ACBSP™ Practical Examinations Candidates' Information Meeting

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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.
- **A maximum of two minutes** 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 ***will not be allowed to return to history or exam**
  - 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 ***will not be allowed to return to history or exam***
  - Correct Differential diagnosis
  - Proper Management

Sideline Setting: Injury Management – Upper OR Lower Extremity

- Focused History
  - Onset
  - Location
  - Palliative Factors
  - Provoking Factors
  - Quality of Pain
  - Referral
  - Severity of pain
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Sideline Setting: Injury Management – Upper OR Lower Extremity

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- 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:**
  - htttps://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**
  - https://www.acbsp.com/wp-content/uploads/2022/08/DACBSP®-Practical-Examination-Station-Guidelines-7.27.22.pdf

- **Practice Psychomotor Checklist #1**
  - https://www.acbsp.com/wp-content/uploads/2022/03/Practical-Psychomotor-Checklist-NREMT-Checklist.pdf

QUESTIONS