

ABMSP

AMERICAN BOARD  
MULTIPLE SPECIALTIES IN PODIATRY

Limb Preservation  
and Salvage  
Handbook

555 8<sup>th</sup> Ave, Ste 1902, New York, NY 10018  
888-852-1442

## Mission Statement

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

## Purpose Statement

The American Board of Multiple Specialties in Podiatry (ABMSP) was incorporated in 1986 to promote certification among podiatrists.

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 certification; (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.

## 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 ensuring 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/or 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

An eligible podiatrist who meets the requirements of this certification shall be able to use the designation Certified in Limb Preservation and Salvage (CLPS).

The purpose of certification is to set standards by:

1. Providing a standard of requisite knowledge for certification in specialty areas of podiatry.
2. Recognizing formally those individuals who meet the eligibility and knowledge requirements of ABMSP.
3. Encouraging professional growth in the profession of podiatry.
4. Establishing and measuring the level of knowledge required for certification in specialties within the field of podiatry.

## Eligibility Requirements

1. Hold a current DPM license (submit a copy of the license with the application)
2. Post graduate resume, showing podiatric work history from the time of graduation to the present
3. At least 10 years in podiatric practice
4. Attestation that at least 20% of practice is in limb preservation and salvage
5. At least two professional recommendations, on letterhead, from fellow podiatrists, physicians, or other health professional
6. Full surgical hospital privileges for procedures associated with the practice of Limb Preservation and Salvage
7. Completion of an application and payment of fee

The above requirements must be completed and approved before a candidate will be permitted to submit their portfolio.

## Portfolio Requirements

Certification in Limb Preservation and Salvage will be awarded by way of a portfolio which demonstrates the candidate's competence in the practice of lower limb preservation and salvage. A candidate whose eligibility requirements have been approved must submit documentation within 120 days of receipt of approval to demonstrate that **at least 75 points** have been earned, according to the following grid:

Activity	Points awarded	Maximum points per activity
CMEs earned in topics relevant to limb preservation and salvage	1 point per CME	20
Presentations made at medical meetings/conferences relevant to podiatric limb preservation and salvage	Points per hour of presentation	
International meeting/conference	5	20
National meeting/conference	4	20
State meeting/conference	3	20
Local meeting/conference	2	20
Certification by ABMSP or other recognized podiatric board certification	25 points per certification held	50
Teaching a portion of an academic course relevant to limb preservation and salvage	10	30
Limb Preservation and Salvage surgical procedures	10 points per year	30

**Submit Portfolio with \$125 portfolio fee to:  
 American Board of Multiple Specialties in Podiatry  
 Limb Preservation and Salvage  
 555 8<sup>th</sup> Avenue, Suite 1902  
 New York, NY 10018**

**ALL components of the portfolio must be submitted together. If any part of the portfolio requirements are missing, everything will be returned to the candidate and re-submission will be required.**

### Appeals on Eligibility

Candidates who have been deemed ineligible to submit a portfolio for this certification may appeal in writing to the American Board of Multiple Specialties in Podiatry Executive Committee at [abmsp@abmsp.org](mailto:abmsp@abmsp.org). The email must be accompanied by supporting documentation. The appeal must be received within 10 days after the notice of ineligibility is sent to the candidate. The ABMSP will review the appeal and notify the candidate in writing by way of email of its decision within 10 days of receipt of the written appeal.

### Portfolio Review

A Portfolio Review Committee, comprised of no less than three and no more than five members, shall be appointed by the ABMSP Board of Directors. Within 60 days of submission of the portfolio documentation the Portfolio Review Committee shall do one of the following:

1. Ask the candidate for clarifying information on the portfolio submission
2. Return the portfolio submission for additional documentation
3. Award Limb Preservation and Salvage Certification

### Appeals on Certification

In the event the candidate is denied certification, the candidate may appeal by email to the American Board of Multiple Specialties in Podiatry Executive Committee at [abmsp@abmsp.org](mailto:abmsp@abmsp.org). The email must be accompanied by supporting documentation. The appeal must be received within 30 days after the notification of denial of certification. The ABMSP will review the appeal and notify the candidate by email of its decision within 30 days of receipt of the written appeal.

### 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 successfully submit a portfolio and are awarded Certification in Limb Preservation and Salvage must agree to adhere to the ABMSP Code of Professional Practice. Each certified podiatrist will receive a certificate from ABMSP and will maintained in the registry of certified podiatrists on the ABMSP website.

Certification in Limb Preservation and Salvage is valid for a period of eight (8) years at which time the podiatrist must submit a completed application for recertification and an abbreviated portfolio, containing at least 50 points from the above grid.

## Dues

Diplomates of the ABMSP shall pay annual dues in an amount determined from time to time by the Board of Directors. The current annual dues for those holding ONLY the Limb Preservation and Salvage certification are \$125. Current diplomates of ABMSP will receive a reduction of \$25 in their annual dues once they are awarded this certification.

## Revocation of Certification and Other Discipline

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

## Fees

Application Processing Fee .....	\$75.00
Portfolio Submission Fee .....	\$125.00
Recertification Fee (every 8 years) .....	\$125.00

Make check or money order payable to:

American Board of Multiple Specialties in Podiatry

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

Do Not Send Cash

(Submit Payment with the completed portfolio to ABMSP 555 8<sup>th</sup> Ave, Ste 1902, New York, NY 10018)

## Refunds

**There will be NO refund of fees.**

## Geriatric Body of Knowledge

Limb Preservation and Salvage Body of Knowledge

The following are topics which may be considered to be part of the practice of limb preservation and salvage. The following list is a suggestion only and is not exhaustive in its definition of limb preservation and salvage topics.

- I. History of Physical Examination
  - a. Interview of High Risk Patient
    - i. Presenting Complaint
    - ii. Past Diagnostic Examinations
    - iii. Treatments and Recommendations for Treatments
    - iv. Effect of Treatments
    - v. Background and Co-Morbidities

- b. Physical Examination
- II. Diabetic Foot Disease
  - a. Gangrene/Peripheral Arterial Disease
  - b. Cellulitis
  - c. Osteomyelitis
  - d. Charcot Anthropathy
  - e. Necrotizing Fasciitis
  - f. Neuropathy
- III. Evaluation of High Risk Patient
  - a. Risk Status of Patient
  - b. Ulcerations
  - c. Vascular Disease
  - d. Osteomyelitis
  - e. Infections
  - f. Charcot Arthropathy
  - g. Pathology of Disease
- IV. Diagnostic Methods
  - a. Arterial Testing
  - b. Venous Testing
  - c. Imaging
  - d. Laboratory Examinations
  - e. Biopsy and Surgical Pathology
- V. Treatment Plan
  - a. Surgical
  - b. Nonsurgical
  - c. Decision Making
  - d. Mechanical Healing Procedures
  - e. Outcome Goals
  - f. Complications
- VI. Coordination of Care
  - a. Biomechanics of Amputated Foot
  - b. Orthotic/Prosthetic/Shoe Considerations
  - c. Skin and Nails
  - d. Nutrition
  - e. Exercise
  - f. Psychosocial
  - g. Postoperative
  - h. Wounds
  - i. Referrals
  - j. Counseling and Education



**ABMSP Application  
Certification in Limb Preservation and Salvage**

NAME:	
BUSINESS NAME:	
ADDRESS:	
	Street, Apt, Ste
	City, State, Zip Code
PHONE: Office	
PHONE: Cell	
FAX:	
EMAIL:	

**1. Do you attest that you have at least 10 years in podiatric practice?**

**Please Circle: Yes or NO**

**2. Do you attest that at least 20% of your practice is in limb preservation and salvage?**

**Please circle: YES or NO**

**3. Do you attest that you have full hospital surgical privileges to perform limb preservation and salvage procedures?**

**Please circle: YES or NO**

## Attestation

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 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.

Signed \_\_\_\_\_

Dated \_\_\_\_\_



**Checklist of Application Requirements:**

- Successful completion of this application
- Copy of current DPM license
- Copy of post graduate resume, showing podiatric work history
- Two letters of recommendation, on letterhead, from fellow podiatrists, physicians, or other health professional
- Signed attestation
- \$75 application fee\* - **Make checks payable to ABMSP**

**Credit/Debit Card Information:**

Name on card \_\_\_\_\_

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_

CVV \_\_\_\_\_

\*There will be an additional \$125 portfolio submission fee once this application is accepted.

Please mail this application plus the above materials to:

**American Board of Multiple Specialties in Podiatry  
Limb Preservation and Salvage  
555 Eighth Avenue, Suite 1902  
New York, NY 10018**