



# ORTHOTIC FITTER WRITTEN EXAM

## UNDERSTANDING YOUR EXAM RESULTS

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If you received your test results for the Orthotic Fitter Written exam only to learn that you did not pass the exam, the following information should help you focus your study for retaking the exam. Your test results notice indicates your score in each Content Domain along with the maximum score in each area. We recommend that you focus your exam study on those Content Domains where you performed the weakest. Below, along with a description of the Content Domain, are sample questions to help you determine the types of questions that you may have missed.

### Patient Evaluation

Take a comprehensive patient history, including previous use of an orthosis, diagnosis, work history, activity level, physical limitations and medical history. Perform a diagnosis-specific clinical examination of sensory function, range of motion, joint stability, and skin integrity. Utilize knowledge of gross surface anatomy, muscle functions, pathologies and disease processes to guide assessment. Refer patient to other health care providers for intervention beyond orthotic fitter scope of practice.

A “gait cycle” refers to all activity that occurs between:

1. Double support on one side and the following support on the opposite side
2. Heel contact and push off
3. Heel strike on one side and the following heel strike on the opposite side

#### **4. Heel strike on one side and the following heel strike on the same side**

A “contralateral extremity” is best defined as:

1. An extremity on the same side of the body
2. An extremity under weight bearing
- 3. An extremity on the opposite side of the body**
4. An extremity during swing phase

Which of the following is a primary knee extensor?

1. Gastrocnemius
- 2. Rectus femoris**
3. Iliopsoas
4. Soleus

Another name for the palmar surface is the:

1. Dorsal surface
2. Lateral surface
3. Medial surface
- 4. Volar surface**

Genu recurvatum is a condition in which the knee is:

1. Hyperflexed
- 2. Hyperextended**
3. Adducted
4. Abducted

During stance, the hip joint is most stable when it is in which position relative to the weight line?

- 1. Anterior**
2. Posterior
3. Medial
4. Lateral

The elbow joint is an example of which type of joint?

- 1. Hinge**
2. Ball and socket
3. Pivotal
4. Gliding

## Formulation of the Treatment Plan

Evaluate the findings to determine an orthotic treatment plan. Consult with physician/referral source/ appropriately licensed health care provider to modify, if necessary, the original prescription and/or treatment plan. Identify materials and device design to support treatment plan

A static WHO can be recommended for:

1. Reducing distal radial fractures
2. Assisting active wrist motion
3. Reducing wrist flexion contractures

### 4. Treating carpal tunnel syndrome

Soft cervical collars are **MOST** effective in controlling:

1. Axial loading
2. Lateral flexion
3. Forward flexion
4. Rotation

A deficiency in which muscle group will result in a foot-drop gait deviation?

1. Dorsiflexors
2. Plantar flexors
3. Knee flexors
4. Knee extensors

The biomechanics of a Jewett spinal orthosis uses a:

1. Circumferential pressure system to limit flexion in the thoracic spine
2. Three-point pressure system to maintain spinal extension
3. Circumferential pressure system to limit extension in the thoracic spine
4. Three-point pressure system to maintain spinal flexion

## Implementation of the Treatment Plan

Select appropriate materials and device design based on patient criteria to ensure optimum strength, durability, and function. Assess/align orthosis for accuracy in sagittal, transverse, and coronal planes in order to provide maximum function/comfort. Educate patient and/or caregiver about the use and maintenance of the orthosis. Documentation using established record-keeping techniques to verify implementation of treatment plan.

In which type of prefabricated AFO is the trim line posterior to the malleoli?

1. Posterior leaf spring
2. Articulated
3. Solid ankle
4. Floor reaction

The measurement used to establish the correct length of an anterior rigid frame TLSO is:

1. sternal notch to waist
2. sternal notch to symphysis pubis
3. 2" below sternal notch to waist
4. 2" below sternal notch to symphysis pubis

The **BEST** orthosis for treating a painful arthritic wrist is the:

1. Wrist orthosis with IP extension assist
2. Dynamic wrist orthosis
3. Static wrist-hand orthosis
4. Wrist driven flexor hinge orthosis

The anatomical landmarks used to determine the location of the knee joint axis are:

1. The top and bottom edges of the patella
2. Middle of the patella and the lateral joint space
3. adductor tubercle and medial tibial plateau
4. adductor tubercle and tibial tuberosity

When measuring for below-the-knee compression hose, it is necessary to determine the:

1. Knee circumference
2. Calf circumference
3. Length of the foot
4. Circumference at the ball of the foot

Semi-rigid cervical orthoses function in the sagittal plane to:

1. limit flexion
2. control rotation
3. prevent lateral flexion
4. reduce thoracic extension

## Continuation of the Treatment Plan

Obtain feedback from patient and/or caregiver to evaluate outcome (e.g., wear schedule/tolerance, comfort, ability to don and doff, proper usage and function). Assess patient's function and note any change. Assess fit of orthosis/prosthesis with regard to strategic contact and to anatomical relationships to orthosis/prosthesis to determine need for changes relative to initial treatment goals. Address evidence of excessive skin pressures or lack of corrective forces and formulate plan to modify orthosis/prosthesis accordingly. Revise treatment plan based on assessment of outcomes.

At a follow-up visit for a patient who was fit with compression hose they state that it is not possible for them to don the hose. The fitter should:

**1. determine the cause of the problem**

2. have the patient return to their physician with the hose
3. provide hose in a larger size
4. provide hose with a lower compression value

During a follow-up visit, a patient who received a prefabricated AFO exhibits an excessive extension moment at the knee on the same side during stance. The fitter should:

1. lower the proximal trimline
2. shorten the footplate
- 3. refer the patient to an orthotist**
4. refer the patient to a physical therapist

## Practice Management

Adhere to policies and procedures in compliance with all applicable federal and state laws and regulations and professional and ethical guidelines (e.g., CMS, HIPPA, FDA, ADA, OSHA, and ABC Code of Professional Responsibility).

After providing a device to a Medicare beneficiary, the fitter must provide any adjustments or repairs without charge for:

**1. 90 days**

2. 60 days
3. 30 days
4. 120 days

Infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin and mucous membranes are referred to as:

1. Contact Isolation
- 2. Standard (Universal) Precautions**
3. Sterile Technique
4. Biohazardous Waste Program

A patient develops a pressure area under a metal stay on a soft LSO. The MOST appropriate action is to:

1. remove the stay
- 2. recontour the stay**
3. change the type of orthosis
4. add padding over the pressure area

A patient is seen for follow up after receiving a fixed ankle walking boot. The physician requests that the fitter provide relief for Achilles tendon strain. The fitter should add a:

1. full-foot lateral wedge
2. full-foot medial wedge
3. forefoot wedge
- 4. heel wedge**

The rules relating to the safe use of potentially hazardous materials in the fabrication of orthoses are under the jurisdiction of the:

1. Health Insurance Portability and Accountability Act
2. Durable Medical Equipment Medical Administrative Contractor
- 3. Occupational Safety and Health Administration**
4. Centers for Medicare and Medicaid Services

If the fitter's facility is designated as a Participating Supplier, this means that:

- 1. You must accept the Medicare allowable amount as payment in full**
2. You do not have to accept the Medicare allowable amount as payment in full
3. You can only collect 80% of the Medicare allowable amount from the patient
4. There is no limit on what you are allowed to charge a Medicare beneficiary