

 Certified Orthotic Fitter Detailed Content Outline	Cognitive Level			Total
	Recall	Application	Analysis	
An "X" denotes the examination will NOT contain items for the given task at the cognitive level indicated in the respective column (recall, application, or analysis).				
I. FACILITIES MANAGEMENT	4	6	0	10
A. Determine Elements of the Fitting Room (e.g., adjustable stool, exam/fitting table, mirror, hard back chair, and parallel bars, or other appropriate ambulating device)		X	X	
B. Determine Required Measuring Devices (e.g., tape measures, goniometer, calipers, VAPC caliper, ML gauge, measuring chart, plumb bob, yard/meter stick, Ritz stick, Brannock)			X	
C. Comply with Environmental Safety Regulations in All Practice Settings (e.g., pathogens, cross-infection, work place hazards)			X	
D. Assure Quality Care by Development and Maintenance of Policies and Procedures Regarding Patients, Prescribers, Personnel, Maintenance of Records, etc.			X	
E. Comply with HIPAA Regulations			X	
F. Comply with Accreditation Standards			X	
II. PERFORM PROFESSIONAL PRACTICE/ETHICS	2	8	0	10
A. Maintain Patient Confidentiality			X	
B. Provide Training, Lectures and Information to Staff or Other Health Care Professionals on Current Device Information			X	
C. Maintain a Quality Assurance System that Evaluates Patient Care			X	
D. Participate in Professional and Educational Symposiums (e.g., fulfill continuing education requirements)			X	
E. Comply with BOC Code of Ethics			X	
III. PATIENT ASSESSMENT/EVALUATION	3	8	5	16
A. Establish Relationship with Patient				
1. Patient intake				
a. verify required personal information about patient			X	
b. collect and evaluate patient records			X	
c. interview patient and obtain history				
d. discuss any related medical treatment(s)				
e. discuss financial matters for services/devices with patient				
B. Evaluate and Assess Patient to Determine				
1. Skin condition			X	
2. Range of motion			X	
3. Muscle strength			X	

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4. Manual dexterity			X	
5. Coordination			X	
6. Posture and gait			X	
7. Sensation			X	
8. Proprioception			X	
C. Assess Prescription				
1. Verify prescription (e.g., name, date, diagnosis, device, signature)				
2. Determine relation of prescription to presenting problem				
3. Identify the pathology of the disease to provide the proper device			X	
4. Contact prescribing doctor and discuss/revise prescription if necessary			X	
5. Discuss prescription with patient (i.e., explain the patient's role/responsibilities)			X	
IV. COMMUNICATION/PATIENT EDUCATION	6	9	0	15
A. Explain Purpose/Objective of Device				
1. Describe various procedures to be performed			X	
2. Explain advantages and disadvantages			X	
3. Determine patient's expectations			X	
4. Explain patient's role/responsibilities			X	
5. Discuss device options and obtain patient acknowledgment			X	
B. Evaluate Psychological Impact of Devices on Patient, Family, and Others			X	
C. Perform Inter-Professional Communications (e.g., progress notes, thank you letters) as Necessary			X	
V. DEVICE DELIVERY and APPLICATION	4	10	3	17
A. Finalize Alignment and Fit Device to Patient				
1. Apply device to patient and finalize alignment, fit, and cosmetic appearance				
2. Demonstrate proper application, alignment, and removal				
3. Demonstrate to patient and/or caregiver application and removal, fitting adjustments, and care of device			X	
4. Explain how to recognize potential problems (e.g., pressure points, skin breakdown, numbness, contractures)			X	

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5. Have patient and/or caregiver demonstrate proper application and removal				X		
6. Have patient and/or caregiver sign receipts and acknowledgments				X		
B. Explain Follow-Up Procedures						
1. Initiate and encourage on-going communication with patient and/or caregiver				X		
2. Develop and maintain patient's records				X		
3. Inform patient and/or caregiver of provisions for continued servicing of device (e.g., adjustments, consultation)				X		
4. Communicate with the patient and/or caregiver verbally and in writing				X		
C. Schedule Patient for Follow-Up		X	X			
VI. PATIENT PREPARATION/MEASUREMENTS	7	9	0			16
A. Measure Patient						
1. Select techniques (e.g., patient positioning, casting, tracing)				X		
2. Identify anatomical landmarks		X	X			
3. Use measuring devices			X			
VII. EVALUATION/SELECTION of PREFABRICATED (unless specified) PRODUCT/MODEL/TYPE of DEVICE	4	9	3			16
A. Cervical/Cervical Thoracic Orthoses (CO, CTO)						
1. Soft foam collars				X		
2. Semi-rigid (e.g., Philadelphia, Minerva, Aspen, Miami J)				X		
B. Thoraco-Lumbo-Sacral Orthoses (TLSO)						
1. Rigid (e.g., Taylor, Knight-Taylor, plastic, hyperextension)				X		
2. Flexible (e.g., with steel stays, thermal molded insert)				X		
C. Lumbo-Sacral Orthoses (LSO)						
1. Rigid (e.g., chairback, Knight, Harris, Williams flexion, plastic)				X		
2. Flexible (e.g., with steel stays, thermal molded insert)				X		
D. Knee Orthoses (KO)						
1. Rigid (e.g., ACL, PCL, MCL, OA, multi-ligamentous, genu recurvatum, dynamic and adjustable R.O.M.)						
2. Flexible (e.g., patella-stabilizer, elastic type knee supports with or without inserts/hinges/pads)						
E. Ankle Foot Orthoses (AFO) (e.g., plastic, dynamic and adjustable R.O.M., posterior leaf spring, gauntlet, cam walker)						

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F. Foot Orthoses (FO) – Non-Custom (e.g., arch support, diabetic therapeutic inserts – custom or heat-molded)			X	
G. Shoes - Non-Custom (e.g., therapeutic diabetic shoes, straight/reverse last shoes, extra depth, adjustable)			X	
H. Wrist/Hand/Finger Orthoses (WHFO, WHO, FO) (e.g., dynamic and adjustable R.O.M., positional and functional device, finger splints)				
I. Elbow Orthoses (EO) (e.g., dynamic and adjustable R.O.M., functional devices)			X	
J. Shoulder Orthoses (SO) (e.g., abduction, dynamic and adjustable R.O.M., functional devices)			X	
K. Abdominal and Pelvic (e.g., trusses – flexible and rigid, flexible supports, maternity supports)			X	
L. Compression Garments				
1. Lymphedema garments				
2. Vascular (e.g., elastic stockings and sleeves)				
TOTALS	30	59	11	100