

IMPORTANT INFORMATION

This checklist is for your use only and is not required as part of your application for the exam.

Use it as a tool to guide you through your work experience and to make sure that you are getting the type and amount of experience in each area that the profession expects.

Therapeutic Shoe Fitter Exam Candidate Self Assessment Checklist

Prior to sitting for the ABC Certified Fitter-therapeutic shoes exam, each candidate is required to complete 125 hours of therapeutic shoe fitting experience. The following self assessment tool gives you a guideline for what areas you should focus on and the amount of time you should be spending in each area during this period.

DOMAINS OF PRACTICE

Certified Fitter-therapeutic shoes (CFts) report that they spend their professional time divided between five areas of responsibility called **Domains of Practice.** As you work on the 250 hour experience requirement to take the ABC CFts exam, you should gain experience in each domain and arrange your time to approximately meet these percentages. Use the following chart to write in the percentage of time you spend in each domain.

Each domain is broken down into specific tasks. Reference the ABC *Fitter Candidate Guide* for the specific tasks associated with each domain and identify the domains in which you should spend more or less time.

| DOMAIN | Recommended % of Time | Self-Assessment— % of My Time in These Domains |
|---|--------------------------|--|
| Patient Evaluation Perform an assessment of the patient to obtain an understanding of the patient's prescribed needs. | 27% | % |
| Formulation of the Treatment Plan Create a specific treatment plan to meet the needs and goals of the patient. | 19% | % |
| Implementation of the Treatment Plan Perform the necessary procedures to deliver the appropriate therapeutic shoes/inserts, including minor adjustments. | 24% | % |
| Continuation of the Treatment Plan Provide continuing patient care and periodic evaluation to assure/maintain/document optimal fit and function of therapeutic shoes/inserts. | 15% | % |
| Practice Management Comply with policies and procedures regarding the physical environment, business and financial practices organizational management, and human resources. | 15% | % |

THERAPEUTIC SHOE FITTER KNOWLEDGE AND SKILL STATEMENTS—SELF ASSESSMENT

The knowledge and skills required of an ABC Certified Fitter-therapeutic shoes (CFts) in the provision of patient care are listed below. Use the rating scale as a self assessment to determine your strengths and weaknesses and to identify those knowledge or skills on which you should spend more time during your 125 hours.

Rate your knowledge of or skill with these items by circling the appropriate number on the following scale.

1 is no knowledge or skill, 5 is full knowledge or skill.

None 1-----5 Full

| Knowledge of basic anatomy and physiology of the foot and ankle and their relation to proper shoe fitting 15 | Knowledge of materials 1235 |
|---|---|
| Knowledge of anatomical landmarks related to the foot and ankle | Knowledge of material safety procedures and standards (e.g., OSHA, MSDS) 12345 |
| Knowledge of common foot pathologies related to the diabetic foot | Knowledge of scope of practice related to certified fitter of therapeutic shoes 135 |
| Knowledge of signs, symptoms and risk factors associated with the diabetic foot 15 | Knowledge of federal, state and local documentation requirements 1345 |
| Knowledge of basic medical terminology for communication and documentation | Knowledge of federal and state rules, regulations and guidelines 1235 |
| 15 Knowledge of interpreting prescription/referral documents | Knowledge of protected healthcare and confidential information (e.g., HIPAA) 1235 |
| 15 Knowledge of universal precautions 15 | Knowledge of professional ethical responsibilities (e.g., ABC Code of Professional Responsibility) 15 |
| Knowledge of when to refer patient to other healthcare providers 15 | Skill in physical evaluation of the foot and ankle (e.g., skin integrity, sensation w/ monofilament) |
| Knowledge of therapeutic shoe eligibility criteria (e.g., Medicare) 15 | 15 Skill in interviewing techniques |
| Knowledge of foot measurement tools 15 | 1235 Skill in communicating with patients, caregivers and referral sources |
| Knowledge of shoe components (e.g., toe box, heel counter, openings, vamp, last) | 1235 Skill in appropriate shoe/insert selection for the diabetic foot |
| Knowledge of common materials used in therapeutic shoes/inserts | 15 Skill in weight-bearing assessment of therapeutic shoes/inserts |
| Knowledge of therapeutic shoe/insert fitting criteria | 15 Skill in ambulatory assessment of therapeutic shoes/inserts |
| Knowledge of tools to facilitate fit of therapeutic shoes/inserts (e.g., heat gun, low temperature oven, shoe stretcher) 15 | 12345 Skill in assessing patient's ability to don/doff/fasten 1235 |
| Knowledge of care/maintenance of therapeutic shoes/inserts 15 | Skill in clinical documentation 1235 |
| Knowledge of shoe/insert warranty and warranty limitations 15 | Skill in assessing patient's ability to comply with use and care instructions, (e.g., using interface when wearing shoes, checking skin for evidence of |
| Knowledge of available patient education | excessive pressure) 1235 |

RESOURCES www.abcop.org

- ABC Scope of Practice
- ABC Fitter Candidate Guide
- ABC Code of Professional Responsibility
- Practice Analysis of ABC Certified Therapeutic Shoe Fitters



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This self assessment checklist is developed from the Practice Analysis of ABC Certified Therapeutic Shoe Fitters, which is also used to develop credentialing exam content as well as guidance for educational programs.

RECOMMENDED DEVICE LIST FOR 250 HOURS WORK EXPERIENCE

We've broken down the devices on which certified therapeutic shoe fitters report they typically spend their time. Use this as a guideline as you work on your 125 hour experience requirement. Use the following chart to write in the amount of time you spend on each device and identify those devices on which you should spend more or less time.

CERTIFIED THERAPEUTIC SHOE FITTER DEVICE LIST

| | Recommended % of Time | Self Assessment % of My Time |
|------------|--------------------------|---------------------------------|
| 1. Shoes | (58% Total) | % |
| 2. Inserts | (42% Total) | % |