

Excerpt from DACBSP® Handbook – pages 38 - 40 (under revision)

DACBSP® Practical Examination and Station 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: Injury Management: Upper and Lower Extremity Stations, Emergency Management: Spinal Trauma and Head Trauma Stations, Taping and Bracing Management, and Advanced Imaging. The candidate will be allowed 14 minutes to perform the required tasks at each station.

Candidates will be recorded at each station. The candidate will be directed to the recording device as they enter the station and should clearly say their name and show their name tag, pulling down their mask. Candidates will then receive instructions, written and verbally, regarding the task(s) they are to perform. Examiners will assess the candidates in their skills performance with an objective task checklist. These checklists define the appropriate, stepwise progression in the performance of these tasks.

Grading

With regards to auto fails in the practical examination, the auto fails are reserved for situations where if a task is not performed accurately and/or completely, it could cause catastrophic harm to the patient. Auto Fails are present in the Spinal Trauma and the Head Trauma Stations. In the absence of an Auto Fail, a minimum of 70% of the points in each station (minimum competency) must be achieved in order for a candidate to pass that station. Successful completion of all stations is required to pass the examination. Please refer to specific retake examination policies below.

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 any

type of electronics or watches into the sequestration or testing area including but not limited to: cell phones, computers, tablets, watches. Once you have finished testing, you will not be permitted to reenter. Registration/testing/sequestration may last more than 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 sent to candidates once registration closes. There will be a virtual candidate orientation meeting approximately 4 weeks prior to each examination, details are listed on the website on the exam registration page.

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 responses 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.

DACBSP® Practical Examination Station Outline

Last updated 3.1.22

All practical examination stations are based on the DACBSP® Job Task Analysis. All tasks within the practical examination are referenced in the DACBSP® Reading List, with a special focus on the references in the Recommended Practical Exam Reading List.

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Please see the Practical Examination Equipment List on the ACBSP™ website for a comprehensive list of equipment at each station. If a piece of equipment is not listed in a station, the candidate may verbalize that they have the equipment and how it would be used in the scenario.

In each station, all procedures must be VERBALIZED AND DEMONSTRATED by the candidate (e.g. palpation of pulse) unless otherwise stated by the examiner. If available, the examiner will give the results of each procedure to the candidate.

Injury Management - Upper and Lower Extremity Stations

1. Focused History
 - a. Onset
 - b. Palliative
 - c. Provoking
 - d. Quality of pain
 - e. Severity of pain
 - f. Timing
 - g. Additional signs and symptoms
2. Inspection and palpation
 - a. Spine
 - b. Involved joint
 - c. Joint above
 - d. Joint below
3. Range of Motion
 - a. Active and Passive Range of Motion
 - i. Spine
 - ii. Involved joint
 - iii. Joint above
 - iv. Joint below
4. Neurovascular Examination
 - a. Upper and Lower Extremities
 - i. Muscle strength
 - ii. Sensation
 - iii. Reflexes
 - iv. Vascular
5. Muscle strength testing
 - a. Involved joint
6. Orthopedic Examination
 - a. Spine
 - b. Involved joint
 - c. Joint above
 - d. Joint below
7. Advanced Imaging
 - a. Identifies when advanced imaging is warranted
 - i. Orders appropriate advanced imaging
8. Diagnosis and Decision Making
 - a. Correct differential diagnosis
 - b. Proper management
 - c. Graded return to play

Emergency Management - Spinal Trauma Station

AUTO FAILS ARE PRESENT IN THIS STATION

1. Primary Assessment
 - a. Scene Safety
 - b. Personal protective equipment
 - c. Responsiveness
 - d. Activate EMS

- e. ABC'S
- f. Stabilize Cervical Spine
- 2. Log-Roll
 - a. Performance of Log-roll
 - b. Proper Signaling
 - c. Cervical Spine Axial Stabilization
 - d. Signal to slide
 - e. Placement of blocks
 - f. Proper strapping
- 3. Cervical Collar
 - a. Sizing
 - b. Application
- 4. Airway Management
 - a. Airway Selection
 - i. Sizing
 - b. Airway Placement
 - c. Reassess breathing
- 5. History Taking
 - a. Vitals
 - i. Blood pressure, pulse, respirations
 - b. Attempts to obtain SAMPLE history
- 6. Secondary Survey
 - a. Head
 - b. Neck
 - c. Chest
 - d. Abdomen/pelvis
 - e. Lower extremity
 - f. Upper extremity
- 7. Fracture Management
 - a. Pre-splinting Neurovascular Examination
 - b. Selection of Splint
 - c. Application of Splint
 - d. Post-splinting Neurovascular Examination
- 8. Oxygen Application
 - a. Equipment Set-Up
 - i. Oxygen flow rate
 - b. Oxygen Application

Emergency Management - Head Trauma Station

AUTO FAILS ARE PRESENT IN THIS STATION

- 1. Focused History
 - a. Onset/Mechanism of Injury
 - b. Palliative
 - c. Provoking
 - d. Quality of pain
 - e. Severity of pain
 - f. Timing

- g. Athlete Background
 - i. Past head injuries
 - ii. ADHD, Learning Disabilities, Depression, Anxiety, Headache Disorders
 - iii. Medications
- 2. Symptom Evaluation
 - a. 22 Symptoms
 - i. Sport Concussion Assessment Tool - 5th Edition, pg 3
- 3. Level of Consciousness and Cognitive Screening
 - a. Glasgow Coma Scale
 - i. Eyes, Verbal, Motor
 - b. Cognitive Screening
 - i. Orientation
 - ii. Immediate Memory
 - iii. Concentration
 - iv. Delayed Recall
- 4. Physical Examination
 - a. Inspection
 - b. Palpation
 - c. Cervical Active and Passive Range of Motion
- 5. UE and LE Neurologic Examination
 - a. Muscle Strength
 - b. Sensation
 - c. Reflexes
- 6. Cranial Nerve Exam
 - a. 12 cranial nerves
- 7. Cerebellar Testing
 - a. mBess test
 - b. Finger to Nose
 - c. Tandem Gait
- 8. Exertional Testing
- 9. Diagnosis and Decision Making
 - a. Correct differential diagnosis
 - b. Proper management
- 10. Return to Play Criteria
 - a. Graded return
 - i. Graded Return to play
 - 1. 6 steps
 - 2. Instructions if symptoms are present

Taping and Bracing Management Station

1. Indications/Contraindications
2. Preparation for Taping
 - a. Selection of correct type of tape
3. Correct positioning for Taping
4. Closed basketweave **ANKLE TAPING** that is snug and relatively wrinkle-free
5. Additional **Extremity Taping Procedure** that is snug and relatively wrinkle-free
6. Post Tape Circulatory Assessment
7. Proper Removal Instructions

Advanced Imaging Station

The candidate will be given at least 2 radiographs with a short history for each case.

1. Diagnosis
2. Decision Making
 - a. Treatment
 - b. Management