



Pennsylvania  
Osteopathic  
Manipulation Therapy  
(OMT) Examinations  
**Candidate Information Bulletin**

December 2022

# QUICK REFERENCE

---

## PENNSYLVANIA STATE BOARD OF OSTEOPATHIC MEDICINE

<http://www.dos.pa.gov/OST>

P.O. Box 2649

Harrisburg, PA 17105-2649

(717) 783-4858

*Hours of Operation 8:30 am – 4:30 pm M-F, Closed on Federal Holidays*

### **Contact the Pennsylvania State Board of Osteopathic Medicine to:**

- Clarify information about licensure
- Change your current name *or address*
- Obtain license verification

---

## PEARSON VUE® PENNSYLVANIA OSTEOPATHIC MANIULATION THERAPY (OMT) EXAMINATION

<http://www.pearsonvue.com/pa/bpoa>

*Attn: Regulatory Program Manager*

5601 Green Valley Dr.

Bloomington, MN 55437

(877) 883-1370

*Monday–Friday 8am–11pm; Saturday 8am–5pm; Sunday 10am–4pm (Eastern Time Zone)*

### **Go to Pearson VUE's website (<http://www.pearsonvue.com/pa/bpoa>) to:**

- Schedule, cancel, or reschedule an examination
- Download a candidate handbook
- Download the *Duplicate Score Report Form* from the candidate handbook

### **Call or email ([pearsonvuecustomerservice@pearson.com](mailto:pearsonvuecustomerservice@pearson.com)) Pearson VUE to:**

- Obtain information regarding your Score Report
- Obtain information regarding your examination

### **Accommodation Requests (<http://www.pearsonvue.com/accommodations>):**

- Request an accommodation for testing under the Americans with Disabilities Act (ADA) guidelines

# TABLE OF CONTENTS

---

|  |   |   |                  |
|--|---|---|------------------|
| Quick Reference.....                               | i | The Exam .....                            | 4                |
| Introduction.....                                  | 1 | What to Expect .....                      | 4                |
| Eligibility and Application Process .....          | 1 | Setting .....                             | 4                |
| Eligibility Requirements.....                      | 1 | Evaluation .....                          | 4                |
| Demographic Changes .....                          | 1 | The Tasks .....                           | 4                |
| Criminal History Record Check (mandatory) .....    | 1 | Study Materials.....                      | 5                |
| Approval to Test Notice.....                       | 2 | Score Reporting.....                      | 5                |
| Exam Scheduling, Cancellation, and Rescheduling .. | 2 | Failing and Retaking an Examination ..... | 5                |
| Exam Fee .....                                     | 2 | Duplicate Score Report.....               | 5                |
| Scheduling Policy.....                             | 2 | Sample Protocol Technique .....           | 6                |
| Cancellation and Rescheduling Policy .....         | 3 | APPENDIX                                  |                  |
| Absence Policy .....                               | 3 | A: Request for Duplicate Score            |                  |
| Weather Emergencies.....                           | 3 | Report Form.....                          | back of handbook |
| ADA Accommodations.....                            | 3 | Test Center Locations .....               | back of handbook |
| Exam Day .....                                     | 4 | Test Center Schedules .....               | back of handbook |
| Proper Identification .....                        | 4 |   |                  |
| Personal Belonging .....                           | 4 |   |                  |

## INTRODUCTION

---

This handbook is for candidates who want to be licensed as an Osteopathic Physician and Surgeon in Pennsylvania and need to take an OMT examination to meet the Board's requirements. It describes the steps you, the candidate, must follow to apply for and test. Please read this handbook in its entirety.

The Pennsylvania State Board of Osteopathic Medicine has contracted with Pearson VUE to create, score, and report the results of the examination. The contact information (including web services) for Pearson VUE are listed in the *Quick Reference* on the inside front cover of this handbook.

## ELIGIBILITY AND APPLICATION PROCESS

---

### ELIGIBILITY REQUIREMENTS

To qualify for an Osteopathic Physician and Surgeon Unrestricted License, an individual must complete the following requirements:

- Graduated from an **AOA-accredited** Osteopathic school
- Pay \$170 application fee
- Pass OMT examination

You must pay the \$170 application fee and submit proof of graduation from an AOA-accredited school through the Pennsylvania Licensing Department of State (PALS) at <http://www.pals.pa.gov>.

### DEMOGRAPHIC CHANGES

Candidates must contact the Pennsylvania State Board of Osteopathic Medicine at (717) 783-4858 regarding demographic changes, including name, address, or email changes.

### CRIMINAL HISTORY RECORD CHECK (MANDATORY):

Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency for every state in which you have lived, worked, or completed professional training/studies for the past ten (10) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past ten (10) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is

not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.

### APPROVAL TO TEST NOTICE

An *Approval to Test Notice* will be sent via email once the application fee and proof of graduation from an AOA-accredited school is received by the Board. The *Approval to Test Notice* contains details about how to schedule your examination.

## EXAM SCHEDULING, CANCELLATION, AND RESCHEDULING

The OMT exam will be administered in the Philadelphia region (*Bala Cynwyd, PA*) at the following location:

### Philadelphia region (*Bala Cynwyd, PA*)

Pearson VUE  
3 Bala Plaza West Building, 3rd Floor  
Bala Cynwyd, PA 19004

Once you have received your *Approval to Test Notice*, please schedule your test online by using the Pearson VUE web reservations site at: <http://www.pearsonvue.com/pa/bpoa>.

### EXAM FEE

Exam fee (\$250) can be paid by credit card, or debit card. Personal checks are not accepted. Exam fees are paid online at [www.pearsonvue.com](http://www.pearsonvue.com) at the conclusion of the exam scheduling process.

### SCHEDULING POLICY

The OMT Exam will be offered four times per year: March, June, September, and December. The exam is typically scheduled for Saturday mornings. Examination appointments **MUST** be scheduled 60 days prior to the desired appointment date.

Exams are scheduled in one-hour time slots beginning at 10:00 AM ET. Candidates should schedule their appointment for the earliest available time slot. Pearson VUE reserves the right to adjust appointment times. Any scheduling changes will be communicated in advance.

Pearson VUE requires a minimum of two test takers per administration and reserves the right to cancel an examination date if this minimum is not met. In cases when an exam date has been cancelled, Pearson VUE will not cancel the next scheduled exam date for that location. Candidates will receive a confirmation email approximately two months prior to the exam date.

## CANCELLATION AND RESCHEDULING POLICY

If you cannot attend your Exam, you must contact Pearson VUE at least 60 days before the day of the exam to reschedule (please refer to the table on the top right). If you do not attend your exam, and have not contacted Pearson VUE by the last day to schedule, your exam fee will **NOT** be refunded and you cannot transfer the fee to another exam date. You may not give your exam date to another person.

## EXAMINATION DATES

The following dates are reserved for the delivery of the OMT exam. These dates are subject to cancellation as per our *Scheduling Policy* (please see above).

| Philadelphia region<br>(Bala Cynwyd, PA) |  |
|--|--|
| Exam Date                                | Last Day to Schedule or Cancel Appointment |
| <b>2022</b>                              |  |
| March 12, 2022                           | January 12, 2022                           |
| June 4, 2022                             | April 4, 2022                              |
| September 17, 2022                       | July 17, 2022                              |
| December 3, 2022                         | October 3, 2022                            |
| <b>2023</b>                              |  |
| March 11, 2023                           | January 11, 2023                           |
| June 3, 2023                             | April 3, 2023                              |
| September 16, 2023                       | July 16, 2023                              |
| December 2, 2023                         | October 2, 2023                            |

## ABSENCE POLICY

Candidates who are late or absent from an exam may call Pearson VUE within 14 days of the exam date to request an excused absence. A case number will be assigned, and supporting documentation can be emailed to [Caseattachments@pearson.com](mailto:Caseattachments@pearson.com). For example, if you are absent because of illness of yourself or an immediate family member, you must email a copy of the original doctor's note to [Caseattachments@pearson.com](mailto:Caseattachments@pearson.com).

Acceptable excuses include:

- Illness of yourself or an immediate family member
- Death in the family

- Disabling traffic accident
- Court appearance or jury duty
- Military duty
- Weather emergency

## WEATHER EMERGENCIES

Exams may be delayed or cancelled if severe weather or a natural disaster makes the test site unsafe or impossible to reach. Candidates will be notified if the exam is cancelled and may take the exam on another day at no additional cost.

## ADA ACCOMMODATIONS

Pearson VUE complies with the provisions of the Americans with Disabilities Act as amended. The purpose of accommodations is to provide candidates with full access to the test. Accommodations are not a guarantee of improved performance or test completion. Pearson VUE provides reasonable and appropriate accommodations to individuals with documented disabilities who demonstrate a need for accommodations.

Test accommodations may include things such as:

- A separate testing room
- Extra testing time
- A Reader or Recorder, for individuals with mobility or vision impairments and cannot read or write on their own

Test accommodations are individualized and considered on a case-by-case basis. All candidates who are requesting accommodations because of a disability must provide appropriate documentation of their condition and how it is expected to affect their ability to take the test under standard conditions. This may include:

- Supporting documentation from the professional who diagnosed the condition, including the credentials that qualify the professional to make this diagnosis
- A description of past accommodations the candidate has received

The steps to follow when requesting test accommodations vary, depending on your test program sponsor. To begin, go to <http://pearsonvue.com/accommodations>, and then select your test program sponsor from the alphabetized list. Candidates who have additional questions concerning test accommodations may contact the ADA Coordinator by emailing [accommodationspearsonvue@pearson.com](mailto:accommodationspearsonvue@pearson.com).

## EXAM DAY

---

Please arrive at the exam site fifteen (15) minutes before your scheduled appointment time. This will give you adequate time to complete the necessary sign-in procedures. Be prepared to show identification. If you arrive more than fifteen (15) minutes late for your appointment, you may be refused admission and exam fees may be forfeited.

### PROPER IDENTIFICATION

You **MUST** bring two (2) forms of official, signature-bearing identification to the test site (one of which must be a photo identification). Photocopies of identification will **NOT** be accepted. Examples of proper identification include:

- Driver's license
- Clinic card
- Credit card
- Library card
- State-issued identification card
- Passport
- Alien registration card

The name on your identification must be the same as the name you used to register for the examination. If your name is different, you **MUST** bring proof of your name change (a copy of an official document such as a marriage license or divorce decree) to the test center.

**If you do not bring proper identification, you will not be allowed to test and your examination fee will not be refunded.**

### PERSONAL BELONGINGS

In order to maintain the security of the examination, you will be required to turn over all personal belongings, including cell phones, watches, study materials, handbags, etc. to the exam administrator. Personal items will be kept at the opposite end of the testing room. Electronic devices must be shut off and you will not be permitted to access your items at any time between check-in and the completion of your exam. Secure storage backpacks may be provided at the site but we cannot guarantee their availability. If these backpacks are available, you will be provided one to store your belongings; the backpack will then be placed on the opposite end of the room. Because we cannot guarantee the security of personal belongings, candidates are strongly discouraged from bringing anything with them. Pearson VUE and the exam site will not be liable for lost or stolen property.

## THE EXAM

---

### WHAT TO EXPECT

**Please arrive 15 minutes early. Candidates will not be permitted entry after the assigned start time.**

### SETTING

The test area will look similar to your work setting and will have all the equipment necessary to perform the assigned techniques. The evaluation will be administered by an examiner. The examiner will give instructions but will not answer questions about nor will they demonstrate any of the techniques that you are expected to perform.

You will converse with the patient where appropriate. This may be when you are explaining the procedure to the patient, telling him/her when to breathe in or exhale, relax, etc.

### EVALUATION

Each candidate will be examined on two protocols from each technique. Each task will be assigned one point. The number of tasks will vary by protocol. The results from the six protocols will be combined to provide an overall score.

You are permitted to ask the examiner to repeat instructions but you are prohibited from having a conversation with the examiner except for when necessary to complete your task. Your speaking is limited to describing the physical findings or when you are demonstrating the HVLA thrust technique. Since this is a mock HVLA demonstration, you will demonstrate the other tasks associated with this technique. If the examiner does not observe a task, you may be requested to repeat the task. For example, if your body blocked his/her vision of your hand demonstration, etc.

You will receive a pass/fail score report via email within 10 days of the exam. It's still a preliminary report however.

### THE TASKS

Prior to the evaluation, you will be given the case study and diagnosis along with information on the technique and any other necessary information for you to demonstrate the protocol properly.

You will be given a maximum time limit of 10 minutes to complete each protocol. If you do not complete the protocol within the time limit, you will be graded accordingly.

For each protocol, you will perform tasks within the following three groupings.

1. Perform a physical exam in order to evaluate the patient.
2. Describe the physical findings that correspond to the evaluation.
3. Demonstrate the appropriate technique.

The candidate/patient, and vice versa, will complete the assigned protocol in the technique area prior to advancing to the next protocol/technique area.

If candidate data is not captured on the application form, you may be asked certain background questions for the purposes of statistical evaluation.

## STUDY MATERIALS

All protocols are referenced in the *Foundations for Osteopathic Medicine*, current edition. Sponsor is the American Osteopathic Association. Publisher is Williams and Wilkins. Executive Editor is Robert C. Ward.

### RECOMMENDED PRACTICAL DEMONSTRATION CHAPTERS:

- 54 Soft Tissue Techniques
- 56 High-Velocity Low-Amplitude Thrust Technique

### Additional Recommended Chapters:

- Thrust Techniques: An Introduction
- Muscle Energy Technique Procedures

### Techniques

- M Muscle Energy
- H HVLA (high-velocity low-amplitude)
- S Soft Tissue

### Body Regions

- C Cervical: Upper (OA-C7)
- T Thoracic: Upper (T1-T4), Lower (T5-T10)
- L Lumbar (L1-L5)
- P Pelvis (pelvic bones and sacrum).

## SCORE REPORTING

Score reports are mailed out within 10 days of the exam. This is still a preliminary report however. Your official license will verify passage of the exam and confirm the preliminary report. To obtain your license, an *Application for Osteopathic Physician and Surgeon Unrestricted License* must be submitted via PALS at: <https://www.pals.pa.gov>.

The testing room is set up by techniques. Each candidate will be examined on two protocols from each technique. Each task will be assigned one point. The number of tasks will vary by protocol. In addition to the points assigned for each task, the examiner will assign an overall performance rating of one through five for each protocol. The results from the six protocols will be combined with the overall performance ratings to provide an overall score. You will receive a pass/fail notification. If you fail, a diagnostic report will be provided to you.

### FAILING AND RETAKING AN EXAMINATION

If you fail the examination, your Score Report will provide you with information on how to re-take the examination. A new examination fee is required each time you re-take the examination.

To schedule a retake examination, use the web reservations on the Pearson VUE web site at <http://www.pearsonvue.com/pa/bpoa>. Reservations for reexamination cannot be made at the test center, and **you must wait until the next exam administration dates are announced before making your reservation.**

### DUPLICATE SCORE REPORT

If you lose your Score Report or need a duplicate Score Report, complete the *Request for Duplicate Score Report Form* and mail it to Pearson VUE (see *Appendix A*).



## SAMPLE PROTOCOL TECHNIQUE: H BODY REGION: C PROTOCOL: 2

**EXAMINER:** A 32-year-old patient comes to your office with neck pain; the patient woke up with it two days ago. The patient denies trauma or any previous neck problems. Please **EVALUATE** the patient's cervical area.

|  |   |   |
|--|---|---|
| 1. Place patient in the correct position | Y | N |
| 2. Position self correctly               | Y | N |

Candidate **PERFORMS** the physical exam according to the following criteria:

|  |   |   |
|--|---|---|
| 3. Palpate the cervical paraspinal muscles | Y | N |
| 4. Assess flexion                          | Y | N |
| 5. Assess extension                        | Y | N |
| 6. Assess translation/side-bending         | Y | N |
| 7. Assess rotation of cervicals            | Y | N |

**EXAMINER:** Examination reveals a diagnosis of C6 flexed, side-bent right, and rotated right in relationship to C7. Please **DESCRIBE** the specific physical findings that correspond to this diagnosis.

Candidate **VERBALLY** describes the physical findings according to the following criteria:

|  |   |   |
|--|---|---|
| 8. C6 restricted in extension                                | Y | N |
| 9. Side-bending left restriction                             | Y | N |
| 10. Rotation left restriction                                | Y | N |
| 11. Articular pillars more prominent and tender on the right | Y | N |

**EXAMINER:** Please **DEMONSTRATE** the appropriate hand positions, without applying thrust; the high-velocity low-amplitude thrust technique (HVLA) for rotational correction of C6. Again, do not apply thrust but provide a verbal description at this point in the procedure, including the direction of force.

|   |   |   |
|---|---|---|
| 12. Place patient in the supine position                          | Y | N |
| 13. Position self on the right side or at the head of the patient | Y | N |

**Hand position and direction of force/movement:**

|  |   |   |
|--|---|---|
| 14. Cup the patient's chin with left hand, with your palm and forearm supporting the patient's head in the area of the zygomatic process | Y | N |
| 15. Place MCP or PIP joint of the right index finger at the soft tissue next to the articular pillar of                                  | Y | N |
| 16. Flex patient's neck down to C6   | Y | N |
| 17. Apply left rotation force at the fulcrum   | Y | N |
| 18. Side-bend patient's neck to the right over the physician's fulcrum at C6   | Y | N |
| 19. Rotate patient's neck to the left at C6 to the restrictive barrier   | Y | N |
| 20. Description of thrust: apply a rotational force left using your right MCP or PIP joint Y N as a fulcrum aiming at the opposite eye   | Y | N |
| 21. Retest/Recheck patient to determine success of technique   | Y | N |

**EXAMINER:** Thank you. You may stop now. That completes this protocol.

### OVERALL RATING BY EXAMINER

How do you rate the performance of this candidate? \_\_\_\_\_

1 = Unsatisfactory

2 = Poor

3 = Fair

4 = Good

5 = Excellent

**DIRECTIONS:** You may use this form to ask Pearson VUE for a copy of your Examination Score Report. Please print or type all information on this form, or your request will be returned.

**SEND TO:** Pearson VUE/Pennsylvania Osteopathic Program  
Duplicate Score Request  
5601 Green Valley Drive  
Bloomington, MN 55437

or email the request to:

Please complete the following form with your current name and address. All information must be complete and accurate to ensure proper processing.

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel. (\_\_\_\_) \_\_\_\_\_ The last four (4) digits of your Social Security Number \_\_\_\_\_

Name of Exam \_\_\_\_\_ Theory or Practical (circle one) Exam Date \_\_\_\_\_

If the above information was different at the time you were tested, please indicate original information. If your name has changed, you must attach a copy of a legal document authorizing the change (for example, a marriage certificate or a divorce decree).

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel. (\_\_\_\_) \_\_\_\_\_

I hereby authorize Pearson VUE to send me at the address above a duplicate of my score report.

Your Signature \_\_\_\_\_

Date \_\_\_\_\_

# TEST SITES

Once you have received your *Authorization to Test* notice, please schedule your test online by using the Pearson VUE web reservations site at: <http://www.pearsonvue.com/pa/osteopathic-medicine/>.

The OMT exam will be administered in the Philadelphia region (*Bala Cynwyd, PA*) at the following location:

| Testing Site Location   |
|---|
| <b>Philadelphia region</b> ( <i>Bala Cynwyd, PA</i> )                       |
| Pearson VUE<br>3 Bala Plaza West Building, 3rd Floor, Bala Cynwyd, PA 19004 |

## TEST SCHEDULES

### SCHEDULING POLICY

The OMT Exam will be offered four times per year: March, June, September, and December. The exam is typically scheduled for Saturday mornings. Examination appointments **MUST** be scheduled 60 days prior to the desired appointment date.

Exams are scheduled in one-hour time slots beginning at 10:00 AM ET. Candidates should schedule their appointment for the earliest available time slot. Pearson VUE reserves the right to adjust appointment times. Any scheduling changes will be communicated in advance.

Pearson VUE requires a minimum of two test takers per administration and reserves the right to cancel an examination date if this minimum is not met. In cases when an exam date has been cancelled, Pearson VUE will not cancel the next scheduled exam date for that location. Candidates will receive a confirmation email approximately two months prior to the exam date.

| Philadelphia region ( <i>Bala Cynwyd, PA</i> ) |  |
|--|--|
| Exam Date                                      | Last Day to Schedule or Cancel Appointment |
| <b>2022</b>                                    |  |
| March 12, 2022                                 | January 12, 2022                           |
| June 4, 2022                                   | April 4, 2022                              |
| September 17, 2022                             | July 17, 2022                              |
| December 3, 2022                               | October 3, 2022                            |
| <b>2023</b>                                    |  |
| March 11, 2023                                 | January 11, 2023                           |
| June 3, 2023                                   | April 3, 2023                              |
| September 16, 2023                             | July 16, 2023                              |
| December 2, 2023                               | October 2, 2023                            |