



Orthotic Fitter Competency Attestation

SUPERVISOR INSTRUCTIONS

To meet the eligibility criteria for ABC's Certified Fitter-orthotics credential, each candidate is required to possess the knowledges and demonstrate sufficient competence in the areas detailed on this attestation form. The supervisor must be one of the following: a certified/licensed practitioner, orthotic fitter, or a professional referral source*.

**Professional referral source is defined as any appropriately licensed healthcare provider who is familiar with the applicant's professional knowledge and skills. Complete Pages 1 and 3.*

NOTE: The supervisor should address any areas that cannot be marked as **Yes** with the applicant prior to completing this Competency Attestation form.

Applicant's Name: _____

KNOWLEDGE AND COMPETENCY ASSESSMENT

Please complete the following related to the applicant's knowledge or competency in the following areas:

Does the applicant possess adequate knowledge and understanding of:

Gross musculoskeletal anatomy related to lower limb, upper limb and spine, including bony landmarks

Yes No

Planes of motion, basic joint structure and range of motion (ROM)

Yes No

Pathologies including cause and progression (e.g., vascular, neurologic and musculoskeletal disease processes)

Yes No

Examination techniques, including gait observation, weight bearing status, skin/tissue evaluation, pain evaluation and volumetric assessment

Yes No

Prefabricated orthotic design, fitting criteria of orthoses (e.g., anatomical/device relationships, device trimlines)

Yes No

Materials and their properties specific to the practice of orthotics

Yes No

Care and maintenance of prefabricated orthoses

Yes No

Medical, orthopedic and orthotic terminology

Yes No

Practice management (e.g., knowledge of reimbursement, patient confidentiality, federal and state rules, and regulations)

Yes No

Has the applicant demonstrated competency in:

Interviewing patients and communicating with referral sources

Yes No

Taking patient history and performing a physical exam (e.g., measuring ROM, determining muscle strength, body segment alignment)

Yes No

Managing patients relative to their diagnosis and condition

Yes No

Measuring for prefabricated orthoses, including upper limb, lower limb, and spinal

Yes No

Assessing the fit and function of the prefabricated orthosis at initial or diagnostic fitting

Yes No

Assuring appropriate fit and function of the prefabricated orthosis at final fitting and delivery

Yes No

Appropriate documentation methods using established record-keeping techniques

Yes No

Relating orthotic design to forces involved in orthotic treatment (e.g., full length footplate trimline provides increased stability to the knee during late stance)

Yes No

Educating patients regarding safe usage, maintenance and hygiene issues related to prefabricated orthoses

Yes No

Use of universal precautions

Yes No

SUPERVISOR ATTESTATION

To be completed by a certified/licensed orthotist or orthotic fitter

Applicant Name: _____

Your Name: _____

Your practitioner or fitter certification/license number: _____

Are you in good standing with ABC, or your professional credentialing body? Yes No

(Good standing is defined as being current with annual renewal fees, complying with mandatory continuing education, and not currently under disciplinary sanction.)

Current Employer: _____

City/State: _____

Daytime Phone Number: _____ Email Address: _____

Please indicate the time frame during which this applicant obtained their experience hours.

From: _____/_____/_____ To: _____/_____/_____

I attest that the applicant, in my opinion, possesses the moral character and professional standards required of ABC certificants. I further attest that the applicant has demonstrated knowledge and competency in all elements contained on this attestation form and is capable of performing the functions listed above that are required of a Certified Fitter-orthotics.

Any act of falsification by the supervisor is a violation of the ABC Code of Professional Responsibility and shall be referred to the ABC Professional Ethics Committee or applicable credentialing body.

Signature of Supervisor: _____ Date: _____

All sections of this form must be complete before the application is submitted.

This Competency Attestation form must be included with the Certified Fitter-orthotics application.

Effective January 1, 2022, ABC certified supervisors are eligible for four (4) Category II CEUs (up to two times per five-year cycle).

Do you wish for this form to be submitted for CEUs? Yes No



American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc.

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PROFESSIONAL REFERRAL SOURCE ATTESTATION

Professional referral source is defined as any appropriately licensed healthcare provider who is familiar with the applicant's professional knowledge and skills.

Applicant Name: _____

Your Name: _____

Credential Type: _____ Certification/license number: _____

Are you in good standing with your professional credentialing body? Yes No

(Good standing is defined as being current with annual renewal fees, complying with mandatory continuing education, and not currently under disciplinary sanction.)

Current Employer: _____

City/State: _____

Daytime Phone Number: _____ Email Address: _____

Please indicate the time frame during which you had familiarity of this applicant's knowledge and competency.

From: ____/____/____ To: ____/____/____

I attest that the applicant, in my opinion, possesses the moral character and professional standards required of ABC certificant. I further attest that the applicant has demonstrated knowledge and competency in all elements contained on this attestation form and is capable of performing the functions listed above that are required of a Certified Fitter-orthotics.

Any act of falsification by the attester shall be reported to their applicable credentialing body.

Attester's Signature: _____ Date: _____

All sections of this form must be complete before the application is submitted.

This Competency Attestation form must be included with the Certified Fitter-orthotics application.



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