

ABMSP

AMERICAN BOARD  
MULTIPLE SPECIALTIES IN PODIATRY

Podiatric  
Sports Medicine  
Certification  
Handbook

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## Mission Statement

We exist to protect and improve the podiatric health and welfare of the public.

## Purpose Statement

The American Board of Multiple Specialties in Podiatry (the Board) was incorporated in 1986 to promote certification among podiatrists.

The specific and primary purpose of the American Board of Multiple Specialties in Podiatry is: (i) to develop and implement national and international standards for certification; (ii) to grant recognition to individuals who meet the standards; (iii) to monitor the adherence to the standards by podiatrists certified by the corporation; and (iv) to maintain a registry of podiatrists certified by the corporation.

## Statement of Impartiality

The ABMSP understands the importance of maintaining impartiality in all of its decision making and certification activities. The ABMSP Board of Directors is responsible for ensuring that the organization carries out its activities in an impartial manner, managing real or perceived conflicts of interest, and ensuring objectivity in its decision making process.

## The Role of Certification

Certification is a voluntary process in which individuals are recognized for advanced knowledge, competence, and skill. Certification requires assessment, testing, and/or evaluation of education and/or experience. Certification by the American Board of Multiple Specialties in Podiatry is sought voluntarily by podiatrists in order to attain a credential which attests to their training and experience as providers of services to persons who suffer from diseases and deformities of the foot.

## Objectives of Certification

An eligible podiatrist who meets the requirements of this certification shall be able to use the designation Certified in Podiatric Sports Medicine (CPSM).

The purpose of certification is to set standards by:

1. Providing a standard of requisite knowledge for certification in specialty areas of podiatry.
2. Recognizing formally those individuals who meet the eligibility and knowledge requirements of ABMSP.
3. Encouraging professional growth in the profession of podiatry.
4. Establishing and measuring the level of knowledge required for certification in specialties within the field of podiatry.

## Eligibility Requirements

1. Hold a current DPM license (submit a copy of the license with the application)
2. Post graduate resume, showing podiatric work history from the time of graduation to the present
3. At least 10 years in podiatric sports medicine practice
4. Attestation that at least 20% of practice is with patients with sports medicine podiatric needs
5. At least two professional recommendations, on letterhead, from fellow podiatrists, physicians, or other health professionals
6. Completion of an application and payment of an application fee
7. Payment of a certification fee

Note: The first six (6) of the above requirements must be completed and approved before a candidate will be permitted to submit the portfolio.

## Portfolio Requirements

Certification in Podiatric Sports Medicine Certification will be awarded by way of a portfolio which demonstrates the candidate's experience in podiatric sports medicine. A candidate whose eligibility requirements have been approved must submit documentation to demonstrate that **at least 100 points** have been earned, according to the following grid.

Activity	Points Awarded	Maximum points awarded for this activity
CMEs earned in topics relevant to podiatric sports medicine	1 point per CME	30
Presentations made at medical meetings/conferences relevant to podiatric sports medicine	Points per hour of presentation	10
International meeting/conference	5	
National meeting/conference	4	
State meeting/conference	3	
Local meeting/conference	2	
Articles published in recognized podiatric/medical publications on topics relevant to podiatric sports medicine	Points per article	20
Peer reviewed publications	5	
Non-peer reviewed publications	4	
Community volunteer activities relevant to podiatric sports medicine (e.g. youth sports, Special Olympics, races, screenings)	5 points per activity	20

Podiatric sports medicine Fellowship training program	25 per year	50
Certification by ABMSP or other recognized podiatric board certification	25 points per certification held	50
Teaching a portion of an academic course in sports medicine/biomechanics	10	30
Fellow, AAPMS	50	50
Fellow, ACSM	50	50
Sports medicine consultant/team podiatrist	50	50

### Appeals on Eligibility

Candidates who have been deemed ineligible to submit a portfolio for this certification may appeal in writing to the American Board of Multiple Specialties in Podiatry Executive Committee at [abmsp@abmsp.org](mailto:abmsp@abmsp.org). The email must be accompanied by supporting documentation. The appeal must be received within 10 days after the notice of ineligibility is sent to the candidate. The ABMSP will review the appeal and notify the candidate in writing by way of email of its decision within 10 days of receipt of the written appeal.

### Portfolio Review

A Portfolio Review Committee, comprised of no less than three and no more than five members, shall be appointed by the ABMSP Board of Directors. Within 60 days of submission of the portfolio documentation the Portfolio Review Committee shall do one of the following:

1. Ask the candidate for clarifying information on the portfolio submission
2. Return the portfolio submission for additional documentation
3. Award Podiatric Sports Medicine Certification

### Appeals on Certification

In the event a candidate is denied certification, the candidate may appeal by email to the American Board of Multiple Specialties in Podiatry Executive Committee at [abmsp@abmsp.org](mailto:abmsp@abmsp.org). The email must be accompanied by supporting documentation. The appeal must be received within 30 days after the notification of denial of certification. The ABMSP will review the appeal and notify the candidate by email of its decision within 30 days of receipt of the written appeal.

### Non-Discrimination

The American Board of Multiple Specialties in Podiatry does not discriminate against any individual on the basis of race, color, religion, gender, national origin, age, disability or any other characteristic protected by law.

### Attainment of Certification and Recertification

Candidates who successfully submit a portfolio and are awarded Podiatric Sports Medicine Certification must agree to adhere to the Board’s Code of Professional Practice. Each certified podiatrist will receive a certificate from ABMSP and will be maintained in the registry of certified podiatrists on the ABMSP website.

Podiatric Sports Medicine Certification is valid for a period of five (5) years at which time the podiatrist must submit a completed application for recertification and an abbreviated portfolio, containing at least 50 points from the above grid.

### Dues

Diplomates of the ABMSP shall pay annual dues in an amount determined from time to time by the Board of Directors. The current annual dues for those holding ONLY the Podiatric Sports Medicine Certification are \$125. Current diplomates of ABMSP will receive a reduction in their annual dues once they are awarded this certification.

### Revocation of Certification and Other Discipline

Individuals who fail to meet the requirements set forth in the ABMSP’s Code of Professional Practice may have their certification revoked.

### Fees

Application Processing Fee .....	\$75.00
Portfolio Submission Fee.....	\$125.00
Recertification Fee (every 5 years).....	\$125.00

Make check or money order payable to:

### American Board of Multiple Specialties in Podiatry

Visa, MasterCard, and American Express are also accepted. Complete and sign the credit card payment form on the application.

Do Not Send Cash

### Refunds

**There will be NO refund of fees.**

## Podiatric Sports Medicine Body of Knowledge

The following are topics which may be considered to be part of the practice of podiatric sports medicine. The following list is a suggestion only and is not exhaustive in its definition of podiatric sports medicine topics.

- I. Sports Medicine
  - a. Unique characteristics of the sports patient
  - b. Differences in the historical review with an athlete
  - c. Psychological aspects of a competing athlete
  - d. Role of the doctor in the sports medicine TEAM
  - e. Assessing the injured athlete on the field
  - f. Surgical differences in the athlete
  - g. Special concerns of the diabetic athlete
  - h. Special concerns of the female athlete
  - i. Special concerns of the child athlete
  - j. Special concerns of the aging athlete
  - k. Special concerns with the athlete with intellectual disabilities
- II. Biomechanics
  - a. Important observations (including metatarsal alignment, forefoot to rearfoot alignment, resting heel position, functional hallux limitus, overall joint stability, equinus, limb length discrepancy)
  - b. Differences and similarities of running vs. walking gait (float phase of running, how variation of speed affects foot positioning, differences in the phasic muscle activity)
  - c. Important theories (root balance theory, sagittal blockade theory, tissue stress theory)
  - d. Kinesiology principles (what is good motion, what is bad motion?)
  - e. Common terms used (force, torque, moment, velocity, motion vs. position, acceleration vs. deceleration, lever arms)
- III. Gait Evaluation
  - a. Important patient classifications (are they pronators, supinators, do they have limb length discrepancy, do they have poor shock absorption, signs of weak or tight muscles?)
  - b. Basic gait examination (including head tilt, shoulder drop, arm swing, hip level, knee rotation, heel motion and position, arch motion, abductory twist, digital clawing). What are the components of normal gait both walking and running?
- IV. Rehabilitation Principles (including role of physical therapy and return to activity)
  - a. Basic components of physical therapy (including ultrasound, iontophoresis, electrical stimulation, TENS, manual work, strengthening principles, flexibility principles, cryotherapies, contrast bathing)
  - b. Basic components of rehabilitation: 3 phases of rehabilitation, how to progress a patient through from injury to complete recovery, cross training principles,

- return to running program, home programs for inflammation, strength, flexibility, nerve pain reduction
  - c. When and how to mobilize in Phase I of rehabilitation
  - d. When and how to re-strengthen the athlete in Phase II of rehabilitation (what are the various types of strengthening and how do tight muscles make you weak?)
  - e. When and how to return to activity in Phase III of rehabilitation
  - f. Why and how we blend these phases for most athletes
  - g. Cross training principles
  - h. Causes of pain and treatment for each (mechanical, inflammatory, neuropathic)
- V. Athletic Foot Wear (shoes and socks) for Specific Sports
  - a. Basic categories of running shoes
  - b. Basic categories of biking cleats
  - c. Basic categories of ballet shoes
  - d. Basic categories of ski or winter shoes
  - e. Basic knowledge of new versions of high tech socks and compression sleeves
- VI. Athletic Equipment (Biodynamics) (including braces, AFOs)
  - a. Ankle braces
  - b. Shin sleeves
  - c. Knee braces
  - d. Various AFOs types and reasons to use
  - e. What is “cast disease” and how to minimize it?
- VII. Physical Fitness General Rules
  - a. Balanced program for body strength
  - b. Diet
  - c. Hydration
  - d. Good pain vs. bad pain
  - e. Proper training and training techniques for various sports (like importance of recovery, how to train for a marathon, how to run faster safely)
- VIII. Epidemiology of Injury
  - a. Common causes running (thoughts on prevention)
  - b. Common causes ballet (thoughts on prevention)
  - c. Common causes sports in general (thoughts on prevention)
  - d. Common causes downhill skiing (thoughts on prevention)
- IX. Improving Injury Recovery (taping, wedges, orthotic devices, carbon plates, Budin Splints, dancer’s padding)
  - a. Taping (including spica taping, arch taping, buddy taping, ankle taping. Achilles taping, knee taping for runner’s knee) and types of taping differences (kinesiotape, leukotape, dynamic tape, athletic white tape)
  - b. Wedges (when to use varus and valgus wedges, full length wedges vs. heel wedges)
  - c. Custom orthotic devices (ordering for pronators, supinators, shock absorption, components of Rx like heel post variances, heel cup variances, material variances, etc. What are modifications for various sports?)

- d. Role of prefab and OTC orthotics
  - e. How to trouble shoot orthotic devices (too much or too little correction, arch or edge irritation, common in office adjustments or accessories to add)
  - f. How to cast for orthotic devices and variations
  - g. Role of carbon plates
  - h. How to use Budin Splints vs. taping 2<sup>nd</sup> and 3<sup>rd</sup> MPJ problems
  - i. What is a dancer's pad and other common forms of off weighting padding?
- X. Common Sports Injuries by Region
- a. Foot (including "tennis toe", blisters, hallus rigidus, sesamoid fractures vs. sesamoiditis (especially bi-partite vs. fracture distinction), "turf toe" or plantar plate tears, capsulitis vs. metatarsalgia, morton's neuroma, metatarsal stress fractures especially biomechanics of overload, Jones' fracture, cuboid syndrome, sinus tarsiitis, os navicularis, posterior tibial tendon problems, plantar fasciitis, heel spurs, infra-calcaneal bursitis)
  - b. Ankle (including various impingement syndromes, os trigonum, Achilles tendonitis, Achilles partial tears, Achilles complete tears, Homan vs. Thompson testing, peroneal tendon problems including differentiating brevis vs. longus, extensor tendon problems)
  - c. Lower leg (including calf strain, tibial or fibular stress fractures including common locations, shin splints 4 main types with muscles involved, compartment syndrome acute and chronic, medial tibial stress syndrome , PAES, tennis leg)
  - d. Knee (including plica syndrome, pes anserinus, iliotibial band syndrome, hamstring strains, quadriceps strains, chondromalacia patellae (biomechanics and treatment), medial meniscus injuries, lateral meniscus injuries, ACL and PCL tears, collateral ligament sprains, "jumper's knee")
  - e. Thigh (including upper hamstring strain, quadriceps strain, femoral stress fractures, sciatica)
  - f. Hips (including iliotibial band syndrome, hip trochanteric bursitis, referred pain, degenerative hip disease, hip flexor strain, "snapping hip," piriformis syndrome)
  - g. Pelvis (sacro-iliac symptoms, pelvis asymmetries, iliopsoas strain)
  - h. Low back (including muscle strains, disc problems, concept of double crush syndrome, relationship to short leg syndrome, relationship to shoe gear)
- XI. Common Sports Medicine Surgeries (with post op considerations and biomechanical concerns)
- a. Achilles tendon repairs
  - b. Ankle ligament repairs
  - c. Subluxing peroneal tendons
  - d. Ankle reconstruction
  - e. Hallus rigidus
  - f. Morton's neuroma
  - g. Jones' fractures
  - h. Sesamoid fractures
  - i. Anterior tibial stress fracture (dreaded black line)



- XII. Special Populations
  - a. Pediatric special concerns including growth plates, parent involvement, overwork, sports specific for youth like gymnastics
  - b. Geriatric special concerns including falls, exercise programs, bone density issues, family involvement
  - c. Diabetic special concerns, slow wound healing, blood sugar regulation
  - d. Special Olympics knowledge
  - e. Elite athletes special concerns
  - f. Collegiate athletes role of podiatry
  - g. Treating club sports
  - h. Treating dancers (ballet, modern, cheer teams)
- XIII. Special Unique Knowledge of Various Sports
  - a. Ballet (including various terms like plie and releve, various positions or movement)
  - b. Running (including walk run program, training for a marathon, types of shoe gear, types of socks and compression sleeves)
  - c. Cycling (including basic mechanics, components of bike influencing an injury and how to manipulate)
  - d. Ice skating
  - e. Downhill skiing
  - f. Cross country skiing
  - g. Hiking
- XIV. Exercise Prescriptions
  - a. Basic components of writing an exercise program (times per week, role of stretching, role of hydration, role of recovery periods, etc.)
  - b. Beginning walking program
  - c. Training for a long hike over many days
  - d. Beginning a running program
  - e. Setting up a bike with common improper fit problems
  - f. Returning to ballet
  - g. Knowledge of training techniques including LSD, intervals, tempo runs, circuit training, sets, and plyometrics
  - h. Understanding of running styles like CHI, POSE, and barefoot
- XV. Special Concerns
  - a. Sickle cell trait
  - b. Concussion protocol
  - c. Heart conditions and rehabilitation
  - d. Female athletic triad with appropriate lab work
  - e. Osteopenia/osteoporosis
  - f. Sports nutrition and hydration (including nutritional needs of the athlete, various supplements used by athletes and why, variety of doping and other banned substances, common energy supplements like Power Bars, common fluid replacements like Gatorade)
  - g. Appropriate lab work/referrals (what are the indications?)

- XVI. Anatomy and Physiology
  - a. Foot anatomy (common examination findings and tests)
  - b. Ankle anatomy (common examination findings and tests)
  - c. Leg anatomy (evaluation of muscles in 5 leg components, measuring for compartment syndrome, 4 types of shin splints, tennis leg diagnosis, tibial stress syndrome vs. stress fracture)
  - d. Knee anatomy (evaluation of knee range of motion, muscle strength of hamstring, quadriceps, and popliteus, evaluation of joint integrity: collateral and cruciate and menisci, evaluate presence of genu valgum or varum, what is Q angle and its significance, evaluation of patellar tracking, role foot function in various knee problems)
  - e. Hip anatomy (evaluation of hip range of motion, muscle strength evaluation 6 hip groups, role of hamstrings and quadriceps)
  - f. Pelvic and low back anatomy
  - g. How bones heal and role of supplements and bone stim
  - h. How tendons heal and breakdown (knowledge of Tissue Stress Theory)
  - i. How ligaments heal
  - j. Differences in strain vs. strain, Stage 1 vs. Stage 2 vs. Stage 3
  - k. Understanding of force length curve for tendon flexibility
- XVII. Various Technologies (some basis understanding)
  - a. Shockwave
  - b. PRP
  - c. Stem cell injections
  - d. Ozone injections
  - e. Amniotic membrane injections
  - f. Ultrasound vs. MRI
  - g. Tc99 bone scans
  - h. Stress testing X-rays conditions treated
  - i. Bone density testing
  - j. Common lab tests ordered



**Application – Podiatric Sports Medicine Certification**

NAME:	
BUSINESS NAME:	
ADDRESS:	
	Street, Apt, Ste
	City, State, Zip Code
PHONE: Office	
PHONE: Cell	
FAX:	
EMAIL:	

**Do you attest that at least 20% of your practice is in podiatric sports medicine?**

**Please circle: YES or NO**

**(If No, cannot proceed. The ABMSP Podiatric Sports Medicine Certification requires that a podiatrist have at least 20% of their practice in Sports Medicine)**

Signed \_\_\_\_\_

Dated \_\_\_\_\_

**Checklist of Application Requirements:**

- \_\_\_ Successful completion of this application
- \_\_\_ Copy of current DPM license
- \_\_\_ Copy of post graduate resume, showing podiatric work history from the time of graduation to the present, including at least 10 years in podiatric sports medicine practice
- \_\_\_ At least two letters of recommendation, on letterhead, from fellow podiatrists, physicians, or other health professionals
- \_\_\_ \$75 application fee\*

Make checks payable to ABMSP

**Credit/Debit Card Information:**

Name on card \_\_\_\_\_

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_

CVV \_\_\_\_\_

\*There will be an additional \$125 portfolio submission fee once this application is accepted.

Please mail this application plus the above materials to:

**Podiatric Sports Medicine Certification Application  
American Board of Multiple Specialties in Podiatry  
555 Eighth Avenue, Suite 1902  
New York, NY 10018**