

**Essential Guide for Candidates to the
Physiotherapy Competency
Exam (PCE)**

2014 Edition



Canadian Alliance of Physiotherapy Regulators
Alliance canadienne des organismes de réglementation de la physiothérapie

Disclaimer

Before you register for the Physiotherapy Competency Examination (PCE), you must read and understand the limits of liability. You must tell interested parties, such as potential or current employers, about the limits of liability.

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By registering for and participating in the PCE, you agree that you will take no legal action or other proceedings against The Alliance or any of its officers, employees or agents for anything done in good faith related to the PCE, including any errors, omissions, neglect or default. You also agree to fully release and indemnify The Alliance, its officers, employees and agents for any such actions or proceedings. This means that The Alliance will not be responsible for any loss of income or other expenses incurred by you or an employer or contractor due to a decision made by The Alliance related to the PCE, and that you agree not to take legal action against The Alliance.

How to Use This Resource

This *Essential Guide for Candidates to the Physiotherapy Competency Exam (PCE)* explains what the PCE is and how you can apply for the exam. It also helps you prepare to take the exam.¹ For detailed information about registration policies and procedures, see the *Exam Handbook*.

In this resource, you can find:

- a summary of the purpose and structure of the PCE;
- an overview of who is involved in the PCE process and how they decide on the exam content;
- sample questions for the Written Component;
- sample stations for the Clinical Component;
- sample documents for both the Written and Clinical components; and
- practical advice to help you prepare for the exam, including what the exam will contain, how it will work, and what tips you should know for the day of the exam.

You may not need to read the entire *Essential Guide for Candidates to the PCE* because each chapter is useful on its own. Browse the overviews at the beginning of each chapter to find the topics that are most interesting and valuable to you. Because this resource is intended to help all candidates, you may find that some of the information is not relevant to you.

If you need more information after you read this guide, contact

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¹ Physiotherapy, physiotherapist, physical therapy, physical therapist, physiothérapeute, physiothérapie, PT, and pht are official marks used with permission. In this document, the term *physical therapy* means the same thing as *physiotherapy*, and *physical therapist* means the same thing as *physiotherapist*.

Acknowledgements

This *Essential Guide for Candidates to the PCE* was developed in 1997 by many people.

The Candidate Advisory Group first identified that candidates need to have additional information and resources about the PCE. The group came up with the idea of creating this resource, advised on the content and provided feedback on drafts. We appreciate their willingness to assist and guide our efforts in producing this resource. Diana Hopkins-Rosseel was most helpful during the first-draft stage.

We thank the candidates who provided feedback on the *Essential Guide for Candidates to the PCE* and the exam components, and Colborne Communications.

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Revision 2014

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Chapter 1: The Physiotherapy Competency Examination (PCE)

After reading this chapter, you will know:

- what the purpose of the exam is;
- how the exam is structured;
- who is eligible for the exam;
- how to apply for the exam;
- what makes the PCE different from university exams;
- how the exam is marked;
- what The Alliance's rules about confidentiality and security are; and
- where to get information about registering to practise physiotherapy.

Purpose and Structure of the PCE

The Physiotherapy Competency Examination (PCE) tests whether qualified exam candidates have demonstrated a minimum standard of practice. It fairly and accurately evaluates the competencies needed to practise physiotherapy. All physiotherapy regulators in Canada except Quebec's require applicants to have passed the PCE before being granted the right to practice, (although Quebec requires all applicants trained outside Quebec to have passed the PCE). Quebec-trained applicants must pass a comprehensive exam unique to that province that is equivalent to the PCE.

The PCE tests the essential competencies of physiotherapy practice – the essential knowledge, skills and abilities. It tests history-taking, physical examination, data interpretation, clinical problem solving, treatment techniques, ethics, safety, interviewing and communication. The exam covers the core clinical practice areas: neuromusculoskeletal, neurological, cardiopulmonary-vascular and multisystem.

The exam has two components:

	Written Component	Clinical Component
Purpose	<ul style="list-style-type: none"> • Tests your understanding of essential physiotherapy knowledge, skills and abilities • Tests your understanding of the principles and processes of physiotherapy practice 	<ul style="list-style-type: none"> • Tests your understanding and application of physiotherapy knowledge, skills and abilities • Tests your ability to safely and effectively apply the principles and processes of physiotherapy practice
Structure	<ul style="list-style-type: none"> • One 4-hour session • Multiple choice • About 200 questions <p><i>Note: You must successfully complete the Written Component before you can take the Clinical Component.</i></p>	<ul style="list-style-type: none"> • One 5-6 hour session (approximately) • Objective structured clinical examination (OSCE) • 16 stations: <ul style="list-style-type: none"> • 8 stations: a 10-minute encounter with a standardized client • 8 stations: a 5-minute encounter with a standardized client, followed by a 5-minute written station
Timeline	<ul style="list-style-type: none"> • Offered several times each year • Results mailed within 6 weeks of the exam <p><i>See the Exam Handbook for exam dates and application deadlines.</i></p>	<ul style="list-style-type: none"> • Offered twice each year • Results mailed within 12 weeks of the exam <p><i>See the Exam Handbook for exam dates and application deadlines.</i></p>

Applying to the PCE

Eligibility Criteria for the PCE

Eligibility Requirements for Canadian-Educated Candidates

1. A minimum of 1,025 hours of supervised clinical practice, along with completion of the clinical requirements for registration in the province in which you received your physiotherapy education.
2. Provide an *official transcript* proving you have successfully completed an entry-level degree in physical therapy from a physiotherapy program accredited with Physiotherapy Education Accreditation Canada (PEAC). Transcripts must be received by the Alliance **directly** from the university.
3. Proficiency in English or French. (*Note: If you are graduating from an accredited Canadian physiotherapy program, we will consider you to be proficient in English or French.*)
4. If you are enrolled in a Canadian physiotherapy program, you may complete the Written Component during your final term of academic study. We will confirm with your university that you are enrolled in university before the exam date. You cannot take the Clinical Component until you have completed your course of study and are eligible for graduation.

Eligibility Requirements for Internationally Educated Candidates

1. Successful completion of the Educational Credentials and Qualifications Assessment. You must complete this before you apply for the Physiotherapy Competency Examination. The assessment determines whether your education and qualifications are substantially equivalent to those of a Canadian-educated physiotherapist. For current information about credentialing, and to receive a credentialing application, visit our website, www.alliancept.org, or contact our office.

Application Procedure

You can apply for both components at the same time, or you can apply for the Written Component first and then apply for the Clinical Component later.

To apply to the PCE, follow these steps:

1. Make sure that you are eligible to apply to the PCE (see the preceding section, “Eligibility Criteria for the PCE”).
2. Gather information on policies and procedures and on exam dates, times and locations.
 - Visit our website, www.alliancept.org, or contact our office for the *Exam Handbook* and application forms.
 - Contact the regulator in the province in which you want to work for information about registration to work as a physiotherapist (see “Certificates and Licensing” page 1-10).
3. Read all the information carefully.
 - Make sure you understand the information in the *Exam Handbook*. Visit our website, www.alliancept.org, for Frequently Asked Questions.

- If you still have questions, contact us by email or telephone.
4. Calculate your fees and arrange for payment.
 - For fees and payment methods, see the *Exam Handbook*.
 5. Apply for the exam.
 - Send application forms, payment, and any other required documents to our office. Include your Declaration of Identify form, if you have not already sent this.
 - We DO NOT accept application forms via fax.
 6. We will send you a receipt confirming that we received your application.
 7. Study for the exam. See the following resources:
 - Chapter 3: Written Component Sample Questions
 - Chapter 4: Clinical Component Sample Stations
 - Chapter 5: Exam Day: Maximize Your Performance
 - Appendix B: Key References for the PCE
 8. We will send you a registration package. This package contains the following:
 - Site assignment
 - Exam location
 - Entry certificate
 - General information
 9. Make arrangements for travel and accommodation.
 10. Take the exam.
 11. We will send your exam results to you by mail.
 - See the *Exam Handbook* for more information about results.

If you are already registered in a province or territory, you will need to update your registration with the physiotherapy regulator after you successfully complete the exam. Contact the regulator when you receive your results. (See “Certificates and Licensing,” page 1-10.)

How the PCE Differs from University Exams

There are two main types of exams: formative and summative. University-based physiotherapy courses and clinical placements use both formative and summative evaluations specific to their program goals and objectives.

A formative exam is a process evaluation designed to provide immediate constructive feedback in order to improve an exam-taker’s performance. A summative exam measures how well an exam-taker can apply his or her education. Its purpose is not to improve performance, but to measure if an exam-taker meets, exceeds or falls short of a minimum standard of performance.

The Physiotherapy Competency Examination is a summative evaluation that measures your competence in physiotherapy. For each exam component, you will receive feedback on your performance. The feedback includes scores for each area of practice so you will know how you did in different areas.

For security reasons, we do not provide detailed feedback on errors or omissions in either component. We also do not educate, mentor or coach candidates in preparation for the exam.

Criteria for Successful Completion of the PCE

The passing score for the PCE is based on the difficulty of each individual exam. There is no set percent score to pass. We also do not pass a certain percentage of candidates.

For both components, the national Test Development Groups determine how difficult each individual question or station will be. We use this information to help determine the passing score. The score required to pass the exam is expressed in standard score terms. We convert your raw score to a standard score scale with a mean of 500 and a standard deviation of 100. We will send information about interpreting your standard score to you with your results.

For the Clinical Component, we also set a critical incidents passing score. This means that if your unsafe actions or unprofessional behaviours during the exam are too serious or too numerous, you will not pass.

Written Component

How Is the Written Component Marked?

All questions are equally weighted. Correct responses are worth one mark each. Incorrect responses receive no marks. We do not deduct marks for incorrect responses.

If a large number of candidates do not answer a question correctly, we will review that question. The review committee may change the accepted answer or may delete the question from the final scoring.

Passing the Written Component

Your score must meet or exceed the passing score to pass the Written Component of the exam. The passing score for the Written Component is currently set at 330 on the standard score scale.

Failing the Written Component

You will fail the Written Component of the exam if you have a score that is less than the passing score.

Clinical Component

How Is the Clinical Component Marked?

The examiner in each station evaluates you and records your performance on a predetermined checklist. The examiner also makes note of any actions or omissions you make that could be considered critical incidents (see “Critical Incidents: Safety and Professional Issues,” page 1-7). See the sample test sheets in Chapter 4: Clinical Component Sample Stations for more details.

After you complete a written station, exam staff will collect your answer sheets. Examiners mark your answers using the marking key developed by the station writers. For each five-minute (couplet) station, the written station is worth 50 percent of the total score.

After the initial marking process, the Board of Examiners reviews all critical incidents identified by examiners on exam day. The Board of Examiners decides whether each incident represents unsafe or unprofessional practice and, if so, if it is of a major or minor nature (see “Failing the Clinical Component,” page 1-7).

We score the exams of any candidates with failing marks a second time by hand before we send the results to the candidates.

Passing the Clinical Component

You must meet all of the following criteria to pass the Clinical Component of the exam:

- Achieve or exceed the overall passing score. Your total score shows your overall performance over a range of knowledge, skills and abilities. Your total score does not provide information about specific areas of practice or functions in which you may have gaps in your knowledge, skills or abilities.
- Achieve a passing score on a set number of stations. This criterion ensures that the exam identifies frequent or systematic gaps in your knowledge, skills and abilities.
- Demonstrate an overall level of safe, professional practice. Examiners write down any critical incidents, which are actions or behaviours that cause concern about your ability to practise physiotherapy safely and professionally. The Board of Examiners reviews these critical incidents and makes a final decision about each one.

Here are some of the things that the examiners will score you on:

- You take a focused approach to the station, as indicated on the Instructions to Candidate. (See Chapter 4: Clinical Component Sample Stations for a sample.)
- You select, apply and complete the appropriate interventions (history-taking, assessment, treatment, education).
- You approach the station in an organized way.
- You consider precautions and your client’s safety, and discuss these issues with the client when appropriate.
- You communicate well with the client, both verbally and non-verbally.

Critical Incidents: Safety and Professional Issues

Safety incidents can include:

- Allowing a client to fall
- Failing to apply a wheelchair's brakes
- Omitting necessary warnings or precautions
- Performing contraindicated exercises

Professionalism incidents can include:

- Not respecting the client's pain tolerance
- Being rude to the client
- Performing an intervention without consent, or after consent has been withdrawn
- Laughing at the client
- Not respecting personal boundaries
- Making inappropriate comments or jokes
- Giving advice or instructions beyond physiotherapy competencies

Major critical incidents include any conduct that can cause serious harm or death to a client.

Failing the Clinical Component

You will fail the Clinical Component of the exam if you

- have a score that is below the passing score;
- do not pass the required number of stations;
- have three or more minor critical incidents;
- have one major critical incident.

Confidentiality and Security of Test Materials

The Alliance maintains strict security over exam content before, during and after the exam to eliminate unfair advantages among candidates and to avoid the costs of replacing exam questions if cheating occurs.

All exam materials are protected by copyright. Our security measures protect exam material while it is being developed and reviewed; while it is being reproduced, transported and disposed of; and while it is being presented on the exam day.

We strictly enforce the rules of conduct for the Physiotherapy Competency Examination, as described below. Candidates who do not follow the rules of conduct may be asked to leave the exam site, may not receive results of the exam, or may have their results cancelled.

Please note that we may use monitoring and surveillance technologies to detect and document cheating.

Rules of Conduct for the Physiotherapy Competency Examination and Exam Security

By participating in the Physiotherapy Competency Examination, you agree to the following rules:

1. The Physiotherapy Competency Examination and its contents are the exclusive property of the Canadian Alliance of Physiotherapy Regulators (The Alliance).
2. You cannot remove any part of the Physiotherapy Competency Examination from the exam site, or memorize/record questions for distribution.
3. Your behaviour before, during and after the exam cannot disturb other candidates or cause them anxiety. Do not make disruptive comments about the exam, unnecessarily question exam policies and procedures or engage in other behaviour that could disturb other candidates.
4. If you cheat, as defined below, we may ask you to leave the exam site, we may decide not to mark your exam or we may take other appropriate action.
5. It is assumed that you are in the PCE participating in a good faith attempt to pass. Any actions or behaviors in contravention of this assumption will be considered “cheating”. This includes anything that could affect your results, the results of another candidate or the results of a potential future candidate. It also includes behaviours that the Alliance considers analogous to cheating, such as modifying Alliance documents in order to give the false impression of having passed the exam. Some examples of cheating are listed below, however this list is not exhaustive:
 - a. Non-registered individuals posing as registered candidates
 - b. Bringing study materials to the exam room(s), or any other material that has not been expressly permitted including electronic devices
 - c. Giving or receiving help during the exam
 - d. Engaging in any conduct during the exam that disturbs or is disrespectful towards other candidates or exam staff
 - e. Removing or trying to remove exam materials from the exam site
 - f. Receiving or distributing information about the Written Component or the Clinical Component **either before or after** the exam.² You cannot share information about the diagnoses, tasks or activities that are included in the exam. Do not discuss information about Clinical Component stations with other candidates or examiners even after the exam

² You must maintain the same strict confidentiality with station information that you would with patient information. Candidates who have failed the exam but who learn about questions and stations in discussions after the exam will have an unfair advantage on future exams. (In other words, they can pass a station because they already know about the station.)

- g. Commencing the exam before being instructed to do so and/or continuing the exam after being told to cease
- h. Disregarding instructions from the exam supervisor, invigilator, or any exam staff
- i. Modifying exam results letters or other Alliance documentation to give a false impression of having passed the exam or misrepresenting your exam status
- j. Any activity that would be considered illegal, such as assault, harassment, or theft

Actions of The Alliance in the Event of Suspected Cheating

1. If the exam personnel suspect that you are cheating, they may take your exam materials, as well as any other documents, objects or materials that could be used for cheating, and make you or others leave the exam site. The exam personnel report any suspected cheating to the Director of Examinations of The Alliance.
2. The Director of Examinations conducts appropriate investigations into all suspected cheating. You will have an opportunity to submit a written response to the suspicion of cheating.
3. The Exam Steering Group reviews the results of the investigation, including your response, and asks for any additional investigations it believes are necessary, and makes one of the following decisions:
 - a. Declare that we cannot confirm whether you cheated.
 - b. Declare that you may have cheated, and recommend appropriate sanctions.
4. The Exam Steering Group will forward a declaration of possible cheating to the Evaluation Services Committee. The Evaluation Services Committee will review the investigation and the recommended sanctions and will make one of the following decisions:
 - a. Declare that we cannot confirm that you cheated.
 - b. Declare that you did cheat, and approve the sanctions.
5. If the recommended sanctions include a permanent ban on testing, termination of a contract or initiation of legal action, the Evaluation Services Committee will forward the recommendation to the Executive Committee for review and approval.
6. If the Exam Steering Group or the Evaluation Services Committee declares that we cannot prove cheating occurred, we will release your score, if possible, or we will let you take the next available exam without charge.
7. The Alliance reserves the right to begin an investigation into suspected cheating at any time before, during or after the PCE is administered.
8. If the Evaluation Services Committee declares that cheating did occur, one or more of the following will happen:
 - a. We will record your exam result as “undetermined.”
 - b. If we allow you to take the exam again, we will take special measures (at your expense) to prevent you from cheating again.
 - c. We will report findings to the physiotherapy regulators.

In addition, the Executive Committee may approve the following sanctions:

- d. We may permanently ban you from testing. This means you would not be eligible to write the exam again.
- e. We may take legal action against you.

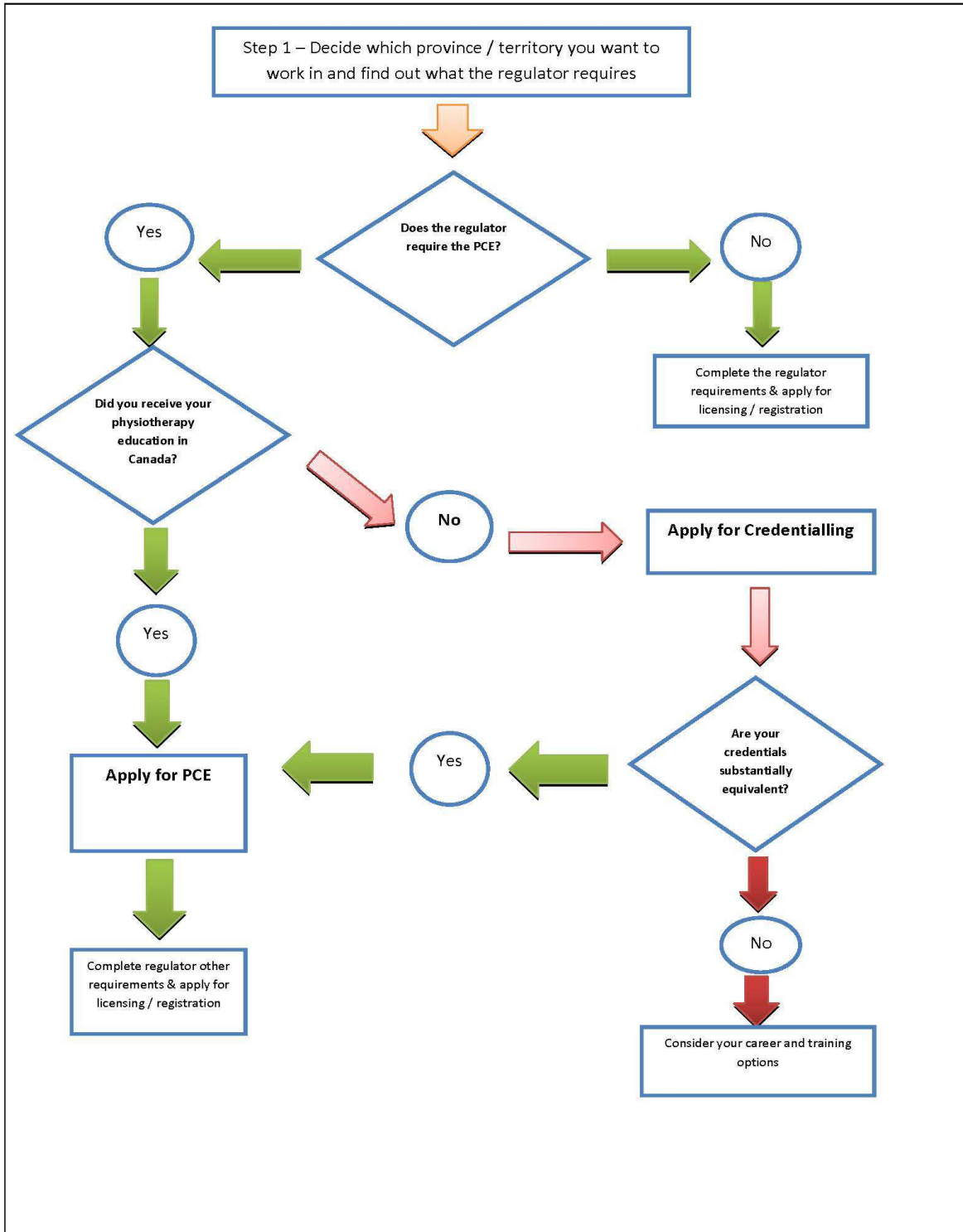
We do not need to hold a hearing if we give you at least two weeks to respond in writing to the allegation of cheating. You can appeal the Evaluation Services Committee's decision (see the Exam Handbook).

Certificates and Licensing

When you have successfully completed the PCE, we will grant you a Certificate of Completion. To become licensed, you must apply to the regulator of the province or territory in which you want to practise to be registered in that area. (In some countries, a registration certificate is called a "licence to practise.")

***Note:** Not all physiotherapy regulators in Canada require you to successfully complete both the Written and Clinical Components of the PCE before you get your licence. Some regulators will give you a temporary licence while you complete the exam. For details, contact the regulator of the province or territory in which you want to practise. (See Appendix C: Addresses of Physiotherapy Regulators.)*

The Licensing/Registration Process:



Chapter 2: Exam Expectations: What Is Included in the PCE?

After reading this chapter, you will know:

- how the competence of physiotherapists is defined and measured; and
- what physiotherapy knowledge, skills and abilities are measured by the PCE.

What Is on the Exam?

The Alliance uses a variety of resources and methods to define and measure competence in physiotherapy practice. The outcome is two documents that guide the exam: the Analysis of Physiotherapy Practice and the Exam Blueprint.

Read the brief descriptions of these two documents, and then look over the following tables to find out which areas you need to study (and which ones you don't) when preparing for the PCE.

The Analysis of Physiotherapy Practice

The Analysis of Physiotherapy Practice is a document that outlines in detail the competencies—knowledge, skills and abilities—required for the safe and effective practice of physiotherapy in Canada. This document also specifies what proportion of the PCE covers each of the competencies, and organizes them under two sections: Areas of Practice and Functions.

The 1996 *Analysis of Practice of Canadian Physiotherapists* was a survey prepared for the Canadian Alliance of Physiotherapy Regulators (ACT, 1996, 1995). The previous version was developed in 1988, along with the original exam blueprint.

The *Report on the 2000 Analysis of Physiotherapy Practice in Canada* was a repeat of the 1996 survey to determine if there had been any significant changes to physiotherapy practice in Canada.

The *Analysis of Practice 2008* began with a complete review of the activities performed by physiotherapists and the conditions treated by physiotherapists. The Alliance developed a new survey and sent it to a sample of Canadian physiotherapists. These physiotherapists rated activity statements on two scales: a frequency scale and a consequence scale. They also rated knowledge and skill statements using an acquisition scale and a harm scale. Subject matter experts reviewed the results of the survey and revised the list of activities included in the exam. We started using the revised blueprint in 2009.

The Exam Blueprint

The Exam Blueprint (see Table 1: Exam Blueprint, page 2-4) is drawn from the *Analysis of Practice 2008*, which outlines the essential elements to be covered by the PCE and specifies what proportion of an examination will cover each of them. The Exam Blueprint, in turn, guides the development of the written items and clinical stations for the PCE.

Other guidelines (see Table 2: Other Guidelines for the PCE, page 2-4) are also considered in developing and choosing exam questions. The topics covered in exam questions come from the lists found in Table 3: Sample List of Areas of Practice Evaluated by the PCE, page 2-5, and Table 4: List of Functions Evaluated by the PCE, page 2-7.

The process ensures that the exam does, in fact, evaluate the knowledge, skills and abilities Canadian physiotherapists need to practise physiotherapy competently.

We review and revise the Exam Blueprint following each Analysis of Practice. Changes to the Exam Blueprint for 2009 included adjustments to the proportions of the areas covered on the exam, expansion of the areas of practice and realignment of conditions, and realignment of physiotherapy

functions. There were also some changes to the activities included in the blueprint and to the activities that are considered to be “advanced acquisition” (see Table 5: List of Functions Not Evaluated by the PCE, page 2-11).

The following tables relate to the Exam Blueprint:

- Table 1: Exam Blueprint
- Table 2: Other Guidelines for the PCE
- Table 3: Sample List of Areas of Practice Evaluated by the PCE
- Table 4: List of Functions Evaluated by the PCE
- Table 5: List of Functions Not Evaluated by the PCE
- Table 6: List of Advanced Acquisition Functions

Table 1: Exam Blueprint

EXAM BLUEPRINT Required Elements for the PCE	
01. Areas of Practice 01.01 Neuromusculoskeletal (50%±5%) 01.02 Neurological (20%±5%) 01.03 Cardiopulmonary-vascular (15%±5%) 01.04 Multisystem (15%±5%)	See Table 3: Sample List of Areas of Practice Evaluated by the PCE on page 2-5 for details.
02. Functions 02.01 Assessment and Evaluation (35%±5%) 02.02 Interpretation, Planning, Intervention and Re-Evaluation (50%±5%) 02.03 Professional Responsibilities (15%±5%)	See Table 4: List of Functions Evaluated by the PCE on page 2-7 for details.

Table 2: Other Guidelines for the PCE

OTHER GUIDELINES FOR THE PCE (This list is not necessarily exhaustive.)	
Fields of Client Care 1. Preventative 2. Maintenance	3. Restorative: acute/subacute/chronic
Client Groups 1. 0–18 years 2. 19–49 years	3. 50–65 years 4. over 65
Client Gender 1. Female	2. Male
Practice Settings 1. Acute Care Facility 2. Private Practice 3. Rehabilitation Centre	4. Community Care 5. Extended Care Facility
Associated Conditions 1. Language/communication difficulties 2. Differences in cultural background 3. Functional disabilities	4. Demanding work factors 5. Socioeconomic factors 6. Social factors

Table 3: Sample List of Areas of Practice Evaluated by the PCE

SAMPLE LIST OF AREAS OF PRACTICE EVALUATED BY THE PCE	
01.01. Neuromusculoskeletal (50%±5%) (This list is not necessarily exhaustive.)	
01.01.01 Muscle contusions/strains/tears/weakness	01.01.11 Mechanical spinal abnormalities (e.g., low back pain, scoliosis, postural dysfunction)
01.01.02 Pelvic floor dysfunction	01.01.12 Inflammatory/infectious conditions of the neuromusculoskeletal system (e.g., osteomyelitis)
01.01.03 Ligament sprains/tears	01.01.13 Amputations
01.01.04 Tendonopathy, tendon ruptures/tears, tendonosis	01.01.14 Congenital malformations (e.g., talipes equinovarus, hip dysplasia)
01.01.05 Fasciitis, fascial tearing, myofascial restriction	01.01.15 Nerve compression (e.g., Carpal Tunnel Syndrome, radiculopathy, spinal stenosis)
01.01.06 Joint derangements/dysfunction (e.g., loose bodies, hypermobility, hypomobility)	01.01.16 Peripheral nerve injuries
01.01.07 Fractures, dislocations, subluxations	01.01.17 Neural tissue dysfunction/neuro-dynamic dysfunction
01.01.08 Osteoporosis/osteopenia	01.01.18 Scars
01.01.09 Tumour/pathological fractures	
01.01.10 Degenerative joint disease	
01.02 Neurological (20%±5%) (This list is not necessarily exhaustive.)	
01.02.01 Cerebral Vascular Accident/transient ischemic attack	01.02.07 Inflammatory/infectious conditions of nervous system (e.g., meningitis, Lyme disease)
01.02.02 Acquired brain injury	01.02.08 Post-polio syndrome
01.02.03 Spinal cord injury	01.02.09 Cerebellar disorders
01.02.04 Tumour	01.02.10 Vestibular disorders
01.02.05 Degenerative neurological/neuromuscular disorders (e.g., muscular dystrophies, amyotrophic lateral sclerosis, Parkinson disease)	01.02.11 Neuropathies (e.g., peripheral neuropathies, complex regional pain syndrome)
01.02.06 Demyelinating disorders (e.g., multiple sclerosis)	01.02.12 Developmental/birth injuries (e.g., cerebral palsy, myelomeningocele, Erb's palsy)
	01.02.13 Dementia, affective and cognitive disorders
	01.02.14 Altered level of consciousness (e.g., coma, seizures)
01.03 Cardiopulmonary-vascular (15%±5%) (This list is not necessarily exhaustive.)	
01.03.01 Heart disease/malformation/injury (e.g., arteriosclerosis, blunt trauma, tamponade, aortic aneurysm)	01.03.08 Asthma
01.03.02 Myocardial ischaemia and infarction (including surgical interventions)	01.03.09 Chronic obstructive pulmonary disease (e.g., emphysema, bronchitis, bronchiectasis)
01.03.03 Heart failure, cor pulmonale	01.03.10 Restrictive pulmonary disease (e.g., fibrosis)
01.03.04 Tumour	01.03.11 Tuberculosis
01.03.05 Pneumonia (primary or post-operative/preventive)	01.03.12 Pleural effusion
01.03.06 Atelectasis (primary or post-operative/preventive)	01.03.13 Pulmonary edema
01.03.07 Adult/infant respiratory distress syndrome (e.g., acute lung injury)	01.03.14 Cystic fibrosis
	01.03.15 Peripheral arterial disease
	01.03.16 Venous disorders

SAMPLE LIST OF AREAS OF PRACTICE EVALUATED BY THE PCE (continued)

01.04 Multisystem (15%±5%) (This list is not necessarily exhaustive.)

01.04.01 Episodic disease (e.g., oncology, HIV/AIDS, autoimmune disorders, rheumatic diseases, haemophilia)	01.04.06 Obesity
01.04.02 Metabolic disorders/conditions (e.g., diabetes)	01.04.07 Pregnancy and post partum conditions
01.04.03 Chronic pain/fibromyalgia	01.04.08 Burns
01.04.04 Lymphodema	01.04.09 Wounds/ulcers
01.04.05 Sepsis	01.04.10 Skin conditions (e.g., dermatitis, psoriasis)
	01.04.11 Tumours (not covered elsewhere)
	01.04.12 Competing diagnoses (management of 1° diagnosis is changed by 2° diagnosis)

Table 4: List of Functions Evaluated by the PCE

LIST OF FUNCTIONS EVALUATED BY THE PCE (This list is not necessarily exhaustive.)	
02.01 ASSESSMENT AND EVALUATION (35%±5%)	
Data Collection	
	<i>Obtain the following client information and interpret implications for intervention:</i>
02.01.01.01	Past and current history (e.g., medical, surgical, developmental, psycho-social, current status/symptoms, concurrent and past treatments)
02.01.01.02	Results of tests and diagnostic procedures (e.g., imaging, laboratory tests, functional capacity evaluation, pulmonary function tests)
02.01.01.03	Medications (past and current)
02.01.01.04	Home/work/leisure/play environments, family and community support systems and resources
02.01.01.05	Client expectations and goals
Tests/Measurements	
02.01.02.01	Select and justify evaluation/assessment procedures based on client needs and expectations, responses, and best available evidence
02.01.02.02	Perform selected physiotherapy evaluations/assessments in a safe and accurate manner including handling all monitoring devices, equipment, or lines attached to or around client
02.01.02.03	Examine and evaluate neuromusculoskeletal, neurological, cardiopulmonary-vascular, integumentary and other systems using appropriate tests and measures
02.01.02.04	Examine and evaluate mental status (e.g., cognition, memory), hearing, and visual acuity as they relate to client's participation in physiotherapy programs and attainment of goals
02.01.02.05	Screen for contraindications and precautions for treatment planning (e.g., medical issues; psycho-social issues; safety issues; language comprehension; educational needs; risk factors and mediators)
02.01.02.06	Observe client's response to the physiotherapy evaluation/assessment and respond accordingly
02.01.02.07	Assess client's need for assistive, adaptive, and protective devices (e.g., positional supports, mobility aids, orthotic or prosthesis devices)

LIST OF FUNCTIONS EVALUATED BY THE PCE (continued)

(This list is not necessarily exhaustive.)

02.02 INTERPRETATION, PLANNING, INTERVENTION, AND RE-EVALUATION (50%±5%)

Data Interpretation

- 02.02.01.01 Develop a list of physiotherapy differential diagnoses and determine the most probably cause of client's problem
- 02.02.01.02 Identify indications, barriers, precautions, and contraindications to treatment, using the best available evidence
- 02.02.01.03 Determine need for physiotherapy treatment, collaboration, consultation, or referral

Prognosis

- 02.02.02.01 Determine the potential for recovery or decline with or without physiotherapy intervention

Goal Setting and Care Planning

In consultation/collaboration with the client and family:

- 02.02.03.01 Establish short-and long-term goals that are client-centred; and specific, measurable, attainable, relevant and time-based (SMART)
- 02.02.03.02 Identify which aspects of intervention involve consultation, collaboration, delegation, and/or referral
- 02.02.03.03 Prioritize client's problems and associated treatments within the context of available resources
- 02.02.03.04 Select and justify treatments and procedures, using the best available evidence and considering environmental factors, safety factors, family/cultural factors, and client's impairments, activities and participation levels
- 02.02.03.05 Identify appropriate outcome measures for use in determining efficacy of intervention
- 02.02.03.06 Identify aspects of treatment that can be performed by client independently or with caregiver/family assistance
- 02.02.03.07 Schedule treatments to optimize client's response (e.g., time of day, medication timing)
- 02.02.03.08 Facilitate procurement of client equipment and aids
- 02.02.03.09 Participate in interprofessional continuum of care planning and follow-up care with client, family and other care givers

Implementation

Use the following interventions in a safe, effective, and ethical manner with individuals or groups:

- 02.02.04.01.01 Exercise with or without equipment (e.g., passive, active assisted, active, resisted, neuromuscular, vestibular, muscle patterning, PNF)
- 02.02.04.01.02 Joint mobilization
- 02.02.04.01.03 Joint manipulation
- 02.02.04.01.04 Soft tissue techniques (e.g., massage, friction, stretching)
- 02.02.04.01.05 Fitness/conditioning/endurance exercise programs
- 02.02.04.01.06 Functional activity training
- 02.02.04.01.07 Posture training
- 02.02.04.01.08 Positioning
- 02.02.04.01.09 Gait/mobility education and training with or without equipment
- 02.02.04.01.10 Neurodynamic techniques (e.g., nerve gliding/flossing exercises)
- 02.02.04.01.11 Balance training/proprioceptive training

LIST OF FUNCTIONS EVALUATED BY THE PCE (continued)

(This list is not necessarily exhaustive.)

- 02.02.04.01.12 Sensory training (e.g., desensitization, protective education, sensory integration)
- 02.02.04.01.13 Techniques to optimize oxygen transport and facilitate airway clearance (e.g., positioning, suctioning, secretion clearance, forced expiratory techniques)
- 02.02.04.01.14 Mechanical agents (e.g., traction, continuous passive movement, compression garment and devices, vasopneumatic devices)
- 02.02.04.01.15 Conductive thermal agents (e.g., contrast baths, whirlpools, paraffin wax, hot packs, ice/cold)
- 02.02.04.01.16 Electrical agents (e.g., EMG biofeedback, iontophoresis, transcutaneous electrical nerve stimulation [TENS], neuromuscular electrical nerve stimulation [NMES], interferential current [IFC], high voltage pulsed current [HVPC])
- 02.02.04.01.17 Electromagnetic energy agents (e.g., shortwave diathermy, LASER, ultraviolet)
- 02.02.04.01.18 Acoustic agents (e.g., ultrasound)
- 02.02.04.01.19 Protective, adaptive, or assistive devices (e.g., tape, splints, orthotics, prostheses)
- 02.02.04.02 Recognize and respond to the adverse effects of intervention (e.g., pain, deterioration in client status) and/or non-adherence

Education/Communication/Advocacy

- 02.02.05.01 Communicate the purpose and results of physiotherapy evaluation/assessment, proposed treatment procedures, expected outcomes and progress to client, family, and healthcare and other service providers and verify their understanding of same
- 02.02.05.02 Use teaching and communication strategies with clients and family members that respect culture, learning, communication, language style, and abilities
- 02.02.05.03 Educate client, family, and healthcare and other service providers in safe and effective physiotherapy techniques and use and care of equipment as appropriate
- 02.02.05.04 Educate the client, family/significant others about the condition, self-management, coping and prevention strategies
- 02.02.05.05 Educate client regarding credibility of external educational materials/resources
- 02.02.05.06 Assist, and where necessary advocate on behalf of, client in obtaining access to necessary services, funding, equipment, and treatment within the continuum of care
- 02.02.05.07 Educate client, family, and healthcare and other service providers about transitions (e.g., change in level of care, care provider or care funder), other services, and discharge plans

Intervention Progression

- 02.02.06.01 Assess client satisfaction and response to treatment with appropriate outcome measures and benchmarks
- 02.02.06.02 Perform re-evaluations/re-assessments at appropriate intervals or based on changes in client status as appropriate
- 02.02.06.03 Adjust, revise, or discontinue treatment plan when goals are achieved, client's status changes, or treatment is no longer effective

LIST OF FUNCTIONS EVALUATED BY THE PCE (continued)

(This list is not necessarily exhaustive.)

02.03 PROFESSIONAL RESPONSIBILITIES (15%±5%)

Professional Accountability

- 02.03.01.01 Respect the knowledge, rights, confidentiality, and dignity of client and family
- 02.03.01.02 Adhere to professional and regulatory codes of ethics/conduct and standards of practice
- 02.03.01.03 Participate in processes that evaluate and improve quality and outcomes of services

Communication and Collaboration

- 02.03.02.01 Secure informed consent for evaluation/assessment and treatment
- 02.03.02.02 Participate in collaborative health care service delivery (e.g., rounds, specialty care clinics or meetings)
- 02.03.02.03 Consult and collaborate with healthcare and other service providers to ensure services to clients are coordinated and client's needs are met

Professional Judgment and Reasoning

- 02.03.03.01 Recognize and practice within the scope and limitations of self and profession
- 02.03.03.02 Demonstrate continuing competence (e.g., reflective practice, self-directed learning)

Practice Management

- 02.03.04.01 Document all relevant aspects of care including client evaluation/assessment, treatment plan, progress notes and discharge plan
- 02.03.04.02 Adhere to federal and provincial laws regarding storage, protection, disclosure of information, business practices, etc.
- 02.03.04.03 Assign tasks, guide, and supervise activities of support personnel as needed
- 02.03.04.04 Procure and maintain safe and effective equipment
- 02.03.04.05 Ensure client safety in all aspects of assessment/evaluation and intervention
- 02.03.04.06 Use routine precautions for infection control in all aspects of client interaction
- 02.03.04.07 Manage and administer physiotherapy practice using ethical business practices
- 02.03.04.08 Establish and manage a transparent prioritization process when demand exceeds ability to deliver services

Table 5: List of Functions Not Evaluated by the PCE

LIST OF FUNCTIONS NOT EVALUATED BY THE PCE
<i>The following table lists those activities that are included in the 2008 Analysis of Physiotherapy Practice but that will not be evaluated by the PCE because they are better evaluated by the physiotherapy program and/or employer and/or provincial/territorial regulator.</i>
<ul style="list-style-type: none">• Administer cardiopulmonary resuscitation• Apply first aid• Participate in professional activities and organizations• Engage in ongoing professional self-development such as the pursuit of continuing education activities• Contribute to the professional development of colleagues• Participate in community service projects• Abide by regulatory requirements and the legal and ethical standards of the profession (Note that regulatory and legal requirements that are common to all jurisdictions are included in the blueprint in Professional Responsibilities)

Table 6: List of Advanced Acquisition Functions

LIST OF ADVANCED ACQUISITION FUNCTIONS
<i>The following table lists activities that are considered to be “Advanced Acquisition.” The PCE does not evaluate these activities.</i>
<ul style="list-style-type: none">• Act as a resource to general public regarding health promotion, screening and disease prevention• Apply muscle energy techniques• Fabricate and adjust orthoses• Fabricate and adjust positioning devices• Identify heart sounds and changes• Perform electrodiagnostic testing• Perform wound cleansing and debride wounds• Utilize phonophoresis• Utilize taping techniques• Examine and evaluate home/work/leisure/play environments of the client• Order diagnostic imaging• Needling techniques (e.g., acupuncture/dry needling/intramuscular stimulation)• Prescribe medications as appropriate• Participate in scholarly activities that promote best practice (e.g., teaching, research)• Act as a mentor to colleagues and physiotherapy students• Communicate with funders as required by any contractual obligations

Chapter 3: Written Component Sample Questions

After reading this chapter, you will know:

- what the exam booklet looks like;
- what the answer sheet looks like;
- how to fill in the answer sheet; and
- what kinds of questions will be on the Written Component.

Note: See Chapter 1: The Physiotherapy Competency Examination (PCE) and Chapter 5: Exam Day: Maximize Your Performance for strategies for taking the Written Component.

Written Component Sample Exam Booklet and Answer Sheet

The next few pages show a sample Exam Booklet and Answer Sheet similar to the ones used for the Written Component. You will also find sample exam questions. The correct answers are at the end of the chapter.

About 90 percent of the questions in the Written Component accompany vignettes. A vignette provides information about a client—for example, age and diagnosis. The series of questions that follow is based on the information in the vignette.

The remaining 10 percent of the questions on the Written Component are stand-alone questions—they do not accompany vignettes.

Name _____ ID Number _____
Last Name First Name



Canadian Alliance of Physiotherapy Regulators
Alliance canadienne des organismes de réglementation de la physiothérapie

SAMPLE

BOOKLET NUMBER

PROPERTY OF THE CANADIAN ALLIANCE OF PHYSIOTHERAPY REGULATORS

All rights reserved. Duplication in any manner is strictly prohibited.
Failure to return this complete examination booklet results in a mark of ZERO.

INFORMATION ABOUT THE EXAM BOOKLET AND ANSWER SHEET

1. Use only the pencil provided to mark the answer sheet. Do not use ink.
2. In the **Name** section, print your name (last name first) and then fill in the corresponding circle below each letter.
3. In the **Identification** section, record your candidate identification number and fill in the corresponding circle below each digit.
4. In the **Booklet** section, enter the four-digit Exam Booklet Number and fill in the corresponding circle below each digit. The Exam Booklet Number is located on the front cover of the exam booklet in the bottom right hand corner.

EXAMPLE:

Canadian Alliance of Physiotherapy Regulators
Alliance canadienne des organismes de réglementation de la physiothérapie

NAME (Surname followed by a Space then Given name)
 Nom (Nom de famille suivi d'un espace ensuite prénom)

JONES-O'BRIEN TAMARA

MARKING INSTRUCTIONS
 Directives

- Use HB pencil only.
Utiliser un crayon à mine HB seulement.
- Make heavy black marks that fill the circle completely.
Noirir le cercle complètement.
- Erase cleanly any answer you wish to change.
Effacer complètement les réponses que vous voulez changer.

CORRECT: ● INCORRECT: ⊗ ⊘ ⊙

Identification
 d'identification

0412038

Booklet
 Cahier

1075

Record your responses to the examination items on the reverse side of this sheet.
Inscrire vos réponses aux questions d'examen au verso de cette feuille.

IMPORTANT

About the Answer Sheet

1. Ensure that you record your **name, candidate identification number** and **Exam Booklet Number** on the answer sheet, as explained on the preceding page.
2. **Use only the pencil provided** to mark the answer sheet. **Do not use ink.**
3. These answer sheets are marked by optical scanner. To indicate a correct answer, **blacken** the appropriate circle with your pencil. Please note that the mark you make must be **definite and black**. If not, the optical scanner may not sense it.
4. Do not mark the answer sheet anywhere except in the answer circles.
5. **Do not cross out an incorrect answer.** If you wish to change a previously recorded answer, erase it completely, or the optical scanner may sense both answers.
6. **We will only score the responses marked on the Answer Sheet.** Do not mark your responses in the exam booklet with the intention of transferring them later to the Answer Sheet. You will not get extra time to record or transfer responses from the exam booklet to the answer sheet.

About the Exam

1. All items are equally weighted. Correct responses are worth 1 mark; incorrect responses are worth zero marks.
2. There is no penalty for guessing.
3. If you do not mark an answer for an item, we will score this as incorrect.
4. If you mark more than one answer circle for an item we will score this as incorrect.
5. If the optical scanner detects two or more shaded answer circles we will score this as incorrect.
6. We suggest that you start to answer the items when the exam begins, rather than try to read through the paper first and record answers later.
7. If you think that an item is misprinted or incorrect, answer the item to the best of your ability with the information provided. We will review these items during scoring. These items may be deleted from scoring.
8. If you do not return this complete exam booklet and a properly completed answer sheet, you will get a mark of zero.

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40.

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161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200.

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SAMPLE SINGLE ITEM AND VIGNETTE QUESTIONS

Vignette For Items 1 – 7

An 84-year-old man, who resides in a long term care facility and who ambulates for short distances with supervision, falls one evening. A staff member notes that the resident's hip is in external rotation and that there is significant bruising around the hip. Investigation reveals a fracture of the neck of the right femur, and a hip arthroplasty is performed via posterior approach.

1. Following the surgery, the physiotherapist is asked to assist the staff on the ward to sit the client on the edge of the bed. Which of the following progressions should the physiotherapist use for this activity?
 - A. Rolling the client to the right, ensuring left hip abduction.
 - B. Rolling the client to the left, ensuring right hip abduction.
 - C. Rolling the client to the right, asking the client to support his right leg by crossing his legs at the ankles.
 - D. Having the client bend at the hips and knees and log roll to the right.
2. Which symptom should the physiotherapist expect when this client sits on the edge of the bed for the first time?
 - A. Hypoventilation.
 - B. Dizziness.
 - C. Flushed and sweaty skin.
 - D. Pain.
3. While the client remains on bed rest following surgery, which of the following activities would he be encouraged to do on his own?
 - A. Foot and ankle exercises.
 - B. Active right hip abduction.
 - C. Right hip and knee flexion to 90°.
 - D. Heel cord stretches.
4. The physiotherapist wishes to ensure that the client slides his right thigh forward in the chair when attempting to move from sitting to standing in the parallel bars. Which of the following rationales should the physiotherapist give for this precaution?
 - A. To improve balance.
 - B. To reduce weight bearing on that limb.
 - C. To reduce pain during transfer.
 - D. To prevent hip flexion past 90°.
5. Four days post-surgery, the client reports right calf pain. What would be the likely cause of this pain?
 - A. Referred incisional pain.
 - B. Muscle strain.
 - C. Deep vein thrombosis.
 - D. Intermittent claudication.

6. As this client becomes ambulatory with the walker, the physiotherapist notices that during stance on the right leg, the left hip drops. In which of the following muscle groups should the physiotherapist expect to find weakness?
 - A. Left hip abductors.
 - B. Right hip abductors.
 - C. Left hip adductors.
 - D. Right hip adductors.
7. Upon discharge to the long term care facility, what equipment would the physiotherapist most likely recommend for this client?
 - A. Wheelchair and walker.
 - B. Raised toilet seat and walker.
 - C. Raised toilet seat and sliding board.
 - D. Trapeze bar and sliding board.

Vignette For Items 8 – 10

A 28-year-old man is admitted to the Intensive Care Unit with a differential diagnosis of right lower lobe pneumonia and respiratory distress. The client is intubated and ventilated. The lab values are: pH 7.38; PaCO₂ 60; PaO₂ 55; HCO₃ 30.

8. These laboratory values are most likely to be associated with which of the following conditions?
 - A. Respiratory acidosis with metabolic compensation..
 - B. Respiratory alkalosis without metabolic compensation.
 - C. Metabolic acidosis with respiratory compensation.
 - D. Metabolic alkalosis without respiratory compensation.
9. On examination of the client, which of the following findings would most consistent with the diagnosis of right lower lobe (RLL) pneumonia?
 - A. Hyperresonance on percussion of the RLL.
 - B. Decreased tactile fremitus over the RLL.
 - C. Increased chest wall mobility on right side.
 - D. Bronchial breath sounds over the RLL.
10. After the client has been extubated, what treatment would most likely improve the client's ventilation?
 - A. Breathing exercises and positioning.
 - B. Mechanical vibrations.
 - C. Resisted expiratory muscle training.
 - D. Humidification.

Vignette For Items 11 – 15

A 67-year-old man, who lived with his wife, had a cerebral vascular accident (CVA) resulting in a left hemiplegia three weeks ago. The left limbs are hypotonic and weak with grade 2+ strength proximally and grade 1 strength distally. The left humerus is subluxed one centimetre from the tip of the acromion. Passive range of motion of the joints of the left upper and lower limbs is within normal limits and is pain free.

11. How should the physiotherapist teach the client to roll from supine to right side lying?
 - A. Grasp the left hand with the unaffected hand to assist the left arm across the body to initiate the roll.
 - B. Push the head into the pillow to extend the upper body to initiate the roll.
 - C. Move into crook lying to push on both feet to lift and rotate the pelvis to the right to initiate the roll.
 - D. Do a sit-up to flex the trunk.
12. The physiotherapist has advised this client to practice sitting up at the edge of the bed by starting the action from right side lying. Which of the following rationales should the physiotherapist give for this advice?
 - A. Muscles on the affected side of the trunk are activated during the action.
 - B. Muscles on the affected side of the trunk are inhibited during the action.
 - C. Muscles on the unaffected side of the trunk are strengthened during the action.
 - D. Muscles on the unaffected side of the trunk are reciprocally inhibited during the action.
13. The client has a foot drop but is now able to shift and bear weight on both sides. Which of the following devices should the client use to assist ambulation?
 - A. Ankle-foot orthosis and walker.
 - B. Wheeled walker and foot orthosis.
 - C. Single cane and foot orthosis.
 - D. Single cane and ankle-foot orthosis.
14. The family has inquired about the common causes of a stroke. Which of the following risk factors should the physiotherapist include in the response?
 - A. Hypertension, diabetes and heart disease.
 - B. Hypertension, alcohol abuse, poor hygiene.
 - C. Diabetes, overweight and varicose veins.
 - D. Low socio-economic status, alcohol abuse and hypertension.
15. The spouse is worried that she will not be able to cope at home with her husband's disability. Which of the following responses is the most appropriate for the physiotherapist to provide?
 - A. Ask the family physician to refer her to a social worker.
 - B. Discourage her from discussing her feelings in front of her husband.
 - C. Tell her that she has nothing to worry about.
 - D. Arrange for a meeting with the interdisciplinary team and provide a list of support groups.

Vignette For Items 16 – 20

A 78-year-old female who has osteoporosis and reports mid-thoracic back pain requires physiotherapy intervention at a private clinic.

16. During the assessment, what characteristic posture should the physiotherapist expect the client to have?
 - A. Increased cervical lordosis, increased thoracic kyphosis.
 - B. Decreased lumbar lordosis, decreased cervical lordosis.
 - C. Increased thoracic kyphosis, decreased cervical lordosis.
 - D. Decreased lumbar lordosis, increased cervical lordosis.
17. Which of the following treatments should the physiotherapist include in this client's physiotherapy program?
 - A. Stationary cycling.
 - B. Walking.
 - C. Yoga.
 - D. Swimming.
18. Part of the physiotherapy intervention for this client is education about the disease. Which of the following statements should the physiotherapist include in the education program?
 - A. Osteoporosis is a progressive disease that begins late in life.
 - B. Osteoporosis progression is unaffected by regular exercise.
 - C. Osteoporosis incidence is greater in females than in males.
 - D. Osteoporosis can be slowed in later years by calcium supplementation.
19. After one treatment session of transcutaneous electrical nerve stimulation (TENS), the client complains of increased pain, blaming it on "that tingling machine," and refuses to try it again. The client also reports that she participated in an activity she was advised to avoid. How should the physiotherapist proceed?
 - A. Discontinue the TENS and try another modality.
 - B. Advise the client to give the TENS one more try, explaining that the increased pain was likely secondary to her activity.
 - C. Advise the client that clinical research supports the use of TENS with osteoporosis and then proceed with TENS treatment.
 - D. Avoid the use of electrical modalities.
20. The physiotherapist notices that a colleague seems to treat all clients with osteoporosis with the same regime (using heat, ultrasound and supportive braces) regardless of the client's age or functional ability. Which of the following actions should the physiotherapist take?
 - A. Organize an education session for osteoporosis.
 - B. Develop a list of appropriate home exercises for the colleague's clients.
 - C. Discuss alternate treatment choices with the colleague.
 - D. Do nothing because this problem is a peer review responsibility.

Vignette For Items 21 – 23

A 45-year-old female who has systemic lupus erythematosus requires physiotherapy at a private clinic.

21. The physiotherapist's assessment of the client should reveal which typical articular feature?
 - A. Asymmetrical involvement.
 - B. Ankylosis.
 - C. Effusions.
 - D. Nodules.
22. The physiotherapist is educating the client about her condition. Information about which skin change, common to systemic lupus erythematosus, should be included in the education program?
 - A. Itchy rash on body.
 - B. Nodules.
 - C. Thickening.
 - D. Photosensitivity.

Vignette For Items 23 – 25

An 18-year-old male sustained a closed head injury and is admitted to an acute care facility. He is unconscious, responds to pinch with eye opening and has some spontaneous movements of the left side. Intracranial pressure is not being monitored. Breath sounds are decreased bilaterally, chest expansions are minimal and blood gases show a decreased pO₂ and increased pCO₂. Two days after admission the physiotherapist received a referral to assess and treat the client.

23. What should the physiotherapist suspect as the least likely cause of this client's inadequate ventilation?
 - A. Brain swelling.
 - B. Depression of the respiratory centre.
 - C. Bronchospasm.
 - D. Intracranial hemorrhage.
24. Which of the following physiotherapy treatment techniques would be contraindicated for this client?
 - A. Transfer to chair with adequate support.
 - B. Range of motion exercises of all limbs and trunk.
 - C. Frequent position changes.
 - D. Postural drainage with head of bed down.
25. This client shows signs of increased extensor spasticity on his right side. The physiotherapist should advise the nursing staff to avoid placing the client in which position?
 - A. Supine.
 - B. Left side lying.
 - C. Right side lying.
 - D. Sitting.

Vignette For Items 26 – 31

A 71-year-old male remains on the surgical unit after undergoing an abdominal aortic aneurysm repair two months ago. His medical history includes severe chronic obstructive pulmonary disease (COPD), peripheral vascular disease, bilateral below knee amputations, obesity and ischemic heart disease. Preoperatively, this client was ambulating independently with a walker. He is now using an electric wheelchair and has refused to wear his prostheses. The client has a tracheostomy and is ventilator-dependent.

26. The physiotherapy assessment of the client reveals the following: bronchial breathing in the left lower lobe, faint left lower lobe crackles and tenacious green secretions. Which method should the physiotherapist use to liquefy tenacious secretions right before suctioning the client?
 - A. Saline instillation.
 - B. Humidified air.
 - C. Hyperinflation.
 - D. Bronchodilators.
27. When should tracheal suctioning be performed for this client?
 - A. Routinely every two hours.
 - B. If he becomes agitated.
 - C. If upper airway secretions are present.
 - D. If he becomes tachycardic.
28. When the physiotherapist is suctioning the client, sterile technique is important to prevent which of the following complications?
 - A. Recurrent hemorrhage.
 - B. Viral pneumonia.
 - C. Tracheal infection.
 - D. Subglottal stenosis.
29. Which technique(s) would be most appropriate for the physiotherapist to use to assist this client in loosening secretions?
 - A. Percussion and vibration.
 - B. Segmental breathing exercises.
 - C. Suggest increasing FiO₂.
 - D. Positioning for comfort.
30. The client is now interested in increasing his activity level and walking again. Currently, he is dependent on assistance for bed mobility and transfers. Which of the following actions should the physiotherapist take to address the client's goals?
 - A. Explain to the client that as he is ventilator-dependent, walking is not an option.
 - B. Explain to the client that his cardiac condition prohibits walking with prostheses.
 - C. Agree to begin gait re-education, and make arrangements for the refitting of the prostheses.
 - D. Support the client in increasing his activity, and discuss starting a graded exercises program.

31. The physiotherapist has designed a program of upper and lower extremity range of motion and strengthening exercises for the client to do on the unit with supervision. Which of the following parameters would be the most important for the physiotherapist to measure daily before and after the exercise sessions?
- A. Active knee range of motion.
 - B. Heart rate.
 - C. Peripheral pulses and limb temperature.
 - D. Condition of the abdominal incision.

Stand Alone Items

32. A client presents with an acute hamstring strain. Which of the following are the most appropriate short term treatment goals?
- A. Prevent loss of strength and function.
 - B. Decrease pain, increase range of motion and strength.
 - C. Decrease pain, and increase strength and function.
 - D. Decrease swelling, pain and muscle spasm.
33. After a knee injury, a young athlete reports locking in his knee followed by pain and swelling. Which of the following injuries is most likely to have occurred?
- A. Anterior cruciate ligament tear.
 - B. Meniscal tear.
 - C. Coronary ligament tear.
 - D. Capsular tear.
34. A client has sustained a laceration of the deep peroneal nerve. Which movement would be completely intact?
- A. Dorsiflexion.
 - B. Plantar flexion.
 - C. Inversion.
 - D. Eversion.
35. Which treatment plan would be optimal to assist a client in the removal of secretions localized to the superior segment of the right lower lobe?
- A. Percussions and vibrations applied over the inferior border of the right scapula, with patient prone.
 - B. 45° head down, percussions and vibrations applied over the 8th, 9th and 10th ribs of the right chest wall, with patient prone.
 - C. Percussions and vibrations applied over the 2nd, 3rd and 4th ribs of the right chest wall, with patient supine.
 - D. Percussions and vibrations applied over the region between the superior border of the right scapula and clavicle, with patient sitting.

ANSWER KEY FOR SAMPLE WRITTEN QUESTIONS

| | | | |
|--------------|---|--------------|---|
| ITEM 1..... | B | ITEM 21..... | C |
| ITEM 2..... | B | ITEM 22..... | D |
| ITEM 3..... | A | | |
| ITEM 4..... | D | ITEM 23..... | C |
| ITEM 5..... | C | ITEM 24..... | D |
| ITEM 6..... | B | ITEM 25..... | A |
| ITEM 7..... | B | | |
| | | ITEM 26..... | A |
| ITEM 8..... | A | ITEM 27..... | C |
| ITEM 9..... | D | ITEM 28..... | C |
| ITEM 10..... | A | ITEM 29..... | A |
| | | ITEM 30..... | D |
| ITEM 11..... | A | ITEM 31..... | B |
| ITEM 12..... | A | | |
| ITEM 13..... | D | ITEM 32..... | D |
| ITEM 14..... | A | ITEM 33..... | B |
| ITEM 15..... | D | ITEM 34..... | B |
| | | ITEM 35..... | A |
| ITEM 16..... | A | | |
| ITEM 17..... | B | | |
| ITEM 18..... | C | | |
| ITEM 19..... | B | | |
| ITEM 20..... | C | | |

Chapter 4: Clinical Component Sample Stations

After reading this chapter, you will know:

- the types of stations (five-minute and ten-minute stations) you will encounter during the Clinical Component of the PCE, and how the two types differ;
- what forms are used in the Clinical Component; and
- what types of questions will be on the Clinical Component.

***Note:** See Chapter 1: The Physiotherapy Competency Examination (PCE) and Chapter 5: Exam Day: Maximize Your Performance for strategies on taking the Clinical Component.*

How to Use the Sample Stations

The sample stations that follow are similar to those used in the Clinical Component of the PCE. The left- and right-hand pages have corresponding questions and answers.

You can use the stations to study on your own, or you can work with a group of candidates, taking turns being the client, the candidate and the examiner.

Description of Five-Minute (Couplet) Stations

There are eight five-minute (couplet) stations in the Clinical Component. Each of these eight stations consists of a five-minute clinical encounter followed by a five-minute written station.

This list describes the forms used in the five-minute (couplet) stations:

| | |
|---|--|
| <p>Instructions to Candidate</p> | <p>This sheet is posted on the wall outside the encounter room. Duplicates are placed inside the encounter room and at the written station.</p> <p>(One page, in English and in French.)</p> <p>See “Sample Five-Minute Clinical Encounters and Written Stations” starting on page 4-7, for examples.</p> |
| <p>Examiner’s Checklist</p> | <p>The examiner places one of your personalized labels on a copy of this sheet and then uses the sheet to mark you during the client encounter. The checklist contains a list of all the items for which you may receive marks during the encounter.</p> <p>The clinical encounter is worth 50 percent of the total score for each five-minute (couplet) station.</p> <p>See “Sample Examiner’s Checklist (Five-Minute Stations)” on page 4-4.</p> |
| <p>Global Ratings</p> | <p>These ratings are on the back of the Examiner’s Checklist. The examiner rates your overall performance in three general categories:</p> <ul style="list-style-type: none"> • respecting the client; • taking an organized approach; and • using appropriate techniques. <p>See “Sample Global Ratings Sheet (Five-Minute Stations)” on page 4-5.</p> |
| <p>Written Station Sheet</p> | <p>The examiner gives you this sheet as you leave the five-minute clinical encounter. You place your label on your sheet, and then you have five minutes to write your answers to the questions on it.</p> <p>A staff member collects the sheet and then brings it to a marking area. The Written Station marker uses an answer sheet and guidelines to mark your answers. The National Written Station Coordinator reviews unexpected responses.</p> <p>The written station is worth 50 percent of the total score for each five-minute (couplet) station.</p> <p>See “Sample Written Stations Sheet (Five-Minute Stations)” on page 4-6.</p> |

Sample Examiner's Checklist (Five-Minute Stations)

Canadian Alliance of Physiotherapy Regulators
Alliance canadienne des organismes de réglementation de la physiothérapie

| Candidate
Candidat | | | | | | | | | |
|-----------------------|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |

Place CANDIDATE Label Here

| Examiner
Examineur | | | | | | | | | |
|-----------------------|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |

Signature
x

| Station
Poste | | | | | | | | | |
|------------------|---|---|---|---|---|---|---|---|---|
| 0 | 0 | | | | | | | | 0 |
| 1 | 1 | A | T | 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | B | C | 2 | 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | | | 3 | 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | J | Q | 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | K | R | 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | | | 6 | 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | L | X | 7 | 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | M | Y | 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | | | 9 | 9 | 9 | 9 | 9 | 9 |

Please DO NOT write in this space

| Other
Autre | | | | | | | | | |
|----------------|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |

Apposez /autocolant du CANDIDAT ici

Veuillez ne pas écrire dans cet espace

Does Correctly - Fait correctement

1. Explains purpose of interaction.

2. Biceps
Correct position (arm by side of trunk, elbow between 90 degrees and full extension, forearm supinated).
Palpates muscle belly.
Asks to flex elbow without resistance.
Asks to flex elbow while applying resistance to anterior surface of wrist.

3. Brachialis
Correct positioning (arm by side of trunk, elbow between 90 degrees and full extension, forearm pronated).
Palpates muscle belly.
Asks to flex elbow without resistance.
Asks to flex elbow while applying resistance to posterior surface of wrist.

4. Brachioradialis
Correct positioning (arm by side of trunk, elbow between 90 degrees and full extension, forearm in mid-position/pronated).
Palpates muscle belly.
Asks to flex elbow without resistance.
Asks to flex elbow while applying resistance to anterior or lateral surface of wrist.

5. Instructions are clear and concise.

6. Correct body mechanics are used.

NOTE TO EXAMINER

It is acceptable for the candidate to examine brachialis and brachioradialis together.

SAMPLE
EXAMINER'S CHECKLIST
(5-MINUTE STATION)

Sample Global Ratings Sheet (Five-Minute Stations)

**PLEASE FILL IN THE APPROPRIATE RANKING AREA BELOW.
VEUILLEZ NOIRCIR LE CLASSEMENT APPROPRIÉ**

1. Rate the extent to which the candidate treated this client with dignity and respect. Low ① ② ③ ④ ⑤ High
Faible Élevé
 1. Notez dans quelle mesure le candidat a traité ce client avec dignité et respect.

2. Rate the extent to which the candidate demonstrated an organized approach with this client. Low ① ② ③ ④ ⑤ High
Faible Élevé
 2. Notez dans quelle mesure le candidat a eu recours à une méthode organisée avec ce client.

3. Rate the extent to which the candidate demonstrated appropriate techniques with this client. Low ① ② ③ ④ ⑤ High
Faible Élevé
 3. Notez dans quelle mesure le candidat a eu recours à des techniques appropriées avec ce client.

**FILL IN THE RATING WHICH BEST ANSWERS THE FOLLOWING QUESTION:
VEUILLEZ COCHER LA CASE APPROPRIÉE :**

**Did the candidate demonstrate safe, effective practice at the entry to physiotherapy practice level?
Le candidat a-t-il utilisé des techniques sécuritaires et efficaces, au niveau minimal requis des physiothérapeutes débutants ?**

| | |
|--|---|
| <input type="radio"/> UNSATISFACTORY - INSUFFISANT
Please Specify: - <i>Veillez préciser :</i>
<input type="radio"/> BORDERLINE - À LA LIMITE
<input type="radio"/> POOR - FAIBLE
<input type="radio"/> TOTALLY UNACCEPTABLE - PERFORMANCE INACCEPTABLE | <input type="radio"/> SATISFACTORY - SATISFAISANT
Please Specify: - <i>Veillez préciser :</i>
<input type="radio"/> BORDERLINE - À LA LIMITE
<input type="radio"/> GOOD - BIEN
<input type="radio"/> EXCELLENT - EXCELLENT |
|--|---|

**Reason for Unsatisfactory Rating. Fill in ALL the appropriate reasons and specify details in box below.
Raisons du classement insuffisant. Noircissez TOUTES les raisons appropriées et donnez les détails dans la case ci-dessous.**

- ① Inadequate knowledge and/or provided misinformation. - *Connaissances insuffisantes ou a fourni de mauvaises informations.*
- ② Could not focus in on the client's problem. - *Ne pouvait se concentrer sur le problème du client.*
- ③ Demonstrated poor professional communication or interpersonal skills. - *A utilisé de mauvaises techniques interpersonnelles ou de communication professionnelle.*
- ④ Quality of spoken English impeded ability to communicate. - *Qualité du français parlé - difficulté à communiquer les informations.*
- ⑤ Unprofessional behavior. - *A fait preuve d'un comportement non professionnel.*
- ⑥ Unsafe action which could harm the client. - *A accompli un acte dangereux qui pourrait blesser le client.*
- ⑦ Other (Please specify below) - *Autre (Veillez préciser ci-dessous)*

**DETAILS OF UNSATISFACTORY RATING.
DÉTAILS D'UNE NOTATION INSUFFISANTE.**

**FOR OFFICE
USE ONLY
À L'USAGE
DU BUREAU
SEULEMENT**

| | | | | |
|---|---|---|---|---|
| | | | | |
| 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 |

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Sample Written Stations Sheet (Five-Minute Stations)

Canadian Alliance of Physiotherapy Regulators
Alliance canadienne des organismes de réglementation de la physiothérapie

Candidate Candidat

| | | | | | |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 | 9 |

Place CANDIDATE Label Here

Apposez l'autocollant du CANDIDAT ici

Examiner Examinateur

| | | | | | |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 | 9 |

Signature _____

Station Poste

| | | | | |
|---|---|---|---|---|
| 0 | 0 | + | 0 | 0 |
| 1 | 1 | A | 1 | 1 |
| 2 | 2 | C | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | A | 4 | 4 |
| 5 | 5 | R | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | X | 7 | 7 |
| 8 | 8 | Y | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 |

Please DO NOT write in this space
Station 2 *02C0498*

Veuillez ne pas écrire dans cet espace

Other Autre

| | | | | |
|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 |

Does Correctly - Fait correctement

WRITTEN STATION

Please answer the following questions in the space provided below.
If you need additional room, use the space provided on the back of this page.

Q.1 Based on your assessment of the client, list the muscles you tested and your findings using the Oxford (numerical) scale.

| | | SCORE |
|-----------------|---|-------|
| Biceps | 4 | 2 |
| Brachialis | 3 | 2 |
| Brachioradialis | 3 | 2 |

Grading Key to Muscle Chart
 0 - no muscle activity
 1 - flicker of muscle activity, no movement
 2 - contraction, gravity eliminated
 3 - contraction, against gravity
 4 - contraction, against gravity, with external resistance
 5 - normal

PLEASE NOTE THAT ALL TEXT IN LEFT HAND AND LOWER BOX WOULD NOT BE ON THE CANDIDATE ANSWER SHEETS

Q.2 List in point form four (4) functional expectations for this client

| | SCORE |
|--|------------------|
| (4 from list below) | |
| manual wheelchair with projection rims | |
| independent transfers with sliding board | |
| independent bed mobility | |
| self feeding with adapted utensils | 4x2 points=8 max |
| assisted upper extremity dressing | |
| limited self-care with hand splints | |
| independent cough | |
| driving with hand controls | |
| limited participating in wheelchair sports | |

SAMPLE

| | |
|----|----|
| Q1 | Q2 |
| | |

FOR MARKER USE ONLY

Overall, were this candidate's responses to these questions ADEQUATE?
 ◀ YES
 ▶ NO

FOR MARKER USE ONLY
 ID # _____ Signature _____

Sample Five-Minute Clinical Encounters and Written Stations

Stations that follow:

| | | |
|--------------------------------|---|-------------------------------|
| Station 1C (Client Encounter) | + | Station 2C (Written Station) |
| Station 3C (Client Encounter) | + | Station 4C (Written Station) |
| Station 5C (Client Encounter) | + | Station 6C (Written Station) |
| Station 7C (Client Encounter) | + | Station 8C (Written Station) |
| Station 9C (Client Encounter) | + | Station 10C (Written Station) |
| Station 11C (Client Encounter) | + | Station 12C (Written Station) |
| Station 13C (Client Encounter) | + | Station 14C (Written Station) |
| Station 15C (Client Encounter) | + | Station 16C (Written Station) |

Timing of the five-minute stations:

- You have 1 minute to move to the next station and read the Instructions to Candidate.
- When the buzzer sounds, you enter the encounter room and then have 5 minutes in the station.
- A warning buzzer sounds 30 seconds before the end of the station (i.e., at 4 minutes, 30 seconds).
- When the buzzer sounds again, you must move to the next station.

Suggestions for studying:

- Take turns with your study partners being the examiner, the candidate and the client.
- Discuss your feedback from all three perspectives.
- Read the sample test sheets on pages 4-4 to 4-6 to see how candidates are evaluated in the five-minute stations.

STATION 1C

INSTRUCTIONS TO CANDIDATE

Anne Saunders

58 years old

She has osteoporosis and had a compression fracture at T5, which is now healed.

- **Assess the client's sitting posture and describe your findings to the examiner.**
- **Correct the client's sitting posture.**
- **Teach the client the importance of correct sitting posture.**

You have 5 minutes to complete this station.

At the next station (2C) you will be asked questions related to this client.

STATION 1C

DIRECTIVES AU CANDIDAT

Corresponding French Text here.

Vous avez 5 minutes pour compléter cette station.

À la station suivante (2C) on vous posera des questions concernant cette cliente.

**STATION 1C
EXAMINER'S CHECKLIST**

| | ITEM | DOES
CORRECTLY |
|-----------------------|--|-------------------|
| <input type="radio"/> | 1. Explains purpose of interaction | 1 |
| | 2. Describes assessment findings: | |
| <input type="radio"/> | Chin poke/head forward position | 1 |
| <input type="radio"/> | Increased thoracic kyphosis | 1 |
| <input type="radio"/> | Rounded/protracted shoulder girdle | 1 |
| <input type="radio"/> | Loss of lumbar lordosis | 1 |
| | 3. Has client demonstrate correction of: | |
| <input type="radio"/> | Cervical spine | 1 |
| <input type="radio"/> | Thoracic spine | 1 |
| <input type="radio"/> | Lumbar spine | 1 |
| <input type="radio"/> | Shoulder position | 1 |
| | OR | |
| <input type="radio"/> | Via axial extension | 4 |
| | Maximum possible score = 4 | |
| <input type="radio"/> | 4. Indicates to client when correct posture is achieved | 2 |
| | 5. Corrects leg position: | |
| <input type="radio"/> | Legs uncrossed | 1 |
| <input type="radio"/> | Feet supported | 1 |
| | 6. Tells client that: | |
| <input type="radio"/> | Correct posture decreases the stress on the vertebrae/spine | 1 |
| <input type="radio"/> | Correct posture decreases discomfort/pain | 1 |
| <input type="radio"/> | Good sitting posture may reduce the risk of further compression fractures | 1 |
| | MAXIMUM TOTAL SCORE = 16 | |
| | NOTE FOR EXAMINER | |
| | <i>If the candidate attempts to undress the Standardized Client, you should say "It is not necessary to have the client undress for this station."</i> | |

STATION 2C

CANDIDATE: WRITTEN STATION

- 1. List 3 goals of treatment with respect to this client’s osteoporosis.**

- 2. List 3 active spinal movements you should incorporate into an exercise program for this client.**

MARKER USE ONLY

Overall, were this candidate’s responses to the questions adequate?

STATION 2C
EXAMINER: ANSWERS AND SCORING

| | SCORE |
|---|--------------|
| 1. List 3 goals of treatment with respect to this client's osteoporosis. | |
| Range of motion/improving joint mobility/flexibility | 2 |
| Strengthening | 2 |
| Maintain/improve function | 2 |
| Improve posture | 2 |
| Reduce risk of further compression fractures | 2 |
| Increase client knowledge/awareness of condition | 2 |
| Increase weight bearing activity/maintain or increase bone density | 2 |
| Maximum possible score = 6 | |
| 2. List 3 active spinal movements you should incorporate into an exercise program for this client. | |
| Thoracic extension | 2 |
| Lumbar extension | 2 |
| Atlanto-occipital flexion/upper cervical flexion | 2 |
| Cervical retraction | 2 |
| Axial extension | 2 |
| Maximum possible score = 6 | |
| MAXIMUM TOTAL SCORE = 12 | |

***Note:** If candidate indicates lumbar or thoracic flexion for #2, give no marks for this question.*

MARKER USE ONLY

Overall, were this candidate's responses to the questions adequate?

STATION 3C

INSTRUCTIONS TO CANDIDATE

Janet Sawchuk

65 years old

The client had a right total hip arthroplasty yesterday, using a postero-lateral surgical approach.

She is weight-bearing as tolerated.

- **Teach the client the appropriate hip and knee exercises in supine.**

You have 5 minutes to complete this station.

At the next station (4C) you will be asked questions related to this client.

STATION 3C

DIRECTIVES AU CANDIDAT

Corresponding French Text here.

Vous avez 5 minutes pour compléter cette station.

À la station suivante (4C) on vous posera des questions concernant cette cliente.

STATION 3C
EXAMINER'S CHECKLIST

| | ITEM | DOES CORRECTLY |
|-----------------------|---|----------------|
| <input type="radio"/> | 1. Explains purpose of interaction | 1 |
| <input type="radio"/> | 2. Drapes client appropriately | 2 |
| | 3. Instructs client: | |
| <input type="radio"/> | To maintain neutral rotation | 1 |
| | Gives specific guidelines regarding: | |
| <input type="radio"/> | Frequency (x/day) | 1 |
| <input type="radio"/> | Number of repetitions | 1 |
| | 4. Has client perform exercises (supine): | |
| <input type="radio"/> | Quadriceps over the roll OR isometric quads | 2 |
| <input type="radio"/> | Bridging OR static gluts | 2 |
| <input type="radio"/> | Hip flexion — active or active assisted | 2 |
| <input type="radio"/> | Hip abduction — active or active assisted | 2 |
| <input type="radio"/> | Static hamstrings | 2 |
| <input type="radio"/> | 5. Inquires about pain during exercise OR instructs client to stop exercises if undue pain occurs | 1 |
| | 6. Instructs client in precautions and contraindications: | |
| <input type="radio"/> | Adduction past neutral | 1 |
| <input type="radio"/> | Flexion more than 90° | 1 |
| <input type="radio"/> | Internal rotation past neutral | 1 |
| <input type="radio"/> | Describes functional activities that might cause these movements | 1 |
| <input type="radio"/> | 7. Uses appropriate body mechanics | 2 |
| | MAXIMUM TOTAL SCORE = 23 | |
| | <i>NOTE FOR EXAMINER</i> | |
| | <i>If candidate allows unsafe hip exercise:</i> | |
| | <ul style="list-style-type: none"> ▪ <i>flexion past 90°,</i> ▪ <i>adducts, or permits adduction, of the hip past the midline</i> ▪ <i>internal rotation past neutral,</i> | |
| | <i>record as “Unsafe action which could harm the client,” and give details in the appropriate box.</i> | |

STATION 4C
CANDIDATE: WRITTEN STATION

1. Based on the client's performance, outline the problems in the areas listed below:

- a) Range of motion (List 2 problems)**

- b) Lower extremity strength (List 3 problems)**

- c) Lower extremity position on entering station (List 2 problems)**

2. If the same client presented with:

- **marked increase in pain in the right hip,**
- **marked external rotation of the right hip, and**
- **an unwillingness to bear weight**

- a) What clinical problem would you suspect?**

- b) List 3 actions you would take.**

MARKER USE ONLY

Overall, were this candidate's responses to the questions adequate?

STATION 4C
EXAMINER: ANSWERS AND SCORING

SCORE

1. Based on the client's performance, outline the problems in the areas listed below:

a) Range of motion (List 2 problems)

- | | |
|-------------------------|---|
| Decreased hip flexion | 2 |
| Decreased hip abduction | 2 |

Maximum possible score = 4

b) Lower extremity strength (List 3 problems)

- | | |
|--------------------------|---|
| Decreased strength of: | |
| Quadriceps | 1 |
| Hip flexors | 1 |
| Abductors | 1 |
| Hip extensor or gluteals | 1 |

Maximum possible score = 3

c) Lower extremity position on entering station (List 2 problems)

- | | |
|--|---|
| In external rotation | 2 |
| Knee flexed (including pillow under knee/knee over pillow) | 1 |

Maximum possible score = 3

2. If the same client presented with

- **marked increase in pain in the right hip,**
- **marked external rotation of the right hip, and**
- **an unwillingness to bear weight,**

a) What clinical problem would you suspect?

- | | |
|------------------------------------|---|
| Possible dislocation of prosthesis | 2 |
| Possible femoral shaft fracture | 2 |

Maximum possible score = 2

b) List 3 actions you would take.

- | | |
|---|---|
| Discontinue active exercises OR discontinue mobilization OR discontinue treatment | 2 |
| OR stop weight-bearing | |
| Discuss with surgeon or team | 2 |
| Record change on client's chart | 2 |

Maximum possible score = 6

MAXIMUM TOTAL SCORE = 18

MARKER'S USE ONLY

Overall, were this candidate's responses to these questions adequate?

STATION 5C

INSTRUCTIONS TO CANDIDATE

Charles Adam

23 years old

The client sustained a C6 spinal cord injury following a motor vehicle accident 8 weeks ago.

- **Perform an assessment to evaluate the strength of each of the client's right elbow flexors.**
- **Perform all tests in sitting.**

You have 5 minutes to complete this station.

At the next station (6C), you will be asked questions related to this client.

STATION 5C

DIRECTIVES AU CANDIDAT

Corresponding French Text here.

Vous avez 5 minutes pour compléter cette station.

À la station suivante (6C), on vous posera des questions concernant ce client.

STATION 5C
EXAMINER'S CHECKLIST

| | ITEM | DOES CORRECTLY |
|---|--|----------------|
| ○ | 1. Explains purpose of interaction | 1 |
| | 2. Biceps: | |
| ○ | Correct position (arm by side of trunk, elbow between 90° and full extension, forearm supinated) | 2 |
| ○ | Palpates muscle belly | 2 |
| ○ | Asks client to flex elbow without resistance | 2 |
| ○ | Asks client to flex elbow while applying resistance to anterior surface of wrist | 2 |
| | 3. Brachialis: | |
| ○ | Correct positioning of arm by side of trunk, elbow between 90° and full extension, forearm pronated | 2 |
| ○ | Palpates muscle belly | 2 |
| ○ | Asks client to flex elbow without resistance | 2 |
| ○ | Asks client to flex elbow while applying resistance to posterior surface of wrist | 2 |
| | 4. Brachioradialis: | |
| ○ | Correct positioning (arm by side of trunk, elbow between 90° and full extension, forearm in mid-position/pronated) | 2 |
| ○ | Palpates muscle belly | 2 |
| ○ | Asks client to flex elbow without resistance | 2 |
| ○ | Asks client to flex elbow while applying resistance to anterior or lateral surface of wrist | 2 |
| ○ | 5. Instructions are clear and concise | 2 |
| ○ | 6. Correct body mechanics are used | 2 |
| | MAXIMUM TOTAL SCORE = 29 | |
| | NOTE FOR EXAMINER | |
| | <i>It is acceptable for the candidate to examine brachialis and brachioradialis together.</i> | |

STATION 6C
CANDIDATE: WRITTEN STATION

1. Based on your assessment of this client, list the muscles you tested and your findings using the (Oxford) numerical scale.

2. This client has a C6 quadriplegia. List in point form 4 functional expectations.

MARKER USE ONLY

Overall, were this candidate's responses to the questions adequate?

STATION 6C
EXAMINER: ANSWERS AND SCORING

| | | SCORE |
|--|---------|--------------|
| 1. Based on your assessment of this client, list the muscles you tested and your findings using the (Oxford) numerical scale. | | |
| Biceps | Grade 4 | 2 |
| Brachialis | Grade 3 | 2 |
| Brachioradialis | Grade 3 | 2 |
| Maximum possible score = 6 | | |

| | | |
|--|--|---|
| 2. This client has a C6 quadriplegia. List in point form 4 functional expectations. | | |
| Manual wheelchair with projection rims | | 2 |
| Independent transfers with sliding board | | 2 |
| Independent bed mobility | | 2 |
| Self-feeding with adapted utensils | | 2 |
| Assisted upper extremity dressing | | 2 |
| Limited self-care with hand splints | | 2 |
| Independent cough | | 2 |
| Driving with hand controls | | 2 |
| Limited participation in wheelchair sports | | 2 |
| Maximum possible score = 8 | | |
| MAXIMUM TOTAL SCORE = 14 | | |

MARKER USE ONLY

Overall, were this candidate's responses to the questions adequate?

STATION 7C

INSTRUCTIONS TO CANDIDATE

Laura Martin

28 years old

The client fell and sustained a fracture to her olecranon process yesterday. She had a closed reduction and a cast was applied.

Today she has returned to the Fracture Clinic for a follow-up visit.

- **Instruct the client in the appropriate program for the next 4 weeks, with respect to her upper extremity.**
- **Indicate any warning signs to observe for.**
- **Do not give instructions regarding specific activities of daily living.**

You have 5 minutes to complete this station.

At the next station (8C) you will be asked questions related to this client.

STATION 7C

DIRECTIVES AU CANDIDAT

Corresponding French Text here.

Vous avez 5 minutes pour compléter cette station.

À la station suivante (8C) on vous posera des questions concernant cette cliente.

STATION 7C
EXAMINER'S CHECKLIST

| | ITEM | DOES CORRECTLY |
|-----------------------|---|----------------|
| <input type="radio"/> | 1. Explains purpose of interaction | 1 |
| | 2. Instructs client in mobility exercises: | |
| <input type="radio"/> | Shoulder elevation (through flexion and/or abduction) | 2 |
| <input type="radio"/> | External rotation | 1 |
| <input type="radio"/> | Grip and release | 1 |
| | 3. Instructs client regarding: | |
| <input type="radio"/> | Frequency | 1 |
| <input type="radio"/> | Repetitions | 1 |
| <input type="radio"/> | Pain tolerance | 1 |
| | 4. Instructs client in isometrics: | |
| <input type="radio"/> | Wrist flexion | 1 |
| <input type="radio"/> | Wrist extension | 1 |
| <input type="radio"/> | Supination | 1 |
| <input type="radio"/> | Pronation | 1 |
| <input type="radio"/> | Elbow flexion | 1 |
| | 5. Instructs client regarding: | |
| <input type="radio"/> | Frequency | 1 |
| <input type="radio"/> | Repetitions | 1 |
| | 6. Explains how to reduce swelling: | |
| <input type="radio"/> | Elevation | 1 |
| <input type="radio"/> | Circulatory exercises of hand (pumping) | 1 |
| | 7. Uses good education techniques: | |
| <input type="radio"/> | Asks client if she has any questions | 1 |
| <input type="radio"/> | Uses lay terminology | 1 |
| <input type="radio"/> | Instructions are clear and concise | 1 |
| <input type="radio"/> | 8. Instructs client <i>not</i> to do elbow extension | 2 |
| | 9. Explains warning signs/precautions: | |
| <input type="radio"/> | Cast tightness/looseness | 1 |
| <input type="radio"/> | Changes in hand colour/sensation | 1 |
| <input type="radio"/> | Increased swelling | 1 |
| <input type="radio"/> | Remove any tight jewellery | 1 |
| <input type="radio"/> | Increased pain | 1 |
| | MAXIMUM TOTAL SCORE = 27 | |

NOTES FOR EXAMINER

Item 8: If candidate instructs client in active extension, record as “Unsafe action which could harm the client” and give details in the appropriate box.

Item 9: If candidate does not explain warning signs/precautions of cast tightness/looseness or changes in hand colour/sensation, record as “Unsafe action which could harm the client” and give details in the appropriate box.

STATION 8C
CANDIDATE: WRITTEN STATION

1. List 4 problems (present and/or potential) that may affect this client while she is in a cast.

2. What exercise is contraindicated at this time? Why?

3. Other than physical signs, what would indicate that it is safe to add this exercise to the client's program?

MARKER USE ONLY

Overall, were this candidate's responses to the questions adequate?

STATION 8C
EXAMINER: ANSWERS AND SCORING

| | SCORE |
|--|--------------|
| 1. List 4 problems (present and/or potential) that may affect this client while she is in a cast. | |
| Pain | 1 |
| Decreased range of motion (any of shoulder, metacarpo-phalangeal joints, interphalangeal joints, and opposition) | 1 |
| Decreased function | 1 |
| Potential swelling | 1 |
| Lack of knowledge of care of extremity while in cast | 1 |
| Potential decreased strength | 1 |
| Maximum possible score = 4 | |
| 2. What exercise is contraindicated at this time? Why? | |
| Isometric triceps/elbow extension | 1 |
| Insertion on olecranon | 1 |
| Maximum possible score = 2 | |
| 3. Other than physical signs, what would indicate that it is safe to add this exercise to the client's program? | |
| Callus formation on x-ray | 2 |
| Maximum possible score = 2 | |
| MAXIMUM TOTAL SCORE = 8 | |

MARKER USE ONLY

Overall, were this candidate's responses to the questions adequate?

STATION 9C

INSTRUCTIONS TO CANDIDATE

Lise Cooke

32 years old

This client is 6 months pregnant with her first baby and has increased back pain when she lies down to rest. Her family physician has referred her to a physiotherapy clinic for treatment.

- **Teach the client a resting position**
- **Explain the rationale for this resting position**

You have 5 minutes to complete this station.

At the next station (10C) you will be asked questions related to this client.

STATION 9C

DIRECTIVES AU CANDIDAT

Corresponding French Text here.

Vous avez 5 minutes pour compléter cette station.

À la station suivante (10C) on vous posera des questions concernant cette cliente.

STATION 9C
EXAMINER'S CHECKLIST

| | ITEM | DOES CORRECTLY |
|-----------------------|--|----------------|
| | 1. Explains purpose of interaction: | |
| <input type="radio"/> | Maintenance of good postures in lying will assist in: | |
| <input type="radio"/> | Preventing excessive strains on muscles and joints in the low back | 1 |
| <input type="radio"/> | Helping to alleviate present pain | 1 |
| <input type="radio"/> | 2. Asks client to describe or demonstrate most frequent sleeping posture | 2 |
| | 3. Points out: | |
| <input type="radio"/> | Problem of right leg falling forward | 1 |
| <input type="radio"/> | Causing rotational strain on low back | 2 |
| | 4. Gives instructions for one of the following positions to client: | |
| <input type="radio"/> | Side lying with one or two pillows under head and shoulders, knees and hips flexed, and a pillow between knees | 3 |
| | OR | |
| <input type="radio"/> | Semi-prone lying where client is rolled more towards her front. Left arm position behind, left leg straight, right hip and knee flexed and supported on firm pillow. Right arm flexed with hand in front of head. One pillow supporting anterior trunk and one or two pillows under head | 3 |
| | OR | |
| <input type="radio"/> | Supine with one or two pillows under head and shoulders. One or two pillows under knees to flex hips and knees. | 3 |
| | Maximum possible score = 3 | 3 |
| | 5. Explains rationale for using positions that incorporate a posterior pelvic tilt: | |
| <input type="radio"/> | Centre of gravity shifted anterior | 1 |
| <input type="radio"/> | Decrease in lumbar lordosis | 1 |
| <input type="radio"/> | Decrease in stress low back | 1 |
| <input type="radio"/> | Support low back | 1 |
| <input type="radio"/> | 6. Instructs client to maintain posterior pelvic tilt | 1 |
| | MAXIMUM TOTAL SCORE = 15 | |

STATION 10C
CANDIDATE: WRITTEN STATION

1. The client is a secretary who does a lot of sitting and standing at work. List 5 back care management principles that would prevent further back strain.

2. The client states that she has heard that shortwave diathermy or transcutaneous electrical nerve stimulation (TENS) would help her back. Describe how you would advise the client, and justify your answer.

MARKER USE ONLY

Overall, were this candidate's responses to the questions adequate?

STATION 10C
EXAMINER: ANSWERS AND SCORING

| | SCORE |
|--|--------------|
| 1. The client is a secretary who does a lot of sitting and standing at work. List 5 back care management principles that would prevent further back strain. | |
| Sit upright with back support | 3 |
| Proper design of work station (correct height of desk/chair) | 3 |
| Adjustable chair with lumbar support | 3 |
| Work as close as possible to the desk | 3 |
| Frequent position changes | 3 |
| For prolonged standing, portable footrest to support one leg | 3 |
| Bend knees when lifting or working at low heights | 3 |
| Proper footwear (shoes) | 3 |
| Move body as a unit (avoid twisting movements) | 3 |

Maximum possible score = 15

2. The client states that she has heard that shortwave diathermy or transcutaneous electrical nerve stimulation (TENS) would help her back. Describe how you would advise the client, and justify your answer.

| | |
|---|---|
| Shortwave diathermy contraindicated in pregnancy because of potential harm to the fetus | 2 |
| TENS may be indicated for pain management during labour but is not recommended as a treatment for the back; may cause problems during pregnancy | 2 |
| TENS is good to use during labour | 1 |

Maximum possible score = 5

MAXIMUM TOTAL SCORE = 20

MARKER USE ONLY

Overall, were this candidate's responses to the questions adequate?

STATION 11C

INSTRUCTIONS TO CANDIDATE

Daniel Roberts

51 years old

The client is referred to you because of Post Polio Syndrome. He is experiencing knee pain.

- **Take a history, including initial illness and present symptoms.**
- **Do not investigate activities of daily living.**

You have 5 minutes to complete this station.

At the next station (12C), you will be asked questions related to this client.

STATION 11C

DIRECTIVES AU CANDIDAT

Corresponding French Text here.

Vous avez 5 minutes pour compléter cette station.

À la station suivante (12C), on vous posera des questions concernant ce client.

STATION 11C
EXAMINER'S CHECKLIST

| | ITEM | DOES CORRECTLY |
|-----------------------|--|----------------|
| <input type="radio"/> | 1. Explains purpose of interaction | 1 |
| | 2. Takes history of initial illness: | |
| <input type="radio"/> | Age at onset | 1 |
| <input type="radio"/> | Presenting problem(s) | 2 |
| <input type="radio"/> | Respiratory complications | 1 |
| <input type="radio"/> | Length of recovery | 1 |
| <input type="radio"/> | 3. Asks about onset of present problems | 2 |
| | 4. Asks about knee pain: | |
| <input type="radio"/> | Location | 1 |
| <input type="radio"/> | Nature | 1 |
| <input type="radio"/> | Intensity | 1 |
| | 5. Asks about weakness: | |
| <input type="radio"/> | Location | 1 |
| <input type="radio"/> | Severity | 1 |
| | 6. Asks about fatigue: | |
| <input type="radio"/> | General | 1 |
| <input type="radio"/> | Specific | 1 |
| <input type="radio"/> | 7. Asks about associated symptoms | 1 |
| <input type="radio"/> | 8. Asks about aggravating factors | 3 |
| <input type="radio"/> | 9. Asks about alleviating factors | 2 |
| <input type="radio"/> | 10. Asks about pain medication | 1 |
| | MAXIMUM TOTAL SCORE = 22 | |

STATION 12C

CANDIDATE: WRITTEN STATION

- 1. Based on the information obtained from the client, list 2 principles that you would follow in prescribing an exercise program.**

- 2. Assume you would perform manual muscle testing on the client.
List 3 factors related to the client's problems that could influence the accuracy of your results.**

MARKER USE ONLY

Overall, were this candidate's responses to the questions adequate?

STATION 12C

EXAMINER: ANSWERS AND SCORING

| | SCORE |
|--|--------------|
| 1. Based on the information obtained from the client, list 2 principles that you would follow in prescribing an exercise program. | |
| Balance periods of rest and activity | 3 |
| Do not exercise to the point of fatigue. | 3 |
| Exercise when the client is least fatigued or most rested. | 3 |
| Maximum possible score = 6 | |
| 2. Assume you would perform manual muscle testing on the client. List 3 factors related to the client's problems that could influence the accuracy of your results. | |
| Strength would vary with time of day tested or more likely to demonstrate fatigue and weakness in the afternoon. | 3 |
| Fatigue would increase with repeated testing in the lower extremities. | 3 |
| The client may have learned to substitute or compensate for weaker groups. | 3 |
| Maximum possible score = 9 | |
| MAXIMUM TOTAL SCORE = 15 | |

MARKER USE ONLY

Overall, were this candidate's responses to the questions adequate?

STATION 13C

INSTRUCTIONS TO CANDIDATE

Eric Martini

55 years old

The client had a right middle cerebral artery haemorrhage resulting in a left sided hemiplegia 2 weeks ago.

The client presents with the following findings:

- confusion
- left sided musculature is flaccid

His cardiovascular status is stable.

- **Perform passive range of motion on this client's left upper extremity.**
- **Perform only 1 repetition of each movement.**

You have 5 minutes to complete this station.

At the next station (14C), you will be asked questions related to this client.

STATION 13C

DIRECTIVES AU CANDIDAT

Corresponding French Text here.

Vous avez 5 minutes pour compléter cette station.

À la station suivante (14C), on vous posera des questions concernant ce client.

STATION 13C

EXAMINER'S CHECKLIST

| | ITEM | DOES CORRECTLY |
|-----------------------|--|-----------------------|
| <input type="radio"/> | 1. Explains purpose of interaction | 1 |
| | 2. Corrects client's position: | 2 |
| <input type="radio"/> | Upper extremity | 2 |
| <input type="radio"/> | Lower extremity | |
| | 3. Performs passive range of movement of scapula: | |
| <input type="radio"/> | Protraction | 1 |
| <input type="radio"/> | Retraction | 1 |
| <input type="radio"/> | Elevation | 1 |
| <input type="radio"/> | Depression | 1 |
| | 4. Performs passive range of movement of shoulder: | |
| <input type="radio"/> | Flexion | |
| <input type="radio"/> | Extension | 1 |
| <input type="radio"/> | Abduction | 1 |
| <input type="radio"/> | Adduction | 1 |
| <input type="radio"/> | Internal rotation | 1 |
| <input type="radio"/> | External rotation | 1 |
| <input type="radio"/> | Stops at point of pain | 1 |
| | 5. Performs passive range of movement of elbow: | 1 |
| <input type="radio"/> | Flexion | |
| <input type="radio"/> | Extension | 1 |
| <input type="radio"/> | Pronation | 1 |
| <input type="radio"/> | Supination | 1 |
| | 6. Performs passive range of movement of wrist: | 1 |
| <input type="radio"/> | Flexion | |
| <input type="radio"/> | Extension | |
| <input type="radio"/> | Radial deviation | 1 |
| <input type="radio"/> | Ulnar deviation | 1 |
| | 7. Performs passive range of movement of hand digits (globally or individually) | 1 |
| <input type="radio"/> | Flexion | |
| <input type="radio"/> | Extension | 1 |
| <input type="radio"/> | Abduction | 1 |
| | 8. Performs passive range of movement of thumb: | 1 |
| <input type="radio"/> | Flexion | |
| <input type="radio"/> | Extension | |
| <input type="radio"/> | Abduction | 1 |
| <input type="radio"/> | Adduction | 1 |
| <input type="radio"/> | Opposition | 1 |
| <input type="radio"/> | 9. Consistently uses proper body mechanics | 1 |
| | MAXIMUM TOTAL SCORE = 34 | 1 |
| | | 2 |

STATION 14C

CANDIDATE: WRITTEN STATION

1. What limited your ability to perform full passive range of motion (ROM) in this client?

2. List 5 interventions that you would include in your treatment program.

MARKER USE ONLY

Overall, were this candidate's responses to the questions adequate?

STATION 14C

EXAMINER: ANSWERS AND SCORING

| | SCORE |
|---|--------------|
| 1. What limited your ability to perform full passive range of motion (ROM) in this client? | |
| Shoulder pain | 5 |
| Maximum possible score = 5 | |
| 2. List 5 interventions that you would include in your treatment program. | |
| Positional correction | 1 |
| Shoulder/upper extremity positioning | 1 |
| Support the shoulder (e.g., sling, pillows) | 1 |
| Educating other staff members/family members/the client | 1 |
| Analgesia (heat or cold) | 1 |
| (Passive or autoassisted) range of motion (ROM) exercises | 1 |
| Facilitation techniques | 1 |
| Maximum possible score = 5 | |
| MAXIMUM TOTAL SCORE = 10 | |

MARKER USE ONLY

Overall, were this candidate's responses to the questions adequate?

STATION 15C

INSTRUCTIONS TO CANDIDATE

Pierre Langlois

60 years old

The client was diagnosed today with a right lower lobe (RLL) pneumonia.

On auscultation:

Markedly decreased air entry to the right lower lobe with bronchial breath sounds.

Decreased chest expansion on the right side. Mild shortness of breath with a moist non-productive cough.

- **Provide this client with the most appropriate treatment.**
- **Do not include deep breathing exercises, range of motion (ROM) exercises or ambulation.**

You have 5 minutes to complete this station.

At the next station (16C), you will be asked questions related to this client.

STATION 15C

DIRECTIVES AU CANDIDAT

Corresponding French Text here.

Vous avez 5 minutes pour compléter cette station.

À la station suivante (16C), on vous posera des questions concernant ce client.

STATION 15C

EXAMINER'S CHECKLIST

| | ITEM | DOES CORRECTLY |
|-----------------------|--|-----------------------|
| <input type="radio"/> | 1. Explains purpose of interaction | 1 |
| <input type="radio"/> | 2. Performs appropriate secretion mobilization technique:
One of percussion, vibration, huffing, shaking | 3 |
| <input type="radio"/> | 3. Places client in appropriate postural drainage position:
Left side lying with thorax tipped 30–45 degrees (using pillows) | 4 |
| <input type="radio"/> | OR
Left side lying | 2 |
| | Maximum possible score = 4 | |
| <input type="radio"/> | 4. Provides instruction in effective coughing | 3 |
| <input type="radio"/> | 5. Inquires about client's status during treatment | 2 |
| | MAXIMUM TOTAL SCORE = 13 | |

STATION 16C

EXAMINER: ANSWERS AND SCORING

| | SCORE |
|--|--------------|
| 1. List 4 treatment goals for this client. | |
| Increase air entry right lower lobe | 1 |
| Assist with secretion removal | 1 |
| Facilitate effective cough | 1 |
| Improve chest expansion | 1 |
| Prevent secondary complications (Deep Vein Thrombosis, Pulmonary Embolus) | 1 |
| Increase activity tolerance/mobility | 1 |
| Education re: comfort measures (e.g., splinting for more effective cough, coordination of treatment with analgesics) | 1 |
| Decrease shortness of breath | 1 |
| Increase in ventilation | 1 |

Maximum possible score = 4

- 2. When you see this client the next day, his cough is productive. On auscultation air entry remains decreased to the right lower lobe and crackles are present. List 3 interventions you could use to optimize this client's ventilation/perfusion ratio.**

| | |
|---|---|
| Deep breathing with thoracic active range of motion | 2 |
| Deep breathing | 1 |
| Ambulation | 1 |
| Positioning | 1 |
| Stationary exercise equipment | 1 |
| Active range of motion exercises | 1 |
| Stair climbing | 1 |
| Returning to active leisure activities | 1 |

Maximum possible score = 4

MAXIMUM TOTAL SCORE = 8

MARKER USE ONLY

Overall, were this candidate's responses to the questions adequate?

Overview of Ten-Minute Stations

There are eight ten-minute stations in the Clinical Component. Each of these eight stations consists of a ten-minute clinical encounter.

This list describes the forms used in the ten-minute stations:

| | |
|----------------------------------|--|
| Instructions to Candidate | This sheet is posted on the wall outside the encounter room. A duplicate is placed in the encounter room.

(One page, in English and in French.)

See “Sample Ten-Minute Clinical Encounters” starting on page 4-43 for examples. |
| Examiner’s Checklist | The examiner places one of your personalized labels on a copy of this sheet and then uses the sheet to mark you during the client encounter. The checklist contains a list of all the items for which you may receive marks during the encounter.

See “Sample Examiner’s Checklist (Ten-Minute Stations)” on page 4-41. |
| Global Ratings | These ratings are on the back of the Examiner’s Checklist. The examiner rates your overall performance in six general categories: <ul style="list-style-type: none">• respecting the client;• taking an organized approach;• using appropriate techniques;• using effective verbal communication;• using effective non-verbal communication; and• listening to the client.
See “Sample Global Ratings Sheet (Ten-Minute Stations)” on page 4-42. |

Sample Examiner's Checklist (Ten-Minute Stations)

Canadian Alliance of Physiotherapy Regulators
Alliance canadienne des organismes de réglementation de la physiothérapie

Candidate
Candidat

| | | | | | |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 | 9 |

Place CANDIDATE Label Here

Examiner
Examineur

| | | | | |
|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 |

Signature
x

Station
Poste

| | | | | |
|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | A | T | 1 |
| 2 | 2 | B | C | 2 |
| 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | J | Q | 4 |
| 5 | 5 | X | R | 5 |
| 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | L | X | 7 |
| 8 | 8 | M | Y | 8 |
| 9 | 9 | 9 | 9 | 9 |

Please DO NOT write in this space

Other
Autre

| | | | | |
|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 |

Apposez l'autocollant du CANDIDAT ici

Veuillez ne pas écrire dans cet espace

Does Correctly - Fait correctement

1. Explains purpose of interaction.
2. Appropriate position of the client (support, comfort, appropriateness)
3. Body mechanics of therapist
4. Manual contact (hand placement)
5. Verbal commands and timing
6. Monitors client response
7. Deep breathing exercises
 - lateral costal expansion
 - diaphragmatic expansion
8. Supported coughing
9. Bed exercises
10. Bed mobility

NOTES TO EXAMINER

AT THE 8-MINUTE MARK
THE EXAMINER WILL ASK THE FOLLOWING QUESTIONS:

1. Outline your goals of treatment for this client.
2. What changes, if any, would you make to your treatment approach based on the client's response to treatment?

SAMPLE
EXAMINER'S CHECKLIST
(10-MINUTE STATION)

Sample Global Ratings Sheet (Ten-Minute Stations)

PLEASE FILL IN THE APPROPRIATE RANKING AREA BELOW.
VEUILLEZ NOIRCIR LE CLASSEMENT APPROPRIÉ

| | | | | | | | |
|--|--------|---|---|---|---|---|-------|
| 1. Rate the extent to which the candidate treated this client with dignity and respect . | Low | ① | ② | ③ | ④ | ⑤ | High |
| 1. <i>Notez dans quelle mesure le candidat a traité ce client avec dignité et respect.</i> | Faible | | | | | | Élevé |
| 2. Rate the extent to which the candidate demonstrated an organized approach with this client. | Low | ① | ② | ③ | ④ | ⑤ | High |
| 2. <i>Notez dans quelle mesure le candidat a eu recours à une méthode organisée avec ce client.</i> | Faible | | | | | | Élevé |
| 3. Rate the extent to which the candidate demonstrated appropriate techniques with this client. | Low | ① | ② | ③ | ④ | ⑤ | High |
| 3. <i>Notez dans quelle mesure le candidat a eu recours à des techniques appropriées avec ce client.</i> | Faible | | | | | | Élevé |
| 4. Candidate was concise and used language that was understandable to the client. | Low | ① | ② | ③ | ④ | ⑤ | High |
| 4. <i>Le candidat s'est exprimé de façon concise et a utilisé un langage de tous les jours.</i> | Faible | | | | | | Élevé |
| 5. Candidate uses nonverbal communication (gestures, body language, eye contact) effectively. | Low | ① | ② | ③ | ④ | ⑤ | High |
| 5. <i>Le candidat a utilisé judicieusement une communication non verbale (gestes, langage corporel, contact visuel).</i> | Faible | | | | | | Élevé |
| 6. Candidate demonstrated appropriate listening skills . | Low | ① | ② | ③ | ④ | ⑤ | High |
| 6. <i>Le candidat a fait preuve d'une bonne écoute.</i> | Faible | | | | | | Élevé |

FILL IN THE RATING WHICH BEST ANSWERS THE FOLLOWING
VEUILLEZ INDIQUER LE CLASSEMENT APPROPRIÉ

Did the candidate demonstrate safe, effective practice at the entry to physiotherapy practice level?
Le candidat a-t-il utilisé des techniques sécuritaires et efficaces, au niveau minimal requis des physiothérapeutes débutants ?

| | |
|--|---|
| <input type="radio"/> UNSATISFACTORY - INSUFFISANT
Please Specify: - <i>Veillez préciser :</i>
<input type="radio"/> BORDERLINE - À LA LIMITE
<input type="radio"/> POOR - FAIBLE
<input type="radio"/> TOTALLY UNACCEPTABLE - PERFORMANCE INACCEPTABLE | <input type="radio"/> SATISFACTORY - SATISFAISANT
Please Specify: - <i>Veillez préciser :</i>
<input type="radio"/> BORDERLINE - À LA LIMITE
<input type="radio"/> GOOD - BIEN
<input type="radio"/> EXCELLENT - EXCELLENT |
|--|---|

Reason for Unsatisfactory Rating. Fill in ALL the appropriate reasons and specify details in box below.
Raisons du classement insuffisant. Noircissez TOUTES les raisons appropriées et donnez les détails dans la case ci-dessous.

- ① Inadequate knowledge and/or provided misinformation. - *Connaissances insuffisantes ou a fourni de mauvaises informations.*
- ② Could not focus in on the client's problem. - *Ne pouvait se concentrer sur le problème du client.*
- ③ Demonstrated poor professional communication or interpersonal skills. - *A utilisé de mauvaises techniques interpersonnelles ou de communication professionnelle.*
- ④ Quality of spoken English impeded ability to communicate. - *Qualité du français parlé - difficulté à communiquer les informations.*
- ⑤ Unprofessional behavior - *A fait preuve d'un comportement non professionnel.*
- ⑥ Unsafe action which could harm the client. - *A accompli un acte dangereux qui pourrait blesser le client.*
- ⑦ Other (Please specify below) - *Autre (Veillez préciser ci-dessous)*

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| DETAILS OF UNSATISFACTORY RATING.
DÉTAILS D'UNE NOTATION INSUFFISANTE. | FOR OFFICE USE ONLY
À L'USAGE DU BUREAU SEULEMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2 | 2 | 2 | 2 | 2 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 | 3 | 3 | 3 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 6 | 6 | 6 | 6 | 6 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7 | 7 | 7 | 7 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 8 | 8 | 8 | 8 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 9 | 9 | 9 | 9 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Mark Reflex® by NCS MM219589-2 654321 HC03

Sample Ten-Minute Clinical Encounters

Stations that follow:

Station 2T (Client Encounter)

Station 3T (Client Encounter)

Station 4T (Client Encounter)

Station 5T (Client Encounter)

Station 6T (Client Encounter)

Station 7T (Client Encounter)

Station 8T (Client Encounter)

Timing of the ten-minute stations:

- You have 2 minutes to move to the next station and read the Instructions to Candidate.
- When the buzzer sounds, you enter the encounter room and then have 10 minutes in the station.
- A warning buzzer sounds 2 minutes before the end of the station (i.e., at 8 minutes).
- At some stations, the examiner will ask you one or more questions at the 8-minute mark. You will answer the questions verbally.
- When the buzzer sounds again, you must move to the next station.

Suggestions for studying:

- Take turns with your study partners being the examiner, the candidate and the client.
- Discuss your feedback from all three perspectives.
- Read the sample test sheet on pages 4-41 and 4-42 to see how candidates are evaluated in the ten-minute stations.

STATION 2T

INSTRUCTIONS TO CANDIDATE

Martha Lawrence

68 years old

This client fell at home. She was brought to the emergency department by her family. She is now being discharged from hospital. She needs an assessment for a walking aid.

Physical examination and X-rays reveal no serious injuries except for a minor scalp laceration, which was sutured. Past medical history is unremarkable.

- **Take a focused history to help determine if the client needs a walking aid.**

You have 10 minutes to complete this station.

STATION 2T

DIRECTIVES AU CANDIDAT

Corresponding French Text here.

Vous avez 10 minutes pour compléter cette station.

STATION 2T
EXAMINER'S CHECKLIST

| | ITEM | DOES
CORRECTLY |
|-----------------------|---|---------------------------|
| <input type="radio"/> | 1. Explains purpose of interaction | 1 |
| <input type="radio"/> | 2. Asks about medication use | 2 |
| | 3. Obtains history of falls: | |
| <input type="radio"/> | Description of most recent fall | 2 |
| <input type="radio"/> | Onset | 1 |
| <input type="radio"/> | Frequency | 1 |
| <input type="radio"/> | Cause of fall | 1 |
| <input type="radio"/> | Change in balance | 1 |
| <input type="radio"/> | Previous injuries OR hospitalizations related to falls | 1 |
| <input type="radio"/> | Asks about loss of consciousness related to this fall | 1 |
| | 4. Asks about presence of associated symptoms: | |
| <input type="radio"/> | Dizziness or lightheadedness | 1 |
| <input type="radio"/> | Altered vision | 1 |
| | 5. Asks about environmental factors: | |
| <input type="radio"/> | Proper lighting | 1 |
| <input type="radio"/> | Loose/scatter rugs | 1 |
| <input type="radio"/> | Proper footwear | 1 |
| | 6. Asks about precipitating factors: | |
| <input type="radio"/> | Fatigue | 1 |
| <input type="radio"/> | Sudden movements | 1 |
| <input type="radio"/> | Alcohol use | 1 |
| <input type="radio"/> | Frequency of alcohol use | 2 |
| | 7. Ascertains mobility: | |
| <input type="radio"/> | Use of cane or mobility aid | 1 |
| <input type="radio"/> | Hanging on to furniture, etc., as cane no longer sufficient | 2 |
| <input type="radio"/> | Using a shopping cart increases steadiness | 1 |
| <input type="radio"/> | Walking frequency | 1 |
| <input type="radio"/> | Walking distance/duration | 1 |
| | 8. Asks about social/home situation: | |
| <input type="radio"/> | Living arrangements | 1 |
| | <u>House design:</u> | |
| <input type="radio"/> | Elevator | 1 |
| <input type="radio"/> | Stairs | 1 |
| <input type="radio"/> | Family assistance | 1 |
| <input type="radio"/> | Community supports/services | 1 |
| <input type="radio"/> | Ability to perform activities of daily living | 1 |
| <input type="radio"/> | Ability to perform household activities | 1 |
| <input type="radio"/> | Hobbies | 1 |
| | MAXIMUM TOTAL SCORE = 35 | |

STATION 3T

INSTRUCTIONS TO CANDIDATE

John Groves

29 years old

Spontaneous right sided pneumothorax.

Yesterday, a chest tube was inserted into the lateral aspect of the client's chest to evacuate the air.

The client is a non-smoker and is otherwise healthy.

- **Auscultate this client's chest in the sitting position.**

You have 10 minutes to complete this station.

STATION 3T

DIRECTIVES AU CANDIDAT

Corresponding French Text here.

Vous avez 10 minutes pour compléter cette station.

STATION 3T

EXAMINER'S CHECKLIST

| | ITEM | DOES CORRECTLY |
|---|--|----------------|
| <input type="radio"/> | 1. Explains purpose of interaction | 1 |
| <input type="radio"/> | 2. Uses proper body mechanics when moving the client | 1 |
| <input type="radio"/> | 3. Provides physical assistance as necessary | 1 |
| <input type="radio"/> | 4. Assures position change is done safely: [see Notes for Examiner] | |
| <input type="radio"/> | Client seated safely in bed or chair | 1 |
| <input type="radio"/> | Chest tube not disrupted | 1 |
| <input type="radio"/> | Chamber not lifted above the heart | 1 |
| <input type="radio"/> | 5. Auscultation: [see Notes for Examiner] | |
| <input type="radio"/> | Uses stethoscope properly, places diaphragm against client's skin | 2 |
| <input type="radio"/> | Auscultates all lung fields using correct pattern (lateral – contralateral) | 2 |
| <input type="radio"/> | Listens to a complete inspiration and expiration before moving on | 4 |
| <input type="radio"/> | 6. Instructs client to breath correctly during auscultation: [see Notes for Examiner] | |
| <input type="radio"/> | Corrects client's breathing pattern | 1 |
| <input type="radio"/> | Checks with client during auscultation re: dizziness | 1 |
| MAXIMUM TOTAL SCORE = 18 | | |
| NOTES FOR EXAMINER | | |
| <p><i>If the Candidate is struggling with bed rail(s), Physiotherapist Examiner should assist him/her in lowering the bed rail.</i></p> <p>Item 4: <i>If candidate disrupts the chest tube, record as "Unsafe action which could harm the client" and give details in the appropriate box.</i></p> <p>Item 6: <i>"Correct" breathing constitutes:</i></p> <ul style="list-style-type: none"> <i>i. Breathe in and out through mouth</i> <i>ii. Encourage slow breaths</i> <i>iii. Encourage deep breaths</i> | | |

STATION 4T

INSTRUCTIONS TO CANDIDATE

Anita Jones

40 years old

She underwent a gastrectomy two days ago.

Your chest assessment reveals a poor respiratory effort, shallow respiration, respiratory rate of 20 breaths per minute, decreased lateral costal and diaphragmatic expansion with decreased breath sounds to the bases bilaterally. There are no adventitious sounds and cough is weak and ineffective.

- **Demonstrate an appropriate treatment program for this client.**
- **At the 8-minute mark you will be asked 2 questions about this client's problem(s).**

You have 10 minutes to complete this station.

STATION 4T

DIRECTIVES AU CANDIDAT

Corresponding French Text here.

Vous avez 10 minutes pour compléter cette station.

STATION 4T
EXAMINER'S CHECKLIST

| | ITEM | DOES
CORRECTLY |
|-----------------------|---|-------------------|
| <input type="radio"/> | 1. Explains purpose of interaction | 1 |
| <input type="radio"/> | 2. Appropriate position of the client (support, comfort) | 2 |
| <input type="radio"/> | 3. Candidate uses good body mechanics | 2 |
| <input type="radio"/> | 4. Manual contact (hand placement) | 4 |
| <input type="radio"/> | 5. Monitors client response | 4 |
| <input type="radio"/> | 6. Deep breathing exercises: | |
| <input type="radio"/> | Lateral costal expansion | 2 |
| <input type="radio"/> | Diaphragmatic expansion | 2 |
| <input type="radio"/> | 7. Supported coughing | 2 |
| <input type="radio"/> | 8. Bed exercises | 2 |
| <input type="radio"/> | 9. Bed mobility | 2 |
| |
[NOTE FOR ESSENTIAL GUIDE FOR CANDIDATES TO THE PCE:
This checklist continues on page 4-51.] | |

STATION 4T

**AT THE 8-MINUTE MARK
THE EXAMINER WILL ASK THE FOLLOWING QUESTIONS:**

- 1. Outline 4 goals of treatment for this client.**

- 2. What addition(s), if any, would you make to your treatment approach based on the client's response to treatment?**

STATION 4T
EXAMINER'S CHECKLIST

| | ITEM | DOES CORRECTLY |
|-----------------------|--|----------------|
| | ANSWERS TO ORAL QUESTIONS | |
| | 1. Outline 4 goals of treatment for this client. | |
| <input type="radio"/> | Improve inspiratory effort | 1 |
| <input type="radio"/> | Improve chest wall excursion | 1 |
| <input type="radio"/> | Encourage coughing | 1 |
| <input type="radio"/> | Improve mobility | 1 |
| | 2. What addition(s), if any, would you make to your treatment approach based on the client's response to treatment? | |
| <input type="radio"/> | Rib springing | 1 |
| <input type="radio"/> | Sustained maximal inspiration | 1 |
| <input type="radio"/> | Incentive spirometer | 1 |
| <input type="radio"/> | Positioning | 1 |
| <input type="radio"/> | Ambulation | 1 |
| | MAXIMUM TOTAL SCORE = 9 | |

STATION 5T

INSTRUCTIONS TO CANDIDATE

Pierre Gauthier

50 years old

Sudden onset of back pain 6 weeks ago while lifting a box.

Over a 3 week period, the client developed left lower extremity symptoms including muscle weakness.

Over the next 3 weeks, there was no change in the client's condition.

Referred for physiotherapy assessment and treatment.

- **Assess this client's lower extremity myotomes and reflexes.**
- **Tell the examiner which levels you are testing.**
- **At the 8-minute mark, the examiner will stop you and ask 3 questions about this client.**

You have 10 minutes to complete this station.

STATION 5T

DIRECTIVES AU CANDIDAT

Corresponding French Text here.

Vous avez 10 minutes pour compléter cette station.

STATION 5T
EXAMINER'S CHECKLIST

| | ITEM | DOES CORRECTLY |
|-----------------------|---|----------------|
| <input type="radio"/> | 1. Explains purpose of interaction | 1 |
| | 2. Tests: | |
| <input type="radio"/> | L2 hip flexors/iliopsoas: | - right
1 |
| <input type="radio"/> | | - left
1 |
| <input type="radio"/> | L3 knee extensors/quadriceps: | - right
1 |
| <input type="radio"/> | | - left
1 |
| <input type="radio"/> | L4 dorsiflexors/tibialis anterior: | - right
1 |
| <input type="radio"/> | | - left
1 |
| <input type="radio"/> | L5 great toe extensors/extensor hallicus longus: | - right
1 |
| <input type="radio"/> | | - left
1 |
| <input type="radio"/> | S1 plantar flexors/gastrocnemius: | - right
1 |
| <input type="radio"/> | | - left
1 |
| <input type="radio"/> | S2 knee flexors/hamstrings: | - right
1 |
| <input type="radio"/> | | - left
1 |
| | 3. Tests Reflexes: | |
| <input type="radio"/> | L4 knee jerk | - right
1 |
| <input type="radio"/> | | - left
1 |
| <input type="radio"/> | S1-S2 ankle jerk | - right
1 |
| <input type="radio"/> | | - left
1 |
| | [NOTE FOR ESSENTIAL GUIDE FOR CANDIDATES TO THE PCE:
This checklist continues on page 4-55.] | |

STATION 5T

**AT THE 8-MINUTE MARK
THE EXAMINER WILL ASK THE FOLLOWING QUESTIONS:**

- 1. Identify the level of nerve root involvement.**
- 2. On what clinical findings do you base your answer?**
- 3. Name 1 more test that you could perform to support your conclusion.**

STATION 5T
EXAMINER'S CHECKLIST

| | ITEM | DOES
CORRECTLY |
|-----------------------|---|---------------------------|
| | ANSWERS TO ORAL QUESTIONS | |
| <input type="radio"/> | 1. Identify the level of nerve root involvement
L3,4 OR L3 OR L4 nerve root identified | 5 |
| <input type="radio"/> | 2. On what clinical findings do you base your answer?
Quadriceps weakness | 5 |
| <input type="radio"/> | Depressed knee jerk | 5 |
| <input type="radio"/> | Pain in medial calf region | 5 |
| <input type="radio"/> | 3. Name 1 more test that you could perform to support your conclusion.
Dermatome testing (or light touch, hot/cold or sharp/dull) | 5 |
| | MAXIMUM TOTAL SCORE = 25 | |

STATION 6T

INSTRUCTIONS TO CANDIDATE

Sandra Darome

17 years old

This client laterally dislocated her left patella 3 hours ago while playing volleyball.

There was immediate self-reduction.

The client recalls the immediate onset of pain and hearing a loud “pop” after quickly pivoting on her left foot in order to return a volley.

Her knee is still very painful.

- **Explain to the client the factors and the mechanisms that may have contributed to her injury.**
- **Discuss how she might prevent recurrence of the same injury.**

You have 10 minutes to complete this station.

STATION 6T

DIRECTIVES AU CANDIDAT

Corresponding French Text here.

Vous avez 10 minutes pour compléter cette station.

STATION 6T
EXAMINER'S CHECKLIST

| | ITEM | DOES
CORRECTLY |
|-----------------------|---|---------------------------|
| | 1. Explains purpose of interaction: | |
| <input type="radio"/> | To explain the mechanism of knee injury (e.g., how the kneecap is dislocated) | 1 |
| <input type="radio"/> | To discuss how the client can prevent patellar dislocations in the future | 1 |
| | 2. Explains mechanism of injury: | |
| <input type="radio"/> | Influence of forces on knee joint (e.g., pivot, valgus stress) | 1 |
| <input type="radio"/> | Laxity of medial structure | 1 |
| <input type="radio"/> | Tightness of lateral structure | 1 |
| <input type="radio"/> | Weakness of muscles (e.g., weak medial thigh muscles versus lateral) | 1 |
| <input type="radio"/> | Uses visual aids (e.g., anatomical model, diagram) | 1 |
| | 3. Explains cause of pain: | |
| <input type="radio"/> | Cause of pain (e.g., shearing of patella, soft tissue stretch or tear) | 1 |
| | 4. Discusses prevention of recurrence: | |
| <input type="radio"/> | Muscle strengthening exercises | 1 |
| <input type="radio"/> | Stretching of tight structures | 1 |
| <input type="radio"/> | Avoidance of pivots | 1 |
| <input type="radio"/> | Use of knee brace or use of tape | 1 |
| | MAXIMUM TOTAL SCORE = 12 | |

STATION 7T

INSTRUCTIONS TO CANDIDATE

Steve Raymond

32 years old

This client has constant and severe low back pain following a motor vehicle collision 2 days ago.

He is having difficulty with most movements.

The objective assessment reveals:

- movement towards extension causes the most low back pain;
- movement towards flexion relieves low back pain;
- there are no neurological deficits;
- the client has a low back soft tissue injury

- **Instruct the client in pain management and resting positions in lying.**

You have 10 minutes to complete this station.

STATION 7T

DIRECTIVES AU CANDIDAT

Corresponding French Text here.

Vous avez 10 minutes pour compléter cette station.

STATION 7T
EXAMINER'S CHECKLIST

| | ITEM | DOES CORRECTLY |
|-----------------------|--|----------------|
| <input type="radio"/> | 1. Explains purpose of interaction: | 1 |
| <input type="radio"/> | 2. Instructs client in supine rest position with hips/knees flexed and supported: | |
| <input type="radio"/> | Positions client | 2 |
| <input type="radio"/> | Uses pillow or towel roll to support neck | 1 |
| <input type="radio"/> | Uses pillow to support knees | 1 |
| <input type="radio"/> | Checks comfort of position | 2 |
| <input type="radio"/> | 3. Instructs client in side lying rest position with hips/knees flexed: | |
| <input type="radio"/> | Positions client | 2 |
| <input type="radio"/> | Uses pillow or towel roll to support neck | 1 |
| <input type="radio"/> | Uses pillow between knees | 1 |
| <input type="radio"/> | Uses towel roll at waist to prevent side flexion | 1 |
| <input type="radio"/> | Checks comfort of position | 2 |
| <input type="radio"/> | 4. Instructs client in transitional movements: | |
| <input type="radio"/> | Sitting to OR from side lying | 1 |
| <input type="radio"/> | Side lying to OR from supine (log roll) | 1 |
| <input type="radio"/> | <u>Has client demonstrate:</u> | |
| <input type="radio"/> | Sitting to OR from side lying | 1 |
| <input type="radio"/> | Side lying to OR from supine (log roll) | 1 |
| <input type="radio"/> | 5. Instructs client to: | |
| <input type="radio"/> | Avoid prone lying | 2 |
| <input type="radio"/> | Avoid prolonged positions (must mention more than one position) | 2 |
| <input type="radio"/> | Use a footstool when standing | 1 |
| <input type="radio"/> | Avoid lifting | 2 |
| <input type="radio"/> | Avoid strenuous activities | 1 |
| <input type="radio"/> | Take frequent rest periods, alternating with light walking and activity | 2 |
| <input type="radio"/> | 6. Instructs client in use of ice or heat: | |
| <input type="radio"/> | Use ice packs to relieve pain | 2 |
| <input type="radio"/> | OR | |
| <input type="radio"/> | Use heat to relieve pain | 1 |
| | Maximum possible score = 2 | |
| | MAXIMUM TOTAL SCORE = 30 | |

STATION 8T

INSTRUCTIONS TO CANDIDATE

Daniel Kerba

41 years old

This client comes to outpatient physiotherapy for treatment of a painful left foot.

- **Take a focused history.**
- **At the 8-minute mark, the examiner will stop you and ask 2 questions about this client.**

You have 10 minutes to complete this station.

STATION 8T

DIRECTIVES AU CANDIDAT

Corresponding French Text here.

Vous avez 10 minutes pour compléter cette station.

STATION 8T

EXAMINER'S CHECKLIST

| | ITEM | DOES CORRECTLY |
|-----------------------|---|----------------|
| <input type="radio"/> | 1. Explains purpose of interaction | 1 |
| | 2. Inquires about past medical history | |
| <input type="radio"/> | Asks about history of diabetes | 1 |
| <input type="radio"/> | 3. Previous history of foot or lower extremity problems | 1 |
| <input type="radio"/> | 4. Client's occupation | 1 |
| | 5. Jogging history: | |
| <input type="radio"/> | Onset | 2 |
| <input type="radio"/> | Frequency | 2 |
| <input type="radio"/> | Changes in intensity/distance | 2 |
| <input type="radio"/> | Warms up/cool down (e.g., starts slow, speeds up, slows down) | 1 |
| <input type="radio"/> | Stretch pre and post jog | 1 |
| <input type="radio"/> | Footwear | 1 |
| <input type="radio"/> | Running surface | 1 |
| <input type="radio"/> | Engages in any other form of physical activity | 1 |
| | 6. Pain: | |
| <input type="radio"/> | Onset | 2 |
| <input type="radio"/> | Location | 2 |
| <input type="radio"/> | Pattern during running (e.g., constant, periodic, occasional) | 2 |
| <input type="radio"/> | Nature (e.g., dull, sharp) | 2 |
| <input type="radio"/> | Intensity | 2 |
| <input type="radio"/> | Duration | 2 |
| <input type="radio"/> | Getting better or worse | 2 |
| <input type="radio"/> | Recent pain pattern | 2 |
| <input type="radio"/> | Aggravating factors | 2 |
| <input type="radio"/> | Alleviating factors | 2 |
| <input type="radio"/> | Medication | 2 |
| | 7. Other: | |
| <input type="radio"/> | History of swelling | |
| <input type="radio"/> | Discolouration | 1 |
| <input type="radio"/> | Loss of strength | 1 |
| <input type="radio"/> | Loss of movement | 1 |
| <input type="radio"/> | Tenderness | 1 |
| <input type="radio"/> | X-ray | 1 |
| <input type="radio"/> | Sensory changes | 2 |
| | [NOTE FOR ESSENTIAL GUIDE FOR CANDIDATES TO THE PCE:
This checklist continues on page 4-63.] | 1 |

STATION 8T
EXAMINER'S CHECKLIST

| | ITEM | DOES
CORRECTLY |
|--|---|--|
| | ANSWERS TO ORAL QUESTIONS | |
| | <p>1. Based on the focused history, what is the most likely clinical diagnosis? (Mark only 1):</p> <p><input type="radio"/> Plantar fasciitis</p> <p><input type="radio"/> Sprain of the plantar fascia, spring ligament or plantar aponeurosis</p> <p><input type="radio"/> Inflammation of the plantar fascia, spring ligament or plantar aponeurosis</p> <p><input type="radio"/> Overuse injury of the plantar fascia, spring ligament or plantar aponeurosis</p> <p style="text-align: right;">Maximum possible score = 5</p> | <p>5</p> <p>5</p> <p>5</p> <p>5</p> |
| | <p>2. What leads you to suspect this clinical diagnosis? (Mark only 1)</p> <p><input type="radio"/> Pain is over origin of plantar fascia</p> <p><input type="radio"/> Client reports pain first thing in the morning or when weight bearing after prolonged rest</p> <p><input type="radio"/> Overtraining — sudden increase in frequency of jogging</p> <p><input type="radio"/> Lack of appropriate warm up and cool down, inadequate stretching</p> <p><input type="radio"/> Overweight or overloading of feet</p> <p style="text-align: right;">Maximum possible score = 5</p> <p style="text-align: right;">MAXIMUM TOTAL SCORE = 10</p> | <p>5</p> <p>5</p> <p>5</p> <p>5</p> <p>5</p> |

Chapter 5: Exam Day: Maximize Your Performance

After reading this chapter, you will know:

- how to evaluate your need for preparation for the PCE;
- how to develop a study plan;
- how to enhance your performance on exam day;
- what to bring to the exam, and what not to bring;
- what the important exam day processes are for both the Written Component and the Clinical Component; and
- some exam-taking strategies for the Written Component and the Clinical Component.

Do You Need to Prepare?

You should evaluate the knowledge, skills and abilities you have developed over the course of your education, including in your supervised clinical placements. Based on this evaluation, you may decide that you need to prepare very little, or you may choose to review a few or all of the areas listed in “Table 4: List of Functions Evaluated by the PCE” on page 2-7.

You are in the best position to determine what preparation is appropriate for you.

Develop a Study Plan

Here are some universally accepted learning principles.

Look after Yourself

- Maintain healthy patterns of eating and sleeping.
- Exercise regularly—do some stretching as well as aerobic and strengthening exercises.
- Make yourself comfortable in your study environment.
- Practise concentration and relaxation techniques daily. If done regularly, your body and mind will respond more quickly and effectively. Use these techniques on exam day, too.
 - Take short breaks to stretch.
 - Use other techniques, such as visualization, progressive relaxation and humour.

Be Efficient

- Create a study schedule, and post it in a visible spot. Update your schedule as necessary.
- Start studying early, and pace yourself.
- Take frequent breaks. Stop and do something else when you lose your concentration.
- If you have a problem with a particular topic, seek help.
- Review topic areas on a regular basis to keep your memory active. Summarize frequently. Use the “little and often” principle.
- After studying an idea or topic, always ask yourself, “What does that mean?” Answer the question as if you’re trying to explain the concept to someone else.
- Analyze your reasoning, especially in clinical situations. This helps to highlight practices that need improvement.
- If possible, form a study group. Asking and answering questions with other candidates improves your understanding and helps you to identify concepts that you should study more.

Exam Day Tips

Before the Exam

- Make sure you know how to get to the exam.
- Try to get some exercise before the exam starts.
- Leave your notes and texts at home. Research has shown that studying on the way to the exam is likely to “muddle” the material you have mastered, thus impairing your exam performance.
- Arrive at the assigned time or a few minutes earlier.
- Avoid having other candidates quiz you.
 - If the concerns of other candidates are likely to upset you, find a place to sit alone while you wait for the exam to start.
 - On the other hand, if chatting and being with your friends is a comfort, steer conversation to non-exam topics.
- Practise your favourite relaxation techniques.
- Go to the washroom before the exam starts.

During the Exam

- Read all instructions carefully.
- Remember to break occasionally for a deep breath or a stretch. Relaxation helps with concentration and improves performance.
- Sit with your feet flat, your back up against the back of the chair, the chair pulled up to the table, and your arms supported on the table.
- Stand with your head up and your back straight, and take a wide stance; put a foot up on a stool or the edge of an examining table.

After the Exam

- Do not discuss specific questions and client encounters with other candidates. Doing so may contravene the Rules of Conduct (see *Candidate Handbook*).
- Do something relaxing. Try reading a good book or going out for dinner.

Specific Information for the Written Component

Remember to Bring the Following

- Entry Certificate.** Your Entry Certificate will be in your registration package. You must bring your entry certificate to the exam.
- Medications or other supplies that you have permission to bring.** You need an approved special needs plan from The Alliance to bring medications or other supplies into the exam room.
- Ear plugs, if you are easily distracted during written exams.** Show the ear plugs to the exam staff when you register.
- Bottled water, if you wish.** You **MUST** take the label off the water bottle. No other food or drink is permitted in the exam room, unless you have an approved special needs plan from The Alliance.
 - Leave valuables—including all electronic and wireless devices—at home. The Alliance is not responsible for lost or stolen property.
 - Leave books and study materials at home. Bringing them to the exam site contravenes the Rules of Conduct (see *Exam Handbook*).

What to Wear

- Wear comfortable clothing.
- Dress in layers. Temperatures in exam rooms may vary depending on the location and the season.

Arriving at the Exam Centre

- Leave all food and drink, outerwear and other personal belongings, including purses and backpacks, in the secure, designated area. You are not allowed to have these items at your desk. **This includes all electronic and wireless devices, you MUST turn them OFF.**
- You will be given a pencil with an eraser.

Registration

- Present your Entry Certificate at the registration desk.
- Sign the registration list. Confirm the correct spelling of your name.
- Look for and make a note of your assigned seat.
- Complete a Change of Address Form, if necessary.
- Take your assigned seat. Wait for orientation.

Orientation

The orientation takes 10 to 15 minutes. Exam staff will welcome you and review the following:

- Procedure for completing the Answer Sheet
- Timeframe for the exam

During the Written Component

The Written Component consists of one 4-hour session. There are no scheduled breaks in this exam.

Exam staff will announce the approaching end of the exam at

- 60 minutes before the end, and again at
- 30 minutes before the end, and again at
- 10 minutes before the end.

Strategies for Taking the Written Component

The Written Component has approximately 200 multiple-choice questions. Each question has a stem (the question) followed by the options (potential answers). See Chapter 3: Written Component Sample Questions for examples.

Writing a multiple-choice exam requires you to take a different approach from exams with true/false, short answer or essay questions.

Here are some suggestions to help you maximize your performance on the multiple-choice questions:

- 1. Write your name and your candidate identification number on your Answer Sheet.**
- 2. Calculate the time** that you can allot for each question, leaving 10 to 15 minutes to review difficult questions at the end.
- 3. Answer the questions.**
 - Mark your answer sheet as you go.

- Make sure to record your responses correctly on the Answer Sheet.
 - Read each question carefully, and note the key terms:
 - obvious qualifiers—for example, all, never, most, usually, almost, little, more, good, best, normally;
 - implied qualifiers—for example, “Birds fly south in the winter,” where “all” is not stated but is implied;
 - negatives and double negatives—for example, “It is **not** logical to assume that Thomas Edison’s fame was **not** due to...”; and
 - key concepts or facts—for example, “**Movements to be avoided post-surgery...**”
 - Focus your attention throughout the exam on what you do know.
 - Try to answer each question in your mind before looking at the options for that question.
 - Read all the options **before** selecting one.
 - Eliminate incorrect options first. You can cross them out in the booklet if that helps you.
 - If you are not sure of an answer, you can leave it until the end. Be sure to skip that line on the Answer Sheet. You can fold down the corner of the page as a reminder.
 - If you are still unsure when you review the question later, take a guess. You don’t lose marks for guessing incorrectly. When you guess, use the following suggestions:
 - Avoid extreme values in numbers or statements.
 - When questions contain compound options (for example, “All of the following”), select the compound that includes the single options of which you are most certain.
 - Check for similar options—one of them is often the right answer.
 - Watch out for foolish options or ones that seem out of place or unfamiliar—they are rarely correct.
4. **Mark your answer sheet as you go.**
 5. **Check the item number** both in the Exam Booklet and on the Answer Sheet frequently to be sure you are on the correct line, especially if you skip a difficult question.
 6. **Review your paper if you have time at the end**, but don’t change any answers unless you have a good reason.

Specific Information for the Clinical Component

Remember to Bring the Following

- Entry Certificate.** Your Entry Certificate will be in your registration package. You must bring your entry certificate to the exam.
- Medications or other supplies that you have permission to bring.** You need an approved special needs plan from The Alliance to bring medications or other supplies into the exam area.
- A lab coat and a stethoscope.** All other required equipment will be provided.

Note: Write your name on your equipment. If you leave an item in a station during the exam, staff will be able to return it to you faster if your name is on it.

- Leave valuables—including all electronic and wireless devices—at home. The Alliance is not responsible for lost or stolen property.
- Leave books and study materials at home. Bringing them to the exam site contravenes the Rules of Conduct (see *Exam Handbook*).

What to Wear

- Wear comfortable clothing that looks professional. Keep in mind that you may be asked to perform physical tasks or to give physical assistance to a standardized client during the exam.
- Wear comfortable shoes. You will be standing or walking for most of the exam.
- Dress in layers. Temperatures in exam rooms may vary depending on the location and the season. Remember that your lab coat adds an extra layer.
- Make sure your lab coat fits you properly. A coat that is too long (in the body or the sleeves) may get in your way. Some candidates prefer to wear a jacket-style lab coat. Be sure your lab coat has enough pocket space for all the equipment you will be carrying.

Arriving at the Exam Centre

- Leave all food and drink, outerwear and personal belongings (including purses and backpacks) in the secure, designated area. You are not allowed to bring these items into the exam area. **This includes all electronic and wireless devices.**
- Put on your lab coat, and put your stethoscope in a pocket. During the exam, return items to the same pocket each time you use them, so that you can find things quickly when you need them.

Registration

- Present your Entry Certificate at the registration desk.
- Sign the registration list. Confirm the correct spelling of your name.
- Complete a Change of Address Form, if necessary.
- Collect your Candidate Package, but **do not open it**. There is a pencil and a small notebook in your Candidate Package.
- Help yourself to the refreshments.
- Take your seat. Wait for orientation.

Orientation

The orientation takes 25 to 30 minutes. Exam staff will welcome you and review the following:

- Contents of your Candidate Package
- Timeframe for five- and ten-minute clinical encounters, and for breaks
- Timing system
- Written stations
- Rules of Conduct

During the Clinical Component

The exam consists of two parts. Each part takes up to two hours:

- Eight five-minute stations, each followed by a five-minute written station; and
- Eight ten-minute stations.

You will be assigned to a group of candidates. Some groups start at the five-minute stations, and the others start at the ten-minute stations.

A member of the exam staff acts as your Group Leader and guides your group through the exam. There are also Hall Monitors who help you to move in the right direction between stations. Exam personnel are clearly identifiable and, if you need help, can assist you.

Halfway through the exam, there is a 10 to 15 minute break. We will provide refreshments. Make sure to leave yourself enough time to visit the washroom.

After the break, the groups switch stations. (That is, if your group started with the five-minute stations, you will switch to the ten-minute stations, and vice versa.)

At the End of the Exam

- Your group leader will take you to the sign out area.
- Hand in your notebook, name tag and leftover labels.
- Sign out of the exam.
- Pick up your personal belongings before leaving the site.
- If you took the exam in the morning session, you may have to wait a few minutes before leaving the exam site.

Strategies for Taking the Clinical Component

Taking the Clinical Component—where you must tend to a standardized client while being evaluated by an examiner—is different from taking an exam on paper. (See Chapter 4: Clinical Component Sample Stations for an overview of how client encounters work.)

To help maximize your performance on exam day, consider these tips:

Have an Exam Day Plan

If you spend some time making an exam day plan for the Clinical Component, the day will go more smoothly. First, use this *Essential Guide for Candidates to the PCE* to develop a mental picture of what the exam will be like. Then, keeping the following points in mind, imagine taking the exam, step by step. By the time exam day arrives, your mental preparation will allow you to apply your skills and perform at your best.

General Considerations

Standardized clients are people who are trained to consistently portray the features of a case and to respond appropriately to your questions and actions.

Assume that you have consent from the standardized client unless the client or the Instructions to Candidate say otherwise.

We will provide hand sanitizer so you can clean your hands at the beginning of each station. The examiners do not give you marks for routine cleaning of your hands, but they will remind you.

Take all other infection control precautions indicated by each clinical situation.

Consider All Instructions Carefully

- Pay attention to staff members' verbal instructions, during both the orientation and the exam.
- Read the Instructions to Candidate slowly—**and then re-read them**. Take notes in your notebook if this helps you. Read the copy outside the station and, if necessary, the copy inside the encounter room. Use your pencil and notebook to take notes if this helps you. The contents of your notebook are not marked. We destroy notebooks after the exam.

Focus on the Client and the Task(s)

- **Do only what is asked for in the Instructions to Candidate.**
- Each time you enter a station, **take note of the environment**—the client's position and appearance, and the equipment that is available—before beginning.
- Pay attention to the client, not the examiner. Explain aloud to the client what you are doing and why.
- If the instructions say, "Describe to the examiner...", you must tell the examiner what you are doing, observing or assessing in order to receive credit. Remember that the examiner cannot guess what you are thinking.
- If you get confused in a station or lose your train of thought, stop, re-read the question, and then carry on. This is an acceptable exam-taking strategy and is also expected professional behaviour.
- The **client's safety** (and yours) is very important. Keep asking yourself if your actions are safe. Do not leave a client in an unsafe position. Think about the **precautions** and **contraindications** to given interventions, and also about **common sense considerations**:
 - Avoid putting your foot on the IV line.
 - Apply the wheelchair brakes before doing a transfer.
 - Ask how the client is feeling.
 - Check to make sure you are working with the correct body part and on the correct side.
- At some ten-minute stations, the examiner will stop you at the 8-minute mark (at the warning buzzer) to ask questions. The Instructions to Candidate tell you if there are verbal questions at a station. At these stations, **you cannot continue your interaction with the client after you answer the questions.**
- The examiner may ask you to re-read the Instructions to Candidate if he or she believes you have misunderstood the question. An examiner does this to prevent you from wasting time doing the wrong thing in a station (for example, taking a history in a physical examination station). If an examiner asks you to re-read a question, stop what you are doing, re-read the Instructions to Candidate and then reconsider your approach before continuing with the client. **The examiner can ask you to re-read the instructions only once.** The examiner may also ask you to describe to the examiner what you are doing. In other words, do not simply re-read the instructions, but be specific and verbalize what you are doing. **The examiner can ask you to verbalize what you are doing only once.**

Stay Relaxed

- Work methodically.
- Take your time.
- If you think you performed poorly in one station, put it behind you and focus on the next station. All candidates will likely have some trouble in one or more stations.
- Take a deep breath and then lower your shoulders as you let the breath out before entering each station.
- **Interact with all standardized clients as if they were real clients.** You may recognize one or more of the standardized clients because some of them also work in Canadian physiotherapy programs. Remember that they will be playing different roles on exam day, and that they must stay in their roles.

Written Stations

- **Read the question(s) carefully.**
- If you are asked for three responses, the examiner marks only your **first** three responses. If you change your mind about an answer, erase or cross it out completely.
- The examiner can mark **legible responses only**. Write neatly, or print your answers.
- At the **Ottawa site only**, candidates may write their written responses in either English or French. For more information on language choice, refer to the *Exam Handbook* or contact The Alliance.
- You can use common abbreviations and acronyms in your answers. However, if you are unsure about whether an abbreviation or acronym is commonly understood, write it in full to make sure that the examiner who marks your answers will understand what you mean.

Chapter 6: Candidate Feedback

After reading this chapter, you will know:

- how to give feedback to The Alliance after you have taken the PCE.

Purpose of Candidate Feedback

The Alliance welcomes your feedback on all aspects of the exam program. We use your feedback to

- revise exam resources (such as the *Exam Handbook* or this *Essential Guide for Candidates to the PCE*);
- improve communication with candidates; and
- identify issues related to exam facilities.

How to Provide Feedback

We will send you a link to an online feedback form after the exam.

Ratings and comments from the feedback form are summed up and then reported to the Exam Steering Group. This group is responsible for exam operations.

Please do not send feedback by email.

Appendix A: Glossary

Here are definitions for many of the terms used in this resource.

Assessment and evaluation: The process of obtaining a client's health history and present functional status through data collection and system-specific tests and measures.

Client: The person, family, group, community or organization receiving professional services, products or information. A client may also be a patient (see *Patient*). (Adapted from the College of Physiotherapists of Ontario, 1996a)

Collaboration: Collaborative patient-centred practice promotes the active participation of each discipline in patient care. It enhances patient- and family-centred goals and values, provides mechanisms for continuous communication among caregivers and staff participation in clinical decision-making (within and across disciplines) and fosters respect for the contributions of all disciplines. (Centre for Collaborative Health Professional Education, 2004)

Competence (for physiotherapy practice): The habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection in daily practice. (Adapted from Epstein, R.M. and Hundert, E., 2002)

Diagnosis: (see *Physiotherapy diagnosis/Clinical impression*)

Evidence-based practice: Evidence-based practice involves the integration of the best current research evidence with clinical expertise and patient values. (Sackett, 2000)

Health promotion: The process of enabling people to increase control over the determinants of health and thereby improve their health. (World Health Organization, 2005)

Impairment: Any loss or abnormality of psychological, physiological or anatomical structure or function. (World Health Organization, 2008)

Informed consent: Voluntary permission given by a subject or guardian for participation in a study or investigation, or for health care, after having been informed of the purpose, methods, procedures, benefits and risks. (adapted from *Dorland's Medical Dictionary*, 29th ed., 2000)

Interpretation and planning: The process of analyzing client information to classify the client's problems and to determine the client's needs, physiotherapy diagnosis and prognosis. It also involves developing an appropriate physiotherapy management strategy based on assessment findings, the client's goals and desired outcomes and the client's response to service.

Interprofessional: Providers from different professions working together, with interaction as an important goal, to collaborate in providing services. (Adapted from World Health Organization, 1998)

Intervention: The preparation and implementation of direct, indirect and supporting activities, and the use of education, communication and consultation, to achieve the desired outcome for the client with minimal risk. Interventions may be either direct (for example, manual techniques and exercise programs) or indirect (preparation, prevention, education and the prescription of assistive devices).

Outcome: A characteristic or construct that is expected to change as a result of the provision of a strategy, intervention, or program. A successful outcome includes improved or maintained physical function when possible, slows functional decline where status quo cannot be maintained, and/or is considered meaningful to the client. (Finch, E. et. al., 2002)

Outcome measure: A measurement tool (instrument, questionnaire, rating form, etc.) used to document change in one or more constructs over time. (Finch, E. et. al., 2002)

Patient: A person who receives clinical physiotherapy services. (Adapted from Canadian Alliance of Physiotherapy Regulators, 2004)

Physiotherapy diagnosis/Clinical impression: A conclusion about physical function based on a physiotherapist's subjective and objective assessment and analysis after investigating the cause or nature of a client's condition or problem.

Physical Therapist, Physiotherapist: Considered synonyms, and used interchangeably to describe a health care practitioner licensed or registered to use that title. Physiotherapists work with their clients to plan and carry out individually designed physical treatment programs in order to maintain, improve or restore physical functioning, alleviate pain and prevent physical dysfunction. Physiotherapists provide clients with preventative, diagnostic and therapeutic services to restore their function and prevent disability arising from disease, trauma or injury.

Physiotherapy assessment: The process of obtaining a client's health history and completing a thorough examination using specific tests and measures to determine whether a physiotherapy intervention is required. (College of Physiotherapists of Ontario, 1996)

Physiotherapy: The assessment of physical function, and the treatment, rehabilitation and prevention of physical dysfunction, injury or pain, to develop, maintain, rehabilitate or augment function or to relieve pain. (*The Physiotherapy Act*, Ontario, 1991)

Practice management: The effective use of human, physical and other resources to develop and operate physiotherapy services.

Professional accountability: Professional accountability means being responsible for one's actions and decisions, and accepting the consequences. Health care professionals demonstrate accountability through their decision-making processes, ethics, competency and integrity, and they reflect accountability through actions and accurate documentation. (adapted from the College of Nurses of Ontario, 2002)

Risks: Risks and side effects are

- those that are probable or likely to occur;
- those that are possible, rather than probable, but can have serious consequences; and
- anything else that is considered relevant to know by a reasonable person in the same circumstances.

(College of Physiotherapists of Ontario, 1996b)

Standards of practice: The rules, requirements, responsibilities and conditions that describe the expectations for physiotherapists to provide high quality, ethical and safe physiotherapy care to their clients. (Adapted from College of Physiotherapists of Ontario, 2008)

Treatment: The administration of particular interventions that have been identified as appropriate in the treatment plan. This activity can sometimes be assigned to support personnel according to regulatory guidelines. (College of Physiotherapists of Ontario, 1996)

Appendix B: Key References for the PCE

Here are some key references you may find helpful when preparing for the PCE. (This list is neither fully representative nor comprehensive.)

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Appendix C: Addresses of Physiotherapy Regulators

College of Physical Therapists of British Columbia
Suite 1420, 1200 West 73rd Avenue,
Vancouver, BC V6P 6G5

Phone #: (604) 730-9193
Fax #: (604) 730-9273
Email: registration@cptbc.org

Physiotherapy Alberta – College + Association
300, 10357-109 St. NW
Edmonton, AB T5J 1N3

Phone #: (780) 438-0338
Fax #: (780) 436-1908
Email: info@physiotherapyalberta.ca

Saskatchewan College of Physical Therapists
102-320 21st Street West
Saskatoon, SK S7M 4E6

Phone #: (306) 931-6661
Fax #: (306) 931-7333
Email: contactus@scpt.org

The College of Physiotherapists of Manitoba
#211-675 Pembina Hwy
Winnipeg, MB R3M 2L6

Phone #: (204) 287-8502
Fax #: (204) 474-2506
Email: info@manitobaphysio.com

College of Physiotherapists of Ontario
375 University Avenue, Suite 901
Toronto, ON M5G 2J5

Phone #: (416) 591-3828
Phone #: 1-800-583-5885
Fax #: (416) 591-3834
Email: info@collegept.org

Ordre professionnel de la physiothérapie du Québec
7151 Jean Talon Est, Bureau 1000
Anjou, QC H1M 3N8

Phone #: (514) 351-2770
Fax #: (514) 351-2658
Email: physio@oppq.qc.ca

College of Physiotherapists of New Brunswick
82 rue Germain St., bureau/suite 2C
Saint John, NB E2L 2E7

Phone # : (506) 642-9760
Fax #: (506) 642-9770
Email: physionb@nb.aibn.com

Nova Scotia College of Physiotherapists
197 West Old Post Rd.
Smith Cove, NS B0S 1S0

Phone # : (902) 454-0158
Fax #: (902) 484-6381
Email: registrar@nsphysio.com

Prince Edward Island College of Physiotherapists
P.O. Box 20078
Charlottetown, PEI C1A 9E3

Phone # : (902) 894-2063
Fax #: (902) 894-2490
Email: contact@peicpt.com

Newfoundland & Labrador College of Physiotherapists
P.O. Box 21351
St. John's, NL A1A 5G6

Phone # : (709) 753-6527
Fax #: (709) 753-6527
Email: collegept@nf.aibn.com

Yukon Registrar of Physiotherapists
Department of Community Services
Consumer Services, C-5, P.O. Box 2703
Whitehorse, HK Y1A 2C6

Phone # : (867) 667-5830
Fax #: (867) 667-3609
Email: consumer@gov.yk.ca

Appendix D: For More Information...

The Alliance's Website

Visit The Alliance's website at www.alliancept.org for the following information:

- Frequently asked questions (FAQs)
- General information on The Alliance and the Physiotherapy Competency Exam (PCE)
- Application forms
- Lexicon of Terms/Lexique de termes
- The Alliance's Privacy Policy
- Announcements (for example, changes to exam policies or key exam documents)

Additional Resources

The following resources are available. Some resources are available free on our website, www.alliancept.org. Use the order form on the next page to purchase resources.

| | |
|---|---|
| <i>Analysis of Practice 2008: A Report on Physiotherapists' Practice in Canada</i> | A comprehensive report on the 2008 research study on physiotherapy practice in Canada (see Chapter 2: Exam Expectations: What Is Included in the PCE? for more information).
Available on The Alliance website: www.alliancept.org |
| Lexicon of Terms/Lexique de Termes | A list of English and French physiotherapy terms used in the exam. The list does not include definitions.
Available on The Alliance website: www.alliancept.org |
