



AMERICAN BOARD OF
MULTIPLE SPECIALTIES IN

PODIATRY™

**PRIMARY CARE • FOOT & ANKLE SURGERY
DIABETIC WOUND • LIMB PRESERVATION & SALVAGE**

SPECIALTY CERTIFICATION OF THE LOWER EXTREMITY

PRIMARY CARE IN PODIATRIC MEDICINE CASE REQUIREMENTS AND GUIDELINES

555 8th Ave – Suite 1902 – New York, NY 10018

(888) 852-1442

PRIMARY CARE CASE ACCEPTANCE PROCEDURES

The process of obtaining Board Certification in Primary Care in Podiatric Medicine includes sitting for a written examination and submitting a minimum of 8 primary care cases. Once the written examination is passed, the podiatrist is Board Eligible. Board eligible podiatrist can not advertise they are board certified. To obtain the full board certified status, cases must be submitted and approved by the case review committee. Board eligibility is valid for one year only. If candidates have not met the case submission requirements within the one-year time frame they are no longer considered eligible and must complete the entire certification process from the start. There will be no refunds of fees. Board Eligible podiatrists are prohibited from any advertisement pertaining to board certification through the American Board of Multiple Specialties in Podiatry. Please see the Guidelines for Advertising for details which can be downloaded from our website.

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

CASE SUBMISSION REQUIREMENTS SUMMARY

Number of cases - A minimum of eight case documentations are required in addition to successful completion of the written examination.

Time frame for cases – The two year time frame in which these cases are to be submitted and performed are one year prior to and one year after completion of the written exam.

Type of cases to include – Please pick from the list on page 3. Seven cases from the top PLUS one emergency medicine essay.

Cases must include - Case information sheet, case history report, admission sheet, operative reports, pathology reports, x-rays, and all follow-up notes in the SOAP format. **NOTE:** Patient's name should be blacked out in all cases submitted.

HIPAA – Must have a signed HIPAA form from all patients whose cases are submitted.

Format – Cases must be submitted in a three-ring binder with tabs dividing the cases. Please be sure that the binder is not overstuffed, but that the paper can move freely. See page 2 for more details.

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

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

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

CASE RECIPROCITY PROVISION

You may use cases submitted to the American Board of Podiatric Medicine (ABPM).

CASE SUBMISSION INSTRUCTIONS

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

1. CASE INFORMATION SHEET

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

NOTE: Be sure to keep a copy of the Case Information sheet for your records

2. TAB

Tabs are required to separate the cases.

3. PRIMARY CARE CASE HISTORY REPORT

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

4. ADMISSION SHEET AND/OR INITIAL HISTORY REPORTS

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

5. OPERATIVE REPORTS

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

6. PATHOLOGY REPORTS

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

7. X-RAYS

Copies of x-rays must be included for all applicable case submissions. X-ray views must be appropriate to the pathology involved and be germane to the case. In the case of surgery, pre-operative and post-operative views must be included. X-ray views must be appropriate to the pathology being treated. Formats for X-rays must be high resolution photo or CD/DVD. Please be sure to label each x-ray with your name and the appropriate case number.

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

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

9. REPEAT STEPS 3-8 UNTIL YOUR CASE SUBMISSION IS COMPLETE.

CASE VERSATILITY

A minimum of eight cases are required to complete the board certification process in Primary Care in Podiatric Medicine. Candidates must submit cases from the following list but no more than one case per category to total eight cases.

Select a minimum of seven (7) cases from the following: The pathologies in parenthesis are only examples and not mandatory.

1. Viral Pathology (Verrucae)
2. Bacterial Pathology (Infection)
3. Fungal Pathology (Tinea)
4. Congenital (Club Foot, Ossicle, Hagland's Deformity)
5. Acquired Deformity (Charcot Foot, Hallux Abducto Valgus, Calcaneal Apophysitis)
6. Iatrogenic Pathology (Sequelae of Previous Surgery, Cast Injury)
7. Vascular Pathology (P.V.D., Venous Ulceration, Burger's Disease, Pitting Edema)
8. Arthritis (Rheumatoid, Degenerative Joint Disease, Psoriatic)
9. Neurological Pathology (Charcot Marie Tooth, Diabetic Neuropathy)
10. Neoplasms (Malignant Melanoma, Neuroma, Lipoma)
11. Trauma/Acute-Chronic (Sprain, Lacerations, Avulsion Fracture)
12. Fractures (Non-Union, Mal-Union, Steida's Process, Phalanx)
13. Plantar Fasciitis/Heel Spur

PLUS, select one of the following EMERGENCY MEDICINE cases. Your essay response must include how the office and personnel are prepared/equipped to handle an emergency situation, the action to be taken, the person who takes such action and any follow-up care required. Note any special training or procedures the office has developed for this purpose and list any special equipment or drug therapy available and utilized. Answer **WHAT SHOULD BE DONE AND WHY?** Be specific. Be sure to include in your essay the following: Your diagnosis, the thought process you used leading up to the diagnosis, the treatment you would prescribe.

IN OFFICE EMERGENCY ESSAY QUESTION NUMBER 1:

A sixty-year (60) old male patient presents with a complaint of "heel pain". Medical history is unremarkable. Patient denies all allergies, pathologies, and medications with the exception of blood pressure medication. He appears to be in generally good health. You suspect alcoholism as patient admits to drinking "several" alcoholic beverages the previous evening. Your diagnosis is plantar fasciitis with possible heel spur/right foot.

Conservative treatment for plantar fasciitis proceeds with posterior tibial nerve block consisting of 3 cc's bupivocaine .25% injected into the right ankle to increase the profusion of blood to inflamed heel site and create anesthesia to plantar aspect of foot prior to injection of corticosteroid. Seconds after the injection, patient states he "feels a little sick". His color quickly changes to a blanching white to face and hands. Patient retracts into a fetal position and somersaults off the exam table onto the floor.

IN OFFICE EMERGENCY MEDICINE ESSAY QUESTION NUMBER 2:

A forty (40) year old male presents with a complaint of painful, ingrown hallus nail, left foot. History and physical reveals patient is a known epileptic but otherwise is in generally good health. Patient states the only medication taken in the last year is Dilantin, although he states he has not taken the drug in the last two months. He states he has been free of seizures for two years and felt he no longer needed the medication. You proceed to elevate the exam table to better examine the offending nail when patient informs you he is having a seizure. Patient's eyes roll back

and his body begins to stiffen. There is a sudden loss of consciousness and your stunned assistant indicates patient is suffering urinary incontinence. A generalized tremor overtakes the patient's body.

SUMMARY INFORMATION ABOUT THE CASE SUBMISSIONS

1. All cases submitted must have been performed within a two-year time frame but no later than one year following your passing of the examination for certification. For Board Certification to be granted, all eight cases must be submitted and accepted.
2. Board Eligible status is valid for one year only.
3. Case versatility is mandatory. No more than one case from any one category may be submitted. Cases must total a minimum of eight to meet the mandatory case requirements. (7 of your own cases PLUS one emergency medicine case) The Board's Case Review Committee retains the right to request additional information and/or cases if they determine the necessity.
4. Although multiple procedures may have been performed at the same time, each case submitted is counted as only one procedure. Please specify in which category a case is being submitted with more than one procedure contained.
5. Each case submission must be accompanied by its own completed case history report. Patient history, chief complaint, previous treatment, duration of complaint, verbal picture of condition, assessment and diagnosis, medications, post treatment notes, summation of results and physicians' satisfaction, and any complications must all be addressed in the case history submission (See Page 5).
6. Cases must meet our required format. Cases must be in a three ring binder with tabs separating the cases. Do not overstuff the binder; use a second binder if necessary. Ensure that all required documentation is enclosed, do not select a case if you can not obtain all the information we require. Cases must be typed
7. Mail cases to be received by the deadline, via delivery confirmation/tracking number so you will know when cases get to the office.

REVIEW COMMITTEE AND APPEALS

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

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

If the committee and board of directors determine that the cases submitted fall below acceptable professional standards, cases are rejected and certification is denied. The committee members shall use

their clinical and surgical experience in determining a candidate's status based upon knowledge and experience as shown by the case submissions and not whether the procedure would be one that a committee member would or would not choose to perform. If the cases are deemed acceptable, a certificate and letter will be mailed to candidate.

CASE HISTORY REPORT COVER PAGE

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

PROVIDE GENERAL INFORMATION

Podiatrist's Name _____ (Your Name) _____

Case Report Number _____ (From Page 6) _____

Category _____ (From Page 3) _____

Condition Treated _____

Age of Patient _____

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

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

S –SUBJECTIVE (Chief complaint, symptoms, duration)

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

A – ASSESSEMENT (Diagnosis)

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

CASE INFORMATION SHEET

Cases must be received at the Board Office BEFORE the deadline. If you want to confirm delivery, please use UPS/FedEx which has a tracking number or the USPS with delivery confirmation – Do not call the office to confirm delivery. Please send to following address:

**AMERICAN BOARD OF MULTIPLE SPECIALTIES IN PODIATRY
555 8th AVE, SUITE 1902
NEW YORK, NY 10018**

Questions about submitting cases should be directed to the board’s Administrative offices, 9 am - 5 pm EST 1-888-852-1442 or you may email us at abmsp@abmsp.org.

SUBMITTING PODIATRIST:

NAME _____

RETURN ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (_____) _____ FAX (_____) _____

DATE SUBMITTED _____

I have a signed HIPAA form from all of the patient’s whose cases are submitted herein.

I would like my cases returned back to me. A \$25 check or money order is enclosed payable to ABMSP.

Cases submitted without a return request and fee will be destroyed. No Exceptions will be made.

CASE NUMBER	CASE CATEGORY	DATE OF INITIAL TREATMENT
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

Office Use Only:

1. A R _____
Sign Date

2. A R _____
Sign Date

Notes:

Notes: