

Petitioner's Guide for Specialty Recognition



May 2021

American Board of Physical Therapy Specialties

AMERICAN PHYSICAL THERAPY ASSOCIATION

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Last Updated: 09/20/19

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CLINICAL SPECIALIZATION IN PHYSICAL THERAPY HOD P06-19-66-30 [Amended:

HOD P06-16-10-11; HOD P06- 06-22-15; HOD P06-94-23-39; HOD 06-89-35-77; HOD 06-89-34-75; HOD 06-85-28-55; HOD 06-82-08-26; HOD 06-82-08-25; HOD 06-81-15-54; HOD 06-81-15-53; HOD 06-81-15-52; HOD 06-81-14-51; HOD 06-80-08-25; HOD 06-79-15-41; HOD 06-78-20-51; Initial: 06-78-17-40] [Position]s

The American Physical Therapy Association supports the recognition of physical therapists who have attained voluntary specialization of practice.

Specialization is the process by which a physical therapist builds on a broad base of professional education and practice to develop greater depth of knowledge and skills related to a particular area of practice. Clinical specialization in physical therapy responds to a specific area of patient need and requires knowledge, skill, and experience that exceeds entry-level physical therapist practice and is unique to the specialized area of practice.

Explanation of Reference Numbers:

HOD P00-00-00-00 stands for House of Delegates/month/year/page/vote in the House of Delegates minutes; the "P" indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June 2017 House of Delegates minutes on Page 5 and that it was Vote 4.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure



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APTA CLINICAL SPECIALIZATION POLICY HOD Y06-19-67-31 [Policy]

Clinical specialization in physical therapy is a voluntary and unrestricted process. Participation is initiated at the request of the individual, and no attempt is made to prohibit others from practicing in a specified area, nor is it required that physical therapists who are certified restrict their practice to the area in which they are certified. However, physical therapists shall not purport to be a “board-certified clinical specialist” unless they have successfully completed the certification process as developed by the American Board of Physical Therapy Specialties (ABPTS).

The purposes of the association's Clinical Specialization Program can best be achieved through a centralized organization, which provides reasonable uniformity in the level and type of standards adopted as the basis for certification and provides for the participation of consumer representatives in the decision-making process. The organizational body that guides the American Physical Therapy Association Clinical Specialization Program is ABPTS and its appointed specialty councils.

Criteria for establishment of a new specialty area are established by ABPTS and guide the development of all new specialty areas. The APTA House of Delegates approves all new specialty areas. The approved specialty areas are:

Cardiovascular and Pulmonary Physical Therapy	1981
Orthopaedic Physical Therapy	1981
Pediatric Physical Therapy	1981
Sports Physical Therapy	1981
Clinical Electrophysiologic Physical Therapy	1982
Neurologic Physical Therapy	1982
Geriatric Physical Therapy	1989
Women’s Health Physical Therapy	2006
Oncologic Physical Therapy	2016
Wound Management Physical Therapy	2019

ABPTS approves certification of clinical specialists in each specialty area. The specialty councils define, develop, and modify the requirements for certification and recertification in their specialty areas. The APTA Board of Directors directs funding for the specialist certification program, and serves as an appeal body for certification candidates.

Explanation of Reference Numbers:

HOD P00-00-00-00 stands for House of Delegates/**month**/**year**/**page**/**vote** in the House of Delegates minutes; the "P" indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June 2017 House of Delegates minutes on Page 5 and that it was Vote 4.

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Excerpts from “Policies and Procedures: American Board of Physical Therapy Specialties”, dated June 2018

IV. Instructions to Complete a Petition For Recognition as a Specialty Area For Certification (Amended ABPTS 05-16-05; 05-18-07)

A. Introduction

The American Board of Physical Therapy Specialties (ABPTS) is pleased to provide this information to those individuals or groups interested in petitioning ABPTS to recognize a new area of specialized practice. ABPTS believes this information will be of value to petitioners in planning, organizing, writing, and submitting a petition. ABPTS wishes to give every prospective petitioner as much information and background as possible to help in preparing petitions. Individuals may refer questions to ABPTS through the Specialist Certification Program at the American Physical Therapy Association (APTA), 1111 N Fairfax Street, Alexandria, VA 22314-1488, 800/999-2782, ext. 3150, or spec-cert@apta.org.

ABPTS designed the procedures for considering petitions (Section C of this document) to provide for a reasoned consideration of petitions submitted by physical therapists. These procedures allow for communication from other physical therapists and from other health professionals whose practice is directly affected by the recognition of a specialty area. In addition, these procedures allow for communication from the public who will benefit from such recognition, and who also will ultimately bear its cost.

All petitions submitted for consideration as a new specialty area must be consistent with the mission, vision, and purposes of ABPTS as noted below.

1. Mission of ABPTS

The mission of the American Board of Physical Therapy Specialties is to advance the profession of physical therapy by establishing, maintaining, and promoting standards of excellence for clinical specialization, and by recognizing the advanced knowledge, skills and experience by physical therapist practitioners through specialist credentialing.

2. ABPTS Vision Statement

The American Board of Physical Therapy Specialties will create, promote, and sustain a culture in which the highest quality physical therapy is provided by therapists who attain and maintain certification in a specialty area.

3. Purposes of ABPTS

- a. Assist in the identification and development of appropriate areas of specialty practice in physical therapy
- b. Promote the highest possible level of care for individuals seeking physical therapy services in each specialty area
- c. Promote development of the science and the art underlying each specialty area of practice
- d. Provide a reliable and valid method for certification and recertification of individuals

who have attained an advanced level of knowledge and skill in each specialty area

- e. Assist consumers, the health care community, and others in identifying certified clinical specialists in each specialty area
- f. Serve as a resource in specialty practice for the APTA, the physical therapy profession, and the health care community

Currently ABPTS accepts petitions for the establishment of new areas of specialization, but not those determined to be at the subspecialty level. For the purposes of this process ABPTS defines a specialty as, “an explicit practice focus on a patient or client population or a set of conditions within physical therapy.” Subspecialty is defined as, “a distinct subset of knowledge and skills within one or more physical therapy specialties.”

B. Criteria for the Recognition of a Specialized Area of Physical Therapy Practice

Petitioners must address each criterion listed below in narrative form in the petition for recognition. The criterion are required at two different phases of the petition process.

Phase 1: (1) addressing the criteria Demand and Need (see pages 5-7), (2) providing a definition of the proposed specialty area (page 16), (3) submitting a minimum of 100 signatures of support from individuals practicing in the proposed specialty area (page 16), (4) completion of a practice analysis process and providing outcome results (pages 23-31), and (5) providing a brief description of how the proposed specialization differs from those already recognized by ABPTS.

Phase 2: (1) addressing the criteria Specialized Knowledge, Specialized Functions, Education & Training, and Transmission of Knowledge (pages 3-9); providing a draft Description of Specialty Practice based on practice analysis survey results (pages 31-35); full technical report on practice analysis process (page 30); proposed minimum eligibility requirements (page 17); and a proposed 8-year budget (page 20) are required during phase 2 of the petition process.

Following each criterion below is a set of guidelines adopted by ABPTS to assist petitioners in addressing the criteria. These guidelines identify specific information, assessments, and documentation that ABPTS considers necessary for its deliberations. Each criterion must include a concluding paragraph summarizing directly and succinctly the questions posed and information requested. Petitioners are encouraged to submit any additional documentation thought to be pertinent to the petition, even if not formally requested in these instructions. When data is lacking or not available, petitioners should specify when such information might become available.

1. The area of specialization in the practice of physical therapy shall be one for which there exists a significant and clear health demand, and include a reasonable number of individuals who devote a significant portion of their clinical activity to practice in the specialty area.¹ The number of physical therapists with the specialized training and knowledge, and the demand to provide this physical therapy service to the public is the reason for certification in a specialty area.

¹This criterion also helps insure that the expenses connected with the development and administration of the certification and recertification processes will be economically justifiable for the public and the profession.

This criterion emphasizes DEMAND, including the number of practitioners and the amount of time spent in the practice of the specialty (*phase 1 of petition process*).

a) Guidelines for Petitioners

- (1) Include at least five (5) but no more than ten (10) letters demonstrating evidence of support for physical therapists with the specialized training and knowledge required to provide the services, written by individuals from the following three categories (at least one (1) letter must be submitted from each category):

- (a) Non physical therapist health professional leaders, planners, or administrators
- (b) Physical therapists who are not practicing in the proposed specialty area
- (c) Members of the public

Ensure letters clearly include specific examples and/or rationale that support the proposed specialized area of physical therapy practice. As such, letters should not highlight a solicitation process.

Written statements should not be “form letters” and should be no more than 2 years old as views may change over time.

- (2) Include an estimate of the number of physical therapists currently practicing in the proposed specialty area, documenting the process and providing a rationale for how numbers were derived. Identify the types of practice settings for these physical therapists (e.g., academic, hospital, private practice, managed health care).
 - (3) Include an estimate of the percentage of time that physical therapists currently practicing in the proposed specialty area devote exclusively to practicing in the proposed specialty. Provide supporting documentation that details the process and rationale for how estimates were derived.
 - (4) Estimate the number of physical therapists who would likely seek board certification in the proposed specialty area during the first five years board certification would be available. Provide supporting documentation that details the process and rationale for how estimates were derived.
2. The area of specialization shall be one for which specifically educated and trained practitioners are needed to fulfill the responsibilities of the physical therapy profession in improving the health and welfare of the public. In addition, it shall be an area that other health care providers may not currently or effectively fulfill (e.g., issues with patient access to care, wait times).

This criterion addresses NEED (*phase 1 of petition process*).

a) Guidelines for Petitioners

- (1) Describe how functions provided by the physical therapist practitioners in the proposed specialty area will fulfill the mission of the American Physical Therapy Association (APTA) (HOD 06-93-05-05) "to further the profession's role in the prevention, diagnosis, and treatment of movement dysfunctions and the enhancement of the physical health and functional abilities of members of the public". Ensure that practice in the specialty area is consistent with the Standards of Practice and the Code of Ethics of the APTA (available upon request in "Help Packet").
 - (2) Identify specific public health and patient care needs that could be better met by a physical therapist in the proposed specialty area compared to a non-specialist.
 - (3) Specify how the functions performed by physical therapists in the proposed specialty area benefit these specific needs of the public's health and well-being.
 - (4) Describe and document, with references, how the public's health and well-being may be at risk if physical therapist practitioners do not provide the services in the proposed specialty area.
 - (5) Describe the reasons why the needs as described above are not or cannot be met by physical therapists who do not have specialized education and training in the specialty area. If the needs are currently being met by these physical therapists, describe how the needs could be better met by a physical therapist in the proposed specialty area compared to a non-specialists.
 - (6) Describe the reasons why the needs as described above are not or cannot be met by other health professionals (e.g., including other allied health professions and beyond). If the needs are currently being met by other health professionals, describe how the needs could be better met by a physical therapist in the proposed specialty area compared to a non-specialist.
3. The area of specialization shall rest on advanced knowledge of physical therapist practice that has as its basis the biological, physical, behavioral, and clinical sciences. Practice in the specialty area is to be regarded independently of the managerial, procedural, or technical services needed to support that practice and of the environment in which the specialty practice occurs.

This criterion relates to SPECIALIZED KNOWLEDGE (*phase 2 of petition process*).

a) Guidelines for Petitioners

- (1) Describe in detail the specialized knowledge of physical therapist practice required for the proposed specialty area. Petitioners should make sure they are describing the specialized knowledge of a Specialist rather than an experienced non-specialist.

- (2) Relate how this advanced knowledge has its base in the biological, physical, behavioral, and clinical sciences. In addition to providing the required narrative, petitioner must submit required table/matrix.
 - (3) Discuss in detail how this specialized knowledge differs from the knowledge base required of a recent graduate from a professional physical therapy program. In addition to providing the required narrative, petitioner must submit required table/matrix.
 - (4) Discuss in detail how this advanced knowledge differs from the knowledge base required for those specialty areas already recognized by ABPTS.¹ Please refer to currently approved ABPTS Descriptions of Specialty Practice (DSPs). In addition to providing the required narrative, petitioner must submit comparison assessment within table/matrix (*electronic copies current ABPTS DSPs and sample table/matrix available from the Specialist Certification Program staff*).
4. The area of specialization shall represent an identifiable and distinct field of practice that calls for specialized function and skills acquired by education, training and experience that are at the advanced level and beyond the first professional degree program in physical therapy.

This criterion refers to SPECIALIZED FUNCTIONS (*phase 2 of petition process*).

a) Guidelines for Petitioners

- (1) Specify and describe in detail, specialized functions performed routinely by practitioners in the proposed specialty area. Petitioners should only list the functions above and beyond the first professional degree program in physical therapy (e.g., beyond an level entry program).
 - (2) Describe the specialized skills required to perform functions described above.
 - (3) Discuss in detail how these specialized functions and skills differ from the functions required in those specialty areas already recognized by ABPTS (See Footnote 2 on Practice Analysis on page 7).
5. The area of specialization shall be one in which organizations offer recognized education and training programs to those seeking advanced knowledge and skills in specialty practice.

This criterion addresses EDUCATION and TRAINING (*phase 2 of petition process*).

a) Guidelines for Petitioners

- (1) Describe in detail the education, training and experience needed to

¹A Practice Analysis is required of all petitioners in order to clearly and adequately address Criteria 3 and 4. This information must be incorporated into the petition and will be used by ABPTS in reaching a decision. Petitioners are to follow ABPTS "Guidelines for Conducting an Initial Practice Analysis" and "Guidelines for Preparing the *Description of Specialty Practice*", which are available from the Specialist Certification Program as part of the Help Packet.

acquire the skills required to perform the specialized functions detailed in criterion #4. Discuss in detail how such education, training, and experience differ from the education, training and experience required of a recent graduate from a professional physical therapy program (*sample table/matrix available from the Specialist Certification Program staff*).

- (2) If there are other certifications within this area of specialization currently available, please document these certifications (including eligibility requirements), the number of individuals with these certifications, and the number acquiring the certification over the past 3 years.
 - (3) Provide a complete listing of recognized education and training programs, and include the following information (*sample table/matrix available from the Specialist Certification Program staff*):
 - a. the sponsoring organizations or institutions, locations, and instructors.
 - b. the nature of such programs including their length, content and objectives
 - c. Describe what is the expected outcome of the programs documented above, and how this is assessed.
6. The area of specialization shall be one in which an adequate educational and scientific base warrants transmission of knowledge through teaching clinics and a body of professional, scientific, and technical literature immediately related to the specialty.

This criterion refers to the TRANSMISSION OF KNOWLEDGE (*phase 2 of petition process*).

a) Guidelines for Petitioners

- (1) Identify journals and other periodicals related specifically to the proposed specialty area.
- (2) Provide a complete bibliography of peer-reviewed scientific articles dealing with the proposed specialty area, and pertaining to the scope of physical therapy practice, published during the most recent calendar year. Briefly describe the search process used to gather this information.
- (3) Provide the number of these articles published each year over the previous five (5) years. Briefly describe the search process used to gather this information.
- (4) Describe methods of knowledge transmission through symposia, seminars, workshops, etc. Provide frequency of documented events, event locations, estimates of the average total attendance, and enclose representative programs concerning these activities (*sample table/matrix available from the Specialist Certification Program staff*).

C. Procedures for Considering Petitions

The following sequence is a procedural outline, with time lines, regarding consideration of individual petitions by ABPTS.

1. Contact the APTA Specialist Certification Program (spec-cert@apta.org) to obtain the necessary instructions and materials to submit a petition.
2. Declare intent to submit a petition by notifying ABPTS in writing. ABPTS will assign one of its members as a liaison to the petitioning group. The liaison will provide guidance during all phases of the development of the petition.
3. Begin the process of developing the petition, according to these instructions, and submit to APTA Specialist Certification Program according to the instructions in Section D below.
4. Preliminary screening by Specialist Certification Program staff for completeness of the petition (within 10 business days of receipt of the petition in Specialist Certification Program).
5. Preliminary review by ABPTS for appropriateness and further consideration (within 90 days of receipt of the petition in Specialist Certification Program) of the implications of and recommendations for development.
6. If the petition receives preliminary approval from ABPTS, public announcements will be made concerning the petition, including: requesting comments in support of or opposing the petition from all specialty areas currently recognized by ABPTS (within 120 days of preliminary approval). If the petition does not receive preliminary approval, ABPTS will provide specific feedback to the petitioner about the reason the petition was not approved. The petitioner may re-submit an amended petition within thirty (30) days of receipt of the letter from ABPTS indicating that the petition was not approved.
7. Possible petitioner interview (within 300 days of receipt of the complete petition in Specialist Certification Program).
8. Convene at least one open hearings for opinion from the physical therapy profession, other health professions, third-party payers, or the public (within 300 days of receipt of the complete petition in Specialist Certification Program)
9. Final evaluation and decision will take place during the next regularly scheduled meeting of ABPTS, once the requisite open hearings have been held.

If ABPTS approves the petition, they will forward it to the next meeting of the APTA House of Delegates, and recommend that the House of Delegates approve the specialty area.

10. Request for Reconsideration

a) If ABPTS denies recognition to the proposed specialty area, ABPTS will:

- (1) inform the petitioner of its decision and advise the petitioner that within thirty (30) days, an announcement will be made to the profession regarding the decision.

- (2) advise the petitioner that within thirty (30) days, the petitioner can make a request for reconsideration of the decision to ABPTS, based solely upon the submission of new information not available at the time of ABPTS' original decision.
 - (3) Petitioners requesting reconsideration must specify the grounds of their request for reconsideration and specify the nature of the new information, timeline, and the requested course of action.
 - (4) At its next regularly scheduled meeting, ABPTS will review the request for reconsideration and may either uphold or reverse its denial of the original petition based on new information supplied by the petitioners. ABPTS will notify the petitioner of its final decision in writing within thirty (30) days of that meeting.
11. If, upon reconsideration, ABPTS upholds its original decision to deny recognition to the proposed specialty area, the petitioner may formally appeal this decision. The following are the procedures for appeal of reconsideration decisions that uphold previous decision to deny a new specialization petition:

GENERAL INFORMATION

Scope of Rules

The following rules set forth the practices and procedures to be followed by a petitioner seeking to appeal an adverse reconsideration decision imposed following review of a formal petition seeking recognition of a new specialized area of physical therapy practice.

Notice of Decision

Official notification of each reconsidered status decision in which a previous adverse decision is upheld shall be sent by registered or certified mail (return receipt requested), or by another service that can track delivery, to the chair of the petitioning body. The notice shall (a) advise the petitioner that it has the right to appeal the decision, (b) include an effective date of the decision that allows sufficient time to seek an appeal before the decision is final, and (c) provide the petitioner with a copy of these Rules of Procedure for Appeal.

Mailing Procedures

Notices of appeal and all documents and correspondence pertaining thereto shall be sent electronically by the petitioning body. Official notification of the outcomes of an appeal process shall be sent electronically to the chair of the petitioning body and by registered or certified mail with return receipt requested, or by another service that can track delivery.

APPEAL PROCEDURES

Notice of Intent to Appeal

- (a) A petitioner that seek to appeal an adverse action on a reconsideration decision must, within fourteen (14) calendar days following receipt of the decision, notify the President of the American Physical Therapy Association (APTA) in writing that it is appealing ABPTS's decision. This Notice of Intent to Appeal shall be sent to the President of the APTA via email, with a copy to the Director of Postprofessional Credentialing.
- (b) Receipt of the Notice of Intent to Appeal will stay the adverse decision until the final disposition of the appeal.
- (c) The Notice of Intent to Appeal shall set out in concise fashion the grounds for appeal that the petitioner plans to present to the Appeal Panel.
- (d) If a Notice of Intent to Appeal is not filed within the fourteen (14) calendar days' time period, the petitioner will have forfeited the right to appeal and the adverse decision will become final.

Statement on Appeal

- (a) Within thirty (30) calendar days following the filing of its Notice of Intent to Appeal, the petitioner shall submit one (1) electronic copy of a Statement of Appeal to the Director of Postprofessional Credentialing, who shall inform the APTA President that the appeal has been submitted. This statement shall set out in detail all of the arguments which the institution believes warrants reversal or modification of ABPTS's decision.
- (b) ABPTS may submit a response to the petitioner's Statement of Appeal and to any supplementary information submitted by the petitioner. ABPTS's response must be submitted to the Director of Postprofessional Credentialing and the petitioner no later than thirty (30) calendar days after receiving the Statement of Appeal.

Standard of Review on Appeal

- (a) On appeal, the petitioner has the burden of proving that ABPTS's status decision was
 - (1) not supported by substantial evidence on the record,
 - (2) otherwise arbitrary and capricious,
 - (3) an abuse of ABPTS's discretion, or
 - (4) directly attributable to a failure of ABPTS to follow its published *Petitioner's Guide for Specialty Recognition*.
- (b) The appeal must be based solely on information before ABPTS at the time of the reconsideration decision being appealed; no additional information may be added to the record as part of the appeal.

Selection of an Appeal Panel

- (a) Specialist certification staff shall maintain a list of individuals who are qualified to serve on an Appeal Panel as needed. These individuals will be selected from the Cadre of specialty council members who have previous experience with specialty petitions, previous members of ABPTS, and individuals who have served as consultants for APTA practice analysis studies. The list shall consist of persons who have a working knowledge about and experience with ABPTS's standards used in petition reviews and shall be subject to ABPTS's conflict of interest policies.
- (b) Upon receipt of the Notice of Intent to Appeal, staff will develop a list, drawn from the list of qualified individuals, of those individuals who are eligible to be appointed to an Appeal Panel for the specific program seeking appeal.
 - (1) The list will include only those individuals who are 1) not previous members of ABPTS who participated in making the adverse decision and 2) not in conflict with the appellant program. Staff will determine this by reviewing existing conflict of interest information in the specialist certification records.
 - (2) Staff will also confirm that the public representatives included in the list of qualified individuals continue to meet the definition of an ABPTS public representative prior to including them on the list of individuals eligible to serve on the Appeal Panel.
- (c) The names of all eligible individuals shall be forwarded to the chair of the petitioning body within thirty (30) calendar days following receipt of the Notice of Intent to Appeal. If the petitioner believes that anyone on the list does not meet the qualifications set out in ABPTS appeal policy or suffers from a conflict of interest with the program, the petitioner may declare that individual to be in conflict of interest by notifying the Director of Postprofessional Credentialing of the conflict in writing within fourteen (14) calendar days of receiving the list of eligible individuals.
- (d) The Director of Postprofessional Credentialing shall forward to the APTA Executive Committee a recommendation for appointment of five individuals to serve on a member Appeal Panel, chosen from the list of eligible individuals that remain after the petitioner has declared any existing conflicts of interest. The 5-member Appeal Panel must include one individual with expertise in practice analysis studies from a test and measurements perspective. One of the appointees shall be designated as Chair of the Appeals Panel. If the Executive Committee does not receive the appointment recommendation thirty (30) or more days before the next regularly scheduled meeting the Executive Committee will consider the appeal at the subsequent scheduled meeting.
- (e) Once appointed, the names, academic and professional qualifications of the Appeal Panel members shall be provided to the petitioner.

Appeal Panel Procedures

- (a) Once appointed, the members of the Appeals Panel shall receive from the specialist certification staff copies of the complete record of the ABPTS proceedings involving the appellant petitioner. All sessions in which the Appeal Panel meets to organize its work will be conducted in executive session.
- (b) For appeals of adverse decisions upheld on reconsideration, the record shall include the following when applicable to the appeal:
 - (1) Correspondence between ABPTS and the appellant petitioner
 - (2) Initial petition submission, and any subsequent resubmissions based on ABPTS request
 - (3) Petition review reports resulting from ABPTS review(s)
 - (4) The Statement in Support of Reconsideration and Supplementary Documentation
 - (5) Transcript from Reconsideration Hearing
 - (6) Statement on Appeal
 - (7) ABPTS's response to Statement on Appeal
- (c) A list of all materials that comprise the complete record as well as the actual materials shall be provided to the appellant petitioner.
- (d) Oh behalf of the Chair of the Appeal Panel, staff shall distribute a copy of the complete record to each member of the Appeal Panel.
- (e) The Appeal Panel Chair shall establish the date, time, and location of the hearing and shall so notify the chair of the petitioning body and ABPTS in writing at least thirty (30) calendar days prior to the hearing date. The hearing shall be held within ninety (90) calendar days after the panel is appointed.
- (f) Prior to the Appeal Hearing, members of the appointed Appeal Panel will be trained by APTA legal counsel. Topics of training shall include the appeals process, the relevant standards, policies and procedures, the decision options available to the Appeal Panel

Appeal Hearing Procedures

- (a) The Appeal Hearing shall commence with an opening statement by the Chair of the Appeal Panel which describes the issues raised on appeal, the applicable standard of review, and the procedures to be followed at the hearing. A verbatim transcript of the hearing will be made.
- (b) The appellant petitioner representatives, which may include legal counsel, shall then offer oral argument in support of the appeal not to exceed 40 minutes. The argument shall make reference to any facts in the record, or the lack thereof, which demonstrate that ABPTS's decision was not supported by substantial evidence on the record, was otherwise arbitrary and capricious, was an abuse of its discretion, or was directly attributable to a failure to follow published procedures.
- (c) Any member of the Appeal Panel may question the representative(s) of the petitioner at any time during or after the oral argument.

- (d) No new information, (i.e., information that was not before ABPTS at the time they made the decision) will be considered by the Appeal Panel. During the presentation by the appellant, the Appeal Panel is responsible for seeking assurance that no new information is introduced.
- (e) After the Appeal Panel has concluded its questioning, the petitioner's and ABPTS's representative may make brief closing arguments. Following the questioning and closing argument, the hearing shall be adjourned.

Appeal Decisions

- (a) The Appeal Panel may affirm, amend, reverse or remand the adverse decision under appeal and render its decision within 30 days of the hearing's adjournment.
- (b) If the Appeal Panel upholds ABPTS's decision, the Panel decision shall be final and shall not be subject to further appeal. In such case, this decision shall be submitted within fourteen (14) calendar days after the hearing by the Chair of the Appeal Panel to the chair of the petitioning body and Director of Postprofessional Credentialing. The Director of Postprofessional Credentialing will submit the decision to all members of ABPTS and specialist certification staff.
- (c) If the Appeal Panel amends, reverses, or remands ABPTS's decision, the Appeal Panel shall expressly state the basis for its conclusion that ABPTS's decision was not predicated upon substantial evidence on the record, was otherwise arbitrary and capricious, was an abuse of its discretion, or was directly attributable to ABPTS's failure to follow its published procedures. In such case, the decision shall be sent to ABPTS for final action. The Chair of the Appeal Panel shall in turn notify the chair of the petitioning body that the decision has been sent to ABPTS for final action.
- (d) Upon receipt of the Appeal Panel's decision to amend, reverse or remand the adverse decision, ABPTS shall issue a Summary of Action that implements the Appeal Panel's decision. ABPTS's action, which shall typically occur at its next regularly scheduled meeting or as directed by the Appeal Panel, shall constitute final action in the matter.

Expenses of Appeal

- (a) Expenses to be borne exclusively by the appellant petitioner
 - (1) All expenses incurred in the development and presentation of its appeal, including the cost to ABPTS for duplication of any program records requested by the petitioner.
 - (2) All reasonable expenses of any witness who attends the hearing at the request of the appellant petitioner.
- (b) Expenses to be borne exclusively by ABPTS
 - (1) All expenses involved in the selection of the Appeal Panel and arrangements for the location of the hearing.
 - (2) All reasonable expenses of any witnesses who attend the hearing at the request of ABPTS.

- (c) Expenses to be shared equally by the appellant petitioner and ABPTS
 - (1) All reasonable expenses of the Appeal Panel members directly associated with the hearing (e.g., travel, meals, and lodging)
 - (2) All expenses involved in providing the Appeal Panel with copies of the official records related to the decision under appeal.
 - (3) All reasonable expenses of any witnesses who attend the hearing at the request of the Appeal Panel
 - (4) Cost of producing the verbatim transcript.

- 12. If a petition is denied and the times for reconsideration and appeal have expired, a period of at least one (1) year must pass before ABPTS will consider another petition for recognition of the same specialty area.

D. Instructions to Petitioners

1. Who May Petition

Any individual or group of individuals may petition ABPTS to recognize an area of physical therapist practice as a specialty. Any individual or group interested in filing a petition with ABPTS is encouraged to communicate with all individuals in the proposed specialty area who may have an interest in filing a similar petition, to consolidate resources, and to coordinate information so that one comprehensive petition is submitted for a proposed specialty.

If more than one petition is submitted to ABPTS regarding the same area of physical therapist practice, ABPTS will accept the first complete petition received as the "petition of record" and refer all subsequent petitioners to the originator of the petition of record for support, coordination, and any necessary modification.

2. Structure of Petition (*see summary requirements chart on page 20*)

The petition should be organized to address each criterion and its associated guidelines, in the order and phase outlined in Section B of these instructions. The petition should clearly demonstrate to ABPTS that the proposed specialty area meets all criteria by providing complete documentation as stipulated in the guidelines. The Procedures and Instructions listed in Sections C and D of these instructions must be followed.

3. Signatures (*phase 1 of petition process*)

The petition shall be accompanied by no less than one hundred (100) signatures or letters of support from individuals practicing in the proposed specialty area. Address, title, and place of practice must accompany signatures. Each signer's name should also appear in a printed format.

4. Definitions for the Proposed Specialty (*phase 1 of petition process*)

- a. The petitioner shall include the following as part of the petition:
 - (1) Name for the proposed specialty
 - (2) Definition of the proposed specialty
 - (3) Title for the certified specialist
- b. Indicate a preferred group for designation by ABPTS as the "sponsoring organization" for the practitioners in the proposed specialty area. This sponsoring organization may be the author of the petition, such as an APTA section, or any other practitioner-based group, whose membership includes a significant number of physical therapists practicing in the proposed specialty area. This organization should assist in promoting and publicizing certification and recertification processes for the specialty area, and act as the lead agency in developing education programs that assist physical therapists in attaining and maintaining competency in the specialty practice.

5. Completion of Practice Analysis Study (*phase 1 of petition process*)

This would include a copy of the practice analysis survey, full description of process, and submission of survey results (see section V on page 22 for additional details)

6. Brief Description/Summary of New Specialty Area Distinctiveness (*phase 1 of petition process*)

Provide a brief description summarizing how the proposed specialization differs from those specialty areas already recognized by ABPTS.

7. Description of Specialty Practice and Full Technical Report on Practice Analysis Process (*phase 2 of petition process*)

Based on outcome of practice analysis study conducted during phase 1 of the petition process, submit draft of new Description of Specialty Practice (see section VI on page 30 for development details)

8. Minimum Eligibility Requirements to Sit for the Specialist Certification Examination (*phase 2 of petition process*)

Petitioners must submit recommendations for establishing the minimum eligibility requirements for applicants to sit for the initial specialist certification examination. The specialty council will later finalize and submit the requirements to ABPTS for approval.

They must include the following areas, as a minimum, in establishing the requirements.

- a. Current licensure to practice physical therapy in the US or any of its possessions or territories.
- b. Direct patient care hours in specialty area.

Applicants must submit evidence of 2,000 hours of direct patient care in the specialty

area within the last ten (10) years, 25% of which must have occurred within the last three (3) years.

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

- c. Additional specialty specific requirements (eg, ACLS certification, CPR certification, case reflections, emergency care certification, etc.).

9. Costs

- a. All costs associated with the development of the petition, including the practice analysis study, will be borne by the petitioner.
- b. All costs associated with producing and providing copies of the petition to ABPTS and interested individuals will be borne by the petitioner.
- c. All expenses associated with filing the petition and appearing at interviews and open hearings will be borne by the petitioner.
- d. Non-refundable filing fees at phase 1 of the petition (\$3,000) and at phase 2 of the petition (\$4,500) must accompany the submission at each phase of the petition process. This fee is applied towards expenses incurred by ABPTS and Specialist Certification staff for activities related to the petition and petitioning process.
- e. Once the APTA House of Delegates approves the specialty area, the petitioner and the APTA will develop a plan to share the costs associated with examination development and production, according to the following guidelines:
 - (1) The petitioner and APTA will share the costs associated with activities required for examination development. The time period allocated for exam development shall not exceed two years. Activities, such as appointment of specialty council members, appointment and training of item writers, development of an item bank of sufficient size to support the production of a 200-item specialty examination that reflects the test specifications detailed in *the Description of Specialty Practice (DSP)*, must be completed during this two-year period.

The petitioner's progress will be evaluated at the end of the two-year period. The indicators of adequate progress shall be: an established specialty council, trained and productive item writers, and a sufficiently large item bank to permit the production of the specialty examination. If the petitioner's progress is not adequate, these examination development activities may continue for one additional year but the petitioner will be responsible for the cost of all activities. At the end of this additional year, the petitioner's progress will again be evaluated.

- (2) If the petitioner's progress has been adequate, the APTA will provide funding for one year for production of the specialty examination. Activities related to examination production include an item review meeting at the testing agency and all subsequent activities required for examination construction and administration. If an examination has not been produced during this one-year period, the petitioner will assume any additional costs associated with the examination production.

The following chart provides more specific information:

Funding Activities for Development of Specialist Certification Examination

Phase	Activities	Funded By
Petition Process		
	Proposal Submitted to ABPTS Practice Analysis Approved DSP Prepared ABPTS Recommendation to Approve HOD Approval	Petitioner & Grants
Exam Development		
Up to 2 years	Specialty Council Appointed Item Writers Appointed Item Bank Development (Large enough to produce a 200 item exam according to the test specifications in the DSP)	Petitioner & APTA
Beyond 2 years	Continuation of activities needed to develop the examination	Petitioner
Exam Production		
Up to 1 year	Specialty exam produced	APTA
Beyond 1 year	Any additional activities required to produce the specialty examination	Petitioner

10. Projected Budget (*phase 2 of petition process*)

Petitioners must submit an eight-year pro forma financial statement that includes a projected budget for each year of the five-year period following approval as a specialty area by the House of Delegates. Budget expenses and revenue are to be based on the anticipated number of candidates who will apply for specialization each year. The estimated number of candidates is to be determined by the results of a survey of specialty area physical therapist practitioners. The budget should address specialty council operations, certification examination development, and other related activities. Petitioners must follow APTA guidelines for budget development (Budget Guidelines available upon request from the Specialist Certification Program as part of the Help Packet).

11. Submission of the Petition

The petitioner shall submit an electronic copy of the petition and all related support documents to the American Board of Physical Therapy Specialties through the specialist certification program (spec-cert@apta.org).

12. Questions, Clarifications

ABPTS invites potential petitioners to contact ABPTS through the Specialist Certification Program with any questions or clarifications that are necessary concerning the information in these instructions (spec-cert@apta.org; 800/999-2782, ext. 3150).

E. Help Packet

Upon request, the Specialist Certification Program distributes the following documents as a Help Packet to assist with the development of the petition. Please contact the Specialist Certification Program if other materials would be useful in your preparation.

1. APTA Bylaws-Available on APTA Website
(https://www.apta.org/governance/governance_4)
2. Clinical Specialization in Physical Therapy (HOD 06-94-23-39)
3. APTA Code of Ethics
4. APTA Standards of Practice
5. ABPTS Guidelines for Preparing the Description of Specialty Practice
6. ABPTS Guidelines for Conducting an Initial Practice Analysis
7. Cost Estimate-Preparation of Petition Instructions

ABPTS Petition Process for Proposed New Areas of Specialization

<p>Phase 1: Pre-petition Cost: \$3,000</p> <p>Criterion Categories:</p>
Definition of Proposed Specialty
Signatures (minimum of 100 from individuals practicing in the proposed specialty area)
Practice Analysis Survey, Process, and Results
Demand
Need
Brief Description/Summary of how the proposed specialization differs from those specialty areas already recognized by ABPTS
<p>Phase 2 Cost: \$4,500</p> <p>Criteria Categories:</p>
Specialized Knowledge
Specialized Functions
Education & Training
Transmission of Knowledge
Description of Specialty Practice
Full Technical Report on Practice Analysis Process
Minimum Eligibility Requirements to Sit for the Specialist Certification Examination
Proposed Budget

V. GUIDELINES FOR CONDUCTING AN INITIAL PRACTICE ANALYSIS AS A COMPONENT OF A PETITION FOR RECOGNITION AS A SPECIALTY AREA (AMENDED ABPTS 05-16-05)

A. Introduction

The following guidelines have been developed to assist petitioners in performing an extensive practice analysis to be used as supporting evidence for the petition, and if approved, to validate a specialist certification examination. Note that the extensive practice analysis alone is not sufficient evidence to address the petition's seven (7) criteria. The practice analysis is a systematic plan to study professional practice behaviors, skills and knowledge that comprise the practice of the specialist. The purpose of the study is to collect data that will reliably and accurately describe what specialist practitioners do and what they know that enables them to do their work. All documents related to the implementation of the practice analysis, including all data collected, should be carefully archived for the life of the test specifications drawn from it. These data will serve as the rationale and substance of the defensibility of the examination program.

The results of the practice analysis will be used to prepare the test specifications for the examination. The test specifications provide an outline of the content of the examination and are linked closely with the data from the practice analysis. In general, the test specifications will not change until a new practice analysis is done.

B. Required Steps in Validation Process

Phase 1 of Petition Process

1. Overview of the required steps in conducting a practice analysis/exam validation: Identify the practice analysis team to include the team members, the practice analysis coordinator, and a consultant.
2. Develop a practice analysis plan.
3. Develop a detailed and broadly representative initial description of the specialty practice by writing statements of competency regarding the knowledge, skills and abilities of the specialty practitioners.
4. Develop a pilot survey based on the initial description of specialty practice.
5. Field the pilot survey, analyze the data, and revise the survey as necessary.
6. Conduct, analyze and interpret the results of the practice analysis survey.
7. Prepare the technical report summary.

Phase 2 of Petition Process

8. Write the Description of Specialty Practice (DSP), including the determination of the test specifications (examination blueprint), based on the survey results and submit to ABPTS with the completed petition.
9. Prepare the full technical report and submit to ABPTS as an appendix in the petition. ABPTS will retain the technical report for the permanent archival record.
10. Upon approval by the APTA House of Delegates of the specialty area, and the appointment of a specialty council, develop an exam form based on the DSP.

Each step is described in detail below.

Each petitioner is to follow the required steps in conducting a practice analysis.

1. Identify the practice analysis team to include the team members, the practice analysis coordinator, and the consultant.
 The practice analysis coordinator role may be assumed by a subject matter expert (SME) in the specialty area or by an individual with expertise in the conduct of practice analyses. The practice analysis coordinator can be a subject matter expert only. However, if no one else in the petitioning group has the expertise needed to develop a survey, collect and analyze the data and to then generate a technical report that can be used as the database blueprint for an examination, the petitioner must hire a consultant to assume these responsibilities. The practice analysis coordinator serves as the project manager who will coordinate the work of the consultant with the group to direct validation activities so that the practice analysis can be completed in a timely fashion.

In some cases, the practice analysis coordinator will possess the expertise required to guide the practice analysis from start to finish. However, if the petitioner determines at any point in the process that additional expertise and support is needed for activities, such as study design, development of the pilot survey, interpretation of the pilot survey results, development of the practice analysis survey, or analysis of practice analysis survey data, including the establishment and application of the decision rules, the petitioner is to identify the needs and make arrangements for a consultant to provide support as needed for specific activities in the validation plan. ABPTS will maintain a roster of individuals who are qualified and willing to serve as consultants to assist with practice analysis activities and make names known to petitioners.

The responsibilities of the practice analysis coordinator are listed below. As described above, if the petitioner determines the need for additional support for specific steps in the practice analysis study, a consultant is to be employed to assist with these duties. The extent of the consultant's involvement is dependent on the expertise of the practice analysis coordinator and members of the practice analysis team.

- (a) The practice analysis coordinator forms a project team, comprised of SMEs who are those individuals identified by the petitioner as having recognized expertise regarding the knowledge, skills, and abilities required for practice in the specialty area. While there is no minimum for the number of members in the SME group, the group must represent the spectrum of the specialty area with diverse origins of practice, practice setting, geographic area, gender, and race.

Under the guidance of the practice analysis coordinator and the consultant, the project team develops the content of the pilot survey instrument. Accurate development of this pilot survey is essential to the final success of the project. The breadth and depth of the initial practice description assures that all elements of practice will be available on the survey for validation by the actual practitioners. Consequently, selection of SME's is intended to be broadly representative of practice.

The project team conducts the pilot survey and reviews the data from the instrument to develop the final practice analysis survey, interpret the

practice analysis survey results, and prepare the content outline for the specialty examination.

- (b) The practice analysis coordinator and consultant provide expertise to the project team during the development of the validation plan and ensure that the ABPTS Guidelines for initial practice analysis studies are followed.
- (c) The practice analysis coordinator and consultant work with the project team to develop a detailed and broadly representative description of specialty practice by writing competency statements that describe (1) the knowledge, and (2) current best practice, skills, and abilities specific to the specialty. Preparatory assignments may be made to the SMEs prior to the first meeting so that the meeting time can be used to develop the competency statements.
- (d) Following ABPTS Guidelines, the practice analysis coordinator and consultant, in collaboration with members of the project team then use the competency statements as the basis to for the pilot survey development. Activities related to the formatting and printing, mailing, and data analysis of the pilot survey are the responsibility of the petitioner. However, the project team is encouraged to send a copy of the pilot survey to their ABPTS liaison requesting input and comment on the content and format.
- (d) The project team, under the guidance of the practice analysis coordinator and consultant is also responsible for the interpretation of the survey results. It is anticipated that the petitioner will need to utilize the services of a consultant to work with the project team in interpreting the pilot survey results and making recommendations about revisions to the survey or other activities related to preparation of the final practice analysis survey.
- (e) The practice analysis coordinator and the project team, under the guidance of the consultant, prepare the final practice analysis survey, following ABPTS Guidelines. The petitioner fields the practice analysis survey.
- (f) The practice analysis coordinator and consultant work with the project team to analyze and interpret the survey results by developing and applying consistent decision rules and interpreting the survey data. This is done in preparation for developing the validated description of practice and the examination blueprint. During a face-to-face meeting, the project team, with the guidance of the consultant, determines the weighting (percentage of questions) for each competency that will be represented on the examination so that the test blueprint can be developed. At the beginning of the meeting, the consultant orients the group to the validation process, the survey, the data, and the results. The

results of the survey analysis are then used to determine which knowledge, skills, and abilities (KSAs) or competencies are to be included in the validated *Description of Specialty Practice* (DSP). The consultant works with the project team to complete these activities.

The need for a consultant to provide additional support may vary for each practice analysis depending on a number of factors, including the expertise of the practice analysis coordinator and subject matter experts in content areas such as research design, statistics, and practice analysis.

2. Develop a practice analysis plan

The plan must include the following information:

- (a) a brief statement of the goal of the project
- (b) a description of methodology including:
 - (1) methods for development of the survey instruments for the pilot and practice analysis surveys
 - (2) description of the sample size and composition for the pilot and practice analysis surveys
 - (3) description of the methodology for data collection for the pilot and practice analysis surveys
 - (4) projected return rate for the pilot and practice analysis surveys
 - (5) description of the proposed methods for data analysis of the pilot and practice analysis surveys, including the decision rules.
- (c) a time-line for convening the first meeting of the project team, development of the initial description of practice and the pilot survey instrument, fielding the pilot survey, development of the practice analysis survey, fielding the practice analysis survey, and convening of the second meeting of the project team to interpret the data from the practice analysis and prepare the examination blueprint.

The petitioner is encouraged to submit the practice analysis plan and their pilot survey to their ABPTS liaison for review and comment prior to implementation.

3. Develop a detailed and broadly representative initial description of the specialty practice by writing statements of competency regarding the knowledge, skills, and abilities of the specialty practitioners.

The practice analysis coordinator and consultant work with the project team to develop a detailed and broadly representative description of specialty practice by writing competency statements that describe (1) the knowledge, and (2) current best practice, skills, and abilities specific to the specialty. These competency statements will be used as the basis for the pilot survey development.

4. Develop the pilot survey based on the initial description of specialty practice.

The pilot survey is to be developed according to ABPTS Guidelines. The petitioner is encouraged to submit the following information, along with the pilot survey, to their ABPTS liaison for review/comment prior to fielding the pilot survey.

- (a) purpose of the pilot study
- (b) sample size for the pilot study
- (c) content/format of the pilot survey
- (d) pilot survey dissemination plan
- (e) plan for data entry and analysis
- (f) plan for achieving the desired survey return rate

The pilot survey instrument must assess existing competencies (knowledge, skills, abilities) in order to determine if they are important to specialty practice.

The survey must include an assessment of the frequency with which practitioners perform each activity. An assessment of the criticality of each task/activity must also be included. ABPTS has developed standard wording for frequency and criticality scales that are to be used in the pilot and practice analysis surveys. ABPTS has prepared a template to be followed in constructing the pilot and practice analysis surveys. This template, which includes the standard wording for the frequency and criticality scales, is available upon request from the Specialist Certification Program.

Survey questions should be constructed from the initial description of practice in a manner that facilitates translation to competency statements and a matrix for the *Description of Specialty Practice*. The language of the survey questions and DSP must be consistent with the terminology of the *Guide to Physical Therapist Practice*.

Consideration should be given to developing a survey that could be divided into sections such that the most rapidly changing knowledge, skills and abilities could potentially be revalidated on a more frequent basis than the required ten-year cycle.

The petitioner is required to submit for approval the pilot survey to their ABPTS liaison for a joint review/comment by representatives of ABPTS and the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE) prior to implementation.

5. Field the pilot survey, analyze the data, and revise the survey as necessary.

- (a) Field the pilot survey.

The purpose of conducting a pilot survey is to insure clarity of the survey questions prior to distributing the survey to the entire sample population. In addition, the petitioner may use information collected from the pilot survey to determine whether any additional competencies should be incorporated into the practice analysis survey, and whether the survey should be subdivided in order to reduce the time required to complete it.

ABPTS recommends that the pilot survey be fielded to no fewer than twenty-five (25) individuals from varied geographic and demographic populations.

(b) Analyze pilot data

Under the guidance of the practice analysis coordinator and consultant, the pilot survey data are to be analyzed and the survey is to be revised, if necessary. Data are to be analyzed descriptively by computing means, standard deviations, and frequency distributions for the rating scales (frequency and level of criticality) for each of the competencies.

(c) Revise the survey, as necessary.

The petitioner is required to submit for approval the revised survey to their ABPTS liaison for a joint review/comment by representatives of ABPTS ABPTRFE prior to implementation of the practice analysis survey.

6. Conduct, analyze and interpret the results of the practice analysis survey.

(a) Conduct the practice analysis survey

ABPTS requires a representative random sample of physical therapists who practice in the specialty area. The potential sample is to be identified in the practice analysis plan and the sampling plan for the practice analysis thoroughly described. Although the size of the potential sample will vary based on the number of physical therapists practicing in the specialty area, the sample must include individuals from varied geographic and demographic populations

A follow-up mailing to individuals who have not responded to the survey, either in the form of a duplicate copy of the survey or a reminder a post card/email, is required to increase the response rate. Lengthy questionnaires should be subdivided into "stand-alone" portions such that the individual respondents can complete their task within 60 minutes.

ABPTS recommends a minimal response rate of 50% of those who are currently practicing in the specialty area or who have self-identified themselves as practicing in the specialty area.

The petitioner is responsible for all services related to mailing the survey, sending follow-up surveys or notices, and performing data entry.

(b) Analyze practice analysis survey results

The petitioner, with input from the practice analysis coordinator and/or consultant, will analyze survey data. Data will be analyzed descriptively by computing means, standard deviations, and frequency distributions for the rating scales (frequency and level of criticality) for each of the competencies for the total sample and any appropriate subgroups (e.g., gender, age, race). Data will be analyzed to determine if there are significant differences between subgroups.

(c) Interpret practice analysis survey results

Under the guidance of the practice analysis coordinator and consultant, the SME group will interpret the survey results by applying consistent decision rules to identify the competencies that define specialty practice. The practice analysis coordinator and/or consultant is responsible for working with the project team to derive the decision rules for defining specialty practice. The practice analysis coordinator may wish to review the technical reports or *Description of Specialty Practice* (DSP) of recently conducted practice analyses for an overview of the development of decision rules.

The results of the survey analysis are used to determine which knowledge, skills, and abilities (KSAs) or competencies are to be included in the *Description of Specialty Practice* (DSP.) The justification for inclusion or exclusion of competencies in the final DSP must be documented.

7. Determine the test specifications (examination blueprint) based on the survey results.

The practice analysis coordinator and consultant assists the project team in development of the examination blueprint (also referred to as the content outline or test specifications), consisting of the percentage of questions representing each competency on the examination. The practice analysis is used to guide this decision-making. The blueprint must be established before test items are written to assure that an adequate number of items will be developed for each area of the examination blueprint. The process by which these decisions are made must be documented. Final examination blueprints are developed in consultation with the testing agency.

If additional individuals are added to the project team for this phase of the practice analysis, the practice analysis coordinator should thoroughly orient these individuals to the practice analysis/ validation process, the survey, the data, the results, and the existing competencies.

8. Prepare the technical report summary

The petitioner should follow current ABPTS guidelines for writing the technical report summary of the DSP, which includes the test specifications (examination blueprint). These guidelines are provided in the Help Packet. Summary data should be presented to support decisions about the inclusion of competencies and blueprint development. The components of the full technical report are listed in item 9 below. The technical report is to be submitted to ABPTS.

9. Write the Description of Practice (DSP) based on the survey findings and submit to ABPTS with the completed petition

Petitioners are to follow the current ABPTS guidelines for writing the DSP. (These guidelines are provided in the Help Packet.) The DSP must be approved by ABPTS prior to publication. Historically, the approval process has required several reviews and revisions. Petitioners will be provided with the “Template for Descriptions of Specialty Practice” to follow in formatting the DSP document. Preliminary feedback on the DSP may be obtained from the petitioner’s ABPTS liaison.

Publication of the DSP document will occur once the APTA House of Delegates has approved the petition to establish the specialty area. Subsequent to publication, ABPTS recommends that validation study results be published in a public forum, such as a section newsletter or journal.

10. Prepare the full technical report and submit to ABPTS as an appendix in the petition for the permanent archival record.

The full technical report must provide a detailed description of every step of the practice analysis. It represents the permanent record of the practice analysis, which can be used as a resource for defense of the process, future analyses, etc. The components described below must be included in the technical report.

- (a) description of all project team members including names, addresses, credentials, and delineation of their specific involvement
- (b) description of the sampling strategy, groups surveyed, number surveyed, return rate, follow-up procedure for non-respondents, and any demographic data depicting the respondents
- (c) copy of the pilot survey instrument
- (d) description of responses to the pilot survey
- (e) description of changes made to the pilot survey with a rationale for the changes
- (f) copy of the practice analysis survey instrument, including instructions to the respondents and cover letters
- (g) description of the rationale for the choice of measurement scales (e.g., frequency, criticality)
- (h) copy of raw data
- (i) description of data analysis including tables and/or graphs, and any subsample analysis
- (j) explanation of how the results of data analysis were used to determine which competencies were included in the DSP
- (k) description of the blueprint development including how the survey data were used to make weighting decisions, the decision rules,

- instructions to the SME panel and a description of the SME panel (number of people, names, addresses, practice setting, etc.)
- (1) conclusions with statements about the council's confidence in the practice analysis process highlighting the strengths of the practice analysis, problems with any portion of the analysis, and recommendations for future practice analyses.

- 11. Upon approval by the APTA House of Delegates of the specialty area and the appointment of a specialty council, develop an exam form based on the DSP. Writing of examination items to reflect the new specifications is coordinated through ABPTS' Specialization Academy of Content Experts (SACE).

VI. Guidelines for Preparing Descriptions of Specialty Practice

The specialist examination development process requires periodic implementation of a practice analysis to provide evidence for the content validity of the examinations used in the certification process. Each time a Specialty council performs a practice analysis in a specialty area, a document describing specialty practice in that area will be produced. The purpose of these documents and the guidelines for developing them are described in this ABPTS policy.

The *Description of Specialty Practice* (DSP) (formerly referred to as *the Description of Advanced Specialty Practice (DACP)*) is a necessary element of the examination development process, and a means of communicating current information about physical therapy practice with a wide community of interest including candidates for certification. The purposes of this document are to:

describe the current best practice of physical therapists that possess advanced clinical skills in an area of practice;

identify the expected knowledge, skills and abilities possessed by clinical specialists in an area of practice;

document the methods and results of studies undertaken to develop the competencies in an area of practice; and

describe the changing nature of advanced practice in an area of specialty practice.

A. Technical Aspects of Preparing the DSP

To assure uniformity in documents across councils, each council is to follow the Template for Description of Specialty Practice. Additionally, each council must coordinate publication of the DSP with APTA Specialist Certification Program and Publications Department staff. This document will be in place for ten years and widely disseminated.

B. Template for Description of Specialty Practice

The intent of this template is to provide a standard format for all areas of specialization for writing their Description of Specialty Practice. Categories that must be included in all DSPs are noted with an asterisk (*) following the item. Other items are optional based on the ability of the item to discriminate between a specialist and non-specialist based on validation study.

INTRODUCTION*

History of Specialization (*Insert template paragraph – standardized for all DSPs*)

History of Specialization in Specialty Area (*include when and how your specialty area formed, who was involved, first specialty council, original areas of competency, when first group was recognized, revalidation process, any other pertinent information that provides brief background/history*)

I. CHAPTER 1: DESCRIPTION OF BOARD CERTIFIED SPECIALISTS*

(This chapter is to present the demographic data from your survey. Begin by giving an overview of your survey, e.g., year, population, numbers and response rate. Present data graphically.

II. CHAPTER 2: DESCRIPTION OF SPECIALTY PRACTICE*

(This chapter is your description of your specialty. Begin with an introductory description summarizing information sources and process used for your revalidation. Insert template paragraphs regarding the Guide and DSP competency statements. Edit the DSP outline (below) to address the results of your validation study. You must include categories A and C, however the individual items listed within a larger area may be excluded if your validation study did not find that that area discriminated a specialist from a non-specialist. Category B is optional based on the results of your validation study).

The *Guide to Physical Therapist Practice* describes the patient/client management model, which includes patient/client examination (history, systems review, tests and measures), evaluation, diagnosis, intervention, and outcomes. Based on the development of the *Guide* and previous specialty practice surveys, the elements of this patient/client management model are the accepted standard for *all* physical therapist practice, including Specialty Practice. The DSP, therefore, does not include all the items covered in the *Guide* but rather highlights those elements of practice that clinical specialists utilize or perform at an advanced level compared with non-specialists.

This DSP includes competency statements about knowledge-based areas and clinical practice expectations. The clinical practice expectations consist of competency in the area of professional roles, responsibilities and values and competency in patient/client management. The competency statements reflect the wording used on the survey instrument.

(Present information specific to your specialty in the following outline form:)

A. **Knowledge Areas*** *(Based on validation study, what additional knowledge is expected to discriminate a specialist from a non-specialist.)*

1. Foundation Sciences
2. Behavioral Sciences
3. Clinical Sciences
4. Critical Inquiry Principles and Methods

B. **Professional Roles, Responsibilities, and Values**

1. Professional Behaviors reflecting the Core Values
2. Leadership
3. Education
4. Administrative
5. Consultation
6. Evidence-Based Practice

C. **Patient/Client Management*/Expectations**

(Based on validation study, include elements that discriminate between a specialist and non-specialist)

1. Examination

- a. **History:** is a systematic gathering of data from both the past and the present related to why the patient/client is seeking the services of the physical therapist.
- b. **Systems Review:** is a brief or limited examination of the anatomical and physiological status of the cardiovascular/pulmonary, integumentary, musculoskeletal, and neuromuscular systems, and the communication, affect, cognition, language and learning style of the patient/client. *(At the clinical specialist practice level baseline information is not simply collected and reported. The advanced practitioner synthesizes this information and applies it specifically considering the pathology, signs and symptoms and uses it for critical clinical decision making.)*
- c. **Tests and Measures:** *This category includes selection, prioritization, and performance of tests and measures related to and required of specialty practice.*

2. Evaluation *(Specific to specialty practice)*

3. Diagnosis *(Specific to specialty practice. May include variations or complexities associated with known pathology, identifying contributing factors, hypothesizing links between impairments and functional limitations, skills of differential diagnoses, etc.)*

4. Prognosis *(Specific to specialty practice. May address variations on age or complexity associated with known pathology, stages of recovery, natural history of condition, disorder or impairment, etc..)*

5. Interventions: *(Address all categories from specialization perspective)*

- a. **Coordination, Communication, and**

Documentation

- b. **Patient/Client-Related Instruction**
 - c. **Procedural Interventions:** *(This category includes selection, prioritization, and knowledge of performance ability for procedural interventions related to and required of specialty practice.)*
6. **Outcomes** *(Specific to specialty practice. Include assessment measures and tools related only to advanced clinical practice.)*

III. CHAPTER 3: ORGANIZATION AND APPLICATION OF ADVANCED SPECIALTY KNOWLEDGE AND SKILLS TO PRACTICE*

- A. **Matrix** *(A matrix is optional, however when used should illustrate a linking of professional roles, responsibilities and values and patient/client management to knowledge areas.)*
 - 1. Graphic Presentation *(Graphic representation of exam construction)*
 - 2. Description of Matrix
- B. **Case Scenarios*** *(Demonstrate application to patient/client care, all cases presented in Guide format, include sample questions and references—see current Neurology and Sports case scenarios and questions.)*

IV. CHAPTER 4: EXAMINATION CONTENT OUTLINE* *(As is currently. Include template introductory paragraph.)*

The following is an outline summarizing the approximate examination percentages for each content domain. The outline also contains information on the examination content based on patient/client conditions. Examination questions can represent knowledge areas; professional roles, responsibilities, and values; and patient/client management.

V. CHAPTER 5: SUMMARY ANALYSIS AND DISCUSSION OF THE PRACTICE ANALYSIS* *(As is currently Executive Summary—Include information in all of the listed categories.)*

- A. **Introduction**
Include a brief description of the project developers and types of consultants (eg, the specialty council, subject matter experts, a test and measurement consultant from an agency or university, or ABPTS.
- B. **Methods**
Include a description of the sampling strategy and response rates per sample
- C. **Final Survey Administration**
Include a description of the survey instrument or other measurement techniques used. Indicate if the previous competencies served as your

initial survey instrument, and if they did not, indicate how you edited them prior to implementing the study. Include a description of the measurement scales used in the study (eg, criticality or importance scale; entry-level vs. advanced level scale, etc.)

D. **Data Analysis**

Include a description of the data analysis plan, including decision rules used by panels of judges to evaluate the data in developing new statements of competencies or descriptions of knowledge and skills. Describe sub-sample analyses that were done (eg, comparing ratings of certified specialists with non-specialists). This description should also include an explanation of the development of the content outline, including the composition of the panel of experts constituted to develop the outline.

E. **Results**

Summarize the results of the study. Include data tables of demographics and competency data. Highlight how the competencies have changed from the previous practice analysis. Identify what practices have been determined to no longer represent advanced practice, and what new competencies have been added. Provide data that will allow the reader to understand the rationale for those decisions.

F. **Conclusions**

You may also include in this Executive Summary a description of the other elements of the process to develop new competencies (eg, convening a panel of experts to interpret the practice analysis data.)

Publication of the practice analysis in the physical therapy literature is required. This may occur as a research article in a peer reviewed specialty journal or as a clinical commentary in an executive summary