



AMERICAN BOARD OF  
MULTIPLE SPECIALTIES IN

**PODIATRY™**

**PRIMARY CARE • SURGERY • THE DIABETIC FOOT**

**PODIATRIC SURGERY  
CASE REQUIREMENTS AND GUIDELINES**

1350 Broadway – Suite 1705 – New York, NY 10018 – (888) 852-1442

## PODIATRIC SURGERY CASE ACCEPTANCE PROCEDURES

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The process of obtaining Board Certification in Podiatric Surgery includes sitting for a written examination and submitting a minimum of 50 podiatric surgery cases. Once the written examination is passed, the podiatrist is Board Eligible. Board eligible podiatrists can not advertise they are board certified. To obtain the full board certified status, cases must be submitted and approved by the case review committee. Board eligibility is valid for two years only. If candidates have not met the case submission requirements within the two-year time frame they are no longer considered eligible and must complete the entire certification process from the start. There will be no refunds of fees. Board Eligible podiatrists are prohibited from any advertisement pertaining to board certification through the American Board of Multiple Specialties in Podiatry. Please see the Guidelines for Advertising for details which can be downloaded from our website [www.abmsp.org](http://www.abmsp.org).

The guidelines listed below are your instructions on how to submit your cases to the Board. Please study these requirements carefully before contacting the ABMSP to ask questions. Our most common questions can be answered if the guidelines are read carefully.

### CASE SUBMISSION REQUIREMENTS SUMMARY

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**Number of cases** - A minimum of fifty case documentations is required in addition to successful completion of the written examination.

**Time frame for cases** – The four year time frame in which these cases are to be submitted and performed are two years prior to and two years after completion of the written exam. Residency cases may be submitted if the podiatric resident was documented as the primary surgeon.

**Type of cases to include** – To avoid the possibility of putting patient or podiatrist at risk by requiring a surgical procedure not normally performed by all podiatrists, the Board has elected to not require specific surgical procedures and mandatory categories are not required. A minimum mandatory five (5) soft tissue cases must be submitted. Case submissions may consist of up to a maximum of fifteen (15) soft tissue and thirty-five (35) osseous or five to fifteen (5-15) soft tissue and up to forty-five (45) bone (osseous). Additionally, Case versatility is mandatory. No more than five (5) similar procedures may be submitted. Cases must total a minimum of fifty (50) to meet the mandatory case number requirement. The Case Review Committee retains the right to request additional information and/or cases if they determine the necessity.

**Cases must include** - Case information sheet, case history report, admission sheet, operative reports, pathology reports, and all follow-up notes in the SOAP format. Copies of pre-operative and post-operative x-rays must be submitted for cases randomly selected by the Case Review Committee. X-rays need not be included with initial case submissions. Case Review Committee members will notify candidate of the required x-ray submissions following initial review of cases.

**Format** – Cases must be submitted in a three-ring binder with tabs dividing the cases. Please be sure that the binder is not overstuffed, but that the paper can move freely. Use more than one binder if necessary, with each binder clearly labeled with your name. See pages 2-3 for more details.

**Due Date** – The cases are due to the ABMSP office by the due date (not postmarked). Please send your package with delivery confirmation or a tracking number so you can check to see if the cases were delivered. Please do not call our office for this.

**Return Binder Fee** – If you wish to have your cases sent back to you, please submit a \$25 check or money order made payable to ABMSP and fill out the Return Binder Checkbox on page 6.

**Notification of Results** – ABMSP will notify you in writing, within six weeks of submission. You will receive a certificate if your cases are approved. The results may take longer if a case review committee member had to contact you for clarification or submission of additional information.

## **CASE RECIPROCITY PROVISION**

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Cases submitted for American Board of Podiatric Surgery (ABPS) or similar board review may be submitted to the Board. Cases submitted under this case reciprocity provision must consist of a detailed listing of accepted cases and a copy of the letter of acceptance from the approving board. In addition to this list and letter, the Case Review Committee will request a minimum of ten (10) cases [seven (7) bone and three (3) soft tissue] with full documentation be submitted. Cases submitted under the reciprocity provision must meet the same requirements set forth in this brochure utilizing the same format including all supporting documentation.

## **CASE SUBMISSION INSTRUCTIONS**

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Read the case guidelines several times to become familiar with what is required. In a **THREE-RING BINDER** you will place the following information:

### **1. CASE INFORMATION SHEET**

The Case Information Sheet (Page 6) is a master listing of the cases being submitted. Please complete this form and place it in the front of the case submission binder. Be sure to check off the box if you want your cases returned. This form must be present for complete documentation.

### **2. TAB**

Tabs are required to separate the cases.

### **3. PRIMARY CARE CASE HISTORY REPORT**

Use Case History Report (page 5) as a reference and create your own type written version that has this important information. Make sure that you include this for EACH case submitted as the first sheet behind the tab. Cases may be returned or denied if it can not be reviewed.

### **4. ADMISSION SHEET AND/OR INITIAL HISTORY REPORTS**

The admission sheets (if hospital based case submission) for cases performed in a health care facility must be submitted and signed by the admitting physician. For office based cases, the patient initial history report must be submitted.

### **5. OPERATIVE REPORTS**

Applicable operative reports (for cases involving surgery) must contain a complete word description of incision, location, pathology encountered, instrumentation, fixation, closing, and dressing. Operative reports must show the candidates as surgeon of record. Cases where the candidate is not listed as surgeon of record will not be accepted. The operative report must be signed and legible. Non-legible reports will be discounted.

### **6. PATHOLOGY REPORTS**

A copy of the pathology report for all procedures where applicable (e.g. Foreign body, tumor, trephination, etc) must be included in case.

### **7. X-RAYS**

Copies of pre-operative and post-operative x-rays must be submitted for cases randomly selected by the Case Review Committee. X-rays need not be included with initial case submissions. Case Review Committee members will notify candidate of the required x-ray submissions following initial review of cases.

### **8. ALL FOLLOW-UP VISITS THAT PERTAIN TO THE CASE UNTIL FINAL OUTCOME**

All follow up visits must be included from the time of first presentation of the condition leading up to the final outcome. Notes must be in the SOAP format. Office notes must be typed. Copies of handwritten notes must be included if you have to re-type notes.

### **REPEAT STEPS 3-9 UNTIL YOUR CASE SUBMISSION IS COMPLETE.**

The following items must be submitted in a **three-ring loose-leaf binder**. Each case must have a tab in the margin. **All notes must be typed**. Do not overstuff the binder; use a second binder if necessary.

## **REVIEW COMMITTEE AND APPEALS**

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Two members of the Case Review Committee must review a candidate's case submission file for proper and complete documentation. If there is a split decision as to the completeness and proper format of the file, a third member of the committee shall review the candidate's file and the results of his/her decision shall determine the acceptability of the case documentation.

A case deemed unacceptable by any members of the case review committee shall be discounted and the candidate so notified. The candidate shall have thirty days from the date of notification to resubmit the case(s) with proper documentation to meet the requirement of eight case presentations. The review process shall then continue. A total of up to four cases may be resubmitted. Candidates having more than four incomplete cases shall not have attained a level of acceptable cases and shall have their file returned to them. The candidate shall then have thirty days to submit eight new cases for review. Candidates having their cases rejected twice shall appear before a committee of at least three board of directors to justify their cases, and will be penalized \$100.00. No refund of fees will be offered.

If the committee and board of directors determine that the cases submitted fall below acceptable professional standards, cases are rejected and certification is denied. The committee members shall use their clinical and surgical experience in determining a candidate's status based upon knowledge and experience as shown by the case submissions and not whether the procedure would be one that a committee member would or would not choose to perform. If the cases are deemed acceptable, a certificate and letter will be mailed to candidate.

## **CASE REQUIREMENTS**

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To avoid the possibility of putting patient or podiatrist at risk by requiring a surgical procedure not normally performed by all podiatrists, the Board has elected to not require specific surgical procedures and mandatory categories are not required. However, versatility of case submission is mandatory.

1. All cases submitted must have been performed within a four (4) year time frame (two years prior to sitting for the examination through due date, which is two years following examination for certification). Board Eligible status is valid for two years only from notification of passage of the certification examination.
2. Cases must total a minimum of fifty (50) to meet the mandatory case number requirement. Case versatility is mandatory.
3. Although multiple procedures may have been performed at the same time, each case submitted is counted as only one procedure. Please specify in which category a case is being submitted with more than one procedure contained.
4. Case submissions must consist of a minimum of five (5) and up to a maximum of fifteen (15) soft tissue cases, Case submissions must consist of a minimum of thirty-five (35) and up to forty-five (45) osseous cases. No more than five (5) similar procedures may be submitted The Case Review Committee retains the right to request additional information and/or cases if they determine the necessity.
5. Each case submission must be accompanied by its own completed case history report. Patient history, chief complaint, previous treatment, duration of complaint, verbal picture of condition, assessment and diagnosis, medications, post treatment notes, summation of results and physician's satisfaction and any complications must all be addressed in the case history submission (See Page 5). A true copy of the office records may be used if legible; if not, they may be retyped. Bone cases randomly selected (candidate will be notified of which cases are selected) will be required to contain pre and post operative x-rays. Do NOT select a case if you can not obtain all the information we require.
6. Cases must meet our required format. Ensure that all documentation is in a three ring binder with tabs separating the cases. Do not overstuff the binder; use a second binder if necessary – with binders clearly labeled with your name.
7. Mail cases to be received by the deadline, via delivery confirmation/tracking number so you will know when the cases get to the office. Please do not call the office to make sure we received your cases, use the tracking number the shipping service provided you.
8. For Board Certification to be granted, all fifty cases must be submitted and accepted.
9. Questions regarding case submission should be directed to the board's Administrative offices, 9 am - 5 pm EST. 1-888-852-1442 or you may email us at [abmsp@abmsp.org](mailto:abmsp@abmsp.org).

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## CASE HISTORY REPORT COVER PAGE

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The first page after each tab must have a Case History Report Cover Page. On this page should be very basic information.

### PROVIDE GENERAL INFORMATION

Podiatrist's Name \_\_\_\_\_ (Your Name) \_\_\_\_\_

Case Report Number \_\_\_\_\_ (From Page 6) \_\_\_\_\_

Category \_\_\_\_\_ (From Page 3) \_\_\_\_\_

Condition Treated \_\_\_\_\_

Age of Patient \_\_\_\_\_

Date of Treatment \_\_\_\_\_ (Initial Date for seeing Patient with this Condition) \_\_\_\_\_

Behind this cover page, include all the documents listed on page 2. Please ensure that your office notes are in SOAP format.

S –SUBJECTIVE (Chief complaint, symptoms, duration)

O – OBJECTIVE (Clinical findings, vascular, biomechanical, neurological, previous treatment, lab results)

A – ASSESSEMENT (Diagnosis)

P - PLAN OF TREATMENT (Specific treatment, complications, changes, referral, podiatrist's & patient's satisfaction with results)

## CASE INFORMATION SHEET

Cases must be received at the Board Office BEFORE the deadline. Please send to following address:

**AMERICAN BOARD OF MULTIPLE SPECIALTIES IN PODIATRY  
1350 BROADWAY, SUITE 1705, NEW YORK, NY 10018**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ DATE SUBMITTED \_\_\_\_\_

**I would like my cases returned back to me. A \$25 check or money order is enclosed payable to ABMSP.** Cases submitted without a return request and fee will be destroyed. No Exceptions.

	ST/B	Date of Treatment	ST/B	Date of Treatment		ST/B	Date of Treatment
1			18			35	
2			19			36	
3			20			37	
4			21			38	
5			22			39	
6			23			40	
7			24			41	
8			25			42	
9			26			43	
10			27			44	
11			28			45	
12			29			46	
13			30			47	
14			31			48	
15			32			49	
16			33			50	
17			34				

Office Use Only:

1. A R \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_      2. A R \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_      Notes: \_\_\_\_\_