DACBSP® Practical Examination Station Outline

Last updated 3.20.24

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.

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.

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.

The following provides an outline of the stations that will be tested and the tasks candidates are expected to perform. Candidates may be asked to provide oral responses in any of these areas. Each station is 14 minutes long. The candidate will be provided with a brief background on the patient in each station. Please note that the Practical Examination Station Test Plan has been updated, commencing Fall 2022. The outline below represents those changes.

Candidates who need to retake stations from examinations **PRIOR** to the Fall 2022 exam will test on their original test plan. For example, if a candidate needs to retake the Taping Station, you will be offered a Taping Station. If a candidate needs to retake the Radiology/Imaging Station, it will be offered via remote proctored, computer based testing. The Radiology/Imaging Station will no longer be offered on site beginning Fall 2022.

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.

Commencing the Fall of 2022, there are *2 tracks* to the practical examination:

1.) Clinical Setting - 3 stations:

- **a.) Rehabilitation Station**
- **b.) Injury Management - Upper OR Lower Extremity**
- **c.) Special Populations (ie: pediatrics, geriatrics, PPE, diabetic, female athlete, ultra athlete, etc…)**

2.) Sideline Setting - 3 Stations:

- **a.) Emergency Management - Spinal Trauma (auto fail present)**
- **b.) Emergency Management - Head Trauma (candidate will have access to a SCAT6 in the station)**
- **c.) Injury Management - Upper OR Lower Extremity *with* Ankle Taping.**

CLINICAL SETTING: **Rehabilitation Station** - *The Scenario and Exercise List will be published for candidates after registration is closed. Prior to the examination, candidates will prepare a rehabilitation program based on the given scenario. During the examination, candidates will present their rehabilitation program to examiners in the Rehabilitation Station. Exercise selections for the rehabilitation program **MUST** come from the Exercise List. Candidates are **NOT** allowed to use a paper copy of their program during the examination.*

1. Model of rehabilitation through phases (Reference: Khan 5th edition, pg. 280-283)
    a. Stepwise progressions through primary, secondary and tertiary foci to address:
        i. Phase 1
            1. **Range of Motion: Regain active and passive range of motion**
            2. Motor Control: Proprioception and motor output
            3. Muscle Strength: Voluntary activation
            4. Exercise Prescription: Controlled movements
        ii. Phase 2
            1. Range of Motion: Cyclic, full range loading
            2. **Motor Control: Joint stability**
            3. Muscle Strength: Hypertrophy
            4. Exercise Prescription: Extrinsic stimuli
        iii. Phase 3
            1. Range of Motion: Manual therapies if necessary
            2. **Motor Control: Speed and agility**
            3. **Muscle Strength: Generate strength**
            4. Exercise Prescription: Complex movements
        iv. Phase 4
            1. Range of Motion: Maintenance and recovery
            2. **Motor Control: Ingrain new patterns**
            3. **Muscle Strength: Power and endurance**
            4. Exercise Prescription: Sport-specific
    b. Patient positioning
    c. Exercise cues
2. Decision Making
    a. StAART Framework (Reference: Khan 5th edition, pg. 286-293)

CLINICAL SETTING: <u>Injury Management - Upper *OR* Lower Extremity Station</u>

1. Focused History
    a. Onset
    b. Location
    c. Palliative factors
    d. Provoking factors
    e. Quality of pain
    f. Referral
    g. Severity of pain
    h. Timing
    i. 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/or Lower Extremity
        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

CLINICAL SETTING: <u>SPECIAL POPULATIONS</u> (ie: pediatrics, geriatrics, PPE, diabetic, female athlete, ultra athlete, etc…)

1. Focused history
    a. Onset
    b. Palliative
    c. Provoking
    d. Quality of pain
    e. Radiation
    f. Severity of pain
    g. Timing
2. Expanded history (Scenario may require you to perform one or more of the following)
    a. Pertinent past medical history
        i. Medications
        ii. Surgical
        iii. Systems
    b. Family history
    c. Social history
    d. Sporting/training history
3. Inspection and palpation
    a. Involved area/joint
    b. Joint above
    c. Joint below
4. Range of motion
    a. Active and passive range of motion
        i. Involved area/joint
        ii. Joint above
        iii. Joint below
    b. Assess joint play

5. Physical Examination (Scenario may require you to perform one or more of the following)
    a. Orthopedic
        i. Involved area/joint
        ii. Joint above
        iii. Joint below
    b. Neurologic
        i. Muscle strength
        ii. Sensation
        iii. Reflexes
        iv. Vascular
    c. Vitals
        i. Blood pressure
        ii. Pulse
        iii. SPO2
    d. Eye, ears, nose, throat
    e. Cardiovascular
        i. Observation
        ii. Palpation
        iii. Auscultation
    f. Lung
        i. Observation
        ii. Palpation
        iii. Percussion
        iv. Auscultation
6. Ordering imaging/labs
    a. Identify when advanced imaging and/or lab tests are warranted
        i. Orders appropriate imaging/lab tests
            1. Candidates **MUST** ask for specific labs and state what they are looking for, candidates cannot request an entire lab panel.
                a. Normative values will be given.
7. Diagnosis and decision making
    a. Correct differential diagnosis
    b. Proper management
        i. Including possible referral/co-management
    c. Return to sport considerations

SIDELINE SETTING: **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. Check ABC'S within 2 minutes
    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. Slide performed properly
    f. Placement of blocks
    g. Proper strapping
3. Cervical Collar
    a. Sizing
    b. Application
4. Airway Management
    a. Airway Selection
        i. Sizing
    b. Airway Placement
    c. Reassess breathing
5. Vitals & 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

SIDELINE SETTING: Emergency Management - Head Trauma Station

****CANDIDATE WILL RECEIVE A SCAT6 FOR USE IN THE STATION****

1. On Field Assessment
    a. Stabilize head/neck
    b. Check ABC's within 2 minutes
    c. Observable Signs
    d. Glascow Coma Scale
    e. Red Flags
    f. Cervical Spine Assessment
        i. Pain at rest
        ii. Tenderness
        iii. AROM
        iv. PROM
        v. Upper and lower extremity strength and sensation
    g. Coordination and Ocular/Motor Screen
        i. Finger to nose
        ii. Double vision
        iii. Extraocular eye movements
    h. Memory Assessment
        i. Maddocks questions
    i. Decision if player can be removed from field
2. Off Field Assessment
    a. Athlete Background
        i. Past Head injuries/Concussions
        ii. History of:
            1. ADHD, Learning Disabilities, Depression, Anxiety, Headache Disorders
        iii. Current Medications
    b. Symptom Evaluation
        i. Sport Concussion Assessment Tool - 6th Edition
    c. Vitals
    d. Cognitive Screening
        i. Orientation
        ii. Immediate Memory
        iii. Concentration
        iv. Months in Reverse
    e. Coordination and Balance Examination
        i. mBess
        ii. Tandem Gait
    f. Neurological Screen
        i. Cranial Nerves
        ii. UE/LE Deep Tendon Reflexes
    g. Delayed Recall
    h. Serial Exam
3. Diagnosis and Decision Making
    a. Correct differential diagnosis
    b. Proper management
4. 2 Questions regarding general knowledge of Sport Concussion Assessment Tools - 6th editions

SIDELINE SETTING: Injury Management - Upper *OR* Lower Extremity Station

1. Focused History
    a. Onset
    b. Location
    c. Palliative factors
    d. Provoking factors
    e. Quality of pain
    f. Referral
    g. Severity of pain
    h. Timing
    i. Additional signs and symptoms
2. Inspection and palpation
    a. Spine
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    b. Proper management
    c. Graded return to play

9. Taping and Bracing Management
    a. Indications/Contraindications
    b. Preparation for Taping
        i. Selection of correct type of tape
    c. Correct positioning for taping
    d. Closed basketweave **ANKLE TAPING** that is snug and relatively wrinkle-free (this station will always have ankle taping, even if it is a upper extremity injury)
    e. Post Tape Circulatory Assessment
    f. Proper Removal Instructions