



A response to the commentary entitled, “Clarifications on the NPTE revisions and role in licensing: Comment on Kume, Reddin, & Horbacewicz (2018)”

June Kume*, Vanessa Reddin, Jill Horbacewicz

Department of Physical Therapy, Touro College, 1700 Union Blvd, Bay Shore, NY 11706, USA

Received 1 December 2018; accepted 31 December 2018

Available online 3 January 2019

1. Introduction

The current piece is a response to the short commentary provided by Mueller et al. whose article is meant to clarify the role of the FSBPT and NPTE in obtaining a license to practice physical therapy in the US. These authors wished to delineate the impact and scope of changes to the NPTE in previous years as they were concerned our article would be source of some confusion. We would like to sincerely thank these authors for these clarifications as it was certainly not the intention to promulgate any erroneous or misleading information with respect to this exam.

2. Response to commentary

After a review of the comments, it should be noted that the findings of our study with respect to academic predictors of performance on the NPTE were not identified for clarification or concern. Rather, the authors objected on two points: 1) the extent by which changes to the format and structure were reported to be implemented in 2013 for this exam; and 2) a statement

in the article that gives the impression that licensure is guaranteed once the NPTE is passed.

For the first consideration, the original Kume et al. article (2018) presented information found on the FSBPT website that had been posted in advance of the 2013 changes. The first post-dated September 10, 2012 noted that, “January 2013, FSBPT will make two important changes that will affect licensure candidates taking the NPTE PT and PTA exams. First, the test content will change slightly from the exam content that has been used since 2008.”¹ Regarding the metabolic and endocrine systems content, our statement said “Refocusing and questioning of some areas such as those regarding research and evidence based practice, for example, were partially integrated into questions related to body systems or content areas, and other areas (including those of Metabolic and Endocrine systems) were eliminated entirely.” The December 17, 2012 notice authored by Drs. Mueller, Relling, and Woolf does describe such refocusing and states, “For the NPTE-PT examination, items relating to Physical Therapy Examination of the Metabolic & Endocrine Systems were eliminated from the content outline. Committee members suggested that although these topics were important, the clinical examination activities related to these systems were increasingly performed by other healthcare providers.”² Our sentence should have more appropriately said: “... other areas (including those of Metabolic and Endocrine

*Corresponding author.

E-mail address: june.kume@touro.edu (J. Kume).

Peer review under responsibility of AMEEMR: the Association for Medical Education in the Eastern Mediterranean Region

systems examination) were eliminated entirely” as we acknowledge that questions regarding the evaluation/diagnosis/prognosis as well as interventions for metabolic and endocrine systems are included on the NPTE. Regarding the content areas of research and evidence based practice, the portion of the sentence referring to that content area stated “Refocusing and questioning of some areas such as those regarding research and evidence based practice, for example, were partially integrated into questions related to body systems or content areas...”, The rest of the sentence in the article goes on to refer to other areas (i.e; not research and evidence based practice) that may have eliminated content.” We did not mean to imply that research and evidence based practice had been eliminated. We were referencing the information provided on the FSBPT website in that same December 17, 2012 notice stating “some of the items previously classified as relating to Research and Evidence-Based Practice were reallocated to the content areas and body systems that are the focus of the research scenario or data described in the item, and the items remaining in Research and Evidence-Based Practice, are more focused on research methods.”

Regarding the concern related to grading, where we state, “Since recent changes (2013) were instituted in the way questions were both formulated as well as graded, validity of using such pre-admission parameters needed to be re-examined.” With their concern identified that “It is correct to say that the NPTE was revised slightly in 2013. It is unclear what is meant by the terms “formulated and graded”, we did not mean to imply that questions are written differently. The 2012 FSBPT notice describes refinements in the scoring stating that “Starting in January 2013, we will begin scaling the NPTE forms in the same way that we construct the examinations. Making this change required a significant change in our scoring software and procedures, but we feel the new scores will be more informative to examinees, especially those who may need feedback on their performance after failing the examination.” We meant that changing the scaling of one of the bivariate commonly used in correlation analysis, such as that between the relationship of verbal GRE scores and NPTE scores, can potentially affected the outcomes- although this had not been determined and thus did require further investigation as a result.

The second concern that Mueller et al. noted, was the possibility that readers would be under the mistaken impression that passing the NPTE exam was a guarantee of licensure in any jurisdiction being applied

for. It is a valid point since our comment that, “Successful passing of this exam will result in the issuance of a US license by the Federation of State Boards of Physical Therapy to work as a physical therapy practitioner in the jurisdiction of choice,” is misleading and should have more appropriately been clarified by beginning the sentence as follows; “Once all requirements are met for the jurisdiction in which a graduate is applying for licensure,...”.

Certainly, no intention to mislead or misrepresent the format of this exam was intended, and we again thank the authors for the opportunity that this commentary has provided to clarify these important points. The readers of both pieces now have an opportunity to pull together the most salient points of this line of inquiry of academic predictors on NPTE performance.

3. Conclusion

Ultimately, our findings provided two important conclusions: 1) that the verbal and quantitative GRE scores continue to be key parameters prior to admission to a physical therapy program; and 2) academic performance within the first year of matriculation into a physical therapy program can and should be used to identify how students may later perform on the NPTE. Such knowledge can be implemented within educational curricular and remediation planning for DPT programs to further enhance student success.

Ethical approval

Not applicable.

Funding

None.

Other disclosure

None.

References

1. (<https://www.fsbpt.org/FreeResources/NPTEArticles/articleType/ArticleView/articleId/37/New-NPTE-Standards-for-2013.aspx>).
2. (<https://www.fsbpt.org/FreeResources/NPTEArticles/articleType/ArticleView/articleId/35/January-2013-Brings-a-New-Year-New-Content-New-Standards-and-New-Scoring.aspx>).