



Certification Examination in Pain Medicine

2024 Bulletin of Information

Examination Date Range

April 1-30, 2024

Early Filing Application Deadline

September 5, 2023

Final Application Deadline

October 10, 2023

2024

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Definition of Pain Medicine

The specialty of Pain Medicine 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 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/prabooklet.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

American Board of Pain Medicine Glossary of Terms

licensure as a health care professional, which acknowledges successful completion of an examination that tests knowledge of a specific subset of Pain Medicine.

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.

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.

ABPM Certification Overview

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

An Application Package comprises the Examination Application, the required supporting materials, and the 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*. For a submission to be deemed an Application Package, each component must be complete, accurate, legible, clear, not misleading, and unambiguous. For example, if a submission included an Examination Application that included unclear or ambiguous or internally inconsistent information, that submission would constitute an Application Package. The Credentials Committee reserves the right to reject submissions from an Applicants that do not constitute an Application Package, even if the component parts are submitted and reviewed by members of the Committee. **At its sole discretion, the Credentials Committee may allow an Applicant one chance to cure a submission found not to constitute an Application Package following Committee review.**

No

Only Application Packages that are submitted and complete on or before Tuesday, October 10, 2023 will be accepted for consideration by ABPM. The application portal will close at 12:00 AM on Wednesday, October 11, 2023. Applications that were begun but not completed and submitted by 11:59 PM Central time on October 10, 2023 will not be considered.

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

If any part of the Application, or other verbal or written document or communication between ABPM and an Applicant or someone designated to act on the Applicant's behalf, conflicts with any provision of the applicable Bulletin of Information, the provision of the Bulletin shall control and prevail.

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 for uploading into the application portal.

After an initial review of the Application Package by ABPM staff, each Applicant will receive a notice from the ABPM office indicating 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.

If there are any differences among any of the addresses you use, such as practice location(s), address(es) on medical license(s)/medical board website(s), or controlled substances authorization(s) [eg, DEA Registration(s) and, if applicable, State Controlled Substances Authorization(s)], you must explain them clearly. Failure to do so will result in a delay in processing your application package and may preclude you from being deemed eligible to sit for examination.

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 **test-appointment fee** and the **nonrefundable processing fee**. The test-appointment fee is transferred by ABPM to the test administrator as a pass-through and is NOT an additional fee to ABPM. The

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filing fee is a required component of the Application Package. Payment of the filing fee must be provided within the online application portal. Applications within the portal will not be eligible for submission without payment.

Early Filing Application Fee	\$1,300
Final Filing Application Fee	\$1,600
Nonrefundable Processing Fee	\$500
Test-Appointment Fee	\$240

Total Early Filing Fee \$2,040

Application Packages qualify for the early filing fee only if the application is submitted on or before 11:59 PM on **September 5, 2023**.

Total Final Filing Fee \$2,340

Application Packages will be considered only if they are submitted on or before 11:59 PM on **October 10, 2023**.

The nonrefundable processing fee is incurred immediately upon receipt of any application materials by ABPM, regardless of eligibility outcome. The remainder of the filing fee will be refunded if the Applicant: (a) does not meet the eligibility requirements, (b) does not submit the requisite information to constitute an Application Package by the applicable deadline, or (c) requests, in writing, to have their application withdrawn from consideration for the Certification Examination process.

Withdrawing an Application

Once submitted, it is NOT possible to transfer any application materials to a later Examination.

An application must be withdrawn in writing and must be initiated by the Applicant. Requests to withdraw applications may be emailed to info@abpm.org.

Refunds

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

If for any reason a Candidate does not sit for an Examination for which he or she is eligible, they may request a refund of the remainder of the filing fee, less the \$500 nonrefundable processing fee. The request must be in writing and must either be **a)** received by

ABPM electronically (email or facsimile) or **b)** postmarked not later than 30 calendar days following the end of that Examination Date Range. Candidates may also be responsible for any testing appointment fees.

Requests for partial refund of the filing fee postmarked or received electronically (by facsimile or email) 31 calendar days following the end of the Examination Date Range will not be considered.

ABPM Certification 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. 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 in an ACGME-accredited Residency Training Program.

1. The residency training in the specialty of pain medicine must be equivalent in scope, content, and duration to that received in one of the five ACGME-accredited Residency Training Programs listed in Condition A that are deemed to include identifiable training in the specialty of Pain Medicine; **and**
2. The documentation of residency training in Pain Medicine 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.

It is the Applicant's responsibility to ensure that the completed *Documentation of Identifiable Training in Pain Medicine Form* is received and uploaded to the application portal by the established deadline.

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 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

ABPM Certification Eligibility Requirements

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, 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, 2024.** 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, provided that the training program is completed within the 24-month period ending March 31, 2024. If an applicant is

counting an ACGME-accredited fellowship toward time in the clinical practice of pain medicine, 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 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 Deadline, Applicants licensed to practice in the United States must have completed a minimum of 50 AMA PRA Category 1 Credits[®], or other Continuing Medical Education (CME) considered equivalent by ABPM, that is relevant to Pain Medicine. If an Applicant is licensed to practice only in Canada, completion of 50 hours of Canadian-certified (MAINPRO, MOCOMP) CME that is relevant to Pain Medicine is required within the specified two-year period. The ABPM Credentials Committee shall determine if the CME content is relevant to Pain Medicine.

If an applicant has successfully completed a primary residency training program followed by an ACGME-accredited fellowship or subspecialty training program in pain medicine 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 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.

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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 in the best interest of patients.

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.

Included in the application portal is a link to the Referee Checklist. **Please provide one form to each recommending physician.**

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.

It is the responsibility of the Applicant to provide the Referee Checklists to their referring physicians and upload them through the application portal by the established deadline.

American Board of Pain Medicine

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

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

ABPM Goals and Objectives

1. To 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 pain medicine 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

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physicians practicing pain medicine that is equivalent to ABMS certification.

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 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 to the public. Objectives to meet this goal include:
 - Maintenance of a publicly-accessible registry of physicians certified as Diplomates of the ABPM.
 - Provision of information to the public and concerned entities about the rationale for certification in pain medicine.
 - Facilitation of discussion with the public, professional organizations, health care agencies and regulatory bodies regarding education, evaluation and certification of pain medicine specialists.

The Purpose of Certification

Pain medicine has emerged as a separate and distinguishable specialty that is characterized by a distinct body of knowledge and a well-defined scope of practice, based on an infrastructure of scientific research

and education. Competence in the practice of pain medicine requires advanced training, experience and knowledge.

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

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

Scope of Certification

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

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

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

ABPM welcomes constructive comments and suggestions from the public and the profession. The ABPM Certification Program has been designed to

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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 Kryterion Global Testing Solutions, of Phoenix, AZ, to provide assistance in the development of the annual certification examination. Kryterion is a consulting firm specializing in the conceptualization, development, and implementation of professional certification programs. ABPM also utilizes online test delivery services through Kryterion Test Centers nationwide.

About the Examination

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

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

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, 3.5-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 submit an Application Package using the online application portal on the ABPM website. The

application must be submitted AND complete by the specified deadline date to be eligible for review by the Credentials Committee. The application portal can be accessed at 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 8 weeks and does not begin until the final application deadline has passed. An Applicant's review process does not start unless and until an application is submitted to ABPM on or before the published deadline. Once your application is submitted, you will receive a confirmation email. ABPM staff will review the application and advise if there is any clarification needed. The Credentials Committee will not begin their review process until the final deadline has passed and all applications have been received.

The ABPM Credential Committee will not review incomplete applications that are begun but not formally submitted through the portal.

The Credentials Committee will strive to send notification regarding examination eligibility status by **January 5, 2024**. 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.

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To be timely, any appeal must be submitted in writing via fax, email, 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 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 welcome email from Webassessor which will allow them to log in and schedule their appointment(s). Welcome emails will be sent approximately 60 days prior to the opening of the applicable examination window. It is mandatory that all Candidates log into their Webassessor account to schedule time to sit for the examination at a Kryterion Testing Center. Candidate eligibility is valid for one examination attempt.

Online Examination Scheduling

Candidates may schedule their appointment online by visiting www.webassessor.com/abpm and logging in with the Login 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 Login and Password from the registration email they received from Kryterion.
- Schedule using the same legal name that was submitted on the application and is 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 Register for an Examination section of the registration system. Select the examination and select the Register button. Enter the ZIP Code/City and select "Find." 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.
- When the desired test site, date and time have been selected, the candidate should use his/her voucher code to complete the scheduling process.
- 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.

Confirmation of Examination Appointment(s)

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

Canceling or Rescheduling an Appointment

Candidates may cancel or reschedule an examination appointment prior to 72 hours before the scheduled examination at no fee. Rescheduling within the 72-hour window of the scheduled examination will result in a Reschedule Fee of \$130. Test-Appointment fees are nonrefundable if canceled within 72 hours of the appointment. A Candidate who does not appear for a scheduled examination appointment and then reschedules within the established examination window will incur an additional \$130 Test-Appointment Fee.

NOTE: Appointments can be cancelled and rescheduled by the Candidate via the online portal only.

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. The Candidate must bring two forms of ID. One form must be a government-issued photo identification and the second form can be any type of identification that includes your full name. 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:

- Government (Local, State, Province or Country) issued Driver's License or Identification Card, or
- Passport, or
- Military Identification, or
- National Identification Card.

Acceptable Forms of secondary ID:

- Bank Debit or Credit Card, or
- Employee Identification Card, or
- Student Identification Card, or
- Retail Membership Card, or
- Wholesale Membership Card.

Taking the Examination

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

Strict security measures are maintained throughout all phases of examination development and administration. Prior to entry into the testing area at Kryterion 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.

Kryterion 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.

Kryterion 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 less than 15 minutes prior to appointment start time;

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- Do not present the acceptable forms of identification.

The following security procedures will apply during the examination at Kryterion Testing Centers:

Candidates will receive scratch paper and pencils 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 Kryterion 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.

You will be asked to place all of your personal items, except your identification, in a locking file cabinet or compartment. Personal belongings include bags, purses, keys, wallets, hats, briefcases, books, cell phones, calculators, portable electronic devices, watches and any type of firearms. We recommend leaving any item not needed for testing at home.

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.

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

The following applies to those selecting webcam proctored option only:

- Following scheduling of the examination(s), Candidates must complete a registration process **on the device they will use for the examination.**
- Candidates must ensure that they have a functioning integrated or external webcam.
- Candidates must ensure that their computer meets the [minimum system requirements](#).
- Candidates must complete a two-part enrollment process, during which:
 - a photograph is captured for reference on the day(s) of your examination and
 - Sentinel®, Kryterion's testing software, is installed on the device used for the examination. If using a device provided by an employer, the assistance of the employer's IT system administrator may be required.

*Candidates are advised to complete the above steps several days before the date of the examination to allow time for troubleshooting, should that be required.

- The space for an online-proctored examination should be quiet, free of distractions, have an uncluttered background, have good overhead lighting, have acceptable lighting for the webcam, and have a strong, stable Internet connection.
- Before launching the examination(s), remove all documents, books, and other digital devices (tablets, smartphones, etc.) from the test

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environment. The only allowable items are the device used for registration on which Sentinel is installed, one integrated or peripheral monitor/screen, one mouse, and one keyboard. The keyboard must be a standard (ie, “QWERTY”), English keyboard. If you are using a non-standard (eg, Dvorak) or non-English keyboard, please go to [Microsoft's Support Website](#) for instructions on modifying your keyboard or obtain a standard, English keyboard.

- Watches, bracelets, and necklaces are not permitted to be worn during testing. The remaining time is displayed in the examination portal.
- During the examination, only the Examinee is permitted in the testing room.
- Talking, such as reading the exam aloud, or consistently looking away from the monitor will be viewed as suspicious behavior.
- At any time during an examination, the proctor may ask the Examinee to verify compliance with standards for online-proctored examinations. This may involve a request to pan the room with the webcam, etc. Webcams integrated into monitors may not be suitable for this purpose. Examinees are advised to ensure that they have the ability to pan their Examination area with their webcam if requested.
- If there is any interruption during which the Examinee must work with the proctor or a technician, any time lost due to that interruption will be added back to the allotted examination time so Examinees are not penalized for technical issues.
- Examinees are discouraged from leaving their examination area during the examination. If an Examinee leaves their examination area, the proctor may ask them to pan the area with their webcam. We realize that restroom and other breaks (stretch, eye rest, etc.) may be necessary, so it is permissible to take a maximum of three breaks within each Part of the examination. Examinees are advised to take breaks that are not bathroom breaks in clear view of the webcam in their examination area. It is critical to understand that the countdown clock begins with the launch of the examination and continues until the allotted time has been expended and no additional time is granted for breaks of any kind.

- While prohibited at Kryterion testing centers (except for case of special accommodations covered under the ADA), food and drink is allowed for webcam-proctored testing. No additional time, however, will be allotted for eating, drinking, or cleaning up spills, etc., so Examinees who wish to consume food or beverages are advised to keep them a safe distance from their computer and webcam but within reach so that consuming them does not require the Examinee to be out of the field of view of the webcam.

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 Kryterion 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 Kryterion 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.

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.

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

- The Examinee immediately notifies Kryterion Testing Center staff of any adverse testing conditions, so that a report can be filed in accordance with Kryterion 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 payment, 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 Kryterion 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.

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.

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

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meet the eligibility requirements in effect at the time of reapplication.

A physician who has failed to pass the examination after two (2) 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 submitted to the ABPM 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 submitted to the ABPM 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. 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

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- 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 |

