

## Excerpt from DACBSP® Handbook – pages 38 - 40

### DACBSP® PRACTICAL EXAMINATION GUIDELINES

The following information is provided for use in the candidates' preparations for the DACBSP® practical examination. The test outline should serve as a guide only and should not be considered as reflective of the entire spectrum of potential test material.

#### Format

The examination is constructed to assess the candidate's performance on selected skills and to evaluate the candidate's critical thinking. Candidates for the DACBSP® certification should have advanced levels of knowledge in these skills. This is assessed at multiple stations during which the candidate will be engaged in simulated patient scenarios. The candidate is expected to perform tasks and offer verbal interpretations in the following areas: case management, emergency procedures, manual procedures, taping and bracing, and diagnostic imaging. The candidate will be allowed appropriate time to perform the required tasks at each station.

Candidates will be videotaped at each station. Candidates will be presented with a number at registration. The candidate will be directed to the video camera as she/he enters the station and should clearly show and say the number to the camera. Candidates will then receive written instructions regarding the task(s) they are to perform. Examiners will assess candidates in their skill's performance with an objective task checklist. These checklists define the appropriate, stepwise progression in the performance of these tasks.

#### Grading

Station grades are calculated from tallying the appropriate responses on these checklists. A passing grade of 70% is required at each station. Successful completion of all stations is required to pass the examination. Please refer to specific retake examination policies available from the ACBSP™ Executive Director.

#### General Information

Candidates may need to employ various physical positions and equipment during the entire examination; therefore, casual attire is encouraged. Candidates may not bring beepers, cellular phones, recording or transmitting devices of any kind into the testing area. Once you have finished testing, you will not be permitted to reenter. Testing/registration may last 2-3 hours, although every effort will be made to keep on schedule. Candidates should therefore plan both their meal schedule and transportation arrangements accordingly. Specific information regarding the schedule of testing, directions to the site, etc. will be forwarded as your application is processed.

The following provides a broad outline of the scenarios that will be tested and the tasks the candidate is expected to perform. Candidates may be asked to perform or provide written or oral response in any of these areas. Each station is approximately 14 minutes long. The candidate will be provided with a brief background on the patient in each station except for the Diagnostic Imaging station. This station will be given x-ray studies for evaluation.

## STATION OUTLINES:

### Case Management - Two Stations: Upper and Lower

1. Perform a focused examination of the joint. (Do not take more history).
  - a. Mechanism of injury
  - b. Epidemiology
  - c. Risk factors
  - d. Natural history of condition
  - e. Tissue involvement
2. Perform focused exam on related structures determining presence or absence of underlying pathologies.
3. Examination Procedures
  - a. Determine if advanced studies are needed (Example: X-ray)
  - b. Evaluate for loss of joint play
4. Differential Diagnosis
5. Treatment/Management Protocols
  - a. Manual procedures
    - i. Determine appropriate treatment protocol
      1. Soft tissue techniques
      2. Extremity adjusting
      3. Ancillary procedures
  - b. Be able to explain appropriateness of the technique in relation to the physiological goal (e.g. myofascial release to reduce adhesions, transverse friction massage to stimulate cellular response).
6. Exercise/Rehabilitation
7. Nutrition/Diet
8. Lifestyle modifications
9. Management/Referral/Prognosis/Return to play criteria

### Emergency Management - Spinal Trauma (this may include head trauma).

1. Assessment of the situation
2. Performance of a primary survey
3. Performance of procedures necessary to stabilize the patient
  - a. CPR skills/Airway management
  - b. Spinal trauma/stabilization
4. Performance of a secondary survey
  - a. Stabilization of these injuries until the point of transfer to the appropriate emergency personnel.
  - b. Shock
  - c. Fracture management
  - d. Abdominal/chest injuries
  - e. Thermal/environmental injuries

All procedures must be performed by the candidate unless otherwise stated by the examiner (e.g. palpation of pulse). The examiner will give the results of each procedure to the candidate.

Emergency Management - Head Trauma (this may also include spinal trauma).

1. Assessment of the situation
2. Performance of an evaluation of the athlete
3. Provide a clinical impression
4. Discuss return to play criteria
5. All procedures must be performed unless otherwise stated by the examiner (e.g. palpation of pulse). The examiner will give the results of each procedure to the candidate.

Taping and Bracing

The candidate will be asked to perform two (2) procedures:

1. Ankle taping
2. Taping of one of the following areas:
  - a. Wrist
  - b. Thumb
  - c. Elbow
  - d. Lower leg
  - e. Arch of the foot
  - f. Trunk
  - g. Shoulder

The candidate will be evaluated for:

1. Indications/contraindications
2. Adequate preparation of the area
3. Correct position of the body area being taped
4. Proper application of the tape (e.g. no crimping or wrinkling of tape)
5. Proper removal of the tape

Diagnostic Imaging

The candidate will be given x-rays studies for evaluation. The candidate will be evaluated for:

1. Interpretation
2. Special Studies
3. Diagnosis
4. Treatment/Management