

World Institute of Pain®

FIPP® | CIPS

BOARD OF EXAMINATION

Interventional Examination Information Bulletin

(2019 Edition)

for Certified Interventional Pain Sonologist (CIPS) Examination

REVIEW Page 9-12 for Examination Description.



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FIPP
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Joon Kyung Sung, MD, FIPP, CIPS – South Korea



In order to be eligible for the Certification Examination in Interventional 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 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 as specialist or family practice physician.

1. You must submit documentation of identifiable training in your primary specialty 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 must include a letter or form signed by the program director of the ACGME-accredited training program or equivalent 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.

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

Requirement 4 Ultrasound Training

Documented confirmation of formal ultrasound in pain medicine training during residency or fellowship, or 20 Category-1 CME or equivalent credits in pain medicine or musculoskeletal ultrasonography in approved CME courses offered by:

1. World Academy of Pain Medicine Ultrasonography
2. American Society of Regional Anesthesia and Pain Medicine
3. European Society of Regional Anesthesia and Pain Medicine
4. Mayo Clinic MSK Course
5. American Academy of Pain Medicine
6. American Academy of Physical Medicine and Rehabilitation
7. International Society of Regional Anesthesia (ISURA)
8. International Society of Spinal and Paraspinal Sonography (ISSPS)
9. Ultrasound Application in Regional Anaesthesia and Pain, Innsbruck Medical University

Requirement 5 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 completed 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 Ultrasound 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 likely to affect your professional practice.
- Whether you have or have had a substance abuse problem that affects or is reasonably likely to affect your professional practice.
- Whether there have been any malpractice judgments or settlements filed or settled against you in the last five years.

Requirement 6 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 Board of Examination 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 the applicant's adherence to professional and ethical standards and to confirm information regarding the applicant's Pain Medicine practice, including the assessment of whether the applicant has been satisfactorily practicing Pain Medicine and 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 the 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 letter is complete.

Requirement 7 Declaration and Consent

Please refer to the CIPS Examination Application for the declaration and consent.

The World Institute of Pain (**WIP**) 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.

The World Institute of Pain and its Board of Examination administers a psychometrically-developed and practice-related 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 – Board of Examination 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 – Board of Examination

- 1. To evaluate candidates who voluntarily appear for examination and to certify as Certified Interventional Pain Sonologist 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 the 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 the 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 this 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.

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.

Applications should be submitted using the online eCIPS system, <http://bit.ly/cipsapp>.

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: Board of Examination, World Institute of Pain, 150 Kimel Park Drive, Suite 100A, Winston Salem, NC 27103, USA (mark.tolliver@worldinstituteofpain.org).

Your acknowledgment and your examination results will be sent to the mailing address/e-mail 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.

Application Fee

The application fee of \$2,500.00 must accompany all submitted materials. Payment must be in U.S. dollars via credit card, bank wire transfer, or in the form of a money order or cashier's check payable to the World Institute of Pain. Failure to submit the fee in the correct form will result in the rejection of your application. Applications will not be reviewed until payment in full has been received.

Refunds/Cancellations/Rescheduling

No refunds of the \$2,500.00 application fee will be made, except when the Board of Examination determines that an applicant is not eligible to take the CIPS Examination. In this case, your application fee will be refunded less a \$250.00 administrative fee.

If an applicant is unable to attend an exam after applying, they must notify the Certification Program Manager (mark.tolliver@worldinstituteofpain.org) **AS SOON AS POSSIBLE**, but no later than the application deadline for the exam in question (usually 4-6 weeks prior to the exam). The application fee will not be refunded, but the applicant will be allowed to participate in a later

CIPS Examination, subject to an additional \$100 rescheduling fee. All applicants MUST attend an exam within 2 years or 4 examinations (whichever is greater) of their original application; after this point the application fee will be forfeited and a new application must be submitted.

The Purpose of Certification

WIP Board of Examination is committed to the certification of qualified physicians who perform interventional techniques in the field of Ultrasound in Pain Medicine. The certification process employs practice-based requirements against which members of the profession are assessed. The objectives of the WIP Board of Examination Certification Program in Interventional Techniques are as follows:

- To establish the knowledge and skills domain of the practice of Pain Medicine for certification.
- To assess the knowledge and application of ultrasound-guided 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 Board of Examination.
- 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 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. Specific expertise in musculoskeletal anatomy and ultrasound anatomy is required to demonstrate competency in ultrasound-guided interventional procedures. The WIP Board of Examination 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 Board of Examination have developed the eligibility requirements and examination materials for the Examination in Interventional Ultrasound 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 Board of Examination 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 practitioners of interventional pain management techniques have accepted them. Periodic reviews are conducted to ensure that the examination continues to reflect actual practice conditions.

WIP Board of Examination welcomes comments from the public and the profession designed to assist in improving this program.

Test Development and Administration

WIP Board of Examination retains Dr. Gerald A. Rosen of New York, NY to provide assistance in the development of the annual certification examination. Dr. Rosen specializes in the design, development, implementation and analysis of professional certification programs.

ABOUT THE EXAMINATION

The Examination in Interventional Techniques is administered only in English (except for part 2B). It consists of three (3) parts. Part 1 is the Theoretical examination. Part 2A is the Practical Examination and Part 2B is the Oral Examination. For the Practical and Oral Examinations, candidates are evaluated by two examiners from a pool of examiners. Candidates may not be evaluated by examiners who are well-known to the candidate.

PART 1 – THEORETICAL EXAMINATION

The theoretical examination consists of 100 four-option multiple-choice questions. Examinees have two hours to respond. The questions cover the following topics:

THEORETICAL EXAMINATION CONTENT OUTLINE

1. GENERAL KNOWLEDGE

Knowledge of physics and principles of medical ultrasound
Knowledge of musculoskeletal and spine anatomy
Knowledge of ultrasound equipment and its handling
Knowledge of patient safety during the procedures (sterility, preparation, equipment)
Knowledge of the proper image documentation a

2. CHRONIC PAIN

Excellent knowledge of the different chronic pain syndromes
Excellent knowledge of the guidelines for the treatment of chronic pain
Practical knowledge of taking the history and physical examination of the patient with chronic pain
Competence in clinical reasoning and making a differential diagnosis and a treatment plan
Excellent theoretical and practical knowledge of the pharmacological and interventional therapeutic pain modalities
Knowledge of alternative treatment modalities (rehabilitation, neurosurgery, neurology, psychological interventions and physical therapy)
Knowledge about the organization of a multidisciplinary pain treatment

3. SPINE PROCEDURES

Cervical medial branch block
Cervical selective nerve root block

Thoracic medial branch/facet joint block
Lumbar medial branch/facet joint block
Lumbar selective nerve root block
Subarachnoid injection
Caudal epidural injection
Sacroiliac joint injection

4. PERIPHERAL AND AUTONOMIC NERVES

Cervical sympathetic trunk
Suprascapular nerve
Ilioinguinal/iliohypogastric nerve
Greater occipital nerve
Median nerve at wrist
Ulnar nerve at cubital canal
Intercostal nerve
Saphenous nerve above knee
Tibial nerve at tarsal canal
Pudendal nerve

5. MUSCULOSKELETAL

AC joint
Bicep tendon (peri)
Glenohumeral Joint (any approach)
Subdeltoid bursa
Elbow joint
Medial or lateral epicondylitis tendon sheath injection/fenestration
First MCP joint (hand)
Piriformis injection
Hip joint injection
Trochanteric bursa injection, Sub. G-Max, Medius and Minimus
Knee joint injection
Distal ITB peritendon injection

Tibiotalar joint injection
Subtalar joint injection

First MTP injection (foot)

PART 2A - PRACTICAL EXAMINATION

In Part 2A, each examinee is required to perform four (4) procedures on a cadaver in sixty (60) minutes in the presence of two (2) examiners. The candidate will have fifteen (15) minutes in which to perform each procedure, with the assistance of an ultrasound machine, for a total of sixty (60) minutes. Two examiners, with the assistance of an ultrasound machine, will evaluate the techniques performed by the examinee on the cadaver. **Examinees are assigned one (1) procedure from each region.**

- Spine
 1. Cervical medial branch block
 2. Cervical selective nerve root block
 3. Thoracic facet joint block
 4. Lumbar medial branch/facet joint block
 5. Caudal epidural injection
- Peripheral nerves
 1. Suprascapular nerve
 2. Ilioinguinal/iliohypogastric nerve
 3. Pudendal nerve
 4. Ulnar nerve at cubital canal
 5. Lateral femoral cutaneous block
- Musculoskeletal Joints
 1. AC joint
 2. Glenohumeral Joint (any approach)
 3. Hip joint injection
 4. Knee joint injection
 5. Tibiotalar joint injection
- Musculoskeletal Soft Tissue
 1. Bicep tendon (peri)
 2. Subdeltoid bursa
 3. Medial or lateral epicondylitis tendon sheath injection/fenestration
 4. Piriformis injection
 5. Trochanteric bursa injection, Sub. G-Max, Medius and Minimus

Each examiner awards a score for each procedure performed.

Note:

During this part of the examination, the examinee will have at his/her disposal a fresh cadaver, necessary instruments, and an ultrasound machine.

PART 2B- ORAL EXAMINATION

In Part 2B, each examinee is individually questioned by two (2) examiners on an extended medical vignette to assess clinical reasoning, knowledge of anatomy, handling of equipment and physical examination skills. The examinees may spend up to thirty (30) minutes on the case.

For each of the cases, the examinee has a maximum of five (5) minutes to review a short case history. One of the examiners asks the examinee for a diagnosis and the interventional procedure that should be performed. The examiner also asks a series of up to ten (10) questions that relate to the care and treatment of the patient. The examinee will then perform a physical and ultrasound examination of a live model. Both examiners award a score for each case based on the examinee's diagnosis, suggested interventional procedure, physical examination skills, ultrasound examination and answers to the questions posed.

ORAL EXAMINATION CONTENT OUTLINE

The oral cases/medical vignettes will be drawn from among the following topics:

1. Peripheral Nerve Injury
2. Headache

- | | |
|-------------------------------|---|
| 3. Cervical radicular pain | 10. Sacroiliac joint pain |
| 4. Cervical Facet pain | 11. Knee Pain |
| 5. Occipital neuralgia | 12. Hip Pain |
| 6. Shoulder pain | 13. Carpal Tunnel Syndrome |
| 7. Thoracic pain | 14. Meralgia Paresthetica |
| 8. Lumbosacral radicular pain | 15. Foot Pain |
| 9. Lumbar facet pain | 16. Musculoskeletal Pain and Disability |

The WIP Board of Examination Certification Examination will be administered at locations announced on the WIP webpage (<http://worldinstituteofpain.org>). The organization reserves the right to change the examination site, city and date 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 online application form available at <http://bit.ly/cipsapp> 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 required documents will be used by the WIP Board of Examination to determine your eligibility to sit for the examination.

Identification of Examinees During Scoring

During the post-examination evaluation of examinee scores on the three parts of the CIPS examination and any subsequent discussions regarding the scores of individual examinees, all candidates are identified by number only. No names accompany these numbers.

Examination Scoring

The final score for the examination is a criterion-referenced, weighted composite score. The examination components are weighted as follows: practical/cadaver = 60%; oral = 20%; written = 20%. The Practical/Cadaver and oral portions are each evaluated by the examiners using a four-point scale with 1 = Unacceptable, below basic competence, potentially harmful; 2 = Unacceptable, below basic competence, not harmful; 3 = Acceptable, basic competence; 4 = Acceptable, exceeds basic competence. The pass/fail determination is based on an evaluation of performance on all three components of the examination.

Examination and Scoring Report

Approximately eight (8) weeks after the administration of the examination, your examination results will be e-mailed to you. Results will be sent to you by e-mail only and will not be released via telephone or facsimile.

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 associated with safe and effective practice. It is not intended to distinguish among scores at or above the passing point; therefore, WIP will not report numeric scores to passing candidates.

WIP will send failing candidates notice of their score, the minimum passing score and a diagnostic report showing performance on each of the three parts of the examination. 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 and scoring documents will be destroyed six (6) months after the administration of the examination.

Appeals

A candidate who fails the examination and wishes to challenge the results may request that the examination be re-scored by hand to verify reported scores. A request must be submitted in writing within twenty (20) calendar days of the postmark on the score report along with a check for \$50.00 (USD) payable to World Institute of Pain to cover the cost of hand scoring the examination. Results of hand scoring will be considered the final examination result. WIP offers no further appeal.

Certification

Candidates who pass the examination will receive a certificate suitable for framing and may identify themselves as *Certified Interventional Pain Sonologist (CIPS)*. 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 agrees not to use the certification in such a manner as to bring the WIP or its Board of Examination into disrepute (including the failure to maintain competent practice) and not to make any statement regarding the certification that the WIP or its Board of Examination may consider misleading or unauthorized. The certificate remains the property of WIP and must be surrendered to WIP in the case of termination of certification.

Re-certification

Certificates awarded by WIP and its Board of Examination are time-limited. WIP and its Board of Examination are in the process of establishing a re-certification policy. The WIP Board of Examination 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 Board of Examination Credentials Committee reviews all applications submitted for the examination.

The review process takes approximately four (4) weeks. The review process does not start until ALL required materials are received from the applicant.

If your application is approved, you will receive an e-mail confirming your eligibility, and containing specific information about the date, time, and location of the examination.

EACH CANDIDATE IS REQUIRED TO PRESENT PHOTO IDENTIFICATION AT THE REGISTRATION DESK ON THE DAY OF THE EXAMINATION.

The Board of Examination independently verifies the information submitted in applications. State agencies or other licensing bodies sometimes take time to respond to verification requests. The Board of Examination 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 **some 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 examinee participation in the examination administration or to invalidate scores. Irregularities may also be evidenced by subsequent statistical analysis of testing materials.

The Board of Examination reserves the right to investigate each incident of suspected misconduct or irregularity.

Test Site Regulations

1. **All examinees must present some form of photo identification** (e.g., passport or 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. Examinees must arrive at the test site approximately forty-five (45) minutes prior to the scheduled testing start time. Late arrivals will not be admitted to the test site.
3. The use of cellular phones, pagers and other electronic devices is **NOT** permitted.
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 Board of Examination Executive Board may, however, be present during the testing session.
7. Examinees may leave the testing room to use the restroom, but will not receive any additional or compensating time to complete the examination.

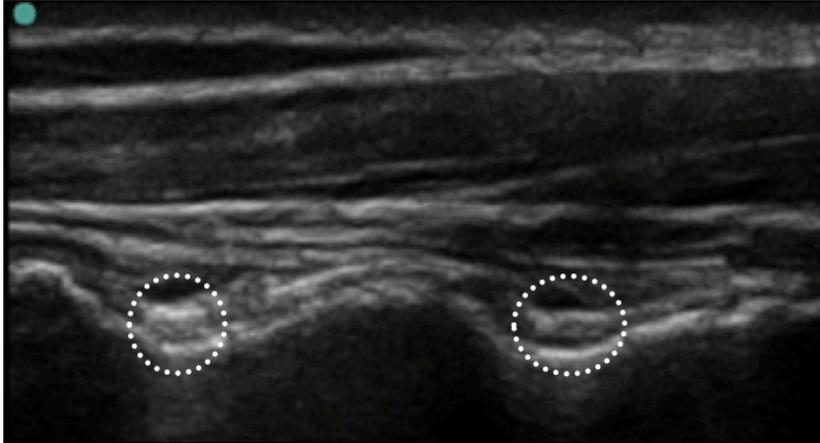
Determination of Passing Score

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. At any given administration of the CIPS

Examination, an examinee has the same chance of passing the examination regardless of whether the group taking the examination at that time tends to have relatively high or low scores.

EXAMPLES OF MULTIPLE CHOICE QUESTIONS

1. The structures encompassed by the dotted circles in the coronal ultrasound scan of the spine below are:
 - A. cervical medial branch nerves.
 - B. lumbar facet joints.
 - C. lumbar medial branch nerves.
 - D. cervical facet joints.



Correct answer: A

2. After the needle has been placed for a lumbar facet nerve block, the next step is:
 - A. Injection of local anesthetic.
 - B. Placement of transducer into long-axis view to localize transverse process.
 - C. Placement of transducer into long-axis view to localize pedicle.
 - D. Injection of saline to visualize the injectate spread.

Correct answer: B. Greher et al. Anesthesiology 2004

3. According to current literature, what is the technical success rate for facet joint injection?
 - A. 21-40%
 - B. 41-60%
 - C. 61-80%
 - D. 81-100%

Correct answer: D. 88-96% Gofeld M, Bristow SJ, Chiu S. Ultrasound-guided injection of lumbar zygapophyseal joints: an anatomic study with fluoroscopy validation. Reg Anesth Pain Med. 2012 Mar-Apr;37(2):228-31.

4. Which of the following is true of the ultrasound-guided lumbar selective nerve root block technique?
 - A. Out of plane approach has been described
 - B. Technical success rate of approximately 90% has been reported
 - C. The incidence of intravascular injection is slightly higher in reports using ultrasound guided needle placement
 - D. Nerve stimulator should routinely supplement ultrasound-guided needle placement

Answer: B; (Kim, et al. Clin in Orth Surg 2013, vol 5.), (Gofeld, et al. Spine 2012, vol 9, ; 808-812.)

5. The MOST common complication of a paravertebral block is:
- A) pneumothorax.
 - B) hypotension.
 - C) vascular puncture.
 - D) Epidural or intrathecal spread.

Answer: C Inadvertent vascular puncture is the most common complication of paravertebral blocks. Naja et al Anesthesia 2001

6. Thoracic facet injections have been described using ultrasound guidance in the:
- A) sagittal plane with a caudal to cephalic needle approach with the needle in-plane.
 - B) parasagittal oblique plane with caudal to cephalic needle approach with the needle in-plane.
 - C) sagittal plane with a caudal to cephalic needle approach with the needle out-of-plane.
 - D) parasagittal oblique plane with caudal to cephalic needle approach with the needle out-of-plane.

Answer: A Thoracic facet injections under ultrasound have only been described in the sagittal plane with the needle in-plane. Stulic et al Journal of US in Medicine 2011.

7. Which of the following muscles is innervated by the suprascapular nerve?
- A. Infraspinatus
 - B. Subscapularis
 - C. Teres minor
 - D. Deltoid

Answer: A

8. Which artery lies close to the ilioinguinal nerve?
- A. Branch of the superior ilioinguinal artery
 - B. Gastric epiploic artery
 - C. Branch of the deep circumflex iliac artery
 - D. Iliohypogastric artery

Answer: C

9. Which of the following BEST describes the LFCN classic appearance and location where it is MOST easily found?
- A. Hyperechoic dot over the sartorius muscle under the fascia lata
 - B. "Cat's eye" with hyperechoic center surrounded by hypoechoic fat pad over the sartorius muscle
 - C. Honeycombed structure medial to ASIS in inguinal ligament
 - D. Hyperechoic mass over lateral thigh superficially to the tensor fascia lata

Answer: B

10. The median nerve provides innervation to which of the following EXCEPT?
- A. Opponens pollicis
 - B. Abductor pollicis brevis
 - C. First and second lumbricals of the hand
 - D. Abductor pollicis longus

Answer: D

11. Which accessory muscle present in the cubital tunnel can compress the ulnar nerve?
- A. Biceps femoris
 - B. Triceps brachii
 - C. Biceps brachii
 - D. Anconeus epitrochlearis

Answer: D

12. The ulnar nerve can be visualized at all of the following locations EXCEPT:
- A. at Guyon's canal at the wrist.
 - B. at the lateral epicondyle of the elbow.
 - C. between the axillary artery and vein, in most cases.
 - D. along the anterior surface of the medial head of the triceps.

Answer: B

13. Where can the pudendal nerve be readily found?
- A. In the sacral plexus under piriformis
 - B. Within the inferior gemellus muscle
 - C. Under the ischial spine
 - D. Medial to the ischial spine

Answer: D

14. Electrical stimulation of the pudendal nerve will activate which of the following muscles?
- A. Obturator internus
 - B. internal urethral sphincter
 - C. Internal anal sphincter
 - D. Levator ani and coccygeus

Answer: D

15. Where is the stellate ganglion located?
- A. Anterior to Chassaignac's Tubercle
 - B. Cephalad to the subclavian artery at first rib
 - C. Anterior to the transverse process of the C7 vertebra and the neck of the first rib
 - D. Posterior to the carotid sheath at the longus colli muscle

Answer: C HoganQ, EricksonSJ. Magnetic resonance imaging of the stellate ganglion: normal appearance. AJR Am J Roentgenol. 1992;158: 655-659

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. The WIP – Board of Examination does not intend the list to imply endorsement of these specific references, nor are the examination questions taken from these sources.

1. WAPMU Lectures and Video Demonstration. Available at www.wapmu.org
2. Ultrasound of the Musculoskeletal System, by Stefano Bianchi and Carlo Martinoli, Springer 2007
3. Atlas of Ultrasound-Guided Procedures in Interventional Pain Management, by Samer Narouze, Springer 2010
4. Ultrasound Guided Regional Anesthesia and Pain Medicine by Paul E. Bigeleisen, Wolters Kluwer 2010
5. Fundamentals of Musculoskeletal Ultrasound: Expert Consult-Online and Print, 2e by Jon A Jacobson, Elsevier 2012
6. Atlas of Ultrasound Guided Musculoskeletal Injections by David Spinner, Springer, 2013 (Musculoskeletal Medicine)
7. Grant's Atlas of Anatomy, 13th Edition by Anne M. R. Agur and Arthur F. Dalley, Lippincott, 2012

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