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BOARD OF EXAMINATION

Interventional Examination Information Bulletin

(2019 Edition)

for Certification as Fellow of Interventional Pain Practice (FIPP)

REVIEW Page 10-12 for Examination Description.

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* *Deceased*

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BOARD OF EXAMINATION

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 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

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 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 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 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 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 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 6
Declaration and Consent

Please refer to the FIPP 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 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 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 eFIPP system, http://bit.ly/fippapp.

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 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 cashiers 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 FIPP 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 FIPP 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 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 domains of the practice of Pain Medicine for certification.
- To assess the knowledge and application 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 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. The WIP Board of Examination FIPP 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 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 and analysis of the FIPP certification examination. Dr. Rosen specializes in the design, development, implementation, and analyses 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 about 30 examiners. Candidates may not be evaluated by examiners who are well-known to the candidate.

PART 1 – THEORETICAL EXAMINATION

The 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 the organization of a pain polyclinic
Knowledge of pain classification and data management
Knowledge of the ethical and legal aspects of pain therapy
Knowledge of patient safety during the procedures (interventional procedures and radiation safety)
Knowledge of the relevant anatomy, physiology and pharmacology

2. CANCER PAIN

Excellent knowledge of the different pain syndromes due to cancer
Excellent knowledge of the guidelines for the treatment of cancer pain
Practical knowledge of taking the history and physical examination of the cancer patient
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 palliative care
Knowledge of cancer palliative care at home

3. 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

4. HEAD & NECK PROCEDURES

Trigeminal ganglion block and neurolysis
Cervical (C3-7) facet block
Cervical PRF-DRG (dorsal root ganglion)
Sphenopalatine ganglion block and neurolysis
Stellate ganglion block
Cervical epidural block
Brachial plexus block
DCS placement

5. CHEST/THORAX PROCEDURES

Intercostal nerve block
Thoracic sleeve root
RF/PRF DRG blocks
Suprascapular nerve block
T2, 3 sympathetic block (including RFTC)
T2, 3 neurolytic lesioning
Thoracic facet/RFTC and injections
Thoracic epidural block
DCS placement

6. LUMBAR/ABDOMINAL PROCEDURES

Lumbar sleeve root
(P)RF-DRG lumbar L1/S1
Splanchnic nerve block
Celiac ganglion block
Lumbar sympathetic block
Lumbar sympathetic neurolytic lesioning
Lumbar facet injections
Intraarticular injections
Median branch block and neurolysis
Lumbar discography
Intra discal electro thermocoagulation
Vertebroplasty
DCS placement
Lumbar epidural block

7. PELVIC PROCEDURES

Sacral sleeve root injection
(P)RF DRG S1

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

8. UPPER-EXTREMITY PROCEDURES

Brachial plexus block

9. LOWER-EXTREMITY PROCEDURES

Sciatic nerve blocks
Piriformis muscle injection

10. AUGMENTATION TECHNIQUES

Occipital stimulation
Cervical stimulation
Thoraco abdominal stimulation
Sacral stimulation

11. IMPLANTABLE DEVICES

Intrathecal Implantation

12. RADIATION SAFETY

PART 2A - PRACTICAL EXAMINATION

In Part 2A, each examinee is required 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, with the assistance of a C-Arm, for a total of one (1) hour. Two examiners, with the assistance of a C-Arm, evaluate the techniques performed by the examinee on the cadaver. Examinees are assigned one (1) procedure from each region, for a total of four (4) procedures. **The expectation of WIP and the BOE is that FIPP-certified physicians are capable of performing the vast majority of these procedures, even if they do not perform all of them routinely. Applicants are strongly advised to consider whether their scope of practice encompasses these procedures before applying.**

- *Head and neck*
  1) *Sphenopalatine Ganglion Block*
  2) *Stellate Ganglion Block*
  3) *Trigeminal Ganglion Block*
  4) *Midline Interlaminar Cervical Epidural Block*
  5) *Cervical Facet Block*
- *Thorax*
  1) *T2, 3 Sympathetic Block*
  2) *Splanchnic Nerve Block*
  3) *Thoracic Spinal Cord Lead Placement*
  4) *Thoracic Facet Block*
  5) *Intercostal Nerve Block*
- *Lumbar*
  1) *Lumbar Sympathetic Block*
  2) *Lumbar Selective Nerve Root Block*
  3) *Lumbar Discography Procedure*
  4) *Lumbar Facet Block*
  5) *Lumbar Communicating Ramus*
- *Pelvic*
  1) *Hypogastric Plexus Block*
  2) *Caudal Neuroplasty*
  3) *Sacral Nerve Root Block*
  4) *Sacroiliac Joint Injection*
  5) *RF-Sacroiliac Joint*

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, C-Arm and a radiology technician.

PART 2B- ORAL EXAMINATION

In Part 2B, each examinee is individually questioned by two (2) examiners on two separate cases (medical vignettes to assess clinical reasoning). The examinees spend up to fifteen (15) minutes on each of the two cases for a total of thirty (30) minutes.

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. This portion of the examination lasts for up to fifteen (15) minutes. The second examiner follows the same procedure with the second case. This portion of the examination also lasts for up to fifteen (15) minutes. Both examiners award a score for each case based on the examinee's diagnosis, suggested interventional procedure and answers to the questions posed.

ORAL EXAMINATION CONTENT OUTLINE

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

1. Trigeminal neuralgia
2. Cluster headache
3. Persistent Idiopathic Facial Pain
4. Cervical radicular pain
5. Cervical Facet pain
6. Cervicogenic headache
7. WAD
8. Occipital neuralgia
9. Shoulder pain
10. Thoracic pain
11. Lumbosacral radicular pain
12. Lumbar facet pain
13. Sacroiliac joint pain
14. Coccygodynia
15. Discogenic pain
16. CRPS
17. Herpes Zoster and Post-herpetic neuralgia
18. Diabetic polyneuropathy
19. Carpal Tunnel Syndrome
20. Meralgia Paresthetica
21. Phantom Pain
22. Traumatic plexus lesion
23. Pain in patients with Cancer
24. Chronic refractory Angina Pectoris
25. Ischemic Pain in the Extremities and Raynaud's Phenomenon
26. Pain in Chronic Pancreatitis

The WIP Board of Examination FIPP 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/fippapp 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 FIPP 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 FIPP is a pass/fail determination and the final score 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 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 the minimal professional competency required for 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 *Fellow of Interventional Pain Practice* (FIPP). 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. Any of these 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 FIPP, 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 femoral nerve originates from which of the following roots?
   A. T_{12}, L_1, L_2
   B. L_1, L_2, L_3
   C. L_2, L_3, L_4
   D. L_3, L_4, L_5

2. If symptoms persist after appropriate management of acute cervical disc herniation, the next step is to perform a:
   A. cervical laminectomy and fusion.
   B. cervical epidural injection.
   C. chemonucleolysis.
   D. cervical facet injection.

3. A 45-year-old patient with a history of chronic low back, left hip and left thigh pain whose status is 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. C_4
   B. C_5
   C. C_6
   D. C_7

5. The MOST appropriate diagnostic nerve block for pain in upper abdominal viscera is a/an:
   A. intercostal block.
   B. lumbar sympathetic block.
   C. celiac plexus block.
   D. hypogastric plexus block.

6. Sympathetic innervation to the upper extremity is carried by which fibers of the brachial plexus?
   A. T_1-T_2 preganglionic fibers
   B. T_3-T_5 preganglionic fibers
   C. T_1-T_2 postganglionic fibers
   D. T_3-T_5 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. Which of the following statements regarding the anatomy of the superior hypogastric plexus is NOT true?
   A. It lies anterior to L_5 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 the:
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 T_1-T_4 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 of the following types of block?
A. Stellate ganglion
B. Thoracic sympathetic
C. Interpleural
D. Thoracic epidural

16. The brachial plexus is formed by which rami?
A. C_5-T_1 anterior primary
B. C_3-T_2 anterior primary
C. C_5-T_1 anterior and posterior
D. C_3-T_2 anterior and posterior

17. Cell bodies of preganglionic fibers of the lumbar sympathetic chain arise at which of the following sites?
A. T_5-T_9
B. T_{11}-L_2

C. L_3-L_5
D. S_1-S_4

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 of 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. C_4
B. C_5
C. C_6
D. C_7

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. T_5-T_7
B. T_8-T_9
C. T_{10}-T_{11}
D. T_{12}

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. 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.

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