

Certification Examination for Orthopedic Physician Assistants

Handbook for Candidates

Winter 2012 Testing Period

<u>Application Deadline:</u>	December 31, 2011
<u>Testing Begins:</u>	Saturday, February 4, 2012
<u>Testing Ends:</u>	Saturday, February 18, 2012

Summer 2012 Testing Period

<u>Application Deadline:</u>	June 30, 2012
<u>Testing Begins:</u>	Saturday, August 4, 2012
<u>Testing Ends:</u>	Saturday, August 18, 2012



PROFESSIONAL TESTING CORPORATION®

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NEW YORK, NY 10018
(212) 356-0660
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This handbook contains necessary information about the Orthopedic Physician Assistants (NBCOPA) Examination. Please retain it for future reference. Candidates are responsible for reading these instructions carefully. This handbook is subject to change.

PURPOSE OF CERTIFICATION

The National Board for Certification of Orthopedic Physician Assistants (NBCOPA) endorses the concept of voluntary, periodic certification by examination for physician assistants working primarily in orthopedics. The certification process is designed to promote excellence in the practice of orthopedic physician assistants by:

1. Recognizing formally those individuals who meet all the requirements of the NBCOPA.
2. Encouraging professional growth of the physician assistant in orthopedics.
3. Establishing and measuring the level of knowledge required for a certified orthopedic physician assistant.
4. Providing a standard of requisite knowledge required for certification, thereby assisting the employer, public, and members of the health professions in the assessment of orthopedic physician assistants.

ELIGIBILITY REQUIREMENTS

Although not a requirement, it is highly recommended that candidates have at least two years of college work in the sciences before sitting for the Certification Examination for Orthopedic Physician Assistants.

1. a. Completion of an orthopedic physician assistant program, a primary care physician assistant program, or a nurse practitioner program,
OR
b. Completion of a related allied health care program AND at least FIVE years of experience in orthopedic work with responsibility in surgical assisting, history and physical assessment, and immobilization techniques, under the supervision of a Board-certified orthopedic surgeon.

NOTE: A supervising Board-certified orthopedic surgeon must verify this eligibility and sign the Supervising Physician's Statement on the candidate's Application.

2. Completion and filing of Application and required fee for the Certification Examination for Orthopedic Physician Assistants.
3. Agreement to adhere to the following NBCOPA Code of Ethics:
 - a. Pledge to render service to humanity with full regard to patient.
 - b. Pledge to safeguard all confidential information regarding a patient and NBCOPA unless required to divulge such information by law.
 - c. Pledge to uphold the principles and policies of NBCOPA.
 - d. Pledge to strive continually to gain professional knowledge and experience so as to provide better health care to patients, physicians, and community served.

SPONSORSHIP AND ADMINISTRATION

The Certification Program for Orthopedic Physician Assistants is sponsored solely by the National Board for Certification of Orthopedic Physician Assistants. There are six regular members of the board from the American Society of Orthopedic Physician Assistants plus advisory members including physicians and educators. The Certification Examination for Orthopedic Physician Assistants is administered for NBCOPA by the Professional Testing Corporation, 1350 Broadway - 17th Floor, New York, New York 10018, (212) 356-0660, www.ptcny.com.

ATTAINMENT AND DURATION OF CERTIFICATION

Candidates who pass the Certification Examination for Orthopedic Physician Assistants may use OPAC after their name and will receive certificates from NBCOPA.

Certification as an Orthopedic Physician Assistant is recognized for a period of four years at which time the candidate must either retake and pass the current Certification Examination for Orthopedic Physician Assistants or meet continuing education requirements in effect at that time in order to retain certification.

DISCLAIMER

State Statutes provide the basic guidelines that recognize Allied Health Professionals in their respective states. Medical Institutions credentialing committees interpret these statutes. These committees, based on their interpretations, decide what privileges to grant individuals applying for employment in their respective Institutions. The NBCOPA exam is a National Certifying Exam. It is your responsibility as a passing candidate of this exam to insure you meet the requirements of your respective State and Institutional Credentialing Committee when applying for medical privileges within your place of employment.

REVOCACTION OF CERTIFICATION

Certification will be revoked for either of the following reasons:

1. Falsification of Application.
2. Misrepresentation of certification status.

CONFIDENTIALITY

1. The National Board for Certification of Orthopedic Physician Assistants will release the individual test scores only to the individual candidate.
2. Individual scores will NOT be sent to employers, educational institutions, school/programs, etc. under any circumstances.
3. Any questions concerning test results should be referred to NBCOPA.

APPLICATION PROCEDURE

To obtain additional Handbooks for Candidates and Applications, contact Professional Testing Corporation, 1350 Broadway - 17th Floor, New York, New York 10018, (212) 356-0660, or download from www.ptcny.com.

COMPLETION OF APPLICATION

Complete or fill in as appropriate ALL information requested on the Application. Mark only one response unless otherwise indicated.

NOTE: The name you enter on your Application must match exactly the name shown on your current government-issued photo ID such as driver's license or passport. Do not use nicknames or abbreviations.

CANDIDATE INFORMATION: Starting at the top of the Application, print your name, address, phone numbers and e-mail address in the appropriate row of empty boxes.

ELIGIBILITY AND BACKGROUND INFORMATION: All questions must be answered. Mark only one response unless otherwise indicated. If applying via the First Eligibility Route, use the following codes on the Application (school/program):

- 103 - Orthopedic Physician Assistants Programs
- 200 - Primary Care Physician Assistants Programs
- 300 - Surgical Assistants Programs
- 400 - Athletic Trainers Programs
- 450 - Nurse Practitioner Programs

OPTIONAL INFORMATION: These questions are optional. The information requested is to assist in complying with equal opportunity guidelines and will be used only in statistical summaries. Such information will in no way affect your test results.

CANDIDATE SIGNATURE: When you have completed all required information, sign and date the Application in the space provided.

SUPERVISING BOARD CERTIFIED ORTHOPEDIC PHYSICIAN'S STATEMENT: Your supervising board certified orthopedic physician must verify your eligibility and experience and complete and sign the supervising physician's statement. No candidate will be accepted for the examination without a completed and signed Supervising Physician's Statement. Be sure the signature, title, license number, address, and telephone number of your supervisor are included.

Mail the Application with the appropriate fee (see FEES on page 4) in time to be received by the application deadline to:

NBCOPA Examination
Professional Testing Corporation
1350 Broadway - 17th Floor
New York, New York 10018

FEES

Application Fees for Certification Examination for Orthopedic Physician Assistants:

Initial Certification Fee for ASOPA Members	\$450.00
Initial Certification Fee for Non-ASOPA Members.....	\$525.00
Recertification Fee (OPA-Cs only)	\$400.00

NOTE: All candidates must pay the Application Fee for initial certification or recertification (OPA-Cs only).

Make check or money order payable to:

NBCOPA EXAMINATION

Visa, MasterCard, and American Express are also accepted. Please complete and sign the credit card payment form on the application.

REFUNDS

There will be no refund of fees. Fees will not be transferred from one testing period to another.

EXAMINATION ADMINISTRATION

The Certification Examination for Orthopedic Physician Assistants is administered during an established two-week testing period on a daily basis, Monday through Saturday, excluding holidays, at computer-based testing facilities managed by PSI. PSI has several hundred testing sites in the United States, as well as Canada. Scheduling is done on a first-come, first-serve basis. To find a testing center near you visit: www.ptcny.com/cbt/sites.htm or call PSI at (800) 211-2754. NOTE: Hours and days of availability vary at different centers. You will not be able to schedule your examination appointment until you have received an Eligibility Notice from PTC.

TESTING SOFTWARE DEMO

A Testing Software Demo Test can be viewed online.

- Go to www.ptcny.com/cbt/demo.htm

This online Testing Software Demo can give you an idea about the features of the testing software.

SCHEDULING YOUR EXAMINATION APPOINTMENT

Once your Application has been received and processed and your eligibility verified, you will be sent a postcard from PTC confirming receipt. Within six weeks prior to the first day of the testing window, you will be mailed an Eligibility Notice. The Eligibility Notice plus current, government-issued photo identification must be presented in order to gain admission to the testing center. If you do not receive an Eligibility Notice or other correspondence at least three weeks before the beginning of the testing period, contact the Professional Testing Corporation by telephone at (212) 356-0660 with a fax number, so your Eligibility Notice can be sent to you via fax.

The Eligibility Notice will indicate where to call to schedule your examination appointment as well as the dates during which testing is available. Appointment times are first-come, first-serve, so schedule your appointment as soon as you receive your Eligibility Notice in order to maximize your chance of testing at your preferred location and on your preferred date.

It is your responsibility as the candidate to call PSI to schedule the examination appointment.

It is highly recommended that you become familiar with the testing site.

Arrival at the testing site at the appointed time is the responsibility of the candidate. Please plan for weather, traffic, parking, and any security requirements that are specific to the testing location. Late arrival may prevent you from testing.

SPECIAL NEEDS

Special testing arrangements may be made for special needs individuals submitting the Application, examination fee, and a completed and signed Request for Special Accommodations Form, available from www.ptcnyc.com or by calling PTC at (212) 356-0660. Requests for special testing needs individuals must be received at least EIGHT weeks before the testing period begins.

Please notify PTC at least two weeks prior to your examination appointment if you need to bring a service dog, medicine, food, or beverages necessary for a medical condition with you to the test center.

CHANGING YOUR EXAMINATION APPOINTMENT

If you need to cancel your examination appointment or reschedule to a different date within the two-week testing period, you must contact PSI at (800) 211-2754 no later than noon, Eastern Standard Time, of the second business day PRIOR to your scheduled appointment.

RULES FOR THE EXAMINATION

1. Electronic devices, including but not limited to cell phones, pagers, palm pilots, Blackberrys, Bluetooth type devices, cameras, voice recorders, MP3 players (IPOD, I-Touch, etc.) cannot be used during the examination.
2. No test materials, documents, or reference books of any sort are to be brought in or taken from the examination room.
3. No questions concerning content of the examination may be asked during the examination session. The candidate should carefully read the directions that are provided on screen at the beginning of the examination session.

Violation of any of the rules listed above may lead to forfeiture of fees, dismissal from the testing room, and cancellation of your test scores.

REPORT OF RESULTS

Candidates will be notified in writing by PTC within four weeks of the close of the testing period whether they have passed or failed the examination. Scores on the major areas of the examination and on the total examination will be reported.

REEXAMINATION

The Certification Examination for Orthopedic Physician Assistants may be taken as often as desired, upon filing of a new Application and fee. There is no limit to the number of times the examination may be repeated.

CONTENT OF EXAMINATION

The Certification Examination for Orthopedic Physician Assistants is composed of a maximum of 250 multiple-choice, objective test questions with a total testing time of four hours.

The questions for the examination are developed by individuals with expertise in orthopedics and are reviewed for construction, accuracy, and appropriateness by representatives of NBCOPA. The NBCOPA, with the advice and assistance of the Professional Testing Corporation, prepares the examination.

The Certification Examination for Orthopedic Physician Assistants will be weighted in approximately the following manner:

- | | |
|---|-----|
| I. Anatomy and Physiology..... | 15% |
| II. Musculoskeletal Conditions | 30% |
| III. Orthopedic History and Physical Examination..... | 10% |
| IV. Imaging and Laboratory Studies | 10% |
| V. Treatment of Musculoskeletal Conditions..... | 35% |

CONTENT OUTLINE

- I. ANATOMY AND PHYSIOLOGY
 - A. Skeletal
 - 1. Bones
 - a. Structure
 - 1) Composition
 - 2) Special Anatomic Configurations
 - a) Fossa
 - b) Foramen
 - c) Condyle
 - d) Trochanter
 - e) Crest
 - f) Spinous Process
 - g) Tuberosity
 - h) Other
 - 3) Growth
 - 4) Coverings
 - 5) Blood Supply
 - b. Types
 - 1) Long Bones
 - 2) Short Bones
 - 3) Flat Bones
 - 4) Irregular Shaped Bones
 - c. Functions
 - 1) Support
 - 2) Protection
 - 2. Joints
 - a. Structure
 - 1) Cartilage
 - a) Articular
 - b) Meniscal
 - c) Other
 - 2) Ligaments
 - 3) Synovia
 - 4) Joint Fluid
 - b. Types
 - 1) Ball and Socket
 - 2) Hinge
 - 3) Gliding
 - 4) Other
 - c. Functions
 - 1) Flexion and Extension
 - 2) Abduction and Adduction
 - 3) Rotation and Circumduction
 - 4) Supination and Pronation
 - 5) Inversion and Eversion
 - 6) Other
 - B. Neuromuscular
 - 1. Muscles
 - a. Structure
 - 1) Belly
 - 2) Tendons
 - 3) Origins and Insertions
 - b. Types
 - c. Location
 - d. Actions
 - 2. Nerves

- a. Structure
 - 1) Central
 - 2) Peripheral
- b. Location
- c. Function

II. MUSCULOSKELETAL CONDITIONS

- A. Trauma
 - 1. Fractures and Dislocations
 - a. Open
 - b. Closed
 - 2. Soft Tissue Injuries
 - 3. Complications
- B. Disorders
 - 1. Upper Extremities
 - 2. Lower Extremities
 - 3. Spine
 - a. Cervical
 - b. Thoracic
 - c. Lumbar
 - d. Sacrum and Coccyx
- C. Diseases
 - 1. Neuromuscular
 - 2. Skeletal
 - 3. Deficiency
 - 4. Blood Dycrasias
 - 5. Systemic
- D. Joint Conditions
 - 1. Arthritic
 - a. Degenerative
 - b. Inflammatory
 - c. Posttraumatic
 - 2. Soft Tissue
 - a. Inflammatory
 - b. Attritional
 - 3. Congenital
- E. Infections
 - 1. Acute
 - 2. Chronic
 - 3. Periprosthetic
- F. Neoplasms
 - 1. Malignant
 - 2. Benign
- G. Muscle, Ligament, Tendon, and Cartilage Conditions

III. ORTHOPEDIC HISTORY AND PHYSICAL EXAMINATION

- A. Present Illness
 - 1. Symptoms
 - 2. Cause
 - 3. Duration
 - 4. Prior Treatment
 - 5. Changes Since Onset
 - 6. Present Medical Status
- B. Patient History
 - 1. Serious Illness
 - 2. Surgery
 - 3. Hospitalizations
 - 4. Similar Conditions or Broken Bones
 - 5. Congenital Problems

6. Present Medications
7. Activities of Daily Living
8. Alignment
- C. Family History
- D. Physical Examination
 1. Observation
 - a. Gait
 - b. Swelling
 - c. Deformities and Scarring
 - d. Stature and Posture
 - e. Nutritional Status
 - f. Muscular Development
 - g. Amputations
 - h. Other
 2. Manual Examination
 - a. Palpation
 - b. Range of Motion
 - c. Stability
 - d. Strength
 - e. Neurological
 - f. Circulation

IV. IMAGING AND LABORATORY STUDIES

- A. Imaging
 1. Roentgenography
 - a. Routine
 - b. Tomography
 - c. Computerized Axial Tomography
 2. Magnetic Resonance Imaging
 3. Nuclear Studies
 4. Ultrasonography
 5. Special Diagnostic Procedures
 - a. Arthrography
 - b. Fluoroscopy
 - c. Venography
 - d. Other
 6. Findings
- B. Laboratory Studies
 1. Urine
 2. Blood
 3. Synovial Fluid
 4. Cultures
- C. Other Diagnostic Procedures

V. TREATMENT OF MUSCULOSKELETAL CONDITIONS

- A. Nonsurgical
 1. Casting
 - a. Indications
 - b. Types
 - 1) Plaster
 - 2) Fiberglass and Other Synthetics
 - c. Anatomical Site
 - 1) Upper Extremity
 - 2) Lower Extremity
 - 3) Body
 - d. Application and Procedures
 - 1) Preparation
 - 2) Padding

- 3) Special Considerations
 - 4) Removal
 - e. Duration of Treatments
 - f. Complications
 2. Supportive and Assistive Devices
 - a. Taping, Strapping, Bandages
 - b. Splints and Braces
 - 1) Static
 - 2) Dynamic
 - 3) Prefabricated
 - 4) Custom
 - c. Ambulatory, Assistive Devices (Crutches, Walkers, Canes)
 3. Traction
 4. Physical Therapy and Exercise/ Continuous Passive Motion
 5. Complications
 6. Other
- B. Pharmacologic
 1. Types, Functions, and Side Effects
 - a. Analgesics
 - b. Muscle Relaxants
 - c. Antibiotics
 - d. Steroids
 - e. Anticoagulants
 - f. Anti-inflammatories
 - g. Vasoconstrictors
 - h. Antiemetics
 2. Administration
 - a. Oral
 - b. Parenteral
 - 1) Intravenous Including Patient Controlled Analgesia
 - 2) Intramuscular
 - 3) Subcutaneous
 - 4) Regional
 - c. Other
 3. Interactions
 - a. Other Drugs
 - b. Disease Conditions
- C. Surgical
 1. Indications
 2. Preoperative Planning and Care
 3. Types of Procedures
 - a. Reduction
 1. Fractures
 2. Dislocations
 - b. Reconstruction
 - 1) Arthroplasty
 - a) Replacement
 - b) Interpositional
 - 2) Ligaments
 - 3) Digits
 - 4) Fusion
 - c. Repair
 - 1) General
 - 2) Reimplantation

- d. Removal
 - 1) Amputation
 - 2) Foreign bodies
 - 3) Other
- e. Wound care
 - 1) Traumatic
 - 2) Elective
- f. Diagnosis
 - 1) Arthroscopy
 - 2) Other
- 4. Intraoperative Management
 - a. Positioning
 - b. Anesthesia
 - c. Incision
 - d. Equipment
 - 1) Instrumentation
 - 2) Implants
 - 3) Sutures
 - 4) Other
 - e. Sterilization Procedures
- 5. Postoperative Management
 - a. Immediate
 - b. Hospital
 - c. Long Term
- 6. Complications
- D. Patient Education
- E. Documentation
- F. Infection Control
- G. Safety

SAMPLE EXAMINATION QUESTIONS

In the following questions, choose the one best answer.

-
1. The triceps reflex is controlled by what nerve root?
1. C5
 2. C6
 3. C7
 4. T1
-
2. What type of joint is the hip joint?
1. Hinge
 2. Pivot
 3. Condylloid
 4. Ball and socket
-
3. Which of the following fractures is LEAST likely to be initially demonstrated on an X ray?
1. Cuboid
 2. Boxer's
 3. Scaphoid
 4. Bennett
-
4. The skeleton of the adult hand consists of how many bones?
1. 8
 2. 10
 3. 19
 4. 27
-
5. Osteoblasts are responsible for bone
1. growth.
 2. nutrition.
 3. formation.
 4. destruction.
-
6. Which of the following arteries would most likely be injured in a supracondylar fracture of the elbow?
1. Radial
 2. Axillary
 3. Brachial
 4. Subscapular
-
7. What is the best method of treatment for a 13-year-old who presents with a slipped capital epiphysis?
1. Braces
 2. Surgery
 3. Traction
 4. Crutches with partial weight bearing

8. A deficiency of vitamin D may cause which of the following bone problems?

1. Rickets
 2. Pellagra
 3. Dwarfism
 4. Osteoporosis
-

9. Which of the following would be an immediate treatment for pulmonary emboli?

1. Intravenous heparin
 2. Intramuscular heparin
 3. Oral warfarin (Coumadin)
 4. Subcutaneous adrenalin (Epinephrine)
-

10. What is the main extensor muscle of the hip?

1. Semitendinosus
 2. Gluteus medius
 3. Gluteus maximus
 4. Gluteus minimus
-

CORRECT ANSWERS TO SAMPLE QUESTIONS

1. 3, 2. 4, 3. 3, 4. 3, 5. 3, 6. 3, 7. 2, 8. 1, 9. 1, 10. 3

REFERENCES

The following references may be of some help in preparing for the examination. The list does not attempt to include all acceptable references nor is it suggested that the examination questions are necessarily based on these references.

Bellabarba C, Berger RA, Bentley CD, Quigley LR, Jacobs JJ, Rosenbrg AG, Sheinkop MB, Galante JO. Cementless acetabular reconstruction after acetabular fracture. *J Bone Joint Surg* 83A(6):868-876, 2001.

Berry DJ, Harmsen WS, Cabanela ME, Morrey BF: 25 Year Survivorship of 2000 Consecutive Primary Charnley Total Hip Arthroplasties: Factors Governing Acetabular and Femoral Component Survivorship. *J Bone Joint Surg(A)* Feb., 2002.

Blasser KE: Intertrochanteric fracture. In: *Reconstructive Surgery of the Joints*, Churchill Livingstone, Philadelphia, PA, B. F. Morrey (ed), pp 1062-1076, 1996.

Feugier P, Fessy MH, Carret JP, Fischer LP, Bejui J, Chevalier JM: Total hip arthroplasty. Risk factors and prevention of iatrogenic vascular complications. *Annales de Chirurgie* 53(2):127-135, 1999.

Gill DRJ, Morrey BF: The Coonrad-Morrey total elbow arthroplasty in patients who have rheumatoid arthritis. A ten to fifteen year follow-up study. *J Bone Joint Surg* 80A(9):1327-1335, 1998.

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Madan S, Jowett RL, Goodwin MI: Recurrent intrapelvic cyst complicating metal-on-metal cemented total hip arthroplasty. *Archives of Orthopaedic & Trauma Surgery* 120(9):508-510, 2000

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Joaquin Sanchez-Sotelo; Berry, D.J.; W. Scott Harmsen: Long-Term Results of a Collared Matte-Finished Femoral Component Fixed with Modern Cementing Techniques. A Fifteen-Year-Median Follow-up Study J Bone Joint Surgery(A) Jan., 2002.

Schneeberger AG, Adams R, Morrey BF: Semiconstrained total elbow replacement for the treatment of posttraumatic arthritis and dysfunction. J Bone Joint Surg 79A:1211-1222, 1997.

Sethuraman V, Hozack WJ, Sharkey PF, Rothman RH: Pseudoaneurysm of femoral artery after revision total hip arthroplasty with a constrained cup. J Arthroplasty 15(4):531-534, 2000.

Sperling JW, Kozak TK, Hanssen AD, Cofield RH. Infection after shoulder arthroplasty. [In Process Citation]. Clin Orthop. 2001:206-16.

Sperling JW, Cofield RH. Revision total shoulder arthroplasty for the treatment of glenoid arthrosis [see comments]. J Bone Joint Surg Am. 1998;80:860-7.

Wirth MA, Rockwood CA, Jr. Complications of total shoulder-replacement arthroplasty. J Bone Joint Surg Am. 1996;78:603-16.



Application for Certification Examination for Orthopedic Physician Assistants

MARKING INSTRUCTIONS: This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided. →

A	B	C	D	E	F	1	2	3	4	5	6
---	---	---	---	---	---	---	---	---	---	---	---

Candidate Information

Please enter your Name exactly as it appears on a Government-Issued Photo I.D.

Mr. First Name _____ Middle Initial _____
 Mrs. _____
 Ms. _____
 Dr. _____

Last Name _____ Suffix (Jr., Sr., etc.) _____

Home Address - Number and Street _____ Apartment Number _____

City _____ State/Province _____ Zip/Postal Code _____

Daytime Phone _____ - _____ - _____ Evening Phone _____ - _____ - _____

Email Address (Please enter only ONE email address. Use two lines if your email address does not fit in one line.)

Eligibility and Background Information

Examination Date

Winter Summer

Darken only one choice for each question unless otherwise directed.

A. ELIGIBILITY ROUTE: Select the ONE route which determines your eligibility to take the examination:

School/Program (provide information below)

School Name: _____

City/State: _____

Year Completed: _____

School Code:

--	--	--

(See Handbook.)

Other allied health program plus five years experience

B. HIGHEST ACADEMIC LEVEL ATTAINED:

- High School Diploma or Equivalency Master's Degree
 Associate Degree Doctoral Degree
 Bachelor's Degree

C. HIGHEST HEALTH CREDENTIAL HELD:

- LPN/LVN NP PA-C CST PT
 RN PA OT-C ATC Other

D. PRIMARY PLACE OF EMPLOYMENT:

(Darken only one response.)

- Physician's office
 General or community hospital
 Military facility
 Orthopedic clinic (other than above)
 Other

E. PERCENT OF WORKING TIME CURRENTLY SPENT IN ORTHOPEDICS:

- Less than 25% 51 to 75%
 25 to 50% More than 75%

F. EXPERIENCE IN THE CARE OF ORTHOPEDIC PATIENTS:

- Under 1 year 6 to 10 years
 1 to 3 years More than 10 years
 4 to 5 years

G. ARE YOU A MEMBER OF ASOPA?

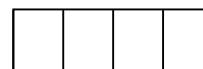
- No Yes

Note: Membership in ASOPA is not required.

H. ARE YOU A MEMBER OF AAPA (AMERICAN ACADEMY OF PHYSICIANS' ASSISTANTS)?

- No Yes

(Continue on page 2)





Application for Certification Examination for Orthopedic Physician Assistants

Eligibility and Background Information

I. HAVE YOU TAKEN THIS EXAMINATION BEFORE?

No Yes

If yes, indicate month, year, and name under which the examination was taken.

Date (month/year): _____

Name: _____

J. ARE YOU CURRENTLY CERTIFIED BY EXAMINATION THROUGH NBCOPA?

No Yes

If yes, indicate month and year of expiration.

Date (month/year): _____

Optional Information

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your recertification.

Race

- African American Native American
 Asian White
 Hispanic No Response

Age Range:

- Under 25 40 to 49
 25 to 29 50 to 59
 30 to 39 60+

Gender:

- Male
 Female

Candidate Signature

I have read the Handbook for Candidates and understand I am responsible for knowing its contents. I certify that the information given in this Application is in accordance with Handbook instructions and is accurate, correct, and complete.

CANDIDATE SIGNATURE: _____ **DATE:** _____

Supervising Physician's Statement

Being board certified and a fellow of the American Academy of Orthopaedic Surgeons, I fully understand my responsibility as a supervising physician to this candidate. I hereby certify that I have read and understand the eligibility requirements for the Certification Examination for Orthopedic Physician Assistants. I acknowledge and attest that this candidate is an Orthopedic Physician Assistant and has a minimum of five years of orthopedic experience in surgical assisting, history and physical assessment, casting, and immobilization techniques. I agree to provide supervision and to accept full medical legal responsibility for services provided in a hospital, clinic, or surgery center by this Orthopedic Physician Assistant.

NAME: _____ **SIGNATURE:** _____

TITLE: _____ **STATE LICENSE NUMBER:** _____

INSTITUTION: _____ **PHONE:** _____

ADDRESS: _____ **CITY/STATE:** _____

CREDIT CARD PAYMENT *If you want to charge your application fee on your credit card, provide all of the following information.*

Name (as it appears on your card): _____

Address (as it appears on your statement): _____

Charge my credit card for the total fee of: \$ _____

Expiration date (month/year): _____ / _____

Card type: Visa MasterCard American Express

Card Number: _____

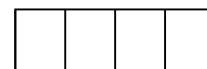
SIGNATURE: _____

FOR OFFICE USE ONLY

Date 1300
1310

Fee: _____

CC Check





American Society of Orthopaedic
Physician's Assistants (ASOPA)
8365 Keystone Crossing, Suite 107
Indianapolis, IN 46240
Phone: (800) 280-2390
Fax: (317) 205-9481
asopa@hp-assoc.com
www.asopa.org

ASOPA, who we are...
Established and incorporated
in 1976, the American Society
of Orthopaedic Physician's
Assistants (ASOPA) is an
organization for physician
extenders who specialize in
orthopaedic Board-certified
surgery. ASOPA members are
usually employed by a Board-
certified orthopaedic surgeon
or by an orthopaedic facility.

JOIN NOW!

To apply for membership,
please complete the attached
application or visit us at
www.asopa.org.

QUESTIONS? Contact ASOPA sat
(800) 280-2390 or via email at
asopa@hp-assoc.com if you
have any questions.

JOIN ASOPA!

By taking the time to review and consider the NBCOPA exam application, it shows that you are serious about continuing your education in the field of orthopaedics. **We would like to extend a special invitation for you to join our association!** Please take a moment and review who ASOPA is and the benefits of becoming an ASOPA member.

ASOPA's primary purpose is to enhance the quality of patient care by providing professional development to orthopaedic physician's assistants through continuing education, certification, networking, publications and meeting with peers and other allied health professionals.

While certainly not mandatory, being a part of a professional association is commonplace within the field of medicine. Some see membership organizations as "social" clubs, but in reality, the social interaction leads us to continued learning, personal and professional growth, and career advancement.

We encourage you to look at what led you to become an allied health care professional in orthopaedics and consider the potential benefits of being a part of ASOPA.

ASOPA MEMBERSHIP BENEFITS

Members receive a number of valuable benefits, including:

- Receipt of the ASOPA newsletter, *The Update*, which provides members valuable information on the state of the association and profession as well as features useful technique tips and articles. Members receive a print and electronic subscription (quarterly).
- Access to valuable electronic updates on the latest-breaking information that impacts your role and responsibilities as an Orthopaedic Physician's Assistant (OPA).
- Access to special member-only portions of ASOPA website, including available employment opportunities, a job listing service, membership directory, and a resource library.
- A \$100 discount off registration fees to attend ASOPA's Annual Meetings.
- Discounts to take the examination leading to OPA-C certification (\$75) and logging CMEs with the National Board for Certification of Orthopaedic Physician's Assistants (NBCOPA) for recertification (a savings of \$360 per recertification cycle).



CATEGORIES & REQUIREMENTS

ASOPA has two classifications for membership – Fellow and Affiliate

FELLOW MEMBERS (\$200 per year)

To qualify for Fellow membership, candidates must have passed the certifying exam given by the NBCOPA. Fellow members are given voting privileges and have the ability to hold office on the Executive Board.

AFFILIATE MEMBERS (\$200 per year)

Non-certified applicants are encouraged to join as Affiliate members. Affiliate members receive the same benefits as Fellow members with the exception of voting privileges at ASOPA meetings and the ability to hold office on the Executive Board.

While ASOPA membership is geared directly toward OPAs, the society invites professionals from other allied health professions to get involved for educational and networking benefits. The newsletter subscription, membership directory, and discounted meeting registration fees are beneficial to all members.

WEBSITE

ASOPA maintains an informative website – www.asopa.org – which includes available employment positions, certification information, and educational articles, the ASOPA resource library, and a directory of all members.

ANNUAL MEETING

ASOPA holds its annual meeting each summer. The format of the Annual Meeting includes general plenary sessions, hands-on instructional workshops, and networking receptions. Members earn valuable continuing medical education (CME) units toward recertification! For more information about the 2010 meeting, visit www.asopa.org.



ASOPA MEMBERSHIP APPLICATION

You may also apply online at www.asopa.org



Name: _____ Credentials: _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail Address _____ Home Phone: _____

Birth Date: _____ Would you prefer to receive your Update Newsletter by: Mail E-mail

EMPLOYMENT INFORMATION

Employer: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Employed from: _____ to _____ Position: _____

TYPE OF MEMBERSHIP - Please check one box below

Fellow Membership is reserved for those that have passed the certification exam given by the National Board of Certification of Orthopaedic Physician's Assistants.

Fellow Membership \$200.00 Affiliate Membership \$200.00

Have you passed the National Board for Certification of Orthopaedic Physician's Assistants Exam? Yes No

If yes, the date and number that appears on certificate # _____ Effective Date: _____ Expires: _____

**Administration fee applies only to initial or reinstated memberships.*

Are you a graduate of an O.P.A. Program? Yes No

Are you a graduate of a Primary Care P.A. Program? Yes No

If yes, are you certified? Yes No

Have you been trained on the job? Yes No If yes, by whom, Dr. _____

Address: _____ City: _____ State: _____ Zip: _____

Did you receive training from the Armed Forces? Yes No If yes: Where: _____ When: _____

Branch of Armed Forces: _____ Serial #: _____

EDUCATIONAL INFORMATION - Fill in information for highest level completed

Type of School: _____ Name: _____

Major: _____ Last Year: _____ Degree: _____

High School 1 2 3 4 College 1 2 3 4 Post Graduate 1 2 3 4 Other 1 2 3 4 *(please circle highest level completed)*

PAYMENT

* Check # _____ Visa/Mastercard Card #: _____ Exp. Date: _____

Cardholder Name (please print): _____ Signature: _____

**Payable to the American Society of Orthopaedic Physician's Assistants or ASOPA*

PLEASE HAVE YOUR EMPLOYING PHYSICIAN SIGN THE STATEMENT BELOW

I hereby certify that the above applicant is competent in his/her area of orthopaedic physicians assistance. I do know that this applicant and have found him/her to be of good moral character.

Signature: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

I, the applicant, do hereby assure that the entries and statements made above on this application form are true and correct to the best of my knowledge. I understand that the society is hereby authorized to make any investigation of my personal history pertaining to my role as an O.P.A. through any investigation agency or bureaus of its choice. I also understand that false statements on this application are grounds for expulsion from the society.

Printed Name: _____ Signature of Applicant: _____

Date: _____

SEND COMPLETED APPLICATION AND CHECK TO: _____

American Society of Orthopaedic Physician's Assistants (ASOPA) 8365 Keystone Crossing, Suite 107, Indianapolis, IN 46240

QUESTIONS? Please contact ASOPA at (800) 280-2390 or via email at asopa@hp-assoc.com.