

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

{ HANDBOOK FOR CANDIDATES }

FALL 2011 TESTING PERIOD

October 1 - October 15, 2011 • Application deadline is 8/15/2011

SPRING 2012 TESTING PERIOD

May 5 - May 19, 2012 • Application deadline is 3/15/2012

FALL 2012 TESTING PERIOD

October 6 - October 20, 2012 • Application deadline is 8/15/2012



AMERICAN BOARD OF
MULTIPLE SPECIALTIES IN

PODIATRY™

PRIMARY CARE • SURGERY
DIABETIC FOOT WOUND • LIMB SALVAGE

www.abmsp.org

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



ANSI Accredited Program
PERSONNEL CERTIFICATION

#0672

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 1991, its certification programs in Primary Care in Podiatric Medicine and Podiatric Surgery received full accreditation from the National Commission for Certifying Agencies (NCCA), the National Organization for Competency Assurance (NOCA) which was developed with the support and assistance of the then United States Department of Health, Education, and Welfare. In 2002, its certification program in Prevention and Treatment of Diabetic Foot Wounds and in Diabetic Footwear received the same accreditation. In March 2008, all three certification program received accreditation by the American National Standards Institute (ANSI) by meeting the international standards for accreditation program as set forth in ANSI/ISO/IEC/17024:2003.

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) podiatric surgery; (c) prevention and treatment of diabetic foot wounds and diabetic footwear; and (d) any other specialty certification in podiatry; (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
- ◆ Podiatric Surgery
- ◆ Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear

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, podiatric surgery, and diabetic foot wounds and footwear by:

1. Providing a standard of requisite knowledge for certification in podiatric medicine, podiatric surgery, and diabetic foot wounds and footwear.
2. Recognizing formally those individuals who meet the eligibility requirements of the American Board of Multiple Specialties in Podiatry and pass written examinations in specialties within the field of podiatry.
3. Encouraging continued professional growth in podiatric medicine, podiatric surgery, and diabetic foot care.
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 to have successfully completed a minimum of two years of post graduate education in academic and/or clinical areas, approved by the CPME or another recognized accrediting body accepted by the CPME. (Submit proof of completion of residency with application.)
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. Three letters of professional recommendation, on letterhead, from fellow podiatrists.
5. Completion of consent form.
6. Post graduate resume, showing podiatric work history from the time of graduation to the present.

7. Completion and filing of the application for the Primary Care in Podiatric Medicine Certification Examination.
8. Payment of required fee(s) (see fees on page 7).
9. Submission and the Board acceptance of at least eight (8) documented primary care cases, which meet the Board's established case submission requirements. Submission of cases must be made within one year of examination date and performed within a two year time frame.

NOTE: Guidelines for Case Submissions will be mailed upon passing the Primary Care in Podiatric Medicine Certification Examination.

A minimum of 8 cases 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 8 cases and the appropriate response to the scenario the credential of Board Certified in Primary Care in Podiatric Medicine will be conferred.

Podiatric Surgery:

1. The Board shall require candidates for certification to have successfully completed a minimum of two years of post graduate education in academic and/or clinical areas, approved by the CPME or another recognized accrediting body accepted by the CPME. (Submit proof of completion of residency with application.)
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. Three letters of professional recommendations, on letterhead, from fellow podiatrists.
5. Completion of consent form.
6. Post graduate resume, showing podiatric work history from the time of graduation to the present.
7. Completion and filing of the application for the Podiatric Surgery Certification Examination.
8. Payment of required fee(s) (see fees on page 7).
9. 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.

NOTE WELL: Certification in Podiatry Surgery will be conferred only upon successful completion of certification in Primary Care in Podiatric Medicine.

NOTE: Guidelines for Case Submissions will be mailed upon passing the Podiatric Surgery Certification Examination.

50 cases are required to become Board certified in Podiatric 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 Primary Care in Podiatric Medicine Certification Examination and the Podiatric Surgery Certification Examination are 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. 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 testing centers should be directed to PTC at (212) 356-0660.

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

Upon receipt of a candidate's documentation, materials are reviewed by the Board's staff and expert volunteer podiatrists. The Board employs a random audit of litigation information required of candidates by using the independent search firm, Federal Research Corporation. In accordance with the Board's Code of Professional Practice, any candidate found to supply false or inaccurate information will be referred to the Disciplinary Review Committee for further action. The candidate will be notified by mail of eligibility to take the examination(s). The Board will send registration materials by next-day delivery if provided with a completed Federal Express Label bearing a corporate account number or an additional check for \$15.00 for such service.

Certification is valid for a period of four (4) years at which time the candidate must recertify. To recertify, a completed application for recertification, documentary proof of at least 80 CEUs in the area of the podiatry, a self assessment examination, a consent form, a copy of the current DPM license(s), and a copy of current drivers licenses must be submitted. The certificant must also be current on the payment of annual dues and in compliance with all Board requirements for recertification. The Board reserves the right to modify fees or request additional clarifying information as necessary. Failure to submit all materials by the recertification date will result in revocation of the certification. If certification lapses, individuals must reapply and successfully pass the examination to become certified.

REVOCAION OF CERTIFICATION AND OTHER DISCIPLINE

1. The following is a summary of behaviors which may lead to disciplinary review. For a comprehensive list, please consult the Board's Code of Professional Practice.
 - A. Conviction in a court of law of a felony which may affect public health or safety.
 - B. Fraud or deception in attempting to obtain registration or certification.
 - C. Misrepresentation of Board certification status.
 - D. Irregularity in connection with any Board examination.
 - E. Failure to pay fees or provide information required by the Board.
 - F. Misuse of Board credentials, examinations, and other intellectual property.
2. Violation of the Board's policies may lead to disciplinary action, including (but not limited to) the actions listed below. Please consult the Board's Code of Professional Practice for comprehensive information.
 - A. Denial or suspension of eligibility;
 - B. Revocation of certification;
 - C. Non-renewal of certification;
 - D. Reprimand; and
 - E. Suspension of certification.

APPLICATIONS

Additional handbooks and applications for the Primary Care in Podiatric Medicine and Podiatric Surgery Certification Examinations may be obtained from the Professional Testing Corporation, 1350 Broadway - 17th Floor, New York, NY 10018, www.ptcny.com.

COMPLETION OF APPLICATION

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

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.

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 below) in time to be received by the deadline to:

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

APPLICATION CHECKLIST: Candidates MUST include the following:

- _____ Completed and signed application
- _____ Proof of completion of residency
- _____ Copy of resume or curriculum vitae
- _____ Copy of current DPM license
- _____ Copy of DPM degree
- _____ Three letters of recommendation
- _____ Completed consent form
- _____ Examination fee(s)

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

FEES

Fees for the Primary Care in Podiatric Medicine Certification Examination and the Podiatric Surgery Certification Examination:

Primary Care in Podiatric Medicine only\$600.00

Podiatric 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:
MSP EXAMINATIONS

Visa, MasterCard, and American Express are also accepted. Complete requested credit card information on the application.

REFUNDS

There will be NO refund of fees. Fees WILL NOT be transferred from one testing period to another.

VETERANS REIMBURSEMENT OF FEE

The American Board of Multiple Specialties in Podiatry'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 Podiatric 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 Podiatric 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.

EXAMINATION ADMINISTRATION

The Certification Examinations for Primary Care in Podiatric Medicine and Podiatric 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/LaserGrade Computer Testing, Inc. PSI/LaserGrade 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: www.lasergrade.com or call PSI/LaserGrade at (800) 211-2754. 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 an Eligibility Notice from PTC.

ONLINE TUTORIAL AND SAMPLE TEST

A Tutorial and a Sample Demonstration Test can be viewed online.

- Browse to www.lasergrade.com
- Select Test Taker/Candidates menu
- Select Testing Software Demo
- Select the "General Education Demo Test"
- Click on the "Start LaserGrade Online Demo Test" button.

This online Tutorial and Sample Test can give you an idea about the features of the testing software.

SCHEDULING YOUR EXAMINATION APPOINTMENT

Once your application has been received and processed, and your eligibility verified, you will be mailed an Eligibility Notice within the 6 week period preceding the start of the testing period. The Eligibility Notice plus current photo identification must be presented in order to gain admission to the testing center. A candidate not receiving an Eligibility Notice or other correspondence at least three weeks before the beginning of the two-week testing period should contact the Professional Testing Corporation by telephone at (212) 356-0660.

The Eligibility Notice will indicate where to call 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 Eligibility Notice in order to maximize your chance of testing at your preferred location and on your preferred date.

SPECIAL NEEDS

Special testing arrangements will be made for individuals with special needs. Submit the Application, Examination Fee, and a completed and signed Request for Special Accommodations Form, available from www.ptcny.com or by calling PTC at (212) 356-0660. Requests for special testing for individuals with special needs must be received at least EIGHT weeks before the testing period begins.

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/LaserGrade at (800) 211-2754 no later than noon, Eastern Standard Time, of the second business day PRIOR to your scheduled appointment.

RULES FOR THE EXAMINATION

1. Hand-held, battery or solar operated, nonprinting and nonprogrammable calculators are permitted.
2. No books or other reference materials may be taken into the examination room.
3. No signaling devices, including pagers, cellular phones, hand-held electronic notebook or communication devices, and alarms, may be operative during the examination.
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.

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's 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 challenges 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 Podiatric Surgery Certification Examination is 165.

REEXAMINATION

The Primary Care in Podiatric Medicine Certification Examination and the Podiatric Surgery Certification Examination 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 EXAMINATIONS

1. The Primary Care in Podiatric Medicine Certification Examination and Podiatric Surgery Certification Examination are computer-based examinations composed of a maximum 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 12.

3. The questions for the examinations are obtained from individuals with expertise in primary care in podiatric medicine and podiatric 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%

CONTENT OUTLINE FOR PRIMARY CARE

I. EXAMINATION

- | | |
|--|---|
| <ul style="list-style-type: none"> A. History <ol style="list-style-type: none"> 1. Chief Complaint 2. Present Illness <ol style="list-style-type: none"> 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 <ol style="list-style-type: none"> 1. Vascular <ol style="list-style-type: none"> a. Arterial b. Venous c. Temperature Gradient d. Capillary Filling Time e. Varicosities 2. Dermatological <ol style="list-style-type: none"> a. Skin b. Nails c. Hair 3. Neurological <ol style="list-style-type: none"> a. Patella Reflex b. Achilles Reflex c. Sharp/Dull d. Touch e. Vibratory Sense f. Babinski g. Nerve Conduction | <ul style="list-style-type: none"> h. Other 4. Musculoskeletal and Orthopedic <ol style="list-style-type: none"> 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 <ol style="list-style-type: none"> 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. Xerography
 - 9. Ultrasound
 - 10. Other

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 FOR PRIMARY CARE

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

Answers to sample questions: 1.4, 2.3, 3.1

Content Outline Reference:

1: I-B-4; I-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.

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).

The Podiatric 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 PODIATRIC SURGERY

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 | 4. Local and Regional Blocks |
| 3. Route of Administration | C. Nutritional Factors that Affect the Course of Treatment |
| B. Drugs and Medications | D. Antibiotics |
| 1. Drugs Used and Administration | E. Corticosteroids |
| 2. General Anesthesia | F. Nonsteroidal Anti-Inflammatory Drugs |
| 3. Nitrous Oxide | G. Anticoagulants |
| | H. Narcotics |
| | I. Emergency Medicine |

SAMPLE EXAMINATION QUESTIONS FOR PODIATRIC 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 PODIATRIC 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 Podiatric 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.

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).

PTC09149



PROFESSIONAL TESTING CORPORATION®

1350 BROADWAY . 17TH FLOOR
NEW YORK, NEW YORK 10018
(212) 356-0660
WWW.PTCNY.COM

AMERICAN BOARD OF MULTIPLE SPECIALTIES IN PODIATRY

PRIMARY CARE IN PODIATRIC MEDICINE

CONSENT FORM

I, _____ (print name), certify that all information contained in my application for certification in Primary Care in Podiatric Medicine 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 candidate handbook for the Certification Examination in Primary Care in Podiatric Medicine. 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. I authorize the Board to determine my eligibility for certification in Primary Care in Podiatric Medicine. 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, 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 admission to any examination to me if I do not have an Eligibility Notice and proper photo identification, or if administration 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 for the purpose of seeking certification in Primary Care in Podiatric Medicine, 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.

The examination is the exclusive property of the Board and may not be used in any way without the express prior written consent of the Board.

The credential abbreviations and related names, and any certificates, pins and other jewelry, logo materials, cards and other items displaying the emblems of the Board, are all the exclusive property of the Board. I agree to abide by the Board's instructions regarding use of its intellectual property, and to not use this intellectual property in any way without the express prior written consent of the Board.

I agree to correct at my own expense any inaccurate or unauthorized use by me of the Board's intellectual property. I agree that if I refuse to make corrections, then the Board is entitled to obtain all relief permitted by law.

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 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

AMERICAN BOARD OF MULTIPLE SPECIALTIES IN PODIATRY

PODIATRIC SURGERY

CONSENT FORM

I, _____ (print name), certify that all information contained in my application for certification in Podiatric Surgery 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 candidate handbook for the Certification Examination in Podiatric Surgery. 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 Podiatric Surgery. I authorize the Board to determine my eligibility for certification in Podiatric Surgery. 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 Podiatric Surgery, 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 admission to any examination to me if I do not have an Eligibility Notice and proper photo identification, or if administration 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 Podiatric Surgery for the purpose of seeking certification in Podiatric Surgery, 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. The examination is the exclusive property of the Board and may not be used in any way without the express prior written consent of the Board.

The credential abbreviations and related names, and any certificates, pins and other jewelry, logo materials, cards and other items displaying the emblems of the Board, are all the exclusive property of the Board. I agree to abide by the Board's instructions regarding use of its intellectual property, and to not use this intellectual property in any way without the express prior written consent of the Board.

I agree to correct at my own expense any inaccurate or unauthorized use by me of the Board's intellectual property. I agree that if I refuse to make corrections, then the Board is entitled to obtain all relief permitted by law.

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 Podiatric Surgery 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

Mr. First Name _____ Middle Initial _____
 Mrs. _____
 Ms. _____
 Dr. _____

Last Name _____ Suffix (Jr., Sr., etc.) _____

Number and Street _____ Apartment Number _____

City _____ State/Province _____ Zip/Postal Code _____

E-mail Address _____

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
 Podiatric Surgery only
 Both Primary Care and Podiatric 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 PODIATRIC 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)** _____

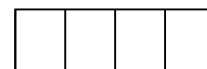
J. HOSPITAL AFFILIATION:

Hospital Name _____

City _____ State _____

Complete Page 2

61690



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

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 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, 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

Fee: _____

CC Check

