General Examination Information

The following subject areas are tested to determine Board Qualified or Board Certified status, along with their approximate proportional representation in the qualification examination. Categories may include imaging, laboratory (including gait studies), pharmacology and special considerations in pediatric and geriatric patients. Both local and systemic manifestations of relevant podiatric pathology are assessed.

I) Podiatric Orthopedics (50%):

- Anesthesia
- General surgery and subspecialties
- Medical imaging
- Pain management
- Pathomechanics
- Physical medicine and rehab
- Podiatric surgery
- Podiatric trauma and sports medicine
- Podopediatrics

II) Podiatric Medicine (50%):

- Cardiology / Pulmonology
- Dermatology
- Emergency Medicine
- Endocrine
- Gastroenterology
- Hematology / Oncology
- Infectious Disease
- Nephrology / Urology
- Neurology
- Pathology
- Public Health
- Rheumatology
- Vascular Diagnostics and Management
- Wound Care

The Qualification Examination is primarily designed to assess a candidate's breadth of knowledge. The qualification examination consists of 200 multiple-choice questions. Each question is followed by four or more responses, of which there is a single best response available.

Key words in the question stem, such as most, least, only, or except are highlighted to facilitate comprehension. There are no questions with responses such as: all of the above; none of the above; or combined responses, e.g. A and C.

The Certification Examination consists of a variety of separate clinical scenarios that need to be worked through by the candidate. The clinical scenarios and related questions may involve any of the areas listed in the subjects listed above. Candidates are provided with patient and clinical information from which to work through the case. Each segment of the question is assigned specific scoring criteria. Separate credit may be received for completing an appropriate history and physical examination, requesting appropriate additional laboratory and/or imaging studies, making the proper diagnosis, determining the appropriate treatment plan, etc. The particular scoring requirements of each case vary based on the presented information.

Below is information is a list of suggested readings, grouped by subject(s). The reading list provided is not intended to be comprehensive. Individuals are advised to refer to additional literature for the most current information on a subject.
**Suggested Readings:**
Below is a suggested reading list provided by ABPM. This may be used as a study guide and is in no way intended to be inclusive.

**Pathomechanics**

*Kinesiology of the Musculoskeletal System: Foundations of Physical Rehabilitation ed 2,*
Neumann, Donald A.,

*Clinical Biomechanics of the Lower Extremities,*
Valmassy, Ronald,
St. Louis: Mosby, 1996.

*Lower Extremity Biomechanics, Theory and Practice Volume 1,*
Albert, Stephen,

*Recent Advances in Orthotic Therapy, Lower Extremity Review,*
Scherer, Paul,
LLC, 2011.

*Review Text in Podiatric Orthopedics and Primary Podiatric Medicine, 2nd ed,*
Edwards AA, Walter J, Goss L,
Bethesda: American College of Foot and Ankle Orthopedics and Medicine, 2005

*The Foot: Biomechanics, Pathomechanics, and Kinetics: Planning of Podiatric Orthotic Devices, and the Mathematical Approach to Osteotomies of the First Ray,* Editor Stephen Barrett,
Paolo Ronconi MD, S. Ronconi,

*Biomechanics of the Foot and Ankle,*
Robert Donatelli PT PhD,
F A Davis Co, October 15, 1995.

*Foot Function: A Programmed Text,*
Michael Seibel DO,
Williams & Wilkins, October 1988.

*Normal and Abnormal Function of the Foot,*
Merton Root DPM, John H. Weed, William P. Orien,

*Foot and Ankle, 2nd Edition,*
David Thordarson MD, Paul Tornetta, Thomas A. Einhorn,
Lippincott Williams & Wilkins, 03/01/2004.

*Human Locomotion: The Conservative Management of Gait Related Disorders,*
Thomas Michaud DC,

*Gait Analysis: Normal and Pathological Function,*
Jacquelin Perry MD, Judith Burnfield PhD PT,

*The Foot: Examination and Diagnosis, 2nd Edition,*
Ian Alexander MD,
Elsevier Health Sciences Publication, 01/28/1997.
Internal Medicine and Medical Subspecialties

Chronic hepatitis B.
Lok AS, McMahon BJ.
Hepatology. 2007;45(2):507

Round, pitting lesions on the lower leg. Necrobiosis lipoidica.
Shalhoop H.
JAAPA. 2010;23:14


Prognostic laboratory markers of joint damage in rheumatoid arthritis.
Lindqvist E, et al.
Ann Rheum Dis 2005; 64: 196

Clinical practice. Lichen planus.
Le Cleach L, Chosidow O.

American College of Cardiology/American Heart Association Task Force. 2008 Focused update incorporated into the ACC/AHA 2006 guidelines for the management of patients with valvular heart disease
Bonow RO, Carabello BA, et al.

Harrison’s Principles of Internal Medicine, 18e.

Foster, Corey.

Standards of Medical Care in Diabetes 2015 Diabetes Care 38, S5, 2015.


Antithrombotic therapy for VTE disease: chest guideline and expert panel report.
Kearon C, Akl EA, Ornelas J, et al.
Chest 149, 315, 2016.

Wound Care

Hingorani A1, LaMuraglia GM2, et al.

IWGDF Guidance on footwear and offloading interventions to prevent and heal foot ulcers in patients with diabetes S. A. Bus1 ; D. G. Armstrong2, et al.
IWGDF Guidance on footwear and offloading interventions to prevent and heal foot ulcers in patients with diabetes © 2015

J. Vasc. Surg., 2014

Diagnostic approach to patients with suspected vasculitis
Suresh E
BSR and BHPR guideline for the management of adults with ANCA-associated vasculitis
Rheumatology, 2014

Venous leg ulcers: Pathophysiology and Classification
Vasudevan B
Indian Dermatol. Online J., 2014

Executive summary: 2012 Infectious Diseases Society of America clinical practice guideline for the diagnosis and treatment of diabetic foot infections
Lipsky BA, Berendt AR, Cornia PB, Pile JC, Peters EJ, Armstrong DG et al.

A Comprehensive Review on Marjolin’s Ulcers: Diagnosis and Treatment
Pekarek B, Buck S, Osher L

Diagnosis and treatment of pyoderma gangrenosum
Brooklyn T, Dunnill G, Probert C
BMI, 2006

Prevention and Treatment of Pressure Ulcers: Quick Reference Guide
National Pressure Ulcer Advisory Panel, et al.,
Emily Haesler (Ed.). Cambridge Media: Perth, Australia; 2014.

Surgical Principles; Podiatric, General, and Surgical subspecialties

Clinical practice guidelines for antimicrobial prophylaxis in surgery

Flexible Pediatric and Adolescent Pes Planovalgus: Conservative and Surgical Treatment Options,
Blitz NM, Stabile RJ, Giorgini RJ, DiDomenico LA,

American College of Foot and Ankle Surgeons’ Clinical Consensus Statement: Perioperative Prophylactic Antibiotic Use in Clean Elective Foot Surgery,
Dayton P, DeVries JG, Landsman A, Meyr A, Schweinberger M,

Multicenter Retrospective Review of Outcomes for Arthrodesis, Hemi-Metallic Joint Implant, and Resectional Arthroplasty in the Surgical Treatment of End-Stage Hallux Rigidus,
Kim PJ, Hatch D, DiDomenico LA, Lee MS, Kaczander B, Count Gary, Kravette M, A