


 www.bocusa.org Certified Orthotic Fitter Detailed Content Outlineⁱ	Cognitive Level			Total
	Recall	Application	Analysis	
1. GENERAL OPERATIONS AND PROFESSIONAL CONDUCT	13	6	0	19
A. Facilities Management	4	2	0	6
1. Determine elements of the fitting room (e.g., stool, exam/fitting table, mirror, hard back chair, ambulating device). 2. Determine required measuring devices (e.g., tape measures, goniometer, calipers, ML gauge, measuring chart, Ritz stick, Brannock). 3. Comply with environmental (Facility/Patient/Employees) safety regulations in all practice settings (e.g., OSHA, pathogens, cross-infection, work place hazards). 4. Assure quality care by development and maintenance of policies and procedures regarding patients, prescribers, personnel, maintenance of records, etc. 5. Comply with HIPAA regulations. 6. Comply with accreditation standards (e.g., CMS supplier and quality standards, BOC Standards).				
B. Perform Professional Practice/Ethics	3	4	0	7
1. Maintain patient confidentiality. 2. Provide training, lectures and information to staff or other health care professionals on current device information. 3. Maintain a quality assurance system that evaluates patient care. 4. Maintain continuing education requirements (e.g., participate in professional and educational symposiums). 5. Comply with BOC Code of Ethics.				
C. Medical Record Documentation	6	0	0	6
1. Verbal / dispensing order <ul style="list-style-type: none"> a. Verify order to patient needs (i.e., consider the pathology of the disease). b. Contact referral source and discuss/revise order if necessary. 2. Detailed written order <ul style="list-style-type: none"> a. Patient's name b. Detailed description of the device needed c. Start date d. Ordering provider's name and credentials (MD, DO, PA, NP, CRNP) e. NPI 				

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f. Signature and date 3. Perform final chart audit (i.e., prior to billing).				
2. PATIENT ASSESSMENT/EVALUATION	3	10	4	17
A. Establish Relationship with Patient at Patient Intake <ol style="list-style-type: none"> 1. Verify required personal information about patient. 2. Collect and evaluate patient records. 3. Interview patient and obtain history. 4. Discuss any related medical treatment(s). 5. Discuss financial matters for services/devices with patient. 6. Verify medical necessity. B. Evaluate and Assess Patient <ol style="list-style-type: none"> 1. Skin condition 2. Range of motion 3. Muscle strength 4. Manual dexterity 5. Coordination 6. Posture and gait 7. Sensation 8. Proprioception 9. Edema 				
3. COMMUNICATION/PATIENT EDUCATION	6	10	0	16
A. Explain Purpose/Objective of Device <ol style="list-style-type: none"> 1. Describe the measuring and fitting process for the device 2. Determine patient's expectations 3. Explain benefits and limitations 4. Explain patient's role/responsibilities 5. Discuss device features 6. Obtain patient acknowledgment B. Anticipate Psychological Impact of Devices on Patient, Family, and Others				
4. DEVICE DELIVERY and APPLICATION	7	8	1	16
A. Finalize Alignment and Fit Device to Patient <ol style="list-style-type: none"> 1. Apply device to patient and finalize alignment, adjustment (minimal or substantial), fit, and appearance. 				

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2. Demonstrate to patient and/or caregiver proper application and removal, fitting adjustments, and care of device.						
3. Explain how to recognize potential problems (e.g., pressure points, skin breakdown, numbness, contractures). 4. Have patient and/or caregiver demonstrate proper application and removal. 5. Have patient and/or caregiver sign all delivery documentation and acknowledgments (e.g., product delivery tickets, warranties, final foot fitting assessment, instructions, supplier standards). B. Explain Follow-Up Procedures 1. Encourage on-going communication with patient and/or caregiver. 2. Inform patient and/or caregiver of provisions for continued servicing of device (e.g., adjustments, consultation). 3. Provide patient and/or caregiver instructions verbally, in writing, and/or pictorial. 4. Advise patient to contact provider if adverse events occur.						
5. PATIENT PREPARATION/MEASUREMENTS	9	7	0	16		
A. Measure Patient 1. Select appropriate anatomical positioning. 2. Identify anatomical landmarks. 3. Use measuring devices.						
6. EVALUATION/SELECTION of PREFABRICATED PRODUCT/MODEL/TYPE of DEVICE	4	10	2	16		
A. Cervical/Cervical Thoracic Orthoses (CO, CTO) 1. Soft foam collars 2. Semi-rigid (e.g., Philadelphia [®] , Minerva [®] , Aspen [®] , Miami J [®]) B. Thoraco-Lumbo-Sacral Orthoses (TLSO) 1. TLSO with AP 2. TLSO with APL 3. Hyperextension C. Lumbo-Sacral Orthoses (LSO) 1. LSO with AP 2. LSO with APL						

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D. Knee Orthoses (KO) <ol style="list-style-type: none"> 1. Post-operative (e.g., adjustable R.O.M.) 2. Rehabilitative (e.g., patella-stabilizer and/or neoprene type knee supports with inserts/hinges/pads) 3. Ligamentous (e.g., ACL, PCL, MCL, LCL, OA) 4. Contracture (e.g., static, positional orthosis) 				
E. Ankle Foot Orthoses (AFO) (e.g., static AFO, posterior leaf spring, SAFO, all types of pneumatic or non-pneumatic walkers, carbon fiber type AFO) F. Foot Orthoses (FO) (e.g., arch support) G. Therapeutic shoes and heat moldable inserts H. Wrist/Hand/Finger Orthoses (WHFO, WHO, FO) (e.g., static, dynamic and adjustable R.O.M., positional and functional device, finger splints) I. Elbow Orthoses (EO) (e.g., static, dynamic and adjustable R.O.M., functional devices, positional) J. Shoulder Orthoses (SO) (e.g., dynamic and adjustable R.O.M., abduction, functional devices, shoulder sling/immobilizer) K. Abdominal and Pelvic (e.g., flexible supports, maternity supports)				
TOTALS	42	51	7	100

ⁱ Each test form will include 2 sets of 15 unscored pretest items in addition to the 100 scored items. 2.5 hours of testing time.
 BOC approved initial base form passing point by Angoff method in 2017.
 Future passing points may be established through linear pre-equating.