

# CERTIFICATION BY ABMSP INTERNATIONAL DESIGNATION

- › PREVENTION & TREATMENT OF DIABETIC FOOT WOUNDS  
& DIABETIC FOOTWEAR ›
- › PRIMARY CARE IN PODIATRIC MEDICINE ›
- › FOOT & ANKLE SURGERY ›

{ HANDBOOK FOR CANDIDATES }

## PRIMARY CARE IN PODIATRIC MEDICINE & FOOT & ANKLE SURGERY

**April 4 – 18, 2020**

*Application Deadline: February 26, 2020*

**August 1 – 15, 2020**

*Application Deadline: June 24, 2020*

**December 5 – 19, 2020**

*Application Deadline: October 28, 2020*

## PREVENTION & TREATMENT OF DIABETIC FOOT WOUNDS & DIABETIC FOOTWEAR

**April 4 – 18, 2020**

*Application Deadline: February 26, 2020*

**August 1 – 15, 2020**

*Application Deadline: June 24, 2020*

**December 5 – 19, 2020**

*Application Deadline: October 28, 2020*



AMERICAN BOARD OF  
MULTIPLE SPECIALTIES IN

PODIATRY™

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

SPECIALTY CERTIFICATION OF THE LOWER EXTREMITY

[www.abmsp.org](http://www.abmsp.org)

---

## **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).

---

### **MISSION STATEMENT**

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

---

### **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; and (c) prevention and treatment of diabetic foot wounds and diabetic footwear; (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

---

### **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.

---

### **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.

---

## 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, and diabetic foot wounds and footwear by:

1. Providing a standard of requisite knowledge for certification in podiatric medicine, foot and ankle 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 examinations in specialties within the field of podiatry.
3. Encouraging continued professional growth in podiatric medicine, foot and ankle surgery, and diabetic foot wounds and footwear.
4. Establishing and measuring the level of knowledge required for certification in specialties within the field of podiatry.

---

## ELIGIBILITY REQUIREMENTS

### *Certification Examination in Primary Care in Podiatric Medicine – International Designation*

**Note: All ABMSP Examinations are only offered in English.**

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 residency certificate **and** a letter on letterhead confirming your residency from the residency program.)
  - (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 residency certificate and a letter on letterhead confirming your residency from the residency program.)
  - (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 passport photograph page with the passport number crossed out.
5. Two letters of professional recommendation on letterhead, one from the residency director and one from another attending, written in English.
6. Completion of consent form.
7. Completion and filing of the application.
8. Payment of required fee(s) (see fees on page 6).

After passing the examination, candidates will submit at least 8 documented primary cases from patients during residency

### ***Certification Examination in Foot and Ankle Surgery – International Designation***

***Note: All ABMSP Examinations are only offered in English.***

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 passport photograph page with the passport number crossed out.
5. Two letters of professional recommendations, on letterhead, from fellow podiatrists.
6. Completion of consent form.
7. Completion and filing of the application.
8. Payment of required fee(s) (see fees on page 6).

After passing the examination, submission of a log from the first two years of residency, plus documentation at least 50 surgery cases from the third year of residency.

---

## ELIGIBILITY REQUIREMENTS

### *Certification Examination in Prevention & Treatment of Diabetic Foot Wounds & Diabetic Footwear – International Designation*

**Note: All ABMSP Examinations are only offered in English.**

1. Hold a current DPM, DO, or MD license. (Submit a copy of current license with application.)
2. Hold a DPM, DO, or MD degree in the United States (or territorial possession). (Submit a copy of degree with application.)
3. Submit a copy of the front of a current passport photograph page with the passport number crossed out.
4. Three letters of professional recommendations, on letterhead, written in English.
5. Submit a copy of current resume or curriculum vitae.
6. Completion of consent form.
7. Completion and filing of the application.
8. Payment of required fee.

---

## 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, Suite 800, 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.

---

## 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 9 in time to be received by the deadline to:***

**ABMSP Examination  
Professional Testing Corporation  
1350 Broadway, Suite 800  
New York, NY 10018**

**\*Please note that applications without all required documentation will be returned.**

---

## EXAMINATION ADMINISTRATION AND SCHEDULING

The Certification Examinations in Primary Care in Podiatric Medicine, Foot & Ankle Surgery, and Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear are administered during an established two-week testing window on a daily basis, excluding holidays, at computer-based testing facilities managed by Prometric.

### Scheduling Examination Appointments



Approximately eleven (11) weeks prior to the start of the testing window, approved candidates will be emailed a Scheduling Authorization from **notices@ptcny.com**. Please ensure you enter your correct email address on the application and add the 'ptcny.com' domain to your email safe list. If you do not receive a Scheduling Authorization eight (8) weeks prior to the start of your chosen testing window contact the Professional Testing Corporation at (212) 356-0660 or online at [www.ptcny.com/contact](http://www.ptcny.com/contact).

The Scheduling Authorization will indicate how to schedule your examination appointment with Prometric as well as the dates during 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. **Candidates who wait until the last minute run the risk of missing out on their preferred date, time, and testing center. Candidates unable to schedule an appointment will forfeit their fees.**

Candidates unable to take the examination during their chosen testing window will need to reapply for the examination and pay a new application fee. See page 8 for more information on transferring to a new testing window.

After you make your test appointment, Prometric will send you a confirmation email with the date, time, and location of your exam. Please check this confirmation carefully for the correct date, time, and location. Contact Prometric at (800) 741-0934 if you do not receive this email confirmation or if there is a mistake with your appointment.

**Note: International candidates may also schedule, reschedule, or cancel an appointment online at [www.prometric.com/ABMSP](http://www.prometric.com/ABMSP).**

#### **IMPORTANT!**

You **MUST** present your current driver's license, passport, or U.S. military ID at the test center. Expired, temporary, or paper driver's licenses will **NOT** be accepted.

The name on your Scheduling Authorization **MUST** exactly match the name on your photo ID.

**Fees will not be refunded for exams missed because of invalid ID.**

## Rescheduling Examination Appointments within a Testing Period

Candidates are able to reschedule their examination appointments within the same testing period as long as the request is submitted within the timeframe described below. Reschedule within the permitted time frame by calling or going to the Prometric website: [www.prometric.com/ABMSP](http://www.prometric.com/ABMSP).

Time Frame	Reschedule Permitted?	Stipulations
Requests submitted 30 days or more before the original appointment	Yes	None
Requests submitted 29 to 5 days before the original appointment	Yes	Candidate must pay Prometric a rescheduling fee of \$50.
Requests submitted less than 5 days before the original appointment	No	Candidates who do not arrive to test for their appointment will be considered a no-show and all their examinations fees will be forfeited. Candidates will need to reapply and pay fees for a future testing period.

## Transferring to a New Testing Period

**There will be no refunds of fees.**

Candidates unable to take the examination as scheduled may request a one-time transfer to the next testing period. The transfer request must be made within 30 days after the originally scheduled testing date and submitted with the transfer fee of \$245.00.

The transfer fee is based on cost and is not punitive in nature. The transfer fee must be paid at the time the request for rescheduling is submitted. The candidate is responsible for contacting PSI and canceling the original examination appointment, if one had been made.

Both the transfer request and the transfer fee must be received within 30 days after the original examination date for the transfer to be granted. Written requests should be sent to:

ABMSP EXAMINATION  
Professional Testing Corporation  
1350 Broadway – Suite 800  
New York, New York 10018

**Exams may only be rescheduled once; please plan carefully.**

## Failing to Report for an Examination



If you fail to report for an examination, you will forfeit all fees paid to take the examination. A completed application form and examination fee are required to reapply for the examination.



## EXAMINATION FEES

Fee Type	Amount	Details
Certification Examination in Primary Care in Podiatric Medicine <i>ONLY</i>	US \$600.00	<ul style="list-style-type: none"> <li>• Non-refundable<sup>1</sup></li> <li>• Non-transferable</li> <li>• Includes testing center fees</li> <li>• Includes non-refundable \$50 administrative fee</li> </ul>
Certification Examination in Foot and Ankle Surgery <i>ONLY</i> (Available only to podiatrists already certified in Primary Care through ABMSP)	US \$500.00	
Both the Primary Care and Foot and Ankle Surgery Examinations during the same testing period	US \$1,000.00	
Certification Examination in Prevention & Treatment of Diabetic Foot Wounds and Diabetic Footwear		
Transfer Fee (Moving to a new testing window; see page 8)	US \$245.00	<ul style="list-style-type: none"> <li>• <b>Applies to candidates who need to move to a new testing period</b></li> <li>• Must submit new application &amp; fee to PTC</li> </ul>
Rescheduling Fee (29-5 days prior to scheduled appointment; see page 8)	US \$50.00	<ul style="list-style-type: none"> <li>• <b>Applies to candidates who need to move their appointment within their current testing period</b></li> <li>• Payable directly to Prometric</li> <li>• Reschedule with Prometric online or over the phone</li> </ul>

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



**All fees are non-refundable and non-transferable.**

There will be no refund of fees. **Please be advised: Prometric does not have the authority to grant transfers to another testing period or refunds.**

<sup>1</sup> Applicants who are ineligible to take the examination or whose applications are incomplete by the application deadline will have their examination fees returned minus an administrative fee.

There will be no refund of fees except if applicants are ineligible for the examination. Ineligible candidates will be refunded their fees minus an administrative fee. Please be advised: Prometric does not have the authority to grant transfers to another testing period or refunds. All requests must be made through PTC.

---

## SPECIAL ACCOMMODATIONS

ABMSP and PTC support the intent of and comply with the Americans with Disabilities Act (ADA). PTC will take steps reasonably necessary to make certification accessible to persons with disabilities covered under the ADA. According to the ADA, an individual with a disability is a person who has a physical or mental impairment that substantially limits a major life activity (such as seeing, hearing, learning, reading, concentrating, walking) or a major bodily function (such as neurological, endocrine, or digestive system). The information you provide and any documentation regarding your disability and special test accommodations will be held in strict confidence.

All approved testing accommodations must maintain the psychometric nature and security of the examination. Accommodations that fundamentally alter the nature or security of the exam will not be granted.

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.ptcnyc.com/PDF/PTC\\_SpecialAccommodationRequestForm.pdf](http://www.ptcnyc.com/PDF/PTC_SpecialAccommodationRequestForm.pdf) or by calling PTC at (212) 356-0660.

This Form must be uploaded with the online application no later than 8 weeks prior to the start of your chosen testing window. Candidates who do not submit their Special Accommodations Form with their application may not be able to test during their chosen testing period and therefore be subject to rescheduling or transfer fees.

**Only those requests made and received on the official Request for Special Needs Accommodations Form will be reviewed. Letters from doctors and other healthcare professionals must be accompanied by the official Form and will not be accepted without the Form. All requests must be made at the time of application. Accommodations cannot be added to an existing exam appointment.**

---

## PREPARING FOR THE EXAMINATION

- Check your government issued photo ID (driver's license, passport or U.S. Military ID) when you make your examination appointment. Is it expired? Does the name on your ID match the name on your Scheduling Authorization email? Proctors at the Prometric testing center will refuse admission to candidates with expired IDs, IDs with names that do not match their records, and temporary paper IDs. Candidates will be marked as no-shows and will forfeit their exam fees.
- Check your PTC Scheduling Authorization email and Appointment Confirmation email from Prometric to make sure everything is accurate (i.e. your name, exam name, appointment date, time and location).
- Make yourself familiar with the location of your chosen testing site and any requirements they may have for parking and check the weather and traffic conditions before you leave for the

testing center. Make sure you give yourself plenty of time to arrive as late arrival may prevent you from testing.

- In the event of inclement weather, check the Prometric website for site closures: <https://www.prometric.com/closures>.
- Prometric’s website provides information on what you can expect on your test day, including a walkthrough of check in and security procedures: <https://www.prometric.com/test-center-security>.
- This Handbook provides the Content Outline for the Examination (see appendix). Use these to help you start studying for the examination.
- Review What to Expect at the Test Center and Rules for the Examination on the next pages before your appointment.

---

## WHAT TO EXPECT AT THE TESTING CENTER

PTC has partnered with Prometric Testing Centers to deliver examinations to candidates. Here is what you can expect when you arrive at your Prometric Testing Center.

- Candidate Check-In
  - Candidates will be asked to present their IDs
  - Candidates will be asked to empty and turn out their pockets
  - Candidates will be “wanded” or asked to walk through a metal detector
  - Inspection of eyeglasses, jewelry, and other accessories will be conducted. Jewelry other than wedding and engagement rings is prohibited.
  - Religious headwear may be worn into the testing room; however, it may be subject to inspection by a testing center administrator before entry into the testing room is permitted.
  - Prometric provides lockers for candidates to store their purses, mobile phones, jackets, food, drinks and medical supplies.
- During the Exam
  - No breaks are scheduled during the exam. Candidates who must leave the testing room to take a break will not be given extra time on the exam
  - Accessing mobile phones or study materials during the examination is prohibited
  - Smoking is prohibited at the testing center
  - All examinations are monitored and may be recorded in both audio and video format

Please keep in mind: other exams will be administered at the same time as your examination. Therefore, examinees may hear ambient noises such as typing, coughing, or people entering and exiting the testing room that cannot be avoided. Prometric is unable to provide a completely noise-free environment. However, headphones may be requested to minimize impact.

- Please see [Prometric’s website](#) for more information about what to expect on testing day.

---

## RULES FOR EXAMINATION

Please read the information below carefully. You are responsible for adhering to the examination rules while at the testing center.

- ⇒ You must present your current driver's license, passport, or US Military ID at the testing center. Candidates without valid ID will NOT be permitted to test. Temporary or paper copies of your ID will not be accepted.
- ⇒ No 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 permitted to be used and cannot be taken in the examination room. Prometric provides lockers for your personal items.
- ⇒ No papers, books, or reference materials may be taken into or removed from the testing room.
- ⇒ No questions concerning content of the examination may be asked during the examination session. The candidate should read carefully the directions that are provided on screen at the beginning of the examination session.
- ⇒ Candidates are prohibited from leaving the testing room while their examination is in session, with the sole exception of going to the restroom.
- ⇒ Bulky clothing, such as sweatshirts (hoodies), jackets, coats, and hats (except hats worn for religious reasons), and most types of jewelry may not be worn while taking the examination. Proctors will ask you to remove such items and place them in your locker. Please see [Prometric's statement on Test Center Security](#) for more information.
- ⇒ All watches and "Fitbit" type devices cannot be worn during the examination.
- ⇒ No food/beverages are permitted inside the testing room. Leave these items in your assigned locker.



Contact PTC at (212) 356-0660 or [www.ptcny.com/contact](http://www.ptcny.com/contact) with any questions about the Examination Rules.

**Violation of any of the rules listed above may lead to forfeiture of fees, dismissal from the testing room, and cancellation of your test scores.**

---

## 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 & FEEDBACK

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.

Any candidate who feels that the examination effort was negatively impacted by the test center conditions should notify the proctor immediately. The situation should also be reported to PTC at [www.ptcny.com/contact](http://www.ptcny.com/contact) within 3 business days of the test appointment. Any comments about the test itself should also be reported to PTC at [www.ptcny.com/contact](http://www.ptcny.com/contact) within 3 business days of the test appointment.

---

## 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 Certification Examination in Primary Care in Podiatric Medicine is 168.

The passing score for the Certification Examination in Foot and Ankle Surgery is 163.

The passing score for the Certification Examination in the Prevention and Treatment of Diabetic Foot Wounds and Diabetic Foot Wear is 175.

---

## REQUESTING A HANDSCORE

Candidates who fail the examination may request a hand scoring of their data file. Hand scoring is a manual check of the data file by the testing service to determine if there have been any errors in scoring. Although the probability of such an error is extremely remote, this service is available. Requests for hand scoring must be received by PTC no later than 90 days after the date of the examination by completing and returning the Request of Handscore form on [www.ptcny.com](http://www.ptcny.com) with payment of \$25. Candidates who fail the examination will not be permitted to see the examination questions. For reasons of test security, no candidate is allowed to review the examination or any of its items.

To ensure correct reporting of results, PTC automatically performs handcores of examinations of candidates who score within 3 points of passing as a quality control measure. Thus, it is extremely doubtful that any examination results will change from “fail” to “pass” through handscoring.

---

## **ATTAINMENT OF CERTIFICATION AND RECERTIFICATION**

Candidates who pass the Certification Examination and case submissions in Primary Care in Podiatric Medicine, Foot and Ankle Surgery, or Diabetic Foot Wounds and Footwear and who adhere to the Board’s Code of Professional Practice are eligible to indicate Board Certification in Primary Care in Podiatric Medicine, Foot and Ankle Surgery, or Diabetic Foot Wounds and Footwear 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

---

## **REVOCAION 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.

---

## **REEXAMINATION**

The Certification Examinations 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 Certification Examination in Primary Care in Podiatric Medicine and the Certification Examination in Foot and Ankle Surgery 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 16.
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 Certification Examination in Primary Care in Podiatric Medicine will be weighted in approximately the following manner:

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

The Certification Examination in Foot and Ankle Surgery 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	b. Venous
1. Chief Complaint	c. Temperature Gradient
2. Present Illness	d. Capillary Filling Time
a. Medications	e. Varicosities
b. Allergies	2. Dermatological
3. Medical History	a. Skin
4. Surgical History	b. Nails
5. Family History	c. Hair
6. Social History	3. Neurological
7. Systems Review	a. Patella Reflex
B. Physical Examination of Lower Extremity	b. Achilles Reflex
1. Vascular	c. Sharp/Dull
a. Arterial	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
- 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)).

---

## CONTENT OUTLINE FOR FOOT AND ANKLE 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
  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)).

---

## 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).

Note: The online practice test is an optional tool candidates may use as they prepare for the certification examination. While the practice test may help candidates identify areas of strengths and weakness, it should not be used as the only means to determine candidate preparedness or readiness to test. Since the practice test is NOT intended to be a study guide nor the sole source of preparation for the actual certification examination, candidates are NOT provided with the answer key, rationales for each question, nor notification of which specific items were answered correctly or incorrectly.

Though the specific questions that are on the practice test will not appear on the actual certification examination, it allows candidates to become familiar with the style of questions that may be asked. The instant score report received after practice test submission shows overall test performance as well as performance in each of the content areas. Candidates may find this information useful in determining future study needs. Once the practice test is scored, candidates cannot return to the test to review the questions. Performance on the practice test does not guarantee similar performance on the actual certification examination.

The PTC Online Testing System does not demonstrate the testing software used during the certification examinations. Those who purchase the online practice test should be aware that they will use a different testing platform when they take certification examinations at designated proctored testing centers.

The practice test is not a requirement for certification eligibility nor does it contribute in any way to success on the certification examination. There are many ways candidates should prepare for the certification examination. Candidates should use a variety of resources and consider their own education and experiences. Review the content outline and reference materials listed in the handbook for additional exam-related information.

---

## CONTENT OF EXAMINATION

1. The Certification Examination in Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear is a computer-based examination composed of 250 multiple choice, objective questions with a total testing time of three and a half (3.5) hours.
2. The content for the examinations is described in the Content Outlines starting on page 14.
3. The questions for the examinations are obtained from individuals with expertise in the prevention and treatment of diabetic foot wounds and diabetic footwear 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 Certification Examination in Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear will be weighted in approximately the following manner:

I. Anatomy and Physiology	10%
II. Etiology and Pathophysiology	10%
III. Psychosocial Factors	5%
IV. Diagnostic Considerations	20%
V. Examination	20%
VI. Treatment	35%

---

# CONTENT OUTLINE FOR DIABETIC FOOT WOUNDS/FOOTWEAR

## I. ANATOMY AND PHYSIOLOGY

- A. Integumentary System
  - 1. Layers
    - a. Epidermis
    - b. Dermis
    - c. Subcutaneous
  - 2. Supportive Structures
    - a. Fascia
    - b. Tendons
    - c. Muscles
    - d. Bones
    - e. Vascular Supply
    - f. Nerve Supply
- B. Physiology of Integumentary System
  - 1. Thermoregulation
  - 2. Protection
  - 3. Sensation
  - 4. Absorption
  - 5. Phases of Wound Healing
    - a. Inflammation
    - b. Fibroblastic/Proliferative
      - 1. Granulation
      - 2. Epithelialization
      - 3. Contraction
    - c. Maturation/Remodeling
      - 1. Collagen Refinement
      - 2. Tensile Strength
  - 6. Moist Wound Healing
  - 7. Factors Affecting Wound Healing
    - a. Local
    - b. Systemic Systems
    - c. Footwear
  - 8. Types of Wound Closures
    - a. Primary
    - b. Secondary
    - c. Tertiary
- C. Other Structures

## II. ETIOLOGY AND PATHOPHYSIOLOGY

- A. Genetics
- B. Autoimmunity
- C. Insulin Deficiency and Reaction
- D. Allergy
- E. Chemical Exposure
- F. Mechanical Trauma

- 1. Footwear
- 2. Foreign Body
- 3. Other
- G. Infection
- H. Skin Lesion
- I. Other Precipitating Factors
  - 1. Vascular
  - 2. Neurological
  - 3. Biomechanical
- J. Diabetes Mellitus

## III. PSYCHOSOCIAL FACTORS

- A. Self-Care
- B. Stress
- C. Metabolic Control
- D. Coping and Adapting
- E. Life Style
- F. Cultural and Ethnic Factors
- G. Footwear
- H. Other

## IV. DIAGNOSTIC CONSIDERATIONS

- A. Duration of Wound
- B. Condition of Skin
- C. Wound Assessment
  - 1. Size
    - a. Dimensions
    - b. Depth
  - 2. Location
  - 3. Wound Bed
    - a. Color
    - b. Type of Tissue
  - 4. Odor
  - 5. Exudate
  - 6. Surrounding Margins and Skin
  - 7. Undermining
  - 8. Pain
  - 9. Tissue Involvement
    - a. Partial Thickness
    - b. Full Thickness
  - 10. Stage/Classification
  - 11. Etiology of Wounds
    - a. Neuropathic Status
    - b. Circulatory Status
    - c. Footwear



12. Other

**V. EXAMINATION**

- A. Chief Complaint
- B. Medical History
  - 1. Insulin
  - 2. Other Medications
  - 3. Systemic Conditions
- C. Surgical History
- D. Wound Healing
- E. Family and Social History
- F. Systems Review
- G. Physical Examination
  - 1. Vascular
    - a. Arterial
    - b. Venous
    - c. Lymphatic
    - d. Doppler
    - e. PPG
    - f. PVR
    - g. ABI
    - h. Toe Pressure
    - i. Duplex Studies
    - j. Transcutaneous Oxygen
    - k. Other
  - 2. Dermatological
    - a. Skin
    - b. Nails
    - c. Wounds
  - 3. Neurological
    - a. Testing/Multiple Tests
    - b. Neuropathy Evaluation
  - 4. Musculature, Skeletal, and Orthopedic
    - a. Muscle Test
    - b. Gait Analysis
    - c. Biomechanical Evaluation
    - d. Foot Structure
    - e. Bone Structure
  - 5. Laboratory
    - a. Blood
      - 1. Glucose
      - 2. CBC
      - 3. Other
    - b. Urinalysis
    - c. Cultures
      - 1. Bacterial
      - 2. Fungal
    - d. Biopsy

- 6. Radiographic/Imaging
  - a. Radiographs
  - b. Fluoroscopy
  - c. MRI
  - d. Bone Scan
  - e. CT Scan
  - f. Other
- 7. Shoe Evaluation

**VI. TREATMENT**

- A. Factors Affecting Healing
  - 1. Age
  - 2. Nutrition
  - 3. Profession
  - 4. Oxygenation
  - 5. Systemic Status
  - 6. Medication
  - 7. Biomechanics
  - 8. Other
- B. Topical Therapy
  - 1. Cleansing
  - 2. Moisture Agents
  - 3. Dressings
  - 4. Enzymes
- C. Physical Therapy
  - 1. Whirlpool
  - 2. Electrical Stimulation
  - 3. Exercise
  - 4. Stasis Pumps
  - 5. Other
- D. Nutritional Aid
- E. Surgical
  - 1. Debridement
    - a. Mechanical
    - b. Chemical
    - c. Sharp
    - d. Other
  - 2. Grafts
  - 3. Revascularization
  - 4. Amputation
  - 5. Other Methods of Closure
  - 6. Considerations
- F. Growth Factors
- G. Hyperbaric
- H. Medication
  - 1. Antibiotics
  - 2. Antifungals
  - 3. Vascular Enrichments

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>4. Analgesics</li> <li>5. Other</li> <li>I. Biomechanical           <ul style="list-style-type: none"> <li>1. Strapping</li> <li>2. Padding</li> <li>3. Orthotics</li> <li>4. Footwear</li> <li>5. Contact Casting</li> </ul> </li> <li>J. Rehabilitation           <ul style="list-style-type: none"> <li>1. Exercise</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>2. Walking</li> <li>3. Teaching/Prevention</li> <li>K. Outcome Evaluation</li> <li>L. Discharge Planning           <ul style="list-style-type: none"> <li>1. Patient Advice</li> <li>2. Counseling</li> <li>3. Referrals</li> </ul> </li> <li>M. Diabetic Shoe Prescription           <ul style="list-style-type: none"> <li>1. Fitting</li> <li>2. Construction</li> </ul> </li> </ul> |
|--|--|

---

## SAMPLE EXAMINATION QUESTIONS

1. In a patient with diabetes, which of the following is most likely to indicate possible lower extremity infection?
  1. Erythema, edema, and warmth
  2. Fever, chills, and leukocytosis
  3. Purulence from skin ulceration
  4. Sudden inability to achieve glycemic control

---
2. Which of the following stages of wound healing occurs in the first 72 hours?
  1. Contraction
  2. Fibroplasia
  3. Inflammation
  4. Epithelization

---
3. Diabetic neuropathy often results in segmental demyelination and
  1. axon loss.
  2. dendrite loss.
  3. laminar epithelial loss.
  4. basement membrane loss.

---
4. In a patient with diabetes, which of the following is the most effective treatment of superficial burning and tingling pain?
  1. Mexilitine
  2. Capsaicin
  3. Amitriptyline
  4. Nortriptyline

### **ANSWER TO SAMPLE QUESTIONS**

1.3; 2.3; 3.1; 4.2

### **CONTENT OUTLINE REFERENCE:**

1: II-B; IV-A; V-D;  
 2: I-B-5; I-B-7;  
 3: II-I-2; I-J; IV-C-11;  
 4: VI-H-4

---

## REFERENCES

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 Certification Examination in Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear is necessarily based on these references.

Healing the Diabetic Wound. Clinics in Podiatric Medicine and Surgery. 15(1), 1998.

Edmonds & Foster. Managing the Diabetic Foot, 3rd Ed. John Wiley & Sons.

Bowker, J.H. & Pfeifer, M.A. Levin and O'Neal's The Diabetic Foot (7th ed.). Mosby Yearbook, Inc.: St. Louis.

Frykberg, R.G., et al. Diabetic Foot Disorders. Data Trace: Brooklandville, MD, 2000.

Pagana, K.D. & Pagana, T.J. Mosby's Diagnostic and Laboratory Test Reference. Mosby: St. Louis, Current Edition.

Pataky. Prevention of Diabetic Foot Ulcers: From Biomechanics to Therapeutic Education

Tyrrell, Wendy and Carter, Gwenda. Therapeutic Footwear: A Comprehensive Guide. Elsevier, 2009.

Zgonis. Surgical Reconstruction of the Diabetic Foot and Ankle.

Review Article:

Hobizal and Wukich. Diabetic Foot Infections: Current Concept Review.

<https://ncbi.nlm.nih.gov/pmc/articles/PMC3349147> (free PDF).

---

## 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 Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear 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).

Note: The online practice test is an optional tool candidates may use as they prepare for the certification examination. While the practice test may help candidates identify areas of strengths and weakness, it should not be used as the only means to determine candidate preparedness or readiness to test. Since the practice test is NOT intended to be a study guide nor the sole source of preparation for the actual certification examination, candidates are NOT provided with the answer key, rationales for each question, nor notification of which specific items were answered correctly or incorrectly.

Though the specific questions that are on the practice test will not appear on the actual certification examination, it allows candidates to become familiar with the style of questions that may be asked. The instant score report received after practice test submission shows overall test performance as well as performance in each of the content areas. Candidates may find this information useful in determining future study needs. Once the practice test is scored, candidates cannot return to the test to review the questions. Performance on the practice test does not guarantee similar performance on the actual certification examination.

The PTC Online Testing System does not demonstrate the testing software used during the certification examinations. Those who purchase the online practice test should be aware that they will use a different testing platform when they take certification examinations at designated proctored testing centers.

The practice test is not a requirement for certification eligibility nor does it contribute in any way to success on the certification examination. There are many ways candidates should prepare for the certification examination. Candidates should use a variety of resources and consider their own education and experiences. Review the content outline and reference materials listed in the handbook for additional exam-related information.

PTC19088  
Updated 11/2019

**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] 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] 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]. 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]. 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], 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] 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], 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] 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.

I agree that, if I become certified, I will notify the ABMSP within 60 days of any changes which become known to me about my professional status (e.g. disciplinary action undertaken or resolved) and licensure (e.g. suspension or revocation).

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

---

Signature

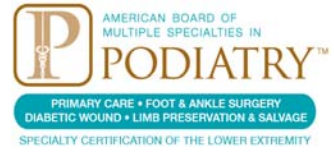
---

Date

---

Name-please print

**Application for American Board of Multiple Specialties in Podiatry Certification in  
Primary Care in Podiatric Medicine and Foot and Ankle Surgery  
International Designation**



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

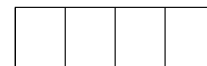
**I. YEARS OF RESIDENCY: (ENTER WHOLE NUMBER)** \_\_\_\_\_

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

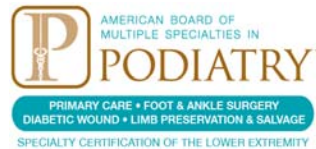
**K. HOSPITAL AFFILIATION:**  
 Hospital Name \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_

Complete Page 2

37344



# Application for American Board of Multiple Specialties in Podiatry Certification in Primary Care in Podiatric Medicine and Foot and Ankle Surgery



## International Designation

### 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  25 to 29  30 to 39  40 to 49  50 to 59  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.

I agree that, if I become certified, I will notify the ABMSP within 60 days of any changes which become known to me about my professional status (e.g., disciplinary action undertaken or resolved) and licensure (e.g., suspension or revocation).

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  0220  0230

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

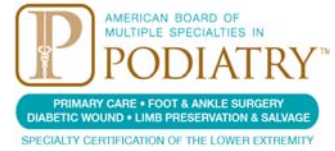
CC  Check

\_\_\_\_\_





**Application for  
Certification Examination in Prevention and Treatment of Diabetic  
Foot Wounds and Diabetic Footwear**



**International Designation**

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: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Education Background Information**

**Testing Period:**

Winter  Summer

Darken only one choice for each question unless otherwise directed.

**A. NUMBER OF YEARS OF CLINICAL EXPERIENCE:**

- Three  Five  Eight to ten  
 Four  Six to seven  Eleven or more

**B. PRIMARY PLACE OF EMPLOYMENT:**

(Darken only one response.)

- Private Practice  University/Academic  
 Group Practice  Government  
 Clinic  Other (please specify below) \_\_\_\_\_  
 Hospital \_\_\_\_\_

**C. CURRENTLY CERTIFIED IN PRIMARY CARE IN  
PODIATRIC MEDICINE BY AMERICAN BOARD OF  
MULTIPLE SPECIALTIES IN PODIATRY?**

- No  Yes

**D. ARE YOU A MEMBER OF THE AMERICAN PODIATRIC  
MEDICAL ASSOCIATION?**

- No  Yes

**E. CURRENTLY CERTIFIED IN FOOT AND ANKLE  
SURGERY BY ABMSP?**

- No  Yes

**F. CURRENTLY CERTIFIED BY OTHER PODIATRIC BOARD?**

- No  Yes

If yes, please indicate Board: \_\_\_\_\_

**G. HAVE YOU TAKEN THIS EXAMINATION BEFORE?**

- No  Yes If yes, when and under what name?

Month/Year: \_\_\_\_\_

Name: \_\_\_\_\_

**H. IF YOU ARE A VETERAN, ARE YOU BEING  
REIMBURSED FOR THE EXAMINATION FEE?**

- No  Yes

**I. PROFESSIONAL LICENSE HELD:**

- DPM  DO  MD

State

Lic. # \_\_\_\_\_

**J. HOW DID YOU HEAR ABOUT US?**

- Magazine Article  Trade Show  
 Website  Colleague  
 Other (please specify) \_\_\_\_\_

**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:**

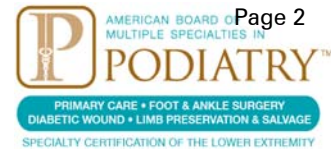
- Male  
 Female

Complete Page 2

47888



**Application for  
Certification Examination in Prevention and Treatment of Diabetic  
Foot Wounds and Diabetic Footwear**



**International Designation**

**Eligibility and Background Information**

**MEDICAL/PODIATRIC EDUCATION HISTORY:** *List medical and podiatry school attended.*

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

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

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

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

**RESIDENT INFORMATION:** *List residency or preceptorship programs completed.*

Institution Name : \_\_\_\_\_

Complete Address : \_\_\_\_\_ Dates Attended: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Institution Name : \_\_\_\_\_

Complete Address : \_\_\_\_\_ Dates Attended: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

**PROFESSIONAL WORK EXPERIENCE:** *List work experience related to prevention and treatment of diabetic foot wounds.*

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.

I agree that, if I become certified, I will notify the ABMSP within 60 days of any changes which become known to me about my professional status (e.g., disciplinary action undertaken or resolved) and licensure (e.g., suspension or revocation).

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 0200

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

CC  Check

47888

