

Certification Requirements and Training

Introduction

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),
- ABPMR,
- 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 the 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.

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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, 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.
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.

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Acceptability of AOA–Accredited training

Through June 30, 2020, the ABPMR will recognize AOA–accredited training 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.

Due to the impact of the Single Accreditation System, the ABPMR will recognize physicians who completed at least 36 months of AOA–accredited PM&R training as eligible for certification in circumstances where ACGME accreditation was granted by the time of program completion. Program completion must have occurred July 1, 2015, and forward to coincide with the Single Accreditation System.

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](#). 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.

The ABPMR supports the Americans with Disabilities Act (ADA) and accepts all modifications to an individual’s graduate medical education training requirements that were determined to be reasonable by the training institution. Further, it is not the training institution’s responsibility to inform the ABPMR of the presence or history of accommodations. Assuming a determination of successful completion of graduate medical education training, any history of past special accommodations has no bearing on an individual’s eligibility for board certification.

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 RCPSC in related relevant specialties may receive 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.

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

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complete all 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.

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.

Absence from Training

A resident 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 resident 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 (if applicable).
3. The ABPMR will notify the resident of the registration by the program director and direct him/her to the ABPMR website.
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 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 must 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 provides a preliminary opinion regarding the candidate’s

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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 by 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. To evaluate 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

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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.

The detailed guidelines for combined training in Pediatrics and Physical Medicine and Rehabilitation are available [here](#). The application form is available [here](#) and may be returned to office@abpmr.org.

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.

Application Requirements and Fees

Part I (Computer-Based) Examination

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

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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 physician homepage 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.

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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 the examination information on the website.)

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.

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 notifications 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 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

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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 on the ABPMR website.

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 public with assurance of the continuing up-to-date knowledge of ABPMR diplomates. Please refer to the [ABPMR website](#) for details.

Subspecialty Certification

Please refer to the ABPMR website for information regarding the subspecialty examinations, including exam dates, format, deadlines, and fees.

Spinal Cord Injury (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

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- satisfactorily complete 12 months in an ACGME–accredited SCI 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

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.

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

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).

Pain Medicine

Subspecialty Requirements

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

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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 used 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;

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- **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

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.

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.

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).

Pediatric Rehabilitation Medicine (PRM)

Subspecialty Requirements

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

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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

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.

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

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).

Certification Requirements and Training

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 to take the examination in November.

Certification Requirements and Training

Sports Medicine Fellowships

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

Sports Medicine Examination

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.

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.

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).

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

Certification Requirements and Training

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

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.

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.

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).

Hospice and Palliative Medicine (HPM) Subspecialty Requirements

Certification Requirements and Training

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

As of late 2021, the ABPMR no longer offers HPM (Hospice and Palliative Medicine) as a subspecialty certification. ABPMR diplomates can still train and become certified in HPM, but will apply for certification in HPM through the [American Board of Internal Medicine \(ABIM\)](#). All HPM diplomates will certify and continue their certification in HPM through the ABIM, while still continuing their primary PM&R certification with the ABPMR.

All current ABPMR HPM diplomates will receive a new HPM certificate and details of certification requirements from the ABIM in early 2022. If you are a current or future HPM fellow in training, [apply for your HPM certification through the ABIM](#).

Since the ABPMR began offering HPM certification in 2008, 69 diplomates have been certified. The ABIM will better serve and support HPM diplomate needs by offering [Longitudinal Knowledge Assessment \(LKA\)](#) for continuing certification in this subspecialty. We still encourage ABPMR diplomates to pursue HPM certification. [Please see more details of this transition here](#).

Brain Injury Medicine (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 2022 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

Certification Requirements and Training

Following the 2022 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

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.

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.

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).