

CERTIFICATION EXAMINATIONS IN  
**PRIMARY CARE IN  
PODIATRIC MEDICINE &  
FOOT & ANKLE SURGERY**

{ HANDBOOK FOR CANDIDATES }

SPRING TESTING PERIOD

**May 6 – May 20, 2017**

*Application Deadline: March 1, 2017*

FALL TESTING PERIOD

**October 14 – October 28, 2017**

*Application Deadline: August 15, 2017*



AMERICAN BOARD OF  
MULTIPLE SPECIALTIES IN

**PODIATRY™**

PRIMARY CARE · FOOT & ANKLE SURGERY  
DIABETIC WOUND · LIMB PRESERVATION & SALVAGE

SPECIALTY CERTIFICATION OF THE LOWER EXTREMITY

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The Time is Now. The Course is Clear.  
**The Key is You.**

PROMOTING A  
NEW LEVEL OF CARE.

## MISSION STATEMENT

We exist to protect and improve the podiatric health and welfare of the public.

## AMERICAN BOARD OF MULTIPLE SPECIALTIES IN PODIATRY

The American Board of Multiple Specialties in Podiatry (the Board) was incorporated in 1986 to promote certification among podiatrists. In 2008, its certification programs were accredited by the American National Standards Institute (ANSI) for meeting the international standards for accreditation programs as set forth in ANSI/ISO/IEC/17024:2003. In 2012, the ABMSP was also accredited by URAC (Utilization Review Accreditation Commission).

## PURPOSE STATEMENT

The specific and primary purpose of the American Board of Multiple Specialties in Podiatry is: (i) to develop and implement national and international standards for and to administer examinations for certification in (a) primary care in podiatric medicine and (b) foot and ankle surgery; (c) prevention and treatment of diabetic foot wounds and diabetic footwear; and (d) limb preservation and salvage; (ii) to grant recognition to individuals who meet the standards; (iii) to monitor the adherence to the standards by podiatrists certified by the corporation; and (iv) to maintain a registry of podiatrists certified by the corporation.

### **American Board of Multiple Specialties in Podiatry Certification Examinations**

- ◆ Primary Care in Podiatric Medicine
- ◆ Foot and Ankle Surgery
- ◆ Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear
- ◆ Limb Preservation and Salvage

## STATEMENT OF IMPARTIALITY

The ABMSP understands the importance of maintaining impartiality in all of its decision making and certification activities. The ABMSP Board of Directors is responsible for ensuring that the organization carries out its activities in an impartial manner, managing real or perceived conflicts of interest, and insuring objectivity in its decision making process.

## THE ROLE OF CERTIFICATION

Certification is a voluntary process in which individuals are recognized for advanced knowledge, competence, and skill. Certification requires assessment, testing, and evaluation of education and/or experience. Certification by the American Board of Multiple Specialties in Podiatry is sought voluntarily by podiatrists in order to attain a credential which attests to their training and experience as providers of services to persons who suffer from diseases and deformities of the foot.

## OBJECTIVES OF CERTIFICATION

To establish competency in podiatric medicine, foot and ankle surgery, diabetic foot wounds and footwear and limb preservation and salvage by:

1. Providing a standard of requisite knowledge for certification in podiatric medicine, foot and ankle surgery, diabetic foot wounds and footwear and limb preservation and salvage.
2. Recognizing formally those individuals who meet the eligibility requirements of the American Board of Multiple Specialties in Podiatry and pass examinations in specialties within the field of podiatry.
3. Encouraging continued professional growth in podiatric medicine, foot and ankle surgery, diabetic foot wounds and footwear, and limb preservation and salvage.
4. Establishing and measuring the level of knowledge required for certification in specialties within the field of podiatry.

## ELIGIBILITY REQUIREMENTS

### Primary Care in Podiatric Medicine:

1. The Board shall require candidates for certification meet **ONE** of the following:
  - (a) Successfully completed a minimum of two years residency training in a program approved by the CPME or another recognized accrediting body accepted by the CPME. (Submit proof of residency with application.)
  - (b) Successfully completed a one-year residency program approved by the CPME or another recognized accrediting body accepted by the CPME **PLUS** at least 10 years of practice as a podiatrist. (Submit proof of residency with application.)
  - (c) No residency program and a minimum of **at least** 20 years of practice as a podiatrist.
2. Hold a current DPM license. (Submit a copy of current DPM license with application.)
3. Hold a DPM degree in the United States (or territorial possession). (Submit a copy of degree with application.)
4. Submit a copy of the front of a current driver's license or other government photo ID.

5. Conduct a search of the National Practitioners Database and submit a copy of your record.
6. Two letters of professional recommendation, on letterhead, from fellow podiatrists.
7. A letter, on hospital letterhead, confirming the completion of a residency.
8. Completion of consent form.
9. Post graduate resume, showing podiatric work history from the time of graduation to the present.
10. Completion and filing of the application for the Primary Care in Podiatric Medicine Certification Examination.
11. Payment of required fee(s) (see fees on page 6).
12. Submission and the Board acceptance of at least seven (7) documented primary care cases, which meet the Board's established case submission requirements plus essay. Submission of cases must be made within one year of examination date and performed within a two-year time frame.

**NOTE:** Be sure to review the Case Submission Guidelines on the website, [www.abmsp.org](http://www.abmsp.org), prior to applying to take the exam.

A minimum of 7 cases plus one essay is required to complete the board certification process in Primary Care in Podiatric Medicine. Candidates must submit 7 cases from the following list but no more than one case per category:

1. Viral pathology
2. Bacterial pathology
3. Fungal pathology
4. Congenital
5. Acquired deformity
6. Latrogenic pathology
7. Vascular Pathology
8. Arthritis
9. Neurological pathology
10. Neoplasms
11. Trauma
12. Fractures
13. Plantar fasciitis/heel spur

In addition to the 7 primary care cases, each Board Eligible Candidate will be required to respond to one of two scenarios pertaining to theoretical office emergency situations. An essay response to one of the scenarios must include all of the following:

- The correct diagnosis
- The thought process which led up to the diagnosis
- A treatment protocol consistent with today's standards and relating to the diagnosis.

Upon approval of the 7 cases and the appropriate response to the scenario the credential of Board Certified in Primary Care in Podiatric Medicine will be conferred.

### Foot and Ankle Surgery:

1. The Board shall require candidates for certification meet **ONE** of the following:
  - (a) Successfully completed a minimum of two years residency training in a program approved by the CPME or another recognized accrediting body accepted by the CPME. (Submit proof of residency with application.)
  - (b) Successfully completed a one-year residency program approved by the CPME or another recognized accrediting body accepted by the CPME **PLUS** at least 10 years of practice as a podiatrist. (Submit proof of residency with application.)
  - (c) No residency program and a minimum of **at least** 20 years of practice as a podiatrist.
2. Hold a current DPM license. (Submit a copy of current DPM license with application.)
3. Hold a DPM degree in the United States (or territorial possession). (Submit a copy of degree with application.)
4. Submit a copy of the front of a current driver's license or other government photo ID.
5. Conduct a search of the National Practitioners Database and submit a copy of your record.
6. Two letters of professional recommendations, on letterhead, from fellow podiatrists.
7. A letter, on hospital letterhead, confirming the completion of a residency of at least two years.
8. Completion of consent form.
9. Post graduate resume, showing podiatric work history from the time of graduation to the present.
10. Completion and filing of the application for the Foot and Ankle Surgery Certification Examination.
11. Payment of required fee(s) (see fees on page 6).
12. Submission and the Board acceptance of at least fifty (50) documented surgical cases which meet the Board's established case submission requirements. Submission of case documentation must be made within two years of examination date and performed within a four-year time frame.

**IMPORTANT NOTE:** Certification in Foot and Ankle Surgery will be conferred only upon successful completion of certification in Primary Care from the ABMSP or from another nationally recognized certification organization.

**NOTE:** Be sure to review the Case Submission Guidelines on the website, [www.abmsp.org](http://www.abmsp.org), prior to applying to take the exam.

50 cases are required to become Board certified in Foot and Ankle Surgery. Case versatility is mandatory. No more than 5 similar procedures may be submitted. All cases must have been performed within a 4-year time frame but no later than 2 years following examination for certification. Cases must be submitted and accepted within 2 years of notification of passage of the certification examination.

## APPEALS ON ELIGIBILITY

Candidates who have been deemed ineligible to sit for an examination may appeal in writing to the American Board of Multiple Specialties in Podiatry. The letter must be accompanied by supporting documents. The appeal must be received within 10 days after the notice of ineligibility is sent to the candidate. The American Board of Multiple Specialties in Podiatry will review the appeal and notify the candidate in writing of its decision within 10 days of receipt of the written appeal.

## ADMINISTRATION

The Certification Program is sponsored by the American Board of Multiple Specialties in Podiatry (the Board). The examination is psychometrically developed and independently administered for the Board by the Professional Testing Corporation (PTC), 1350 Broadway - 17th Floor, New York, New York 10018, (212) 356-0660, [www.ptcny.com](http://www.ptcny.com). Questions concerning the examination should be referred to PTC.

Questions concerning eligibility for the examination should be directed to the Board at (888) 852-1442. Questions concerning admission to the examination and test sites should be directed to PTC at (212) 356-0660.

The American Board of Multiple Specialties in Podiatry name, logo, certificates, cards, and abbreviations are the exclusive property of the Board. Use of these and all Board materials in any manner not permitted by the Board's Code of Professional Practice, and any use by non-Board certificants, is not authorized and is prohibited by law.

## NON-DISCRIMINATION

The American Board of Multiple Specialties in Podiatry does not discriminate against any individual on the basis of race, color, religion, gender, national origin, age, disability or any other characteristic protected by law.

## ATTAINMENT OF CERTIFICATION AND RECERTIFICATION

Candidates who pass the Certification Examination and case submissions in Primary Care in Podiatric Medicine and/or Foot and Ankle Surgery and who adhere to the Board's Code of Professional Practice are eligible to indicate Board Certification in Primary Care in Podiatric Medicine and/or Foot and Ankle Surgery and will receive certificates from the American Board of Multiple Specialties in Podiatry. A registry of those certified in Primary Care in Podiatric Medicine and/or Foot and Ankle surgery will be maintained by the Board and may be reported in its publications.

Certification is valid for a period of four (4) years at which time the candidate must submit a completed application for recertification, other material as might be required, and be in compliance with all Board requirements

## REVOCATION OF CERTIFICATION AND OTHER DISCIPLINE

Individuals who fail to meet the requirements set forth in the Board's Code of Professional Practice may have their Certification revoked.

## APPLICATIONS

Additional handbooks and applications for the Certification Examination in Primary Care in Podiatric Medicine and Foot and Ankle Surgery may be obtained from the Professional Testing Corporation, 1350 Broadway - 17th Floor, New York, NY 10018, 212-356-0660, [www.ptcny.com](http://www.ptcny.com), or from the ABMSP website, [www.abmsp.org](http://www.abmsp.org), Under Handbook and Links.

## COMPLETION OF APPLICATION

Complete or fill in as appropriate ALL information requested on the application. Mark only one response unless otherwise indicated.

**NOTE:** *The name you enter on your application must match exactly the name listed on your government issued photo ID such as driver's license or passport.*

**CANDIDATE INFORMATION:** Print your name, address, e-mail address, daytime phone number, fax number, and date of birth in the appropriate row of empty boxes. Also, indicate your choice of testing period.

**ELIGIBILITY AND BACKGROUND INFORMATION:** All questions must be answered. Mark only one response unless otherwise indicated.

**OPTIONAL INFORMATION:** These questions are optional. The information requested is to assist in complying with equal opportunity guidelines and will be used only in statistical summaries. Such information will in no way affect your test results.

**EDUCATIONAL BACKGROUND INFORMATION:** Complete the Podiatric Education History, Resident Information, and Professional Work History sections in full.

**CANDIDATE SIGNATURE:** When you have completed all required information, read the statements under Candidate Signature and sign and date the application in the space provided.

**Mail the application with the consent form and all appropriate documentation and fee(s) (see FEES page 6) in time to be received by the deadline to:**

**ABMSP Examination  
Professional Testing Corporation  
1350 Broadway - 17th Floor  
New York, NY 10018**

**APPLICATION CHECKLIST:** Candidates **MUST** include the following:

- \_\_\_\_\_ Completed and signed application
- \_\_\_\_\_ Letter of completion of residency on hospital letterhead
- \_\_\_\_\_ Copy of resume or curriculum vitae
- \_\_\_\_\_ Copy of current DPM license
- \_\_\_\_\_ Copy of DPM degree
- \_\_\_\_\_ Copy of current driver's license or government photo ID
- \_\_\_\_\_ Copy of National Practitioners Database record
- \_\_\_\_\_ Two letters of recommendation on letterhead
- \_\_\_\_\_ Completed consent form
- \_\_\_\_\_ Examination fee(s)

**NOTE:** Applications will be returned if not submitted with the required documentation.

## FEES

Primary Care in Podiatric Medicine only .....	\$600.00
Foot and Ankle Surgery only .....	\$500.00
(available only to podiatrists already certified in Primary Care with the American Board of Multiple Specialties in Podiatry)	
Both examinations during same testing period .....	\$1,000.00

Make check or money order payable to:

**PROFESSIONAL TESTING CORPORATION**

Visa, MasterCard, and American Express are also accepted. Complete and sign the credit card payment form on the application.

Do Not Send Cash

## REFUNDS

**There will be NO refund of fees.** Candidates unable to take the examination as scheduled may request a transfer to the next testing period if the request is submitted with the transfer fee of \$230 and received within thirty (30) days after the testing period ends. **Exams may only be transferred once, please plan carefully.**



## VETERANS REIMBURSEMENT OF FEE

The Board's certification examinations have been recognized by the VA as approved for reimbursement. If you are a veteran eligible for benefits under the Montgomery G.I. Bill, you may be eligible for reimbursement for your testing fees for the certification examinations offered by the American Board of Multiple Specialties in Podiatry in Primary Care in Podiatric Medicine and Foot and Ankle Surgery. To apply for benefits, send a copy of your test results to the VA office that handles your educational benefits, along with a letter including the following information:

1. Your request for reimbursement.
2. Your name and Social Security number or VA claim number.
3. The name of the test and the date when you took the examination.
4. The name and address of the organization issuing the certificate (The American Board of Multiple Specialties in Podiatry, 1350 Broadway, 17th Floor, New York, New York 10018.)
5. The cost of the examination, not including registration fees or other fees. (The cost of the examination in Primary Care in Podiatric Medicine is \$600.00; the cost of the examination in Foot and Ankle Surgery is \$500.00; and the cost of both examinations taken within the same testing period is \$1,000.00.)
6. The statement: "I authorize release of my test information to the VA."

If you have never previously filed a claim for VA educational benefits under the Montgomery G.I. Bill, you must also submit an application for benefits.

For additional information, please contact the Department of Veterans Affairs ("VA") at 1-888-GIBILL-1 (1-888-442-4551) or consult the VA website at [www.gibill.va.gov](http://www.gibill.va.gov).

## EXAMINATION ADMINISTRATION

The Certification Examinations for Primary Care in Podiatric Medicine and Foot and Ankle Surgery are administered during an established two-week testing period on a daily basis, Monday through Saturday, excluding holidays, at computer-based testing facilities managed by PSI. PSI has several hundred testing sites in the United States, as well as Canada. Scheduling is done on a first-come, first-serve basis. To find a testing center near you visit: <http://www.ptcny.com/cbt/sites.htm> or call PSI at (800) 733-9267. Please note: Hours and days of availability vary at different centers. ***You will not be able to schedule your examination appointment until you have received a Scheduling Authorization from PTC.***

## TESTING SOFTWARE TUTORIAL

A Testing Software Tutorial can be viewed online. Go to <http://www.ptcny.com/cbt/demo.htm>. This online Testing Software Tutorial can give you an idea about the features of the testing software.

## ONLINE PRACTICE TEST

Candidates can experience what the computerized test will be like by taking an online practice exam. This sixty (60) question practice test gives a glimpse into the Primary Care in Podiatric Medicine and/or the Foot and Ankle Surgery Examinations using actual questions which have been retired from the past forms of the examinations. Scores by content area are provided upon completion. This is an opportunity to experience taking the computerized examination, to review the content included in the examination and to learn more about the question format and style. Two (2) hours are allotted to complete the sixty (60) questions for a fee of \$75. The examinations can be found at the PTC website, [www.ptcny.com](http://www.ptcny.com).

## SCHEDULING YOUR EXAMINATION APPOINTMENT

Once your Application has been received and processed, and your eligibility verified, you will be sent a Scheduling Authorization within 6 weeks preceding the start of the testing period. The Scheduling Authorization will indicate how to schedule your examination appointment as well as the dates in which testing is available. Appointment times are first-come, first-serve, so schedule your appointment as soon as you receive your Scheduling Authorization in order to maximize your chance of testing at your preferred location and on your preferred date. A candidate not receiving a Scheduling Authorization at least three weeks before the beginning of the testing period should contact the Professional Testing Corporation by telephone at (212) 356-0660.

Your current, government-issued photo identification such as a driver's license or passport must be presented in order to gain admission to the testing center. PTC recommends candidates bring a paper copy of their Scheduling Authorization and PSI appointment confirmation as well.

- **It is your responsibility to call PSI to schedule the examination appointment.**
- **It is highly recommended that you become familiar with the testing site.**
- **Arrival at the testing site at the appointed time is the responsibility of the candidate. Please plan for weather, traffic, parking, and any security requirements that are specific to the testing location. Late arrival may prevent you from testing.**

## SPECIAL NEEDS

ABMSP and PTC support the intent of and complies with the Americans with Disabilities Act (ADA). PTC will take steps reasonably necessary to make certification accessible to persons with disabilities covered by the ADA. Special testing arrangements may be made upon receipt of the Application, examination fee, and a completed and signed Request for Special Needs Accommodations Form, available from [www.ptcny.com](http://www.ptcny.com) or by calling PTC at (212) 356-0660. This form must be uploaded with the online application at least EIGHT weeks before the testing period begins. Please use this form if you need to bring a service dog, medicine, food or beverages needed for a medical condition with you to the testing center.

Information supplied on the Request for Special Accommodations form will only be used to determine the need for special accommodations and will be kept confidential

## CHANGING YOUR EXAMINATION APPOINTMENT

If you need to cancel your examination appointment or reschedule to a different date within the two-week testing period you must contact PSI at (800) 733-9267 no later than noon, Eastern Standard Time, of the second business day PRIOR to your scheduled appointment. If you need to move to a new testing period, please see "Refunds" on page 6.

## RULES FOR EXAMINATION

1. Hand-held, battery or solar operated, nonprinting and nonprogrammable calculators are permitted.
2. No papers, books or other reference materials may be taken into or removed from the examination room.
3. All electronic devices that can be used to record, transmit, receive, or play back audio, photographic, text, or video content, including but not limited to, cell phones, laptop computers, tablets, Bluetooth devices; wearable technology such as smart watches; MP3 players such as iPods; pagers, cameras and voice recorders are not permitted to be used and cannot be taken into the examination room.
4. No questions concerning content of the examination may be asked during the testing period. The candidate should carefully read the directions that are provided on the screen at the beginning of the examination session.
5. Anyone giving or receiving assistance of any kind will have all test materials taken away and will be asked to leave the room.
6. Visitors are not permitted in the examination room.
7. Test documents and notes must remain in the examination room. Removing any test material by any means is prohibited.
8. The Board prohibits certain behaviors, including (but not limited to) the activities listed below.
  - A. Copying test questions.
  - B. Copying answers.
  - C. Permitting another to copy answers.

- D. Falsifying information required for admission to an examination.
  - E. Impersonating another examinee.
  - F. Taking the examination for any reason other than for the purpose of seeking certification.
9. Candidates are prohibited from leaving the testing room while their examination is in session, with the sole exception of going to the restroom.

## REPORT OF RESULTS

Within four weeks after the testing period ends, candidates will be notified in writing by Professional Testing Corporation of their examination results. The total score and scores on major areas of the examination will be indicated whether the candidate passes or fails. No scores will be reported over the telephone, fax or by e-mail. Candidates will not be permitted to review the questions they missed.

## EXAMINATION CHALLENGES

It is the policy of the American Board of Multiple Specialties in Podiatry to provide every candidate with an opportunity to question the reliability, validity, and/or fairness of a test and its questions. Candidates may comment about any test question or questions, test procedure, and/or the test itself by completing the comment form, which is found at the end of every examination. Alternatively, a candidate may submit a complaint in writing to the Board administrative offices no later than fourteen (14) calendar days after taking the examination. Complaints and challenges must be communicated in writing and within this timeframe; the Board will NOT consider late challenges or complaints, or complaints not submitted in writing.

All challenges and complaints shall receive the Board's full attention. The Board shall investigate each challenge or complaint and acknowledge it in writing to the complaining candidate.

## PASSING SCORE

The examinations are Pass or Fail examinations only. The method used to set the passing score for the examinations is in accordance with standard criterion-referenced passing score standards. The passing score is set by the Board of Directors of the American Board of Multiple Specialties in Podiatry using generally accepted psychometric principles and methods to determine what constitutes a competent podiatric professional. Each candidate is measured against a standard of knowledge, not against the performance of other individuals taking the examination.

The examination consists of 250 multiple-choice questions, with 4 responses, only one of which is correct. The passing score for the Primary Care in Podiatric Medicine Certification Examination is 168 and the passing score for the Foot and Ankle Surgery Certification Examination is 165.

## REEXAMINATION

The Certification Examination in Primary Care in Podiatric Medicine and the Certification Examination in Foot and Ankle Surgery may be taken as often as desired upon re-registration and payment of the examination fee(s).

## CONFIDENTIALITY

1. The Board will release the individual test scores ONLY to the individual candidate.
2. Any questions concerning test results should be referred to the Board or the Professional Testing Corporation.
3. The American Board of Multiple Specialties in Podiatry will publish a list of candidates who pass the examinations each year and will maintain a current listing of diplomates. The Board certification status, but not scores, will be released upon request. Requests should be submitted to the Board's administrative office.

## CONTENT OF EXAMINATION

1. The Primary Care in Podiatric Medicine Certification Examination and Foot and Ankle Surgery Certification Examination are computer-based examinations composed of 250 multiple choice, objective questions with a total testing time of three and one-half (3-1/2) hours each.
2. The content for the examinations is described in the Content Outlines starting on page 11.
3. The questions for the examinations are obtained from individuals with expertise in primary care in podiatric medicine and foot and ankle surgery and are reviewed for construction, accuracy, and appropriateness by the American Board of Multiple Specialties in Podiatry.
4. The American Board of Multiple Specialties in Podiatry, with the advice and assistance of the Professional Testing Corporation, prepares the examinations.

The Primary Care in Podiatric Medicine Certification Examination will be weighted in approximately the following manner:

I. Examination.....	40%
II. Pathology.....	20%
III. Treatment.....	40%

The Foot and Ankle Surgery Certification Examination will be weighted in approximately the following manner:

I. Examination.....	15%
II. Diagnosis.....	10%
III. Conditions.....	20%
IV. Surgery.....	50%
V. Pharmacology and Nutrition.....	5%

# CONTENT OUTLINE FOR PRIMARY CARE

## I. EXAMINATION

### A. History

1. Chief Complaint
2. Present Illness
  - a. Medications
  - b. Allergies
3. Medical History
4. Surgical History
5. Family History
6. Social History
7. Systems Review

### B. Physical Examination of Lower Extremity

1. Vascular
  - a. Arterial
  - b. Venous
  - c. Temperature Gradient
  - d. Capillary Filling Time
  - e. Varicosities
2. Dermatological
  - a. Skin
  - b. Nails
  - c. Hair
3. Neurological
  - a. Patella Reflex
  - b. Achilles Reflex
  - c. Sharp/Dull
  - d. Touch
  - e. Vibratory Sense
  - f. Babinski
  - g. Nerve Conduction
  - h. Other
4. Musculoskeletal and Orthopedic
  - a. Muscle Testing
  - b. Arch Morphology
  - c. Gait Analysis
  - d. Limb Length

e. Hallux  
Abductovalgus

- f. Range of Motion of Major Joints
- g. Biomechanicals
- h. Foot Structure
- i. Fracture
- j. Other

### C. Laboratory

1. Blood Chemistry
2. CBC
3. Urinalysis
4. ESR
5. Coagulation Profile
6. Blood Glucose Test
7. Bone Pathology Test
8. Gram Stain Study
9. Culture and Sensitivity
10. Culture
11. Arthritic Collagen Studies
12. HIV Test
13. Renal Function Test
14. Hepatic Function Test
15. Blood Gases
16. Other

### D. Radiography/Diagnostic Imaging

1. Radiography
2. Fluoroscopy
3. Magnetic Resonance Imaging
4. Bone Scan Studies
5. CT Scan
6. Angiography
7. Arthrography
8. Diagnostic Ultrasound

## II. PATHOLOGY

- A. Etiology
  - 1. Vascular
  - 2. Neurological
  - 3. Dermatologic
  - 4. Orthopedic
  - 5. Infectious
  - 6. Malignant
  - 7. Other
- B. Signs and Symptoms
  - 1. Vascular
  - 2. Neurological
  - 3. Dermatologic
  - 4. Orthopedic
  - 5. Infectious
  - 6. Malignant
  - 7. Other
- C. Morbidity
  - 1. Vascular
  - 2. Sensory
  - 3. Dermatologic
  - 4. Orthopedic
  - 5. Infectious
  - 6. Other

## III. TREATMENT

- A. Management
  - 1. Nail Disorders
  - 2. Wounds and Ulcerations
  - 3. Chronic Conditions
    - a. Diabetes Mellitus
    - b. Arthritides
    - c. Gout
    - d. Other
  - 4. Sprains and Fractures
  - 5. Infections
  - 6. Age-related
  - 7. Soft Tissue Masses
  - 8. Deformities
  - 9. Other
- B. Surgery
- C. Wound Care
- D. Physical Therapy
- E. Pharmacology/Nutrition
  - 1. Types
  - 2. Interactions
  - 3. Side Effects
- F. Patient Advice and Counseling
- G. Prescription Devices
  - 1. Orthotics
  - 2. Braces
  - 3. Footwear
  - 4. Support Hose

## SAMPLE EXAMINATION QUESTIONS

1. Which of the following is most likely to develop from an untreated Charcot's ankle joint?
  1. Unstable ankle
  2. Spastic paralysis
  3. Rheumatoid arthritis
  4. Talar dome fracture
2. Which of the following is most definitive in diagnosing a pulmonary emboli?
  1. Chest X ray
  2. Arterial blood gases
  3. Pulmonary angiogram
  4. Ventilation perfusion scan
3. A 25-year-old male presents with a burn on the dorsum of his left foot from boiling water. Erythema, edema, and three intact blisters are noted at the base of second and third metatarsals. Which of the following is NOT an appropriate management for this patient?
  1. Debride intact blisters
  2. Apply topical antibiotic
  3. Evaluate vascular status
  4. Administer prophylaxis

### **ANSWER TO SAMPLE QUESTIONS**

1.4; 2.3; 3.1

Content Outline Reference:

- 1: I-B-4; 1-D-1; II-B-2; II-C-4
- 2: I-A-7; I-D-9
- 3: III-A-2; III-C



## REFERENCES FOR PRIMARY CARE

The following references may be of some help in preparing for the examination. The list does not attempt to include all acceptable references, neither is it suggested that the Primary Care in Podiatric Medicine Certification Examination is necessarily based on these references. These books may be purchased from your local medical book store or at [www.amazon.com](http://www.amazon.com).

Mandracchia, VJ, et al. *Wound Healing, Clinics in Podiatric Medicine and Surgery*, Volume 18, Number 1, January 2001, pp 1-34.

Gerbert J. *Textbook of Bunion Surgery*, 3rd edition. Saunders.

Levin & O'Neal. *Diabetic Foot: Lower Extremity Arterial Disease and Limb Salvage*, 2nd edition. Lippincott, Williams and Wilkins, 2005.

Seibel M. *Foot Function: A Programmed Text*. Williams and Wilkins, 1998.

Moffatt DJ, ed. *Anatomy of the Lower Limb: A Programmed Text for Podiatrists*. Distributed by Chicago Medical Equipment Company 312-564-1000.

Humble RN, et al. *Running Injuries of the Lower Extremity in Clinics in Podiatric Medicine and Surgery*. April 2001 available through Elsevier.

### Computer Software:

IBM Compatible - Board Certification Simulation Software in the areas of surgery, orthopedics, and primary care. (May be purchased from: Foot and Ankle Research Consortium, Inc. [FARC], 5901 Wilbanks Dr., Norcross, GA 30092 (770) 448-0769, [www.podiatryprep.com](http://www.podiatryprep.com)).

## I. EXAMINATION

- A. Physical
  - 1. Collection and Handling of Specimens
  - 2. Testing Techniques
  - 3. Interpretation
  - 4. Punch Biopsy
  - 5. Anatomical
- B. Laboratory Examination
  - 1. Collection and Handling of Specimens
  - 2. Testing Techniques
  - 3. Interpretation of Test Results
  - 4. Obtain Specimens From Lesions of the Lower Extremities
  - 5. Venipuncture and Heparin Lock
  - 6. Synovial Biopsy
- C. Radiographic Examination
  - 1. Testing Techniques
  - 2. Interpretation of Test Results
  - 3. Handling X rays and Development

## II. DIAGNOSIS

- A. Normal and Abnormal Data
- B. Classification Systems
- C. Presurgical Procedures
- D. Justify Procedure
- E. Postsurgical Complications

## III. CONDITIONS

- A. Medical
- B. Podopediatric
- C. Geriatric
- D. Other Patient Populations

- E. Vascular
- F. Neurological
- G. Dermatological
- H. Orthopedic
- I. Biochemical
- J. Sports Medicine
- K. Surgical Technique
- L. Surgical Procedures
- M. Fracture Care
  - 1. Great Toe
  - 2. Lesser Toes
  - 3. Metatarsals
  - 4. Tarsals
  - 5. Ankles
- N. Musculoskeletal
  - 1. Dislocation
  - 2. Chronic Unstable Ankle
  - 3. Ankle Sprains
  - 4. Congenital Foot and Ankle Deformities
  - 5. Acquired Foot and Ankle Deformities
  - 6. Inflammatory Conditions of the Foot, Ankle, and Leg

## IV. SURGERY

- A. Knowledge
  - 1. Podiatric Surgical Procedures
  - 2. Execution of Podiatric Surgical Procedures
  - 3. Surgical Complications
  - 4. Anesthesiology
  - 5. Sterile Technique
  - 6. Surgical Fixation and Stabilization
    - a. Kirschner Wire
    - b. Screws and Plates
    - c. Staples and Implants
    - d. Sutures
  - 7. Casting and Immobilization

- B. Procedures
  - 1. Prepare and Maintain Surgically Sterile Field
  - 2. Laceration
  - 3. Digital Deformity
  - 4. Sesamoidectomy
  - 5. Bunionectomy
    - a. Simple
    - b. Osteotomy Distally
    - c. Osteotomy Proximally
    - d. Fixation
    - e. K-Wire
    - f. Implant
    - g. Other
  - 6. Metatarsal Deformity
    - a. Osteotomy with and without fixation
    - b. Metatarsal Head Resection
  - 7. Soft Tissue Deformities of the Foot
  - 8. Resect Calcaneal Exostosis and Plantar Fasciotomy
  - 9. Resection of Intermetatarsal Neuromas
  - 10. Injections
    - a. Periarticular
    - b. Intra-articular
    - c. Aspiration of Joint
    - d. Subcutaneous
  - 11. Debridement of Ulcers
  - 12. Total or Partial Matrixectomy
  - 13. Excision of Verruca
  - 14. Excision of Cutaneous Lesions
  - 15. Incision and Drainage of Superficial and Deep Abscess
  - 16. Excision of Deep Lesions Including Ganglions
  - 17. Removal of Foreign Bodies Superficial and Deep
  - 18. Home Rehabilitation Program for Patients With Immobilized Feet and Legs
  - 19. Postoperative Complications
  - 20. Methods of Hemostasis for Surgery
  - 21. Tarsal Coalition Resection
  - 22. Joint Fusion Procedures
  - 23. Tarsal Osteotomy
  - 24. Ankle Surgery
  - 25. Ankle Stabilization
  - 26. Tendon Balancing and Repair Procedure to Tarsal Area Pathology
  - 27. Skin Grafting Procedures
  - 28. Foot and Ankle Trauma
  - 29. Puncture Wounds
  - 30. Osseus Deformities of the Foot and Ankle
  - 31. Osteomyelitis
  - 32. Laser
- C. Wound Healing

## V. PHARMACOLOGY AND NUTRITION

### A. Pharmacology

1. Drug Interactions
2. Drug Dosage, Toxicity, and Side Effects
3. Route of Administration

### B. Drugs and Medications

1. Drugs Used and Administration
2. General

Anesthesia

3. Nitrous Oxide
  4. Local and Regional Blocks
- ### C. Nutritional Factors that Affect the Course of Treatment
- D. Antibiotics
  - E. Corticosteroids
  - F. Nonsteroidal Anti-Inflammatory Drugs
  - G. Anticoagulants
  - H. Narcotics
  - I. Emergency Medicine

## SAMPLE EXAMINATION QUESTIONS FOR FOOT AND ANKLE SURGERY

1. If the last tetanus booster for a 32-year-old woman was eight years ago and she presents with a laceration to her right plantar heel caused by stepping on a tin can 1 hour ago, which of the following is most appropriate?
  1. No tetanus prophylaxis
  2. Tetanus toxoid 0.5 mL intramuscularly only
  3. Tetanus immune globulin 500 units intramuscularly only
  4. Tetanus toxoid 0.5 mL and tetanus immune globulin 500 units given at separate sites
2. What is the normal hallux abductus angle?
  1. 0-5 degrees
  2. 10-20 degrees
  3. 25-30 degrees
  4. 35-45 degrees
3. The Kidner procedure removes the
  1. os trigonum.
  2. os vesalianum.
  3. tibial sesamoid.
  4. accessory navicular.
4. Which of the following is the most common cause of hematogenous osteomyelitis in a person with sickle cell anemia?
  1. *Salmonella*
  2. *Staphylococcus aureus*
  3. *Escherichia coli*
  4. *Bacteroides fragilis*

Answers to sample questions: 1.2, 2.2, 3.4, 4.1

Content Outline Reference:

1: V-I

2: II-A; IV-B-5-g

3: IV-A-1; IV-B-26

4: I-A-5; II-C; III-D

## REFERENCES FOR FOOT AND ANKLE SURGERY

The following references may be of some help in preparing for the examination. The list does not attempt to include all acceptable references, neither is it suggested that the Foot and Ankle Surgery Certification Examination is necessarily based on these references. These books may be purchased from the your local medical book store or at [www.amazon.com](http://www.amazon.com).

Mandracchia, VJ, et al. *Wound Healing, Clinics in Podiatric Medicine and Surgery*, Volume 18, Number 1, January 2001, pp 1-34.

Baravarian B, et al. Arthrodesis Techniques, Part I, *Clinics in Podiatric Medicine and Surgery*, January 2004, Volume 21, Number 1.

Baravarian B, et al. Arthrodesis Techniques, Part II. *Clinics in Podiatric Medicine and Surgery*, April 2004, Volume 21, Number 2.

Chaney DM, et al. Osteotomies of the Foot and Ankle, *Clinics in Podiatric Medicine and Surgery*, April 2005, Volume 22, Number 2.

Zbonis T, et al. Heel Pain, *Clinics in Podiatric Medicine and Surgery*, January 2005, Volume 22, Number 1.

Harris JH. Advances in the Treatment of Pediatric Flatfoot, *Clinics in Podiatric Medicine and Surgery*, July 2000, Volume 17, Number 3.

### Computer Software:

IBM Compatible - Board Certification Simulation Software in the areas of surgery, orthopedics, and primary care. (May be purchased from: Foot and Ankle Research Consortium, Inc. [FARC], 5901 Wilbanks Dr., Norcross, GA 30092 (770) 448-0769 or [www.podiatryprep.com](http://www.podiatryprep.com)).

PTC15065  
Updated 05/2015

## **AMERICAN BOARD OF MULTIPLE SPECIALTIES IN PODIATRY**

### **CONSENT FORM**

I, \_\_\_\_\_, certify that all information contained in my application for certification in [Primary Care in Podiatric Medicine / Foot and Ankle Surgery / Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear/ Limb Preservation and Salvage] is true and accurate to the best of my knowledge. I certify that I have read and understand the requirements for certification as set forth in the Certification Examination in [Primary Care in Podiatric Medicine / Foot and Ankle Surgery / Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear/ Limb Preservation and Salvage] Handbook for Candidates. In addition, I hereby authorize the American Board of Multiple Specialties in Podiatry (the Board) and its officers, directors, committee members, employees, and agents (“the above designated parties”) to review my application to take the certification examination in [Primary Care in Podiatric Medicine / Foot and Ankle Surgery / Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear/ Limb Preservation and Salvage]. I authorize the Board to determine my eligibility for certification in [Primary Care in Podiatric Medicine / Foot and Ankle Surgery / Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear/ Limb Preservation and Salvage]. I agree to revocation or other limitation of my certification if any statement made on my application or hereafter supplied to the Board is false or inaccurate or if I violate any of the rules or regulations of the Board.

I understand and agree that if I am granted certification in [Primary Care in Podiatric Medicine / Foot and Ankle Surgery / Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear/ Limb Preservation and Salvage], it will be my responsibility to remain in compliance with all certification standards. I understand it is my responsibility to maintain valid certification status by complying with all recertification requirements and timely submitting such proof of compliance as is required by the Board.

I agree to cooperate promptly and fully in any review of my certification by the Board, including submitting such documents and information deemed necessary to confirm the information in my application. I authorize the above designated parties to communicate any and all information relating to any application, certification status, and review thereof, including, but not limited to, pending or outcome of disciplinary proceedings to state and federal authorities, employers, and others.

I understand that the Board reserves the right to refuse my admission to any examination if I do not have an Admission Notice and proper photo identification, or if administration of the examination has begun. If I am refused admission for any of these reasons or fail to appear at the test site, I will not receive a refund of the application or examination fees and there will be no credit for future examinations. I authorize the proctors at my assigned test site to maintain a secure and proper test administration at their discretion. I acknowledge that in this capacity, the proctors may relocate me before or during the examination. I will not communicate with other examinees in any way.

I understand that I may only seek admission to take the examination in [Primary Care in Podiatric Medicine / Foot and Ankle Surgery / Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear/ Limb Preservation and Salvage] for the purpose of seeking certification in [Primary Care in Podiatric Medicine / Foot and Ankle Surgery / Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear/ Limb Preservation and Salvage], and for no other purpose. Because of the confidential nature of the examination, I will not take any examination materials from the test site, reproduce the examination materials, or transmit the examination questions or answers in any form to any other person.

I understand that review of the adequacy of examination materials will be limited to computing any scoring correction. If I do anything which is not authorized or which is prohibited by the Board in connection with any examination, I understand that my examination performance may be voided, and such activity may be the subject of legal action. In a case where my examination performance is voided, I will not receive a refund of the application or examination fees, and there will be no credit for any future examination.

I waive all further claims of examination review and agree to indemnify and hold harmless the above designated parties for any action taken pursuant to the rules and standards of the Board with regard to my application, the examination(s) and/or my certification except claims based on gross negligence or lack of good faith.

I agree that if I pass the examination, the Board may release my name and the fact that I have been granted certification in [Primary Care in Podiatric Medicine / Foot and Ankle Surgery / Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear/ Limb Preservation and Salvage] to newspapers and other publications. I agree that the Board may release my name and address in a listing of certified podiatrists to individuals and/or organizations interested in podiatry as directed by the board of directors.

By signing, I acknowledge that I have read and understand this information, and agree to abide by these terms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name-please print

Please read the directions in the Handbook for Candidates carefully before completing this application.

**MARKING INSTRUCTIONS:** This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided. →

A	B	C	D	E	F	1	2	3	4	5	6
---	---	---	---	---	---	---	---	---	---	---	---

**Candidate Information**

Please enter your Name exactly as it appears on a Government Issued Photo I.D.

Mr. First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Mrs. \_\_\_\_\_  
 Ms. \_\_\_\_\_  
 Dr. \_\_\_\_\_

Last Name \_\_\_\_\_ Suffix (Jr., Sr., etc.) \_\_\_\_\_

Home Address - Number and Street \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Email Address (Please enter only ONE email address. Use two lines if your email address does not fit in one line.)  
 \_\_\_\_\_  
 \_\_\_\_\_

Daytime Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth (REQUIRED)  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Month Day Year

**Testing Period:**  Spring  Fall

**Eligibility and Background Information**

Darken only one choice for each question unless otherwise directed.

**A. FOR WHICH EXAMINATION ARE YOU REGISTERING?**  
 Primary Care in Podiatric Medicine only  
 Foot and Ankle Surgery only  
 Both Primary Care and Foot and Ankle Surgery

**B. HAVE YOU TAKEN THE PRIMARY CARE IN PODIATRIC MEDICINE CERTIFICATION EXAMINATION BEFORE?**  
 No  Yes If yes, when (month/year): \_\_\_\_/\_\_\_\_

**C. HAVE YOU TAKEN THE FOOT AND ANKLE SURGERY CERTIFICATION EXAMINATION BEFORE?**  
 No  Yes If yes, when (month/year): \_\_\_\_/\_\_\_\_

**D. NUMBER OF YEARS OF CLINICAL EXPERIENCE:**  
 Three  Five  Eight to ten  
 Four  Six to seven  Eleven or more

**E. PRIMARY PLACE OF EMPLOYMENT: (Darken only one response.)**  
 Private Practice  University/Academic  
 Group Practice  Government  
 Clinic  Other (please specify below) \_\_\_\_\_  
 Hospital \_\_\_\_\_

**F. CURRENTLY CERTIFIED BY OTHER PODIATRIC BOARD?**  
 No  Yes

**G. IF CERTIFIED BY OTHER PODIATRIC BOARD, PLEASE INDICATE: (Darken all that apply.)**  
 ABPS  ABPO  Other (please specify below) \_\_\_\_\_  
 ABPOPPM  ACFS \_\_\_\_\_

**H. IF YOU ARE A VETERAN, ARE YOU BEING REIMBURSED FOR THE EXAMINATION FEE?**  
 No  Yes

**I. YEARS OF RESIDENCY: (ENTER WHOLE NUMBER)** \_\_\_\_\_

**J. HOW DID YOU HEAR ABOUT US?**  
 Magazine Article  Trade Show  
 Website  Colleague  
 Other (please specify) \_\_\_\_\_

**K. HOSPITAL AFFILIATION:**  
 Hospital Name \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_

Complete Page 2

26636





### Optional Information

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your test results.

**Race:**

- African American     Hispanic     White  
 Asian     Native American     No Response

**Age Range:**

- Under 25     30 to 39     50 to 59  
 25 to 29     40 to 49     60+

**Gender:**

- Male  
 Female

### Educational and Background Information

**PODIATRIC EDUCATION HISTORY:**

Podiatry School Name : \_\_\_\_\_ Dates Attended: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Complete Address : \_\_\_\_\_  
 Street  
 \_\_\_\_\_  
 City State Zip

**PROFESSIONAL WORK EXPERIENCE:**

Employer : \_\_\_\_\_ Title : \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Duties : \_\_\_\_\_

Employer : \_\_\_\_\_ Title : \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Duties : \_\_\_\_\_

### Candidate Signature

I have read the Handbook for Candidates and understand that I am responsible for knowing its contents. I certify that the information given in this application is in accordance with Handbook instructions and is accurate, correct, and complete. I also understand that I may apply for special accommodations under the Americans With Disabilities Act, if needed.

I certify that all information contained in my application for Board certification is true and accurate to the best of my knowledge. In addition, I hereby authorize the American Board of Multiple Specialties in Podiatry (the Board), and its officers, directors, committee members, employees, and agents (the above designated parties) to review my application and to determine whether I have met the Board's standards for certification. I agree to revocation or other limitation of my certification if any statement made on this application or hereafter supplied to the Board is false or inaccurate or if I violate any of the rules or regulations of the Board. I understand that if I am granted certification, it will be my responsibility to remain in compliance with all Board standards for certification, including the Code of Professional Practice, to keep my certification current and to submit a valid application for recertification and fee within sixty (60) days of my certification expiration date. I agree to cooperate promptly and fully in any review of my certification by the Board, including submitting such documents and information deemed necessary to confirm the information in this application. I authorize the above-designated parties to communicate any and all information relating to any Board application and review thereof to state and federal authorities, and others. I agree to indemnify and hold harmless the above-designated parties for any action taken pursuant to the rules and standards of the American Board of Multiple Specialties in Podiatry with regard to this application and/or my certification, except claims based on gross negligence or lack of good faith.

By signing, I acknowledge that I have read and understand this information, and agree to abide by these terms.

**CANDIDATE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CREDIT CARD PAYMENT** *If you want to charge your application fee on your credit card provide all of the following information.*

Name (as it appears on your card): \_\_\_\_\_

Address (as it appears on your statement): \_\_\_\_\_  
 \_\_\_\_\_

Charge my credit card for the total fee of: \$ \_\_\_\_\_

Expiration date (month/year): \_\_\_\_\_ / \_\_\_\_\_

Card type:  Visa     MasterCard     American Express

Card Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date                    0 2 2 0  
                                  0 2 3 0

Fee: \_\_\_\_\_

CC     Check

\_\_\_\_\_

