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Ontario Clinical Exam

Exam Blueprint – EFFECTIVE OCTOBER 2025

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# Introduction

The primary function of the Exam Blueprint is to describe how the Ontario Clinical Exam (OCE) is being developed. Specifically, the Exam Blueprint provides explicit instructions and guidelines on which competencies are to be measured in the exam and to confirm that the exam is appropriately assessing a particular topic. The Exam Blueprint also outlines the competencies to be examined in the context of specific areas of practice.

# Background

The Ontario Clinical Exam is based on the [Essential Competency Profile for Physiotherapists in Canada (2017)](https://www.collegept.org/rules-and-resources/physiotherapy-essential-competencies). This is the most recent competency profile for the physiotherapy profession.

The Ontario Clinical Exam will consist of two cases that will take most candidates no more than three hours to complete.

The OCE will use a structured interview format, with two College-approved examiners assessing each candidate. Candidates will be provided with scenarios that require them to draw on their own knowledge to provide an appropriate answer given the situation.

# Exam Structure and Content

The structured interview questions will reflect the entry-level physiotherapist scope of practice, including managing patients in various practice settings, who are of all ages and who present with health issues related the four main body systems with single or multiple conditions.

The following tables are related to the Exam Blueprint document:

* Table 1: Case Context
* Table 2: Various Conditions
* Table 3: Exam Blueprint
* Table 4: Domains, Competencies, and Entry-to-Practice Milestones
(performance indicators)

### Table 1: Case Context

|  |  |  |
| --- | --- | --- |
| **Practice Settings** | **Systems**  | **Age Groups**  |
| Rehabilitation Facility  | Neurological System | Geriatric |
| Private Practice/Clinic (Solo) | Musculoskeletal System | Adult |
| Children's Treatment Centre  | Respiratory System  | Adolescent |
| Hospital  | Cardiovascular | Pediatrics (up to 12 years) |
| Home Care/Visiting Agency  |  |  |
| Residential/Long-Term Care |  |  |
| School  |  |  |

### Table 2: Conditions by Body Systems

The exam development group validated the following diagnosis or conditions that may be included in the exam.

|  |  |
| --- | --- |
| **1** | **MUSCULOSKELETAL** |
| 1.1 | Muscle contusions/strains/tears/weakness |
| 1.2 | Ligament sprains/tears |
| 1.3 | Tendinopathy; tendon ruptures/tears |
| 1.4 | Fasciopathy; fascial tearing; myofascial restriction |
| 1.5 | Joint derangements/dysfunction (e.g. haemarthrosis/effusion; hyper/hypomobility) |
| 1.6 | Fractures, dislocations, subluxations |
| 1.7 | Osteoporosis/osteopenia |
| 1.8 | Meniscal injuries |
| 1.9 | Degenerative joint disease/arthritic conditions |
| 1.10 | Mechanical spinal abnormalities (e.g. low back pain, scoliosis) |
| 1.11 | Inflammatory/infectious conditions of the musculoskeletal system (e.g.: osteomyelitis) |
| 1.12 | Amputations |
| 1.13 | Congenital malformations (e.g. talipes equinovarus; hip dysplasia) |
| 1.14 |  Scars |
| 1.15 | Chronic pain/fibromyalgia |
| 1.16 | Rheumatic diseases |
| 1.17 | Post operative musculoskeletal |
| **2** | **NEUROLOGICAL** |
| 2.1 | Cerebral vascular accident/transient ischemic attack |
| 2.2 | Acquired brain injury  |
| 2.3 | Spinal cord injury |
| 2.4 | Neuro-muscular (e.g., muscular dystrophies; amyotrophic lateral post-polio syndrome) |
| 2.5 | Demyelinating disorders (e.g., multiple sclerosis) |
| 2.6 | Inflammatory/infectious conditions of nervous system (e.g., meningitis; Guillain-Barré syndrome) |
| 2.7 | Cerebellar disorders |
| 2.8 | Vestibular disorders |
| 2.9 | Neuropathies/nerve injury (e.g., peripheral neuropathies; complex regional pain syndrome) |
| 2.10 | Developmental/birth injuries (e.g., cerebral palsy; myelomeningocele) |
| 2.11 | Mental health disorders  |
| 2.12 | Altered level of consciousness (e.g., coma; seizures) |
| 2.13 | Neuro-degenerative (e.g., dementia, Alzheimer’s, Parkinson) |
| 2.14 | Post-op neuro survey  |
| **3** | **CARDIOVASCULAR -RESPIRATORY** |
| 3.1 | Congenital malformation  |
| 3.2 | Myocardial ischaemia and infarction |
| 3.3 | Heart failure, Cor pulmonale |
| 3.4 | Pneumonia (primary or post-operative/preventive) |
| 3.5 | Atelectasis (primary or post-operative/preventive) |
| 3.6 | Acute lung injury (e.g., adult/infant respiratory distress syndrome, pneumothorax) |
| 3.7 | Chronic obstructive pulmonary disease (e.g., emphysema, bronchiectasis) |
| 3.8 | Restrictive pulmonary disease (e.g., fibrosis, asthma) |
| 3.9 | Tuberculosis |
| 3.10 | Pleural effusion |
| 3.11 | Pulmonary edema |
| 3.12 | Cystic fibrosis |
| 3.13 | Disorders of the blood vessels (e.g. aneurysm, peripheral vascular disease, peripheral arterial disease) |
| 3.14 | Hematologic disorders |
| 3.15 | Post cardiac/respiratory surgery  |
| **4** | **OTHER** |
| 4.1 | Episodic disease (e.g. Haemophelia; autoimmune disease not mentioned elsewhere) |
| 4.2 | Oncology |
| 4.3 | Metabolic disorders/conditions (e.g. diabetes) |
| 4.4 | Lymphedema |
| 4.5 | Obesity |
| 4.6 | Pregnancy and post-partum conditions |
| 4.7 | Integumentary disorders (e.g. burns; wounds; skin conditions) |
| 4.8 | HIV/AIDS |
| 4.9 | Injury prevention/health promotion  |

### Table 3: Exam Blueprint — Table of Specification

|  |  |  |
| --- | --- | --- |
| **Domain**  | **Percentage(+ or – 5%)** | **Number of questions(17-20 core questions)** |
| **Domain 1 Physiotherapy Expertise** | 0.48 | 8.22 – 9.67 |
| **Domain 2 Communication** | 0.08 | 1.42 – 1.67 |
| **Domain 3 Collaboration** | 0.10 | 1.70 - 2 |
| **Domain 4 Management** | 0.15 | 2.55 - 3 |
| **Domain 6 Scholarship** | 0.08 | 1.42- 1.67\* |
| **Domain 7 Professionalism** | 0.10 | * 1. - 2
 |
| \*In addition to 1-2 questions related to Domain 6,this domain aligned with critical thinking and evidence-based practice competencies, which will be embedded throughout the Exam.\*The Essential Competencies and Entry-to-Practice Milestones are set out under seven domains of physiotherapy practice. Through focus groups and surveys, it was determined that domains 1-4 and 6-7 were most relevant to be examined in an entry to practice content. Domain 5 (Leadership) is not directly assessed in the OCE. See Table 3: Exam Blueprint — Table of Specification for more detail. |

### Table 4: Domains, Competencies and Entry-Level Milestones (performance indicators)

|  |
| --- |
| **Domain 1: Physiotherapy Expertise** |
| **1.1 Employ a patient-centered approach.** | 1.1.1 | Act in a manner that respects patient uniqueness,diversity and autonomy, and is in the patient’s bestinterest. |
|  | 1.1.2 | Provide the patient with relevant informationthroughout care. |
|  | 1.1.3 | Actively involve the patient in decision-making. |
|  | 1.1.6 | Ensure ongoing, informed patient consent. |
| **1.2 Ensure physical and emotional safety of the patient.** | 1.2.1 | Identify patient-specific precautions,contraindications and risks. |
|  | 1.2.2 | Employ safe patient handling techniques. |
|  | 1.2.3 | Apply assessment and intervention procedures ina manner that enhances the patient’s safety andcomfort. |
|  | 1.2.4 | Monitor and respond to patient’s physical andemotional state throughout care. |
| **1.3 Conduct patient assessment.** | 1.3.1 | Interview patient to obtain relevant informationabout health conditions, and personal andenvironmental factors. |
|  | 1.3.2 | Determine patient’s expectations, and theirrelevance to physiotherapy. |
|  | 1.3.3 | Obtain relevant information about patient’s statusfrom other sources. |
|  | 1.3.4 | Identify comorbidities that impact approach toassessment. |
|  | 1.3.5 | Identify urgent health conditions that requireimmediate attention and take appropriate action. |
|  | 1.3.7 | Select and perform appropriate tests andmeasures. |
| **1.4 Establish a diagnosis and prognosis.** | 1.4.1 | Interpret assessment findings and other relevantinformation. |
|  | 1.4.3 | Develop a physiotherapy diagnosis. |
|  | 1.4.4 | Develop a working prognosis. |
|  | 1.4.5 | Determine if physiotherapy is indicated. |
|  | 1.4.6 | Determine if referral to another physiotherapist oranother provider is indicated. |
| **1.5 Develop, implement, monitor and evaluate an intervention plan.** | 1.5.1 | Establish physiotherapy goals. |
|  | 1.5.2 | Determine an intervention plan. |
|  | 1.5.3 | Implement planned interventions. |
|  | 1.5.5 | Monitor and respond to patient status duringinterventions. |
|  | 1.5.6 | Reassess patient status and needs as appropriate. |
|  | 1.5.7 | Modify intervention plan as indicated. |
| **1.6 Complete or transition care.** | 1.6.1 | Evaluate patient outcomes and goal attainment. |
|  | 1.6.2 | Develop a discharge or transition of care plan. |
|  | 1.6.3 | Prepare patient for discharge or transition of care. |
|  | 1.6.4 | Ensure effective transfer of information attransition. |
| **Domain 2: Communication** |
| **2.3 Adapt communicationapproach to context.** | 2.3.1 | Adjust communication strategy consistent withpurpose and setting. |
|  | 2.3.2 | Use appropriate terminology. |
|  | 2.3.3 | Adjust communication based on level ofunderstanding of recipient. |
|  | 2.3.4 | Use appropriate terminology.Ensure communication is timely. |
|  | 2.3.5 | Share information empathetically and respectfully. |
| **Domain 3 Collaboration** |
| **3.1 Promote an integrated approach to patient services.** | 3.1.1 | Identify practice situations that may benefit fromcollaborative care. |
|  | 3.1.2 | Engage patient as a team member. |
| **3.2 Facilitate collaborative relationships.** | 3.2.3 | Negotiate shared and overlapping roles andresponsibilities. |
| **3.3 Contribute to effective****teamwork.** | 3.3.4 | Participate and be respectful of all members’participation in collaborative decision-making. |
| **3.4 Contribute to conflictresolution.** | 3.4.1 | Recognize conflict or potential conflict, andrespond constructively. |
|  | 3.4.2 | Apply conflict resolution principles in a structuredfashion. |
| **Domain 4 Management** |
| **4.1 Support organizationalexcellence.** | 4.1.3 | Address discrepancies between employerexpectations and professional standards. |
|  | 4.1.4 | Follow proper business practices. |
| **4.2 Utilize resources efficiently and effectively.** | 4.2.3 | Manage own time effectively. |
| **4.3 Ensure a safe practiceenvironment.** | 4.3.1 | Identify risks and mitigate hazards in theworkplace. |
|  | 4.3.4 | Apply best practices for infection control. |
| **4.5 Supervise others.** | 4.5.1 | Assess the competence of personnel involvedin physiotherapy service delivery prior toassigning care. |
|  | 4.5.2 | Assign care to personnel involved inphysiotherapy service delivery and monitordelivery. |
| **4.6 Manage practiceinformation safely andeffectively.** | 4.6.3 | Ensure secure retention, storage, transfer anddestruction of documents. |
|  | 4.6.4 | Maintain confidentiality of records and data, withappropriate access. |
| **Domain 6 Scholarship** |
| **6.1 Use an evidence-informedapproach in practice.** | 6.1.1 | Incorporate best available evidence into clinicaldecision-making. |
|  | 6.1.2 | Incorporate patient context into clinical decisionmaking. |
|  | 6.1.3 | Incorporate personal knowledge and experienceinto clinical decision-making. |
|  | 6.1.4 | Make decisions using an established clinicalreasoning framework. |
|  | 6.1.5 | Use a structured approach to evaluateeffectiveness of decisions. |
| **Domain 7 Professionalism** |
| **7.2 Behave ethically.** | 7.2.1 | Use an ethical framework to guide decision-making. |
|  | 7.2.2 | Address real, potential or perceived conflicts ofinterest. |
|  | 7.2.3 | Promote services in an ethical manner. |
| **7.3 Embrace social****responsibility as a health****professional.** | 7.3.2 | Demonstrate awareness of the social determinantsof health and emerging trends that may impactphysiotherapy practice. |
| **7.4 Act with professionalintegrity.** | 7.4.3 | Work within physiotherapy scope of practice andpersonal level of competence. |
|  | 7.4.6 | Maintain professional boundaries. |

# Case Topics

Two case studies will be presented to the candidate based on two different clinical and practice scenarios.

Candidates will have to analyze the scenario and respond to the questions. Each case will follow a standard template and approach to ensure consistency.

The specific variables of the case will be randomly assigned to candidates and aligned with Table 1: Case and Vignette Context. **However, every candidate will receive at least one case related to Musculoskeletal System in the context of a rehabilitation facility, hospital or a private practice facility.**

### Case 1:

1. Accepting the patient (assess personal knowledge and appropriateness for physiotherapy)
2. Informed consent
3. Clinical Exam
4. Clinical impression and recommendations

### Case 2:

1. Developing a treatment plan
2. Developing goals, patient collaboration
3. Collaboration, consultation, and referral to others
4. Monitoring, reassessing, and modifying the plan, and/or promoting self-management
5. Discharge planning or transitioning care

Throughout the two cases, candidates are assessed on competencies related to Domains 2. communications, 7. professionalism, 4. management, and 3. collaboration.

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