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17,318

Orthopaedic Physical Therapists have been awarded their OCS
*as of June 2020

2020 STATS:

1,422 Physical Therapists Awarded their OCS

380 Physical Therapists OCS Recertified!



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Take a Sneak Peak at a Clinical Case Application: Case Scenario

A 47-year-old female is referred to physical therapy with neck pain for at least 10 years. She reports she has been a secretary/telephone operator for a small business for the past 18 years. The pain is located in the bilateral cervical paraspinals and into bilateral deltoids. The pain is rated generally as 4/10, but will increase to 7/10 on occasion. She complains of neck weakness and fatigue beginning in the afternoon and lasting for the next 3 to 5 hours on a regular basis. When questioned by the physical therapist, the patient does not have any immediate cause of symptoms, but does mention she was involved in a rollover automobile accident about 15 years ago.

The physical examination begins with a postural assessment and demonstrates forward rounded shoulders and forward head position. Range of motion assessment demonstrates limited flexion to 30°, limited extension to 50°, limited rotation to 65° bilaterally, and she moves into extension at end range rotation. The physical therapist performs the craniocervical flexion test and the deep flexor endurance test. The patient performs poorly on both tests, falling well below normal standards. The patient's primary goal with physical therapy is to be able to work and perform her normal occupational duties without the feeling of tiredness and fatigue that typically sets in during the afternoon.

1 This patient should be classified into which ICF-impairment category?

- a. neck pain with headaches
- b. neck pain with mobility deficits
- c. neck pain with movement coordination deficits
- d. neck pain with radiating pain

2 The patient's history and likely ICF-impairment category would lead the physical therapist to perform what assessment procedure?

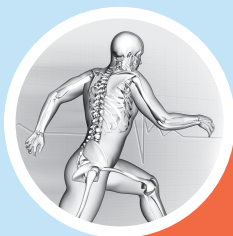
- a. cervical distraction test
- b. median nerve tension test
- c. Sharp-Purser test
- d. shoulder abduction strength assessment

3 What is the best initial intervention to give this patient?

- a. cervical endurance
- b. craniocervical flexion
- c. thoracic manipulation
- d. upper thoracic contract relax

4 The physical therapist continues to treat this patient for her symptoms. What is the best mode of intervention to provide for this patient?

- a. infrared radiation and range of motion exercises
- b. manual therapy and strengthening exercises
- c. proprioceptive and stretching exercises
- d. relaxation exercises and Kinesiotape



"I wanted to thank ISC Editor, Dr. Christopher Hughes, authors, and the entire team at the Academy of Orthopaedic Physical Therapy for creating an amazing study course to prepare for the APTA OCS exam. I am convinced the Current Concepts of Orthopaedic Physical Therapy (4th ed) was one of the keys for me to successfully pass the OCS." - Z. Altug, California

Answers: 1) C. neck pain with movement coordination deficits. 2) C. Sharp-Purser test. 3) B. craniocervical flexion. 4) B. manual therapy and strengthening exercises.