

CANDIDATE INFORMATION BULLETIN

Commonwealth of Pennsylvania Osteopathic Manipulative Therapy Examination

The Pennsylvania State Board of Osteopathic Medicine has engaged Professional Credential Services (PCS), for application processing, examination administration and score reporting. Please read the following information carefully before completing the enclosed application form. All inquiries regarding the examination administration must be directed to the Pennsylvania OMT Coordinator at PCS.

All correspondence and questions regarding the application for license should be directed to:

State Board for Osteopathic Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649
Phone: 717-783-4858
Web site: www.dos.state.pa.us

Professional Credential Services staff is available by telephone Monday - Friday between 8:00 am and 4:30 pm (CST). Application must be submitted by regular mail or by express mail via the U.S. Post Office.

Professional Credential Services
PA OMT Coordinator
P.O. Box 198689
Nashville, TN 37219

OR

Professional Credential Services
150 Fourth Ave N, Suite 800
Nashville, TN 37219

Toll-free: 1-877-U-TRY-PCS (1-877-887-9727)

Fax: 615-846-0153

E-mail: paomtcord@pcshq.com

Web site: www.pcshq.com

FILING APPLICATIONS

A completed Scheduling Form, fee must be received by PCS and Verification of Graduation must be received by state Board or PCS on or before the deadlines noted on the Scheduling Form.

The application for license, verification of approved internship, and certificates of moral character must be submitted to the Pennsylvania State Board of Osteopathic Medicine.

APPLICATION FEES

The fee for first-time OMT is \$215 (includes a \$170 exam fee and a \$45 one-time licensing fee.) Payment must be by one of the following: credit card, certified check, or U.S. money order (made payable to PCS). The applicant's Social Security Number must be posted on the certified check or money order. **NOTE: Fees are non-transferable to future examination and postponements are not allowed.**

LATE APPLICATION

An additional \$75 late fee is required for applications received after the deadline. In the event that the requested examination is filled to capacity, late applicants will be added to the waiting list. If space becomes available, applicants on the waiting list will be added in the order that they were received. Late applicants will be notified that their application has been accepted for the requested examination date.

Late applicants not accepted for the requested examination date will be notified and assigned to the next examination date at the requested site. **NOTE: Fees will be transferred only to the next examination date. The \$75 late fee will be refunded to eligible applicants.**

EXAMINATION SCHEDULE AND SITES

Candidates must indicate, on their Scheduling Form, the examination date they are requesting. Please visit our website: www.pcshq.com or download the most current scheduling form for a list of the available dates.

Candidates should choose a month in which to test and process their application form accordingly. The PCS web site will be updated with the test dates. The test locations are in Erie and Philadelphia. The Erie location will be utilized in June and November. The Philadelphia location will be utilized in all the months shown above.

SPECIAL ACCOMMODATIONS

Candidates who are members of religious faiths who cannot take the examination on the designated examination date are permitted to take the examination on the following Monday. Such candidates will be required to submit a Sabbath Request form and official documentation from their religious affiliation stating why the candidate is unable to take the examination on the scheduled date. Requests must be received by PCS 60 days prior to the examination.

In accordance with the provisions of the Americans with Disabilities Act, examination administration modifications are available for candidates who qualify. Such candidates must obtain an official form from PCS on which to request special modifications. The completed form must be returned to PCS with all required documentation 60 days prior to the examination.

The Sabbath Request and the Special Accommodation Form can be found on the PCS web site.

NOTIFICATION OF EXAMINATION ADMISSION

Applicants must allow four weeks for full processing of their Scheduling Form. Approximately two weeks prior to the examination, an admission notice will be mailed to eligible candidates and will include dates, times and location of the examination. If the admission notice has not been received within seven days prior to the examination date, the candidate must contact PCS at 877-887-9727.

EXAMINATION RESULTS

Results will be mailed within 10 business days after the examination. **No** results will be given over the phone. Please do not call the PA Board or PCS for test results. If you did not pass the examination, your result letter will explain how to re-schedule.

NAME OR ADDRESS CHANGE

Any name or address change must be reported in writing to PCS if prior to the exam date but if after the exam date they must be sent to the state Board. Be sure to include your name, as it appears on your application, and date signature along with the information to be changed. For a name change, you must submit a photocopy of a legal document verifying the name change (i.e. marriage certificate, divorce decree or legal document indicating a name change).

REFUND POLICY

Candidates who wish to cancel an examination and receive a partial refund must notify PCS, in writing, no later than 45 days prior to the examination. The \$45 one-time board fee is not refunded to eligible candidates who withdraw from the examination. Candidates determined to be ineligible for the examination will receive a partial refund. A \$65 processing fee will apply to candidates who cancel the examination or are ineligible for the examination. All refunds will be issued 30 days after the examination.

EXAMINATION ADMINISTRATION

Candidates are expected to exhibit proper examination decorum throughout the examination. Candidates will be required to arrive at least fifteen minutes prior to the scheduled time for the examination session. Candidates will not be admitted to the examination after the assigned starting time. Detailed instructions concerning arrival will be included with the admission notice.

The testing room is set up by techniques. Each candidate will be examined on two protocols from each technique. Each task will be assigned one point. The number of tasks will vary by protocol. The results from the six protocols will be combined to provide an overall score. You will receive a pass/fail notification. If you fail, a diagnostic report will be provided to you.

All protocols are referenced in the Foundations for Osteopathic Medicine, current edition. Sponsor is the American Osteopathic Association. Publisher is Williams and Wilkins. Executive Editor is Robert C. Ward.

Recommended Practical Demonstration Chapters:

- 54 Soft Tissue Techniques
- 56 High-Velocity Low-Amplitude Thrust Technique
- 7 Muscle Energy Treatment Techniques for Specific Areas; High-Velocity Low-Amplitude Thrust Techniques; Muscle Energy Treatment Techniques for Specific Areas; Soft Tissue Techniques

Additional Recommended Chapters:

Thrust Techniques: An Introduction
Muscle Energy Technique Procedures

Techniques

- M Muscle Energy
- H HVLA (high-velocity low-amplitude)
- S Soft Tissue

Body Regions

- C Cervical: Upper (OA-C7)
- T Thoracic: Upper (T1-T4), Lower (T5-T10)
- L Lumbar (L1-L5)
- P Pelvis (pelvic bones and sacrum)

Test Description

For each protocol, you will perform tasks within three groupings. First, you will perform a physical exam in order to evaluate the patient. Second, you will describe the physical findings that correspond to the evaluation. Third, you will demonstrate the appropriate technique.

The Examiner will give you the case study prior to the evaluation. The Examiner will give you the diagnosis prior to you describing the findings. The Examiner will give you information on the technique and any other necessary information for you to demonstrate the protocol properly.

The candidate/patient, and vice versa, will complete the assigned protocol in the technique area prior to advancing to the next protocol/technique area. Each protocol has a maximum time limit of 10 minutes. If you do not complete the protocol within the time limit, you will be graded accordingly.

If candidate data is not captured on the application form, you may be asked certain background questions for the purposes of statistical evaluation.

You are not to converse with the Examiner except when you are describing the physical findings or when you are demonstrating the HVLA thrust technique. Since this is a mock HVLA demonstration, you will demonstrate the other tasks associated with this technique. If the examiner does not observe a task, you may be requested to repeat the task. For example, if your body blocked his/her vision of your hand demonstration, etc.

If you did not properly hear the Examiner's instructions, you may ask him/her to repeat the information. However, they will not explain or teach what is to be done or the expectations.

You will converse with the patient where appropriate. This may be when you are explaining the procedure to the patient, telling him/her when to breathe in or exhale, relax, etc.

SAMPLE PROTOCOL

A Sample Protocol is shown on the back of this page.

Protocols may undergo some revisions during further review processes. This is intended as a sample document to assist in the preparation process. It was released at this time, pending further reviews, in order to provide candidates with sufficient awareness of anticipated changes in the examination process.

**For questions regarding OMT Examination and/or Scheduling for the exam, please
contact:**

**Professional Credential Services
150 Fourth Ave N, Suite 800
Nashville, TN 37219**

Phone: 1-877-U-TRY-PCS (1-877-887-9727)

E-mail: paomtcord@pcshq.com

Web site: www.pcshq.com

Fax: 615-846-0153

EXAMINER: A 32-year-old patient comes to your office with neck pain; the patient woke up with it two days ago. The patient denies trauma or any previous neck problems. Please EVALUATE the patient's cervical area.

1. Place patient in the correct position	Y	N
2. Position self correctly	Y	N

Candidate PERFORMS the physical exam according to the following criteria:

3. Palpate the cervical paraspinal muscles	Y	N
4. Assess flexion		Y N
5. Assess extension		Y N
6. Assess translation/side-bending	Y	N
7. Assess rotation of cervicals	Y	N

EXAMINER: Examination reveals a diagnosis of C6 flexed, side-bent right, and rotated right in relationship to C7. Please DESCRIBE the specific physical findings that correspond to this diagnosis.

Candidate VERBALLY describes the physical findings according to the following criteria:

8. C6 restricted in extension	Y	N
9. Side-bending left restriction	Y	N
10. Rotation left restriction	Y	N
11. Articular pillars more prominent and tender on the right	Y	N

EXAMINER: Please DEMONSTRATE the appropriate hand positions, without applying thrust; the high-velocity low-amplitude thrust technique (HVLA) for rotational correction of C6. Again, do not apply thrust but provide a verbal description at this point in the procedure, including the direction of force.

12. Place patient in the supine position	Y	N
13. Position self on the right side or at the head of the patient	Y	N

Hand position and direction of force/movement:

14. Cup the patient's chin with left hand, with your palm and forearm supporting the patient's head in the area of the zygomatic process	Y	N
15. Place MCP or PIP joint of the right index finger at the soft tissue next to the articular pillar of C6	Y	N
16. Flex patient's neck down to C6	Y	N
17. Apply left rotation force at the fulcrum	Y	N
18. Side-bend patient's neck to the right over the physician's fulcrum at C6	Y	N
19. Rotate patient's neck to the left at C6 to the restrictive barrier	Y	N
20. Description of thrust: apply a rotational force left using your right MCP or PIP joint as a fulcrum aiming at the opposite eye	Y	N
21. Retest/Recheck patient to determine success of technique	Y	N

EXAMINER: Thank you. You may stop now. That completes this protocol.

OVERALL RATING BY EXAMINER

How do you rate the performance of this candidate? _____

1 = Unsatisfactory 2 = Poor 3 = Fair 4 = Good 5 = Excellent