
AMERICAN BOARD OF FOOT AND ANKLE SURGERY

Information and Requirements For Part I Board Qualification



American Board of Foot and Ankle Surgery®

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This document contains information specific only to the 2018 examinations.

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Americans with Disabilities Act. In compliance with the *Americans With Disabilities Act*, the American Board of Foot and Ankle Surgery® will make reasonable accommodations for individuals with disabilities provided the candidate submits a written request and all required documentation no later than thirty (30) days prior to the date(s) of the examination. Candidates will find additional information including how to apply on the ABFAS website.

The Part I Board Qualification Process

Individuals with a Doctor of Podiatric Medicine (DPM) degree and who have completed at least three (3) years of a CPME-approved residency program are eligible to begin the Board Qualification process. You must be Board Qualified before you can begin the Board Certification process.

What does it mean to be Board Qualified?

Board Qualification in Foot Surgery

Board Qualification in Foot Surgery indicates a demonstrated level of capability in the diagnosis of general medical problems, including the diagnosis and surgical management of pathologic foot conditions, deformities, and/or traumatic injuries.

Board Qualification in Reconstructive Rearfoot/Ankle (RRA) Surgery

Board Qualification in Reconstructive Rearfoot/Ankle (RRA) Surgery indicates a demonstrated level of capability in the diagnosis of general medical problems, including the diagnosis and surgical management of pathologic foot and ankle conditions, deformities, and/or trauma, and structures that affect the foot, ankle, and leg. ***Board Qualification in Foot Surgery is a prerequisite for Board Qualification in RRA.***

Board Qualification is a Two-Step Process

There are two steps to the Board Qualification process: Residency Completion/Licensure Documentation and the Board Qualification Examinations.

Documentation

1. Residency Completion Certificate and State License

Upon completion of your residency, submit a photocopy of both the residency completion certificate and a current, valid, state license to ABFAS. You can do so by scanning and emailing your documents to certifications@abfas.org or faxing to 415.553.7801. Your program does not automatically send the certificate to ABFAS. You must do so.

2. Surgical Case Logs

During residency, log all surgical cases via [Podiatry Residency Resource \(PRR\)](#). Logs must list all cases you performed or participated in during your residency program, and must meet minimum surgical training requirements as delineated in the applicable CPME 320. The residency program director must verify and sign your logs, thus verifying within the PRR system the diversity and volume of surgical activity required for Board Qualification. If you pass the Part I board qualification examinations, but have not met the diversity requirements, you will not be able to become board qualified.

Part I Board Qualification Examinations

The Board Qualification examinations demonstrate your cognitive knowledge and clinical reasoning skills in

If you have not attained Board Qualified status but have completed a CPME-approved residency of less than 3 years, you have until December 31, 2020 to complete the Board Certification process. Beginning January 1, 2021, you will be ineligible for ABFAS certification.

If you have Board Qualified status and have completed a CPME-approved residency of less than 3 years, you may pursue Board Certification until your Board Qualified status expires. You may apply for requalification once, but requalification will not extend beyond December 31, 2020.

the medical, intraoperative, and perioperative care of foot and ankle surgery patients. They are offered in March and October each year.

1. Registering for an Exam

Log into the ABFAS website. Click “Register for an Exam” under exam quick links. Submission of registration certifies agreement and compliance with the ABFAS Bylaws. If you are taking both Foot Surgery and RRA Surgery Board Qualification examinations, you may sit for both examinations on the same day.

2. Test Components

The Part I Board Qualification Examination consists of didactic and performance-based components that evaluate clinical knowledge and treatment skills acquired during an approved podiatric surgical residency. The didactic component can have up to 80 multiple-choice questions.

The performance-based component consists of Computer-based Patient Simulation (CBPS) cases. The CBPS component has 8 questions, and uses case scenarios to evaluate clinical reasoning skills, content knowledge, problem-solving ability, and clinical decision-making, i.e., ability to reason logically and arrive at a diagnosis or treatment plan for a specific patient presentation.

Foot Surgery

The Part I Board Qualification Examination in Foot Surgery covers diagnostic and perioperative care encompassing the foot and ankle. Intraoperative areas include surgical procedures of the entire foot except for RRA procedures.

RRA Surgery

The Part I Board Qualification Examination in RRA Surgery covers diagnostic, intraoperative, and perioperative care pertaining to RRA procedures.

See **Table 1** for a summary of the skill area and subject area subcategories that are covered in the Board Qualification Examination.

The skill area definitions are in **Table 2**. The subject area subcategories are listed in **Table 3**.

3. Study Guide and Practice Cases

Online Study Guide

To access the Part I Board Qualification Didactic Examination online study guide, login to the StepUp eLearning website (<http://www.stepupelearning.org>) using your ABFAS username and password. The guide contains information about subject areas covered in ABFAS examinations and examples of examination questions. The practice examination demonstrates the types and formats of questions to expect on the didactic examination. It is not designed to predict performance on the actual examination or identify knowledge gaps.

CBPS Practice Exam

ABFAS offers a practice CBPS exam that functions exactly like the real CBPS examination. It is very important

to read the CBPS practice instructions and take the practice exam to understand the format and flow. Instructions for the CBPS component of the Part I Board Qualification Examination are located at <https://www.abfas.org/Resources/Documents.aspx>.

4. Testing Sites

ABFAS contracts with Pearson VUE to administer examinations. Pearson VUE offers 200 testing sites in the United States and abroad (see <http://www.pearsonvue.com/abps/>). ABFAS strongly encourages early registration to ensure availability of a convenient testing site.

Failure to Appear

Candidates who fail to appear for their scheduled examination(s) without completing the formal withdrawal process forfeit all fees.

5. Scoring

ABFAS scores examination components separately. You must pass both components to achieve Board Qualified status. If you only pass one component, you will receive credit for that component but will have to retake and pass the second component on a subsequent test date before achieving Board Qualified status. Passing credits expire 7 years after test date.

ABFAS will email you when your test results have been posted (login to see your results). Copies of the test items are not available.

Your results (for failed examinations) will be available on your profile page. Examinations are not graded on a curve. The Board of Directors sets passing scores based on an independent psychometric evaluation of the examinations. ABFAS does not have an appeal process for its examinations. An independent psychometric consultant rescores and reviews all failed examinations. Candidates may write to examconcerns@abfas.org if they have questions about their exam score reports.

6. Confidentiality

ABFAS considers the status of an individual's participation in and the stage of completion of all Certification components, including an individual's certification status and certification history, to be public information. ABFAS reserves the right to publish and share public information in any and all public forums determined by ABFAS to be reasonable, including the posting of public information on the ABFAS website, sharing the public information with medical licensure boards, managed care organizations, third party payers, or others. While ABFAS generally regards all other information about individuals as private and confidential, there are times that ABFAS must release certain information to fulfill its responsibilities as a medical specialty board.

Statute of Limitations

If your Board Qualified status in Foot Surgery expires before your Board Qualified status in RRA Surgery, ABFAS will suspend your RRA status until you have successfully reestablished the required status in Foot Surgery (provided that your RRA status has not expired prior to the reestablishment of Foot Surgery status).

If you attained Board Qualified status prior to 2014, you may requalify for Board Qualification in either Foot or RRA Surgery until expiration of the initial Board Qualified status, but you may only requalify once, i.e., may hold Board Qualified status for no more than 14 years. To requalify, you must (1) submit proof of current active hospital surgical privileges commensurate with the requested level of qualification, (2) meet Board Qualification requirements, and (3) pass the Board Qualification examination.

ABFAS specifically regards the results of an individual's Qualification, Certification, or Recertification examination (score and whether the individual passed or failed) as private and confidential.

Board Qualification Letter

When you meet all Part I Board Qualification requirements and pass the Part I Board Qualification examination, ABFAS will issue you a letter bearing the embossed ABFAS seal and update your status to Board Qualified. Board-Qualified surgeons may not promote their status on letterhead, publications, or other advertisements. [ABFAS Advertising Policies](#)

Calendar

A full calendar for all ABFAS examinations and deadlines is available at [Exam Calendar](#) . The dates that pertain to the Part I Board Qualification Examination are repeated below for convenience.

	Spring	Fall
Registration opens	November 1, 2017	August 15, 2018
Registration closes	February 26, 2018	October 1, 2018
Last day to withdraw without penalty	March 5, 2018	October 8, 2018
Examination	March 12, 2018	October 15, 2018

Fees

A full list of all ABFAS application, examination, and other fees is at [Exam Fees](#). The fees that pertain to the Part I Board Qualification Examinations are repeated below for convenience.

Application Fee (NON-REFUNDABLE). Paid once per calendar year, regardless of number of exams.	\$225
Examination	
Part I Board Qualification Didactic Examination	\$425
Part I Board Qualification CBPS Examination	\$425
Withdrawal*	
On-time	0
Late	
One Part	\$150
Two Parts	\$250

* Candidates who do not appear for an examination and have not withdrawn before the examination date will forfeit all fees paid.

Table 1. Part I Board Qualification Examination Content Map**Foot Surgery**

Didactic (125 questions)		CBPS (8 questions)	
Skill Area	%	Skill Area	%
A. Problem-focused history and physical	0	A. Physical examination	25
B. Diagnostic studies/medical imaging	10	B. Diagnostic procedures/labs/imaging	25
C. Differential diagnosis	0	C. Diagnosis	25
D. Surgical principles	20	D. Treatment (application of surgical principles and medical management to determine treatment of patient)	25
E. Surgical procedures/techniques	20		
F. Procedural perioperative management	20		
G. Complications	20		
H. Medicine	10		
Total	100		100

RRA Surgery

Didactic (125 questions)		CBPS (8 questions)	
Skill Area	%	Skill Area	%
A. Problem-focused history and physical	0	A. Physical examination	25
B. Diagnostic studies/medical imaging	15	B. Diagnostic procedures/labs/imaging	25
C. Differential diagnosis	0	C. Diagnosis	25
D. Surgical principles	20	D. Treatment (application of surgical principles and medical management to determine treatment of patient)	25
E. Surgical procedures/techniques	25		
F. Procedural perioperative management	20		
G. Complications	20		
Total	100		100

CBPS Subject Areas

Questions may cover any of the following:

- Trauma
- Deformities/biomechanics
- Medicine/perioperative management (infection/metabolic disease/arthritis disorders/emergency medicine)
- Complications/revisions
- Neoplastic disorders
- Neurovascular disorders
- Congenital disorders/pediatrics

Table 2. Skill Area Definitions

Skill Area	Definition	Sample Topics
A. Problem-focused history and physical	Technique, pertinent elements, and interpretation of history and physical exam, lower-extremity only	<ul style="list-style-type: none"> ▪ Interpretation of findings of history and physical examination ▪ Diagnosis based on a particular examination element ▪ Demonstrate the pertinence of a particular examination ▪ Pathoanatomy, pathomechanics, and/or pathophysiology
B. Diagnostic studies/ medical imaging	Interpretation of specific studies of diseases, disorders, and conditions of the lower extremity.	<ul style="list-style-type: none"> ▪ Diagnosis or differential based on laboratory studies, imaging, or other diagnostic studies ▪ Diagnosis based on a specific imaging study
C. Differential diagnosis	Single or differential diagnosis based on multiple elements, including history and physical and diagnostic studies	<ul style="list-style-type: none"> ▪ Diagnosis based on multiple elements ▪ Identification of classification system, and/or identification of system parameters ▪ Diagnosis based on findings of a study or studies with no imaging study shown ▪ Differential diagnosis based on multiple findings of a history and physical examination
D. Surgical principles	General principles standard to all surgical disciplines and applicable to podiatric surgery	<ul style="list-style-type: none"> ▪ Preoperative, intraoperative, or postoperative decision making or management ▪ Not procedure-specific
E. Surgical procedures/ techniques	Intraoperative aspects of specific surgical procedures	<ul style="list-style-type: none"> ▪ Relevant (normal or abnormal) anatomy encountered and surgically altered during the performance of a surgical procedure ▪ Anatomy that is encountered and surgically altered ▪ Incision placement and dissection technique ▪ Orientation of bone cuts ▪ Selection and application of fixation devices and bioimplants ▪ Placement and fixation of tissue grafts and/or transfers ▪ Selection and application of closure materials, drains, and surgical dressings ▪ Complications that are assessed and/or managed intraoperatively
F. Procedural perioperative management	Procedure-specific and preoperative or postoperative in nature (not intraoperative)	<ul style="list-style-type: none"> ▪ Selection of a specific procedure based on findings ▪ Diagnosis that requires a surgical management decision ▪ Postoperative management of a specific procedure
G. Complications	Procedure- or injury-specific postoperative or post-traumatic conditions	<ul style="list-style-type: none"> ▪ Identification and/or management of lower extremity procedure-specific postoperative complications ▪ All-inclusive subject categories dealing with diagnosis and/or treatment
H. Medicine	All general medical diagnostics and treatments exclusive of lower-extremity pathology	<ul style="list-style-type: none"> ▪ Systemic complications ▪ Diagnosis that requires a medical management decision ▪ Medical management: diagnosis and treatment of diseases, disorders, and conditions, exclusive of the lower extremity ▪ Interpretation of history and physical examination and diagnostic studies relating to non-lower extremity pathology ▪ Anesthesia: local, regional, spinal, epidural, IV sedation, and general anesthesia topics, including related peri-anesthesia assessment and pharmacologic management ▪ Emergency medicine: diagnosis and treatment of urgent or emergent diseases, disorders and conditions exclusive of lower extremity

Table 3. Subject Area Subcategories

Each didactic examination Major Subject Area may include any one of the Subcategory Subject Areas according to the Subcategory Subject Area Distribution shown below.

- (a) RRA subject areas may be tested.
 (b) Black subcategory subject areas will emphasize examination-specific content area.
 (c) Subcategory areas designated with ⁽¹⁾ will receive less emphasis on the Foot recertification examinations.

SUBJECT AREA DISTRIBUTION			
Major Subject Area	Foot Surgery Part I & Recertification^(c)	RRA Surgery Part I & Recertification	Self-Assessment
A. Problem-focused History and Physical	All subcategory subject areas ^(a)	Red or black ^(b) subcategory subject areas	All subcategory subject areas
B. Diagnostic Studies/Medical Imaging	All subcategory subject areas ^(a)	Red or black ^(b) subcategory subject areas	All subcategory subject areas
C. Differential Diagnosis	All subcategory subject areas ^(a)	Red or black ^(b) subcategory subject areas	All subcategory subject areas
D. Surgical Principles	All subcategory subject areas ^(a)	Red or black ^(b) subcategory subject areas	All subcategory subject areas
E. Surgical Procedures/ Techniques	Only blue or black ^(b) subcategory areas	Red or black ^(b) subcategory subject areas	All subcategory subject areas
F. Procedural Perioperative Management	All subcategory subject areas ^(a)	Red or black ^(b) subcategory subject areas	All subcategory subject areas
G. Complications	All subcategory subject areas ^(a)	Red or black ^(b) subcategory subject areas	All subcategory subject areas
H. Medicine	All subject areas	Not applicable	All subject areas

Table 3. Subject Area Subcategories, cont.**SUBCATEGORY SUBJECT AREAS****1. Deformities**

- a. Acquired digital deformities
- b. Hallux abductovalgus
- c. Hallux limitus
- d. Central metatarsal deformities
- e. Fifth metatarsal deformities
- f. Other common forefoot deformities
- g. Complex/combined forefoot deformities
- h. Common rearfoot deformities
- i. Congenital digital deformities (polydactyly, syndactyly, macrodactyly, overlapping digits)
- j. Congenital forefoot deformities (brachymetatarsia, clawfoot, hallux varus)
- k. Metatarsus adductus/skewfoot
- l. Pes planus
- m. Pes cavus
- n.⁽¹⁾ Clubfoot
- o. Tarsal coalition
- p.⁽¹⁾ Vertical talus
- q.⁽¹⁾ Calcaneovalgus
- r. Equinus deformities
- s.⁽¹⁾ Complex leg/ankle deformities

2. Infections

- a. Soft tissue
- b. Bone/joint
- c. Systemic

3. Neoplasms/Tumors/Masses (primary benign, primary malignant, metastatic)

- a. Soft tissue
- b. Bone

4. Other Conditions

- a. Vascular disorders
- b. Focal neuropathies (entrapments, neuroma, tarsal tunnel syndrome) and Complex Regional Pain Syndrome (CRPS)
- c. Neuropathic bone, joint, or soft-tissue derangements
- d. Neuromuscular disorders
- e. Arthritic disorders
- f.⁽¹⁾ Metabolic bone disease
- g. Tendinopathies
- h. Other soft-tissue disorders (plantar fasciitis)
- i. Nail and dermatologic disorders
- j. Chronic post-traumatic disorders
- k. Osteochondroses/Avascular necrosis

5. Acute Trauma

- a. Digital and sesamoidal fractures/dislocations
- b. Metatarsophalangeal joint dislocations
- c. Metatarsal fractures
- d. Tarsometatarsal fractures/dislocations
- e. Midfoot fractures/dislocations
- f. Rearfoot fractures/dislocations
- g. ⁽¹⁾ Ankle fractures
- h. Acute soft-tissue ankle Injuries
- i. Acute tendon ruptures/lacerations.
- j. ⁽¹⁾ Acute nerve/vascular injury (including compartment syndrome)
- k. ⁽¹⁾ Miscellaneous acute trauma (degloving injury, foreign body, gunshot wounds, crush injury, contusions, burns)
- l. Pediatric fractures/growth-plate injuries

6. Nonspecific

- a. Joint implants
- b. Fixation devices
- c. Bone grafts/bone substitutes/bone healing
- d. Suture materials
- e. Other
- f. Soft tissue/anchor/skin graft/healing
- g. Anatomy
- h. Medicine (illnesses/therapeutics)
- i. Anesthesia

CANDIDATES WHO COMPLETED RESIDENCY PRIOR TO JUNE 30, 2014			
Residency Type	Currently Board Qualified?	Can Requalify?	Caveats
PSR-12, plus any other residency (PPMR/POR/RPR)	No <i>Or, if qualified once previously and that qualification status is now Expired – may requalify and caveats for currently qualified apply.</i>	No	Must be board qualified by December 31, 2018. May pursue board certification until December 31, 2020. Beginning January 1, 2021, such candidates are ineligible for ABFAS certification.
PSR-12, plus any other residency (PPMR/POR/RPR)	Yes	Yes	May only qualify twice; requalification shall not extend beyond 2020. May pursue board certification until December 31, 2020. Beginning January 1, 2021, such candidates are ineligible for ABFAS certification.
PM&S-24/PSR-24	No <i>Or, if qualified once previously and that qualification status is now Expired – may requalify and caveats for currently qualified apply.</i>	No	Must be board qualified by December 31, 2018. May pursue board certification until December 31, 2020. Beginning January 1, 2021, such candidates are ineligible for ABFAS certification.
PM&S-24/PSR-24	Yes	Yes	May only qualify twice; requalification shall not extend beyond 2020. May pursue board certification until December 31, 2020. Beginning January 1, 2021, such candidates are ineligible for ABFAS certification.
PM&S36 PMSR PMSR/RRA	No <i>Or, if qualified once previously and that qualification status is now Expired – may requalify and caveats apply.</i>	Yes	Qualification limited to a total of 14 years (may only qualify twice). May pursue board certification until expiration of board qualified status.
PM&S-36 PMSR PMSR/RRA	Yes	Yes	Qualification limited to a total of 14 years (may only qualify twice). May pursue board certification until expiration of board qualified status.

CANDIDATES WHO COMPLETED RESIDENCY AFTER JUNE 30, 2014			
Residency Type	Currently Board Qualified?	Can Requalify?	Caveats
PMSR PMSR/RRA	Yes or No	No	Limited to seven years to achieve Board Certified status after becoming Board Qualified.