PRIMARY CARE IN PODIATRIC MEDICINE

CASE REQUIREMENTS AND GUIDELINES

American Board of Multiple Specialties in Podiatry
201 International Circle Suite 230 PMB # 17017830
Hunt Valley, MD 21030
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PRIMARY CARE CASE ACCEPTANCE PROCEDURES

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

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

CASE SUBMISSION REQUIREMENTS SUMMARY

Number of cases - A minimum of eight (8) cases are required in addition to successful completion of the written examination.

Time frame for cases – The two year time frame in which these cases are to be submitted and performed are one (1) year prior to and one (1) year after completion of the written exam.

Type of cases to include – Please pick from the list contained in this handbook.

Cases must include - Case information sheet, case history report, admission sheet, operative reports, pathology reports, x-rays, and all follow-up notes in a standardized format.

HIPAA – Must have a signed HIPAA form from all patients whose cases are submitted. **NOTE:** Patient's identifying information should be redacted in all cases submitted.

Format – Cases must be submitted on a **FLASH DRIVE**, in a **THREE-RING BINDER,** or securely uploaded to the secure link contained in this handbook in a neat and organized manner with tabs dividing the cases denoting the type of case included. Cases should not be stapled. Please consider the ease of Case Reviewers when submitting your cases.

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

Return Binder Fee – If you wish to have your cases sent back to you, please submit a $50 check or money order made payable to ABMSP, and fill out the Return Binder Checkbox herein.

Notification of Results – ABMSP will notify you in writing, within eight (8) weeks of submission. You will receive a certificate and confirmatory letter if your cases are approved. The results may take longer if a case review committee member had to contact you for clarification or submission of additional information.

CASE RECIPROCITY PROVISION

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

CASE SUBMISSION INSTRUCTIONS

Please read the case guidelines several times to become familiar with what is required. 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
201 International Circle Suite 230 PMB # 17017830
Hunt Valley, MD 21030

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

https://abmsporg.sharepoint.com/:f:/s/ABMSPRecords/IgBhXKjOSgjLQ4cA9QhqjgXiAQxDF7pwMrzuM4Ddo64VoMw

Questions about submitting portfolios or status of review should be directed to the Certification Director, Brian Liebknecht, 9 am - 5 pm EST 1-888-852-1442 or you may email us at Info@ABMSP.org.

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. TABS & DENOTATIONS

Tabs are required to separate the cases if submitting by three-ring binder. If securely uploading cases or submitting them on a thumb drive, please be sure to effectively and efficiently name PDF files so that these cases can easily be reviewed and correlated.

3. PRIMARY CARE CASE HISTORY REPORT

Use the Case History Report Cover Page herein 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 for each case. Cases may be returned or denied if they cannot be effectively and efficiently reviewed.

4. ADMISSION SHEET AND/OR INITIAL HISTORY REPORTS

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

5. OPERATIVE REPORTS

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

6. PATHOLOGY REPORTS

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

7. X-RAYS

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 only – no discs. 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

A minimum of eight (8) cases are required to complete the board certification process in Primary Care in Podiatric Medicine. Candidates must submit cases from the following list but no more than one (1) case per category to total eight (8) cases.

Select a minimum of eight (8) cases from the following: The pathologies in parenthesis are only examples and not mandatory.

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

SUMMARY INFORMATION ABOUT THE CASE SUBMISSIONS

1. All cases submitted must have been performed within a two-year time frame but no later than one (1) year following your passing of the examination for certification. For Board Certification to be granted, all eight cases must be submitted and accepted.
2. Board Eligible status is valid for one (1) year only.
3. Case versatility is mandatory. No more than one (1) case from any one (1) category may be submitted. Cases must total a minimum of eight (8) to meet the mandatory case requirements. The Board's Case Review Committee retains the right to request additional information and/or cases in its discretion.
4. Although multiple procedures may have been performed at the same time, each case submitted is counted as only one (1) procedure. Please specify in which category a case is being submitted with more than one (1) procedure contained.
5. Each case submission must be accompanied by its own completed case history report. Patient history, chief complaint, previous treatment, duration of complaint, verbal picture of condition, assessment and diagnosis, medications, post treatment notes, summation of results and physicians' satisfaction, and any complications must all be addressed in the case history submission.
6. Cases must meet the required format. Cases must be in a three-ring binder with tabs separating the cases or clearly denoted on a flash drive or secure upload. 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 typewritten.
7. Submit cases to be received by or before the deadline, via delivery confirmation/tracking number so you will know when cases get to the office. Do not select signature required on any deliveries.

REVIEW COMMITTEE AND APPEALS

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

A case deemed unacceptable by any members of the Case Review Committee shall be discounted and the candidate so notified. The candidate shall have thirty (30) days from the date of notification to resubmit the case(s) with proper documentation to meet the requirement of eight (8) case presentations. The review process shall then continue. A total of up to four (4) cases may be resubmitted. Candidates having more than four (4) incomplete cases shall not have attained a level of acceptable cases and shall have their file returned to them at their own cost. The candidate shall then have thirty (30) days to submit eight (8) new cases for review.

Candidates having their cases rejected twice shall appear before a committee of at least three (3) members of the ABMSP Board of Directors to justify their cases.

If the Case Review Committee and Board of Directors determine that the cases submitted fall below acceptable professional standards, cases are rejected and certification is denied. The Committee members shall use their clinical and surgical experience in determining a candidate's status based upon knowledge and experience as shown by the case submissions and not whether the procedure would be one that a Committee member would or would not choose to perform. If the cases are deemed acceptable, a certificate and confirmatory letter will be mailed to candidate.

CASE HISTORY REPORT COVER PAGE

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

PROVIDE GENERAL INFORMATION

Podiatrist's Name_____

Case Report Number_____

Category_____

Condition Treated_____

Age of Patient_____

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

CASE INFORMATION SHEET

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

https://abmsporg.sharepoint.com/:f:/s/ABMSPRecords/IgBhXKjOSgjLQ4cA9QhqjgXiAQxDF7pwMrzuM4Ddo64VoMw

Questions about submitting portfolios or status of review should be directed to the Certification Director, Brian Liebknecht, 9 am - 5 pm EST 1-888-852-1442 or you may email us at Info@ABMSP.org.

NAME_____

ADDRESS_____

CITY_____STATE_____ZIP_____

TELEPHONE (____)_____FAX (____)_____DATE SUBMITTED _____

□ **I have a signed HIPAA form from all of the patient's whose cases are submitted herein.**
□ **I have enclosed a check in the amount of $350 made payable to ABMSP for my portfolio fee.**
□ **I would like my cases 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.

CASE NUMBER	CASE CATEGORY	DATE OF INITIAL TREATMENT
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Office Use Only:

1. A R _____ (Sign) _____ (Date)
Notes:

2. A R _____ (Sign) _____ (Date)
Notes: