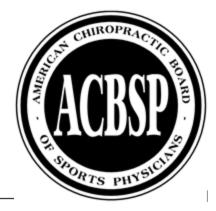
ACBSPTM Practical Examinations Candidates' Information Meeting

DR. SCOTT VANINA, DC, DACBSP® - EXAM COMMITTEE CHAIR

DR. RONI NEGRO, DC, DACBSP® – PRACTICAL EXAM CO-CHAIR

DR. JANNET GONZALEZ, DC, DACBSP® – PRACTICAL EXAM CO-CHAIR



Practical Examination

• Refer to the Date, Time, and Location listed on the Registration Form sent by the National Office.

- Time: TBD tentatively scheduled for 8:00 am 6:00 pm
 - DO NOT MAKE PLANS!
- In association with the Symposium only, there is a Principles and Practice Workshop, held on the day prior to the Practical Exam
 - You may register for the Principles and Practice Workshop through the symposium registration page.



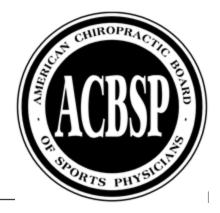
Check- In

- Arrival and check-in at the testing location: Emailed to you by the national office.
- You will not be allowed to leave after instructions are given.
- Late admissions to the testing area are not allowed under any circumstances.
- Current government-issued photo ID
- No electronics at all once you check in at the registration desk.
 - No exceptions; include watches, cell phones, tablets, computers, etc.
 - No watches of any kind are allowed in the testing rooms.



Allowed vs Not Allowed

- Sequestered from the time you check in until the last person completes their exam.
- Allowed: Notes (paper copies only), snacks, and beverages in the sequestration room.
- May bring your own C-collar for the spinal trauma station
- Not allowed: All electronics, including watches. Phones and watches can be left at the registration desk.



Practical Exam Background

- Design of the examination
 - Job Task Analysis
- NCCA standards to have a fair and unbiased exam
- Preparation year round
- Questions with referencing
 - Published references and resources
- Examiner training
- Comments and concerns from the candidates



Stations

The JTA dictates the exam, testing on the most relevant sports medicine scenarios and conditions. The ACBSP practical exam Stations are:

- Sideline Setting
 - Emergency Management Spinal Trauma
 - Emergency Management Head Trauma (candidate will have access to a SCAT6 in the station)
 - Injury Management Upper OR Lower Extremity with Ankle Taping

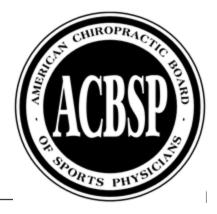
Clinical Setting

- Rehabilitation Station
- Injury Management Upper or Lower Extremity
- Special Populations (ie, pediatrics, geriatrics, PPE, diabetic, female athlete, ultra-athlete, etc.)



Station

- 2 examiners per station.
- •1 model is in the station.
 - At least 2 or 3 models in Spinal Trauma.
- 1 videographer per station.
- There will be no conflicts of interest between the examiners, models, videographers, and candidates.



Examination Flow

- Candidates will enter the room and state their names in the video.
- Candidates will read the instructions while the examiners read the instructions out loud.
- <u>A maximum of two minutes</u> will be given for the candidate to read their own before the time begins.
- Each station will be 14 minutes, with 7-minute and 2-minute warnings.
- The main task: Perform a focused history and physical examination
- Demonstrate and verbalize your exam
- Speak loudly and clearly
- Examiners will give the information, if available
- Be aware that videographers and examiners will be moving around



Passing and Auto - Failures

- 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 Fail: Spinal Trauma
- In the absence of an Auto-Fail, a minimum of 70% of the points in each station (minimum competency) must be achieved for a candidate to pass that station.



Clinical Setting: Rehabilitation

- The scenario will be published to candidates after registration is closed. Prior to the examination, candidates will prepare their own rehabilitation program based on the given scenario.
- On the day of the examination, candidates will present their rehabilitation program to examiners in the Rehabilitation Station.
- Exercise selections for the rehabilitation program MUST come from the ACBSP's[™] published Rehabilitation Exercise List: You will receive an email with the scenario and exercises that you need to use.



Clinical Setting: Rehabilitation

- Model of rehabilitation through phases (Reference: Khan 5th edition, pg 280-283)
 - Stepwise progressions through primary, secondary, and tertiary foci to address:

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

Phase 2

- 1. Range of Motion: Cyclic full range loading
- 2. Motor Control: Joint Stability
- 3. Muscle Strength: Hypertrophy
- 4. Exercise Prescription: Extrinsic asmuli

Phase 3

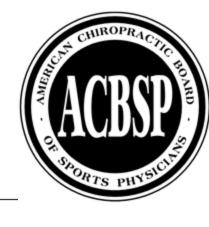
- 1. Range of Motion: Manual therapies if necessary
- 2. Motor Control: Speed and Agility
- 3. Muscle Strength: Generate strength
- 4. Exercise Prescription: Complex movements

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
- 5. Patient positioning
- 6. Exercise cues
- Decision Making

StAART Framework (Reference: Khan 5th edition, pg. 286-293)

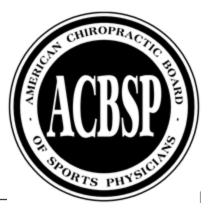
Clinical Setting: Injury Management – Upper OR Lower Extremity



- Focused History
 - Onset
 - Location
 - Palliative Factors
 - Provoking Factors
 - Quality of Pain
 - Referral
 - Severity of pain
 - Timing
 - Additional signs and symptoms
- Inspection and palpation
 - Spine
 - Involved joint
 - Joint above
 - Joint below

- Range of Motion
 - Active and Passive Rom
 - Spine
 - Involved joint
 - Joint above
 - Joint below
 - Neurovascular Examination
 - Upper and/or Lower Extremity
 - Muscle strength
 - Sensation
 - Reflexes
 - Vascular
 - Muscle strength testing
 - Involved joint

Clinical Setting: Injury Management – Upper OR Lower Extremity



- Orthopedic Examination
 - Spine
 - Involved joint
 - Joint above
 - Joint below
- Advanced Imaging *<u>will not be allowed to return to history or exam</u>
 - Identifies when advanced imaging is warranted
 - Orders appropriate advanced imaging
- Diagnosis and Decision Making
 - Correct differential diagnosis
 - Proper management
 - Graded return to play



Clinical Setting: Special Populations

Focused history

- Onset
- Palliative
- Provoking
- Quality of Pain
- Radiation
- Severity of pain
- Timing
- Expanded history (Scenario may require you to perform one or more of the following)
 - Pertinent past medical history
 - Medications
 - Surgical
 - Systems
 - Family History
 - Social History
 - Sporting/training

- Inspection and palpation
 - Involved area/joint
 - Joint above
 - Joint below
- Range of motion
 - Active and passive range of motion
 - Involved area/joint
 - Joint above
 - Joint below
 - Assess joint play



Clinical Setting: Special Populations

- Physical Examination (Scenario may require you to perform one or more of the following)
 - Orthopedic
 - Involved area/joint
 - Joint above
 - Joint below
 - Neurologic
 - Muscle strength
 - Sensation
 - Reflexes
 - Vascular
 - Vitals
 - Blood pressure
 - Pulse
 - SPO2

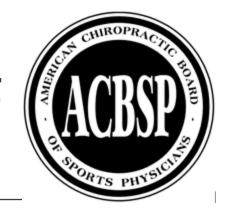
- Eyes, ears, nose, throat
- Cardiovascular
 - Observation
 - Palpation
 - Auscultation
- Lung
 - Observation
 - Palpation
 - Auscultation



Clinical Setting: Special Populations

- Ordering imaging/labs
 - Identify when advanced imaging and/or lab tests are warranted
 - Orders appropriate imaging/lab tests
 - Candidates MUST ask for specific labs and state what they are looking for, candidates cannot request an entire lab panel
 - Normative values will be given
- Diagnosis and decision-making
 - Correct differential diagnosis
 - Proper management
 - Including possible referral/co-management
 - Return to sport considerations

Sideline Setting: Emergency Management – Spinal Trauma – AF Present



Primary Assessment

- Scene Safety
- Personal protective equipment
- Responsiveness
- Activate EMS
- ABC's
- Stabilize Cervical Spine

Log Roll

- Performance of Log-roll
- Proper Signaling
- Cervical Spine Axial Stabilization
- Signal to slide
- Slide performed properly
- Placement of blocks
- Proper Strapping

Cervical Collar

- Sizing
- Application

Airway Management

- Airway Selection
 - Sizing
- Airway placement
- Reassess breathing

Vitals & History-Taking

- Vitals
 - Blood pressure, pulse, respiration
- Attempts to obtain SAMPLE history



Sideline Setting: Emergency Management – Spinal Trauma – AF Present

Secondary Survey

- Head
- Neck
- Chest
- Abdomen/pelvis
- Lower extremity
- Upper extremity

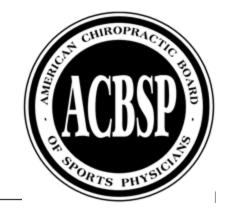
Fracture Management

- Pre-splinting Neurovascular Examination
- Selection of Splint
- Application of Splint
- Post- Splinting Neurovascular Examination

Oxygen Application

- Equipment Set up
 - Oxygen Flow rate
- Oxygen Application

Sideline Setting: Emergency Management - Head Trauma



The candidate will receive a SCAT6 for use in the station

On Field Assessment

- Stabilize head/neck
- Check ABCs within 2 minutes
- Observable Signs
- Glascow Coma Scale
- Red Flag Questions

- Cervical Spine Assessment
 - Pain
 - Tenderness
 - AROM
 - PROM
 - UE/LE motor myotomes
 - UE/LE Sensory
 - Coordination and Ocular/Motor Screen
 - Finger to Nose test
 - Double vision
 - Extraocular eye movements
 - Maddock's Questions
 - Ability to remove from field

Sideline Setting: Emergency Management - Head Trauma

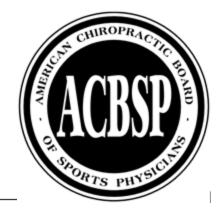
Off Field Assessment

- Athlete Background
 - Past trauma/head injuries
- History of:
 - ADHD, Learning Disabilities, Depression, Anxiety, Headache Disorders
- Current medications

- Symptom Evaluation
 - 22 Symptoms
 - Sports Concussion Assessment Tool 6th Edition
 - Vitals
 - Cognitive Screening
 - Orientation
 - Immediate Memory
 - Concentration
 - Months in reverse



Sideline Setting: Emergency Management - Head Trauma



Off Field Assessment continued

- Coordination and Balance Exam
 - mBess test
 - Tandem gait
- Neurological Screen
 - Cranial Nerves
 - UE/LE reflexes
- Delayed Recall
- Serial Exam

- Diagnosis and Decision Making *<u>will not be</u> <u>allowed to return to history or exam*</u>
 - Correct Differential diagnosis
 - Proper Management

Sideline Setting: Injury Management – Upper OR Lower Extremity



Focused History

- Onset
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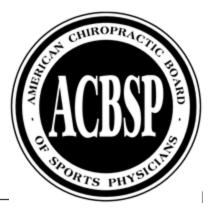
Sideline Setting: Injury Management – Upper OR Lower Extremity



- Orthopedic Examination
 - Spine
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 - Joint above
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- Diagnosis and Decision Making
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 - Graded return to play

- Taping and Bracing Management
 - This station will always have ankle taping, even if it is an upper extremity injury
 - Indication/Contraindications
 - Preparation for Taping
 - Selection of the correct type of tape
 - Correct positioning for taping
 - Closed basketweave ANKLE TAPING that is snug and relatively wrinkle-free
 - Post Tape Circulatory Assessment
 - Proper Removal Instructions

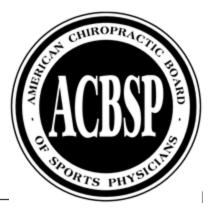
THIS IS A TEST



Recommendations

. Clear Cache

- Recommended Practical Examination Reading list:
 - https://www.acbsp.com/wp-content/uploads/2022/04/ACBSP-2021-Reading-list-DACBSP-Reading-List-UPDATED.pdf
- Practical Examination Station Equipment List
 - https://www.acbsp.com/wp-content/uploads/2023/06/Practical-Exam-Station-Equipment-List-061423.pdf
- Practical Examination Station Outline
 - https://www.acbsp.com/wp-content/uploads/2024/03/DACBSP-Practical-Examination-Station-Outline.9.5.23-3.pdf
- Practical Examination Station Guidelines
 - <u>https://www.acbsp.com/wp-content/uploads/2022/08/DACBSP®-Practical-Examination-Station-Guidelines-</u> 7.27.22.pdf
- Practice Psychomotor Checklist #1
 - https://www.acbsp.com/wp-content/uploads/2022/03/Practical-Psychomotor-Checklist-NREMT-Checklist.pdf



QUESTIONS