THE COLLEGE OF PEDORTHICS OF CANADA

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C. Ped (C) Certification Exam
Information Handbook

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1.0 Application Requirements

Currently, there is only one path to become certified as a Canadian Certified Pedorthist (C. Ped (C)) in Canada. Candidates wishing to become a C. Ped (C), must register for the Western University continuing education post-graduate Diploma in Pedorthics.

Please contact them directly for information about their program and to see if you are eligible. If you have not completed their program, you are not eligible to take this exam.

Western University Contact Address: postdegree@uwo.ca

After successful completion of a Diploma in Pedorthics from Western University, you are now eligible to begin registration for the C. Ped (C) exam. You will also require the following:

- Membership in good standing with The Pedorthic Association of Canada:
  - **Website: www.pedorthic.ca Email: info@pedorthic.ca**
  - **NOTE :** To be eligible for the CPC written and clinical exams, you must become a member of PAC 30 days before the given exam application deadline.

- Complete and signed CPC exam application form and payment. For a copy of the CPC Exam application form click HERE.

2.0 Examination Details (Exam Format)

2.1 Part A: Written Examination

The written examination is an online exam composed of approximately 154-160 multiple choice questions divided into 9 sections, with the 9th section being a case study. The questions are based on the Canadian Certified Pedorthist Competencies document of the College of Pedorthics of Canada.

You do not need to pass the Written Exam to be eligible to attempt the Clinical Exam. Both successful and unsuccessful candidates will be allowed to challenge the Clinical Exam. A minimum mark of 75% is required to pass the written exam.

The Written Examination topics are as follows:

- Anatomy
- Medical Conditions and Diseases
- Biomechanics
- Pedorthic Assessment
- Orthotic Manufacturing
- Pedorthics Management

- Practice Management and Ethics
- Footwear
- Case Study

2.2 Part B: Clinical Exam (O.S.C.E.)

The clinical exam involves six sections. Candidates must achieve a passing grade of 70% for the overall examination with no section having a grade of less than 65%.

The C. Ped (C) Clinical Exam will be completed as an OSCE (Objective Structured Clinical Exam). The exam is a mock clinical appointment broken down into six independent sections. Candidates will move through a series of six stations, with each station being in a different room. One proctor will be assigned to each station, marking all candidates at the same station. Please note, not all candidates will start at station one. For example, you may be placed at station five and start with casting and then move through the other stations.

Candidates **must** verbalize ALL findings and use pedorthic terminology. Lay terms should be used when explaining conclusions to the patient. Throughout your exam, you must describe your testing and findings in order to receive marks. Candidates are expected to conduct themselves professionally as though they are in clinic, including their attire and language.

Note: All materials necessary for the examination will be provided. Candidates may choose to bring their own Brannock, plaster and/or gloves if desired. All other items brought by the candidate will not be permitted inside the examination room.

Gloves will be provided. If you wish to wear a mask, please provide your own.

2.3 Clinical Exam Station Summaries and Expectations

The summaries of each section below are the clear expectations of the clinical exam.

Section 1 - Assessment: History, Non-Weight Bearing Evaluation & Range of Motion Testing (15 minutes)

As candidates complete this portion of the exam, they are expected to verbalize all findings. Marks will only be given when findings are verbalized. The sub-lists provided in each section are examples ONLY and not an exhaustive list. During this section candidates will be verbalizing all findings on the patient proctor, a case study will be used for the history portion only. The patient proctor will answer the history section according to the case study. A prescription will not be provided as it is not necessary for treatment by a C. Ped (C).

History

- Basic patient intake information
- Thorough medical history
- History of their specific primary complaint
- Symptoms of their specific primary complaint
- Aggravating/relieving factors
- Lifestyle inquiries
- Current footwear inquiries
- Secondary/tertiary complaints

Non-Weight Bearing Evaluation

- Identify forefoot position
- Identify foot type
- Identify any bony prominences, corns, calluses, warts or blisters
- Palpate structures and areas relevant to the patient's condition

Range of Motion Testing: Correctly assess and identify normal range of motion and any abnormalities in all ranges of motion of all the joints in the foot and ankle including:

- Ankle
- Subtalar joint
- Midfoot
- 1st Ray
- 1st MTPJ
- 2-5 Intermetatarsal joints

Please note that throughout your assessment you must verbalize your hands-on testing and findings in order to receive marks.

Time prompts will be given at 5 minutes and 1 minute. You have 15 minutes to complete this section.

Section 2 - Assessment: Standing Evaluation, Gait Analysis & Special Testing (15 minutes)

As candidates complete this portion of the exam, they are expected to verbalize all findings. Marks will only be given when findings are verbalized. The sub-lists provided in each section are examples ONLY and not an exhaustive list. During this section candidates will be verbalizing all findings on the patient proctor - there is no associated case study.

Standing Evaluation: Assess and verbalize findings for the following in the frontal, posterior, transverse and sagittal views and note findings bilaterally.

- General posture
- Head
- Upper Body
- Pelvis/Hips
- Knee Position
- Patella Position
- Tibial Angle
- Tibial Torsion
- Forefoot
- Foot type
- Calcaneal Angle

Special Testing: Describe the method and purpose and perform 2 special tests of your choice.

Gait Analysis: Verbalize normal expectations and assess patient gait, in the frontal, transverse and sagittal views for the following phases. Candidates are expected to analyze and verbalize motions at all joints of the lower limb and general posture of the upper body. Bilateral observations must be verbalized.

- Heel Strike
- Midstance
- Heel lift
- Toe off
- Swing

Please note that throughout your assessment you must verbalize your findings in order to receive marks.

Time prompts will be given at 5 minutes and 1 minute. You have 15 minutes to complete this section.

Section 3 – Assessment: Treatment Plan, Patient Education and Decision making (15 minutes)

Candidates have 15 minutes to read a complete case study and give an oral presentation of their conclusions, patient education and complete treatment plan. A pen, paper and a clipboard to write out their treatment plan will be provided. The sub-lists provided in each section are examples ONLY and not an exhaustive list.

Conclusions and Patient Education: Verbalization of both abnormal findings in technical terms and layman's terms to the patient.

- Identify how abnormal findings contribute to symptoms
- Correct description of condition
- Explanation of how lifestyle factors may or may not contribute to condition
- Comment on over-the-counter vs custom orthotics as a treatment option

- Comment on type of orthotic recommended (ie. rigid/semi-rigid/soft)
- Give possible solutions for other treatment options
- Explain specifically how orthotics and/or footwear will help the patient's condition and address their symptoms and biomechanical needs
- Suggest referral to other healthcare professional with explanation

Footwear Recommendations: Correctly identify and verbalize the ideal last shape the patient requires.

- Correctly identify two ideal footwear features the patient requires
- Suggest specific brands and/or models of footwear for patient to wear at home
- Suggest specific brands and/or models of footwear for patient to wear to work
- Suggest specific brands and/or models of footwear for patient to wear for leisure/sport
- Correctly identify two appropriate footwear modifications to improve patient's condition
- Explain how footwear modification would benefit patient

Please note that throughout your assessment you must verbalize your findings in order to receive marks.

Time prompts will be given at 5 minutes and 1 minute. You have 15 minutes to complete this section.

Section 4 - Orthotic Treatment Plan & Fabrication Process (15 minutes)

Candidates have 15 minutes to read a complete case study and give an oral presentation to their patient stating their complete orthotic treatment plan including fabrication process. A pen, paper and a clipboard to write out their treatment plan will be provided. The sub-lists provided in each section are examples ONLY and not an exhaustive list.

Compare and verbalize two casting techniques that are appropriate for this patient.

- Give rationale for each casting method discussed
- Describe each casting process step by step
- Describe length of orthotic
- Select appropriate material for shell
- Select appropriate material for top cover
- State appropriate posting or lack of, for the rearfoot and forefoot of each foot
- Explanation of all postings or lack of
- Explanation for any other accommodations or modifications (metatarsal support, excavations etc)
- Describe the fabrication process from negative cast to fitting the orthotic into footwear
- Describe the necessary safety equipment and PPE used during the fabrication process
- Describe your treatment plan follow up for this patient

Please note that throughout your assessment you must verbalize your findings in order to receive marks.

Time prompts will be given at 5 minutes and 1 minute. You have 15 minutes to complete this section.

Section 5 - Casting (15 minutes)

As candidates complete this portion of the exam, they are expected to verbalize all findings and perform the cast in the allotted time. Candidates will choose to perform a plaster slipper cast OR 3-dimensional foam box impression. They will cast the patient proctor's foot. There is no associated case study.

Candidates will be allowed to complete up to two casts using the same casting method, time permitting. If you feel your first cast is acceptable to be marked, a second cast is not necessary, however, you are still permitted to create a second cast if you feel the need.

During this section, candidates are expected to perform and verbalize the following in the time allotted:

- Explain the pros and cons of the chosen casting method
- Ensure patient is in a comfortable position
- Check subtalar joint or talonavicular neutral position before casting
- Identify forefoot to rearfoot relationship and explain how to find it
- Landmark bony prominences
- Give patient clear instructions throughout casting
- Obtain cast in subtalar or talonavicular neutral position or discuss how this position would be obtained through fabrication process
- Create an accurate, usable cast
- Note cast inadequacies or lack of
- Explain if cast is in neutral or not
- Explain all modifications that would be made to cast

Casts will be evaluated for the following:

- Smooth on inside
- Abnormalities captured
- Deep enough to fabricate orthotic
- Strong enough to fabricate orthotic
- Captures structures and angles intended (forefoot to rearfoot relationship)

Please note that throughout the casting process you must verbalize exactly what you are doing in order to receive marks.

Time prompts will be given at 5 minutes and 1 minute. You have 15 minutes to complete this section.

Section 6 - Footwear Fitting (15 minutes)

The shoe-fitting portion of the exam will assess your knowledge of footwear construction and your ability to match footwear to the patient's feet. Perform a complete pedorthic shoe fitting using the footwear provided. During this section candidates will verbalize all findings on the patient proctor, there is no associated case study. You will be marked on the 3 sections listed below. The sub-lists provided in each section are examples ONLY and not an exhaustive list.

1. **Evaluation of 1 pair of current footwear**

    - Abnormalities when standing and walking
    - Explanation of footwear upper deformities, tread wear and footbed wear patterns
    - Correctly identify shoe features (last, heel counter, forefoot angle, heel to ball ratio etc)
    - Evaluate appropriateness and fit of current footwear for proctor

2. **Measurement of patient's feet:** Correctly measure the patient's feet using a Brannock device and verbalize the findings. Candidates are expected to correctly identify the following measurements bilaterally with the patient standing:

    - Heel-to-toe length
    - Heel-to-ball length
    - Width

3. **New Footwear Fitting:** Fit the patient with the best fitting pair of shoes, verbalizing the process and your findings. If you're satisfied with the fit on the first pair, a second pair is not required to be tried on but permitted if needed.

    - Check the interior of each shoe and explain
    - Evaluate the fit of each shoe including heel-to-toe, heel-to-ball length, width, depth, topline etc while patient is standing
    - Observe the patient walking in the shoes
    - Make note of heel slippage
    - Ensure patient's comfort with shoe
    - State proper shoe size for patient

Please note that throughout your assessment you must verbalize your findings in order to receive marks.

Time prompts will be given at 5 minutes and 1 minute. You have 15 minutes to complete this section.

3.0 Examination Rules

3.1 Part A: Written Examination

This is a virtual exam with a live virtual proctor(s). Prior to the exam, candidates will be sent access to the exam via an email from the CPC via the Mercer Mettl exam platform. Computer system requirement information will be sent to all candidates prior to the written exam. It is your responsibility to ensure you have reviewed and tested the provided computer system requirements and protocols.

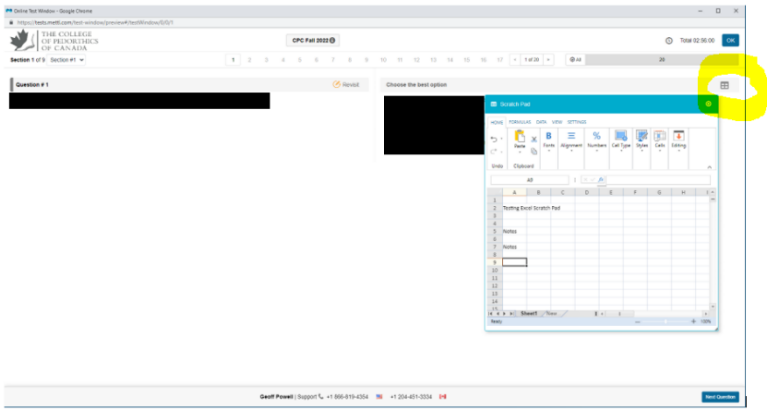
Written Examination Protocols:

1. You ***MUST*** verify your system requirements ***BEFORE*** the exam. The recommended browser is Google Chrome, Safari or Mozilla Firefox. Please ensure you are using the most up to date browser and that you have a strong ethernet or Wi-Fi connection.

   Link to verify system requirements:
   https://support.mettl.com/portal/en/kb/articles/system-requirement-for-mettl-assessment-platform

2. Please have a driver's licence or passport handy as you will be asked to show valid photo ID at the time of the exam.

3. You have 3 hours (180 minutes) to complete this exam. Please ensure to use the restroom ahead of time. Scrap paper is NOT allowed. You will have access to an excel sheet on screen should you wish to jot down any notes. To access this spreadsheet during the exam, click the 'spreadsheet' icon at the top right of the screen (see below). This will open up a mini blank Excel spreadsheet you may use to jot out any notes. When you toggle to the next question, the spreadsheet will close. Click the icon again to reopen the spreadsheet. Any notes will NOT be lost. This is an optional function.



4. Duration and time:

- The written exams take place on Saturdays at 1PM Eastern Time. Please see the most up to date schedule on the CPC website **HERE**.
- Please click the Start Test button to access the test link at the reporting time (30 minutes prior to test start.) Test access will become invalid at 1:30PM ET and you will be barred from taking the test. Retakes for technological failures may be given on a case by case basis.

5. Live Proctors and AI software will be monitoring for any evidence of dishonesty. The exam and your browser window will be recorded for review in the event there is suspicion that the integrity of the exam was compromised. Please note that all forms of movement such as looking down or stretching will be flagged. However, please sit comfortably within your means. You are allowed to move in your seat within reason and stretch as needed. Your positive exam experience is our priority. All recordings will be purged once the results have been determined. You can expect your result within 1-2 weeks post exam. A minimum mark of 75% is required to pass the exam.

6. Washroom breaks are ***NOT*** allowed.

7. There are 9 sections. The last section is a case study. You can always reference back to the case study by clicking the circular "i" button at the left top hand side of your assessment screen. See image below:



Standard Operational Instructions:

- To ensure an uninterrupted test-taking experience, close all other windows, chats, screensaver, etc. before starting the test. Do not use a tablet. Only laptop and desktop computers are permitted.
- Important: In case your test window suddenly closes, or your system shuts down due to power failure, you can resume your test from where you had left within a few minutes. The answers for the questions previously attempted will be saved. Follow the same steps that you took in the beginning to start the test and use the same registration details.
- Do not press F5 during the test at any time as doing so will cause your test to finish abruptly.
- Please read all the questions and their instructions carefully before attempting.
- To navigate from one question to the other you can either click on the Next/Previous question button or click on the question number from the navigation bar at the top.

3.2 Part B: Clinical Exam (O.S.C.E.)

1. The candidate will follow the directions of the proctors at all times.
2. No person shall be allowed in the examination area except the proctors and any patients or volunteers that are required for the running of the examination.
3. Bags, books and other belongings are to be left in the designated area. The CPC is not responsible for lost or stolen personal items. Do not bring anything valuable to your exam.
4. Candidates shall not be permitted to leave the examination area except under Supervision.

4.0 Confidentiality and Rules of Conduct for Candidates

By applying for The Certified Pedorthist (Canada) examination, you agree to abide by the following rules of conduct:

1. All exam Candidates acknowledge that The C. Ped (C) examination is kept strictly confidential, and as such no materials will be released to applicants after testing other than their test results.
2. All materials created in the course of the Clinical component of the examination (marking sheets, video tapes and casts) become the property of The College of Pedorthics of Canada and will not be released to applicants under any circumstances.
3. Candidates understand that under no circumstances are they to remove any part of the examination from the exam room (including any notes made during the Clinical examination).
4. Candidates understand that washroom breaks are not permitted.
5. Candidates will not be permitted any form of assistance from the Proctor during the exam other than clarification of wording in the written exam component.
6. Candidates engaging in disruptive or inappropriate behaviour during either the written or clinical component of the examination may be dismissed by the Proctor and may receive a failing grade on the examination.
7. Candidates understand that by engaging in any form of cheating (as defined below) will result in the Proctor dismissing them from the exam and/or The CPC to take further disciplinary action as appropriate.
    a. Cheating is defined as any form of dishonesty by a Certified Applicant that results in unfair advantages in results for either themselves or any other Candidates.
    b. Cheating includes, but is not limited to, the following:
        i. Making inappropriate requests of the Proctor before, during or after the examination (including solicitation for assistance or exam materials, or any other request that would grant them an unfair advantage in the examination)
        ii. Removing exam materials from the test site
        iii. Bringing study materials into the examination, other than those papers permitted for the clinical examination
        iv. Non-registered applicants posing as Candidates
        v. Giving or receiving assistance during the examination

c. Any inappropriate behaviour will be reported by the Proctor to The CPC Board of Directors and action will be taken accordingly.

5.0 Mark Values and Attempts

The C Ped (C) certification process involves two exams - a written exam and a clinical exam. Both exams are considered to be at a university level of difficulty. The written and clinical exams are held on separate dates. Marks will be given as pass or fail as there is no percentage grade.

The written exam is **NOT** a prerequisite to the clinical exam; therefore, a candidate does not need to successfully pass the written exam before becoming eligible for the clinical exam. Three attempts for both written and clinical exams are permitted.

Candidates have three years after completing the Pedorthics program at Western University to successfully complete both the written and clinical exam.

6.0 Examination Fees

Written Examination: $200.00 plus applicable provincial taxes

Clinical Examination: $650.00 plus applicable provincial taxes

Written & Clinical Examination: $850.00 plus applicable provincial taxes

Re-examination Fee: Same as above.

*These fees include a non-refundable administration fee of $75. Should an applicant withdraw within one week of attempting an exam, **under reasonable and verified extenuating circumstances**, a non-refundable credit for the full exam fee will be given. This credit must be applied to the next available exam session. A second withdrawal will result in forfeiture of the entire fee.*

Note: Once a candidate has successfully passed the Certified Pedorthist (Canada) two-part examination, they are required to become a registrant of The College of Pedorthics of Canada. All certified registrants must maintain their registration with The College of Pedorthics of Canada (CPC) and The Pedorthics Association of Canada (PAC). The College will send an invoice along with a registration information package to successful candidates. The College will not send a certificate or a certification number until payment and proof of at least $1 million professional liability insurance is received.

7.0 Frequently Asked Questions (FAQ's)

7.1 Written Exam

1. **Am I allowed to use the restroom?**

Should you need to use the restroom, you must message the live proctors using the chat feature beforehand because if you leave your desk, your profile will be flagged to the proctors for investigation of potential dishonesty.

2. **Can I bring blank paper into the exam?**

Scrap paper is NOT allowed. You will have access to an excel sheet on screen should you wish to jot down any notes. To access this spreadsheet during the exam, click the 'spreadsheet' icon at the top right of the screen. This will open up a mini blank Excel spreadsheet you may use to jot out any notes. When you toggle to the next question, the spreadsheet will close. Click the icon again to reopen the spreadsheet. Any notes will NOT be lost. This is an optional function.

7.2 Clinical Exam

3. **Sections 1-4 have an associated case study. Are all of those sections related or is each case study different?**

Sections 1, 3 and 4 have case studies. There is no case study for sections 2, 5 or 6. Remember, each section of the exam is independent of each other. The sections are not building upon each other the way an assessment would in clinic. Your exam may start in section 3, so knowing what sections have what case study is not something you need to focus on when studying/preparing.

4. **For section 5 regarding casting, do I need to cast only one foot or both?**

Candidates will be allowed to complete up to two casts using the same casting method, time permitting. If you feel your first cast is acceptable to be marked, a second cast is not necessary, however, you are still permitted to create a second cast if you feel the need.

5. **If I'm not happy with my plaster cast, can I attempt a foam box cast?**

No - you have to stick with the same casting technique.

6. **If I have questions about the exam, what is the best way to ask them?**

Please reach out to the CPC office via email. The coordinator will forward them to the CPC Exam Committee and get back to you with their responses accordingly: info@cpedcs.ca

7. **Do we (exam candidates) get a reminder as to what section we are about to begin when switching rooms and if there will be any information regarding the section we are about to begin. Example: "Room 1: Patient history, NWB and ROM testing?**

Absolutely - you get simple instructions to read through for that section and you get to keep those instructions during that station. So right now, you have the detailed instructions but you will get a simplified instruction sheet for each and every station.

8. **Will there be a men's and women's Brannock for the footwear fitting station?**

There will be a unisex Brannock with both men's and women's measurements on it. Please familiarize yourself with this.

9. **Does the 15 minute timer start before or after I read the case study?**

Reading of the case studies will be part of the 15 minute allowance for that station.

10. **Am I allowed to wear scrubs for the exam?**

Yes - scrubs or business casual are acceptable.

11. **Can I state findings for just the right side?**

No - all findings (ROM, gait, etc) must be stated for BOTH sides. Please do not skip covering the left side if you were thorough on the right. You need to be thorough on BOTH sides. If you choose to only do one side, you will only get half of the marks.

12. **Am I allowed to walk the hallway and talk to other candidates if I finish early?**

No - you are to sit quietly in your chair so as to not disturb the other candidates who are still trying to focus and do their best in their section.

13. **Can I just state patient ROMs and gait findings?**

No - you need to state all norms as well as patient findings.

14. **If I remember that I missed something in station 1, can I get marks afterward?**

No - you cannot get marks after you have finished a station. All marks must occur in the 15 minute time slot and be recorded for possible review.

15. **Am I allowed to have pen and paper in the exam with me?**

A clipboard with paper and a pen will be provided at each station. Anything that is written down will stay at that station and be attached to your marking sheet.

16. **Am I allowed to bring water into each station with me?**

Yes.

8.0 Request for Accommodation Application

Any candidate with special needs must make a request in writing at the time of application. All requests will be considered on a case by case basis by the Exam Committee and will be accommodated as deemed appropriate.

Name: _____

Address: _____

Phone Number: _____

E-mail: _____

Please describe your accommodation(s) request for either or both components of the certification exam:

_____

_____

_____

_____

Have you received previously granted accommodations from your academic institutions and/or clinical workplace environments? If yes, please explain and provide a supporting document(s).

_____

_____

_____

_____

Along with this form, you may include a detailed letter or report on official letterhead from a medical professional qualified to evaluate your accommodation(s) needs(s) as relating to the context of the exam.

Please submit your accommodation request form and any supporting documents to:
info@cpedcs.ca

Note: The College of Pedorthics of Canada collects this information for the purpose of responding to your accommodation request.

9.0 Appeals Process

9.1 Written Exam

Appeal means a challenge of Certification Examination results by a Candidate. There are specific grounds for appeal however due to the nature of the current written examination process, appeals for less than passing grades will no longer be accepted.

With the frequency of the written examination, we may allow a deferral if the candidate is personally ill or injured, or there has been a death in the family, as well as if an error with the exam software beyond the CPC's control occurs.

9.2 Clinical Exam

Candidates may only appeal the Clinical Examination results in the event that they receive a score of less than Passing Grade on the Examination.

Candidates may appeal a Clinical Exam result of less than Passing Grade on the basis that extraordinary circumstances, being those situations outside the control of the Candidate, exist, whereby the exam results ought to be reviewed. These circumstances may include:

(a) Personal illness on the day of the exam.

(b) Major procedural irregularities such as equipment malfunctions, less than the standard amount of time or multiple interruptions to the exam.

(c) Inappropriate conduct by the proctor(s).

(d) Excessive, unexpected noise in the exam room.

Exam appeals will not be accepted based on the grounds of content of the examination or possible responses to examination questions.

9.3 Method of Appeal

All Appeals shall be submitted in writing within 30 days after the receipt of grades for the Examination and shall contain a concise reference to the particular basis of the Appeal as above.

All Appeals must be accompanied by a $75.00 appeal fee, which will be refunded only upon a finding that the Appeal has merit.

9.4 Appeal Procedure

Receipt and Intake of Appeal

(a) All Appeals received at the office of the CPC shall be forwarded to the Registrar.
(b) Following receipt of the Appeal by the Registrar, a confirmation notice will be sent

to the Candidate, in writing, acknowledging receipt of the Appeal and advising that a review of the particular Examination shall be undertaken.

Formation of Appeal Committee:

(a) The Registrar shall form an Appeal Committee consisting of the Registrar, and 2 Members who shall be appointed by the Board of Directors of CPC on an annual basis.

(b) The Appeal Committee shall consider the Appeal within 45 days of receipt of the Appeal.

Communication of Results of Appeal to Appeal Committee:

Upon completion of the review of the Examination, the Registrar shall advise the Candidate, in writing sent via registered mail, as follows:

(a) That, upon further review, a new mark has been given to the Candidate on the Examination which is now considered a passing grade; or,

(b) That, upon review of the Examination, there is no change in the Candidate's status as with respect to not passing the exam.

9.5 Appeal from the Decision of the Appeal Committee

A Candidate whose Appeal has resulted in no change of status, may file a further Appeal in writing within 30 days of receipt of the decision of the Appeal Committee, to the Board of Directors of the CPC. The further Appeal shall be on the same grounds as the initial Appeal.

All further Appeals shall be accompanied by a $75.00 cheque payable to CPC, which fee will be refunded upon a finding that the Appeal has merit.

The Appeal shall be addressed to the Registrar, who shall forward it to the Chair, who shall convene a meeting of the Board of Directors within 45 days of the receipt of the Appeal for the purposes of considering the Appeal.

9.6 Appeal Procedure Undertaken by the Board of Directors

At a meeting of the Board of Directors designated for the consideration of the further Appeal referred to in Section 5 above, a quorum of the Board of Directors shall review the Examination in the same manner as undertaken by the Appeal Committee.

9.7 Communication of Results of Appeal

Upon completion of the review of the Examination, the Board of Directors shall advise the Candidate, in writing sent via registered mail, as follows:

(a) That, upon further review, a new mark has been given to the Candidate on the Examination which is now considered a passing grade; or,

(c) Upon review of the Examination, there is no change in the Candidate's status with respect to not passing the exam.

10.0 Preparation for the Examinations

10.1 Exam Content

Anatomy of the Lower Limb

- Anatomical terminology for structures and positions (eg., condyle, interphalangeal, abduction, sagittal).
- Skeleton, muscles, ligaments, tendons (specific detail re locations, actions, attachments).
- Circulatory and nervous systems (only in general - pathways, supplies, pulses).
- Surface anatomy (assessment landmarks).
- Anatomical anomalies and deformities (eg., hallux limitus, claw toes, equinus, tarsal coalition, etc.).

Diseases/Conditions which affect the Lower Limb

- Etiology, symptoms, effects and complications of diseases which affect the legs and feet (eg., Diabetes, Cerebral Palsy, Charcot-Marie-Tooth Disease, Multiple Sclerosis, Arthritis, Poliomyelitis, Sever's Disease, Freiberg's Disease, etc.).
- Common acute and overuse injuries (eg., Morton's neuroma; plantar fasciitis; metatarsalgia; Achilles tendonitis; patello-femoral pain syndrome; sprains, strains and fractures; etc.).
- Dermatological problems (eg., warts, calluses, corns, etc.).

Biomechanics

- Gait determinants (i.e., phases of gait; forces; muscle activity and interactions of joints during gait cycle).
- Gait assessment for lower limb problems, eg., recognition of anomalies and typical compensatory actions.

Pedorthic Assessment

- Recognition of typical symptomologies through palpation; surface anatomy; ranges-of-motion; patient history; gait analysis; wear patterns; etc.

Pedorthic Management

- Generally accepted pedorthic approaches for supporting, accommodating and/or altering biomechanics of children, athletes, adults, and geriatrics.
- Shoe anatomy and terminology; pedorthic footwear fitting; orthopaedic devices; shoe modifications; orthotic materials; casting procedures; etc. (e.g. - metatarsal bar, Thomas heel, hallux valgus night splint, elevations, wedges, rocker soles, buttresses/flares; fitting checkpoints, foam impression, plaster casting, etc.).

Principles of Behaviour

- The College of Pedorthics of Canada's Code of Ethics, Standards of Business Practice, Standards of Clinical Practice and Standards of Professional Practice should be followed.

10.2 Subject List

The following items have appeared on the written exam. This is not an exhaustive list of terms or topics.

Definitions & Terms

- Anatomical position.
- Planes of body - sagittal, frontal, transverse.
- Directions - proximal/distal, anterior/posterior, superior/inferior, superficial/deep, dorsal/plantar.
- Actions/positions - abduction/adduction, acceleration/deceleration, eversion/inversion, flexion/extension, internal/external rotation, plantarflexion/dorsiflexion, pronation/supination, prone/supine, lateral/medial.
- Terms - acute, amputation, analgesic, angle of inclination, antalgic, apex, apophysitis, anaesthetic, articulation, asymptomatic, atrophy, attrition, auto-immune, avascular necrosis, avulsion, axis, bilateral, blanching, cadence, cardiac, centre of gravity, chafing, chronic, circulatory, compensate, congenital, contracture, contralateral, degenerative, digit, epiphysis, etiology, edema, elicit, exostosis, flushing, fusion, gait, generalized, geriatric, hemiplegic, hereditary, herniation, hypermobile, hypertrophy, infectious, inflammation, infrapatellar, insertion, interdigital, laxity, lesion, lever, localized, lumbar, lymphatic, metabolism, midline, motor nerves, muscle tone, myelin, neuronitis, neuropathy, nodule, origin, ossification, palpate, paralysis, paraesthetic, passive, pathological, profuse, prolapsed, Q- angle, radiates, range-of-motion, ray, residual, resisted, rheumatic, rupture, sacral, sensory, shear force, spasticity, synovial, subluxation, tenosynovitis, triplane motion, ulceration, unilateral, vascular, velocity, viral, windlass mechanism.

Assessment

- **Tests & Signs -** Double heel raise, heel squeeze test, Mulder's click, neutral position, Thompson squeeze test, too many toes sign, diabetic risk assessment, palpation, resisted strength test, temperature, pulse, capillary refill, Coleman block test, navicular drop, postural observation, Windswept look, Hubscher Maneuver, closed kinetic chain twist test, Trendelenburg Sign, Allis Test, Webster-Barlow maneuver, Thompson test.

Observations

- Head, shoulders, trunk, arm distance, pelvic level and rotation, spine, knee, calcaneal position, foot posture, foot type, knee position, toe position/ alignment, skin, vascular, semi weight bearing, weight bearing, non-weight bearing.

Bones & Joints - location, attachments

- Calcaneus, cuboid, cuneiform, femur, fibula, iliac crest, os calcis, lumbar spine, metatarsals, navicular, patella, pelvis, phalanges, sesamoids, sinus tarsi, sustentaculum tali, talus, tibia, vertebrae, Transverse arch, medial longitudinal arch, lateral arch.
- Joints - ankle, crural, hip, interphalangeal, metatarsal-cuneiform, metatarso-phalangeal, subtalar, talo-crural, Tibio-femoral.
- Acetabulum, apophysis, base, condyle, head, notch, periosteum, plateau, process, malleolus, shaft, tubercle, tuberosity.
- Landmarks – PSIS, ASIS, Iliac Spine, SI Joint, Patella, Knee folds, Malleoli, Gluteal folds, Tibial Tuberosity.

Circulatory & Nervous Systems

- Central nervous system, common peroneal nerve, deep peroneal nerve, dorsalis pedis pulse, popliteal nerve, posterior tibial pulse, sciatic nerve, tibial nerve, venous insufficiency.

Conditions

- Adult acquired flat foot, Achillies rupture, Accessory Navicular, Anterior compartment syndrome, arthrodesis, Baxter's nerve entrapment, Bursitis, calcaneal fracture, capsulitis, Charcot foot, Charcot joint, Club foot, chondromalacia patellae, dependent rubor, foot drop, gangrene, heel pain syndrome, hyperhidrosis, iliotibial band syndrome March fracture, metatarsalgia, Morton's neuralgia/neuroma, Morton's Syndrome, osteochondrosis, overuse injuries, patello-femoral pain syndrome, plantar fasciitis, plantar fibromatosis, piezogenic papules, Pott's fracture, posterior tibialis tendon dysfunction retrocalcaneal bursitis, sesamoiditis, sciatica, shin splints, sprain, strain, stress fracture, stroke, tarsal coalition, tendinitis, toeing-in/out, varicose veins turf toe, synovitis, neuropathy, heel fat pad syndrome, Lisfranc injury.

Deformities

- Abductovalgus, Bunion, claw toe, equinus, femoral anteversion/retroversion, forefoot supinatus, forefoot varus, forefoot valgus, plantarflexed 1st ray, rearfoot varus, rearfoot valgus, genu recurvatum, genu valgum, genu varum, Haglund's deformity, hallux limitus, hallux rigidus, hallux valgus, hammer toe, heel spur, leg length discrepancy (structural, functional), lordosis, kyphosis, scoliosis, mallet toe, metatarsus adductus, metatarsus prima varus, pump bump, tailor's bunion, tibial varum, tibial torsion, forefoot abduction, forefoot adduction, Morton's structure.

Diseases

- Cerebral Palsy, Charcot-Marie-Tooth Disease, Diabetes Mellitus, Frieberg's Disease, Inflammatory arthritis, Gout, Kohler's Disease, Osgood-Schlatter's Disease, Osteoarthritis, Osteoporosis, Multiple Sclerosis, Muscular Dystrophy, Poliomyelitis, Rheumatoid Arthritis, Sever's Disease, Spina Bifida, Legg-Calve perthes Disease, Iselin's Disease, Down Syndrome, Lupus, Parkinson's, Blount's Disease, Iselin's Disease, Ehlers Danlos Syndrome, Stroke, Fibromyalgia.

Foot Types & Structures

- Ball, clubfoot, forefoot, instep, midfoot, pes cavus, pes planus, pes valgo planus, rearfoot, talipes equinovarus, tarsus, Transverse arch, medial longitudinal arch, lateral arch.

Footwear & Modifications

- Collar, counter, heel, heel breast, insole, midsole, outsole, quarter, shank piece, sock lining, toe box, topline, upper, vamp, welt, closure.
- Balmoral, blucher, crepe, cut heel, extra-depth, flexpoint, Goodyear welt, heel height, leather, pattern, rubber, slip-lasting, straight last, toe spring, unit sole, wedge sole, lacing technique balloon patch, shoe stretch, split sole, sulcus bar, arch fill, spacers.
- Sizing - Brannock Device, European System, girth, heel-to-ball, heel-to-toe, length, Standard system, width, volume.
- Lift, flare, metatarsal bar, point stretching, rocker sole, SACH, sole excavation, Thomas heel, tongue pad, toplift, velcro straps, wear patterns, wedge.
- Sandal, boot, moccasin, mule, pump, oxford, clog, running shoe, post-operative boot.

Gait Mechanics & Gait Patterns - muscle activity, timing & actions

- Double support, foot flat, heel contact/strike, heel-off, midstance, pronation, push-off, resupination, roll-off, toe- off, initial contact, loading response, excessive lateral, midfoot contact, excessive pronation, abductory twist, propulsion, circumduction, low gear/high gear toe off.
- Base of support, centre of gravity, line of gravity, stance phase, stride length, swing phase, step length, base of gait, cadence, walking velocity.
- Ataxic gait, foot slap, high steppage gait, in-toeing, out-toeing, scissor leg gait, shuffle gait, ataxic gait, antalgic gait, pseudo-scissor gait.

Muscles & Soft Tissues - location, attachments, actions

- Abductor hallucis longus, abductor digiti minimi, adductor hallucis, biceps femoris, extensor digitorum longus, extensor hallucis longus, flexor digitorum brevis, flexor hallucis brevis, flexor hallucis longus, gastrocnemius, gluteus maximus, hamstrings, peroneus brevis, peroneus longus, peroneus tertius, popliteus, quadriceps femoris, rectus femoris, sartorius, soleus, tibialis anterior, tibialis posterior, triceps surae, vastus intermedius.

- Achilles tendon, anterior cruciate ligament, anterior talofibular ligament, bursae, cartilage, connective tissue, deltoid ligament, fat pads, medial longitudinal arch, medial meniscus, plantar fascia/aponeurosis, posterior tibial tendon, superior tibiofibular ligament, tendo calcaneus, tensor fascia latae, ilio-tibial band, transverse arch, webspace, posterior cruciate ligament, medial cruciate ligament, lateral cruciate ligament.

Orthoses

- Forefoot post, metatarsal mound, metatarsal pad, PPT, poron, plastazote, p-cell, polypropylene, rearfoot post, Scaphoid pad, sorbothane, Spenco, subortholen, thermal cork, top cover, UCBL, shell, EVA, thickness, density, carbon fiber, heel cushion, Morton's extension, reverse Morton's extension, heat moldable, accommodative, RCH-500, intrinsic, extrinsic, excavations, sulcus crest, toe filler, neuroma pad, first ray cut out, arch cookie, horseshoe pad.

Skin

- Callus, heloma dura, (hyper)keratosis, plantar wart, exostosis.

Theory

- Root Theory, STJ Neutral Theory, Tissue Stress model, Dannenberg Impact fore, rotational equilibrium, comfort paradigm, sensorimotor.

10.3 Recommended Reading Materials

This is not an exclusive or exhaustive list. Applicants should study at least one text from each category.

ANATOMY

Clinically Oriented Anatomy, 3rd edition — Keith L. Moore
Williams & Wilkins ISBN 0-683-06133-X

Clinical Anatomy for Medical Students, 5th Edition — Richard S. Snell
Little, Brown & Company ISBN 0-316-80185-6

Surgical Anatomy of The Foot and Ankle, Vol 37, No 3, 1985 — Clinical Symposia
Login Brothers Fulfillment Canada ISBN 8765-00495-7

Joint Structure & Function, 2nd edition — Norkin, Levangie
F.A. Davis ISBN 0-8036-6577-6

Dorland's Illustrated Medical Dictionary, 27th Edition
W.B. Saunders Company ISBN 0-7216-3154-1

Colour Atlas of the Foot and Ankle Anatomy McMinn, Hutchings Logan
Year Book Medical ISBN 0-7234-1995-7

BIOMECHANICS/GAIT

The Biomechanics of the Foot and Ankle, 2nd Edition Robert Donatelli
F.A. Davis ISBN 0-8036-0031-3

Gait Analysis: An Introduction Michael Whittle
Butterworth Heinemann ISBN 0-7506-0045-4

Human Walking, 2nd edition Rose, Gamble
Williams & Wilkins ISBN 0-683-07360-5

Foot Function: A Programmed Text Michael O. Sibel
ISBN 0-683-07651-5 Out of Print

A Clinical Manual for A Basic Approach To Foot Biomechanics Langer, Wernick
Langer Foundation
* Available only through the Langer Foundation (US) Phone: (800)233-2687

EXAMINATION & DIAGNOSIS

The Foot: Examination & Diagnosis Ian Alexander
Churchill Livingstone ISBN 0-443-086004-4

Illustrated Essentials in Orthopedic Physical Assessment R.C. Evans Mosby
ISBN 0-8016-6612-0

Orthopedic Physical Assessment, 2nd edition David J. Magee
W.B. Saunders ISBN 0-7216-4344-2

Sports Medicine of the Lower Extremity Steven I.Subotnick
Books On Demand ISBN 0-7837-6231-3

Knee Pain & Disability, 3rd Edition Rene Cailliet
F.A. Davis Company ISBN 0-8036-1622-8

DISEASES/DISORDERS

Common Foot Problems In Primary Care Birrer, Dellacorte, Grisafi
Mosby - Year Book ISBN 1-56053-050-2

Common Foot Disorders, 4th Edition Neal, Adams
Churchill Livingstone ISBN 0-443-04470-8

Disorders of the Foot, 2nd Edition (3 volumes) Melvin Jahss
W.B. Saunders Company ISBN 0-7216-1327-6

Foot & Ankle Disorders in Children S.J.DeValentine
Churchill Livingstone ISBN 0-443-08698-2

Turek's Orthopaedic Principles and Their Application, 5th edition Weinstein, Buckwaer
J.B. Lipincott Co. ISBN 0-397-50692-9

PEDORTHIC MANAGEMENT

Introduction to Pedorthics PFA
*Available only from the Pedorthic Footwear Association

Clinical Biomechanics of the Lower Extremities R.L. Valmassy
Mosby ISBN 0-8016-7986-9

The Functional Foot Orthosis, 2nd Edition J.W. Philps
Churchill Livingston ISBN 0-443-04991-2

Foot Orthoses & Other Forms of Conservative Foot Care, 2nd edition Thomas C.Michaud
Williams & Wilkins ISBN 0-683-05974-2
***Available from the Pedorthic Association of Canada

Principles & Practices of Foot Orthoses Kent K. Wu
Williams & Wilkins ISBN 0-683-09300-2 Out of Print

Professional Shoe Fitting Rossi, Tennant
National Shoe Retailers Association
**available only from Pedorthic Footwear Association Ph: (410) 381-7278