



CERTIFICATION IN LOWER EXTREMITY GERIATRIC MEDICINE

CASE REQUIREMENTS AND GUIDELINES

**American Board of Multiple Specialties in Podiatry
52 Elm Street, Suite 1, Morristown, NJ 07960
(888) 852-1442**

LOWER EXTREMITY GERIATRIC MEDICINE CASE ACCEPTANCE PROCEDURES

One component for consideration as part of the Lower Extremity Geriatric Medicine certification is submission of up to three (3) cases as part of the application portfolio. Once the portfolio is completed, with at least 50 points earned, full Geriatric Certification status will be awarded. Please see the Guidelines for Advertising for details; this document can be downloaded from our website.

CASE SUBMISSION REQUIREMENTS SUMMARY

Number of cases - A maximum of five geriatric cases may be submitted as part of the portfolio. Each successful case will be awarded 5 points; a total of 25 points may be awarded from cases.

Time frame for cases – Cases must be within the last 2 years.

Type of cases to include – Up to any five cases may be selected, but each should be for a different diagnosis and treatment.

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

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

Format – Cases must be submitted on a **FLASH DRIVE**, or a **THREE-RING BINDER**, or securely uploaded as set forth below with tabs dividing the cases.

Due Date – Must be submitted within 30 days of the acceptance and approval of your application.

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

Notification of Results – ABMSP will notify you in writing within 60 days of submission of your entire portfolio. The results may take longer if a case review committee member had to contact you for clarification or submission of additional information.

CASE SUBMISSION INSTRUCTIONS

Read the case guidelines several times to become familiar with what is required. Submit the below information below in the following order:

1. CASE INFORMATION SHEET

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

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

2. TAB

Tabs are required to separate the cases.

3. GERIATRIC CASE HISTORY REPORT

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

4. ADMISSION SHEET AND/OR INITIAL HISTORY REPORTS

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

5. OPERATIVE REPORTS (If applicable to the case)

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

6. PATHOLOGY REPORTS (If applicable to the case)

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

7. X-RAYS (If applicable to the case)

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

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

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

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

CASE VERSATILITY

Up to three cases may be submitted in order to earn points toward Lower Extremity Geriatric Medicine certification. Candidates should submit cases which address areas from the following lists. But there should be no more than one case per area.

1. Metabolic cases
2. Dermatologic cases
3. Vascular cases
4. Neurological cases
5. Rheumatologic cases
6. Orthopedic cases

SUMMARY INFORMATION ABOUT THE CASE SUBMISSIONS

1. Case variety and versatility are mandatory. No more than one case from any one category may be submitted. The Board's Portfolio Review Committee retains the right to request additional information or clarification if they determine the necessity.
2. Although multiple procedures may have been performed at the same time, each case submitted is counted as only one procedure. Please specify in which category a case is being submitted with more than one procedure contained.
3. Each case submission must be accompanied by its own completed case history report. Patient history, chief complaint, previous treatment, duration of complaint, verbal picture of condition, assessment and diagnosis, medications, post treatment notes, summation of results and physicians' satisfaction, and any complications must all be addressed in the case history submission.
4. Cases must meet our required format. Cases must be in a three ring binder with tabs separating the cases. Do not overstuff the binder; use a second binder if necessary. Ensure that all required documentation is enclosed, do not select a case if you cannot obtain all the information we require. Cases must be typed.
5. Mail cases along with all other components of the portfolio, via delivery confirmation/tracking number so you will know when everything arrives at the ABMSP office.

REVIEW COMMITTEE AND APPEALS

The ABMSP Case Review Committee will review the case submission(s) for proper and complete documentation.

If a case is deemed unacceptable by any members of the committee the candidate will be notified. The candidate shall have thirty days from the date of notification to resubmit the case(s) with proper documentation to meet the requirements. The review process shall then continue.

If the Committee and Board of Directors determine that the cases submitted fall below acceptable professional standards, cases are rejected and the candidate must earn points by another method. The committee members shall use their clinical and surgical experience in determining a candidate's status based upon knowledge and experience as shown by the case submissions and not whether the procedure would be one that a committee member would or would not choose to perform.

CASE HISTORY REPORT COVER PAGE

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

PROVIDE GENERAL INFORMATION

Podiatrist's Name _____ (Your Name) _____

Case Report Number _____

Category _____

Condition Treated _____

Age of Patient _____

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

Behind this cover page, include all the documents listed on page 2. Please ensure that records include:

Chief complaint, symptoms, duration)

Clinical findings, vascular, biomechanical, neurological, previous treatment, lab results

Diagnosis

Specific treatment, complications, changes, referral, podiatrist's & patient's satisfaction with results

CASE INFORMATION SHEET

Portfolios must be received at the Board office via courier, mail, or secure upload along with all of the other portfolio components. If you want to confirm delivery, please use UPS/FedEx which has a tracking number or the USPS with delivery confirmation. Kindly do not select "signature required" on your delivery of this portfolio. Please do not call the Board office to confirm delivery.

For courier deliveries and mailings, please submit your portfolio to following address:

AMERICAN BOARD OF MULTIPLE SPECIALTIES IN PODIATRY
52 Elm Street, Suite 1
Morristown, NJ 07960

For secure uploads, please submit your portfolio via the following cybersecure link:

<https://thenangallagherlawgroupllchipaa.sharefile.com/share/getinfo/r54fbb1695f0a4151ba883e7ae2986bd7>

Questions about submitting portfolios or status of review should be directed to the Board's General Counsel / Chief Operating Officer / Certification Director, Ms. Nan Gallagher, JD, Esquire, 9 am - 5 pm EST 1-888-852-1442 or you may email us at Info@ABMSP.org.

SUBMITTING PODIATRIST:

NAME _____

RETURN ADDRESS _____

CITY _____ STATE _____ ZIP _____ TELEPHONE

(_____) _____

DATE SUBMITTED _____

I have a signed HIPAA form from all of the patient(s) whose case(s) is/are submitted herein and I have redacted all protected health information from this portfolio.

I have enclosed a check in the amount of \$350 made payable to ABMSP for my portfolio fee.

I would like my case(s) returned back to me. A \$50 check or money order is enclosed payable to ABMSP.

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

CASE NUMBER	CASE CATEGORY	DATE OF INITIAL TREATMENT
=====	=====	=====
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

I hereby certify that the enclosed cases comprising my portfolio represent procedures performed by me within applicable standards of scope and care.

Signature: _____

Printed Name: _____

Dated: _____

For Office Use Only

A R _____ (Sign and Date)
A R _____ (Sign and Date)