



# 2018

CERTIFICATION HANDBOOK



HAND THERAPY CERTIFICATION COMMISSION

# General Information

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The Hand Therapy Certification Commission, Inc., (HTCC) is a not-for-profit corporation established in 1989 for the purpose of sponsoring a voluntary credentialing program for occupational therapists and physical therapists who specialize in upper extremity rehabilitation. The Hand Therapy Certification Examination is offered solely by the Hand Therapy Certification Commission, Inc. The mission of the Hand Therapy Certification Commission, Inc. is to support a high level of competence in hand therapy practice and to advance the specialty through a formal credentialing process.

This handbook contains necessary information about the Hand Therapy Certification Examination. It is essential you keep it readily available for reference until you are notified of your performance on the examination. You are responsible for knowing the handbook's contents.

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### About the CHT Credential

From its inception, the Board of Directors of the Hand Therapy Certification Commission (HTCC) envisioned a two-step process of Certification and Recertification. Certification is the first step in this process; it provides assurance to the public that a Certified Hand Therapist (CHT) meets the high standards set by HTCC. Once certified, it is the personal responsibility of each CHT to maintain the credential in order to demonstrate current knowledge and skills. Because of changes in the profession, every CHT is required to demonstrate continued professional development and competency by recertifying every five years.

### HTCC's Testing Agency

HTCC has contracted with Applied Measurement Professionals, a PSI Business (AMP/PSI) to administer the Hand Therapy Certification Examination. AMP/PSI is engaged in educational and occupational measurement and provides examination development and administration to a variety of client organizations. AMP/PSI assists HTCC in the development, administration, scoring and analysis of the CHT examination. AMP/PSI, located in the greater Kansas City area, is a leading provider of licensing and certification examinations for professional organizations.

### Overview of the Examination

The Hand Therapy Certification Examination is a four-hour computer-delivered test consisting of 200 multiple choice questions. The CHT exam is delivered by computer at AMP/PSI Assessment Centers located internationally and throughout the United States. The examination is administered by appointment only Monday through Saturday at 9:00 a.m. and 1:30 p.m. Available dates will be indicated when scheduling your examination. Candidates are scheduled on a first-come, first-served basis. The examination will be offered during two testing windows, May 7 – 12, 2018 and November 5 – 12, 2018.

### Assessment Center Locations

AMP/PSI Assessment Centers have been selected to provide accessibility to most candidates in all states and major metropolitan areas. AMP/PSI test centers service over 175 metropolitan areas as well as many rural areas within the US and Canada. They also service over 30 test sites across 18 countries internationally. A current listing of AMP/PSI Assessment Centers, including addresses and driving directions, may be viewed at AMP/PSI's website located at [www.goAMP.com](http://www.goAMP.com). Specific address information will be provided when you schedule an examination appointment.

## Change in Eligibility Requirements

Starting with the May 2018 examination, candidates for the Hand Therapy Certification Examination will be required to be licensed as an occupational therapist or a physical therapist for **three (3) years instead of five (5) years**. The requirement of 4000 hours in direct hand therapy practice experience remains unchanged.

This change was influenced by several observations by the Hand Therapy Certification Commission (HTCC) Examination Committee. In 2014, HTCC in consultation with Professional Examination Service (ProExam), performed a practice analysis study of hand therapy, the fifth in a series of similar studies performed by HTCC over a 30-year period. In 2016, HTCC published the results of this analysis in the Journal of Hand Therapy. Through the practice analysis process and feedback received since it was completed, it was identified that new therapists appear to be acquiring hand therapy knowledge at a more accelerated rate than their predecessors due to immediate access of information through technology and advanced academic requirements. The practice analysis showed that much of the knowledge gained by therapists was obtained in the first two years of specialization. In addition, both occupational therapists and physical therapists now enter practice with a graduate degree instead of a bachelor degree.

## General Eligibility Requirements

Before submitting an application, candidates must meet the following general eligibility requirements:

- ▶ You must be an occupational therapist or physical therapist with a current professional credential to practice as an occupational therapist or physical therapist. Depending on your profession and where you practice, a professional credential may include a license, certificate, or registration. In all cases, it is the credential that you need to legally practice in that location. This credential must be active, and you must be in good standing with the agency that issued it.
- ▶ You must have been certified or licensed for a minimum of three years, based on date of issue of the certificate or license.
  - For the May 2018 exam, the date of issue must be on or before May 1, 2014.
  - For the November 2018 exam, the date of issue must be on or before November 6, 2014.
- ▶ Therapists applying to sit for the examination from a country that does not issue a license or certificate to practice must submit equivalent documentation (i.e. copy of diploma) to verify length of practice as an occupational therapist or physical therapist.
- ▶ You must have a minimum of 4,000 hours of Direct Practice Experience\* in hand therapy.

HTCC no longer requires that the 4,000 hours of clinical practice be accrued within the five years before you apply for the examination. Direct practice experience may have been accrued at any time during your career as a licensed occupational therapist or physical therapist.

\* Direct Practice Experience is the direct provision of patient care through assessment and implementation of an individualized treatment plan including but not limited to orthotics/splinting, modalities and/or exercise to prevent dysfunction, maximize functional recovery, or influence the effect of pathology in the upper quarter. It does not include time spent in administration, research, teaching, or consultation.



For the purpose of obtaining authorization to take the examination, eligible applicants must submit an online application to HTCC. Candidates must have a working email address that accepts mail and attachments from HTCC. The application approval and appointment process relies on email communication and no exceptions can be made.

## Application Instructions

To apply for the Hand Therapy Certification Examination:

- Click on “Certification Center” on the homepage of the HTCC website ([www.htcc.org](http://www.htcc.org)).
- Follow the prompts for creating an account or logging in to your old account.
- Complete the Consent Form.
- Complete the payment process by submitting your credit card information online.
- Fax, mail or upload the following supporting documentation to HTCC, (All documents can be found in Appendix 4)
  - ▶ Documentation of three years of practice as an occupational therapist or physical therapist;
  - ▶ Documentation of 4,000 hours of Direct Practice Experience using the Employment Verification Form;
  - ▶ Completed Explanation of Practice Experience Form;
  - ▶ A copy of current license, certificate or registration to practice occupational therapy or physical therapy;
- If requesting a special accommodation, please see page 10. Forms can be downloaded at [www.htcc.org](http://www.htcc.org).

**Please note: Candidates who were deemed eligible to take the exam in 2009 or later do not need to re-submit the documentation for five years of practice or 4,000 hours of direct practice experience. Candidates who created an online account between 2009 and 2017 should log into their previous account with their login and password to complete the application. The status of documents that were previously accepted will be displayed there. No documentation will be accepted after April 15th for the May exam and October 15th for the November exam. There will be no exceptions.**

Mail, FAX or upload the above documentation to:

**Hand Therapy Certification Commission**

180 Promenade Circle, Suite 300 #41

Sacramento, CA 95834

FAX: 866-308-6433 (toll free in U.S./Canada), +1-916-922-0210 (outside of North America)

## Application Instructions

(Continued)

- ▶ Allow adequate time to mail documentation. If there is a discrepancy between a metered postmark and an official U.S. Postal Service postmark, the latter will be used as the postmark date. Materials delivered by hand, or by private courier, must arrive by the postmark deadline to avoid a fee.
- ▶ It is recommended that you send your documentation via traceable mail or get confirmation of your FAX transmission. HTCC is not responsible for documentation that is not received. If your documentation is lost, you will not be able to take the examination.
- ▶ If you wish prompt verification of the receipt of your documentation, send it by certified mail “return receipt requested,” or by another traceable delivery service. If it is sent via FAX, retain your transmission receipt until your application is approved.
- ▶ You may also upload your documentation by logging into the Certification Center ([www.htcc.org/certification\\_center](http://www.htcc.org/certification_center)). Click on the link to upload documents and follow the prompts.
- ▶ After the application has been processed and found to be complete, HTCC will send an email confirmation to you verifying eligibility to take the examination.



## Verify Practice as an Occupational Therapist (OT)

### Instructions

You must include documentation that verifies three years of practice as a certified, registered, or licensed occupational therapist. Practice under a temporary license is not applicable. Years as a Certified Occupational Therapy Assistant may not be applied to this requirement. Length of practice may be verified by submitting **ONE** of the following documents:

1. Photocopy of your large NBCOT certificate that reflects your date of initial certification as an OTR.

If you do not have this certificate, you can obtain verification from NBCOT by submitting a request using NBCOT's Verification of Certification Request form, which is available at [www.nbcot.org](http://www.nbcot.org). There is a \$35 processing fee. NBCOT advises to allow three weeks for processing.

### OR

2. Photocopy of your state license with the original date of licensure, or verification of date of licensure from your state. Contact the state licensing board of the state in which you were originally licensed for verification. Each state board has its own procedures and fees and should be contacted for more information. **A print-out of license verification from the website of an official state agency is acceptable verification.**

**PLEASE NOTE:** Membership in the American Occupational Therapy Association (AOTA) does not apply to this requirement.

For therapists outside the United States, you may submit verification of original professional credential (license, certificate or registration) that is required to legally practice in your location.

**If you were deemed eligible for the exam, you only need to submit a copy of your current state license.**

## Verify Practice as a Physical Therapist (PT)

### Instructions

You must include documentation that verifies three years of practice as a licensed physical therapist. Practice under a temporary license is not applicable. Years as a Physical Therapist Assistant may not be applied to this requirement. Length of practice may be verified by submitting **ONE** of the following documents:

1. Photocopy of your state license with the original date of licensure

### OR

2. Verification of date of licensure from your state. Contact the state licensing board of the state in which you were originally licensed for verification. Each state board has its own procedures and fees and should be contacted for more information. **A print-out of license verification from the website of an official state agency is acceptable verification.**

For therapists outside the United States, you may submit verification of original professional credential (license, certificate or registration) that is required to legally practice in that location.

**If you were deemed eligible for the exam, you only need to submit a copy of your current state license.**

## Verify Practice in Hand Therapy

### Form 1 - Employment Verification Form

Use the Employment Verification Form to document 4,000 hours of direct hand therapy practice.

- ▶ Copies may be made of this form as needed for more than one employer.
- ▶ Indicate the number of hours of hand therapy practice at each place of employment.
- ▶ Submit only as many forms as needed to document 4,000 hours.
- ▶ Forms may be signed by a direct supervisor, facility administrator, physician, or a person deemed appropriate by the candidate.
- ▶ Candidates in private practice may sign their own form. Proof of ownership/partnership in a private practice such as a business license or partnership agreement is required.
- ▶ HTCC reserves the right to request additional information regarding how the 4,000 hours were derived.
- ▶ Falsification of hours may lead to penalties including, but not limited to, revocation or denial of certification, recertification or eligibility for certification.

### Form 2 - Explanation of Direct Practice Experience

Use the Explanation of Direct Practice Experience Form to document how you determined that you have fulfilled the 4,000 hours of direct practice in hand therapy.

If you were deemed eligible for the exam any time after 2009, you do not need to submit this documentation.

# How to Complete Required Documentation

## Provide Current License or Certificate

In addition to documenting the length of practice, you must submit a copy of your current professional credential to practice. Depending on your profession and where you practice, a professional credential may include a license, certificate, or registration. In all cases, it is the credential that you need to legally practice in that location. This credential must be active and you must be in good standing with the agency that issued it. **A print-out of license verification from the website of an official state agency is acceptable verification.**

If you practice in a country that does not issue a professional credential to practice, you must provide information about what is required to practice in your location, and you must be in compliance with those requirements.

## Special Arrangements for Candidates with Disabilities

HTCC and AMP/PSI comply with the Americans with Disabilities Act and strive to ensure that no individual with a disability, defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment, is deprived of the opportunity to take the examination solely by reason of that disability. HTCC will provide reasonable accommodations for candidates with disabilities.

If you require special accommodations in order to sit for the examination, you should contact the HTCC administrative office. You and your qualified health care provider will need to complete a form to document the disability and the need for accommodation. **You must provide medical documentation of the disability that is less than five years old.** This means that you must have a current evaluation from the appropriate provider. **HTCC must receive this documentation no later than March 15th for the May exam and September 15th for the November exam.** You must submit two forms with your application: the Candidate Form and the Provider Form.

These forms require you to provide the:

- ▶ Diagnosis and nature of the disability
- ▶ Name of tests used to evaluate the condition and a summary of the positive findings that support the diagnosis of the disability
- ▶ Length of the condition
- ▶ Date that you were last seen
- ▶ What accommodation is suggested

The forms should be sent to the HTCC administrative office. Each request will be evaluated individually. Once the special accommodation has been approved, you must call AMP/PSI at 888-519-9901 to schedule your examination. There is no additional charge for special accommodations.

**Please note:** wheelchair access is available at all established Assessment Centers. Candidates must advise AMP/PSI at the time of scheduling that wheelchair access is necessary.

# What to Expect Once You Are Eligible

## Telecommunication Devices for the Deaf

AMP/PSI is equipped with Telecommunication Devices for the Deaf (TDD) to assist deaf and hearing-impaired candidates. TDD calling is available 8:30 a.m. to 5:00 p.m. (Central Time) Monday-Friday at 913/895-4637. This TDD phone option is for individuals equipped with compatible TDD machinery.

## Notification of Eligibility

Upon confirmation of eligibility to take the examination, you will receive email notification that you are eligible to schedule an appointment with AMP/PSI. Please Note: This notification will be sent to the e-mail address listed on your account. It is your responsibility to keep your e-mail address current with HTCC.

Your eligibility will remain active until the scheduled date of your examination and is only valid for the examination date that you are applying for.

## Scheduling an Examination

Once eligibility has been confirmed by HTCC, AMP/PSI will send a notice with a website and a telephone number for use in scheduling an examination appointment. You may schedule for an examination appointment by one of the following methods:

1. Online Scheduling: You may schedule an examination appointment online at any time by using our Online Scheduling service. To use this service go to [www.goAMP.com](http://www.goAMP.com), select "Candidates" and follow the simple, step-by-step instructions to choose your examination and register for the examination.

OR

2. Telephone Scheduling: Call AMP/PSI at 888-519-9901 to schedule an examination appointment. This toll-free number is answered from 7:00 a.m. to 9:00 p.m. (Central Time) Monday through Thursday, 7:00 a.m. to 7:00 p.m. on Friday, and 8:30 a.m. to 5:00 p.m. on Saturday.

When you schedule your examination appointment, be prepared to confirm a location and a preferred date and time for testing. You will be asked to provide your unique identification number. When you call or go online to schedule your examination appointment, you will be notified of the time to report to the Assessment Center and you will be sent an e-mail confirmation notice.

If special accommodations are being requested, complete the Request for Special Examination Accommodations form available on the HTCC website and submit it to HTCC no later than March 15th for the May exam and September 15th for the November exam.

# What to Expect Once You Are Eligible

## Rescheduling an Examination

You may reschedule your appointment ONCE at no charge by calling AMP/PSI at 888-519-9901 at least 2 business days prior to your scheduled appointment. The following schedule applies:

If your Examination is scheduled on...	You must contact AMP/PSI by 3:00 p.m. Central Time to reschedule the Examination by the previous...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday
Thursday	Monday
Friday/Saturday	Tuesday

## Missed Appointments and Cancellations

You will forfeit your examination registration and all fees paid to take the examination under the following circumstances. A new, complete application and examination fee are required to reapply for examination.

- ▶ You wish to reschedule an examination but fail to contact AMP/PSI at least two business days prior to the scheduled testing session.
- ▶ You wish to reschedule a second time.
- ▶ You appear more than 15 minutes late for an examination.
- ▶ You fail to report for an examination appointment.

## Inclement Weather, Power Failure or Emergency

In the event of inclement weather or unforeseen emergencies on the day of an examination, AMP/PSI will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination. The examination will usually not be rescheduled if the Assessment Center personnel are able to open the Assessment Center.

You may visit AMP/PSI's website at [www.goAMP.com](http://www.goAMP.com) prior to the examination to determine if AMP/PSI has been advised that any Assessment Centers are closed. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled at an Assessment Center, all scheduled candidates will receive notification following the examination regarding rescheduling or reapplication procedures.

If power to an Assessment Center is temporarily interrupted during an administration, your examination will be restarted. The responses provided up to the point of interruption will be intact, but for security reasons the questions will be scrambled.

# What to Expect Once You Are Eligible

## Name Change

If your legal name changes AFTER the examination application has been submitted, your new name must be updated with HTCC. This is especially important because the name given on the examination application is the name that is provided to AMP/PSI.

To make a name change, log into your account in the Certification Center using the User Name and Password assigned to you during the application process. No changes can be made within five days before the scheduled exam.

## Address Change

To change your address, log into your account in the Certification Center using the user name and password assigned to you during the application process. Changes may be made at any time. Please be sure this information is correct to assure receipt of your test score.

## Taking the Examination

Your examination will be given by computer at an AMP/PSI Assessment Center. You do not need any computer experience or typing skills to take your examination. On the day of your examination appointment, report to the Assessment Center no later than your scheduled testing time. Once you arrive at the location, look for signs indicating AMP/PSI Assessment Center check-in. **IF YOU ARRIVE MORE THAN 15 MINUTES AFTER THE SCHEDULED TESTING TIME, YOU WILL NOT BE ADMITTED.**

## Identification

To gain admission to the assessment center, you must present TWO forms of identification, one with a current photograph. Both forms of identification must be valid and include your current name and signature. You will also be required to sign a roster for verification of identity.

You MUST bring one of the following: driver's license with photograph; state identification card with photograph; passport; military identification card with photograph. The second form of identification must display your name and signature for signature verification (e.g., credit card with signature, social security card with signature, employment/student ID card with signature). The name on the identification must match the name under which you are registered with AMP/PSI.

## Security

AMP/PSI administration and security standards are designed to ensure all candidates are provided the same opportunity to demonstrate their abilities. The Assessment Center is continuously monitored by audio and video surveillance equipment for security purposes.

The following security procedures apply during the examination:

- ▶ Examinations are proprietary. No cameras, notes, tape recorders, Personal Digital Assistants (PDAs), pagers or cellular phones are allowed in the testing room. Possession of a cellular phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.
- ▶ No calculators are permitted.
- ▶ No guests, visitors or family members are allowed in the testing room or reception areas.

# What to Expect Once You Are Eligible

## Personal Belongings

No personal items, valuables, or weapons should be brought to the Assessment Center. Only wallets and keys are permitted. Coats must be left outside the testing room. You will be provided a soft locker to store your wallet and/or keys with you in the testing room. You will not have access to these items until after the examination is completed. Please note the following items will not be allowed in the testing room except securely locked in the soft locker.

- ▶ watches
- ▶ hats

Once you have placed everything into the backpack, you will be asked to pull out your pockets to ensure they are empty. If all personal items will not fit in the backpack you will not be able to test. The site will not store any personal belongings.

If any personal items are observed in the testing room after the examination is started, the test administration will be forfeited.

## Examination Restrictions

- ▶ Pencils will be provided during check-in.
- ▶ You will be provided with one piece of scratch paper at a time to use during the examination. You must return the scratch paper to the supervisor at the completion of testing and when requesting an additional piece of scratch paper, or you will not receive your confirmation of testing.
- ▶ No documents or notes of any kind may be removed from the Assessment Center.
- ▶ No questions concerning the content of the examination may be asked during the examination.
- ▶ Eating, drinking or smoking will not be permitted in the Assessment Center.
- ▶ You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks.

## Misconduct

If you engage in any of the following conduct during the examination you may be dismissed, your scores will not be reported and examination fees will not be refunded. Examples of misconduct are when you:

- ▶ create a disturbance, are abusive, or otherwise uncooperative;
- ▶ display and/or use electronic communications equipment such as pagers, cellular phones, PDAs;
- ▶ talk or participate in conversation with other examination candidates;
- ▶ give or receive help or are suspected of doing so;
- ▶ leave the Assessment Center during the administration;
- ▶ attempt to record examination questions or make notes;
- ▶ attempt to take the examination for someone else;
- ▶ are observed with personal belongings, or
- ▶ are observed with notes, books or other aids without it being noted on the roster.

## Copyrighted Examination Questions

All examination questions are the copyrighted property of HTCC. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these examination questions by any means, in whole or in part. Individuals are also prohibited from using or divulging information learned from the examination. Doing so may subject you to severe civil and criminal penalties.

## Practice Examination

After your identification has been confirmed, you will be directed to a testing carrel. You will be instructed on-screen to enter your unique identification number. You will take your photograph which will remain on screen throughout your examination session. Prior to attempting the examination, you will be given the opportunity to practice taking an examination on the computer. The time you use for this practice examination is NOT counted as part of your examination time or score.

When you are comfortable with the computer testing process, you may quit the practice session and begin the timed examination.

If you wish to see and practice navigating within the computer-based testing environment before your examination date, a free online computer-based testing tutorial is available. Go to the LXR Store at <http://store.lxr.com> and follow the instructions to access a Web Test Demonstration.

## Timed Examination

Following the practice examination, you will begin the timed examination. Before beginning, instructions for taking the examination are provided on-screen. There are 200 multiple-choice questions on the examination. You will have 4 hours to complete the examination.

The computer monitors the time you spend on the examination. The examination will terminate if you exceed the time allowed. You may click on the "Time" box in the lower menu bar on the screen or select the Time key to monitor your time. A digital clock indicates the time remaining for you to complete the examination. The Time feature may be turned off during the examination.

Only one examination question is presented at a time. The question number appears in the lower right portion of the screen. Choices of answers to the examination question are identified as A, B, C, or D. You must indicate your choice by either typing in the letter in the response box in the lower left portion of the computer screen or clicking on the option using the mouse. To change your answer, enter a different option by pressing the A, B, C, or D key or by clicking on the option using the mouse. You may change your answer as many times as you wish during the examination time limit.

To move to the next question, click on the forward arrow (>) in the lower right portion of the screen or select the NEXT key. This action will move you forward through the examination question by question. If you wish to review any question or questions, click the backward arrow (<) or use the left arrow key to move backward through the examination.

An examination question may be left unanswered for return later in the examination session. Questions may also be bookmarked for later review by clicking in the blank square to the right of the Time button. Click on the hand icon or select the NEXT key to advance to the next unanswered or bookmarked question on the examination. To identify all unanswered and bookmarked questions, repeatedly click on the hand icon or press the NEXT key. When the examination is completed, the number of examination questions answered is reported. If not all questions have been answered and there is time remaining, return to the examination and answer those questions. Be sure to provide an answer for each examination question before ending the examination. There is no additional penalty for incorrect answers.



# What to Expect Once You Are Eligible

## Candidate Comments

During the examination, comments may be provided for any question by clicking on the button displaying an exclamation point (!) to the left of the Time button. This opens a dialogue box where comments may be entered.

You may make a comment on any question; however, we suggest that if you want to make a comment, mark the question and write the comment after you have completed the test, to allow the full time you need to answer the questions. Please comment on a question only if you think it is flawed. Although HTCC does review all the comments, they are considered in the aggregate to determine if there is a problem with a question. Your comment should not be considered a defense of your answer. **Please remember that any time taken to write a comment is included in your testing time of four hours.**

Candidates may also submit a comment on the exam on the HTCC web site for two weeks following the exam. A link for comments will be provided on the home page. All comments from the test sites and the Internet will be reviewed, but individual responses will not be provided. HTCC will not answer questions about specific items on the exam.

## Following the Examination

After completing the examination, you will be asked to complete a short survey for HTCC as well as an evaluation of your examination experience. Then you will be instructed to report to the examination proctor to receive a printed confirmation of testing.

## Failing To Report For An Examination

If you fail to report for an examination, you will forfeit the registration and all fees paid to take the examination. A completed application form and examination fee are required to reapply for examination.

## Confidentiality

Information about candidates for testing and their examination results are considered confidential. Studies and reports concerning candidates will contain no information identifiable with any candidate, unless authorized by the candidate.

## Item Review

After the examination has been administered, AMP/PSI executes a detailed statistical analysis of the performance of each item (question). The data from the analysis, along with candidate comments, are reviewed item-by-item by HTCC to determine if any question might be flawed (e.g. no clear correct answer, more than one correct answer). Flawed items, if any, are adjusted by accepting 2, 3, or all 4 of the choices as correct responses. HTCC engages in this process to ensure that no candidate is penalized by the presence of a flawed item.

## Scoring

HTCC strives to bring the latest industry standards to our testing program. Multiple test forms are used for each administration of the test. Every examination form uses a unique combination of questions from the question bank, so that no two test forms are identical. Although each test form is designed to fairly assess the knowledge and skills that are required for the proficient practice of hand therapy, the overall level of difficulty may fluctuate slightly among test forms as the difficulty of the questions on the test may fluctuate. To compensate for these potential minor fluctuations, a process known as “equating” is used to statistically analyze and adjust the passing score for each test form.

Equating ensures that candidates of comparable knowledge and skill will receive comparable scores on the examination regardless of which version of the test they take. Thus, no candidate will be penalized for taking a version of the examination that turns out to be more difficult than another version of the examination, and no candidate will be given an advantage by taking a version of the exam that is less difficult. The end result is that all candidates have an equal and fair opportunity to receive a score on the examination that accurately reflects their knowledge and understanding of hand therapy.

In addition to equating, other statistical procedures transform raw scores to “scaled scores.” Comparison of test scores from one test form to another would be difficult if raw scores were used, since the raw passing score on each form varies. Thus, in order to compare test scores, a uniform frame of reference is used. Scaled scores ensure that scoring on different forms of the examination have the same meaning so that candidates are not unfairly rewarded or penalized based on test form differences. Transforming raw scores to scaled scores is similar to transforming a temperature from Fahrenheit to Centigrade.

**PLEASE NOTE THAT A SCALED SCORE IS NEITHER THE NUMBER OF QUESTIONS YOU ANSWERED CORRECTLY NOR THE PERCENTAGE OF QUESTIONS YOU ANSWERED CORRECTLY.** Your results will be reported as a scaled score, on a scale ranging from 0 to 99 points. The passing score for the Hand Therapy Certification Examination is **75** points.

## Score Reports

Test results will be sent to you approximately six weeks after the examination. If you achieve the minimum passing score, you will receive a letter informing you that you have passed the examination. The test has been designed to identify those who meet the standard of competence set by HTCC. Those who pass have met this standard.

If you do not pass, you will receive a score report that includes your scaled score and the percentage of questions that you answered correctly in each of the four subject areas.

## Verification of Scores

If you receive a failing score on the test, you may request that HTCC verify your examination results by hand. Score verification consists of a manual comparison of the answers recorded by the computer during the test administration with the examination's answer key. There is a charge of \$50 for this service. You will receive a written report from HTCC after the review has been completed.

Written requests for score verification should be submitted, with a check payable to HTCC. Requests should be sent to HTCC, 180 Promenade Circle, Suite 300 #41 Sacramento, CA 95834. Requests must be postmarked by August 1, 2018 for the May exam and February 1, 2019 for the November exam.

Please include the following information:

- ▶ Candidate name & ID number
- ▶ Date of Exam
- ▶ Signature

## Test Blueprint

The test blueprint is a document that has been derived from the 2014 Practice Analysis of hand therapists about the nature of their practice and determines the percentage of content included on the test. For example, 26% of the questions on the exam will have content related to evaluation.

The following is a description of the domains of hand therapy including the relevant tasks and knowledge areas that have been identified as essential to the practice of hand therapy.

## Practice Domains

### 1. Evaluate Upper Limb and Relevant Patient Characteristics ..... 26%

#### Tasks Performed

- Obtain and review medical, surgical, psychosocial, functional, developmental vocational and avocational history
- Conduct patient, family and/or caregiver interview
- Perform screening examination and systems review to identify symptoms of co-morbidities that may or may not have been previously identified
- Identify factors that may require further consultations/referrals
- Monitor factors that may affect rehabilitation potential and participation
- Plan for and select reliable and valid assessment tools, tests, and outcome measures
- Assess and document physical status of skeletal, muscular, nervous, vascular, lymphatic, skin and connective tissue
- Interpret evaluation findings based on basic science, fundamental knowledge, and knowledge of conditions of the hand and upper limb
- Screen for cervical conditions
- Assess and document psychosocial, functional, developmental, vocational, avocational and ergonomic factors
- Identify impairments in body function and body structure, activity limitations and participation restrictions based on the results of evaluation
- Identify factors that could affect management of at-risk populations (e.g. workers, athletes, performing artists, age groups)
- Reassess and document patient status at appropriate intervals

#### Knowledge Required

- Communication techniques and principles
- Principles of tissue/wound healing
- Posture and its effects on the upper limb
- Differential diagnosis
- Surgical, non-surgical, and medical management of conditions of the hand or upper limb
- Post-surgical, non-surgical and therapeutic intervention guidelines and protocols
- Assessment tools, tests, and measures and their psychometric properties
- Pharmacology as it relates to the scope of hand therapy practice
- Basic laboratory values as they relate to hand therapy practice
- Diagnostic imaging of the upper limb
- Electrodiagnostics of the upper limb

# Appendix 1: Test Blueprint

## 2. Determine Prognosis and Plan of Care ..... 20%

### Tasks Performed

- Establish an individualized plan of care by integrating basic science, fundamental knowledge, best clinical evidence, and clinical experience with evaluation results and patient goals Determine rehabilitation potential and expected outcomes and communicate these with the patient, family and/or caregiver
- Establish functional and measurable goals of intervention that are specific to the evaluation findings including an anticipated time frame for attainment
- Establish frequency and duration of interventions in collaboration with patient, family, caregiver and referral source
- Make recommendations to produce optimal outcomes within the constraints of the patient's specific situation (for example, financial considerations, transportation, time/schedule restrictions, readiness to learn)
- Select interventions and treatment techniques
- Document the plan of care using defined parameters of frequency, duration, focus and treatment and interventions
- Identify resources to which patients can be directed (for example, social services, patient education materials, community services)
- Consult with and facilitate referrals to other health care professionals
- Reassess the plan of care and make modifications as needed
- Determine readiness to return to life/work activities
- Determine readiness for discharge and formulate and document discharge plan

### Knowledge Required

- Surgical, non-surgical, and medical management of conditions of the hand or upper limb
- Post-surgical, non-surgical, and therapeutic intervention guidelines and protocols
- Anticipated outcomes of medical and/or therapeutic treatment
- Anticipated physiological and psychological effects of therapeutic interventions
- Rational, indications, precautions, and contraindications for interventions
- Treatment interventions (methods, techniques and tools)
- Concepts and principles of orthotic devices
- Concepts and principles of prosthetic devices
- Concepts and principles of ergonomics

## 3. Implement Therapeutic Interventions ..... 32%

### Tasks Performed

- Implement therapeutic interventions by integrating basic science, fundamental knowledge, best clinical evidence, clinical experience and patient preferences with plan of care to safely meet established goals
- Select or create educational materials and home programs for the patient and/or caregiver
- Implement education plans and verify patient understanding
- Modify therapeutic interventions based on patient response and progress toward goals

### Knowledge Required

- Anticipated outcomes of medical and/or therapeutic interventions
- Anticipated physiological and psychological effects of therapeutic interventions

## Appendix 1: Test Blueprint

- Rational, indications, precautions, and contraindications for interventions
- Treatment interventions (methods, techniques and tools)
- Concepts and principles of orthotic devices Concepts and principles of prosthetic devices
- Concepts and principles of ergonomics

### 4. Fundamental Knowledge and Basic Science ..... 22%

#### Knowledge Required

- Surface anatomy of the upper limb
- Anatomy and physiology of connective tissue
- Anatomy and physiology of the integumentary system
- Anatomy and physiology of skeletal system
- Anatomy and physiology of muscular system
- Anatomy and physiology of nervous system
- Anatomy and physiology of vascular and lymphatic system
- Development of age-specific hand function
- Kinesiology and biomechanics relative to the upper limb
- Pathomechanics and pathophysiology of medical conditions that may manifest with signs or symptoms in the hand or upper limb
- Etiology and pathology of medical conditions that may manifest with signs or symptoms in the hand or upper limb
- Physiology of bone and soft tissue repair
- Physiology and psychology of pain
- Physical properties of heat, water, light, electricity and sound as they apply to physical agent modalities and electrodiagnostics
- Mechanical properties of materials and components of orthotic and prosthetic devices
- Behavioral science (including cultural diversity and biopsychosocial factors) and psychological reactions to impairment
- Research design and statistics
- Principles of evidence-based practice
- Teaching and learning styles
- Safe use and maintenance of equipment and devices
- Safety techniques and procedures (for example, infection control, emergency procedures, practitioner safety, environmental safety)
- Technology related to the practice of hand therapy
- Hand Therapy Certification Commission's policies and regulatory guidelines
- Physical therapy and occupational therapy practice standards and codes of ethics

## Appendix 1: Test Blueprint

*In addition, the 2014 Hand Therapy Practice Analysis found that Certified Hand Therapists typically treat the following conditions and use appropriate techniques and tools as listed below:*

### Hand and Upper Limb Patients

Theoretical knowledge and technical skills are applied, using good clinical judgment, in assessment and treatment of individuals with diagnoses related to the upper quarter (hand, wrist, elbow, shoulder girdle or multiple joints). These may include but are not limited to:

- Adhesions or tightness (e.g., musculotendinitis, capsular)
- Amputations
- Arthritis and rheumatic diseases
- Congenital anomalies/differences
- Crush injuries/mutilating trauma
- Cumulative trauma disorders
- Cysts and tumors
- Developmental disabilities
- Dislocations and subluxations
- Dupuytren's disease
- Edema
- Factitious disorders
- Fractures
- Infections
- Ligamentous injury and instability
- Lymphedema
- Muscular strains, tears, and avulsions
- Nerve injuries and conditions (e.g., neuropathies, palsies, nerve repairs)
- Neuromuscular Diseases – ALS, MS, MD
- Pain (e.g. complex regional pain syndrome, fibromyalgia)
- Replantation and revascularization
- Spinal cord and central nervous system injuries
- Tendon injuries and conditions (e.g., lacerations, transfers, tendonitis, ruptures)
- Thermal and electrical injuries
- Vascular disorders
- Wounds and scars

# Appendix 1: Test Blueprint

## Treatment Techniques and Tools

A variety of techniques and tools may be used in therapeutic intervention with hand and upper limb patients, including but not limited to:

- Techniques to Assess
    - ADL, IADL
    - Edema
    - Vascular status
    - Pain
    - ROM
    - Tightness (intrinsic, capsular, extrinsic)
    - Strength (for example, dynamometry)
    - Muscle function (for example, MMT, tone, imbalance)
    - Sensibility
    - Sympathetic function
    - Handedness and dexterity
    - Functional capacity and work site
    - Wounds
  - Tests and Measures
    - Outcome Measures
    - Signs and Tests
    - Standardized Tests
    - Electro-diagnostic Tests
    - Differential Diagnosis
  - Therapeutic Exercise
    - Mobility (e.g., active, passive ROM)
    - Strengthening
    - Nerve gliding
    - Tendon gliding
    - Dexterity and coordination
    - Endurance
  - Modalities
    - Contrast baths
    - Cryotherapy
    - Fluidotherapy
    - Thermal/hot
    - Iontophoresis
    - Electrical stimulation
    - Paraffin
  - Ultrasound/phonophoresis
    - Whirlpool
  - Orthotic design and/or selection
  - Orthotic fitting, fabrication and training
    - Static
    - Dynamic
    - Static progressive
    - Serial casting
    - Casting to mobilize or immobilize
    - Soft materials (for example, neoprene, buddy taping, etc.)
  - Prosthetic design and/or selection
  - Prosthetic fitting, fabrication and training
  - Adaptive, assistive and ADL devices
  - Ergonomic and/or activity modification
  - Joint Protection
  - Posture awareness, modification, and adjustment
  - Edema management
  - Lymphedema management
  - Functional activity
  - Sensory re-education
  - Desensitization
  - CPM
  - Manual therapy techniques
    - Joint mobilization
    - Soft tissue techniques
    - Instrument assisted soft tissue mobilization
  - Taping
  - Patient/family/caregiver education
  - Work conditioning/hardening
  - Biofeedback
- Neuromuscular reeducation
  - Graded motor imagery (e.g. laterality training, imagery, mirror therapy)
  - Wound Care Techniques and Tools
    - Debridement
    - Mechanical (other than sharp debridement)
    - Sharp (scissors/ forceps or scalpel)
    - Suture removal
    - Non-selective
    - Chemical/enzymatic
    - Suture and staple removal
    - Cleansing
    - Application of topical medications
    - Selection/application of dressings
    - Scar management
    - Physical Agent Modalities for Wound Care
    - Whirlpool
    - Electrical Stimulation
    - Ultrasound



## Appendix 2: Examination Preparation

### Hand Therapist Peer Mentoring Manual

Using the Hand Therapy Certification Commission Test Blueprint for Hand and Upper Limb Patients as a framework, the Hand Therapist Peer Mentoring Manual has been developed as a tool that can be used by occupational therapists and physical therapists seeking to gain the advanced knowledge and clinical skills required for the specialty of hand therapy. The Peer Mentoring Manual uses HTCC's Self-Assessment to establish learning goals and objectives and can be downloaded as a free pdf on the HTCC homepage under the "Mentoring" tab.

### Preparation Tips

Feeling anxious about taking the certification exam? Here are some tips from CHTs to help you prepare.

- Organize a timeline & plan your approach to review.
- List study topics.
- Review the test blueprint for the six knowledge domains.
- Review the Reference List to guide your choice of study materials.
- Group topics together and place them on a study timetable to create a study schedule to focus your studying efforts. If you are working with a group, assign topics for review at each meeting.
- Try to set aside time each day, rather than studying for several hours at a time.
- Concentrate on the areas of study in which you feel weak.
- If you wish to see and practice navigating within the computer-based testing environment before your examination date, a free online computer-based testing tutorial is available. Go to the LXR Store at <http://store.lxr.com> and follow the instructions to access a Web Test Demonstration.

### Study Groups

Studying in a group can be invaluable in preparing for the exam. Analysis of test results indicates that candidates who studied in a group performed slightly better on the Hand Therapy Certification Examination than those who were not in a study group. Individuals share their strengths as well as identify their weaknesses; difficult concepts often become clear as each member offers questions and discussion; and the psychological support that members receive from each other during exam preparation helps test performance. Although HTCC does not endorse specific study groups, a list of existing study groups is maintained on the HTCC website. Candidates are encouraged to post information about study groups.

#### Tips for study groups:

- Contact other therapists in your area to find others interested in starting a study group. (Groups of three to six people have been shown to be the most effective.)
- Set ground rules related to meeting times, study timetables and individual responsibilities of the group members before you get started.
- Prepare a master list of major articles and divide it up among the members of your study group; each member can write a synopsis of the article to share.
- Study with fellow therapists who are as serious and committed to academic excellence as you are.
- Create a study group in the “groups” section of the Hand Therapy Resource Center.

### Flash Cards

About three quarters of candidates use flashcards in their study. Although there are commercial sources for flash cards, therapists noted the value in them was related to writing them out and reviewing them at every opportunity. Therapists can also create, share and view electronic flashcards in the Hand Therapy Resource Center. Flashcards from the resource center can also be downloaded to an iPhone, iPad or Android phone using applications available for purchase. Flashcards are not printable and can only be downloaded to an electronic device or viewed within the resource center.

#### Tips for using flashcards:

- Organize them by topic
- Carry them with you and refer to them frequently
- Use them in conjunction with your study group
- An excellent way to learn anatomy
- Use them to write test questions and have friends and family quiz you

## Appendix 2: Examination Preparation

### Before the Test

- ▶ Get at least eight hours sleep each night during the week leading up to the test.
- ▶ Eat a nutritious breakfast the morning of your test.
- ▶ If you are particularly sensitive to the effects of caffeine, monitor your consumption.
- ▶ If you live close to the test center, print out driving directions and drive to the test center to become familiar with the area, parking and traffic.
- ▶ AMP/PSI test centers open at 9:00 AM for candidate check-in. If you have an afternoon appointment, you may want to arrive a few minutes early to check in.
- ▶ Bring the necessary paperwork with you to the test, such as two forms of identification (see page 11).
- ▶ Complete a few warm-up questions the morning of the test, allowing yourself to get into the test-taking mode.
- ▶ Wear comfortable layered clothing as test center temperatures may vary.

### During the Test

- ▶ Read the directions carefully, making certain that you understand exactly what is expected.
- ▶ Read each question carefully and note key words and phrases so you only have to read the question once.
- ▶ When answering multiple-choice questions, it is recommended to first pause and try to predict the correct answer before looking at the answer options.
- ▶ Do not over analyze the question or read into the question what is not there.
- ▶ If you are still unsure about the correct answer, reread the question and try to eliminate one or two choices that are clearly wrong so you can make an educated guess.
- ▶ Make educated guesses at correct answers rather than leaving the answer blank. The score on the entire test will be based only on the number of correct responses: any questions left blank will be scored as incorrect.
- ▶ Do not waste time on questions containing unfamiliar or difficult material. You can come back to them if time permits.
- ▶ Budget your time, allowing yourself enough time to answer all 200 questions in 4 hours.
- ▶ Pace yourself and work carefully; do not allow yourself to become stuck on any one question.
- ▶ Use all of the allotted test time if you need to. There are no bonus points for finishing before the time limit expires.
- ▶ If you have time left over, think carefully before changing answers — your initial response is often the correct one.

### Test Your Hand Therapy Knowledge

The following questions have been prepared by the Examination Committee to familiarize you with the content and types of questions that may appear on the examination; however, their overall difficulty is not necessarily representative of the overall difficulty of the actual examination, and they do not provide a complete overview of the content of the entire examination. You may create, share and view more practice test questions in the Hand Therapy Resource Center.

- 1. According to David Butler, shoulder depression, elbow extension, whole arm internal rotation and wrist flexion is the Upper Limb Tension Test for which of the following nerves:**
  - A. median
  - B. musculocutaneous
  - C. radial
  - D. ulnar
- 2. A 52-year-old female is currently receiving hand therapy for a distal radius fracture she sustained in a motor vehicle accident four weeks ago. She complains of progressive shoulder stiffness with diffuse pain and diminished external rotation, forward flexion and abduction. You suspect:**
  - A. rotator cuff tear
  - B. adhesive capsulitis
  - C. biceps tendinitis
  - D. impingement syndrome
- 3. A patient undergoing therapy following a proximal phalanx fracture of the ring finger now complains of a tender subcutaneous nodule with pitting at the level of the distal palmar crease of the ring finger. The most probable condition is:**
  - A. stenosing tenosynovitis
  - B. peritendinous scar adhesions
  - C. early Dupuytren's disease
  - D. neuroma
- 4. A 58-year-old computer operator has been referred for conservative management of suspected carpal tunnel syndrome. During your screening evaluation, you note lateral forearm pain, decreased sensation in the lateral forearm and radial side of the hand, as well as slight weakness in the radial wrist extensors. You suspect:**
  - A. C5 nerve root compression
  - B. C6 nerve root compression
  - C. pronator syndrome
  - D. posterior interosseous nerve syndrome
- 5. What would you recommend for the patient described in #4?**
  - A. further medical workup
  - B. nerve gliding exercises
  - C. muscle strengthening program
  - D. sensory re-education
- 6. The rapid exchange grip (REG) test may be used to determine consistency of voluntary effort. In a normal population, approximately what difference would be expected between peak REG and the highest static grip strength?**
  - A. 25% or greater
  - B. 15% or greater
  - C. less than 25%
  - D. less than 15%

1. C 2. B 3. C 4. B 5. A 6. D  
Answer Key:

## Appendix 2: Examination Preparation

### List of Terms

#### Editorial Considerations

Every effort has been made to provide standardized vocabulary in preparing this examination by following the recommendations published in Barton, N. *“Guide to Terminology for Hand Surgery: Report of the Nomenclature Committee,” Journal of Hand Surgery, Vol. 8, No. 5, Part 2, 814-828, 1983.*

#### Abbreviations

The following abbreviations have been used. Other terms and anatomical names are used in the examination without abbreviation.

<b>ADL</b>	Activities of Daily Living	<b>FCU</b>	Flexor Carpi Ulnaris
<b>ADM</b>	Abductor Digiti Minimi	<b>FDP</b>	Flexor Digitorum Profundus
<b>APB</b>	Abductor Pollicis Brevis	<b>FDS</b>	Flexor Digitorum Superficialis
<b>APL</b>	Abductor Pollicis Longus	<b>FPB</b>	Flexor Pollicis Brevis
<b>AROM</b>	Active Range of Motion	<b>FPL</b>	Flexor Pollicis Longus
<b>CMC Joint</b>	Carpometacarpal Joint	<b>IP Joint</b>	Interphalangeal Joint (indication given if of the thumb)
<b>CPM</b>	Continuous Passive Motion	<b>MP Joint</b>	Metacarpophalangeal joint
<b>CRPS</b>	Complex Regional Pain Syndrome	<b>NMES</b>	Neuromuscular Electrical Stimulation
<b>DIP Joint</b>	Distal Interphalangeal Joint	<b>ORIF</b>	Open Reduction Internal Fixation
<b>DISI</b>	Dorsal Intercalated Segment Instability	<b>ORL</b>	Oblique Retinacular Ligament
<b>DRUJ</b>	Distal Radioulnar Joint	<b>PIP Joint</b>	Proximal Interphalangeal Joint
<b>ECRB</b>	Extensor Carpi Radialis Brevis	<b>PROM</b>	Passive Range of Motion
<b>ECRL</b>	Extensor Carpi Radialis Longus	<b>PT</b>	Pronator Teres
<b>ECU</b>	Extensor Carpi Ulnaris	<b>RCL</b>	Radial Collateral Ligament
<b>EDC</b>	Extensor Digitorum Communis	<b>ROM</b>	Range of Motion
<b>EDM</b>	Extensor Digiti Minimi	<b>STT Fusion</b>	Scaphotrapezium-Trapezoid Joint Fusion
<b>EIP</b>	Extensor Indicis Propius	<b>TAM</b>	Total Active Motion
<b>EMG</b>	Electromyography	<b>TENS</b>	Transcutaneous Electrical Nerve Stimulation
<b>EPL</b>	Extensor Pollicis Longus	<b>TFCC</b>	Triangular Fibrocartilage Complex of the Wrist
<b>FCE</b>	Functional Capacity Evaluation	<b>TPM</b>	Total Passive Motion
<b>FCR</b>	Flexor Carpi Radialis	<b>UCL</b>	Ulnar Collateral Ligament
		<b>VISI</b>	Volar Intercalated Segment Instability

**Note:** For items involving temperature, Fahrenheit is given followed by Celsius in parentheses.

## Appendix 2: Examination Preparation

### Expression of Range of Motion

ROM is expressed following the clinical assessment recommendations found in *The Hand: Examination and Diagnosis, 3rd ed.*, published by the American Society for Surgery of the Hand.

For the purposes of this examination, ROM is expressed with extension/flexion. Hyperextension will be described, rather than expressed as a number (e.g. “there is 10° of hyperextension present at the PIP joint.”) A lack of extension is shown as a number without a minus sign. For example:

	Active ROM	Total active motion
MP Joint	0°/90°	90°
PIP Joint	10°/70°	60°
DIP Joint	0°/50°	50°
		200°

### Muscle Grading

For items involving grades of muscle strength, the following grading system, with both alpha and numeric designations, will be used:

Normal (5)    Good (4)    Fair (3)    Poor (2)    Trace (1)    Absent (0)

## Appendix 2: Examination Preparation

### Reference Materials

The Hand Therapy Certification Examination is a comprehensive test of advanced clinical skills in the field of upper limb rehabilitation. It is expected that candidates will have a thorough understanding of hand therapy theory and its clinical application based on a variety of educational opportunities and practical experience.

The Hand Therapy Certification Commission as an organization does not approve or endorse specific test preparation courses or materials for certification preparation nor does the Commission publish a test preparation guide. Candidates are advised to look over the references and concentrate on the areas where they feel weak. Self-assessment is the best guideline for study. HTCC's self-assessment is included as part of a subscription to the Hand Therapy Resource Center. Also, candidates are encouraged to study the test blueprint to see what areas are emphasized on the exam.

Questions used on the examination are not based on any particular reference but reflect current practice as documented in the hand surgery, occupational, physical and hand therapy literature. Each item must be verified in at least one source. You should not rely on one source or text solely.

### I. References

Candidates have found the most current edition of the following references useful for their review. HTCC does not endorse nor have any proprietary relationship with any of the following textbooks. These books are organized by topic area, particular emphasis should be placed on the general textbooks.

#### General Textbooks on the Hand

*Rehabilitation of the Hand and Upper Extremity*  
Mackin, E., Callahan, A.D., Skirven, T., Schneider, L.H., & Osterman, A.L.

*Operative Hand Surgery*  
Green, D.P., Hotchkiss, R.N., Pederson, W.P.

*Core Knowledge in Orthopaedics: Hand, Elbow and Shoulder*  
Trumble, T. Budoff, J & Roger, C.

*Principles of Hand Surgery and Therapy*  
Trumble, T.

#### Anatomy

*Atlas of Hand Anatomy and Clinical Implications*  
Yu, H. Chase & Strauch, B

*Netter's Orthopaedics*  
Green, W

#### Biomechanics

*Basic Biomechanics of the Musculoskeletal System*  
Nordin, M. & Frankel, V.H.

*Clinical Mechanics of the Hand*  
Brand, P.W. & Hollister, A.

*Kinesiology of the Musculoskeletal System*  
Neumann, D

#### Elbow

*The Elbow and Its Disorders*  
Morrey, B.F.

#### Ergonomics

*Cumulative Trauma Disorders: A Manual for Musculoskeletal Disease of the Upper Limbs*  
Putz-Anderson, V.

*Fitting the Task to the Human: A Textbook of Occupational Ergonomics*  
Kroemer, K., & Grandjean, E.

*Musculoskeletal Disorders in the Workplace: Principles & Practice*  
Nordin, M. & Andersson, G.B.J.

*Occupational Medicine Secrets* Bowler, R. M. & Cone, J.  
Philadelphia: Hanley & Belfus

#### Ethics

*Principles of Biomedical Ethics*  
Beauchamp, T.L. & Childress, J.F.

## Appendix 2: Examination Preparation

### Evaluation

*Musculoskeletal Assessment: Joint Range of Motion and Manual Muscle Strength*

Clarkson, H. & Gilewich, G.

*Muscles: Testing and Function*

Kendall, F., McCreary, E.K.

*Netter's Orthopaedic Clinical Examination: An Evidence-Based Approach* Cleland J., Koppenhaver, S.

*Orthopedic Physical Assessment*

Magee, D.J.

*Sensitive Nervous System*

Butler, D.

Adelaide, Australia: Noigroup Publications

### Evidence-Based

*Evidence-Based Orthopaedics: The Best Answers to Clinical Questions* Wright, J

*Evidence-Based Rehabilitation: A Guide to Practice*

Law, M & MacDermid, J

*Physical Rehabilitation: Evidence-Based Examination, Evaluation, and Intervention*

Cameron, M.H. & Monroe, L.G

### Manual Therapy

*Illustrated Manual of Orthopedic Medicine*

Cyraix, J.

*Maitland's Peripheral Manipulation*

Hengeveld, E & Banks, K

### Orthotics

*Orthotic Intervention for the Hand and Upper Extremity*

Jacobs, M. & Austin, N.

*Hand Splinting Principles and Methods*

Fess, E.F. and others

### Pediatrics

*Hand Function in the Child: Foundations for Remediation*

Henderson, A. & Pehoski, C

### Physical Agents

*Physical Agents in Rehabilitation: From Research to Practice*

Cameron, M.H.

*Modalities for Therapeutic Intervention (Contemporary Perspectives in Rehabilitation)*

Michlovitz, S.L., Nolan, T.P.

### Research

*Foundations of Clinical Research: Applications to Practice*

Portney, L.G. & Watkins, M.P.

### Shoulder

*The Shoulder*

Rockwood, C. & Matsen, F.A.

*Shoulder Reconstruction*

Neer, C.A.

*Clinical Examination of the Shoulder*

Ellenbecker, T

### Treatment

*Critical Pathways in Therapeutic Intervention*

Saidoff, D. & McDonough, A.

*Diagnosis and Treatment Manual for Physicians & Therapists*

Cannon, N.M.

*Hand and Upper Extremity Rehabilitation: A Practical Guide*

Higgins, J.P., et al.

*Myofascial Pain and Dysfunction: The Trigger Point Manual*

Travell, J.G. & Simons, D.G.

*Therapeutic Exercise: Moving Toward Function*

Hall, C.M. & Bordy, L.T.

*Therapeutic Exercise: Foundations and Techniques*

Kisner, C. & Colby, L.

### Wound Management

*Wound Care Essentials: Practice Principles*

Baranodki, S & Ayello, E

*Wound Management Principles and Practice*

Myers, B

### Wrist

*The Wrist and its Disorders*

Lichtman, D.M.



## Appendix 2: Examination Preparation

### II. Review Materials

These materials provide an overview of the hand and hand therapy. Some have a question and answer format that may be useful in preparing to take an examination.

#### Books

*ASHT Test Prep for the CHT Exam* American Society of Hand Therapists – [www.asht.org](http://www.asht.org)

*Hand Rehabilitation: A Quick Reference Guide and Review*

Falkenstein, N., Weiss-Lessard, S.

*Hand Pearls*

Concannon, M. & Hurov, J.

*Hand Secrets*

Jebsen, P. & Kasdan, M.

#### Flash Cards

*Ultimate Anatomy Flash Cards*

Edwards, Bryan

#### CD-ROM

*ASHT Test Prep CD-ROM for the CHT Exam* American Society of Hand Therapists – [www.asht.org](http://www.asht.org)

*The Hand: An Interactive Study for Therapists* American Occupational Therapy Association – [www.aota.org](http://www.aota.org)

*Basics and Beyond: A Comprehensive Study of Hand and Upper Extremity Rehabilitation CD-ROM* Exploring Hand Therapy

*Under the Skin: Relating Tendon Anatomy of the Hand to Clinical Questions*

Handlab

### III. Supplemental Reading

These books are organized by topic area and are provided for additional information on specific subjects.

#### Evaluation

*Daniels and Worthingham's Muscle Testing: Techniques of Manual Examination*

Hislop, H.J. & Montgomery, J.

*Examination of the Hand and Wrist*

Tubiana, R., Thomine, J.M., Mackin, E.

*Lister's The Hand: Diagnosis and Indications*

Smith, P.

*Physical Examination of the Spine & Extremities*

Hoppenfeld, S. & Hutton, R.

*The Hand: Examination and Diagnosis*

American Society for Surgery of the Hand

#### Pain

*Hand Pain and Impairment*

Caillet, R.

*Muscle Pain: Understanding its Nature, Diagnosis and Treatment.*

Mense, S., Simons, D.G. & Russell, I.J.

*Pain: Mechanisms and Management*

Caillet, R.

*Soft Tissue Pain and Disability*

Caillet, R.

#### Rheumatology

*Assessment & Management: Rheumatologic Rehabilitation Series*

Melvin, J.L. & Jensen, G.

Bethesda, MD: The American Occupational Therapy Association

#### Treatment

*Modern Treatment of Lymphedema*

Casley-Smith, J.R.

Malvern, Australia: The Lymphoedema Assoc. of Australia

*Orthopedic & Sports Physical Therapy*

Malone, T.R., McPoil, T.G., & Nitz, A.J.

*The Hand: Primary Care of Common Problems*

ASSH

*Treatment and Rehabilitation of Fractures*

Hoppenfeld, S. & Murthy, V.L.

*Wound Healing: Alternatives in Management*

McCulloch, J.M., Kloth, L.D. & Feeder, J.A.

## Appendix 2: Examination Preparation

### **Multi-Media**

*The Hand Therapy Resource Center*

[www.handtherapyresources.com](http://www.handtherapyresources.com)

Created by the Hand Therapy Certification Commission.

*The Interactive Shoulder & The Interactive Hand*

Primal Pictures Interactive

*The Video Atlas of Human Anatomy, Part 1: The Upper Extremity*

Acland, R.

The American Society of Hand Therapists offers several Hand Therapy Review Courses in 2018. Contact ASHT at [asht.org](http://asht.org) for more information.

### Use of Credential

Successful candidates will be granted certification as a CHT by HTCC and are permitted to use the “CHT®” and “Certified Hand Therapist™” Marks as long as valid certification is maintained with HTCC, including compliance with all HTCC standards, policies, and procedures as they may be amended. The “CHT®” and “Certified Hand Therapist™” Marks are owned by HTCC, and HTCC has the sole right to control the use of these designators; however, with continued certification and compliance, HTCC will permit use of the Marks, including:

- Displaying the Certificate issued by HTCC granting CHT status;
- Stating that an individual is a “Certified Hand Therapist,” a “CHT®,” or otherwise indicating certification by HTCC;
- Using the Marks on business cards and stationery;
- Using the Marks in yellow page advertisements for services as a Certified Hand Therapist;
- Using the Marks on other promotional materials, provided that the materials are reviewed and approved in advance by HTCC.

In addition, certified individuals are permitted to use the “Certified Hand Therapist” hands logo. HTCC will provide artwork files of the “Certified Hand Therapist” hands logo. The individual must use the artwork files provided by HTCC. Images captured from websites, publications, and other sources may not be used. All use of these marks must conform to the style guidelines issued by HTCC (a current copy of which will be provided).

If you have any questions regarding proper use of the Marks, and for all uses of the Marks other than on business cards, stationery, and yellow page advertisements, submit a sample of the proposed use to HTCC for review. HTCC reserves the right to control the quality of all promotional materials on which the Marks are used. The Marks may not be used in any manner that implies that you have any relationship with HTCC other than as a certificant or in any other manner that is in conflict with HTCC philosophy or principles as expressed in HTCC’s standards, policies, and procedures. From time to time, HTCC may ask you to provide to HTCC a sample of stationery, business cards, or other promotional materials so that HTCC can determine whether the Marks are being used in the manner which complies with this Agreement. If you fail to comply with the permitted use of the Marks, or if you fail to maintain valid certification with HTCC, you will no longer have the right to use the Marks in any manner and may not distribute any materials containing the Marks that you may already have prepared. HTCC shall be the final judge as to whether any use of the Marks is consistent with HTCC’s standards, policies, and procedures.

Your employer is permitted to use the Marks to advertise your services as a Certified Hand Therapist, provided that the advertisements are truthful and not misleading. CHTs and their employers are not permitted to use HTCC’s corporate logo; this logo is for HTCC’s organizational use only.

### Disciplinary Actions

Failure to continually meet HTCC’s certification standards may result in revocation of hand therapy certification; furthermore, it is the individual CHT’s responsibility to notify HTCC of any actions that may affect the status of the CHT credential within 90 days of the action.

### Name/Address Change

It is the responsibility of the candidate to promptly notify HTCC in writing of any changes in his/her name or address. Notification for application status, admission to the examination, and test results depends on accurate information. Please see page 11 for specific instructions on how and when you can change your name after you have applied.

### Release of Information

HTCC will maintain a complete listing of CHTs. HTCC will verify the CHT status, but not examination scores, for employers, credentialing agencies, academic institutions, etc., upon request. Examination scores are held in strict confidence by HTCC and are not released.

### Non-Discrimination

The Hand Therapy Certification Commission, Inc., and its testing company, AMP/PSI, endorse the principles of equal opportunity. Eligibility criteria for examination and certification under the Hand Therapy Certification program are applied equally to all certificants regardless of race, religion, sex, national origin, veteran status, age, or handicap.

### Eligibility Review and Appeal Policy

The Hand Therapy Certification Commission (“HTCC”) has adopted this Eligibility Review and Appeal Policy to establish a fair process for addressing application and examination issues.

#### 1. Eligibility.

- A. **Complete Application.** Each applicant shall truthfully complete and sign an application in the form provided by HTCC, pay the required fees, and provide additional information as requested.
- B. **Criminal Convictions.** An individual convicted of a felony directly related to public health and safety, occupational therapy, physical therapy, or hand therapy is ineligible to apply for certification or recertification for a period of three (3) years from the exhaustion of appeals, final release from confinement (if any), or the end of probation, whichever is later. Convictions of this nature include (but are not limited to) felonies involving rape, sexual abuse of a patient or child, actual or threatened use of a weapon or violence, and prohibited sale, distribution, or possession of a controlled substance. An individual who is incarcerated, or for whom incarceration is pending, as of the application deadline date is ineligible for certification or recertification.
- C. **Pending Disciplinary Action.** HTCC may place an application for certification or recertification on hold while disciplinary allegations are pending.
- D. **Reinstatement of Eligibility.** Following a period of ineligibility based on this policy or noncompliance with the Disciplinary Policy, the individual may apply for reinstatement of eligibility by demonstrating that he/she has been rehabilitated. Proof is by preponderance of the evidence. Unless adequate evidence is submitted, the individual will remain ineligible.

#### 2. Examination.

- A. The examination is the sole and exclusive property of HTCC and may not be used in any way without the express written consent of HTCC. No one is permitted to make or keep copies, excerpts, or notes of examination materials.
- B. Individuals are prohibited from using or divulging information learned from the examination.
- C. Failure to pass the examination may **not** be appealed.
- D. HTCC may withhold an examination score pending resolution of an examination irregularity. HTCC may cancel an examination score if there is adequate reason to question its validity because of misconduct or other circumstances. Candidates shall cooperate in any investigations carried out by HTCC or its testing contractor.

#### 3. Initial Review & Determination.

HTCC office staff in consultation with members of the Examination and Recertification Committees will determine whether a candidate has met the requirements for certification or recertification. If an individual has not met the certification or recertification criteria, then he/she may be permitted another opportunity to supplement his/her application and/or have the application further reviewed. The timeframe and other conditions for further review will be provided by office staff in writing and an additional fee may apply. If the outcome of this initial review is not favorable to the individual, then the individual may proceed with an appeal as provided below in Section 4.

### 4. Appeals Process.

- A. A denial of eligibility for certification or recertification may be appealed. However, an individual may appeal the decision only if certification or recertification was denied for a reason other than failing the examination.
- B. Failure to comply with any HTCC deadline may not be appealed.
- C. The individual may request an appeal within twenty-one (21) calendar days after receipt of the denial letter. After this time, the individual may not request an appeal.
- D. All appeals must be submitted in writing and sent to HTCC by traceable mail or delivery service.
- E. The appeal must specify a valid basis for the appeal.
- F. An appeal of a certification eligibility denial will be forwarded to the Examination Committee. An appeal of a recertification denial will be forwarded to the Recertification Committee. The Chair of the Committee will appoint two members of the Committee to review the appeal. These two members may not: (a) be the same individuals who initially reviewed the application, (b) review any matter in which their impartiality might reasonably be questioned, or (c) review any matter which presents an actual, apparent, or potential conflict of interest.
- G. HTCC office staff may file a written response to the appeal request.
- H. The Committee members will render a decision based on the written record.
- I. In order to overturn a denial of eligibility or recertification, the individual must demonstrate that the denial was incorrect because of a material error of fact or a failure to follow HTCC's published standards, policies, or procedures. Proof is by preponderance of the evidence.
- J. The decision of the Committee is final.
- K. The individual will be notified of the Committee members' decision.
- L. Only one appeal per application is permitted. If that appeal upholds the original denial, the individual must complete and submit a new application in order to seek certification at another time. In the case of a denial for failure to meet the continuing education requirements for recertification, the individual may apply to recertify by examination or may apply for inactive status.
- M. The individual is responsible for all expenses incurred by him/her related to the appeal of a denial of eligibility, and must pay an appeal administrative fee.

### Disciplinary Policy for Certified Hand Therapists

The mission of the Hand Therapy Certification Commission (“HTCC”) is to support a high level of competence in the practice of hand therapy and to advance the specialty through a formal credentialing process. HTCC adopted this Disciplinary Policy to articulate standards of conduct for individuals seeking certification and recertification, and holding certification. This Disciplinary Policy was also adopted to establish a fair process for addressing noncompliance. Matters are investigated by a Disciplinary Review Committee and presented for judgment before a Disciplinary Hearing Committee. These committees operate independently of one another. The HTCC Board of Directors is available to hear appeals of Disciplinary Hearing Committee decisions and is the final decision-maker on behalf of HTCC.

#### A. General Principles.

##### Individuals must:

1. be truthful, forthcoming, prompt, and cooperative in their dealings with HTCC;
2. be in continuous compliance with HTCC rules (as amended from time to time by HTCC);
3. respect HTCC’s intellectual property rights;
4. abide by HTCC’s reasonable test administration rules;
5. abide by laws related to occupational therapy, physical therapy, and hand therapy, and to general public health and safety; and
6. carry out their professional work in a competent and objective manner.

#### B. Grounds for Disciplinary Action.

##### Grounds for disciplinary action include:

1. Providing fraudulent or misleading information to HTCC;
2. Ineligibility for certification, regardless of when the ineligibility is discovered;
3. An irregular event in connection with an examination;
4. Unauthorized possession or misuse of HTCC’s credentials, examinations, and other intellectual property;
5. Misrepresentation of certification status;
6. Failure to provide requested information in a timely manner;
7. Failure to inform HTCC of changes or adverse actions;
8. Gross negligence or willful misconduct in professional work;
9. Failure to maintain a current professional credential as required by the jurisdiction in which the individual practices (this may be a license, certificate, or registration);
10. The conviction of, plea of guilty to, or plea of no contest (nolo contendere) to a felony or misdemeanor related to public health and safety, occupational therapy, physical therapy, or hand therapy;
11. Disciplinary action by a licensing board or professional organization other than HTCC; and
12. Other failure to maintain continuous compliance with HTCC’s standards, policies, and procedures.

#### C. Compliance with HTCC Standards, Policies and Procedures.

An individual must be in continuous compliance with all HTCC standards, policies and procedures. Each individual bears the burden for demonstrating and maintaining compliance at all times.

### D. Complaints.

1. Persons concerned with possible violation of HTCC rules are encouraged to contact HTCC. The person should submit a written statement identifying the persons alleged to be involved and the facts concerning the alleged conduct in detail, and the statement should be accompanied by any available documentation. The statement should also identify others who may have knowledge of the facts and circumstances concerning the alleged conduct. The person making the complaint should identify him-/herself by name, address, email address, and telephone number. However, HTCC will consider anonymous complaints.
2. Actions taken under this Disciplinary Policy do not constitute enforcement of the law. Individuals bringing complaints under this Disciplinary Policy are not entitled to any relief or damages by virtue of this process.

### E. Contact Information Changes.

An individual must notify HTCC within ninety (90) calendar days of any change in name, address, telephone number, or email address.

### F. Adverse Actions.

An individual must notify HTCC of any development bearing on certification. Developments that must be reported to HTCC include (but are not limited to) arrests, complaints, inquiries, indictments, and charges pending against the individual before a state or federal regulatory agency, professional certification organization, or judicial body directly relating to public health and safety, occupational therapy, physical therapy, hand therapy, or any matter described in Section B, above. An individual must report events such as (but not limited to) suspension, revocation, or expiration of a state license to practice, being sued by a patient, or being investigated or reprimanded by a state regulatory board. The individual must notify HTCC within ninety (90) calendar days after he/she first learns of the development, and must provide documentation of the resolution of the matter within ninety (90) calendar days after resolution.

### G. Disciplinary Review Procedures.

1. Initial Evaluation by Executive Director.
  - i. Upon receipt of a complaint or an adverse action notice, the Executive Director will confer with the Chair of the Disciplinary Review Committee. The Chair or the Executive Director may request supplemental information.
  - ii. If the Executive Director and Chair determine that the complaint is frivolous, that the adverse action is not relevant to certification, or that HTCC lacks jurisdiction over the complaint or the person(s) who are the subject of the complaint, no further action will be taken.
  - iii. If the Executive Director and Chair determine that the complaint is not frivolous or that the adverse action may be relevant to certification, it will be forwarded to the Disciplinary Review Committee for investigation.
  - iv. If the Executive Director and Chair determine that a matter is beyond the jurisdiction of HTCC, they may refer the matter to the appropriate governmental agency or another entity engaged in the administration of law.
  - v. Individuals submitting adverse action notices and persons submitting complaints will be notified of the decision of the Executive Director and Chair.
2. Audits.

HTCC may conduct one or more compliance audits. If HTCC discovers a possible violation of HTCC rules, the Executive Director will confer with the Chair of the Disciplinary Review Committee to determine whether the allegation will be forwarded to the Disciplinary Review Committee for investigation.

### 3. Disciplinary Review Committee.

- i. A Disciplinary Review Committee will be established as provided in the Bylaws to investigate alleged violations of this Disciplinary Policy or any other HTCC standard, policy, or procedure. A Disciplinary Review Committee member may not: (a) serve on the Disciplinary Hearing Committee, (b) review any matter in which his/her impartiality might reasonably be questioned, or (c) review any matter which presents an actual, apparent, or potential conflict of interest. When a committee member is unavailable, the President will designate another individual to serve as an interim member. Committee action is determined by majority vote.
- ii. The Disciplinary Review Committee may contact the individual who submitted the complaint, the individual in question, and others who may have knowledge of the facts and circumstances surrounding the allegations.
- iii. If the Committee determines after its investigation that the facts are inadequate to sustain a finding of a violation of HTCC's rules, no further action will be taken. Individuals submitting adverse action notices and persons submitting complaints will be notified of this decision.
- iv. If the Committee finds that good cause exists to question whether a violation of a HTCC rule has occurred, the Committee will transmit a statement of the allegations to the individual by traceable mail or delivery service setting forth:
  - a. the applicable rule;
  - b. the facts constituting the alleged violation;
  - c. that the individual may request an oral hearing (in person or by phone) or a review by written briefing for the disposition of the matter, with the individual bearing his or her own expenses;
  - d. that the individual has thirty (30) calendar days after receipt of the statement to notify the Chair of the Disciplinary Review Committee if he/she disputes the allegations, has comments on available sanctions, and/or requests an oral hearing in person, an oral hearing by phone, or a review by written briefing;
  - e. that, in the event of an oral hearing in person or by phone, the individual may appear in person with or without the assistance of counsel, may examine and cross-examine any witness under oath, and produce evidence on his/her behalf;
  - f. that the truth of the allegations or failure to respond may result in sanctions including revocation; and
  - g. that if the individual does not dispute the allegations or request a review or hearing, the individual consents to the Disciplinary Review Committee rendering a decision on the evidence before it and applying available sanctions.
- v. The Disciplinary Review Committee may offer the individual the opportunity to negotiate a specific sanction in lieu of proceeding with a written review or hearing. The individual may ask the Disciplinary Review Committee to modify its offer, and the Committee may do so in its sole discretion. Any agreed-upon sanction must be documented in writing and signed by HTCC and the individual. If the individual is unwilling to accept the Disciplinary Review Committee's offer, the requested review or hearing will proceed as provided below.

### 4. Disciplinary Hearing Committee.

- i. The Board of Directors will appoint a Disciplinary Hearing Committee to consider the allegation. This Committee is composed of three (3) members drawn from current certificants. A Disciplinary Hearing Committee member may not: (a) serve on the Disciplinary Review Committee, (b) review any matter in which his/her impartiality might reasonably be questioned, or (c) review any matter which presents an actual, apparent, or potential conflict of interest. When a committee member is unavailable, the President will designate another individual to serve as an interim member. Committee action is determined by majority vote.
- ii. Written Review. If the individual requests a review by written briefing, the Disciplinary Review Committee will forward the allegations and response of the individual to the Disciplinary Hearing Committee. Written briefing may be submitted within thirty (30) calendar days following receipt of the written review request by the Disciplinary Hearing Committee. The Disciplinary Hearing Committee will render a decision based on the record below and written briefs (if any) without an oral hearing.
- iii. Oral Hearing. If the individual requests a hearing:
  - a. The Disciplinary Review Committee will:



## Appendix 3: HTCC Policies

- (1) forward the allegations and response of the individual to the Disciplinary Hearing Committee; and
- (2) designate one of its members to present the allegations and any substantiating evidence, examine and cross-examine witnesses, and otherwise present the matter during the hearing.
- b. The Disciplinary Hearing Committee will:
  - (1) schedule a hearing after the request is received, allowing for an adequate period of time for preparation; and
  - (2) send by traceable mail or delivery service a Notice of Hearing to the individual. The Notice of Hearing will include a statement of the time and place selected by the Disciplinary Hearing Committee. The individual may request modification of the time and place for good cause. Failure to respond to the Notice of Hearing or failure to appear without good cause will be deemed to be the individual's consent for the Disciplinary Hearing Committee to administer any sanction which it considers appropriate.
- c. The Disciplinary Hearing Committee will maintain a verbatim oral or written transcript.
- d. HTCC and the individual may consult with and be represented by counsel, make opening statements, present documents and testimony, examine and cross-examine witnesses under oath, make closing statements and present written briefs as scheduled by the Disciplinary Hearing Committee.
- e. The Disciplinary Hearing Committee will determine all matters related to the hearing. Formal rules of evidence do not apply. Relevant evidence may be admitted. Disputed questions will be determined by the Disciplinary Hearing Committee.
- iv. In all written reviews and oral hearings:
  - a. The Disciplinary Hearing Committee may accept, reject, or modify the recommendation of the Disciplinary Review Committee, either with respect to the determination of a violation or the recommended sanction.
  - b. Proof is by preponderance of the evidence.
  - c. Whenever mental or physical disability is alleged, the individual may be required to undergo a physical or mental examination at the individual's expense. The examination report may be admitted as evidence.
  - d. The Disciplinary Hearing Committee will issue a written decision following the review or hearing and any briefing. The decision will contain factual findings, conclusions regarding HTCC rules that provide the basis for its decision, and any sanctions applied. It will be mailed promptly by traceable mail or delivery service to the individual.
5. If the decision rendered by the Disciplinary Hearing Committee finds that the allegation is not established, no further action on the matter will occur.
6. If the decision rendered by the Disciplinary Hearing Committee is not favorable to the individual, the individual may appeal the decision to the Board of Directors.
7. Individuals submitting adverse action notices and persons submitting complaints will be notified of the decision of the Disciplinary Hearing Committee.

### H. Board of Directors.

1. A Director may not: (a) review a matter at the appeal stage if he/she investigated the matter as a member of the Disciplinary Review Committee or heard the matter as a member of the Disciplinary Hearing Committee; (b) review any matter in which his/her impartiality might reasonably be questioned, or (c) review any matter which presents an actual, apparent, or potential conflict of interest.
2. The individual may request an appeal within thirty (30) calendar days after his/her receipt of the Disciplinary Hearing Committee's decision. After this time, the individual may not request an appeal.
3. All appeals must be submitted in writing and sent to HTCC by traceable mail or delivery service.
4. The appeal must specify a valid basis for the appeal.
5. The Disciplinary Review Committee may file a written response to the appeal request.

## Appendix 3: HTCC Policies

6. Written briefing may be submitted within thirty (30) calendar days following receipt of the appeal request by the Board of Directors.
7. The Board of Directors will render a decision based on the record below and written briefs (if any) without an oral hearing. Alternatively, the Board of Directors may choose to conduct a new in-depth review of all the facts and rules (a “de novo” review). Only facts and conditions up to and including the time of the Disciplinary Hearing Committee’s determination are considered during an appeal.
8. In all reviews:
  - i. The Board of Directors may affirm or overrule and remand the determination of the Disciplinary Hearing Committee.
  - ii. In order to overturn a decision of the Disciplinary Hearing Committee, the individual must demonstrate that the Committee’s decision was incorrect because of a material error of fact or a failure to follow HTCC’s published standards, policies, or procedures. Proof is by preponderance of the evidence.
  - iii. The Board of Directors will issue a written decision following the review and any briefing. The decision will contain factual findings, conclusions regarding HTCC rules that provide the basis for its decision, and any sanctions applied. It will be mailed promptly by traceable mail or delivery service to the individual.
9. A decision rendered by the Board of Directors is final.
10. Individuals submitting appeals and persons submitting complaints will be notified of the decision of the Board of Directors.

### I. Summary Procedure.

If the Executive Director and Chair of the Disciplinary Review Committee determine that there is cause to believe that a threat of immediate and irreparable injury to the public exists, they will forward the allegations to the Board of Directors. The Board of Directors will review the matter immediately, and provide telephonic or other expedited notice and review procedures to the individual. If the Board of Directors determines (following this notice and opportunity to be heard) that a threat of immediate and irreparable injury to the public exists, certification may be suspended for up to ninety (90) calendar days pending a full review as provided above.

### J. Sanctions.

1. HTCC may impose one or more of the following sanctions for a violation of this Disciplinary Policy:
  - i. Denial or suspension of eligibility;
  - ii. Denial or suspension of certification;
  - iii. Revocation of certification;
  - iv. Non-renewal of certification;
  - v. Reprimand;
  - vi. Probation;
  - vii. Notification of other legitimately interested parties; or
  - viii. Other corrective action.
2. The sanction must reasonably relate to the nature and severity of the violation, focusing on reformation of the conduct of the individual and deterrence of similar conduct by others. The sanction decision may also take into account aggravating circumstances, prior disciplinary history, and mitigating circumstances. No single sanction will be appropriate in all situations.
3. Non-payment of fees when due results in automatic termination of certification.

### K. Probation

- A. As provided above, HTCC may impose probation as a sanction for the violation of any HTCC standard, policy, or procedure. Probation is a corrective action that follows a finding of a violation. Failure of the individual to comply with each and every condition of probation may result in further disciplinary action by HTCC.
- B. An individual on probation is required to suspend use of and reference to HTCC certification, and meet other conditions as may be specified by HTCC. A certificant on probation may make no claim to CHT certification except to note that the certificant is on probation.
- C. The specific conditions of probation will be determined by HTCC, and may vary depending on the facts of the violation. Potential conditions include, but are not limited to: monitoring; education; training; supervision; counseling; mental and/or physical examinations; limitations on a particular conduct or activity; reexamination; notification; and/or reporting.
- D. The probation period may be either a definite or indefinite term. If the probation is for an indefinite term, HTCC shall establish a minimum probation period and at the conclusion of that period consider whether the individual has fulfilled the conditions of probation.
- E. Upon completion of the term and conditions of probation, HTCC shall make a determination whether the conditions of probation have been completed successfully. The individual may be required to demonstrate successful rehabilitation to the satisfaction of HTCC. If probation is determined to have been successfully completed, then the individual will have sixty (60) calendar days to fulfill all of the requirements for continuing and/or renewing certification. Upon a showing that such requirements have been fulfilled, HTCC shall permit the individual to resume active certification status. If probation is determined not to have been successfully completed, then HTCC may impose further disciplinary sanctions.
- F. HTCC may stipulate that the probation is reciprocal, that is, may be imposed pursuant to a similar action (e.g., probation, suspension, practice limitation, etc.) taken by a state licensing agency, other regulatory body, or a professional organization other than HTCC. If HTCC imposes reciprocal probation, then it is the responsibility of the individual to report to HTCC as frequently as to the third party imposing probation. The individual shall also report to HTCC the final result determined by the third party. Such reporting shall include, but not be limited to, providing HTCC with copies of official paperwork and personal narratives detailing how the individual is meeting each and every condition of probation. HTCC reserves the right, in its sole discretion, to render its own decision and take independent action based on the progress or results of reciprocal probation.

### L. Period of Ineligibility Following Revocation.

1. If certification is revoked based on noncompliance with this Disciplinary Policy, then the individual is automatically ineligible to apply for certification or recertification for the periods of time listed below:
  - i. in the event of a felony conviction directly related to public health and safety, occupational therapy, physical therapy, or hand therapy, no earlier than three (3) years from the exhaustion of appeals, final release from confinement (if any), or the end of probation, whichever is later:
  - ii. in any other event, no earlier than three (3) years from the final decision of revocation.
2. After these periods of time, eligibility will be considered as set forth in HTCC's Eligibility Review and Appeal Policy.

### M. Continuing Jurisdiction.

HTCC retains jurisdiction to review and issue decisions regarding any matter which occurred prior to the termination, expiration, or relinquishment of certification.

### **N. Inactive Status.**

1. HTCC may take action with respect to eligibility, certification, recertification, or a disciplinary matter while an individual is on inactive status.
2. Individuals whose certification expires while undergoing disciplinary review may apply for inactive status and HTCC may allow the individual to be on inactive status until the individual's right to appeal the matter has been exhausted.

## Appendix 4: 2018 Hand Therapy Certification Examination Application

### Examination Application Agreement

1. Application. I certify that all the information contained in my application is true and complete to the best of my knowledge. I hereby authorize the Hand Therapy Certification Commission and its officers, directors, employees, and agents (collectively "HTCC") to review my application and to determine my eligibility for certification or recertification.
2. Compliance with HTCC Rules.
  - A. I have read and agree to abide by HTCC's standards, policies, and procedures, including but not limited to the Disciplinary Policy and the Use of Credential policy. I will read and keep up-to-date with these rules.
  - B. I agree that HTCC may take action regarding my application, examination, or certification in accordance with its Disciplinary Policy, and that the penalties for violation of a HTCC rule include (but are not limited to) denial, revocation, or limitation of my credential.
  - C. As specified within the Disciplinary Policy, I agree to notify HTCC of any change in name, address, telephone number, or email address, and of any development bearing on certification or recertification such as (but not limited to) suspension, revocation, or expiration of a state license to practice, being sued by a patient, or being investigated or reprimanded by a state regulatory board.
3. Cooperation. I agree to cooperate promptly and fully in any review of my application, examination, or certification or recertification, and I agree to submit any additional information requested.
4. Examination Confidentiality. I am seeking admission to take the examination for the purpose of pursuing certification or recertification and for no other purpose. Because of the confidential nature of the examination, I agree to not make or keep copies, excerpts, or notes of examination materials, and to not use or divulge information learned from the examination. The examination is the exclusive property of HTCC and I will not use it in any way without the express prior written consent of HTCC.
5. Examination Administration.
  - A. I agree to abide by HTCC's reasonable rules regarding test administration. HTCC may refuse my admission to an examination if I do not have the proper identification (two forms of ID, one must be a photo ID), or if administration has begun. The proctors may take steps as they believe necessary to maintain a secure and proper test administration, including (but not limited to) relocating me before or during the examination.
  - B. If I am refused admission or fail to appear at the test site, or if my examination performance is voided based upon my behavior, I agree that I will not receive a refund of the application or examination fees and there will be no credit for any future examination.
  - C. I understand that review of the adequacy of examination materials will be limited to computing accurate scoring; I hereby waive all further claims of examination review.
  - D. I acknowledge that HTCC is concerned with reporting only valid scores. I agree that HTCC may cancel an examination score if there is adequate reason to question its validity because of misconduct or other circumstances.
6. Continuing Compliance. I understand and agree that it is my responsibility to maintain and demonstrate continuous compliance with all HTCC standards, policies, and procedures.
7. Certification Marks.
  - A. The "CHT" credential and the stylized Certified Hand Therapist logo are the sole and exclusive property of HTCC and are subject to all applicable trademark and other rights of HTCC as owner under United States intellectual property law and international conventions. I agree to abide by HTCC's instructions regarding use of its intellectual property, and to not use this intellectual property in any way without the express prior written consent of HTCC.
  - B. I agree to correct at my own expense any inaccurate or unauthorized use by me of HTCC's credential and logo. I agree that if I refuse to make corrections, then HTCC is entitled to obtain all relief permitted by law, including but not limited to injunctive relief to enforce its rights with respect to the protection of its name, credential, logo, and other intellectual property.
8. Information Release. I agree that HTCC may release information regarding my application and certification or recertification record to state and federal authorities, licensing boards, employers, and others. This information includes (but is not limited to) HTCC's findings regarding review of my application, fraudulent statements made by me, information indicating noncompliance with laws or regulations or with policies of other organizations, and the pendency or outcome of disciplinary proceedings.
9. Duration of Certification or Recertification. This Application Agreement will become effective as of the date of my signature below and will remain in effect for the duration of my application review. If I am granted certification or recertification, the terms of this Application Agreement will automatically continue in effect for the duration of my certification or recertification. I acknowledge and agree that initial certification is awarded only for a five-year period, and that completion of recertification requirements, recertification applications, and reviews will be required to maintain certification.

10. Waiver of Claims & Indemnification.

- A. I hereby waive all claims against HTCC arising out of my application and my participation in its program, including (but not limited to) claims arising out of (i) any release of information to state and federal authorities, licensing boards, employers, and others, and (ii) any investigation and review of my application and certification or recertification by HTCC.
- B. I agree to indemnify HTCC for any third-party claims arising out of any action taken pursuant to the policies and procedures of HTCC with regard to my application, the examination, or my certification or recertification. In addition, I agree to indemnify HTCC for any third-party claims arising out of my professional practice and related activities.
- C. The provisions of this Waiver of Claims & Indemnification section do not extend to claims based on the gross negligence or willful misconduct of HTCC.
- D. My obligations and rights and those of HTCC under this Waiver of Claims & Indemnification section will survive beyond the termination or expiration of my certification or recertification and remain in full force and effect.

11. Governing Law & Venue. This Agreement is governed exclusively by the laws of California without reference to its choice of law doctrine. The parties agree that the sole jurisdiction and venue for any litigation arising from this Agreement is the appropriate federal court for the Eastern District of California or state court located in Sacramento County, California. If a dispute arises, the parties shall make a good faith attempt to resolve the dispute through dialogue and negotiation prior to pursuing court action.

# Appendix 4: 2018 Hand Therapy Certification Examination Application Agreement

## Eligibility Questions

Please indicate your answers to the following questions. If you answer yes to any question, you must submit a letter of explanation. In your letter, please indicate whether you have reported the information on a previous application. HTCC will review this information and determine whether you are eligible for certification or recertification. During this review, your application will be kept on hold:

1. . Have you ever been sued in the field of occupational therapy, physical therapy or hand therapy?

YES                       NO

2. Are any disciplinary charges pending against you before a governmental regulatory board or professional organization? This includes (but is not limited to) a complaint by a patient, practicing with an expired certificate, registration or license to practice, or a failure to disclose information on an application for a certificate, registration, or license.”

YES                       NO

3. Have you ever been investigated by a governmental regulatory board or professional organization (ASHT, AOTA, APTA or a similar organization)?

YES                       NO

4. Have you ever been sanctioned by a governmental regulatory board or professional organization (ASHT, AOTA, APTA or a similar organization)? This includes (but is not limited to) a reprimand, fine, suspension, revocation, or voluntary surrender of a certificate, registration, or license to practice.

YES                       NO

5. Are any criminal charges pending against you?

YES                       NO

6. Have you ever been investigated by law enforcement?

YES                       NO

7. Have you ever been convicted of a crime? This includes (but is not limited to) assault, driving while under the influence of alcohol or drugs, and possession of a controlled substance?

YES                       NO

By signing below, I acknowledge that I have read and understand this Application Agreement and agree to its terms in consideration for the opportunity to seek certification or recertification from HTCC.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

## Information Release

If I am granted certification or recertification, I hereby authorize HTCC to release my name and the fact that I have been granted certification or recertification to newspapers and other publications, and to release my name, employment information, address, and e-mail address in HTCC’s online directory and mailing list.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Appendix 4: Employment Verification

The Hand Therapy Certification Commission, Inc. (HTCC) believes that clear evidence of having met its Direct Practice Experience requirement is as critical to demonstrating competence as is successful completion of its examination. Only those who are able to conclusively demonstrate having achieved 4,000 hours of Direct Practice Experience in the upper extremity are permitted to sit for the examination.

It is the responsibility of the candidate to substantiate having met HTCC's Direct Practice Experience component to the satisfaction of HTCC before HTCC may determine whether a candidate is eligible to sit for the certification examination.

The Employment Verification Form must be returned, signed by your employer or supervisor, along with an accompanying Explanation form as documentation of 4,000 hours of Direct Practice Experience in hand therapy. More than one form may be submitted for a total of 4,000 hours. A therapist who is self-employed, or who was self-employed during any time in which hours were accrued, is permitted to sign the form; however, any self-verification must include as an attachment proof of ownership/partnership in a private practice such as a business license or partnership agreement.

The 4,000 hours must be spent in upper limb clinical practice but do not have to be completed under the direct supervision of a CHT. ***Direct Practice Experience is the direct provision of patient care through assessment and implementation of an individualized treatment plan, including but not limited to: orthotics/splinting, modalities and/or exercise to prevent dysfunction, maximize functional recovery, or influence the effect of pathology in the upper extremity. Hand Therapy Clinical Practice does not include time spent in administration, research, teaching, consultation, or activities that promote professional practice.*** HTCC encourages each candidate to demonstrate experience that covers a variety of conditions and types of treatment because the examination covers many areas within the practice of hand therapy.

It is your responsibility to maintain a system for calculating and recording the hours with your employer or supervisor who verifies the hours. HTCC retains complete discretion in determining whether the documentation you submit demonstrates that you have met the Direct Practice Experience. HTCC may attempt to verify the information you have submitted and/or may request additional documentation on how the hours were derived if the information is not clear from the application. If HTCC is unable to verify the information you submit to its satisfaction or otherwise determines that your documentation fails to demonstrate that you have met the Direct Practice Experience, HTCC will notify you that you are not eligible to take the examination and will refund all examination fees you have submitted, less a \$25 processing fee.

Should it be determined that the number of hours (or any other documentation) has been falsified, you may be subject to penalties, including, but not limited to, the denial of eligibility to sit for the examination for a period of ten years and the forfeiture of all fees you have submitted.



# Appendix 4: Employment Verification Form for CHT Candidates

## Hand Therapy Certification Examination

**Note to Employer:** You are being asked to complete this form for an employee or former employee who is a candidate for the Hand Therapy Certification Examination. Each candidate must document **4,000 hours of direct practice experience** in hand therapy. Please complete this form and return to the candidate so it can be included in the application packet. If you have any questions, please contact the Hand Therapy Certification Commission, Inc., at 800-860-7097. Thank you for your assistance.

Please Print Clearly or Type:

Candidate's Name \_\_\_\_\_ Candidate's Job Title \_\_\_\_\_

Facility Where Experience was Acquired \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

*Direct Practice Experience is the direct provision of patient care through assessment and implementation of an individualized treatment plan including but not limited to: splinting, modalities and/or exercise to prevent dysfunction, maximize functional recovery, or influence the effect of pathology in the upper extremity. It does not include time spent in administration, research, teaching, consultation, or activities that promote professional practice.*

Please describe Candidate's Direct Practice Experience in Hand Therapy:

\_\_\_\_\_  
\_\_\_\_\_

This employment represents: \_\_\_\_\_ hours in Direct Practice Experience of hand therapy acquired between \_\_\_\_\_ and \_\_\_\_\_.

By signing below, I certify that the hours listed here are true and correct to the best of my knowledge and that I have personally verified them for accuracy. I am aware that my inaccurate or false representation of these hours may lead to penalties, including, but not limited to, HTCC's refusal to accept further verification from me.

For Self-Verification: In addition, I understand that if I am the candidate listed above and signing this form because I am in private practice, my inaccurate or false representation of these hours may lead to penalties including, but not limited to, revocation or denial of my certification, recertification, or eligibility for certification.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Work Address \_\_\_\_\_

City/State/Province \_\_\_\_\_

Telephone/Ext. \_\_\_\_\_

Relationship to Candidate \_\_\_\_\_

**Please Note:**

- Candidates should submit only as many forms as needed to verify 4,000 hours of hand therapy experience.
- This form may be duplicated if needed for more than one employer.
- Candidates in private practice may sign their own form. Proof of ownership/partnership in a private practice is required.
- This form is to be used only by CHT Certification candidates; it should not be used for Recertification.

# Appendix 4: Explanation of Direct Practice Experience in Hand Therapy

## Hand Therapy Certification Examination

### Note to Candidate

- A minimum of 4,000 hours of direct practice experience in hand therapy is required for eligibility for the Hand Therapy Certification Examination.
- Please provide HTCC with an explanation of each employment instance that you are submitting to support the 4,000 hours of direct practice experience in hand therapy.
- Include one Explanation of Direct Practice Experience in Hand Therapy form with each Employment Verification Form you are submitting.
- You may copy the form if you have had more than one employer, but submit only as many forms as needed to document 4,000 hours.

## Hand Therapy Employment History

- Name of Facility: \_\_\_\_\_
- Name of Supervisor: \_\_\_\_\_
- Your Job Title: \_\_\_\_\_
- Dates of Employment: \_\_\_\_\_
- Hours worked per week: \_\_\_\_\_
- Estimated percentage of workload devoted to treating the Upper Limb: \_\_\_\_\_
- Please briefly describe your patient caseload and explain how you determined your direct practice hours at this facility:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Total hours of direct practice hand therapy experience for this employer: \_\_\_\_\_

I agree to complete the Explanation of Direct Practice Experience in Hand Therapy Form for any employer identified on an Employment Verification Form submitted with my certification application, and I certify that all information on the Explanation of Direct Practice Experience in Hand Therapy Form is true and correct to the best of my knowledge. I am aware that any inaccurate or false representation of any information on the Explanation of Direct Practice in Hand Therapy Form may lead to penalties, including, but not limited to, the denial of eligibility to sit for the examination for a period of (10) years and the forfeiture of all fees I have submitted. I understand and agree that if HTCC is unable to verify the information I submit, for any reason, HTCC may, in its sole discretion, decline to grant me eligibility for the examination.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

## Appendix 4: Request for Accommodations - CANDIDATE FORM

Please submit this form and related materials to:

**Hand Therapy Certification Commission**  
180 Promenade Circle, Suite 300 #41  
Sacramento, CA 95834  
T: 800-860-7097 F: 916-922-0210

**To request an examination accommodation for a disability**, please submit this form with your application **by the application deadline**. HTCC must receive your completed Candidate Form and Provider Form (and related required evaluation of your disability and the appropriate accommodation) completed from a physician or other health care provider or relevant authority. The provider's documentation should identify (i) the diagnosis and nature of your disability, (ii) the last time the provider saw you and the diagnosis of the disability, (iii) the name of test used, (iv) the length of the condition, and (v) what accommodation is suggested to accommodate the disability.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date of Examination \_\_\_\_\_ Email address \_\_\_\_\_

Telephone: Day (\_\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_\_) \_\_\_\_\_

Description of Disability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requested Accommodation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Accommodation (if any): \_\_\_\_\_

\_\_\_\_\_

I understand that HTCC will use the information obtained by this authorization to determine eligibility for a reasonable accommodation in regard to this examination by reason of my disability.

Under penalty of perjury, I declare that the foregoing statements and those in any required accompanying documents or statements are true. I understand that false information may be cause for denial or revocation of certification. I hereby certify that I personally completed this portion and that I may be asked to verify the above information at any time.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please note that the **PROVIDER FORM**, in addition to the letterhead evaluation from the provider, must be completed by a physician or licensed health care provider appropriate to the disability.

## Appendix 4: Request for Accommodations - PROVIDER FORM

Please submit this form and related materials to:

**Hand Therapy Certification Commission**  
180 Promenade Circle, Suite 300 #41  
Sacramento, CA 95834  
T: 800-860-7097 F: 916-922-0210

I, \_\_\_\_\_ (printed name of candidate), hereby authorize and request the provider identified below to release the information requested by HTCC relating to my disability and the accommodation appropriate to my disability to sit for the HTCC examination.

Signature \_\_\_\_\_ Date \_\_\_\_\_

The candidate/patient identified above is requesting accommodation to sit for the Hand Therapy Certification Commission ("HTCC") examination. HTCC's accommodation policy requires candidates requesting accommodation to submit current documentation of the disability from an individual qualified to assess the disability. The candidate is requesting that you provide such documentation; you should submit your evaluation on your professional letterhead.

Your evaluation should include your assessment of the candidate's disability as well as an accommodation plan. The documentation should explain the type and degree of the candidate's disability and how the proposed accommodation affects the disability.

The documentation should include the following information: (i) the month, day and year the candidate/patient first consulted you; (ii) the month, day and year the candidate/patient was last seen by you; (iii) the diagnosis of the candidate/patient's disability; (iv) the name of the tests used; and (v) the length of the condition.

You are also required to include recommended accommodations for testing in the documentation. Finally, please sign the statement below and include it in the transmittal of your evaluation.

### PROVIDER DECLARATION

I hereby certify that the above information is true and is given pursuant to the authorization to release information by my patient. Under penalty of perjury, I declare that the foregoing statements and those in any required accompanying documents or statements are true. I hereby certify that I personally completed this portion and that I may be asked to verify the above information at any time.

Signature \_\_\_\_\_

Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ State License #: \_\_\_\_\_

If you are not licensed, please note credentials that allow you to diagnose the disability:

\_\_\_\_\_



180 Promenade Circle, Suite 300 #41 Sacramento, CA 95834 USA

P: 800.860.7097 F: 916.922.0210 TFF: 866-308-6433 International: +1.916.566.1140 E: [info@htcc.org](mailto:info@htcc.org) [www.htcc.org](http://www.htcc.org)