

ABOUT THE EXAMINATION

The Examination in Interventional Techniques will be administered only in English. It will consist of three parts. Part 1 will be a theoretical examination. Part 2 will be identification of anatomical structures, equipment and x-ray equipment (C-arm). Part 3A will be a practical examination. Part 3B will be an oral examination.

For the practical examination, each candidate will be evaluated by two examiners from a pool of about 30 examiners. Candidates shall not be evaluated by examiners who are known intimately by the candidate.

PART 1 – THEORETICAL EXAMINATION

The examinee will be asked to answer 100 multiple choice questions in two hours. The questions will cover all current interventional techniques available to the pain physician. The lists of procedures on which the multiple-choice questions will be based are provided in the Content Outline.

PART 2 – ANATOMY, EQUIPMENT AND RADIOLOGY

Part 2 will consist of identifying 10 anatomical structures and 10 equipment and other instruments commonly used for interventional procedures and answering 10 questions on radiographic equipment. This part of the examination will be given in conjunction with the Theoretical Examination (Part 1) and completed by answering the 30 questions presented in written form.

PART 3A - PRACTICAL EXAMINATION

In Part 3A, each candidate will be asked 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 for a total of one (1) hour. Two examiners, with the assistance of a C-Arm, will evaluate the techniques performed by the examinee on the cadaver.

It will be mandatory for the candidate to perform three (3) of the six (6) procedures listed below. The candidate will choose three (3) from the below list of procedures:

- 1) Lumbar Sympathetic Block
- 2) Medial Branch Block of lumbar facet joint
- 3) Lumbar Nerve Root Sleeve
- 4) Celiac Plexus Block
- 5) Stellate Ganglion Block
- 6) Caudal Neuroplasty

The fourth procedure to be performed by the candidate will be chosen by the Board of Examiners from those procedures which the candidate regularly performs and which are noted by the candidate in the Application section entitled "Scope of Practice".

Each examiner will award a score to each examinee based on the examinee's performance of the procedures. A minimum passing score will be established prior to the examination.

PART 3B- ORAL EXAMINATION

In Part 3B, each candidate will individually be questioned by two (2) examiners on two separate cases. The examiners will spend fifteen (15) minutes on each of the two cases for a total of 30 minutes.

For each of the cases, a short case history will be provided to the examinee to read over for five minutes. First, one of the examiners will ask the examinee what technique the examinee would recommend performing based on the case history. Other questions relevant to the care and treatment of the patient will also be asked by the examiner. This portion of the examination will last for 15 minutes. The second examiner will then proceed to question the candidate in a like fashion about the second case presented. This portion of the examination will also last for 15 minutes.

Each examiner will award a score to each examinee based on the examinee's answers to the questions asked during the oral examination. A minimum passing score will be established prior to the examination.

This will complete the examination.

Note: During Part 3A of the examination, the examinee will have at his/her disposal a fresh cadaver, appropriate instruments, C-arm and a radiology technician.

The WIP-Section of Pain Practice Certification Examination will be administered in the supplementary bulletin attached to this handbook. The organization reserves the right to change the examination site, city, and data 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 application form 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 documents required will be used by WIP-Section of Pain Practice to determine your eligibility to sit for the examination.

Identification of Examinees During Scoring

For the purpose of scoring the examination and any subsequent discussions regarding the scores of individual examinees, all candidates will be identified by numbers only. No names will accompany these numbers.

Examination and Scoring Report

Approximately eight 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 minimal professional competency. It is not intended to distinguish among scores above the passing point, and therefore WIP will not report numeric scores for passing candidates.

WIP will send failing candidates notice of their score, the minimum passing score and a diagnostic report showing subject areas of strength and those requiring improvement. 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 will be destroyed six (6) months after administration of the examination.

Appeals

A candidate who fails Part 1 of the examination or who wishes to challenge the results of the multiple choice examination may request that the examination be re-scored by hand to verify report scores. A candidate who wishes to challenge examination results must submit a request in writing within 20 calendar days of the postmark on his or her score report and a check for \$50 payable to WIP-Section of Pain Practice to cover the cost of hand scoring the examination. Results of hand-scoring will be considered the final examination results. WIP offers no further appeal.

Certification

Candidates who pass the examination will receive a certificate suitable for framing and may identify themselves as Fellows of the Interventional Technique. 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 agreeing not to use the certification in such a manner as to bring the WIP or its Section of Pain Practice into disrepute (including the failure to maintain competent practice) and not to make any statement regarding the certification that the WIP or its Section of Pain Practice may consider misleading or unauthorized.

Re-certification

Certificates awarded by WIP and its Section of Pain Practice are time-limited. They expire 10 years after the candidate passed the certification examination. WIP and its Section of Pain Practice are in the process of establishing a re-certification. WIP-Section of Pain Practice 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

- You should review the examination outline on this website.
- Answer the sample questions on this website to familiarize yourself with the nature and format of the questions that will appear on the examination.
- Refer to the list of references at the end of this website.

Registration for the Examination

The WIP-Section of Pain Practice Credentials Committee reviews all applications submitted for the examination.

The review process takes approximately four weeks. The review process does not start until ALL materials have been received from the applicant.

If your application is approved, you will receive an Admission Packet. It will contain your Admission Document; your identification number; and specific information about the date, time, and location of the test center.

EACH CANDIDATE IS REQUIRED TO PRESENT THE ADMISSION DOCUMENT AT THE REGISTRATION DESK ON THE DAY OF THE EXAMINATION.

WIP-Section of Pain Practice independently verifies the information submitted in applications. State agencies or other licensing bodies sometimes take time to respond to verification requests. WIP-Section of Pain Practice 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 an Admission Document and **another 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 candidate participation in the examination administration or to invalidate scores. Irregularities may also be evidenced by subsequent statistical analysis of testing materials.

WIP-Section of Pain Practice reserves the right to investigate each incident of suspected misconduct or irregularity.

Test Site Regulations

- All candidates must present an Admission Document or authorization letter and **one other form of photo identification** (e.g., driver's license) at the test site in order to be allowed to take the examination. **No exceptions to this requirement will be made.**
- Exam candidates must arrive at the test site approximately 45 minutes prior to the testing time. Late arrivals will not be admitted to the test site.
- Cellular phones or pagers are **NOT** allowed.
- Devices with memory capabilities, books, paper, and notes are not permitted in the testing room.
- Food (including candy and gum), beverages and tobacco products are not permitted in the testing room.
- Unauthorized visitors are not allowed at the test site. Observers approved by the WIP-Section of Pain Practice Executive Board may, however, be present during the testing session.
- Exam candidates may leave the testing room to use the restroom but will not receive an additional time to complete the examination.

Refunds

For any refund, WIP-Section of Pain Practice will retain a \$250 nonrefundable fee and require future application to meet all fees and eligibility criteria applicable at the time of reapplication.

If an individual is found to be ineligible to sit for an examination, a refund less the administration fee will be issued by WIP-Section of Pain Practice.

If an individual does not, for any reason, sit for an examination for which he or she is eligible, the individual may request, **inwriting**, a refund of the examination fee within 30 days following administration of the examination. *No refunds will be given after this 30-day period.*

Nullification of Examination

If, for any reason, you decide that you do not want your score reported, you may follow either of two procedures:

- Complete and sign a score cancellation form before leaving the test site.
- Write to WIP-Section of Pain Practice requesting cancellation of your scores. Your written request must be signed and postmarked within five business days after the date of the examination.

A canceled score will not be reported to you or to WIP-Section of Pain Practice, nor will WIP-Section of Pain Practice or Dr. Gerald Rosen, keep a record of your examination results. No refunds will be given to candidates requesting score cancellations. To retake the examination after a score cancellation, a new application, along with required documentation and applicable fee, must be submitted.

Determination of Passing Score

The passing score for the each section of the Examination in Interventional Techniques is set by an international panel of experts representative of the field in interventional techniques of Pain Medicine. Each examination question is reviewed by each expert individually, and a judgment is made as to what percentage of minimally competent Pain Medicine physicians would answer the question correctly.

This process establishes a minimal level of knowledge that is expected of passing candidates. The judgments made by the expert panel are subjected to statistical analyses that yield a passing score for each portion of the examination approved by the Board of Examination of WIP-Section of Pain Practice and in accordance with valid psychometric principles.

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. In any given year, a candidate has the same chance of passing the examination regardless of whether the group taking the examination at that time tends to have high scores or low scores. Each candidate is measured against a standard of knowledge, not against the performance of the other individuals taking the examination.

INTERVENTIONAL EXAMINATION – CONTENT OUTLINE

PART 1 - THEORETICAL EXAMINATION WILL COVER THE FOLLOWING AREAS

HEAD & NECK

Trigeminal ganglion block and neurolysis
Maxillary nerve block
Mandibular nerve block
Glossopharyngeal nerve block
C1, 2 sleeve root injection
Cervical (C3-7) sleeve root injection
Sphenopalatine ganglion block and neurolysis
Stellate ganglion block
Cervical facets/RFTC block
Cervical epidural block
Brachial plexus block
DCS placement

CHEST / THORAX

Intercostals nerve block
Thoracic sleeve root/dorsal root ganglion blocks
Suprascapular nerve block
T2, 3 sympathetic block, including RFTC
T2, 3 neurolytic lesioning
Thoracic facet/RFTC and injections
Thoracic epidural block
DCS placement

LUMBAR / ABDOMEN

Lumbar sleeve root/ dorsal root ganglion blocks
Splanchnic nerve block
Celiac ganglion block
Lumbar sympathetic block
Lumbar sympathetic neurolytic lesioning
Lumbar facet injections
Intraarticular injections
Median branch block and neurolysis
Transforaminal epidural catheter placement
Lumbar discography
Intra discal electro thermocoagulation
Vertebroplasty
Psoas and quadratus lumborum muscle injection
DCS placement
Lumbar epidural block

PELVIS

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

UPPER EXTREMITIES

Brachial plexus block

LOWER EXTREMITIES

Sciatic nerve blocks
Piriformis muscle injection

AUGMENTATION TECHNIQUES

Occipital stimulation
Cervical stimulation
Thoraco abdominal stimulation
Sacral stimulation

IMPLANTABLE DEVICES

Intrathecal Implantation

RADIATION SAFETY

PART II - EXAMINATION OUTLINE

Section A: Identify 10 anatomical structures
Section B: Identify 10 equipment
Section C: Identify parts of C-arm and answers to questions on radiation safety.

PART IIIA & B – PRACTICAL AND ORAL EXAMINATION OUTLINE HEAD & NECK

Trigeminal ganglion block and neurolysis
Maxillary nerve block
Mandibular nerve block
Glossopharyngeal nerve block
C1,2 sleeve root injection (C2 only)
Cervical (C3-7) sleeve root injection
Sphenopalatine ganglion block and neurolysis
Stellate ganglion block
Cervical facets
Cervical epidural injection
Brachial plexus injection (interscalene) injection
DCS placement

CHEST / THORAX

Intercostals block
Thoracic sleeve root/dorsal root ganglion injection
Suprascapular nerve block
T2,3 sympathetic block
T2,3 neurolytic lesioning
RFTC
Thoracic epidural injection
DCS placement

LUMBAR / ABDOMEN

Lumbar sleeve root/ dorsal root ganglion injection
Splanchnic nerve block
Celiac ganglion block
Lumbar sympathetic block
Lumbar sympathetic neurolytic lesioning (& RFTC)
Lumbar facets injection
Intraarticular injection
Median branch block
Transforaminal epidural catheter placement
Lumbar discography
Psoas and quadratus lumborum muscle injection
DCS placement
Lumbar epidural injection

PELVIS

Somatic nerve block
Sacral sleeve root injection
Hypogastric plexus block and neurolysis
Ganglion of Impar injection
Sacroiliac joint injection
Caudal neuroplastyDCS placement

LOWER EXTREMITIES

Piriformis muscle injection

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. Cervical laminectomy and fusion
- B. A cervical epidural injection
- C. Chemonucleolysis
- D. A cervical facet injection

3. A 45-year-old patient with a history of chronic low back, left hip and left thigh pain who is status 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 intercostal block
- B. a lumbar sympathetic block
- C. a celiac plexus block
- D. a 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. All of the following statements regarding the anatomy of the superior hypogastric plexus are true EXCEPT?

- 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?

- 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 wheal 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 type 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 regarding 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

- Correct answer is C
- Correct answer is B
- Correct answer is D
- Correct answer is C
- Correct answer is C
- Correct answer is A
- Correct answer is A
- Correct answer is D
- Correct answer is B
- Correct answer is C
- Correct answer is D
- Correct answer is B
- Correct answer is A
- Correct answer is B
- Correct answer is A
- Correct answer is C
- Correct answer is D
- Correct answer is D
- Correct answer is C
- 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. WIP – Section of Pain Practice does not intend the list to imply endorsement of these specific references, nor are the examination items taken from these sources.

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