

Date

Name/Address

Dear Dr.:

This letter will serve as confirmation of your oral practical examination on _____(date). Testing will be conducted at the _____(location). The phone number for this hotel is _____. The exam will consist of two (2) 90 minute sessions. Your first session will start at _____(time) and the second session will start at _____(time). Please plan to arrive 15 minutes prior to each testing time. The room number for testing can be obtained at the front desk and please bring a photo ID. **Please dress professionally in business attire for the exam.**

One section of the exam will pertain to comprehension. You will need to bring **two (2) complete patient files** that demonstrate rehabilitation proficiency. **One file must be an axial spine case and the other file must be an extremity case.** To ensure privacy, please remove the patient's name from all paperwork. The files should include all office paperwork including, but not limited to, consent forms, financial policies, history, physical examination, risk analysis, special studies, passive treatment, transition to active care, active care treatment, outcome measurements, pain assessments, PAR-Q and any other forms that are relevant to the file. You must demonstrate proficiency in all aspects of patient care from examination, diagnostics and active care management. You may be questioned on any or all paperwork, either related specifically to the file or there may be questions from the forms or tests that are not part of the file, but are related to the subject. Please bind the pages in a folder or notebook (**no loose pages**) in a neat and professional manner. Also, please include a copy of your current CV.

The other section of the exam will consist of **physical skills demonstrations**. You must demonstrate mastery of the physical skills necessary to rehabilitate a patient, including special populations. This section will include progression through the different phases of a rehabilitation case, with emphasis on logical flow from simple to complex exercises. Please be prepared to demonstrate or describe everything related to active rehabilitation.

Please note that your _____(time) **session will be the comprehension/patient files section and your _____(time) session will be the physical skills demonstrations.** You will be notified, in writing, approximately two weeks from the date of your exam regarding the pass/fail status of the exam. Each section is independent of the other and it may be possible that you pass one section and the not the other. If this occurs, only the failed section would need to be repeated in the future. If you should have any questions, please do not hesitate to contact the office at (877) 366-2272 or e-mail us at acrbholland@yahoo.com.

Sincerely,

Diane Wetzel
Administrative Assistant