# **CBDT® Content Outline**

The Body of Knowledge Study identified 6 major topic areas:

- I. Bone Concepts
- II. Radiation Safety and Science
- III. Technology and Equipment
- IV. Scan Acquisition
- V. Scan Analysis

## 1. Bone Concepts

- A. Key Terms
  - 1. Osteoporosis and Low Bone Mass
  - 2. Bone Mineral Density (BMD)
  - 3. T-scores and Z-scores
  - 4. Fracture Risk Assessment (FRAX®)

#### B. Bone Science

- 1. Anatomy and physiology
- 2. Bone types (e.g., trabecular, cortical)
- 3. Remodeling cycle (e.g., formation, resorption)
- 4. Fractures (e.g., atypical)

#### C. Osteoporosis

- 1. Primary osteoporosis (e.g., Type 1, Type 2)
- 2. Secondary osteoporosis
- 3. Risk factors
- 4. Prevention
- 5. Treatments (e.g., antiresorptive, anabolic)
- 6. Bone Mass Measurement Act (i.e., reimbursement and coverage)

### 2. Radiation Safety and Science

- A. X-Ray Science
  - 1. Ionizing radiation factors (e.g., time, mA, kVp)
  - 2. Dual energy X-Ray Absorptiometry (DXA)
- B. Basic Methods of Protection and Radiation Safety
  - 1. ALARA
  - 2. Who to protect (e.g., patient, technologist, pregnant women)
  - 3. Protection methods (e.g., time, distance, shielding)
  - 4. Radiation dose (e.g., units, comparison)

## 3. Technology and Equipment

- A. BMD Measurement
  - 1. Testing devices (e.g., advantages/disadvantages of DXA, QCT, and QUS)
  - 2. Types of scanners (e.g., dual energy/fan beam, CT, ultrasound)
- B. DXA Standard Practices
  - 1. Calibration
  - 2. Quality assurance (QA) (e.g., accuracy, precision)
  - 3. Quality control (QC) (e.g., spine phantom, shifts, drifts)
  - 4. Precision assessment (e.g., calculating LSC)
  - 5. Cross-calibration
  - 6. Data management (e.g., backup, archive)

### 4. DXA Scan Acquisition

- A. Scan Selection
  - 1. Central vs. Peripheral
  - 2. Scan site substitution
  - 3. Patient health information
  - 4. Scan mode selection (e.g., body habitus)
- B. Positioning
  - 1. Spine
  - 2. Femur/hip
  - 3. Forearm/distal radius
- C. Artifacts
  - 1. Anatomical
  - 2. Internal and external
  - 3. Motion
  - 4. Contrast agents
- D. Serial Scanning
  - 1. Reproducibility
  - 2. Previous scan settings, parameters, and positioning
  - 3. Least Significant Change (LSC)
- E. Other Measurements
  - 1. Total Body/composition scan
  - 2. Vertebral Fracture Assessment (VFA)
  - 3. Atypical Femur Fracture (AFF) scans
  - 4. Trabecular bone scores (TBS)

### 5. Scan Analysis

- A. Analysis Procedures
  - 1. Specific sites (e.g., spine, hip, forearm)
  - 2. Baseline vs. serial
  - 3. Regions of interest (ROI)
  - 4. Bone mapping/edge detection
  - 5. Errors and automatic adjustments
  - 6. Scan validity (e.g., erroneous BMD elevations, excluding vertebrae)
- B. Guidelines and Reporting
  - 1. ISCD Official Positions
  - 2. WHO Diagnostic Criteria
  - 3. NHANESIII Database
  - 4. National Osteoporosis Foundation (NOF)

# **Specifications**

The CBDT® examination has a total of 150 multiple choice questions (closed book). Candidates will have three and a half hours to complete the examination.

Number of Questions by Content Area and Percentage of Exam

| Content Outline                  | Total | %    |
|----------------------------------|-------|------|
| I. Bone Concepts                 | 31    | 25   |
| II. Radiation Safety and Science | 14    | 11   |
| III. Technology and Equipment    | 17    | 14   |
| IV. Scan Acquisition             | 39    | 31   |
| V. Scan Analysis                 | 24    | 19   |
|                                  |       |      |
|                                  | 125   | 100% |

- Each correctly answered question is one point.
- Points are not deducted for incorrect answers.
- Answer all questions, even if you are not sure of the answer.
- All questions on the examination are based on the (CBDT®) content Outline and documented to a text included in the CBDT® Body of Knowledge.
- CEs are not awarded for taking the exam.