Inteleos

Musculoskeletal Sonography

Practice Analysis Report

Approved by the APCA Council on March 27, 2026

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Contents

Acknowledgements

Thank you to the subject matter expert volunteers who spent many hours developing the task inventory, evaluating the survey and responses, and reviewing the final content outline. Also, thank you to the 211 Registered Musculoskeletal Sonography (RMSK) Physicians certified in Musculoskeletal (MSK) Sonography around the world who took the time to participate in the practice analysis survey. This study was completed through the efforts of many individuals at Inteleos who worked together with our expert volunteer panel to identify tasks, construct the survey, administer the survey, and analyze the data.

Executive Summary

The Alliance for Physician Certification & Advancement (APCA) is part of the Inteleos community of certifications, the globally recognized standard of excellence in sonography. APCA is responsible for the preparation of valid and reliable certification examinations in the field of sonography. Conducting practice analyses at the national and international levels allows APCA to evaluate the current practice expectations and performance requirements within the field. The Musculoskeletal Sonography practice analysis collected information on the requisite MSK sonography knowledge, skills, and abilities essential making a reliable diagnosis and performing minimally invasive procedures in musculoskeletal-related conditions. The practice analysis was conducted in several stages:

1. Review and Revise Existing Content Outline
2. Expert Panel Review
3. Field Survey
4. Data Analysis
5. Final Task and Domain Weighting
6. Eligibility Review

The result of these activities led to the MSK Sonography Practice Analysis Panel recommending a new Content Outline and updated eligibility requirements. This report details the methodology, data collection, analysis, and the recommended updated test content outline for the MSK Sonography examination based on the results of the practice analysis.

Background of Study

The APCA Council represents physicians and advanced care providers dedicated to providing high-quality and compassionate patient care through certification and continuous learning. APCA is committed to furthering its long-standing mission of raising the global standards of excellence in healthcare and patient safety. The Musculoskeletal Sonography examination assesses the knowledge, skills, and abilities required to make a reliable diagnosis and perform invasive procedures in musculoskeletal-related conditions.

Methodology

Selection and Profile of Subject Matter Experts

Members of the MSK Sonography Assessment Committee reviewed and proposed changes to the existing content outline. An MSK Practice Analysis Expert Panel was recruited and participated in all the other stages of the practice analysis except for the Field Survey, which was sent to a larger sample as described in the *Field Survey* section of this report. The MSK Practice Analysis Expert Panel was comprised of members of the MSK Sonography Assessment Committee and additional experts who were selected from a pool of current certified RMSK physicians who indicated an interest in volunteering. Efforts were made to select a representative panel of the population of RMSK certified physicians on several demographic features. For a list of panelists and their involvement, see Appendix A.

Review and Revise Existing Content Outline

Assessment Committee Feedback

On June 17, 2025, an email was sent to the members of the MSK Sonography Assessment Committee to collect feedback about the current MSK content outline. The purpose of the email was to (a) learn what the committee members like and dislike about the outline, (b) identify outdated content, (c) identify topics that may be missing from the outline, and (d) to solicit additional resources that could be part of the practice analysis resource review such as protocols and textbooks. The email provided the context needed for the Assessment Committee members to provide their feedback, including a description of

what a Practice Analysis is and an overview of the process. A link to a survey was included for the members to submit their feedback. The Assessment Committee was given two weeks to submit their feedback. This email is included in Appendix B.

Once responses were collected, the Measurement and Research staff prompted Perplexity powered by the GPT-5.1 model from Open AI to highlight areas of agreement and conflict among responses. Below is an excerpt from the results:

> *Based on this feedback, your practice analysis should:*
> *Survey Design Enhancements:*
> - *Include frequency-based questions ("How often performed in last 3 months?")*
> - *Distinguish between diagnostic vs interventional applications*
> - *Identify most/least commonly performed procedures*
> - *Assess physics concept relevance*
>
> *Content Areas for Investigation:*
> - *Physics/instrumentation weighting appropriateness*
> - *Spine and interventional procedure inclusion*
> - *Specialty-specific content relevance (especially abdominal wall)*
> - *Anatomical organization improvement*
>
> *Structural Refinements:*
> - *Consolidate redundant categories*
> - *Clarify ambiguous section descriptions*
> - *Provide concrete examples for abstract concepts*
> - *Consider systematic anatomical ordering*

Next, the staff prompted the model to suggest edits to the existing content outline based on the Assessment Committee feedback. Staff reviewed all outputs for accuracy and completeness and determined that the model did well at this task.

Resource Review

As part of the Assessment Committee Survey, members were asked to list other resources such as textbooks and protocols that could be considered as part of this practice analysis. The Assessment Committee identified these sources:

European Society of Musculoskeletal Radiology. (n.d.). *Technical guidelines*. https://www.essr.org/subcommittees/ultrasound/

*Griffith, J. F. (2025). *Diagnostic ultrasound: Musculoskeletal* (3rd ed.). Elsevier.

Jacobson, J. A. (2018). *Fundamentals of musculoskeletal ultrasound* (3rd ed.). Elsevier.

*Malanga, G., & Mautner, K. (2014). *Atlas of ultrasound-guided musculoskeletal injections* (Atlas series, 1st ed.). McGraw Hill.

McAlindon, T. E., Kissin, E. Y., Nazarian, L. N., Ranganath, V. K., Prakash, S., Taylor, M. H., Zimmerman, M. B., & Wakefield, R. J. (2012). American College of Rheumatology report on reasonable use of musculoskeletal ultrasonography in rheumatology clinical practice. *Arthritis Care & Research, 64*(11), 1625–1640. https://doi.org/10.1002/acr.21836

* *Only the table of content was used in these sources as the complete sources were unavailable for training data*.

The Measurement and Research staff prompted Perplexity powered by the GPT-5.1 model from Open AI to compare these resources with the updated content outline with the assessment committee suggestions. Then it was asked to summarize:

1. Where the resources align with the updated content outline;
2. Where the resources conflict with the updated content outline;
3. Where there are gaps in the updated content outline.

Below is an excerpt from the output:

"In summary:

- ***Alignment:*** *The updated outline accurately reflects the core anatomy, procedures, and pathologies covered in authoritative sources and is congruent with clinical guidelines for MSK ultrasound.*

- ***Conflicts:*** *Discrepancies exist mainly around the inclusion of TMJ, depth-limited joints, scope of nerve entrapments, and specialty relevance of chest/abdominal wall, where guidelines do not always support their prioritized inclusion.*
- ***Gaps:*** *Artifacts/pitfalls, diagnostic reasoning, special populations, newer technologies, and cost-effectiveness are more extensively covered in clinical resources than in the outline and may benefit from greater emphasis or explicit inclusion for a balanced and practice-relevant exam."*

Staff then used the AI model to incorporate findings from the reference review into the updated content outline. The resulting suggestions were reviewed for accuracy and included in the documentation provided to the panel for consideration. Each suggestion was labeled to indicate its source: the Assessment Committee, the reference review, or the original content outline.

Expert Panel Meetings

Practice Analysis Panelist Orientation

On September 10, 2025, an orientation meeting for the 9 members of the MSK Sonography Practice Analysis Panel was held. In this one-hour meeting, an overview of the Practice Analysis process was provided, as well as the projected timeline for the project, the roles and responsibilities of each panelist, and the materials the panelists would need to complete their review of the current content outline and the Assessment Committee feedback were shared. See Appendix C for the agendas and/or summaries of the meetings along with relevant documents.

Practice Analysis Workshop (PAW) #1

On September 25, 2025, the panelists met for Practice Analysis Workshop #1 to review the compiled feedback that was submitted prior to the meeting. The documents clearly identified suggestions from the Assessment Committee members, the Resource Review, and the panel. There was facilitated discussion of the suggestions and consensus decisions were captured in real-time. During this workshop, the panelists were able to provide their final recommendations for the tasks in domains 1 through 4 before the meeting concluded. See Appendix C for the meeting summary.

Practice Analysis Workshop (PAW) #2

On October 7, 2025, the panelists met for Practice Analysis Workshop #2 to complete the review of the compiled feedback from the previous meeting. The discussion during the workshop was facilitated and consensus decisions were captured in real-time. The panelists were able to provide final recommendations for the tasks in domains 5 and 6 before the meeting concluded. In addition, the panelists approved the list of demographic questions that will be included in the field survey. See Appendix C for the agenda and meeting summary.

Field Survey

Structure and Instructions

The field survey was divided into two parts: demographic items and the task inventory items. A screening item was used at the beginning of the survey to ensure only responses from those actively practicing MSK sonography would be included in the response data.

The tasks (grouped by domains) as developed by the practice analysis expert panel were presented to survey participants. The participants were asked to rate each task on an importance scale and a frequency scale. The instructions for this section were:

> *The remaining questions will be asked about each of the tasks and will appear as follows:*
>
> ***How important** is this task to **your** practice of Musculoskeletal Sonography?*
>
> - *Absolutely essential*
> - *Very important*
> - *Of average importance*
> - *Of little importance*
> - *Not important at all*
>
> ***How often** is this task performed in **your** practice of sonography?*
>
> - *Frequently*
> - *Often*

- *Occasionally*
- *Rarely*
- *Never*

The rating scale and weighting calculations are described in the *Data Analysis* section below.

Survey Administration Procedure and Response Rate

The survey was sent to a random sample of 1,847 RMSK Physicians who were, at the time, certified in MSK Sonography. The survey was available from November 5, 2025, to December 1, 2025. The survey was administered via the web-based survey platform Qualtrics®. All responses to the survey were kept confidential. Responses from participants who did not complete the task inventory were not used as part of the data analysis. 211 respondents completed the survey and reported they actively practiced MSK ultrasound.

Data Analysis

Demographic Analysis

Responses to demographic questions were analyzed by the Measurement and Research staff. The results can be found in Appendix D. Responses from the 2014 MSK practice analysis are included where available for comparison. Key findings include:

- There has been a large increase in the percentage of test takers in South Korea.
- The region of US respondents in 2025 is relatively close to those reported in 2014.
- The number of types of work environments/facilities as well as specialty areas have increased from the 2014 sample.

The respondents appear broadly representative of the RMSK physician population across gender and U.S. region. South Korean respondents comprised 31% of the survey sample compared to 57% of the currently registered RMSK physician population. To assess whether this underrepresentation affected results, we compared the task inventory responses of South Korean respondents to those of the full sample. The analysis revealed highly similar response patterns, suggesting that the underrepresentation of South Korean physicians did not meaningfully impact overall results.

Task Inventory Analysis

The tasks were scored on two scales: Importance (1= *Not Important* to 5 = *Absolutely Essential*) and Frequency (1 = *Never* to 5 = *Frequently*). The mean importance and mean frequency score were determined for each task. Each combination of importance and frequency was assigned a criticality score ranging from 0-16 (see Table 1).

Tasks were classified into three categories based on their criticality score, with fractional scores rounded down before classification. Panelists were informed of the category definitions and the initial retention recommendations derived from the analysis.

- **Green (criticality scores 9–16):** Tasks that are frequently performed, highly important, or both. These tasks should be retained on the exam blueprint. A rationale is required for removal of any task in this category. Tasks in this range with a mean importance rating below 3 should be reviewed.
- **Yellow (criticality scores 5–8):** Tasks of moderate criticality. These may be retained or removed based on additional review. A rationale is required for removal.
- **Red (criticality scores 0–4):** Tasks that are infrequently performed, of low importance, or both. These tasks should be considered for removal. A rationale is required to retain any task in this category.

Additionally, any task rated *Not Important* (1) regardless of frequency, or *Never* performed (1) regardless of importance, received a criticality score of 0 and was flagged for removal.

For example, a task that has a mean importance score of three and mean frequency score of five would have a criticality score of eight.

Table 1: Criticality Score and Initial Recommendation

Importance		Frequency		Criticality	Recommendation
Absolutely essential	5	Frequently	5	16	Add
		Often	4	15	
		Occasionally	3	14	
		Rarely	2	13	
Very important	4	Frequently	5	12	
		Often	4	11	

		Occasionally 3 Rarely 2	10 9	
Of average importance	3	Frequently 5 Often 4 Occasionally 3 Rarely 2	8 7 6 5	Check
Of little importance	2	Frequently 5 Often 4 Occasionally 3 Rarely 2	4 3 2 1	Remove
Not important at all	OR1	Never 1	0	

After adding write-in comments (described below), most of the tasks fell into the "green" category. Eleven tasks fell into the "yellow" category, and there were eight tasks in the "red" category. See Appendix E for the criticality scores and the panel's recommendations.

Task Inventory Write-in Comments:

After each domain section, respondents were asked an open-ended question: "Are there any tasks missing from this list?" The Measurement and Research staff prompted Perplexity powered by the GPT-5.1 model from Open AI to provide insights and recommendations based on these responses. The prompts instructed the model to:

1. Analyze the responses and categorize them into general category tags to provide consistency in naming.
2. Provide a frequency count for each tag.
3. Analyze the demographic information to see if there are trends between demographic characteristics and the comments.

After reviewing the results, there seemed to be substantial overlap between the existing task list and the write-in comments. The AI model was used to cross-reference the task list and the comments and to provide additional

analysis. There were 57 write-in comments across all five domains, with the highest concentration in Anatomy (n=31). Of these, 21 responses (36.8%) identified topics that were already present in the task inventory. The following were recommendations based on this analysis:

High Priority (addresses 52.6% of write-ins):

- *Add 4 spine anatomy tasks to Domain 1 (1.A.9 - 1.A.12)*
- *Add 4 spine interventional tasks to Domain 3 (3.A.9 - 3.A.12)*
- *Expand parenthetical examples in all Domain 3 tasks to include advanced techniques*

Medium Priority (addresses 5.3% of write-ins):

- *Add TMJ tasks to Domains 1 and 3 (1.A.13, 3.A.13)*
- *Add shockwave guidance task to Domain 3 (3.A.14)*

Low Priority (addresses 1.8% of write-ins):

- *Consider adding vascular pathology task to Domain 2 (2.B.20)—optional based on scope definition*
- *Clarify patient positioning in Domain 5 (5.A.1)—minor wording adjustment*

Staff reviewed the output for accuracy. Next a survey was sent to panel members and the assessment committee to determine criticality values for these additional tasks.

These tasks with their associated criticality values were added to the draft content outline with a note indicating that it came from the field survey write-in question for consideration by panel.

Initial Domain Ratings

The mean criticality scores for each original task were summed within each domain. The sum of the mean criticality score for each domain was divided by the total mean criticality score to determine the initial domain weightings (Table 2).

Table 2: Domain Weightings with Original Tasks

Domain	Domain Title	Previous % of Total	N Tasks	Criticality Sum	% of Total
1	General Sonographic Anatomy	26%	8	93.39	20%
2	General Sonographic Pathology	23%	19	195.75	42%
3	Ultrasound-guided Interventional Procedures	18%	8	80.43	17%
4	Integration of Data	7%	2	27.05	6%
5	Physics and Instrumentation	26%	5	65.13	14%
	Total	100%	42	461.75	100%

**includes tasks marked green or yellow*

The staff did the same calculations, including the suggestions from the write-in comments:

Table 3: Domain Weightings with Write-In Suggestions

Domain	Domain Title	Previous % of Total	N Tasks	Criticality Sum	% of Total
1	General Sonographic Anatomy	26%	10	107.84	22%
2	General Sonographic Pathology	23%	19	195.75	40%
3	Ultrasound-guided Interventional Procedures	18%	10	93.87	19%
4	Integration of Data	7%	2	27.05	6%
5	Physics and Instrumentation	26%	5	65.13	13%
	Total	1	46	489.64	1

**includes tasks marked green or yellow*

Final Task and Domain Weighting

Final Practice Analysis Workshop (PAW) #3

The MSK Practice Analysis Panel convened their final Zoom call on January 14, 2026. The panelists were presented findings from the demographic analysis, the South Korean representative analysis, and the task inventory results, including the domain weightings. The panel determined that concerns regarding the representativeness of the survey sample relative to the broader population had been adequately addressed. The panelists made slight changes in language to some of the tasks and deleted tasks they determined were redundant or subsumed under other tasks.

A suggestion was made to potentially combine the tasks under *Integration of Data* with another domain, given its small size. The panel agreed, and Domains 4 and 5 were merged to create a larger domain, *Instrumentation and Data Integration*. The complete task inventory, criticality scores, and panel comments are provided in Appendix E.

Following the meeting, staff distributed an updated task list and domain weighting to the panel for review. The panel returned minor wording changes, and combined similar tasks in two of the domains. These changes were approved to by the full panel. Table 4 presents the final domain weightings proposed by the Practice Analysis panel for approval by the APCA Council. The proposed detailed content outline can be found in Appendix F.

Table 4: Final Domain Weightings

Domain	Domain Title	Number of Tasks	Criticality Sum	% of Total
1	General Sonographic Anatomy	7	86.62	20%
2	General Sonographic Pathology	17	181.32	42%
3	Ultrasound-guided Interventional Procedures	7	74.73	17%
4	Instrumentation and Data Integration	7	92.18	21%
	Total	**38**	**434.85**	**100%**

RMSK Eligibility Review and Recommendation

As part of the Practice Analysis Panel call on January 14, 2026, the current RMSK eligibility was reviewed and discussed. The Practice Analysis Panel confirmed that the appropriate training, professional experience, and education to be considered minimally competent in Musculoskeletal Sonography are included. During the discussion it was requested that Doctor of Naturopathic Medicine be included in the licensure list with an "*" noting them as Advanced Care Professionals (individuals applying with this designation have previously been deemed eligible, but they were not included in the published list). The panel members agreed to this inclusion. The full instructions for the panel and the original eligibility and prerequisites can be found in Appendix G. Table 5 illustrates the updated proposed Prerequisite Chart for the RMSK credential, based on the results of the Practice Analysis Panel and what is currently accepted by staff.

Table 5: Updated RMSK Prerequisite Chart

Licensure	Required Clinical Musculoskeletal Ultrasound Experience**	Documentation Required with Application	CMEs
Doctor of Medicine (MD) *Doctor of Osteopathic Medicine (DO)* *Doctor of Podiatric Medicine (DPM)* *Bachelor of Medicine, Bachelor of Surgery (MBBS)* *Doctor of Chiropractic (DC)** *Nurse Practitioner (NP)** *Physician Assistant (PA)** *Doctor of Physical Therapy (DPT)** *Doctor of Naturopathic Medicine** *Doctor of Oriental Medicine** *Physiotherapist/Physical Therapist (PT)**	*Performed and/or authorized diagnosis of a minimum of 150 musculoskeletal ultrasound studies within the preceding 36 months of application. No more than 5% (8 cases) of the 150 case log requirement can be labeled as therapeutic (injection or aspiration).*	*Medical License* *Attestation Letter* *Government ID* *Patient Log (only submit if audited/requested)*	*Although CMEs are not required to apply for the MSK examination, APCA highly recommends and encourages applicants to earn a minimum of 30 MSK CMEs.*

* Advanced-care professionals can earn and retain the RMSK certification. As APCA continues to research and evaluate the growing field of MSK imaging, there may be a need for future specialized exams for advanced-care professionals.

** For purposes of satisfying this requirement, these studies must be completed on actual patients in a clinical diagnostic setting. Simulation is not acceptable for this attestation. Clinical diagnostic settings include hospitals, clinics, and private practices. APCA does not accept volunteer, instructorship, unpaid, barter, or veterinarian experience.

Final Content Outline and Eligibility Approval

This Musculoskeletal Sonography Practice Analysis report, along with the content outline recommended by the Practice Analysis Panel (see Appendix F) and the updated prerequisites for the RMSK credential, will be presented to the APCA Council for approval. Upon approval, this report will be amended to include the approval date.

Appendix A: Practice Analysis Panelists

Table 6: Practice Analysis Panel

Participant Name	Orientation	PAW #1	PAW #2	PAW #3
Chin Suk Cho	X	X	X	X
Rita Chorba*	X	X		X
Amy Ford	X	X	X	X
Jeremy Hartman	X	X	X	X
Lily Kao*	X	X	X	X
Drew Mackay-Timmermans*			X	X
Jason Matuszak		X		
Jhanna Moore*	X	X	X	X
Mohini Rawat	X	X	X	X

*Current MSK Assessment Committee member

Table 7: Gender Identification of Population and Panelists

Gender	Percent in Population	Percent of Panelists
Female	25%	56%
Male	75%	44%

Table 8: U.S. Census Region (for U.S. residents)

Census Region	Percent in Population	Percent of Panelists
Midwest	20%	22%
Northeast	21%	33.3%
West	31%	11.1%
South	27%	33%
Other (military/Territory)	1%	0%

Appendix B: Assessment Committee Communications

APCA_Become a Part of the MSK Practice Analysis Today

Hello,

On behalf of APCA, I am inviting you to apply to become a panelist for a practice analysis for the Musculoskeletal Sonography (RMSK) Exam. This is a great way to meet experts in the field, have **9 of your required CMEs waived***, learn about how we make the certification exam, and contribute to the field. All activities are remote!

What is a practice analysis?

A Practice Analysis is a systematic collection of data about the work you do as MSK professionals. This process helps ensure that our examination accurately reflects the knowledge, skills, and abilities required for competent practice.

What are the benefits of participating in a practice analysis?

- Provides a snapshot of the profession
- Tracks trends in professional practice
- Informs other programs related to certification
- Supports credibility of the certification examination
- Creates an opportunity for stakeholder involvement
- You have a voice in developing the new certification examination content outline

Your participation is foundational to the **MSK** examination. The work you do throughout this process will help define what is assessed, ensuring the exam remains relevant and comprehensive.

Are you interested in participating?

- Double-check all the dates and times listed below to make sure you can participate in all activities
- Fill out the short application form: MSK Practice Analysis Application
- Application window closes on **FRIDAY, AUGUST 15, 2025**

We will select a representative panel of 12 individuals. Those not selected else will be placed on the waitlist. Because practice analysis methodology requires the panelists to engage in thorough discussions, we will have **four (4) Zoom meetings** between now and the end of the project in December. **Your attendance is required at all the meetings**. As part of the process, you will also be asked to complete a few asynchronous tasks that will be assigned between meetings. All training will be provided.

Important Dates:

Dates/Times	Activity
September 10, 2025 7:00 – 8:00 EST	• Orientation Meeting • Outline of practice analysis procedure and timeline
September 24, 2025 7:00 – 9:00 EST	• Practice Analysis Workshop – Session I
October 7, 2025 7:00 – 9:00 EST	• Practice Analysis Workshop – Final Session • Finalize draft of content outline
December 10, 2025 7:00 – 9:00 EST	• Review field survey results • Finalize new content outline for Board approval

We look forward to working with you on this critical endeavor for the MSK certification exam. If you have any questions, please reach out to Jeff Grove (Jeffrey.grove@inteleos.org).

Sincerely,

Jeff Grove

Director, Assessment Operations

Inteleos

jeffrey.grove@inteleos.org

Direct Dial: 210-870-8093

APCA_Request for Feedback 2025 MSK Practice Analysis Launch ACTION REQUESTED

APCA - Request for Feedback: 2025 MSK Practice Analysis Launch *ACTION REQUESTED*

From
Heather Lang
To
Kevin McGill, MD; Ashish Patel, MD; Ashish Patel; Berrigan, William; Leah C. Davis, DO; Dr Manning; Terrance Manning; Jorge Rodriguez; jon umlauf; Duerson, Drew; Jeong, Dae Hyoun; David Jeong; Moore, Jhanna; drtimmermans@regenerativeperformance.com; Rita Chorba; Lily Kao
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Hello MSK Assessment Committee,

We are excited to announce the launch of our 2025 MSK Practice Analysis and would greatly appreciate your feedback early in the process.

What is a practice analysis? A practice analysis is a systematic collection of data about the work you do as MSK professionals. This process helps ensure that our examination accurately reflects the knowledge, skills, and abilities required for competent practice.

Benefits of a practice analysis & why your involvement matters:

* Provides a snapshot of the profession

* Tracks trends in professional practice

* Informs other programs related to certification

* Supports credibility of the certification examination

* Creates an opportunity for stakeholders (i.e., you) involvement

* Your participation is foundational to the MSK examination. The work you do throughout this process will help define what is assessed, ensuring the exam remains relevant and comprehensive. As members of the Assessment Committee, you represent the broader MSK community.

Process Overview: This process will be completed in several phases.

1. **Planning and Gathering Resources** *(current phase)*

2. **Panel Involvement**

a. We will carefully select 10–12 panel members

b. Assessment Committee members will receive an invite, though participation is optional.

c. Each panel member will be trained and will participate in refining the tasks and structure of the content outline.

3. **Field Survey**

4. **Survey Analysis**

5. **Panel Final Discussion/Approval**

6. **Recommendation to Council**

7. **Council Approval**

Your Feedback Needed: As part of phase one, we are seeking input from the Assessment Committee and other stakeholders. If you believe someone outside the committee should receive this survey, please contact me with their name and contact information.

The survey will close on: Tuesday, July 1, 2025 Click Here to Access Survey

URL: https://inteleos.ca1.qualtrics.com/jfe/form/SV_5tkY1EfVIbgGcqW

Thank you for your willingness to participate and for your ongoing dedication to the MSK exam and your profession.

If you have any questions or concerns, please feel free to reach out. I am always happy to help.

With gratitude,

Heather

Heather Lang

Exam Program Manager, **PVI I MSK**

Direct Dial: 240-386-1632

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MSK Content Outline_Survey Questions for AC

Professional Survey: MSK Content Outline Feedback

Thank you for taking the time to provide your expert feedback on our current content outline. Your insight is invaluable as we seek to improve and refine our materials.

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1. Content Coverage

Are there any topics or areas missing from our current content outline that you believe should be included? If so, please specify.

---

2. Relevance

Are there any items in the current content outline that you consider outdated or no longer relevant and should be removed? If yes, please identify them and explain why.

---

3. Structure

What are your thoughts on the current structure of the content outline? Would you recommend any changes to the organization or flow? If so, please describe your suggestions.

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4. Additional Considerations

When we send this survey to approximately 200 SMEs to gather opinions on tasks and the outline, are there any other pieces of information we should collect or questions we should ask to make the feedback more useful?

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5. References | Guidelines | Protocols

Are there any references, guidelines, or protocols that you believe we should consider? If so, please provide details or direct us to the relevant resources.

Thank you for your valuable input!

Appendix C: Meeting Agendas

MSK Practice Analysis – Orientation
Meeting Date: Wednesday, September 10
Meeting Time: 7:00 – 8:00 PM ET

Zoom Meeting Link:
https://inteleos.zoom.us/j/95429850602?pwd=O66UbUJ9VPZXo2saaSnnVFHAGQ9SOI.1
Zoom Meeting ID: 954 2985 0602
Passcode: 122357

Time	Agenda Topics
7:00 – 7:15	Welcome + Introductions
7:15 – 7:25	Process
7:25 – 7:35	Timeline
7:35 – 7:45	Panelist Responsibilities
7:45 – 7:55	Materials
7:55 – 8:00	Meeting Wrap-up

MSK Practice Analysis Workshop (PAW) #1
Meeting Date: Wednesday, September 24
Meeting Time: 7:00 – 9:00 PM ET

Zoom Meeting Link:
https://inteleos.zoom.us/j/96439747357?pwd=SabSC18uhTbp6W3ggnZQmJR8CZ5ULK.1
Meeting ID: 964 3974 7357

Time	Agenda Topics	Facilitator
7:00 – 7:10	Welcome/Introductions	Jeff Grove
7:10 – 8:45	Review of initial panelist feedback	Jeff Grove
8:45 – 9:00	Workshop wrap-up /Next steps	Jeff Grove

MSK Practice Analysis Workshop (PAW) #2

Meeting Date: Tuesday, October 7

Meeting Time: 7:00 – 9:00 PM ET

Zoom Meeting Link:
https://inteleos.zoom.us/j/99081646642?pwd=kAmuT4Kzejary2IOo1yZRipcyHCpEk.1
Zoom Meeting ID: 990 8164 6642
Passcode: 678250

Time	Agenda Topics	Facilitator
7:00 – 7:10	Welcome/Recap	Jeff Grove
7:15 – 8:15	Continue review of panelist feedback	Jeff Grove
8:15 – 8:45	Review/approve demographics question for field survey	Jeff Grove
8:45 – 9:00	Workshop wrap-up	Jeff Grove

MSK Practice Analysis – Final Practice Analysis Workshop (PAW) #3

Meeting Date: Wednesday, January 14, 2026

Meeting Time: 7:00 – 9:00 PM ET

Zoom Meeting Link:
https://inteleos.zoom.us/j/96077183139?pwd=IX3UYSW8SBnfB2lTRff2bFbb46xv5J.1
Zoom Meeting ID: 960 7718 3139
Passcode: 990621

Time	Agenda Topics	Facilitator
7:00 – 7:15	Welcome + Recap	Jeff Grove
7:15 – 7:45	Review of field survey results	Sarah Pelter
7:45 – 8:45	Review of Task and Domain Weightings	Sarah Pelter
8:45 – 8:55	Review/confirm eligibility requirements	Trish McConkey
8:55 – 9:00	Workshop wrap-up	Jeff Grove

Appendix D: Demographic Results

Field Survey Results

Figure 1: Gender

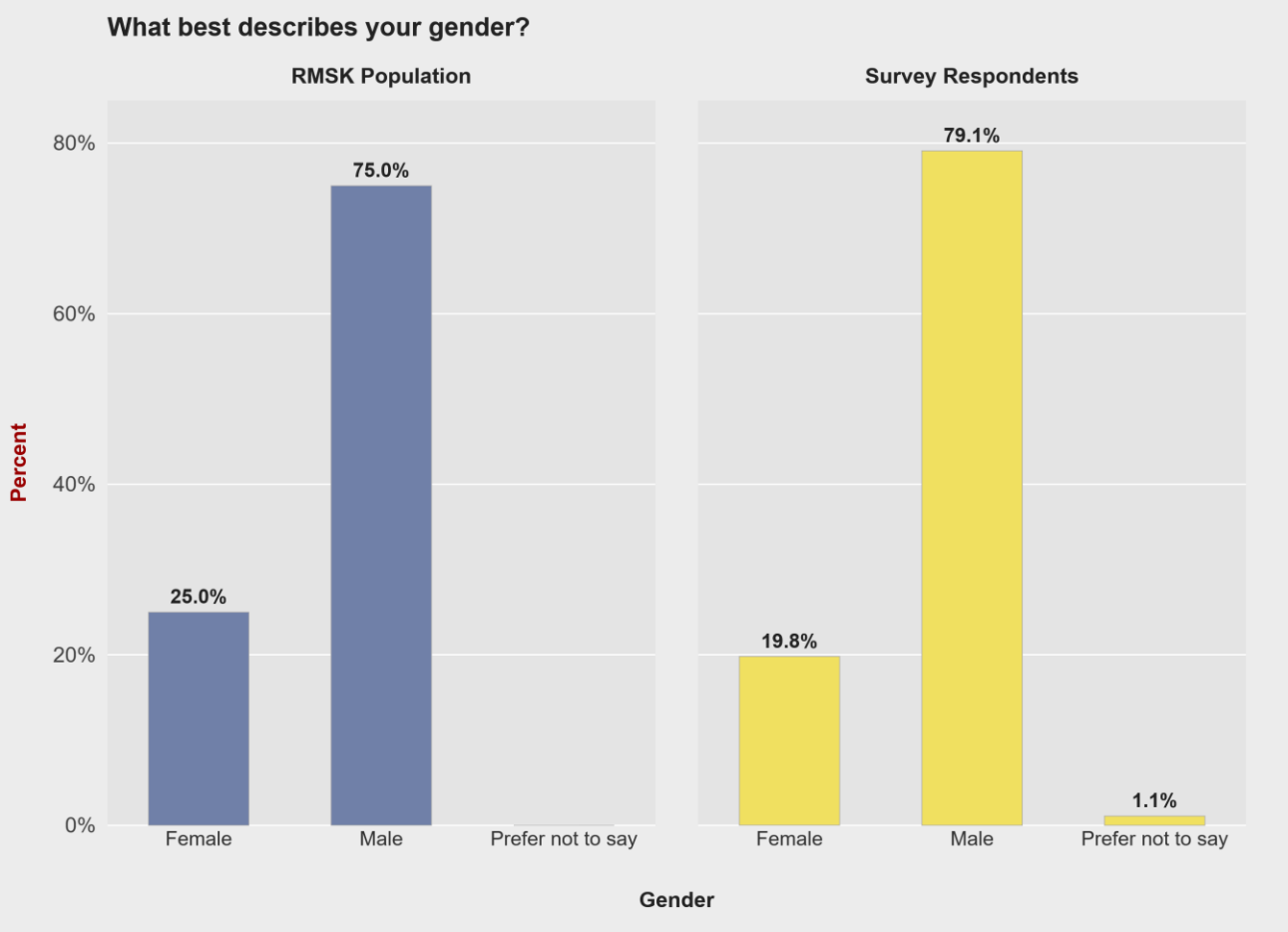
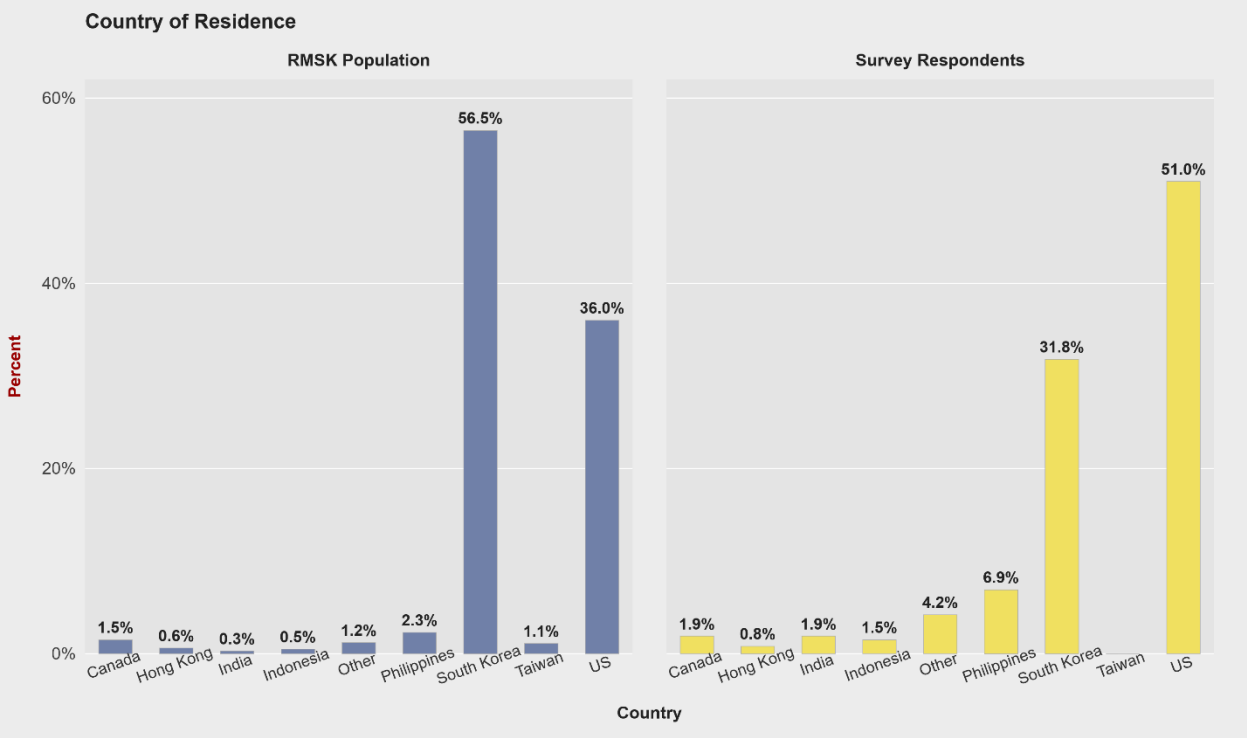


Figure 2: Country of Residence (2025 vs 2014)

2025 Results



2014 Results

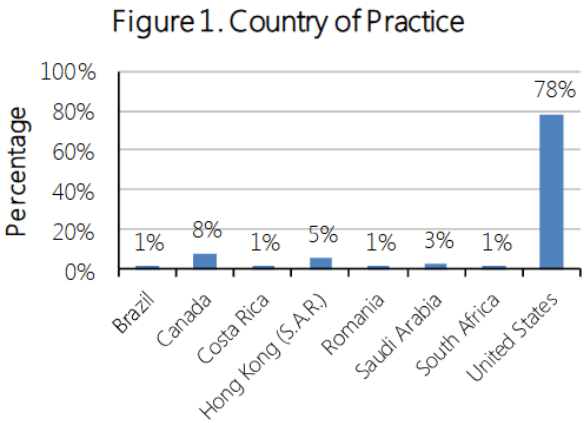


Figure 3: Region of residence (US-based respondents only)

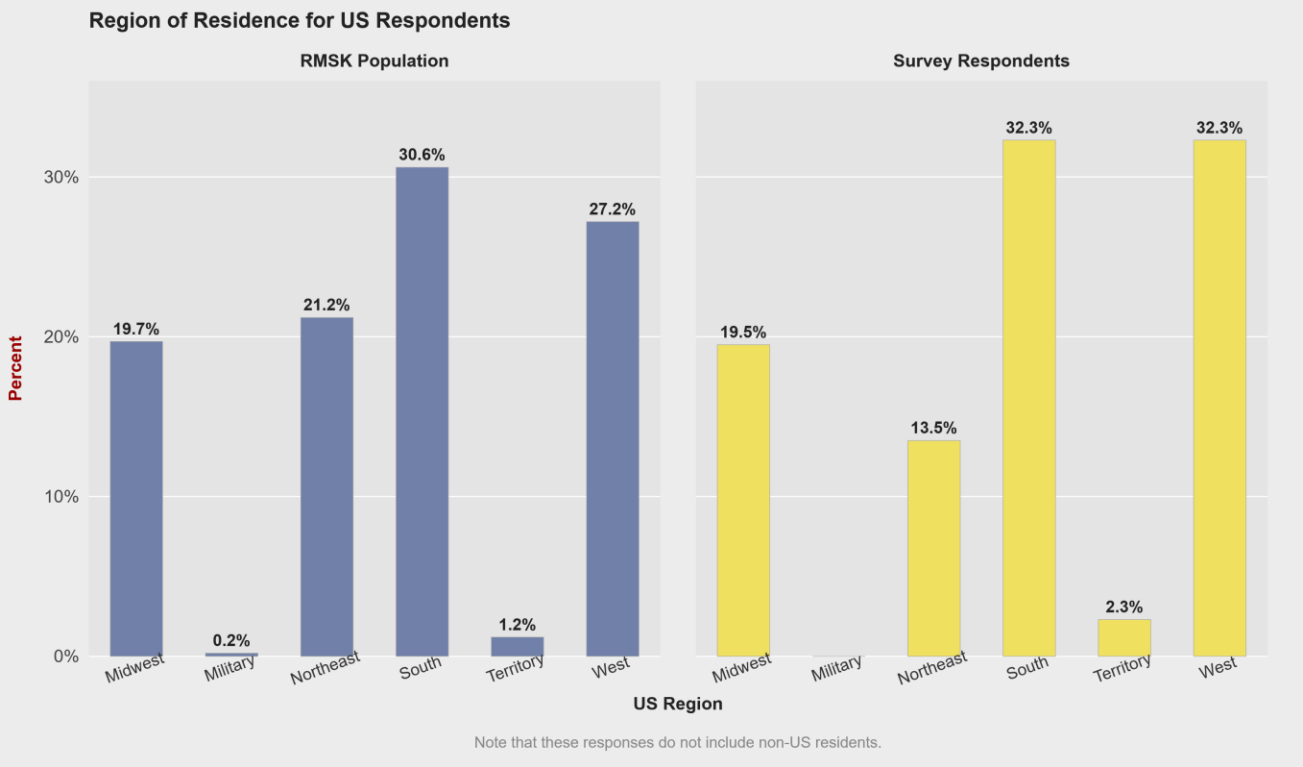
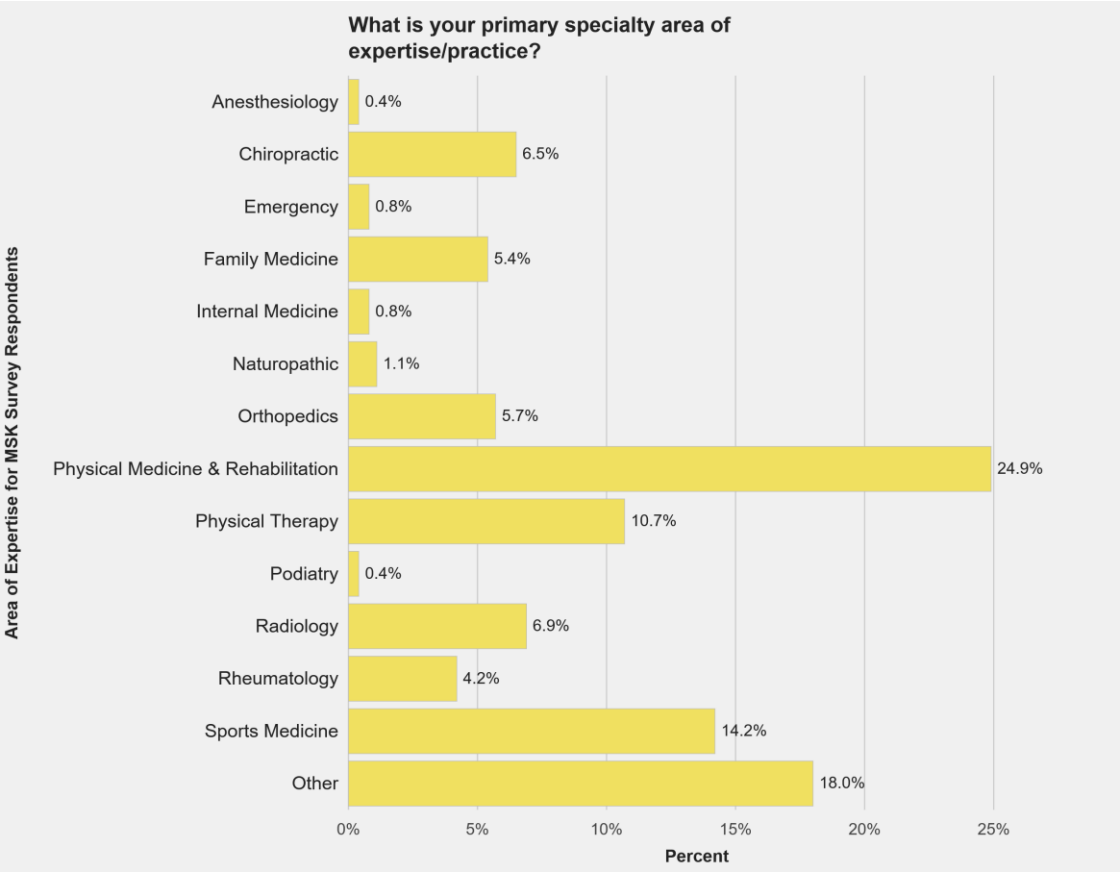
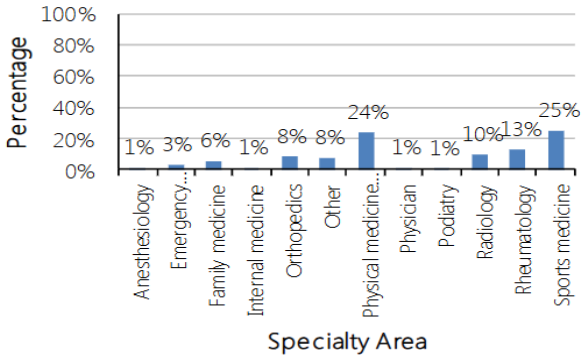


Figure 4: Primary Specialty Area of expertise/practice (2025 vs 2014)

2025 Results



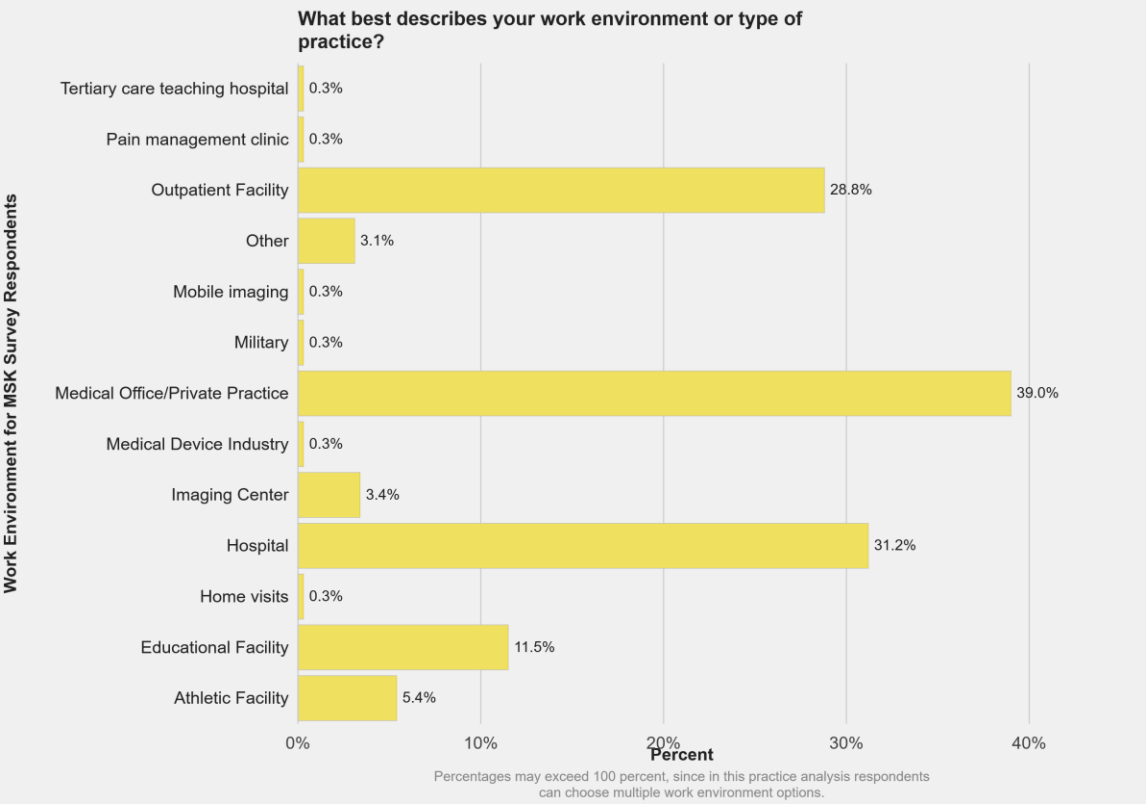
2014 Results



Note: In 2025, "Other" includes: Acupuncture, Neurology, Korean medicine, and pain medicine.

Figure 5: Work environment or type of practice (2025 vs 2014)

2025 Results



2014 Results

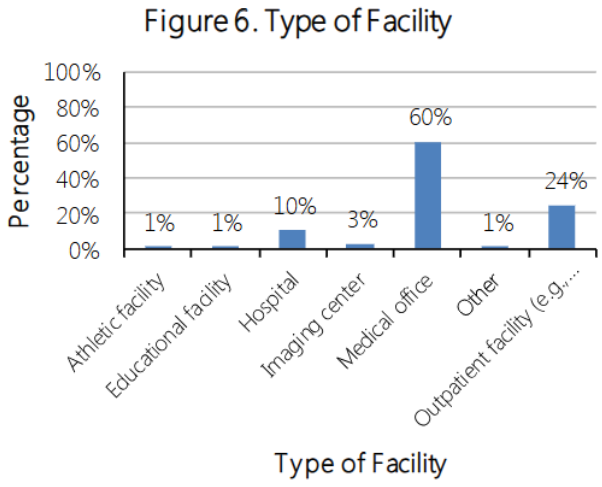
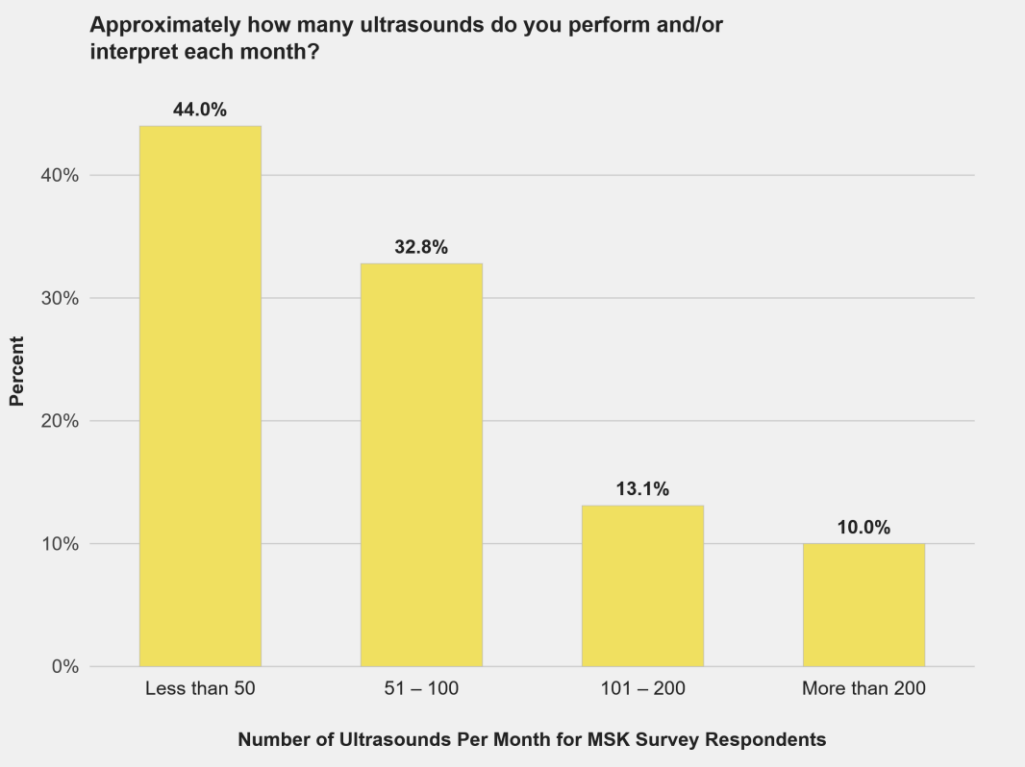


Figure 6: Ultrasounds performed and/or interpreted each month (2025 vs 2014)

2025 Results



2014 Results

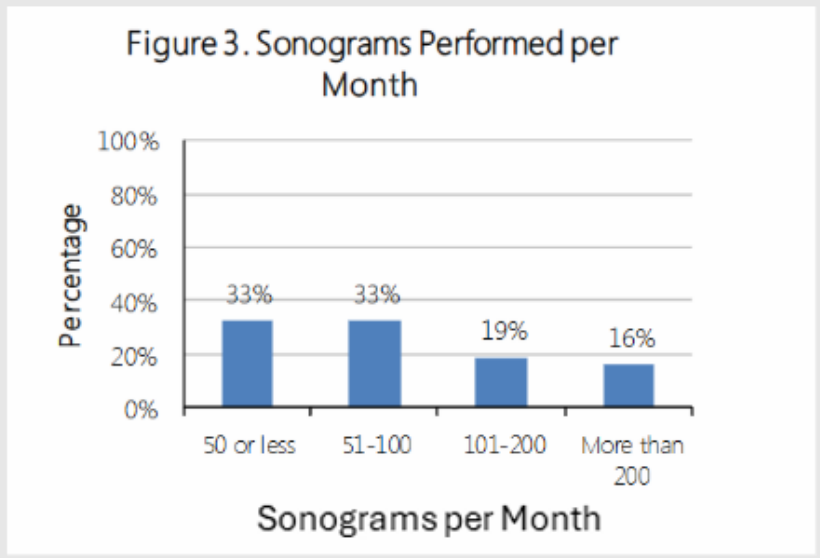


Figure 7: Age range of patients

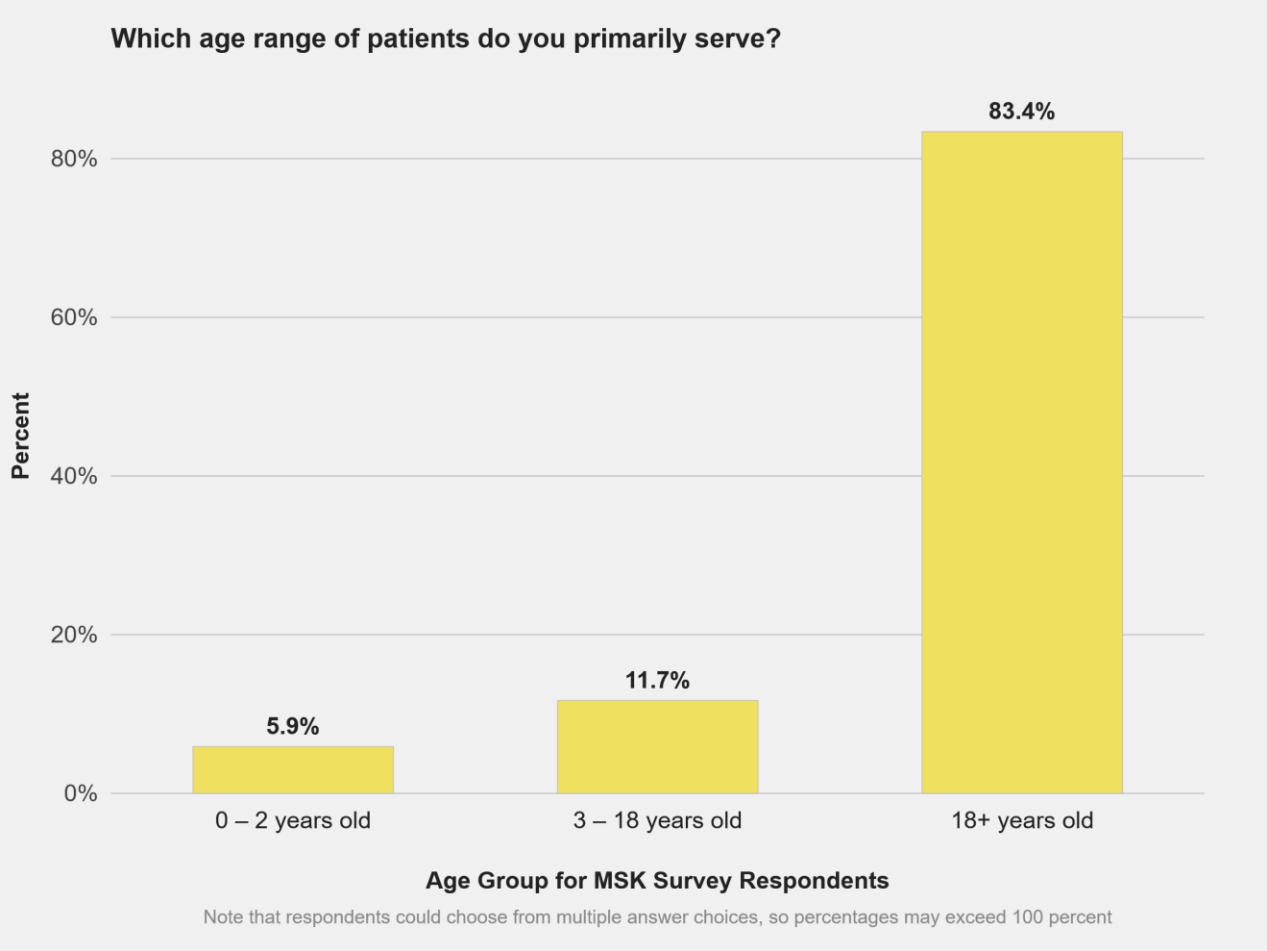
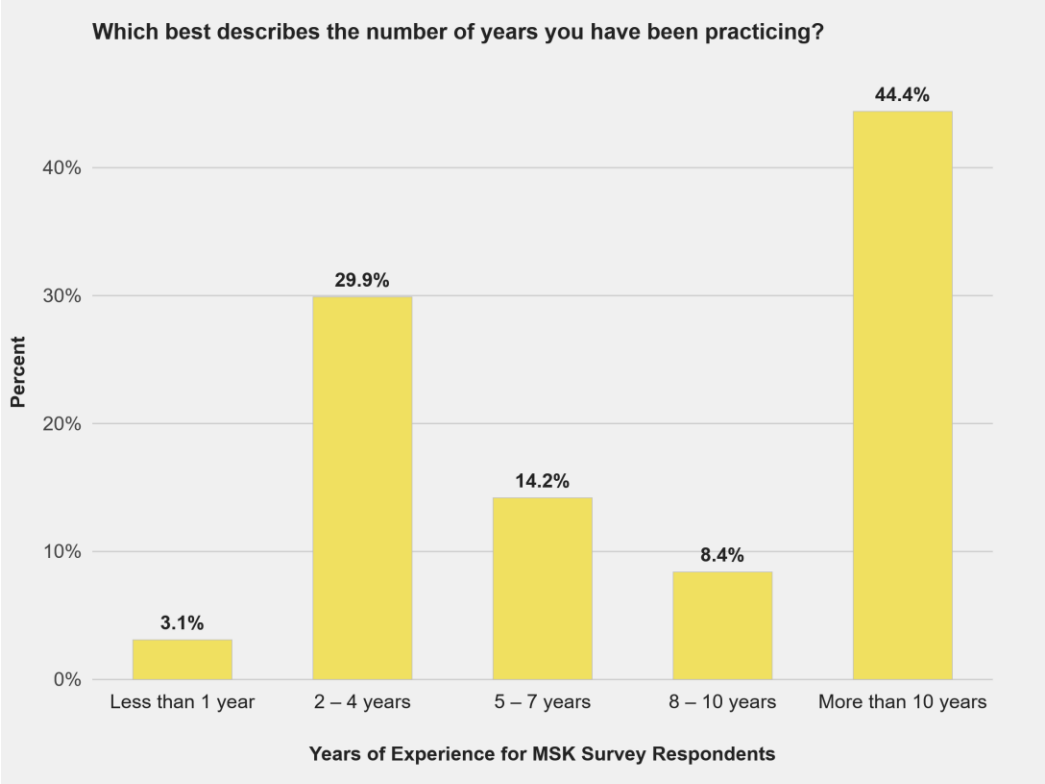
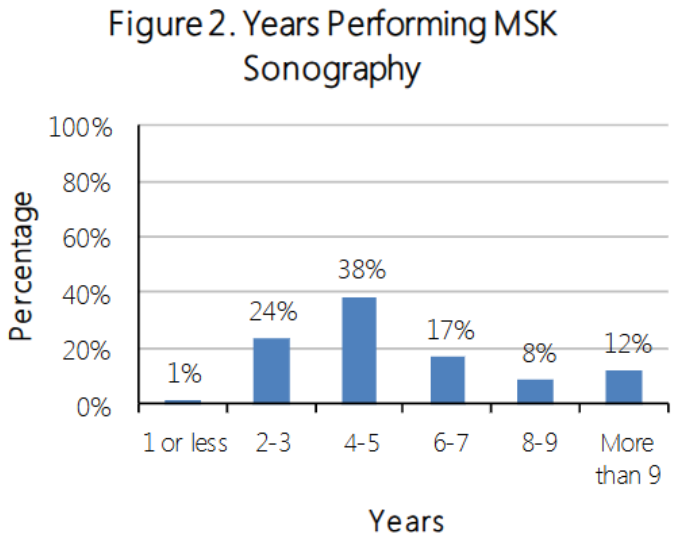


Figure 8: Number of years practicing (2025 vs 2014)

2025 Results



2014 Results



Appendix E: Task Inventory, Criticality Ratings, and Panel Comments

(Note: Content code values are based on original content outline and were preserved as identifiers when referencing tasks, therefore there are some inconsistencies in order and format. They do not reflect the new content codes that will be assigned to the approved outline)

Content Code	Description	Criticality	Crit. (S.Korea)	Panel Decision and Rationale
1. General Sonographic Anatomy				
1.A.1	Shoulder: Perform general ultrasound of the bones, muscles, tendons, ligaments, bursae, cartilage, joints, and neural structures of the shoulder	14.18	12.84	**Keep**
1.A.2	Elbow: Perform general ultrasound of the bones, muscles, tendons, ligaments, bursae, cartilage, joints, and neural structures of the elbow	13.14	11.44	**Keep**
1.A.3	Hand and Wrist: Perform general ultrasound of the bones, muscles, tendons, ligaments, bursae, cartilage, joints, and neural structures of the hand and wrist	13.04	11.45	**Keep**
1.A.4	~~Chest Wall: Perform general ultrasound of the bones, muscles, tendons, ligaments, bursae, cartilage, and neural structures of the chest wall~~ Abdominal and Chest Wall: Perform general ultrasound of the abdominal and chest wall, including assessment where applicable, of the muscles, fascia, neural structures, pleura, ribs, bursa, cartilage, joints, aponeuroses, and tendons	6.71	7.47	**Change** to: Abdominal and Chest Wall: Perform general ultrasound of the abdominal and chest wall, including assessment where applicable, of the muscles, fascia, neural structures, pleura, ribs, bursa, cartilage, joints, aponeuroses, and tendons
1.A.5	~~Abdominal Wall: Perform general ultrasound of the muscles, fascial layers, tendons, and neural structures of the abdominal wall~~	6.77	7.53	**Remove**: Combined with 1.A.4

1.A.6	Hip and Pelvis: Perform general ultrasound of the bones, muscles, tendons, ligaments, bursae, cartilage, joints, and neural structures of the hip and pelvis	12.00	9.65	**Change**: Panel: "Hip and Groin" to "Hip and Pelvis" to be inclusive of 1.A.12
1.A.7	Knee: Perform general ultrasound of the bones, muscles, tendons, ligaments, bursae, cartilage, joints, and neural structures of the knee	13.98	12.56	**Keep**
1.A.8	Foot and Ankle: Perform general ultrasound of the bones, muscles, tendons, ligaments, bursae, cartilage, joints, and neural structures of the foot and ankle	13.57	12.44	**Keep**
1.A.9	~~Cervical Spine and Neck: Perform general ultrasound of the bones, ligaments, joints, muscles, and neural structures (e.g., cervical vertebrae, facet joints, cervical nerve roots, cervical plexus, brachial plexus, paraspinal musculature) of the cervical spine and neck~~	5.56		Field Survey Write-in: N= 10; Panel: **Remove** -Not universally practiced
1.A.10	~~Thoracic Spine: Perform general ultrasound of the bones, ligaments, joints, muscles, and neural structures (e.g., thoracic vertebrae, facet joints, paraspinal musculature, intercostal structures) of the thoracic spine~~	4.56		Field Survey Write-in: N= 4; Panel: **Remove**
1.A.11	~~Lumbar Spine and Lumbosacral Region: Perform general ultrasound of the bones, ligaments, joints, muscles, and neural structures (e.g., lumbar vertebrae, facet joints, lumbosacral junction, lumbar nerve roots, paraspinal musculature, sacrum, sacrococcygeal region) of the lumbar spine and lumbosacral region~~	3.67		Field Survey Write-in: N= 10; Panel: **Remove**
1.A.12	~~Sacroiliac Joint and Gluteal Region: Perform general ultrasound of the bones, ligaments, joints, muscles, and neural structures (e.g., sacroiliac~~	8.89		Field Survey Write-in: N= 6; Panel: **Remove**. Changed 1.A.6 from "Hip and Groin" to "Hip and

	~~joint, sacrum, ilium, gluteal muscles, posterior hip structures, sciatic nerve) of the sacroiliac joint and gluteal region~~			Pelvis" to be inclusive of this task
1.A.13	~~Temporomandibular Joint: Perform general ultrasound of the bones, muscles, tendons, ligaments, cartilage, joint, and neural structures of the temporomandibular joint~~	1.56		Field Survey Write-in: N= 2; Panel: **Remove**
2. General Sonographic Pathology				
~~*2.B*~~	~~*Evaluate pathologies statically and dynamically as indicated*~~			***Remove**: unnecessary to have subdomains*
2.B.1	~~Evaluate abscesses~~	7.93	8.48	Panel: **Remove**. Redundant - Included in 2.B.9
2.B.2	Evaluate bone erosion	9.07	8.21	**Keep**
2.B.3	Evaluate cartilage pathology	10.64	9.97	**Keep**
2.B.4	Evaluate crystal deposits	9.56	9.16	**Keep**
2.B.5	Evaluate cystic structures	10.94	10.08	**Keep**
2.B.6	~~Evaluate for gas in soft tissues~~	6.50	6.94	Panel: **Remove**. Redundant - Included in 2.B.9
2.B.7	Evaluate foreign bodies	8.56	8.32	**Keep**
2.B.8	Evaluate fractures	9.53	11.11	**Keep**
2.B.9	Evaluate infections	7.73	7.82	**Keep**
2.B.10	Evaluate joint instability/altered function	11.43	10.37	**Keep**
2.B.11	Evaluate joint effusions	13.83	12.1	**Keep**
2.B.12	Evaluate ligament pathologies	13.42	11.76	**Keep**
2.B.13	Evaluate lymph nodes	6.41	7.34	**Keep**
2.B.14	Evaluate masses	9.39	8.55	**Keep**
2.B.15	Evaluate muscle pathologies	12.59	11.31	**Keep**

2.B.16	Evaluate nerve pathologies	12.71	10.89	Field survey write in: Existing task covers peripheral nerve pathology and nerve hydrodissection pathology (8 survey mentions); no separate task needed. Consider expanding task description to include examples: (e.g., nerve compression, neuroma, nerve continuity, nerve thickening) Panel: No examples needed. **Keep.** No Change
2.B.17	Evaluate subcutaneous abnormalities	9.51	9.29	**Keep**
2.B.18	Evaluate synovial pathologies	11.86	10.39	**Keep**
2.B.19	Evaluate tendon pathologies	14.14	12.18	**Keep**
2.B.20	~~Evaluate vascular structures and pathologies (e.g., giant cell arteritis, vascular malformations)~~	2.11		Field Survey Write-in: N= 2; Panel: **Remove**
3. Ultrasound-guided Interventional Procedures				
3.A.1	Shoulder: Perform interventional procedures (e.g., aspirations, biopsies, injections) on the bursae, joints, ligaments, tendons, and neural structures of the shoulder	12.21	13.03	Field Survey Write-in: Consider adding advanced techniques as examples: "dry needling, fenestration, hydrodissection, barbotage, trigger point procedures" N=6; Panel: **Keep**. No change needed - original examples are best
3.A.2	Elbow: Perform interventional procedures (e.g., aspirations, biopsies, injections) on the bursae, joints, ligaments, tendons, and neural structures of the elbow	11.49	12.39	**Keep**

3.A.3	Hand and Wrist: Perform interventional procedures (e.g., aspirations, biopsies, injections) on the joints, ligaments, tendons, and neural structures of the hand and wrist	11.31	11.4	**Keep**
3.A.4	~~Chest Wall: Perform interventional procedures (e.g., aspirations, biopsies, injections) on the bursae, ligaments, tendons. muscles, joints, and neural structures of the chest wall~~ Abdominal and Chest Wall: Perform interventional procedures of the abdominal and chest wall, including assessment where applicable, of the muscles, fascia, neural structures, pleura, bursa, cartilage, joints, aponeuroses, and tendons	5.88	7.32	**Change** to: Abdominal and Chest Wall: Perform interventional procedures of the abdominal and chest wall, including assessment where applicable, of the muscles, fascia, neural structures, pleura, bursa, cartilage, joints, aponeuroses, and tendons
3.A.5	~~Abdominal Wall: Perform interventional procedures (e.g., aspirations, biposies, injections) of the muscles, fascial layers, tendons, and neural structures of the abdominal wall~~	5.70	7.03	**Remove** - Combined with 3.A.4
3.A.6	Hip and Pelvis: Perform interventional procedures (e.g., aspirations, biopsies, injections) on the bursae, joints, tendons, and neural structures of the hip and pelvis	10.51	9.97	Panel: **Change** "Hip and Groin" to "Hip and Pelvis" to be inclusive of 3.A.12
3.A.7	Knee: Perform interventional procedures (e.g., aspirations, biopsies, injections) on the bursae, joints, ligaments, tendons, and neural structures of the knee	11.74	12.11	**Keep**
3.A.8	Foot and Ankle: Perform interventional procedures (e.g., aspirations, biopsies, injections) on the bursae, joints, fascia, ligaments, tendons, and neural structures of the foot and ankle.	11.59	12.47	**Keep**

3.A.9	~~Cervical Spine and Neck: Perform interventional procedures (e.g., aspirations, injections, trigger point procedures, hydrodissection, prolotherapy) on the joints, ligaments, muscles, and neural structures (e.g., facet joints, cervical nerve roots, cervical plexus, paraspinal muscles) of the cervical spine and neck~~	5.22		Field Survey Write-in: N= 5 Panel: **Remove**
3.A.10	~~Thoracic Spine: Perform interventional procedures (e.g., aspirations, injections, trigger point procedures) on the joints, ligaments, muscles, and neural structures (e.g., facet joints, paraspinal muscles) of the thoracic spine~~	3.78		Field Survey Write-in: N= 3. Panel: **Remove**
3.A.11	~~Lumbar Spine and Lumbosacral Region: Perform interventional procedures (e.g., aspirations, injections, lumbar puncture, trigger point procedures, prolotherapy) on the joints, ligaments, muscles, and neural structures (e.g., facet joints, epidural space, lumbar nerve roots, paraspinal muscles, sacrococcygeal region) of the lumbar spine and lumbosacral region~~	4.44		Field Survey Write-in: N= 5 Panel: **Remove**
3.A.12	~~Sacroiliac Joint and Gluteal Region: Perform interventional procedures (e.g., aspirations, injections, trigger point procedures, prolotherapy) on the joint, ligaments, and muscles of the sacroiliac joint and gluteal region~~	8.22		Field Survey Write-in: N= 3; Panel: **Remove**.- Changed "Hip and Groin" (3.A.6) to "Hip and Pelvis" to be inclusive of this task
~~3.A.13~~	~~Temporomandibular Joint: Perform interventional procedures (e.g., aspirations, injections, hydrodissection) on the temporomandibular joint~~	1.78		Field Survey Write-in: N= 0 *Suggested to match TMJ in Domain 1; Panel: **Remove**
~~3.A.14~~	~~Guidance for adjunctive therapies: Provide ultrasound guidance for adjunctive therapeutic interventions~~	4.11		Field Survey Write-in: N= 1; Panel: Remove

	~~(e.g., shockwave therapy, laser therapy)~~			
Instrumentation and Data Integration Instrumenation and Data Integration				**Combine domains 4 and 5. And change names from"4. Integration of Data" and "5. Physics and Instrumentation" to "Instrumentation and Data Integration"**
4.A.1	Correlate sonographic information with clinical histories	14.10	11.74	**Keep**
4.B.1	Generate comprehensive diagnostic reports including clinical correlation and recommendations, and communicate findings appropriately	12.95	11.21	**Keep**
~~5. Physics and Instrumentation~~				**Remove** (tasks shift to domain 4)
5.A.1	Obtain and optimize gray-scale images (e.g., depth, gain, power output, focus, time gain compensation [TGC], dynamic range, etc.)	13.74	12.03	**Keep**
5.B.1	Optimize Doppler techniques (e.g., color gain, pulse repetition frequency [PRF], etc.)	12.38	11.18	**Keep**
5.C.1	Evaluate artifacts (e.g., anisotropy, acoustic shadowing, refractile shadowing, reverberation, acoustic enhancement, etc.)	13.93	11.55	**Keep**
5.D.1	Select and use appropriate transducer	14.06	11.37	**Keep**
5.E.1	Identify safety and bio effects related to performing the exam	11.02	10.39	**Keep**

Appendix F: Final Content Outline and Task List

APCA
An Inteleos Community

Musculoskeletal Sonography (RMSK) Examination Content Outline

(Outline Summary)

#	Domain	Subdomain	Percentage
1	General Sonographic Anatomy		20%
2	General Sonographic Pathology		42%
3	Ultrasound-guided Interventional Procedures		17%
4	Instrumentation and Data Integration	• Instrumentation • Data Integration	21%

(Detailed Outline)

1.	General Sonographic Anatomy 20%
1.A.1	Shoulder: Perform general ultrasound of the bones, muscles, tendons, ligaments, bursae, cartilage, joints, and neural structures of the shoulder
1.A.2	Elbow: Perform general ultrasound of the bones, muscles, tendons, ligaments, bursae, cartilage, joints, and neural structures of the elbow
1.A.3	Hand and Wrist: Perform general ultrasound of the bones, muscles, tendons, ligaments, bursae, cartilage, joints, and neural structures of the hand and wrist
1.A.4	Abdominal and Chest Wall: Perform general ultrasound of the abdominal and chest wall, including assessment where applicable, of the muscles, fascia, neural structures, pleura, ribs, bursa, cartilage, joints, aponeuroses, and tendons
1.A.5	Hip and Pelvis: Perform general ultrasound of the bones, muscles, tendons, ligaments, bursae, cartilage, joints, and neural structures of the hip and pelvis
1.A.6	Knee: Perform general ultrasound of the bones, muscles, tendons, ligaments, bursae, cartilage, joints, and neural structures of the knee
1.A.7	Foot and Ankle: Perform general ultrasound of the bones, muscles, tendons, ligaments, bursae, cartilage, joints, and neural structures of the foot and ankle
2.	General Sonographic Pathology 42%

2.A.1	Evaluate bone erosion
2.A.2	Evaluate cartilage pathology
2.A.3	Evaluate crystal deposits
2.A.4	Evaluate cystic structures
2.A.5	Evaluate foreign bodies
2.A.6	Evaluate fractures
2.A.7	Evaluate infections
2.A.8	Evaluate joint instability/altered function
2.A.9	Evaluate joint effusions
2.A.10	Evaluate ligament pathologies
2.A.11	Evaluate lymph nodes
2.A.12	Evaluate masses
2.A.13	Evaluate muscle pathologies
2.A.14	Evaluate nerve pathologies
2.A.15	Evaluate subcutaneous abnormalities
2.A.16	Evaluate synovial pathologies
2.A.17	Evaluate tendon pathologies
3.	**Ultrasound-guided Interventional Procedures 17%**
3.A.1	Shoulder: Perform interventional procedures (e.g., aspirations, biopsies, injections) on the bursae, joints, ligaments, tendons, and neural structures of the shoulder
3.A.2	Elbow: Perform interventional procedures (e.g., aspirations, biopsies, injections) on the bursae, joints, ligaments, tendons, and neural structures of the elbow
3.A.3	Hand and Wrist: Perform interventional procedures (e.g., aspirations, biopsies, injections) on the joints, ligaments, tendons, and neural structures of the hand and wrist
3.A.4	Abdominal and Chest Wall: Perform interventional procedures of the abdominal and chest wall, including assessment where applicable, of the muscles, fascia, neural structures, pleura, bursa, cartilage, joints, aponeuroses, and tendons
3.A.5	Hip and Pelvis: Perform interventional procedures (e.g., aspirations, biopsies, injections) on the bursae, joints, tendons, and neural structures of the hip and pelvis
3.A.6	Knee: Perform interventional procedures (e.g., aspirations, biopsies, injections) on the bursae, joints, ligaments, tendons, and neural structures of the knee
3.A.7	Foot and Ankle: Perform interventional procedures (e.g., aspirations, biopsies, injections) on the bursae, joints, fascia, ligaments, tendons, and neural structures of the foot and ankle.

4.	Instrumentation and Data Integration 21%
4.A.	***Instrumentation***
4.A.1	Obtain and optimize gray-scale images (e.g., depth, gain, power output, focus, time gain compensation [TGC], dynamic range, etc.)
4.A.2	Optimize Doppler techniques (e.g., color gain, pulse repetition frequency [PRF], etc.)
4.A.3	Evaluate artifacts (e.g., anisotropy, acoustic shadowing, refractile shadowing, reverberation, acoustic enhancement, etc.)
4.A.4	Select and use appropriate transducer
4.A.5	Identify safety and bio effects related to performing the exam
4.B.	***Data Integration***
4.B.1	Correlate sonographic information with clinical history
4.B.2	Generate comprehensive diagnostic reports including clinical correlation and recommendations, and communicate findings appropriately

Appendix G: RMSK Eligibility and Practice Analysis Review

RMSK Eligibility & Practice Analysis Review

Charge of the Practice Analysis Working Group for confirmation of Current Prerequisites

1. Review the Practice Analysis (general and technical competencies)
2. Review the Current Eligibility criteria (ensure eligibility supports quality assurance in certification)
3. Determine if there are any gaps in the Eligibility criteria based on the practice analysis. If so, please outline them for review by the Eligibility Task Force.
4. **Confirm that the current prerequisites:**
    - **Include the appropriate training, professional experience, and education that are required to be considered minimally competent in Musculoskeletal ultrasound.**
    - **Include pathways for all individuals/groups that should be eligible.**

Basic Concepts

Eligibility requirements are as critical to the certification process as the examination itself. The eligibility requirements, examination, and Maintenance of Certification (MOC) components comprise a certification program.

Requirements should be reasonable and minimally stringent and must not exclude qualified candidates.

Requirements should evaluate the ability to competently practice in the specialty area. They should reflect the current status of professional practice (i.e., what is, not what *should be*) based on the practice analysis.

There should be documented rationale for each new requirement.

It is advisable to permit multiple routes to achieving eligibility, wherever appropriate (e.g., additional professional experience accepted in lieu of a primary medical specialty board).

Grandfathering, i.e., earning the credential without meeting eligibility and passing the examination, is not permitted.

Table 9: Original RMSK Prerequisites prior to Practice Analysis

Musculoskeletal (MSK) sonography Prerequisite

Note: All listed items must be met and completed prior to submission.

Licensure	Required Clinical Musculoskeletal Ultrasound Experience**	Documentation Required with Application	CMEs
Doctor of Medicine (MD) Doctor of Osteopathic Medicine (DO) Doctor of Podiatric Medicine (DPM) Bachelor of Medicine, Bachelor of Surgery (MBBS) Doctor of Chiropractic (DC)* Nurse Practitioner (NP)* Physician Assistant (PA)* Doctor of Physical Therapy (DPT)* Physiotherapist \ Physical Therapist (PT)*	Performed and/or authorized diagnosis of a minimum of 150 musculo-skeletal ultrasound studies within the preceding 36 months of application. No more than 5% (8 cases) of the 150 case log requirement can be labeled as therapeutic (injection or aspiration).	Medical License Attestation Letter Government ID Patient Log (only submit if audited/requested)	Although CMEs are not required to apply for the MSK examination, APCA highly recommends and encourages applicants to earn a minimum of 30 MSK CMEs.

* Advanced-care professionals can earn and retain the RMSK certification. As APCA continues to research and evaluate the growing field of MSK imaging, there may be a need for future specialized exams for advanced-care professionals.

** For purposes of satisfying this requirement, these studies must be completed on actual patients in a clinical diagnostic setting. Simulation is not acceptable for this attestation. Clinical diagnostic settings include hospitals, clinics, and private practices. APCA does not accept volunteer, instructorship, unpaid, barter, or veterinarian experience.