requirements to his or her case, but not the requirements themselves. An applicant may not appeal to ABPTS unless (s)he has first submitted a request for reconsideration to the council. An applicant must submit his or her request for reconsideration no later than two [2] weeks from the date of the denial letter. For purposes of determining compliance with the foregoing deadline, a request for reconsideration will be deemed submitted on the postmark date. The specialty council will notify the applicant in writing of its decision on reconsideration.

### **10.2. Appeal to ABPTS of Specialty Council's Decision Regarding Eligibility to Sit for the Exam**

An applicant who wishes to submit an appeal must contact the Post Graduate Certification Department for a complete copy of the procedures.

An applicant whom the council has determined upon reconsideration to be ineligible may appeal the decision to ABPTS. An applicant may challenge the council's application of the eligibility requirements to his or her case, but not the requirements themselves. The applicant must submit his or her appeal no later than two (2) weeks from the date of the council's decision on reconsideration. The appeal must be in writing and must be addressed to the Chair of ABPTS at the APTA Post Graduate Certification Department. For purposes of determining compliance with the foregoing deadline, a request for reconsideration will be deemed submitted on the POST-MARK DATE. The appeal must specify the grounds on which it is based.

The Appeal Committee, a committee of ABPTS, will be responsible for the review and disposition of requests from

applicants for appeal of a specialty council decision. The Appeal Committee will make its decision no later than thirty (30) days from the date of receipt of the request for appeal. The Appeal Committee will send written notification of its decision to the chair of the specialty councils and the applicant by certified mail, return receipt requested, no later than seven (7) days from the date of its decision.

### **10.3. Procedures for Review of Certification Actions**

A candidate who wishes to request that ABPTS reconsider its decision to deny certification must request a complete copy of procedures from the Post Graduate Certification Department.

The purpose of the ABPTS reconsideration procedure is to enable a candidate to challenge an ABPTS decision denying certification and to seek relief from untoward circumstances associated with the onsite administration of the examination and errors in the transmission of examination responses due to technical malfunction. To be considered, the request must include supporting evidence of technical malfunction.

Candidates must submit a request for reconsideration in writing and address the request to the Chair of ABPTS at the APTA Post Graduate Certification Department. To request reconsideration, the candidate must submit a written request no later than two (2) weeks after the date of the letter notifying the candidate of exam results. For purposes of determining compliance with the foregoing deadline, a request for reconsideration will be deemed submitted on the postmark date. The request for reconsideration must specify the grounds on which it is based and the corrective action sought. Within seven (7) days of the receipt of a request for consideration ABPTS will acknowledge in writing the receipt of the request, including the date on which the request was received.

### **10.4. Appeal to APTA Board of Directors of ABPTS Decision to Deny Certification**

A person may not appeal to the APTA Board of Directors unless (s)he has submitted a request for reconsideration to ABPTS. A candidate who wishes to submit an appeal must request a complete copy of procedures from the Post Graduate Certification Department.

Any candidate adversely affected by the ABPTS' decision on reconsideration may appeal to the APTA Board of Directors within fourteen (14) days of receipt of the ABPTS notification of the Committee's decision. A candidate must submit this appeal in writing, and the candidate must address it to the President of the APTA at the APTA Governance Department. The candidate must also send a copy of the written appeal to the Chair of ABPTS at the APTA Post Graduate Certification Department. The appeal must set forth arguments in support of the candidate's position. ABPTS will send written acknowledgment of receipt of the appeal to the candidate within seven (7) days after ABPTS receives the candidate's written appeal request.

## 11.1. Women’s Health Physical Therapy Examination

### Exam Content Outline

The questions on the exam will be approximately distributed according to the following percentages of content areas. This is an approximation only and may not represent the exact distribution of questions on the examination. All questions on the exam relate to competencies as outlined in the book *Description of Specialty Practice: Women’s Health Physical Therapy*

	Percentage
I. Knowledge Areas:	15%
a. Foundation Sciences (3%)	
b. Behavioral Sciences (3%)	
c. Clinical Sciences (3%)	
d. Ancillary Tests (1%)	
e. Medical Interventions (3%)	
f. Critical Inquiry (2%)	
II. Practice Expectations	85%
a. Professional Roles and Responsibilities	
1. Professional Responsibilities (2%)	
2. Risk Management (2%)	
3. Professional Development (2%)	
4. Education (2%)	
5. Evidence-Based Practice (2%)	
6. Consultation (2%)	
7. Social Responsibility (2%)	
8. Prevention/Wellness/Health Promotion (2%)	
b. Patient/Client Management	
1. Examination (23%)	
2. Evaluation/Diagnosis/Prognosis (14%)	
3. Intervention (27%)	
4. Outcomes (5%)	
<b>TOTAL</b>	<b>100%</b>

## 11.2. Sample Questions

Candidates for the specialist certification examination in women's health are encouraged to review the following sample questions in order to familiarize themselves with the examination format. Please note that the questions listed below reflect the format but not necessarily the complexity of the actual examination questions.

### *Case Scenario 1*

A 54-year-old white woman who reports moderate urine loss associated with physical exertion for 8 years and a "falling out feeling" in her perineal area is referred for outpatient physical therapy. She reports anywhere from 1 to 4 leakage episodes per day associated with coughing, sneezing, laughing, position changes such as moving from sit to stand, and lifting objects. She feels that when she has the urge to go to the bathroom that she had better get there quickly for fear that she will wet herself. Although she is generally able to get to the bathroom on time, she feels that she is "going all of the time" and knows where every bathroom in the city is located. She requires the use of 2 absorbent pads (Serenity<sup>®</sup>) daily. She lives with her husband and 2 daughters who are supportive of her condition. The patient was referred to you by her gynecologist following her annual visit in which she finally decided that she needed to address this problem.

1. Which of the following tests is the most reliable method to assess the ability of the pelvic floor musculature to generate power?
  - a) Visual inspection
  - b) sEMG biofeedback
  - c) Diagnostic ultrasound
  - d) Intravaginal palpation
  
2. Examination of the patient's pelvic floor musculature reveals significant weakness; the patient is able to perform a full contraction of the pelvic floor musculature, including a posterior lift, but she is unable to maintain this contraction for more than 5 seconds. She also presents with a Grade II (50% to the level of the vaginal introitus) anterior prolapse while performing the valsalva maneuver. Intravaginal sensation is intact. Anal wink and clitoral/sacral reflexes are intact. Based on the best available outcome evidence for this particular population, which of the following is the **most appropriate** intervention strategy for this patient?
  - a) Pelvic floor muscle exercises augmented with use of electrical stimulation
  - b) Pelvic floor muscle exercises and diet/fluid modification instruction
  - c) Pelvic floor muscle exercises augmented with use of vaginal cones
  - d) Refer for surgical consult

3. Prior to referral for physical therapy, this patient underwent urodynamic testing in which she demonstrated detrusor instability. If the patient fails to achieve her goals through physical therapy intervention, she will be referred for surgical consult. Which of the following surgical procedures is **most appropriate** for this patient?
- a) Retropubic suspension
  - b) Sacral nerve stimulation
  - c) Pubovaginal sling
  - d) Peri-urethral collagen injections

### **Case Scenario 2**

The patient is a 39-year-old Hispanic woman who arrives with complaints of right-side low back pain that began about 2 months ago and is getting progressively worse. She is a medical resident in her final year of her residency program. Her pain worsens with prolonged standing or walking and is especially painful during work hours. She also complains of pain and numbness that extends down into her right lower extremity. She awakens some nights while turning in bed and experiences interrupted sleep that is affecting her ability to concentrate during the day. She had been taking fitness classes 3 times each week at a local health club but has had to discontinue due to this discomfort. She is 6 months pregnant and would like to work until her delivery if possible. She was referred to physical therapy by her obstetrician. This is her second pregnancy. She has a 2-year-old son. She reports she had mild low back pain during her first pregnancy that did not limit her function. She had a prolonged labor and delivery ultimately resulting in a cesarean section delivery following 3 hours of pushing. She has had no other complications during this pregnancy except for some mild vaginal bleeding during the first trimester which has since ceased.

4. The patient is a 39-year-old woman who arrives with complaints of right-sided low back pain that began about 2 months ago and is getting progressively worse. Her pain worsens with prolonged standing or walking and is especially painful during work hours. She also complains of pain/numbness that extends into her right posterior thigh. The screening examination revealed the ability to heel and toe walk. She demonstrates full lumbar range of motion with pain at end of range lumbar flexion and extension. Straight-leg raise test is limited to 80 degrees bilaterally with a firm muscular end-feel. Manual muscle tests reveal 5/5 strength in all musculature of the lower extremities. Sensation was impaired to light touch over the dorsal surface of the right foot, including the first web space. Muscle stretch reflexes were 2+ at the knees and ankles bilaterally.

From the information provided in the scenario above, the patient's *neurologic symptoms* are **most likely** associated with which of the following?

- a) L4 radiculopathy
- b) Sciatic nerve compression
- c) Femoral nerve compression
- d) Obturator nerve compression

5. Physical therapists specializing in women's health should have knowledge of medical conditions affecting the pregnant patient's/client's ability to participate in an exercise program. Women showing signs and symptoms of various conditions should be referred to appropriate health care providers for necessary medical evaluation and intervention.

As this patient progresses, she expresses a desire to return to participation in regular fitness classes. She is now 29 weeks pregnant and has been diagnosed with placenta previa. Which of the following is the most appropriate action by the women's health clinical specialist?

- a) Continue exercise; monitor vitals closely
- b) Continue exercise; avoid positions in which the hips are above the head
- c) Discontinue resistive exercise, but continue aerobic conditioning
- d) Discontinue all exercise until after delivery

6. The pregnant patient with low back pain asks the women's health clinical specialist about the difference in outcomes when performing stabilization activities alone or in combination with the use of a lumbar corset. Which of the following levels of evidence should the women's health clinical specialist offer as the greatest strength regarding the value of the use of a lumbar corset on outcome?

- a) Clinical experience
- b) Randomized clinical trials
- c) Observational studies
- d) Case studies

### ***Case Scenario 3***

A 42-year-old African American woman was diagnosed 6 months ago with Stage IIIA invasive ductal breast cancer of the left breast. Due to extensive family history of breast cancer and evidence of ipsilateral axillary lymph node involvement following a sentinel lymph node biopsy, the patient elected to have a bilateral radical mastectomy with oophorectomy and a Level III axillary lymph node dissection on the left 4 months ago. The pathology report revealed that the tumor was positive for the estrogen and progesterone receptors but was negative for the HER-2/neu proto-oncogene receptor. She tested positive for mutation in the BRCA-1 gene. She just completed her first course of chemotherapy (8 treatments), which had been delivered every 2 weeks for 4 months. She is scheduled to start tamoxifen treatment in a few weeks. She did not receive radiation treatment.

She is referred to outpatient physical therapy due to recent onset of significant swelling in the left upper extremity and complaints of left shoulder pain, left upper extremity heaviness, and discomfort when wearing her rings or her watch on her left side.

Prior to her diagnosis of breast cancer, her past medical history was unremarkable except for delivery of 2 children ages 4 and 7 and her strong family history of breast cancer. She

is currently self-employed as an interior designer and lives with her husband and their children. She has recently attempted to return to work but has been limited by fatigue, pain, and limited function in her left UE. She is right-handed but uses her left UE extensively when sewing, carrying fabric, hanging draperies, measuring windows, etc.

7. During the course of treatment, the patient reports new onset of low back pain. She denies any particular incident or injury. She describes the pain is coming on mostly at night. It wakes her from a deep sleep, and she is unable to find a position of comfort to relieve it. She describes it as a dull ache. Physical examination reveals a normal lordotic curve, full pain-free lumbar range of motion, mild hamstring restriction, 2+ muscle stretch reflexes at the knee and ankle, 5/5 strength, and intact sensation in the lower extremities. She denies tenderness to palpation in the lumbar musculature but does have some mild tenderness over the spinous processes at L3 and L4. What should the physical therapist's next step be?

- a) Add hamstring stretching exercises to the current intervention plan
- b) Instruct the patient in use of heat and ice for pain relief
- c) Instruct the patient in modification of sleeping position
- d) Refer the patient to a physician for further evaluation

8. This patient has completed a 6-week program of physical therapy and has achieved all of the functional goals established. Prior to discharge, the physical therapist would like to provide the patient education regarding general wellness/health promotion. Of the following, which is the *most important* consideration for this patient?

- a) Maintenance of healthy weight (BMI 18.5-24.9)
- b) General flexibility exercises
- c) Risk factors for cardiac disease
- d) Lifestyle modifications to manage fatigue

4. b  
3. b  
2. d  
1. d  
8. d  
7. D  
6. b  
5. d

Answer Key

# 12. Minimum Eligibility Requirements

## 12.1 General Requirements

Applicants must hold a current license to practice physical therapy in the United States or any of its possessions or territories. In addition, applicants are required to pay the application review fee.

Applicants must meet the minimum eligibility requirements for the 2010 examination by the application deadline of July 31, 2009.

Applicants must submit a complete application and review fee for each specialist certification examination. The ABPTS does not permit applicants to use the same direct patient care hours for different specialty areas.

## 12.2 Other Requirements to Sit for the Women's Health Specialty Examination

Applicants must meet requirements for Option A or Option B.

### Option A

Applicants must submit evidence of 2,000 hours of direct patient care in the specialty area within the last ten (10) years, 25% (500) of which must have occurred within the last three (3) years. Direct patient care must include activities in each of the elements of patient/client management applicable to the specialty area and included in the *Description of Specialty Practice* (DSP). These elements, as defined by the *Guide to Physical Therapist Practice*, are examination, evaluation, diagnosis, prognosis, and intervention.

Applicants must also submit one (1) case reflection demonstrating specialty practice in women's health. This case reflection must be based on a patient/client seen within the last three (3) years.

### Option B

Applicants must submit evidence of successful completion of an APTA-credentialed post professional clinical residency in women's health physical therapy that has a curriculum plan reflective of the *Description of Specialty Practice: Women's Health Physical Therapy* (DSP). Experience from residencies in which the curriculum plan reflects only a portion of the DSP will not be considered.

Applicants applying under Option B must also submit one case reflection demonstrating specialty practice in women's health. This case reflection must be based on a patient/client seen within the last three (3) years.

Applicants who are currently enrolled in APTA-credentialed clinical residencies may apply for the specialist certification examination in the appropriate specialty area prior to completion of the clinical residency. These applicants will be conditionally approved to sit for the examination, as long as they meet all other eligibility requirements, pending submission of evidence of successful completion of the APTA-credentialed clinical residency to APTA's Post Graduate Certification Department, no later than one month before the examination window opens. The deadline for submitting this evidence is January 21, 2010 for the 2010 examination.



11. Employment

Type of Facility in Which You Practice Most Often:

- (1) Acute care hospital
- (2) Sub-acute rehab hospital
- (3) Health system or hospital based outpatient facility or clinic
- (4) Private outpatient office or group practice
- (5) SNF/ECF/ICF
- (6) Patient's home/
- (7) School System (preschool/primary/secondary)
- (8) Academic Institution (post-secondary)
- (9) Health
- (10) Research Center
- (11) Industry Home care
- (99) Other \_\_\_\_\_

12. Are you active military?

- Yes  No

13. Are you an owner of/partner in a PT practice?

- Yes  No

14. Which of the following best describes your current primary position?

- (1) Sole owner of physical therapy practice or business
- (2) Supervisor/Director of PT
- (3) Senior PT
- (4) Partner in physical therapy practice or business
- (5) Academic administrator or director of PT/PTA education program
- (6) Academic faculty member
- (7) Staff PT
- (9) Researcher
- (10) Consultant
- (99) Other

15. Position Title: \_\_\_\_\_

16. Employment Status:

- (1) Full-time salaried
- (2) Part-time salaried
- (3) Full-time self employed
- (4) Part-time self employed
- (5) Retired
- (6) Not working, not seeking work
- (7) Not working, seeking full-time employment
- (8) Not working, seeking part-time employment

17. Entry Level Physical Therapy Education:

- (1) Baccalaureate  (3) Master's
- (2) Postbaccalaureate certificate  (4) Doctorate in PT
- (99) Other

Graduation Date (Month/Year) \_\_\_\_\_

Name of Institution \_\_\_\_\_

Degree Title (include area of concentration) \_\_\_\_\_

Degree Initials: \_\_\_\_\_

18a. Highest Earned Academic Degree:

- (2) Baccalaureate  (5) Other Doctoral degree
- (3) Master's  (99) Other
- (4) Doctorate in PT

18b.  This is the same as my entry level PT degree

Graduation Date (Month/Year) \_\_\_\_\_

Name of Institution \_\_\_\_\_

Degree title (include area of concentration) \_\_\_\_\_

Degree Initials \_\_\_\_\_

19. Foreign Education: \_\_\_\_\_

Degree Title (include area of concentration) \_\_\_\_\_

Degree Initials \_\_\_\_\_

Graduation Date \_\_\_\_\_

Name and Location of Institution \_\_\_\_\_

Have your credentials been evaluated and determined to be equivalent to professional physical therapy education in the United States?

- Yes Name of Organization \_\_\_\_\_
- No

**(Option B Applicants Must Complete Question 20)**

20. Post-professional Clinical Residency Program:

Name of Facility \_\_\_\_\_

Residency Program Title \_\_\_\_\_

Area of Clinical Residency \_\_\_\_\_

Date Residency Completed (Month/Year) \_\_\_\_\_

Length of Residency (months) \_\_\_\_\_

Total Residency Hours \_\_\_\_\_

APTA Approved?  Yes  No

21. Number of Years as a Practicing Physical Therapist \_\_\_\_\_

22. Number of Years Practicing in Specialty Area \_\_\_\_\_

23. Participation in Study Group

The APTA Post Graduate Certification Department will send all applicants who check the box above the names, addresses, telephone numbers and e-mail address of other applicants for the purpose of forming study groups in their geographic region by November 16, 2009.

## 13.1 Application for the 2010 Specialist Certification Examinations

### 24. Affidavit & Pledge of Confidentiality

- I hereby affirm that I have not participated in the development of the Physical Therapy Specialist Certification Examination as a member of the Specialization Academy of Content Experts, Committee of Content Experts, cut score panel, or Specialty Council during the last two years.
- I hereby affirm that I have completed all application documents accurately and truthfully.
- I further understand that any incorrect information or omission of information may result in my not sitting for the examination.
- I further understand and agree that examination fees may be refundable only in accordance with conditions described in this Applicant Information Booklet.
- I further understand that this Certification is valid for a period of ten (10) years, whereupon recertification is required by the American Board of Physical Therapy Specialties.
- I hereby affirm that I have not received any specific information about the content of the specialist certification examination, nor will I provide any specific information about this examination after its completion.
- I hereby affirm that I will not reveal the identity of candidates for the specialist certification exam.
- I understand that upon notification of receipt of board certification, my name and identifying information will be included in the *Directory of Certified Clinical Specialists in Physical Therapy*.
- I hereby affirm that I have read all the instructions in the 2010 Information & Application Booklet.

Legal Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Notary Public \_\_\_\_\_

SEAL:

## 13.2. Physical Therapy License Verification

To be eligible to sit for a specialist certification examination, you must submit evidence of licensure to practice physical therapy in the United States or any of its possessions or territories. If you are licensed in multiple states, we require you to submit only one license verification.

**There are two ways to submit evidence of licensure.**

### 1. Submit Print Copy of On-line License Verification

If your state provides on-line verification of licensure, you must submit a copy of the on-line verification of licensure printed from the website of your state board of physical therapy with your application for the specialist certification examination. **Please ensure that your name, state, license number, and expiration date** and if your license is in good standing are printed on the on-line verification page. You may have to advance another page to obtain all required information. Please note, a copy of your license is not acceptable.

The Federation of State Boards (FSBPT) website ([www.fsbpt.org](http://www.fsbpt.org)) has an on-line directory of the state licensing agencies where you can verify your license.

### 2. Contact State Licensing Agency

Applicants who live in states that do not have on-line access of verification of physical therapy licensure should send a letter to their state board of physical therapy requesting that the licensing agency send verification of current licensure to practice physical therapy directly to the Post Graduate Certification Department. The Federation of State Boards website ([www.fsbpt.org](http://www.fsbpt.org)) has contact information for each state licensing agency.

We suggest that you use the sample format shown below. Please include a copy of your request letter with your submitted application. Please be aware that some states charge a fee to prepare license verification letters.

<h3>Sample Letter</h3>
Dear _____:
The American Board of Physical Therapy Specialties requires verification of current state licensure to be eligible for clinical specialist certification in physical therapy. Please send written verification of my current license in good standing to the following address:
Post Graduate Certification Department Attention: License Verification American Physical Therapy Association 1111 North Fairfax Street Alexandria, Virginia 22314-1488
Name: _____
License Number: _____
Address: _____ _____
DT Phone: _____
Thank you in advance for your assistance.
Sincerely,

## 13.3. Instructions for Completion of Description of Physical Therapy Experience Form

Applicants for all specialty areas must complete the Description of Physical Therapy Experience form on pg. 21. The form should be used to describe your physical therapy practice to document that you meet the practice requirements in the specialty area.

A separate form should be used for:

1) each **facility** in which you have accumulated experience as a physical therapist to be counted toward the minimum eligibility requirement and

2) each **position** in which you have accumulated experience to be counted toward the minimum eligibility requirement. This form may be photocopied. A completed sample of the Description of Physical Therapy Experience form can be found on pg. 20.

All specialty councils require recency of direct patient care experience. Please consult the Minimum Eligibility Requirements to determine whether, in addition to

meeting the total required practice hours, your experience is recent enough to qualify. After completing this form(s) you must complete the Summary Chart on pg. 27 that will provide the total and recency of direct patient care hours accumulated from the facilities at which you have been employed.

***Applicants may not include experience in the specialty area that will occur after the application deadline, July 31, 2009.***

To obtain a complete picture of the practice experiences of those who apply for specialist certification examinations, applicants are to include information from all facilities where they have practiced in the last ten years. The Summary Chart would include the hours of general physical therapy practice, clinical practice in the specialty, and direct patient care in the specialty that have been accumulated since August 1999.

If your position includes working within more than one specialty area, you are responsible for estimating the total amount of time spent solely in the specialty area of application.

***Should you choose to apply for certification in a second specialty area at a later date, you will not be permitted to submit the same documentation of direct patient care hours as you submitted for this application.***

### 13.3. Sample Description of Physical Therapy Experience Form

You are required to submit one copy of this form per facility listed on the Summary Chart of Physical Therapy Experience. Please make additional copies of this form as needed.

A. Name, address, and phone number of facility

Total Care, Inc.  
123 West Street  
Alexandria, VA 22314

B. Type of practice setting (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> (1) Acute care hospital   | <input type="checkbox"/> (7) School System (preschool/primary/secondary) |
| <input type="checkbox"/> (2) Sub-acute rehab hospital                                      | <input type="checkbox"/> (8) Academic Institution (post-secondary)       |
| <input type="checkbox"/> (3) Health system or hospital based outpatient facility or clinic | <input type="checkbox"/> (9) Health and Wellness Facility                |
| <input checked="" type="checkbox"/> (4) Private outpatient office or group practice        | <input type="checkbox"/> (10) Research Center                            |
| <input type="checkbox"/> (5) SNF/ECF/ICF   | <input type="checkbox"/> (11) Industry                                   |
| <input type="checkbox"/> (6) Patient's Home/Home care                                      | <input type="checkbox"/> (99) Other _____                                |

C. Position title and brief job description of job duties

Physical Therapist and part-owner. Provide care for patients with orthopaedic disorders. Supervise staff of five and responsible for administrative duties related to private practice.

D. Name and title of immediate supervisor (Answer "None" if self-employed)

None

E. Dates of employment (Month/Year)

1/99 to present

F. List the five most common types of disorders evaluated and treated (eg, high-risk infants, spinal cord injury, cervical and lumbar pathology, patellofemoral dysfunction, carpal tunnel syndrome).

1. lumbar pathology
2. cervical pathology
3. knee joint pathologies
4. adhesive capsulitis, shoulder
5. rotator cuff injuries

You are required to submit one copy of this form per facility listed on the Summary Chart of Physical Therapy Experience on page 27. Please make additional copies of this form as needed.

## 13.3. Description of Physical Therapy Experience Form

A. Name, address, and phone number of facility

B. Type of practice setting (check all that apply)

Acute care hospital (1)

School System (preschool/primary/secondary) (7)

Sub-acute rehab hospital (2)

Academic Institution (post-secondary) (8)

Health system or hospital based outpatient facility or clinic (3)

Health and Wellness Facility (9)

Private outpatient office or group practice (4)

Research Center (10)

SNF/ECF/ICF (5)

Industry (11)

Patient's Home/Home care (6)

Other (99) \_\_\_\_\_

C. Position title and brief job description of job duties

D. Name and title of immediate supervisor (answer "None" if self-employed)

E. Dates of employment (Month/Year)

\_\_\_\_\_ to \_\_\_\_\_

F. List the five most common types of disorders evaluated and treated (eg, high-risk infants, spinal cord injury, cervical and lumbar pathology, patellofemoral dysfunction, carpal tunnel syndrome).

1.

2.

3.

4.

5.

## 13.4. Instructions for Completion of Summary Chart of Physical Therapy Experience

### Column 1: Year

- Do not record employment prior to 1999.
- List positions in chronological order, beginning with your most recent position.
- List only 1 year per row.
- List only 1 facility per row, even if you work at more than 1 facility in a year.

### Column 2: Facility Name

### Column 3: Number of Weeks

- Record the actual number of weeks worked per year at a facility.
- Deduct leaves of absence, extended sick leave, and vacations (if they are 1 week or longer) from the total number of weeks per year.

### Column 4: Hours per Week

- A typical work week equals 40 hours. A typical work year equals 50 weeks.
- Record the actual number of hours per week. If your weekly hours vary, record the average number of hours worked per week.
- Applicants who record that they work significantly more than 40 hours per week may be asked to submit additional documentation to verify these hours.

### Column 5: Total Hours (General Physical Therapy Practice)

- Total hours include any aspect of physical therapy practice (after successful completion of professional physical therapy education). These hours do not have to be in the specialty area.
- To compute the total number of hours for a row, multiply Columns 3 and 4.  
**Example: 28 weeks x 40 hours per week = 1,120 total hours.**

### Column 6: Percentage of Clinical Practice Hours in Specialty

- Clinical practice includes any aspect of physical therapy practice in the specialty area. Examples include patient care, teaching, research, administration, and consultation.
- Clinical practice in the specialty area is a subset of general physical therapy practice.
- Estimate the percentage of your total hours spent in clinical practice.

### Column 7: Total Clinical Practice Hours in Specialty

- To compute the total number of clinical practice hours for a row, multiply Column 5 by Column 6  
**Example: 1,120 total hours x .80 (80% clinical practice) = 896**

### Column 8: Percentage of Direct Patient Care Hours in Specialty

- Direct patient care must include activities in each of the elements of patient/client management applicable to the specialty area and included in the *Description of Specialty Practice* (DSP). These elements, as defined by the *Guide to Physical Therapist Practice*, are examination, evaluation, diagnosis, prognosis, and intervention.
- Direct patient care in the specialty area is a subset of clinical practice in the specialty area.
- Estimate the percentage of your clinical practice time in the specialty area that you spend in direct patient care.

### Column 9: Total Direct Patient Care Hours in Specialty

- To compute the total number of direct patient care hours for a row, multiply Column 7 by Column 8.  
**Example: 896 total hours x .75 (75% direct patient care in specialty) = 672**

### Column 10: Cumulative Total of Direct Patient Care Hours in Specialty

- Calculate a cumulative total of hours by adding the previous total in column 9 to each entry.  
**Example: 672 total hours + 274 hours = 946 hours; 946 hours + 500 hours = 1,446 hours etc.**

### Column Totals

After you have completed each row of the chart, add up columns 5, 7, and 9 and put totals in the last row of your chart.

### Original Documentation

Applicants are not required to submit original documentation with their application to verify employment history. However, the specialty councils conduct random audits of applications. Applicants should be prepared to submit original documentation to verify their practice experience (eg, written verification from supervisors, time records, W-2 forms.)

## 13.4. Frequently Asked Questions

### What Activities Constitute Direct Patient Care?

Applicants for specialization certification in physical therapy and applicants for re-certification frequently ask questions related to the activities that they may include in calculating their “direct patient care” hours. Because each situation is different, there is no specific list of activities that may always be included or excluded as direct patient care. However, a guiding principle to consider for defining direct patient care is: the activities that a therapist participates in that have a direct influence on the care of a specific patient or client.

Following, are some frequently asked questions and answers regarding direct patient care hours.

**1. We have weekly multi-disciplinary team meetings during which we discuss the patients on our unit. Sometimes the patient and family are present and sometimes they are not present. May I count these as direct patient care?**

**Yes**, these hours, because you discuss the specific needs of one or more specific patients, may be included in direct patient care hours.

**2. I spend a fair amount of time putting together home exercise programs for my patients. May I count these as direct patient care?**

**Yes**, the time you spend preparing a home exercise program for a specific patient is direct patient care time.

**3. I updated all of the home exercise files in our department. I drew new pictures and re-typed all of the instructions. May I count these as direct patient care?**

**No**, the time spent doing this project would not be direct patient care because there is no direct influence on a specific patient.

**4. May I count the hours I spend reviewing the medical record before I see a patient?**

**Yes**. Reviewing the medical record is part of taking care of a specific patient and is included as direct patient care.

**5. I supervise 5 physical therapists. In preparation for completing the staff performance appraisals, I review the records of the patients they have treated and discharged from physical therapy. May I count this time as direct patient care?**

**No**. The purpose of this type of record review is to gather information about staff performance. Because the patients are discharged, there is no opportunity to directly influence the care of a specific patient.

**6. I'm a senior therapist, and I review all of the physical therapy documentation in the records of all of the patients on our unit. May I count this time as direct patient care?**

**Yes**, because these patients are under the current care of the physical therapists in your department, you could have an influence on the care of any specific patient. This time might also be considered consultative or administration time, but be careful. If you count the hours as direct patient care, you cannot also count them in another category, such as administration.

**7. May I count the time I spend teaching a family how to help a patient with car transfers or with performing the home exercise program?**

**Yes**. The activity you describe is care directly related to a specific patient and may be included as direct patient care.

**8. We offer a support group for family members of patients with rheumatoid arthritis. We go over information about the disease process, joint protection, energy conservation, and things family members can do to assist the person with RA. Does this count as direct patient care?**

**No.** In this situation, the information is general and does not relate to a specific patient.

**9. Once a year, we screen all of the participants in a community senior center for risk of falls. Does this count as direct patient care?**

**Yes.** Because you are specifically screening each participant, these hours would be considered direct patient care.

**10. A local nursing home asked me to review their procedures and identify things they could do to decrease their number of patient falls. May I count this time as direct patient care?**

**No.** This activity is different from client screening. In this activity you are looking at global issues that affect many individuals rather than directly affecting the care of a specific individual.

**11. My office is in a local fitness center, and I screen all of their new clients over the age of 65 for movement related faults in order to prevent injury when they start exercising. I do this in exchange for reduction in my rent, so there's no fee to the client. Does this time count as direct patient care?**

**Yes.** In this situation, you are providing a service to a specific person with a specific need.

**12. I'm involved in a research project with subjects with total hip replacements. I either provide one-on-one gait training using a partial body weight support system or I meet with the subjects in groups of 4 to discuss fall prevention strategies at home. May I count this time as direct patient care?**

**Yes.** In both the one-on-one gait training and the discussion of fall prevention in the small group, you have the opportunity to tailor one or more aspects of your intervention for any of those individuals. Even if your partial body weight support protocol is very rigid, you are still assessing how the subject is responding to the intervention and making judgments about each subject's safety.

**13. The research project that I'm involved with requires that I examine all of the patients in a post-operative knee clinic. Someone else screens the patients to insure that they can tolerate my examination. I then complete the same 5 tests on all patients and enter my results into the research database. Does this count as direct patient care?**

**No.** Even though you are interacting with individual patients, their care is not directly influenced by your interaction.

**14. As part of a class I teach, I work with a group of students to evaluate and treat a pediatric patient in a nearby clinic. Does this time count as direct patient care?**

**Yes.** The activity you describe involves several aspects of the patient/client management model and has a direct influence on a specific person. This activity could also be counted under clinical supervision. You can decide to which category you would like to assign these hours.

**15. Each year, I ask a local resident who has bilateral lower limb amputations to come to my class on prosthetics and talk to the students about his experiences with PT, how he functions, etc. He demonstrates how he performs aspects of his daily routine for the students and lets them examine him and ask questions. Does this time count as direct patient care?**

**No.** In the situation you describe, the person with the lower limb amputations is serving as one of the teachers and does not appear to be personally benefiting from any direct care that you are providing

**16. I teach an exercise class of aerobics, strengthening, and balance activity to a group of 12-15 children with mental retardation. May I count this time as direct patient care?**

**Maybe.** In this situation, it is important to apply the guiding principle. It is possible to imagine the first interaction you would have with a group this size would provide an opportunity to screen the class members to determine the feasibility of their exercise participation. This would be considered direct patient care. Once the class is running, however, the opportunity for direct influence on specific participants in a group this size is quite limited and would not be considered direct patient care.

**17. While our students are on clinical affiliations, they send me a written case of a patient they are currently treating. I provide feedback on their examination, evaluation, and interventions and return the case to the students while they are still on their affiliation. They discuss my feedback with their clinical instructor and implement changes as needed. Does this time count as direct patient care?**

**Yes.** Because the feedback you are providing may have direct influence on a specific patient, the time you spend completing this activity may be considered direct patient care. A paper review of cases after the student is finished with the clinical would not be direct patient care.

**18. I provide acute care and injury management for athletes in venues where athletes practice and compete. May I count this time as direct patient care?**

**Yes,** provided that you are identified as a person whose responsibilities include the examination and/or provision of care for athletes at the event or practice. You may include pre and post-event time as long as you are still responsible for the examination and/or care of the athletes at the event or practice. You may NOT include “on-call time”, travel time, or time that you are not “on-site.”

## 13.4. Sample Summary Chart of Physical Therapy Experience

**List only one year per row, even if you have worked for several years at the same facility. If you have had several jobs in the same year, please list each facility separately.**

1	2	3	4	5	6	7	8	9	10
	Facility Name	Number of Weeks	Hours Per Week	Total Hours	% Clinical Practice in Specialty	Total Clinical Practice Hours in Specialty	% Direct Patient Care in Specialty	Total Direct Patient Care Hours	Cumulative Total Direct Patient Care Hours
2009	P.T. Inc	28	40	1,120	80%	896	75%	672	672
2008	P.T. Inc	9	40	360	80%	288	95%	274	946
2007	County Hospital	25	20	500	100%	500	100%	500	1,446
2006	Rehab Group	16	35	560	50%	280	100%	280	1,726
2005	Memorial Hospital	50	40	2,000	60%	1,200	90%	1,080	2,806
2004	Memorial Hospital	50	40	2,000	60%	1,200	90%	1,080	3,886
2003	Memorial Hospital	50	25	1,250	50%	625	75%	469	4,355
2002	Total Care Inc	50	40	2,000	50%	1,000	90%	900	5,255
2001	Total Care Inc	50	40	2,000	50%	1,000	90%	900	6,155
2000	Total Care Inc	50	40	2,000	50%	1,000	90%	900	7,055
<b>Total</b>				13,790		7,989			7,055



# Did you complete your forms correctly?

Incomplete or incorrectly filled out forms delay application review significantly. Please double check the following information.

## **Description of Physical Therapy Experience**

- Did you complete each section?
- Did you complete a form for each facility you listed on your Summary Chart?

## **Summary Chart of Physical Therapy Experience**

- Did you list only one year per row?
- Did you list only one facility per row?
- Did you start with your most recent experience on the first row of the chart?
- Did you list total hours and direct patient care hours for each row?
- Did you deduct sick leave or vacation of one week or longer from your total number of weeks?
- Did you double check your mathematical calculations?
- Did you total columns 5 and 7?
- Did you verify that your total documented hours meets the Minimum Eligibility Requirements (pg. 14) for your specialty area?
- Did you submit your care reflection?
- Did you verify that your hours meet the recency requirement in your specialty area?

***Remember that if you plan to apply in a second specialty area, you cannot use the same direct patient care experience for two specialist certification examinations.***

## 13.5. Instructions for Preparing a Case Reflection

**Purpose:** The purpose of the clinical case reflection is to document competency in patient/client management in the specialty area. Patient management in a clinical case reveals clinical reasoning skills that are essential to demonstrating competency in the women’s health physical therapy specialty area.

**Guidelines for case selection:** Patient/client management has five elements – examination, evaluation, diagnosis, prognosis, and intervention – which lead to optimal outcomes of care. Please select a **typical** case in your practice where you can provide evidence that demonstrates your competency in all five elements. *The case should provide a clear picture of how the women’s health specialist provided care that is beyond that of an entry level practitioner.* ABPTS may audit your submitted case reflection to verify its authenticity.

**Material/ information to include:** (See attached sample case reflection)

- The document you submit should be able to be read in no more than ten minutes.
- You should begin the document with your rationale for selecting the case.
- Each case must include relevant clinical information, which may be presented using tables, graphs, bullet-points, etc.
- The information presented can be descriptive or actual documentation with identifying information removed.
- Provide a written description of your clinical reasoning based on a synthesis of information and what is known in the literature, i.e. discuss why certain tests/measures or interventions were selected based on the literature and appropriateness for the patient
- Provide relevant citations from the literature to support your clinical decision making. The case reviewer will consider the relevance of these references when evaluating the case reflection.

The case should indicate contemporary, specialist practice as depicted in the *Description of Specialty Practice for Women’s Health Physical Therapy*. An individual evaluating your competency should be able to rate your performance from reading your case using the scoring rubric described below.

**Scoring Rubric:** After review of the case reflection, the rater will decide if it has met competency as specified by the scoring rubric. Your submitted case must meet competency for approval at this step of initial certification. Competency is defined as obtaining a score of “Pass” for the screening criteria.

### **Process for Submission of a Clinical Case Reflection:**

1. A case must be submitted along with the application to sit for the Women's Health Specialty Examination.
2. The candidate must sign a notarized attestation indicating that the report reflects what actually was done for the patient and does not represent an embellishment of the case.
3. A case will be evaluated within 3 months of submission.
4. A case that does not meet the screening criteria will be returned with an explanation.
5. A case not rated as competent will be returned with the rater's comments.
6. If this case is rated as not meeting the screening criteria or competent, it can be replaced with another case, but only once.
7. Each case will be reviewed by two trained raters in the specialty area. Disagreements between two raters will be referred to a third, trained rater.
8. A candidate whose case is not rated as competent may submit a written request to the American Board of Physical Therapy Specialties (ABPTS) for reconsideration per existing ABPTS policy and procedures for reconsideration requests.

### **Compliance with HIPPA Privacy Rule:**

Please note that, in order to be in compliance with the HIPPA Privacy Rule, the case reflection and any documentation you submit must conform to either Option 1 or Option 2 below:

1. De-identify the patient information in the case reflection and documentation per the HIPAA Privacy Rule, which defines 18 specific items that must be removed to release patient information without patient authorization. The list of these 18 items can be found under Option 2 below.
2. Obtain written authorization from the patient. A template of a form to be used for this purpose is located on page 33. This written authorization does NOT need to be obtained if patient information in the case reflection and documentation is de-identified per the instructions in Option 1 above.

HIPPA Privacy Rule defines 18 specific items that must be removed to release patient information without patient authorization or approval from the Research Privacy Board. These 18 items are:

1. Names.
2. All geographic subdivisions smaller than a state, including street address, city, county, precinct, ZIP Code, and their equivalent geographical codes, except for the initial three digits of a ZIP Code if, according to the current publicly available data from the Bureau of the Census:
  - a. The geographic unit formed by combining all ZIP Codes with the same three initial digits contains more than 20,000 people.
  - b. The initial three digits of a ZIP Code for all such geographic units containing 20,000 or fewer people are changed to 000.
3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older.

4. Telephone numbers.
5. Facsimile numbers.
6. Electronic mail addresses.
7. Social security numbers.
8. Medical record numbers.
9. Health plan beneficiary numbers.
10. Account numbers.
11. Certificate/license numbers.
12. Vehicle identifiers and serial numbers, including license plate numbers.
13. Device identifiers and serial numbers.
14. Web universal resource locators (URLs).
15. Internet protocol (IP) address numbers.
16. Biometric identifiers, including fingerprints and voiceprints.
17. Full-face photographic images and any comparable images.
18. Any other unique identifying number, characteristic, or code, unless otherwise permitted by the Privacy Rule for re-identification.

## GLOSSARY

**Description of Specialty Practice (DSP).** This document is based on a practice analysis, which is a systematic study of professional practice behaviors and content knowledge of specialty practice. The purpose of the practice analysis is to collect data that will describe what specialist practitioners do, and what skills and knowledge bases enable them to perform specialty practice. These data are used to describe specialty practice. The DSP defines the content area for the clinical specialist certification examination in the specialty area.

**Guide to Physical Therapist Practice:** This reference describes physical therapist practice in general, using the disablement model as the basis; describes the various roles of physical therapists and the setting in which they practice; standardizes physical therapy terminology; delineates tests and measures and the interventions that are used in physical therapist practice; and provides preferred practice patterns to assist in (a) improving quality of care, (b) enhancing positive outcomes of physical therapy services, (c) enhancing patient/client satisfaction, (d) promoting appropriate utilization of health care services, (e) increasing efficiency and reduce unwarranted variation in the provision of services, and (f) diminishing economic burden of disablement through prevention and the promotion of health, wellness, and fitness initiatives.

Part One of the Guide - A Description of Patient/Client Management: Describes the process of patient/client management including the following five elements:

Examination - A comprehensive screening and specific testing process leading to diagnostic classification or, as appropriate, to referral to another practitioner. The examination has three components: the patient/client history, the systems review, and tests and measures.

Evaluation - A dynamic process in which the physical therapist makes clinical judgment based on data gathered during the examination.

Diagnosis – Diagnosis is both a process and a label. The diagnostic process includes integrating and evaluating the data that are obtained during the examination to describe the patient/client condition in terms that will guide the prognosis, the plan of care, and intervention strategies. Physical therapists use diagnostic labels that identify the impact of a condition on function at the level of the system (especially the movement system) and at the level of the whole person.

Prognosis – The determination of the predicted optimal level of improvement in function and the amount of time needed to reach that level.

Intervention – The purposeful interaction of the physical therapist with the patient/client and, when appropriate, with other individuals involved in patient/client care, using various physical therapy procedures and techniques to produce changes in the condition.

**Authorization to Disclose Protected Health Information**

Patient Name: \_\_\_\_\_

Description of information to be used or disclosed: \_\_\_\_\_  
\_\_\_\_\_

Purpose or purposes of disclosure: \_\_\_\_\_  
\_\_\_\_\_

Persons authorized to use or disclose information: \_\_\_\_\_  
\_\_\_\_\_

Persons to whom information may be disclosed: \_\_\_\_\_  
\_\_\_\_\_

Expiration date or expiration event: \_\_\_\_\_

**Right to terminate or revoke authorization**

This authorization may be revoked, or terminated, by submitting a written revocation to (name) at (clinic name).

**Potential for Redisclosure**

Information disclosed pursuant to this authorization is subject to redisclosure by the recipient, and may no longer be protected.

**Your Rights**

You have the right to receive a copy of this authorization and to be told the purpose and to whom the protected health information is being disclosed.

**Refusing Authorization**

If you refuse to sign this authorization, you may not be denied appropriate treatment by this facility.

\_\_\_\_\_  
Printed name of patient

\_\_\_\_\_  
Signature of patient or patient representative

\_\_\_\_\_  
Date

## 13.6. CASE REFLECTION SCORING RUBRIC

Criteria		Pass	
Case Rationale		Yes	No
	<p>The case represents specialist practice.</p> <p>The applicant presented a rationale for the case, e.g., diagnosis within those seen most often by a women's health practitioner or whose treatment is different than that for a man, co-morbidities, presence of "red flags".</p> <p>The applicant provided insight regarding his/her perspective of specialist practice.</p>		
	<p><b>For each element noted below, the applicant must provide commentary clarifying the decision making process.</b></p> <p><b>Explain the basis on which the case was approached. How was the case handled? What decisions were made? Why? How did information, change, and/or progress inform decisions? A reader should have a clear idea about the applicant's thinking process.</b></p>		
Examination		Yes	No
	<p><b>Applicant must describe decision making and rationale for the following:</b></p> <p>The history, systems review (risk factor assessment), and tests and measures demonstrate appropriate <b>rationale</b> supported by current practice/literature allowing for measurement of outcomes, diagnostic classification, and/or, as appropriate, a referral to or collaboration with another practitioner(s)</p> <p>The applicant's clinical reasoning reflects an organizational approach that considers development of hypotheses in the categories of activity capability/restriction, patient's perspective on their experience, patho-biological mechanisms, impairments, and source of the symptoms, contributing factors, precautions and contraindications.</p> <p>The applicant provided rationale for decisions including relevant citations</p> <p><b>Tests and Measures:</b> The applicant provides a rationale for the tests/measures that describes the necessity to (1) confirm or reject a hypothesis about the factors that contribute to making the current level of patient/client function less than optimal and (2) support the physical therapist's clinical judgments about appropriate interventions, anticipated goals, and expected outcomes.</p> <p>Provides commentary on reliability, validity, specificity, sensitivity, likelihood ratios as available of tests and measures when appropriate</p> <p>With the information from the three elements of the examination (history, systems review, test and measures) the applicant provided his/her reasoning for decisions regarding patient management. The applicant shared what he/she was thinking, what guided his/her decisions and how he/she made plans for the patient's management at this point.</p>		

<b>Evaluation/Diagnosis</b>		<b>Yes</b>	<b>No</b>
<p><b>Applicant must describe decision making and rationale for the following:</b>  The evaluation/diagnosis demonstrates the synthesis of all the examination findings from the history, systems review, and tests and measures and applies a differential diagnosis process to establish the diagnosis, prognosis, and plan of care as supported by current practice/literature.</p> <p>Reflection is provided including supporting evidence regarding the principal hypothesis of the nature of the onset or diagnosis (e.g., is it consistent with a particular syndrome, practice pattern per the Guide, structures at fault or suggest a dominant pain mechanism?), extent of impairment, functional limitations and associated tissue damage/change. The applicant provides insight into</p>			
<b>Prognosis/Plan of Care</b>		<b>Yes</b>	<b>No</b>
<p><b>Applicant must describe decision making and rationale for the following:</b>  The prognosis includes a predicted optimal level of improvement in function and the amount of time needed to reach that level</p> <p>The applicant reflects on favorable and unfavorable prognostic indicators and identifies appropriate prognosis for this patient. The prognosis is based on the literature, understanding of the nature of the disorder (e.g. inflammatory, degree of irritability, worsening, and other indicators of the need for caution), the patho-biological mechanisms, the patient's perceptions (i.e. cognitive/affective status) and possible contributing factors.</p> <p>The plan of care demonstrates the use of interventions to produce changes in the condition that are consistent with the diagnosis/prognosis.</p>			
<b>Intervention</b>		<b>Yes</b>	<b>No</b>
<p><b>Applicant must describe decision making and rationale for the following:</b>  The timing and progression of interventions were designed to maximize the patient's/client's recovery.</p> <p>The interventions were relevant to functional outcomes as supported by current practice/literature</p> <p>Monitoring or reexamination of the patient's/client's responses/progress toward achieving the anticipated goals and expected outcomes was adequately documented.</p> <p>Evidence is presented demonstrating that risk factors and health promotion were addressed</p>			
<b>Post-Case Reflections</b>		<b>Yes</b>	<b>No</b>
<p><b>Applicant must document</b>  How similar cases were managed based on what was learned from this case.  How applicant or patient understanding of the patient's problem and management changed in subsequent visits.  How the patient's needs are being met.  Clues that were missed, misinterpreted, under- or over weighted  What to do differently next time  Decision about management if the outcome will be less than a 100% resolution of the problem(s)  Interventions to improve the overall health status of the patient</p>			

## 13.7. CASE REFLECTION CHECK LIST

The case reflection should provide more than the documentation of the patient encounters. The case reflection should demonstrate the clinical reasoning and decision-making process of the applicant as applied in the case. Specialists in a particular area are set apart from therapists with entry level proficiency by their ability to synthesize information from a variety of sources including but not limited to the patient/client, the results of the examination, and the literature.

Case reflections which are poorly assembled, which rely on outdated literature (> 10 years since publication unless a seminal study), or do not adequately demonstrate the clinical decision-making process will **not** receive a passing score and will be returned to the applicant for revision.

The following questions can be used to determine if the case reflection meets the criteria for the following areas.

### Hypothesis:

- Have the key abilities and restrictions the patient has in executing activities been identified?
- What is/are the dominant pain mechanisms?
- What possible structures are at fault?
- How do the symptoms appear to fit those commonly associated with a particular syndrome/disorder/pathological factors?
- What, if any, contributing factors are associated with the client's symptoms (physical, environmental/ergonomic, psychosocial)?
- How did the applicant classify the severity?
- How did the applicant classify the irritability?
- How did the applicant classify the nature of this condition?
- How did the applicant classify the stage and stability of this condition?
- What, if any, are the potential risk factors ("red flags")?
- What information does the review of systems provide?
- What are your thoughts regarding the client's history of previous management?
- What precautions and/or contraindication to physical examination or intervention, if any, does the subjective examination indicate?
- How do the symptoms indicate or contraindicate the need for specific testing as a day 1 priority (e.g., joint instability tests, neurological testing of the peripheral or central nervous, vascular insufficiency, further medical investigations, etc.)? (Provide comment on reliability, validity, specificity, sensitivity, likelihood ratios of test and measures when appropriate.)

**Tests/Measures:**

- How do the physical signs fit with the symptoms? If they do not, how might this influence the prognosis, plan of care and intervention?
- What element of the applicant's physical examination findings would indicate the need for caution in the intervention?
- What did the applicant consider about referring the client to another health provider?

**Evaluation/Diagnosis:**

- What is the assessment of the patient's understanding of his/her problem?
- What is the applicant's assessment of the patient's feeling about his/her problem, its affect on his/her life and how it has been managed to date?
- What does the patient expect/want from the applicant's management (i.e., patient goals)?
- How did the applicant determine that the patient's goals were appropriate?
- What effect does the applicant anticipate the patient's understanding and feeling regarding his/her problem may have on the prognosis, plan of care and intervention?
- Have impairments that may require management/reassessment (e.g. posture, movement patterns/.motor control, soft tissue/muscle/joint/neural mobility/sensitivity, etc.) been identified?
- Has supporting and negating evidence from the examination for diagnosis, faulty structure or patho-biological mechanism been adequately presented and considered (comment on reliability/validity/specificity/sensitivity/likelihood ratios of test and measures)?
- Would there be a perceived need to refer the client to another health provider?

**Prognosis/plan of care and intervention:**

- How do the physical signs fit with the symptoms and if not, how would this influence the prognosis, plan of care, and intervention?
- What about the examination findings would indicate the need for caution in the prognosis, plan of care, and intervention for the patient?
- What is the management of the patient for day 1 (e.g., advice, exercise, passive mobilization, referral for further investigation, etc.)? Why was this chosen over the other options?
- If passive treatment was used, what are the principle treatment techniques (rationale provided)?
- What physical examination findings (comment on reliability/validity/specificity/sensitivity/likelihood ratios of test and measures) support your choice for management?
- What is the applicant's expectation of the patient's response over the next 24 hours?
- How would the applicant progress this patient?
- What kind of outcomes to expect for this patient?
- What would the applicant justify referring the patient to another health provider?
- After subsequent visits, how has the applicant's understanding of the patient's problem and management changed since first session?
- How are the patient's needs being met?

- On reflection, what clues can be recognized by the applicant that were missed, misinterpreted, under- or over weighted?
- What would the applicant do differently next time?
- If the outcome will be less than a 100% resolution of the problem(s), at what point would the applicant cease management and why?

## 13.8. SAMPLE CASE REFLECTION

SUBMITTED TO DEMONSTRATE COMPETENCE AS A WOMEN'S HEALTH CLINICAL SPECIALIST (WCS)

### CASE RATIONALE

The case below is representative of women's health specialty practice. Approximately 69% of all pregnant women complain of low back pain (LBP) and about 57% of those complain of LBP that impairs daily living<sup>1</sup>. There are many sources of LBP during pregnancy, including postural factors, joint laxity related to hormonal changes, and non-musculoskeletal causes such as vascular congestion.<sup>2,3</sup> A consideration of the normal postural, physiologic, and metabolic changes that occur during pregnancy and their relationship to physical and psychosocial function and disability was necessary to plan an examination of this patient.<sup>4,5</sup>

Based on the results of the examination I designed a physical therapy intervention plan. Interventions must be selected with caution considering the potential effects of interventions applied over the pregnant uterus and the general health of the mother and fetus. For example, caution should be taken when considering the use of modalities for pain relief. There is limited evidence to describe the specific effects of ultrasound or electrical stimulation applied over the pregnant uterus on the fetus.<sup>6</sup> The specialist must also be aware of any special conditions such as pre-eclampsia, gestational diabetes, placenta previa, or multiple gestation and their impact on exercise prescription.<sup>7</sup> The specialist also has an important role in the prevention of low back pain and other musculoskeletal dysfunction associated with pregnancy and the post-partum period.

Most often the specialist will encounter this patient in an outpatient setting. The physical therapist may encounter this patient without a physician referral. Therefore, it is critical that the physical therapist examine the patient holistically throughout the course of care and note any changes that might indicate the need for other health care professionals to be involved.

### EXAMINATION (History, Systems Review, Test & Measures):

**Reflection:** The *Guide to Physical Therapist Practice*<sup>8</sup> offers a documentation template for physical therapist patient/client management. This patient's history was taken in an interview session, using the template provided by the *Guide* for organization of the history. The patient referral indicates the woman was complaining of low back pain during pregnancy. Women with a history of LBP prior to pregnancy are twice as likely to experience LBP during pregnancy as compared to women without a history of LBP.<sup>1</sup> Therefore, the history included a detailed description of her prior pregnancy and delivery.

### Patient History:

A 39-year-old Hispanic female, 24 weeks pregnant, was referred to physical therapy by her obstetrician with complaints of right sided lower back pain of two months duration. She also complained of pain and numbness that extended distally into the posterior aspect of her right lower extremity. The right lower back pain was described as an intermittent dull ache and the right lower leg pain was described as a burning numbness/tingling pain (similar to the leg falling asleep feeling).

**Current Condition/Chief Complaint:**

The patient reported right sided lower back and right lower extremity pain. She also complained of pain and numbness that extended distally into the posterior aspect of her right lower extremity. The right lower back pain was described as an intermittent dull ache and the right leg pain was described as a burning numbness/tingling pain (similar to the feeling of the leg “falling asleep”).

She reports that the symptoms were getting progressively worse over the two month period. Her pain was worse with prolonged standing or walking and was especially painful during work hours. She awakened some nights while turning in bed and experienced interrupted sleep that was affecting her ability to concentrate during the day. She reported symptom relief while sitting with her feet elevated and when resting on her side. She reported her pain level between 0-6/10 using the Verbal Rating Scale.<sup>9</sup>

**Medications:**

She stated that she had not taken any medications for this condition and denied taking medications for any other medical conditions at the time of the examination. She did report taking a pre-natal vitamin as prescribed by her physician since her positive pregnancy test at 4 weeks gestation.

**Reflection:** Pregnancy limits the ability to prescribe medications for pain management. The use of NSAIDS is contraindicated during pregnancy.<sup>10</sup> The therapist needs to make sure that the patient is aware of the risk of the use of NSAIDs during pregnancy and potentially refer the patient back to their physician to review appropriate medications to provide the patient adequate pain relief. Appropriate medications may include Tylenol (acetaminophen) and/or limited use of an analgesic as appropriate.<sup>10</sup>

**Medical/Surgical History:**

This was her 2<sup>nd</sup> pregnancy. She had a 2 year old son. She reported experiencing mild lower back pain during her 1<sup>st</sup> pregnancy that did not limit her function and did not require medical intervention. She had a prolonged labor and delivery ultimately resulting in a cesarean section delivery following 3 hours of pushing. She had no other complications during this pregnancy except for some mild vaginal bleeding during the first trimester which ceased.

**Social History/Employment/Work:**

The patient was a medical resident in the final year of a family medicine residency program and wanted to work until her delivery if possible. She had a supportive spouse who was a stay-at-home dad. She reported that they lived in a single story home with two steps to get into the home. She reported no difficulty negotiating the steps, however, reported regular use of the handrail for support with ascent and descent due to the lower back and leg pain. There were no other medical complications and she reported that she had always been healthy and active.

**Reflection:** The history indicated an uncomplicated pregnancy to this point with new onset of low back pain. No red flags were identified thus far, so continued on with the Systems Review. Screening of the cardiovascular/pulmonary, integumentary, musculoskeletal, and neuromuscular systems in the pregnant client allows the therapist to screen for common problems associated with the pregnant client such as signs of joint dysfunction (i.e., sacroiliac and symphysis pubis joints), impaired muscle function (i.e. diastasis recti), muscle imbalances related to postural dysfunction, and nerve compression syndromes (nerve root impingement, sciatica).

### **Systems Review:**

She denied any history of heart or lung problems, diabetes, or cancer. She reported a healthy diet and regular exercise. She had been taking fitness classes 3x/week at a local health club but had to discontinue due to this discomfort.

**Upper Extremity Range of Motion:** within normal limits.<sup>10</sup>

### **Cardiovascular and Pulmonary System:**

BP = 138/73

HR = 83 bpm

### **Integumentary system:**

- no impairments
- no disruptions

good texture

### **Musculoskeletal:**

Refer to test and measures;

Height 5'4"; Wt 130#

### **Communication/Cognition/Learning Style:**

The patient was motivated to participate in physical therapy. She spoke fluent English though her native language was Spanish. Her mother had recently arrived from Guatemala to help the patient, her family and the new baby upon arrival. The patient reported that she preferred to learn by demonstration, explanation and receiving written instructions for her home program. The patient attended her initial physical therapy visit with her two year old son present.

**Reflection:** All findings were within normal expectations except for the resting blood pressure was above normal (Normal = 120/80). Resting blood pressure is one of the most tightly controlled physiologic variables in pregnancy. Any increase in resting blood pressure should be considered problematic and requires immediate notification of the obstetrician responsible for the care of the patient.<sup>5</sup> In addition, blood pressure was closely monitored during all subsequent treatment sessions throughout the remainder of the pregnancy.

**Tests and Measures:** (informed consent was given prior to initiating the objective testing)<sup>8</sup>

**Reflection:** The examination plan was based on classifying the patient's low back pain according to the Treatment-base classification approach for low back pain as described by Delitto et al.<sup>11,12</sup> (manipulation, stabilization, specific exercises and traction). So, various screening procedures were performed (repeated movements into flexion and extension, spring testing, hip ROM, neurologic examination, observance of a lateral shift posture, etc.). The prone instability test, if positive, is a key indicator of the need for stabilization. This test was modified as noted below due to the fact that prone positioning is contraindicated once in the 2<sup>nd</sup> trimester of pregnancy.

Pregnant women are also at risk for diastasis recti abdominis due to the increased stress on the linea alba from the expanding abdomen and hormonal changes influencing soft tissue extensibility. Disruption of the integrity of the abdominal wall may increase the patient's risk of low back pain. Therefore, the patient will be screened for the presence of a diastasis.

Pregnant women are also at risk for pelvic girdle dysfunction/instability due to the hormonal influences preparing the pelvic girdle for delivery of the fetus. Therefore, an examination of the pelvic girdle including the active straight leg raise test will be performed.

**Pain:** 0-6/10 (0-10 scale).<sup>9</sup>

**Postural Assessment:** The patient presented with moderate forward head and shoulder posture and an anterior pelvic tilt in the standing and sitting positions. Patient's abdominal size was consistent with her 24 weeks gestation.

**Reflex Integrity:** intact and equal bilaterally, 2+ LE

**Sensory Integrity:** impaired sensation to light touch over the dorsum of the ankle and 1<sup>st</sup> web space between digits 1 and 2 of the right foot

**Circulation:** No observational presence of swelling or circulatory abnormalities was noted. Distal pedal pulses were present.

**Cervical Range of Motion:** within normal limits.<sup>13</sup>

**Trunk Range of Motion:** Patient was able to achieve full mobility. Pain was present at the end range of flexion, extension and right lateral flexion.<sup>14</sup> The patient reported an "achey" type pain over the R sacroiliac region with movement. Application of overpressure during flexion and R lateral flexion caused mild radiation of pain into the R buttock. The patient demonstrated a "juttering" type motion with the return to neutral from a flexed position.

**Upper Extremity Range of Motion:** within normal limits.<sup>13</sup>

**Lower Extremity Range of Motion:** The patient reported pain into the right lower lumbosacral region with hamstring length testing (straight leg raise test) at 80°, total motion to 92°. Pain, tingling and numbness into the right posterior thigh with hamstring length testing at 80°. Straight leg raise testing on the left reveals 95° total hip motion. Symptoms were relieved when hip flexion was combined with knee flexion. Sidelying muscle length testing revealed tightness of the bilateral quadriceps.<sup>4</sup>

**Muscle Performance (Manual Muscle Testing):** 5/5 UE/LE.<sup>15</sup> Patient is able to complete an isolated abdominal hollowing exercise indicating a 3/5 of the transversus abdominis.<sup>16</sup> Pain present with quadricep and hamstring manual muscle testing. Note: the hamstring manual muscle test was modified to performed in sitting due to the inability of the patient to assume the prone position. Pain decreases with pre-contraction of the transversus abdominus muscle.

**Spinal Mobility:** Pain and hypermobility of the sacroiliac joint were noted during superoinferior translation of the innominate/sacrum in sitting and in the sidelying positions.<sup>17</sup> Patient was not tested in the supine position due to her 24 weeks gestation.<sup>4</sup> Pain was present into the lumbosacral region on the right with provocation testing of the R SI joint with a transverse anterior distraction.<sup>17</sup>

**Palpation:** Pt c/o tenderness surrounding the right PSIS region and distal lumbar paraspinals on the right.

**Special Tests:**

**Diastasis recti:** 2 finger width separation at the level of the umbilicus<sup>18</sup>

**Active Straight Leg Raise Test:** + increase in ability to perform straight leg raise on the R with form and force closure<sup>19</sup>

**Modified Prone Instability Test:**<sup>14, 20</sup> The patient was placed in sidelying. A P-A force was applied over the L4-5 and L5-S1 spinal segments. The patient was then asked to actively contract her spinal extensors. The patient was instructed in activation of the extensors by performing an anterior pelvic tilt prior to the onset of the test. The patient had minimal c/o pain and no hypermobility with the P-A glide which did not change with activation of the spinal extensors. Therefore, the test was considered negative.

**Ambulation:** Patient ambulated with a wide base of support, antalgic gait with slight limp during stance phase on the right.

**Transfers:** Transfers to/from the treatment plinth are independent, movements in lumbosacral region were guarded with rotational movements secondary to increase in symptoms.

**Ergonomic/Body Mechanics:** Patient presented with faulty body positioning as observed with picking up the diaper bag and when lifting/carrying and interacting with her two year old son. Faulty movements include: excessive trunk forward flexion and rotation with reaching and carrying with minimal squatting and use of the lower extremities observed. Patient was able to correct with verbal cuing to use her legs, keep the load close, avoid bending and twisting.

**Oswestry Disability Questionnaire:**<sup>21</sup> 20% disability

**Fear Avoidance Belief Questionnaire:**<sup>22</sup>

Work subscale – 12

Physical Activity subscale - 6

**Reflection:** The Oswestry Disability Questionnaire (ODQ) is a condition-specific disability scale for patients with LBP, consisting of 10 items addressing different aspect of function, each scored from 0-5 with higher values representing greater disability. It has been found to have high levels of reliability, validity, and responsiveness.<sup>21</sup> Fritz and Irrgang report minimum clinical important difference at 6 points (sensitivity=91% [95% CI=82%-99%], specificity=83% [95% CI=67%-98%] and a test-retest reliability of the OSW as being high (ICC = 0.90).<sup>23</sup> Patients with acute LBP will have generally have minimum ODQ scores of 20% to 25%.<sup>24</sup> A successful outcome of physical therapy treatment has been defined in some studies as at least 50% reduction in the ODQ score.<sup>25</sup>

Fear-Avoidance Beliefs Questionnaire (FABQ) is an additional self-report measure that contains two subscales, one related to work activity (FABQW) and the other to general physical activity (FABQPA). Previous studies have reported that scores greater than 34 on the FABQW among subjects with work-related LBP may be at risk for prolonged disability and may indicate a need for a multidisciplinary approach. Those subjects with a FABQPA score above 13 to 14 may benefit from a cognitive-behavioral approach to classification-based therapy, including a reduced emphasis on subjective reports of pain and establishing specific exercise goals agreed on by the patient and therapist.<sup>26,27</sup> Scores above 18 on the FABQW have been associated with decreased likelihood of success with a manipulative treatment approach.<sup>25</sup>

The therapist also notes that the test positions for various tests/measures were modified based on the inability of the pregnant patient/client to assume the prone position or maintain the supine position for > 5 minutes once in the 2<sup>nd</sup> trimester of pregnancy.

The assessment of diastasis recti is important as anything less than or equal to 2 fingers-breadth in width is considered normal.<sup>18</sup> However, this patient is only 24 weeks pregnant (2<sup>nd</sup> trimester). The largest growth in the fetus and the size of the mother is during the 3<sup>rd</sup> trimester.<sup>5</sup> The patient is at risk of developing a clinically significant diastasis. It will be important to address abdominal strengthening and body mechanics during the intervention to minimize the risk of further diastasis of the rectus abdominus.

The faulty body mechanics noted during the examination are also important to note. There are many stresses placed on the pregnant woman during the care of other children that are often significant precipitating or aggravating factors. Proper body mechanics during lifting, carrying, and bending will be important to address during the intervention.

## EVALUATION/ PHYSICAL THERAPY DIAGNOSIS

The patient presents with pain, postural dysfunction, impaired sensation, impaired abdominal muscle function and hypermobility of the sacroiliac joint. Using the treatment based classification system for LBP as described by DeLitto et al,<sup>11,12</sup> this patient would fall into the stabilization category. According to the Guide to Physical Therapist Practice the patient would fall under Musculoskeletal Practice Pattern 4D – Impaired joint mobility, motor function, muscle performance, and range of motion associated with connective tissue dysfunction. In addition, this patient has an elevated resting blood pressure and is at risk for developing pre-eclampsia.

**Reflection:** Due to the hormonal and physical changes associated with pregnancy, pregnant clients are likely to experience laxity in the pelvic joints. This occasionally leads to hypermobility of the joints and impaired function as noted. Often, the body is more efficient at producing these hormones in multiparous patients vs. primiparas.<sup>5</sup> Therefore, multiparas may be at greater risk for physical dysfunction vs. primiparas.

As stated previously, due to the elevated resting blood pressure, this patient will be referred back to their physician for further evaluation.

## PROGNOSIS

Physical therapy is appropriate to attain patient goals. The frequency of treatment was established at 2 times per week for 4 weeks with goals of independent home program, independent donning and doffing of an SI belt, and reduction of pain to allow continued work as a medical intern until delivery.

**Reflection:** Prognosis for attaining goals is considered to be good given the client's motivation and according to a clinical prediction rule developed by Hicks et al,<sup>20</sup> to predict patients most likely to benefit from a lumbopelvic stabilization program. This patient meets 3 of the 4 criteria established (age < 40 years old, + aberrant movement, average SLR > 91°). The study demonstrated a positive likelihood ratio of 4.0 when 3 of the 4 criteria were met thus increasing the likelihood of a successful treatment.

## INTERVENTION

### COORDINATION, COMMUNICATION, DOCUMENTATION:

In addition to initiating the physical therapy plan of care, the therapist consults the physician regarding the patient's elevated resting blood pressure. The physician encourages frequent monitoring of BP especially during exercise. Therefore, the patient is instructed in signs/symptoms of elevated blood pressure to be aware of such as headache, fatigue, flushed face, etc. Blood pressure will be monitored at the beginning, during, and following all physical therapy treatment sessions.

### MANUAL THERAPY:

Week 1 the therapist applied joint mobilization/manipulation techniques to the R SI joint which resulted in an immediate reduction in pain and a reduction in ODQ score by 50%.

#### THERAPEUTIC EXERCISE:

- Week 1: basic instruction in activation of the transversus abdominis, multifidus, and pelvic floor musculature.
- Week 2: progression of stabilization activities to include upper extremity and lower extremity motion in semi-supine with a wedge cushion and quadruped positions while maintaining the core contraction
- Week 3: progression of stabilization activities in sitting and standing and on therapeutic exercise ball
- Week 4: progression of stabilization activities to include functional activities such as squatting, sit to stand, reaching, etc.

#### OTHER:

- Week 1: the patient was fitted with a SI belt which she was instructed to wear as needed during the day at work and during bending/lifting activities outside of work
- Week 2 and beyond: The patient was instructed in the body mechanics of sitting, standing, lifting, bending, etc. to minimize stress on the pelvic region.

#### OUTCOMES

- Patient reports pain level is 0/10 with use of SI belt
- ODQ score is 0% disability

Patient demonstrates independence in home exercise and management program

The patient was discharged from physical therapy care and was encouraged to continue her home exercise program and use of the SI strap as needed during her pregnancy. She was also instructed in the normal progression of symptoms following delivery. She was encouraged to return to physical therapy for further consultation if her low back pain had not completely subsided at 6 weeks following delivery. The patient indicated that she was interested in breast feeding and therefore the patient was given preliminary instruction in positioning during breast feeding to minimize stress. She was also given other information related to proper body mechanics during care of her child, C-section scar management (because of her prior C-section she was to have a scheduled C-section delivery of this child), and pelvic floor and abdominal strengthening exercises following delivery.

**Reflection:** The patient received a manual therapeutic intervention at the initial treatment session which resulted in the reduction of pain and disability. There are potential risks of manual therapeutic interventions in the pregnant client, however, I felt that the potential benefits outweighed the risks. However, it was my opinion that the patient needed to be brought to a balanced (neutral) position prior to initiating the stabilization activities whether through use of an SI belt or through the use of stabilization exercises.

The therapeutic exercises were selected based on the patient's needs and were progressed while monitoring the patient's response to exercise throughout. The exercise position was modified from a supine position to semi-supine with a wedge as to prevent supine hypotension syndrome.<sup>4</sup>

Women are also at risk for LBP and pelvic girdle dysfunction during the postpartum period. Hormonal levels generally return to normal within a few weeks following delivery.<sup>5</sup> But the return to normal ligamentous laxity is often delayed especially if the woman is breastfeeding. Care of a newborn can place stress on the musculoskeletal system. The abdominal and pelvic floor musculature, important in stability of the lumbopelvic region, have been compromised and are limited in their ability to provide adequate stability to the region. Therefore, the patient was instructed in posture and body mechanics specific to the postpartum period and other activities that will facilitate recovery from the delivery (C-section scar management, pelvic floor/abdominal exercises) and prevent future disability.

The outcomes of this intervention were good (0/10 pain and 0% disability on the ODQ) and were met within the time estimated initially (4 weeks).

I would expect that with continued exercise beyond delivery and into the postpartum period that the patient will not experience further difficulty. However, this patient is at significantly increased risk for LBP with future pregnancies and should be counseled appropriately.

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# 13.9. Payment Form - Specialist Certification Examination

You must complete this form and include check or credit card information with your completed application. Applications and payments are to be mailed to: APTA • Specialist Certification Application • P.O. Box 79054 • Baltimore, MD 21279-0054.

APTA ID Number \_\_\_\_\_

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Name \_\_\_\_\_  
(Please Type or Print Clearly)

Address \_\_\_\_\_  
Street Apt/Suite  
\_\_\_\_\_ City State Zip Code

Phone Number ( ) \_\_\_\_\_

### APPLICATION REVIEW FEE (The application review fee is non-refundable)

\$500—APTA Member \$ \_\_\_\_\_

\$845—Non-member \$ \_\_\_\_\_

*Please make all checks payable to APTA . Application and payment must be mailed together.*

MasterCard    VISA    American Express    Check    Money Order

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Cardholder's Billing Address \_\_\_\_\_  
Street Apt/Suite  
\_\_\_\_\_ City State Zip Code

For Accounting Use Only: Program 34, Activity 7, Line Item 436

## 14.1. Request for Testing Accommodations

This form is to be completed and returned with the application by those candidates who require assistance in completing the specialist certification examination because of a disability. Please refer to page 2 of the Applicant Information Booklet for more information on testing arrangements.

You must also submit a **Documentation of Disability Related Needs** form, completed by a practitioner specializing in the relevant area. The practitioner provides a) verification of your disabling condition, and b) your need for disability related testing accommodations on this form. This form may be completed by a medical doctor, psychologist, psychiatrist, or other appropriate professional who can verify this information. The information you provide on this form and on supporting documentation regarding the nature of your disability and your need for accommodation in testing will be considered strictly confidential and will be shared only with the American Board of Physical Therapy Specialties, Post Graduate Certification Department staff, and staff at the National Board of Medical Examiners ® (NBME ®).

APTA ID# \_\_\_\_\_

Name \_\_\_\_\_  
Last First

Social Security Number \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Phone number \_\_\_\_\_  
Area code

Specialty Area \_\_\_\_\_

### 1. DISABILITY STATUS (Please check all that apply.)

Mobility Impairment

Visual Impairment

Hearing Impairment

Learning Disability

Other (please explain): \_\_\_\_\_

How long have you had your disability?

less than 1 year     1-3 years     3-5 years     more than 5 years

### 2. PAST ACCOMMODATIONS MADE FOR YOUR DISABILITY

What accommodations were provided to you in your most recent testing experience?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was the most recent testing situation in which the accommodations above were provided?

TEST: \_\_\_\_\_

DATE: \_\_\_\_\_

Did you have testing accommodations when taking the physical therapy licensure exam?

YES                       NO

3. ACCOMMODATIONS REQUESTED FOR THIS EXAMINATION

What testing accommodations are you requesting for the specialist certification examination?

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4. RELEASE

I authorize the health care practitioner listed on the Documentation of Disability Related Needs form to release to the American Board of Physical Therapy Specialties (ABPTS) all medical information in his or her possession about my disability described above. Medical information means all information in the possession of or derived from providers of health care regarding my medical history, mental or physical condition, or treatment.

I understand that the ABPTS will use this information to decide my eligibility for a reasonable accommodation to take the specialist certification examination due to my disability. The board will not release information obtained to any person or organization except to its testing agency, the National Board of Medical Examiners.

I declare that these statements and those in any accompanying documents or statements are true. I understand that false information may be cause for denial. I certify that I personally completed this form, and understand that the ABPTS may ask that I verify the above information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Public \_\_\_\_\_

Seal:

## 14.2. Documentation of Disability Related Needs

The following form is to be completed by an appropriate practitioner verifying the application's disability and need for disability-related testing accommodations.

I have known the applicant \_\_\_\_\_ since \_\_\_\_\_  
(Name of Applicant) (Date)

in my capacity as a \_\_\_\_\_  
(Profession and Job Title)

1. Please describe the patient's disability. Include the diagnosis, nature, and severity of the condition. Also specify how the disability interferes with or limits the individual from taking the examination in the standard format.

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2. The applicant has discussed the nature of the specialist certification examination with me and it is my opinion that the American Board of Physical Therapy Specialties should provide the following testing accommodation:

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I hereby affirm that the above information is true and is given pursuant to the authorization by my patient to release information

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ License Number (if applicable) \_\_\_\_\_

Name (please print) \_\_\_\_\_

Office Address \_\_\_\_\_  
\_\_\_\_\_

Office Phone ( ) \_\_\_\_\_

## 15. Resource Guides

Resource guides are compiled by APTA Sections and board-certified specialists to reflect current literature in the specialty area. They are provided for your information only. Neither the ABPTS nor the specialty councils has reviewed or endorsed the content of these lists. In addition, reviewing these resources does not guarantee that a candidate will receive a passing on the specialist certification examination.

### Women's Health Resource List

Section on Women's Health - APTA

Kathie St. Clair

1111 North Fairfax Street

Alexandria, VA 22314

800/999-2782, ext. 3229

FAX - 703/706-8575

E-mail: [SOWH@apta.org](mailto:SOWH@apta.org)

Free to Women's Health Section Members ([www.womenshealthapta.org](http://www.womenshealthapta.org))

\$25 - Non-Women's Health Members

## Check List & Things to Remember After Submitting My Application

- I received notification that my application was approved/not approved within two months following the receipt of my application and payment. *If not, please contact APTA's Post Graduate Certification Department.*
- I received my requested study group listing by mid-November. *If not, please contact APTA's Post Graduate Certification Department.*
- I received my Description of Specialty Practice and Self-Assessment Tool by mid-October, which are sent to all new exam applicants. *If not, please contact the Post Graduate Certification Department.*
- I submitted my examination fee by the **November 30<sup>th</sup> deadline.**
- I notified APTA's Post Graduate Certification Department if my name, email, and/or address has changed since the time I submitted my application.
- Once received in late December, I opened my orange scheduling permit to verify my name matches my driver's license or other signed unexpired, government-issued photographic identification card. *If they do not match, please contact APTA's Post Graduate Certification Department.*
- After receiving my scheduling permit, I scheduled my examination date during the 2010 test window, which is **February 27 - March 13.**
- I put my scheduling permit away for safe keeping, since I will need to **bring both the scheduling permit and my government issued photo ID** with me to the testing center on the day of scheduled examination.
- If needed, I have requested a receipt for my application review fee and/or exam fee from APTA's Post Graduate Certification Department.

Post Graduate Certification Department  
American Physical Therapy Association  
1111 North Fairfax Street  
Alexandria, VA 22314-1488  
1-800-999-2782, ext. 8520  
Email: [spec-cert@apta.org](mailto:spec-cert@apta.org)  
Website: [www.apta.org/specialist\\_certification](http://www.apta.org/specialist_certification)



**Post Graduate Certification Department  
American Physical Therapy Association  
1111 North Fairfax Street, Alexandria, VA 22314-1488 1-800/999-2782, ext. 8520  
[www.apta.org/specialist\\_certification](http://www.apta.org/specialist_certification)  
E-mail: [spec-cert@apta.org](mailto:spec-cert@apta.org)**

**National Board of Medical Examiners (NBME)  
3750 Market Street  
Philadelphia, PA 19104  
215/590-9500**