



# TEST CONTENT OUTLINE

## Orthotic Simulation Exam

The Orthotic Simulation Exam Test Content Outline below is broken down by practice domains and practice areas. Each practice domain section indicates the percentage of content that domain receives on the exams. You should plan on familiarizing yourself with clinical, technical or general practice information related to each domain.

Each practice area listed below indicates the percentage of content in that area on the exam.

### Practice Domains

#### DOMAIN 1

##### Patient Evaluation — 33%

- Review patient's prescription/referral
- Take a comprehensive patient history, including demographic characteristics, psychosocial dynamics, previous use of an orthosis, diagnosis, work history, avocational activities, signs and symptoms, medical history (including co-morbidities, surgeries, allergies, current medications, fall history and risk), patient compliance with ancillary care and results of diagnostic evaluations
- Ascertain patient and/or caregiver goals and expectations
- Perform a diagnosis-specific clinical, functional, and cognitive ability examination (e.g., manual muscle testing, gait analysis, anatomy, range of motion, joint stability, skin integrity, sensory function)
- Administer outcome measures to determine a baseline (e.g., pain scales, timed walking tests, functional mobility tests, validated questionnaires)
- Consult with other healthcare providers and caregivers, as appropriate, about patient's condition to formulate a treatment plan as a part of the comprehensive plan of care
- Document the findings of the patient evaluation according to established record-keeping techniques
- Refer patient, if appropriate, to other healthcare providers for intervention beyond orthotic scope of practice

#### DOMAIN 2

##### Formulation of the Treatment Plan — 21%

- Analyze the findings of the patient evaluation
- Formulate treatment goals and expected orthotic outcomes (e.g., reduce pain, provide stability, prevent deformity, and/or promote healing to enhance function and independence)
- Communicate with the referral source to modify, if necessary, the original prescription and/or treatment plan
- Investigate treatment options by obtaining evidence from the literature to formulate the treatment plan
- Develop a treatment plan that includes patient education and follow-up, based on patient evaluation, medical necessity, treatment goals, needed frequency of treatment, and patient's goals and expectations
- Identify design, materials, and components needed to implement the treatment plan
- Discuss with patient and/or caregiver about the recommended treatment plan(s), including disclosure of potential risks, benefits, and limitations in orthotic care
- Document treatment plan specifying medical necessity according to established record-keeping techniques
- Ensure that the patient or responsible parties are informed of their financial responsibilities (e.g., insurance eligibility, verification of benefits, prior authorization, deductibles) as they pertain to recommended treatment plan(s)
- Communicate recommended treatment plan to the patient's health care team

## DOMAIN 3

### Implementation of the Treatment Plan — 25%

- Inform patient and/or caregiver(s) of the measurement/shape capture technique, including the possible risks and time involved
- Provide patient with care to prepare them for orthotic treatment (e.g., diagnostic device, compression garment/shrinker)
- Select and perform measurement/shape capture technique (e.g., identify anatomical landmarks, measure, take impression, trace limb, digital scan)
- Refer to manufacturer's specifications and other technical resources regarding components/materials
- Select appropriate materials and components for orthosis based on patient criteria to ensure optimum strength, durability and function (e.g., orthotic joints and lamination or thermoforming techniques)
- Create and/or modify positive or digital model for fabrication (e.g., fill cast, carve positive model, reverse tracing)
- Fabricate and/or assemble orthosis prior to initial or diagnostic fitting
- Assess the item for structural safety and ensure that manufacturers' guidelines have been followed prior to fitting and delivering the device to the patient (e.g., torque values, patient weight limits)
- Ensure that materials, design and components are provided as specified in the treatment plan
- Perform initial fitting, assessment, and alignment of orthosis in sagittal, transverse, and coronal planes to achieve maximum function and ensure patient safety
- Finalize orthosis fabrication after achieving optimal fit and function (e.g., convert diagnostic device/socket to definitive orthosis)
- Ensure the patient's ability to wear and use the orthosis
- Administer outcome measure at delivery and compare to baseline
- Educate patient and/or caregiver about the use and maintenance of the orthosis (e.g., wear schedules, care instructions)
- Refer patient to appropriate healthcare providers for necessary ancillary care
- Document treatment and outcomes according to established record-keeping requirements
- Verify progress towards goals outlined in the treatment plan

## DOMAIN 4

### Continuation of the Treatment Plan — 21%

- Obtain feedback from patient and/or caregiver (e.g., adherence to wear schedule, comfort, perceived benefits, perceived detriments, ability to don and doff, proper usage and function, overall patient satisfaction)
- Assess patient's current function and any changes in the patient's condition (e.g., skin condition, volume, general health, height and weight)
- Review the patient's psychosocial status (e.g., family status, job or caregiver)
- Evaluate the fit of orthosis relative to anatomical accuracy (e.g., multiple force systems, total contact)
- Evaluate the alignment and function of orthosis relative to treatment goals (e.g., segmental relationships, dynamic alignment)
- Inspect the structural integrity of the orthosis
- Evaluate the patient's progress toward treatment goals
- Formulate and inform the patient and/or caregiver of the plan to modify orthosis based on patient feedback and observations
- Modify orthosis (e.g., relieve pressure, range of motion, alignment, components) and assess device for structural safety
- Evaluate the result of modifications and ability of the patient to wear and use the orthosis
- Administer outcome measures and compare to baseline
- Develop follow-up plan and communicate with patient and/or caregiver
- Document findings, actions, and follow-up plan according to established record keeping requirements
- Communicate changes in patient's condition or treatment plan to their health care team

## Practice Areas

The simulation exam uses seven simulated case scenarios to assess your analytic and clinical problem-solving skills. The cases will be made up of the practice areas listed below.

- 1. Lower Extremity — 50%**
- 2. Spinal (non-scoliosis) — 17%**
- 3. Scoliosis — 17%**
- 4a. Upper Extremity — 17%**  
*OR*
- 4b. Cranial — 17%**