

ABPTS American Board of
Physical Therapy Specialties

Policies and Procedures

May 2021

American Physical Therapy Association

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I. INTRODUCTION

This document contains the policies and procedures of the American Board of Physical Therapy Specialties (ABPTS). These documents will be reviewed annually for additions and modifications.

Definitions:

Policy - A decision which obligates actions or subsequent decisions on similar matters.

Procedure - Steps required to achieve a result.

Guidelines - Approved, non-binding statements of advice.

Standards - An approved, binding statement used to judge quality of action or activity.

References:

Effective 5/98, new policies, procedures, guidelines, and standards will be issued a reference number to track the month and year on which the policy is adopted or amended, the page number in the meeting minutes, and the agenda item number.

For example:

ABPTS Policy on Minimum Eligibility Requirements To Sit For a Physical Therapy Specialist Certification examination (Amended ABPTS 05-98-04-12).

II. CLINICAL SPECIALIZATION IN PHYSICAL THERAPY



Last Updated: 09/20/19

Contact: nationalgovernance@apta.org

CLINICAL SPECIALIZATION IN PHYSICAL THERAPY HOD P06-19-66-30 [Amended: HOD P06-16-10-11; HOD P06- 06-22-15; HOD P06-94-23-39; HOD 06-89-35-77; HOD 06-89-34-75; HOD 06-85-28-55; HOD 06-82-08-26; HOD 06-82-08-25; HOD 06-81-15-54; HOD 06-81-15-53; HOD 06-81-15-52; HOD 06-81-14-51; HOD 06-80-08-25; HOD 06-79-15-41; HOD 06-78-20-51; Initial: 06-78-17-40] [Position]s

The American Physical Therapy Association supports the recognition of physical therapists who have attained voluntary specialization of practice.

Specialization is the process by which a physical therapist builds on a broad base of professional education and practice to develop 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 that exceeds entry-level physical therapist practice and is unique to the specialized area of practice.

Explanation of Reference Numbers:

HOD P00-00-00-00 stands for House of Delegates/month/year/page/vote in the House of Delegates minutes; the "P" indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June 2017 House of Delegates minutes on Page 5 and that it was Vote 4.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure



Last Updated: 09/20/19
 Contact: nationalgovernance@apta.org

APTA CLINICAL SPECIALIZATION POLICY HOD Y06-19-67-31 [Policy]

Clinical specialization in physical therapy is a voluntary and unrestricted process. Participation is initiated at the request of the individual, and no attempt is made to prohibit others from practicing in a specified area, nor is it required that physical therapists who are certified restrict their practice to the area in which they are certified. However, physical therapists shall not purport to be a “board-certified clinical specialist” unless they have successfully completed the certification process as developed by the American Board of Physical Therapy Specialties (ABPTS).

The purposes of the association's Clinical Specialization Program can best be achieved through a centralized organization, which provides reasonable uniformity in the level and type of standards adopted as the basis for certification and provides for the participation of consumer representatives in the decision-making process. The organizational body that guides the American Physical Therapy Association Clinical Specialization Program is ABPTS and its appointed specialty councils.

Criteria for establishment of a new specialty area are established by ABPTS and guide the development of all new specialty areas. The APTA House of Delegates approves all new specialty areas. The approved specialty areas are:

Cardiovascular and Pulmonary Physical Therapy	1981
Orthopaedic Physical Therapy	1981
Pediatric Physical Therapy	1981
Sports Physical Therapy	1981
Clinical Electrophysiologic Physical Therapy	1982
Neurologic Physical Therapy	1982
Geriatric Physical Therapy	1989
Women’s Health Physical Therapy	2006
Oncologic Physical Therapy	2016
Wound Management Physical Therapy	2019

ABPTS approves certification of clinical specialists in each specialty area. The specialty councils define, develop, and modify the requirements for certification and recertification in their specialty areas. The APTA Board of Directors directs funding for the specialist certification program, and serves as an appeal body for certification candidates.

Explanation of Reference Numbers:

HOD P00-00-00-00 stands for House of Delegates/month/year/page/vote in the House of Delegates minutes; the "P" indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June 2017 House of Delegates minutes on Page 5 and that it was Vote 4.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure

III. ORGANIZATION AND ADMINISTRATION (Amended APTA BOD 09-14-02-V3)

A. American Board of Physical Therapy Specialties

1. Composition (Amended ABPTS 04-21-01-1)

The American Board of Physical Therapy Specialties (ABPTS) is the governing body for certification and recertification of physical therapy clinical specialists and is composed of:

- a. Board-certified physical therapists from nine (9) different specialty areas. ABPTS representatives are appointed by ABPTS for four (4) year terms.
- b. One member of the APTA Board of Directors (BoD). This individual is appointed by the BoD and serves concurrently on the BoD and ABPTS for one (1) year. This is a non-voting member of ABPTS.
- c. One member with expertise in test development, evaluation, and education. This individual is appointed by ABPTS for a two (2) year term.
- d. One consumer representative. This individual is appointed by ABPTS for a two (2) year term.
- e. One public representative. This individual is appointed by ABPTS for a two (2) year term.
- f. The ABPTS Chair shall vote on motions only in the event of a tie vote.

2. Appointments and Rotations (Amended ABPTS 05-10-7-7)

Terms shall begin on January 1st the year each member is appointed. The nine (9) members of ABPTS who serve as the contacts for the nine specialty areas shall be board-certified clinical specialists. The ABPTS contact for a specialty area shall not hold certification in that specialty area.

Physical therapist members of ABPTS who are the contacts for a specialty area shall not be appointed to two (2) consecutive, full terms. The consumer representative; public representative; individual with expertise in test development, evaluation, and education; and BoD liaison may be appointed for two (2) consecutive terms.

3. Vacancies (Policy adopted ABPTS 05-10-7-7)

Whenever a vacancy occurs from among appointed members of ABPTS as a result of death, resignation, or other cause, the position shall be filled by a simple majority vote of the remaining members of ABPTS. This appointment shall be made within 60 days after the occurrence of the vacancy. The person appointed shall hold this position to which s/he has been temporarily appointed until the next regularly scheduled appointment cycle.

4. Orientation of New ABPTS Members (Policy adopted ABPTS 05-10-7-7)

It is the responsibility of retiring ABPTS members to provide all appropriate background materials to the appointees who will be replacing them on ABPTS. The ABPTS chair and

specialist certification staff will conduct an orientation session in conjunction with each spring ABPTS meeting.

5. Soliciting Nominations for ABPTS Vacancies (Policy amended ABPTS 09-17-5-5)
 - a. Qualifications and restrictions of specialty area representatives for appointment to ABPTS are as follows:
 - (1) Certification Status
 - (a) Board-certified physical therapist in the specialty area.
 - (b) In newly formed specialty areas in which there are no board-certified specialists, a non-board certified physical therapist recognized as having expertise in the specialty area may be appointed.
 - (2) Evidence of effective group participation within the specialist certification program.
 - (3) Members of ABPTS may not concurrently hold a primary APTA section office (President, Vice President, Secretary, or Treasurer) that could present a conflict of interest between the two groups.
 - (4) Experience with Specialty Council or related activities (e.g. external Professional Development Portfolio reviewer, standard setting participant), Specialization Academy of Content Experts (SACE), and/or American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE) is required. Recency of active engagement will be taken into consideration during selection process.

Program staff will publish announcements in APTA publications, on APTA websites, and notify APTA components when vacancies occur on specialty councils and ABPTS. For positions to be appointed by ABPTS, the call for nominations will be advertised by May 1 of the year preceding the vacancy, with a July 31 deadline for receipt of nominations.

The appropriate specialty council will be given the opportunity to review all applicants in their area of specialization, and to submit to the Board their written commentary on each nominee's qualifications. APTA section/academy leadership will also be given the opportunity to provide feedback addressing any concerns they may have with an applicant's ability to serve, based on their involvement with the work of the section/academy. The Board's decision will be informed by these commentaries, along with the nominee's qualifications and experience to meet the goals of the Board.

6. Selection of Chair (Amended ABPTS 05-10-7-7)

To enhance the sharing of leadership and mentorship, rotation to the chair position for ABPTS shall occur in the following sequence:

Year 1 - board member
Year 2 - chair-elect
Year 3 - chair
Year 4 - immediate past-chair

ABPTS will select the chair-elect from specialty area contacts with three (3) years remaining in office. At the time of initial appointment to ABPTS, eligibility for chair-elect will be conveyed to the newly appointed member(s). This selection will be determined during the Fall ABPTS meeting following the first year of service. The responsibility for mentoring

new board members and the chair-elect will be shared by the chair and the immediate past-chair. The immediate past-chair will also serve in an advisory capacity to the current chair of ABPTS.

7. Meetings (Policy amended ABPTS 05-10-7-7)

ABPTS meetings are routinely scheduled in the spring and the fall of each year. In addition, ABPTS schedules conference calls between these meetings to assure timely decision-making. The meeting schedule is established in advance by ABPTS. However, funding for each meeting must be approved in advance by the APTA BoD.

a. Attendance at ABPTS Meetings by Nonmembers

The ABPTS chair may grant permission for individuals who are not ABPTS members (eg, specialty council members, section chairs) to observe or participate in any ABPTS meetings.

b. Quorum Vote on ABPTS Actions

To hold votes ABPTS must have a quorum (2/3) of its members present. This policy includes conference calls.

c. Master Schedule of Review of Documents

The following is a master schedule for ABPTS activities and document review:

- (1) Planned ABPTS events at APTA Annual Meeting or Combined Sections Meeting (CSM) - fall and spring meetings
- (2) Clinical Specialization in Physical Therapy [HOD 06-94-23-39] (Reviewed every three years). Changes to be submitted to the House of Delegates, through the BoD.
- (3) ABPTS Policies and Procedures - spring and fall meetings
- (4) Program Budget Planning - spring meetings
- (5) Review of Program 34 strategic plan - spring and fall meetings
- (6) Proposed amendments to minimum eligibility requirements to sit for exams - fall meetings
- (7) Practice Analysis Revalidation - variable
 - (a) New *Description of Specialty Practice* completed within 10 years of original publication
- (8) Specialty Council budgets
 - (a) Proposed budget activities for following year - spring meeting

8. Responsibilities of ABPTS, Specialty Councils, House of Delegates, Board of Directors (Policy amended ABPTS 05-10-7-7)

a. APTA House of Delegates (HoD)

- (1) Review and approve proposed revisions to policy HOD 06-94-23-39, Clinical Specialization in Physical Therapy
- (2) Approve formation of new specialty areas recommended by ABPTS
- (3) Serve as final appeal body for proposed specialty areas recommended by ABPTS

- b. APTA Board of Directors (BoD)
 - (1) Approve Program 34 budget
 - (2) Appoint consumer member of ABPTS
 - (3) Appoint BoD member of ABPTS
 - (4) Serve as final appeal body for individuals denied certification by ABPTS

 - c. ABPTS
 - (1) Review and revise policies and procedures to implement the certification and recertification process
 - (2) Submit annual reports to the BoD and APTA HoD on matters concerning specialist certification
 - (3) Review nominations and make specialty council appointments
 - (4) Approve and oversee specialty council activities
 - (5) Serve as the final appeal body for individuals whose application to sit for a certification examination is denied by a specialty council
 - (6) Consider requests for reconsideration of certification decisions
 - (7) Develop minimum requirements for certification and recertification to be used across all specialty areas, and approve specialty-specific requirements developed by councils
 - (8) Plan research related to the specialist certification process
 - (9) Approve and recommend to the HoD the formation of proposed specialty areas
 - (10) Consider requests for reconsideration of its decisions regarding petitions for specialty area recognition
 - (11) Approve formation of specialty councils in areas approved by HoD
 - (12) Coordinate information exchange between specialty councils
 - (13) Approve certification and recertification of qualified candidates for specialist certification

 - d. Specialty Councils
 - (1) Develop minimum eligibility requirements for certification and recertification in a specialty area, based on ABPTS guidelines. Eligibility requirements are to be reviewed annually.
 - (2) Develop the examination instruments in consultation with ABPTS testing agency and ABPTS approved consultants
 - (3) Submit reports for ABPTS review at annual meetings
 - (4) Make recommendations to ABPTS about individuals nominated for ABPTS and council vacancies
 - (5) Make recommendations to ABPTS on petitions for establishing new specialty areas
 - (6) If required, screen applicants for eligibility to sit for exams
 - (7) Complete practice analysis research to produce the *Description of Specialty Practice* document
- B. Specialty Councils (Amended ABPTS 05-10-7-7)
- 1. Appointments and Rotations

Each specialty council (council), other than orthopaedics, is composed of four members. The orthopaedics specialty council is composed of five members. Each specialty council member serves four (4) year terms. Expiration dates of all council appointments, except for orthopaedics, will be timed to assure that no more than one member rotates off the council during the same year. Council members cannot serve more than two (2) full, consecutive terms. Council members who finish a partially completed term are eligible for reappointment. Terms begin on January 1st.

Specialty council members shall be board-certified Clinical Specialists (BCCS) except that the councils in new certification areas will include non-certified specialists until BCCS are available and willing to be appointed. The specialty council must notify all board-certified specialists of a vacancy before ABPTS will consider appointing an individual who is not board-certified. If a specialty council member resigns before the end of his/her term, a new member will be appointed to complete the remainder of the term.

2. Vacancies (Amended ABPTS 05-10-7-7)

Whenever a vacancy occurs from among appointed members of a specialty council as a result of death, resignation, or other cause, the position shall be filled from the appropriate specialty based on specialty council nomination and ABPTS approval by a simple majority vote of the ABPTS. The appointment shall be made within 60 days after the occurrence of the vacancy. The person appointed shall hold the position to which s/he has been temporarily appointed until the next regularly scheduled appointment cycle.

3. Orientation of New Specialty Council Members (Amended ABPTS 05-10-7-7)

It is the responsibility of current specialty council members to provide all background materials to new appointees who will be replacing them. It is the responsibility of the council chair to review ABPTS policies with new council members and orient new council members to their responsibilities. The specialist certification program will provide new council members copies of ABPTS Policies and Procedures and conduct an orientation session in conjunction with each Combined Sections Meeting.

4. Qualifications of Individuals for Appointment to Specialty Councils (Amended ABPTS 05-10-7-7)

- a. Board-certified physical therapist in the specialty area
- b. In new certification area in which there are no or too few board-certified specialists to be considered, a non-board certified physical therapist recognized as having expertise in the specialty area may be appointed. The Specialty Council must notify all board-certified specialists of a vacancy before ABPTS will consider appointing an individual who is not board-certified.
- c. Evidence of effective group participation
- d. Evidence of ability to complete tasks in a timely manner

5. Soliciting Nominations for Specialty Council Vacancies & Specialty Council Appointments (Amended ABPTS 09-10; 09-17-5-5)

Staff will publish announcements in APTA publications and on APTA websites when

vacancies occur on specialty councils. Nomination and consent forms are available from the Residency/Fellowship & Specialist Certification Department. The call for nominations will be advertised by April 1 of the year preceding the vacancy, with a July 31 deadline for receipt of nominations. Appointment of members to the specialty council is solely the responsibility of the Board. The appropriate specialty council will be given the opportunity to review all applicants in their area of specialization, and to submit, to the Board, their written commentary on each nominee's qualifications. APTA section/academy leadership will also be given the opportunity to provide feedback addressing any concerns they may have with an applicant's ability to serve, based on their involvement with the work of the section/academy. The Board's decision will be informed by these commentaries, along with the nominee's qualifications and experience to meet the goals of the specialty area.

6. Selection of Chair

Each specialty council shall select one of its members to serve as chair for a term of two (2) years, effective January 1st. Members who agree to serve as chair shall have at least two (2) years remaining in their term on the specialty council. Specialty councils shall develop a rotation system for the chair position to allow for a one year mentoring period before the new chair's term begins.

7. Meetings (Amended ABPTS 05-10-7-7)

Specialty council meetings and conference calls are scheduled by each council in accordance with their workload. Each council is expected to send at least one representative (usually the chair) to attend the fall ABPTS meeting and the APTA Combined Sections Meeting. All specialty council members are requested to attend a meeting conducted at the Combined Sections Meeting.

ABPTS requests that the following items be submitted in report form at least (30) days before each fall and spring ABPTS meeting (this list may be revised as needed):

- (1) Materials to be Submitted for the Fall Meeting:
 - (a) Goals and Objectives of the specialty council for the following year
 - (b) Minutes of specialty council meetings since the last ABPTS meeting
 - (c) Progress report or update on points addressed in the letter to the specialty council from ABPTS after its last meeting
 - (d) Proposed amendments to minimum eligibility requirements
 - (e) Edits to instructions and sample questions for the next edition of the Applicant Information Booklet
 - (f) Special items requested by ABPTS
 - (g) Other documents and action items councils submit for ABPTS' consideration
- (2) Materials to be Submitted for the Spring Meeting:
 - (a) Proposed budget activities for the following year
 - (b) Minutes of specialty council meetings since the last ABPTS meeting
 - (c) Progress report or update on points addressed in the letter to the specialty council from ABPTS at its last meeting
 - (d) Special items requested by ABPTS
 - (e) Other documents and action items councils submit for ABPTS' consideration

8. Committees and Consultants

A specialty council may require the assistance of additional individuals at certain points in the certification process. Committees or individual consultants may be utilized. The requirements for consultants assisting specialty councils in the certification process are listed below.

a. Areas in which assistance may be needed

- (1) Evaluation of minimum requirements to sit the examination
- (2) Developing examination blueprint
- (3) Writing or editing examination items
- (4) Development of practice analysis plan and survey instrument
- (5) Survey data analysis and reporting
- (6) Cut Score Committee Meeting

b. Criteria for individuals to participate in council activities

- (1) Physical therapists who are licensed in the jurisdiction in which they practice, if assisting in cut score studies for the examination.
- (2) Minimum of five years experience in physical therapy with emphasis in the area for which assistance is needed
- (3) Recognized expert in the area for which assistance is required
- (4) Individual must be familiar with this certification process

9. Chair of Chairs (Adopted ABPTS 05-10-7-7)

Specialty council chairs will select a Chair of Chairs each year at the fall ABPTS meeting. This individual will work with the chairs to identify and present common concerns of the councils to the ABPTS. A formal report to ABPTS is to be submitted by the Chair of Chairs after the meeting of the chairs at the Combined Sections Meeting and fall ABPTS meeting, and on an ad hoc basis as deemed necessary by the council chairs.

C. Confidentiality (Amended ABPTS 05-10-7-7)

In order to maintain the integrity of the specialist certification process, the security of examination content and applicant identity must be maintained. ABPTS members, specialty council members, cut score study participants, application reviewers, candidates, consultants, and staff who are involved with the specialist certification process must abide by the following confidentiality policies.

1. Pledge of Confidentiality

Each new member of ABPTS, specialty council, and application review consultants are required to sign a pledge of confidentiality concerning all information related to the certification examinations and applicants prior to fulfilling their duties. Copies of the pledge are available from the Residency/Fellowship & Specialist Certification Department. If a breach of confidentiality is identified, the member may be removed from their position. A replacement representing the same specialty area or expertise will be appointed to complete the remainder of the term.

2. Application Materials

- a. Applicant names, application documents, and test scores are considered confidential. Only APTA Residency/Fellowship & Specialist Certification Department staff, ABPTS members, specialty council members, and designated staff at the testing agency shall have access to these documents.
 - b. Applicants for board certification must sign and have notarized a Pledge of Confidentiality which states that they will not reveal the identity of applicants or candidates for the specialist certification exam. The pledge is included on the Standard Application Form, available from the Specialist Certification Department.
 - c. Applicant information can be released by staff for study group purposes only, with the consent of each applicant.
 - d. Copies of test scores will be released only at the written request of the candidate.
3. Exam Content
- a. Specialty councils must adhere to the ABPTS policy on Maintenance of Test Bank Items (Amended 05-01-02-8D). This policy outlines secure procedures for the storage, maintenance, and review of all test items.
 - b. ABPTS members, specialty council members, test item reviewers, and cut score study participants must sign a Pledge of Confidentiality which states that they will maintain strict confidentiality of exam content. Pledge forms are available from the Residency/Fellowship & Specialist Certification Department.
 - c. Applicants for specialist certification must sign and have notarized an affidavit that includes a statement that they have not received specific information about the exam content and will not provide any specific information about the examination after its completion.
 - d. Candidates are not permitted to view specific test items after completion of the exam for any reason.
4. Restrictions on ABPTS, Specialty Council, and Item Writers Taking Written Examination (Amended 05-11-12-14C)
- a. Item writers and reviewers will not be eligible to sit for the specialist certification examination in their specialty area for two years from the date of involvement in the process. However, item writers and reviewers with current certificates will be eligible to apply for recertification via an alternative method to the written exam (eg, Professional Development Portfolio) during and immediately after their term of service.
 - b. 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. Specialty council member, ABPTS members, and cut score study participants have the option of applying for recertification via the Professional Development Portfolio assessment immediately after their term is complete or during their term.

5. Description of Specialty Practice, Practice Analysis Research, and Other Activities
 - a. Consultants involved in specialist certification activities (eg, practice analysis, *Description of Specialty Practice* development) will not use or publish information until the document is approved by ABPTS and published for public distribution.

IV. INSTRUCTIONS TO COMPLETE A PETITION FOR RECOGNITION AS A SPECIALTY AREA FOR CERTIFICATION (AMENDED ABPTS 05-16-05)

A. Introduction

The American Board of Physical Therapy Specialties (ABPTS) is pleased to provide this information to those individuals or groups interested in petitioning ABPTS to recognize a new area of specialized practice. ABPTS believes this information will be of value to petitioners in planning, organizing, writing, and submitting a petition. ABPTS wishes to give every prospective petitioner as much information and background as possible to help in preparing petitions. Individuals may refer questions to ABPTS through the Specialist Certification Program at the American Physical Therapy Association (APTA), 1111 N Fairfax Street, Alexandria, VA 22314-1488, 800/999-2782, ext. 3150, or spec-cert@apta.org.

ABPTS designed the procedures for considering petitions (Section C of this document) to provide for a reasoned consideration of petitions submitted by physical therapists. These procedures allow for communication from other physical therapists and from other health professionals whose practice is directly affected by the recognition of a specialty area. In addition, these procedures allow for communication from the public who will benefit from such recognition, and who also will ultimately bear its cost.

All petitions submitted for consideration as a new specialty area must be consistent with the mission, vision, and purposes of ABPTS as noted below.

1. Mission of ABPTS

The mission of the American Board of Physical Therapy Specialties is to advance the profession of physical therapy by establishing, maintaining, and promoting standards of excellence for clinical specialization, and by recognizing the advanced knowledge, skills and experience by physical therapist practitioners through specialist credentialing.

2. ABPTS Vision Statement

The American Board of Physical Therapy Specialties will create, promote, and sustain a culture in which the highest quality physical therapy is provided by therapists who attain and maintain certification in a specialty area.

3. Purposes of ABPTS

- a. Assist in the identification and development of appropriate areas of specialty practice in physical therapy
- b. Promote the highest possible level of care for individuals seeking physical therapy services in each specialty area
- c. Promote development of the science and the art underlying each specialty area of practice
- d. Provide a reliable and valid method for certification and recertification of individuals who have attained an advanced level of knowledge and skill in each specialty area
- e. Assist consumers, the health care community, and others in identifying certified clinical

specialists in each specialty area

- f. Serve as a resource in specialty practice for the APTA, the physical therapy profession, and the health care community

Currently ABPTS accepts petitions for the establishment of new areas of specialization, but not those determined to be at the subspecialty level. For the purposes of this process ABPTS defines a subspecialty as, “a clinical practice area within a recognized specialty area (e.g., Neonatal Physical Therapy is a subspecialty of Pediatric Physical Therapy), or a portion of a recognized specialty area (e.g., Orthopaedic Manual Physical Therapy is a subspecialty of Orthopaedic Physical Therapy).”

B. Criteria for the Recognition of a Specialized Area of Physical Therapy Practice

Petitioners must address each criterion listed below in narrative form in the petition for recognition. The criterion are required at two different phases of the petition process.

Phase 1: (1) addressing the criteria Demand and Need (see pages 5-7), (2) providing a definition of the proposed specialty area (page 16), (3) submitting a minimum of 100 signatures of support from individuals practicing in the proposed specialty area (page 16), (4) completion of a practice analysis process and providing outcome results (pages 23-31), and (5) providing a brief description of how the proposed specialization differs from those already recognized by ABPTS.

Phase 2: (1) addressing the criteria Specialized Knowledge, Specialized Functions, Education & Training, and Transmission of Knowledge (pages 3-9); providing a draft Description of Specialty Practice based on practice analysis survey results (pages 31-35); full technical report on practice analysis process (page 30); proposed minimum eligibility requirements (page 17); and a proposed 8-year budget (page 20) are required during phase 2 of the petition process.

Following each criterion is a set of guidelines adopted by ABPTS to assist petitioners in addressing the criteria. These guidelines identify specific information, assessments, and documentation that ABPTS considers necessary for its deliberations. Each criterion must include a concluding paragraph summarizing directly and succinctly the questions posed and information requested. Petitioners are encouraged to submit any additional documentation thought to be pertinent to the petition, even if not formally requested in these instructions. When data is lacking or not available, petitioners should specify when such information might become available.

1. The area of specialization in the practice of physical therapy shall be one for which there exists a significant and clear health demand, and include a reasonable number of individuals who devote a significant portion of their clinical activity to practice in the specialty area.¹ The number of physical therapists with the specialized training and knowledge, and the demand to provide this physical therapy service to the public is the reason for certification in a specialty area.

¹This criterion also helps insure that the expenses connected with the development and administration of the certification and recertification processes will be economically justifiable for the public and the profession.

This criterion emphasizes DEMAND, including the number of practitioners and the amount of time spent in the practice of the specialty (*phase 1 of petition process*).

a) Guidelines for Petitioners

- (1) Include at least five (5) but no more than ten (10) letters demonstrating evidence of support for physical therapists with the specialized training and knowledge required to provide the services, written by individuals from the following three categories (at least one (1) letter must be submitted from each category):
 - (a) Non physical therapist health professional leaders, planners, or Administrators
 - (b) Physical therapists who are not practicing in the proposed specialty area
 - (c) Members of the public

Ensure letters clearly include specific examples and/or rationale that support the proposed specialized area of physical therapy practice. As such, letters should not highlight a solicitation process.

Written statements should not be “form letters” and should be no more than 2 years old as views may change over time.

- (2) Include an estimate of the number of physical therapists currently practicing in the proposed specialty area, documenting the process and providing a rationale for how numbers were derived. Identify the types of practice settings for these physical therapists (e.g., academic, hospital, private practice, managed health care).
 - (3) Include an estimate of the percentage of time that physical therapists currently practicing in the proposed specialty area devote exclusively to practicing in the proposed specialty. Provide supporting documentation that details the process and rationale for how estimates were derived.
 - (4) Estimate the number of physical therapists who would likely seek board certification in the proposed specialty area during the first five years board certification would be available. Provide supporting documentation that details the process and rationale for how estimates were derived.
2. The area of specialization shall be one for which specifically educated and trained practitioners are needed to fulfill the responsibilities of the physical therapy profession in improving the health and welfare of the public. In addition, it shall be an area that other health care providers may not currently or effectively fulfill (e.g., issues with patient access to care, wait times).

This criterion addresses NEED (*phase 1 of petition process*).

a) Guidelines for Petitioners

- (1) Describe how functions provided by the physical therapist practitioners in the proposed specialty area will fulfill the mission of the American Physical Therapy Association (APTA) (HOD 06-93-05-05) “to further the profession's role in the prevention, diagnosis, and treatment of movement dysfunctions and the enhancement of the physical health and functional abilities of members of the public”. Ensure that practice in the specialty area is consistent with the Standards of Practice and the Code of Ethics of the APTA (available upon request in "Help Packet").
 - (2) Identify specific public health and patient care needs that could be better met by a physical therapist in the proposed specialty area compared to a non-specialist.
 - (3) Specify how the functions performed by physical therapists in the proposed specialty area benefit these specific needs of the public's health and well-being.
 - (4) Describe and document, with references, how the public's health and well-being may be at risk if physical therapist practitioners do not provide the services in the proposed specialty area.
 - (5) Describe the reasons why the needs as described above are not or cannot be met by physical therapists who do not have specialized education and training in the specialty area. If the needs are currently being met by these physical therapists, describe how the needs could be better met by a physical therapist in the proposed specialty area compared to a non-specialists.
 - (6) Describe the reasons why the needs as described above are not or cannot be met by other health professionals (e.g., including other allied health professions and beyond). If the needs are currently being met by other health professionals, describe how the needs could be better met by a physical therapist in the proposed specialty area compared to a non-specialist.
3. The area of specialization shall rest on advanced knowledge of physical therapist practice that has as its basis the biological, physical, behavioral, and clinical sciences. Practice in the specialty area is to be regarded independently of the managerial, procedural, or technical services needed to support that practice and of the environment in which the specialty practice occurs.

This criterion relates to SPECIALIZED KNOWLEDGE (*phase 2 of petition process*).

a) Guidelines for Petitioners

- (1) Describe in detail the specialized knowledge of physical therapist practice required for the proposed specialty area. Petitioners should make sure they are describing the specialized knowledge of a Specialist rather than an experienced non-specialist.

- (2) Relate how this advanced knowledge has its base in the biological, physical, behavioral, and clinical sciences. In addition to providing the required narrative, petitioner must submit required table/matrix.
 - (3) Discuss in detail how this specialized knowledge differs from the knowledge base required of a recent graduate from a professional physical therapy program. In addition to providing the required narrative, petitioner must submit required table/matrix.
 - (4) Discuss in detail how this advanced knowledge differs from the knowledge base required for those specialty areas already recognized by ABPTS.² Please refer to currently approved ABPTS Descriptions of Specialty Practice (DSPs). In addition to providing the required narrative, petitioner must submit comparison assessment within table/matrix (*electronic copies current ABPTS DSPs and sample table/matrix available from the Specialist Certification Program staff*).
4. The area of specialization shall represent an identifiable and distinct field of practice that calls for specialized function and skills acquired by education, training and experience that are at the advanced level and beyond the first professional degree program in physical therapy.

This criterion refers to SPECIALIZED FUNCTIONS (*phase 2 of petition process*).

a) Guidelines for Petitioners

- (1) Specify and describe in detail, specialized functions performed routinely by practitioners in the proposed specialty area. Petitioners should only list the functions above and beyond the first professional degree program in physical therapy (e.g., beyond an level entry program).
 - (2) Describe the specialized skills required to perform functions described above.
 - (3) Discuss in detail how these specialized functions and skills differ from the functions required in those specialty areas already recognized by ABPTS (See Footnote 2 on Practice Analysis on page 7).
5. The area of specialization shall be one in which organizations offer recognized education and training programs to those seeking advanced knowledge and skills in specialty practice.

This criterion addresses EDUCATION and TRAINING (*phase 2 of petition process*).

a) Guidelines for Petitioners

- (1) Describe in detail the education, training and experience needed to

²A Practice Analysis is required of all petitioners in order to clearly and adequately address Criteria 3 and 4. This information must be incorporated into the petition and will be used by ABPTS in reaching a decision. Petitioners are to follow ABPTS "Guidelines for Conducting an Initial Practice Analysis" and "Guidelines for Preparing the *Description of Specialty Practice*", which are available from the Specialist Certification Program as part of the Help Packet.

acquire the skills required to perform the specialized functions detailed in criterion #4. Discuss in detail how such education, training, and experience differ from the education, training and experience required of a recent graduate from a professional physical therapy program (*sample table/matrix available from the Specialist Certification Program staff*).

- (2) If there are other certifications within this area of specialization currently available, please document these certifications (including eligibility requirements), the number of individuals with these certifications, and the number acquiring the certification over the past 3 years.
 - (3) Provide a complete listing of recognized education and training programs, and include the following information (*sample table/matrix available from the Specialist Certification Program staff*):
 - a. the sponsoring organizations or institutions, locations, and instructors.
 - b. the nature of such programs including their length, content and objectives
 - c. Describe what is the expected outcome of the programs documented above, and how this is assessed.
6. The area of specialization shall be one in which an adequate educational and scientific base warrants transmission of knowledge through teaching clinics and a body of professional, scientific, and technical literature immediately related to the specialty.

This criterion refers to the TRANSMISSION OF KNOWLEDGE (*phase 2 of petition process*).

- a) Guidelines for Petitioners
 - (1) Identify journals and other periodicals related specifically to the proposed specialty area.
 - (2) Provide a complete bibliography of peer-reviewed scientific articles dealing with the proposed specialty area, and pertaining to the scope of physical therapy practice, published during the most recent calendar year. Briefly describe the search process used to gather this information.
 - (3) Provide the number of these articles published each year over the previous five (5) years. Briefly describe the search process used to gather this information.
 - (4) Describe methods of knowledge transmission through symposia, seminars, workshops, etc. Provide frequency of documented events, event locations, estimates of the average total attendance, and enclose representative programs concerning these activities (*sample table/matrix available from the Specialist Certification Program staff*).
- C. Procedures for Considering Petitions

The following sequence is a procedural outline, with time lines, regarding consideration of individual petitions by ABPTS.

1. Contact the APTA Specialist Certification Program (spec-cert@apta.org) to obtain the necessary instructions and materials to submit a petition.
2. Declare intent to submit a petition by notifying ABPTS in writing. ABPTS will assign one of its members as a liaison to the petitioning group. The liaison will provide guidance during all phases of the development of the petition.
3. Begin the process of developing the petition, according to these instructions, and submit to APTA Specialist Certification Program according to the instructions in Section D below.
4. Preliminary screening by Specialist Certification Program staff for completeness of the petition (within 10 business days of receipt of the petition in Specialist Certification Program).
5. Preliminary review by ABPTS for appropriateness and further consideration (within 90 days of receipt of the petition in Specialist Certification Program) of the implications of and recommendations for development.
6. If the petition receives preliminary approval from ABPTS, public announcements will be made concerning the petition, including: requesting comments in support of or opposing the petition from all specialty areas currently recognized by ABPTS (within 120 days of preliminary approval). If the petition does not receive preliminary approval, ABPTS will provide specific feedback to the petitioner about the reason the petition was not approved. The petitioner may re-submit an amended petition within thirty (30) days of receipt of the letter from ABPTS indicating that the petition was not approved.
7. Possible petitioner interview (within 300 days of receipt of the complete petition in Specialist Certification Program).
8. Convene at least one open hearings for opinion from the physical therapy profession, other health professions, third-party payers, or the public (within 300 days of receipt of the complete petition in Specialist Certification Program)
9. Final evaluation and decision will take place during the next regularly scheduled meeting of ABPTS, once the requisite open hearings have been held.

If ABPTS approves the petition, they will forward it to the next meeting of the APTA House of Delegates, and recommend that the House of Delegates approve the specialty area.

10. Request for Reconsideration

- a) If ABPTS denies recognition to the proposed specialty area, ABPTS will:
 - (1) inform the petitioner of its decision and advise the petitioner that within thirty (30) days, an announcement will be made to the profession regarding the decision.
 - (2) advise the petitioner that within thirty (30) days, the petitioner can make a request for reconsideration of the decision to ABPTS, based solely upon the

submission of new information not available at the time of ABPTS' original decision.

- (3) Petitioners requesting reconsideration must specify the grounds of their request for reconsideration and specify the nature of the new information, timeline, and the requested course of action.
- (4) At its next regularly scheduled meeting, ABPTS will review the request for reconsideration and may either uphold or reverse its denial of the original petition based on new information supplied by the petitioners. ABPTS will notify the petitioner of its final decision in writing within thirty (30) days of that meeting.

11. If, upon reconsideration, ABPTS upholds its original decision to deny recognition to the proposed specialty area, the petitioner may formally appeal this decision. The following are the procedures for appeal of reconsideration decisions that uphold previous decision to deny a new specialization petition:

GENERAL INFORMATION

Scope of Rules

The following rules set forth the practices and procedures to be followed by a petitioner seeking to appeal an adverse reconsideration decision imposed following review of a formal petition seeking recognition of a new specialized area of physical therapy practice.

Notice of Decision

Official notification of each reconsidered status decision in which a previous adverse decision is upheld shall be sent by registered or certified mail (return receipt requested), or by another service that can track delivery, to the chair of the petitioning body. The notice shall (a) advise the petitioner that it has the right to appeal the decision, (b) include an effective date of the decision that allows sufficient time to seek an appeal before the decision is final, and (c) provide the petitioner with a copy of these Rules of Procedure for Appeal.

Mailing Procedures

Notices of appeal and all documents and correspondence pertaining thereto shall be sent electronically by the petitioning body. Official notification of the outcomes of an appeal process shall be sent electronically to the chair of the petitioning body and by registered or certified mail with return receipt requested, or by another service that can track delivery.

APPEAL PROCEDURES

Notice of Intent to Appeal

- (a) A petitioner that seek to appeal an adverse action on a reconsideration decision must, within fourteen (14) calendar days following receipt of the decision, notify the President of the American Physical Therapy Association (APTA) in writing that it is appealing ABPTS's decision. This Notice of Intent to Appeal shall be sent to the President of the APTA via email, with a copy to the Director of Postprofessional Credentialing.
- (b) Receipt of the Notice of Intent to Appeal will stay the adverse decision until the final disposition of the appeal.
- (c) The Notice of Intent to Appeal shall set out in concise fashion the grounds for appeal that the petitioner plans to present to the Appeal Panel.
- (d) If a Notice of Intent to Appeal is not filed within the fourteen (14) calendar days' time period, the petitioner will have forfeited the right to appeal and the adverse decision will become final.

Statement on Appeal

- (a) Within thirty (30) calendar days following the filing of its Notice of Intent to Appeal, the petitioner shall submit one (1) electronic copy of a Statement of Appeal to the Director of Postprofessional Credentialing, who shall inform the APTA President that the appeal has been submitted. This statement shall set out in detail all of the arguments which the institution believes warrants reversal or modification of ABPTS's decision.
- (b) ABPTS may submit a response to the petitioner's Statement of Appeal and to any supplementary information submitted by the petitioner. ABPTS's response must be submitted to the Director of Postprofessional Credentialing and the petitioner no later than thirty (30) calendar days after receiving the Statement of Appeal.

Standard of Review on Appeal

- (a) On appeal, the petitioner has the burden of proving that ABPTS's status decision was
 - (1) not supported by substantial evidence on the record,
 - (2) otherwise arbitrary and capricious,
 - (3) an abuse of ABPTS's discretion, or
 - (4) directly attributable to a failure of ABPTS to follow its published *Petitioner's Guide for Specialty Recognition*.
- (b) The appeal must be based solely on information before ABPTS at the time of the reconsideration decision being appealed; no additional information may be added to the record as part of the appeal.

Selection of an Appeal Panel

- (a) Specialist certification staff shall maintain a list of individuals who are qualified to serve on an Appeal Panel as needed. These individuals will be selected from the Cadre of specialty council members who have previous experience with specialty petitions, previous members of ABPTS, and individuals who have served as consultants for APTA practice analysis studies. The list shall consist of persons who have a working knowledge about and experience with ABPTS's standards used in petition reviews and shall be subject to ABPTS's conflict of interest policies.
- (b) Upon receipt of the Notice of Intent to Appeal, staff will develop a list, drawn from the list of qualified individuals, of those individuals who are eligible to be appointed to an Appeal Panel for the specific program seeking appeal.
 - (1) The list will include only those individuals who are 1) not previous members of ABPTS who participated in making the adverse decision and 2) not in conflict with the appellant program. Staff will determine this by reviewing existing conflict of interest information in the specialist certification records.
 - (2) Staff will also confirm that the public representatives included in the list of qualified individuals continue to meet the definition of an ABPTS public representative prior to including them on the list of individuals eligible to serve on the Appeal Panel.
- (c) The names of all eligible individuals shall be forwarded to the chair of the petitioning body within thirty (30) calendar days following receipt of the Notice of Intent to Appeal. If the petitioner believes that anyone on the list does not meet the qualifications set out in ABPTS appeal policy or suffers from a conflict of interest with the program, the petitioner may declare that individual to be in conflict of interest by notifying the Director of Postprofessional Credentialing of the conflict in writing within fourteen (14) calendar days of receiving the list of eligible individuals.
- (d) The Director of Postprofessional Credentialing shall forward to the APTA Executive Committee a recommendation for appointment of five individuals to serve on a member Appeal Panel, chosen from the list of eligible individuals that remain after the petitioner has declared any existing conflicts of interest. The 5-member Appeal Panel must include one individual with expertise in practice analysis studies from a test and measurements perspective. One of the appointees shall be designated as Chair of the Appeals Panel. If the Executive Committee does not receive the appointment recommendation thirty (30) or more days before the next regularly scheduled meeting the Executive Committee will consider the appeal at the subsequent scheduled meeting.
- (e) Once appointed, the names, academic and professional qualifications of the Appeal Panel members shall be provided to the petitioner.

Appeal Panel Procedures

- (a) Once appointed, the members of the Appeals Panel shall receive from the specialist certification staff copies of the complete record of the ABPTS proceedings involving the appellant petitioner. All sessions in which the Appeal Panel meets to organize its work will be conducted in executive session.
- (b) For appeals of adverse decisions upheld on reconsideration, the record shall include the following when applicable to the appeal:
 - (1) Correspondence between ABPTS and the appellant petitioner
 - (2) Initial petition submission, and any subsequent resubmissions based on ABPTS request
 - (3) Petition review reports resulting from ABPTS review(s)
 - (4) The Statement in Support of Reconsideration and Supplementary Documentation
 - (5) Transcript from Reconsideration Hearing
 - (6) Statement on Appeal
 - (7) ABPTS's response to Statement on Appeal
- (c) A list of all materials that comprise the complete record as well as the actual materials shall be provided to the appellant petitioner.
- (d) Oh behalf of the Chair of the Appeal Panel, staff shall distribute a copy of the complete record to each member of the Appeal Panel.
- (e) The Appeal Panel Chair shall establish the date, time, and location of the hearing and shall so notify the chair of the petitioning body and ABPTS in writing at least thirty (30) calendar days prior to the hearing date. The hearing shall be held within ninety (90) calendar days after the panel is appointed.
- (f) Prior to the Appeal Hearing, members of the appointed Appeal Panel will be trained by APTA legal counsel. Topics of training shall include the appeals process, the relevant standards, policies and procedures, the decision options available to the Appeal Panel

Appeal Hearing Procedures

- (a) The Appeal Hearing shall commence with an opening statement by the Chair of the Appeal Panel which describes the issues raised on appeal, the applicable standard of review, and the procedures to be followed at the hearing. A verbatim transcript of the hearing will be made.
- (b) The appellant petitioner representatives, which may include legal counsel, shall then offer oral argument in support of the appeal not to exceed 40 minutes. The argument shall make reference to any facts in the record, or the lack thereof, which demonstrate that ABPTS's decision was not supported by substantial evidence on the record, was otherwise arbitrary and capricious, was an abuse of its discretion, or was directly attributable to a failure to follow published procedures.
- (c) Any member of the Appeal Panel may question the representative(s) of the petitioner at any time during or after the oral argument.

- (d) No new information, (i.e., information that was not before ABPTS at the time they made the decision) will be considered by the Appeal Panel. During the presentation by the appellant, the Appeal Panel is responsible for seeking assurance that no new information is introduced.
- (e) After the Appeal Panel has concluded its questioning, the petitioner's and ABPTS's representative may make brief closing arguments. Following the questioning and closing argument, the hearing shall be adjourned.

Appeal Decisions

- (a) The Appeal Panel may affirm, amend, reverse or remand the adverse decision under appeal and render its decision within 30 days of the hearing's adjournment.
- (b) If the Appeal Panel upholds ABPTS's decision, the Panel decision shall be final and shall not be subject to further appeal. In such case, this decision shall be submitted within fourteen (14) calendar days after the hearing by the Chair of the Appeal Panel to the chair of the petitioning body and Director of Postprofessional Credentialing. The Director of Postprofessional Credentialing will submit the decision to all members of ABPTS and specialist certification staff.
- (c) If the Appeal Panel amends, reverses, or remands ABPTS's decision, the Appeal Panel shall expressly state the basis for its conclusion that ABPTS's decision was not predicated upon substantial evidence on the record, was otherwise arbitrary and capricious, was an abuse of its discretion, or was directly attributable to ABPTS's failure to follow its published procedures. In such case, the decision shall be sent to ABPTS for final action. The Chair of the Appeal Panel shall in turn notify the chair of the petitioning body that the decision has been sent to ABPTS for final action.
- (d) Upon receipt of the Appeal Panel's decision to amend, reverse or remand the adverse decision, ABPTS shall issue a Summary of Action that implements the Appeal Panel's decision. ABPTS's action, which shall typically occur at its next regularly scheduled meeting or as directed by the Appeal Panel, shall constitute final action in the matter.

Expenses of Appeal

- (a) Expenses to be borne exclusively by the appellant petitioner
 - (1) All expenses incurred in the development and presentation of its appeal, including the cost to ABPTS for duplication of any program records requested by the petitioner.
 - (2) All reasonable expenses of any witness who attends the hearing at the request of the appellant petitioner.
- (b) Expenses to be borne exclusively by ABPTS
 - (1) All expenses involved in the selection of the Appeal Panel and arrangements for the location of the hearing.
 - (2) All reasonable expenses of any witnesses who attend the hearing at the request of ABPTS.

- (c) Expenses to be shared equally by the appellant petitioner and ABPTS
 - (1) All reasonable expenses of the Appeal Panel members directly associated with the hearing (e.g., travel, meals, and lodging)
 - (2) All expenses involved in providing the Appeal Panel with copies of the official records related to the decision under appeal.
 - (3) All reasonable expenses of any witnesses who attend the hearing at the request of the Appeal Panel
 - (4) Cost of producing the verbatim transcript.

- 12. If a petition is denied and the times for reconsideration and appeal have expired, a period of at least one (1) year must pass before ABPTS will consider another petition for recognition of the same specialty area.

D. Instructions to Petitioners

1. Who May Petition

Any individual or group of individuals may petition ABPTS to recognize an area of physical therapist practice as a specialty. Any individual or group interested in filing a petition with ABPTS is encouraged to communicate with all individuals in the proposed specialty area who may have an interest in filing a similar petition, to consolidate resources, and to coordinate information so that one comprehensive petition is submitted for a proposed specialty.

If more than one petition is submitted to ABPTS regarding the same area of physical therapist practice, ABPTS will accept the first complete petition received as the "petition of record" and refer all subsequent petitioners to the originator of the petition of record for support, coordination, and any necessary modification.

2. Structure of Petition (*see summary requirements chart on page 30*)

The petition should be organized to address each criterion and its associated guidelines, in the order and phase outlined in Section B of these instructions. The petition should clearly demonstrate to ABPTS that the proposed specialty area meets all criteria by providing complete documentation as stipulated in the guidelines. The Procedures and Instructions listed in Sections C and D of these instructions must be followed.

3. Signatures (*phase 1 of petition process*)

The petition shall be accompanied by no less than one hundred (100) signatures or letters of support from individuals practicing in the proposed specialty area. Address, title, and place of practice must accompany signatures. Each signer's name should also appear in a printed format.

4. Definitions for the Proposed Specialty (*phase 1 of petition process*)

- a. The petitioner shall include the following as part of the petition:
 - (1) Name for the proposed specialty
 - (2) Definition of the proposed specialty

(3) Title for the certified specialist

- b. Indicate a preferred group for designation by ABPTS as the "sponsoring organization" for the practitioners in the proposed specialty area. This sponsoring organization may be the author of the petition, such as an APTA section, or any other practitioner-based group, whose membership includes a significant number of physical therapists practicing in the proposed specialty area. This organization should assist in promoting and publicizing certification and recertification processes for the specialty area, and act as the lead agency in developing education programs that assist physical therapists in attaining and maintaining competency in the specialty practice.

5. Completion of Practice Analysis Study (*phase 1 of petition process*)

This would include a copy of the practice analysis survey, full description of process, and submission of survey results (see section V on page 31 for additional details)

6. Brief Description/Summary of New Specialty Area Distinctiveness (*phase 1 of petition process*)

Provide a brief description summarizing how the proposed specialization differs from those specialty areas already recognized by ABPTS.

7. Description of Specialty Practice and Full Technical Report on Practice Analysis Process (*phase 2 of petition process*)

Based on outcome of practice analysis study conducted during phase 1 of the petition process, submit draft of new Description of Specialty Practice (see section VI on page 46 for development details)

8. Minimum Eligibility Requirements to Sit for the Specialist Certification Examination (*phase 2 of petition process*)

Petitioners must submit recommendations for establishing the minimum eligibility requirements for applicants to sit for the initial specialist certification examination. The specialty council will later finalize and submit the requirements to ABPTS for approval.

They must include the following areas, as a minimum, in establishing the requirements.

- a. Current licensure to practice physical therapy in the US or any of its possessions or territories.
- b. Direct patient care hours in specialty area.

Applicants must submit evidence of 2,000 hours of direct patient care in the specialty area within the last ten (10) years, 25% of which must have occurred within the last three (3) years.

Direct patient care must include all activities in each of the elements of patient/client management applicable to the specialty area and included in the *DSP*. These

elements, as defined by the *Guide to Physical Therapist Practice*, are examination, evaluation, diagnosis, prognosis, and intervention.

- c. Additional specialty specific requirements (eg, ACLS certification, CPR certification, case reflections, emergency care certification, etc.).

9. Costs

- a. All costs associated with the development of the petition, including the practice analysis study, will be borne by the petitioner.
- b. All costs associated with producing and providing copies of the petition to ABPTS and interested individuals will be borne by the petitioner.
- c. All expenses associated with filing the petition and appearing at interviews and open hearings will be borne by the petitioner.
- d. Non-refundable filing fees at phase 1 of the petition (\$3,000) and at phase 2 of the petition (\$4,500) must accompany the submission at each phase of the petition process. This fee is applied towards expenses incurred by ABPTS and Specialist Certification staff for activities related to the petition and petitioning process.
- e. Once the APTA House of Delegates approves the specialty area, the petitioner and the APTA will develop a plan to share the costs associated with examination development and production, according to the following guidelines:

- (1) The petitioner and APTA will share the costs associated with activities required for examination development. The time period allocated for exam development shall not exceed two years. Activities, such as appointment of specialty council members, appointment and training of item writers, development of an item bank of sufficient size to support the production of a 200-item specialty examination that reflects the test specifications detailed in *the Description of Specialty Practice* (DSP), must be completed during this two-year period.

The petitioner's progress will be evaluated at the end of the two-year period. The indicators of adequate progress shall be: an established specialty council, trained and productive item writers, and a sufficiently large item bank to permit the production of the specialty examination. If the petitioner's progress is not adequate, these examination development activities may continue for one additional year but the petitioner will be responsible for the cost of all activities. At the end of this additional year, the petitioner's progress will again be evaluated.

- (2) If the petitioner's progress has been adequate, the APTA will provide funding for one year for production of the specialty examination. Activities related to examination production include an item review

meeting at the testing agency and all subsequent activities required for examination construction and administration. If an examination has not been produced during this one-year period, the petitioner will assume any additional costs associated with the examination production.

The following chart provides more specific information:

Funding Activities for Development of Specialist Certification Examination

Phase	Activities	Funded By
Petition Process		
	Proposal Submitted to ABPTS Practice Analysis Approved DSP Prepared ABPTS Recommendation to Approve HOD Approval	Petitioner & Grants
Exam Development		
Up to 2 years	Specialty Council Appointed Item Writers Appointed Item Bank Development (Large enough to produce a 200 item exam according to the test specifications in the DSP)	Petitioner & APTA
Beyond 2 years	Continuation of activities needed to develop the examination	Petitioner
Exam Production		
Up to 1 year	Specialty exam produced	APTA
Beyond 1 year	Any additional activities required to produce the specialty examination	Petitioner

10. Projected Budget (*phase 2 of petition process*)

Petitioners must submit an eight-year pro forma financial statement that includes a projected budget for each year of the five-year period following approval as a specialty area by the House of Delegates. Budget expenses and revenue are to be based on the anticipated number of candidates who will apply for specialization each year. The estimated number of candidates is to be determined by the results of a survey of specialty area physical therapist practitioners. The budget should address specialty council operations, certification examination development, and other related activities. Petitioners must follow APTA guidelines for budget development (Budget Guidelines available upon request from the Specialist Certification Program as part of the Help Packet).

11. Submission of the Petition

The petitioner shall submit an electronic copy of the petition and all related support documents to the American Board of Physical Therapy Specialties through the specialist certification program (spec-cert@apta.org).

12. Questions, Clarifications

ABPTS invites potential petitioners to contact ABPTS through the Specialist Certification Program with any questions or clarifications that are necessary concerning the information in these instructions (spec-cert@apta.org; 800/999-2782, ext. 3150).

E. Help Packet

Upon request, the Specialist Certification Program distributes the following documents as a Help Packet to assist with the development of the petition. Please contact the Specialist Certification Program if other materials would be useful in your preparation.

1. APTA Bylaws-Available on APTA Website
(https://www.apta.org/governance/governance_4)
2. Clinical Specialization in Physical Therapy (HOD 06-94-23-39)
3. APTA Code of Ethics
4. APTA Standards of Practice
5. ABPTS Guidelines for Preparing the Description of Specialty Practice
6. ABPTS Guidelines for Conducting an Initial Practice Analysis
7. Cost Estimate-Preparation of Petition Instructions

ABPTS Petition Process for Proposed New Areas of Specialization

<p>Phase 1: Pre-petition Cost: \$3,000</p> <p>Criterion Categories:</p>
Definition of Proposed Specialty
Signatures (minimum of 100 from individuals practicing in the proposed specialty area)
Practice Analysis Survey, Process, and Results
Demand
Need
Brief Description/Summary of how the proposed specialization differs from those specialty areas already recognized by ABPTS
<p>Phase 2 Cost: \$4,500</p> <p>Criteria Categories:</p>
Specialized Knowledge
Specialized Functions
Education & Training
Transmission of Knowledge
Description of Specialty Practice
Full Technical Report on Practice Analysis Process
Minimum Eligibility Requirements to Sit for the Specialist Certification Examination
Proposed Budget

V. GUIDELINES FOR CONDUCTING AN INITIAL PRACTICE ANALYSIS AS A COMPONENT OF A PETITION FOR RECOGNITION AS A SPECIALTY AREA (AMENDED ABPTS 05-16-05)

A. Introduction

The following guidelines have been developed to assist petitioners in performing an extensive practice analysis to be used as supporting evidence for the petition, and if approved, to validate a specialist certification examination. Note that the extensive practice analysis alone is not sufficient evidence to address the petition’s seven (7) criteria. The practice analysis is a systematic plan to study professional practice behaviors, skills and knowledge that comprise the practice of the specialist. The purpose of the study is to collect data that will reliably and accurately describe what specialist practitioners do and what they know that enables them to do their work. All documents related to the implementation of the practice analysis, including all data collected, should be carefully archived for the life of the test specifications drawn from it. These data will serve as the rationale and substance of the defensibility of the examination program.

The results of the practice analysis will be used to prepare the test specifications for the examination. The test specifications provide an outline of the content of the examination and are linked closely with the data from the practice analysis. In general, the test specifications will not change until a new practice analysis is done.

B. Required Steps in Validation Process

Phase 1 of Petition Process

1. Overview of the required steps in conducting a practice analysis/exam validation: Identify the practice analysis team to include the team members, the practice analysis coordinator, and a consultant.
2. Develop a practice analysis plan.
3. Develop a detailed and broadly representative initial description of the specialty practice by writing statements of competency regarding the knowledge, skills and abilities of the specialty practitioners.
4. Develop a pilot survey based on the initial description of specialty practice.
5. Field the pilot survey, analyze the data, and revise the survey as necessary.
6. Conduct, analyze and interpret the results of the practice analysis survey.
7. Prepare the technical report summary.

Phase 2 of Petition Process

8. Write the Description of Specialty Practice (DSP), including the determination of the test specifications (examination blueprint), based on the survey results and submit to ABPTS with the completed petition.
9. Prepare the full technical report and submit to ABPTS as an appendix in the petition. ABPTS will retain the technical report for the permanent archival record.
10. Upon approval by the APTA House of Delegates of the specialty area, and the appointment of a specialty council, develop an exam form based on the DSP.

Each step is described in detail below.

Each petitioner is to follow the required steps in conducting a practice analysis.

1. Identify the practice analysis team to include the team members, the practice analysis coordinator, and the consultant.
 The practice analysis coordinator role may be assumed by a subject matter expert (SME) in the specialty area or by an individual with expertise in the conduct of practice analyses. The practice analysis coordinator can be a subject matter expert only. However, if no one else in the petitioning group has the expertise needed to develop a survey, collect and analyze the data and to then generate a technical report that can be used as the database blueprint for an examination, the petitioner must hire a consultant to assume these responsibilities. The practice analysis coordinator serves as the project manager who will coordinate the work of the consultant with the group to direct validation activities so that the practice analysis can be completed in a timely fashion.

In some cases, the practice analysis coordinator will possess the expertise required to guide the practice analysis from start to finish. However, if the petitioner determines at any point in the process that additional expertise and support is needed for activities, such as study design, development of the pilot survey, interpretation of the pilot survey results, development of the practice analysis survey, or analysis of practice analysis survey data, including the establishment and application of the decision rules, the petitioner is to identify the needs and make arrangements for a consultant to provide support as needed for specific activities in the validation plan. ABPTS will maintain a roster of individuals who are qualified and willing to serve as consultants to assist with practice analysis activities and make names known to petitioners.

The responsibilities of the practice analysis coordinator are listed below. As described above, if the petitioner determines the need for additional support for specific steps in the practice analysis study, a consultant is to be employed to assist with these duties. The extent of the consultant's involvement is dependent on the expertise of the practice analysis coordinator and members of the practice analysis team.

- (a) The practice analysis coordinator forms a project team, comprised of SMEs who are those individuals identified by the petitioner as having recognized expertise regarding the knowledge, skills, and abilities required for practice in the specialty area. While there is no minimum for the number of members in the SME group, the group must represent the spectrum of the specialty area with diverse origins of practice, practice setting, geographic area, gender, and race.

Under the guidance of the practice analysis coordinator and the consultant, the project team develops the content of the pilot survey instrument. Accurate development of this pilot survey is essential to the final success of the project. The breadth and depth of the initial practice description assures that all elements of practice will be available on the survey for validation by the actual practitioners. Consequently, selection of SME's is intended to be broadly representative of practice.

The project team conducts the pilot survey and reviews the data from the instrument to develop the final practice analysis survey, interpret the practice analysis survey results, and prepare the content outline for the

specialty examination.

- (b) The practice analysis coordinator and consultant provide expertise to the project team during the development of the validation plan and ensure that the ABPTS Guidelines for initial practice analysis studies are followed.
- (c) The practice analysis coordinator and consultant work with the project team to develop a detailed and broadly representative description of specialty practice by writing competency statements that describe (1) the knowledge, and (2) current best practice, skills, and abilities specific to the specialty. Preparatory assignments may be made to the SMEs prior to the first meeting so that the meeting time can be used to develop the competency statements.
- (d) Following ABPTS Guidelines, the practice analysis coordinator and consultant, in collaboration with members of the project team then use the competency statements as the basis to for the pilot survey development. Activities related to the formatting and printing, mailing, and data analysis of the pilot survey are the responsibility of the petitioner. However, the project team is encouraged to send a copy of the pilot survey to their ABPTS liaison requesting input and comment on the content and format.
- (d) The project team, under the guidance of the practice analysis coordinator and consultant is also responsible for the interpretation of the survey results. It is anticipated that the petitioner will need to utilize the services of a consultant to work with the project team in interpreting the pilot survey results and making recommendations about revisions to the survey or other activities related to preparation of the final practice analysis survey.
- (e) The practice analysis coordinator and the project team, under the guidance of the consultant, prepare the final practice analysis survey, following ABPTS Guidelines. The petitioner fields the practice analysis survey.
- (f) The practice analysis coordinator and consultant work with the project team to analyze and interpret the survey results by developing and applying consistent decision rules and interpreting the survey data. This is done in preparation for developing the validated description of practice and the examination blueprint. During a face-to-face meeting, the project team, with the guidance of the consultant, determines the weighting (percentage of questions) for each competency that will be represented on the examination so that the test blueprint can be developed. At the beginning of the meeting, the consultant orients the group to the validation process, the survey, the data, and the results. The results of the survey analysis are then used to determine which

knowledge, skills, and abilities (KSAs) or competencies are to be included in the validated *Description of Specialty Practice* (DSP). The consultant works with the project team to complete these activities.

The need for a consultant to provide additional support may vary for each practice analysis depending on a number of factors, including the expertise of the practice analysis coordinator and subject matter experts in content areas such as research design, statistics, and practice analysis.

2. Develop a practice analysis plan

The plan must include the following information.

- (a) a brief statement of the goal of the project
- (b) a description of methodology including:
 - (1) methods for development of the survey instruments for the pilot and practice analysis surveys
 - (2) description of the sample size and composition for the pilot and practice analysis surveys
 - (3) description of the methodology for data collection for the pilot and practice analysis surveys
 - (4) projected return rate for the pilot and practice analysis surveys
 - (5) description of the proposed methods for data analysis of the pilot and practice analysis surveys, including the decision rules.
- (c) a time-line for convening the first meeting of the project team, development of the initial description of practice and the pilot survey instrument, fielding the pilot survey, development of the practice analysis survey, fielding the practice analysis survey, and convening of the second meeting of the project team to interpret the data from the practice analysis and prepare the examination blueprint.

The petitioner is encouraged to submit the practice analysis plan and their pilot survey to their ABPTS liaison for review and comment prior to implementation.

3. Develop a detailed and broadly representative initial description of the specialty practice by writing statements of competency regarding the knowledge, skills, and abilities of the specialty practitioners.

The practice analysis coordinator and consultant work with the project team to develop a detailed and broadly representative description of specialty practice by writing competency statements that describe (1) the knowledge, and (2) current best practice, skills, and abilities specific to the specialty. These competency statements will be used as the basis for the pilot survey development.

4. Develop the pilot survey based on the initial description of specialty practice.

The pilot survey is to be developed according to ABPTS Guidelines. The petitioner is encouraged to submit the following information, along with the pilot survey, to their ABPTS

liaison for review/comment prior to fielding the pilot survey.

- (a) purpose of the pilot study
- (b) sample size for the pilot study
- (c) content/format of the pilot survey
- (d) pilot survey dissemination plan
- (e) plan for data entry and analysis
- (f) plan for achieving the desired survey return rate

The pilot survey instrument must assess existing competencies (knowledge, skills, abilities) in order to determine if they are important to specialty practice.

The survey must include an assessment of the frequency with which practitioners perform each activity. An assessment of the criticality of each task/activity must also be included. ABPTS has developed standard wording for frequency and criticality scales that are to be used in the pilot and practice analysis surveys. ABPTS has prepared a template to be followed in constructing the pilot and practice analysis surveys. This template, which includes the standard wording for the frequency and criticality scales, is available upon request from the Specialist Certification Department.

Survey questions should be constructed from the initial description of practice in a manner that facilitates translation to competency statements and a matrix for the *Description of Specialty Practice*. The language of the survey questions and DSP must be consistent with the terminology of the *Guide to Physical Therapist Practice*.

Consideration should be given to developing a survey that could be divided into sections such that the most rapidly changing knowledge, skills and abilities could potentially be revalidated on a more frequent basis than the required ten-year cycle.

The petitioner is required to submit for approval the pilot survey to their ABPTS liaison for a joint review/comment by representatives of ABPTS and the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE) prior to implementation.

5. Field the pilot survey, analyze the data, and revise the survey as necessary.

- (a) Field the pilot survey.

The purpose of conducting a pilot survey is to insure clarity of the survey questions prior to distributing the survey to the entire sample population. In addition, the petitioner may use information collected from the pilot survey to determine whether any additional competencies should be incorporated into the practice analysis survey, and whether the survey should be subdivided in order to reduce the time required to complete it.

ABPTS recommends that the pilot survey be fielded to no fewer than twenty-five (25) individuals from varied geographic and demographic populations.

(b) Analyze pilot data

Under the guidance of the practice analysis coordinator and consultant, the pilot survey data are to be analyzed and the survey is to be revised, if necessary. Data are to be analyzed descriptively by computing means, standard deviations, and frequency distributions for the rating scales (frequency and level of criticality) for each of the competencies.

(c) Revise the survey, as necessary.

The petitioner is required to submit for approval the revised survey to their ABPTS liaison for review/comment by representatives of ABPTS and ABPTRFE prior to implementation of the practice analysis survey.

6. Conduct, analyze and interpret the results of the practice analysis survey.

(a) Conduct the practice analysis survey

ABPTS requires a representative random sample of physical therapists who practice in the specialty area. The potential sample is to be identified in the practice analysis plan and the sampling plan for the practice analysis thoroughly described. Although the size of the potential sample will vary based on the number of physical therapists practicing in the specialty area, the sample must include individuals from varied geographic and demographic populations

A follow-up mailing to individuals who have not responded to the survey, either in the form of a duplicate copy of the survey or a reminder a post card/email, is required to increase the response rate. Lengthy questionnaires should be subdivided into "stand- alone" portions such that the individual respondents can complete their task within 60 minutes.

ABPTS recommends a minimal response rate of 50% of those who are currently practicing in the specialty area or who have self-identified themselves as practicing in the specialty area.

The petitioner is responsible for all services related to distributing the survey, sending follow-up surveys or notices, and performing data entry.

(b) Analyze practice analysis survey results

The petitioner, with input from the practice analysis coordinator and/or consultant, will analyze survey data. Data will be analyzed descriptively by computing means, standard deviations, and frequency distributions for the rating scales (frequency and level of criticality) for each of the competencies for the total sample and any appropriate subgroups (e.g.,

gender, age, race). Data will be analyzed to determine if there are significant differences between subgroups.

(c) Interpret practice analysis survey results

Under the guidance of the practice analysis coordinator and consultant, the SME group will interpret the survey results by applying consistent decision rules to identify the competencies that define specialty practice. The practice analysis coordinator and/or consultant is responsible for working with the project team to derive the decision rules for defining specialty practice. The practice analysis coordinator may wish to review the technical reports or *Description of Specialty Practice* (DSP) of recently conducted practice analyses for an overview of the development of decision rules.

The results of the survey analysis are used to determine which knowledge, skills, and abilities (KSAs) or competencies are to be included in the *Description of Specialty Practice* (DSP.) The justification for inclusion or exclusion of competencies in the final DSP must be documented.

7. Determine the test specifications (examination blueprint) based on the survey results.

The practice analysis coordinator and consultant assists the project team in development of the examination blueprint (also referred to as the content outline or test specifications), consisting of the percentage of questions representing each competency on the examination. The practice analysis is used to guide this decision-making. The blueprint must be established before test items are written to assure that an adequate number of items will be developed for each area of the examination blueprint. The process by which these decisions are made must be documented. Final examination blueprints are developed in consultation with the testing agency.

If additional individuals are added to the project team for this phase of the practice analysis, the practice analysis coordinator should thoroughly orient these individuals to the practice analysis/ validation process, the survey, the data, the results, and the existing competencies.

8. Prepare the technical report summary

The petitioner should follow current ABPTS guidelines for writing the technical report summary of the DSP, which includes the test specifications (examination blueprint). These guidelines are provided in the Help Packet. Summary data should be presented to support decisions about the inclusion of competencies and blueprint development. The components of the full technical report are listed in item 9 below. The technical report is to be submitted to ABPTS.

9. Write the Description of Practice (DSP) based on the survey findings and submit to ABPTS with the completed petition

Petitioners are to follow the current ABPTS guidelines for writing the DSP. (These guidelines are provided in the Help Packet.) The DSP must be approved by ABPTS prior to publication. Historically, the approval process has required several reviews and revisions. Petitioners will be provided with the “Template for Descriptions of Specialty Practice” to follow in formatting the DSP document. Preliminary feedback on the DSP may be obtained from the petitioner’s ABPTS liaison.

Publication of the DSP document will occur once the APTA House of Delegates has approved the petition to establish the specialty area. Subsequent to publication, ABPTS recommends that validation study results be published in a public forum, such as a section newsletter or journal.

10. Prepare the full technical report and submit to ABPTS as an appendix in the petition for the permanent archival record.

The full technical report must provide a detailed description of every step of the practice analysis. It represents the permanent record of the practice analysis, which can be used as a resource for defense of the process, future analyses, etc. The components described below must be included in the technical report.

- (a) description of all project team members including names, addresses, credentials, and delineation of their specific involvement
- (b) description of the sampling strategy, groups surveyed, number surveyed, return rate, follow-up procedure for non-respondents, and any demographic data depicting the respondents
- (c) copy of the pilot survey instrument
- (d) description of responses to the pilot survey
- (e) description of changes made to the pilot survey with a rationale for the changes
- (f) copy of the practice analysis survey instrument, including instructions to the respondents and cover letters
- (g) description of the rationale for the choice of measurement scales (e.g., frequency, criticality)
- (h) copy of raw data
- (i) description of data analysis including tables and/or graphs, and any subsample analysis
- (j) explanation of how the results of data analysis were used to determine which competencies were included in the DSP
- (k) description of the blueprint development including how the survey data were used to make weighting decisions, the decision rules, instructions to the SME panel and a description of the SME panel (number of people, names, addresses, practice setting, etc.)
- (l) conclusions with statements about the council's confidence in the practice analysis process highlighting the strengths of the practice analysis, problems with any portion of the analysis, and recommendations for future practice analyses.

11. Upon approval by the APTA House of Delegates of the specialty area and the appointment of

a specialty council, develop an exam form based on the DSP. Writing of examination items to reflect the new specifications is coordinated through ABPTS' Specialization Academy of Content Experts (SACE).

VI. GUIDELINES FOR CONDUCTION A PRACTICE ANALYSIS FOR REVALIDATION (Amended ABPTS 05-01-02-8A & 09-06-01-1; 02-11-04-03)

A. Introduction

The following guidelines have been developed to assist specialty councils in revalidating the specialist certification examinations, through an extensive practice analysis. The practice analysis is a systematic plan to study professional practice behaviors and knowledge that comprise the practice of the specialist. The purpose of the study is to collect data that will reliably and accurately describe what specialist practitioners do and what they know that enables them to do their work. All documents related to the implementation of the practice analysis, including all data collected, should be carefully archived for the life of the test specifications drawn from it. These data will serve as the rationale and substance of the defensibility of the examination program.

The specialty council will use the results of the practice analysis to write or revise a set of test specifications for the examination. The test specifications provide an outline of the content of the examination and are linked closely with the data from the practice analysis. In general, the test specifications will not change until a new practice analysis is done.

B. Required Steps in Process

Each specialty council should follow the required steps in conducting a practice analysis.

1. Identify a practice analysis coordinator. The role of practice analysis coordinator may be assumed by a current council member, past council member, subject matter expert (SME) in the specialty area or an individual with expertise in the conduct of practice analysis. The practice analysis coordinator will serve as the project manager who will direct specialty council and SME activities so that the practice analysis can be completed within the specified time frame.

In some cases, the practice analysis coordinator will possess the expertise required to guide the practice analysis from start to finish. In this situation, the specialty council must submit the practice analysis coordinator's curriculum vita to ABPTS for approval along with the revalidation plan. However, if the specialty council and the practice analysis coordinator determine that additional support is needed (e.g., for study design, interpretation of survey results to develop the practice analysis survey or establish decision rules), councils are encouraged to identify these needs and request support for specific activities in the revalidation plan. ABPTS will maintain a roster of individuals who are qualified and willing to serve as consultants who provide specialty councils with assistance with practice analysis activities. The Specialist Certification Department will be responsible for making the arrangements related to securing their participation.

The responsibilities of the practice analysis coordinator follow. If the specialty council determines the need for additional support for specific steps in the practice analysis study, a consultant will be made available to assist with these duties. The extent of the consultant's involvement will be dependent on the expertise of the practice analysis coordinator.

- (a) The practice analysis coordinator forms a project team, which includes members of the specialty council and subject matter experts (SMEs). SMEs are individuals who have been identified by the specialty council as having recognized expertise regarding the knowledge, skills, and abilities required for practice in the specialty area. While there is no minimum for the number of members in the SME group, the group must represent the spectrum of the specialty area with diverse origins of practice, practice setting, geographic area, gender, and race.

The project team develops the content of the pilot survey instrument, reviews the data from the pilot survey instrument and develops the practice analysis survey, interprets the practice analysis survey results, and prepares the content outline for the specialty examination.
- (b) The practice analysis coordinator provides expertise to the project team during the development of the revalidation plan and ensures that the ABPTS Guidelines for practice analysis studies are followed.
- (c) The practice analysis coordinator works with the project team to develop competency statements that describe (1) the practice process, (2) current best practice and knowledge, and skills specific to the specialty practice. Preparatory assignments may be made to the SMEs prior to the first meeting so that the meeting time can be used to develop the competency statements.
- (d) Following ABPTS Guidelines, the practice analysis coordinator together with the other members of the project team provide input for the pilot survey. Activities related to the formatting and printing of the pilot survey, mailing the survey, and data analysis will be the responsibility of APTA's Specialist Certification and Research Departments. Interpretation of the survey results are the responsibility of the project team. If needed, a consultant will work with the project team in interpreting the pilot survey results and making recommendations about revisions to the survey or other activities related to preparation of the practice analysis survey.
- (e) The practice analysis coordinator and the project team prepare the practice analysis survey, following ABPTS Guidelines. The APTA Specialist Certification and Research Departments field the practice analysis survey and provide the results of the data analysis to the practice analysis coordinator.
- (f) The practice analysis coordinator assists the project team to analyze and interpret the survey results by developing and applying consistent decision rules. The practice analysis coordinator assists the project team to interpret the survey data. During a face-to-face meeting, the project team determines the weighting (percentage of questions) of each competency on the examination so that the test blueprint can be developed. At the beginning of the meeting, the practice analysis coordinator orients the group to the revalidation process, the survey, the data, the results, and the existing competencies. The results of the survey analysis are used to determine which knowledge, skills, and abilities (KSAs) or competencies are to be included in the *Description of Specialty Practice* (DSP). If needed, a consultant may work with the project team to complete these activities.

As might be expected, the need for additional support will vary for each practice analysis depending on a number of factors, including the expertise of practice analysis coordinator, specialty council members and subject matter experts in research and practice analysis.

2. Develop a revalidation plan

The plan must include the following information.

- (a) a brief statement of the goal of the project
- (b) description of methodology including:
 - (1) development of the survey instrument for the pilot and practice analysis survey
 - (2) description of sample size and composition for the pilot and practice analysis survey
 - (3) description of the data collection for pilot and practice analysis survey
 - (4) projected return rate for pilot and practice analysis survey
 - (5) description of proposed method of data analysis for pilot and practice analysis survey, including decision rules.
- (c) time line for convening the first meeting of the project team, completion of pilot survey instrument, fielding the pilot survey, completion of the practice analysis survey, fielding the practice analysis survey, and convening of the second meeting of the project team to interpret the data from the practice analysis and prepare the examination blueprint.

3. Submit plan to ABPTS

ABPTS must approve the revalidation plan prior to implementation. The plan should be submitted by the specified deadline for initial review by the ABPTS Committee on Practice Analysis. This deadline will occur two months prior to the fall or spring meeting or for one of the two interim conference calls. Preliminary feedback on the revalidation plan should be obtained from the council's ABPTS representative prior to submission.

The ABPTS Committee on Practice Analysis shall be responsible for the initial review of the specialty council's revalidation plans and surveys. This Committee shall be comprised of the ABPTS tests and measurement representative, the ABPTS Chair-Elect, and the ABPTS representative from the specialty area. Specialty councils must submit their revalidation plan to the APTA Specialist Certification Department at least two months prior to the scheduled ABPTS meeting or conference call so that these documents can be forwarded to Committee members for review prior to the ABPTS meeting. The Committee will review the submitted information and provide recommendations to the full board during the regularly scheduled meeting or conference call.

4. Develop the pilot survey

The pilot survey must be developed according to ABPTS Guidelines. The following information is to be submitted to ABPTS along with the pilot survey.

- (a) purpose of the pilot study
- (b) sample size for the pilot study
- (c) plan for data entry and analysis
- (d) plan for achieving the desired survey return rate

The pilot survey instrument must assess existing competencies (knowledge, skills, abilities) in order to determine if they are important to specialty practice. In addition, the survey should include any new competencies. New competencies can be identified by processes, such as SME groups or pilot surveys.

The survey must include an assessment of the importance of each competency and an assessment of the frequency with which practitioners perform each activity. An assessment of the criticality of each task/activity must also be included. ABPTS has developed standard wording for importance, frequency, and criticality scales that specialty councils are to use for their pilot and practice analysis surveys.

Specialty councils should construct survey questions in a manner that facilitates translation to competency statements and a matrix for the *Description of Specialty Practice*. The language of the survey questions and DSP must be consistent with the terminology of the *Guide to Physical Therapist Practice*.

Consideration should be given to developing a survey that could be divided into sections such that the most rapidly changing knowledge, skills and abilities could potentially be revalidated on a more frequent basis than the required ten-year cycle.

5. Submit the pilot survey to ABPTS

ABPTS must approve the pilot survey instrument prior to fielding the instrument. The survey should be submitted by the specified deadline for the initial review by the ABPTS Committee on Practice Analysis. This deadline will be two months prior to the fall or spring meeting or for one of the two interim conference calls. Specialty council should obtain preliminary feedback on the survey from their ABPTS liaison prior to submitting the pilot survey for consideration.

6. Field the pilot survey

The purpose of conducting a pilot survey is to insure clarity of the survey questions prior to distributing the survey to the entire sample population. In addition, councils may use information collected from the pilot survey to determine whether any new competencies should be incorporated into the practice analysis survey, and whether the survey should be subdivided in order to reduce the time required to complete it.

The size of the sample for the pilot surveys for practice analyses conducted within the last five years range from six (6) to forty-five (45). ABPTS recommends that the pilot survey be fielded to no fewer than twenty-five (25) individuals from varied geographic and demographic populations.

7. Analyze pilot data

The Specialist Certification Department will analyze the pilot survey data and provide the analyzed data to the practice analysis coordinator so that the instrument can be revised, if

necessary. Data will be analyzed descriptively by computing means, standard deviations, and frequency distributions for the three rating scales (frequency, importance, and level of criticality) for each of the competencies.

8. Revise the survey, if necessary.
9. Submit the revised survey to ABPTS

ABPTS must approve the revised survey prior to fielding.

10. Conduct the practice analysis survey

ABPTS requires representative random samples of both board-certified specialists and section members. In most cases, surveys should be fielded to 95% of certified specialists and an equivalent number of non-certified section members. For the larger specialty areas, ABPTS recommends that the survey be fielded to no fewer than eight hundred (800) individuals from varied geographic and demographic populations.

A follow-up mailing to individuals who have not responded to the survey, either in the form of a duplicate copy of the survey or a reminder a post card, is required to increase the response rate. Lengthy questionnaires should be subdivided into "stand- alone" portions such that the individual respondents can complete their task within 60 minutes.

ABPTS recommends a minimum response rate of 50% from the surveyed certified specialists. No minimum response rate is required from non-certified specialists.

APTA's Specialist Certification Department with the assistance of the APTA Research Department will provide services related to mailing the survey, sending follow-up surveys or post-cards, and performing data entry.

11. Analyze practice analysis survey results

APTA's Specialist Certification and Research Departments, with input from the practice analysis coordinator, will analyze survey data and provide summary data. Data will be analyzed descriptively by computing means, standard deviations, and frequency distributions for the three rating scales (frequency, importance, and level of criticality) for each of the competencies for the total sample and any appropriate subgroups (e.g. certification status, gender, age, race). Data will be analyzed to determine if there are significant differences between subgroups.

12. Interpret practice analysis survey results

The survey results will be interpreted by applying consistent decision rules to identify the competencies that define specialty practice. The practice analysis coordinator or consultant

is responsible for working with the project team to derive the decision rules for defining specialty practice. The practice analysis coordinator may wish to review the technical reports or *Description of Specialty Practice* (DSP) of recently conducted practice analyses for an overview of the development of decision rules.

The results of the survey analysis are used to determine which knowledge, skills, and abilities (KSAs) or competencies are to be included in the *Description of Specialty Practice* (DSP.) The justification for inclusion or exclusion of competencies in the final DSP must be documented.

13. Determine the blueprint (test specifications)

The practice analysis coordinator assists the project team to determine the weighting (percentage of questions) of each competency on the examination. The process by which these decisions are made must be documented. The existing blueprint may be used as a starting point to determine weighting, based on the similarity of old and new competencies.

If additional individuals are added to the project team for this phase of the practice analysis, the practice analysis coordinator should thoroughly orient these individuals to the revalidation process, the survey, the data, the results, and the existing competencies.

14. Submit technical report summary to ABPTS

Specialty councils should follow current ABPTS guidelines for writing the technical report summary of the DSP, which includes the test specifications (blueprint). Summary data should be presented to support decisions about the inclusion of competencies and blueprint development. ABPTS must approve the technical report summary. Writing of the remainder of the DSP can occur concurrently with this step.

15. Write DSP and submit to ABPTS

Specialty councils should follow the current ABPTS guidelines for writing the DSP. ABPTS must approve the DSP prior to publication. Historically, the approval process has required several reviews and revisions. Specialty councils will be provided with a template to follow in formatting the DSP document. Upon completion of the draft DSP, APTA editorial staff will review and make suggestions for editing the document. The DSP should be submitted by the specified deadline for the fall or spring meeting or for one of the two interim conference calls. Preliminary feedback on the DSP should be obtained from the council's ABPTS liaison, prior to submitting the document for consideration by the full board.

16. Publish DSP

Publication of the DSP document will be coordinated with the APTA Specialist Certification Department and Publications Department staff. The results of the practice analysis must be submitted for publication in the physical therapy literature within two years of the

completion of the revalidation study. An Executive Summary will be available on the ABPTS homepage immediately after publication of the Description of Specialty Practice.

17. Submit the full technical report to ABPTS for the permanent archival record
- The full technical report must provide a detailed description of every step of the practice analysis. It represents the permanent record of the practice analysis, which can be used as a resource for defense of the process, future analyses, etc. The components described below must be included in the technical report.
- (a) description of all project team members including names, addresses, credentials, and delineation of their specific involvement
 - (b) description of the sampling strategy, groups surveyed, number surveyed, return rate, follow-up procedure for non-respondents, and any demographic data depicting the respondents
 - (c) copy of the pilot survey instrument
 - (d) description of responses to the pilot survey
 - (e) description of changes made to the pilot survey with a rationale for the changes
 - (f) copy of the practice analysis survey instrument, including instructions to the respondents and cover letters
 - (g) description of the rationale for the choice of measurement scales (frequency, importance, criticality.)
 - (h) copy of raw data
 - (i) description of data analysis including tables and/or graphs, and any subsample analysis (eg, ratings of certified specialists vs. non-certified specialists)
 - (j) explanation of how the results of data analysis were used to determine which competencies were included in the DSP
 - (k) identification of a) the competencies that have changed from the previous practice analysis, b) aspects of clinical practice that have been determined to no longer represent advanced practice, and c) new competencies that have been added to the updated DSP.
 - (l) description of the blueprint development including how the survey data was used to make weighting decisions, the decision rules, how the former blueprint was used (if applicable), instructions to the SME panel and a description of the SME panel (number of people, names, addresses, practice setting, etc.)
 - (m) conclusions with statements about the council's confidence in the practice analysis process highlighting the strengths of the practice analysis, problems with any portion of the analysis, and recommendations for future practice analyses.

18. Develop new exam form(s) based on the DSP

Writing of examination items to reflect the new test specifications is coordinate through the Specialization Academy of Content Experts (SACE). Refer to Section VII.D. for more information on SACE.

A new form of the specialist certification examination that is based on the new DSP should be available the year following the publication of the DSP.

VII. Guidelines for Preparing Descriptions of Specialty Practice

The specialist examination development process requires periodic implementation of a practice analysis to provide evidence for the content validity of the examinations used in the certification process. Each time a Specialty council performs a practice analysis in a specialty area, a document describing specialty practice in that area will be produced. The purpose of these documents and the guidelines for developing them are described in this ABPTS policy.

The *Description of Specialty Practice* (DSP) (formerly referred to as *the Description of Advanced Specialty Practice (DSP)*) is a necessary element of the examination development process, and a means of communicating current information about physical therapy practice with a wide community of interest including candidates for certification.

The purposes of this document are to:

describe the current best practice of physical therapists that possess advanced clinical skills in an area of practice;

identify the expected knowledge, skills and abilities possessed by clinical specialists in an area of practice;

document the methods and results of studies undertaken to develop the competencies in an area of practice; and

describe the changing nature of advanced practice in an area of specialty practice.

A. Technical Aspects of Preparing the DSP

To assure uniformity in documents across councils, each council is to follow the Template for Description of Specialty Practice. Additionally, each council must coordinate publication of the DSP with APTA Specialist Certification Department and Publications Department staff. This document will be in place for ten years and widely disseminated.

B. Template for Description of Specialty Practice

The intent of this template is to provide a standard format for all areas of specialization for writing their Description of Specialty Practice. Categories that must be included in all DSPs are noted with an asterisk (*) following the item. Other items are optional based on the ability of the item to discriminate between a specialist and non-specialist based on validation study.

INTRODUCTION*

History of Specialization (*Insert template paragraph – standardized for all DSPs*)

History of Specialization in Specialty Area (*include when and how your specialty area formed, who was involved, first specialty council, original areas of competency, when first group was recognized, revalidation process, any other pertinent information that provides brief background/history*)

I. CHAPTER 1: DESCRIPTION OF BOARD CERTIFIED SPECIALISTS*

(This chapter is to present the demographic data from your survey. Begin by giving an overview of your survey, e.g., year, population, numbers and response rate. Present data graphically.)

II. CHAPTER 2: DESCRIPTION OF SPECIALTY PRACTICE*

(This chapter is your description of your specialty. Begin with an introductory description summarizing information sources and process used for your revalidation. Insert template paragraphs regarding the Guide and DSP competency statements. Edit the DSP outline (below) to address the results of your validation study. You must include categories A and C, however the individual items listed within a larger area may be excluded if your validation study did not find that that area discriminated a specialist from a non-specialist. Category B is optional based on the results of your validation study).

The *Guide to Physical Therapist Practice* describes the patient/client management model, which includes patient/client examination (history, systems review, tests and measures), evaluation, diagnosis, intervention, and outcomes. Based on the development of the *Guide* and previous specialty practice surveys, the elements of this patient/client management model are the accepted standard for *all* physical therapist practice, including Specialty Practice. The DSP, therefore, does not include all the items covered in the *Guide* but rather highlights those elements of practice that clinical specialists utilize or perform at an advanced level compared with non-specialists.

This DSP includes competency statements about knowledge-based areas and clinical practice expectations. The clinical practice expectations consist of competency in the area of professional roles, responsibilities and values and competency in patient/client management. The competency statements reflect the wording used on the survey instrument.

(Present information specific to your specialty in the following outline form:)

- A. **Knowledge Areas*** *(Based on validation study, what additional knowledge is expected to discriminate a specialist from a non-specialist.)*
 - 1. Foundation Sciences
 - 2. Behavioral Sciences
 - 3. Clinical Sciences
 - 4. Critical Inquiry Principles and Methods

- B. **Professional Roles, Responsibilities, and Values**
 - 1. Professional Behaviors reflecting the Core Values
 - 2. Leadership
 - 3. Education
 - 4. Administrative
 - 5. Consultation
 - 6. Evidence-Based Practice

- C. **Patient/Client Management*/Expectations**

(Based on validation study, include elements that discriminate between a specialist and non-specialist)

1. Examination

- a. **History:** is a systematic gathering of data from both the past and the present related to why the patient/client is seeking the services of the physical therapist.
- b. **Systems Review:** is a brief or limited examination of the anatomical and physiological status of the cardiovascular/pulmonary, integumentary, musculoskeletal, and neuromuscular systems, and the communication, affect, cognition, language and learning style of the patient/client. *(At the clinical specialist practice level baseline information is not simply collected and reported. The advanced practitioner synthesizes this information and applies it specifically considering the pathology, signs and symptoms and uses it for critical clinical decision making.)*
- c. **Tests and Measures:** *This category includes selection, prioritization, and performance of tests and measures related to and required of specialty practice.*

2. Evaluation *(Specific to specialty practice)*

3. Diagnosis *(Specific to specialty practice. May include variations or complexities associated with known pathology, identifying contributing factors, hypothesizing links between impairments and functional limitations, skills of differential diagnoses, etc.)*

4. Prognosis *(Specific to specialty practice. May address variations on age or complexity associated with known pathology, stages of recovery, natural history of condition, disorder or impairment, etc..)*

5. Interventions: *(Address all categories from specialization perspective)*

- a. **Coordination, Communication, and Documentation**
- b. **Patient/Client-Related Instruction**
- c. **Procedural Interventions:** *(This category includes selection, prioritization, and knowledge of performance ability for procedural interventions related to and required of specialty practice.)*

6. Outcomes *(Specific to specialty practice. Include assessment measures and tools related only to advanced clinical practice.)*

CHAPTER 3: ORGANIZATION AND APPLICATION OF ADVANCED SPECIALTY KNOWLEDGE AND SKILLS TO PRACTICE*

A. Matrix *(A matrix is optional, however when used should illustrate a linking of professional roles, responsibilities and values and patient/client management to knowledge areas.)*

- 1. Graphic Presentation *(Graphic representation of exam construction)*
- 2. Description of Matrix

B. Case Scenarios* *(Demonstrate application to patient/client care, all cases presented in Guide format, include sample questions and references—see*

current Neurology and Sports case scenarios and questions.)

CHAPTER 4: EXAMINATION CONTENT OUTLINE* (As is currently. Include template introductory paragraph.)

The following is an outline summarizing the approximate examination percentages for each content domain. The outline also contains information on the examination content based on patient/client conditions. Examination questions can represent knowledge areas; professional roles, responsibilities, and values; and patient/client management.

CHAPTER 5: SUMMARY ANALYSIS AND DISCUSSION OF THE PRACTICE ANALYSIS* (*As is currently Executive Summary—Include information in all of the listed categories.*)

A. Introduction

Include a brief description of the project developers and types of consultants (eg, the specialty council, subject matter experts, a test and measurement consultant from an agency or university, or ABPTS).

B. Methods

Include a description of the sampling strategy and response rates per sample

C. Final Survey Administration

Include a description of the survey instrument or other measurement techniques used. Indicate if the previous competencies served as your initial survey instrument, and if they did not, indicate how you edited them prior to implementing the study. Include a description of the measurement scales used in the study (eg, criticality or importance scale; entry-level vs. advanced level scale, etc.)

D. Data Analysis

Include a description of the data analysis plan, including decision rules used by panels of judges to evaluate the data in developing new statements of competencies or descriptions of knowledge and skills. Describe sub-sample analyses that were done (eg, comparing ratings of certified specialists with non-specialists). This description should also include an explanation of the development of the content outline, including the composition of the panel of experts constituted to develop the outline.

E. Results

Summarize the results of the study. Include data tables of demographics and competency data. Highlight how the competencies have changed from the previous practice analysis. Identify what practices have been determined to no longer represent advanced practice, and what new competencies have been added. Provide data that will allow the reader to understand the rationale for those decisions.

F. Conclusions

You may also include in this Executive Summary a description of the other elements of the process to develop new competencies (eg, convening a panel of experts to interpret the practice analysis data.)

The results of the practice analysis must be submitted for publication in the physical therapy literature within two years of the completion of the revalidation study. An Executive Summary will be available on the ABPTS homepage immediately after publication of the Description of Specialty Practice.

VIII. Examination Development Policies and Procedures

A. Testing Agency

1. The APTA has final responsibility for selecting the testing agency that will assist ABPTS and specialty councils in examination development, administration, and analysis. A Request for Proposal Committee will be formed to include representatives from APTA staff, and ABPTS. This committee will oversee the development of the Request for Proposal and the review of proposals from testing agencies.

B. Testing Agency Contract

1. The contract with the testing agency will include, as a minimum, the following services.
 - a. production, review, and banking of test items,
 - b. construction of all examination forms,
 - c. conducting cut score study meetings, and
 - d. statistical analyses of examination results.
2. Specialty councils must receive ABPTS approval for any services beyond the contract established between APTA and the testing agency.
3. Specialty councils are required to provide the Specialist Certification Department with copies of any written communication with the testing agency. In addition, they should document any issues (ie, phone calls beyond routine issues or logistical planning) that occur related to the testing agency and provide this information to staff.

C. Time lines and Overview of Development and Validation of Specialist Certification Examinations

The purpose of the following guidelines is to outline procedures for continuing examination development and validation of their specialty examinations. These guidelines represent the development activities expected for each council. It is critical for council members to understand where the examination program for their council fits in the time line to effectively plan the major activities during their terms of office.

1. Definition of Terms

The following terms will be used in this document:

Examination Program: The total activities related to the development of an examination, including for example, item writing and verification, test blue print development, periodic validation studies, and development of new forms of an examination.

Examination (Exam): Abbreviated term used to refer to the test currently being administered.

Exam Form:	One specific examination is prepared for an administration. Typically, several forms of an examination are considered active at any one point in time; however, this is not presently the case with our current testing contract. Exam forms are considered different from one another when as few as 20-25% of the items on each form is different.
Practice/Job Analysis:	A systematic plan to study professional practice behaviors and knowledge that comprise the practice of the specialist.
Description of Specialty Practice (DSP)	A document that describes the nature of the work of the specialist practitioner in physical therapy. This document should communicate to potential applicants the skills, abilities, and particularly the knowledge possessed by specialist practitioners. The document should contain an outline (or test blue print) of the knowledge to be evaluated by the specialist certification examination.
Test Specifications/ Blueprint/ Content Outline:	A matrix that describes the knowledge tested in the examination. The tasks performed and the level of cognitive difficulty of items may be specified, as well as the percentage of items on the exam in each of the major content areas.

2. Examination Program Cycle

a. Introduction

A planned cycle is intended to provide a path for the continuing development of an existing examination program. Each council can determine where on the schedule their examination program is at any point in time. The cycle can also be used by new councils that are just beginning to plan a new examination program.

Three categories of activities describe the ongoing work involved in the examination program: examination development, examination administration, and item development. The examination program cycle places these activities in relative relationship to each other to describe the work that must be completed to maintain a valid examination program.

ABPTS presents the following description and sequence of the minimum activities to maintain a specialist certification examination program. The purpose of this document is to guide the specialty councils in their activities to maintain the specialist certification examination program during their tenure on the council. ABPTS provides review and votes approval of each major activity in the council's 10-year cycle.

While the practice of specialists in physical therapy does change rapidly, an examination program is expensive to maintain. ABPTS has approved an examination development cycle based on a maximum period of 10 years between subsequent job analyses and development of new test specifications for an examination program. This means that each council must plan to conduct a job analysis and develop new test specifications at least once every 10 years. Councils are free to perform job analyses more frequently than every 10 years. This might arise when new knowledge that is not covered on the examination is proposed for inclusion in the test specifications prior to the next planned job analysis.

b. Examination Development

An examination program, when first developed, and when subsequently and periodically revalidated, is based on the results of a job or practice analysis. A job or practice analysis is a systematic process for studying and describing the work done by persons who hold the job or perform the practice. The purpose of the job analysis in the specialist certification programs is to collect data that will reliably and accurately describe what specialist practitioners do and what they know that enables them to do their work.

ABPTS members and the consultant can assist a specialty council in planning a job analysis for its examination program. A plan for conducting the job analysis must be approved by ABPTS prior to the implementation by the council. All documents related to the implementation of the job analysis, including all data collected, should be carefully archived for the life of the test specifications drawn from it. These data will serve as the rationale and substance of the defensibility of the examination program for that period of time.

The council will use the results of the job analysis to write or revise a set of test specifications for the examination. The test specifications provide an outline of the content of the examination. Test specifications may take several forms, and should be developed in consultation with the testing contractor or consultant. The test specifications are linked closely with the data from the job analysis and, in general, will not change until a new job analysis is done. One set of test specifications can guide the development of numerous forms of an examination.

The test specifications will be used to develop the examination content. As increased numbers of candidates are tested, exams will be equated to compare level of difficulty across exams. An exam form is developed by the council, drawing items from the item bank to fit the test specifications. Once an exam form is developed, a cut score study is conducted to determine the recommended passing point to be used with every administration of that exam form. Please refer to the ABPTS guidelines on cut score studies to guide your preparation for this activity.

New exam forms are developed by replacing a minimum of 20 percent of the items from the previous exam. New items to be included in each new exam form must undergo a cut score study so that a recommended pass point may be determined for that particular form.

It is time to plan for a new job analysis in Year 6 of the 10-year cycle with new test specifications and DSP in Year 9, and publication by the beginning of Year 10.

c. Examination Administration

This section of the time cycle indicates the frequency with which new exam forms are developed.

d. Item Development

Item development is an ongoing function that must be continued during all phases of the 10-year cycle. Each item in the item pool should be an active, reliable, and valid item, available for use in a form of the exam. Each item must be coded in such a manner that it is linked to the current test specifications. The council should monitor its item pool for adequate coverage of all areas of the test specifications, and guide item writing activities to address depleted areas of the test specifications. New items will be generated by item writers through the Specialization Academy of Content Experts (SACE) with formal instruction occurring at an annual workshop during the Combined Sections Meeting. Items will then be reviewed by the Committee of Content Experts and the specialty council.

D. Examination Item Development (Amended ABPTS 04-99-02-4C, 09-06-01-02, 05-09-02-08)

1. Specialization Academy of Content Experts

- a. The item-writing process is coordinated through the Specialization Academy of Content Experts (SACE) and the Committee of Content Experts (CCE). ABPTS established SACE to create a cadre of trained item writers to facilitate the production of high-quality test items. Members of the Committee of Content Experts (CCE) are experienced item writers who serve as mentors for SACE members in their specialty area. All councils must participate in the SACE program.

The following policies apply to appointment and reappointment of individuals to SACE and Committee of Content Experts.

b. New SACE Appointments

- 1) SACE members are appointed by ABPTS Board for a two-year term, beginning January 1st of each year. Their task for the year will be to write 8-12 exam items according to a schedule provided by each specialty council, with consultation from a member of the Committee of Content Experts (CCE) and the Item Review Coordinator.
- 2) Up to ten (10) new SACE members may be appointed each year from each specialty council, with the exception of the Orthopedic Specialty area, which because of its size is allowed up to twenty (20) new SACE members each year. There is no limit to the number of SACE members that may serve in any one specialty area; there is only a limit on the number of new SACE members appointed each year. This policy will be reviewed annually.
- 3) The call for new SACE members occurs each summer with a mid-August deadline for applications. Ads are placed in PT Magazine and on the ABPTS and Section websites. In addition, e-mail blasts are sent to each relevant section of APTA.
- 4) Following the deadline, names and applications are sent to the Specialty Council members, who are responsible for reviewing applications and making recommendations for new appointments to ABPTS.

The following criteria are considered in the selection of qualified applicants for SACE:

- a) Certified Specialists in the field* (100% of Council's stated this was a necessary criteria for SACE)
- b) Willingness to serve and to complete the online training for new item writers.
- c) Years of experience as a physical therapist and as a specialist
- d) Clinical background and areas of expertise (Councils are seeking a SACE pool with diverse practice areas that represent the Description of Specialty Practice)
- e) Geographic diversity (Councils are seeking a SACE pool that represents specialty practice across difference regions of US)
- f) Primary professional role (Councils are seeking SACE pool that has a good mix of clinicians, academics, and administrators in the Specialty area and a mix of military and nonmilitary specialists,)
- g) Past experience in item writing (such as participation in regional workshops, other specialty exams, or the Federation of State Boards of Physical Therapy {FSBPT} exam)
- h) Academic and professional credentials (such as other specializations or areas of certification, post-professional education, professional development)

{Note: Several councils reported that although they only have Certified Specialists in the SACE, a few non-specialists who were experts in the field have participated in regional item writing workshops.}

5) Councils make recommendations for appointment of SACE candidates to the ABPTS Board prior to the September Board meeting. The Board reviews these SACE recommendations for final approval at its September meeting.

6) Following approval by ABPTS, each newly appointed receives a formal letter of invitation and a Pledge of Confidentiality form. In addition, Specialty Councils also send letters of introduction/notification once approved by ABPTS.

7) Assuming they agree, each individual receives instructions for completing the online training course. They also must complete a second phase of training. They are asked to prepare 5 examination questions, and work with an assigned item writer mentor that will assist them with continued item review and development. For those that are able to attend, this instruction will occur at the annual CSM item writing workshop. For those not able to attend, this training will occur remotely through the secure eRoom provided through NBME. All new SACE members will receive an item writing instruction manual and the appropriate Description of Specialty Practice (DSP) to assist with preparing their 5 examination questions.

c. SACE Reappointments (Amended ABPTS 09-10)

1) In August, the Director of the Residency/Fellowship and Specialist Certification Department notifies each Council Chair regarding which SACE members' terms are ending. Each Council Chair then requests recommendations from their respective Item Review Coordinator regarding reappointment to SACE. Mutually acceptable individuals

can be nominated for reappointed to SACE. There are no limits on terms of service.

2) Item Review Coordinators for each Council make recommendations for SACE reappointment to ABPTS Board based on the following criteria:

- a) Item productivity (quantity and quality of items submitted during tenure of service)* **Priority criteria for reappointment**
- b) Willingness to continue to serve and actively contribute another term
- c) Past record of SACE II and/or regional workshop participation
 - Attendance at SACE II is encouraged but not mandatory
 - Attendance at Regional Item Writing workshop is strongly encouraged but not mandatory.

3) Each specialty council chair or item review coordinator submits names of individuals nominated for SACE reappointment by their council to the ABPTS for final approval at its September meeting. Each specialty council will report the number of items generated by each SACE member, and the number of items that are accepted into the cue for NBME submission by each SACE member. Following approval by ABPTS, reappointed SACE members receive a formal letter of invitation to continue on SACE.

4) All SACE members are included in the program for the Ceremony for the Recognition of Clinical Specialists at the APTA's Combined Sections Meeting.

d. Item Development and Mentoring of SACE Members

Below are guidelines for the Specialty Council process for mentoring new SACE members in the item development process.

1) Mentoring new item writers occurs at the CSM item writing workshop, at regional item writing workshops, and through the NBME secure eRooms. Inexperienced writers work with experienced SACE members, CCEs, and Council members on item development and editing draft items they are required to develop. (Expectations by Council for all workshop participants are that each new item writer develops at least 5 draft items for phase 2 of their training).

2) The majority of Specialty Councils assign a new SACE member to a Clinical Content Expert (CCE) for mentoring. Newly generated items are sent to CCE who provides feedback and editorial comments on items and returns them to writer. The writer then revises the item based on feedback, and resubmits to the CCE. The CCE can then opt to forward the edited item to the Item Review Coordinator for the final review, or if item does not meet standards, return the item to the writer for further editing. The Specialty Council is responsible to communicate with NBME regarding item statistics and identification of poor performing exam items. The council then makes decisions regarding item revision or removal from item bank.

{Note: Item Review Coordinators voiced strongly that a functioning E-Room would greatly facilitate the item development process, enhance mentoring of new writers, and reduce the time delays between initial item submission, feedback, and final item acceptance. They also request consideration of an electronic submission process and improved tracking system for submission}

3) Quarterly email updates and reminders are sent by CCE and Item Review Coordinator to SACE members. The CCE emails the SACE member as well as the Item Review Coordinator when new items are received for initial peer review. The Item Review Coordinator is responsible for notifying the SACE member when their items are submitted to NBME and provides an annual summary of number of their items accepted into the test bank.

4) Small teams of new and experienced writers could work collaboratively (either regionally or via online collaboration). Writers could submit new items for review to the team and all team members make specific comments to guide revisions. This process would support the new writer, as well as promote peer review process for improving quality and quantity of new items for test bank. If online process is available, both the CCE and Item Review Coordinator could participate in this process.

2. Committee of Content Experts (CCE)

ABPTS, upon recommendation from the specialty council, will select individuals to be members of the Committee of Content Experts. Each specialty council may recommend and maintain the number of CCE needed to ensure that an optimal number of exam items are written and edited, new item writers are mentored, poorly performing exam questions are revised, and the test bank is monitored for currency and relevancy to the specialty area.

- a) These individuals must have at least one year's experience as an item writer.
- b) ABPTS will appoint a member of the CCE annually. CCE members will serve 2-year terms that begin in January.
- c) Content experts will write exam items, mentor item writers, edit exam items, review poor performing exam items, and monitor the test bank for currency and relevancy to the specialty area.
- d) Term Limits: CCE members are eligible for reappointment upon recommendation of the specialty council.

3. Specialty Council Responsibilities

a) The specialty council is responsible for examination construction. Each council will designate an "item writing coordinator" who will have primary responsibility for item bank management. This individual will be the primary contact for SACE members. Councils will determine the need for exam questions in specific content areas and will make the final decision on test items to be included on an exam form.

b) Councils will select item writers (up to seven per year) from certified specialists and other applicants who are knowledgeable in the specialty area. Councils will also recommend to ABPTS applicants for appointment to the Committee of Content Experts.

4. ABPTS Responsibilities

- a) ABPTS oversees all item-writing activities, and evaluates the item writing process.
- b) ABPTS will organize an annual item-writing workshop for all new item writers held at CSM. Funds for the item writing workshop and other item writing and review activities will be included in the Program 34 budget.
- c) ABPTS will appoint SACE members and Committee of Content Expert members.
- d) The Specialist Certification Department will coordinate the call for nominations to SACE

E. MAINTENANCE OF TEST BANK ITEMS (Amended ABPTS 05-01-02-8D & 08-06-01-03)

1. General Guidelines

- a. One member of each specialty council will be responsible for the test item bank. This individual will be responsible for the oversight of test bank security procedures.
- b. Any test items submitted to council members will be forwarded to the appointed council member immediately, with no paper copies kept. Procedures for transfer from one individual to another should be followed.
- c. Drafts of test items should not be stored on a network drive to which others have access. Drafts should be stored in password-protected computer files on a hard drive with a diskette backup copy.
- d. Item writers who submit questions to the test bank are required to destroy all copies after submitting the items.
- e. The testing service will maintain one working copy of the entire test bank plus a separately stored backup copy. Specialty council and ABPTS members may not hold the entire test bank in their personal possession other than at time(s) expressly permitted by policy or as requested by ABPTS.
- f. Each specialty council could undertake a thorough review of its item bank every three (3) to five (5) years.

2. Specialty Council Test Bank Use

- a. Following administration of the exam, the entire test bank may be sent to the single specialty council member designated with the responsibility of test bank management. This will occur after the final item analysis has been completed and any adjustments have been made. The council member will be allowed to keep the bank for a limited time period (2 weeks) to complete tasks that may include:
 - (1) recording performance history from current exam administration
 - (2) selecting items for the next exam
 - (3) identifying items in need of revision
 - (4) determining item development needs
 - (5) other maintenance procedures

3. Items under development or revision (Amended ABPTS 05-01-02-8D)
4. Items under development or revision
 - a. All SACE, CCE or specialty council members involved in item development must sign a pledge of confidentiality.
 - b. Any items under development or review must be kept in a secure computer file or a locked drawer.
 - c. No SACE member may possess more than 25 total items, and no more than 10 items in single content category at one time.
 - d. When the maximum number of questions is reached, the questions must be forwarded to the appropriate item reviewer, council member, or testing service.
 - e. When sending items in final form, SACE members must keep a copy of all items until they have acknowledgment that the items have been received by the CCE member, council member, or testing agency. After receipt is acknowledged, all copies of items must be destroyed.
 - f. If SACE members mail items, a traceable method (eg, UPS, Airborne Express, Federal Express) must be used. Council, CCE and SACE members are not permitted to waive the signature requirement on any such shipment. Sending items as a file attached to E-mail or as part of E-mail text is prohibited until the protocol established by ABPTS for transmittal of secure e-mail using digital signatures with encryption is followed. Each Council, CCE, and SACE member will be provided with a copy of the approved protocol and it will be the responsibility of the council member responsible for the test item bank to ensure proper utilization of the protocol.
 - g. The council member responsible for the test item bank must keep a record of questions received and sent. These may be coded by item number, content code, or other coding system.
 - h. When test items are mailed via a traceable method (eg, UPS, Airborne Express, Federal Express), the items should be sealed in an envelope with a sealed inner envelope labeled "confidential". Once the envelope is opened, standard procedures for security of items in one's possession apply.

F. Examination Blueprint

1. The examination blueprint (also referred to as the content outline or test specifications) consists of the percentage of questions representing each competency on the examination. The blueprint must be established before test items are written to assure that an adequate number of items will be developed for each area of the examination blueprint.

2. The examination blueprint development must be documented. The blueprint is developed using the weighting of the competencies based on the practice analysis. Final examination blueprints are developed in consultation with the testing agency.
3. ABPTS must review and approve the examination blueprint development and content. Councils will submit the examination blueprint to ABPTS by the appropriate deadline preceding the spring or fall ABPTS meetings or interim conference calls.

G. TEST CONSTRUCTION (Amended ABPTS 05-98-03-10)

1. Specialty councils will construct the examinations in conjunction with testing agency staff. Test development meetings should occur at the testing agency headquarters and require one to two days.
2. The test development committee must consist of at least three [3] individuals, typically the councils members.
3. ABPTS requires approximately two hundred (200) items on an examination form.

H. Guidelines for Additional Testing for Certification

1. Introduction

Though additional testing is not mandatory for the certification process, the following guidelines are provided should additional testing be essential to the certification process.

ABPTS has delineated four testing modes that are acceptable. These include: oral examination, practical examination, clinical simulation, and case/chart review. If a specialty council should choose additional testing, the following guidelines must be followed and submitted to ABPTS for review and approval.

a. Justification of Need for Additional Testing

- (1) Delineate what will be measured by this exam that cannot be measured by a written exam.
- (2) Delineate why this additional measurement is important.

b. Justification of Exam Choice

(Options: oral, practical, simulation, submission of cases/charts)

- (1) Advantages
- (2) Cautions and limitations to include problems with validity in content presented to examinee during the oral exam; variability in examiner standards; variability in examiner/examinee relationships; and variability in patient/examinee relationships in using simulated patients.
- (3) Value of choice in relationship to other options.

c. Examination Strategy

- (1) Establish exam content validity based on competencies as per written exam procedure.
- (2) Establish standardized exam process.
 - (a) oral-semistructured vs. structured
 - (b) practical-simulated vs. patients
 - (c) simulations-linear vs. branching or paper vs. computer-based
 - (d) case/chart review - submitted vs. sampling of records by on-site examiners, case summary vs. chart submission.
- d. Standardized test administration procedure.
 - (1) Examination duration
 - (2) Develop objective criteria for each case/situation and define standards for grading examinees
 - (3) Decision alternatives (pass, fail, or re-examine)
 - (4) Post examination feedback (how examinee will be informed of results)
 - (5) Cost
 - (a) Provide a complete itemized breakdown of estimated costs for both examination development. Costs must reflect adequate research into financial requirements for administrative costs and producing the examination.
 - (6) Develop specific checklists on behavioral anchored rating scales
 - (7) Process for training examiners/raters
 - (8) Process for examiner/rater selection including number necessary for exam administration
 - (9) Information to candidates prior to exam
 - (a) fees
 - (b) content to be covered, general format, rating system, how reported
 - (10) Develop list of core questions to be asked of each candidate by examiners
 - (11) Develop process for preparing raters for each examination and for utilizing raters during each administration (eg, using experienced and new raters; using more than one rater with each examiner)
 - (12) Develop process for monitoring the performance of each examiner
- e. Examination Reliability

How will reliability (eg, inter-rater and intra-rater) be determined?
- f. Re-examination
- g. Exam Security and Maintenance
- h. Periodic Review of Exam Content and Process
- i. Medical/Legal Implications Where Applicable (Chart Access; Liability of Patient Treatment; Licensure Restrictions, etc.)

I. Guidelines for the Development of a Practical Examination

1. Introduction

The clinical competence of a health professional is comprised of a variety of skills. They include intellectual skills (the understanding of and the ability to apply knowledge specific to the discipline), technical and motor skills required to apply that knowledge for diagnosis or therapy, interpersonal skills, and professional attitudes and habits. To become certified in a discipline, a candidate should demonstrate satisfactory performance in each of these skills, as defined by the certifying body. The American Board of Physical Therapy Specialties (ABPTS) and its specialty councils have defined in detail the specifics of these skills, and have validated them by review by experts in the disciplines.

In developing the certification process, each of the councils has appropriately focused initially on developing objective cognitive tests of the knowledge base, with the rationale that the knowledge base is an essential component that can be assessed independently with an acceptable degree of fairness, reproducibility, and validity. Evaluation of the other skills remains problematic. They are all behaviors, which can be evaluated only by observation of their presence or absence. Ideally, these observations should be over time, occur in the practice setting, and encompass all the elements of competent practice. This ideal obviously cannot be achieved even in a controlled training environment, to say nothing of a practice environment. ABPTS and the councils have therefore elected to infer their presence (eg, through records of formal training, time in practice, etc.) or rely on assessment of these skills by others (by references, etc.) For the interpersonal skills, and attitudes and habits, this reliance on the observations of others probably will have to continue, since reliable methods for their assessment have not been developed, behavior during simulations or oral examinations may not be the behaviors manifested in actual practice, and deficiencies in these skills are more notable by episodes of their absence than by their usual presence.

Motor and technical skills may be more amenable to objective measurement, and many clinical and other professions have recognized the desirability of developing "practical examinations." However, it must be recognized that such examinations must meet the same standards of fairness, representativeness, reliability, and validity as are expected of cognitive examinations.

The purpose of these guidelines is to discuss some of the advantages, limitations, available techniques, measurement instruments, scoring and standards issues involved in the development of a practical examination. Also included is a discussion of alternatives for the assessment of these skills. In this paper, the following definition will be used: "*A practical examination is an examination developed to assess a candidate's skill in those required diagnostic and therapeutic maneuvers which involve the use of instruments and/or manual dexterity.*"

2. Advantages

The major advantage of including a practical examination, as defined above, is to provide assurance to the certifying body (and to the public) that a certified candidate indeed possesses the motor skills essential to the specialty. Such assurance may be considered important to establish the "credibility" or "inherent validity" of the certification process. A strong philosophic case can be made for the inclusion of such an examination for physical therapist certification. Certainly, a major component of the practice of a physical therapist involves manual and/or instrumental maneuvers, in contrast to cognitive activity alone.

3. Disadvantages

Since the development of a credible practical examination is sure to require a major expenditure of resources (financial and expert time), ABPTS and councils must seriously consider whether the overall credibility of the certification process demands such an examination. Questions that need to be asked include: "Are the surrogate measures currently used (eg, documented training, time in practice, professional references) sufficiently flawed to justify the required expenditure?" "Is there compelling evidence that otherwise certifiable candidates sometimes lack the skills that would be assessed in a practical examination?" "Are there legal risks to the councils and ABPTS from not including (or including) such an assessment?"

The dilemma is obviously not unique to the physical therapy specialties - it has been a serious problem in all the medical specialties since the beginning of certification. In surgery, a specialty which clearly is highly dependent upon manual dexterity, the certification process relies upon certification by the residency program director of the requisite skills, and the submission of a log that documents that the candidate has participated in a defined, minimum number of a variety of surgical procedures. In internal medicine, the psychomotor skills required to take a complete history and physical examination, and to perform a small number of diagnostic procedures are attested to by the residency program director. For the medical subspecialties, candidates have just recently been required to submit logs of specified procedures that have been performed under observation and attested to by faculty. While other medical specialties require an oral examination in addition to an objective written examination, most of these are examinations based on cognitive aspects of clinical situations or simulations - few require the demonstration of motor skills (other than performance of a physical examination).

In the long history of attempting to apply oral and/or practical examinations in the evaluation of clinical specialists, the examining bodies have always striven to make the problems to be solved by the candidate as realistic (and frequently, as challenging) as possible. Thus, oral examinations used to be based on the candidate examining a patient who was available, and discussing the patient's findings and management plan with an examiner. It became apparent that such an examination lacked the reliability required because of the interaction of three main variables: namely, the variability of the candidate, the variability of the patient(s), and the variability of the examiners. It is only the variability of the candidate that is of interest. Attempts to reduce the variability of the examiners by training has only slightly improved the reliability. A variety of methods has been explored to reduce the variability of the patient, some of which show promise for certain skills. Patients with stable findings have been trained to present a consistent history and findings. Actors have been trained to simulate an illness with an appropriate and consistent history and simulated physical findings. Mannequins have been developed (eg, Resusi, Ann) that allow assessment of procedural

skills. Computerized patients have been developed that simulate the data gathering and cognitive management skills and judgment. The development of each of these methodologies has been costly and time-consuming. None of them is yet being used in certification in medicine.

4. Alternatives to Direct Assessment

In answering the questions posed above, the councils should consider the following alternatives:

- a. If the skills to be assessed are entry-level skills, either:
 - (1) infer that licensed therapists have previously been evaluated for the presence of these skills; or
 - (2) if there is compelling evidence that such skills are frequently absent, work within the professional organizations (APTA, training programs, etc.) to develop mechanisms to better assure competence in these skills. This strategy is being used by a number of institutions in the medical disciplines.

- b. If the skills to be assessed are advanced level skills, or even entry-level skills, more explicitly incorporate assessment of their presence in the documentation required of applicants for specialty certification. This could include:
 - (1) logs of procedures performed
 - (2) for diagnostic studies, copies of records obtained with their interpretation
 - (3) case reports
 - (4) inclusion of lists of the required procedures in materials sent to referees, asking them to attest to the applicant's competence in these procedures

5. Design of a Practical Examination

a. Principles

The strongest justification for developing a practical examination is one that relates to the validity of the overall certification process. Equally important are issues relating to the reliability, or the psychometric validity, of the process. The overriding principle is that any examination that contributes to a pass-fail decision must meet minimum standards of psychometric reliability. These standards are **not** likely to be met unless the following principles are followed:

- (1) The tasks to be assessed must be a representative sample of tasks from the larger domain of tasks for the specialty.
- (2) The tasks used in an examination must be standardized, and the examination must be identical for each candidate, or determined to be equivalent. Security of examination materials, although important, is of less importance unless the equivalence has been established.
- (3) The candidates, and the judges, must understand the purpose of the assessment, the nature of the criteria to be scored, and, at least in a global way, the nature of the standards.

b. Steps in Development

- (1) Define the motor and instrumental skills required in the specialty. This task has been accomplished in the development of the specific specialty competencies. From these, a committee of experts should identify a subset that meets certain criteria, such as: a high frequency of performance; strong relevance of the procedure to the specialty; a risk of morbidity if inadequately performed; the ease and accuracy of observations of their performance; etc.
- (2) From the above subset, identify the settings in which the procedures could be observed and evaluated. For example: the candidate could set up an instrument to be ready to use; a candidate could demonstrate a procedure on a patient, a human volunteer, an animal, a mannequin, etc.
- (3) Identify how the observations will be recorded. Will they need to be observed by the judges or could a non-judge videotape the procedure to be judged subsequently? (The latter would allow observation of the candidate in his or her actual practice.)
- (4) Identify the number of observations to be made. This relates to the number of behaviors to be observed - not to the number of observers. Obviously, the choice of the number of observations must be a compromise between that possible during a long period (eg, weeks of observation during training) and the time that is reasonably available for the examination. The evaluation literature indicates that performance is probably "content specific": that is, a candidate's performance during a single maneuver may not correlate highly with the same candidate's performance on other maneuvers. Most studies indicate that reliable assessment requires six (6) or more different observations.
- (5) Develop a scenario for each of the selected procedures. Included in this scenario should be the setting required, the equipment that will be required, the clinical information that the candidate should have to define the task to be performed, and the elements of the behavior to be observed. Decisions will have to be made about the breadth and depth of the encounter. There is a natural tendency to develop a "high fidelity" sequential scenario. For example, in an electrophysiologic examination, the scenario might be to obtain recordings of stimulation of specific muscle groups, identify and interpret abnormal patterns, and proceed with the next sequential step in diagnosis. Although this sequential test, interpret, retest process is intellectually appealing, its implementation is increasingly difficult. It demands either that a patient demonstrating the abnormalities must be available (and willing) to be tested by all candidates, or that an artificial simulation be developed. Furthermore, an overall assessment is likely to have increased measurement error (i.e. be less reliable.) If there are three different behaviors to be assessed in this scenario (initial measurement, interpretation, and adaptive second level of testing), it would probably be better, for reliability, to separate them. It should also be kept in mind that the interpretive and cognitive aspect of prescribing the next step is more simply testable in the written format.
- (6) Identify the type of form on which the behavior will be recorded. The evaluation literature indicates that observation with completion of a criterion-specific checklist provides more reproducible assessment than a global pass/fail or "poor to excellent" rating.
- (7) Identify the number of judges required. In general, the more judges, the better the reliability; however, two judges observing a single behavior is not necessarily more, and may be less, reliable than two judges observing two different behaviors.

- (8) Specify the nature of the scoring system. For example, are all elements of a checklist to be weighted equally or differentially? What is the unit of measurement, i.e., each item on the checklist, or each task observed, or the entire examination?
- (9) Specify the standards to be applied. Are they minimum competence or a higher level? Do they require a satisfactory performance on all tasks (or, for example 80% of tasks)? Can high performance on one task raise a poor score on others? Is a profile scoring system appropriate (eg, minimum performance on each but a total score higher than the minimum)? How will they be set (eg, Angoff, Hofstee, other method)?

c. Costs

The costs of implementing a practical examination are determined by a variety of factors. Probably the most important is the number of candidates to be examined. If only a few, and if they can be gathered together at a single point in time, and in a place where the equipment and appropriate judges are available, a 3-4 hour test, with candidates rotating through task stations with 6-8 volunteer judges, an economically feasible test may be possible. If there are more candidates (eg, 25-35), the same may be possible at a single location and a single point in time. In internal medicine 12-25 station OSCEs (Objective Structured Clinical Examinations) with paid actors simulating patients have been mounted at a cost of \$60 - \$100 per candidate, after costs of developing the examination. Conversely, if there are only 2-4 candidates, it may be cheaper to send examiners to the candidate's practice location, and observe them for 3-4 hours in a variety of practice procedures (meeting minimum criteria for the nature, variety and number of procedures observed). In each of the above examples, the costs of developing the scenarios, criteria scoring forms, and standards, is not included. With the larger specialties, there is an economy of scale that allows a more extensive examination with shared expenses. The smaller specialties should consider isolated observation of candidates by knowledgeable judges, after clear definition of what is to be observed.

d. Legal Considerations

- (1) From the standpoint of the candidate, legal vulnerability of the councils or ABPTS is minimal as long as the procedures, scoring, and standards have been made explicit prospectively, and the examination meets a reasonable standard of relevance to the specialty.
- (2) From the standpoint of subjects of the examination, care must be exercised. In a practice setting, in which the procedure for a patient had already been ordered for appropriate reasons, the use of that procedure for observation would be appropriately covered by informed consent.
- (3) For patients or volunteers asked to undergo procedures not otherwise medically indicated, or procedures that are to be repeated by multiple candidates, detailed informed consent is essential, and indemnification for provision of medical care resulting from an untoward result is required. Payment for clearly specified services aids in establishing an appropriate relationship.

IX. Standard Setting (Amended ABPTS 04-99-02-9)

A. Examination Results Analysis

1. Item analysis for verification of scoring key

The testing agency will provide an examination results report including an analysis of the performance of each test item. The specialty council will review the analysis to decide if the status of any test items performed poorly due to content or incorrect key. After reviewing the item analysis, the specialty council can instruct the testing agency to adjust the answer key before the final scoring of the examination.

2. Other Uses of Item Analyses

Item analysis is useful in the examination revision process if adequate number of candidates have taken the examinations. The testing agency should follow accepted statistical procedures in analyzing and reporting data, especially in regards to reporting data for small samples.

3. Examination Scoring

Examination scores will be scaled to enhance the comparability of scores from alternate forms of an examination.

B. Score Interpretation

The determination of the passing score for each specialist certification examination is based on a criterion-referenced score interpretation. The minimum passing score (cut score) is based on the amount of content mastered and not a comparison of the performance of other examinees.

C. Methods Used to Establish Cut Score

The methodology used to establish the cut score must be psychometrically sound and legally defensible. ABPTS will decide on the methodology used to establish cut scores based on recommendations from staff at its testing agency who possess expertise in psychometrics and testing. The method used to establish the cut score should be consistent for examinations in all specialty areas.

ABPTS has approved the Angoff procedure for development of a recommended cut score for the specialist certification examinations. The Angoff procedure is conducted by a group of content experts representing the specialty area, and is facilitated by an individual with expertise in psychometrics and testing. The content experts develop a description of the minimally competent clinical specialist (borderline candidate), review a representative sample of the content domain (item by item), and predict the performance of minimally competent candidates on the examination. There are numerous variations of the Angoff procedure.

ABPTS has also approved the use of procedures, such as the Hofstee method, that involve the group of content experts considering the examination as a whole and describing acceptable percentages of content to be mastered and associated failure rates. Data from all procedures may be used in deciding cut scores.

D. Cut Score Committees

1. Qualifications of Cut Score Committee Members
 - a. ABPTS members may not participate as members of a cut score committee.
 - b. Committee members must be well qualified as content experts in the specialty area and able to apply their knowledge and experience to make relevant judgements.
 - c. It is preferred that committee members be certified by ABPTS in the specialty area.
2. Composition of the Cut Score Committee
 - a. Committee members must represent the spectrum of practitioners in the specialty. The committee must be diverse in the origins of its members' practice, theoretical approaches, practice settings, geographic areas, sexes, years of experience, and race/ethnic origins.
 - b. The committee must be large enough to sufficiently represent the practitioners in the specialty area and to provide reasonable assurance that results would not vary greatly if the process were replicated. ABPTS recommends between 8 and 12 committee members.
3. Pledge of Confidentiality

ABPTS requires all cut score committee members to sign a Pledge of Confidentiality document. Forms will be provided by the Specialist Certification Department.

E. Responsibilities for Implementing Cut Score Procedures

The establishment of cut scores involves the exercise of professional judgement as well as technical and empirical considerations. Therefore, the responsibility of conducting the process used to establish the cut scores is shared among ABPTS, specialty councils, content experts, and testing agency staff, who have expertise in psychometrics and testing

1. Responsibilities of Specialty Councils
 - a. Specialty Councils are responsible for selecting members of the cut score committees who are qualified according to ABPTS policy.
 - b. Specialty Councils must clearly document the composition of the cut score committee according to the demographic variables listed in ABPTS policy. The "Matrix of Qualifications for Cut-Score Committee Participants", a document summarizing information about the members of the cut score committee, must be submitted to ABPTS so that a permanent records of committee meetings can be maintained.
 - c. Specialty Council members who participate as members of the cut score committee must alert ABPTS to any irregularities that occur during the meeting.

2. Responsibilities of Testing Agency

- a. The testing agency is responsible for recommending procedures used to determine the cut score based on the professional judgment of staff with expertise in psychometrics and testing.
- b. The testing agency is responsible for facilitating the cut score committee meetings as well as providing instructions and training to committee members who participate in the cut score procedures. The testing agency staff is responsible for assuring that committee members clearly understand their tasks and responsibilities.
- c. The testing agency must alert ABPTS to any irregularities that occur during the cut score meeting.
- d. The testing agency must provide ABPTS with data collected at the meeting. In addition, the agency must notify ABPTS if any committee member's behavior interferes with the procedures.
- e. The testing agency will send a written report of each cut score committee meeting. The report will include but not be limited to, the committee's recommended cut score, results of the procedures undertaken, information on the variability among judges, and comparisons to previous years' passing scores.

F. Responsibilities of ABPTS

Per APTA House of Delegates policy [HOD 06-94-23-39], ABPTS determines the passing score on each examination after reviewing the recommendations of the standard setting committee and the statistical analysis of examination results. ABPTS may select a cut score that is inconsistent with a cut score committee's recommendation, if warranted.

X. EXAMINATION ADMINISTRATION

A. POLICY ON MINIMUM ELIGIBILITY REQUIREMENTS TO SIT FOR A PHYSICAL THERAPY SPECIALIST CERTIFICATION EXAMINATION (ABPTS 04-99-03-13)

1. General

- a) The applicant must possess current licensure to practice physical therapy in the United States or any of its possessions or territories.

2. Clinical Practice

- a) Effective with the 2001 examination administration, the eligibility requirement for specialist certification is 2,000 hours of direct patient care in the specialty area within the last ten (10) years. 25% of these hours must have occurred within the last three 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)* or *Description of Advanced Clinical Practice (DSP)*. These elements, as defined in the *Guide to Physical Therapist Practice*, are examination, evaluation, diagnosis, prognosis, and intervention.

- b) Exclusive of practice hours, the specialty council may establish additional requirements, such as evidence of competency in cardiopulmonary resuscitation and emergency care, and Advanced Life Support certification (ACLS), which must be approved by ABPTS.

B. POLICY ON POSTPROFESSIONAL CLINICAL RESIDENCIES AND MINIMUM ELIGIBILITY REQUIREMENTS TO SIT FOR A SPECIALIST CERTIFICATION EXAMINATION (ABPTS 09-98-04-13)

Effective for the 2000 examinations, specialty councils may amend eligibility requirements to allow replacement of all clinical experience requirements with successful completion of an APTA-credentialed postprofessional clinical residency program, provided that the residency curriculum reflects the entire *Description of Specialty Practice (DSP)* or *Description of Advanced Clinical Practice (DSP)*. Specialty councils may amend eligibility requirements to allow replacement of a portion of the clinical experience requirements with a residency if its curriculum reflects only a portion of the DSP/DSP of the specialty area. All amendments to minimum eligibility requirements must be approved by ABPTS.

C. Definitions of Applicant and Candidate

1. An "applicant" is an individual who has submitted a complete application to sit for a specialist certification exam. An applicant must meet all eligibility requirements by the application deadline.
2. A "candidate" is an individual who has passed the application review and will be permitted to sit for the examination.

D. Definition of Reapplicant and Repeat Candidate

1. A "reapplicant" is an individual who is not approved to sit for the exam or chooses to delay sitting for the exam.
2. A "repeat candidate" is an individual who has taken the examination, but did not receive a passing score.
3. Any individual who is not approved to sit for the specialist certification examination, chooses to delay sitting for the exam, or does not receive a passing score on the exam must submit a reapplication to be eligible to sit for the next scheduled exam. To reapply, the applicant must request and submit reapplication forms. Reapplicants must meet the current requirements to be eligible to sit for the next examination. Should there be a change in the minimum eligibility requirements, the Specialist Certification Department will notify reapplicants in writing of the new requirements.

E. Applicant Information Booklet

1. An application booklet will be provided to each applicant to include all application procedures, test registration instructions, examination content outlines, and sample questions.
2. Specialty councils will provide the content outlines and sample questions to be included in the booklet. Staff will distribute these sections of the booklet to the councils annually for review and comment.
3. Specialty councils may submit proposed revisions to their eligibility requirements to ABPTS for approval during their fall meeting.

F. Special Testing Arrangements

The American Board of Physical Therapy Specialties (ABPTS) is committed to providing barrier-free, smoke-free examination sites and assisting those candidates with functional limitations or with disabling conditions who need special assistance in completing the specialist certification examination. ABPTS shall make appropriate arrangements and accommodations for all individuals who meet all eligibility criteria for taking the specialty examinations. If a candidate cannot take the examination under usual testing conditions because of such limitations, special arrangements may be made. It is the responsibility of the person with a disability to provide advance notice and appropriate documentation of the disability and any required modifications or aids.

Any such special requests must be made in writing to ABPTS, accompanied by the appropriate forms, at the time of application for the examination. The request must also include appropriate verification of the disabling condition from a professional specializing in the relevant area (eg, medical doctor, psychologist, psychiatrist, or other professionals verifying the disability). The documentation must include a description of the nature and severity of the condition, as well as a description of special testing needs. Applicants will be notified of ABPTS' final decision regarding the request and the accommodations that will be provided.

G. Time Limit for Active Application

1. Applicant files will remain active for only two (2) exam administrations.
2. Applicants who are not certified during the time their file is active, must submit a new application and review fee to be eligible to sit for the examination.
3. A candidate who does not sit for an examination due to illness or personal emergency may be eligible to sit for the exam during the next test administration without submitting a reapplication provided either of the following is submitted within two weeks following the examination date.
 - a) evidence of illness provided by a physician
 - b) evidence of personal emergency provided by a notarized letter from the applicant

H. Fees

1. ABPTS establishes the fees for the specialist certification process in consultation with the Advisory Council on the Plan for Financial and Administrative Management of the Specialization Process.
2. ABPTS reserves the right to evaluate and changes fees on an annual basis.
3. The testing agency may charge an administration fee to candidates

I. Certification in More than One Specialty Area

1. 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 clinical practice and direct patient care hours that (s)he submitted for the first specialty area. The specialty council will review previously submitted applications for duplication of hours.

J. Exam Results and Notification

1. Examinations are scored by the testing agency. After ABPTS reviews test data and make final determinations on certification, the testing agency provides printed score reports to the Specialist Certification Department for distribution. Score reports will include the pass/fail decision, the passing score, the candidate's score and an analysis of performance according to major content areas on the examination.
2. Candidates are provided the results of their examination in writing only.

K. Data Available to the Public Regarding Certification

1. Inasmuch as the certification process is voluntary, the identity and integrity of applicants and candidates must be protected. Beginning with the 1993 examination results, the only information to be made public regarding the certification exams will be the names of certified specialists, the number of applicants, number tested, number passed and percentage for first time test takers on each exam administration and on a cumulative basis. This data will be released by specialty area.

2. ABPTS may release demographic data (gender, age, geographic location, etc.) on candidates and certified specialists. However, ABPTS will not release demographic data that is not reliably and consistently reported.
3. In a new specialty area, performance statistics on each exam administration will be released when greater than twenty-five (25) candidates have been tested and/or two (2) exam administrations have been completed.

XI. RETIRED STATUS FOR CERTIFIED SPECIALISTS (ABPTS 09-15-5-6a)

Board-certified specialists who have retired from direct patient/client care ([as defined by ABPTS](#)) may apply to ABPTS to be granted the designation “emeritus” (*the only two exemptions from this stipulation are noted below in item 3*).

1. A board-certified specialist with current certification status retiring from direct patient/client care who desires to maintain affiliation with the certification process may apply to ABPTS for authorization to include the designation “emeritus” after their specialist credential listing.
2. Clinical specialists with two or more clinical specialties may apply for “emeritus” status only when they have retired from direct patient/client care (including any pro bono work).
3. For the purpose of this policy, there are 2 exceptions to the requirement of full retirement from direct patient/client care: 1) a therapist who does not participate in direct patient/client care but may perform occasional demonstrations or supervision of patient/client care of less than five hours per week, qualifies for “emeritus” status; 2) a therapist who does not participate in direct patient/client care but may conduct research where patients are directly influenced or affected by their interaction, and can demonstrate an inability to meet the minimum maintenance hour requirement through this research.
4. At the time that ABPTS grants a retired specialist permission to use the designation “emeritus,” the individual will be notified that he or she may not represent themselves as board certified if they resume direct patient/client care. Use of the specialist credentials in violation of this condition will be dealt with under Section XIV of the ABPTS Policies and Procedures (.pdf).

XII. PROCEDURES FOR THE REVIEW OF DECISIONS ON ELIGIBILITY FOR CERTIFICATION (ABPTS 09-98-06-19A[1])

A. Introduction

The specialty councils (councils) of the American Board of Physical Therapy Specialties (ABPTS) make decisions on the eligibility of applicants for initial certification and the eligibility of certified specialists for recertification.

Eligibility requirements for initial certification and recertification include but are not limited to the following: current licensure to practice physical therapy in the United States, the District of Columbia, Puerto Rico, or the Virgin Islands; clinical practice experience in the specialty area specified by the council; other requirements specified by the council such as Emergency Care certification or submission of patient reports. ABPTS approves eligibility requirements that are developed by each council. The requirements are not the same for all specialty areas.

A council's denial of eligibility prevents the applicants from completing the assessment for certification or recertification. In the case of initial certification, a specialty council's denial of eligibility prevents the applicant from sitting for the certification examination. In the case of recertification, a specialty council's denial of eligibility either 1) prevents the certified specialist from sitting for the certification examination or 2) denies review of the applicant's professional development portfolio. The council notifies each applicant in writing of its decision to deny or grant eligibility.

B. Specialty Council Reconsideration

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.

C. Appeal to ABPTS

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 decision on appeal will be based solely on the record before the council. The applicant may NOT submit new information on appeal. 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 Specialist Certification Department. For purposes of determining compliance with the foregoing deadline, a request for reconsideration will be deemed submitted on the POSTMARK DATE. The appeal must specify the grounds on which it is based.

1. Appeal Committee

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 include the Chair of ABPTS, the Public Member, and one member of ABPTS appointed by the Chair.

The Appeal Committee will be responsible for the review of appeals from a council's denial of an applicant's eligibility for initial certification or recertification. The Appeal Committee will review all documents available to the specialty council when it made its decision on the applicant's eligibility. The Appeal Committee will make its decision no later than thirty (30) days from the date of receipt of the request for appeal. If necessary, the Committee will meet by conference call to render a decision.

The decision of ABPTS Appeal Committee will be to:

- a) affirm the decision of the specialty council or
- b) remand the matter to the specialty council with a request that it reconsider its decision or
- c) reverse the decision of the specialty council.

A decision by the Appeal Committee to affirm or reverse the specialty council decision is final and not subject to further review. In case of a remand, the specialty council will review the matter within seven (7) days following receipt of the decision of the Appeal Committee. The action of the specialty council upon remand will be final and not subject to further review. 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.

XIII. PROCEDURES FOR THE REVIEW OF CERTIFICATION AND RECERTIFICATION ACTIONS (Amended 11-17-02-6)

A. Introduction

The American Board of Physical Therapy Specialties certifies clinical specialists in physical therapy specialty areas. The conceptual foundation and credibility of the program are maintained by adhering to accepted professional standards of assessment including practice analysis research, construction of valid assessments, and determination of passing standards.

The following rules set forth the procedures by which a candidate may seek review of a certification or recertification action of the American Board of Physical Therapy Specialties (ABPTS). A candidate adversely affected by a certification or recertification action may submit a request for reconsideration to the ABPTS. A candidate adversely affected by the ABPTS' response may submit an appeal to the Board of Directors of the American Physical Therapy Association (APTA.) A person may not appeal to the APTA Board of Directors unless (s)he has submitted a request for reconsideration to the ABPTS.

A recertification candidate's certification expiration date will be extended until the reconsideration and appeal review process has concluded.

B. Reviewable Actions

The actions of the ABPTS involve the use of widely accepted testing procedures, the exercise of professional judgment, and the maintenance of a high degree of confidentiality. Consequently, the areas listed below are not susceptible to productive challenge in a reconsideration or appeal proceeding. The ABPTS reconsideration and appeal procedures are NOT available for challenges to:

1. the rationale for the content of the examination or alternative assessment
2. the methodology used to develop the examination or alternative assessment
3. the content specifications of the examination
4. the methodology used to establish the scores reported to the candidate
5. the methodology used to establish or apply minimum passing standard for the examination or alternative assessment.

Following are the alleged errors/conditions that are subject to review. The deadline for submitting a request for reconsideration to the ABPTS follows in Section C, ABPTS Reconsideration.

1. Untoward circumstances associated with the onsite administration of the examination

A candidate who believes his or her failure of the examination was due to irregularities in the administration of the examination, natural or manmade disasters, emergencies, or other untoward circumstances associated with the examination administration may submit a written request for reconsideration to seek appropriate corrective action.

2. Defective examination copies (inapplicable to computer-administered examinations)

A candidate who believes there was a misprint or similar error in the examination copy provided on-site may submit a written request for reconsideration.

3. Errors in transmission of examination responses

A candidate who believes there is an error in the transmission of his or her examination responses due to technical malfunctions may submit a request for reconsideration seeking appropriate corrective action. To be considered, the request must include supporting evidence of technical malfunction.

4. Alternative Assessment Results (*recertification candidates only*)

An applicant who believes there is an incorrect application of the alternative assessment requirements to his or her case or a calculation error in the scoring of his or her alternative assessment may submit a request for reconsideration seeking appropriate corrective action. (The applicant cannot challenge the requirements themselves.)

C. ABPTS Reconsideration

The purpose of the ABPTS reconsideration procedure is to enable a candidate to challenge an ABPTS decision denying certification or recertification and/or to seek other appropriate relief, in either case based on an alleged error/condition within Section B, Reviewable Actions.

Candidates for certification and recertification must submit a request for reconsideration in writing and address the request to the Chair of the ABPTS at the APTA Specialist 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 or results of alternative assessment. 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 the ABPTS will acknowledge in writing the receipt of the request, including the date on which the request was received.

D. Decision on Reconsideration

The ABPTS' decision on reconsideration will be made by a Reconsideration Panel, established for the purpose of disposing of the request for reconsideration of a denial of initial certification or recertification. The Reconsideration Panel will consist of the Chair of the ABPTS, the Public Member, the Tests and Measurements Member, and one member of the ABPTS appointed by the Chair.

The Reconsideration Panel will make its decision no later than sixty (60) days from the date of receipt of the request for reconsideration.

The ABPTS will send written notification of the Reconsideration Panel's decision to the candidate by certified mail, return receipt requested. If applicable, the notification will advise the candidate of the procedure of appeal to the APTA Board of Directors.

a. Written examination

The Reconsideration Panel will specify appropriate corrective action if it determines that the candidate demonstrated that (s)he was prejudiced by untoward events or circumstances

associated with the administration of the examination, defective examination copies, or scoring errors.

b. Alternative Assessment Option

The Reconsideration Panel will review the alternative assessment results and the grounds on which the ABPTS rendered its denial of recertification. The decision on reconsideration will be based solely on the record before the ABPTS. The candidate may NOT submit new information on reconsideration.

E. Appeal Procedure

The appeal procedure enables a candidate to obtain review by the APTA Board of Directors of an ABPTS decision on reconsideration that upholds a denial of certification or recertification.

1. Filing of Appeal

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 Reconsideration Panel's decision. A candidate must submit this appeal in writing, addressing it to the President of the APTA through the APTA Governance Department. The candidate must also send a copy of the written appeal to the Chair of ABPTS at the APTA Specialist Certification Department. The appeal must set forth arguments in support of the candidate's position. The ABPTS will send written acknowledgment of receipt of the appeal to the candidate within seven (7) days after the ABPTS receives the candidate's appeal.

2. Decision on Appeal

The Executive Committee of the APTA's Board of Directors will examine the appeal to determine if it raises an appealable issue(s). If the Executive Committee determines that the issue is appealable, the Board of Directors will consider the appeal at its next regularly scheduled meeting. If the Board does not receive the written appeal thirty (30) or more days before the next regularly scheduled meeting following the Executive Committee's determination, the Board of Directors will consider the appeal at the subsequent scheduled meeting.

The APTA Board of Directors will decide an appeal based on available records at the time of the request for reconsideration. A member of the Board of Directors who participated in any decision on the candidate's request for reconsideration will not participate in any deliberation or decision on the written appeal. The Board of Directors will notify the candidate of its decision in writing within fifteen (15) days after the close of the meeting at which the decision is made. The Board of Directors will send a copy of the written decision to the Chair of ABPTS.

The decision of the Board of Directors will be to either:

1. affirm the ABPTS decision on reconsideration; or
2. remand the matter to the ABPTS with a request that it reconsider.

A decision by the Board of Directors to affirm the decision of ABPTS is final and not subject to further review.

In case of a remand, the ABPTS will review the matter at or before its first regularly scheduled meeting following receipt of the decision of the Board of Directors. The action of the ABPTS upon remand will be final and not subject to further review.

XIV. POLICY ON DISCIPLINARY PROCEDURES (Amended ABPTS 05-03- 03-16)

The mission of the American Board of Physical Therapy Specialties (ABPTS) is to advance the profession of physical therapy by establishing, maintaining, and promoting standards of excellence for clinical specialization, and by recognizing the advanced knowledge, skills and experience by physical therapist practitioners through specialist credentialing. ABPTS adopted this Disciplinary Policy to articulate standards of conduct for individuals seeking certification and maintenance of certification, and holding certification. This Disciplinary Policy was also adopted to establish a fair process for addressing noncompliance.

As a general principle, all physical therapists certified by ABPTS must adhere [to The Code of Ethics for the Physical Therapist](#), which delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA).

A. Irregular Behavior During the Examination Process

Test center administrators are required to report to ABPTS 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 unauthorized 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, reproducing, and/or dissemination of examination materials; failure to adhere to testing center regulations; possessing unauthorized materials during an examination administration (eg, 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.

B. Examination Content/Confidentiality

All candidates must sign a Pledge of Confidentiality in their application for certification by which they agree to reveal neither the specialist certification examination content nor the identity of other candidates. 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 behavior standards will not be scored.

C. Certification-Related Grounds for Disciplinary Action

Applicants, candidates, and current or former board certified specialists 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.

D. Misrepresentation of certification status, unauthorized possession or misuse of ABPTS's credentials or logo

Any physical therapist, and current or past board certified specialist, who is determined to have intentionally misrepresented ABPTS certification status, or who is not in compliance with current policies established for the use of certification credentials and ABPTS logo will be subject to disciplinary action. Such action will 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.

E. Adherence to ABPTS Policy XVII - Educational Activities Related to Specialization

ABPTS, specialty council members, writers/reviewers of test materials and members of standard setting panels who are determined to have violated ABPTS policy XVII - Educational Activities Related to Specialization, will be subject to disciplinary action. Such action will 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.

F. ABPTS Reconsideration for Certification-Related Grounds for Disciplinary Action

Applicants or candidates who wish to request that ABPTS reconsider its decision to take disciplinary action must submit a request for reconsideration in writing and address the request to the Chair of ABPTS at the APTA Specialist Certification Department. To request reconsideration, the applicant or candidate must submit a written request no later than two (2) weeks after the date of the letter notifying the candidate of ABPTS' disciplinary action. 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.

G. Decision on Reconsideration

The ABPTS' decision on reconsideration will be made by a Reconsideration Panel, established for the purpose of disposing of the request for reconsideration of certification-related grounds for disciplinary action. The Reconsideration Panel will consist of the Chair of the ABPTS, the Public Member, the Tests and Measurements Member, and one member of the ABPTS appointed by the Chair.

The Reconsideration Panel will make its decision no later than sixty (60) days from the date of the receipt of the request for reconsideration.

The ABPTS will send written notification of the Reconsideration Panel's decision to the applicant or candidate by certified mail, return receipt requested. If applicable, the notification will advise the candidate of the procedure for appeal to the APTA Board of Directors.

H. Appeal Procedure

The purpose of the appeal procedure is to enable a candidate to obtain review by the APTA Board of Directors of an ABPTS decision on reconsideration that upholds a certification-related grounds for disciplinary action.

1. Filing of Appeal

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 Reconsideration Panel'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 Specialist Certification Department. The appeal must set forth arguments in support of the candidate's position. The ABPTS will send written acknowledgment of receipt of the appeal to the candidate within seven (7) days after the ABPTS receives the candidate's appeal.

2. Decision on Appeal

The APTA Board of Directors will decide an appeal based on available records at the time of the request for reconsideration. A member of the Board of Directors who participated in any decision on the candidate's request for reconsideration will not participate in any deliberation or decision on the written appeal. The Board of Directors will notify the candidate of its decision in writing within fifteen (15) days after the close of the meeting at which the decision is made. The Board of Directors will send a copy of the written decision to the Chair of ABPTS.

The decision of the Board of Directors will be to either:

1. affirm the ABPTS decision on reconsideration; or
2. remand the matter to the ABPTS with a request that it reconsider.

A decision by the Board of Directors to affirm the decision of ABPTS is final and not subject to further review.

In case of a remand the ABPTS will review the matter at or before its first regularly scheduled meeting following receipt of the decision of the Board of Directors. The action of the ABPTS upon remand will be final and not subject to further review.

I. Withdrawal of Certification Based on Governmental Action

ABPTS may withdraw any certification granted to a specialist upon obtaining reliable information indicating that the specialist's license to practice physical therapy has been revoked, which revocation has not been stayed, restricted, or suspended for more than a period of two months specialist certification program staff will act on behalf of ABPTS in such cases, giving the specialist written notice of the withdrawal of certification (which shall describe the basis for ABPTS' action) and shall remove the specialist's name from the *Online Directory of Certified Specialists in Physical Therapy*. Withdrawal of a certification based on this action is

not appealable. ABPTS may reinstate a certification upon a request by the specialist supported by evidence that ABPTS in its sole discretion deems sufficient under the circumstances of the case.

XV. RECERTIFICATION POLICIES AND PROCEDURES

A. Introduction

As required by the policy CLINICAL SPECIALIZATION IN PHYSICAL THERAPY (HOD 06-94-23-39), specialist certification is time limited. According to policy of the American Board of Physical Therapy Specialties (ABPTS), specialists are certified for ten (10) years from the date of their initial certification. Just as certification is voluntary, recertification is also voluntary. Each Certified Specialist who wants to be recertified must initiate the process by applying for recertification.

The purpose of the recertification requirement is twofold: 1) to verify current competence as an advanced practitioner in the specialty area by evaluating continued professional development and clinical experience in the specialty area over the ten-year certification period; and 2) to identify individuals who may no longer be practicing as an advanced clinical specialist through a comprehensive assessment of their current competency in the specialty area.

Currently, certified specialists may choose to recertify by one of these assessment options: 1) Professional Development Portfolio (PDP), which consists of documenting professional development activities related to specialty practice or 2) the current written examination.

B. ABPTS MINIMUM REQUIREMENTS FOR RECERTIFICATION (Amended ABPTS 05-03)

Specialty councils must require applicants to show evidence of completing the following requirements for recertification. ABPTS must approve additional recertification requirements developed by councils.

1. Current license to practice physical therapy in the United States or any of its possessions or territories;
2. Evidence of continued direct patient care activities in the specialty area the equivalent of 200 hours per year since the date of most recent certification. Two hundred (200) of the total hours must have occurred within the last three years;
3. Successful completion of the current certification examination or an alternative assessment (eg, Professional Development Portfolio, successful completion of an APTA-credentialed clinical residency program in appropriate specialty area) approved by ABPTS.

C. Guidelines for Specialty Councils to Develop Recertification Requirements

Should a specialty council wish to require more than ABPTS minimum requirements, it must submit the following to ABPTS for approval: 1) rationale for the additional requirement with supporting data (eg, surveys of specialty practitioners and certified specialists) and 2) an estimate of the number of the certified specialists who would be unable to recertify if they instituted the proposed requirement.

D. ABPTS Approved Assessment Methods for Recertification

ABPTS has approved the following assessment methods for recertification.

1. Written Examination

Specialty councils must give candidates the option of sitting for the current written examination given to candidates for initial certification.

2. Professional Development Portfolio (PDP)

Specialty councils accept submission of a PDP for assessment of ongoing professional development and contributions in the specialty area over the ten-year certification period as an alternative to the written examination.

3. Completion of APTA-Credentialed Residency Program in Specialty Area

ABPTS permits documentation of successful completion of an APTA-credentialed post-professional clinical residency program with a curriculum plan reflective of the Description of Specialty Practice in the specialty area. Completion of credentialed residency program must have occurred within the initial 10-year period of certification or recertification.

E. Assessment Alternatives to the Written Examination for Recertification

Specialty councils may submit a proposal to ABPTS to develop alternative assessments for recertification other than the current written examination. The assessment designed to recertify clinical specialists must be valid, and provide a comprehensive evaluation of the continuing clinical competence of certified specialists.

Any assessment for recertification that contributes to a pass/fail decision must meet minimum standards of psychometric reliability and validity. These standards can be met by adhering to the following principles:

1. The areas to be assessed must be a representative sample of the total domain of each specialty area. The assessment should sample major categories identified in the *Description of Specialty Practice*.
2. The assessment instrument must be standardized and comparable for each candidate.
3. Scoring procedures must be standardized. Interrater reliability between judges must be established.
4. The candidates and the judges must understand the purpose of the assessment, the nature of the criteria to be scored, and the nature of the standards.

F. Requirements for Proposals of Alternative Assessments for Recertification

Specialty councils must include the following components in a proposal for approval of an alternative mechanism for recertification.

1. Justify the need for the alternate form of recertification assessment.
2. Identify the mechanism for assessment. Examples are part of the current certification examination, a modular examination, cases study evaluation, and peer ratings, etc.
3. Justify the choice of assessment addressing issues of reliability and validity, advantages, and disadvantages. Delineate what the assessment will measure.
4. Establish the content validity of the assessment based on the current *Description of Specialty Practice* (DSP.) Describe how the assessment reflects the distribution of topics in the content outline.
5. Establish a standard assessment process
 - a. Standardize assessment method.
 - b. Specify the standards to be applied (eg, rating scale, scoring rubric).
 - c. Identify the criteria for passing or failing and describe how the criteria were established.
 - d. Specify options for candidates who fail the assessment such as revising, resubmitting, retaking or selecting another assessment method.
 - e. Specify information that the council will give to the candidate regarding his or her performance on the assessment.
 - f. Develop standard forms on which the scores will be recorded.
 - g. Identify the number of raters required.
 - h. Develop a process for selecting raters.
 - i. Develop a process for training raters and test their reliability by scoring a "mock" assessment.
 - j. Develop a process to monitor the performance of raters to maintain standards.
 - k. Specify the scoring system.
 - l. Specify the manner in which disagreement among raters is resolved.
 - m. Develop assessment administration procedures including necessary equipment, background information needed by the candidate, and elements of the responses to be observed. An example of the scoring should be provided.
 - n. Write clear and complete instructions for the recertification candidate about how to complete the required application documentation including sample copies of forms.

- o. Develop security and maintenance procedures for assessment instrument.
- p. Develop a process for periodic review of the assessment content and administration process.
- q. Provide a cost estimated for assessment development and administration. Councils are encouraged to identify funding sources for carrying out such plans and include this information in its proposal.

G. Standards for Development of Assessment Alternatives to the Written Exam

1. Standards for Professional Development Portfolio

ABPTS defines professional development activities as those educational activities undertaken by the clinical specialist with the express purpose of increasing the individual's knowledge and skills in the specialty area. These activities may occur as part of the regular responsibilities of the certified specialist, but are often pursued as additional opportunities to increase knowledge and skills. These activities provide an opportunity for professional development of the individual certified specialist and for service contributions to the profession. ABPTS recognizes a commitment to lifelong learning and service to maintain clinical excellence in a specialty area while continuing clinical practice. The portfolio assessment is a means of evaluating continued learning and development over the ten (10) year certification period.

- a. The Professional Development Portfolio (PDP) must assess all major competencies in the current DSP. Required points in each major content area should be based on the DSP content outline.
- b. Specialty councils must use the approved list of professional development activities and point values as listed in Section XIV.I.5.
- c. The total number of required points should ensure current clinical competence in order to avoid a false positive screening result (ie, passing a less than qualified candidate). The method for determining the passing standard (required points) must be specified.
- d. Councils must provide candidates with a standard portfolio form to document their professional development activities.
- e. Councils must submit for approval to ABPTS requests to award points for professional development activities which are not described in Section XIV.I.5., with a rationale for the points awarded. ABPTS must approve such requests to maintain consistent scoring standards among councils.
- f. In addition to instructions on completing the portfolio, councils must provide an example of a portfolio that meets the passing standard for the candidate.
- g. Specialty councils must specify to candidates the nature of the required supporting documentation for professional development activities.

- h. Staff will blind all PDP recertification applications for review, removing as much identifying information as is reasonable. All communications between applicants and council members will go through staff.
- 2. Standards for Case Study Assessment
 - a. The case study must sample all major competencies identified in the current DSP.
 - b. The scoring form must include the rating scale to be applied. Each item on which the candidate is to be scored must be listed. Any manipulation of the scores (ie, averaging), must be clearly documented.
 - c. A minimum of two judges is required for scoring. The inter-rater reliability of these judges should be demonstrated through practice scoring on "mock" case studies.
 - d. If a weighting system is applied to score sections of the case study that relate to different content areas, weighting should be similar to that of the DSP content outline.
 - e. Besides instructions, an example of an acceptable, scored case study must be provided to the candidate.
 - 3. Standards for Multiple Choice Examinations
 - a. Each major competency described in the current DSP must be sampled in a proportion similar to that described in the content outline.
 - b. A minimum of a 100-item examination may be used to make a recertification decision.
 - c. The examination for recertification candidates will be administered in a manner consistent with initial certification. The plan for exam administration must address issues of exam security and accessibility of candidates to examination sites.

H. Procedures for Recertification (Amended ABPTS 05-03)

1. Deadline

The specialist seeking recertification must submit the required application materials and fees by the application deadline before the expiration date of his or her certificate. An applicant can apply for recertification within three years of the date his or her certificate expires. This option allows applicants an opportunity to reapply for recertification if they do not successfully complete the recertification process.

2. Start Date and Duration of Recertification

Recertification is valid for ten years. If the specialist achieves recertification before the tenth year of certification, the new certificate granted upon recertification will expire ten years from the original date of expiration. Candidates are not penalized for recertifying in the seventh, eighth, or ninth year.

3. Reapplication for Recertification

ABPTS will permit a maximum of three attempts for successful recertification. Applicants who have not recertified on their first or second attempts and still hold current certificates may reapply for recertification.

Eligible applicants who do not pass the professional development portfolio (PDP) on their first attempt and hold a current certification may 1) elect to take the current written examination for recertification upon payment of the examination fee or 2) submit a reapplication for recertification the following year.

Candidates may submit a PDP for two attempts at recertification. If the candidate does not pass the second PDP, s(he) must apply to take the written examination to recertify.

4. Consequences of Certificate Expiration

If the candidate fails to meet recertification requirements by the expiration date of his or her initial certification, ABPTS will no longer recognize the individual as a certified specialist, will remove the individual's name from the *Directory of Certified Specialists*, and will advise the individual that it would be unethical and a misrepresentation to publicly display the certification in any way or to use the certifying initials after his or her name. (S)he would be subject to disciplinary action as described in Section XIV. If a physical therapist wants to reinstate certification after the expiration date of his or her certificate, (s)he must begin the entire certification process again.

5. Extensions

Specialists to whom ABPTS grants a certificate of extension may include experiences gained during the extension period toward meeting eligibility requirements for recertification.

I. Recertification for Individuals Involved in the Specialist Certification Program (Amended ABPTS 05-11-12-14C)

1. ABPTS and Specialty Council Members

Members of ABPTS and specialty councils may apply for recertification after they have completed their terms. They will have the same options for recertification offered to all certified specialists under the following conditions.

- a. ABPTS prohibits members of specialty councils and ABPTS from sitting for the specialist certification examination for two years following completion of their terms.
- b. Members of specialty councils and ABPTS have the option of applying for recertification after completion of their term or applying for recertification by professional development portfolio (PDP) during their term.

If a specialty council or ABPTS member opts to apply for recertification by submitting a Professional Development Portfolio (PDP) during their term of appointment, the following conditions apply:

- 1) Applicants must declare their intent to attempt recertification **only** by professional development portfolio (PDP) in their first recertification application. If their first attempt at recertification by PDP is unsuccessful, the candidate may not elect to take the current written examination. The

candidate may submit a new application for recertification by PDP the next year. If the candidate's second attempt at recertification is unsuccessful, the candidate may not elect to take the current written examination. Attempting to recertify during the term of appointment limits candidates to two attempts at recertification. The candidate is ineligible to sit for the specialist certification examination during a third attempt at recertification because ABPTS policy requires examination applicants to sign a notarized statement affirming that they have not participated in the development of the certification examination during the last two years.

- c. Members of specialty councils and ABPTS may include activities completed after the expiration of their initial certification as part of their professional development portfolio.
 - d. Members of specialty councils and ABPTS have three opportunities to successfully complete the recertification assessment. They must follow the same procedures for reapplication as described in Section XV.H.3.
 - e. Members of specialty councils and ABPTS may include all clinical practice from the date of initial certification toward fulfillment of recertification requirements.
 - f. The start date of recertification for members of specialty councils and ABPTS will begin immediately after the expiration date of their original certification, not after the extended expiration date.
 - g.. If necessary, ABPTS will grant a certificate extension so that members of specialty councils and ABPTS will maintain their certification status for the duration of their terms, and to allow for three attempts to recertify after completion of their terms.
2. Members of the Specialization Academy of Content Experts (SACE), Committee of Content Experts (CCE), and Cut Score Study Committees
- Members of the Specialization Academy of Content Experts (SACE), Committee of Content Experts (CCE), and cut score study committees have the option of applying for recertification after completion of their term or applying for recertification by professional development portfolio (PDP) during their term.
- a) If a SACE, CCE or cut score study committee member opts to delay applying for recertification until after completion of his/her term, the conditions specified in XV. I.1a -g apply to them as well as to ABPTS and specialty council members.
 - b. If a SACE, CCE, or cut score study committee member opts to apply for recertification by submitting a Professional Development Portfolio (PDP) during their term of appointment, the following conditions apply:
 - 1) Applicants must declare their intent to attempt recertification **only** by professional development portfolio (PDP) in their first recertification application. If their first attempt at recertification by PDP is unsuccessful, the candidate may not elect to take the current written examination. The candidate may submit a new application for recertification by PDP the next

year. If the candidate's second attempt at recertification is unsuccessful, the candidate may not elect to take the current written examination. Attempting to recertify during the term of appointment limits candidates to two attempts at recertification. The candidate is ineligible to sit for the specialist certification examination during a third attempt at recertification because ABPTS policy requires examination applicants to sign a notarized statement affirming that they have not participated in the development of the certification examination as a member of SACE, CCE, or cut score study committee during the last two years.

J. AUDIT OF SPECIALTY COUNCIL RECOMMENDATIONS ON RECERTIFICATION (ABPTS 09-98-06-17)

1. Introduction and Purpose

ABPTS will conduct an annual random audit of recertification applications and specialty council's recommendations regarding whether ABPTS should grant recertification. The purpose of the audit is to ensure that specialty councils are following procedures consistently and thoroughly, thereby maintaining the credibility of the specialist certification program. In addition, the purpose of the audit is to test the adequacy of recertification requirements.

2. Selection of Applications

- a. Staff will randomly select five [5] percent of the recertification applications from the previous year for each specialty area.
- b. As much as possible, staff will remove identifying information from the application so that ABPTS is conducting a "blind" review of the documents.
- c. Staff will include the specialty council's recommendation to ABPTS whether to grant recertification.
- d. Staff will provide copies of all application materials, including supporting documentation that the specialty council reviewed to make its recommendation. Additional or resubmitted documents that the specialty council did not review will not be included.

3. Recertification Audit Review Committee

- a. A subcommittee of ABPTS, the Recertification Audit Review Committee (Committee) shall conduct the audit of recertification applications.
- b. ABPTS Chair will appoint physical therapist members to the Committee who will be the primary reviewers of applications in their practice areas. If necessary. Physical therapists may review applications not in their primary practice area because of numbers of applications or the current composition of ABPTS.
- c. The Committee shall meet and review applications as part of a regularly scheduled meeting of ABPTS.

4. Committee Report

- a. Each Committee member will make written comments about discrepancies, questions, errors, inconsistencies, and any irregular information he or she finds during the review of applications.
- b. The Committee will discuss findings from each of their reviews. A representative of the Committee will report to the full board on its findings. This report will be recorded in the meeting minutes and will serve as the formal record of the audit.

5. ABPTS Actions

- a. ABPTS will consider whether it should take action based on the Committee's findings. Possible actions can include, without limitation, approving policy amendments or new policies to correct or clarify recertification review procedures and directing councils to amend their recertification review

- procedures.
- b. ABPTS will not make recertification decisions on individual candidates as part of the audit proceedings.

XVI. Clinical Residencies, Fellowships, and Subspecialization

It is the opinion of ABPTS that the establishment and growth of post entry-level clinical residency and fellowship programs has provided a mechanism to enhance advanced clinical competence in a specialty area. Participation in a residency or fellowship program represents one avenue for obtaining such advanced competence. In addition, subspecialization may be a natural extension of continued professional development for those practitioners who choose to further focus their scope of practice and study in order to increase expertise in this area.

The development of residency programs and specialist certification should be complimentary processes. Inasmuch, ABPTS supports the development of clinical residency programs and the development of standards for such programs.

XVII. Educational Activities Related to Specialization (Amended ABPTS 05-12-01-14a)

A. Continuing Education

ABPTS encourages the development and conduction of any continuing education activities to assist individuals to be successful in the certification process with respect to the application, test mechanics, and knowledge of advanced content areas. Board-certified specialists should be encouraged to participate in these activities. In addition, they should use the services of external consultants with expertise in tests and measurements in conducting workshops concerning test mechanics. Collaborative efforts by all specialty areas are encouraged. Limitations regarding this policy are listed below.

B. Restrictions for Members of Program Staff, ABPTS, Specialty Councils, Item Writers/Reviewers and Members of Standard Setting Panels with Involvement in Educational Activities

1. ABPTS, specialty council members, item writers/reviewers and members of standard setting panels shall not participate in continuing education activities or be identified with education resources (e.g., publications, training examinations, or other programs) that are timed and/or advertised to specifically prepare candidates for the specialist certification examinations. Discretion is advised in any case where direct linkage may be perceived between participation in an educational activity and an examination. As such, above individuals (excluding members of SACE) may not be involved in the development of written examinations for residency programs. These restrictions apply for up to two years after completion of appointment terms.
2. ABPTS, specialty councils, and Postprofessional Credentialing Division staff should not be involved in the development, production, or distribution of reference lists or resource guides for any approved ABPTS specialty area. This restriction applies for up to two years after completion of ABPTS and specialty council member terms. This type of activity may present the impression that ABPTS or specialty councils have reviewed or endorsed the content of these lists.
3. These restrictions do not apply to participation of council or ABPTS members in programs or activities, which are designed to directly promote the certification process.

C. Restrictions for members of ABPTS, Specialty Councils, Item Writers/Reviewers and Members of Standard Setting Panels in Examination Preparation Courses

1. ABPTS members shall not participate in the development of course materials for an examination preparation course in any specialty area or serve as faculty for any examination preparation course during their terms as an ABPTS member or during the two-year period immediately after the end of their term.
2. Specialty Council members, item writers/reviewers, and members of standard setting panels shall not participate in the development of course materials for an examination preparation course in the specialty area in which they have served, or serve as faculty for such a course during their terms or during the two-year period immediately after the end of their terms.

XVIII. USE OF ABPTS LOGO (Amended ABPTS 09-01-01-07)

The American Board of Physical Therapy Specialties (ABPTS) insignia (logo) is the trademark of ABPTS. The logo may only be used as designated or approved by ABPTS.

A. Specialty Councils

1. Specialty councils may imprint or affix the logo on its stationery, publications, or documents produced by the councils provided that:

- a. Any such use of the logo is approved by the majority of the council members and by the Director of the APTA Specialist Certification Department
- b. The logo is imprinted or affixed adjacent to the councils name and its relationship to ABPTS (eg, Specialty Council on Pediatric Physical Therapy of the American Board of Physical Therapy Specialties), and
- c. The Specialist Certification Department distributes a copy or sample of the material to ABPTS members

B. Certified Specialists

1. Individual certified specialists who wish to use a member designate version of the ABPTS logo on items, such as stationery, business cards, or other appropriate printed or electronic materials must agree to abide by the terms and conditions stipulated in the license agreement. After the signed license agreement is returned to APTA Specialist Certification Department, the license will be provided with a file containing the two member-designate versions of the ABPTS logo. Certified specialists should direct questions regarding use of the ABPTS member designate logo to the APTA Specialist Certification Department.

XVIX. Procedures for Requests for Data

Data collected and maintained by the APTA Specialist Certification Department is the sole property of the APTA. ABPTS shall instruct those requesting access to data for research purposes to submit their request to the APTA Board of Directors in accordance with the APTA's Guidelines for Association Involvement in Research (BOD 06-91-12-41) and Integrity in Physical Therapy Research (BOD 03-92-21-67). Staff will inform ABPTS about any such requests and provide an opportunity for ABPTS to review and comment on requests for data as appropriate.