

ABPTMR

CERTIFICATION

Booklet of Information

2016 Examinations

A MEMBER
BOARD
OF THE
AMERICAN
BOARD OF
MEDICAL
SPECIALTIES



THE AMERICAN BOARD
OF PHYSICAL MEDICINE AND
REHABILITATION

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The ABPMR reserves the right to change any information, including dates, exam format, fees, policies, procedures, and requirements, without prior notice or issuance of a revised publication. It is the applicant's responsibility to seek the most current information. The most current information supersedes all previously published information.

The ABPMR does not discriminate among applicants on the basis of age, sex, race, religion, national origin, disability, or marital status.

Revised September 2015

Introduction

AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION, INC.

The American Board of Physical Medicine and Rehabilitation (ABPMR) holds active membership in the American Board of Medical Specialties (ABMS), which functions in cooperation with the Council on Medical Education of the American Medical Association (AMA). The ABPMR is represented on the Residency Review Committee (RRC) for Physical Medicine and Rehabilitation, which is organized within the Accreditation Council for Graduate Medical Education (ACGME).

Directors of the American Board of Physical Medicine and Rehabilitation are nominated by the

- American Academy of Physical Medicine and Rehabilitation (AAPM&R),
- American Board of Physical Medicine and Rehabilitation (ABPMR), or
- Association of Academic Physiatrists (AAP).

Mission

The mission of the ABPMR is to serve the public by improving the quality of patient care through a process of certification and maintenance of certification that fosters excellence and encourages continuous learning.

Purpose

The intent of the certification process as defined by member boards of the ABMS is to provide assurance to the public that a certified medical specialist has successfully completed an accredited residency training program and an evaluation, including an examination process, designed to assess the knowledge, experience, and skills essential for quality patient care.

Standards of certification are distinct from those of licensure. Possession of an ABPMR certificate does not indicate total qualification for practice privileges, nor does it imply exclusion of other physicians not so certified.

Description of the Competent Physician

The competent physician should possess the medical knowledge, judgment, professionalism, and clinical and communication skills to provide high-quality patient care. Patient care encompasses the promotion of health, prevention of disease, and diagnosis, treatment, and management of medical conditions with compassion and respect for patients and their families.

General Competencies

- Medical knowledge
- Patient care
- Interpersonal and communication skills
- Professionalism
- Practice-based learning and improvement
- Systems-based practice

Definition of Physical Medicine and Rehabilitation

Physical medicine and rehabilitation (PM&R), also referred to as physiatry, is a medical specialty concerned with diagnosis, evaluation, and management of individuals of all ages with physical and/or cognitive impairment and disability. This specialty involves the diagnosis and treatment of patients with painful or functionally limiting conditions, the management of comorbidities and coimpairments, diagnostic and therapeutic injection procedures, electrodiagnostic medicine, and an emphasis on prevention of complications of disability from secondary conditions.

Physiatrists are trained in rehabilitation of neurologic disorders, the diagnosis and management of impairments of the musculoskeletal (including sports and occupational aspects) and other organ systems, and the long-term management of patients with disabling conditions. Physiatrists provide leadership to multidisciplinary teams concerned with maximal restoration or development of physical, cognitive, psychological, social, occupational, and vocational functions in individuals whose abilities have been limited by disease, trauma, congenital disorders, or pain, in order to enable them to achieve their maximum functional abilities.

Initial Certification

GENERAL REQUIREMENTS

1. Prior to entry in a residency training program: graduation from a United States or Canadian medical school approved by the Liaison Committee on Medical Education (LCME) or graduation from an osteopathic medical school approved by the American Osteopathic Association (AOA).

Graduates of educational institutions outside the United States or Canada must possess a valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG). Also accepted is a Fifth Pathway certificate and evidence of satisfactory completion of the United States Medical Licensing Examination (USMLE), Parts 1 & 2. Individuals holding Fifth Pathway certificates that are not accepted by the USMLE program for purposes of meeting Step 3 eligibility will be required to obtain ECFMG certification in order to be eligible for Step 3.

2. Possession of a current, valid, and unrestricted license to practice medicine in at least one jurisdiction in the United States, its territories, or Canada. Evidence of unrestricted licensure in the state or states in which the physician practices will be required prior to issuance of the certificate ([refer to the ABPMR Licensure Policy](#)).
3. Satisfactory completion of the requirements of the ABPMR for graduate education.
4. Satisfactory compliance with rules and regulations of the ABPMR

pertaining to the completion and filing of the application for examination and payment of required fees.

RESIDENCY TRAINING

Physicians must successfully complete 48 months (four years) of training in a PM&R residency accredited by the ACGME or the Royal College of Physicians and Surgeons of Canada (RCPSC). This training must be completed after graduation from medical school.

Twelve of the 48 months must consist of a coordinated program of experience in fundamental clinical skills such as an accredited transitional year, or include six months or more in accredited training in emergency medicine, family practice, internal medicine, obstetrics and gynecology, pediatrics, or surgery, or any combination of these patient care experiences. The remaining months of this year may include any combination of accredited specialties or subspecialties.

Acceptability of AOA–Accredited training

Through June 30, 2017, the ABPMR will recognize AOA–accredited training as acceptable toward internship-level PM&R residency training. The acceptability of AOA–accredited training toward internship-level PM&R residency training will be re-evaluated annually related to progress towards a single GME accreditation system. For the period of July 1, 2015, through June 30, 2020, the ABPMR will recognize AOA-accredited training that is completed during active "pre-accreditation" status granted by the ACGME as acceptable toward internship-level PM&R residency training.

Accredited training in any of the specialties or subspecialties must be for a period of at least four weeks. No more than eight weeks may be in non–direct patient care experiences. Training in fundamental clinical skills must be completed prior to beginning PGY-2 PM&R rotations.

The program must include 36 months in PM&R in a training program accredited by the ACGME or the RCPSC. A resident is expected to complete training in a single accredited program except when compelling circumstances make a change advisable. In the event of a transfer, the resident is expected to complete all of the PM&R program requirements as outlined by the RRC. All required training and experience as stated above must be taken in the United States, Puerto Rico, or Canada.

The training program must include a significant amount of time spent in primary responsibility for the direct patient care management of hospitalized patients on the PM&R service. Residents must devote at least one-third of their residency experience to the care of these hospitalized PM&R patients. They must spend at least one-third of the training in the care of outpatients, including a significant experience in the care of musculoskeletal problems.

The training curriculum must be compatible with the program requirements in PM&R, which are available on the ACGME website, www.acgme.org.

The resident is expected to assume progressive responsibility for the care of patients, leadership, teaching, and administration. The ABPMR requires program directors to verify the training received by the resident.

Credit for Other Specialty Training

Physicians who have satisfactorily completed one or more years of training (up to and including certification) in a program accredited by the ACGME or the RCPS in related relevant specialties may receive up to a maximum of 12 months of non-PM&R training credit on recommendation of the program director and at the discretion of the ABPMR.

These relevant specialties include emergency medicine, family practice, internal medicine, neurology, obstetrics and gynecology, orthopedics, pediatrics, and surgery. Completion of 36 months of training in an ACGME-accredited PM&R residency is still mandatory.

The ABPMR will consider approval for non-PM&R training credit only upon recommendation of the residency training program director. Alternatively, upon the recommendation of the program director, the ABPMR may accept a non-coordinated ACGME-accredited “transitional” year or an ACGME-accredited year of training. This alternative training may be in emergency medicine, family practice, internal medicine, obstetrics and gynecology, pediatrics, neurology, orthopedics, or surgery.

No credit will be given toward shortening the basic required four-year program for non-ACGME-accredited residencies, fellowships, or internships; for Fifth Pathway in a United States AMA-designated training institution; or for hospital house physician experience. No credit will be allowed for fellowships prior to or during residency training.

Effective July 1, 2017, ACGME-accredited physical medicine and rehabilitation residency training programs cannot accept residents for the PGY-2 level who have completed AOA-approved internships (as credit for the PGY-1) unless the AOA internships are accredited by the ACGME.

Absence from Training

A candidate must not be absent from residency or fellowship training for more than six weeks (30 working days) annually. Regardless of institutional policies regarding absences, any leave time beyond six weeks will need to be made up by arrangement with the program director.

“Leave time” is defined as sick leave, vacation, or maternity/paternity leave. A candidate may not accumulate leave time or vacation to reduce the overall duration of training.

Residency Training Program Directors

The ABPMR relies on information from program directors to ensure that residents are progressing through their training in a satisfactory manner (eg, registration, annual evaluation). The RRC will be notified of the programs that do not meet the reporting requirements in a timely manner.

1. At the beginning of a residency in PM&R, the residency training program director will submit a registration indicating basic information and educational background of the resident to establish a file and a computerized record for each resident. Any anticipated credit for previous satisfactorily completed ACGME- or RCPSC- approved training (which may not be for more than 12 months) must be indicated at the time of registration. Such recommendation should be reconfirmed in writing by the program director at the first annual evaluation. If the residency is designated as a combined program for dual certification or for the Clinical Investigator Pathway, the program director must submit a special form obtained from the ABPMR detailing the proposed assignment schedule for the resident. This form is then signed by both program directors.
2. The program director must confirm the authenticity of the medical degree and list its source along with any ECFMG, FLEX, or USMLE certification numbers and/or state medical licensure number.
3. The ABPMR will notify the resident of the registration by the program director and direct him/her to the ABPMR website for the current *Certification Booklet of Information*.
4. An annual evaluation of each resident is to be submitted to the ABPMR at the end of each year of training indicating quality of performance and number of months of residency training satisfactorily completed in PM&R, including elective services and scheduled or documented pertinent research.
5. If a resident is placed on probation, a plan for remedial action must be submitted.
6. If a resident transfers to another program in PM&R, the ABPMR is to be notified by the resident and by each program director involved regarding the circumstances of the change and the amount and content of credit being given in the dismissing program. Also required is a new registration including the proposed content and time in the accepting program. Total content of the resident's training must meet the ABPMR's PM&R residency training requirements.
7. When a resident first applies for admissibility to the Part I Examination, the program director certifies that satisfactory completion of the required residency training is anticipated by August 31 of the year of examination and also provides a preliminary opinion regarding the candidate's qualifications to enter independent clinical practice in the specialty. In case of subsequent change in status or recommendations regarding a candidate, the program director should notify the ABPMR promptly.
8. For residents completing training between January and August 31 of the year of examination, the program director must complete the final residency year's evaluation form immediately upon completion

of residency training and submit it to the ABPMR by July 1 prior to the Part I Examination. The evaluation form must include the final grade and amount of training satisfactorily completed. In addition, statements are to be included indicating that the candidate is deemed qualified to enter the independent practice of PM&R.

Clinical Investigator Pathway

The ABPMR provides an opportunity for interested residents to participate in a Clinical Investigator Pathway (CIP) during their training. The ABPMR's criteria for certification as a clinical investigator require that a resident complete a five-year residency program that integrates training in PM&R and clinical research. The purpose of the CIP is to increase both quality and capacity of psychiatric research nationally by enabling a select group of clinically- and research-minded residents to become well trained in psychiatric practice and research. The CIP is intended for PM&R residents in PM&R programs that have a strong emphasis on psychiatric research.

Planning—Residents interested in a research career should work with their residency program director and research mentor to design an appropriate training plan that will provide an adequate clinical experience and meet the ABPMR's requirements. Ideally, planning for their pathway should occur during PGY-1 and the ABPMR must receive and approve a written proposal for such training by the end of PGY-2. Programs should request requirements for the proposal from the ABPMR. CIP proposals will be reviewed individually to ensure that clinical experience and research experience are appropriately interspersed over the course of training.

Training—The first year of the five-year program is devoted to fundamental clinical skills as required for a PM&R training program. The following four years of residency training combine clinical and investigative training. Training should occur at one institution (includes all institutions with which a residency program is affiliated).

PM&R Training—All residents in the CIP must satisfactorily complete at least 24 months of accredited PM&R training. Completion of 36 months of accredited PM&R training is recommended.

Research Training—Twelve to 24 months of research is required. The ABPMR defines research as scholarly activities intended to develop scientific knowledge. During research training, 20% of each year must be spent in clinical experiences. Intermittent or blocks of clinical time will be considered.

The research experience of residents should be mentored and reviewed; training should include completion of work leading to a graduate degree (if not already acquired).

Evaluation—Ratings of satisfactory progress must be maintained annually for each trainee in the CIP. For the purpose of evaluating periods of concentrated research, the program director may submit a letter describing satisfactory progress in place of submitting a formal evaluation.

Certification Examination in PM&R – Trainees in the CIP may apply for the Part I Examination after successful completion of residency training. The ABPMR certification examinations and the certificate are the same for all candidates whether they pursue the CIP or standard PM&R training.

Dual Specialty Certification

Residents may elect to pursue integrated training in PM&R and another specialty by enrolling in a combined training program. The ABPMR currently approves two types of combined training: pediatrics and PM&R and internal medicine and PM&R. Both programs require completion of at least 36 months of accredited training in general comprehensive PM&R.

The proposed program agreed to by the respective residency training program directors should be submitted by the program directors to both boards for approval. Admissibility to the Part I Examination may be sought during the last year of training. Candidates must pass Part I before applying for admissibility to the Part II (oral) Examination. Guidelines for program directors interested in developing such a program are available through the ABPMR office.

Combined Training in Pediatrics and PM&R

A special agreement exists between the American Board of Pediatrics (ABP) and the ABPMR whereby a physician interested in dual specialty certification in pediatrics and physical medicine and rehabilitation (PM&R) can qualify for admission to the certification examinations of both boards. The individual resident must be registered in an approved combined pediatrics/PM&R residency training program no later than the end of the PGY-2 of the combined program.

The programs are designed to be completed in a minimum of 60 months. Vacation is shared pro rata between the training time spent in pediatrics and that spent in PM&R. The non-PM&R 12-month segment of the four-year PM&R residency will be credited based on satisfactory completion of the regular first year of pediatric residency.

The ABP requires a minimum of 36 months of general comprehensive pediatric training with six months' credit for pediatric rehabilitation within the PM&R training. The ABPMR requires a minimum of 36 months of an accredited PM&R residency with six months' credit for related rotations during the pediatric training. These rotations may be in developmental pediatrics, neonatology, pediatric neurology, pediatric neurosurgery, or pediatric orthopedics.

Six months full-time equivalent (FTE) of pediatric rehabilitation is required. Twenty-four months of the 36 months PM&R training must be in adult PM&R.

It is recommended that all training be completed at one academic institution; any deviation will require prospective approval by both boards. When two separate institutions are involved, there should be evidence of adequate coordination to provide an appropriate educational experience.

Combined Training in Internal Medicine and PM&R

A special agreement exists between the American Board of Internal Medicine (ABIM) and the ABPMR whereby a prospective resident interested in dual specialty certification in internal medicine and PM&R can qualify to apply for admission to the certification examinations of both boards. Admissibility is determined by satisfactory completion of a preplanned, combined, and integrated program designed to be completed in a minimum of 60 months. Before the end of PGY-2 in either specialty, the ABPMR prospectively requires approval of a detailed curricular plan for a given resident approved by both boards and signed by both program directors.

The non-PM&R 12-month segment of the 48 months of PM&R residency concerned with basic fundamental clinical skills will be credited on the basis of satisfactory completion of the regular first year of internal medicine residency.

In addition, the ABPMR requires a minimum of 36 months of an accredited PM&R residency with six months' credit for internal medicine rotations. These rotations may be in such areas as rheumatology, endocrinology, cardiovascular, or pulmonary subspecialties of internal medicine.

During the 30 months in PM&R, the resident must satisfactorily complete 24 months of hospital and outpatient clinical management of patients receiving PM&R services. Physical medicine and rehabilitation training includes basic and advanced knowledge of musculoskeletal and neuromuscular anatomy and physiology as related to kinesiology, exercise, and functional activities as well as to immobilization and inactivity. Applications and prescription of therapeutic exercise, orthotics, prosthetics, and assistive and supportive devices for ambulation and mobility are essential.

The following segments of training in PM&R are also required: experience with inpatient or outpatient pediatric rehabilitation, adequate training to achieve basic qualifications in electromyography and electrodiagnosis, and opportunities to achieve understanding of special aspects of rehabilitation of patients in geriatric age groups.

The three-year internal medicine residency requirements are met in part by the ABIM recognizing six months' credit for PM&R residency training involving PM&R management of patients with problems related to internal medicine. Such problems include those occurring in patients with rheumatologic, cardiovascular, pulmonary, stroke, and/or oncologic conditions.

It is recommended that all training be completed at one academic institution. If two separate institutions are involved, there should be evidence of adequate coordination to provide an appropriate educational experience. Any deviation requires prospective approval by both boards. After the program is approved, the resident's registration form is submitted. Vacation is shared pro rata between the two training programs.

APPLICATION REQUIREMENTS AND FEES

Part I (Computer-Based) Examination

The application and related forms for the Part I Examination are available on the [ABPMR website](#). The completed application must include a copy of the medical degree diploma or certificate and the PGY-1 year certificate, if applicable.

In order to have the application considered for examination, the applicant must be scheduled to complete the graduate medical education requirements on or before August 31 immediately following the scheduled examination date for which he or she has applied. Satisfactory completion of the educational and training requirements in force at the beginning of the resident's training in an accredited program will be considered acceptable for application for admissibility to the certification examinations.

Final admissibility is contingent upon receipt of the final-year evaluation by the program director, due July 1 in the examination year. In the final-year evaluation, the program director must affirm that the physician has satisfactorily completed physical medicine and rehabilitation residency training and has demonstrated sufficient competence to enter practice without direct supervision. The program director must recommend the physician for admissibility to the Part I Examination. If a resident is placed on probationary status during the final year of the residency program, this status must be rescinded by the program director before July 1 for the resident to be admissible.

Part II Examination

The Part II Examination is an oral examination. To be admissible to Part II, applicants must have passed the Part I Examination. The application and related forms for Part II are available on the [ABPMR website](#).

The applicant is required to submit a copy of a current, valid, and unrestricted license (including expiration date) to practice medicine in at least one jurisdiction in the United States, its territories or Canada. Evidence of unrestricted licensure in the state or states in which the physician practices will be required prior to issuance of the certificate ([refer to the ABPMR Licensure Policy](#)).

Reapplication

Physicians who have initially applied for and failed or did not take either Part I or Part II can apply for any subsequent examination administration during the board eligibility period. The same requirements will be in effect for reapplication as for initial admissibility. [Refer to the ABPMR Board Eligibility Policy](#) for specific information on the limitation of time allowed between completion of residency training and becoming certified.

Refunds and Forfeiture of Fees

Processing and late fees (if paid) are nonrefundable. Refer to the [ABPMR Refunds and Forfeiture of Fees Policy](#) for specific information regarding under which circumstances the examination fee can be refunded.

The ABPMR does not assume responsibility for notifying an applicant of the impending loss of admissibility due to an incomplete application or incomplete qualifications.

The ABPMR is a nonprofit organization and the candidates' fees are used solely for defraying the actual expenses of the board. The directors of the ABPMR serve without remuneration. The ABPMR reserves the right to change the fees when necessary.

Board Admissibility

“Board admissible” is a term used by the ABPMR to define the status of an applicant who has been accepted by the ABPMR as a candidate to take the examination for which he or she has applied. Designation of “board admissible” does not continue beyond the date such an examination is given, regardless of results.

Board Eligibility

The ABPMR has a board eligibility policy which identifies a specific period of time during which physicians may identify themselves as board eligible ([refer to the ABPMR Board Eligibility Policy](#)).

EXAMINATIONS

As part of the requirements for certification by the ABPMR, candidates must demonstrate satisfactory performance on an examination conducted by the ABPMR covering the field of PM&R. The examination for certification is given in two parts, Part I (computer-based) and Part II (oral). ([Refer to Preparing for Your Computer-Based Examination](#) and [Part II Certification Examination Information for Candidates](#).)

The Part I and Part II Examinations are given once each year at such times and places as the ABPMR designates. While the Part I Examination is administered simultaneously at Pearson Professional Centers nationwide, the Part II Examination is administered only in Rochester, Minnesota.

Part I and Part II Examination Dates, Deadlines, and Fees

Please refer to [the ABPMR Examination Calendar](#) on the website.

ACCOMMODATIONS FOR PERSONS WITH DISABILITIES

The ABPMR supports the Americans with Disabilities Act (ADA) and makes reasonable accommodations in examination procedures for individuals with documented disabilities. Applicants with disabilities may request modifications in the administration of any examination. The ABPMR will grant such requests unless the modifications would place undue burden on the ABPMR or would fundamentally alter the measurement of the knowledge and skills that the examination is intended to assess.

Applicants considering the need for accommodations should refer to the [ABPMR Requesting Accommodations under the ADA Policy](#), as well as the [ABPMR Application for Accommodations](#).

EXAMINATION RESULTS

Official notification of examination results are sent in writing 6-8 weeks after an examination is administered. Pass/fail results also will be available on the individual candidate's "Physician Home Page" on the [ABPMR website](#). In the interest of maintaining confidentiality of candidate information, examination results are not given by telephone, fax, or email.

Requests to have results mailed to a temporary or new address must be submitted to the ABPMR office in writing, either by mail, fax, or email.

THE CERTIFICATE*

Upon approval of the application and the candidate's successful completion of the examinations, the ABPMR will grant a time-limited certificate to the effect that the candidate has met the certification requirements of the ABPMR. The recipient of a certificate will be known as a diplomate of the American Board of Physical Medicine and Rehabilitation.

The ABPMR began issuing 10-year, time-limited certificates in 1993. The expiration date for these certificates is December 31 of the given year. Maintenance of certification (MOC) procedures and requirements are described briefly in the following section and in-depth in a separate [Maintenance of Certification Booklet of Information](#) available on the [ABPMR website](#). Certificates issued prior to 1993 have no time-limited stipulations; however, holders of these pre-1993 certificates may voluntarily participate in the MOC Program.

A certificate granted by the ABPMR does not of itself confer or purport to confer any degree or legal qualifications, privileges, or license to practice PM&R. The ABPMR does not limit or interfere with the professional activity of any duly licensed physician who is not certified by this board. Privileges granted to physicians in the practice of PM&R in any hospital or clinic are the prerogatives of that hospital or clinic, not of the ABPMR.

PUBLISHED LISTINGS OF CERTIFIED DIPLOMATES

The names of diplomates of the ABPMR appear in the online publication of *The Official ABMS Directory of Board Certified Medical Specialists* published by Elsevier Science, St. Louis, MO, and other authorized ABMS publications. The public may also access a listing of board certified physicians through the [ABPMR Certified Physician Search](#) on the ABPMR website. A listing of newly certified ABPMR diplomates appears annually in the ABPMR [Diplomate News](#).

REPORTING CHANGES IN PERSONAL INFORMATION

Once certified, diplomates are asked to notify the ABPMR office via the "Physician Home Page" on the [ABPMR website](#) of any changes in address, place of employment, telephone or fax number, or personal name. For name changes, a copy of the official documentation is required.

Diplomates are responsible for notifying the ABPMR office regarding any changes in licensure status.

*Certification is a voluntary process by which the ABPMR grants recognition to a physician specialist who has met predetermined qualifications specified by the ABPMR. Certification and the certificate recognize those physician specialists who have successfully completed the ABPMR's educational requirements and demonstrated their skills and abilities at the time of evaluation. Certification is not a guarantee of the competence of the physician specialist.

Maintenance of Certification

Beginning in 1993, the ABPMR issued time-limited certificates that are valid for 10 years. To maintain certification, diplomates certified in 1993 and thereafter, as well as those holding a subspecialty certificate, must participate in the Maintenance of Certification (MOC) Program. Refer to the ABPMR Requirement to Participate in MOC for all ABPMR Diplomates with Non-Time-Limited ("lifetime") Primary Certification and Subspecialty Certification Policy for specific information.

The MOC process permits diplomates to demonstrate that they continue to meet the requirements of the ABPMR. MOC also provides patients and their families, funding agencies, and the general public with assurance of the continuing up-to-date knowledge of ABPMR diplomates. Please refer to the ABPMR's [Maintenance of Certification Booklet of Information](#) for details.

Subspecialty Certification

SPINAL CORD INJURY MEDICINE

Introduction

Spinal cord injury (SCI) medicine is the subspecialty that addresses the prevention, diagnosis, treatment, and management of traumatic spinal cord injury and nontraumatic etiologies of spinal cord dysfunction by working in an interspecialty manner. Care is provided on a lifelong basis and covers related medical, physical, psychological, and vocational disabilities and complications. This care encompasses patients of all ages.

Purpose of Subspecialty Certification in SCI Medicine

The ABPMR offers subspecialty certification in SCI medicine in order to enhance the quality of care available to individuals with spinal cord dysfunction. This is accomplished through training a cadre of highly expert clinicians, teachers, and investigators to

- demonstrate special expertise in clinical knowledge and skill in SCI medicine,
- improve the rehabilitation and care of individuals with spinal cord injury,
- provide expert primary diagnostic and management services for complex and severe clinical problems related to spinal cord injury that require interspecialty management in SCI centers,

- support principal care providers of persons with spinal cord injury who practice in non-SCI centers by rendering follow-up care to prevent and manage complications related to spinal cord injury,
- improve the quality of teaching of SCI medicine in residency programs of related primary specialties by stimulating the availability of subspecialists with additional knowledge and skills in SCI medicine,
- increase research directed toward the problems of individuals with spinal cord dysfunction while also recognizing potential faculty members with special interests in SCI medicine, and
- improve interspecialty and interdisciplinary communication and cooperation among specialists caring for persons with spinal cord injury.

Certification in SCI medicine is offered to diplomates of all ABMS member boards, particularly from specialties directly related to the care of persons with spinal cord injury whose diplomates wish to be certified in SCI medicine. This includes specialties such as anesthesiology, emergency medicine, family medicine, internal medicine, neurology, neurological surgery, orthopedic surgery, pediatrics, physical medicine and rehabilitation, plastic surgery, and urology.

SCI Medicine Subspecialty Requirements

ABMS Certification— All applicants for subspecialty certification in SCI medicine must be current diplomates in good standing of a member board of the ABMS.

Licensure— An applicant must have a current, valid, and unrestricted license to practice medicine in at least one jurisdiction in the United States, its territories, or Canada. Evidence of unrestricted licensure in the state or states in which the physician practices will be required prior to issuance of the certificate ([refer to the ABPMR Licensure Policy](#)).

Training— To fulfill the training requirements in SCI medicine, applicants must

- satisfactorily complete 12 months in an ACGME-accredited spinal cord injury medicine fellowship after the completion of residency,
 - be evaluated annually by their program director (the program director must submit the completed online evaluation directly to the ABPMR), and
 - be recommended for admissibility to the SCI Medicine Examination by their program director upon successful completion of the training program in SCI medicine.
- The applicant must complete the training program on or before August 31 of the year of the scheduled examination.**

SCI Medicine Fellowships

Please refer to the ABPMR website for instructions on obtaining a [current listing of spinal cord injury medicine fellowships](#).

SCI Medicine Examination Dates, Deadlines, and Fees

Please refer to [the ABPMR Examination Calendar](#) on the website.

SCI Medicine Examination

The SCI Medicine Examination is administered as a computer-based test consisting of 280 multiple-choice questions divided into morning and afternoon sections of 140 questions each. Each question on the examination is followed by four options, one of which is correct. The candidate determines the one best answer and then marks that answer.

The SCI Medicine Examination is developed by an ABPMR examination committee consisting of experts in the field. The examination is constructed according to the [SCI Medicine Examination outline](#) available on the ABPMR website and linked in the [appendix of this booklet](#).

Applicants who have been accepted for examination will receive information from the ABPMR regarding the registration process and locations of the Pearson Professional Centers.

More information about the SCI Medicine Examination can be found [here](#). You may apply for the SCI Medicine Examination by logging in to your Physician Home Page.

SCI Medicine Certificate

Upon approval of the application and the candidate's successful completion of the examination, the ABPMR will grant a subspecialty certificate in SCI medicine stating that the candidate has met the requirements for certification. Certificates are mailed approximately three months after notification of results. The certificate is a 10-year, time-limited certificate for which maintenance of certification (MOC) will be necessary. The certificate expires on December 31 of the tenth year of the cycle.

Maintenance of Certification in SCI Medicine

The original certificate is a 10-year, time-limited certificate for which MOC will be necessary (refer to the MOC Booklet of Information for more details). To participate in the SCI Medicine MOC Program, physicians must have a current, valid, and unrestricted license to practice medicine in at least one jurisdiction in the United States, its territories, or Canada. Evidence of unrestricted licensure in the state or states in which the physician practices will be required prior to issuance of the certificate ([refer to the ABPMR Licensure Policy](#)).

MOC includes achieving a passing score on a computer-based, proctored SCI Medicine Examination prior to the certificate expiration date. The examination may be taken in years 7-10 of the SCI medicine MOC cycle.

If the subspecialty certificate expires, the physician has a maximum of three years to pass the subspecialty MOC Examination, meet the licensure requirement, and become recertified. After the three-year period, the physician must reapply and meet the application requirements in effect at the time of the new application (ie, complete an ACGME–accredited fellowship in SCI medicine).

Beginning in 2015, ABPMR diplomates are allowed to drop PM&R primary certification and maintain only subspecialty certification. Maintaining subspecialty certification (after dropping primary) will include fulfilling Parts I, II, and IV of the primary MOC Program and passing the SCI Medicine Examination.

Refer to the FAQ (<http://www.abpmr.org/minisite>) on dropping primary for more information.

PAIN MEDICINE

Introduction

In March 1998, The American Board of Physical Medicine and Rehabilitation (ABPMR) and The American Board of Psychiatry and Neurology (ABPN) joined the American Board of Anesthesiology (ABA) in recognition of pain management as an interdisciplinary subspecialty. The respective boards have agreed upon a single standard of certification. In March 2002, the ABMS approved a name change for this subspecialty to pain medicine.

The ABA is responsible for examination development, administration, scoring, and analysis. The ABPMR will credential and issue the subspecialty certificates for ABPMR diplomates.

Pain medicine is the medical discipline concerned with the diagnosis and treatment of the entire range of painful disorders. Because of the vast scope of the field, pain medicine is a multidisciplinary subspecialty. The expertise of several disciplines is brought together in an effort to provide the maximum benefit to each patient. Although the care of patients is heavily influenced by the primary specialty of physicians who subspecialize in pain medicine, each member of the pain treatment team understands the anatomical and physiological basis of pain perception, the psychological factors that modify the pain experience, and the basic principles of pain medicine.

Purpose of Subspecialty Certification in Pain Medicine

Certification in pain medicine recognizes those physicians who, through education and examination in pain medicine, have documented competence to achieve specific objectives. The ABPMR offers subspecialty certification in pain medicine in order to enhance the quality of care available to individuals within the entire range of painful disorders. This is accomplished through training a cadre of highly expert clinicians, teachers, and investigators to

- provide a high level of care for patients experiencing problems with acute or chronic pain in both hospital and ambulatory settings;
- demonstrate special expertise in clinical knowledge and skill in pain medicine resulting in improved rehabilitation and care of individuals with the entire range of painful disorders;
- gain the skills necessary for the coordination of, and responsibility for, activities such as quality assurance, meeting regulatory standards, participation in pain medicine–related committees, facilities planning, and budget formation;
- participate in the formulation and/or evaluation of policies, procedures, standing orders, standards of care, and special equipment as related to pain medicine;
- provide coordination, quality control, and education of ancillary services, eg, medical, nursing, psychology, physical therapy, and occupational therapy;
- participate in research for the advancement of the clinical science of pain medicine directed toward the problems of individuals with painful disorders;
- provide expert primary diagnostic and management services for complex and severe clinical problems related to pain medicine that require interspecialty management in pain centers, improving interspecialty and interdisciplinary communication and cooperation among specialists caring for persons with painful disorders;
- support principal care providers who care for persons with a variety of painful disorders in nonpain centers by rendering follow-up care to prevent and manage complications related to painful disorders; and
- improve the quality of teaching of pain medicine in residency programs of related primary specialties by stimulating the availability of subspecialists with additional knowledge and skills in pain medicine.

The designation of subspecialty certification in pain medicine does not imply that each physician working in a pain clinic setting must be certified in pain medicine.

Pain Medicine Subspecialty Requirements

ABPMR Certification—All applicants for subspecialty certification in pain medicine must be current ABPMR diplomates in good standing.

Diplomates of other cosponsoring ABMS member boards who have been certified in Pain Medicine by the ABPMR will transition to their primary boards for maintenance of certification (MOC) in pain medicine.

Diplomates of non-cosponsoring ABMS member boards who already hold subspecialty certification in pain medicine through the ABPMR may continue to maintain such certification through the ABPMR.

Licensure—An applicant must have a current, valid, and unrestricted license to practice medicine in at least one jurisdiction in the United States, its territories, or Canada. Evidence of unrestricted licensure in the state or states in which the physician practices will be required prior to issuance of the certificate ([refer to the ABPMR Licensure Policy](#)).

Training—To fulfill the training requirements in pain medicine, applicants must

- satisfactorily complete 12 months in an ACGME–accredited pain medicine fellowship after the completion of residency, and
- be recommended for admissibility to the Pain Medicine Examination by their program director upon successful completion of the training program in pain medicine.

The applicant must complete the training program on or before August 31 of the year of the scheduled examination.

With uniformity in training achieved through common standards, it can be expected that at the completion of pain medicine training, the physician should be able to

- perform a directed history and physical examination to identify the etiology of pain medicine problems;
- document the findings, discuss the differential diagnoses, and provide a comprehensive management plan for acute or chronic pain conditions;
- integrate and coordinate the multidisciplinary assessment of psychological, rehabilitative, behavioral, and diagnostic services; and
- appreciate and assess the complex psychological and socioeconomic forces affecting both pain presentation and response to therapy.

Development of these skills is dependent on appropriate exposure. Pain medicine faculty will represent multiple ABMS disciplines, enabling training programs to provide learning and experience in a wide range of areas, including

- **anesthesia**, providing exposure to anesthetic approaches to pain medicine and the use of nerve blocks;
- **psychiatry and neurology**, providing exposure to psychiatric etiologies of pain as differentiated from physical pain, and performing a thorough neurological evaluation with appropriate neurological testing;
- **physical medicine and rehabilitation**, providing exposure to applying PM&R techniques to pain problems;
- **neurosurgery**, providing exposure to application of techniques utilized by neurosurgeons in their management of pain problems;
- **pediatrics**, providing exposure to the multidimensional nature of

children's pain experiences, the methods of pain measurement and assessment in children, and the unique factors that distinguish the pain experience of pediatric patients from that of adults;

- **cancer pain**, providing exposure to oncologic therapies, such as endocrine, chemotherapy, radiation, and immunotherapy relating to the control of painful cancer conditions in both the inpatient and outpatient settings;
- **administrative and teaching experience**, allowing opportunities to teach and supervise residents and/or medical students during their rotations in pain medicine in addition to providing exposure to day-to-day pain unit management;
- **documentation**, providing application of proper procedures relevant to a variety of forms and communications encountered for reimbursement, referral, disability, and legal purposes; and
- **research**, providing opportunity for pain-related research of a basic and/or clinical nature, culminating in publication and/or presentation in a scientific forum as well as exposure to, and an understanding of, the principles of pain research involving animals.

Pain Medicine Fellowships

Please refer to the ABPMR website for instructions on obtaining a [current listing of pain medicine fellowships](#).

Pain Medicine Examination Dates, Deadlines, and Fees

Please refer to [the ABPMR Examination Calendar](#) on the website.

Pain Medicine Examination

The Pain Medicine Examination is administered as a computer-based test consisting of 200 multiple-choice questions given in two separate sections of 100 questions each. Candidates will have two hours to complete each section of the exam. For security reasons, once candidates have exited the first section of the exam, they are not able to return to that section. There is an optional 20-minute scheduled break between the two sections. Each question on the examination is followed by four options, one of which is correct. The candidate determines the one best answer and then marks that answer.

The Pain Medicine Examination is developed by an examination committee consisting of representatives from each sponsoring board. The examination is constructed according to the [Pain Medicine Examination outline](#) available on the ABPMR website and linked in the [appendix of this booklet](#).

The American Board of Anesthesiology (ABA) administers the computer-based Pain Medicine Examination. Applicants who have been accepted for examination will receive information from the ABA, not the ABPMR, regarding the registration process and locations of the Pearson Professional Centers.

More information about the Pain Medicine Examination can be found [here](#). You may apply for the Pain Medicine Examination by logging in to your Physician Home Page.

Pain Medicine Certificate

Upon approval of the application and the candidate's successful completion of the examination, the ABPMR will grant a subspecialty certificate in pain medicine stating that the candidate has met the requirements for certification. Certificates are mailed approximately three months after notification of results. The certificate is a 10-year, time-limited certificate for which maintenance of certification (MOC) will be necessary. The certificate expires on December 31 of the tenth year of the cycle.

Maintenance of Certification in Pain Medicine

The original certificate is a 10-year, time-limited certificate for which MOC will be necessary. To participate in the Pain Medicine MOC Program, physicians must have a current, valid, and unrestricted license to practice medicine in at least one jurisdiction in the United States, its territories, or Canada. Evidence of unrestricted licensure in the state or states in which the physician practices will be required prior to issuance of the certificate ([refer to the ABPMR Licensure Policy](#)).

MOC includes achieving a passing score on the computer-based, proctored Pain Medicine Examination prior to the certificate expiration date. The examination may be taken in years 7-10 of the pain medicine MOC cycle.

If the subspecialty certificate expires, the physician has a maximum of three years to pass the subspecialty MOC Examination, meet the licensure requirement, and become recertified. After the three-year period, the physician must reapply and meet the application requirements in effect at the time of the new application (ie, complete an ACGME-accredited fellowship in pain medicine).

Beginning in 2015, ABPMR diplomates are allowed to drop PM&R primary certification and maintain only subspecialty certification. Maintaining subspecialty certification (after dropping primary) will include fulfilling Parts I, II, and IV of the primary MOC Program and passing the Pain Medicine Examination.

Refer to the FAQ (<http://www.abpmr.org/minisite>) on dropping primary for more information.

PEDIATRIC REHABILITATION MEDICINE

Introduction

Pediatric rehabilitation medicine (PRM) is the subspecialty that uses an interdisciplinary approach to address the prevention, diagnosis, treatment, and management of congenital and childhood-onset physical impairments including related or secondary medical, physical, functional, psychosocial,

cognitive, and vocational limitations or conditions, with an understanding of the life course of disability.

Purpose of Subspecialty Certification in PRM

Rehabilitation management of children with physical impairments is a challenging service requiring the integration and identification of functional capabilities and the selection of the best rehabilitation intervention strategies with an understanding of growth, development, and the continuum of care. The ABPMR offers subspecialty certification in PRM as a distinct clinical entity in order to enhance the quality of care available to individuals with pediatric rehabilitation needs and their families through training a cadre of highly expert clinicians, teachers, and investigators to

- provide a high level of care for patients with congenital and childhood-onset disabilities requiring psychiatric services and their families, in hospital and outpatient settings, over the continuum of the enabling-disabling process;
- offer an educational environment in which a concentrated experience in the care of patients with pediatric-onset disabilities requiring rehabilitation services may be gained by medical students, residents, fellows, and others, with the active participation of the pediatric rehabilitation physician staff;
- participate in research for the advancement of the clinical science of PRM, to strengthen the science and field of study; and
- provide staff specialists with PRM skills for coordination and responsibility of activities such as quality assurance, meeting regulatory standards (eg, Commission on Accreditation of Rehabilitation Facilities [CARF]), participation in pediatric rehabilitation medicine-related committees, facilities planning, policy making, and standard setting.

PRM is a distinct clinical entity that provides rehabilitation medicine management for children with physical impairments. This requires

- knowledge of the enabling/disabling process (the interrelationships of pathology, impairment, functional ability, and social participation);
- an understanding of the significant psychosocial, advocacy, and rehabilitation knowledge, skills, and attitudes required in serving this population; and
- an appreciation of pediatric diagnoses, conditions, and disabilities.

Therefore, PRM is not necessarily a disease-based specialty. The influence of growth and development on the determination of medical and rehabilitation goals and interventions separates this entity from general PM&R. The knowledge of new-onset, evolving, and lifelong disabilities and the enabling/disabling process gained from general PM&R enhances pediatric psychiatrists' abilities to manage children with disabilities through a lifetime; this knowledge base is not a focus of general pediatric training.

PRM Subspecialty Requirements

ABPMR Certification—All applicants for subspecialty certification in PRM must be current ABPMR diplomates in good standing.

Licensure—An applicant must have a current, valid, and unrestricted license to practice medicine in at least one jurisdiction in the United States, its territories, or Canada. Evidence of unrestricted licensure in the state or states in which the physician practices will be required prior to issuance of the certificate ([refer to the ABPMR Licensure Policy](#)).

Training—To fulfill the training requirements in PRM, applicants must satisfactorily complete

- two years of an ACGME–accredited PRM fellowship after PM&R residency, **or**
- a PM&R/pediatrics combined training program, **or**
- ACGME–accredited training in both PM&R and pediatrics, and have had at least six months of pediatric rehabilitation training.

In addition to one of the above, applicants must also be

- evaluated annually by their program director (the program director must submit the completed online evaluation directly to the ABPMR), **and**
- recommended for admissibility to the PRM Examination by the fellowship program director upon successful completion of the training program in PRM.

The applicant must complete the training program on or before the August 31 that precedes the scheduled examination date.

PRM Fellowships

Please refer to the ABPMR website for instructions on obtaining a [current listing of pediatric rehabilitation medicine fellowships](#).

PRM Examination Dates, Deadlines, and Fees

Please refer to [the ABPMR Examination Calendar](#) on the website.

PRM Examination

The PRM Examination is administered as a computer-based test consisting of 300 multiple-choice questions divided into morning and afternoon sections of 150 questions each. Each question on the examination is followed by four options, one of which is correct. The candidate determines the one best answer and then marks that answer.

The PRM Examination is developed by an ABPMR examination committee consisting of experts in the field. The examination is constructed according to the [PRM Examination outline](#) available on the ABPMR website and linked in the [appendix of this booklet](#).

Applicants who have been accepted for examination will receive information from the ABPMR regarding the registration process and locations of the Pearson Professional Centers.

More information about the PRM Examination can be found [here](#). You may apply for the PRM Examination by logging in to your Physician Home Page.

PRM Certificate

Upon approval of the application and the candidate's successful completion of the examination, the ABPMR will grant a subspecialty certificate in pediatric rehabilitation medicine stating that the candidate has met the requirements for certification. Certificates are mailed approximately three months after notification of results. The certificate is a 10-year, time-limited certificate for which maintenance of certification (MOC) will be necessary. The certificate expires on December 31 of the tenth year of the cycle.

Maintenance of Certification in PRM

The original certificate is a 10-year, time-limited certificate for which MOC will be necessary. To participate in the MOC Program, physicians must have a current, valid, and unrestricted license to practice medicine in at least one jurisdiction in the United States, its territories, or Canada. Evidence of unrestricted licensure in the state or states in which the physician practices will be required prior to issuance of the certificate ([refer to the ABPMR Licensure Policy](#)).

MOC includes achieving a passing score on the computer-based, proctored PRM Examination prior to the certificate expiration date. The examination may be taken in years 7-10 of the MOC cycle.

If the subspecialty certificate expires, the physician has a maximum of three years to pass the subspecialty MOC Examination, meet the licensure requirement, and become recertified. After the three-year period, the physician must reapply and meet the application requirements in effect at the time of the new application (ie, complete an ACGME-accredited fellowship in PRM).

ABPMR diplomates may drop PM&R primary certification and maintain only subspecialty certification. Maintaining subspecialty certification (after dropping primary) will include fulfilling Parts I, II, and IV of the primary MOC Program and passing the PRM Examination.

Refer to the FAQ (<http://www.abpmr.org/minisite>) on dropping primary for more information.

SPORTS MEDICINE

Introduction

The ABPMR received approval from the ABMS to grant subspecialty certification in sports medicine in September 2006. The ABPMR joins the American Board of Family Medicine (ABFM), the American Board of

Emergency Medicine (ABEM), the American Board of Internal Medicine (ABIM), and the American Board of Pediatrics (ABP) as a cosponsor of subspecialty certification in sports medicine.

The ABFM is responsible for examination development, administration, scoring, and analysis. The ABPMR will credential and issue the subspecialty certificates for ABPMR diplomates.

Sports medicine is a clinical subspecialty that is concerned with physical fitness and the diagnosis and treatment of injuries sustained in sports activities.

Purpose of Subspecialty Certification in Sports Medicine

The ABPMR offers subspecialty certification in sports medicine as a distinct clinical entity in order to improve the quality of care of individuals engaged in physical exercise (sports). The subspecialty certification will identify physiatrists who, through education and experience, have acquired a special proficiency in sports medicine. Faculty, administrators, and fellows who participate in the ACGME–accredited sports medicine fellowships will have a consistent method of evaluating the knowledge and performance of graduates from these programs.

Training board certified physiatrists in sports medicine will help to meet the demand for teaching in residency training programs and/or continuing medical education in sports medicine for physiatrists, as well as enhance sports medicine practice within the practice of physical medicine and rehabilitation.

Sports Medicine Subspecialty Requirements

ABPMR Certification—All applicants for subspecialty certification in sports medicine must be current ABPMR diplomates in good standing.

Licensure—An applicant must have a current, valid, and unrestricted license to practice medicine in at least one jurisdiction in the United States, its territories, or Canada. Evidence of unrestricted licensure in the state or states in which the physician practices will be required prior to issuance of the certificate ([refer to the ABPMR Licensure Policy](#)).

Training—To fulfill the training requirements in sports medicine, applicants must

- satisfactorily complete 12 months of training in an ACGME–accredited sports medicine program affiliated with an ACGME–accredited residency program in family medicine, emergency medicine, internal medicine, pediatrics, or physical medicine and rehabilitation, after the completion of residency, and
- be recommended for admissibility to the Sports Medicine Examination by the fellowship program director upon successful completion of the training program in sports medicine.

In order to apply for the summer examination, training requirements must be completed on or before July 31. Candidates who will complete training after the July 31 deadline, but before November 30 of the exam year, will apply in the second application window in order to take the examination in November.

Sports Medicine Fellowships

Please refer to the ABPMR website for instructions on obtaining a [current listing of sports medicine fellowships](#).

Sports Medicine Examination Dates, Deadlines, and Fees

Please refer to [the ABPMR Examination Calendar](#) on the website.

Sports Medicine Examination

The Sports Medicine Examination is administered as a computer-based test consisting of 200 multiple-choice questions given in two, 2-hour sessions with a scheduled, optional 15-minute break. Each question on the examination is followed by four options, one of which is correct. The candidate determines the one best answer and then marks that answer.

The Sports Medicine Examination is developed by an examination committee consisting of representatives from each sponsoring board. The examination is constructed according to the [Sports Medicine Examination outline](#) available on the ABPMR website and linked in the [appendix of this booklet](#).

The American Board of Family Medicine (ABFM) administers the computer-based Sports Medicine Examination. Applicants who have been accepted for examination will receive information from the ABFM, not the ABPMR, regarding the registration process and locations of the Prometric Testing Centers.

More information about the Sports Medicine Examination can be found [here](#). You may apply for the Sports Medicine Examination by logging in to your Physician Home Page.

Sports Medicine Certificate

Upon approval of the application and the candidate's successful completion of the examination, the ABPMR will grant a subspecialty certificate in sports medicine stating that the candidate has met the requirements for certification. Certificates are mailed approximately three months after notification of results. The certificate is a 10-year, time-limited certificate for which maintenance of certification (MOC) will be necessary. The certificate expires on December 31 of the tenth year of the cycle.

Maintenance of Certification in Sports Medicine

The original certificate is a 10-year, time-limited certificate for which MOC will be necessary. To participate in the Sports Medicine MOC Program, physicians must have a current, valid, and unrestricted license to practice medicine in at least one jurisdiction in the United States, its territories, or Canada. Evidence of unrestricted licensure in the state or states in which the

physician practices will be required prior to issuance of the certificate ([refer to the ABPMR Licensure Policy](#)).

MOC includes achieving a passing score on the computer-based, proctored Sports Medicine Examination prior to the certificate expiration date. The examination may be taken in years 7-10 of the sports medicine MOC cycle.

If the subspecialty certificate expires, the physician has a maximum of three years to pass the subspecialty MOC Examination, meet the licensure requirement, and become recertified. After the three-year period, the physician must reapply and meet the application requirements in effect at the time of the new application (ie, complete an ACGME–accredited fellowship in sports medicine).

Beginning in 2015, ABPMR diplomates are allowed to drop PM&R primary certification and maintain only subspecialty certification. Maintaining subspecialty certification (after dropping primary) will include fulfilling Parts I, II, and IV of the primary MOC Program and passing the Sports Medicine Examination.

Refer to the FAQ (<http://www.abpmr.org/minisite>) on dropping primary for more information.

NEUROMUSCULAR MEDICINE

Introduction

In September 2005, the American Board of Medical Specialties (ABMS) approved a joint application by the American Board of Psychiatry and Neurology (ABPN) and the ABPMR to develop subspecialty certification in neuromuscular medicine.

The ABPN is responsible for examination development, administration, scoring, and analysis. The ABPMR will credential and issue the subspecialty certificates for ABPMR diplomates.

Neuromuscular medicine is a subdiscipline of neurology and physical medicine and rehabilitation that includes abnormalities of the motor neuron, nerve root, peripheral nerves, neuromuscular junction, and muscle, including disorders that affect adults and children.

Purpose of Subspecialty Certification in Neuromuscular Medicine

The ABPMR offers subspecialty certification in neuromuscular medicine as a distinct clinical entity in order to improve clinical care and assessment of patients with neuromuscular disease, including diagnostic evaluation, treatment, management, and counseling.

The subspecialty certification will identify physiatrists who, by virtue of specialized education, demonstration of qualifications, and experience, are recognized as specialists in neuromuscular medicine.

Neuromuscular Medicine Subspecialty Requirements

ABPMR Certification—All applicants for subspecialty certification in neuromuscular medicine must be current ABPMR diplomates in good standing.

Licensure—An applicant must have a current, valid, and unrestricted license to practice medicine in at least one jurisdiction in the United States, its territories, or Canada. Evidence of unrestricted licensure in the state or states in which the physician practices will be required prior to issuance of the certificate ([refer to the ABPMR Licensure Policy](#)).

Training—To fulfill the training requirements in neuromuscular medicine, applicants must

- satisfactorily complete 12 months in an ACGME–accredited neuromuscular medicine fellowship after the completion of residency. At least six months must be spent in clinical care of patients with neuromuscular disorders. The remaining six months of the fellowship will be flexible and may be spent performing research or studying related fields such as medical genetics, muscle pathology, or electrodiagnostic medicine.
- be recommended for admissibility to the Neuromuscular Medicine Examination by the fellowship program director upon successful completion of the training program in neuromuscular medicine.

The applicant must complete the training program on or before August 31 of the year of the scheduled examination.

Neuromuscular Medicine Fellowships

Please refer to the ABPMR website for instructions on obtaining a [current listing of neuromuscular medicine fellowships](#).

Neuromuscular Medicine Examination Dates, Deadlines, and Fees

Please refer to [the ABPMR Examination Calendar](#) on the website.

Neuromuscular Medicine Examination

The Neuromuscular Medicine Examination, offered every other year, is administered as a computer-based test consisting of 200 multiple-choice questions given in one four-hour session. The candidate is examined at a level beyond the training and knowledge expected of a general neurologist, child neurologist, or specialist in physical medicine and rehabilitation.

The Neuromuscular Medicine Examination is developed by an examination committee consisting of representatives from both sponsoring boards. The examination is constructed according to the [Neuromuscular Medicine Examination outline](#) available on the ABPMR website and linked in the [appendix of this booklet](#).

The American Board of Psychiatry and Neurology (ABPN) administers the computer-based Neuromuscular Medicine Examination. Applicants who have been accepted for the examination will receive information from the

ABPN, not the ABPMR, regarding the registration process and the locations of the Pearson Professional Centers.

More information about the Neuromuscular Medicine Examination can be found [here](#). You may apply for the Neuromuscular Medicine Examination by logging in to your Physician Home Page.

Neuromuscular Medicine Certificate

Upon approval of the application and the candidate's successful completion of the examination, the ABPMR will grant a subspecialty certificate in neuromuscular medicine stating that the candidate has met the requirements for certification. Certificates are mailed approximately three months after notification of results. The certificate is a 10-year, time-limited certificate for which maintenance of certification (MOC) will be necessary. The certificate expires on December 31 of the tenth year of the cycle.

Maintenance of Certification in Neuromuscular Medicine

The original certificate is a 10-year, time-limited certificate for which MOC will be necessary. To participate in the Neuromuscular Medicine MOC Program, physicians must have a current, valid, and unrestricted license to practice medicine in at least one jurisdiction in the United States, its territories, or Canada. Evidence of unrestricted licensure in the state or states in which the physician practices will be required prior to issuance of the certificate ([refer to the ABPMR Licensure Policy](#)).

MOC includes achieving a passing score on the computer-based, proctored Neuromuscular Medicine Examination prior to the certificate expiration date. The examination may be taken in years 7-10 of the neuromuscular medicine MOC cycle.

If the subspecialty certificate expires, the physician has a maximum of three years to pass the subspecialty MOC Examination, meet the licensure requirement, and become recertified. After the three-year period, the physician must reapply and meet the application requirements in effect at the time of the new application (ie, complete an ACGME-accredited fellowship in neuromuscular medicine).

Beginning in 2015, ABPMR diplomates are allowed to drop PM&R primary certification and maintain only subspecialty certification. Maintaining subspecialty certification (after dropping primary) will include fulfilling Parts I, II, and IV of the primary MOC Program and passing the Neuromuscular Medicine Examination.

Refer to the FAQ (<http://www.abpmr.org/minisite>) on dropping primary for more information.

HOSPICE AND PALLIATIVE MEDICINE

Introduction

On October 6, 2006, the American Board of Medical Specialties (ABMS) announced the addition of a new subspecialty certification in hospice and palliative medicine (HPM). The ABPMR joins the American Board of Anesthesiology (ABA), the American Board of Emergency Medicine (ABEM), the American Board of Family Medicine (ABFM), the American Board of Internal Medicine (ABIM), the American Board of Obstetrics and Gynecology (ABOG), the American Board of Pediatrics (ABP), the American Board of Psychiatry and Neurology (ABPN), the American Board of Radiology (ABR), and the American Board of Surgery (ABS) as a cosponsor of the subspecialty certification in HPM.

The ABIM is responsible for examination development, administration, scoring, and analysis. The ABPMR will credential and issue the subspecialty certificates for ABPMR diplomates.

HPM is concerned with the comprehensive care of patients with life-limiting illness including the relief of distressing symptoms and ethical decision making in end-of-life care.

Purpose of Subspecialty Certification in HPM

The field of HPM is based on expanding the scientific knowledge about symptom control when a cure is not possible. The subspecialty of HPM has been established in order to recognize excellence among physicians who are specialists in the care of seriously ill and dying patients.

The major competencies of subspecialist-level HPM fall under these broad, patient-centered goals:

- relieving suffering and improving the quality of life for patients and families living with life-threatening illness
- helping patients and families cope well with loss and engage in effective grieving
- comprehensive interdisciplinary team management of the physical, psychosocial, social, and spiritual needs of patients and their families
- management of the array of challenging problems associated with end-of-life care, including the management of the immediately dying patient
- promoting closure and the possibility of growth at the end of life

A physiatrist who specializes in HPM possesses the expertise to prevent and relieve suffering experienced by patients with life-limiting illnesses. The physiatrist works with an interdisciplinary team to maximize quality of life while addressing physical, psychological, social, and spiritual needs of both the patient and the family. The demand for specialists in this area continues to increase as a result of overall longer life expectancy and effective management of acute illness in the general population.

HPM Subspecialty Requirements

ABPMR Certification—All applicants for subspecialty certification in HPM must be current ABPMR diplomates in good standing.

Licensure—An applicant must have a current, valid, and unrestricted license to practice medicine in at least one jurisdiction in the United States, its territories, or Canada. Evidence of unrestricted licensure in the state or states in which the physician practices will be required prior to issuance of the certificate ([refer to the ABPMR Licensure Policy](#)).

Training—The educational requirements in HPM can be fulfilled by satisfactory completion of 12 months in an ACGME–accredited fellowship in HPM that meets the following criteria:

- HPM fellowship training begun July 1, 2010, and after must be accredited by the Accreditation Council for Graduate Medical Education (ACGME). HPM fellowship training completed prior to July 1, 2010, must be conducted within a program affiliated with an ACGME–accredited residency or fellowship program and the training experience must be consistent with guidelines established by the ACGME.
- Documentation will be required from the training program director that the fellow’s clinical competence as a HPM consultant is satisfactory.
- The training program must occur after completing residency and must be completed on or before the August 31 that precedes the examination date.

HPM Fellowships

Please refer to the ABPMR website for instructions on obtaining a [current listing of hospice and palliative medicine fellowships](#).

HPM Examination Dates, Deadlines, and Fees

Please refer to [the ABPMR Examination Calendar](#) on the website.

HPM Medicine Examination

The HPM Examination is administered as a computer-based test consisting of 240 multiple choice questions divided into four sections of 60 questions each. The candidate will have up to two hours to complete each section. The test day may last up to 10 hours and will include a tutorial, a lunch break, and two optional breaks. The examination is offered every other year.

The HPM Examination is developed by an examination committee consisting of representatives from each sponsoring board. The examination is constructed according to the [Hospice and Palliative Medicine Examination outline](#) available on the ABPMR website and linked in the [appendix of this booklet](#).

The American Board of Internal Medicine (ABIM) administers the computer-based HPM Examination. Applicants who have been accepted for examination will receive information from the ABIM, not the ABPMR, regarding the registration process and locations of the Pearson Professional Centers.

More information about the HPM Examination can be found [here](#). You may apply for the HPM Examination by logging in to your Physician Home Page.

HPM Certificate

Upon approval of the application and the candidate's successful completion of the examination, the ABPMR will grant a subspecialty certificate in HPM stating that the candidate has met the requirements for certification. Certificates are mailed approximately three months after notification of results. The certificate is a 10-year, time-limited certificate for which maintenance of certification (MOC) will be necessary. The certificate expires on December 31 of the tenth year of the cycle.

Maintenance of Certification in HPM

The original certificate is a 10-year, time-limited certificate for which MOC will be necessary. To participate in the HPM MOC Program, physicians must have a current, valid, and unrestricted license to practice medicine in at least one jurisdiction in the United States, its territories, or Canada. Evidence of unrestricted licensure in the state or states in which the physician practices will be required prior to issuance of the certificate ([refer to the ABPMR policy regarding licensure](#)).

MOC includes achieving a passing score on the computer-based, proctored HPM Examination prior to the certificate expiration date. The examination may be taken in years 7-10 of the HPM MOC cycle.

If the subspecialty certificate expires, the physician has a maximum of three years to pass the subspecialty MOC Examination, meet the licensure requirement, and become recertified. After the three-year period, the physician must reapply and meet the application requirements in effect at the time of the new application (ie, complete an ACGME-accredited fellowship in HPM).

Beginning in 2015, ABPMR diplomates are allowed to drop PM&R primary certification and maintain only subspecialty certification. Maintaining subspecialty certification (after dropping primary) will include fulfilling Parts I, II, and IV of the primary MOC Program and passing the HPM Examination.

Refer to the FAQ (<http://www.abpmr.org/minisite>) on dropping primary for more information.

BRAIN INJURY MEDICINE

Introduction

In September 2011, the American Board of Medical Specialties (ABMS) approved the application cosponsored by the American Board of Physical Medicine and Rehabilitation (ABPMR) and the American Board of Psychiatry and Neurology (ABPN) to offer subspecialty certification in brain injury medicine (BIM).

BIM includes disorders of brain function due to injury. These disorders encompass a range of medical, physical, cognitive, sensory, and behavioral disorders that result in psychosocial, educational, and vocational consequences. A specialist in BIM should also have special expertise in the treatment and management of other central nervous system insults (eg, encephalopathies, anoxia) with similar neuron-cognitive presentations.

Purpose of Subspecialty Certification in BIM

The ABPMR offers subspecialty certification in BIM in order to enhance the quality of care available to individuals, aged 15 and older, with brain injuries. Certification in BIM recognizes those physicians who, through education and examination in BIM, have documented competence to provide a high level of care for patients with acquired brain injury and their families in hospital and post-acute settings and over the continuum of care to facilitate the process of recovery and improve medical and functional outcomes. The establishment of the recognized subspecialty in BIM:

- provides core competency standards of training for the evaluation and non surgical treatment of patients with brain injuries
- provides physicians with BIM administrative skills for activities such as program development, quality assurance, facilities planning, and standards setting
- promotes and strengthens research for the advancement of the clinical science of BIM, including prevention, treatment, restoration of function, and outcomes research
- increases the number of expert clinicians, teachers, and investigators dedicated to the care of survivors of brain injury
- improves education in BIM for residents in psychiatry, neurology, child neurology, and psychiatry; residents in other training programs; medical students; practicing physicians; and other medical personnel
- generates academic interest in the field of BIM in the psychiatric and neurological professional societies

BIM Subspecialty Requirements

Certification—All applicants for subspecialty certification in brain injury medicine must maintain certification by the ABPMR; certification by the ABPN in neurology, neurology with special qualification in child neurology, or psychiatry; or subspecialty certification in sports medicine through

the American Board of Internal Medicine (ABIM), the American Board of Family Medicine (ABFM), the American Board of Pediatrics (ABP), or the American Board of Emergency Medicine (ABEM).

Licensure—An applicant must have a current, valid, and unrestricted license to practice medicine in at least one jurisdiction in the United States, its territories, or Canada. Evidence of unrestricted licensure in the state or states in which the physician practices will be required prior to issuance of the certificate ([refer to the ABPMR Licensure Policy](#)).

Training

Through the 2018 administration of the BIM Examination, applicants must fulfill one of the following temporary criteria:

- successful completion of 12 months of an ACGME–accredited BIM fellowship after successful completion of residency in the primary specialty and a recommendation by the fellowship program director for admissibility to take the subspecialty BIM Examination
- successful completion of 12 months of a non-accredited BIM fellowship in a fellowship program affiliated with an ACGME–accredited PM&R, neurology, child neurology, or psychiatry residency training program and a recommendation by the fellowship program director for admissibility to take the subspecialty BIM Examination
- completion of a minimum of three years’ full-time practice experience (within the last five years) of which 25% of professional time is specifically devoted to BIM (beyond completion of residency in the primary specialty); practice should be adequately broad to reasonably reflect the full scope of BIM

Following the 2018 administration of the BIM Examination, applicants must fulfill the following criteria:

- successful completion of 12 months of an ACGME–accredited BIM fellowship after successful completion of residency in the primary specialty and a recommendation by the fellowship program director for admissibility to take the subspecialty BIM Examination

The applicant must complete the training program on or before August 31 of the year of the scheduled examination.

BIM Fellowships

Please refer to the ABPMR website for instructions on obtaining a [current listing of brain injury medicine fellowships](#).

BIM Examination Dates, Deadlines, and Fees

Please refer to [the ABPMR Examination Calendar](#) on the website. The BIM Examination will be offered every other year beginning in October 2014.

BIM Examination

The BIM Examination is administered as a computer-based test consisting of

280 multiple-choice questions divided into morning and afternoon sections of 140 questions each. Each question on the examination is followed by four options, one of which is correct. The candidate determines the one best answer and then marks that answer.

The BIM Examination is developed by an examination committee consisting of representatives from both the ABPMR and the ABPN. The examination is constructed according to the [BIM Examination outline](#) which is available on the ABPMR website and linked in the [appendix of this booklet](#).

Please note: the BIM Examination content is related to patients aged 15 and older.

Diplomates from the ABPMR and ABPN must apply for subspecialty certification in BIM through their primary specialty board. Diplomates with subspecialty certification in sports medicine through the American Board of Internal Medicine (ABIM), the American Board of Family Medicine (ABFM), the American Board of Pediatrics (ABP), or the American Board of Emergency Medicine (ABEM) may apply to the ABPMR for admission to the BIM certifying process.

More information about the BIM Examination can be found [here](#). You may apply for the BIM Examination by logging in to your Physician Home Page.

BIM Certificate

Upon approval of the application and the candidate's successful completion of the examination, the ABPMR will grant a subspecialty certificate in BIM stating that the candidate has met the requirements for certification. Certificates are mailed approximately three months after notification of results. The certificate is a 10-year, time-limited certificate for which maintenance of certification (MOC) will be necessary. The certificate expires on December 31 of the tenth year of the cycle.

Maintenance of Certification in BIM

The original certificate is a 10-year, time-limited certificate for which MOC will be necessary. To participate in the BIM MOC Program, physicians must have a current, valid, and unrestricted license to practice medicine in at least one jurisdiction in the United States, its territories, or Canada. Evidence of unrestricted licensure in the state or states in which the physician practices will be required prior to issuance of the certificate ([refer to the ABPMR Licensure Policy](#)).

MOC includes achieving a passing score on the computer-based, proctored BIM Examination prior to the certificate expiration date. The examination may be taken in years 7-10 of the BIM MOC cycle.

If the subspecialty certificate expires, the physician has a maximum of three years to pass the subspecialty MOC Examination, meet the licensure requirement, and become recertified. After the three-year period, the physician must reapply and meet the application requirements in effect at the time of the new application (ie, complete an ACGME-accredited fellowship in BIM).

Beginning in 2015, ABPMR diplomates are allowed to drop PM&R primary certification and maintain only subspecialty certification. Maintaining subspecialty certification (after dropping primary) will include fulfilling Parts I, II, and IV of the primary MOC Program and passing the BIM Examination.

Refer to the FAQ (<http://www.abpmr.org/minisite>) on dropping primary for more information.

ACCOMMODATIONS FOR PERSONS WITH DISABILITIES

The ABPMR supports the Americans with Disabilities Act (ADA) and makes reasonable accommodations in examination procedures for individuals with documented disabilities. Applicants with disabilities may request modifications in the administration of any examination. The ABPMR will grant such requests unless the modifications would place undue burden on the ABPMR or would fundamentally alter the measurement of the knowledge and skills that the examination is intended to assess.

Applicants considering the need for modifications should refer to the [ABPMR Requesting Accommodations under the ADA Policy](#), as well as the [ABPMR Application for Accommodations](#).

History and Organization

In 1936, the late Dr Louis B Wilson, then President of the Advisory Board for Medical Specialties, first proposed that “it was about time for the establishment of a certifying board in the special field of physical medicine.” With impetus from World War II, there was progressive recognition of the concepts and need for more specialized and effective PM&R services and for educational and training opportunities both in military and civilian medical facilities.

In 1940, there were only five accredited residencies; the number increased rapidly during the 1940’s. From 1936 until the board was finally established, there was a progressive program for the development of an acceptable plan for organization of an American Board of Physical Medicine. On January 27, 1947, a plan of organization was submitted to the Advisory Board for Medical Specialties and was approved.

The 11 original members of the American Board of Physical Medicine were:

- Dr Kristian G Hansson, New York City NY; Dr Richard Kovacs, New York City NY; and Dr Walter J Zeiter, Cleveland OH, representing the Society of Physical Therapy Physicians (now the American Academy of Physical Medicine and Rehabilitation).
- Dr John S Coulter, Chicago IL; Dr Frank H Krusen, Rochester MN;

and Dr Arthur L Watkins, Boston MA, representing the American Medical Association.

- Dr O Leonard Huddleston, Los Angeles CA; Dr Benjamin A Strickland Jr, Washington DC; and Dr William H Schmidt, Philadelphia PA, representing the American Congress of Physical Medicine (now the American Congress of Rehabilitation Medicine).
- Dr Robert L Bennett, Warm Springs GA and Dr Frank H Ewerhardt, St Louis MO, representing the Section of Physical Medicine of the Southern Medical Association.

The board was incorporated in the State of Illinois, February 27, 1947. The first meeting was held in Atlantic City NJ on June 6, 1947. The officers of the board elected at this meeting were Dr Frank H Krusen, Chairman; Dr Benjamin A Strickland Jr, Vice Chairman; Dr Robert L Bennett, Secretary-Treasurer. The American Board of Physical Medicine was organized under the auspices of the Advisory Board for Medical Specialties as an affiliated board functioning under the direction of the Committee on Standards and Examinations of the Advisory Board for Medical Specialties.

After two years it became an independent board with full representation on the Advisory Board for Medical Specialties, and was approved by the Council on Medical Education and Hospitals (now known as the Council on Medical Education) of the American Medical Association. The American Board of Physical Medicine held its first examinations in September 1947. In June 1949, the American Board of Physical Medicine became the American Board of Physical Medicine and Rehabilitation with the approval of the Advisory Board for Medical Specialties (now known as the American Board of Medical Specialties).

For a time, nominees to the board were from the Southern Medical Association, but this practice was discontinued in September 1949. Thus, four members were from a list of nominees submitted by the American Academy of Physical Medicine and Rehabilitation, four were from the American Congress of Rehabilitation Medicine, and three were from the Section on Physical Medicine and Rehabilitation of the American Medical Association. Beginning in 1961, the executive director was designated a member-at-large, nominated by the ABPMR.

In 1974, the American Congress of Rehabilitation Medicine discontinued submitting nominees to the ABPMR; the Association of Academic Physiatrists (AAP) was requested to submit nominees for two positions; thus, the board consisted of 11 members. In 1993, the ABPMR increased the number of its directors to 13; the current total of 14 was established in 1996. Directors are now nominated by the AAPM&R, the AAP, and the ABPMR. The ABPMR's Illinois incorporation was dissolved in 1979 and Minnesota incorporation was initiated according to the provisions of the Minnesota Nonprofit Corporation Act.

In Appreciation

CHAIRS OF THE BOARD

<i>Frank Krusen MD</i>	1947-1949
<i>Walter Zeiter MD</i>	1949-1953
<i>Robert Bennett MD</i>	1953-1963
<i>Frederic Kottke MD</i>	1963-1969
<i>George Koepke MD</i>	1969-1976
<i>Glenn Gullickson MD</i>	1976-1981
<i>John Ditunno MD</i>	1981-1984
<i>B Stanley Cohen MD</i>	1984-1988
<i>John L Melvin MD</i>	1988-1993
<i>Joel A DeLisa MD</i>	1993-1998
<i>Nicolas E Walsh MD</i>	1998-2005
<i>Margaret A Turk MD</i>	2005-2007
<i>Dennis J Matthews MD</i>	2007-2010
<i>Teresa L Massagli MD</i>	2010-2013
<i>Karen J Kowalske MD</i>	2013-

FORMER

DIRECTORS OF THE BOARD

<i>Robert L Bennett MD</i>	1947-1963
<i>John S Coulter MD</i>	1947-1949
<i>Frank H Krusen MD</i>	1947-1949
<i>Frank H Ewerhardt MD</i>	1947-1948
<i>Kristian G Hansson MD</i>	1947-1960
<i>O Leonard Huddleston MD</i>	1947-1960
<i>Richard I Kovacs MD</i>	1947-1950
<i>William H Schmidt MD</i>	1947-1964
<i>Benjamin A Strickland Jr MD</i>	1947-1950
<i>Arthur L Watkins MD</i>	1947-1958
<i>Walter J Zeiter MD</i>	1947-1955
<i>Earl C Elkins MD</i>	1949-1977
<i>ABC Knudson MD</i>	1949-1966
<i>William Bierman MD</i>	1950-1956
<i>Donald A Covalt MD</i>	1951-1962
<i>Walter M Solomon MD</i>	1951-1954
<i>Frederic J Kottke MD PhD</i>	1955-1969
<i>H Worley Kendell MD</i>	1956-1965
<i>Donald L Rose MD</i>	1956-1967
<i>Arthur S Abramson MD</i>	1957-1968
<i>Thomas F Hines MD</i>	1959-1964
<i>Justus F Lehmann MD</i>	1961-1972
<i>Edward W Lowman MD</i>	1962-1972
<i>Joseph G Benton MD</i>	1965-1976
<i>Edward M Krusen Jr MD</i>	1965-1976
<i>George H Koepke MD</i>	1965-1976
<i>Alfred Ebel MD</i>	1966-1978

<i>Jerome W Gersten MD</i>	1966-1977
<i>Edward E Gordon MD</i>	1968-1970
<i>Glenn Gullickson Jr MD PhD</i>	1969-1981
<i>Thomas C Hohmann MD</i>	1969-1974
<i>Leonard D Policoff MD</i>	1970-1980
<i>John F Ditunno Jr MD</i>	1972-1984
<i>Arthur A Rodriguez MD</i>	1972-1980
<i>Murray M Freed MD</i>	1974-1987
<i>B Stanley Cohen MD</i>	1976-1988
<i>Victor Cummings MD</i>	1976-1988
<i>Arthur E Grant MD</i>	1976-1988
<i>Gordon M Martin MD</i>	1977-1992
<i>Donald H See MD</i>	1981-1987
<i>John WB Redford MD</i>	1977-1989
<i>Catherine N Hinterbuchner MD</i>	1978-1990
<i>Barbara J de Lateur MD</i>	1981-1993
<i>John L Melvin MD</i>	1981-1993
<i>Joachim L Opitz MD</i>	1992-1995
<i>Phala A Helm MD</i>	1984-1996
<i>James R Swenson MD</i>	1989-1997
<i>Robert P Christopher MD</i>	1987-1999
<i>Malcolm C McPhee MD</i>	1987-1999
<i>Joel A DeLisa MD MS</i>	1988-2000
<i>Bruce M Gans MD</i>	1988-2000
<i>F Patrick Maloney MD</i>	1988-2000
<i>William E Staas Jr MD</i>	1995-2001
<i>Joseph Honet MD</i>	1990-2002
<i>Daniel Dumitru MD</i>	2000-2002
<i>Murray E Brandstater MBBS PhD</i>	1992-2004
<i>Nicolas E Walsh MD</i>	1993-2006
<i>Margaret C Hammond MD</i>	1993-2006
<i>Gerald Felsenthal MD</i>	1993-2006
<i>Steven F Noll MD</i>	1996-2008
<i>Margaret A Turk MD</i>	1996-2008
<i>Jay V Subbarao MD MS</i>	1997-2009
<i>David D Kilmer MD</i>	2005-2009
<i>Carolyn L Kinney MD</i>	1999-2011
<i>Barry S Smith MD</i>	1999-2011
<i>Steve R. Geringer MD</i>	2000-2012
<i>Dennis J Matthews MD</i>	2000-2012
<i>William L Bockenek MD</i>	2001-2013
<i>Robert W DePompolo MD</i>	2002-2014
<i>Teresa L Massagli MD</i>	2002-2014

EMERITUS

DIRECTORS OF THE BOARD

<i>Joel A DeLisa MD MS</i>	2000-2002
	2004-2010
<i>Barry S Smith MD</i>	2011 - present

Deceased indicated by italics

Appendix A

ABPMR POLICIES

Click on the link to view the complete ABPMR policy

[Appeals](#)

[Clinical Activity Re-Entry](#)

[Clinical Activity Status](#)

[Diplomates with Lifetime Certificates Participation in MOC](#)

[Disciplinary/Sanctions](#)

[Examination Irregularity Policy, Nondisclosure Policy, and Cooperation Agreement](#)

[Licensure](#)

[MOC Activity Reciprocity](#)

[MOC Continuous Participation](#)

[MOC Reinstatement](#)

[Requesting Accommodations under ADA and Application for Accommodations Form](#)

[Revocation or Suspension of Certificate](#)

Appendix B

EXAMINATION OUTLINES

- [Part I Examination Outline](#)
- [Part II Examination Outline](#)
- [Maintenance of Certification Examination Outline](#)

SUBSPECIALTY EXAMINATION OUTLINES

- [Brain Injury Medicine Examination Outline](#)
- [Hospice and Palliative Medicine Examination Outline](#)
- [Neuromuscular Medicine Examination Outline](#)
- [Pain Medicine Examination Outline](#)
- [Pediatric Rehabilitation Medicine Examination Outline](#)
- [Spinal Cord Injury Medicine Examination Outline](#)
- [Sports Medicine Examination Outline](#)

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