

Certification Examination in PREVENTION & TREATMENT OF DIABETIC FOOT WOUNDS & DIABETIC FOOTWEAR

{ Handbook for Candidates }

SPRING TESTING WINDOW

April 1 - 15, 2023

Application Deadline: March 1, 2023

SUMMER TESTING WINDOW

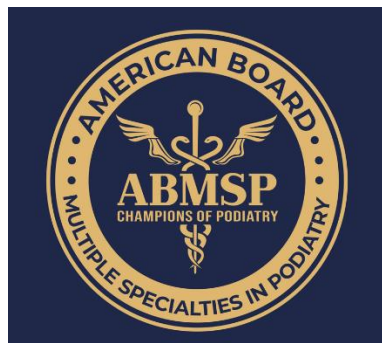
August 5 - 19, 2023

Application Deadline: July 5, 2023

WINTER TESTING WINDOW

October 14 - 28, 2023

Application Deadline: September 13, 2023



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:

1. Providing a standard of requisite knowledge for certification in podiatric medicine, foot and ankle surgery, 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

1. Hold a current DPM/MD/DO or equivalent license. **(Submit a copy of your current license with the application.)**
2. Hold a DPM/MD/DO or equivalent degree conferred by an institution in the United States (or territorial possession). **(Submit a copy of degree/diploma with the application.)**
3. Three years of current clinical experience (which may include residency training) related to prevention and treatment of diabetic foot wounds.
4. Submit a copy of the front of a current driver's license or other government photo ID.
5. Three letters of professional recommendations, on letterhead, from fellow DPMs/MDs/ DOs or equivalent relating to the candidate's experience in diabetic foot wounds and footwear.
6. Submit a copy of current resume or curriculum vitae.
7. Conduct a search of the National Practitioners Database and submit a copy of your record
8. Completion of consent form.
9. Payment of required fee.

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.

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. 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 first and last name you enter on your application must match the first and last name listed on your government issued photo ID such as driver's license or passport.*

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

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

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

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

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

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

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

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

- ✓ Completed and signed application
- ✓ Copy of current DPM, DO, or MD license
- ✓ Copy of DPM, DO, or MD degree
- ✓ Three letters of recommendation on letterhead
- ✓ Copy of a current driver's license or other government photo ID
- ✓ Copy of current resume or curriculum vitae
- ✓ Copy of National Practitioners Database record
- ✓ Completed consent form
- ✓ Examination fee

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

EXAMINATION ADMINISTRATION AND SCHEDULING

The Certification Examination in Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear is administered during an established two-week testing window on a daily basis, excluding holidays, at computer-based testing facilities managed by Prometric.

Scheduling Authorization

PTC will send approved candidates an email called the Scheduling Authorization. These emails are sent out about 11 weeks before the first day of the testing window. The emails come from notices@ptcny.com. Candidates cannot make an appointment until they receive a scheduling authorization. If you don't receive your email 3 weeks before the start of your testing window contact PTC.

Scheduling Examination Appointments

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-served, 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.**



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.

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 first and last name on your Scheduling Authorization **MUST** exactly match the first and last 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.

Time Frame	Reschedule Permitted?	Stipulations
Requests submitted 30 days or more before the original appointment	Yes	None
Requests submitted 5 to 29 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 \$250.00.

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
Application Fee	US \$500.00	<ul style="list-style-type: none"> • Non-refundable¹ • Non-transferable • Includes testing center fees • Includes non-refundable \$75 administrative fee
Transfer Fee (Moving to a new testing window; see page 6)	US \$250.00	<ul style="list-style-type: none"> • Applies to candidates who need to move to a new testing period • Must submit new application & fee to PTC
Rescheduling Fee (29-5 days prior to scheduled appointment; see page 6)	US \$50.00	<ul style="list-style-type: none"> • Applies to candidates who need to move their appointment within their current testing period • Payable directly to Prometric • Reschedule with Prometric online or over the phone

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



- **There will be no refund of fees unless applicants are ineligible for the examination.**
- **Ineligible candidates will be refunded their fees minus an administrative fee.**
- **No refunds will be issued for applying for the incorrect examination or testing period, for failing to make an examination appointment, or for failing to appear at your scheduled appointment.**

Please be advised: Prometric does not have the authority to grant transfers to another testing period or refunds.

¹ 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.

VETERANS REIMBURSEMENT OF FEE

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

1. Your request for reimbursement.
2. Your name and Social Security number or VA claim number.
3. The name of the test and the date when you took the examination.
4. The name and address of the organization issuing the certificate (The American Board of Multiple Specialties in Podiatry, 555 8th Avenue, Suite 1902, New York, New York 10018.)
5. The cost of the examination, not including registration fees or other fees. (The cost of the examination in the Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear is \$500.00)
6. The statement: "I authorize release of my test information to the VA."

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

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

TEST 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 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.

Testing arrangements may be made upon receipt of the application, examination fee, and a completed and signed Request for Test Accommodations Form, available from www.ptcny.com 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 period. Candidates who do not submit their Test 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 Test 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.

Please note: do not go to www.prometric.com or contact Prometric to request test accommodations as Prometric is not authorized to approve accommodations. All requests for test accommodations must be submitted on the PTC Request Form.

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
 - Candidates are only permitted to leave the testing room to use the restroom or access food, drink, or medicine from their assigned locker
 - Candidates who take an unscheduled break are subject to additional security screenings before being permitted to reenter the testing room
 - Accessing mobile phones, study materials, or anything other than food, drink, or medicine 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.

ACCESSING CELL PHONES AND ELECTRONIC DEVICES AT ANY TIME WHILE YOU ARE TAKING THE EXAM IS PROHIBITED. YOU CAN ONLY REMOVE SNACKS, DRINKS, MEDICINE, OR PERSONAL HEALTHCARE ITEMS FROM YOUR LOCKER- NO BACKPACKS, BAGS, POCKETBOOKS OR CLOTHING CAN BE REMOVED WHILE YOUR EXAM IS IN SESSION.

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.
- ⇒ Cell phones, watches, and all other electronic devices are strictly prohibited at the testing center. Please leave these items in your car or in your assigned locker at the testing center. You may NOT access your cell phone, electronic devices, or study materials from your locker at any time.
- ⇒ No papers, books, or reference materials may be accessed during a break at a locker, taken into or removed from the testing room.
- ⇒ You may ONLY access snacks, drinks, medicines, or personal healthcare items from your locker.
- ⇒ 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, except for going to the restroom, or accessing their locker for food, drink, or medicine only.
- ⇒ 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, including fitness/smart watches and similar 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 with any questions about the Examination Rules.

Irregular or improper behavior that is observed, made apparent by statistical analysis, or uncovered by other means before, during or after the examination will be considered a violation of these rules and may constitute grounds for invalidation of a candidate's examination. ABMSP will initiate an investigation and request suitable analyses and appropriate documentation.

REPORT OF RESULTS

Within four weeks after the testing period ends, candidates will be notified via email 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 within 15 days of the test appointment. Any comments about the test itself should also be reported to PTC at www.ptcny.com/contact within 15 days of the test appointment.

PASSING SCORE

The examination is a Pass or Fail examination 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 Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear 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 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 handscores 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 handscoreing.

ATTAINMENT OF CERTIFICATION AND RECERTIFICATION

Candidates who pass the Certification Examination and who adhere to the Board’s Code of Professional Practice are eligible to indicate Board Certification in Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear and will receive certificates from the American Board of Multiple Specialties in Podiatry. A registry of those certified 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 Examination in Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear 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 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 15.
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.	Patient Evaluation and Examination	20%
II.	Diagnostics	20%
III.	Treatment	50%
IV.	Offloading Methods	10%

CONTENT OUTLINE

I. PATIENT EVALUATION AND DIABETIC FOOT EXAMINATION (20% -- 50 items)

A. Patient Evaluation

01. Obtain consent in compliance with HIPAA regulations (including consent for photography/videography and release of information)
02. Obtain history of present illness
03. Observe and assess general appearance of patient
04. Observe and assess psychological status of patient
05. Review basic medical history and perform basic skills as necessary, including
 - a. Vitals (including pain assessment)
 - b. Intake information (PFSH/ROS, medications, vaccinations, vitamins, herbal supplements, allergies, pain/narcotic history, etc.)
 - c. Diabetic status (most recent HbA1c and trends, blood sugar logs, compliance with diabetic control, etc.)

B. Diabetic Foot Examination

01. Conduct diabetic foot examination to assess structures and systems, including
 - a. Musculoskeletal structure (strength, symmetry, osseous deformities and joint motion)
 - b. Vascular system/status (including pedal pulses and CRT)
 - c. Lymphatic system
 - d. Dermatological conditions/status
 - e. Neurological system (including monofilament testing)
 - f. Biomechanical systems (ROM, Foot type, joint axis, etc.)
 - g. Shoe gear and wear patterns
 - h. Gait pattern and stability
02. Perform serial photography periodically to monitor progress of wounds in compliance with HIPAA regulations

Tasks in Domain I draw upon the following knowledge areas:

- *Anatomy and Physiology*: K01, K02, K03, K04, K05
- *Etiology and Pathology*: K06, K07, K08, K09, K10, K11, K12, K13, K14, K15, K16, K17, K18, K19, K20, K21, K22, K23
- *Diagnostic Considerations*: K24, K25, K26, K27, K28, K29, K30, K31, K32, K33, K34, K35, K36, K37, K38, K39, K40
- *Treatment*: K41, K44, K45, K46, K47, K48, K49, K56, K57

II. DIAGNOSTICS (20% -- 50 items)

A. Lab/Pathology Studies

01. Order and interpret lab and pathology studies, including
 - a. Biopsies (including wound biopsy, small nerve fiber biopsy, fungal cultures, and cultures/sensitivities, initial stains)
 - b. ESR/CRP
 - c. Renal and liver function
 - d. Nutrition (Vitamin levels and fructosamine, albumin, pre-albumin, if needed)
 - e. CBC with diff and CMP (including HbA1c, etc.)

B. Radiological/Musculoskeletal Studies

01. Order and interpret radiological and musculoskeletal studies, including

- a. MRI
- b. X-Ray
- c. CT
- d. Ultrasound
- e. Bone scans

C. Arterial/Vascular Studies

01. Order and interpret arterial, and vascular studies, including

- a. Doppler, PVR, PPG
- b. ABI, TBI, and waveform interpretation
- c. Microvascular testing as needed
- d. MRA
- e. CTA
- f. Arteriogram
- g. DVT
- h. EMG/NCV testing for abnormal neurologic findings
- i. Serial photography

Tasks in Domain II draw upon the following knowledge areas:

- *Anatomy and Physiology:* K01, K02, K03, K04, K05
- *Etiology and Pathology:* K06, K07, K08, K09, K10, K11, K12, K13, K14, K15, K16, K17, K18, K19, K21, K22, K23
- *Diagnostic Considerations:* K24, K25, K26, K27, K28, K29, K30, K31, K32, K33, K34, K35, K36, K37, K38, K39, K40
- *Treatment:* K41, K42, K47, K57

III. TREATMENT (50% -- 125 items)

A. Wound Care Management

01. Assess and apply appropriate skin substitutes/combinations
02. Assess and perform debridement (including larval debridement)
03. Assess and manage soft tissue injuries
04. Assess and manage wound moisture
05. Conduct telemedicine as part of wound care (in a secure manner and notify the patient of limitations of virtual appointments)
06. Assess for hyperbaric oxygen therapy
07. Assess and manage wound vac

B. Medical Management

01. Address psychosocial situation
02. Manage and reduce fractures
03. Manage infections
04. Manage diabetic neuropathy
05. Order and provide appropriate advanced tissue product, including dressings
06. Treat venous pathology/spider veins with ablative or conservative care (including possible compression garments for edema management)

07. Provide patient counseling and education, including
 - a. Foot care
 - b. Exercise
 - c. Physical therapy
 - d. Diet and nutrition
 - e. Cessation of smoking
 08. Conduct telemedicine appointments in a secure manner and notify patient of the limitations of virtual appointments
 09. Consult with patient's primary care provider (for DM, HTN, Cardiac, Renal, weight control, etc.)
 10. Refer to appropriate specialties (vascular, infectious disease, nutrition, psychiatry, HBO/wound care center, etc.)
 11. Refer for rehabilitation
 12. Sign opioid treatment agreement/consent form
- C. Pharmacological Management
01. Prescribe wound care products (both oral and topical)
 02. Prescribe oral and topical pain/anti-inflammatory medications (and fungal medication if necessary)
 03. Add prescribe appropriate antibiotic regimens (antibiotics and probiotics) and coordinate care with pharmacists, infectious disease specialists and renal specialists to titrate antibiotic doses (based on culture results)
 04. Check patient/inr levels if patient is on warfarin and make appropriate referral
- D. Surgical treatment
01. Assess and make appropriate surgical treatments
 02. Assess and make appropriate surgical decisions for amputation
 03. Provide post-op care (and wound care modalities)
 04. Address post-op living situation of patient to verify adequate support for wound care and medication management
 05. Address social and financial status of patient and make appropriate referral to social work as needed

Tasks in Domain III draw upon the following knowledge areas:

- *Anatomy and Physiology:* K01, K04
- *Etiology and Pathology:* K06, K07, K08, K09, K10, K11, K12, K14, K15, K16, K17, K18, K19, K20, K21, K22, K23
- *Diagnostic Considerations:* K25, K27, K30, K32, K33, K35, K36, K37, K38, K39
- *Treatment:* K41, K42, K43, K44, K45, K46, K47, K48, K49, K50, K51, K52, K53, K54, K55, K56, K57

IV. OFFLOADING METHODS (10% -- 25 items)

A. Offloading Devices

01. Order and apply strapping/padding
02. Order and apply total contact casting
03. Order and apply orthotic devices/braces
04. Order and apply walker boot/cast shoe or surgical shoe
05. Order and apply diabetic/therapeutic shoe and inserts
06. Order and apply CROW boot for management of Charcot neuropathy

Tasks in Domain IV draw upon the following knowledge areas:

- *Anatomy and Physiology:* K04
- *Etiology and Pathology:* K06, K11, K12, K22
- *Diagnostic Considerations:* K35, K36, K37, K38
- *Treatment:* K41, K50, K51

KNOWLEDGE AREAS

Anatomy and Physiology

- K01. Vascular and lymphatic systems
- K02. Nervous system
- K03. Integumentary system
- K04. Musculoskeletal system
- K05. Endocrine system

Etiology and Pathology

- K06. Trauma
- K07. Infection
- K08. Metabolic
- K09. Vascular
- K10. Neoplasms (benign/malignant)
- K11. Deformities (congenital and acquired)
- K12. Musculoskeletal/Biomechanical
- K13. Genetics
- K14. Neurological/Neuropathy
- K15. Dermatological
- K16. Immunological
- K17. Nutritional
- K18. Iatrogenic
- K19. Chemical/radiation exposure
- K20. Environmental factors
- K21. Cold/heat injuries
- K22. Other atypical wounds
- K23. Other precipitating factors

Diagnostic Considerations

- K24. Area of complaint (location, onset)
- K25. Cause of complaint
- K26. Quality of the discomfort (including pain quality assessment scale PQAS)
- K27. Radiation of symptoms
- K28. Frequency and duration
- K29. Effects of comorbidities
- K30. Previous treatment
- K31. Pathergy
- K32. Laboratory studies and biopsies
- K33. Vascular studies
- K34. Neurological studies

- K35. Imaging (X-ray, MRI, CT, ultrasound, etc.)
- K36. Gait analysis
- K37. Shoe gear and footwear evaluation
- K38. Aggravating/alleviating factors
- K39. Wound or wound bed description (including dimensions, thickness, stage/classification, etc.)
- K40. NLDOCAT assessment

Treatment

- K41. Management of wounds
- K42. Factors affecting healing (especially blood sugar)
- K43. Topical therapy
- K44. Physical therapy
- K45. Pharmacology, anesthesia, and medication
- K46. Nutrition
- K47. Surgery
- K48. Growth factors
- K49. Hyperbaric treatment
- K50. Offloading (including casting, splinting, bracing, etc.)
- K51. Diabetic shoes and orthotic devices
- K52. Rehabilitation
- K53. Outcome evaluation
- K54. Patient advice and counseling
- K55. Other integrated medicine modalities
- K56. Advanced tissue products (including stem cells, platelet rich plasma)
- K57. Consultations/referrals to specialists

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.

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.

PTC22056
Updated 07/2022

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 Certification Examination in Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear

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

22868





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

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

22868

