HTCC
HAND THERAPY CERTIFICATION COMMISSION

Instructions for Using the HTCC Self-Assessment Tool

Purpose

The Hand Therapy Certification Commission (HTCC) Self-Assessment Tool was developed to be used by Certified Hand Therapists,occupational and physical therapists interested in learning about hand therapy as well as therapists preparing for the Hand Therapy Certification Examination. The purpose of the tool is to allow individuals to review and reflect on their knowledge of hand therapy in order to determine learning goals and activities.

The self-assessment is available as a free download in the "Mentoring" section of the HTCC website (www.htcc.org) or as an interactive module in the For CHTs section of the HTCC website. You must be a CHT to access the online interactive module.

The self-assessment is divided into four areas. Each area may be taken individually and a separate report will be generated based on the results of your self-assessment for each category. The four areas are:

1. Anatomy and Physiology of the Upper Extremity: 5-8
2. Upper Extremity Diagnoses and Conditions: 9-11
3. Intervention Techniques and Tools: 12-16
4. Knowledge Areas of the Upper Extremity: 17-19

Step 1: Complete the Self-Assessment

Review each knowledge or skill area and check the level which best describes your clinical skill based on the rating scale provided. Be candid in your responses as this is a self-assessment process with an opportunity for personal learning and insight based on identification of strengths and areas for potential growth.

Step 2: Analyze the Completed Self-Assessment

If you have completed the self-assessment online, the results of your ratings will be displayed. These results are intended for you only and are stored in your "For CHTs" account anonymously. Once you have seen the results of your self-assessment you may want to reflect as an individual on the following questions:

- Which knowledge or skill areas did I consistently score myself as “advanced” or “expert”?
- Why did I rate myself higher in these knowledge or skill areas? In what way are they my strengths?
- Which knowledge or skill areas did I consistently score myself as “limited” or “basic”?
- Why did I rate myself lower in these knowledge or skill areas?
- What priorities do I want to establish for learning?

Step 3: Complete the Professional Development Plan

Based on the results of your self-assessment, use the form provided to initiate a professional development plan.

- Review those areas you have scored as “limited” or “basic” and prioritize those that are most critical for your learning before you begin to write your plan.
- Access resources and implement ways to gain knowledge in the areas you identified.
- Conduct periodic re-assessment of your knowledge or skill areas to determine the degree to which your knowledge or skill has improved. The results of your self-assessment will be kept in your "For CHTs" account to view at a later date so that you can compare your current self-assessment to previous assessments.

Directions for Creating a Professional Development Plan

1. Under "Knowledge Area I Wish to Develop" indicate an area that you would like to further develop based on how you rated yourself in the self-assessment. Skills rated as level "limited" or "basic" are potential areas which may require further learning.
2. Next, write down your professional development goals based on the areas you indicated that you wish to develop.
3. List the resources available to you to accomplish these goals.
4. Write down at least three action steps that may be needed to accomplish each goal.
5. Finally, write down a target date for the completion of each goal.
6. HTCC recommends that you wait at least a year before completing the assessment a second time, or until you have achieved the goals you established.

A sample plan is included in this packet to help you get started.

Further Reflection

As you complete the professional development plan, also consider the following questions:

1. Do I engage in ongoing professional development activities to enhance my competency in the following areas:
   - Clinical judgment/clinical reasoning
   - Scientific knowledge
   - Technical skills
   - Interpersonal and communication skills
   - Professionalism
   - Resource management
2. Do I educate the public about the nature of and value of hand therapy services?
3. Do I represent hand therapy in a positive way?
4. Do I adhere to high ethical and professional standards in my practice?

How to Receive Credit for Completion of the Self-Assessment

If you are a certified hand therapist, you may enter the hours in the "For CHTs" section of the HTCC website to receive credit for the self-assessment. You will receive four contact hours in Category A for completion of the self-assessment. The assessment can be completed for credit twice during a five year cycle but in order to receive recertification credit, there must be at least one year between each submission. You may earn a maximum of 8 contact hours within a 5-year recertification cycle, but you may complete the self-assessment as often as you wish.

1. Complete all four sections of the online self-assessment
2. Log into your account at the Hand Therapy Resource Center (www.handtherapyresources.com). In the left hand navigation bar under your User Name, click on "My Account." At the top of that page, click on "Self-Assessments." You will see a list of the assessments performed and the dates completed. At the bottom of the page click on the link "View your Certificate". Print the certificate for your verification.
3. Log into CHTs Only on the HTCC website (www.htcc.org). Enter the hours in Category A.
4. Fax, email or upload the verification to HTCC after you have entered the hours.

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Professional Development Plan

Knowledge Area I Wish to Develop	Professional Development Goals	Resources Available	Action Plan	Target Date
Iontophoresis	I will be up to date on the latest evidence-based research regarding the use of Iontophoresis.	· Michelle Cameron's latest edition of "Physical Agents in Rehabilitation" · Medline at the hospital library · Co-worker who recently attended an Iontophoresis seminar.	· Read Cameron's chapter on Iontophoresis including her references for possible further reading. · Have the Medical Librarian at the hospital run a Medline investigation. · Meet with my co-worker to review what she learned at the Iontophoresis seminar.	May 2015

SAMPLE

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Professional Development Plan

Knowledge Area I Wish to Develop	Professional Development Goals	Resources Available	Action Plan	Target Date

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Anatomy and Physiology of the Upper Limb

Anatomy and Physiology of the Upper Limb:

Using the scale below, please rate your knowledge of anatomy and physiology of the upper limb as it relates to musculoskeletal, vascular, and nervous systems.

Scale Name	Scale Description
Limited Knowledge	▶ Have cursory knowledge of anatomy and physiology of the upper limb, but limited experience in the application of this knowledge. ▶ Use basic knowledge of anatomy and physiology of the upper limb as part of patient care with recognition of limitations.
Basic Knowledge	▶ Have basic knowledge of anatomy and physiology of the upper limb, have experience and/or opportunity to apply this knowledge, but may have to consult other practitioners or use other resources in order to effectively use knowledge. ▶ Recognize how lack of knowledge of anatomy and physiology of the upper limb may influence ability to assess patient, plan and implement treatment. ▶ Recognize when knowledge of anatomy and physiology of the upper limb is lacking and seek consultation with others. ▶ Determine plan to increase knowledge of anatomy and physiology of the upper limb using a variety of resources such as other professionals, literature, and educational opportunities.
Advanced Knowledge	▶ Have detailed knowledge of anatomy and physiology of the upper limb, but may have to occasionally rely on outside resources. ▶ Able to apply knowledge independently to maximize accurate assessment of the patient, effectively plan and implement treatment and be able to share knowledge with others. ▶ Based on knowledge, plan and implement treatment using evidence based approaches, and best practice methods. ▶ Recognize when knowledge is lacking and independently uses variety of resources to build knowledge base. ▶ Seek out and apply new information of interventions.
Expert Knowledge	▶ Instruct others in anatomy and physiology of the upper limb. ▶ Based on knowledge, act as consultant to others. ▶ Have ability to critically appraise current information on anatomy and physiology of the upper limb in order to alter treatment approaches. ▶ Add to the body of anatomy and physiology of the upper quarter based on experience, research and exploration.

Anatomy and Physiology of the Upper Limb

Self Assessment

Anatomical Location	Limited Knowledge	Basic Knowledge	Advanced Knowledge	Expert Knowledge
1. Cervical/Thoracic				
• Surface anatomy	○	○	○	○
• Curvatures	○	○	○	○
• Vertebrae	○	○	○	○
• Vasculature	○	○	○	○
• Muscles	○	○	○	○
• Spinal nerves	○	○	○	○
• Brachial plexus	○	○	○	○
2. Shoulder				
• Surface anatomy	○	○	○	○
• Clavicle	○	○	○	○
• Scapula	○	○	○	○
• Humerus	○	○	○	○
• Sternoclavicular jt	○	○	○	○
• Acromioclavicular jt	○	○	○	○
• Glenohumeral jt	○	○	○	○
• Ligaments	○	○	○	○
• Vascular supply	○	○	○	○
• Muscles	○	○	○	○
• Nerves	○	○	○	○
3. Elbow				
• Surface anatomy	○	○	○	○
• Capitulum	○	○	○	○
• Trochlea	○	○	○	○
• Fossas	○	○	○	○
• Proximal radioulnar jt	○	○	○	○

Anatomical Location	Limited Knowledge	Basic Knowledge	Advanced Knowledge	Expert Knowledge
• Epicondyles	○	○	○	○
• Ligaments	○	○	○	○
• Muscles	○	○	○	○
• Innervation	○	○	○	○
4. Forearm				
• Surface anatomy	○	○	○	○
• Compartments	○	○	○	○
• Vascular supply	○	○	○	○
• Muscles	○	○	○	○
• Innervation	○	○	○	○
5. Wrist				
• Surface anatomy	○	○	○	○
• Distal radioulnar jt	○	○	○	○
• Carpal bones	○	○	○	○
• Articulations	○	○	○	○
• Compartments	○	○	○	○
• Ligaments	○	○	○	○
• Innervation	○	○	○	○
• Vascular supply	○	○	○	○
6. Hand				
• Metacarpals	○	○	○	○
• Phalanges	○	○	○	○
• Thumb/CMC joint	○	○	○	○
• MP joints	○	○	○	○
• IP joints	○	○	○	○
• Nail and nail bed	○	○	○	○

Anatomy and Physiology of the Upper Limb

Anatomical Location	Limited Knowledge	Basic Knowledge	Advanced Knowledge	Expert Knowledge
• Fascia	○	○	○	○
• Arches	○	○	○	○
• Ligaments	○	○	○	○
• Muscles	○	○	○	○
• Nerves	○	○	○	○
• Vascular supply	○	○	○	○

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Upper Limb Diagnoses and Conditions

Upper Limb Diagnoses and Conditions:

Using the scale below, please rate your knowledge of upper limb diagnoses and conditions

Scale Name	Scale Description
Limited Knowledge	▶ Have cursory knowledge of anatomy and physiology of the upper limb, but limited experience in the application of this knowledge. ▶ Use basic knowledge of anatomy and physiology of the upper limb as part of patient care with recognition of limitations.
Basic Knowledge	▶ Have basic knowledge of anatomy and physiology of the upper limb, have experience and/or opportunity to apply this knowledge, but may have to consult other practitioners or use other resources in order to effectively use knowledge. ▶ Recognize how lack of knowledge of anatomy and physiology of the upper limb may influence ability to assess patient, plan and implement treatment. ▶ Recognize when knowledge of anatomy and physiology of the upper limb is lacking and seek consultation with others. ▶ Determine plan to increase knowledge of anatomy and physiology of the upper limb using a variety of resources such as other professionals, literature, and educational opportunities.
Advanced Knowledge	▶ Have detailed knowledge of anatomy and physiology of the upper limb, but may have to occasionally rely on outside resources. ▶ Able to apply knowledge independently to maximize accurate assessment of the patient, effectively plan and implement treatment and be able to share knowledge with others. ▶ Based on knowledge, plan and implement treatment using evidence based approaches, and best practice methods. ▶ Recognize when knowledge is lacking and independently uses variety of resources to build knowledge base. ▶ Seek out and apply new information of interventions.
Expert Knowledge	▶ Instruct others in anatomy and physiology of the upper limb. ▶ Based on knowledge, act as consultant to others. ▶ Have ability to critically appraise current information on anatomy and physiology of the upper limb in order to alter treatment approaches. ▶ Add to the body of anatomy and physiology of the upper limb based on experience, research and exploration.

Upper Limb Diagnoses and Conditions

Self Assessment

Diagnosis or Condition	Limited Knowledge	Basic Knowledge	Advanced Knowledge	Expert Knowledge
1. Adhesions or Tightness				
• Anatomical regions (e.g. shoulder)	○	○	○	○
• Extensors	○	○	○	○
• Flexors	○	○	○	○
• Intrinsics	○	○	○	○
2. Amputations	○	○	○	○
3. Arthritis and Rheumatic Diseases	○	○	○	○
4. Congenital/Pediatric	○	○	○	○
5. Crush Injuries/Mutilating Trauma	○	○	○	○
6. Cumulative Trauma Disorders	○	○	○	○
7. Cysts and Tumors	○	○	○	○
8. Developmental Disabilities	○	○	○	○
9. Dislocations and Subluxations	○	○	○	○
10. Dupuytren's Disease	○	○	○	○
11. Edema	○	○	○	○
12. Factitious Disorders	○	○	○	○
13. Fractures	○	○	○	○
14. Infections	○	○	○	○
15. Joint Conditions	○	○	○	○
16. Ligamentous Conditions				
• Capsular	○	○	○	○
• Instability	○	○	○	○
17. Lymphedema	○	○	○	○
18. Muscular Strains, Tears and Avulsions	○	○	○	○

Upper Limb Diagnoses and Conditions

Diagnosis or Condition	Limited Knowledge	Basic Knowledge	Advanced Knowledge	Expert Knowledge
19. Nerve Injuries and Conditions				
• Brachial Plexus	○	○	○	○
• Median Nerve	○	○	○	○
• Radial Nerve	○	○	○	○
• Ulnar Nerve	○	○	○	○
• Digital Nerve	○	○	○	○
• Neuromas	○	○	○	○
20. Pain (e.g. Complex Regional Pain Syndrome, Fibromyalgia)	○	○	○	○
21. Replantation and Revascularization	○	○	○	○
22. Spinal Cord & Central Nervous System Injuries	○	○	○	○
23. Surgical Interventions				
• Procedures	○	○	○	○
• Post-operative protocols	○	○	○	○
24. Tendon Conditions				
• Flexor Tendon Injuries	○	○	○	○
• Extensor Tendon Injuries	○	○	○	○
• Tendon Transfers	○	○	○	○
• Tendinitis	○	○	○	○
25. Thermal injuries	○	○	○	○
26. Vascular disorders	○	○	○	○
27. Wounds and Scars	○	○	○	○
28. Common Complications of Upper Limb Conditions	○	○	○	○
29. Differential Diagnosis of Upper Limb Conditions	○	○	○	○

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Intervention Techniques and Tools

Intervention Techniques and Tools:

Using the scale below, please rate your ability to apply theory, indications, contraindications and precautions for the use of the following techniques and tools in the treatment of upper limb conditions as a specialized practitioner.

Scale Name	Scale Description
Limited Knowledge	▶ Have cursory knowledge of anatomy and physiology of the upper limb, but limited experience in the application of this knowledge. ▶ Use basic knowledge of anatomy and physiology of the upper limb as part of patient care with recognition of limitations.
Basic Knowledge	▶ Have basic knowledge of anatomy and physiology of the upper limb, have experience and/or opportunity to apply this knowledge, but may have to consult other practitioners or use other resources in order to effectively use knowledge. ▶ Recognize how lack of knowledge of anatomy and physiology of the upper limb may influence ability to assess patient, plan and implement treatment. ▶ Recognize when knowledge of anatomy and physiology of the upper limb is lacking and seek consultation with others. ▶ Determine plan to increase knowledge of anatomy and physiology of the upper limb using a variety of resources such as other professionals, literature, and educational opportunities.
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Expert Knowledge	▶ Instruct others in anatomy and physiology of the upper limb. ▶ Based on knowledge, act as consultant to others. ▶ Have ability to critically appraise current information on anatomy and physiology of the upper limb in order to alter treatment approaches. ▶ Add to the body of anatomy and physiology of the upper limb based on experience, research and exploration.

Intervention Techniques and Tools

Self Assessment

Technique or Tool	Limited Knowledge	Basic Knowledge	Advanced Knowledge	Expert Knowledge
1. Techniques to Assess				
• ADL	○	○	○	○
• Edema	○	○	○	○
• Vascular status	○	○	○	○
• Pain	○	○	○	○
• ROM	○	○	○	○
• Tightness (e.g., intrinsic, capsular, extrinsic)	○	○	○	○
• Strength (e.g., dynamometry)	○	○	○	○
• Muscle (e.g., MMT, tone, imbalances)	○	○	○	○
• Sensibility	○	○	○	○
• Sympathetic function	○	○	○	○
• Handedness	○	○	○	○
• Dexterity (e.g., Crawford Small Parts Dexterity Test, Purdue Pegboard Test)	○	○	○	○
• Functional Capacity	○	○	○	○
• Worksite	○	○	○	○
• Outcomes (e.g., PRWE, DASH)	○	○	○	○
2. Signs and Tests (e.g., Tinel's sign, Adson's test)	○	○	○	○
3. Orthotic design, selection, fitting, fabrication and training				
• Static	○	○	○	○
• Dynamic	○	○	○	○
• Static progressive	○	○	○	○
• Serial casting	○	○	○	○
• Casting motion to mobilize stiffness	○	○	○	○
• Fracture bracing	○	○	○	○
• Casting to immobilize fractures	○	○	○	○
• Soft splinting (e.g. neoprene, buddy straps)	○	○	○	○
4. Prosthetics	○	○	○	○
5. Design and/or selection of adaptive/assistive devices	○	○	○	○
6. Training in ADL/adaptive/assistive devices	○	○	○	○

Intervention Techniques and Tools

Technique or Tool	Limited Knowledge	Basic Knowledge	Advanced Knowledge	Expert Knowledge
7. Ergonomic and activity modification in home, work, school or leisure.	○	○	○	○
8. Joint protection instruction/energy conservation instruction	○	○	○	○
9. Exercise				
• Mobility (e.g. active, passive ROM)	○	○	○	○
• Isokinetic strengthening	○	○	○	○
• Isometric strengthening	○	○	○	○
• Endurance (e.g. aerobic)	○	○	○	○
• Eccentric strengthening	○	○	○	○
• Concentric strengthening	○	○	○	○
• Nerve gliding	○	○	○	○
• Tendon gliding	○	○	○	○
• Muscle energy techniques/Proprioceptive neuro-muscular facilitation (PNF)	○	○	○	○
• Dexterity/Coordination	○	○	○	○
10. Modalities				
• Contrast baths	○	○	○	○
• Cryotherapy	○	○	○	○
• Fluidotherapy	○	○	○	○
• Hot Packs	○	○	○	○
• Ice with compression	○	○	○	○
• Iontophoresis	○	○	○	○
• Laser	○	○	○	○
• NMES/Electrical Stimulation	○	○	○	○
• Paraffin	○	○	○	○
• Phonophoresis	○	○	○	○
• TENS	○	○	○	○
• Ultrasound	○	○	○	○
• Whirlpool	○	○	○	○

Intervention Techniques and Tools

Technique or Tool	Limited Knowledge	Basic Knowledge	Advanced Knowledge	Expert Knowledge
11. Wound Care				
• Suture/staple removal	○	○	○	○
• Debridement	○	○	○	○
• Mechanical	○	○	○	○
• Non-selective	○	○	○	○
• Chemical/enzymatic	○	○	○	○
• Cleansing	○	○	○	○
• Topical Treatment	○	○	○	○
• Dressings	○	○	○	○
12. Scar management	○	○	○	○
13. Compression Therapy				
• Measure for customized pressure garments	○	○	○	○
• Select prefabricated pressure garments	○	○	○	○
• Wraps and tapes	○	○	○	○
14. Functional Activity	○	○	○	○
15. Sensory Re-education	○	○	○	○
16. Desensitization	○	○	○	○
17. Continuous Passive Motion (CPM)	○	○	○	○
18. Manual Therapy				
• Joint mobilization	○	○	○	○
• Manual Lymphatic Therapy (MLT)	○	○	○	○
• Manuel edema mobilization	○	○	○	○
• Manual neuromobilization	○	○	○	○
• Myofascial release	○	○	○	○
• Retrograde massage	○	○	○	○
• Soft tissue mobilization	○	○	○	○
• Strain/counterstrain	○	○	○	○
• Trigger point release therapy	○	○	○	○
19. Taping techniques				
• Athletic taping	○	○	○	○
• Taping for facilitation (e.g., Kinesiotape)	○	○	○	○
• **McConnell taping**	○	○	○	○

Intervention Techniques and Tools

Technique or Tool	Limited Knowledge	Basic Knowledge	Advanced Knowledge	Expert Knowledge
20. Patient Education	○	○	○	○
21. Work Conditioning	○	○	○	○
22. Work Hardening	○	○	○	○
23. Biofeedback techniques	○	○	○	○
24. Hand Writing Techniques	○	○	○	○

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Knowledge Areas of the Upper Limb

Knowledge Areas of the Upper Limb:

Using the scale below, please rate your knowledge as it relates to the following knowledge areas of the Upper Limb.

Scale Name	Scale Description
Limited Knowledge	▶ Have cursory knowledge of anatomy and physiology of the upper limb, but limited experience in the application of this knowledge. ▶ Use basic knowledge of anatomy and physiology of the upper limb as part of patient care with recognition of limitations.
Basic Knowledge	▶ Have basic knowledge of anatomy and physiology of the upper limb, have experience and/or opportunity to apply this knowledge, but may have to consult other practitioners or use other resources in order to effectively use knowledge. ▶ Recognize how lack of knowledge of anatomy and physiology of the upper limb may influence ability to assess patient, plan and implement treatment. ▶ Recognize when knowledge of anatomy and physiology of the upper limb is lacking and seek consultation with others. ▶ Determine plan to increase knowledge of anatomy and physiology of the upper limb using a variety of resources such as other professionals, literature, and educational opportunities.
Advanced Knowledge	▶ Have detailed knowledge of anatomy and physiology of the upper limb, but may have to occasionally rely on outside resources. ▶ Able to apply knowledge independently to maximize accurate assessment of the patient, effectively plan and implement treatment and be able to share knowledge with others. ▶ Based on knowledge, plan and implement treatment using evidence based approaches, and best practice methods. ▶ Recognize when knowledge is lacking and independently uses variety of resources to build knowledge base. ▶ Seek out and apply new information of interventions.
Expert Knowledge	▶ Instruct others in anatomy and physiology of the upper limb. ▶ Based on knowledge, act as consultant to others. ▶ Have ability to critically appraise current information on anatomy and physiology of the upper limb in order to alter treatment approaches. ▶ Add to the body of anatomy and physiology of the upper limb based on experience, research and exploration.

Knowledge Areas of the Upper Limb

Self Assessment

Knowledge Area	Limited Knowledge	Basic Knowledge	Advanced Knowledge	Expert Knowledge
1. Development of age-specific hand function	○	○	○	○
2. Physical properties (e.g., heat, water, light, electricity, and sound)	○	○	○	○
3. Principles of tissue/wound healing	○	○	○	○
4. Kinesiology and biomechanics relative to the shoulder, elbow, forearm, wrist and hand	○	○	○	○
5. Posture and its effects on the upper extremities	○	○	○	○
6. Pathomechanics relative to the shoulder, elbow, forearm, wrist and hand	○	○	○	○
7. Etiology and pathology of medical conditions that may manifest with signs or symptoms in the hand or upper extremity	○	○	○	○
8. Surgical, non-surgical and medical treatment of conditions of the hand and upper extremity	○	○	○	○
9. Post-surgical, non-surgical, and medical treatment guidelines	○	○	○	○
10. Standardized and non-standardized assessment tools	○	○	○	○
11. Expected functional outcomes of treatment	○	○	○	○
12. Expected physiological and psychological effects of treatment procedures	○	○	○	○
13. Treatment rationale, indications, precautions and contraindications	○	○	○	○
14. Treatment methods, techniques, and tools	○	○	○	○
15. Concepts and principles of orthotics (including mechanical properties of materials and components)	○	○	○	○
16. Concepts and principles of prosthetics	○	○	○	○
17. Principles of ergonomics at home, work, school or leisure	○	○	○	○
18. Behavioral science (including cultural diversity) and psychological reactions to impairment	○	○	○	○
19. Research design and statistics including evidence-based practice	○	○	○	○
20. Pharmacology and its effects as it relates to upper limb patients	○	○	○	○
21. Teaching and learning styles	○	○	○	○

Knowledge Areas of the Upper Limb

Knowledge Area	Limited Knowledge	Basic Knowledge	Advanced Knowledge	Expert Knowledge
22. Regulatory and legal guidelines	○	○	○	○
23. Professional codes of ethics	○	○	○	○
24. Safe and appropriate use and maintenance of equipment and assistive devices	○	○	○	○
25. Safety techniques and procedures (e.g., infection control, emergency procedures, practitioner safety, environmental safety)	○	○	○	○
26. Billing and coding principles	○	○	○	○
27. Uniform Terminology (Practice Framework)	○	○	○	○