

CONJOINT PAIN MEDICINE CERTIFICATE OF ADDED QUALIFICATIONS EXAMINATION

TABLE OF SPECIFICATIONS

(The table of specifications includes but is not limited to the following examples)

The American Osteopathic Conjoint Pain Medicine Examination Committee (AOCPMEC) does not endorse any board review course for use in preparing to take the Certificate of Added Qualifications (CAQ) examination in Pain Medicine. Many organizations provide intensive board review courses which can be taken in preparation for the boards. The table of specifications for the CAQ examination is posted below in Roman numerals I - VI.

Category	Percent of Exam	Examples
I Comprehensive Osteopathic Assessment of Pain <ul style="list-style-type: none"> • <i>Anatomy & physiology content as related to assessment</i> • <i>Communication/documentation as related to assessment</i> • <i>Ethical/legal issues as related to assessment</i> • <i>Teaching/learning as related to comprehensive osteopathic assessment of pain</i> 	23-27%	a. Use the International Association for the Study of Pain (IASP) classification of pain syndromes b. Assess for functional ability of the patient in pain c. Perform a detailed history and physical d. Perform a neurological exam e. Perform an orthopedic exam f. Perform a musculoskeletal exam g. Perform an osteopathic structural exam h. Use psychological screening tools in the assessment of pain (e.g., SOAPP, ORT, etc.) i. Include the family/social unit in the pain assessment j. Refer patient for electrodiagnostic testing (i.e., NCS, needle EMG, SSEP) k. Perform electrodiagnostic testing (i.e., NCS, needle EMG, SSEP) l. Order radiographic studies m. Perform radiographic studies by you or your designated representatives such as medical assistant n. Order MRI, CT, PET Scans
II Osteopathic Manipulation <ul style="list-style-type: none"> • <i>Anatomy and physiology as relates to osteopathic manipulation</i> • <i>Communication/documentation including documentation as related to osteopathic manipulation</i> • <i>Ethical/legal issues as related to osteopathic manipulation</i> • <i>Teaching/learning as related to osteopathic manipulation</i> 	3-7%	a. Refer for osteopathic treatments b. Perform osteopathic treatments c. Determine biomechanical effects of somatic dysfunction on pain d. Identify visceral somatic reflexes e. Refer for direct osteopathic manipulation techniques f. Perform direct osteopathic manipulation techniques g. Refer for indirect osteopathic manipulation techniques h. Perform indirect osteopathic manipulation techniques
III Therapeutic Measures/Modalities <ul style="list-style-type: none"> • <i>Osteopathic principles and practice as related to therapeutic measures/modalities</i> • <i>Communication/documentation as relates to therapeutic measures/modalities</i> • <i>Ethical/legal issues as relates to therapeutic measures/modalities</i> 	28-32%	a. Prescribe controlled substances for pain b. Assess for misuse, diversion and abuse c. Prescribe non-opioid analgesics for pain (e.g. NSAIDs, acetaminophen) d. Prescribe adjuvant medications for pain (e.g., antidepressants, anticonvulsants) e. Evaluate the patient's function while on pain medication (e.g., work, driving) f. Refer patient for interventional procedures

<ul style="list-style-type: none"> • <i>Teaching/learning as related to therapeutic measures/modalities</i> 		<ul style="list-style-type: none"> g. Perform interventional procedures h. Prescribe/use medications “off-label” for the treatment of pain i. Treat patients with pain who have psychiatric comorbidities j. Refer patients with pain who have psychological problems to mental health specialists k. Refer for peripheral stimulation techniques (e.g., TENS, acupuncture, electro-acupuncture, vibration) l. Perform peripheral stimulation techniques (e.g., TENS, acupuncture, electro-acupuncture, vibration) m. Refer for trigger point injections n. Perform trigger point injections o. Refer for LESI-caudal, interlaminar, transforaminal p. Perform LESI-caudal, interlaminar, transforaminal q. Refer for CESI r. Refer for thoracic ESI s. Refer for medial branch block with RFA t. Refer for peripheral nerve blocks u. Perform peripheral nerve blocks v. Refer for selective nerve blocks w. Perform selective nerve blocks x. Refer for facet block injections y. Perform facet block injections z. Refer for spinal cord stimulator placement aa. Refer for intrathecal medication delivery system bb. Utilize fluoroscopy to perform procedures cc. Utilize ultrasonography to perform procedures dd. Refer for nerve block (e.g., sphenopalatine block) ee. Refer patient to other specialties ff. Refer patient for psycho-therapeutic treatments (e.g. cognitive and behavioral therapies, integration of behavioral and drug therapies, bio-feedback techniques, sleep disorder assessment) gg. Refer patient to rehabilitative services (e.g., PT, OT, Speech Therapy) hh. Refer patient to complementary and alternative medicine
<p>IV Regional Pain</p> <ul style="list-style-type: none"> • <i>Osteopathic principles and practice as related to regional pain</i> • <i>Communication/documentation as relates to regional pain</i> • <i>Ethical/legal issues as related to regional pain</i> • <i>Teaching/learning as related to regional pain</i> 	20-24%	<ul style="list-style-type: none"> a. Identify and treat shoulder pain b. Identify and treat elbow pain c. Identify and treat wrist pain d. Identify and treat hand pain e. Identify and treat hip pain f. Identify and treat knee pain g. Identify and treat ankle pain h. Identify and treat foot pain i. Identify and treat non-migraine cranial pain j. Identify and treat migraine pain k. Identify and treat cervical pain l. Identify and treat thoracic pain m. Identify and treat lumbar pain

		<p>n. Identify and treat sacrum and pelvic pain</p> <p>o. Identify and treat visceral pain</p> <p>p. Identify and treat neuropathic pain</p> <p>q. Identify and treat neuralgia</p> <p>r. Identify and treat plexopathy</p> <p>s. Identify and treat complex regional pain syndrome</p> <p>t. Identify and treat radiculopathy</p>
<p>V Diffuse Pain Syndromes</p> <ul style="list-style-type: none"> • <i>Osteopathic principles and practice as it relates to diffuse pain syndromes</i> • <i>Communication/documentation as relates to diffuse pain syndromes</i> • <i>Ethical/legal issues as related to diffuse pain syndromes</i> • <i>Teaching/learning as related to diffuse pain syndromes</i> 	5-9%	<p>a. Identify and treat fibromyalgia</p> <p>b. Identify and treat chronic pain</p> <p>c. Identify and treat cancer pain (somatic, visceral, neuropathic, psychological)</p> <p>d. Identify and treat myofascial pain</p> <p>e. Identify and treat myopathies and muscular disorders</p>
<p>VI Special Populations</p> <ul style="list-style-type: none"> • <i>Osteopathic principles and practice as related to special populations</i> • <i>Communication including documentation as related to special populations</i> • <i>Ethical/legal issues as related to special populations</i> • <i>Includes teaching/learning as related to special populations</i> 	9-13%	<p>a. Identify and treat patients with a terminal illness (palliative care)</p> <p>b. Assess and treat acute and chronic pain in pediatrics and adolescents</p> <p>c. Assess and treat acute and chronic pain in geriatric population (i.e. over 65 years old)</p> <p>d. Assess and treat acute and chronic pain for patients in recovery from alcoholism/addiction</p> <p>e. Assess and treat acute and chronic pain for patients in active addiction</p> <p>f. Assess and treat acute and chronic pain in obstetric patients</p> <p>g. Assess and treat acute and chronic pain in patients at the end of life</p> <p>h. Assess and treat acute and chronic pain in cognitively impaired patients</p> <p>i. Assess pain for workforce accommodations(s)</p> <p>j. Determine appropriateness for return to work</p> <p>k. Perform consultation from pre and post operative surgical pain</p>