

# Requirements for Recertification Clinical Electrophysiologic Physical Therapy

## 1. Certification Status

Applicants must hold current certification as a Clinical Electrophysiologic physical therapy specialist by the American Board of Physical Therapy Specialties.

## 2. License

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

## 3. Fees

Applicants will be required to pay an assessment review fee of \$650 for APTA members or \$910 for non-APTA members.

Recertification applications are to be **completed online by October 31<sup>st</sup>** of a given recertification year. Recertification candidates who are unable to complete their application by this deadline, must contact APTA's Recertification Program to request a one-month extension of the application deadline. A **late application fee of \$300** will be charged and late applications must be completed online **by November 30<sup>th</sup>** of a given recertification year.

## 4. 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. Certified specialists are permitted to recertify up to 3 years prior to their certification expiration date. 200 of the total hours **must** have occurred within the last three [3] years.

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.

## 5. Assessment Options

Candidates must obtain a passing score on one of the following assessment options:

### **Option 1** • Current Certification Examination

The applicant must sit for and pass a written examination that tests the application of advanced knowledge and clinical skills identified in the *Clinical Electrophysiologic Physical Therapy: Description of Specialty Practice* (DSP) ©, 2006. Refer to DSP book for detailed information on the exam content.

### **Option 2** • APTA-accredited post professional clinical residency

Applicants must submit evidence of successful completion of an APTA-accredited post professional Clinical Electrophysiologic clinical residency

### **Option 3** • Professional Development Portfolio (PDP) and Patient Reports – see next page for PDP requirements

In addition to the PDP, three [3] actual (unedited since completed; the report as sent to the referring individual), comprehensive patient reports of clinical electrophysiologic examinations must be submitted. Submitted cases must be representative of abnormal findings and include one of each of the following: (1) a focal mononeuropathy involving a peripheral nerve; (2) a radiculopathic process/compromise (3) a polyneuropathic process demonstrating that at least three extremities were sampled.

## 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 Program, the Clinical Electrophysiologic 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 clinical electrophysiologic physical therapy, providing a contribution to the specialty practice of clinical electrophysiologic physical therapy, or continuing clinical excellence in the provision of clinical electrophysiologic patient care.
3. Candidates must obtain a minimum of **thirty-five [35]** professional development activity points. **Fifteen [15]** points are awarded for the examination (patient) reports; the remaining **twenty [20]** points must be earned in the approved categories (see below). **Please do not document in excess of sixty [60] professional development activity points when preparing your PDP.**
4. Candidates must obtain professional development activity points in **three of the nine** approved professional development activity categories (eg, professional presentations, publications, clinical supervision) in addition to the patient reports. 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. Candidates must document professional development activities that reflect the content of the *Description of Specialty Practice (DSP)*. For this purpose, the DSP has been grouped into three major categories within the PDP:
  1. Electrophysiologic Evaluation (12 points required)
  2. Basic or Clinical Sciences (7 points required)
  3. Administration, Consultation, Teaching, or Research (1 point required)

An activity may span two or all three of these categories. Allocation of points for an activity into these categories is at the discretion of the applicant, within limits as set by the council. For example:

- a. Authoring a book chapter on electrophysiologic examination in patients with suspected peripheral entrapment is worth 2 points. The applicant could allocate 1 point to Electrophysiologic Examination and 1 point to Basic or Clinical Sciences.
- b. Direct patient care of 1200 hours beyond the average 200 hours per year is worth 12 points. These could all be counted as Electrophysiologic Examination, or split between Electrophysiologic Examination and Basic or Clinical Sciences.
- c. Holding an office in the Section on Clinical Electrophysiologic for 2 years is worth 2 points, but these points would be appropriate only in the Administration category.

Applicants are encouraged to contact the council chair for clarification or discussion of point allocation prior to submission of the paperwork.

6. Professional development activities must have been completed since the date of the most recent certification. To provide sufficient transition time for recertification candidates, the Professional Development Portfolio (PDP) categories for 2009 recertification reflect the content of the *Description of Specialty Practice (DSP); Clinical Electrophysiologic Physical Therapy* © 2006.
7. Explanation for PDP point calculation:

Points are awarded for direct patient care in the specialty area only for those hours that exceed 200 hours per year average. For example, if recertification is being sought 10 years after the initial certification or the last recertification, 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:  $(2750-2000) \times 0.01 = 7.5$ .

## Approved Professional Development Activities for Clinical Electrophysiology

Activity	Point Value	Maximum Points
1. <b>Direct Patient Care</b> hours in specialty area ( <i>beyond minimum eligibility requirement</i> )	0.1 pt. per 10 hours	35
2. <b>Participating in a continuing education course</b> with specific goals and objectives related to specialty practice.  Calculations are based on contact hours (class time) rather than quarter or semester course credit hours. (One [1] Proficiency Point = 10 contact hours, 0.1 Proficiency Point = 1 contact hour)	1pt. per 10 contact hours	3
3. Satisfactory <b>completion of a college/university course</b> for credit or audit related to specialty area	1pt per unit/credit hour	10
4. <b>Teaching a continuing education course or college/university course</b> related to specialty area. (Point value decreases for the second time a course is taught. Credit is given only for the first <u>two</u> times a course is taught.)	a. First Time = 0.2 (per contact hour)  b. Second Time = 0.1 (per contact hour)	5
5. <b>Professional Presentations</b> in specialty area. (Credit is given only for first time a presentation is made.)		
a. Platform or poster presentation at a professional meeting	1 (per presentation)	3
b. Invited speaker to a group, classes, or portions of courses (including in-services)	0.1 (per hour)	0.2
c. Presentation to non-professional community or client-based groups on topic specific to specialty area	0.1 (per hour)	0.1
6. <b>Professional Writing</b> - Can include editor, author, or co-author of publications using "Uniform Requirements for Manuscripts Submitted to Biomedical Journals."		
<b>Author</b>		
a. book chapter – multiply number of chapters by 2 points if you wrote more than one chapter or an entire book	2.0 per chapter	4
b. peer reviewed journal article	3.0 per article	9
c. non-peer reviewed publication	0.5 per article	0.5
d. reviews or commentaries	0.5 per review or commentary	1
e. case study or case report (peer-reviewed journal)	2.0 per case	4
f. grant proposal, primary investigator or co-investigator	2.0 per internal proposal 3.0 per external proposal	6

<b>Editor</b>			
g.	book editor – multiply number of chapters by 0.5 if you edited more than one chapter or an entire book	0.5 per chapter	4
h.	peer reviewed journal editor	1.5 per year	6
i.	editorial board member	1.0 per year	5
j.	non-peer reviewed publication	0.75 per year	0.75
k.	manuscript reviewer	0.5 per review	5
<b>7. Professional services</b>			
a.	Committee membership per year (eg, specialty council, section officer, special interest group, organization outside APTA related to specialty area)  Note: Can be at local, state, or national level	1.0 per year as member 2.0 per year as chair	4
b.	Subject Matter Expert, Consultant (eg, expert witness, grant reviewer, insurance reviewer, liaison or consultant to professional association, service, or educational program, certification exam development, including item editing.)  Note: Can be at local, state, or national level	0.1 (per hour)	2
c.	Item writing for certification exam	1 (per 3 accepted items)	10
d.	Administration activities related to patient care/services (eg, development of policies and procedures; marketing and public relations; orientation and mentoring of new staff, and supervision of physical therapists in a management role.)	0.5 (per year)	2
<b>8. Clinical Supervision of students/peers or clinical consultation with peers in a health care profession.</b>  The same hours cannot be counted for both clinical supervision and direct patient care.			
		0.1 (per 10 hours)	4
<b>9. Research Activities</b>			
a.	Contribution to a research project, supported by a letter from the primary investigator of the published research article	1.0 (per project)	3
b.	Contribution to a Physical Therapy Outcome Database System	0.5 (per year of participation)	1