



Certification Examination in Pain Medicine

2018 Bulletin of Information

Examination Date Ranges

April 1-30, 2018

Early Filing Application Postmark Deadline

September 11, 2017

Final Application Postmark Deadline

October 10, 2017

2018

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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 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 professionals and providing consultative services to public and private agencies pursuant to optimal health care 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 (algiatry) services.

American Board of Pain Medicine Glossary of Terms

Throughout publications from ABPM, certain terms with specific meanings are employed. To better understand the intentions of the ABPM, some of these terms are defined below:

ACGME: The Accreditation Council on Graduate Medical Education is a private, not-for-profit council that evaluates and accredits medical residency programs in the United States. The ACGME's member organizations are the American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association of American Medical Colleges, and the Council of Medical Specialty Societies.

ABMS: The American Board of Medical Specialties is a not-for-profit organization comprising 24 medical specialty Member Boards, whose primary function is to assist its Member Boards in developing and implementing educational and professional standards to evaluate and certify physician specialists.

Adverse Action: An Adverse Action is any measure taken by a governmental entity that affects a practitioner's license to practice a health profession or their authority to use controlled substances in clinical care or research. Adverse Actions include, but are not limited, to the following: 1) limiting the scope of a practitioner's license to practice, such as restriction a) on the prescribing of specific drugs or classes of drugs, b) on the performance of specific procedures, c) on the examination of specific types of patients (eg, age or gender), d) on engaging in specific types of therapy, or e) of practice to certain settings; 2) imposing special provisions or obligations, such as requiring a) a practice monitor, b) remedial training or education, c) completion of an educational course in medical documentation, prescribing, ethics, or professional behavior (eg, remediation for boundary violations or disruptive behavior), d) a medical, psychological, substance abuse, or psychiatric evaluation, or e) counseling of any kind; or 3) disciplinary actions, such as a) probation, b) suspension, c) revocation, or d) denial, or e) issuance of a letter of concern, guidance, censure, or reprimand, regardless of whether the action is or may be reportable to the National Practitioner Data Bank or any other officially-sanctioned or required registry.

Applicant: A licensed health professional who has initiated the application process for Certification in Pain Medicine, Maintenance of Certification in Pain Medicine, or a Certificate of Knowledge (eg, Safe Opioid Prescribing) offered by the ABPM. The successful progression of status for Certification or Maintenance of

Certification is Applicant, Candidate, Examinee, and Diplomate or Certificant, as appropriate.

Application Package: An Application Package comprises the Examination Application itself and any required accompanying materials, such as copies of licenses, any required explanatory narratives, referee forms, etc. Application materials only constitute an Application Package when the criteria in this definition are met.

Board-eligible: ABPM does not use the term "board-eligible." An individual may progress through the certification stages as an Applicant, Candidate, Examinee, and finally, a Diplomate.

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

Category I Continuing Medical Education: Continuing Education for physicians that is offered by an accredited CME provider recognized by the American Medical Association as counting toward Category I of the Physician's Recognition Award or offered in another CME system recognized by AMA (see: <http://www.ama-assn.org/ama/pub/education-careers/continuing-medical-education.page>). Accredited CME providers include all those that are accredited by the Accreditation Council on Continuing Medical Education (ACCME) and those State medical societies recognized by the ACCME. Credit from other CME systems includes AAFP prescribed credit and ACOG formal learning cognates (see: <http://www.ama-assn.org/resources/doc/cme/practice-booklet.pdf>)

Certificant: A licensed health professional who has successfully completed a Certificate of Knowledge examination offered by ABPM, to whom a Certificate of Knowledge has been issued by ABPM, and who meets all current, applicable eligibility criteria.

Certificate of Knowledge: A document issued by ABPM to a licensed health care professional, or a student enrolled in a course of study leading to qualification for licensure as a health care professional, which acknowledges successful completion of an examination that tests knowledge of a specific subset of Pain Medicine.

American Board of Pain Medicine Glossary of Terms

Certification: A process to provide assurance to the public that an ABPM Diplomate has successfully completed an approved educational program and an evaluation, including an examination process designed to assess the requisite knowledge to practice high-quality clinical pain medicine.

Clinical Practice of Pain Medicine: The delivery of direct pain care to patients by a physician who has successfully completed a Primary Residency. Chart review, basic science research, administrative work, providing expert opinion for administrative or litigation purposes, and other non-clinical activities are *not* considered the Clinical Practice of Pain Medicine (algiatry).

Diplomate: A physician who has successfully completed either a Certification in Pain Medicine or a Maintenance of Certification in Pain Medicine examination offered by ABPM, to whom a diploma documenting Certification in Pain Medicine has been issued by ABPM, and who meets all current, applicable eligibility criteria. (**NB:** Often confused with “diplomate” (one who holds a diploma or certificate) is “diplomat” (eg, a consular official). ABPM does not use the term “diplomat” to refer to physicians currently certified as pain medicine specialists by ABPM.)

Examination Application: A form supplied by ABPM to be completed by an Applicant as part of the Application Package.

Examinee: A Candidate who initiates an examination offered by the ABPM.

Fellowship: Any graduate medical education training program that (a) requires successful completion of a Primary Residency as a prerequisite and that (b) is accredited by the ACGME. *Fellowship* includes subspecialty residency training programs that meet criteria (a) and (b). Examples of fellowship programs include pain medicine and hospice/palliative care medicine.

Maintenance of Certification: A process to provide assurance to the public that an ABPM Diplomate, by virtue of an application to determine continued eligibility

and successful completion of an examination process, continues to possess the requisite knowledge to practice high-quality pain medicine.

Primary Residency: Any residency training program that (a) provides a structured educational experience designed to conform to the program requirements of a particular medical specialty, is (b) accredited by the ACGME, that (c) requires successful completion of allopathic or osteopathic undergraduate medical training program as a prerequisite for matriculation, and is (d) designed to prepare physicians to be eligible for general certification by an ABMS member board. Examples of primary residencies include anesthesiology, physical medicine and rehabilitation, psychiatry, neurology, and neurological surgery.

Residency Training Program: Any graduate or post-graduate medical education program accredited by ACGME that provides a structured educational experience designed to conform to the program requirements of a particular specialty/subspecialty, the satisfactory completion of which is an eligibility requirement for ABMS board certification. Participants in an ACGME-accredited *fellowship*, sometimes referred to as a *subspecialty residency*, are included in the term “residency training program.” *Fellowship programs include only those programs of graduate medical education accredited by the ACGME that are beyond the Primary Residency requirements for eligibility for the first board certification in a particular medical specialty* (eg, the primary ACGME-accredited residency training program is anesthesiology and the ACGME-accredited fellowship is in pain medicine)

Unrestricted:

An Unrestricted license to practice a health profession or an Unrestricted authorization to use controlled substances in the clinical care of patients or in research means that there is no Adverse Action affecting the practitioner’s license or controlled-substances authorization.

Any action taken by a licensee to avoid or in anticipation of an Adverse Action precludes a license or a controlled substances authorization from being Unrestricted in the sense that the term is used by the ABPM.

Instructions

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE ENTERING ANY INFORMATION ON THE APPLICATION.

An application is not considered an Application Package unless and until it is complete, accurate, legible, and unambiguous. The Application Package includes the Examination Application; all required supporting materials that are accurate, legible, clear, and unambiguous; and all applicable fees. Supporting material required by ABPM includes, but may not be limited to, photocopies of license(s) to practice medicine, photocopies of U.S. DEA registration(s), *Referee Checklists*, and, if applicable, the *Documentation of Identifiable Training in Pain Medicine Form*.

Only Application Packages that are postmarked on or before Tuesday, October 10, 2017 will be accepted for consideration by ABPM. Application Packages postmarked after the applicable Final Application Postmark Deadline will not be considered.

The ABPM Credential Committee will only review Application Packages. Applications lacking required information will not be considered.

Applicants bear the sole responsibility for ensuring that their Application Packages are complete. Since some supporting documentation required by ABPM is from third parties, Applicants are strongly encouraged to allow ample time for those third parties to complete and submit required supporting documentation to them or directly to ABPM. It is recommended, but not required, that Applicants submit their Application Package in one envelope.

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 courier service that allows senders to verify delivery.

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 their Application Package is ready for review by the Credentials Committee or that the application materials are incomplete and additional information, clarification, or

documentation is required to constitute an Application Package.

All written hard-copy correspondence from ABPM will be sent via United States Postal Service to the mailing address indicated on the application form, which will be the Applicant's address of record.

The Applicant must also provide either a valid email address or a telephone number where s/he can be contacted. 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 examination process. Notification should be sent by email at info@abpm.org.

Name Changes: Once application materials are 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 Fees

The **filing fee** comprises three distinct fees: the **application fee**, the **\$180 PSI test-appointment fee** and the **\$500 nonrefundable processing fee**. The \$180 PSI test-appointment fee is transferred by ABPM to PSI as a pass-through and is NOT an additional fee to ABPM. The filing fee is a required component of the Application Package. Payment of the filing fee must be in U.S. dollars in the form of a money order or check payable to the American Board of Pain Medicine. Credit card payments are also acceptable. Failure to submit the filing fee in the correct form will result in the application materials being considered incomplete.

Early Filing Application Fee	\$1,100
Final Filing Application Fee	\$1,400
Nonrefundable Processing Fee	\$500
Test-Appointment Fee	\$180

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)-ACCREDITED TRAINING IN PAIN MEDICINE

Candidates must have satisfactorily completed an ACGME-accredited Residency Training Program that included identifiable training in the specialty of Pain Medicine (Algiatry). Applicants must submit, in chronological order, a list of all completed ACGME-accredited residency training. See Item 9 in the enclosed Examination Application.

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

Condition A: Applicants 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 satisfy Requirement 1.

– OR –

Condition B: Applicants not satisfying Condition A who wish to apply under Condition B must submit documentation of identifiable training in Pain Medicine (Algiatry) in an ACGME-accredited Residency Training Program.

1. The residency training in the specialty of pain medicine (algiatry) must be equivalent in scope, content, and duration to that received in one of the five ACGME-accredited Residency Training Programs listed in Condition A that are deemed to include identifiable training in the specialty of Pain Medicine (Algiatry); and
2. The documentation of residency training in Pain Medicine (Algiatry) must, at a minimum, include a completed ABPM *Documentation of Identifiable Training in Pain Medicine Form*.

This form must be completed by the program director of the Residency Training Program

attended. If an Applicant's program director is no longer with the program, the current director may complete this form.

3. The *Documentation of Identifiable 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 (Algiatry).

It is the Applicant's responsibility to ensure that the completed *Documentation of Identifiable Training in Pain Medicine Form* is received by the ABPM in a timely fashion. The *Documentation of Identifiable Training in Pain Medicine Form* can be submitted to ABPM either by the Applicant with the rest of the application materials or directly by the residency program director.

Note: Because this Requirement relies on the actions of third parties, Applicants are advised to allow ample time for the program director to complete the *Documentation of Identifiable Training in Pain Medicine Form*. Only Application Packages, as defined on page 2, will be considered by the ABPM Credentials Committee.

Applicants who completed an ACGME-accredited fellowship/subspecialty training program in pain management/medicine must include proof of satisfactory completion and their program director's contact information for verification purposes. The *Documentation of Identifiable Training in Pain Medicine Form* must be submitted, but it is not necessary for the Residency Training Program director to submit complete program details (See Item 4 of the *Form*).

REQUIREMENT 2—LICENSURE AND CONTROLLED SUBSTANCES AUTHORIZATION

Applicants, Candidates, and Examinees must have at least one license to practice allopathic or osteopathic medicine that is current, valid, unrestricted, and free of any disciplinary encumbrances. This license must be issued by (a) one of the States of the United States of America, its Territories, or Commonwealths, (b) a branch of the United States Uniformed Services, or (c) one of

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the Provinces or Territories of Canada. Further, every medical license the applicant holds must be free of restrictions or encumbrances related to disciplinary action. Applicants, Candidates, and Examinees have an affirmative duty to inform ABPM of any status change in licensure or any other action regarding licensure, except routine renewals. (Please review the definitions of Applicant, Candidate, and Examinee in this Bulletin.)

In addition to at least one license to practice allopathic or osteopathic medicine, U.S. Applicants, Candidates, and Examinees must have a current, valid, and unrestricted registration with the U.S. Drug Enforcement Administration (DEA) to prescribe, dispense, and administer narcotic controlled substances and a current, valid, and unrestricted authorization to prescribe, dispense, and administer narcotic controlled substances with the controlled substances authority in every jurisdiction(s) in which they are licensed to practice medicine, where required by that jurisdiction. Canadian Applicants, Candidates, and Examinees must have the corresponding authorization to prescribe, dispense, and administer controlled substances. Further, every DEA registration and controlled substances authorization the applicant holds must be free of restrictions and encumbrances.

REQUIREMENT 3—AMERICAN BOARD OF MEDICAL SPECIALTIES (ABMS) BOARD CERTIFICATION

Applicants, Candidates, and Examinees must hold a current and valid certification by an ABMS member board.

REQUIREMENT 4—PRACTICE EXPERIENCE

Applicants must have been engaged in the Clinical Practice of Pain Medicine (algiatry), on a substantial basis, for at least **18 months, of which at least 6 months must be contiguous, within the 24-month period ending March 31, 2018.** Experience during a primary residency training program or a fellowship or subspecialty training program that is not accredited by ACGME is not considered practice for the purposes of this requirement.

If an applicant has successfully completed an ACGME-accredited fellowship or subspecialty training program in pain management/medicine of at least 12 months'

duration following completion of primary residency training (eg, psychiatry, neurosurgery), an applicant may count up to 12 months of this type of ACGME-accredited training toward the requisite 18 months of Clinical Practice of Pain Medicine (algiatry), provided that the training program is completed within the 24-month period ending March 31, 2018. If an applicant is counting an ACGME-accredited fellowship toward time in the clinical practice of pain medicine (algiatry), he or she must submit proof of satisfactory completion of that training and contact information for the fellowship/subspecialty program training director. The *Documentation of Identifiable Training in Pain Medicine Form* is provided by ABPM. The top portion of this form must be completed by the director of the fellowship program that the applicant attended. If the program director is no longer with the program, the current director may complete this form.

At the time of application applicants must be engaged in the clinical practice of pain medicine (algiatry) on a substantial basis.

A complete summary of the applicant's practice must be supplied in Item 17 of the application. In providing the practice description, please review the Definition of Pain Medicine on Page 2 of this *Bulletin of Information*.

REQUIREMENT 5—CONTINUING MEDICAL EDUCATION (CME)

Within the two-year period ending on the Final Application Postmark Deadline for receipt of applications, Applicants must have completed a minimum of 50 hours of Category I Continuing Medical Education (CME) from an accredited provider of CME that is relevant to pain medicine (algiatry) or Canadian-certified CME (MAINPRO, MOCOMP), recognized as equivalent by the ABPM Credentials Committee. Time in a primary residency training program cannot be counted toward the CME requirement.

If an applicant has successfully completed a primary residency training program followed by an ACGME-accredited fellowship or subspecialty training program in pain medicine (algiatry) that lasted 12 months or longer, within the time frame referenced in the preceding paragraph, that experience may be counted as 50 hours of Category I certified CME for the purpose of meeting Requirement 5. This option for meeting requirement 5 is

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not pro-ratable, that is, time spent in an ACGME-accredited fellowship or subspecialty training program less than 12 months does not count toward meeting this requirement.

REQUIREMENT 6—ADHERENCE TO ETHICAL AND PROFESSIONAL STANDARDS

An applicant 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 the Applicant's ability to practice pain medicine (algiatry) in the best interest of patients.

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

Applicants 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 current nature and scope of the applicant's practice in pain medicine (algiatry).

Only one (1) checklist from a physician who practices within the applicant's clinic, practice, group, or functional area (eg, department, division) will be considered. The second checklist should come from any physician outside the applicant's practice who can attest to the nature of his or her current practice. The following are not considered eligible as Referees: trainees, employees, relatives, or spouses of the Applicant, physicians who are (or have been) related by marriage (separation or divorce notwithstanding), civil union, cohabitation, or by other familial means, non-physicians, and physicians who were familiar with the Applicant's practice at some time in the past (eg, colleagues from training programs), but lack familiarity with the Applicants current practice.

If an applicant practices 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 the applicant's functional area (eg, department, division) and the second may be either from a physician practicing in a functional area that is distinctly different from that of the applicant, or from a physician practicing outside the applicant's clinic, practice, group or corporation who can attest to the applicant's current practice of pain medicine (algiatry).

It is the responsibility of the Applicant to provide the Referee Checklists to their referring physicians and ensure that the completed Referee Checklists are received by the ABPM in a timely fashion. The Referee Checklists can be submitted to ABPM either by the Applicant with the rest of the application materials or directly by the referring physicians. Only Application Packages will be considered by the Credentials Committee.

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 (algiatry) to qualified Examinees. Physicians who have successfully completed the ABPM examination process will be issued certificates as specialists in the field of pain medicine (algiatry) and designated as ABPM Diplomates. A list of currently certified ABPM Diplomates is available at www.abpm.org.

ABPM Goals and Objectives

1. To establish Pain Medicine as a primary medical specialty. Objectives to meet this goal include:
 - Maintenance of a high- quality Certification and Maintenance of Certification (MOC) process consistent with those of Member Boards of the American Board of Medical Specialties.
 - Collaboration with national organizations to advance this goal.
 - Promotion of ABPM Certification at the State level, furthering recognition of ABPM certification as a valued and respected designation for physicians practicing algiatry that is equivalent to ABMS certification.
 - Promote ABPM Certification with the public, professional organizations, health care agencies, regulatory bodies, and payors as a valued and respected designation for physicians practicing algiatry that is equivalent to ABMS certification.

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2. 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.
3. To maintain and improve the quality of graduate medical education in the field of pain medicine (algiatry) 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.
4. To provide information about the specialty of pain medicine (algiatry) 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 (algiatry).
 - Facilitation of discussion with the public, professional organizations, health care agencies and regulatory bodies regarding education, evaluation and certification of pain medicine (algiatry) specialists.

The Purpose of Certification

Pain medicine (algiatry) 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 (algiatry) requires advanced training, experience and knowledge.

ABPM is committed to certification of qualified physicians in the field of pain medicine (algiatry). 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 (algiatry) for certification
- To assess the knowledge of pain medicine (algiatry) physicians in a psychometrically-valid manner
- To encourage professional growth in the practice of pain medicine (algiatry)
- 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 (algiatry).

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 (algiatry). 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

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comply with the American Psychological Association's joint technical standards on testing and certification industry standards.

Test Development and Administration

ABPM retains The Human Resources Research Organization (HumRRO), of Alexandria, VA, to provide assistance in the development of the annual certification examination. HumRRO is a consulting firm specializing in the conceptualization, development, and implementation of professional certification programs. ABPM utilizes the online test delivery services of HumRRO through PSI Test Centers nationwide.

About the Examination

National analyses of the practice of pain medicine (algiatry) have been undertaken to define the role of the pain medicine (algiatry) 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 (algiatry).

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*.

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 (eg, 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.

The examination is divided into two, 4-hour sessions.

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 an Application Package by the specified postmark deadline date to be eligible for review by the Credentials Committee. A Portable Document Format (pdf) version of the Examination Application form can be downloaded from www.abpm.org.

Please complete the Examination Application carefully, legibly, 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 Application Packages.

The review process takes approximately 12 weeks. An Applicant's review process does not start unless and until an Application Package has been received by ABPM that is postmarked on or before the published deadline.

The ABPM Credential Committee will review only those Application Packages that are postmarked on or before the published deadline.

The Credentials Committee will strive to send notification regarding examination eligibility status by **January 8, 2018**. Applicants should contact ABPM if notification has not been received 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 via the USPS or a courier 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

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complete application and any supplemental information requested by the Credentials Committee. Payment in the amount of \$150 must be included to cover the cost of the appeal. Credit card payments, as well as checks or money orders are accepted. This fee will be returned if the Appeals Committee determines that the Applicant is in fact eligible.

Reasonable Accommodations

ABPM complies with the provisions of the Americans with Disabilities Act (42 U.S.C. §12101 et seq.) and Title VII of the Civil Rights Act, as amended (42 U.S.C. §2000e et seq.) in accommodating individuals who need reasonable accommodations to take the examination.

Reasonable accommodations provide candidates with disabilities a fair and equal opportunity to demonstrate their knowledge and skill in the essential functions being measured by the examination. Reasonable accommodations are decided upon based on the individual's specific request, disability, documentation submitted, and appropriateness of the request. Reasonable accommodations do not include steps that fundamentally alter the purpose or nature of the examination.

The candidate must submit documentation provided by an appropriate licensed professional on the professional's letterhead. The documentation must include the candidate's name and address as well as a diagnosis of the disability and specific recommendations for accommodations. Accommodations will be provided, except where it may fundamentally alter the examination, influence the examination results, or result in an undue burden.

Requests for accommodations must be received by ABPM at the time of application. If the application and request for accommodation are approved, the approval for reasonable accommodations will be forwarded to the testing company.

Scheduling the Examination

Once a physician is approved as a Candidate to take the examination, they will receive a *registration email* from PSI Services LLC which will allow them to schedule their appointment(s), either via a web portal or via telephone. Registration emails will be sent approximately 60 days prior to the opening of the applicable examination window. It is mandatory that all Candidates personally contact PSI to schedule time to sit for the examination at

a PSI Testing Center. Candidate eligibility is valid for one examination attempt.

Online Examination Scheduling

For the fastest and most convenient test scheduling process, PSI recommends that Candidates schedule their examinations online. Candidates may schedule their appointment online by visiting <https://candidate.psiexams.com/testrac/> and logging in with the User ID and Password that was received via the registration email. Internet registration is available 24 hours a day. In order to schedule by Internet, Candidates need to complete the steps below:

- Log onto the website and enter their personal User ID and Password from the registration email the received from PSI.
- Schedule using the same legal name on the identification documents that will be presented on the day(s) of the examination.
- The examination for which a Candidate is eligible will be listed in the *Registered Records* section of the *Account Activity* page. Select the examination and select the *Schedule for a Test* button. Enter the ZIP Code/City and select *Search*. A list of the testing sites closest to the location entered will appear. Select the desired test site to see what dates and times are available.
- Once the scheduling process is complete, the Candidate will receive a *confirmation email*. It is important to read all of the instructions in the email.
- Candidates must bring a copy of the *confirmation email* to the test center on their scheduled test date.

Telephone Scheduling

To schedule an examination by telephone, call (800) 733-9267. This number is answered by Customer Service Representatives during the following times:

	Monday thru Friday	Saturday only
Eastern Time	7:30am - 8:00pm	11:00am - 5:00pm
Central Time	6:30am – 7:00pm	10:00am - 4:00pm
Mountain Time	5:30am – 6:00pm	9:00am – 3:00 pm
Pacific Time	4:30am – 5:00pm	8:00am - 2:00pm
Alaskan Time	3:30am – 4:00pm	7:00am – 1:00pm

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Hawaiian Time	2:30 am – 3:00 pm	6:00 – 12:00 noon
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Confirmation of Examination Appointment(s)

After a Candidate's appointment(s) has/have been scheduled, they will receive confirmation via an email from PSI.

Cancelling an Appointment

Candidates may cancel and reschedule an examination appointment by 4pm PT, no later than 48 hours before the scheduled examination. PSI Test-Appointment fees are nonrefundable if canceled within 48 hours of the appointment. A Candidate who does not appear for a scheduled examination appointment and then reschedules within the established examination date range will incur an additional \$180 PSI Test-Appointment Fee.

NOTE: Appointments can be cancelled only by speaking to Customer Service Representative or via the online portal. Leaving a voicemail message does not cancel an appointment.

Required Identification

The Candidate's first and last names on the acceptable form of identification presented for admission to the Test Site must match the names under which the Candidate scheduled the appointment. If the Candidate fails to bring proper identification, if the form of identification is expired, or if first and last names do not match the scheduling records, the Candidate will not be allowed to sit for the examination and the Test-Appointment fee will not be refunded.

Acceptable Forms of Photographic Identification are an unexpired:

- State-issued driver's license, or
- State-issued identification card, or
- US Passport, or
- US Military Identification Card.

Taking the Examination

The Certification examination will be administered in two, 3.5-hour sessions during the published testing window, inclusive.

The Certification examination is scored as one examination, regardless of whether the Examinee takes both parts on the same day or takes them on separate

days, Examinees will not receive scores for each part of the examination.

Not all PSI Testing Centers have two, consecutive, four-hour sessions available on a given day. However, if a center of the Candidate's choosing does have two, consecutive, four-hour sessions available for the date selected, it is acceptable to make testing appointments to take both parts of the Certification examination on the same day.

Strict security measures are maintained throughout all phases of examination development and administration. Prior to entry into the testing area at PSI Testing Centers, Candidates must present an acceptable form of photographic identification. Each examination session is subject to audio and video recording.

Examinees are prohibited from having personal belongings in the testing area, including purses, brief cases, and backpacks. The use of one- or two-way communication devices and devices with memory capability is prohibited from the beginning to the end of an examination session, including any breaks the Examinee may choose to take. Only authorized materials are allowed into the testing area and the facilities are under constant supervision. More detail is provided below.

Irregularities observed during the testing session, 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 area, may be sufficient cause to terminate an Examinee's participation or to invalidate a score. Irregularities may also be evidenced by subsequent statistical analysis of examination results.

PSI will report any suspicious activity and file a report of irregularities with ABPM. ABPM reserves the right to investigate any 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 examination in whole or in part constitutes copyright infringement and will be prosecuted at ABPM's sole discretion.

ABPM Certification Overview

PSI Testing Center Regulations

Your registration will be invalid and you will not be able to take the examination as scheduled if you:

- Do not appear for your examination appointment;
- Arrive after appointment start time;
- Do not present an acceptable form of identification.

The following security procedures will apply during the examination:

Candidates will receive scratch paper and a pencil at the test site. An Abbreviations and Brand-to-Proprietary Drug Name List from ABPM will also be provided. No other reference material will be allowed.

While at PSI Testing Centers, Examinees are considered to be professionals and shall be treated as such. In turn, Examinees must conduct themselves in a professional manner at all times. While at the site, Examinees shall not use words or take actions that are vulgar, obscene, libelous, or that would disparage the staff or other examinees.

NO conversing or any other form of communication among Examinees is permitted upon entering the examination area.

Mobile telephones, pagers, PDAs, or any other devices with one- or two-way communication capability, recording capability, or memory capability are NOT allowed from the beginning through the end of an examination session, including breaks the Examinee may choose to take.

Unauthorized visitors are not allowed at the testing center; this includes children. Observers approved by the ABPM Board of Directors may, however, be present during examination sessions.

NO personal items are to enter the testing center. Examinees are encouraged to leave all personal belongings except their keys in their car.

Books, papers, notes or audio- or video-recorded materials are not permitted in the testing area.

No smoking, eating (including candy and gum), or drinking will be allowed at the examination area. These activities are allowed outside of the testing area during breaks the Examinee may choose to take, unless

otherwise prohibited (eg, no smoking within 50 feet of a building entrance).

Copying or communicating examination content is a violation of security policy. Either one will result in the nullification of examination results and may lead to legal action.

Examinees may leave the testing room to use the restroom but will not receive any additional time to complete the examination. Once an examination starts, the examination timer continues to run until the allotted time ends.

PSI Testing Centers file reports with ABPM of all irregularities, including all suspected violations of examination conditions or unusual behavior during the examination session.

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, or human errors may interfere with some part of the examination process. Examinees sitting for computer-administered ABPM Certification examinations who fail the examination may appeal that unfavorable outcome *only* if 1) the Examinee believes that there was a compromise in the administration of the examination *and* 2) the problems that potentially compromised the administration of the examination were documented by the PSI Testing Center.

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 ABPM or PSI Testing Center 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, with no additional fees due from the Examinee. Re-examination shall be the Examinee's sole remedy.

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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. In no circumstance 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, only when the following criteria are met:

- The Examinee immediately notifies PSI Testing Center staff of any adverse testing conditions, so that a report can be filed in accordance with PSI policy.
- The Examinee provides ABPM with a detailed, typed, dated description of the nature of the compromise, **immediately after the examination administration** via email, facsimile, USPS or courier. Under no conditions will notification postmarked 31 days or later after the examination session in question be considered by ABPM.
- The Examinee provides ABPM with a formal, written request for appeal of the unfavorable outcome of the examination.
- A credit card, valid check or money order in the amount of \$350 is received by ABPM to cover the cost of the appeal and any applicable pass through expenses incurred from the testing vendor. This fee will be returned to the Examinee if it is determined that the examination was compromised by a technical failure.

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.

Cancellation of Examination Score

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 five (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 Package and meet the eligibility requirements in effect at the time of reapplication.

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 (algiatry).

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 comparatively 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.

Reporting of Examination Results

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

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 a diagnostic report showing subject areas of strength and those areas needing improvement.

ABPM Certification Overview

Note: All examinee responses to items on the examination will be destroyed six (6) months after administration of the examination is complete.

Limitation on the Number of Examinations

A physician who fails the examination on a first attempt may apply to sit for the examination a second time without being subject to any remedial requirements. Applicants must submit a new Application Package and meet the eligibility requirements in effect at the time of reapplication.

A physician who has failed to pass the examination on two (2) consecutive attempts must complete the following requirements in addition to the other eligibility requirements in effect at the time of reapplication 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 certified CME in Pain Medicine from a ACCME-accredited provider, or Canadian certified CME (MAINPRO, MOCOMP) that is recognized as equivalent for this purpose by the ABPM Credentials Committee.
- 3) Documentation of requirements (1) and (2) above must be submitted in the Application Package for it to be considered complete.
- 4) The new Application Package must be received by the ABPM that is postmarked on or before the published deadline.

A physician who has failed the examination three (3) times may apply to sit for a fourth examination under the following conditions:

- 1) Following the third examination failure, the Applicant must successfully complete a full-time ACGME-accredited training program in Pain Medicine that lasts a minimum of 12 contiguous months.
- 2) Documentation of this training must be submitted when applying to take the fourth examination.
- 3) The Applicant must meet all other eligibility requirements in effect at the time of reapplication.
- 4) A new Application Package must be received by ABPM that is postmarked on or before the published deadline.

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

Certification

Examinees that 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 a Diplomate's certification for good cause (eg, loss of privileges).

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 (algiatry). 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 authorization to practice medicine or prescribe, dispense, or administer narcotic controlled substances or in his/her answer to any question in Item 20 – Ethical and Professional Standards Questionnaire in the Examination Application. A change in the status of any eligibility criterion may be cause for revocation of current certification by ABPM.

ABPM Certification Examination Preparation

How to Prepare for the Examination

1. Review the examination outline available at www.abpm.org. The approximate percentage of the total examination that is allotted to each major content domain is indicated in parentheses after each section name.
2. Applicants should answer the sample questions in this *Bulletin of Information* to become familiar 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.

Examination Outline

I. ANATOMY AND PHYSIOLOGY 15%

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

II. DIAGNOSTIC TESTING 11%

Proper usage and limitations of:

- A. Laboratory studies
- B. Imaging studies
- C. Electrodiagnostic studies
- D. Autonomic function studies
- E. Vascular studies
- F. Diagnostic nerve blocks

- G. Functional capacity evaluation
- H. Physical Examination
- I. Polysomnography, EEG, SSEP, etc.
- J. Psychometric testing (pain-related, BPI, MPI, NRS, VAS, etc.; excludes VII E)

III. TYPES OF PAIN 12%

- A. Headaches
- B. Orofacial (temporomandibular disorder, dental, ENT, atypical facial pain)
- C. Chest
- D. Abdominal
- E. Pelvic/genital
- F. Spinal disorders
- G. Trigeminal neuralgia
- H. Trauma and Musculoskeletal pain, NEC
- I. Postamputation
- J. Spinal cord injury
- K. Burn
- L. Postoperative
- M. Cancer
- N. Sickle cell disease
- O. AIDS/HIV
- P. Rheumatologic disorders (articular, nonarticular, includes conn. tiss. d/o tendonitis)
- Q. Myofascial pain syndrome/fibromyalgia syndrome
- R. Central nervous system lesions (CVA, MS)
- S. Diabetic neuropathies
- T. Herpes zoster/postherpetic neuralgia
- U. Complex Regional Pain Syndromes, sympathetically-maintained and – independent pain
- V. Peripheral nerve entrapment and other peripheral neuropaths, NEC
- W. Radiculopathy (cervical, thoracic, lumbar, sacral)
- X. Pain in children
- Y. Pain in the elderly

ABPM Certification Examination Preparation

- Z. Extremity (including shoulder and hip)
- AA. Genetic/metabolic disorders, NEX (includes osteoporosis)
- IV. PAIN ASSESSMENT 14%**
 - Impact of the following on patient report of pain:*
 - A. Cultural background
 - B. Age
 - C. Psychological factors
 - Proper usage and limitations of:*
 - D. Subjective report methods (e.g., visual analogue scale, verbal descriptors, McGill Pain Questionnaire)
 - E. Pain behavior ratings/activity reports
 - F. Pain treatment outcomes assessment
 - G. Placebo trials
- V. PHARMACOLOGY 16%**
 - 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. Placebo response, Nocebo response
 - G. Addiction (diagnosis, treatment, and epidemiology)
 - 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
 - DD. Tramadol
 - EE. Capsaicin
 - FF. Calcitonin
 - GG. Strontium
 - HH. Butalbital preparations
- VI. PAIN MEDICINE THERAPIES (NONPHARMACOLOGY) 15%**
 - 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

ABPM Certification Examination Preparation

- P. Radiation therapy
 - 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. Acupuncture and other complementary therapies
 - AA. Hospice care
 - BB. Multidisciplinary pain treatment
- VII. PSYCHOLOGICAL/BEHAVIORAL ASPECTS OF PAIN 10%**
- A. Impact of psychological factors on patient report of pain
 - 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 (non-pain, e.g., MMPI, BDI, HAM-D, STAI; excludes II J) - principles and tools
 - F. Impact of pain on work and family and influence of familial and occupational factors on pain
- VIII. COMPENSATION/DISABILITY AND MEDICAL-LEGAL ISSUES 7%**
- G. Secondary gain
 - H. Sexual dysfunction
 - I. Relationship between pain and sleep disorders
 - 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 system (confidentiality, medical records)
 - G. Documentation (medical records, informed consent)
 - H. Coding requirements/documentation (ICD 9/10, CPT)
 - I. Controlled Substances Act/methadone maintenance (includes DATA 2000)
 - J. Ethics (living wills, do not resuscitate orders, durable power of attorney, assisted suicide)
 - K. Physician - patient relationship (e.g., termination of professional relationship)

ABPM Certification Examination Sample Items

- One of the effects created by activation or increased release of substance P is
 - vasoconstriction.
 - membrane stabilization.
 - analgesia.
 - vasodilation.
- 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?
 - Oral contraceptives
 - Nonsteroidal anti-inflammatory agents
 - Opioid analgesics
 - Benzodiazepines
- 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
 - cervical epidural space.
 - posterior nasopharynx.
 - subdiaphragmatic space.
 - T 7-8 disk space.
- Disability due to chronic pain is felt to be primarily related to the
 - number of somatic sites in which pain exists.
 - reinforcement of pain behaviors.
 - presence of a life-threatening disease.
 - presence of neuropathic, as opposed to muscular, pain causes.
- Further testing with CT scan or MRI is mandatory in headaches accompanied by all of the following EXCEPT
 - prolonged long-term, unchanging band-like pain.
 - hemiparesis and contralateral sensory deficit.
 - the appearance of seizures.
 - olfactory hallucinations.
- Referral to a multidisciplinary pain center is usually most appropriate when patients demonstrate evidence of
 - purely psychiatric diagnoses.
 - both neuropathic and visceral pain.
 - purely psychological stress.
 - both somatic and psychological factors.
- Which tricyclic antidepressant is most appropriate for treatment of pain in an 80-year-old male with postherpetic neuralgia and urinary retention?
 - Amitriptyline
 - Doxepin
 - Desipramine
 - Imipramine
- In disability determination under most workers' compensation systems, the presence of pain is given
 - more attention than the underlying physical impairment.
 - as much attention as the underlying physical impairment.
 - less attention than the underlying physical impairment.
 - no attention whatsoever.
- Which of the following is true regarding the use of antidepressants to reduce chronic pain?
 - Only tertiary amine tricyclics are effective.
 - Serotonergic agents are not clearly superior to noradrenergic ones.
 - Serotonin potentiation is a necessary characteristic of effective agents.
 - Only noradrenergic agents are effective.
- DREZ lesions have been documented to provide long-term pain relief in
 - cervical root avulsion.
 - sciatica.
 - diabetic neuropathy.
 - thalamic pain syndrome.

ABPM Certification Examination Sample Items

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.

Answer Key:

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

