



Clarifications on the NPTE Revisions and Role in Licensing: Comment on Kume, Reddin & Horbacewicz (2018)

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Abstract

This article presented a commentary on the study published by Kume, Reddin & Horbacewicz (2018) predictors of performance on the National Physical Therapy Examination (NPTE). The authors clarified the role of the Federation of State Boards of Physical Therapy and NPTE in obtaining a license to practice physical therapy in the United States, as well as the impact and scope of changes to the NPTE in previous years.

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1. Introduction

On behalf of the Federation of State Boards of Physical Therapy (FSBPT), we would like to clarify two issues raised by² in their review of the predictors of performance on the National Physical Therapy Examination (NPTE), which we believe may lead the reader to an incorrect assumption about the findings presented in the article. FSBPT did not provide data or consultation to the study's authors beyond what is available to them through standard reports.

2. Clarifications and concerns

The first area of concern occurs in the article abstract, which states “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.” 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.” NPTE questions have been written using very similar guidelines and content standards for many years. Similarly, the scoring of the NPTE has been relatively consistent over time. In brief, each question has a single unequivocally correct response (best answer format), the number of correct responses are summed into a total raw score, and that raw score is converted to a scale score for the purposes of score comparison and maintaining a uniform standard across time. While the number of questions relating to each content area determined to be relevant to entry level competence as a physical therapist did change in 2013, as well as the score required to pass the NPTE, these changes were relatively minor. We expect that the scores obtained by candidates taking versions of the

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NPTE prior to 2013 would be highly correlated to scores obtained after 2013, even if a small proportion of the pass/fail determinations (< 5%) would be different due to the change in cut scores.

Later, on p. 2 of the manuscript, the authors state “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.” Research and evidence-based practice items continue to be represented on both the NPTE-PT and PTA test content outlines,³ as do metabolic and endocrine system items. The NPTE test content outlines and the analysis of practice studies, which give comprehensive information on the work activities, knowledge, and skills included on the NPTE, are available to the public on the FSBPT website.^{1,3} In light of these statements, we believe the reader may have a mistaken impression that the NPTE was drastically redesigned in 2013, which is not the case.

Our second area of concern is a misstatement on p. 8 of the manuscript that reads “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. “ FSBPT does not issue licenses and passing the NPTE is neither a guarantee of a license being issued nor the only requirement for being licensed. Licenses to practice physical therapy in the United States are issued by individual jurisdictions (50 states, the District of Columbia, the U.S. Virgin Islands, and Puerto Rico). Each jurisdiction has their own criteria for issuing licenses and all have requirements other than passing the NPTE. It is a common misperception that when a candidate passes the NPTE, they are automatically licensed by the jurisdiction to which they applied. That is not the case, although for many candidates, the NPTE is the final step in the process of fulfilling the licensing requirements in the state in which they want to practice.

3. Conclusion

FSBPT works very hard to ensure that candidates and the general public understand the requirements and standards for licensure in physical therapy. We hope that these clarifications result in the readers’ better understanding both of the licensing process and the standards for entry level competence measured by the NPTE.

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