



American Board of Pain Medicine MOC® Examination in Pain Medicine

2025 Bulletin of Information

Application Window: July 1-October 15, 2024

Early Filing Application Deadline: September 10, 2024, 11:59 PM CT

Final Application Deadline: October 15, 2024, 11:59 PM CT

Examination Window: April 1-30, 2025

2025

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Definition of Pain Medicine

The specialty of “**Pain Medicine**” is a discipline within the field of medicine 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. Pain Medicine specialists may serve as a consultant to other physicians but are 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 Medicine specialist is to provide quality care to the patient suffering with pain. The Pain Medicine specialist 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 Medicine specialist.

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American Board of Pain Medicine

The American Board of Pain Medicine (“**ABPM**”) was founded in 1991. ABPM is an Illinois not-for-profit corporation exempt from federal income tax pursuant to Internal Revenue Code Section 501(c)(6). ABPM’s purpose is to act as an educational association for healthcare professionals (defined as physicians (i.e., Doctors of Medicine, Doctors of Osteopathy, or equivalents) in the area of pain research, diagnosis, and treatment. ABPM’s headquarters are located at 85 W. Algonquin Road, Suite 550; Arlington Heights, Illinois 60005. ABPM 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 its Certification in Pain Medicine and American Board of Pain Medicine MOC® Examination in Pain Medicine. ABPM administers a psychometrically developed and practice-related Certification in Pain Medicine examination and American Board of Pain Medicine MOC® Examination in Pain Medicine to qualified applicants. A qualified applicant who passes the American Board of Pain Medicine MOC® Examination in Pain Medicine continues to be designated as an ABPM Diplomate. Additional information regarding ABPM, including its Mission, Goals, and Objectives, and a list of current ABPM Diplomates is available at: www.abpm.org.

American Board of Pain Medicine MOC® Examination in Pain Medicine

Definitions. In addition to any other terms defined in this American Board of Pain Medicine MOC® Examination in Pain Medicine, 2025 Bulletin of Information (“**Bulletin**”), the terms listed in **Appendix A** have the meanings stated in **Appendix A** when capitalized and their plain and ordinary meanings when not capitalized.

Purpose of the Certification in Pain Medicine and American Board of Pain Medicine MOC® Examination in Pain Medicine. 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 medical practice, based on an infrastructure of scientific research and education. Competence in the practice of Pain Medicine requires advanced education, training, experience, and knowledge in Pain Medicine.

ABPM certifies qualified physicians in Pain Medicine. The American Board of Pain Medicine MOC® Examination in Pain Medicine uses the: (i) Eligibility Criteria (See, **Appendix B**) to assess a physician’s Pain Medicine education, training, experience, and ethics; and (ii) the Examination to assess a physician’s Pain Medicine knowledge. The purpose of the ABPM Certification and American Board of Pain Medicine MOC® Examination in Pain Medicine is:

- To establish the knowledge domain of the practice of Pain Medicine for Certification in Pain Medicine;
- To assess the knowledge of Pain Medicine physicians in a psychometrically valid manner;
- To encourage professional growth in the practice of Pain Medicine;
- To formally recognize physicians who meet the Pain Medicine education, training, experience, ethics, and knowledge requirements established by ABPM, as Diplomates; and
- To serve the public by encouraging quality patient care in the practice of Pain Medicine.

Scope of American Board of Pain Medicine MOC® Examination in Pain Medicine. The Eligibility Criteria (See, **Appendix B**) and Examination are based on substantial review and analysis of the current state of the medicine and science of Pain Medicine, as reflected in the medical literature. The ABPM Board and the Examination Council, with the assistance and advice of professionals in relevant fields, developed the American

Board of Pain Medicine MOC® Examination in Pain Medicine to recognize those physicians Certified in Pain Medicine who meet the Eligibility Criteria and pass the Examination, as Pain Medicine specialists.

However, no medical certification program can guarantee competence or successful treatment to the public. Consistently, ABPM’s Certification in Pain Medicine only represents that a Diplomate meets the Eligibility Criteria (See, **Appendix B**) and passed the Certification in Pain Medicine Examination or the American Board of Pain Medicine MOC® Examination in Pain Medicine, as applicable.

Periodic literature and practice analyses are conducted by ABPM to help maintain the Eligibility Criteria and Certification in Pain Medicine Examination and American Board of Pain Medicine MOC® Examination in Pain Medicine consistent with the current state of Pain Medicine science, medicine, and practice. However, given the rapid rate of change in medical knowledge and scientific developments, ABPM cannot guarantee that the Eligibility Criteria (See, **Appendix B**) and Certification in Pain Medicine Examination and American Board of Pain Medicine MOC® Examination in Pain Medicine at all times reflect the most current medicine and science in the treatment of pain.

Certification in Pain Medicine Examination and American Board of Pain Medicine MOC® Examination in Pain Medicine Development and Administration. ABPM administers psychometrically developed and practice-related examinations in Pain Medicine to qualified applicants. Kryterion Global Testing Solutions, of Phoenix, Arizona, assists ABPM with the Examinations’ development (“**Kryterion**”). Kryterion is a consulting firm specializing in the conceptualization, development, and implementation of professional certification programs. ABPM also uses Kryterion to administer the Certification in Pain Medicine Examination and American Board of Pain Medicine MOC® Examination in Pain Medicine at Kryterion test centers and remotely.

About the Certification in Pain Medicine Examination and the American Board of Pain Medicine MOC® Examination in Pain Medicine. National analyses of the Clinical Practice of Pain Medicine are undertaken to define the role of the Pain Medicine specialist and describe the responsibilities, tasks, and types of education, training, experience, ethics, and knowledge necessary to practice Pain Medicine. Practice analyses

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are conducted to ensure that the content of the Certification in Pain Medicine Examination and American Board of Pain Medicine MOC® Examination in Pain Medicine continue to reflect current Pain Medicine practices.

The data for this analysis is collected from a cross-section of Pain Medicine specialists. The analysis of this data is used to develop the Certification in Pain Medicine Examination and the American Board of Pain Medicine MOC® Examination in Pain Medicine, its subject matter, and the relative emphasis given to each subject area.

The Examination is administered in one 3.5-hour part and composed of a total of 200 multiple-choice questions. Each question contains four possible answers, only one of which is the best answer. These questions are developed by the Examination Council. The Examination question pool is updated regularly to reflect medicine and science in the treatment of pain. Individual questions are modified or deleted from the question pool based on statistical analysis of the previous year's Examination.

Examination Passing Score. A passing score for the Examination is set by the Examination Council in consultation with Kryterion. A passing score reflects the minimal level of knowledge that ABPM expects from a Pain Medicine specialist.

A passing score is not related to the distribution of scores obtained during a particular administration of the Examination. In any given year, an Applicant has the same chance of passing the Examination regardless of whether the group taking the Examination in that year tends to have comparatively higher scores or lower scores. Each Applicant is measured against a standard of knowledge, not against the performance of the other individuals taking the Examination.

Nondiscrimination Policy. ABPM prohibits and will not tolerate unlawful discrimination against any individual in its programs, activities, and employment on the basis of race, religion, color, national origin, gender (including pregnancy, childbirth, or related medical conditions), sexual orientation, gender identity, gender expression, age, status as a protected veteran, status as an individual with a disability, or other applicable legally protected characteristics.

Requesting Testing Accommodations. ABPM provides testing accommodations for individuals with disabilities in accordance with the requirements of applicable law. Testing accommodations are changes to the regular testing environment and auxiliary aids and services that allow individuals with disabilities to demonstrate their true aptitude or achievement level on an examination. If an Applicant believes the Applicant needs a testing accommodation for the Examination because of a disability, the Applicant must either include the request on the Application for (see, Question 2, Disability Testing Accommodation) or contact ABPM to request the testing accommodation. The Applicant's request should identify the requested testing accommodation and be supported by appropriate documentation from a qualified professional describing the nature of the Applicant's disability and the applicant's need for the requested testing accommodation. ABPM shall respond in a timely manner to requests for testing accommodations. If an Applicant has questions regarding disability accommodations for the Examination, the Applicant should contact ABPM by phone at 1-(847)725-2273 or email, with proof of delivery, at: info@abpm.org.

Note: A Certification in Pain Medicine awarded to a Diplomate on or prior to January 1, 1999, does not expire ("**Lifetime Certification**") and a Diplomate holding Lifetime Certification is not required to successfully complete the American Board of Pain Medicine MOC® Examination in Pain Medicine process to remain a Diplomate.

American Board of Pain Medicine MOC® Examination in Pain Medicine Process

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

1. APPLICATION SUBMISSION

An Applicant begins the American Board of Pain Medicine MOC® Examination in Pain Medicine process by submitting: (i) a complete, accurate, and truthful Application Form; (ii) all required Supporting Materials; and (iii) the applicable Filing Fees (defined below) (collectively, “Application”) to ABPM through the Application Portal during the Application Window. The Application must be submitted to ABPM through the Application Portal no later than the Final Application Deadline. An Applicant who does not submit an Application by the Final Application Deadline will not be considered for the Examination.

Filing Fees. “Filing Fees” mean: (i) an Application Fee; (ii) a Test-Appointment Fee; and (iii) a Nonrefundable Processing Fee. The Filing Fees are:

Early Application Filing Fees. The Filing Fees for Applications submitted by the Early Application Deadline are:

Application Fee	\$950
Test-Appointment Fee	\$130
Nonrefundable Processing Fee	\$500

Early Filing Fees Total \$1580

Standard Filing Fees. The Filing Fees for Applications submitted after the Early Application Deadline are:

Application Fee	\$1,150
Test-Appointment Fee	\$130
Nonrefundable Processing Fee	\$500

Total Standard Filing Fee \$1780

Refunds. The Nonrefundable Processing Fee, once paid, is not refundable under any circumstances. The Application Fee is refundable if the Applicant: (i) withdraws the Applicant’s Application before taking the Examination; (ii) is determined to be ineligible to take the Examination by the Credentials Council; or (iii)

despite being determined to be eligible to take the Examination by the Credentials Council, the Applicant does not take the Examination. The Test-Appointment Fee is refundable provided ABPM is not charged the Appointment Fee by Kryterion. An Applicant must request a refund of the Application Fee and Test-Appointment Fee no later than 30 days after the last day of the Examination Window by email, with proof of delivery, to ABPM at: info@abpm.org.

Application Changes. An Applicant must notify ABPM not later than five days after the Applicant learns of any change in the information provided in an Application. The Applicant must notify ABPM of the change by email, with proof of delivery, sent to ABPM at: info@abpm.org. If the change is in the Applicant’s legal name, the Applicant must attach legal documentation evidencing the change in the Application’s legal name to the email.

Applicant Representations and Warranties. When an Applicant applies, the Applicant is required to represent and warrant the Application is complete, accurate, and truthful. If the ABPM Credentials Council determines, in its discretion, an Applicant breaches this representation and warranty, ABPM is entitled to deny the Application. If ABPM believes a Diplomate breached this representation and warranty, ABPM is entitled to bring discipline against the Diplomate in accordance with ABPM’s Disciplinary Procedures. ABPM’s Disciplinary Procedures are available on ABPM’s Website at www.abpm.org.

Withdrawing an Application. An Applicant may withdraw an Application by sending an email, with proof of delivery, to ABPM at: info@abpm.org. ABPM will promptly acknowledge the withdrawal of an Applicant’s Application by email. If an Applicant has not received notification regarding the withdrawal of the Applicant’s Application within five days of the Applicant emailing ABPM, the Applicant must contact ABPM by phone at 1-(847)725-2273 or email, with proof of delivery, at: info@abpm.org.

2. ADMINISTRATIVE REVIEW

Each Application submitted during the Application Window is reviewed by ABPM staff for completeness and to verify certain information required by the Application. After reviewing an Applicant’s Application, ABPM staff informs the Applicant that the Application is

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either: (i) complete; or (ii) is incomplete and requires additional information or clarification. Applications requiring additional information or clarification must be completed prior to the Application Deadline or the Application will be administratively denied. Applications which ABPM staff determine are complete by the Application Deadline are advanced to the Credentials Council.

3. CREDENTIALS COUNCIL REVIEW

Following the Application Deadline, the Credentials Council reviews each Application, which was not administratively denied, to determine if the Applicant meets the Eligibility Criteria. The Credentials Council review of an Application takes approximately eight weeks. ABPM strives to notify each Applicant by email of the Credentials Council's decision regarding the Applicant's eligibility to take the Examination by **December 31, 2024**. If an Applicant does not receive an email from ABPM regarding the Applicants' Examination eligibility by **December 31, 2024**, the Applicant must contact ABPM by phone at 1-(847) 725-2273 or email, with proof of delivery, at: info@abpm.org.

Appealing An Adverse Credentials Council Decision. An Applicant who, in the judgment of the Credentials Council, does not meet the Eligibility Criteria may appeal the Credentials Council's adverse decision to the Appeals Council. In the event of a Credentials Council's adverse decision, the email from ABPM will identify the Eligibility Criteria the Credentials Council determines the Applicant did not meet. To appeal an adverse Credentials Council decision:

(i) An Applicant must submit a written appeal by email, with proof of delivery, to ABPM at: info@abpm.org. The appeal must be received by ABPM by the appeal deadline specified in the ABPM email notifying the Applicant of the Credentials Council's adverse decision. The appeal must state the reasons the Applicant believes the Applicant meets the Eligibility Criteria, which the Credentials Council determined were not met by the Applicant. An appeal must be based exclusively on the information included in the Application. An appeal may not be based on, an Applicant may not submit, and the Appeals Council will not consider information not included with the Application; and

(ii) An Applicant must pay a \$150 Appeal Fee in the manner and by the deadline specified in the ABPM letter notifying the Applicant of the Credentials Council's adverse decision. The \$150 Appeal Fee will be refunded to the Applicant if the Appeals Council determines the Applicant meets the Eligibility Criteria and is eligible to take the Examination.

The appeal is limited to those Eligibility Criteria, which the Credentials Council determined the Applicant did not meet based on the Applicant's Application. After considering the Eligibility Criteria at issue, the Applicant's Application, the ABPM letter notifying the Applicant of the Credentials Council's adverse decision, and the Applicant's appeal, the Appeals Council determines whether the Applicant meets the Eligibility Criteria.

The Appeals Council shall endeavor to notify the Applicant of its decision by email not later than 21 days prior to the opening of the Examination Window. The Appeals Council's decision will either state the Applicant meets the Eligibility Criteria and is eligible to take the Examination or the Applicant does not meet the Eligibility Criteria and is ineligible to take the Examination. If the Appeals Council determines the Applicant is ineligible to take the Examination, the email will indicate which Eligibility Criteria the Appeals Council believes were not met. The Appeals Council's decision with respect to an Applicant's eligibility is final and not subject to appeal. If an Applicant does not receive an email from ABPM regarding the Appeals Council decision at least 21 days prior to the first day of the Examination Window, the Applicant must contact ABPM by phone at: 1-(847) 725-2273 or email, with proof of delivery, at: info@abpm.org.

An Applicant determined to be ineligible to take the Examination, may re-apply to take the Examination in a future Examination cycle. To re-apply an Applicant must submit a new Application.

4. EXAMINATION PREPARATION

An Applicant is responsible for determining how to prepare for the Examination. However, an Applicant may find it helpful to:

(i) Review the **Examination Outline** available in **Appendix C** of this Bulletin and at www.abpm.org. The approximate percentage of the total Examination that is

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allotted to each subject area is indicated in parentheses after each section title;

(ii) Review the **Sample Questions** available in **Appendix D** of this Bulletin and at www.abpm.org, to become familiar with the nature and format of the questions that will appear on the Examination; and

(iii) Refer to the **List of References** available in **Appendix E** of this Bulletin and at www.abpm.org, as it may prove helpful in the review of the subject areas included on the Examination.

5. SCHEDULING EXAMINATION APPOINTMENT

Applicants who the Credentials Council determines are eligible to take the Examination receive an email from ABPM approximately 60 days prior to the opening of the Examination Window. This email provides information regarding the Applicant's testing location options (i.e., a testing center or remote) and instructs an Applicant how to schedule the Applicant's Examination appointment. As discussed above, the Examination is given in one 3.5-hour part. Accordingly, an Applicant must schedule one Examination appointment, for the one Examination part. An **EXAMINATION APPOINTMENT MUST BE WITHIN THE EXAMINATION WINDOW**. If an Applicant does not receive the above email by 60 days prior to the opening of the Examination Window or has questions about scheduling the Examination, the Applicant must contact ABPM by phone at: 1-(847)725-2273 or email, with proof of delivery, to ABPM at: info@abpm.org.

Confirmation of Examination Appointment. After an Applicant schedules the Applicant's Examination appointment, the Applicant should, within 24 hours, receive an email from Kryterion through Webassessor confirming the Applicant's Examination appointment. If an Applicant does not receive an email confirmation of the Applicant's Examination appointment or has questions regarding the Applicant's Examination appointment, the Applicant must contact ABPM by phone at: 1-(847) 725-2273 or email, with proof of delivery, to ABPM at: info@abpm.org.

Rescheduling Examination Appointment. An Applicant may reschedule an Examination appointment through Kryterion at www.webassessor.com. An Applicant may reschedule an Examination appointment up to 72-hours before the scheduled Examination appointment without

additional charge. An Applicant rescheduling an Examination appointment less than 72-hours before, or who does not appear for a scheduled Examination appointment and then reschedules, is charged a \$130 Rescheduling Fee. **A RESCHEDULED EXAMINATION APPOINTMENT MUST BE WITHIN THE EXAMINATION WINDOW.**

6. EXAMINATION REGULATIONS

After an Applicant schedules the Applicant's Examination appointment, the Applicant receives information from Kryterion BY Webassessor regarding the rules governing the Examination ("**Rules**"). The Rules may differ depending on whether an Applicant elects to take the Examination at a testing center or remotely.

An Applicant must abide by the Rules. An Applicant's failure or refusal to abide by the Rules may result in: (i) the Applicant being precluded from taking the Examination; (ii) ABPM denying the Applicant's re-Certification in Pain Medicine; and/or (iii) the Applicant being precluded from applying for Certification in Pain Medicine or Maintenance of Certification in the future. In addition, if the Applicant is granted a Certification or re-Certification in Pain Medicine, the failure or refusal to abide by the Rules is grounds for discipline, including revocation of the Applicant's Certification in Pain Medicine. If an Applicant does not receive an email regarding the Rules by February 1, 2025 or has questions regarding the Rules, the Applicant should contact ABPM by phone at: 1-(847)725-2273 or email, with proof of delivery, at: info@abpm.org. In addition, the Rules are available at <https://www.kryterion.com/>.

7. CANCELLING EXAMINATION RESULTS

An Applicant may request the results of the Applicant's Examination not be reported to the Applicant or ABPM. A results cancellation request must be in writing and sent by email, with proof of delivery, to ABPM at: info@abpm.org, no later than seven days after the Applicant's Examination appointment.

If ABPM receives a timely results cancellation request, the results of the Applicant's Examination will not be reported to the Applicant or ABPM. In addition, ABPM does not consider an Examination, the results of which are timely cancelled, as an attempt for purposes of Examination attempt limitations (see, Section 10, Examination Attempt Limitations, below). An Applicant

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who cancels the Examination result is not entitled to a refund of the Filing Fees. If in the future the Applicant desires to re-take the Examination the Applicant must re-apply and go through the ABPM Certification in Pain Medicine or American Board of Pain Medicine MOC® Examination in Pain Medicine process, as applicable.

8. EXAMINATION RESULTS

Approximately eight weeks after the end of the Examination Window, ABPM notifies an Applicant by email whether the Applicant passed or failed the Examination. Applicants do not receive a grade or numerical score. However, Applicants who fail the Examination receive a diagnostic report identifying subject area strengths and weaknesses. ABPM will not provide Examination results by phone.

9. EXAMINATION ADMINISTRATION APPEALS

An Applicant who fails the Examination, may appeal the Examination result if the proper administration of the Examination part was compromised by external circumstances beyond the Applicant's control (e.g., power, Internet, hardware, or software failures, fire, natural disaster).

Appeals are limited to a review of external circumstances allegedly compromising the proper administration of the Examination part. An appeal will not result in a review of the Applicant's performance on the Examination. A successful appeal will not result in an Applicant's result being changed from failing to passing. A successful appeal will result in the Examination part at issue being invalidated and the Applicant being offered the opportunity to re-take the invalidated Examination part with no additional fees due from the Applicant.

Appeals are considered on a case-by-case basis by the Examination Council, only when the following requirements are met:

(i) The Applicant immediately notifies Kryterion of the external circumstances adversely impacting the proper administration of an Examination part;

(ii) The Applicant submits a written statement by email, with proof of delivery, to the Examination Council at: info@abpm.org. The statement must be received by the Examination Council not later than 30 days after the Examination appointment at which the Applicant alleges

the external circumstances adversely impacting the proper administration of the Examination part occurred. The statement must describe the nature and duration of the external circumstances interfering with the proper administration of the Examination part and how the interference impacted the Applicant's ability to take the Examination part;

(iii) The Applicant submits a written request by email, with proof of delivery, to the Examination Council at: info@abpm.org, appealing the Applicant's Examination results. The appeal must be received by the Examination Council not later than 30 days after the administration of the examination in question ; and

(iv) A credit card payment or valid check in the amount of \$350 is received by ABPM to cover the cost of the appeal and any pass-through fees charged to ABPM by Kryterion. This fee must be received by ABPM not later than 30 days after the administration of the examination in question. This fee is refunded to the Applicant if the Applicant's appeal is successful.

After considering the Applicant's statement and appeal and any information regarding the matter available from Kryterion, the Examination Council determines: (i) whether external circumstances adversely impacted the proper administration of the Examination part at issue; and (ii) if so, whether the adverse impact on the proper administration of the Examination part at issue justifies invalidating the Examination result and offering the Applicant the opportunity to re-take the Examination part at issue.

The Examination Council shall endeavor to notify the Applicant of its decision by email in a timely manner. The Examination Council's decision will either state: (i) the Examination result is invalidated, and the Applicant is granted the opportunity to re-take the Examination part at issue; or (ii) the Examination result is not invalidated. The Examination Council's decision with respect to an Applicant's appeal is final and not subject to appeal.

ABPM is not liable for inconvenience, expense, or other damage caused by any problems in the administration 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. Re-examination is the

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Applicant's sole remedy if external circumstances compromise the proper administration of an Examination part or parts.

10. EXAMINATION ATTEMPT LIMITATIONS

As discussed below in Section 14, Maintenance of Certification, to remain Certified in Pain Medicine, a Diplomate must successfully complete ABPM's MOC process between the 7- and 10-year anniversary of the Diplomate's most recent Certification or re-Certification in Pain Medicine ("Renewal Period"). A Diplomate failing the Examination may re-apply during a later Examination cycle during the Renewal Period to re-take the Examination without satisfying any remedial requirements. The physician must submit a new Application and meet the Eligibility Criteria in effect at the time of the Diplomate's re-application.

11. CERTIFICATION

An Applicant passing the Examination, subject to ABPM's polices, is granted a limited, non-exclusive, terminable, non-sublicensable, non-assignable license to indicate the Applicant is a "Diplomate of the American Board of Pain Medicine," and use the acronym "DABPM," while the Applicant is a Diplomate.

12. OBLIGATION TO REPORT INFORMATION CHANGES

A condition of a Diplomate's Certification in Pain Medicine is that the Diplomate report to ABPM any change in the information included in the Diplomate's most recent Application. Not later than 30 days after the Diplomate learns of a change, the Diplomate must report the change by email, with proof of delivery, to ABPM at: info@abpm.org. A Diplomate's failure to timely report a change is cause for discipline, including revocation of a Diplomate's Certification in Pain Medicine. In addition, a change which causes a Diplomate to no longer meet the Eligibility Criteria is cause for discipline, including revocation of the Diplomate's Certification in Pain Medicine. ABPM's Disciplinary Procedures are available on ABPM's Website at www.abpm.org.

13. ABPM DISCIPLINARY PROCEDURES

ABPM shall receive, investigate, and respond to complaints regarding a Diplomate's Certification in Pain Medicine qualifications and conditions in accordance with ABPM's Disciplinary Procedures. A Diplomate's Certification in Pain Medicine is subject to ABPM's

Disciplinary Procedures. ABPM's Disciplinary Procedures are available on ABPM's Website at www.abpm.org.

14. MAINTENANCE OF CERTIFICATION

As discussed above, to remain Certified in Pain Medicine, a Diplomate must successfully complete American Board of Pain Medicine MOC® Examination in Pain Medicine process between the 7- and 10-year anniversary of the Diplomate's most recent Certification or re-Certification in Pain Medicine. The Certification in Pain Medicine of a Diplomate who fails to complete the American Board of Pain Medicine MOC® Examination in Pain Medicine process within this time period automatically expires on the 10th anniversary of the Diplomate's most recent Certification or re-Certification in Pain Medicine. A physician who does not hold an unexpired Certification in Pain Medicine is prohibited from: (i) displaying an ABPM certification in Pain Medicine certificate; (ii) representing the physician is Certified in Pain Medicine by ABPM; (iii) representing the physician is a Diplomate or Diplomate of the American Board of Pain Medicine; and (iv) using the acronym, "DABPM." Additional information regarding ABPM's MOC process, is available on ABPM's website at: www.abpm.org.

15. REGAINING DIPLOMATE STATUS AFTER CERTIFICATION EXPIRATION

(i) A Diplomate, whose Certification in Pain Medicine will expire before the Examination Window, may use the American Board of Pain Medicine MOC® Examination in Pain Medicine process described in this Bulletin to regain the physician's Certification in Pain Medicine. During the period between the expiration of the Diplomate's Certification in Pain Medicine and receipt of the Examination results, the Diplomate's Certification in Pain Medicine will be expired, pending the results of the Examination.

(ii) A former Diplomate whose Certification in Pain Medicine expired less than one year prior to the opening of the Application Window may use the American Board of Pain Medicine MOC® Examination in Pain Medicine process described in this Bulletin to regain the physician's Certification in Pain Medicine; provided, the former Diplomate: (a) pays a \$150 administrative fee to

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ABPM in addition to the applicable Filing Fees; (b) completes 35 hours of CME, of which 25 hours are in Pain Medicine, within the 36 months preceding the opening of the Application Window. During the period between the expiration of the Diplomate's Certification in Pain Medicine and receipt of the Examination results, the Diplomate's Certification in Pain Medicine is expired.

Phone: 1- (847) 725-2273

Email: info@abpm.org

(iii) A Former Diplomate whose Certification in Pain Medicine expired a year or more prior to the opening of the Application Window may not use the American Board of Pain Medicine MOC® Examination in Pain Medicine process described in this Bulletin to regain the physician's Certification in Pain Medicine. A Former Diplomate whose Certification in Pain Medicine expired a year or more prior to the opening of the Application Window must successfully complete ABPM's Certification in Pain Medicine process to regain the physician's Certification in Pain Medicine.

A physician using option (i) or (ii) above to regain the physician's Certification in Pain Medicine has only one attempt to pass the Examination. If the physician fails the Examination, the physician must successfully complete ABPM's Certification in Pain Medicine process to regain the physician's Certification in Pain Medicine.

The expiration date of a Certification in Pain Medicine regained under (i) or (ii) is 10 years from the Diplomates original expiration date, (e.g., If a Diplomate whose certificate expires 12/31/2024 recertifies in 2025, the Diplomate's Certification in Pain Medicine expires on December 31, 2034.)

15. INTERPRETATION

If there is a conflict between the information in this Bulletin and any other information provided to an Applicant, whether orally or in writing, the information in this Bulletin controls. ABPM is entitled to interpret this Bulletin as it deems necessary. ABPM's interpretation of this Bulletin controls.

16. CONTACTING ABPM

ABPM may be contacted by mail, phone, and email at:

American Board of Pain Medicine

Attn: Carolyn Andersen

85 W. Algonquin Road, Suite 550

Arlington Heights, Illinois 60005

Appendix A - Definitions

In addition to any other terms defined in this Bulletin, the following terms have the following meanings when capitalized and their plain and ordinary meanings when not capitalized:

“ABPM Board” means the Board of Directors of ABPM.

“ABMS” means the American Board of Medical Specialties a not-for-profit corporation comprising 24 medical specialty boards (each a **“Member Board,”** and collectively, **“Member Boards”**). The ABMS’ primary function is to assist its Member Boards in developing and implementing educational and professional standards to evaluate and certify physician specialists. Additional information about ABMS is available on its website at: <https://www.abms.org/>.

“ACGME” means the Accreditation Council on Graduate Medical Education a not-for-profit corporation 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. Additional information about ACGME is available on its website at: <https://www.acgme.org/>.

“ACGME Accredited Fellowship” means a graduate medical education training program that: (i) requires successful completion of a Primary Residency (defined below) as a prerequisite; and (ii) is accredited by ACGME. ACGME Accredited Fellowships include subspecialty medical education training programs that meet (i) and (ii) above. Examples of a Fellowship include pain medicine and hospice/palliative care medicine.

“ACGME Accredited Residency Training Program” means a 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 ABMS Medical Board, the satisfactory completion of which is an eligibility requirement for an ABMS Member Board medical specialty or subspecialty certification. ACGME Accredited Fellowships, sometimes referred to as subspecialty residencies, are included in the term ACGME Accredited Residency Training Program.

“Adverse Action” means any measure taken by a governmental entity that affects a physician’s license to practice medicine or a physician’s authority to use

controlled substances in clinical care or research. Adverse Actions include: (i) limiting the scope of a physician’s license to practice, such as restrictions: (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 (e.g., age or gender), (d) on engaging in specific types of therapy, or (e) of practice to certain settings; (ii) 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 (e.g., remediation for boundary violations or disruptive behavior), (d) a medical, psychological, substance abuse, or psychiatric evaluation, or (e) counseling of any kind; or (iii) disciplinary actions, such as: (a) probation, (b) suspension, (c) revocation, (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.

“Appeals Council” means the ABPM committee appointed annually by the ABPM Board, comprised of two current ABPM Board members and one former ABPM Board member. None of the Appeals Council members may be current Credential Council members. The Appeals Council hears and decides an Applicant’s appeal of a Credentials Council decision that an Applicant did not meet the Eligibility Criteria and is ineligible to take the Examination.

“Applicant” means an individual submitting an Application to ABPM initiating the American Board of Pain Medicine MOC® Examination in Pain Medicine process.

“Application Form” means the form approved by the ABPM Board that an Applicant must complete and submit to ABPM to apply to take the Examination.

“Application Portal” means the online portal available at <https://abpm.smapply.io>, through which an Applicant must submit the Applicant’s Application.

“Application Window” means July 1, 2024 through October 15, 2024.

Appendix A - Definitions

“CME” means continuing medical education qualifying for AMA PRA Category 1 Credits.

“Certification in Pain Medicine” means the process used by ABPM to determine if a physician meets ABPM’s education, training, experience, and knowledge requirements for a physician to be recognized by ABPM as a Diplomate (defined below).

“Clinical Practice of Pain Medicine” means the delivery of direct pain care to patients by a physician who has successfully completed a Primary Residency (defined below).

“Credentials Council” means the ABPM standing advisory council comprised of Diplomates (defined below) appointed by the ABPM Board, which: (i) develops and recommends the Eligibility Criteria (defined below) to the ABPM Board for its consideration and action; (ii) communicates the Eligibility Criteria (defined below) to applicants and others; (iii) assesses Applicant eligibility against the Eligibility Criteria (defined below); and (iv) periodically reviews and, as necessary, recommends revisions to the Eligibility Criteria to the ABPM Board for its consideration and action.

“Diplomate” means a physician who: (i) meets the Eligibility Criteria; (ii) passes the Examination; and (iii) holds a current Certification in Pain Medicine issued by ABPM.

“Documentation of Identifiable Training in Pain Medicine Form” means the ABPM form an Applicant may be required under certain circumstances to complete by the Application Form to identify the Applicant’s Pain Medicine training during the Applicant’s ACGME Accredited Residency Training Program. The Documentation of Identifiable Training in Pain Medicine Form is available through the Application Portal and at: www.abpm.org.

“Eligibility Criteria” means the criteria stated in Appendix B of this Bulletin that a physician must: (i) meet to be eligible to take the Examination; and (ii) maintain to remain a Diplomate. Also, the Eligibility Criteria are available at: www.abpm.org.

“Examination” means American Board of Pain Medicine MOC® Examination in Pain Medicine.

“Examination Council” means the ABPM standing advisory council, comprised of Diplomates appointed by the ABPM Board, that develops, maintains, analyzes, and supervises the preparation and administration of examinations for certification and recertification of Diplomates.

“Examination Window” means the period stated on the first page of this Bulletin. April 1, 2025 through April 30, 2025.

“American Board of Pain Medicine MOC® Examination in Pain Medicine” means the process used by ABPM to periodically confirm that a Diplomate continues to meet ABPM’s education, training, experience, ethics, and knowledge requirements for a physician to be recognized by ABPM as a Diplomate.

“Primary Residency” means an ACGME Accredited Residency Training Program that: (i) provides a structured educational experience designed to conform to the program requirements of a particular ABMS Medical Board; (ii) is accredited by ACGME; (iii) requires successful completion of allopathic or osteopathic undergraduate medical training program as a prerequisite for matriculation; and (iv) is designed to prepare physicians to be eligible for general certification by an ABMS Member Board in a medical specialty. (e.g., anesthesiology, physical medicine and rehabilitation, psychiatry, neurology, and neurological surgery).

“Supporting Materials” means documentation an Applicant is required to submit to ABPM through the Application Portal (e.g., Documentation of Identifiable Training in Pain Medicine Form, Referee Checklist Form, state medical licenses, DEA controlled substances registrations, state-controlled substances authorizations, CME certificates).

“Referee Checklist Form” means the ABPM form that must be completed by at least two physicians licensed to practice allopathic or osteopathic medicine, who can accurately and honestly attest to the current nature and scope of the Applicant’s Clinical Practice of Pain Medicine and who meet the other requirements specified in this Bulletin. This Referee Checklist Form is available through the Application Portal and at: www.abpm.org.

“Relative” means a spouse, domestic partner, or civil union relationship; parent; child; sibling; grandparent or

Appendix A - Definitions

grandchild; aunt or uncle; niece or nephew; cousin; guardian or ward; step, half, or in-law relation; person living in the same household; or any other person with such a close bond as to suggest a conflict of interest because of the relationship (for example, a fiancé).

“Unrestricted” means a license to practice medicine or registration or an authorization to use controlled substances in the clinical care of patients or in research against which there is no Adverse Action, limitations or restrictions. Any action taken by a physician to avoid or in anticipation of an Adverse Action precludes a license or a controlled substances registration or authorization from being “Unrestricted” as defined in this Bulletin.

Appendix B - Eligibility Criteria

CRITERIA 1— ACGME ACCREDITED TRAINING PROGRAM WITH IDENTIFIABLE PAIN MEDICINE TRAINING

To satisfy Criteria 1, an Applicant must satisfactorily complete an ACGME Accredited Residency Training Program that includes identifiable training in Pain Medicine. This training was evaluated upon application for Certification in Pain Medicine and does not need to be resubmitted as part of the American Board of Pain Medicine MOC® Examination in Pain Medicine process.

CRITERIA 2 — LICENSURE AND CONTROLLED SUBSTANCES REGISTRATIONS AND AUTHORIZATIONS

To satisfy Criteria 2, an Applicant must have a current unrestricted license to practice allopathic or osteopathic medicine issued by: (i) one of the States of the United States of America, its Territories, or Commonwealths, (ii) a branch of the United States Uniformed Services, or (iii) one of the Provinces or Territories of Canada. As part of the Application, an Applicant must submit, in chronological order, a list of all current licenses to practice medicine with photocopies of each. *See*, Application Form Question 9, Licensure.

In addition, an Applicant must have a valid unrestricted registration with the U.S. Drug Enforcement Administration (“DEA”) to prescribe, dispense, and administer narcotic controlled substances and a current unrestricted authorization to prescribe, dispense, and administer narcotic controlled substances with the controlled substances authority in the jurisdictions in which the Applicant is licensed to practice medicine, if required by that jurisdiction. Canadian Applicants must have the equivalent authorizations to prescribe, dispense, and administer controlled substances in Canada. As part of the Application, an Applicant must submit, in chronological order, a list of all DEA registrations, all state authorizations, if any, or Canadian equivalents, and photocopies of each.

See, Application Form, Question 10, DEA Registrations and Controlled Substances Registrations and Authorization Information.

CRITERIA 3—ABMS MEMBER BOARD MEDICAL SPECIALTY CERTIFICATION

To satisfy Criteria 2, an Applicant must hold a current and valid medical specialty certification issued by an ABMS Member Board. As part of the Application, an Applicant must submit, in chronological order, a list of all ABMS Member Board medical specialty and sub-specialty certifications. *See*, Application Form, Question 11, Member Board Medical Specialty Certification and Member Board Medical Subspecialty Certification.

CRITERIA 4 — CLINICAL PRACTICE OF PAIN MEDICINE

To satisfy Criteria 4, an Applicant engage in the Clinical Practice of Pain Medicine, on a substantial basis as of the Applicant’s Application date.

CRITERIA 5—CME

To satisfy Criteria 5, an Applicant must complete a least 300 CME hours within the 10 years preceding the Application Deadline. At least 150 of the 300 hours of CME must be in Pain Medicine. At least 100 of the 300 hours of CME must be completed within the 36 months preceding the Application Deadline, of which 50 hours of CME must be in Pain Medicine. As part of the Application, an Applicant must specify the number of CME hours completed by the Applicant during the relevant time periods discussed above and may be required to provide documentation from CME providers substantiating completion of the required CME. *See*, Application Form Question 14, CME.

CRITERIA 6 — ADHERENCE TO ETHICAL AND PROFESSIONAL STANDARDS

To satisfy Criteria 6, an Applicant must not have engaged in conduct which, in the judgment of

Appendix B - Eligibility Criteria

the Credentials Council: (i) reflects unethical activity related to the practice of medicine; or (ii) casts significant doubt on the Applicant's ability to practice Pain Medicine in the best interest of patients. As part of the Application, an Applicant must complete the ethical and professional standards questionnaire. *See*, Application Form, Question 16, Ethical and Professional Standards Questionnaire.

As part of the Application, an Applicant must submit two Referee Checklists Forms, available on the Application Portal or at: www.abpm.org, legibly completed by two physicians licensed to practice allopathic or osteopathic medicine, who can accurately and honestly attest to the current nature and scope of the Applicant's Clinical Practice of Pain Medicine (each a "Referee"). **ONLY ONE** Referee may practice with an Applicant in the same clinic, practice, group, or functional area (e.g., department, division). In addition, the following physicians **MAY NOT** serve as Referees: (i) an Applicant's Relatives, trainees, and employees; and (ii) physicians who are not familiar with the Applicants current medical practice. *See*, Application Form Question 15, Referees. It is the Applicant's responsibility to submit the legibly completed **Referee Checklist Forms** to ABPM through the Application Portal by the Application Deadline.

Appendix C – 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. Extra 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
- 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)

Appendix C – Examination Outline

- 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
- 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
- G. Secondary gain
- H. Sexual dysfunction

Appendix C – Examination Outline

- I. Relationship between pain and sleep disorders

VIII. COMPENSATION/DISABILITY AND MEDICAL-LEGAL ISSUES 7%

- 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)

Appendix D - Sample Questions

- 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.

Appendix D - Sample Questions

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 |

Appendix E – List of References

References

The following is a list of references that may be helpful in reviewing for the examination. This listing is intended for use as a study aid only. ABPM does not intend this list to imply endorsement of these specific references, nor are any examination items taken directly from these sources.

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