

## So You Want to be an ABPTS Specialist?

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## Ice Breaker

- What do you know about the specialization process?
- What do you want to know about the specialization process?
- What interests you in pursuing a specialty?
- What barriers are preventing you from pursuing a specialty?



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## Disclosures

- Ashley has created for profit courses for the Pediatric Specialist Exam through MedBridge and is an author for *Essentials of Cardiopulmonary Physical Therapy* 5th ed.

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### Course Objectives

- Describe various specialization paths offered and current statistics for Alabama
- Provide rationale and benefits of becoming a specialist
- Discuss the application and study process for specialization
- Discuss residency versus non-residency preparation
- Assess current knowledge of areas with sample questions
- Explain maintaining certification through the Maintenance of Specialist Certification Program (MOSC)

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### Specializing In Physical Therapy

According to the APTA:

- Specialization is the process by which a physical therapist builds on a *broad* base of professional education and practice to **develop a greater depth of knowledge and skills** related to a particular area of practice
- Clinical specialization in physical therapy responds to a specific area of patient need and **requires knowledge, skill, and experience exceeding that of the physical therapist at entry to the profession and unique to the specialized area of practice.**

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### Specializing

A formal process established to

- Recognize physical therapists with **advanced** clinical knowledge, experience, and skills in a special area of practice
- Assist consumers and health care community in identifying physical therapists who are specialists (Directory on ABPTS website)
- Address a specific area of patient need



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**Current Specialties**

- Cardiovascular & Pulmonary (CCS)
- Clinical Electrophysiologic (ECS)
- Geriatrics (GCS)
- Neurology (NCS)
- Orthopaedics (OCS)
- Pediatrics (PCS)
- Sports (SCS)
- Women's Health (WCS)
- Oncology



**Specialties are not setting specific**

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**Current Specialists**

Specialty Area	# of Specialists (as of 2019)	# in Alabama (as of 2018)
Cardiovascular and Pulmonary	349	4
Clinical Electrophysiology	142	3
Geriatric	3,065	17
Neurologic	3,035	18
Orthopaedic	15,896	88
Pediatric	2,041	14
Sports	2,411	13
Women's Health	489	0
Oncology	68	Has not been added to total
<b>Total:</b>	<b>27,546</b>	<b>157</b>

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**Residency Program**

"A residency program is a post-professional planned learning experience comprised of a curriculum encompassing the essential knowledge, skills, and responsibilities of an advanced physical therapist within a defined area of practice. When board certification exists through the American Board of Physical Therapist Specialties for that specialty, the residency program prepares the physical therapist with the requisite knowledge and skill set needed to pass the certification examination following graduation."

- ABPTRFE

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### Current Residency Programs

Residency Area	# Accredited Programs	Fellowship Area	# Accredited Programs
Acute Care	5	Critical Care	3
Cardiovascular & Pulmonary	8	Higher Education/Leadership	1
Clinical Electrophysiology	1	Hand Therapy	2
Faculty	1	Movement Systems	2
Geriatrics	18	Neonatology	3
Neurology	53	Orthopaedic Manual Therapy	32
Orthopaedics	106	Performing Arts	1
Pediatrics	22	Spine	2
Sports	47	Sports Division 1	4
Women's Health	11	Upper Extremity Athletes	3
Wound Management	1		

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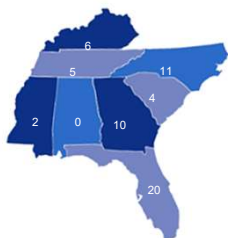
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### Accredited Residency Programs in our region




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### Specialist Certification Process

- Ensure you have completed the Experience Requirements**
- Ensure you have completed the Experience Requirements
    - Must have a current physical therapy license for United States or territories
    - Have 2,000 direct patient care hours specifically in content area in the past 10 years with 500 hours (25%) occurring in the last three years
      - Direct patient care is defined by The Guide to Physical Therapy Practice
      - Oncology & Women's Health require a case reflection with this option
  - If completed an accredited ABPTRFE residency program within the past 10 years
    - Women's Health requires a case study with this option
  - If applicable, complete the Additional Minimum Eligibility Requirements in Specialty Area
    - Cardiovascular & Pulmonary, Electrophysiology, Sports
  - If submitting for more than one specialty, you cannot count the same hours for both

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### Specialist Certification Process

- Complete Self-Assessments to determine your readiness to successfully complete the certification exam
  - Review the Description of Specialty Practice (DSP) for the specialty area
  - Complete the Self-Assessment Tools for Physical Therapists
    - Designed to help individuals evaluate their current level of knowledge and skills in the specialty area against a set of nationally accepted advanced clinical competencies
    - Can be used to develop a professional development plan to improve knowledge and skills in the specialty area

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### Specialist Certification Process

- Apply for the exam
  - Early July registration date for Cardiovascular/Pulmonary, Clinical Electrophysiology, Women's Health and Oncology
  - Late July registration date for Geriatrics, Neurologic, Pediatrics, Orthopaedics, Sports
  - Late August date for re-application (choose to delay a year or needed to repeat the exam)
  - Late November initial examination fee is due

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### Specialist Certification Process

#### Apply for the Exam - Fees

##### Initial exam

- Application review fee (due in July)  
APTA member: \$525; Non-member: \$870
  - Examination fee (due in Nov)  
APTA member: \$810; Non-member: \$1535
- Total: APTA member: 1,335; Non-member \$2405**

##### Re-application fees

- Application review fee  
APTA member: \$170; Non-member: \$170
  - Exam fee  
APTA member: \$810; Non-member: \$1535
- Total: APTA member: \$980; Non-member \$1705**

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### Specialist Certification Process

- Prepare for the exam
  - Many ways to accomplish this; approach linked to your needs
    - CEU courses, college/university courses, mentoring, clinical residency
- Take the exam!
- Test dates late February to mid March

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### Specialist Certification Process

- Anxiously await your results...
- Results are given mid-June
- <http://giphygifs.s3.amazonaws.com/media/DUuyU3KyYGLNS/giphy.gif>



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### Panel Discussion

- Brief introduction
- What is your specialty?
- Did you do a residency or not?
- Was the application process different with your specialty (CCS, SCS, ECS)?
- How many years into practice did you take your specialization?
- What were the benefits to taking it and why did you do it?
- What is your perspective of specialization?

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### Other Specialties...

- **Women's Health**
  - Must have case reflections to apply
  - Insight from our panel
- **Oncology**
  - Must have case reflections to apply
  - Insight from our panel
- **Pediatrics**
  - Insight from our panel
- **Geriatrics**
  - Insight from our panel

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### Test Format

- Exam content and number of questions pertaining to certain diagnoses are based on practice analysis: Description of Specialty Practice (DSP)
  - Components: patient care, teaching, administration, consultation, communication and interpretation of research
- 200 questions total
- 4 blocks that are each 1 and ½ hours long
- Administered at Prometric Center
- All questions are multiple choice and can stand alone or are part of a case study series. (Can include videos and pictures)
- A scaled score of 500 is considered passing

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### Sample Questions from ABPTS

A patient had a bone-patellar tendon-bone anterior cruciate ligament (ACL) reconstruction without meniscal damage two weeks ago. The patient is now ambulating with a hinged brace without an assistive device. Active range of motion is from 0 to 90 degrees. The next immediate goal is the facilitation of normalized lower extremity muscle function. **Which of the following activities will best achieve this goal?**

- (A) Electrical muscle stimulation to the quadriceps
- (B) Single-leg press
- (C) Straight-leg raises
- (D) Wall slide partial squats

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Sample Questions from ABPTS

Clinically, a person with central cord injury will typically

- (A) have intact sensation
- (B) have more difficulty climbing stairs than tying shoes
- (C) have more difficulty dressing than walking
- (D) propel a wheelchair with one arm and one leg

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Sample Question from ABPTS

A 4-year-old boy with a diagnosis of spastic quadriplegia is referred to physical therapy for assessment of functional needs. He has normal cognitive skills. On examination, the physical therapist observes excessive internal rotation of the hips and forward trunk; there is increased stiffness of the lower extremities, with the right side more involved than the left. He also demonstrates a lack of heel strike during stance. The therapist notes that the boy is able to walk with an anterior walker; however, it takes him 15 minutes to walk 100 feet. **Which of the following is the most appropriate mobility device for this child?**

- (A) Lofstrand crutches
- (B) Manual wheelchair
- (C) Posterior walker
- (D) Power wheelchair

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Sample Questions from ABPTS

One year ago, the family declined special education services and chose a private school out of district. They are now requesting special education services at their local school. **Which of the following is the most appropriate assessment tool for this child in order to design a current individualized education plan (IEP)?**

- (A) Hawaii Early Learning Profile
- (B) Miller Assessment for Preschoolers
- (C) Movement Opportunities via Education Curriculum
- (D) School Function Assessment

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Sample Questions from ABPTS

The use of electromyographic (EMG) biofeedback training to bring the normally unconscious control of specific muscles under conscious control is analogous to which of the following stages of motor learning?

- (A) Associative
- (B) Autonomous
- (C) Cognitive
- (D) Transitive

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Sample Questions from ABPTS

A 15-year-old boy is referred to a physical therapist by an athletic trainer. He reports a one month history of a vague ache in his hip, thigh, and knee. He is active and plays sports, but he does not recall a specific episode of injury. On examination, the therapist notes a slight limp, mild weakness of the hip abductors, and considerably limited internal rotation of the hip. **Given his symptoms, the therapist should suspect which of the following conditions?**

- (A) Femoral neck stress fracture
- (B) Legg-Calvé-Perthes disease
- (C) Meralgia paresthetica
- (D) Slipped capital femoral epiphysis

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Sample Questions from ABPTS

A 40-year-old woman with a BMI of 40 is referred to physical therapy by her colorectal surgeon for treatment of levator ani spasms. She reports a three-month history of fecal incontinence occurring three or four times per week. She also has rectal pain with sitting and defecation. She rates the pain on defecation as 10 out of 10. Physical examination shows minimal tenderness of the pelvic floor muscles when palpated vaginally. Severe tenderness and palpable spasm are noted on rectal examination. She is unable to contract the pelvic floor muscles. **Which of the following is the most appropriate initial intervention?**

- (A) Diaphragmatic breathing for relaxation
- (B) Electrical stimulation to the pelvic floor musculature
- (C) Intravaginal massage
- (D) Pelvic floor strengthening exercises

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**Sample Questions: Sequence from ABPTS**

A physical therapy student completing his final eight-week clinical experience on an acute cardiopulmonary rotation has difficulty remembering the effects of beta-blocker medications.

**This is most likely a deficit in which of the following learning domains?**

- (A) Affective (B) Cognitive (C) Critical thinking (D) Psychomotor

**Which of the following is the LEAST appropriate element of feedback to provide to this student?**

- (A) Collegial (B) Reciprocal (C) Remedial (D) Subjective

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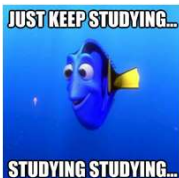
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**Resources: Panel Discussion**

- How did you study for the exam
- What were the main resources used
- What would you have done different to prep for the exam
- Have available resources changed since taking the exam
- Resources for specialties not represented



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**Maintenance of Specialty Certification (MOSC) Program**

Purpose:

- To more effectively verify current competence as an advanced practitioner in the specialty area.
- To more effectively evaluate professional development and clinical experience
- Better encourage ongoing education and professional growth.
- Keep pace with the rapidly expanding specialty knowledge base and scientific evidence that guides our clinical decision-making
- Promote improved health outcomes related to physical therapy specialty services.

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**Maintenance of Specialty Certification (MOSC) Program**

- **Requirement 1:** Professional Standing and Direct Patient Care Hours
- **Requirement 2:** Commitment to Lifelong Learning Through Professional Development
- **Requirement 3:** Practice Performance Through Examples of Clinical Care and Reasoning
- **Requirement 4:** Cognitive Expertise Through a Test of Knowledge in the Profession
  
- Requirements submitted through the MOSC Online Portal

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**Maintenance of Specialty Certification (MOSC) Program**

- **Requirement 1:** Professional Standing and Direct Patient Care Hours
  - In years 3, 6, and 9, a specialist must submit evidence of current unrestricted licensure in the US or any of its possessions or territories
  - In years 3, 6, and 9, a specialist must submit evidence of 200 hours of direct patient care acquired in the specialty area within the last 3 years
  - Sports Specialists have added requirements for venue coverage and evidence of current knowledge in national first responder standards

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**Maintenance of Specialty Certification (MOSC) Program**

- **Requirement 2:** Commitment to Lifelong Learning Through Professional Development
  - Specialists must show evidence of professional development activities (10 MOSC credits) within 2 of the 3 designated activity categories in years 3, 6, and 9
  - By year 9, a specialist must have accrued a minimum of 30 MOSC credits and demonstrated professional development in each of the 3 designated activity categories

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**Maintenance of Specialty Certification (MOSC) Program**

- Requirement 3: Practice Performance Through Examples of Clinical Care and Reasoning
  - Specialists will use the online portal to complete 1 reflective portfolio submission in years 3, 6, and 9

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**Maintenance of Specialty Certification (MOSC) Program**

Requirement 2 Categories

- **Category 1**
  - Accrual of 200 Direct Patient Care Hrs
  - Accrual of 200 Clinical Supervision, Mentoring & Consultation Hrs
  - Professional Services
- **Category 2**
  - Completion of a CE Course
  - Completion of a CE Course/Residency/Fellowship
- **Category 3**
  - Completion of College of University Course
  - Teaching a College of University Course
  - Teaching a CE Course
  - Professional Presentations
  - Research Activities
  - Professional Writing (Authorship/Editorship)

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**Maintenance of Specialty Certification (MOSC) Program**

- Requirement 4: Cognitive Expertise Through a Test of Knowledge in the Profession
- During year 10 of the certification cycle, the specialist will be required to sit for a recertification exam of 100 items
- Successful completion of requirements 1-3 are prerequisites for sitting for the recertification exam
  - If a specialist fails to receive a passing score after the first attempt, permitted to sit for the exam 1 additional time
    - Maintain certification during this 1-year grace period

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**Maintenance of Specialty Certification (MOSC) Program**

- **Fee Structure**
  - APTA Members: \$660 paid in 3 installments of \$220 during each 3-year MOSC cycle
  - Nonmembers: \$1,200 paid in 3 installments of \$400 during each 3-year MOSC cycle
  - Plus a nominal, at cost, final exam fee in year 10

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Questions?

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**References**

- American Board of Physical Therapy Specialties  
[www.ABPTS.org](http://www.ABPTS.org)
- American Board of Physical Therapy Residency and Fellowship Education  
[www.ABPTRFE.org](http://www.ABPTRFE.org)
- American Physical Therapy Association  
[www.APTA.org](http://www.APTA.org)

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