




 Therapist Multiple-Choice Examination Detailed Content Outline <i>Items are linked to open cells.</i>	Ethics	Cognitive Level			Totals
		Recall	Application	Analysis	
I. PATIENT DATA		15	27	8	50
A. Evaluate Data in the Patient Record		4	6	0	10
1. Patient history, for example, <ul style="list-style-type: none"> • history of present illness (HPI) • orders • medication reconciliation • progress notes • DNR status / advance directives • social, family, and medical history 					
2. Physical examination relative to the cardiopulmonary system					
3. Lines, drains, and airways, for example, <ul style="list-style-type: none"> • chest tube • vascular lines • artificial airway 					
4. Laboratory results, for example, <ul style="list-style-type: none"> • CBC • electrolytes • coagulation studies • sputum culture and sensitivities • cardiac biomarkers 					
5. Blood gas analysis and / or hemoximetry (CO-oximetry) results					
6. Pulmonary function testing results, for example <ul style="list-style-type: none"> • spirometry • lung volumes • DLCO 					
7. 6-minute walk test results					
8. Imaging study results, for example, <ul style="list-style-type: none"> • chest radiograph • CT scan • ultrasonography and / or echocardiography • PET scan • ventilation / perfusion scan 					
9. Maternal and perinatal / neonatal history, for example, <ul style="list-style-type: none"> • APGAR scores • gestational age • L / S ratio 					
10. Sleep study results, for example, <ul style="list-style-type: none"> • apnea-hypopnea index (AHI) 					


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11. Trends in monitoring results					
a. fluid balance					
b. vital signs					
c. intracranial pressure					
d. ventilator liberation parameters					
e. pulmonary mechanics					
f. noninvasive, for example, <ul style="list-style-type: none"> • pulse oximetry • capnography • transcutaneous 					
g. cardiac evaluation / monitoring results, for example, <ul style="list-style-type: none"> • ECG • hemodynamic parameters 					
12. Determination of a patient's pathophysiological state					
B. Perform Clinical Assessment		3	6	1	10
1. Interviewing a patient to assess					
a. level of consciousness and orientation, emotional state, and ability to cooperate					
b. level of pain					
c. shortness of breath, sputum production, and exercise tolerance					
d. smoking history					
e. environmental exposures					
f. activities of daily living					
g. learning needs, for example, <ul style="list-style-type: none"> • literacy • preferred learning style • social / cultural 					
2. Performing inspection to assess					
a. general appearance					
b. characteristics of the airway, for example, <ul style="list-style-type: none"> • patency • Mallampati classification • tracheal shift 					
c. cough, sputum amount and character					
d. status of a neonate, for example, <ul style="list-style-type: none"> • APGAR score • gestational age 					


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e. skin integrity, for example, <ul style="list-style-type: none"> pressure ulcers stoma site 					
3. Palpating to assess					
a. pulse, rhythm, intensity					
b. accessory muscle activity					
c. asymmetrical chest movements, tactile fremitus, crepitus, tenderness, tactile rhonchi, and / or tracheal deviation					
4. Performing diagnostic chest percussion					
5. Auscultating to assess					
a. breath sounds					
b. heart sounds and rhythm					
c. blood pressure					
6. Reviewing a chest radiograph to assess					
a. quality of imaging, for example, <ul style="list-style-type: none"> patient positioning penetration lung inflation 					
b. presence and position of airways, lines, and drains					
c. presence of foreign bodies					
d. heart size and position					
e. presence of, or change in, <ul style="list-style-type: none"> (i) cardiopulmonary abnormalities, for example, <ul style="list-style-type: none"> pneumothorax consolidation pleural effusion pulmonary edema pulmonary artery size (ii) diaphragm, mediastinum, and / or trachea 					
C. Perform Procedures to Gather Clinical Information		4	7	1	12
1. 12-lead ECG					
2. Noninvasive monitoring, for example, <ul style="list-style-type: none"> pulse oximetry capnography transcutaneous 					
3. Peak flow					


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4. Mechanics of spontaneous ventilation linked to tidal volume, minute volume, maximal inspiratory pressure, and vital capacity					
5. Blood gas sample collection					
6. Blood gas analysis and / or hemoximetry (CO-oximetry)					
7. Oxygen titration with exercise					
8. Cardiopulmonary calculations, for example, <ul style="list-style-type: none"> • $P(A-a)O_2$ • V_D / V_T • P / F • OI 					
9. Hemodynamic monitoring					
10. Pulmonary compliance and airways resistance					
11. Plateau pressure					
12. Auto-PEEP determination					
13. Spontaneous breathing trial (SBT)					
14. Apnea monitoring					
15. Apnea test (brain death determination)					
16. Overnight pulse oximetry					
17. CPAP / NPPV titration during sleep					
18. Cuff management, for example, <ul style="list-style-type: none"> • tracheal • laryngeal 					
19. Sputum induction					
20. Cardiopulmonary stress testing					
21. 6-minute walk test					
22. Spirometry outside or inside a pulmonary function laboratory					
23. DLCO inside a pulmonary function laboratory					
24. Lung volumes inside a pulmonary function laboratory					
25. Tests of respiratory muscle strength - MIP and MEP					
26. Therapeutic bronchoscopy					
D. Evaluate Procedure Results		2	4	4	10
1. 12-lead ECG					
2. Noninvasive monitoring, for example, <ul style="list-style-type: none"> • pulse oximetry • capnography • transcutaneous 					
3. Peak flow					


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		Recall	Application	Analysis	
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5. Blood gas analysis and / or hemoximetry (CO-oximetry)					
6. Oxygen titration with exercise					
7. Cardiopulmonary calculations, for example, <ul style="list-style-type: none"> • $P(A-a)O_2$ • V_D / V_T • P / F • OI 					
8. Hemodynamic monitoring					
9. Pulmonary compliance and airways resistance					
10. Plateau pressure					
11. Auto-PEEP					
12. Spontaneous breathing trial (SBT)					
13. Apnea monitoring					
14. Apnea test (brain death determination)					
15. Overnight pulse oximetry					
16. CPAP / NPPV titration during sleep					
17. Cuff status, for example, <ul style="list-style-type: none"> • laryngeal • tracheal 					
18. Cardiopulmonary stress testing					
19. 6-minute walk test					
20. Spirometry outside or inside a pulmonary function laboratory					
21. DLCO inside a pulmonary function laboratory					
22. Lung volumes inside a pulmonary function laboratory					
23. Tests of respiratory muscle strength - MIP and MEP					
E. Recommend Diagnostic Procedures		2	4	2	8
1. Testing for tuberculosis					
2. Laboratory tests, for example, <ul style="list-style-type: none"> • CBC • electrolytes • coagulation studies • sputum culture and sensitivities • cardiac biomarkers 					
3. Imaging studies					


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4. Bronchoscopy					
a. diagnostic					
b. therapeutic					
5. Bronchoalveolar lavage (BAL)					
6. Pulmonary function testing					
7. Noninvasive monitoring, for example, <ul style="list-style-type: none"> • pulse oximetry • capnography • transcutaneous 					
8. Blood gas and/or hemoximetry (CO-oximetry)					
9. ECG					
10. Exhaled gas analysis, for example, <ul style="list-style-type: none"> • CO₂ • CO • FENO 					
11. Hemodynamic monitoring					
12. Sleep studies					
13. Thoracentesis					
II. TROUBLESHOOTING AND QUALITY CONTROL OF DEVICES, AND INFECTION CONTROL		8	9	3	20
A. Assemble / Troubleshoot Devices		4	8	3	15
1. Medical gas delivery interfaces, for example, <ul style="list-style-type: none"> • mask • cannula • heated high-flow nasal cannula 					
2. Long-term oxygen therapy					
3. Medical gas delivery, metering, and /or clinical analyzing devices, for example, <ul style="list-style-type: none"> • concentrator • liquid system • flowmeter • regulator • gas cylinder • blender • air compressor • gas analyzers 					
4. CPAP / NPPV with patient interfaces					
5. Humidifiers					
6. Nebulizers					
7. Metered-dose inhalers, spacers, and valved holding chambers					


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8. Dry-powder inhalers (DPI)					
9. Resuscitation equipment, for example, <ul style="list-style-type: none"> • self-inflating resuscitator • flow-inflating resuscitator • AED 					
10. Mechanical ventilators					
11. Intubation equipment					
12. Artificial airways					
13. Suctioning equipment, for example, <ul style="list-style-type: none"> • regulator • canister • tubing • catheter 					
14. Blood analyzers, for example, <ul style="list-style-type: none"> • hemoximetry (CO-oximetry) • point-of-care • blood gas 					
15. Patient breathing circuits					
16. Hyperinflation devices					
17. Secretion clearance devices					
18. Heliox delivery device					
19. Portable spirometer					
20. Testing equipment in a pulmonary function laboratory					
21. Pleural drainage					
22. Noninvasive monitoring, for example, <ul style="list-style-type: none"> • pulse oximeter • capnometer • transcutaneous 					
23. Bronchoscopes and light sources					
24. Hemodynamic monitoring <ol style="list-style-type: none"> pressure transducers catheters, for example, <ul style="list-style-type: none"> • arterial • pulmonary artery 					
B. Ensure Infection Prevention		2	0	0	2
1. Adhering to infection prevention policies and procedures, for example, <ul style="list-style-type: none"> • Standard Precautions • donning/doffing • isolation 					

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		Recall	Application	Analysis	
2. Adhering to disinfection policies and procedures					
3. Proper handling of biohazardous materials					
C. Perform Quality Control Procedures		2	1	0	3
1. Blood analyzers					
2. Gas analyzers					
3. Pulmonary function equipment for testing					
a. spirometry results					
b. lung volumes					
c. diffusing capacity (DLCO)					
4. Mechanical ventilators					
5. Noninvasive monitors					
III. INITIATION AND MODIFICATION OF INTERVENTIONS		10	30	30	70
A. Maintain a Patent Airway Including the Care of Artificial Airways		3	4	3	10
1. Proper positioning of a patient					
2. Recognition of a difficult airway					
3. Establishing and managing a patient's airway					
a. nasopharyngeal airway					
b. oropharyngeal airway					
c. esophagealtracheal tubes / supraglottic airways					
d. endotracheal tube					
e. tracheostomy tube					
f. laryngectomy tube					
g. speaking valves					
h. devices that assist with intubation, for example,					
• endotracheal tube exchanger					
• video laryngoscopy					
4. Performing tracheostomy care					
5. Exchanging artificial airways					
6. Maintaining adequate humidification					
7. Initiating protocols to prevent ventilator-associated infections					
8. Performing extubation					
B. Perform Airway Clearance and Lung Expansion Techniques		2	2	1	5
1. Postural drainage, percussion, or vibration					
2. Suctioning, for example,					
• nasotracheal					
• oropharyngeal					

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3. Mechanical devices, for example, <ul style="list-style-type: none"> • high-frequency chest wall oscillation • vibratory PEP • intrapulmonary percussive ventilation • insufflation / exsufflation 					
4. Assisted cough, for example, <ul style="list-style-type: none"> • huff • abdominal thrust 					
5. Hyperinflation therapy					
6. Inspiratory muscle training					
C. Support Oxygenation and Ventilation		1	5	9	15
1. Initiating and adjusting oxygen therapy					
2. Minimizing hypoxemia, for example, <ul style="list-style-type: none"> • patient positioning • secretion removal 					
3. Initiating and adjusting mask or nasal CPAP					
4. Initiating and adjusting mechanical ventilation settings <ul style="list-style-type: none"> a. continuous mechanical ventilation b. noninvasive ventilation c. high-frequency ventilation d. alarms 					
5. Recognizing and correcting patient-ventilator dyssynchrony					
6. Utilizing ventilator graphics					
7. Performing lung recruitment maneuvers					
8. Liberating a patient from mechanical ventilation					
D. Administer Medications and Specialty Gases		1	3	0	4
1. Aerosolized preparations <ul style="list-style-type: none"> a. antimicrobials b. pulmonary vasodilators c. bronchodilators d. mucolytics / proteolytics e. steroids 					
2. Endotracheal instillation					
3. Specialty gases, for example, <ul style="list-style-type: none"> • heliox • inhaled NO 					

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E. Ensure Modifications are Made to the Respiratory Care Plan		1	7	10	18
1. Treatment termination, for example, <ul style="list-style-type: none"> • life-threatening adverse event 					
2. Recommendations					
a. starting treatment based on patient response					
b. treatment of pneumothorax					
c. adjustment of fluid balance					
d. adjustment of electrolyte therapy					
e. insertion or change of artificial airway					
f. liberating from mechanical ventilation					
g. extubation					
h. discontinuing treatment based on patient response					
i. consultation from a physician specialist					
3. Recommendations for changes					
a. patient position					
b. oxygen therapy					
c. humidification					
d. airway clearance					
e. hyperinflation					
f. mechanical ventilation					
4. Recommendations for pharmacologic interventions					
a. bronchodilators					
b. anti-inflammatory drugs					
c. mucolytics and proteolytics					
d. aerosolized antibiotics					
e. inhaled pulmonary vasodilators					
f. cardiovascular					
g. antimicrobials					
h. sedatives and hypnotics					
i. analgesics					
j. narcotic antagonists					
k. benzodiazepine antagonists					
l. neuromuscular blocking agents					
m. diuretics					
n. surfactants					
o. changes to drug, dosage, administration frequency, mode, or concentration					

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F. Utilize Evidence-Based Practice		0	2	4	6
1. Classification of disease severity					
2. Recommendations for changes in a therapeutic plan when indicated					
3. Application of guidelines, for example, <ul style="list-style-type: none"> • ARDSNet • NAEPP • GOLD 					
G. Provide Respiratory Care in High-Risk Situations		0	2	3	5
1. Emergency <ul style="list-style-type: none"> a. cardiopulmonary emergencies, excluding CPR b. disaster management c. medical emergency team (MET) / rapid response team 					
2. Interprofessional communication					
3. Patient transport <ul style="list-style-type: none"> a. land / air between hospitals b. within a hospital 					
H. Assist a Physician / Provider in Performing Procedures		1	3	0	4
1. Intubation					
2. Bronchoscopy					
3. Specialized bronchoscopy, for example, <ul style="list-style-type: none"> • endobronchial ultrasound (EBUS) • navigational bronchoscopy (ENB) 					
4. Thoracentesis					
5. Tracheotomy					
6. Chest tube insertion					
7. Insertion of arterial or venous catheters					
8. Moderate (conscious) sedation					
9. Cardioversion					
10. Withdrawal of life support					
I. Conduct Patient and Family Education		1	2	0	3
1. Safety and infection control					
2. Home care and related equipment					
3. Lifestyle changes, for example, <ul style="list-style-type: none"> • smoking cessation • exercise 					

 <p style="text-align: center;">Therapist Multiple-Choice Examination Detailed Content Outline</p> <p style="text-align: center;"><i>Items are linked to open cells.</i></p>	Ethics	Cognitive Level			Totals
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4. Pulmonary rehabilitation					
5. Disease / condition management, for example, <ul style="list-style-type: none"> • asthma • COPD • CF • tracheostomy care • ventilator dependent 					
Totals	3	33	66	41	140

Additional Specifications			
Patient Type	Target	Minimum	Maximum
Pediatric – 1 month to 17 years of age	4	3	8
Neonatal – birth to 1 month of age	3	2	5
Adult or General	balance		
Total	140		

Patient Conditions

GENERAL	BARIATRIC
COPD	NEONATAL
ASTHMA	BRONCHIOLITIS
HEART FAILURE	NEUROMUSCULAR
POST-SURGICAL	PSYCHIATRIC
GERIATRIC	CONGENITAL DEFECTS
CARDIOVASCULAR	CYSTIC FIBROSIS
INFECTIOUS DISEASE	BURN/INHALATION INJURY
PULMONARY VASCULAR DISEASE	LUNG TRANSPLANTATION
TRAUMA	APNEA
IMMUNOCOMPROMISED HOST	INTERSTITIAL LUNG DISEASE
NEUROLOGIC	DRUG OVERDOSE
RDS	TRAUMATIC BRAIN INJURY (TBI)
PEDIATRIC	SEPSIS
DISORDERS OF PREMATUREITY	LUNG CANCER
PULMONARY EMBOLISM	
SHOCK	

Therapist Multiple-Choice Examination Admission Requirements

Please ensure you meet the following requirements before applying for the TMC Examination:

1. Be 18 years of age or older.

and

2. Be a graduate of and have a minimum of an associate degree from a respiratory therapy education program supported or accredited by the Commission on Accreditation for Respiratory Care (CoARC).

or

3. Be a CRT for at least four years prior to applying for the examinations associated with the RRT credential. In addition, the applicant shall have at least 62 semester hours of college credit from a college or university accredited by its regional association or its equivalent. The 62 semester hours of college credit must include the following courses: anatomy and physiology, chemistry, microbiology, and mathematics.

or

4. Be a CRT for at least two years prior to applying for the examinations associated with the RRT credential. In addition, the applicant shall have earned a minimum of an associate degree from an accredited entry-level respiratory care education program.

or

5. Be a CRT for at least two years prior to applying for the examinations associated with the RRT credential. In addition, the applicant shall have earned a baccalaureate degree in an area other than respiratory care and shall have at least 62 semester hours of college credit from a college or university accredited by its regional association or equivalent. The 62 semester hours of college credit must include the following courses: anatomy and physiology, chemistry, microbiology, and mathematics.

or

6. Hold the Canadian Society of Respiratory Therapists (CSRT) RRT credential.

Therapist Multiple-Choice Examination Examination Fees

New Applicant	Repeat Applicant
\$190	\$150