American Burn Association
Burn Therapist Certified (BT-C)

Applicant Handbook
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# Submission Checklist

- Submission Checklist

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1. **Appendix 1** – Practice Domain Standards, Specialty Practice Objectives with guide and evaluation criteria
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Welcome Letter

Dear Burn Therapist Certified Applicant,

On behalf of the American Burn Association and the Professional Certification Committee, we thank you for considering applying for Burn Therapist Certification (BT-C). Your effort in undertaking this process is viewed as a testament to your commitment to providing high quality rehabilitation and treatment to the patients entrusted to your care. We commend you for pursuing certification.

The information that follows is intended to be used as a guide to help you in the process of preparing and submitting your BT-C Portfolio Application. Please take the time to carefully and thoroughly review this information before beginning this endeavor in order to give you the best opportunity to achieve BT-C status. Should you have any questions while completing your portfolio, you may contact the ABA by electronic mail at: certification@ameriburn.org.

The American Burn Association, Board of Trustees and Professional Certification Committee, appreciate your interest in applying for BT-C status and we wish you success in your application process.

Your colleague in burn rehabilitation and care,

Ingrid S. Parry, MS, PT
ABA Professional Certification Committee, Co-chair
Introduction

Occupational (OT) and Physical Therapists (PT) henceforth referred to as burn therapists, are an integral part of the multi-disciplinary burn team. Specialized practice skills and knowledge are required by burn therapists who provide care to patients recovering from a burn injury. The Burn Rehabilitation Therapist Competency Tool (BRTCT) published in 2017 (Parry et al.) established the component minimal skills and knowledge needed by burn therapists to effectively perform their job duties and helped to define standards of practice in burn rehabilitation. The development of the Burn Therapist Certified (BT-C) certification program provides a formalized means of identifying burn therapists who have exceeded these minimal standards and demonstrate specialized knowledge, skills and experience in burn rehabilitation.

The primary target audience for the BT-C is OTs and PTs who work in burn centers and have developed specialization in burn rehabilitation and demonstrate a commitment to the profession of burn rehabilitation. A secondary audience is OTs and PTs who work in the community or non-burn setting and provide care or follow up care to burn survivors.

The process of achieving BT-C involves the submission of a Portfolio Application that will be peer-reviewed by BT-C burn therapists who will evaluate and score the application according to Practice Domain Standards and Specialty Practice Objectives (SPOs). The standards and objectives, as well as reviewer evaluation criteria, were defined as part of the BT-C development process by Subject Matter Experts (SME) in burn rehabilitation and are fully described in this Handbook.

The Portfolio Application is made up of a collection of evidence forms (EF) that collectively allow the applicant the opportunity to demonstrate that he/she meets the defined standards and objectives for multiple domains of burn rehabilitation practice. The process is challenging and targets therapists who have more than minimal or entry-level skill in burn rehabilitation.

This Applicant Handbook describes the BT-C program and provides information that will help guide you, the applicant, in preparing and submitting the best possible Portfolio Application. It provides descriptions of the processes and forms and offers helpful hints for preparing a successful application.
Mission Statement

The mission of the Burn Therapist Certified (BT-C) program is to promote and recognize occupational and physical therapists who have specialized knowledge, skill and experience in burn rehabilitation.

Acronym Reference

These are common acronyms that you will find throughout this handbook:

- **ABA** – American Burn Association
- **BRTCT** – Burn Rehabilitation Therapist Competency Tool
- **BT-C** – Burn Therapist-Certified
- **EF** – Evidence Form
- **OT** – Occupational Therapist
- **PT** – Physical Therapist
- **PDA** – Professional Development Activities
- **SPO** – Specialty Practice Objective
- **SME** – Subject Matter Experts
- **WE** – Work Experience

Purpose of Certification

The development of a certification designation for burn therapists provides a measurable and meaningful standard that can be used by stakeholders to:

1. Determine if clinical performance expectations based on practice domain standards are met by a burn therapist.
2. Identify and distinguish burn therapists who have specialized knowledge, skill and experience in burn rehabilitation.
3. Establish a marker of clinical excellence in burn therapy programs.

Stakeholders in a burn certification program may include burn survivors and their families, burn therapists, other burn professionals, hospital administrators, third-party payers, and/or the general public.

Certification Benefits to the Candidate

If you achieve BT-C, there may be personal and professional benefits. The anticipated benefits include but are not limited to those listed here. BT-C:

- Provides a focused and meaningful professional development goal based on practice domain standards.
- Offers professional recognition and validation for specialty knowledge, skills, and experience in burn rehabilitation and a dedication to the practice.
- Provides a network of professionals with interest and expertise in burn rehabilitation.
- Establishes a foundation for continuing education, professional development and career advancement opportunities.
BT-C Minimum Eligibility Criteria

Before applying, you should determine if you meet the minimum eligibility criteria for BT-C. First time applicants must meet the following criteria:

- **Criteria 1** - Possess an occupational therapy or physical therapy license in good standing with the state/territory/country licensing agency.
- **Criteria 2** - Graduated from a World Federation of Occupational Therapists or World Confederation for Physical Therapy recognized educational program.
- **Criteria 3** - Have worked with the burn injured population for a minimum of 2 years.
- **Criteria 4** - Have worked 4,000 hours in direct patient care* with the burn population in the 5 years prior to application date.**

If you are not currently a member of ABA, you can sign up for membership at [www.ameriburn.org](http://www.ameriburn.org) for a discounted application fee.

**Direct Patient Care Activities:**
Direct Patient Care Activities shall be defined as the activities that a burn rehabilitation therapist participates in, that have a direct influence on the care of patients with a burn diagnosis. This work can be fee based or pro bono work. Some examples of approved burn rehabilitation activities:

1. Time spent delivering hands-on rehabilitative care to burn patients, whose primary reason for referral is related to burn injury.
2. Team meetings where the needs of one or more specific patients are discussed and evaluated, regardless of whether or not the patient and family are present.
3. Consultation services where your evaluation and input directly impacts patients or patient care delivery programs.
4. Time utilized to prepare and implement home rehabilitation programs for specific patients.
5. Time spent reviewing medical records prior to seeing a specific patient or patients or in review of cases for determination of services.
6. Time spent with patient or for a patient to facilitate community reintegration after burn injury.

**Direct Patient Care (Criteria #4) Exception:**
Physical or occupational therapists who have worked in the field of burn rehabilitation for a minimum of 10 years, are interested in applying for certification and meet all of the BT-C minimum certification criteria except Criteria #4 may be eligible to apply for initial BT-C status under the Direct Patient Care Exception. This type of applicant is a therapist who works in the field of burn rehabilitation but does not have 4,000 hours directly with burn patients in the past five years. Instead, the work they do in burn rehabilitation may include administration/supervisions of a burn unit, burn education, burn research or burn related consultation. Such applicants may use the Direct Patient Care Exception to demonstrate a combination of 2000 hours of work experience AND 50 units of professional development activities (described in Appendix 3) in lieu of Minimum Certification Criteria #4 on the initial BT-C application. All of the other minimum criteria for initial certification must be met and an employment verification form submitted with registration to be considered for certification. If you are interested in applying for BT-C with the Direct Patient Care Exception, please email [certification@ameriburn.org](mailto:certification@ameriburn.org) for the appropriate registration forms.
Registration for BT-C

When you have determined that you meet the minimum eligibility criteria defined above, the next step is to complete the BT-C Registration Form online. The form can be found at the ABA Online Store. The Registration Form can be purchased for a nonrefundable registration processing fee of $50. Once purchased you will be prompted to complete the registration form. Be prepared to complete the online form and provide information about your professional licensure, educational background and work experience. You will be required to submit verification of 4,000 work experience hours. This can be done by downloading the Employment Verification Form from a link provided on the registration page. If you have had multiple employers or positions, you will need to complete an Employment Verification Form for each work experience that counts toward the 4,000 hours of direct patient care in the previous 5 years. Employer(s) must sign the form and then you can upload each employment verification form with your completed Registration Form. The Registration Form cannot be submitted without at least one Employment Verification Form. When you have completed the Registration Form and have uploaded an Employment Verification Form, this will begin the review process of your registration form.

Information provided on the Registration Form will be verified by an ABA staff member to ensure that the minimum eligibility criteria are met for certification. When the registration information has been verified, a notification email will be sent stating that you are eligible to submit a full Portfolio Application for certification and will be provided with the links to the needed forms. You will have 8 weeks from that point to submit your application. If your full Portfolio Application is not submitted within 8 weeks, you must submit a new registration form, and pay the nonrefundable registration processing fee and start the process over. If the information provided on the Registration Form is incomplete or cannot be verified, you will be notified of the information that needs to be corrected before you can proceed with your Portfolio Application.
Portfolio Application

Before explaining how to prepare and submit your Portfolio Application, it is important that you understand some terminology.

Practice Domain Standards:
Common domains of burn rehabilitation practice were defined with the development and publication of the BRTCT. For the BT-C certification program, the domains defined in the BRTCT were used to develop standards that represent high-level specialized practice for those same domains. Nine Subject Matter Experts (SMEs) in burn rehabilitation developed these statement standards and revised them until consensus among all SMEs was achieved. The practice domains were divided into “Primary Domains” (those that are central to a burn therapist's job in most settings and at most stages of recovery) and “Secondary Domains” (those areas of practice that may be used in more select environments or at limited stages of recovery). The standards are written to target a therapist with more than entry level or minimal competence with the expectation that achieving certification represents therapists with high-level specialized skills, knowledge and experience in burn rehabilitation.

<table>
<thead>
<tr>
<th>Primary Practice Domains (10)</th>
<th>Secondary Practice Domains (9)</th>
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<tr>
<td>1. Evaluation/Treatment/Discharge Planning</td>
<td>1. Edema</td>
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<tr>
<td>2. Cardiovascular Endurance and Strength</td>
<td>2. Post-operative Rehabilitation</td>
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<tr>
<td>3. Functional Mobility/Gait</td>
<td>3. Activities of Daily Living</td>
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<tr>
<td>4. Orthotic Management</td>
<td>4. Physical Agents/Modalities</td>
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<td>5. Pain/Anxiety</td>
<td>5. Community Re-integration</td>
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<td>7. Rehabilitation During Critical Care</td>
<td>7. Complex Burn Sequelae</td>
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<tr>
<td>8. Range of Motion</td>
<td>8. Serial Casting</td>
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<tr>
<td>10. Wound Management</td>
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For each of the Primary domains and for the Secondary domains collectively, a Practice Domain Standard was developed. The Practice Domain Standards are as follows:

1) Evaluation/Treatment/Discharge Planning
Candidate will demonstrate advanced proficiency in burn rehabilitation evaluation, treatment and discharge planning including multiple relevant domains of rehabilitation practice in combination. A high-level understanding of utilization of data from the examination and re-examinations throughout recovery to outline a problem list, prioritize and implement treatment methods and develop a follow-up care plan must be detailed.

2) Cardiovascular Endurance and Strength
Candidate will demonstrate advanced proficiency in the evaluation, administration and adaptation of therapeutic interventions to improve the cardiovascular endurance and muscular strength of the burn patient at the various stages of recovery. Understanding of the cardiovascular and endurance changes associated with burn injury and sequelae, ability to analyze assessment findings and defend treatment decisions must be detailed.
3) Functional Mobility/Gait
Candidate will demonstrate advanced proficiency with functional mobility and gait assessment and training and a high-level understanding of how burn injury and sequelae impact implementation and expected outcome at the various stages of recovery. Ability to analyze functional mobility and gait assessment findings and defend treatment decisions must be detailed.

4) Orthotic Management
Candidate will demonstrate advanced proficiency with evaluation and application of orthotic devices for the burn survivor including selection, design, construction and modification. A high-level understanding of anatomy, function and biomechanics of the body area(s) requiring an orthotic device must be detailed.

5) Pain/Anxiety
Candidate will demonstrate advanced proficiency with evaluation and treatment of pain, anxiety and related behaviors and symptoms during rehabilitation of the burn survivor. A high-level understanding of pain/anxiety must be detailed and the ability to maximize therapy intervention while managing pain/anxiety must be demonstrated.

6) Positioning
Candidate will demonstrate advanced proficiency with evaluating positioning needs and implementing a positioning plan for the burn survivor. Ability to analyze positioning needs and defend treatment decisions throughout the phases of burn recovery must be detailed.

7) Rehabilitation during Critical Care
Candidate will demonstrate advanced proficiency with evaluation and treatment of rehabilitation needs of the burn survivor curing the critical care phase of recovery after burn injury. A high-level ability to understand and respond to surgical and medical issues encountered while providing rehabilitation with the critically ill patient during therapy must be detailed.

8) Range of Motion
Candidate will demonstrate advanced proficiency with range of motion evaluation and application of exercises with the burn survivor. A high-level understanding of how burn injury and sequelae influence range of motion and the impact on function and outcome at the various stages of recovery must be detailed.

9) Scar Management
Candidate will demonstrate advanced proficiency in the evaluation and treatment of burn scars. A high-level understanding of burn scars, ability to analyze burn scar assessment findings and defend scar management treatment decisions must be detailed.

10) Wound Management
Candidate will demonstrate advanced proficiency in the evaluation and treatment of burn wounds. The ability to analyze assessment findings and defend wound care treatment decisions demonstrating a high-level understanding of anatomy and wound healing must be detailed.
11) Secondary Domains (Edema, Post-operative Rehabilitation, Activities of Daily Living, Physical Agents/Modalities, Community Re-integration, Biomechanics, Complex Burn Sequelae, Serial Casting, Cutaneous Impairment)
Candidate will demonstrate advanced proficiency with evaluation and management of the area of practice selected and demonstrate a high-level understanding of the topic and application with the burn survivor. Ability to analyze assessment findings and defend treatment decisions throughout the phases of burn recovery must be detailed.

Specialty Practice Objectives (SPO)
Specialty Practice Objectives (SPOs) were developed for each of the Practice Domain Standards in order to define more specific and detailed criteria relative to the domain (Appendix 1). The SPOs address multiple aspects of evaluation, treatment and follow-up care for each domain. There are 10 SPOs for each Practice Domain Standard except Evaluation/Treatment/Discharge planning which has eleven SPOs.

SPO Guide
A SPO guide was developed to provide you with details about what type of information to include in the responses in order to fully demonstrate that the SPO is met. You should read the guide for each SPO and incorporate the recommendations into your response. (Appendix 1)

Reviewer Evaluation Criteria
In addition, evaluation criteria were established for each SPO to guide the review process. The evaluation criteria are the criteria that the reviewer will use to determine if your response sufficiently meets the SPO. (Appendix 1)

A grid, called the SPO grid, defines the Practice Domain Standard, the SPOs for each domain, the SPO guide for applicant and the reviewer evaluation criteria are available to both the applicant and reviewer for maximal transparency of the process and can be found in Appendix 1.

Evidence Forms (EF):
An Evidence Forms (EF) is the form that you will complete with information about a patient case, program, publication or research project that allows you to demonstrate that you meet a Practice Domain Standard and associated SPOs. There are four different types of EFs. A Portfolio Application is comprised of 3 Case Presentation EFs and 1 Supplemental EF (Program Development, Publication or Research) chosen by the applicant.

Description of EFs:
1) Case Presentation EF - Describe a patient case that demonstrates how you have achieved the chosen Practice Domain Standard and associated SPOs through the evaluation, treatment planning, implementation and follow-up care of the patient with burn injury. Analyze the clinical problem and evaluate your clinical decisions related to patient examination, intervention and education. If you provided care during only one phase of recovery, be sure to incorporate your understanding of the impact of that care during other phases of care in order to show a comprehensive understanding of the SPOs.

2) Program Development EF - Use this form to demonstrate how you have achieved the chosen Practice Domain Standard and associated Specialty Practice Objectives (SPO) through the planning, implementation and evaluation of a burn rehabilitation related program. A program may include any organized action directed at solving a problem (e.g. quality improvement), improving or validating a current program/system (e.g. development of policies or procedures),
intending to educate or advocate (e.g. development of a course or program development). You must have played a major role in program development.

3) Publication EF - Use this form to demonstrate how you have achieved the chosen Practice Domain Standard and associated Specialty Practice Objectives (SPO) through work that resulted in a publication related to burn rehabilitation. To select use of this form, you must have had a significant role or provided major contributions to critical aspects of the publication such as design of study, data analysis/interpretation, and publication development. Examples of acceptable publications include submission to a peer-reviewed journal, letters to the editor, textbook chapters. Examples of unacceptable publications include newsletters or professional periodicals. Multiple publications may be used to complete this form (up to 3) but they must all be related to the same practice domain.

4) Research EF - Use this form to demonstrate how you have achieved the chosen Practice Domain Standard and associated Specialty Practice Objectives (SPO) through the planning, implementation or evaluation of research related to burn rehabilitation. To select use of this form, you must have had a significant role or provided major contributions to critical aspects of the research project such as design, development, conduct, data analysis/interpretation, or publication/presentation of information. Research may include any organized action directed at providing evidence that either informs, validates or solves a clinical question or has the potential to lead to improvement of clinical care.

The EFs can be viewed in Appendix 2. However, for the Portfolio Application, you must submit them electronically using the links provided after you have successfully registered.

Preparing Your BT-C Portfolio Application

Now that you are familiar with the terminology used in the BT-C program, you can begin to prepare your Portfolio Application. Your Portfolio Application should consist of a total of FOUR Evidence Forms demonstrating advanced and specialized proficiency in at least three of the Practice Domain Standards. You must include THREE Case Presentation EFs using 3 different practice domains and ONE supplemental EF (Program Development, Publication or Research). For one Case Presentation, the ‘Evaluation, Treatment and Discharge Planning’ practice domain is required and for a second Case Presentation, a primary domain must be chosen. The third Case Presentation EF can be completed with either a primary or secondary practice domain. For the Supplemental EF, you are encouraged to use the Program Development, Publication or Research EF but if you do not have experience with these activities, it is acceptable to submit another Case Presentation EF as the fourth EF. Any domain of practice may be used for the Supplemental EF, and you are allowed to use one of the same domains presented with a Case Presentation EF.
Selecting a Practice Domain Standard/SPOs for your Case Presentations

It is important to select a Practice Domain Standard and associated SPOs that best represent your areas of expertise in burn rehabilitation. Start by asking yourself the question, “In what area of burn rehabilitation do I have the most experience and believe I am most skilled?” Review the list of primary and secondary practice domains and select the top 3-4 that you believe you have the most knowledge, clinical skills and experience with the burn population.

After you have selected 3-4 practice domains that best represent your strengths as a burn therapist, consider which patient cases you have experienced where those skills have been extensively and comprehensively applied. A large part of achieving BT-C will be demonstrating you meet the Practice Domain Standards/ SPOs through a description of patient cases. Therefore, choosing not only the practice domains that are your strongest but also choosing patient cases that can best highlight your clinical skills in those areas of practice are important.

Choosing Appropriate Patient Cases for Your Case Presentations

After you have selected 3-4 practice domains that best represent your strengths as a burn therapist, consider which patient cases you have experienced where those skills have been extensively and comprehensively applied. A large part of achieving BT-C will be demonstrating that you meet the Practice Domain Standards/ SPOs through a description of patient cases. Therefore, choosing not only the practice domains that are your strongest but also choosing patient cases that can best highlight your clinical skills in those areas of practice are important. You should have played a significant role in the care of the patient cases that you select. There is no minimum requirement for the treatment time, extensiveness of injury or complexity of the patient case. Rather, the case should be chosen based on if the care you provided can illustrate your in-depth knowledge and skill in the practice area that you have selected. A more complex patient case does not necessarily equate to the ability to demonstrate expertise in a specific practice domain.

The case chosen for the Evaluation, Treatment, and Discharge Planning Case Presentation should be a case that allows you to demonstrate your skills with the following activities: evaluating a patient, developing a treatment plan based on the evaluation findings, implementing the treatment plan in an effective manner, modifying treatment based on re-
evaluations and developing a discharge plan. Again, the focus of the review will be on how you handled the evaluation and care and not on the complexity of the patient. You must demonstrate a high-level understanding of utilization of data from the examination and re-examinations throughout recovery to outline a problem list, prioritize and implement treatment methods and develop a follow-up care plan.

The cases chosen for the two other Case Presentation EFs, should be chosen to highlight your knowledge, skills and experience in the specific Practice Domain chosen. Although it will be important to include how the specific area of practice integrated with the other practice areas, the focus will be on meeting the specific SPOs defined for the chosen Practice Domain. You should review all of the SPOs for the chosen domains prior to completing the EF.

**Burn Diagram**
A burn diagram must be submitted with each of the three Case Presentations. When you receive an email from the ABA with your Applicant Number and links to the portfolio forms, the burn diagram will be located on the applicant portfolio website. You may complete this burn diagram electronically or in paper format (then scanned) to depict the distribution and depth of the burn injury for the case you are describing. When you are completing the Case Presentation EF electronically from the provided link, there will be an area for uploads in the form. You must upload your burn diagram with the specific case you are presenting. Each case should be associated with a burn diagram.

**Selecting which Supplemental EF to use for your Portfolio Application**
The FOURTH required supplemental EF is chosen by you. You are encouraged to use the Program Development, Publication or Research EF but it is acceptable to use another Case Presentation EF for the Supplemental EF. Which form you choose will depend on which of the activities you have accomplished. While the Case Presentation EF gives you the opportunity to demonstrate the depth of your knowledge, skills and experience, the Program Development, Publication and Research EFs give you the opportunity to show the breadth of your knowledge in a particular area by demonstrating how your expertise is applied outside of a specific patient case. See the above Supplemental EF descriptions for more details about the types of activities.
that define each of the forms. If choosing the Program Development, Publication or Research supplemental EF, you may choose any of the Practice Domain Standard and the associated SPOs, even if you used the same one for one of the Case Presentation EFs. You must respond to each of the SPOs on the supplemental EFs, but instead of using information from a case experience, you will use information from the program, publication or research experience. Ensure that you select details from the experience that highlight your specialized knowledge, skill and experience when responding to the SPOs in the appropriate response boxes. If choosing the Case Presentation EF as your supplemental form, a new practice domain must be used, and you will respond to the SPOs with information detailing the case.

**Submitting your Portfolio Application**

You will be completing the EFs online from the links provided by ABA after you have successfully registered for BT-C. **Formulating your responses in a document off-line is highly recommended for ease of submission and in some cases resubmission.** While completing the online form, you may stop and save the document at any time. When saving, the certification online program will provide you with a link to re-access your application and continue. After you’ve completed the Portfolio Application, you will be given the opportunity to provide additional comments to the reviewers. Then you will submit the form and ABA will be notified of the submission. The submission will be reviewed to ensure that you have not included any applicant identifiers or HIPAA protected information. If such information is found, you will be notified that you must resubmit with corrections before the application can be passed on for review. There is no option currently for modifying an application once it has been submitted and you will need to re-enter the information into the electronic form. Therefore, it is important that you review your application and remove applicant identifiers and HIPAA information prior to submitting. When all four EFs and attachments pass the screening, the Portfolio Application will be processed and sent to reviewers. After you select ‘Submit’ for an EF, you will no longer be able to access the form so ensure that you have completed the form comprehensively and that it does not include any prohibited information.

**Payment**

Payment will be invoiced to all BT-C applicants who are qualified based on their initial registration form. Portfolio applications will not be reviewed until payment is received.

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<th>Registration Fee</th>
<th>Application Fee</th>
<th>Recertification Fee</th>
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<tbody>
<tr>
<td>ABA Members</td>
<td>$50</td>
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<td>$400</td>
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<tr>
<td>Non-ABA Members</td>
<td>$50</td>
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**Portfolio Application Review Process**

**Excluding HIPAA Protected Information**

Every Portfolio Application is screened by the ABA to ensure it does not include HIPAA protected information or applicant identifiers. **Please review the HHS website if you have questions about HIPAA protected information.** If such information is found, you will be notified that you must resubmit your application which entails re-entering the information into the electronic form because currently it is not possible to modify a form once submitted. The application will need to be corrected before the application can be passed on for review.
Blinding Application (Excluding Applicant Identifiers)
The applicants and reviewers of the BT-C process will be blinded to one another as much as is possible. It is the responsibility of the applicant to ensure that no information that might reveal her/his identity is included in the Portfolio Application. There should be no mention of your name, name of your employer, or location of your employment in the EF form or in any attachments. In the case of publications and research, please remove the authors from the submission. Because the burn community is small, it may not be possible to hide the identity of the applicant despite the precautions to do so. If reviewers are able to identify the applicant and feels they have a conflict of interest or cannot provide an unbiased review, they must recuse themselves from the review. The ABA will screen applications for identifying information and if any is found, they will notify the applicant that the information must be removed and the Portfolio resubmitted without the identifiers.

Peer Review of Portfolio Application
After the application has passed screening, it will be sent to multiple reviewers. Each reviewer will independently and confidentially review your blinded application.

Evaluating and Scoring
The reviewer will be evaluating the responses provided for each SPO within the chosen Practice Domains. They will be using the evaluation criteria on the SPO grid to determine if the response meets the SPO. Each SPO is scored. The scoring options are as follows:

- 0 - Applicant does NOT address the criteria in the information presented
- 1 - Applicant PARTIALLY addresses the criteria in the information presented
- 2 - Applicant SUFFICIENTLY addresses the criteria in the information presented

The scores for the SPOs are calculated to provide a numeric score for each EF as well as for the Portfolio Application overall.

BT-C Recommendation
The reviewer provides an overall recommendation regarding qualification for BT-C status after reviewing all of the EFs submitted. The options for BT-C recommendation are:

- “Qualified” – Applicant meets certification criteria
- “Inconclusive” – Applicant must resubmit application with additional information for consideration of certification status
- “Not qualified” – Applicant does NOT meet criteria for certification status

BT-C Decision
The final determination of certification will be based on the overall numeric scores of the reviewers as well as their recommendations. Several considerations are involved in evaluating a candidate’s portfolio submission. Evaluators will focus on the demonstration of your advanced proficiency and expertise through the clarity and depth of your responses to the selected SPOs on the directed EFs. Notification of BT-C results will be made by electronic mail. The review process takes approximately 4-8 weeks.

If the final determination is “Qualified,” you will receive an email notifying you of the decision. If the decision is “Inconclusive,” you will be sent email notification of the decision with a request to
resubmit the application with additional information based on the reviewers’ feedback. You will have 4 weeks to do so. Comments from the reviewers’ evaluations will be provided to guide you in resubmission. You will have two opportunities (after initial submission) to resubmit your application with clarification or additional information if given the decision of 'Inconclusive'. If you do not successfully achieve a “Qualified” status after the second resubmission, certification will be denied, and you will need to begin the process again after a minimum of 6 months. If the decision is “Not qualified,” you will not receive certification. Such applicants will be notified by email and provided with the reviewers’ feedback. Applicants with a “Not Qualified” decision may resubmit a Portfolio Application after 6 months from the decision date.

**Awarding Certification**

If you achieve BT-C Qualified status, ABA will send you a certificate of BT-C certification and you will be recognized at the ABA Annual Conference. If you are an ABA member, you will be identified with the designation BT-C on your member profile on the ABA website.

**Portfolio Recertification**

The initial certification is valid for 5 years from the date of approval. To maintain BT-C status, you must recertify every 5 years by meeting the Recertification Criteria ([Appendix 3](#)). You must have accrued all of the work experience (WE) hours and Professional Development Activities (PDAs) during the 5-year cycle and submit the information with your recertification application by the date of your expiration (there is a one-month grace period after your BT-C expiration date) or the certification will expire and you will need to begin the process all over.

**Recertification Criteria**

Recertification applicants must meet the following criteria:

- **Criteria 1:** Possess a current BT-C in good standing.
- **Criteria 2:** Possess a current occupational therapy or physical therapy license in good standing with the state/territory/country licensing agency.
- **Criteria 3:** Demonstrate 2,000 hours of Work Experience (WE) as defined in Appendix 3, Table A within the last 5 years.
- **Criteria 5:** Have accrued 50 credits of Professional Development Activities (PDA) as defined in Appendix 3, Table B within the last 5 years.

Recertification criteria is detailed in [Appendix 3](#). A grid to log the WE and PDAs is included to help you keep track of the work hours and PDAs. A general description of WE and PDAs is provided here:

**Work Experience (WE) Hours for Recertification**

Work experience (WE) hours represent the time spent engaging in any of the activities defined in [Appendix 3](#). One hour of time spent doing the defined activity equates to one hour of WE (60/60=1). The total requirement is 2,000 hours within the last 5 years prior to the recertification date. The same hours may NOT be counted in more than one category but the total WE hours can be a combination of categories if multiple work experiences apply (Ex. 1,000 hours of formal teaching and 1,000 hours of direct care). All hours must be verified at the time of submission.
**Professional Development Activities (PDA) for Recertification**
Professional Development Activities (PDA) represent your efforts to maintain and/or improve professional knowledge, skill and experience. PDA credits are achieved through participation in one or more of the activities defined in *Appendix 3*. The total requirement is 50 PDA credits within the last 5 years prior to the recertification date. These credits are in addition to the work experience hours required. All PDA must be verified according to the guidelines provided and may require a signature of an authorized person.

**Logging Recertification Credits**
It is recommended that you log your WE hours and PDAs and collect the appropriate signatures as you accrue them throughout the five-year cycle instead of waiting until the recertification date. ABA has provided a grid for you to do so (*Appendix 3*).

**Inactive BT-C Status**
Upon approaching BT-C expiration date, if you do not have sufficient WE hours or PDA credits to recertify, but you meet all of the other recertification criteria, you are eligible to apply for “Inactive Status”. Inactive status is good for one year from BT-C expiration date. An applicant may apply for inactive status for a maximum of two consecutive years. After two years, if all of the recertification criteria are not met, the BT-C will expire, and the applicant will need to reapply using the initial certification process. While a burn therapist has Inactive Status, the credentials BT-C may not be used, and the therapist cannot claim to have active certification status until recertification is achieved. To receive approval for inactive status the applicant must:

1) Meet all other recertification criteria.
2) Apply for Inactive Status within one month after BT-C expiration.
3) Pay Inactive status fee of $100 per year by the BT-C expiration date. The applicant will need to pay the current full reapplication fee when resuming active BT-C status.
**Policies**

**Conflict of Interest (COI)**
If a reviewer recognizes the applicant, despite efforts of blinding the application, and the reviewer believes there is a conflict of interest or that he/she cannot provide a non-bias and objective review, then they must recuse themselves from reviewing that Portfolio Application. Example reasons for recusal are:

- Supervisor or colleague of applicant
- Professor or close academic relationship with applicant
- Close colleague who you are biased toward their possible qualifications

**Consent/Disclaimer**
By completing the application form, applicant consents to release of the information provided by to ABA employees, volunteers and agents as necessary or useful to the certification process.

In addition, applicant agrees to release and hold ABA harmless from and against any claims, liability and damages in connection with the application or the certification process.

**Revocation of BT-C**
Burn Therapist Certification may be revoked for any of the following reasons:

1. The certificant receives a restriction or revocation on his/her professional license
2. Individual is convicted of a felony or a misdemeanor which reflects on the ability to serve the burn patient community
3. It is discovered that the information supporting minimal eligibility is false.

**Process of Appeals**
The American Burn Association (ABA) retains sole authority of the BT-C process. If an applicant chooses to appeal the decision of their Portfolio Application, they must notify ABA in writing within 30 days from the decision. A subcommittee of the PPC, consisting of the co-chair and two other members who did not participate in the original review of the Portfolio Application will review scores and evaluate the Portfolio Application reviews using the calibration method described for quality management and make a determination if the process appears to have been fairly administered. If it is deemed appropriate by the sub-group, the Portfolio Application may be sent to additional reviewers. The applicant will be notified of the outcome of the review.

**Plagiarism**
Originality of your information is critical, and information presented will be checked for plagiarism. Plagiarism is cause for dismissal of your submission.

**Confidentiality**
Reviewers sign a Reviewer agreement to ensure that the applicant information accessed is maintained in a confidential manner. The reviewer will not be informed of your identity. Only the ABA staff will know your identity and it will remain confidential through the review process. For statistical reporting, the number of applicants and pass/fail rate will be reported anonymously.
Demographic information such as male/female, discipline, years of experience will be maintained and reported without reference to any individual person or application.

**Applicant Work Flow**

See *Appendix 4* for the Applicant Workflow.

**Helpful Hints and Suggestions**

**Include Knowledge, Skill and Experience in Your Application**

A Portfolio Application should demonstrate a balance of knowledge, skill and experience. The application should demonstrate both the science of your practice (facts, data, observations) as well as the art of your practice (style, approach, philosophies).

*Knowledge* can be demonstrated by including foundational information that shows you understand core principles or concepts, facts and theories that serve as a basis for the chosen practice domain. The applicant should not assume the reviewers have knowledge but rather provide information in an instructive manner by including comprehensive in-depth explanations. When completing EFs, supporting information may be gleaned from textbooks or journal articles. However, it is important that the information presented be in your own words to convince the reviewers that you have a solid understanding of the practice domain.

*Skill* is demonstrated by explaining how your knowledge and understanding of a practice domain is being applied with a burn patient. When describing your interactions with burn survivors, their family, the burn team, and/or the burn community, you should describe your abilities and capacities in a way that shows competence, expertise and fluency with the burn population. It is helpful to include specific examples that demonstrate the breadth and depth of your skill and ensure that your professional reasoning is clearly articulated.

*Experience* should be evident in your application by including details of treatment response, creative solutions, lessons learned or other examples of information that may have only been gained from extensive and personal burn rehabilitation related experiences.

**Familiarize Yourself with the BT-C process**

Before preparing your application, read all instructional material thoroughly and familiarize yourself with the SPOs and the EF. It is helpful to develop and plan for what your Portfolio Application will include prior to beginning to prepare each EF. By reviewing the EFs in their entirety before trying to complete them, you will be able to provide the information in the proper location and avoid repetition and irrelevant information. The SPO grid should be reviewed carefully before, during and after the completion of your application because it offers guidance and information that can help you provide successful responses.

**Make Drafts of Portfolio Application**

The preparation of your Portfolio Application may take many days up to a few months, depending on your work style. It is recommended that you download the forms and prepare drafts of the information that you want to include. Another strong recommendation is that you complete your information in a Word Document and then ‘copy/paste’ this information into the online submission form. This will give you the opportunity to review the information for content and grammar before submitting which will result in a more well thought out application. You should save your word document in case you need to revise the application due to screen
failure or you receive an “Inconclusive” decision because it will ease the process of modifying your applicant information for resubmission.

**Answer Each SPO in the Area Allotted**
In describing your case presentation, program, publication or research, you will need to respond with information that addresses the SPOs for the chosen practice domain. There is a response area for each SPO. The reviewer will be evaluating your response to each SPO and scoring each SPO, so you will want to provide the information in the designated areas. You may find that as you are completing the EF that you are combining information and addressing multiple SPOs in one response. Take care to separate the information such that your response addresses the SPO being answered, which will improve the feasibility of the review.

**Choose Appropriate Case Presentations**
Read the section of this handbook called “Choosing an appropriate case” for details on how to choose the right cases to present. It is expected that you will be choosing a real patient case that you have experienced. No HIPAA protected information should be included at any time. Your Portfolio Application will be screened for such information and if any is found, you will be asked to remove it from the application and resubmit. When choosing which patient case to present, be sure that you have played a significant role in the patient’s care. Make your contributions and involvement in that patient’s care clear for the reviewer.

**Proofread Your Application**
Check for accuracy of word choices and spelling. Avoid the use of acronyms, abbreviations, and jargon. Some acronyms, abbreviations, and jargon may not be universal. If you do use acronyms, make sure that you define the meaning of the acronym for the reviewer. Read through and review all information a final time before submitting your application. A Submission Checklist is available as part of this Handbook for your convenience.

**Be Thorough, Yet Concise**
For any given SPO, there is no minimum or maximum length requirement. Questions must be answered thoroughly in your response and the information provided should demonstrate you have the knowledge, skill and experience to meet the SPO. It is encouraged to provide details in your responses and not to rely on the appended material for the reviewer to find your response. Review the Practice Domain Standard and SPO grid which provides information on the details that should be included in your response as well as the criteria that the reviewer will be using to evaluate the response. However, the applicant is also encouraged to be as succinct as possible and not include irrelevant details or information. It is important that you can synthesize and analyze the information in your responses.

**Use Appendices Appropriately**
You are able to attach up to two optional documents to each EF. Attachments are not required and should only be used if the information supports or help clarify your response to a SPO. They should not be included in lieu of a response. The reviewer should be able to find your direct response to address the SPO in the application itself and not need to sort through the attachments to do so. Ensure that you have removed any information on the documents that might identify you or your place of employment or the application will be returned to you to correct.
Blinding your Application Materials
Every effort will be made to blind your identity to the reviewers. The registration form is processed by the ABA but does not get passed on to the reviewers. When preparing your application, be sure to not include any information that may reveal your identity to the reviewers. When you submit your Portfolio Application, the ABA will also screen the information submitted for any identifying details. If any such information is found, they will notify the applicant that the information must be removed, and the Portfolio resubmitted without the identifiers.

Because the burn rehabilitation community is small, complete anonymity may not be possible when the author of a publication or research project is recognizable without including the names. If a reviewer recognizes the applicant and believes there is a conflict of interest or that he/she cannot provide a non-bias and objective review, then he/she must recuse themselves from reviewing that Portfolio Application. Example reasons for recusal are:

- Supervisor or colleague of applicant working within your institution or organization
- Professor or academic relationship with applicant
- Belief reviewer cannot provide an unbiased review
Submission Checklist

☐ Meet minimum eligibility criteria for BT-C
☐ Pay Registration Fee
☐ Submit Registration Form including signed Employment Verification Form
☐ Receives verification of Registration from ABA and links to Portfolio Application
☐ Prepare and submit Portfolio Application
  o Case Presentation EF #1 using Eval/Treat/DC planning Practice Domain
  o Case Presentation EF #2 using a different practice domain standard +SPO
  o Case Presentation EF #3 using different practice domain standard+SPO
  o Supplemental EF using any practice domain standard+SPO (unless Case Presentation, then new domain)
☐ Pay Application Fee

Appendices to Applicant Handbook

1. Appendix 1 – Practice Domain Standards, Specialty Practice Objectives with guide and evaluation criteria
2. Appendix 2– Evidence Forms for Portfolio Application
3. Appendix 3 – Burn Diagram
4. Appendix 4– Recertification Criteria Guide and Grid - Work Experience and Professional Development Activities
5. Appendix 5 – Applicant Work Flow
6. Appendix 6 – Helpful hints for an Inconclusive Decision
Practice Domain - Burn Rehabilitation Evaluation, Treatment and Discharge Planning*

*A presentation of a case using this standard and SPOs is required for every Portfolio Application.

**Standard** - Candidate will demonstrate advanced proficiency in burn rehabilitation evaluation, treatment and discharge planning including multiple relevant domains of rehabilitation practice in combination. A high-level understanding of utilization of data from the examination and re-examinations throughout recovery to outline a problem list, prioritize and implement treatment methods and develop a follow-up care plan must be detailed.

<table>
<thead>
<tr>
<th>Specialty Practice Objectives (SPO):</th>
<th>SPO Guide: It is recommended that the applicant provide the following information in the responses.</th>
<th>Evaluation Criteria: The reviewer will use the following criteria to evaluate the Portfolio Application.</th>
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<tbody>
<tr>
<td>1) Describe components of a comprehensive burn rehabilitation evaluation and the results obtained from the methods and tools used.</td>
<td>• Assessment tools/methods used • Rationale for standardized or non-standardized methods and tools selected • Findings from assessments • Evaluation and consideration of co-morbidities • Factors that influence timing of evaluation</td>
<td>• Tool(s) selected should match patient demographics and situational presentation. Adequately justifies tool selection. • Findings are provided; details substantiate that tests were applied correctly. • Description of comorbidities was provided. Provides logical, relevant, and applicable factors appropriate for practice</td>
</tr>
<tr>
<td>2) Analyze the results of the burn rehabilitation evaluation.</td>
<td>• Implications of assessment findings on treatment plan • Comparison to expected normal or baseline values</td>
<td>• Assessment findings are clearly linked to treatment plan. • Provides objective or qualified commentary on degree of departure from normal when present and significance of these findings.</td>
</tr>
</tbody>
</table>
| 3) Design and implement an individualized rehabilitation treatment plan based on evaluation and anticipated outcome. | • Treatment plan is based on evaluation findings, analysis, injury characteristics, patient specific characteristics and time post-burn.  
• Components of treatment and how they were applied  
• Timing and progression of treatment  
• Integration of treatments with other rehabilitation interventions | • Treatment plan matches issues revealed in assessment and follows logic of analysis presented. Plan discusses which interventions will be prioritized.  
• Elements of treatment plan based on evaluation and analysis of evaluation, as well as unique patient presentation and characteristics. Standard and proven techniques should be discussed and related to particular scenario.  
• Dosage and timing of treatment is supported by evidence or practice standards; other impacting factors specific to case scenario are included or addressed in plan.  
• Treatment is provided in efficient manner. Care is coordinated if relevant and available. |
|---|---|---|
| 4) Defend the treatment selection(s) based on evidence, patient input, clinical experience and/or existing resources. | • Rationale for treatment plan should be consistent with evaluation findings  
• Resources that support the treatment selection (e.g. current scientific and literature based evidence, patient feedback, accepted clinical standards, etc.)  
• Clinical experiences that have contributed to decisions and treatments | • Citation of specific and appropriate research articles, or burn standard of practice with reference. Can also use standardized tests of patient to justify. Must be relevant to scenario and include justification based on objective data or feedback. |
| 5) Discuss the contraindications and precautions that must be considered with safe and effective implementation of these treatment approaches. | • Contraindications and precautions for treatment  
• Potential harm of contraindicated treatments  
• Safe patient care concerns | • Contraindications and precautions are relevant to scenario and evidence or reference cited. Large majority or all of contraindications are addressed.  
• Consequences and risks of contraindicated treatments are relevant to scenario and evidence or reference cited. Large majority or all of contraindications are addressed. |
| --- | --- | --- |
| 6) Propose treatment program modifications that may be required to enhance adherence, avoid complications, and optimize outcomes. | • Alternative treatment approaches that are consistent with evaluation but respond to barriers or need for change/progression of treatment  
• Consideration of comorbidities and complications  
• Reason(s) why alternate treatment approaches may be necessary  
• Ongoing assessment and consideration of patient response to treatment | • Justification for alternative treatment approach is consistent with evaluation and overcomes stated barriers.  
• Rationale provided.  
• Response to treatment modification is described. |
| 7) Predict the expected outcome of the burn rehabilitation treatment plan. | • Predicted outcome based on findings of evaluation and re-evaluation, burn injury characteristics, individual characteristics of the burn survivor, and/or clinical experience of the practitioner | • Accurately described predicted outcome that is consistent with evaluation data and scenario. |
| **8) Implement a patient/family education plan that will optimize your treatment approach and goals.** | **• Aligns with assessment results, hypotheses, outcome goals and rehabilitation treatment plan**  
**• Consideration of patient/family goals and capabilities, resources, environmental factors, cultural beliefs, and social/psychological factors**  
**• Methods of education/instruction**  
**• Phase of recovery**  
**• Barriers to adherence with plan and follow up**  
**• Impact of adherence on outcome** | **• Education plan is consistent with previously described scenario details.**  
**• Scenario specific considerations are described.**  
**• Education plan is adequately described. Education plan is appropriate for phase of recovery.**  
**• Barriers to adherence are addressed in education plan.** |
| **9) Discuss elements of teamwork and communication that facilitated optimal management and outcome.** | **• Multidisciplinary burn team member involvement in and understanding of the patient’s plan of care and goals**  
**• Methods to facilitate communication and collaboration between team members regarding optimal rehabilitation**  
**• Impact of team approach** | **• Sufficiently describes other members of burn team.**  
**• Adequately describes methods used. Thoroughly portrays impact of team approach on case outcome.** |
| **10) Describe and defended outcome measures selected for re-evaluation.** | **• Description of standard and objective tests used**  
**• Assessments target various levels of problem**  
**• Rationale for selected examinations used** | **• Thoroughly describes tool(s) selected and how they correspond to the initial evaluation.**  
**• Sufficiently describes professional reasoning that justifies tool(s) selected.** |
| 11) Devise a comprehensive patient discharge plan; including transition of care and follow-up. | • Goals/expectations for discharge from hospital, rehabilitation care and outpatient therapy  
• Management of transition of care  
• Plan for follow up | • Thoroughly describes discharge plan. Adequately justifies need for future care. Sufficiently outlines components required for transition of care and follow up plan when appropriate. |
**Practice Domain - Cardiovascular Endurance and Muscle Strength**

**Standard** - Candidate will demonstrate advanced proficiency in the evaluation, administration and adaptation of therapeutic interventions to improve the cardiovascular endurance and muscular strength of the burn patient at the various stages of recovery. Understanding of the cardiovascular and endurance changes associated with burn injury and sequelae, ability to analyze assessment findings and defend treatment decisions must be detailed.

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| 1) Describe how cardiovascular endurance and muscle strength were evaluated and the results obtained from the methods and tools used. | • Assessment tools/methods used  
• Rationale for standardized or non-standardized methods and tools selected  
• Findings from assessments  
• Evaluation and consideration of co-morbidities  
• Factors that influence timing of evaluation | • Tool selected should match patient demographics and situational presentation. Adequately justifies tool selection.  
• Findings are provided; details substantiate that tests were applied correctly.  
• Description of comorbidities was provided. Provides logical, relevant, and applicable factors appropriate for practice setting and |
| 2) Analyze the results of the cardiovascular endurance and muscle strength evaluations. | • Implications of assessment findings on treatment plan  
• Comparison to expected normal or baseline values | • Assessment findings are clearly linked to treatment plan.  
• Provides objective or qualified commentary on degree of departure from normal when present and significance of |
### 3) Design and implement an individualized rehabilitation treatment plan for cardiovascular endurance and muscle strength training based on evaluation and anticipated outcome.

- Treatment plan is based on evaluation findings, analysis, injury characteristics, patient specific characteristics and time post-burn.
- Components of treatment and how they were applied
- Timing and progression of treatment
- Integration of treatments with other rehabilitation interventions

- Elements of treatment plan based on evaluation and analysis of evaluation, as well as unique patient presentation and characteristics.
- Standard and proven techniques should be discussed and related to particular scenario. Dosage and timing of treatment is supported by evidence or practice standards; other impacting factors specific to cardiovascular endurance and muscle strength training are included or addressed in plan.

### 4) Defend the treatment selection(s) based on evidence, patient input, clinical experience and/or existing resources.

- Rationale for treatment plan should be consistent with evaluation findings
- Resources that support the treatment selection (e.g. current scientific and literature based evidence, patient feedback, accepted clinical standards, etc.)
- Clinical experiences that have contributed to decisions and treatments

- Citation of specific and appropriate research articles, or burn standard of practice with reference. Can also use standardized tests of patient to justify.
- Must be relevant to scenario and include justification based on objective data or feedback.

### 5) Discuss the contraindications and precautions that must be considered with safe and effective implementation of these treatment approaches.

- Contraindications and precautions for treatment
- Potential harm of contraindicated treatments
- Safe patient care concerns

- Contraindications and precautions are relevant to scenario and evidence or reference cited.
- Large majority or all of contraindications are addressed.
- Consequences and risks of contraindicated treatments are discussed and relate to case.
<table>
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<tr>
<th>BURN THERAPIST CERTIFIED (BT-C)</th>
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<tr>
<td>DOMAIN STANDARD &amp; SPECIALTY PRACTICE OBJECTIVES (SPO)</td>
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</table>

| 6) Propose treatment program modifications that may be required to enhance adherence, avoid complications, and optimize outcomes. | • Alternative treatment approaches that are consistent with evaluation but respond to barriers or need for change/progression of treatment  
  • Consideration of comorbidities and complications  
  • Reason(s) why alternate treatment approaches may be necessary  
  • Ongoing assessment and consideration of patient response to treatment | • Justification for alternative treatment approach is consistent with evaluation and overcomes stated barriers.  
  • Rationale provided.  
  • Response to treatment modification is described. |
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<tr>
<td>7) Predict the expected outcome of the cardiovascular endurance and muscle strengthening treatment plan.</td>
<td>• Predicted outcome based on findings of evaluation and re-evaluation, burn injury characteristics, individual characteristics of the burn survivor, and/or clinical experience of the practitioner</td>
<td>• Accurately described predicted outcome that is consistent with evaluation data and scenario.</td>
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### 8) Implement a patient/family education plan that will optimize your treatment approach and goals.

- Aligns with assessment results, hypotheses, outcome goals and rehabilitation treatment plan
- Consideration of patient/family goals and capabilities, resources, environmental factors, cultural beliefs, and social/psychological factors
- Methods of education/instruction
- Phase of recovery
- Barriers to adherence with plan and follow up

- Education plan is consistent with previously described scenario details.
- Scenario specific considerations are described. Education plan is adequately described.
- Education plan is appropriate for phase of recovery.
- Barriers to adherence are addressed in education plan.

### 9) Discuss elements of teamwork and communication that facilitated optimal cardiovascular endurance and muscle strength outcome.

- Multidisciplinary burn team member involvement in and understanding of the patient’s plan of care and goals
- Methods to facilitate communication and collaboration between team members regarding optimal rehabilitation
- Impact of team approach

- Sufficiently describes other members of burn teams.
- Adequately describes methods used. Thoroughly portrays impact of team approach on case outcome.

### 10) Discuss the clinical and functional differences between cardiovascular endurance and muscular strengthening and the relative importance of each to the information you have presented.

- Differentiates between strength and endurance and their unique impact on movement and function
- Relative significance and influence of each on the material presented considering evaluation findings and situational limitations

- Sufficiently describes differences between strength and endurance
- Adequately identifies impact of each on movement and dysfunction
- Significance of each must be relevant to scenario and include justification based on objective data or feedback.
Practice Domain - Functional Mobility and Gait

**Standard** - Candidate will demonstrate advanced proficiency with functional mobility and gait assessment and training and a high-level understanding of how burn injury and sequelae impact implementation and expected outcome at the various stages of recovery. Ability to analyze functional mobility and gait assessment findings and defend treatment decisions must be detailed.

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</thead>
</table>
| 1) Describe how functional mobility and gait were evaluated and the results obtained from the methods and tools used. | • Assessment tools/methods used  
• Rationale for standardized or non-standardized methods and tools selected  
• Findings from assessments  
• Evaluation and consideration of co-morbidities  
• Factors that influence timing of evaluation | • Tool(s) selected should match patient demographics and situational presentation. Adequately justifies tool selection.  
• Findings are provided; details substantiate that tests were applied correctly.  
• Description of comorbidities was provided. Provides logical, relevant, and applicable factors appropriate for practice setting and scenario. |
| 2) Analyze the results of the functional mobility and gait evaluations. | • Implications of assessment findings on treatment plan  
• Comparison to expected normal or baseline values | • Assessment findings are clearly linked to treatment plan.  
• Provides objective or qualified commentary on degree of departure from normal when present and significance of these findings. |
### 3) Design and implement an individualized rehabilitation treatment plan for functional mobility and gait training based on evaluation and anticipated outcome.

- Treatment plan is based on evaluation findings, analysis, injury characteristics, patient specific characteristics and time post-burn.
- Components of treatment and how they were applied
- Timing and progression of treatment
- Integration of treatments with other rehabilitation interventions

- Treatment plan matches issues revealed in assessment and follows logic of analysis presented.
- Plan discusses specific functional mobility and gait training strategies.
- Elements of treatment plan based on evaluation and analysis of evaluation, as well as unique patient presentation and characteristics.
- Standard and proven techniques should be discussed and related to particular scenario.
- Dosage and timing of treatment is supported by evidence or practice standards; other impacting factors specific to wound management are included or addressed in plan.
- Treatment is provided in efficient manner. Care is coordinated if relevant and available.

### 4) Defend the treatment selection(s) based on evidence, patient input, clinical experience and/or existing resources.

- Rationale for treatment plan should be consistent with evaluation findings
- Resources that support the treatment selection (e.g. current scientific and literature based evidence, patient feedback, accepted clinical standards, etc.)
- Clinical experiences that have contributed to decisions and treatments

- Citation of specific and appropriate research articles, or burn standard of practice with reference. Can also use standardized tests of patient to justify.
- Must be relevant to scenario and include justification based on objective data or feedback.
<table>
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<tr>
<th><strong>5) Discuss the contraindications and precautions that must be considered with safe and effective implementation of these treatment approaches.</strong></th>
<th><strong>Contraindications and precautions for treatment</strong>&lt;br&gt;<strong>Potential harm of contraindicated treatments</strong>&lt;br&gt;<strong>Safe patient care concerns</strong></th>
<th><strong>Contraindications and precautions are relevant to scenario and evidence or reference cited.</strong>&lt;br&gt;<strong>Large majority or all of contraindications are addressed.</strong>&lt;br&gt;<strong>Consequences and risks of contraindicated treatments are discussed and relate to</strong></th>
</tr>
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<tr>
<td><strong>6) Propose treatment program modifications that may be required to enhance adherence, avoid complications, and optimize outcomes.</strong></td>
<td><strong>Alternative treatment approaches that are consistent with evaluation but respond to barriers or need for change/progression of treatment</strong>&lt;br&gt;<strong>Consideration of comorbidities and complications</strong>&lt;br&gt;<strong>Reason(s) why alternate treatment approaches may be necessary</strong>&lt;br&gt;<strong>Ongoing assessment and consideration of patient response to treatment</strong></td>
<td><strong>Justification for alternative treatment approach is consistent with evaluation and overcomes stated barriers.</strong>&lt;br&gt;<strong>Rationale provided.</strong>&lt;br&gt;<strong>Response to treatment modification is described.</strong></td>
</tr>
<tr>
<td><strong>7) Predict the expected outcome of the functional mobility and gait training treatment plan.</strong></td>
<td><strong>Predicted outcome based on findings of evaluation and re-evaluation, burn injury characteristics, individual characteristics of the burn survivor, and/or clinical experience of the practitioner</strong></td>
<td><strong>Accurately described predicted outcome that is consistent with evaluation data and scenario.</strong></td>
</tr>
</tbody>
</table>
### 8) Implement a patient/family education plan that will optimize your treatment approach and goals.

- Aligns with assessment results, hypotheses, outcome goals and rehabilitation treatment plan
- Consideration of patient/family goals and capabilities, resources, environmental factors, cultural beliefs, and social/psychological factors
- Methods of education/instruction
- Phase of recovery
- Barriers to adherence with plan and follow up

### 9) Discuss elements of teamwork and communication that facilitated optimal outcome.

- Multidisciplinary burn team member involvement in and understanding of the patient's plan of care and goals
- Methods to facilitate communication and collaboration between team members regarding optimal rehabilitation
- Impact of team approach

*Education plan is consistent with previously described scenario details.*
*Scenario specific considerations are described.*
*Education plan is adequately described.*
*Education plan is appropriate for phase of recovery.*
*Barriers to adherence are addressed in education plan.*
*Sufficiently describes other members of burn team.*
*Adequately describes methods used.*
*Thoroughly portrays impact of team approach on case outcome.*
| 10) Defend selection and use of equipment to facilitate treatment plan and progression of functional mobility and gait. | • Describe equipment selection(s)  
• Rationale for equipment selection(s)  
• Equipment selection appropriate for progression toward maximal independence  
• Plan and justification for discontinuation of equipment  
• Consideration of patient response, capabilities and age  
• Preparation of equipment and environment | • Adequately describes equipment selected and progression.  
• Rationale for equipment selection, progression and eventual discontinuation is clearly presented.  
• Appropriately integrates assessment findings, patient-centered concerns, and environmental considerations. |
Practice Domain - Orthotic Management

**Standard** - Candidate will demonstrate advanced proficiency with evaluation and application of orthotic devices for the burn survivor including selection, design, construction and modification. A high-level understanding of anatomy, function and biomechanics of the body area(s) requiring an orthotic device must be detailed.

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</table>
| 1) Describe how orthotic needs were evaluated and the results obtained from the methods and tools used. | • Assessment tools/methods used  
• Rationale for standardized or non-standardized methods and tools selected  
• Findings from assessments  
• Evaluation and consideration of co-morbidities  
• Factors that influence timing of evaluation | • Tool(s) selected should match patient demographics and situational presentation. Adequately justifies tool selection.  
• Findings are provided; details substantiate that tests were applied correctly.  
• Description of comorbidities was provided. Provides logical, relevant, and applicable factors appropriate for practice setting and scenario. |
| 2) Analyze the results of the evaluations to determine orthotic needs. | • Implications of assessment findings on treatment plan  
• Comparison to expected normal or baseline values | • Assessment findings are clearly linked to treatment plan.  
• Provides objective or qualified commentary on degree of departure from normal when present and significance of these findings. |
| 3) Design and implement an individualized rehabilitation treatment plan for orthotic device use based on evaluation and anticipated outcome. | • Treatment plan is based on evaluation findings, analysis, injury characteristics, patient specific characteristics and time post-burn.  
• Components of treatment and how they were applied  
• Timing and progression of treatment  
• Integration of treatments with other rehabilitation interventions | • Treatment plan matches issues revealed in assessment and follows logic of analysis presented.  
• Plan discusses specific orthotic intervention strategies.  
• Elements of treatment plan based on evaluation and analysis of evaluation, as well as unique patient presentation and characteristics.  
• Standard and proven techniques should be discussed and related to particular scenario. Dosage and timing of treatment is supported by evidence or practice standards; other impacting factors specific to orthotic prescription are included or addressed in plan.  
• Treatment is provided in efficient manner. Care is coordinated if relevant and available. |
| --- | --- | --- |
| 4) Defend the treatment selection(s) based on evidence, patient input, clinical experience and/or existing resources. | • Rationale for treatment plan should be consistent with evaluation findings  
• Resources that support the treatment selection (e.g. current scientific and literature based evidence, patient feedback, accepted clinical standards, etc.)  
• Clinical experiences that have contributed to decisions and treatments | • Citation of specific and appropriate research articles, or burn standard of practice with reference. Can also use standardized tests of patient to justify.  
• Must be relevant to scenario and include justification based on objective data or feedback. |
5) Discuss the contraindications and precautions that must be considered with safe and effective implementation of these treatment approaches and potential negative sequelae resulting from improper application.

- Contraindications and precautions for treatment
- Potential harm of contraindicated treatments
- Safe patient care concerns
- Complications from improper design, donning or use of orthotic device
- Impact on multiple body systems

6) Propose treatment program modifications that may be required to enhance adherence, avoid complications, and optimize outcomes.

- Alternative treatment approaches that are consistent with evaluation but respond to barriers or need for change/progression of treatment
- Consideration of comorbidities and complications
- Reason(s) why alternate treatment approaches may be necessary
- Ongoing assessment and consideration of patient response to treatment

7) Predict the expected outcome of the orthotic device treatment plan.

- Predicted outcome based on findings of evaluation and re-evaluation, burn injury characteristics, individual characteristics of the burn survivor, and/or clinical experience of the practitioner

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<tr>
<th>5) Discuss the contraindications and precautions that must be considered with safe and effective implementation of these treatment approaches and potential negative sequelae resulting from improper application.</th>
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</table>
| 8) Implement a patient/ family education plan that will optimize your treatment approach and goals. | - Aligns with assessment results, hypotheses, outcome goals and rehabilitation treatment plan  
- Consideration of patient/ family goals and capabilities, resources, environmental factors, cultural beliefs, and social/ psychological factors  
- Methods of education/ instruction  
- Phase of recovery  
- Barriers to adherence with plan and follow up | - Education plan is consistent with previously described scenario details.  
- Scenario specific considerations are described. Education plan is adequately described.  
- Education plan is appropriate for phase of recovery.  
- Barriers to adherence are addressed in education plan. |
|---|---|---|
| 9) Discuss elements of teamwork and communication that facilitated optimal management and outcome. | - Multidisciplinary burn team member involvement in and understanding of the patient’s plan of care and goals  
- Methods to facilitate communication and collaboration between team members regarding optimal rehabilitation  
- Impact of team approach | - Sufficiently describes other members of burn teams.  
- Adequately describes methods used. Thoroughly portrays impact of team approach on case outcome. |
| 10) Defend selection of materials and technique | - Type of material used relates to the orthotic’s intended objective on patient outcome  
- Technique and materials are appropriate for the scenario described | - Adequately justifies the materials and techniques used.  
- Integrates the patient considerations, objectives of the prescribed orthosis, and the attributes of the material selected into the rationale provided. |
**Practice Domain - Pain and Anxiety Management**

**Standard** - Candidate will demonstrate advanced proficiency with evaluation and treatment of pain, anxiety and related behaviors and symptoms during rehabilitation of the burn survivor. A high-level understanding of pain/anxiety must be detailed and the ability to maximize therapy intervention while managing pain/anxiety must be demonstrated.

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### Specialty Practice Objectives (SPO):

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#### 1) Describe how pain and anxiety were evaluated and the results obtained from the methods and tools used.

- Assessment tools/methods used
- Rationale for standardized or non-standardized methods and tools selected
- Findings from assessments
- Evaluation and consideration of co-morbidities
- Factors that influence timing of evaluation
- Pain v. anxiety behaviors
- Impact of pain v. anxiety on therapy interventions, goals and outcome

- Tool selected should match patient demographics and situational presentation. Adequately justifies tool selection.
- Findings are provided; details substantiate that tests were applied correctly.
- Description of comorbidities was provided. Provides logical, relevant, and applicable factors appropriate for practice setting and scenario.
- Adequately describes observed behaviors and attempts to discriminate basis for these behaviors.
- Provides interpretation of the impact that these behaviors are having on treatment interventions and outcomes.

#### 2) Analyze the results of the pain and anxiety evaluation.

- Implications of assessment findings on treatment plan
- Comparison to expected normal or baseline values

- Assessment findings are clearly linked to treatment plan.
- Provides objective or qualified commentary on degree of departure from normal when present and significance of these findings.
### 3) Design and implement an individualized rehabilitation treatment plan demonstrating strategies to reduce pain and anxiety symptoms and behaviors based on evaluation and anticipated outcome.

- Treatment plan is based on evaluation findings, analysis, injury characteristics, patient specific characteristics and time post-burn.
- Components of treatment and how they were applied
- Timing and progression of treatment
- Integration of treatments with other rehabilitation interventions

- Treatment plan matches issues revealed in assessment and follows logic of analysis presented.
- Plan discusses specific pain and anxiety management strategies.
- Elements of treatment plan based on evaluation and analysis of evaluation, as well as unique patient presentation and characteristics. Standard and proven techniques should be discussed and related to particular scenario.
- Dosage and timing of treatment is supported by evidence or practice standards; other impacting factors specific to pain and anxiety are included or addressed in plan.
- Treatment is provided in efficient manner, minimizing patient to potentially traumatizing experiences and mitigating same. Care is coordinated if relevant and available.

### 4) Defend the treatment selection(s) based on evidence, patient input, clinical experience and/or existing resources.

- Rationale for treatment plan should be consistent with evaluation findings
- Resources that support the treatment selection (e.g. current scientific and literature based evidence, patient feedback, accepted clinical standards, etc.)
- Clinical experiences that have contributed to decisions and treatments

- Citation of specific and appropriate research articles, or burn standard of practice with reference. Can also use standardized tests of patient to justify.
- Must be relevant to scenario and include justification based on objective data or feedback.
### 5) Discuss the contraindications and precautions that must be considered with safe and effective implementation of these treatment approaches.

- Contraindications and precautions for treatment
- Potential harm of contraindicated treatments
- Safe patient care concerns

- Contraindications and precautions are relevant to scenario and evidence or reference cited. Large majority or all of contraindications are addressed.
- Consequences and risks of contraindicated treatments are discussed and relate to case.

### 6) Propose treatment program modifications that may be required to enhance adherence, avoid complications, and optimize outcomes.

- Alternative treatment approaches that are consistent with evaluation but respond to barriers or need for change/progression of treatment
- Consideration of comorbidities and complications
- Reason(s) why alternate treatment approaches may be necessary
- Ongoing assessment and consideration of patient response to treatment

- Justification for alternative treatment approach is consistent with evaluation and overcomes stated barriers.
- Rationale provided.
- Response to treatment modification is described.

### 7) Predict the expected outcome of the pain and anxiety interventions.

- Predicted outcome based on findings of evaluation and re-evaluation, burn injury characteristics, individual characteristics of the burn survivor, and/or clinical experience of the practitioner

- Accurately described predicted outcome that is consistent with evaluation data and scenario.
| 8) Implement a patient/ family education plan that will optimize your treatment approach and goals. | • Aligns with assessment results, hypotheses, outcome goals and rehabilitation treatment plan  
- Consideration of patient/ family goals and capabilities, resources, environmental factors, cultural beliefs, and social/ psychological factors  
- Methods of education/ instruction  
- Phase of recovery  
- Barriers to adherence with plan and follow up | • Education plan is consistent with previously described scenario details.  
- Scenario specific considerations are described.  
- Education plan is adequately described. Education plan is appropriate for phase of recovery.  
- Barriers to adherence are addressed in education plan. |
|---|---|---|
| 9) Discuss elements of teamwork and communication that facilitated optimal pain/anxiety management and outcome. | • Multidisciplinary burn team member involvement in and understanding of the patient’s plan of care and goals  
- Methods to facilitate communication and collaboration between team members regarding optimal rehabilitation  
- Impact of team approach | • Sufficiently describes other members of burn team.  
- Adequately describes methods used.  
- Thoroughly portrays impact of team approach on case outcome. |
| 10) Describe how positive and negative coping behaviors impacted the treatment program and how they were managed. | • Description of positive and negative coping behaviors and management during therapy  
- Impact of coping on therapy program and goals | • Adequately describes coping behaviors/strategies.  
- Provides analysis of impact of these coping strategies.  
- Describes approach taken to optimize coping strategies. |
Practice Domain - Positioning

**Standard** - Candidate will demonstrate advanced proficiency with evaluating positioning needs and implementing a positioning plan for the burn survivor. Ability to analyze positioning needs and defend treatment decisions throughout the phases of burn recovery must be detailed.

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</table>
| **1) Describe how positioning needs were evaluated and the results obtained from the methods and tools used.** | • Assessment tools/methods used  
• Rationale for standardized or non-standardized methods and tools selected  
• Findings from assessments  
• Evaluation and consideration of co-morbidities  
• Factors that influence timing of evaluation | • Tool(s) selected should match patient demographics and situational presentation. Adequately justifies tool selection.  
• Findings are provided; details substantiate that tests were applied correctly.  
• Description of comorbidities was provided. Provides logical, relevant, and applicable factors appropriate for practice setting and scenario. |
| **2) Analyze the results of the evaluation for positioning needs.** | • Implications of assessment findings on treatment plan  
• Comparison to expected normal or baseline values | • Assessment findings are clearly linked to treatment plan.  
• Provides objective or qualified commentary on degree of departure from normal when present and significance of these findings. |
### BURN THERAPIST CERTIFIED (BT-C)
**DOMAIN STANDARD & SPECIALTY PRACTICE OBJECTIVES (SPO)**

| 3) Design and implement an individualized rehabilitation treatment plan for positioning based on evaluation and anticipated outcome. | • Treatment plan is based on evaluation findings, analysis, injury characteristics, patient specific characteristics and time post-burn.  
• Components of treatment and how they were applied  
• Timing and progression of treatment  
• Integration of treatments with other rehabilitation interventions | • Treatment plan matches issues revealed in assessment and follows logic of analysis presented.  
• Plan discusses specific positioning strategies. Elements of treatment plan based on evaluation and analysis of evaluation, as well as unique patient presentation and characteristics.  
• Standard and proven techniques should be discussed and related to particular scenario.  
• Dosage and timing of treatment is supported by evidence or practice standards; other impacting factors specific to positioning are included or addressed in plan.  
• Treatment is provided in efficient manner. Care is coordinated if relevant and available. |
|---|---|---|
| 4) Defend the treatment selection(s) based on evidence, patient input, clinical experience and/or existing resources. | • Rationale for treatment plan should be consistent with evaluation findings  
• Resources that support the treatment selection (e.g. current scientific and literature based evidence, patient feedback, accepted clinical standards, etc.)  
• Clinical experiences that have contributed to decisions and treatments | • Citation of specific and appropriate research articles, or burn standard of practice with reference. Can also use standardized tests of patient to justify.  
• Must be relevant to scenario and include justification based on objective data or feedback. |
| 5) Discuss the contraindications and precautions that must be considered with safe and effective implementation of these treatment approaches and potential negative sequelae resulting from improper positioning. | • Contraindications and precautions for treatment  
• Potential harm of contraindicated treatments  
• Safe patient care concerns  
• Complications from improper positioning  
• Impact on multiple body systems | • Contraindications and precautions are relevant to scenario and evidence or reference cited. Large majority or all of contraindications are addressed.  
• Consequences and risks of contraindicated treatments are discussed and relate to case. Sufficiently describes potential local and systemic complications. |
|---|---|---|
| 6) Propose treatment program modifications that may be required to enhance adherence, avoid complications, and optimize outcomes. | • Alternative treatment approaches that are consistent with evaluation but respond to barriers or need for change/progression of treatment  
• Consideration of comorbidities and complications  
• Reason(s) why alternate treatment approaches may be necessary  
• Ongoing assessment and consideration of patient response to treatment | • Justification for alternative treatment approach is consistent with evaluation and overcomes stated barriers.  
• Rationale provided.  
• Response to treatment modification is described. |
<p>| 7) Predict the expected outcome of the positioning treatment plan. | • Predicted outcome based on findings of evaluation and re-evaluation, burn injury characteristics, individual characteristics of the burn survivor, and/or clinical experience of the practitioner | • Accurately described predicted outcome that is consistent with evaluation data and scenario. |</p>
<table>
<thead>
<tr>
<th>Objective</th>
<th>Description and rationale for devices or methods used or not used</th>
<th>Description and rationale for devices or methods selected and progression.</th>
</tr>
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</table>
| 8) Implement a patient/family education plan that will optimize your treatment plans. | • Aligns with assessment results, hypotheses, outcome goals and rehabilitation treatment plan  
• Consideration of patient/family goals and capabilities, resources, environmental factors, cultural beliefs, and social/psychological factors  
• Methods of education/instruction  
• Phase of recovery  
• Barriers to adherence with plan and follow up | • Education plan is consistent with previously described scenario details.  
• Scenario specific considerations are described.  
• Education plan is adequately described. Education plan is appropriate for phase of recovery.  
• Barriers to adherence are addressed in education plan. |
| 9) Discuss elements of teamwork and communication that facilitated optimal positioning and outcome. | • Multidisciplinary burn team member involvement in and understanding of the patient’s plan of care and goals  
• Methods to facilitate communication and collaboration between team members regarding optimal rehabilitation  
• Impact of team approach | • Sufficiently describes other members of burn team.  
• Adequately describes methods used. Thoroughly portrays impact of team approach on case outcome. |
| 10) Apply positioning methods/devices in an appropriate and safe manner. | • Description and rationale for devices or methods used or not used  
• Changes with patient location and activity level  
• Rationale for active v. passive positioning  
• Monitors and responds to safety concerns  
• Customization based on individual patient or resources | • Adequately describes devices and methods selected and progression.  
• Rationale for device selection, progression and eventual discontinuation  
• Appropriately integrates assessment findings, patient considerations, and environmental considerations. |
**Practice Domain - Range of Motion**

**Standard** - Candidate will demonstrate advanced proficiency with range of motion evaluation and application of exercises with the burn survivor. A high-level understanding of how burn injury and sequelae influence range of motion and the impact on function and outcome at the various stages of recovery must be detailed.

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| 1) Describe how range of motion was evaluated and the results obtained from the methods and tools used. | • Assessment tools/methods used  
• Rationale for standardized or non-standardized methods and tools selected  
• Findings from assessments  
• Evaluation and consideration of co-morbidities  
• Factors that influence timing of evaluation | • Tool(s) selected should match patient demographics and situational presentation. Adequately justifies tool selection.  
• Findings are provided; details substantiate that tests were applied correctly.  
• Description of comorbidities was provided. Provides logical, relevant, and applicable factors appropriate for practice setting and scenario. |
| 2) Analyze the results of the range of motion evaluation. | • Implications of assessment findings on treatment plan  
• Comparison to expected normal or baseline values  
• Response of various tissues to range of motion | • Assessment findings are clearly linked to treatment plan.  
• Provides objective or qualified commentary on degree of departure from normal when present and significance of these findings. Adequately describes how different tissue structures potentially affect range of motion limitations. |
| 3) Design and implement an individualized rehabilitation treatment plan for range of motion exercises based on evaluation and anticipated outcome. | • Treatment plan is based on evaluation findings, analysis, injury characteristics, patient specific characteristics and time post-burn.  
• Components of treatment and how they were applied  
• Timing and progression of treatment  
• Integration of treatments with other rehabilitation interventions | • Treatment plan matches issues revealed in assessment and follows logic of analysis presented.  
• Plan discusses specific strategies to maintain or increase range of motion. Elements of treatment plan based on evaluation and analysis of evaluation, as well as unique patient presentation and characteristics.  
• Standard and proven techniques should be discussed and related to particular scenario. Dosage, timing of treatment, and technique are supported by evidence or practice standards; other impacting factors specific to maintaining or increasing range of motion are included or addressed in plan.  
• ROM is effectively tailored to all potentially impacted tissue types.  
• Treatment is provided in efficient, safe, and effective manner.  
• Care is coordinated if relevant and available. |
### 4) Defend the treatment selection(s) based on evidence, patient input, clinical experience and/or existing resources.

- **Rationale for treatment plan should be consistent with evaluation findings**
- **Resources that support the treatment selection (e.g. current scientific and literature based evidence, patient feedback, accepted clinical standards, etc.)**
- **Clinical experiences that have contributed to decisions and treatments**

- **Citation of specific and appropriate research articles, or burn standard of practice with reference. Can also use standardized tests of patient to justify.**
- **Must be relevant to scenario and include justification based on objective data or feedback.**

### 5) Discuss the contraindications and precautions that must be considered with safe and effective implementation of these treatment approaches.

- **Contraindications and precautions for treatment**
- **Potential harm of contraindicated treatments**
- **Safe patient care concerns**

- **Contraindications and precautions are relevant to scenario and evidence or reference cited. Large majority or all of contraindications are addressed.**
- **Consequences and risks of contraindicated treatments are discussed and relate to case.**

### 6) Propose treatment program modifications that may be required to enhance adherence, avoid complications, and optimize outcomes.

- **Alternative treatment approaches that are consistent with evaluation but respond to barriers or need for change/progression of treatment**
- **Consideration of comorbidities and complications**
- **Reason(s) why alternate treatment approaches may be necessary**
- **Ongoing assessment and consideration of patient response to treatment**

- **Justification for alternative treatment approach is consistent with evaluation and overcomes stated barriers.**
- **Rationale provided.**
- **Response to treatment modification is described.**
### 7) Predict the expected outcome of the range of motion treatment plan.

- Predicted outcome based on findings of evaluation and re-evaluation, burn injury characteristics, individual characteristics of the burn survivor, and/or clinical experience of the practitioner

- Accurately described predicted outcome that is consistent with evaluation data and scenario.

<table>
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<th>8) Implement a patient/family education plan that will optimize your treatment approach and goals.</th>
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<tbody>
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<tr>
<td>- Consideration of patient/family goals and capabilities, resources, environmental factors, cultural beliefs, and social/psychological factors</td>
</tr>
<tr>
<td>- Methods of education/instruction</td>
</tr>
<tr>
<td>- Phase of recovery</td>
</tr>
<tr>
<td>- Barriers to adherence with plan and follow up</td>
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- Education plan is consistent with previously described scenario details. |
- Scenario specific considerations are described. |
- Education plan is adequately described. Education plan is appropriate for phase of recovery. |
- Barriers to adherence are addressed in education plan. |

<table>
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<tr>
<th>9) Discuss elements of teamwork and communication that facilitated optimal scar management and outcome.</th>
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<td>- Multidisciplinary burn team member involvement in and understanding of the patient’s plan of care and goals</td>
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<tr>
<td>- Methods to facilitate communication and collaboration between team members regarding optimal rehabilitation</td>
</tr>
<tr>
<td>- Impact of team approach</td>
</tr>
</tbody>
</table>

- Sufficiently describes other members of burn team. |
- Adequately describes methods used. Thoroughly portrays impact of team approach on case outcome. |
| 10) Discuss biomechanical principle(s) associated with range of motion exercise. | • Preconditioning tissue  
- Joint and body alignment  
- Understanding of how skin moves with ROM | • Sufficiently describes the biomechanical principles that apply to the case scenario presented. |
Practice Domain – Rehabilitation during Critical Care

**Standard** - Candidate will demonstrate advanced proficiency with evaluation and treatment of rehabilitation needs of the burn survivor during the critical care phase of recovery after burn injury. A high-level ability to understand and respond to surgical and medical issues encountered while providing rehabilitation with the critically ill patient during therapy must be detailed.

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| 1) Describe how rehabilitation needs during critical care were evaluated and the results obtained from the methods and tools used. | • Assessment tools/methods used  
• Rationale for standardized or non-standardized methods and tools selected  
• Findings from assessments  
• Evaluation and consideration of co-morbidities  
• Factors that influence timing of evaluation | • Tool(s) selected should match patient demographics and the critical care scenario Adequately justifies tool selection.  
• Findings are provided; details substantiate that tests were applied correctly.  
• Description of comorbidities was provided. Provides logical, relevant, and applicable factors appropriate for critical care setting and patient scenario. |
| 2) Analyze the results of the evaluation during the critical care stage of recovery. | • Implications of assessment findings on treatment plan  
• Comparison to expected normal or baseline values | • Assessment findings are clearly linked to treatment plan.  
• Provides objective or qualified commentary on degree of departure from normal when present and significance of these findings. |
| 3) Design and implement an individualized rehabilitation treatment plan during the critical care stage of recovery based on evaluation and anticipated outcome. | • Treatment plan is based on evaluation findings, analysis, injury characteristics, patient specific characteristics and time post-burn.  
• Components of treatment and how they were applied  
• Timing, dosage and progression of treatment  
• Integration of treatments with other rehabilitation interventions | • Treatment plan matches issues revealed in assessment and follows logic of analysis presented.  
• Plan discusses strategies specific to critical care setting.  
• Elements of treatment plan based on evaluation and analysis of evaluation, as well as unique patient presentation and characteristics.  
• Standard and proven techniques should be discussed and related to critical care setting. Dosage and timing of treatment is supported by evidence or practice standards; other impacting factors specific to the critical care setting are included or addressed in plan. |
|---|---|---|
| 4) Defend the treatment selection(s) based on evidence, patient input, clinical experience and/or existing resources. | • Rationale for treatment plan should be consistent with evaluation findings  
• Resources that support the treatment selection (e.g. current scientific and literature based evidence, patient feedback, accepted clinical standards, etc.)  
• Clinical experiences that have contributed to decisions and treatments | • Citation of specific and appropriate research articles, or burn standard of practice with reference. Can also use standardized tests of patient to justify.  
• Must be relevant to patient scenario and critical care situation while including justification based on objective data or feedback. |
### 5) Discuss the contraindications and precautions that must be considered with safe and effective implementation of these treatment approaches.

- Contraindications and precautions for treatment
- Potential harm of contraindicated treatments
- Safe patient care concerns

- Contraindications and precautions are relevant to critical care setting and evidence or reference cited. Large majority or all of contraindications are addressed.
- Consequences and risks of contraindicated treatments are discussed and relate to case.

### 6) Propose treatment program modifications that may be required to enhance adherence, avoid complications, and optimize outcomes.

- Alternative treatment approaches that are consistent with evaluation but respond to barriers or need for change/progression of treatment
- Consideration of comorbidities and complications
- Reason(s) why alternate treatment approaches may be necessary
- Ongoing assessment and consideration of patient response to treatment

- Justification for alternative treatment approach is consistent with evaluation and overcomes stated barriers.
- Rationale provided.
- Response to treatment modification is described.

### 7) Predict the expected outcome of the rehabilitation treatment plan during the critical care stage of recovery.

- Predicted outcome based on findings of evaluation and re-evaluation, burn injury characteristics, individual characteristics of the burn survivor, and/or clinical experience of the practitioner

- Accurately described predicted outcome that is consistent with evaluation data and critical care setting.
### BURN THERAPIST CERTIFIED (BT-C)
#### DOMAIN STANDARD & SPECIALTY PRACTICE OBJECTIVES (SPO)

| 8) Implement a patient/ family education plan that will optimize your treatment approach and goals. | • Aligns with assessment results, hypotheses, outcome goals and rehabilitation treatment plan  
• Consideration of patient/ family goals and capabilities, resources, environmental factors, cultural beliefs, and social/ psychological factors  
• Methods of education/ instruction  
• Phase of recovery  
• Barriers to adherence with plan and follow up | • Education plan is consistent with previously described scenario details.  
• Critical care specific considerations are described.  
• Education plan is adequately described. Education plan is appropriate for critical care scenario.  
• Barriers to adherence are addressed in education plan. |
|---|---|---|
| 9) Discuss elements of teamwork and communication that facilitated optimal outcome. | • Multidisciplinary burn team member involvement in and understanding of the patient's plan of care and goals  
• Methods to facilitate communication and collaboration between team members regarding optimal rehabilitation  
• Impact of team approach | • Sufficiently describes other members of burn team.  
• Adequately describes methods used. Thoroughly portrays impact of team approach on case outcome. |
| 10) Incorporate critical care support devices appropriately into plan of care. | • Delivers care around devices or incorporating devices as indicated  
• Utilized information and output from critical care to monitor and adjust treatment if indicated  
• Able to maximize effective therapy prescription safely within limitations and challenges imposed by critical care monitoring and commonly encountered equipment. | Thoroughly describes equipment and devices that are associated with scenario. Incorporates information from devices into treatment, and modifies appropriately if indicated. Sufficiently describes approaches taken to ensure patient safety while maximizing treatment efficiency (and efficacy) in critical care setting. |
**Practice Domain - Scar Management**

**Standard** - Candidate will demonstrate advanced proficiency in the evaluation and treatment of burn scars. A high-level understanding of burn scars, ability to analyze burn scar assessment findings and defend scar management treatment decisions must be detailed.

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| 1) Describe how burn scars were evaluated and the results obtained from the methods and tools used. | • Assessment tools/methods used  
• Rationale for standardized or non-standardized methods and tools selected  
• Findings from assessments  
• Evaluation and consideration of co-morbidities  
• Factors that influence timing of evaluation | • Tool selected should match patient demographics and situational presentation. Adequately justifies tool selection.  
• Findings are provided; details substantiate that tests were applied correctly.  
• Description of comorbidities was provided. Provides logical, relevant, and applicable factors appropriate for practice setting and scenario. |
| 2) Analyze the results of the burn scar evaluation. | • Implications of assessment findings on treatment plan  
• Comparison to expected normal or baseline values | • Assessment findings are clearly linked to treatment plan.  
• Provides objective or qualified commentary on degree of departure from normal when present and significance of these findings. |
### 3) Design and implement an individualized rehabilitation treatment plan for burn scar management based on evaluation and anticipated outcome.

- Treatment plan is based on evaluation findings, analysis, injury characteristics, patient specific characteristics and time post-burn.
- Components of treatment and how they were applied
- Timing and progression of treatment
- Integration of treatments with other rehabilitation interventions

- Treatment plan matches issues revealed in assessment and follows logic of analysis presented.
- Plan discusses specific scar management strategies.
- Elements of treatment plan based on evaluation and analysis of evaluation, as well as unique patient presentation and characteristics.
- Standard and proven techniques should be discussed and related to particular scenario. Dosage and timing of treatment is supported by evidence or practice standards; other impacting factors specific to scar management are included or addressed in plan.
- Treatment is provided in efficient manner. Care is coordinated if relevant and available.

### 4) Defend the treatment selection(s) based on evidence, patient input, clinical experience and/or existing resources.

- Rationale for treatment plan should be consistent with evaluation findings
- Resources that support the treatment selection (e.g. current scientific and literature based evidence, patient feedback, accepted clinical standards, etc.)
- Clinical experiences that have contributed to decisions and treatments

- Citation of specific and appropriate research articles, or burn standard of practice with reference. Can also use standardized tests of patient to justify.
- Must be relevant to scenario and include justification based on objective data or feedback.
### 5) Discuss the contraindications and precautions that must be considered with safe and effective implementation of these treatment approaches.

- Contraindications and precautions for treatment
- Potential harm of contraindicated treatments
- Safe patient care concerns

- Contraindications and precautions are relevant to scenario and evidence or reference cited. Large majority or all of contraindications are addressed.
- Consequences and risks of contraindicated treatments are discussed and relate to case.

### 6) Propose treatment program modifications that may be required to enhance adherence, avoid complications, and optimize outcomes.

- Alternative treatment approaches that are consistent with evaluation but respond to barriers or need for change/progression of treatment
- Consideration of comorbidities and complications
- Reason(s) why alternate treatment approaches may be necessary
- Ongoing assessment and consideration of patient response to treatment

- Justification for alternative treatment approach is consistent with evaluation and overcomes stated barriers.
- Rationale provided.
- Response to treatment modification is described.

### 7) Predict the expected outcome of the burn scar management plan, and defend decision for termination of prescribed treatment.

- Predicted outcome based on findings of evaluation and re-evaluation, burn injury characteristics, individual characteristics of the burn survivor, and/or clinical experience of the practitioner
- Justification for termination of prescribed treatment

- Accurately described predicted outcome that is consistent with evaluation data and scenario.
- Sufficiently describes and justifies rationale for terminating scar management.
| 8) Implement a patient/family education plan that will optimize your treatment approach and goals. | • Aligns with burn scar assessment results, hypotheses, outcome goals and rehabilitation treatment plan  
• Consideration of patient/family goals and capabilities, resources, environmental factors, cultural beliefs, and social/psychological factors  
• Methods of education/instruction  
• Phase of recovery  
• Barriers to adherence with plan and follow up | • Education plan is consistent with previously described scenario details.  
• Scenario specific considerations are described.  
• Education plan is adequately described. Education plan is appropriate for phase of recovery.  
• Barriers to adherence are addressed in education plan. |
|---|---|---|
| 9) Discuss elements of teamwork and communication that facilitated optimal scar management and outcome. | • Multidisciplinary burn team member involvement in and understanding of the patient’s plan of care and goals  
• Methods to facilitate communication and collaboration between team members regarding optimal rehabilitation  
• Impact of team approach | • Sufficiently describes other members of burn team.  
• Adequately describes methods used. Thoroughly portrays impact of team approach on case outcome. |
| 10) Hypothesize which factors associated with the patient’s premorbid status and/or burn injury history contributed to the burn scar evaluation results and plan for management. | • Factors related to wound assessment  
• Premorbid considerations  
• Course of care considerations | • Provides hypothesis, which synthesizes patient’s premorbid status and burn history with assessment findings.  
• Rationale for management plan is consistent with hypothesis. |
**Practice Domain - Wound Management**

**Standard** - Candidate will demonstrate advanced proficiency in the evaluation and treatment of burn wounds. The ability to analyze assessment findings and defend wound care treatment decisions demonstrating a high-level understanding of anatomy and wound healing must be detailed.

<table>
<thead>
<tr>
<th>Specialty Practice Objectives (SPO):</th>
<th>SPO Guide: It is recommended that the applicant provide the following information in the responses.</th>
<th>Evaluation Criteria: The reviewer will use the following criteria to evaluate the Portfolio Application.</th>
</tr>
</thead>
</table>
| 1) Describe how burn wounds were evaluated, results obtained from methods and tools used and the anatomy and function of skin. | • Assessment tools/methods used  
• Rationale for standardized or non-standardized methods and tools selected  
• Findings from assessments  
• Evaluation and consideration of comorbidities  
• Factors that influence timing of evaluation  
• Anatomy and structures of the skin impacted by burn injury  
• Function of skin and relevance to wound healing | • Tool selected should match patient demographics and situational presentation. Adequately justifies tool selection.  
• Findings are provided; details substantiate that tests were applied correctly.  
• Description of comorbidities was provided. Provides logical, relevant, and applicable factors appropriate for practice setting and scenario.  
• Adequately describes skin anatomy, function, structures and pathophysiology related to wounds. |
| 2) Analyze the results of the burn wound evaluation. | • Implications of assessment findings on treatment plan  
• Comparison to expected normal or baseline values | • Assessment findings are clearly linked to treatment plan.  
• Provides objective or qualified commentary on degree of departure from normal when present and significance of these findings. |
| 3) Design and implement an individualized rehabilitation treatment plan for wound care based on evaluation of health and wound status, assessment findings and anticipated outcomes. | • Treatment plan is based on evaluation findings, analysis, injury characteristics, patient specific characteristics and time post-burn.  
• Components of treatment and how they were applied  
• Timing and progression of treatment  
• Integration of treatments with other rehabilitation interventions  
• Past medical history, pre-morbid and patient specific characteristics related to wound healing | • Treatment plan matches issues revealed in assessment and follows logic of analysis presented.  
• Plan discusses specific wound management strategies.  
• Elements of treatment plan based on evaluation and analysis of evaluation, as well as unique patient presentation and characteristics.  
• Standard and proven techniques should be discussed and related to particular scenario. Dosage and timing of treatment is supported by evidence or practice standards; other impacting factors specific to wound management are included or addressed in plan.  
• Treatment is provided in efficient manner. Care is coordinated if relevant and available. Provides analysis that synthesizes patient’s medical history, premorbid state, and personal characteristics with assessment findings.  
• Adequately incorporates analysis into treatment plan. |
### 4) Defend the treatment selection(s) based on evidence, patient input, clinical experience and/or existing resources.

- **Rationale for treatment plan should be consistent with evaluation findings**
- **Resources that support the treatment selection (e.g. current scientific and literature based evidence, patient feedback, accepted clinical standards, etc.)**
- **Clinical experiences that have contributed to decisions and treatments**
- **Citation of specific and appropriate research articles, or burn standard of practice with reference. Can also use standardized tests of patient to justify.**
- **Must be relevant to scenario and include justification based on objective data or feedback.**

### 5) Discuss the contraindications and precautions that must be considered with safe and effective implementation of these treatment approaches.

- **Contraindications and precautions for treatment**
- **Potential harm of contraindicated treatments**
- **Safe patient care concerns**
- **Contraindications and precautions are relevant to scenario and evidence or reference cited.**
- **Large majority or all of contraindications are addressed.**
- **Consequences and risks of contraindicated treatments are discussed and relate to case.**

### 6) Propose treatment program modifications that may be required to enhance adherence, avoid complications, and optimize outcomes.

- **Alternative treatment approaches that are consistent with evaluation but respond to barriers or need for change/progression of treatment**
- **Consideration of comorbidities and complications**
- **Reason(s) why alternate treatment approaches may be necessary**
- **Ongoing assessment and consideration of patient response to treatment**
- **Justification for alternative treatment approach is consistent with evaluation and overcomes stated barriers.**
- **Rationale provided.**
- **Response to treatment modification is described.**
### 7) Predict the expected outcome of the wound care treatment plan.
- Predicted outcome based on findings of evaluation and re-evaluation, burn injury characteristics, individual characteristics of the burn survivor, and/or clinical experience of the practitioner
- Accurately described predicted outcome that is consistent with evaluation data and scenario.

### 8) Implement a patient/ family education plan that will optimize your treatment approach and goals.
- Aligns with assessment results, hypotheses, outcome goals and rehabilitation treatment plan
- Consideration of patient/ family goals and capabilities, resources, environmental factors, cultural beliefs, and social/ psychological factors
- Methods of education/ instruction
- Phase of recovery
- Barriers to adherence with plan and follow up
- Education plan is consistent with previously described scenario details.
- Scenario specific considerations are described.
- Education plan is adequately described. Education plan is appropriate for phase of recovery.
- Barriers to adherence are addressed in education plan.

### 9) Discuss elements of teamwork and communication that facilitated optimal wound management and outcome.
- Multidisciplinary burn team member involvement in and understanding of the patient's plan of care and goals
- Methods to facilitate communication and collaboration between team members regarding optimal rehabilitation
- Impact of team approach
- Sufficiently describes other members of burn team.
- Adequately describes methods used.
- Thoroughly portrays impact of team approach on case outcome.

### 10) Justify infection control techniques used.
- Procedures and interventions to prevent or address infection
- Sufficiently describes precautions that were undertaken.
- Interventions are explained and justified based upon assessment findings.
**Practice Domain – Secondary Competency Domain** *(Edema management, Post-operative management, Activities of Daily Living, Physical Agents/Modalities, Community Reintegration, Biomechanics, Serial Casting, Complex Burn Sequelae, Cutaneous Impairment)*

This Standard and SPOs may be used when presenting information for any of the above practice domains. The responses should be specific to the chosen domain.

**Standard** - Candidate will demonstrate advanced proficiency with evaluation and management of the area of practice selected and demonstrate a high-level understanding of the topic and application with the burn survivor. Ability to analyze assessment findings and defend treatment decisions throughout the phases of burn recovery must be detailed.

<table>
<thead>
<tr>
<th>Specialty Practice Objectives (SPO):</th>
<th>SPO Guide: It is recommended that the applicant provide the following information in the responses.</th>
<th>Evaluation Criteria: The reviewer will use the following criteria to evaluate the Portfolio Application.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Describe how (selected domain) was evaluated and the results obtained from the methods and tools used.</td>
<td>• Assessment tools/methods used • Rationale for standardized or non-standardized methods and tools selected • Findings from assessments • Evaluation and consideration of co-morbidities • Factors that influence timing of evaluation</td>
<td>• Tool selected should match patient demographics and situational presentation. • Adequately justifies tool selection. • Findings are provided; detail substantiate that tests were applied correctly. • Description of comorbidities was provided. Provides logical, relevant, and applicable factors appropriate for practice setting and scenario.</td>
</tr>
<tr>
<td>2) Analyze the results of the evaluation for (selected domain).</td>
<td>• Implications of assessment findings on treatment plan • Comparison to expected normal or baseline values</td>
<td>• Assessment findings are clearly linked to treatment plan. • Provides objective or qualified commentary on degree of departure from normal when present and significance of these findings.</td>
</tr>
</tbody>
</table>
### 3) Design and implement an individualized rehabilitation treatment plan for (selected domain) based on evaluation and anticipated outcome.

- Treatment plan is based on evaluation findings, analysis, injury characteristics, patient specific characteristics and time post-burn.
- Components of treatment and how they were applied
- Timing and progression of treatment
- Integration of treatments with other rehabilitation interventions
- Treatment plan matches issues revealed in assessment and follows logic of analysis presented. Plan discusses specific management strategies.
- Elements of treatment plan based on evaluation and analysis of evaluation, as well as unique patient presentation and characteristics.
- Standard and proven techniques should be discussed and related to particular scenario. Dosage and timing of treatment is supported by evidence or practice standards; other impacting factors are included or addressed in plan.
- Treatment is provided in efficient manner. Care is coordinated if relevant and available.

### 4) Defend the treatment selection(s) based on evidence, patient input, clinical experience and/or existing resources.

- Rationale for treatment plan should be consistent with evaluation findings
- Resources that support the treatment selection (e.g. current scientific and literature based evidence, patient feedback, accepted clinical standards, etc.)
- Clinical experiences that have contributed to decisions and treatments
- Citation of specific and appropriate research articles, or burn standard of practice with reference. Can also use standardized test results of patient to justify.
- Must be relevant to scenario and include justification based on objective data or feedback.

### 5) Discuss the contraindications, and precautions that must be considered with safe and effective implementation of these treatment approaches.

- Contraindications and precautions for treatment
- Potential harm of contraindicated treatments
- Safe patient care concerns
- Contraindications and precautions are relevant to scenario and evidence or reference cited. Large majority or all of contraindications are addressed.
- Consequences and risks of contraindicated treatments are discussed and relate to case
### 6) Propose treatment program modifications that may be required to enhance adherence, avoid complications, and optimize outcomes.

- Alternative treatment approaches that are consistent with evaluation but respond to barriers or need for change/progression of treatment
- Reason(s) why alternate treatment approaches may be necessary
- Consideration of comorbidities and complications
- Justification for alternative treatment approach is consistent with evaluation and overcomes stated barriers.
- Rationale provided.
- Response to treatment modification is described.

### 7) Predict the expected outcome of the (selected domain) treatment plan.

- Predicted outcome based on findings of evaluation and re-evaluation, burn injury characteristics, individual characteristics of the burn survivor, and/or clinical experience of the practitioner
- Accurately described predicted outcome that is consistent with evaluation data and scenario.

### 8) Implement a patient/family education plan that will optimize your treatment approach and goals.

- Aligns with assessment results, hypotheses, outcome goals and rehabilitation treatment plan
- Consideration of patient/family goals and capabilities, resources, environmental factors, cultural beliefs, and social/psychological factors
- Methods of education/instruction
- Phase of recovery
- Barriers to adherence with plan and follow up
- Education plan is consistent with previously described scenario details.
- Scenario specific considerations are described. Education plan is adequately described.
- Education plan is appropriate for phase of recovery.
9) Discuss elements of teamwork and communication that facilitated optimal outcome.

- Multidisciplinary burn team member involvement in and understanding of the patient's plan of care and goals
- Methods to facilitate communication and collaboration between team members regarding optimal rehabilitation
- Impact of team approach

- Sufficiently describes other members of burn team. Adequately describes methods used.
- Thoroughly portrays impact of team approach on case outcome.

10) Describe special considerations relevant to the burn survivor at various stages of recovery for the practice domain chosen.

- Burn specific considerations for domain topic.
- Burn therapists role in application of practice domain

- Adequately describes considerations that are specific to the burn population.
- Sufficiently describes the relevance of burn therapists role in practice domain.
CASE PRESENTATION EVIDENCE FORM

Applicant Number: [numeric]

Instructions: Use this form to describe a patient case that demonstrates how you have achieved the chosen Practice Domain Standard and associated Specialty Practice Objectives (SPO) through the evaluation, treatment planning, implementation and follow up care of the patient with burn injury.

Guidelines: Review the Practice Domain Standard, associated SPOs, Applicant and Reviewer Guide when preparing your response to ensure appropriate information is included. Describe the care you provided while illustrating your specialized knowledge, skill and experience in the specific burn rehabilitation practice domain selected. Analyze the clinical problem and evaluate your clinical decisions related to patient examination, intervention and education. If you provided care during only one phase of recovery, be sure to incorporate your understanding of the impact of that care during other phases of care in order to show a comprehensive understanding of the SPOs.

Practice Domain Standard selected for this Evidence Form: [drop down menu with logic to show the selected SPOs in Part 2]

Part 1 – Background
Introduce the patient case by providing relevant background information about the patient, the injury and the care setting. Do not address the SPOs in this section and only provide information that will assist the reviewer in understanding the framework for the patient case described. Do not include Health Insurance Portability and Accountability (HIPAA) protected Personal Health Information (PHI).

- Introduce the Case (include pertinent data such as burn injury descriptors, relevant medical and social history, and patient demographics): [text]
- During what phase of care is the case being described? (time from injury, time from surgery, treatment setting, etc.): [text]

Part 2 – Specialty Practice Objectives
As you describe the patient case, respond to each SPO directly in the space provided demonstrating your advanced and specialized knowledge, skill and experience in the chosen practice domain. If your management of the present case does not fully illustrate your understanding and abilities for a given SPO, you may include additional information that demonstrates this to the reviewer. Be comprehensive, yet succinct.

- SPO#1: [text]
- SPO#2: [text]
- SPO#3: [text]
- SPO#4: [text]
- SPO#5: [text]
- SPO#6: [text]
- SPO#7: [text]
- SPO#8: [text]
- SPO#9: [text]
- SPO#10: [text]
- SPO#11 (for Evaluation/Treatment/Discharge Planning Only): [text]
Part 3 – Reflection and Support

- Upon reflection, which aspects of the care provided could have been improved or changed and why?: [text]
- Upon reflection, which aspects of the care were effective and what actions or circumstances contributed to the success?: [text]
- List evidence (no more than 5 references) used to support your clinical decision making: [text]

You may attach up to 2 items that clarify or support your case. Attachments are not required or expected. Ensure that the information attached does not contain HIPAA protected PHI or any information that would reveal your identity to the reviewer (name, place of employment).

- Attach any relevant supporting materials – Doc 1: [browse, upload]
- Attach any relevant supporting materials – Doc 2: [browse, upload]

Final Submission Page

- Additional comments to reviewers: [text]

Submit
PROGRAM DEVELOPMENT EVIDENCE FORM

Applicant Number: [numeric]

Instructions: Use this form to demonstrate how you have achieved the chosen Practice Domain Standard and associated Specialty Practice Objectives (SPO) through the planning, implementation and evaluation of a burn rehabilitation related program. A program may include any organized action directed at solving a problem (ex. quality improvement), improving or validating a current program/system (ex. development of policies or procedures), intending to educate or advocate (ex. development of a course or program development). You must have played a major role in program development.

Guidelines: Review the Practice Domain Standard, associated SPOs, Applicant and Reviewer Guide when preparing your response to ensure appropriate information is included. Describe aspects of the program while illustrating your specialized knowledge, skill and experience in the specific burn rehabilitation practice domain selected.

Practice Domain Standard selected for this Evidence Form: [drop down menu with logic to show the selected SPOs in Part 2]

Part 1 – Background
Briefly provide background information about the program and your role associated with it. Do not address the SPOs in this section and only provide information that will assist the reviewer in understanding the framework for the program.

- Name of Program: [text, short]
- Dates of program development: [text, short] Briefly describe the program: [text]
- What was the purpose/objective of the program: [text]
- Describe your role and responsibilities in the planning, implementation and evaluation of the program: [text]
- Describe recipients of the program (or the program outcomes) and how they benefited: [text]
- Describe program accomplishments and outcomes: [text]

Part 2 – Specialty Practice Objectives
As you describe the program, respond to each SPO directly in the space provided demonstrating your use of advanced and specialized knowledge, skill and experience in the chosen practice domain relative to the program presented. If the program presented does not fully illustrate your understanding and abilities for a given SPO, you may include additional information that demonstrates this to the reviewer. Be comprehensive, yet succinct.

- SPO#1: [text]
- SPO#2: [text]
- SPO#3: [text]
- SPO#4: [text]
- SPO#5: [text]
- SPO#6: [text]
- SPO#7: [text]
- SPO#8: [text]
- SPO#9: [text]
- SPO#10: [text]
- SPO#11 (for Evaluation/Treatment/Discharge Planning Only): [text]
Part 3 – Reflection and Support

- Upon reflection, which aspects of the program could be improved or changed and why?: [text]
- Describe future plans (if applicable) for the program developed: [text]
- List scientific evidence (no more than 5 references) used in developing program: [text]

You may attach up to 2 items (products, devices, handouts, etc.) that may have resulted from work related to the program. Attachments are not required or expected but may be used to help the reviewer better understand the program you are presenting. Ensure that the information attached does not contain HIPAA protected PHI or any information that would reveal your identity to the reviewer (name, place of employment).

- Attach any relevant supporting materials – Doc 1: [browse, upload]
- Attach any relevant supporting materials – Doc 2: [browse, upload]

Final Submission Page

- Additional comments to reviewers: [text]

Submit
PUBLICATION EVIDENCE FORM

Applicant Number: [numeric]

Instructions: Use this form to demonstrate how you have achieved the chosen Practice Domain Standard and associated Specialty Practice Objectives (SPO) through work that resulted in a publication related to burn rehabilitation. To select use of this form, you must have had a significant role or provided major contributions to critical aspects of the publication such as design of study, data analysis/interpretation, and publication development.

Guidelines: Review the Practice Domain Standard, associated SPOs, Applicant and Reviewer Guide when preparing your response to ensure appropriate information is included. Describe aspects of your participation in the work that resulted in a publication while illustrating your specialized knowledge, skill and experience in the specific burn rehabilitation practice domain selected. Examples of acceptable publications include submission to a peer-reviewed journal, letters to the editor, textbook chapters.

Examples of unacceptable publications include newsletters or professional periodicals. Multiple publications may be used to complete this form (up to 3) but they must all be related to the same practice domain.

Practice Domain Standard selected for this Evidence Form: [drop down menu with logic to show the selected SPOs in Part 2]

Part 1 – Background
Briefly provide background information about the publication and your role associated with it. Do not address the SPOs in this section and only provide information that will assist the reviewer in understanding the framework for work related to the publication.

- Title of Publication: [text, short]
- Date(s) of publication: [text, short]
- Describe your role and responsibilities with the publication: [text]
- Briefly describe the intention or objective with the publication: [text]

Part 2 – Specialty Practice Objectives
As you describe the publication, respond to each SPO directly in the space provided demonstrating your use of advanced and specialized knowledge, skill and experience in the chosen practice domain relative to the publication presented. If the publication presented does not fully illustrate your understanding and abilities for a given SPO, you may include additional information that demonstrates this to the reviewer. Be comprehensive, yet succinct.

- SPO#1: [text]
- SPO#2: [text]
- SPO#3: [text]
- SPO#4: [text]
- SPO#5: [text]
- SPO#6: [text]
- SPO#7: [text]
- SPO#8: [text]
- SPO#9: [text]
- SPO#10: [text]
- SPO#11 (for Evaluation/Treatment/Discharge Planning Only): [text]
Part 3 – Reflection and Support

- Upon reflection, which aspects of the publication could be improved or changed and why?: [text]
- Describe future plans (if applicable) for the work related to the publication: [text]
- List scientific evidence (no more than 5 references) used in developing the publication: [text]

You may attach up to 2 items (the publication or supportive material) related to the publication. Attachments are not required or expected but may be used to help the reviewer better understand the publication you are presenting. Ensure that the information attached does not contain HIPAA protected PHI or any information that would reveal your identity to the reviewer (name, place of employment).

- Attach any relevant supporting materials – Doc 1: [browse, upload]
- Attach any relevant supporting materials – Doc 2: [browse, upload]

Final Submission Page

- Additional comments to reviewers: [text]

Submit
RESEARCH EVIDENCE FORM

Applicant Number: [numeric]

Instructions: Use this form to demonstrate how you have achieved the chosen Practice Domain Standard and associated Specialty Practice Objectives (SPO) through the planning, implementation or evaluation of research related to burn rehabilitation. To select use of this form, you must have had a significant role or provided major contributions to critical aspects of the research project such as design, development, conduct, data analysis/interpretation, or publication/presentation of information.

Guidelines: Review the Practice Domain Standard, associated SPOs, Applicant and Reviewer Guide when preparing your response to ensure appropriate information is included. Describe the research while illustrating your specialized knowledge, skill and experience in the specific burn rehabilitation practice domain selected. Research may include any organized action directed at providing evidence that either informs, validates or solves a clinical question or has the potential to lead to improvement of clinical care.

Practice Domain Standard selected for this Evidence Form: [drop down menu with logic to show the selected SPOs in Part 2]

Part 1 – Background
Briefly provide background information about the research experience and your role associated with it. Do not address the SPOs in this section and only provide information that will assist the reviewer in understanding the framework for work related to the research.

- What type of research was conducted? Please choose 1. [check box selection]
  - Scientific Inquiry – Qualitative, quantitative, or mixed-methods approach.
  - Methodological Research/Instrument Development – Scientific inquiry to establish clinometric properties of (1) a new tool, (2) an existing tool with a new population, or (3) an existing tool translated to a new language.
  - Systematic Review of the Literature or Practice Guideline Development – Comprehensive search, review, and analysis of the existing literature to answer a focused question.

- Title of Research Product: [text, short]
- Date of research: [text, short]
- Mechanism of dissemination: [check box selection]
  - Peer-reviewed publication
  - Critically Appraised Topic (e.g., AOTA Evidence-Based Practice Project Web site, otcats, OTDBASE, OTSeeker, Pedro, Cochrane)
  - Dissertation/thesis
- Describe your role and responsibilities with the research: [text]
- Briefly describe what prompted you to do this research: [text]
Part 2 – Specialty Practice Objectives
As you describe the research, respond to each SPO directly in the space provided demonstrating your use of advanced and specialized knowledge, skill and experience in the chosen practice domain relative to the research presented. If the research description does not fully illustrate your understanding and abilities for a given SPO, you may include additional information that demonstrates this to the reviewer. Be comprehensive, yet succinct.

- SPO#1: [text]
- SPO#2: [text]
- SPO#3: [text]
- SPO#4: [text]
- SPO#5: [text]
- SPO#6: [text]
- SPO#7: [text]
- SPO#8: [text]
- SPO#9: [text]
- SPO#10: [text]
- SPO#11 (for Evaluation/Treatment/Discharge Planning Only): [text]

Part 3 – Reflection and Support
- Upon reflection, which aspects of the research could be improved or changed and why?: [text]
- Describe future plans (if applicable) for the research: [text]
- List scientific evidence (no more than 5 references) supporting this research: [text]

You may attach up to 2 items (a publication or related material) that may have resulted from work related to the research. Attachments are not required or expected but may be used to help the reviewer better understand the research you are presenting. Ensure that the information attached does not contain HIPAA protected PHI or any information that would reveal your identity to the reviewer (name, place of employment).

- Attach any relevant supporting materials – Doc 1: [browse, upload]
- Attach any relevant supporting materials – Doc 2: [browse, upload]

Final Submission Page

- Additional comments to reviewers: [text]

Submit
The criteria outlined below describes the requirements for recertification. Initial BT-C certification expires 5 years from the date of issue. The BT-C therapist has up to one month after the expiration date of their current certification to submit a recertification application and pay the recertification fee. If the therapist cannot meet the recertification criteria, they may apply for “inactive status” for up to two years in a row by paying the appropriate fee. During this time, they may not use the BT-C designation.

All information provided is subject to random audit to verify truth and accuracy and eligibility for BT-C certification and recertification.

Recertification applicants must meet the following criteria:

- **Criteria 1:** Possess a current BT-C in good standing (recertification applicants only).
- **Criteria 2:** Possess a current occupational therapy or physical therapy license in good standing with the state/territory/country licensing agency.
- **Criteria 3:** Demonstrate 2000 hours of Work Experience (WE) as defined in Table A within the last 5 years.
- **Criteria 4:** Accrue 50 credits of Professional Development Activities (PDA) as defined in Table B within the last 5 years.

If an applicant is applying for initial certification using the Direct Patient Care Exception, they must also have worked in burn rehabilitation for 10 years.

**WORK EXPERIENCE (WE) AND PROFESSIONAL DEVELOPMENT ACTIVITIES (PDA)**

The same activities cannot be counted for both WE and PDA, the applicant may choose which requirement to credit the activities. WE hours are calculated as the time (hour for hour) of involvement in the defined activities in Table A, whereas PDA are credits for participation in activities defined in Table B and may have a maximum accrual in some categories. A grid is provided below to assist in keeping track of WE hours and PDAs as they are accrued.
TABLE A: WORK EXPERIENCE HOURS (WE)

Work experience (WE) hours represent the time spent engaging in any of the activities defined in Table A. One hour of time spent doing the defined activity equates to one hour of WE (60/60=1). The total requirement is 2000 hours within the last 5 years prior to the application date. The same hours may **NOT** be counted in more than one category in Table A but the total WE hours can be a combination of categories if multiple work experiences apply (Ex. 1000 hours of formal teaching and 1000 hours of direct care). All hours must be verified at the time of submission.

<table>
<thead>
<tr>
<th>Work Experience</th>
<th>Summary Description (see below for full description)</th>
<th>Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1. Direct care of a patient/survivor with burn injury</td>
<td>Direct care work experience is the time spent providing assessment and implementation of a burn rehabilitation treatment plan to a patient with a burn diagnosis at any stage of recovery.</td>
<td>Employment Verification form with signature of supervisor and personal attestation.</td>
</tr>
<tr>
<td>A2. Formal teaching directly related to burn rehabilitation</td>
<td>Formal teaching work experience is the time spent designing and delivering organized and directed educational products with specific objectives related to burn rehabilitation to a group of learners.</td>
<td>Employment Verification form with signature of supervisor or senior faculty member and personal attestation.</td>
</tr>
<tr>
<td>A3. Direct supervision or administration of a burn rehabilitation program</td>
<td>Direct supervision work experience is the time spent performing onsite coordination and oversight of clinical care aspects of a burn rehabilitation program and administration work experience is the time spent performing operational oversight of a burn rehabilitation program</td>
<td>Employment Verification form with signature of supervisor and personal attestation.</td>
</tr>
<tr>
<td>A4. Consultation services related to burn rehabilitation</td>
<td>Consultation work experience is the time spent providing professional information, advice, or help to solve a specific problem related to burn rehabilitation.</td>
<td>Employment Verification form with signature of by individual or representative from organization seeking consultation and personal attestation.</td>
</tr>
<tr>
<td>A5. Work to support a burn specific professional organization</td>
<td>Work experience performing activities that support burn specific professional organizations involves the time spent promoting or advancing the efforts of a burn specific organization.</td>
<td>Employment Verification form with signature of representative from professional organization who had oversight of activities and personal attestation.</td>
</tr>
<tr>
<td>A6. Conducting burn rehabilitation research</td>
<td>Work experience conducting burn rehabilitation research is the time spent developing, implementing and analyzing research that investigates a topic related to burn rehabilitation.</td>
<td>Employment Verification form with signature of primary investigator (PI), co-investigator or senior faculty member overseeing or collaborating in research and personal attestation.</td>
</tr>
</tbody>
</table>
TABLE A: DEFINITIONS / DESCRIPTIONS

A1. Direct Care of a Patient/Survivor with Burn Injury
Direct care work experience is the time spent providing assessment and implementation of a burn rehabilitation treatment plan to a patient with a burn diagnosis at any stage of recovery. The activities must be conducted directly with the patient/survivor, their caregivers or be directly related to advancing the individualized treatment program for the patient/survivor.

Examples of approved direct care activities include:
- Delivering hands-on rehabilitative care to burn patient/survivors, whose primary reason for referral is related to burn injury.
- Providing assessment, treatment planning, treatment implementation, discharge planning and/or follow up care of a burn survivor.
- Team meetings where the needs of one or more specific patients are discussed and evaluated, regardless of whether or not the patient and family are present.
- Preparing and implementing home rehabilitation programs for burn patients/survivors.
- Providing adaptive activities or equipment to a burn patient/survivor.
- Reviewing medical records prior to seeing a specific patient/survivor or reviewing cases for determination of services.

Verification: Employment Verification with signature of supervisor and personal attestation.

A2. Formal Teaching Directly Related to Burn Rehabilitation
Formal teaching work experience is the time spent designing and delivering organized and directed educational products with specific objectives related to burn rehabilitation to a group of learners. The teaching or training is intended to increase the learners’ understanding of a burn injury related topic and prepare those students to evaluate and manage patients with a burn diagnosis. The teaching can occur in a formal classroom setting, via tele-classroom or other electronic classroom settings, in print or through an organized on-line course. Preparation, delivery, testing and assessment of students may all be considered a part of the formal teaching process.

Examples of approved teaching activities include:
- Preparing and teaching course material related to burn care and rehabilitation at a university, a burn conference or other setting.
- Writing burn rehabilitation related chapters in textbooks.
- Developing burn related examination material for students or professionals.
- Preparing and presenting a seminar or workshop on burn rehabilitation at a professional meeting.
- Preparing and presenting case reports directly addressing and teaching new, emerging or important existing aspects of burn rehabilitation that will enhance the understanding of the audience.
- Assessing or testing students following the delivery of educational product.

Verification: Employment Verification form with signature of supervisor or senior faculty member and personal attestation.
A3. Direct Supervision or Administration of a Burn Rehabilitation Program
Direct supervision work experience is the time spent performing onsite coordination and oversight of clinical care aspects of a burn rehabilitation program. This may include supervision of patient care delivery, competency assessment or clinical skill development of burn rehabilitation clinicians with specific goals and delivered at a specific location. Administration work experience is the time spent performing operational oversight of a burn rehabilitation program and may include the same activities defined for direct supervision. In addition, it may include development of burn care policies and procedures that direct and guide clinical decision making, guidance for performance improvement, allocation of clinical resources, development of triage or patient care protocols and staff deployment at the program level.

Examples of direct supervision or administration activities include:

• Assessing staff competency and evaluating staff performance in burn rehabilitation.
• Training and/or educating therapy professionals in burn clinical care delivery.
• Oversight of care delivery or triage.
• Advising staff on clinical decision-making.
• Developing and disseminating clinical policy and protocols.
• Allocating resources at daily tactical level or strategically at program level to deliver clinical care.
• Developing, implementing and assessing clinical performance improvement initiatives.

Verification: Employment Verification form with signature of supervisor and personal attestation.

A4. Consultation Services Related to Burn Rehabilitation
Consultation work experience is the time spent providing professional information, advice, or help to solve a specific problem related to burn rehabilitation. Consultation may be done via telephone, video, online or in-person and performed in any setting that provides care to a burn patient/survivor. A consultation may be one-time or ongoing and should have a specified objective or goal. Consultants can work with individuals, groups or organizations. Consultation involves the transfer of knowledge or skill to improve content or process which aims to affect the overall outcomes for the burn rehabilitation clinician and/or the burn patient/survivors.

Examples of consultation services include:

• Deliberation between professionals regarding diagnosis, prognosis or treatment of a specific burn rehabilitation case.
• Engaging in educational pursuits designed to support transfer of knowledge among burn professionals regarding a specific burn rehabilitation problem or case.

Verification: Employment Verification form with signature of by individual or representative from organization seeking consultation and personal attestation.
A5. Work to Support a Burn Specific Professional Organization
Work experience performing activities that support burn specific professional organizations involves the time spent promoting or advancing the efforts of a burn specific organization. A burn specific organization must have as part of its mission, the goal of supporting people affected by burn injury. Time engaged in this activity may be done as volunteer or paid service**.

Examples of professional organization support activities include:
• Participating in burn survivor support activities such as burn camp counselor, volunteer at an event to benefit burn survivors, coordinating burn survivor support programs.
• Planning local/regional burn meetings or programs.
• Project work conducted while on committees or special groups within a burn specific professional organization.
• Performing activities related to leadership roles for burn organizations or journals.
• Participating in community outreach activities related to burn care (Ex. teaching burn prevention in schools, giving talks on burn rehab to local civic groups).

Verification: Employment Verification form with signature of representative from professional organization who had oversight of activities and personal attestation.

**If the service is paid, it cannot also be counted under Category 1A (direct work experience). Holding positions within professional organizations can be counted toward PDA credits however, the time related to performing functions within the role (meetings, projects, etc.) should be counted as part of work experience hours.

A6. Conducting Burn Rehabilitation Research
Work experience conducting burn rehabilitation research is the time spent developing, implementing and analyzing research that investigates a topic related to burn rehabilitation. The research project should follow a protocol approved by an ethics committee. The applicant must have a defined role on the research project which can be paid or unpaid. The project may be funded or unfunded.

Examples of burn rehabilitation research activities include:
• Designing and developing research protocols.
• Training research staff.
• Screening, consenting and testing research subjects.
• Data collection, organization, submission and analysis.
• Writing manuscripts related to the research project.

Verification: Employment Verification form with signature of primary investigator (PI), co-investigator or senior faculty member overseeing or collaborating in research and personal attestation.
TABLE B: PROFESSIONAL DEVELOPMENT ACTIVITIES (PDA)

Professional Development Activities (PDA) represent the applicant’s efforts to maintain and/or improve professional knowledge, skill and experience. PDA credits are achieved through participation in one or more of the activities defined in Table B. The total requirement is 50 PDA credits within the last 5 years prior to the application date. These credits are in addition to the work experience hours required. PDA credits may all be accrued in one category or in a variety categories in Table B (Ex. 30 PDA from formal education B1, 10 credits or being lead author in B4 and 10 credits for serving on ABA committees B7), but the same activity cannot be counted for multiple PDA. If an activity has been counted for work experience hours per the Recertification criteria, it cannot be applied to PDA accrual and vis versa (see Recertification Criteria). The applicant must choose which area to count it for credit without duplication. All PDA must be verified according to the guidelines below and may require a signature of an authorized person. In some cases, PDA credits equate to hours of participation and in other cases, PDA credit is related to other aspects of participation. There is a maximum number of PDA that can be earned for activities B2, B3, B6, B7.

<table>
<thead>
<tr>
<th>Professional Development Activity (PDA)</th>
<th>Summary Description (see below for full description)</th>
<th>PDA Credits</th>
<th>Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B1. Learner at a formal burn related educational activity</strong></td>
<td>Attend and complete an educational activity that offers information related to one or more of the burn competency domains.</td>
<td>1 hour course presentation (60 min/60 min = 1 credit) No maximum, all PDA may be achieved Category B1.</td>
<td>Complete PDA Verification form including title of course, dates, instructors, contact hours, course description, objectives and relevance to burn rehabilitation and provide copy of course completion certificate.</td>
</tr>
<tr>
<td><strong>B2. Learner at a non-accredited burn related course</strong></td>
<td>Attend and complete a burn related educational experience that is not accredited nor offers CEUs or contact hours.</td>
<td>1 hour course presentation (60 min/60 min = 1 credit) Maximum 10 PDA credits within the 5-year period prior to application.</td>
<td>Complete PDA Verification form with signature from representative from organizing agency or individual conducting course to verify attendance.</td>
</tr>
<tr>
<td><strong>B3. Instructor of formal mentoring experience with student(s), intern(s), trainee(s) in burn rehabilitation</strong></td>
<td>Serve as mentor for an individualized or small group learning experience in burn care or rehabilitation provided in a clinical or research setting.</td>
<td>1 hour of mentoring (60 min/60 min = 1 credit) Maximum 20 PDA credits within the 5-year period prior to application.</td>
<td>Complete PDA verification form with signature from supervisor of applicant or supervisor of mentee.</td>
</tr>
<tr>
<td>Category</td>
<td>Activity Description</td>
<td>Credits Required</td>
<td>Notes</td>
</tr>
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<tr>
<td><strong>B4. Author or co-author of an accepted peer-reviewed publication or grant application</strong></td>
<td>Participate in authoring a peer-reviewed and approved burn rehabilitation related publication or grant</td>
<td></td>
<td>Complete PDA verification with attachment of proof of acceptance of publication or grant from editor or granting organization.</td>
</tr>
<tr>
<td></td>
<td>Lead author (Publication, Grant Application) = 15 PDA credits Co-author (Publication, Grant Application) = 5 PDA credits</td>
<td>No maximum, all PDA may be achieved</td>
<td></td>
</tr>
<tr>
<td><strong>B5. Review of a manuscript submission to a burn related journal, review of a grant application or review of BT-C application</strong></td>
<td>Complete an invited review of a manuscript, grant, or BT-C portfolio submission to a burn related organization.</td>
<td>Review of a Manuscript, Grantor, or full BT-C portfolio application = 10 PDA credits BT-C recertification application = 5 PDA credits</td>
<td>Complete PDA verification form including attachment for proof of completion of review from editor, granting organization or certification committee chair.</td>
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<td></td>
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<td>No maximum, all PDA may be achieved Category B5.</td>
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<tr>
<td><strong>B6. Develop and present an original burn related presentation</strong></td>
<td>Develop original content for a burn rehabilitation related presentation and present the information in a group forum.</td>
<td>1-hour course presentation (60 min/60 min = 1 credit) 3-hour course = 3 PDA credits 4-8-hour course = 5 PDA credits 8+ hour course = 10 PDA credits</td>
<td>Complete PDA verification form with name, location, date, and defined objectives of presentation. Provide announcement, flier or agenda of presentation as attachment.</td>
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<td><strong>B7. Hold leadership or committee position(s) within a burn specific professional organization</strong></td>
<td>Be nominated, elected or appointed to a leadership or committee position within a burn specific professional organization.</td>
<td>1 year of service on committee = 2 PDA credits 1 year in leadership position = 5 PDA credits</td>
<td>Complete PDA verification form with name of burn organization, position held and dates of position including attachment of proof of position from representative or officer of organization.</td>
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<td>Maximum 20 PDA credits within the 5-year period prior to application.</td>
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</tbody>
</table>
### TABLE B: DEFINITIONS / DESCRIPTIONS

#### B1. Learner at a Formal Burn Related Educational Activity
Attend and complete an educational activity that offers information related to one or more of the burn competency domains**. The educational content of the course must be related to one of the burn competency domains below. The course does not have to specifically address burn rehabilitation but the applicant must demonstrate how the content relates to burn rehabilitation. The educational activity may be in-person or web-based course work that awards CEUs or contact hours, or academic course work at a college or university.

**PDA Credits**: 1-hour course presentation (60 min/60 min = 1 credit). Maximum: None. All PDA may be achieved in this category.

**Verification**: Complete PDA verification form including title of course, dates, instructors, contact hours, course description, objectives and relevance to burn rehabilitation. No signature required.

**Burn Rehabilitation Competency Domains**: Activities of Daily Living, Biomechanics, Burn Rehabilitation Evaluation, Community Reintegration and Health/Wellness, Complex Burn Sequelae, Critical management, Edema, Endurance & Muscular Strength, Functional Mobility and Gait, Management of Cutaneous Impairment, Pain/Anxiety Management, Physical Agents/Modalities, Positioning, Post-operative Management, Range of Motion, Scar Assessment and Management, Serial Casting, Splinting, Treatment and Discharge Planning, Wound Care and Assessment.

#### B2. Learner at a Non-Accredited Burn Related Course
Attend and complete a burn related educational experience that is not accredited nor offers CEUs or contact hours. This may include an employer related in-service, journal club or study group. The title and content of the course must be related to burn rehabilitation or burn care.

**PDA Credits**: 1-hour course presentation (60 min/60 min = 1 credit). Maximum: 10 PDA credits within the 5-year period prior to application.

**Verification**: Complete PDA verification form with course date, description, relevance to burn rehabilitation and signature from representative from organizing agency or individual conducting course to verify attendance.

#### B3. Instructor of Formal Mentoring Experience with Student(s), Intern(s), Trainee(s) in Burn Rehabilitation
Serve as mentor for an individualized or small group learning experience in burn care or rehabilitation provided in a clinical or research setting. The learner(s) may be a student(s) or intern(s), new employee(s) or doctoral or research student(s). The training may be done individually or in small groups but must be related to burn care or burn rehabilitation.

**PDA Credits**: 1 PDA = 1 hour of mentoring (60 min/60 min = 1 credit). Maximum: 20 PDA credits within the 5-year period prior to application.

**Verification**: Complete PDA verification form with description of activity, dates and signature from supervisor of applicant or supervisor of mentee. **
**Differentiated from A2 in that B3 describes a more personal educational experience (individual or small group mentoring) which may or may not have defined objectives.

B4. Author or Co-Author of an Accepted Peer-Reviewed Publication or Grant Application Related to Burn Rehabilitation

Participate in authoring a peer-reviewed and approved burn rehabilitation related publication or grant application. The applicant should have been involved in the development, implementation and submission of the publication or grant. A publication may include an original research article, review article, letter to the editor or video publication. A grant application may include a research project proposal for funding or development of a program/device related to burn rehabilitation. The publication or grant application must have received approval for publication or funding through a peer-review process and must be related to burn rehabilitation. Lead authors may accrue more PDA than participating authors.

**PDA Credits:** Lead author (Publication, Grant Application) = 15 PDA credits; Co-author (Publication, Grant Application) = 5 PDA credits. Maximum: None. All PDA may be achieved in this category.

**Verification:** Complete PDA verification with title and description of publication or grant, your role in the project, name of journal or funding agency, and date of submission. No signature required.

B5. Review of a Manuscript Submission to a Burn Related Journal, Review of a Grant Application or Review of BT-C Application

Complete an invited review of a manuscript, grant, or BT-C portfolio submission to a burn related organization. Review of a manuscript submission includes an invited review for Journal of Burn Care and Research, Burns or other burn specific journal or may include a non-burn journal if the topic of the reviewed manuscript is related to burn rehabilitation. Review of a grant application includes reviewing a grant submission for funding for a burn rehabilitation related project from a funding agency such as Shriners Hospitals or National Institute of Disability, Independent Living and Rehabilitation Research (NIDLRR) or other funding agency that focuses on burn care and rehabilitation. Review of a BT-C application for certification or recertification includes an invited review of a portfolio certification application submitted through the ABA. Only initial application review may be counted not subsequent revision reviews for the same manuscript.

**PDA Credits:** Review of a Manuscript, Grantor, or full BT-C portfolio application = 10 PDA credits; BT-C recertification application = 5 PDA credits. Maximum: None. All PDA may be achieved in this category. **

**Verification:** Complete PDA verification form with name of journal or funding agency, topic of review, name of editor, grant representative or certification chair. No signature required.

**Differentiation from A5 – Reviews of manuscripts, grant applications or BBT-C application can only be counted for PDA and not counted as WE. If the individual also serves on the approving organization, the review activity is counted as PDA whereas any time related to other organizational projects, meetings or administrative duties may be accrued for WE in category A5.**
B6. Develop and Present an Original Burn Related Presentation
Develop original content for a burn rehabilitation related presentation and present the information in a group forum. The presentation must have defined objectives related to burn rehabilitation. The applicant must have participated in both the development and presentation of the material and each presentation can only be applied one time. The presentation may be given at a hospital, community forum, conference, workshop, professional meeting, university, college, or web-based forum. Some examples include an abstract presentation at ABA, a burn prevention presentation given at a local school, or a webinar on burn management provided online.

**PDA Credits:** 1 hour course presentation (60 min/60 min = 1 credit)
- 3-hour course = 3 PDA credits
- 4-8-hour course = 5 PDA credits
- 8+ hour course = 10 PDA credits

*Maximum:* Maximum 20 PDA credits within the 5-year period prior to application.

**Verification:** Complete PDA verification form with name, location, date, and defined objectives of presentation. No signature required. **

**Differentiation from A2 – Development and presentation of an original presentation may be used to achieve criteria A2 if the applicant calculates the time involved in preparation, delivery, assessment or testing of an educational product presented in a public forum OR the applicant may use the presentation to count toward PDA in B6 but the same presentation cannot count toward both. If a presentation is not original (Ex. ongoing university course), then the applicant must use the activity in A2. Only original presentations may be used for PDA in category B6.**

B7. Hold Leadership or Committee Position(s) Within a Burn Specific Professional Organization
Be nominated, elected or appointed to a leadership or committee position within a burn specific professional organization. A burn specific organization must have as part of its mission, the goal of supporting people affected by burn injury. The applicant may be a member of a committee or hold a leadership position within an organization such as committee chairperson or vice chairperson, board of trustee member, editorial board member or officer. The position must be officially designated by the organization.

**PDA Credits:** 1 year of service on committee = 2 PDA credits; 1 year in leadership position = 5 PDA credits. Maximum: Maximum 20 PDA credits within the 5-year period prior to application. **

**Verification:** Complete PDA verification form with name of burn organization, position held and dates of position including signature of representative or officer of organization.

**Differentiation from A5 – PDA may be accrued if an applicant is officially named in a role within a professional organization and may be calculated based on the number of years the applicant holds the given position. In contrast, an applicant can accrue WE based on the time that they spent participating in activities that come from serving in that role within the professional organization (Ex. committee meetings, projects). An applicant may accrue PDA for serving in the role AND accrue WE hours for specific time related to activities within that role but both must be verified.**
## RECERTIFICATION CRITERIA TABULATION GRID

<table>
<thead>
<tr>
<th>Work Experience (WE)</th>
<th>Hours</th>
<th>Verified</th>
<th>Professional Development Activity (PDA)</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1. Direct Care</td>
<td></td>
<td></td>
<td>B1. Burn Educational Activity</td>
<td></td>
</tr>
<tr>
<td>A2. Formal Teaching</td>
<td></td>
<td></td>
<td>B2. Non-Accredited Burn Educational Activity</td>
<td></td>
</tr>
<tr>
<td>A3. Supervision/Administration</td>
<td></td>
<td></td>
<td>B3. Mentoring</td>
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<tr>
<td>A4. Consultation</td>
<td></td>
<td></td>
<td>B4. Author or Co-Author of a Publication or Grant application</td>
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</tbody>
</table>
Receiving an “Inconclusive” Decision on Your BT-C Application

Frequently Asked Questions (FAQ)

1. Does “Inconclusive” Mean That My Application is Not Qualified?
   a. No, an inconclusive decision does not mean your application is not qualified for BT-C status. It means that the reviewers need further information before they can make a final determination. You received an “Inconclusive” decision if at least 50% of the reviewers are requesting revisions to your application. You may be asked to revise only one of the Evidence Forms or multiple forms in your resubmission providing clarification or additions to your original submission.

2. What do I Need to do to Resubmit my BT-C Application?
   a. You will be provided with an email indicating which Evidence Form(s) need to be resubmitted. In the same email, you will receive an excel document that includes feedback from the reviewers that should guide you as to what information needs clarification or additions. Make the changes to the requested Evidence Forms and resubmit online.

3. How do I Make Sense of the Reviewer’s Comments to Know What Information to Include in The Resubmission?
   a. The excel file that you will receive with the email from ABA will have a tab at the beginning of it labeled “Overall Comments.” Read those comments first to understand the general impression of the reviewers. Each excel file tab will represent the Evidence Form(s) that need to be resubmitted. Within each tab, you will see all of the reviewers’ feedback comments for each of the Specialty Practice Objectives. Please note, you will be provided with ALL of the reviewers’ comments for all of the SPOs. Not all reviewers will be requesting revisions to your application. Likewise, not all SPOs will require revision. The comments will indicate what was missing or what needs further clarification from the original response provided. Using the links provided, you will need to re-enter your responses for the SPOs on each Evidence Form that is requested. It is helpful if you saved an electronic copy of your original application from which you may cut and paste the responses adding additional information as requested. If you did not, please contact the ABA central office.

4. How Long do I Have to Resubmit My Application?
   a. You have 4 weeks to resubmit your application. If you can resubmit before that time, it may expedite the re-review.

5. What Happens After I Resubmit My Application?
   a. The reviewers will re-review the revised Evidence Forms and make a final determination. You will have two opportunities (after initial submission) to resubmit your application with clarification or additional information if given the decision of ‘Inconclusive’. If you do not successfully achieve a “Qualified” status after the second resubmission, certification will be denied, and you will need to begin the process again after a minimum of 6 months. If the decision is “Not qualified,” you will not receive certification.
6. **What do I do If I Receive a Second “Inconclusive” Decision After I Have Resubmitted My Application with Revisions?**
   
   a. It is possible to receive a second “Inconclusive” decision. This indicates that you have not appropriately responded to the reviewers’ comments after the first “Inconclusive” decision. You will again be provided with an excel file with the reviewers’ comments. Please read them very carefully and provide more detailed responses. You will only be allowed a total of two resubmissions after your original submission.

   If you have any further questions, please contact certification@ameriburn.org.