



Certification Examination in Pain Medicine

2011 BULLETIN OF INFORMATION

Early Filing Application Deadline

Wednesday, September 1, 2010

Final Application Deadline

Friday, October 1, 2010

Examination Dates

April 2–April 23, 2011

Examination Location

Authorized ACT Test Centers

www.act.org/actcenters/locate/index.html

2011

American Board of Pain Medicine
4700 W. Lake Avenue
Glenview, IL 60025-1485
847.375.4726 Fax 847.375.6477
Website: 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 pain or headaches.

Pain Medicine specialists 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 multi-disciplinary team, coordinating care with other healthcare professionals, and providing consultative services to public and private agencies pursuant to optimal healthcare delivery to the patient suffering with pain. The objective of the pain physician is to provide quality care to the patient suffering with 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 and attestations, that has been submitted to the ABPM in a timely fashion and is 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 Identifiable 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 Identifiable 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 Friday, October 1, 2010.

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 with return receipt requested or via a national courier service that allows senders to track delivery status.

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 the materials appear either complete and ready for review by the Credentials Committee, or 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 or she can be contacted, should the need arise. It is recommended that the applicant also include the name of another contact person if only a telephone number is provided.

Contact Information Changes: It is the responsibility of the applicant to notify the ABPM office immediately of any changes in contact information 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**, the **\$180 ACT test appointment fee** and the **\$500 nonrefundable processing fee**. The \$180 test appointment fee covers the ACT appointment fee that each examinee must pay and is NOT an additional fee to ABPM. 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 the 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 Application Fee	\$1,100
Late Application Fee	\$1,300
Nonrefundable Processing Fee	\$500
ACT Test Appointment Fee	\$180
Total Early Discounted Filing Fee . . .	\$1,780

Complete, accurate, legible, and unambiguous applications must be postmarked on or before September 1, 2010, to qualify for the early fee.

Total Final Filing Fee	\$1,980
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Complete, accurate, legible, and unambiguous applications must be postmarked on or before October 1, 2010, to be considered for the 2011 certification process.

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 appointment fees are non-refundable if canceled within 48 hours of the appointment. If a candidate does not show up for a scheduled examination appointment, and then reschedules within the testing period of April 2–April 23, 2011, a second \$180 appointment fee will be incurred.

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 identifiable training in the specialty of Pain Medicine. Applicants must submit, in chronological order, a list of all completed ACGME-accredited residency training. See Item 10 in the enclosed application.

In order to comply with the standard listed above you must meet the criteria set forth in Condition A or Condition B as listed below.

- **Condition A:** You must present evidence of having satisfactorily completed an ACGME-accredited residency training program in one of the following specialties: Anesthesiology, Neurological Surgery, Neurology, Psychiatry, or Physical Medicine and Rehabilitation. Successful completion of training in one of these five specialties has been deemed to meet the standard for Requirement 1.

OR

- **Condition B:** If you do not satisfy this requirement under Condition A, then you must submit documentation of identifiable training in Pain Medicine in an ACGME-accredited residency training program.

1. The residency training in the specialty of Pain Medicine must be equivalent in scope, content, and duration to that received in one of the above listed five ACGME-accredited residency training programs deemed to include identifiable training in the specialty of Pain Medicine; **and**
2. The documentation of your residency training in Pain Medicine must, at a minimum, include a completed form that describes that training. *The Documentation of Identifiable 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 Identifiable 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 neuroanatomy, 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 to ABPM. If the residency program director does not submit this form, your application will be considered incomplete.

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 Identifiable Residency Training in Pain Medicine Form* to you.

*As used by the ABPM, the term "residency training program" means: any level of graduate or post-graduate medical education

in a program accredited by the ACGME. Participants in an ACGME-accredited subspecialty program, sometimes referred to as *fellowship* or *subspecialty residency*, are included in the term "residency training program". Fellowship or subspecialty residency programs include those programs of graduate medical education accredited by the ACGME that are beyond the requirements for eligibility for the first board certification in a particular medical discipline.

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 or investigation by the Federal DEA or any authority that confers medical licensure. Eligibility will also be determined by your answers to any of the items in the 2011 ABPM Application for Certification Examination—Ethical and Professional Standards Questionnaire (Item 20).

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 April 2, 2011**. Experience during a residency training program is not considered practice for the purposes of this requirement.

An applicant who has successfully completed a residency training program, followed by an ACGME-accredited fellowship in Pain Medicine may count up to 12 months of that fellowship training toward the requisite 18 months, provided that the fellowship is completed within the 36-month period before April 2, 2011.

At the time of application you must be engaged in the clinical practice of Pain Medicine.

A complete summary of your practice must be supplied in Item 17 of the application. In summarizing your practice, please review the "Definition of Pain Medicine" on Page 2 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 nonclinical activities are **not** considered the clinical practice of Pain Medicine.

Requirement 5—Continuing Medical Education (CME)

Within the period, October 2008–October 2010, 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 an ACGME-accredited 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.

Regardless of the size of your practice, only one (1) checklist from a physician who practices within your clinic, practice, group, or corporation will be considered. The second checklist should come from any physician outside your practice who can attest to your current practice. Checklists from trainees, employees, relatives, or spouses will not be considered.

If you practice in a multispecialty clinic, practice, group, or corporation comprising at least 50 physicians, such as a teaching hospital or large clinic, one checklist can be from a physician who practices within your functional area (e.g., department, division) and the second may be either from a physician practicing in a functional area that is distinctly different from yours or from a physician practicing outside your clinic, practice, group or corporation.

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

These checklists must be included with the application for your application to be complete. Because 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.

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

- To evaluate candidates who voluntarily appear for examination and to certify or recertify those candidates as Diplomates in Pain Medicine 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.
- 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.
- 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, healthcare 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

ABPM CERTIFICATION OVERVIEW (continued)

- 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 Pain Medicine physician role 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.

Data for the studies were collected from a cross-section of field specialists. 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 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 1, 2010. The Credentials Committee will strive to send notification regarding examination eligibility status by **January 5, 2011**. Please contact ABPM if you do not receive notification by this date.

Appeals Process

Any applicant who, in the judgment of the Credentials Committee, does not meet the eligibility requirements may petition the Appeals Committee for reconsideration by filing a timely appeal.

To be timely, any appeal must be submitted in writing to the ABPM office within 14 calendar days after the date of the letter advising the applicant of the decision of the Credentials Committee.

The appeal submitted by an applicant shall not include any material that was not submitted to and reviewed by the Credentials Committee. Rather, any appeal shall be limited to an explanation of why the applicant believes that the Credentials Committee may have acted erroneously on the material submitted with the original complete application and any supplemental information requested by the Credentials Committee.

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 an appointment to sit for the examination at an ACT test center. Further information about making an appointment will be sent to examinees electronically directly from ACT upon confirmation of acceptance to sit for the examination. Please be sure to add act-centers@act.org to your accepted e-mail recipients to ensure receipt of this information. Examinees are encouraged to make an appointment by February 28, 2011, in order to ensure test center availability. For information on ACT test center locations, visit www.act.org/actcenters/locate/index.html.

The Certification examination will be administered in two 4-hour parts during the 3-week window of **Saturday, April 2, 2011 through Saturday, April 23, 2011**. Please note that if you take the examination on two separate days, the exam is scored as one test; you do NOT receive a score for the first part before taking the second part of the exam. Not all ACT testing centers have 8-hour availability. However, if a center near you does have 8-hour availability and you are able to make a testing appointment to take the entire exam all at once, **this is an acceptable option**.

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 valid government-issued form of identification. In addition, each examinee is photographed prior to starting his or her 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 results.

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 sole judgment, a question. ABPM further reserves the right to invalidate any examination if, in its sole 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 valid government-issued form of identification 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 under any circumstances.
5. Books, paper, and notes are not permitted in the testing room.
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.

Nullification of Examination

If, for any reason, an examinee decides that he or she does not want his or her score reported, he or 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 apply to take a subsequent examination after a score cancellation, applicants must submit a new application, with all applicable fees and required documentation, and meet the current eligibility requirements.

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 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.

Examination and Scoring Reporting

Approximately 8 weeks after the administration of the examination, ABPM will notify examinees of their examination results. For security purposes, 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 6 months after administration of the examination.

ABPM CERTIFICATION OVERVIEW (continued)

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 and/or third 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 1 additional year of practice in Pain Medicine
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 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.

Examination Appeals Procedure for Errors or Disruptions in Computer-Administered Examinations

Occasionally problems occur in the creation, administration, and scoring of examinations administered via computers. For example, power failures, Internet connectivity problems, hardware and software problems, human errors or weather problems may interfere with some part of the examination process. ABPM examinees sitting for computer-administered Certification or Maintenance of Certification examinations who fail the examination may appeal that unfavorable outcome if (1) the examinee believes that there was a compromise in the administration of the examination and (2) problems documented by the testing facility occurred that potentially compromised the administration of the examination.

Appeals are limited to a review of an alleged compromise in the administration of the examination, specifically, that the examination was administered in a manner that was atypical or did not meet the Board's or testing center's guidelines. An appeal does not result in a review of an examinee's performance on an examination. An appeal will never reverse an unfavorable outcome of a computer-administered examination or challenged part(s) of an examination. Rather, a successful appeal will result in the examination or challenged part(s) being invalidated and the examinee being offered the opportunity to sit for the invalidated part(s) at the next available administration. Re-examination shall be the examinee's sole remedy.

ABPM shall not be liable for inconvenience, expense, or other damage caused by any problems in the creation, administration or scoring of an examination, including the need for retesting or delays in score reporting. Under no circumstances will ABPM reduce its standards as a means of correcting a problem in examination administration.

Appeals will be considered on a case-by-case basis, when the following criteria are met:

- The examinee provides ABPM with a formal request for appeal of the unfavorable outcome of the examination.
- The examinee provides ABPM with a detailed, written, hard-copy description of the nature of the compromise of the examination administration. E-mail does not constitute hard-copy for this purpose.
- A check in the amount of \$200 is sent to ABPM to cover the cost of the appeal.
- The materials above are
 - sent by Certified U.S. Mail or tracked courier service
 - postmarked within 30 days of the date indicated on the letter of unfavorable examination outcome.

The materials will be reviewed by an Appeals Committee, which deliberates and makes a determination. In all events, the Appeals Committee's determination is final and binding on both the Board and the examinee.

Certification

Examinees 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.

American Board of Pain Medicine MOC® and Recertification

All certificates awarded after January 1, 1999, are time-limited, expiring 10 years after the examinee passes the Certification examination. ABPM implemented this process to serve the public by encouraging continued quality patient care in the practice of Pain Medicine.

A maintenance of certification process has been developed and information regarding the American Board of Pain Medicine MOC® program 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 affirmatively obliged to inform ABPM of any change in licensure or in his or her answer to any question in Item 20 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.

EXAMINATION OUTLINE (continued)

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 website (www.abpm.org) as it may prove helpful in the review of the subject areas included on the examination.

Examination Outline

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
- 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



EXAMINATION OUTLINE (continued)

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 antiinflammatory 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 antiinflammatory 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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