



Interventional Examination Information Bulletin

*(2009 update - to be effective for
September 3, 2009 in Budapest, Hungary and
March (date not announced) 2010 in US)*

for Certification as Fellow of Interventional Pain Practice (FIPP)

**PART II OF ABIPP
(AMERICAN BOARD OF PAIN PRACTICE)**

REVIEW Pages 10-12 for Examination Description.



Members of the Board of Examination WIP – Section of Pain Practice

Chairman (2008-2011)

Nagy Mekhail, MD, PhD, FIPP
Cleveland, Ohio USA

Co- Chair- (2008-2011)

Maarten Van Kleef, MD, FIPP
The Netherlands

Registrar of Examination

James Heavner, D.V.M, PhD, FIPP.
Lubbock, Texas USA

Timothy Deer, MD, FIPP
Charleston, West Virginia USA

Mohammad Ather, MD, FIPP
London, UK

Allen W. Burton, MD, FIPP
Houston, Teaxs USA

Alex Cahana, MD, DAAPM, FIPP
Seattle, Washington, USA

Miles Day, MD, FIPP
Lubbock Texas USA

Gabor B. Racz, MD, FIPP
Lubbock, Texas USA

Vikram Patel, MD, FIPP
Maywood, Illinois

Jan Van Zundert
Gink, Belgium
Serdar Erdine, MD, FIPP

Tul Talu, MD, FIPP
Istanbul, Turkey

Ricardo Vallejo, MD, PhD, FIPP
Bloomington, Illinois USA

Alex Sownam Yeo, MD, FIPP
Singapore

Immediate Past Examination Chairman

*Serdar Erdine, MD, FIPP
WIP President 2008-2011
Istanbul, Turkey*

Past Examination Chairman

*P. Prithvi Raj, MD, FIPP
Cincinnati, OH USA*

EXAMINERS – INTERVENTIONAL TECHNIQUES

Mert Akbas – TURKEY
Susan Anderson – USA
Mahammad Ather – UK
Ramsin Benyamin – USA
Hemmo Bosscher – USA
Mark Boswell – USA
Lora Brown – USA
Allen Burton – USA
Aaron Calodney – USA
Octavio Calvillo – USA
Kenneth Chapman – USA
A.R. Cooper- UK
Peter Courtney – AUSTRALIA

Jose Cruz-Cestero- PUERTO RICO
Gautam Das – USA
Beja Joseph Daneshfar – USA
Sukdeb Datta – USA
Miles Day - USA
Timothy Deer – USA
Richard Derby – USA
Sudhir Diwan – USA
Dennis Dobritt – USA
Elmer Dunbar – USA
Lawrence Epstein – USA
Richard Epter- USA
Serdar Erdine - TURKEY

Miron Fayngersh – USA
Philip Finch - AUSTRALIA
Juan Carlos Flores – ARGENTINA
Ira Fox- USA
Michael Frey – USA
Charles Gauci – UK
Ludger Gerdesmeyer – GERMANY
Michael Gofeld, USA
Michael Hammer- USA
Hans Hansen – USA
Jon-Paul Harmer – USA
Craig Hartrick – USA
**Samuel Hassenbusch* – USA
Salim Hayek - USA James Heavner- USA
Standiford Helm – USA
Kok-Yuen Ho, SINGAPORE
Eduardo Ibarra- PUERTO RICO
Magdi Iskander – EGYPT
Subhash Jain – USA
Benjamin Johnson – USA
Rafael Justiz – USA
Leonardo Kapural – USA
Grigory Kizelshteyn – USA
David Kloth – USA
Daniel Le – USA
Marion Lee – USA
Sang Chul Lee – SOUTH KOREA
John Loeser – USA
Leland Lou – USA
Osama Malak-- USA
Laxmaiah Manchikanti – USA
Martin Marianowicz- GERMANY
Osama Malak – USA
Laxmaiah Manchikanti – USA
Patrick McGowan – UK
Nagy Mekhail – USA
Renier Mendez – PUERTO RICO
Jeffrey Meyer - USA
John Nelson - USA
**David Niv* – ISRAEL
Carl Noe – USA
Nuri Suleyman Ozyalcin – TURKEY
Umeshraya Pai - USA
Vikram Patel – USA Carmen Pichot- SPAIN
Ricardo Plancarte – MEXICO
John Prunskis- USA
Martine Puylaert – BELGIUM
Gabor Racz - USA
Tibor Racz – USA
Prithvi Raj - USA
James Rathmell – USA

Richard Rauck – USA
Enrique Reig – SPAIN
Johnathan Richardson – UK
Jose Rodriguez – PUERTO RICO
Olav Rohof – NETHERLANDS
Ricardo Ruiz-Lopez – SPAIN
Matthew Rupert – USA
Cristy Mark Schade- USA
David Schultz – USA
Rinoo Shah – USA
Vijay Singh – USA
Menno Sluijter – SWITZERLAND
Peter Staats – USA
Michael Stanton-Hicks – USA
Milan Stojanovic - USA
Raj Sundaraj– AUSTRALIA
Alexandre Teixeira – PORTUGAL
Simon Thomson- UK
Andrea Trescot – USA
Gul Talu – TURKEY
Ricardo Vallejo- USA
Jan Van Zundert – BELGIUM
Ricardo Vallejo – USA
Kenneth Varley – USA
Judson Somerville – USA
Koen Van Boxem – BELGIUM
Maarten Van Kleef – NETHERLANDS
Giustino Varrassi – ITALY
Kris Vissers - BELGIUM
Christopher Wells – UK
Sow Nam Yeo – SINGAPORE
Way Yin – USA

* *Deceased*



In order to be eligible for the Certification Examination in Pain Medicine, you must meet the following requirements:

Requirement 1

Licensure

All licenses you hold to practice medicine must be valid, unrestricted, and current at the time of the examination.

Each applicant must hold a license issued by (a) one of the states of the United States of America or (b) its equivalent in the applicant's country, state, province, parish, county, or other governmental unit within the applicant's country.

Requirement 2

Accreditation Council on Graduate Medical Education (ACGME) Approved Residency

You must have satisfactorily completed a four-year ACGME-accredited residency training program or its equivalent that included pain management. Applicants must submit a chronological list of all completed ACGME training or equivalent. See Page 2 of the enclosed application.

Requirement 3

American Board of Medical Specialties (ABMS) Board Certification or Equivalent

You must demonstrate compliance with either Alternative A or Alternative B, as follow:

Alternative A: You must be currently certified by a board accredited by the American Board of Medical Specialties.

or

Alternative B: You must be currently certified by a board in your country of residence that certifies you to be a pain physician.

1. You must submit documentation of identifiable training in pain management in an ACGME-accredited training program or equivalent. This identifiable training must be equivalent in scope, content, and duration to that received in one of the ACGME-accredited training programs of a board accredited by ABMS.
2. The documentation of your training in pain management must include a letter or form signed by the program director of the ACGME-accredited training program you

attended that describes your training. The documentation must describe the scope, content, and duration of training in neuroanatomy, neurophysiology, neuropathology, pharmacology, psychopathology, physical modalities, and surgical modalities relevant to the field of pain medicine.

3. ****Subspecialty Certification requirement applicable for USA candidates.** To be eligible to sit the FIPP examination, it is mandatory that USA candidates hold one of the following Pain Boards:

- a) American Board of Anesthesiology/ Pain Management
- OR
- b) American Board of Pain Medicine
- OR
- c) Part I of ABIPP offered by ASIPP

Note: Please contact the WIP-Section of Pain Practice office if you desire further instructions or a form for submission by the program director of the ACGME-accredited program that you attended.

Requirement 4 Clinical Practice Experience

By the date of the examination you apply for, you must have been engaged in the clinical practice of Pain Medicine for at least **12 months** after completing a formal residency-training program.

A substantial amount of this practice must have been in the field of Pain Medicine. Time spent in a residency-training program **does not** satisfy this practice requirement; however, if you successfully complete a post-residency fellowship program in pain management that lasted 12 months or longer, you may count the fellowship as 12 months of practice in the field of Pain Medicine.

To be qualified to take the Examination in Interventional Techniques, your practice must either be devoted full-time to Pain Medicine or at least half of your practice must be devoted to Pain Medicine and the remainder to another specialty. To demonstrate the scope of your Pain Medicine practice, you must document your current practice in Pain Medicine. This documentation must include detailed descriptions of your day-to-day practice, including time and procedures allocated throughout your practice schedule. A summary of your overall practice, documenting specific evaluation, management and procedures in pain medicine, should be included in your description.

You also must provide the following information regarding your practice:

- Whether your license to practice your profession in any jurisdiction has ever been limited, suspended, revoked, denied, or subjected to probationary condition.

- Whether your clinical privileges at any hospital or healthcare institution have ever been limited, suspended, revoked, not renewed, or subject to probationary conditions.
- Whether your medical staff membership status has ever been limited, suspended, revoked, not renewed, or subject to probation.
- Whether you have ever been sanctioned for professional misconduct by any hospital, healthcare institution, or medical organization.
- Whether the U.S. Drug Enforcement Administration or your national, state, provincial, or territorial controlled substances authorization has ever been denied, revoked, suspended, restricted, voluntarily surrendered or not renewed.
- Whether you have ever voluntarily relinquished clinical privileges, controlled substance registration, license to practice or participating status with any health insurance plan, including government plans, in lieu of formal action.
- Whether you have ever been convicted of a felony relating to the practice of medicine or one that relates to health, safety, or patient welfare.
- Whether you presently have a physical or mental health condition that affects or is reasonably likely to affect your professional practice.
- Whether you have or have you had a substance abuse problem that affects or is reasonably likely to affect your professional practice.
- Whether there have there been any malpractice judgments or settlements filed or settled against you in the last five years.

**Requirement 5
Adherence to Ethical and
Professional Standards**

Upon application, and any grant of certification, you agree that you adhere to all WIP requirements, agree to continue to adhere to these requirements, and agree that should you fail to do so, WIP and/or its Section of Pain Practice may revoke or otherwise act upon your certification.

As a means of demonstrating your adherence to ethical and professional standards, you must submit a minimum of two (2) letters of recommendation from practicing physicians. The letters will be used to assess applicants' adherence to professional and ethical standards and to confirm information regarding applicants' Pain Medicine practice, including the assessment of whether applicants have been satisfactorily practicing Pain Medicine and whether they have been practicing this specialty on a full-time basis.

Note: Only one letter may be from a physician partner. The second letter must be from another physician who can speak to the applicant's practice in Pain Medicine.

Note: Letters from relatives will not be considered.

Included with this application is a form detailing what must be included in the letter and to whom it should be addressed. Please provide this form to the recommending physicians so that the content of the letters is complete.

Requirement 6 Declaration and Consent

World Institute of Pain was founded in 1994. It is incorporated in the State of California as a nonprofit corporation and operates as an autonomous entity, independent from any other association, society, or academy. This independence permits WIP to maintain integrity concerning its policy-making on matters related to certification.

World Institute of Pain and its Section of Pain Practice administers a psychometrically-developed and practice-dated Interventional Examination in the field of Pain Medicine to qualified candidates. Physicians who have successfully completed the credentialing process and examination will be issued certificates of diploma in the field of Interventional Pain Medicine and designated as Fellows in the Interventional Techniques. A list of physicians certified will be available to medical organizations and other groups in the general public.

Mission

The mission of the World Institute of Pain – Section of Pain Practice is to protect and inform the public by improving the quality and availability of Interventional Techniques in Pain Medicine.

Goals and Objectives

The following are the goals and objectives of the World Institute of Pain – Section of Pain Practice:

- 1. To evaluate candidates who voluntarily appear for examination and to certify as Fellows in Interventional Techniques those who are qualified. Objectives to meet this goal include:**
 - Determination of whether candidates have received adequate preparation in accordance with the educational standards established by World Institute of Pain.
 - Creation, maintenance and administration of comprehensive examinations to evaluate the knowledge and experience of such candidates.
 - Issuance of certificates to those candidates found qualified under the stated requirements of World Institute of Pain.

- 2. To maintain and improve the quality of graduate medical education in the field of Pain Medicine by collaborating with related organizations. Objectives to meet his goal include:**
 - Maintenance of a registry for public information about the certification status of physicians certified in interventional techniques.
 - Provision of information to the public and concerned entities about the rationale for certification in interventional examinations.

- Facilitation of discussion with the public, professional organizations, health care agencies and regulatory bodies regarding education, evaluation and certification of Pain Medicine specialists in interventional techniques.

Instructions

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE ENTERING ANY INFORMATION ON THE APPLICATION.

Also, please study this *Bulletin of Information* provided with the application. Applicants bear the sole responsibility for meeting all eligibility criteria, application deadlines, and submission requirements, as delineated in both the application and the *Bulletin of Information*.

Only applications that are received by the deadline and that are legible, clear, complete, and accurate will be reviewed by the Credentials Committee. This committee determines each applicant's eligibility for certification.

Incomplete applications will not be reviewed. Once all information has been received at the World Institute of Pain office, it will be sent for review. Any delay may jeopardize the timely review of the application for the current certification cycle.

The application form and all supporting documents are to be mailed at one time in the same envelope.

It is the applicant's responsibility to keep personal copies of all submitted materials.

Applicants who want immediate acknowledgment of delivery should send materials via certified mail, return receipt requested, or via a national courier service.

After initial review of application materials, each candidate will receive a notice from the World Institute of Pain office indicating that the materials appear complete and will be forwarded to the Credentials Committee or that the materials are incomplete and require additional information.

Note: It is the responsibility of the applicant to notify the World Institute of Pain office immediately of any change in mailing address that takes effect during the certification process. Notification should be sent to: Examination Board, World Institute of Pain – Section of Pain Practice, Gabor Racz, Registrar, 3601 4th Street, Lubbock, TX USA.

Your acknowledgment, your Admission Packet, and your examination results will be sent to the mailing address you indicate on the application form.

If you rotate among clinics or hospitals, or if you have more than one office, please provide the telephone number where you will be most likely to receive a timely message. If possible, include the name of a contact person if you are not readily available.

You are not required to disclose your Social Security number. It is done on a voluntary basis. It is used as a secondary check in matching registration information to ensure that they are reported correctly.

Application Fee

The application fee must accompany all submitted materials. Payment must be in U.S. dollars in the form of a money order or cashiers check payable to the WIP-Section of Pain Practice. Failure to submit the fee in the correct form will result in the rejection of your application.

A \$250 nonrefundable fee is incurred upon receipt of your application by WIP, regardless of eligibility outcome. Your application fee will be refunded less the \$250 nonrefundable fee if you fail to meet the eligibility requirements or if you withdraw (in writing) from the certification process.

Application Filing Fee \$2,500
Refer to deadlines and late filing deadlines in the supplement to this handbook. No exceptions will be allowed to these deadlines.

The Purpose of Certification

WIP-Section of Pain Practice is committed to certification of qualified physicians in the field of Pain Medicine who do interventional techniques. The certification process employs practice-based requirements against which members of the profession may be assessed. The purposes of the WIP-Section of Pain Practice Certification Program in Interventional Techniques are as follows:

- To establish the knowledge domain of the practice of Pain Medicine for certification.
- To assess the knowledge of interventional techniques of Pain Medicine physicians in a psychometrically valid manner.
- To encourage professional growth in the practice of interventional techniques.
- To formally recognize individuals who meet the requirements set forth by WIP-Section of Pain Practice.
- To serve the public by encouraging quality patient care in the practice of Pain Medicine.

Pain Medicine has emerged as a separate and distinguishable specialty that is characterized by a distinct body of knowledge and a well-defined scope of practice, and that is based on an infrastructure of scientific research and education. Competence in the practice of Pain Medicine requires advanced training in interventional techniques, experience, and knowledge. The interventional techniques are unique procedures performed by pain physicians, and appropriate examination and certification are designed to accurately reflect the quality of care given to pain patients. The WIP-Section of Pain Practice certification program has been designed to help recognize practitioners'

knowledge and skill in this field; however, certification by WIP cannot and is not intended to serve as a guarantee of competence.

Scope of Certification

The World Institute of Pain (and its Section of Pain Practice) has developed the eligibility requirements and examination materials for the Examination in Interventional Techniques based on its review of the current state of medical and scientific knowledge about the treatment of pain, as documented in medical literature. The WIP-Section of Pain Practice and its Examination Council have developed this certification program which it believes recognizes currently accepted levels of knowledge and expertise in interventional techniques in order to improve patient care.

New developments are included in the examination only after they have been accepted by practitioners of Interventional Techniques Pain Medicine. Periodic practice analyses are conducted to ensure that the examination continues to reflect actual practice conditions.

WIP-Section of Pain Practice welcomes comments from the public and the profession designed to assist in improving this program.

Test Development and Administration

WIP-Section of Pain Practice retains Dr. Gerald Rosen of New York City, New York to provide assistance in the development of the annual certification examination. Dr. Rosen specializes in the conceptualization, development, and implementation of professional certification programs.

About the Examination

The Examination in Interventional Techniques will be administered only in English. It will consist of three parts. Part 1 will be a theoretical examination. Part 2 will be identification of anatomical structures, equipment and x-ray equipment (C-arm). Part 3A will be a practical examination. Part 3B will be an oral examination.

For the practical examination, each candidate will be evaluated by two examiners from a pool of about 30 examiners. Candidates shall not be evaluated by examiners who are known intimately by the candidate.

PART 1 – THEORETICAL EXAMINATION

The examinee will be asked to answer 100 multiple choice questions in two hours. The questions will cover all current interventional techniques available to the pain physician. The lists of procedures on which the multiple-choice questions will be based are provided in the Content Outline.

PART 2 – ANATOMY, EQUIPMENT AND RADIOLOGY

Part 2 will consist of identifying 10 anatomical structures and 10 equipment and other instruments commonly used for interventional procedures and answering 10 questions on radiographic equipment. This part of the examination will be given in conjunction with the Theoretical Examination (Part 1) and completed by answering the 30 questions presented in written form.

PART 3A - PRACTICAL EXAMINATION

In Part 3A, each candidate will be asked to perform four (4) procedures on a cadaver in one (1) hour in the presence of two (2) examiners. The candidate will have fifteen (15) minutes in which to perform each procedure for a total of one (1) hour. Two examiners, with the assistance of a C-Arm, will evaluate the techniques performed by the examinee on the cadaver. **The candidate will be assigned one (1) procedure from each of the following four (4) regions.**

- Head and neck
 - 1) Sphenopalatine Ganglion Block
 - 2) Stellate Ganglion Block
 - 3) Cervical ESI
 - 4) Cervical Facet Block

- Thorax
 - 1) T2, 3 Sympathetic Block
 - 2) Splanchnic Nerve Block
 - 3) Thoracic Epidural Catheter Placement
 - 4) Thoracic Facet Block

- Lumbar
 - 1) Lumbar Sympathetic Block
 - 2) Lumbar Selective Nerve Root Block
 - 3) Lumbar Discography Procedure
 - 4) Lumbar Facet Block

- Pelvic
 - 1) Hypogastric Plexus Block
 - 2) Caudal Neuroplasty
 - 3) Sacral Nerve Root Block
 - 4) Piriformis Block

Each examiner will award a score to each examinee based on the examinee's performance of the procedures. A minimum passing score will be established prior to the examination.

PART 3B- ORAL EXAMINATION

In Part 3B, each candidate will individually be questioned by two (2) examiners on two separate cases. The examiners will spend fifteen (15) minutes on each of the two cases for a total of 30 minutes.

For each of the cases, a short case history will be provided to the examinee to read over for five minutes. First, one of the examiners will ask the examinee what technique the examinee would recommend performing based on the case history. The examiner will also ask other questions relevant to the care and treatment of the patient. This portion of the examination will last for 15 minutes. The second examiner will then proceed to

question the candidate in a like fashion about the second case presented. This portion of the examination will also last for 15 minutes.

Each examiner will award a score to each examinee based on the examinee's answers to the questions asked during the oral examination. A minimum passing score will be established prior to the examination.

This will complete the examination.

Note:

During Part 3A of the examination, the examinee will have at his/her disposal a fresh cadaver, appropriate instruments, C-arm and a radiology technician.

The WIP-Section of Pain Practice Certification Examination will be administered in the supplementary bulletin attached to this handbook. The organization reserves the right to change the examination site, city, and data based on logistical or other concerns.

Nondiscrimination Policy

WIP does not discriminate against any person on the basis of age, gender, sexual orientation, race, religion, national origin, medical condition, physical disability, or marital status.

Applying to Take the Examination

You must complete the application form inserted in this *Bulletin of Information* and submit all required documentation to apply for the examination.

It is very important that your application form be completed carefully and accurately. The information you provide in the application and any accompanying documents required will be used by WIP-Section of Pain Practice to determine your eligibility to sit for the examination.

Identification of Examinees During Scoring

For the purpose of scoring the examination and any subsequent discussions regarding the scores of individual examinees, all candidates will be identified by numbers only. No names will accompany these numbers.

Examination and Scoring Report

Approximately eight weeks after the administration of the examination, your examination results will be mailed to you. Results will be sent to you by mail only and will not be released via telephone, facsimile, or by electronic communication devices.

Passing candidates will receive a letter informing them that they have passed the examination. The examination is designed to assess knowledge associated with minimal professional competency. It is not intended to distinguish among scores above the passing point, and therefore WIP will not report numeric scores for passing candidates.

WIP will send failing candidates notice of their score, the minimum passing score and a diagnostic report showing subject areas of strength and those requiring improvement. WIP does not limit the number of times candidates may apply for and take the examination. However, a candidate who fails the examination three (3) times is required to complete a minimum of one (1) additional year of practice before being eligible to reapply for the examination. A new application form and all applicable fees and required documentation must be submitted each time reexamination is requested.

Note: All answer sheets will be destroyed six (6) months after administration of the examination.

Appeals

A candidate who fails Part 1 of the examination or who wishes to challenge the results of the multiple choice examination may request that the examination be re-scored by hand to verify report scores. A candidate who wishes to challenge examination results must submit a request in writing within 20 calendar days of the postmark on his or her score report and a check for \$50 payable to WIP-Section of Pain Practice to cover the cost of hand scoring the examination. Results of hand-scoring will be considered the final examination results. WIP offers no further appeal.

Certification

Candidates who pass the examination will receive a certificate suitable for framing and may identify themselves as Fellows of the Interventional Technique. Each candidate who passes the examination shall be required to sign a license to use any name or acronym for the certification offered by the WIP and agreeing not to use the certification in such a manner as to bring the WIP or its Section of Pain Practice into disrepute (including the failure to maintain competent practice) and not to make any statement regarding the certification that the WIP or its Section of Pain Practice may consider misleading or unauthorized.

Re-certification

Certificates awarded by WIP and its Section of Pain Practice are time-limited. They expire 10 years after the candidate passed the certification examination. WIP and its Section of Pain Practice are in the process of establishing a re-certification. WIP-Section of Pain Practice has this requirement to ensure that its certificants continue to meet the knowledge and skill required of a Pain Medicine physician board-certified in interventional techniques.

Examination Preparation

1. You should review the examination outline in this *Bulletin of Information*.
2. Answer the sample questions in this *Bulletin of Information* to familiarize yourself with the nature and format of the questions that will appear on the examination.
3. Refer to the list of references at the end of this *Bulletin of Information*.

Registration for the Examination

The WIP-Section of Pain Practice Credentials Committee reviews all applications submitted for the examination.

The review process takes approximately four weeks. The review process does not start until ALL materials have been received from the applicant.

If your application is approved, you will receive an Admission Packet. It will contain your Admission Document; your identification number; and specific information about the date, time, and location of the test center.

EACH CANDIDATE IS REQUIRED TO PRESENT THE ADMISSION DOCUMENT AT THE REGISTRATION DESK ON THE DAY OF THE EXAMINATION.

WIP-Section of Pain Practice independently verifies the information submitted in applications. State agencies or other licensing bodies sometimes take time to respond to verification requests. WIP-Section of Pain Practice is not responsible if these agencies do not reply in a timely fashion.

Taking the Examination

Strict security measures are maintained throughout all phases of examination development and administration. All candidates will be required to present an Admission Document and **another form of photo identification** in order to enter the testing center.

Trained proctors will supervise the administration of the examination, maintaining the strictest security throughout the testing period.

Irregularities observed during the testing period, including but not limited to creating a disturbance, giving or receiving unauthorized information or aid to or from other persons, or attempting to remove test materials or notes from the testing room, may be sufficient cause to terminate candidate participation in the examination administration or to invalidate scores. Irregularities may also be evidenced by subsequent statistical analysis of testing materials.

WIP-Section of Pain Practice reserves the right to investigate each incident of suspected misconduct or irregularity.

Test Site Regulations

1. **All candidates must present an Admission Document or authorization letter and one other form of photo identification** (e.g., driver's license) at the test site in order to be allowed to take the examination. **No exceptions to this requirement will be made.**
2. Exam candidates must arrive at the test site approximately 45 minutes prior to the testing time. Late arrivals will not be admitted to the test site.
3. Cellular phones or pagers are **NOT** allowed.
4. Devices with memory capabilities, books, paper, and notes are not permitted in the testing room.
5. Food (including candy and gum), beverages and tobacco products are not permitted in the testing room.

6. Unauthorized visitors are not allowed at the test site. Observers approved by the WIP-Section of Pain Practice Executive Board may, however, be present during the testing session.
7. Exam candidates may leave the testing room to use the restroom but will not receive an additional time to complete the examination.

Refunds

For any refund, WIP-Section of Pain Practice will retain a \$250 nonrefundable fee and require future application to meet all fees and eligibility criteria applicable at the time of reapplication.

If an individual is found to be ineligible to sit for an examination, a refund less the administration fee will be issued by WIP-Section of Pain Practice.

If an individual does not, for any reason, sit for an examination for which he or she is eligible, the individual may request, **in writing**, a refund of the examination fee within 30 days following administration of the examination. *No refunds will be given after this 30-day period.*

Nullification of Examination

If, for any reason, you decide that you do not want your score reported, you may follow either of two procedures:

1. Complete and sign a score cancellation form before leaving the test site.
2. Write to WIP-Section of Pain Practice requesting cancellation of your scores. Your written request must be signed and postmarked within five business days after the date of the examination.

A canceled score will not be reported to you or to WIP-Section of Pain Practice, nor will WIP-Section of Pain Practice or Dr. Gerald Rosen, keep a record of your examination results. No refunds will be given to candidates requesting score cancellations. To retake the examination after a score cancellation, a new application, along with required documentation and applicable fee, must be submitted.

Determination of Passing Score

An international panel of experts sets the passing score for the each section of the Examination in Interventional Techniques representative of the field in interventional techniques of Pain Medicine. Each examination question is reviewed by each expert individually, and a judgment is made as to what percentage of minimally competent Pain Medicine physicians would answer the question correctly.

This process establishes a minimal level of knowledge that is expected of passing candidates. The judgments made by the expert panel are subjected to statistical analyses that yield a passing score for each portion of the examination approved by the Board of Examination of WIP-Section of Pain Practice and in accordance with valid psychometric principles.

The passing score is based on an expected level of knowledge; it is not related to the distribution of scores obtained during a particular administration. In any given year, a

candidate has the same chance of passing the examination regardless of whether the group taking the examination at that time tends to have high scores or low scores. Each candidate is measured against a standard of knowledge, not against the performance of the other individuals taking the examination.

INTERVENTIONAL EXAMINATION – CONTENT OUTLINE

PART 1 - THEORETICAL EXAMINATION WILL COVER THE FOLLOWING AREAS

1. HEAD & NECK

Trigeminal ganglion block and neurolysis
Maxillary nerve block
Mandibular nerve block
Glossopharyngeal nerve block
C1, 2 sleeve root injection
Cervical (C3-7) sleeve root injection
Sphenopalatine ganglion block and neurolysis
Stellate ganglion block
Cervical facets/RFTC block
Cervical epidural block
Brachial plexus block
DCS placement

2. Chest/Thorax

Intercostals nerve block
Thoracic sleeve root/dorsal root ganglion blocks
Suprascapular nerve block
T2, 3 sympathetic block, including RFTC
T2, 3 neurolytic lesioning
Thoracic facet/RFTC and injections
Thoracic epidural block
DCS placement

3. LUMBAR/ABDOMEN

Lumbar sleeve root/ dorsal root ganglion blocks
Splanchnic nerve block
Celiac ganglion block
Lumbar sympathetic block
Lumbar sympathetic neurolytic lesioning
Lumbar facet injections
Intraarticular injections
Median branch block and neurolysis
Transforaminal epidural catheter placement
Lumbar discography
Intra discal electro thermocoagulation
Vertebroplasty

Psoas and quadratus lumborum muscle injection
DCS placement
Lumbar epidural block

4. PELVIS

Sacral sleeve root injection
Hypogastric plexus block and neurolysis
Ganglion of Impar block
Sacroiliac joint injection
Caudal neuroplasty

5. UPPER EXTREMITIES

Brachial plexus block

6. LOWER EXTREMITIES

Sciatic nerve blocks
Piriformis muscle injection

7. AUGMENTATION TECHNIQUES

Occipital stimulation
Cervical stimulation
Thoraco abdominal stimulation
Sacral stimulation

8. IMPLANTABLE DEVICES

Intrathecal Implantation

9. RADIATION SAFETY

PART II - EXAMINATION OUTLINE

Section A: Identify 10 anatomical structures
Section B: Identify 10 equipment
Section C: Identify parts of C-arm and answers to questions on radiation safety.

PART IIIA & B – PRACTICAL AND ORAL EXAMINATION OUTLINE

HEAD & NECK

Trigeminal ganglion block and neurolysis
Maxillary nerve block
Mandibular nerve block
Glossopharyngeal nerve block
C1,2 sleeve root injection (C2 only)
Cervical (C3-7) sleeve root injection
Sphenopalatine ganglion block and neurolysis
Stellate ganglion block
Cervical facets
Cervical epidural injection

Brachial plexus injection (interscalene) injection
DCS placement

CHEST / THORAX

Intercostals block
Thoracic sleeve root/dorsal root ganglion injection
Suprascapular nerve block
T2,3 sympathetic block
T2,3 neurolytic lesioning
RFTC
Thoracic epidural injection
DCS placement

LUMBAR / ABDOMEN

Lumbar sleeve root/ dorsal root ganglion injection
Splanchnic nerve block
Celiac ganglion block
Lumbar sympathetic block
Lumbar sympathetic neurolytic lesioning (& RFTC)
Lumbar facets injection
Intraarticular injection
Median branch block
Transforaminal epidural catheter placement
Lumbar discography
Psoas and quadratus lumborum muscle injection
DCS placement
Lumbar epidural injection

PELVIS

Somatic nerve block
Sacral sleeve root injection
Hypogastric plexus block and neurolysis
Ganglion of Impar injection
Sacroiliac joint injection
Caudal neuroplasty
DCS placement

LOWER EXTREMITIES

Piriformis muscle injection

EXAMPLES OF MULTIPLE CHOICE QUESTIONS

1. The femoral nerve originates from which of the following roots?
 - A. T₁₂, L₁, L₂
 - B. L₁, L₂, L₃
 - C. L₂, L₃, L₄

- D. L₃, L₄, L₅
2. If symptoms persist after appropriate management of acute cervical disc herniation, the next step is to perform
- A. Cervical laminectomy and fusion
 - B. A cervical epidural injection
 - C. Chemonucleolysis
 - D. A cervical facet injection
3. A 45-year-old patient with a history of chronic low back, left hip and left thigh pain who is status post multiple lumbar laminectomy received a differential epidural block of 3% 2-chloroprocaine. Some pain resumed with return of full sensation and motor function in the lower extremities; all pain returned with return of sympathetic function. The pain was transmitted via which fibers?
- A. A alpha
 - B. A delta
 - C. C
 - D. A delta and C
4. Examination of a patient with neck and shoulder pain reveals referred pain in the lateral aspect of the forearm, with weakness and dysfunction of the biceps and brachioradialis, and hypoesthesia in the lateral aspect of the forearm and thumb. The patient most likely has a lesion of which nerve root?
- A. C₄
 - B. C₅
 - C. C₆
 - D. C₇
5. The most appropriate diagnostic nerve block for pain in upper abdominal viscera is
- A. an intercostal block
 - B. a lumbar sympathetic block
 - C. a celiac plexus block
 - D. a hypogastric plexus block
6. Sympathetic innervation to the upper extremity is carried by which fibers of the brachial plexus?
- A. T₁-T₂ preganglionic fibers
 - B. T₃-T₅ preganglionic fibers
 - C. T₁-T₂ postganglionic fibers
 - D. T₃-T₅ postganglionic fibers
7. Intense whiteness of fingers with subsequent blue coloration with coldness and red coloration on rewarming is most likely due to?
- A. Frostbite
 - B. Raynaud's disease

- C. Reflex sympathetic dystrophy
 - D. Acute venous thrombosis
8. Indications for lumbar epidural steroid injections include all of the following EXCEPT?
- A. Radicular pain with corresponding sensory change
 - B. Radiculopathy due to herniated disc with failed conservative treatment
 - C. Acute herpes zoster in the lumbar dermatomes
 - D. Postlaminectomy (failed back) syndrome without radiculopathy
9. Which of the following nerve blocks is LEAST helpful in diagnosing sympathetically mediated pelvic pain?
- A. Differential spinal
 - B. Pudendal nerve
 - C. Superior hypogastric plexus
 - D. Differential epidural
10. All of the following statements regarding the anatomy of the superior hypogastric plexus are true EXCEPT?
- A. It lies anterior to L₅ vertebra.
 - B. It lies just inferior to the aortic bifurcation.
 - C. It lies right of midline.
 - D. It branches left and right and descends to form the inferior hypogastric plexus.
11. All of the following are indications for a stellate ganglion block EXCEPT?
- A. Reflex sympathetic dystrophy
 - B. Acute herpes zoster (ophthalmic division)
 - C. Hyperhidrosis
 - D. Pancreatitis
12. Which of the following regional anesthesia techniques is NOT commonly used with children due to its side effects?
- A. Epidural block
 - B. Subarachnoid block
 - C. Caudal block
 - D. Brachial plexus block
13. A brachial plexus block is indicated for all of the following conditions EXCEPT
- A. Sympathetic independent pain due to reflex sympathetic dystrophy
 - B. Brachial plexalgia
 - C. Angina
 - D. Raynaud's disease

14. A celiac plexus block is effective in reducing pain originating from all of the following organs EXCEPT?
- A. Pancreas
 - B. Transverse portion of the large colon
 - C. Gall bladder
 - D. Descending portion of the pelvic colon
15. A patient is positioned prone on the fluoroscopic table, the T₁-T₄ spinous processes are identified on the ipsilateral side, and a skin weal is raised 4-5 cm lateral to the spinous process. A spinal needle is directed to the lamina and "walked" laterally until there is loss of resistance. These procedures are consistent with which type of block?
- A. Stellate ganglion
 - B. Thoracic sympathetic
 - C. Interpleural
 - D. Thoracic epidural
16. The brachial plexus is formed by which rami?
- A. C₅-T₁ anterior primary
 - B. C₃-T₂ anterior primary
 - C. C₅-T₁ anterior and posterior
 - D. C₃-T₂ anterior and posterior
17. Cell bodies of preganglionic fibers of the lumbar sympathetic chain arise at which of the following sites?
- A. T₅-T₉
 - B. T₁₁-L₂
 - C. L₃-L₅
 - D. S₁-S₄
18. A lateral femoral cutaneous block is indicated for which of the following conditions?
- A. Meralgia paresthetica
 - B. Femoral neuralgia
 - C. Saphenous neuralgia
 - D. Groin pain
19. Which of the following statements is true regarding neurolytic concentrations of less than 2% phenol?
- A. They have no effect.
 - B. They selectively destroy A-delta and C fibers.
 - C. They have a reversible local anesthetic action when applied to nerve bundles.

- D. They destroy nerves but have no effect on blood vessels.
20. Mydriasis, tachypnea, tachycardia, delirium and a modest decrease in pain can be produced by agonists of which receptor type?
- A. Mu
 - B. Kappa
 - C. Delta
 - D. Sigma
21. A diminished triceps jerk indicates a lesion of which nerve root?
- A. C₄
 - B. C₅
 - C. C₆
 - D. C₇
22. To achieve sympathetic denervation of the head and neck, the best site of blocking is the?
- A. Middle cervical ganglion
 - B. Superior cervical ganglion
 - C. Stellate ganglion
 - D. Sphenopalatine ganglion
23. The lesser splanchnic nerve is formed by which of the following sympathetic nerves?
- A. T₅-T₇
 - B. T₈-T₉
 - C. T₁₀-T₁₁
 - D. T₁₂

ANSWERS TO EXAMPLES OF MULTIPLE CHOICE QUESTIONS

1. Correct answer is C
2. Correct answer is B
3. Correct answer is D
4. Correct answer is C
5. Correct answer is C
6. Correct answer is A
7. Correct answer is A
8. Correct answer is D
9. Correct answer is B

10. Correct answer is C
11. Correct answer is D
12. Correct answer is B
13. Correct answer is C
14. Correct answer is D
15. Correct answer is B
16. Correct answer is A
17. Correct answer is B
18. Correct answer is A
19. Correct answer is C
20. Correct answer is D
21. Correct answer is D
22. Correct answer is C
23. Correct answer is C

REFERENCES

The following is a list of references that may be helpful in reviewing for the examination. This listing is intended for use as a study aid only. WIP – Section of Pain Practice does not intend the list to imply endorsement of these specific references, nor are the examination items taken from these sources.

1. 1999 Physicians Desk Reference (53rd ed). Montvale, NJ: Medical Economics American Pain Society. (1999).
2. American Pain Society. (1999). Principles of Analgesic Use in the Treatment of Acute Pain and Cancer Pain (4th ed.). Glenview, IL.
3. Aronoff, G.M. (1998). Evaluation and Treatment of Chronic Pain (3rd ed.). Baltimore: Lippencott, Williams & Wilkins.
4. Bonica, J.J. (Ed). (1990). The Management of Pain (2nd ed.). Philadelphia: Lea & Febiger.
5. Braddom, R.L. (1996) Physical Medicine and Rehabilitation. Philadelphia: W.B. Saunders Co.
6. Brown, D.L. (1992). Atlas of Regional Anesthesia. Philadelphia: W.B. Saunders Co.

7. Cousins, M.J., & Bridenbaugh, P.O. (Eds.). (1998). *Neural Blockade* (3rd ed.). Philadelphia: J.B. Lippincott Company.
8. Fields, H.L. (1996). *Core Curriculum for Professional Education in Pain* (2nd ed.). Seattle: IASP Press.
9. Fricton, J.R., & Awad, E.A. (1990). *Myofascial Pain and Fibromyalgia*. New York: Raven Press, Ltd.
10. *Neuralgia: Current Concepts of Pathogenesis and Treatment*. Stoneham, MA: Butterworths.
11. Goodman, L.S., Limbird, L.E., (Eds.) et al. (1996). *Goodman & Gilman's The Pharmacological Basis of Therapeutics* (9th ed.). New York: McGraw Hill Text.
12. Headache Classification Committee of the International Headache Society. (1988). Classification and diagnostic Criteria for Headache Disorders, Cranial neuralgias and Facial Pain. *Cephalalgia*, 9(Suppl.7), 12-96.
13. Raj, P.P. (Ed.). (2000) *Practical Management of Pain* (3rd ed.). Chicago: Mosby Year Book Publishers.
14. Saper, J.R., Silberstein, S., Gordon, C.D., & Hamel R.L. (1993). *Handbook of Headache Management*. Baltimore: Williams & Wilkins.
15. Sinatra, R.S., Hord, A.H., Ginsberg, B., & Peeble, L.M. (1992). *Acute Pain Mechanisms and Management*. St. Louis: Mosby Year Book.
16. Travell, J., & Simons, D.G. (1998). *Myofascial Pain and Dysfunction: The Trigger Point Manual, Vol. 1 and 2*. (2nd ed.). Baltimore: Williams & Wilkins.
17. Waldman, S.D. (1998). *Atlas of Interventional Pain Management*. Philadelphia: W.B. Saunders Co.
18. Wall, P.D., & Melzack, R. (Eds.). (1994). *Textbook of Pain*. (3rd ed.). Edinburgh, Scotland: Churchill Livingstone.
19. Raj, P.P. (Ed.). (2002) *Textbook of Regional Anesthesia*, Churchill Livingstone
20. Raj, P.P., Lou, L, Erdine S, Staats P. (Eds). (2002) *Radiographic Imaging of Regional Anesthesia and Interventional Techniques*.



**WORLD INSTITUTE OF PAIN
SECTION OF PAIN PRACTICE**

Announces the

12th FIPP Examination (ABIPP Part II)
March 9, 2008 – Memphis, Tennessee USA
Registration deadline: *January 28, 2008 – No late applications



Applicants from UK are urged to use the UK application form adapted to UK credentials and may secure it from Dr. Charles Gauci: charles.gauci@btinternet.com or paula.brashear@ttuhsc.edu

Optional Review Course and Workshop for FIPP Examination
March 7-8, 2008 – Memphis, Tennessee USA

(Offered jointly with ASIPP)

Register immediately with ASIPP for *Optional Workshop and Review Course*
www.asipp.org/MarchRegistration08.html

√ *First priority given to FIPP Examination applicants. After *Jan. 28 FIPP deadline, this Review Course and Workshop will be opened to other applicants.*

Register for the FIPP Examination by mail to
James Heavner, DVM, PhD, FIPP
3601 4th Street – MS: 8182 • Lubbock, Texas 79430 USA
Phone: 806-743-3112 • Fax: 806-743-3965 • E-mail: paula.brashear@ttuhsc.edu
Paula Brashear, Examination Secretary
Serdar Erdine, MD, FIPP, Examination Chair
Gabor B. Racz, MD, FIPP, President World Institute of Pain

13th FIPP Examination

September 11-12, 2008 – Budapest, Hungary
Registration deadline: August 1, 2008 – No late applications

World Institute of Pain

Dianne Willard, Executive Secretary
145 Kimel Park Drive, Suite 310, Winston-Salem, NC 27103 USA
Phone: 336.714.8385, Fax: 336.714-6481
E-mail: dianne.willard@worldinstituteofpain.org

WIP Membership Application Online – New/Renewal -
<http://www.worldinstituteofpain.org>

WORLD INSTITUTE OF PAIN –
SECTION OF PAIN PRACTICE

Announces the
13th Annual WIP Budapest Conference
And
FIPP AWARDS Ceremony (Date TBA)
Honoring FIPP Classes of September 2007 and March 2008 FIPP
September 8-10, 2008 Budapest, Hungary

And
13th FIPP Examination September 11-12, 2008
Budapest, Hungary



Budapest Conference Information: www.kenes.com/wip

*Gabor B. Racz, MD, FIPP, Course Director and
President of World Institute of Pain 2005-2008
Serdar Erdine, MD, FIPP – WIP President Elect*

FIPP Examination candidates should request information and applications from
James Heavner, DVM, PhD, FIPP
3601 4th Street – MS: 8182
Lubbock, Texas 79430 USA
Phone: 806-743-3112 - Fax: 806-743-3965
E-mail: paula.brashear@ttuhsc.edu
Serdar Erdine, MD, FIPP, FIPP Examination Chair
FIPP Secretary: Paula Brashear

The 5th WIP World Congress will be March 13-15, 2009 in New York City USA

Further WIP information:

Patrick McGowan at the WIP webpage: <http://www.worldinstituteofpain.org>
Diane Willard, WIP Executive Secretary: Dianne.willard@worldinstituteofpain.org

World Institute of Pain
145 Kimel Park Drive, Suite 310, Winston-Salem, NC 27103 USA
Phone: 336.714.8385, Fax: 336.714-6481
E-mail: dianne.willard@worldinstituteofpain.org

FIPP REGISTRATION INFORMATION

Address FIPP Examination application and information request to

James Heavner, DVM, PhD, FIPP
Director of WIP FIPP Examination Applications
Texas Tech University Health Sciences Center
3601 4th Street MS: 8182, Room 1C282
Lubbock, Texas USA 79430
Phone: 806-743-3112 - Fax: 806-743-3965
E-mail: paula.brashear@ttuhsc.edu

Paula Brashear, Secretary to Dr. Racz

Serdar Erdine, MD, FIPP, Chair of FIPP Examination Board,
Gabor B. Racz, MD, FIPP, ABIPP, President of WIP

DATES for the next FIPP Examinations are
March 9, 2008 in Memphis Tennessee USA
September 11-12, 2008 in Budapest, Hungary



World Institute of Pain
SECTION OF PAIN PRACTICE

**Individual Membership dues –required before FIPP
Certificate is awarded to successful candidates.**

PAY WIP Annual DUES - \$145 - ONLINE
at www.worldinstituteofpain.org <http://www.worldinstituteofpain.org>

WIP Membership dues: \$145 includes the cost of a one-year subscription to the WIP's official journal, *Pain Practice*, the quarterly WIP newsletter and conference updates. Please register for WIP membership online.