THE AMERICAN BOARD OF ANESTHESIOLOGY
Advancing the Highest Standards of the Practice of Anesthesiology
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PAIN MEDICINE EXAM BLUEPRINT

Purpose of the Pain Medicine Examination

Pain Medicine is the medical discipline concerned with the diagnosis and treatment of the entire range of painful disorders. Because of the vast scope of the field, pain medicine is a multidisciplinary subspecialty. The expertise of several disciplines is brought together in an effort to provide the maximum benefit to each patient. Although the care of patients is heavily influenced by the primary specialty of physicians who subspecialize in pain medicine, each member of the pain treatment team understands the anatomical and physiological basis of pain perception, the psychological factors that modify the pain experience, and the basic principles of pain medicine.

The Pain Medicine Exam (PM) is a summative examination designed to asses the knowledge, skills and abilities that are considered essential for the ABA diplomate to function as a practitioner of the subspecialty of pain medicine. The examination assesses cognitive and deductive skills as well as the clinical judgment of the candidates.

Exam Content

The PM Exam covers topics in the two major content categories called General and Clinical States. Within the General category, there are 5 subcategories and there are 9 subcategories within the Clinical States category, which are listed below.

Each PM exam form is built to the same content specifications, known as an exam blueprint. The examination blueprint is used to ensure that every form of the PM Exam measures the same depth and breadth of content knowledge. The table below shows the number and relative percentage of questions from each of the two major content categories shown above that will appear on each form of the PM Exam.

Content Category (Relative Percentage)	Number of Questions
General (50%)	90-110
Clinical States (50%)	90-110

Exam Specifications

The PM exam consists of 200 questions and candidates have up to 4 hours to complete the examination. The PM Exam includes only A-type questions. A-type questions are single-best-answer multiple-choice questions that require the application of knowledge rather than simple recall of factual information. These questions often include a brief clinical vignette followed by a lead in question and three response options. The PM Exam includes questions that reference static images.

Exam Administration

The PM Exam is administered annually to physicians that have successfully completed an ACGME-accredited anesthesiology pain medicine subspecialty fellowship training program. The PM Exam is a computer-based examination that is administered annually through Pearson VUE centers nationwide. The PM Exam administered on a single day.

Content Category (Relative Percentage)	Number of Questions
GENERAL (50%)	90 –110
Background Concepts (5%)	8 – 12
Anatomy, Physiology, and Pharmacology of Nociception	2 – 4
Development of Pain Systems	0 – 3
Research Methodology of Pain	2 – 4
Teamwork and Care Coordination	2 – 4
Legal and Regulatory Issues	1 – 3
Assessment of Pain (5%)	8 – 12
Clinical Pain Evaluation	2 – 4
Placebo and Pain	1 – 3
Functional Outcomes and Disability	1 – 3
Psychosocial and Cultural Aspects of Pain	2 – 4
Sex and Gender Issues in Pain	0 – 3
Imaging and Electrodiagnostic Evaluation	2 – 4
Treatment of Pain: Pharmacotherapy (15%)	28 – 32

Opioids	7 – 9
Antipyretic Analgesics: Nonsteroidals, Acetaminophen, and Phenazone Derivatives	7 – 9
Antidepressants and Anticonvulsants	7 – 9
Other Analgesic Pharmacology	7 – 9
Treatment of Pain: Procedural (15%)	**28 – 32**
General Considerations: Procedural Treatment	4 – 6
Nonsurgical Stimulation Produced Analgesia	3 – 5
Injections, Nerve Blocks, and Lesioning	10 – 12
Neuromodulation (Implanted Devices)	7 – 9
Neuroablative Pain Management	3 – 5
Regenerative Pain Medicine	1 – 2
Treatment of Pain: Psychological, Physical, and Integrative Therapies (10%)	**18 – 22**
Cognitive-Behavioral and Behavioral Interventions	4 – 6
Mental Health Treatment	4 – 6
Physical Medicine and Rehabiltiation	4 – 6
Work Rehabilitation and Management of Return to Work	3 – 5
Complimentary and Integrative Therapies (CAM)	3 – 5
Clinical States (50%)	90 – 110
Taxonomy: Classification of Pain Syndromes (1%)	1 – 3
Chronic Widespread Pain Syndromes (1%)	1 – 3
Acute Pain, Pain due to Trauma, and Procedural Pain (6.5%)	12 – 14
Musculoskeletal Pain (12.5%)	23 – 27
Cancer Pain and Cancer-related Pain (6%)	11 – 13
Visceral Pain (4%)	7 – 9
Headache and Orofacial Pain (3%)	5 – 7

Neuropathic Pain (8%)	15 – 17
Special Cases (8%)	15 – 17