

Women's Health Physical Therapy

REQUIREMENTS FOR RECERTIFICATION

OVERVIEW

Recertification is to verify current competence as an advanced practitioner in a specialty area and to encourage ongoing education and professional growth. To maintain the certified specialist designation, individuals must recertify every ten [10] years. By maintaining their specialist certification, certified specialists indicate that they are committed to clinical excellence and the development of knowledge and skills in their chosen specialty area. To recertify, candidates must meet minimum eligibility requirements established by the Women's Health Specialty Council and approved by the American Board of Physical Therapy Specialties (ABPTS).

CERTIFICATION STATUS

Applicants must hold current certification as a Women's Health physical therapy specialist by the American Board of Physical Therapy Specialties.

LICENSE

Applicants must hold a current unrestricted license to practice physical therapy in the United States, the District of Columbia, Puerto Rico, or the Virgin Islands.

PATIENT CARE EXPERIENCE

Candidates are required to document evidence of continued direct patient care activities in the specialty area, the equivalent of 200 hours per year since the date of most recent certification. Two hundred (200) of the total hours must have occurred within the last three [3] years. Certified specialists are permitted to recertify up to 3 years prior to their certification expiration date in which the total hours are prorated by 200 hours per year. Therefore, if you recertify in your seven year you will only need 1600 direct patient care hours.

Direct patient care in the specialty area must include activities in each of the elements of patient/client management applicable to the specialty area and included in the Description of Specialty Practice (DSP). These elements, as defined in the Guide to Physical Therapist Practice, are examination, evaluation, diagnosis, prognosis, and intervention.

RECERTIFICATION CASE REFLECTION

Applicants must also submit one case reflection demonstrating specialty practice in women's health. This case reflection must be based on a patient/client seen within the last 10 years.

APPLICATION FEES

	Member Fee	Non-Member	Deadline Date
Recertification Application Fee	\$650	\$910	October 31, 2021
Late Application Fee <i>(With requested one month extension)</i>	\$300	\$300	November 30, 2021
<i>Application fee is the same for all assessment options for recertification. Applications must be submitted online.</i>			

Recertification candidates who are unable to submit their application online by this deadline, please contact APTA's Recertification/MOSC staff.

RECERTIFICATION OPTIONS

Options to Recertify	Description
	Candidates must obtain a passing score on one of the following assessment options:
Option 1	<i>Current Certification Examination</i>
Option 2	<i>APTA-Accredited Post Professional Clinical Residency</i>
Option 3	<i>Professional Development Portfolio (PDP)</i>
Emeritus Option for retiring specialists	<i>Board-certified specialists who are retiring from physical therapy practice and active patient care have an option to retain their credential by petitioning to ABPTS for the designation "emeritus." You must currently hold the certification to apply for the emeritus status. The option of petitioning for emeritus status will not be available once a certification has lapsed. Emeritus status requires a written petition to ABPTS requesting emeritus status and must stipulate the date of retirement from physical therapy practice and active patient care. (No fee required)</i>

OPTION 1: EXAM REQUIREMENTS

To recertify by exam, candidate must have the minimum requirements of a current license to practice, current WCS certification, the minimum patient care experience and completed application and fee submitted through the online application.

Case Reflection submission is required to meet the minimum requirements to sit for the exam.

The applicant must sit for and pass a written examination that tests the application of advanced knowledge and clinical skills identified in the Women's Health Physical Therapy Description of Specialty Practice (DSP) ©, 2007. Refer to DSP book for detailed information on the exam content.

OPTION 2: APTA-ACCREDITED POST PROFESSIONAL CLINICAL RESIDENCY

To recertify by completion of a residency, candidate must have the minimum requirements of a current license to practice, current WCS certification, Candidate the minimum patient care experience, submit evidence of successful completion of an APTA-accredited post professional Women's Health clinical residency since last certification date, completed application and fee submitted through the online application. Case Reflection submission is required to meet the minimum requirements.

OPTION 3: PROFESSIONAL DEVELOPMENT PORTFOLIO (PDP)

To recertify by PDP, candidate must have the minimum requirements of a current license to practice, current WCS certification, the minimum patient care experience, recertification case reflection and completed application and fee submitted through the online application.

Candidates must submit evidence of ongoing professional and educational development that has occurred since their most recent certification in the appropriate format. They must indicate and submit evidence for professional development activities that relate to:

- increasing knowledge and skill in women's health physical therapy;
- contributing to the specialty practice of women's health physical therapy;
- and/or continuing clinical excellence in the provision of women's health patient care.

Candidates must identify and describe the professional development activities and submit supporting documentation unless otherwise indicated, for each entry and enter the point credit according to the ABPTS guidelines as indicated in the forms.

Activities that are cited in any category must have been completed within the past ten years [10] or since the date of your most recent certification. Candidates must obtain a minimum of **35 professional development activity points**.

The Specialty Council will conduct random audits of Professional Development Portfolios (PDP). If a candidate's PDP is selected for an audit, they must provide evidence of involvement in professional development activities such as transcripts, course content outlines, research abstracts, article reprints, etc. To ensure timely processing of your application please provide all supporting documentation with your portfolio.

Women's Health Professional Development Portfolio Requirements

- Candidates must submit professional development activities that relate to increasing knowledge and skill in Women's Health physical therapy, providing a contribution to the specialty practice of physical therapy, or continuing clinical excellence in the provision of women's health patient care.
- Candidates must earn at least one [1] point in any one activity category to count it toward this requirement. The activity categories, point values, and maximum points allowed in each category.
- Professional development activities must have been completed within the past ten years or since the date of your most recent certification.
- Explanation for PDP point calculation:
Points are awarded for direct patient care in the specialty area only for those hours that exceed 2000 hours/For example, if recertification is being sought 10 years after the initial certification, you must have at least 2000 hours of direct patient care. If you document 2750 hours, then you earn 7.5 points for direct patient care, calculated as follows: $(2750-2000) \times 0.01 = 7.5$
- Reflective Case Portfolio for Recertification
 - a) The patient case reflective portfolio submissions will not be scored. Each case will be read for completion of required information and associated reflections.
 - b) The applicant will be granted 5 points for completion of the patient case reflective portfolio.
 - c) This component of the professional development portfolio is REQUIRED. Only one reflective portfolio will be accepted.

WCS Professional Development Portfolio Approved Activities and Points

Candidates must document professional development activities that reflect the content of the Description of Specialty Practice (DSP). For this purpose the DSP components have been grouped into three major categories:

Candidates must obtain a minimum of **35 professional development activity points which include 5 points for case reflection**. Applicants should not document in excess of 60 professional development activity points when preparing the PDP.

Candidates must obtain professional development activity points in at least **four [4] of the nine [9]** approved professional development activities (e.g., professional presentations, publications, professional writing, clinical supervision).

Candidates must earn **at least one [1] point in an activity** to count it toward this requirement.

Clinical Practice (25 points minimum required)

This category includes all clinical practice activities in the specialty area and the following approved professional development activities:

Direct Patient Care (beyond minimum eligibility requirements):	1pt per 10 hours 20pt Maximum
Participation in a continuing education course	1pt per 10 contact hours
Completion of a college/university course;	1pt per unit/credit hour
Clinical Supervision & Consultation;	1 point/100 hours (Mentor) 1 Point/4 weeks (CI) 5 points max
Contribution to a PT outcome database system for research purposes;	0.5 per year of participation

Consultation, Scientific Inquiry and Administration (8 points minimum required)

This category includes all consultation, scientific inquiry and administration activities in the specialty area and the following approved Professional Development Activities

Professional Presentations –Platform or poster	1pt per presentation
Professional Writing-peer reviewed journal;	3.pt per article
Professional Writing-case study or case report (peer-reviewed journal) ;	2.0 per case
Professional Writing-grant proposal, primary investigator or co-investigator;	2.0pt per internal proposal 3.0pt per external proposal
Professional Services (10 points max)	
Committee Participation (per year) (e.g. specialty council, section officer, special interest group, organization outside APTA related to specialty area. Can be local, state or national level.)	1 pt per year as member 2 pt per year as chair or specialty council member
Subject Matter Experts/Consultant (e.g. expert witness, grant reviewer, insurance reviewer, liaison or consultant to professional association, service or educational program, certification exam development, including item editing. Can be local, state or national level)	1 point per task
Item Writing for certification exam	1pt per year
Administrative activities related to patient care/services (e.g. development of policies and procedures, marketing and public relations, orientation and mentoring of new staff, and supervision of physical therapists in a management role)	1 point per year
Contribution to a Research Project	1.0 per project
<i>Points that are in the following approved Professional Development Activities (#4, #5b, #5c, #7, and #9a) may be used towards the minimum 25 points in clinical practice if they are not needed to meet the 2 and 8 point minimums for Teaching, Research, Administration, and Consultation. These will be labeled “swing points”. A maximum of 10 “swing points” is allowed.</i>	
Education and Communication (2 points minimum required)	
This category includes all education and communication activities in the specialty area and the following approved Professional Development Activities:	
Teaching a continuing education course or college/university course;	
Invited speaker to a group, classes, or portions of courses (including in-services);	0.1pt per hour
Presentation to non-professional community or client-based groups on topic specific to specialty area;	0.1pt per hour
Author - book chapter;	2.0 per chapter
Author- non-peer-reviewed publication;	0.5 per article
Author- reviews or commentaries;	0.5 per review or commentary
Editor – book;	0.5 per chapter
Editor- peer-reviewed journal;	1.5 per year
Editor- editorial board member;	1.0 per year
Editor- non-peer-reviewed publication;	0.75 per year
Editor- manuscript reviewer;	0.5 per review

Please contact a member of APTA’s Specialist Certification Department, the Specialty Council, or ABPTS if you are not sure whether an activity can be included in the PDP, or if you have questions about where to record the activity on the PDP form.

Supporting Documentation

If a candidate's PDP is selected for an audit, they must provide evidence of involvement in professional development activities such as transcripts, course content outlines, research abstracts, article reprints, etc. To ensure timely processing of your application please provide supporting documentation with your portfolio as indicated on the individual activity sheet.

Please note that CVs and resumes are not accepted as supporting documentation or for application submission.

Direct Patient Care hours in specialty area beyond the minimum eligibility requirement

Applicants are not required to submit original documentation with their application to verify employment history. However, the Specialty Councils conduct random audits of applications. *Applicants should be prepared to submit documentation to verify their practice experience (e.g. written verification from supervisors, time records W-2 forms.)*

Clinical Supervision of student/peers or clinical consultation with peers in a health care profession

Applicants are not required to submit original documentation with their application to verify Clinical Supervision. However, the Specialty Councils conduct random audits of applications. *Applicants should be prepared to submit documentation to verify or clarify Clinical Supervision (e.g. letter, schedule or time record,)*

The same hours cannot be counted for both clinical supervision and direct patient care.

Please see candidate guide for direct patient care/clinical supervision worksheet.

Approved Activity	Required for Application Submission or documents for Audit
Participating in a continuing education course with specific goals and objectives related to specialty practice	Certificate of completion Required for Application Submission
Satisfactory completion of a college/university course for credit or audit related to specialty area	An unofficial transcript for a university or college course, showing courses and grades, or syllabus with course description Required for Application Submission
Teaching a continuing education course or college/university course;	Syllabi or course content outlines Required for Application Submission
Platform or poster presentation at a professional meeting	Copy of Poster or letter verifying participation Required for Application Submission
Invited speaker to a group, classes, or portions of courses (including in-services)	
Presentation to non-professional community or client-based groups on topic specific to specialty area	
Article	Copy of article/journal providing dates of the publication
Poster	
Committee Participation	A letter or other documentation from the organization verifying the dates of your service Required for Audit
Subject Matter Expert	A letter or other documentation from the organization verifying the dates of your service Required for Audit

<u>Author</u> book chapter; non-peer-reviewed publication reviews or commentaries;	Title page of publication and table of contents containing name of author
<u>Editor</u> book; peer-reviewed journal; editorial board member; non-peer-reviewed publication; manuscript reviewer;	Copy of cover or inside page containing editor names

CLINICAL CARE AND REASONING: RECERTIFICATION CASE REFLECTION SUBMISSION PURPOSE AND GUIDELINES

Purpose of the Reflective Portfolio:

The purpose of the recertification case reflection is for the applicant to document continued competency in patient/client management in the specialty area of women's health physical therapy. Ability to demonstrate patient management in a clinical case reveals the applicants clinical reasoning skills, which is essential to demonstrating continued competency in the specialty area.

- *The patient case reflective portfolio submissions will not be scored. Each case will be read for completion of required information and associated reflections.*
- *The applicant will be granted 5 points for completion of the recertification case reflection.*
- *This component of the professional development portfolio is **REQUIRED**. Only one reflective portfolio will be accepted.*
- *Please use the following reference for more information on the development of the reflective case portfolio template and its purpose in demonstrating clinical reasoning skills:*

Atkinson H, Nixon-Cave, K. A Tool for Clinical Reasoning and Reflection Using the International Classification of Functioning, Disability and Health (ICF) Framework and Patient Management Model. PHYS THER. 2011; 91:416-430.

Guidelines:

1. **Patient Selection:** The reflective portfolio patient case submission can be retrospective or a current patient case.
 - a. Both female and male patient cases will be accepted.
2. **Document Format:** The Reflective Case Portfolio template serves as a guide for the applicant; each section of the template is required to be completed. The sections include:
 - a. Initial Data Gathering/Subjective Interview
 - b. Generation of Initial Hypothesis
 - c. Examination

- d. Evaluation
- e. Plan of Care
- f. Interventions
- g. Re-examination
- h. Patient Outcome
- i. Overall Summary Reflection

3. **Reflection:** Applicants are to provide reflection throughout the case portfolio to demonstrate understanding of clinical decisions and reasoning in their patient/client management. The reflective guiding questions are provided to be “a guide” for the applicant to reflect upon and shape their reflective statements.

a. Applicant must complete a reflection on **TWO** of the case portfolio sections. Applicant may select the **TWO** sections they wish to reflect upon based on their specific practice setting emphasis.

b. An **Overall Summary Reflection** is required at the end of the document.

4. **Document Length:** The reflective portfolio must meet the following length requirements:

a. **Minimum length: 1500 words**

b. **Maximum length: 2000 words**

c. Applicant is to list the overall word count at the end of the document.

d. The document reference/resources list is NOT to be included in the word count.

REFLECTIVE CASE PORTFOLIO SUBMISSION

TEMPLATE OVERVIEW: 9 REQUIRED SECTIONS

Instruction:

Applicant is required to address each of the following 6 sections in the case reflection. The points associated with each section below are to be a guide to frame applicant's presentation of the patient case. Additional information not listed specifically in each section maybe warranted.

I. Initial Data Gathering/ Subjective Interview

- a. Patient history
- b. Patient symptom history and course of care
- c. Patient present function and subjective limitation

II. Generation of Initial Hypothesis/ Physical Therapy Diagnosis

- a. Body structures/functions
- b. Impairments
- c. Activity limitations
- d. Participation restrictions

III. Examination

- a. Systems review
- b. Tests and measures performed
 - i. Specifically list all tests performed and associated findings

IV. Evaluation

- a. Interpretation of clinical findings
- b. Physical Therapy diagnosis
- c. Patient prognosis
- d. Expected clinical outcome

V. Plan of Care

- a. Identify short-term and long-term goals
- b. Identify outcome measures and discuss reason for selection
 - i. Discuss why used outcomes were selected
 - ii. Discuss how use of outcome will improve patient care
- c. PT prescription
 - i. Frequency
 - ii. Intensity of service

- iii. Appropriate treatment elements

VI. Interventions

- a. Describe how you use the evidence to guide your treatment of the patient
- b. Identify and justify overall approach/strategy of treatment selected
- c. Describe and prioritize specific procedural interventions
- d. Describe your plan for patient progression
- e. Describe patient educational interventions

VII. Re-examination

- a. When and how often?

VIII. Patient Outcome

- a. Describe the patient's outcome with physical therapy
- b. Describe how your outcome compare to what is found in the literature
- c. Describe how your outcome compare to other similar patients you have treated
- d. Discharge planning and long term management plan
 - i. Include follow-up
 - ii. Possible equipment
 - iii. School/work/community re-entry

IX. Overall Summary Reflection

RECERTIFICATION REFLECTIVE CASE REFLECTION SUBMISSION

GUIDING REFLECTIVE QUESTIONS

Instruction:

Applicant is required to complete reflection on 2 of the 8 case portfolio sections and the Overall Summary Reflection (section IX). Applicant may choose the 2 most relevant sections to their clinical practice or experience to reflect upon.

Applicant may use the following questions as a guide to developing your reflections. The following questions are not an all-inclusive or exhaustive list and are provided to assist applicant in formulating specific case reflections.

I. Initial Data Gathering/Interview

- Assess how the patient's medical diagnosis affects your interview.
- How might your personal biases/assumptions affect your interview?
- Assessing the information you gathered, what do you see as a pattern or connection between the symptoms?
- What is the value of the data you gathered?
- What are some of the judgments you can draw from the data? Are there alternative solutions?
- What is your assessment of the patient's/caregiver's knowledge and understanding of their diagnosis and need for PT?
- Have you verified the patient's goals and what resources are available?
- Based on the information gathered, are you able to assess a need for a referral to another health care professional?

II. Generation of Initial Hypothesis/ Physical Therapy Diagnosis

- Can you construct a hypothesis of your physical therapy diagnosis based on the information gathered?
 - What is that based on (biases, experiences)?
- How did you arrive at the hypothesis?
- How can you explain your rationale?
- What about this patient and the information you have gathered might support your hypothesis?
- What do you anticipate could be an outcome for this patient (prognosis)?

- Based on your hypothesis, how might your strategy for the examination be influenced?
- What is your approach/planned sequence/strategy for the examination?
- How might the environmental factors affect your examination?
- How might other diagnostic information affect your examination?

III. Examination

- Systems review
- Appraising the tests and measures you selected for your examination; how and why did you select them?
- Reflecting on these tests, how might they support/negate your hypothesis?
- Can the identified tests and measures help you determine a change in status?
 - Are they able to detect a minimum clinically important difference?
 - How did you organize the examination?
 - What might you do differently next time?
 - Describe considerations for the psychometric properties of tests and measures used.
 - Discuss other systems not tested that may be affecting the patient's problem.
 - Compare your examination findings for this patient with another patient with a similar medical diagnosis.
 - How does your selection of tests and measures relate to the patient's goals?

IV. Evaluation/ Physical Therapy Diagnosis

- How did you determine your diagnosis? What about this patient suggested your diagnosis?
- How did your examination findings support or negate your initial hypothesis?
 - What is your appraisal of the most important issues to work on?
 - How do these relate to the patient's goals and identified issues?
 - What factors might support or interfere with the patient's prognosis?
- How might other factors such as bodily functions and environmental and societal factors affect the patient?
- What is your rationale for the prognosis, and what are the positive and negative prognostic indicators?

- How will you go about developing a therapeutic relationship?
- How might any cultural factors influence your care of the patient?
- What are your considerations for behavior, motivation, and readiness?
- How can you determine capacity for progress toward goals?

V. Plan of Care

- How have you incorporated the patient's and family's goals?
- How do the goals reflect your examination and evaluation (ICF framework)?
- How did you determine the PT prescription or plan of care (frequency, intensity, anticipated length of service)?
- How do key elements of the PT plan of care relate back to primary diagnosis?
- How do the patient's personal and environmental factors affect the PT plan of care?

VI. Interventions

- Discuss your overall PT approach or strategies (e.g., motor learning, strengthening).
 - How will you modify principles for this patient?
 - Are there specific aspects about this particular patient to keep in mind?
 - How does your approach relate to theory and current evidence?
 - As you designed your intervention plan, how did you select specific strategies?
- What is your rationale for the selected intervention strategies?
- How do the interventions relate to the primary problem areas identified using the ICF?
- How might you need to modify your interventions for this particular patient and caregiver?
 - What are your criteria for doing so?
- What are the coordination of care aspects?
- What are the communication needs with other team members?
- What are the documentation aspects?
- How will you ensure safety?
- Patient/caregiver education:
 - What are your overall strategies for teaching?
 - Describe learning styles/barriers and any possible accommodations for the patient and caregiver.

- How can you ensure understanding and buy-in?
- What communication strategies (verbal and nonverbal) will be most successful?

VII. Re-examination

- Evaluate the effectiveness of your interventions. Do you need to modify anything?
- What have you learned about the patient/caregiver that you did not know before?
- Using the ICF, how does this patient's progress toward goals compare with that of other patients with a similar diagnosis?
- Is there anything that you overlooked, misinterpreted, overvalued, or undervalued, and what might you do differently?
- Will this address any potential errors you have made?
 - How has your interaction with the patient/caregiver changed?
 - How has your therapeutic relationship changed?
 - How might any new factors affect the patient outcome?
- How do the characteristics of the patient's progress affect your goals, prognosis, and anticipated outcome?
- How can you determine the patient's views (satisfaction/frustration) about his or her progress toward goals?
- How might that affect your plan of care?
 - How has PT affected the patient's life?

VIII. Outcomes

- Was PT effective, and what outcome measures did you use to assess the outcome?
- Was there a minimum clinically important difference?
 - Why or why not?
- What criteria did you or will you use to determine whether the patient has met his or her goals?
- How do you determine the patient is ready to return to home/community/work/school/sports?
- What barriers (physical, personal, environmental), if any, are there to discharge?
 - What are the anticipated life-span needs, and what are they based on?
 - What might the role of PT be in the future?

- What are the patient's/caregiver's views of future PT needs?
- How can you and the patient/caregiver partner together for a lifetime plan for wellness?

IX. Overall Summary Reflection

- Applicant is to discuss their overall impressions from working with this patient.
- How has working with this patient effected your clinical practice?
- What will you continue to do or do differently with future patients?
- How did this patient case inspire you to advance your expertise in your specialty area?

Women's Health Professional Development Portfolio Requirements

1. Candidates must submit evidence of ongoing professional and educational development since their most recent certification in the appropriate format. **Please contact a member of APTA's Specialist Certification Department, the Sports Specialty Council, or ABPTS if you are not sure whether an activity can be included in the PDP, or if you have questions about where to record the activity on the PDP form.**
2. Candidates must submit professional development activities that relate to increasing knowledge and skill in sports physical therapy, providing a contribution to the specialty practice of sports physical therapy, or continuing clinical excellence in the provision of sports patient care.
3. **Candidates must obtain a minimum of thirty-five [35] professional development activity points. Please do not document in excess of sixty [60] professional development activity points when preparing your PDP.**
4. Candidates must document professional development activities that reflect the content of the *Description of Specialty Practice (DSP)*.

Candidates must earn at least one [1] point in any one activity category to count it toward this requirement. The activity categories, point values, and maximum points allowed in each category follow
5. Professional development activities must have been completed within the past ten years or since the date of your most recent certification.
6. Candidates must document professional development activities that reflect the content of the Women's Health Physical Therapy: Description of Specialty Practice (DSP). For this purpose the DSP has been grouped into three major categories within the PDP:
7. Explanation for PDP point calculation:
Points are awarded for direct patient care in the specialty area only for those hours that exceed 2000 hours/For example, if recertification is being sought 10 years after the initial certification, you must have at least 2000 hours of direct patient care. If you document 2750 hours, then you earn 7.5 points for direct patient care, calculated as follows: $(2750-2000) \times 0.01 = 7.5$