



Certification Examination in Pain Medicine

2009 BULLETIN OF INFORMATION

Early Filing Application Deadline

Monday, September 8, 2008

Final Application Deadline

Tuesday, October 7, 2008

Examination Date

Saturday, March 7, 2009

Examination Location

Authorized ACT Test Centers

<http://www.act.org/actcenters/locate/index.html>

2009

American Board of Pain Medicine
4700 W. Lake Avenue
Glenview, IL 60025-1485
847/375-4726 Fax 847/375-6477
Web site: www.abpm.org

DEFINITION OF PAIN MEDICINE

The specialty of Pain Medicine, or Algiatry, is a discipline within the field of medicine that is concerned with the prevention of pain, and the evaluation, treatment, and rehabilitation of persons in pain. Some conditions may have pain and associated symptoms arising from a discrete cause, such as postoperative pain or pain associated with a malignancy, or may be conditions in which pain constitutes the primary problem, such as neuropathic pains or headaches.

Pain Medicine specialists, called Algiatrists™, use a broad-based approach to treat all pain disorders, ranging from pain as a symptom of disease to pain as the primary disease. The pain physician serves as a consultant to other physicians but is often the principal treating physician (as distinguished from the primary care physician) and may provide care at various levels, such as treating the patient directly, prescribing medication, prescribing rehabilitative services, performing pain relieving procedures, counseling patients and families, directing a multidisciplinary team, coordinating care with other health care providers and providing consultative services to public and private agencies pursuant to optimal health care delivery to the patient suffering from pain. The objective of the pain physician is to provide quality care to the patient suffering from pain. The pain physician may work in a variety of settings and is competent to treat the entire range of pain encountered in delivery of quality health care.

Pain Medicine specialists typically formulate comprehensive treatment plans, which consider the patients' cultural contexts, as well as the special needs of the pediatric and geriatric populations. Evaluation techniques include interpretation of historical data; review of previous laboratory, imaging, and electrodiagnostic studies; assessment of behavioral, social, occupational, and avocational issues; and interview and examination of the patient by the pain specialist.

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American Board of Pain Medicine

The American Board of Pain Medicine (ABPM) was founded in 1991 as the American College of Pain Medicine. In 1994, the name was changed to the American Board of Pain Medicine to reflect the nomenclature of other medical specialty boards.

Mission

The mission of the American Board of Pain Medicine is to serve the public by improving the quality and availability of Pain Medicine services.

INSTRUCTIONS

ABPM Terminology

Throughout this Bulletin, certain terms with specific meanings are employed. To better understand the intentions of the ABPM, as described herein, the reader is advised to familiarize themselves with the following terms and meanings:

Applicant: A physician who has initiated the application process for certification by the ABPM. The successful progression of status is applicant, candidate, examinee and Diplomate.

Candidate: An applicant who the Credentials Committee has deemed as meeting the eligibility criteria for examination by the ABPM.

Complete Application: An application, with all required supporting documentation, that has been submitted to the ABPM in a timely fashion and that is complete, accurate, legible and unambiguous.

Examinee: A physician candidate who sits for the examination offered by the ABPM.

Diplomate: A physician who meets all current, applicable eligibility criteria and whose competence has been certified by a diploma granted by ABPM. ABPM does not use the term "diplomat."

Please read all instructions carefully before entering any information on the application.

An application is not considered complete unless and until all required documentation is received by ABPM. Applicants bear the sole responsibility for providing required documentation pertaining to eligibility by the deadlines delineated in this *Bulletin of Information*. Please allow ample time for third parties to complete and submit the *Referee Checklists* and the *Documentation of Substantial Residency Training in Pain Medicine Form*, if applicable.

Applicants are strongly encouraged to mail the application and all supporting documents in one envelope.

Only applications that are complete, accurate, legible, unambiguous and postmarked by the deadline will be reviewed by the Credentials Committee.

An application will not be considered complete unless all required materials, including the two (2) *Referee Checklists* and, if applicable, the *Documentation of Substantial Residency Training in Pain Medicine Form* as described in Requirement 1, Condition B, are received at the ABPM Office with a postmark on or before Tuesday, October 7, 2008.

It is recommended that applicants keep personal copies of all materials submitted to ABPM. Applicants who want confirmation of delivery should send materials via certified mail, return receipt requested, or via a national courier service.

After an initial review of application materials by ABPM staff, each applicant will receive a notice from the ABPM office. This notice will indicate that either the materials appear complete and ready for review by the Credentials Committee or the materials are ambiguous or incomplete and additional information or documentation is required.

All correspondence from ABPM will be sent to the applicant's address of record, which will be the mailing address indicated on the application form, unless ABPM is notified of an address change in a timely fashion.

The applicant must provide either a valid e-mail address or a telephone number where he/she can be contacted, should the need arise. It is recommended that the applicant include the name of a contact person if a telephone number is provided.

Address Changes: It is the responsibility of the applicant to notify the ABPM office immediately of any changes in mailing address that take effect during consideration for the certification process. Notification should be sent to: ABPM, 4700 W. Lake Avenue, Glenview, IL 60025.

Name Changes: Once an application is submitted, an applicant will be able to change their name of record with ABPM only by a written request that is accompanied by acceptable legal documentation regarding the name change.

Filing Fee

The filing fee comprises the application fee and the \$500 nonrefundable processing fee. The filing fee must accompany the application. Payment must be in U.S. dollars in the form of a money order or check payable to the American Board of Pain Medicine. Failure to submit the filing fee in the correct form will result in delayed processing and could cause rejection of your application.

The nonrefundable processing fee is incurred immediately upon receipt of the application by ABPM, regardless of eligibility outcome. The filing fee, less the nonrefundable processing fee, will be refunded if the applicant: a) does not meet the eligibility requirements, b) does not submit a complete, accurate, legible and unambiguous application in a timely fashion, or c) causes to be delivered to ABPM a written request to withdraw from consideration for the certification process.

Early Discounted Filing Fee \$1,400

Complete, accurate, legible and unambiguous applications must be postmarked on or before September 8, 2008 to take advantage of the early fee.

Regular Filing Fee \$1,600

Complete, accurate, legible and unambiguous applications must be postmarked on or before October 7, 2008 to be considered for the 2009 certification process.

ELIGIBILITY REQUIREMENTS

The eligibility requirements for the ABPM Certification Examination in Pain Medicine are as follows:

Requirement 1—Accreditation Council on Graduate Medical Education (ACGME) Training

You must have satisfactorily completed an ACGME-accredited residency-training program that included Pain Medicine. Applicants must submit a chronological list of all completed ACGME residency training. See Item 9 in the enclosed application.

You must meet either Condition A or Condition B as listed below.

- **Condition A:** You must have completed an ACGME-accredited residency-training program in one of the following specialties: Anesthesiology, Neurological Surgery, Neurology, Psychiatry, or Physical Medicine and Rehabilitation.
OR
- **Condition B:** If you do not satisfy this requirement under Condition A, then you must submit documentation of substantial training in pain medicine in an ACGME-accredited residency training program.
 1. This residency training must be equivalent in scope, content, and duration to that received in one of the ACGME-accredited residency training programs for the specialties listed in Condition A; **and**
 2. The documentation of your residency training in Pain Medicine must, at a minimum, include a completed form that describes your residency training. The *Documentation of Substantial Residency Training in Pain Medicine Form* is provided by ABPM. This form must be completed by the Program Director of the residency training program that you attended. If your program director is no longer with the program, the current director may complete this form.
 3. The *Documentation of Substantial Residency Training in Pain Medicine Form* includes categories of training included in Pain Medicine. The program director must document the scope, content, and duration of residency training in neuro-anatomy, neurophysiology, neuropathology, pharmacology, psychopathology, physical modalities, and surgical modalities relevant to the field of Pain Medicine.
 4. The residency program director must submit this form for your application to be complete.

Note: Since this Requirement relies on the actions of third parties, you are advised to allow ample time for the Program Director to complete and return the *Documentation of Substantial Residency Training in Pain Medicine Form* to you.

Requirement 2—Licensure

You must have a license to practice allopathic or osteopathic medicine that is current, valid, and unrestricted at the time of the examination. This license must be issued by (a) one of the states of the United States of America, its territories or possessions, (b) a branch of the United States Uniformed Services, or (c) one of the provinces or territories of Canada.

Possessing a current, valid, unrestricted license to practice medicine is necessary, but not sufficient, for eligibility. You may not meet Requirement 2 if you have had a license revoked, suspended, restricted, or voluntarily or involuntarily surrendered in any jurisdiction, or if you are the subject of any action by the Federal DEA or an authority that confers medical licensure. Eligibility will also be determined by your answers to any of the items in the 2009 ABPM Application for Certification Examination – Ethical and Professional Standards Questionnaire (Item 19).

Requirement 3—American Board of Medical Specialties (ABMS) Board Certification

You must be certified by an ABMS member board. The certification must be current and valid at the time of the examination.

You must also be recertified if you are subject to mandated recertification.

Requirement 4—Practice Experience

You must have been engaged in the clinical practice of Pain Medicine, on a substantial basis, for at least 18 months within the 36-month period prior to January 1, 2009. Practice during a residency training program is not considered as counting towards the requisite 36 months. However, an applicant who successfully completed a residency training program followed by a fellowship in Pain Medicine may count up to 12 months of that fellowship training toward the requisite 36 months, provided that the fellowship is completed before January 1, 2009.

A complete summary of your practice must be supplied in Item 16 of the enclosed application. In summarizing your practice, please review the Definition of Pain Medicine on Page 1 of this *Bulletin of Information*.

The practice of Pain Medicine includes the comprehensive evaluation of the patient. Treatment must be comprehensive, multimodal, concurrent, coherent, patient-specific, and structured, including some or all of the following modalities of care: cognitive, behavioral, pharmacological, invasive, rehabilitative, complementary, or alternative.

The practice of Pain Medicine also involves the horizontal and vertical continuity of care, specifically referral of patients to other practitioners or follow up at the conclusion of active treatment.

The clinical practice of Pain Medicine refers to the delivery of direct patient care on a substantial basis. Chart review, basic science research, administrative work, and other non-clinical activities are not considered the delivery of direct patient care.

Requirement 5—Continuing Medical Education (CME)

Within the period, September 2006-September 2008, you must have completed a minimum of 50 hours of Category I continuing medical education (CME) relevant to Pain Medicine, approved by the Accreditation Council on Continuing Medical Education (ACCME), or Canadian CME (MAINPRO, MOCOMP), which is recognized as equivalent to ACCME for this purpose by the ABPM Credentials Committee.

If you have successfully completed a residency training program followed by a fellowship training program in Pain Medicine that lasted 12 months or longer, within the time frame referenced in the preceding paragraph, you may count that fellowship as 50 hours of Category I CME for the purpose of meeting Requirement 5.

Requirement 6—Adherence to Ethical and Professional Standards

You must not have engaged in conduct which, in the judgment of the Board, a) reflects unethical activity related to the practice of medicine, or b) casts significant doubt on your ability to practice Pain Medicine in the best interest of patients.

You must submit a minimum of two (2) *Referee Checklists* from physicians licensed to practice allopathic or osteopathic medicine, who can accurately and honestly attest to the nature and scope of your practice in Pain Medicine. Each *Referee Checklist* should be accompanied by a brief letter on the referring physician's professional letterhead, noting his/her professional relationship with you.

Only one (1) checklist from a physician who practices in your same group or functional area will be considered. Checklists from trainees, employees, relatives or spouses will not be considered.

If you practice in a large, multispecialty group (at least 50 physicians), such as a teaching hospital or large clinic, one checklist can be from a physician who practices in a functional area (e.g., department, division) different from yours.

Included in this application packet are two (2) *Referee Checklists*. Please provide one form to each recommending physician.

These checklists and referral letters must be included with the application for your application to be complete. Since the completion of these materials relies on third parties, you are advised to allow ample time for each physician to complete and return these checklists to you.



ABPM CERTIFICATION OVERVIEW

American Board of Pain Medicine

ABPM is incorporated in the State of Illinois as a not-for-profit corporation and operates as an autonomous entity, independent of any other association, society, or academy. This permits ABPM to maintain integrity concerning its policy making on matters related to certification.

ABPM administers a psychometrically-developed and practice-related examination in the field of Pain Medicine to qualified examinees. Physicians who have successfully completed the ABPM credentialing process and examination will be issued certificates as specialists in the field of Pain Medicine and designated as ABPM Diplomates. A list of currently certified ABPM Diplomates is available at www.abpm.org.

ABPM Goals and Objectives

1. To evaluate physicians who voluntarily appear for examination and to certify as Diplomates in Pain Medicine those who are qualified. Objectives to meet this goal include:
 - Determination of whether applicants have received adequate preparation in accordance with the educational standards established by ABPM.
 - Creation, maintenance and administration of comprehensive examinations to evaluate the knowledge and experience of candidates.
 - Issuance of certificates to those examinees found qualified under the stated requirements of ABPM.
2. To maintain and improve the quality of graduate medical education in the field of Pain Medicine by collaborating with related organizations. Objectives to meet this goal include:
 - Development of standards and requirements for graduate medical education in Pain Medicine in collaboration with other concerned organizations and entities.
3. To provide information about the specialty of Pain Medicine to the public. Objectives to meet this goal include:
 - Maintenance of a publicly-accessible registry of physicians certified as Diplomates of the ABPM.
 - Provision of information to the public and concerned entities about the rationale for certification in Pain Medicine.
 - Facilitation of discussion with the public, professional organizations, health care agencies and regulatory bodies regarding education, evaluation and certification of Pain Medicine specialists.

The Purpose of Certification

Pain Medicine has emerged as a separate and distinguishable specialty that is characterized by a distinct body of knowledge and a well-defined scope of practice, based on an infrastructure of scientific research and education. Competence in the practice of Pain Medicine requires advanced training, experience and knowledge.

ABPM is committed to certification of qualified physicians in the field of Pain Medicine. The certification process employs practice-based requirements against which members of the profession can be assessed. The purposes of the ABPM Certification Program are as follows:

- To establish the knowledge domain of the practice of Pain Medicine for certification
- To assess the knowledge of Pain Medicine physicians in a psychometrically valid manner
- To encourage professional growth in the practice of Pain Medicine
- To formally recognize individuals who meet the requirements set forth by ABPM as Diplomates
- To serve the public by encouraging quality patient care in the practice of Pain Medicine

Scope of Certification

The eligibility requirements and examination materials for the ABPM certification program have been developed based on substantial review and analysis of the current state of medical and scientific knowledge of the treatment of pain, as reflected in the medical literature. The ABPM Board of Directors and the Examination Council, with the assistance and advice of professionals in relevant fields, have developed a certification program that recognizes accepted levels of knowledge and expertise in the profession, with the goal of improving patient care.

However, no certification program can guarantee competence or successful treatment to the public. In addition, given the rapid changes in medical knowledge and the speed of scientific developments, ABPM cannot warrant that the examination materials will at all times reflect the most current state of the art.

New developments are included in the examination only after they have been accepted by practitioners of Pain Medicine. Periodic practice analyses are conducted to ensure that the examination continues to reflect actual practice conditions.

ABPM welcomes constructive comments and suggestions from the public and the profession. The ABPM Certification Program has been designed to comply with the American Psychological Association's joint technical standards on testing and certification industry standards.

Test Development and Administration

ABPM retains Knapp & Associates International, Inc., of Princeton, NJ, to provide assistance in the development of the annual certification examination. Knapp & Associates International, Inc. is a consulting firm specializing in the conceptualization, development, and implementation of professional certification programs. ABPM utilizes the online test delivery services of TesTrac through ACT Test Centers nationwide.

About the Examination

National analyses of the practice of Pain Medicine have been undertaken to define the role of the Pain Medicine physician and describe the responsibilities, tasks and types of knowledge necessary to practice the specialty. Practice analyses are conducted to ensure that the content of the examination continues to reflect accurately current practice in Pain Medicine.

The data for the studies were collected from a cross-section of specialists in the field. The analysis of these data was used to develop the specifications and content of the examination. The examination content outline is included in this *Bulletin of Information*.

Nondiscrimination Policy

ABPM does not discriminate against any person on the basis of age, gender, sexual orientation, race, religion, national origin, medical condition, physical disability, or marital status.

Applying To Take the Examination

Applicants must complete the application form accompanying this *Bulletin of Information* and must submit, by the required deadlines, all required documentation to be eligible for review by the Credentials Committee. A portable document format (pdf) version of the application form can also be downloaded from www.abpm.org.

The certification examination is composed of 400 multiple-choice items. Each item contains four options or choices, only one of which is the best answer. Some of the items refer to figures (e.g., diagrams, radiographs). These items were developed by the ABPM Examination Council, an expert panel of ABPM Diplomates. The examination item pool is updated regularly to reflect current knowledge. Individual items are modified or deleted from the item pool based on statistical analysis of the previous year's examination.

Please complete the application form very carefully and accurately. The information provided in the application, and any required accompanying documents, will be used by ABPM to determine eligibility to sit for the examination.

Processing the Application

ABPM independently verifies the information submitted in applications. State agencies or other licensing bodies sometimes take time to respond to verification requests. ABPM is not responsible if external sources of verification do not reply in a timely fashion.

The review process takes approximately 12 weeks. The review process does not start until **ALL** application documentation, in a complete, accurate, legible and unambiguous form, has been received.

The ABPM Credentials Committee reviews all complete, accurate, legible and unambiguous applications submitted with a postmark date on or before October 7, 2008. The Credentials Committee will strive to send notification regarding examination eligibility status by **January 9, 2009**. Please contact ABPM if you do not receive notification by this date.

Special Testing Arrangements

Candidates who require special testing arrangements should so indicate this requirement on Item 8 of the application form and should attach a request and documentation of the need for special arrangements.

ACT will make reasonable efforts to accommodate eligible candidates who provide documented evidence of a disabling condition. ACT can provide auxiliary aids and services that do not present an undue burden to ACT and do not fundamentally alter the measurement of the knowledge the assessment program is intended to test.

Taking the Examination

It is mandatory that all examinees personally make and pay for an appointment to sit for the examination at an ACT test center. Further information about making an appointment will be sent to examinees directly from ACT upon confirmation of acceptance to sit for the examination. The non-refundable ACT appointment cost is \$180 for the 8 hour certification examination, and payment is due at the time the appointment is

made. Examinees are encouraged to make an appointment by February 7, 2009 in order to ensure test center availability. For information on ACT test center locations, visit <http://www.act.org/actcenters/locate/index.html>.

Non-Saturday testing is available only in remote areas or for examinees that cannot test on Saturday because of religious convictions. If there is a test center within 100 miles of your home, you should plan to register for the test date and request that center. If you are unable to test on the chosen date, you must contact ABPM at (847) 375-6382, upon confirmation of acceptance to sit for the examination. ABPM will allow alternate test dates on a case-by-case basis for religious purposes only.

Strict security measures are maintained throughout all phases of examination development and administration. Prior to entry at ACT test centers, each examinee is required to present a government issued valid ID to verify their identity. In addition, each examinee is photographed prior to starting their examination. During testing, each session is video and audio recorded. Examinees are prohibited from having personal belongings during the testing session, including purses, brief cases and backpacks. Only authorized materials are allowed into the testing lab and the facilities are under constant supervision.

Irregularities observed during the testing period, such as creating a disturbance, giving or receiving unauthorized information or aid to or from other persons, or attempting to remove test materials or notes from the testing room, may be sufficient cause to terminate examinee participation in the examination administration or to invalidate a score. Irregularities may also be evidenced by subsequent statistical analysis of testing materials.

ACT will report any suspicious activity and file a report of irregularity. ABPM reserves the right to investigate any incident of possible misconduct or irregularity and to disqualify any examinee about whose examination there is, in its judgment, a question. ABPM further reserves the right to invalidate any examination if, in its judgment, the integrity of the examination has been compromised. The examination is a copyrighted work of the American Board of Pain Medicine. Any unauthorized copying of the exam or of any items or figures may constitute copyright infringement.

Test Site Regulations

Test site regulations will be subject to the requirements of individual testing centers. In addition, ABPM mandates the following:

1. All examinees must present a government issued valid ID at the test site in order to be allowed to take the examination. No exceptions will be made to this requirement.
2. ACT suggests examinees arrive at the test site approximately 30 minutes prior to the testing time. Late arrivals will not be admitted to the test site.
3. Upon arriving, examinees will be required to sign an Examinee Agreement and Sign-In form, accepting the terms of the test site regulations. For security purposes, examinees will be photographed by ACT.
4. Cellular phones, pagers, PDAs or any other devices with memory capability are NOT allowed.
5. Books, paper, and notes are not permitted in the testing room.

ABPM CERTIFICATION OVERVIEW

6. Food (including candy and gum), beverages, and tobacco products are not permitted in the testing room.
7. Unauthorized visitors are not allowed at the test site. Observers approved by the ABPM Board of Directors may, however, be present during the testing session.
8. Examinees may leave the testing room to use the restroom but will not receive any additional time to complete the examination. Once a test session starts, the time clock continues to run until session time expires. ACT test center locations file reports of irregularity when delivery violations or unusual behavior occur during the testing session.

Refunds

Regardless of its action on any application, ABPM will retain a \$500 nonrefundable processing fee and will require applicants to pay all fees and meet eligibility criteria applicable at the time of any future application.

If a candidate does not, for any reason, sit for an examination for which he or she is eligible, the individual may request, in writing, a refund of the filing fee, less the \$500 nonrefundable processing fee, within 30 days following administration of the examination. *No refunds will be given after this 30-day period.*

ACT test center appointments are nonrefundable.

Nullification of Examination

If, for any reason, an examinee decides that he/she does not want his/her score reported, he/she may write to ABPM requesting cancellation of the score. The written request must be signed and postmarked within 5 business days from the date of the examination.

A canceled score will not be reported to the examinee or to ABPM, nor will ABPM or Knapp & Associates International, Inc., keep a record of the examination results. No refunds will be given to examinees requesting score cancellations. To take the examination after a score cancellation, applicants must submit a new application, with required documentation and fee.

Determination of Passing Score

The passing score for the certification examination in Pain Medicine is set by a national panel of experts, which is representative of the field of Pain Medicine.

This review process establishes a minimal level of knowledge that would be expected of passing examinees. The judgments made by the expert panel are subjected to statistical analyses that yield a passing score approved by the ABPM Board of Directors.

The passing score is based on an expected level of knowledge; it is not related to the distribution of scores obtained during a particular administration. In any given year, an examinee has the same chance of passing the examination regardless of whether the group taking the examination at that time tends to have high scores or low scores. Each examinee is measured against a standard of knowledge, not against the performance of the other individuals taking the examination.

Identification of Examinees During Scoring

For the purposes of scoring the examination, and for any subsequent discussions regarding the scores of individual examinees, all examinees will be identified by numbers only. No names will accompany these numbers.

Examination and Scoring Reporting

Approximately eight (8) weeks after the administration of the examination, ABPM will notify examinees of their examination results. For the security of examinees, results are sent by mail only and are not released via telephone, facsimile, or by electronic communication devices.

Examinees who pass the examination will receive a letter containing notification of such. The examination is designed to assess knowledge associated with minimal professional competency and is not intended to distinguish among scores above the passing point. Therefore no numeric scores will be reported for passing examinees.

Examinees who fail the examination will receive notice of their score, the minimum passing score, and a diagnostic report showing subject areas of strength and those needing improvement.

Note: All examinee test responses will be destroyed six (6) months after administration of the examination.

Limitation on the Number of Examinations

A physician who has failed to pass the examination on the first attempt may apply to sit for the examination a second time without being subject to any remedial requirements. A new application must be submitted, with all applicable fees and required documentation.

A physician who has failed to pass the examination on the second attempt must complete the following requirements before the Credentials Committee will consider an application to sit for the examination a third time:

1. A minimum of one (1) additional year of practice in Pain Medicine, and
2. An additional 40 hours of Category I ACCME-approved CME in Pain Medicine or Canadian CME (MAINPRO, MOCOMP) that is recognized as equivalent for this purpose by the ABPM Credentials Committee.
3. Documentation of such activities must be submitted when applying to take the third examination.
4. A new application, with all applicable fees and required documentation.

A physician who has never successfully completed a 12-month or longer, full-time ACGME-accredited training program in Pain Medicine and who has failed the examination three (3) times may apply to sit for a fourth examination under the following conditions:

1. Following the third attempt at passing the examination, the applicant must successfully complete a 12-month or longer, full-time ACGME-accredited training program in Pain Medicine.
2. Documentation of this training must be submitted when applying to take the fourth examination.

Under no conditions may a physician be granted more than four (4) opportunities to sit for the Certification Examination.

Data Analysis

Examinees who fail the examination and wish to challenge the results of their examination may request a review of the test results. An examinee who wishes to challenge the results of his/her examination must submit a request in writing within 30 calendar days of the postmark on his or her score report, along with a check for \$75 payable to ABPM to cover the data analysis. The results of the data analysis will be considered the final examination results.

Certification

Candidates who pass the examination will receive a certificate suitable for framing and may designate themselves as Diplomates of the American Board of Pain Medicine (DABPM), as long as they remain certified.

ABPM reserves the right to withdraw initial certification or recertification for good cause.

Recertification

All certificates awarded after January 1, 1999 are time-limited, expiring 10 years after the examinee passes the Certification Examination. ABPM takes this step to assure the public that Diplomates will continue to demonstrate the attributes of a board-certified Pain Medicine physician.

A recertification process has been developed and information regarding that is found in the Recertification Examination *Bulletin of Information*.

Complaints Against Diplomates

Certification by the American Board of Pain Medicine indicates that a physician has met eligibility requirements and has passed a written Certification Examination in Pain Medicine. Certification is not a guarantee of continuing competence, ethical behavior, or successful outcomes for individual patients. ABPM from time to time receives complaints or other information about Diplomates. ABPM handles each complaint per an established policy that addresses the various causes for complaint. Diplomates receive the opportunity to respond to complaints prior to ABPM action.

Obligation to Report Changes in Status

Diplomates are obliged to inform ABPM of any change in licensure or in his/her answer to any question in subparagraphs A-J of Item 19 in the application that would no longer qualify them for certification. A change in the status of any initial or recertification eligibility may be cause for revocation of current certification by ABPM.

How to Prepare for the Examination

1. Review the examination outline in this *Bulletin of Information*. The approximate percentage of the total examination that is allotted to each major content area is indicated in parentheses after each section name.
2. Answer the sample questions in this *Bulletin of Information* to familiarize yourself with the nature and format of the questions that will appear on the examination.
3. Refer to the list of references on the ABPM Web site (www.abpm.org) as it may prove helpful in the review of the subject areas included on the examination.

I. Anatomy and Physiology (14%)

- A. Head and face (including eyes, ears, nose, and throat)
- B. Gastrointestinal and urogenital
- C. Metabolic/endocrine
- D. Respiratory/cardiovascular
- E. Spine (facet, discs, bony anatomy)
- F. Joints (nonspinal)
- G. Muscles, connective tissue, integument
- H. Central nervous system (brain and spinal cord)
- I. Cranial nerves (including plexi and spinal roots)
- J. Peripheral nervous system
- K. Autonomic nervous system
- L. Pain neurophysiology (including neurotransmitters)

II. Diagnostic Testing (12%)

Proper usage and limitations of:

- A. Laboratory studies
- B. Imaging studies
- C. Electrodiagnostic studies (EMG, NCV, SSEP, BAEP, VEP)
- D. Autonomic function studies
- E. Vascular studies
- F. Diagnostic nerve blocks
- G. Functional capacity evaluation
- H. Physical examination
- I. Sleep studies/EEG

III. Types of Pain (13%)

- A. Headaches
- B. Orofacial (temporomandibular disorder, dental, ENT, atypical facial pain)
- C. Chest
- D. Abdominal
- E. Pelvic/genital
- F. Spinal disorders (includes osteoporosis)
- G. Trigeminal neuralgia
- H. Trauma (e.g., musculoskeletal pain)
- I. Postamputation
- J. Spinal cord injury
- K. Burn
- L. Postoperative
- M. Cancer
- N. Vascular/Ischemic
- O. Sickle-cell disease
- P. AIDS/HIV
- Q. Rheumatologic (articular, nonarticular), connective tissue disorders, tendonitis
- R. Myofascial pain syndrome/fibromyalgia syndrome
- S. Central nervous system lesions (CVA, MS)
- T. Diabetic neuropathies
- U. Herpes zoster/postherpetic neuralgia
- V. Complex Regional Pain Syndromes types I & II (reflex sympathetic dystrophy/causalgia), sympathetically maintained/sympathetically independent pain
- W. Other peripheral neuropathies

EXAMINATION OUTLINE (CONTINUED)

- X. Radiculopathy (cervical, thoracic, lumbar)
- Y. Pain in children
- Z. Pain in elderly

IV. Pain Assessment (11%)

- A. Addiction
- Impact of the following on patient report of pain:
 - B. Cultural background
 - C. Age
 - D. Psychological factors
- Proper usage and limitations of:
 - E. Subjective report methods (e.g., visual analogue scale, verbal descriptors, McGill Pain Questionnaire)
 - F. Pain behavior ratings/activity reports
 - G. Pain treatment outcomes assessment
 - H. Placebo trials, placebo and adverse placebo (nocebo) effects

V. Pharmacology (18%)

- A. Tolerance and physical dependence
- B. Detoxification and withdrawal syndromes
- C. General pharmacokinetics and pharmacodynamic principles
- D. Routes of administration (including intrathecal/epidural pumps/catheters)
- E. Equianalgesic doses
- F. Drug interactions
- G. Drug genomics
- Mechanisms of action, contraindications, side effects, and interaction of:
 - H. Acetaminophen
 - I. Nonsteroidal anti-inflammatory agents
 - J. Corticosteroids
 - K. Local anesthetics
 - L. Antiarrhythmics
 - M. Muscle relaxants
 - N. Stimulants
 - O. Opioids
 - P. Anticonvulsants
 - Q. Antidepressants
 - R. Antipsychotics
 - S. Lithium
 - T. 5HT drugs (serotonin agonists/antagonists)
 - U. Ergot derivatives
 - V. Beta blockers
 - W. Benzodiazepines
 - X. Nonbenzodiazepine anxiolytics/hypnotics
 - Y. Neurolytic agents
 - Z. NMDA antagonists
 - AA. Calcium channel blockers
 - BB. Alpha agonists/antagonists
 - CC. Baclofen, etc.
 - DD. Tramadol
 - EE. Capsaicin
 - FF. Calcitonin
 - GG. Strontium
 - HH. Butalbital preparations
 - II. Miscellaneous (e.g., Midrin)

VI. Techniques of Pain Medicine (13%)

- Indications, contraindications, complications, technical aspects
 - A. Therapeutic nerve blocks
 - B. Epidural/subarachnoid anesthetic blocks
 - C. Continuous infusion of neuroaxial agents (e.g. morphine, baclofen)
 - D. Soft tissue injection

- E. Intra-articular injections
- F. Neurolytic techniques (chemical, cryogenic, radiofrequency)
- G. Stimulation procedures (peripheral nerve, spinal cord)
- H. Central nervous system ablative surgical techniques
- I. Decompressive surgical procedures (peripheral nerve, nerve root)
- J. Therapeutic heat and cold
- K. Manipulation and massage
- L. Physical therapy
- M. TENS
- N. Casting/splinting/orthotics
- O. Conditioning/exercise
- P. Radiation therapy (includes radiosurgery)
- Q. Cognitive behavioral therapy
- R. Psychotherapy
- S. Hypnosis
- T. Biofeedback
- U. Relaxation training
- V. Occupational therapy
- W. Vocational assessment/rehabilitation
- X. Functional restoration (e.g., ergonomics, energy conservation)
- Y. Nutrition
- Z. Alternative/complementary treatments (acupuncture, homeopathy, naturopathy)
- AA. Hospice care
- BB. Multidisciplinary pain treatment

VII. Psychological/Behavioral Aspects of Pain (10%)

- A. Impact of psychological factors on pain treatment
- B. DSM diagnosis of Pain Disorder
- C. Other psychiatric diagnoses (e.g., somatoform, factitious, depressive, panic, anxiety, and posttraumatic stress disorders)
- D. Interaction of pain problem/disorder with personality traits/disorders
- E. Psychometric assessment not specific to pain (e.g., MMPI, Beck Depression Inventory) principles and tools
- F. Impact of pain on work and family and influence of familial and occupational factors on pain
- G. Secondary gain
- H. Sexual dysfunction
- I. Relationship between pain and sleep disorders

VIII. Compensation/Disability and Medical-Legal, Practice, and Ethical Issues (9%)

- A. Differences between disease, impairment, and disability
- B. Standardized guidelines for assessing impairment and disability
- C. Malingering
- D. Compensation and disability systems
- E. Expert witness testimony
- F. Interaction with the legal/regulatory system (confidentiality, medical records)
- G. Documentation (medical records, informed consent)
- H. Coding requirements/documentation (ICD 9/10, CPT)
- I. Controlled Substances Act/methadone maintenance
- J. Ethics (living wills, do-not-resuscitate orders, durable power of attorney, assisted suicide)
- K. Physician-patient relationship (e.g., termination of professional relationship)
- L. Pain Medicine practice guidelines
- M. Strategies for maintaining cost containment while providing effective treatment

SAMPLE QUESTIONS

1. **One of the effects created by activation or increased release of substance P is**
 - A. vasoconstriction.
 - B. membrane stabilization.
 - C. analgesia.
 - D. vasodilation.
2. **A 23-year-old female patient, who was recently discharged from the hospital following open reduction and internal fixation of a fractured femur, suddenly develops severe chest pain. Which of the following medications in her history would seem to be implicated in the etiology of her pain?**
 - A. Oral contraceptives
 - B. Nonsteroidal anti-inflammatory agents
 - C. Opioid analgesics
 - D. Benzodiazepines
3. **Patients who present with fever and pain of recent onset over the neck, upper back, chest, and upper limbs should be assessed for the possibility of abscess in the**
 - A. cervical epidural space.
 - B. posterior nasopharynx.
 - C. subdiaphragmatic space.
 - D. T 7-8 disk space.
4. **Disability due to chronic pain is felt to be primarily related to the**
 - A. number of somatic sites in which pain exists.
 - B. reinforcement of pain behaviors.
 - C. presence of a life-threatening disease.
 - D. presence of neuropathic, as opposed to muscular, pain causes.
5. **Further testing with CT scan or MRI is mandatory in headaches accompanied by all of the following EXCEPT**
 - A. prolonged long-term, unchanging band-like pain.
 - B. hemiparesis and contralateral sensory deficit.
 - C. the appearance of seizures.
 - D. olfactory hallucinations.
6. **Referral to a multidisciplinary pain center is usually most appropriate when patients demonstrate evidence of**
 - A. purely psychiatric diagnoses.
 - B. both neuropathic and visceral pain.
 - C. purely psychological stress.
 - D. both somatic and psychological factors.
7. **Which tricyclic antidepressant is most appropriate for treatment of pain in an 80-year-old male with postherpetic neuralgia and urinary retention?**
 - A. Amitriptyline (Elavil)
 - B. Doxepin (Sinequan)
 - C. Desipramine (Norpramin)
 - D. Imipramine (Tofranil)
8. **In disability determination under most workers' compensation systems, the presence of pain is given**
 - A. more attention than the underlying physical impairment.
 - B. as much attention as the underlying physical impairment.
 - C. less attention than the underlying physical impairment.
 - D. no attention whatsoever.
9. **Which of the following is true regarding the use of antidepressants to reduce chronic pain?**
 - A. Only tertiary amine tricyclics are effective.
 - B. Serotonergic agents are not clearly superior to noradrenergic ones.
 - C. Serotonin potentiation is a necessary characteristic of effective agents.
 - D. Only noradrenergic agents are effective.
10. **DREZ lesions have been documented to provide long-term pain relief in**
 - A. cervical root avulsion.
 - B. sciatica.
 - C. diabetic neuropathy.
 - D. thalamic pain syndrome.
11. **A 52-year-old patient presents with a history of acute low back pain, without trauma, which is unrelieved by bed rest and is associated with paroxysms of pain and an elevated erythrocyte sedimentation rate. Radiographs of the spine reveal an absent pedicle. The most likely diagnosis is**
 - A. lupus erythematosus.
 - B. multiple myeloma.
 - C. metastatic lesion.
 - D. disc space infection.
12. **Which of the following is true regarding patients with cluster headaches?**
 - A. They are more likely to be female.
 - B. They are likely to lie in a quiet, dark room with an ice pack over the affected temple during an attack.
 - C. They are usually nonsmokers and nondrinkers.
 - D. They are known to attempt suicide secondary to their pain.
13. **Which of the following is true of the physical or sensory component of pain perception?**
 - A. It is less variable than the anxiety produced by the pain.
 - B. It is more variable than the anxiety produced by the pain.
 - C. It is generally equal to the anxiety produced by the pain.
 - D. It is reduced in patients with hypochondriasis.
14. **A patient who has been taking high doses of benzodiazepines and opioids experiences withdrawal symptoms during detoxification. Which of the following specifically indicates that the opioid is being tapered too rapidly?**
 - A. Hyperreflexia
 - B. Diaphoresis
 - C. Hyperactive bowel sounds
 - D. Tachycardia
15. **The depression commonly seen in those with chronic pain of nonmalignant origin differs from the most typical major depressions in that in the former there is likely to be**
 - A. anhedonia.
 - B. weight gain.
 - C. guilty ruminations.
 - D. insomnia.
16. **All of the following are true of migraine EXCEPT**
 - A. Aura (prodrome) is not present in common migraine.
 - B. The neurologic symptoms of classic migraine may persist beyond the headache phase.
 - C. Ergotamine (Ergostat) is effective in treating acute attacks when used daily for 7-14 days.
 - D. 70% of migraine patients have a positive family migraine history.
17. **The essential feature of pain that can be used to differentiate it from other somatic sensations is its**
 - A. intensity.
 - B. threshold.
 - C. chronicity.
 - D. unpleasantness.
18. **Aching pain in the suprapubic region is most likely caused by abnormalities of the**
 - A. ureter.
 - B. prostate.
 - C. coccyx.
 - D. sacroiliac joints.

1. D	7. C	13. A
2. A	8. C	14. C
3. A	9. B	15. B
4. B	10. A	16. C
5. A	11. C	17. D
6. D	12. D	18. B



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