

# CERTIFICATION EXAMINATION FOR ORTHOPEDIC PHYSICIAN ASSISTANTS

Handbook for Candidates



[www.nbcopa.org](http://www.nbcopa.org)



**PROFESSIONAL TESTING CORPORATION**® 1350 BROADWAY • SUITE 800 • NEW YORK, NY 10018

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This handbook contains necessary information about the Certification Examination for Orthopedic Physician Assistants / Orthopedic Assistants. 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 assistant/orthopedic assistants working primarily in orthopedics. The certification process is designed to promote excellence in the practice of orthopedics by:

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

## ELIGIBILITY REQUIREMENTS

All candidates must be legal US residents at the time of application and testing. It is highly recommended that candidates have at least two years of college work in sciences before sitting for the Certification Examination for Orthopedic Physician Assistants/Orthopedic 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 Masters level program in orthopedic assisting\*  
OR  
c. 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\*.

\* All applications must include Program completion certificates and/or Diploma's.

**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/Orthopedic 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/Orthopedic Assistants is sponsored solely by the National Board for Certification of Orthopedic Physician Assistants. There are up to six regular members of the board plus advisory members including physicians and educators. The Certification Examination for Orthopedic Physician Assistants/Orthopedic Assistants is administered for NBCOPA by the Professional Testing Corporation, 1350 Broadway – Suite 800, New York, New York 10018, (212) 356-0660, [www.ptcny.com](http://www.ptcny.com).

## ATTAINMENT AND DURATION OF CERTIFICATION

Candidates who pass the Certification Examination may use OPA-C (for Orthopedic Physician Assistant-Certified) or OA-C (Orthopedic Assistant - Certified) after their name and will receive certificates from NBCOPA.

Certification as an Orthopedic Physician Assistant/Orthopedic Assistant is recognized for a period of four years at which time the candidate must either retake and pass the current Certification Examination 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 with surgeon support, based on their interpretations, decide what privileges to grant individuals applying for employment in their respective institutions. The NBCOPA examination is a National Certification Examination. It is your responsibility as a passing candidate of this examination to insure you meet the requirements of your respective State and Institutional Credentialing Committee when applying for medical privileges within your place of employment.

## REVOCATION OF CERTIFICATION

Certification will be revoked for either of the following reasons:

1. Falsification of Application.
2. Misrepresentation of certification status.
3. Failure to adhere to NBCOPA Code of Ethics.

## 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

1. Read and follow the directions on the application and in this handbook. All applications must be completed online. The application can be found on Professional Testing Corporation's website <http://www.ptcny.com/clients/NBCOPA>.
2. The online application and appropriate fees for the examination should be received one month before the candidate's preferred testing date.

**COMPLETION OF APPLICATION**

Candidates must complete the examination application in full, using your name exactly as it appears on your current government issued photo ID such as a driver’s license or a passport. The completed application, with all documentation (if required), can be submitted and paid for online at <http://www.ptcny.com/clients/nbcopa>.

**ELIGIBILITY AND BACKGROUND INFORMATION:** All questions must be answered. Mark only one response unless otherwise indicated. If you have completed one of the following programs use the appropriate code from the list below on the application:

- 103 – Orthopedic Physician Assistant Programs
- 200 – Primary Care Physician Assistant Programs
- 300 – Surgical Assistant Programs
- 400 – Athletic Trainer Programs
- 450 – Nurse Practitioner Programs
- 500 – University of St. Augustine Master of Orthopaedic Assistant Program
- 550 – Military

**SUPERVISING BOARD CERTIFIED ORTHOPEDIC PHYSICIAN’S STATEMENT:** Your supervising board certified orthopedic surgeon 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 is included. Attestation Statements must be uploaded with your application.

**PROGRAM COMPLETION CERTIFICATES AND / DIPLOMA:** Please upload copies if you are applying via program 1.a. b. or c. eligibility (see ELIGIBILITY REQUIREMENTS on page 1).

**FEES**

Application Fees for Certification Examination for Orthopedic Physician Assistants/Orthopedic Assistants:

Initial Certification Fee .....	\$450.00
Recertification by Exam Fee (OPA-C or OA-C) .....	\$350.00

NOTE: All candidates must pay the Application Fee for initial certification or recertification.

Make check or money order payable to: **PROFESSIONAL TESTING CORPORATION**

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

**REFUNDS/TRANSFERS**

**There will be no refund of fees.**

Candidates who do not sit for their examination within three months of their application date will need to reapply and pay the appropriate examination fees.

## EXAMINATION ADMINISTRATION

The Certification Examination for Orthopedic Physician Assistants/Orthopedic Assistants is administered on an ongoing 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](http://www.ptcny.com/cbt/sites.htm) or call PSI at (833) 207-1288. **NOTE: Hours and days of availability vary at different centers. You will not be able to schedule your examination appointment until you have received a Scheduling Authorization from PTC.**

### ONLINE PRACTICE TEST

A Practice Test is available online. Go to <https://secure.ptcny.com/webtest/>. The practice test can help you review similar content found in the Certification Examination, and to learn more about question format, style, and level of difficulty.

## SCHEDULING YOUR EXAMINATION APPOINTMENT

Scheduling Authorizations will be emailed to candidates approximately 10 days after the application has been received, reviewed, and processed. The Scheduling Authorization will indicate how 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 Scheduling Authorization in order to maximize your chance of testing at your preferred location and on your preferred date.

If you do not receive a Scheduling Authorization within two weeks of submitting your application, contact the Professional Testing Corporation at (212) 356-0660 for a duplicate. Scheduling Authorization emails sometimes end up in junk/spam mail folders. Please add notices@ptcny.com to your contacts or safe email sender list.

**You MUST present your current driver's license, passport, or U.S. military ID at the test center. Temporary, paper driver's licenses are not accepted. The name on your Scheduling Authorization must exactly match the name on your photo I.D.** PTC recommends you take a printed copy of your Scheduling Authorization as well as your PSI appointment confirmation as well.

Please note: Candidates have three (3) months from the date of application to sit for the examination. After the three-month period, candidates will need to reapply for the examination and pay a new application fee.

- **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 prior to your appointment.**
- **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.**

## INTERNATIONAL TESTING

Candidates\* outside of the United States and Canada must complete and submit the Request for Special Testing Center Form found on the [www.ptcny.com](http://www.ptcny.com) homepage. This form must be uploaded to your application no later than 8 weeks prior to the start of the chosen testing period. Fees for testing at an international computer test center (outside of the United States and Canada) are \$100.00 in addition to the examination fee. PTC will arrange a computer based examination at an international test center for you. **Please note that all examinations are administered in English.**

**\*All candidates must be a U.S. resident to apply for the examination.**

## SPECIAL NEEDS

NBCOPA and PTC support the intent of and comply with the Americans with Disabilities Act (ADA). PTC will take steps reasonably necessary to make certification accessible to persons with disabilities covered under the ADA. Special testing arrangements may be made upon receipt of the Application, examination fee, and a completed and signed Request for Special Needs Accommodations Form, available from [www.ptcny.com](http://www.ptcny.com) or by calling PTC at (212) 356-0660. This Form must be uploaded with the online application at least EIGHT weeks before the testing period begins. Please use this Form if you need to bring a service dog, medicine, food or beverages needed for a medical condition with you to the testing center.

**Only those requests made and received on the official Request for Special Needs Accommodations Form (found at [www.ptcny.com](http://www.ptcny.com)) will be reviewed. Letters from doctors and other healthcare professionals must be accompanied by the official Form and will not be accepted without the Form.**

Information supplied on the Request for Special Accommodations Form will only be used to determine the need for special accommodations and will be kept confidential.

## CHANGING YOUR EXAMINATION APPOINTMENT

If you need to cancel your examination appointment or reschedule to a different date within your three month testing window, you must contact PSI at (833) 207-1288 no later than noon, Eastern Standard Time, of the second business day PRIOR to your scheduled appointment. **Please note: PSI does not have the authority to authorize refunds or transfers to another testing period.**

## RULES FOR THE EXAMINATION

1. All electronic devices that can be used to record, transmit, receive, or play back audio, photographic, text, or video content, including but not limited to, cell phones, laptop computers, tablets, Bluetooth devices; all wearable technology such as smart watches; MP3 players such as iPods, pagers, cameras and voice recorders are not permitted to be used and cannot be taken into the examination room.
2. No papers, 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.
4. Candidates are prohibited from leaving the testing room while the examination is in session, with the sole exception of going to the restroom.

5. Bulky clothing, such as sweatshirts (hoodies), jackets, coats and hats, except hats worn for religious reasons, may not be worn while taking the examination.
6. All watches, smart watches and “Fitbit” type devices cannot be worn during the examination. It is suggested that these items are not brought to the test center.

Violation of any of the rules listed above may include but are not limited to forfeiture of fees, dismissal from the testing room, cancellation of your test scores, and loss of future eligibility for the Certification Exam.

### REPORT OF RESULTS

Candidates will be notified in writing by PTC within one week after PTC received examination data from PSI 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 Orthopedic Physician Assistants / Orthopedic 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 / Orthopedic 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 / Orthopedic Assistants will be weighted in approximately the following manner:

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



**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 Dyscrasias
  - 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
- H. Medicolegal

**SAMPLE EXAMINATION QUESTIONS**

In the following questions, choose the one best answer.

---

1. What are the three groups of bones in the hand?

1. Ulnar, radius, and metacarpals
2. Carpals, metacarpals, and phalanges
3. Metatarsals, carpals, and phalanges
4. Phalanges, tarsals, and metatarsals

---

2. A deforming force which makes reduction of a Bennett's fracture difficult is the pull of the

1. flexor pollicis longus.
2. extensor pollicis brevis.
3. abductor pollicis longus.
4. adductor pollicis longus.

---

3. Anterior wedging and kyphosis are common x-ray findings in

1. osteoporosis.
2. osteosarcoma.
3. osteopetrosis.
4. osteomalacia.

---

4. Reflex sympathetic dystrophy is typically characterized by

1. hemorrhage.
2. tissue swelling.
3. excessive joint mobility.
4. pain out of proportion for injury.

---

5. An acute closed mallet finger is most appropriately treated by

1. central slip release.
2. operative repair of the tendon.
3. hyperextension splint for distal interphalangeal joint.
4. transarticular Kirschner wire across distal interphalangeal joint..

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CORRECT ANSWERS TO SAMPLE QUESTIONS

1. 2, 2. 3, 3. 1, 4. 4, 5. 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.

Bridwell, K.H., DeWald, R.L. (2011). *Textbook of spinal surgery* (3rd ed.). Philadelphia, PA: Lippincott Williams & Wilkins.

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Wolfe, S.W. (2011). *Green's operative hand surgery* (6th ed.). Philadelphia, PA: Churchill Livingstone.

You may also use these websites for more information:

Wheeless' Textbook of Orthopaedics

<http://www.wheelessonline.com/>

Orthopedic Surgery Articles at Medscape

[http://emedicine.medscape.com/orthopedic\\_surgery](http://emedicine.medscape.com/orthopedic_surgery)

iMedicalApps – Mobile medicine

<http://www.imedicalapps.com/>

AO Surgery Reference

<http://aosurgery.org>

American Academy of Orthopaedic Surgeons

<http://www.aaos.org>

The Journal of Bone and Joint Surgery

<http://www.jbjs.org>



## NATIONAL BOARD FOR CERTIFICATION OF ORTHOPEDIC PHYSICIAN ASSISTANTS

### SUPERVISING PHYSICIAN'S ATTESTATION STATEMENT

Candidate's Name: \_\_\_\_\_

Candidate's Address: \_\_\_\_\_

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 Lic. Number:
Institution:	Phone:
Address:	Email: