

CAQSM: Exam Updates, Tips and Strategies

Arnold E. Cuenca, DO, CAQSM, FAAFP

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Family Medicine/Sports Medicine Physician, MemorialCare Medical Group, Mission Viejo, California

Dr. Cuenca earned his medical degree at Western University of Health Sciences in Pomona, California, and completed his Family Medicine residency at the Scripps Family Medicine Residency Program, Chula Vista, California. Subsequently, he completed his fellowship in primary care sports medicine at Western University of Health Sciences Osteopathic Postdoctoral Training Institute (OPTI-West)/San Diego Sports Medicine and Family Health Center. Prior to relocating to Orange County, he served as the Head Team Physician for Cal State University – San Marcos for several years. He currently serves as the primary care sports medicine consultant for MemorialCare Medical Group's South Orange County areas and continues to practice Family Medicine.

Currently he enjoys serving as a volunteer Assistant Clinical Professor for Western University of Health Sciences and the University of California, Irvine medical school. He also is a preceptor for Chapman University Physician Assistant students. For several years, he served as a member of the Editorial Advisory Board for the Family Practice Management (FPM) journal - a publication of the American Academy of Family Physicians (AAFP), writing several articles for the journal.

Learning Objectives

- Review eligibility requirements for Initial Certification and Re-certification
- Discuss examination components
- Suggest study preparation strategies and test-taking tips to do well on the examination

American Osteopathic Conjoint Sports Medicine Examination Committee – Statement on Study Materials

- Candidates should prepare for the examination using means they are comfortable and familiar with. Although the AOCSMEC neither provides nor endorses any preparatory guides, study methods or review courses to aid applicants in studying to take the certification or Osteopathic Continuous Certification (OCC) examinations, extensive self-study of Sports Medicine in texts; journals; participation in continuing medical education program and review courses in Sports Medicine can be useful. However, there is, of course, no guarantee that any given preparation will ensure a passing grade on the examination.

COVID-19: Exam Status Changes

- “The AOA continues to monitor the ongoing spread of the coronavirus disease 2019 (COVID-19) with the health and well-being of our members and the public as our top priority. All AOA events are being evaluated on a case by case basis in accordance with recommendations from the Centers for Disease Control and Prevention (CDC), World Health Organization (WHO), and state and local health agencies.”
 - Check the status of certification exams (as well as AOA meetings and conferences) at: <https://osteopathic.org/about/aoa-events/aoa-meeting-status/>
 - PearsonVue: <https://home.pearsonvue.com/coronavirus-update>
 - Email notification of cancellation or an extension
 - Information for candidates: (From PearsonVue website)
 - Before going to your test appointment be sure to check with your local health protection agency to determine if it is encouraged or required to wear a face mask. In locations where a face mask is required, candidates may be denied testing if unable to present a face mask during the check-in process. Face masks are allowed during testing, but candidates must briefly remove them to take the required candidate photo at check-in.
 - We are allowing candidates to wear disposable gloves during testing. Test administrators will inspect the gloves both before and after the exam, and the gloves will be disposed of in front of the proctor upon completion of the test.
 - Some regional test centers may require candidates to provide a temperature check upon arrival.
- Initial Certification Exam
 - July 9 and 10, 2020
- Re-certification Exam
 - July 9 and 10, 2020

COVID-19: Exam Status Changes

BOS updates board certification policy to support osteopathic physicians during COVID-19

- April 9, 2020: AOA announces One-Year Extension of Board Eligibility
 - The American Osteopathic Association (AOA) Bureau of Osteopathic Specialists (BOS) and division of Certifying Board Services (CBS) has announced a one-year extension of board eligibility status will be granted to graduating residents and other physicians seeking initial certification or recertification in 2020, among other policy changes, in response to the COVID-19 pandemic.
- **Initial Certification**
 - A one-year extension of board eligibility status will be granted to graduating residents and other physicians seeking initial certification for primary, subspecialty and conjoint boards who are unable to sit for their certification board exams in 2020.
 - Once testing windows are reopened at Prometric and Pearson VUE, graduating residents and other physicians may still choose to take their initial certification exam in 2020. Please note, seat availability may be limited.

COVID-19: Exam Status Changes

BOS updates board certification policy to support osteopathic physicians during COVID-19

- April 9, 2020: AOA announces One-Year Extension of Board Eligibility
- **Osteopathic Continuous Certification**
 - **A one-year extension of board certification will be granted to diplomates whose certification expires in 2020** and who are required by their specialty board to take a traditional, high-stakes recertification exam.
 - Once testing windows are reopened at Prometric and Pearson VUE, diplomates may choose to take their recertification exams in 2020. Please note, seat availability may be limited
 - Component 4 (Practice Performance Assessment and Improvement):
 - **For diplomates whose certification expires Dec. 31, 2020**, the Practice Performance Assessment and Improvement (PPA) requirements for the 2020 calendar year are eliminated for all AOA specialty certifying boards. PPA requirements **will resume Jan. 1, 2021.**

The Future

- “Additionally, we are **innovating AOA Board Certification** by leveraging technology to provide more flexible and cost efficient options, such as early entry initial certification exams and **Osteopathic Continuous Certification (OCC) that eliminates high-stakes recertification exams.** “

-April 8, 2020: AOA membership email communication

Initial Certification: Eligibility

- Hold primary certification in:
 - EM, FM, IM, NMM, Peds, PM&R
- Hold an active license
- Complete a one year AOA or ACGME-approved sports medicine fellowship
- LOR from fellowship program director
- 6 month window (extended to 1 year for 2020) of testing eligibility after completing fellowship
- Can be taken early if:
 - Completed at least 7-9 months of fellowship, with LOR from program director saying the fellow is prepared
 - Candidate needs to sign waiver that exam scores won't be released until all requirements above met

Re-Certification: Eligibility

- Maintaining Certification - OCC: Osteopathic Continuous Certification
 - <https://physicianportal.osteopathic.org/>
 - Four components
 - 1. Active License
 - 2. CME: must abide by the requirement of their primary specialty board
 - AOBFP:
 - 3 year cycle requirements
 - 150 CME credits
 - Minimum 75 AOA Category 1
 - At least 25 must be Category 1-A (was 30 in 2016-2018 cycle)
 - At least 50 must be Sports Medicine (2016-2018)
 - As of 4/9/20 minimum Sports Medicine CME is not listed for the 2019-2021 cycle
- **FREQUENTLY CHECK THE PHYSICIAN PORTAL FOR UPDATES ON REQUIREMENTS SO YOU DON'T PLAY CATCH UP!!!**

Re-Certification: Eligibility

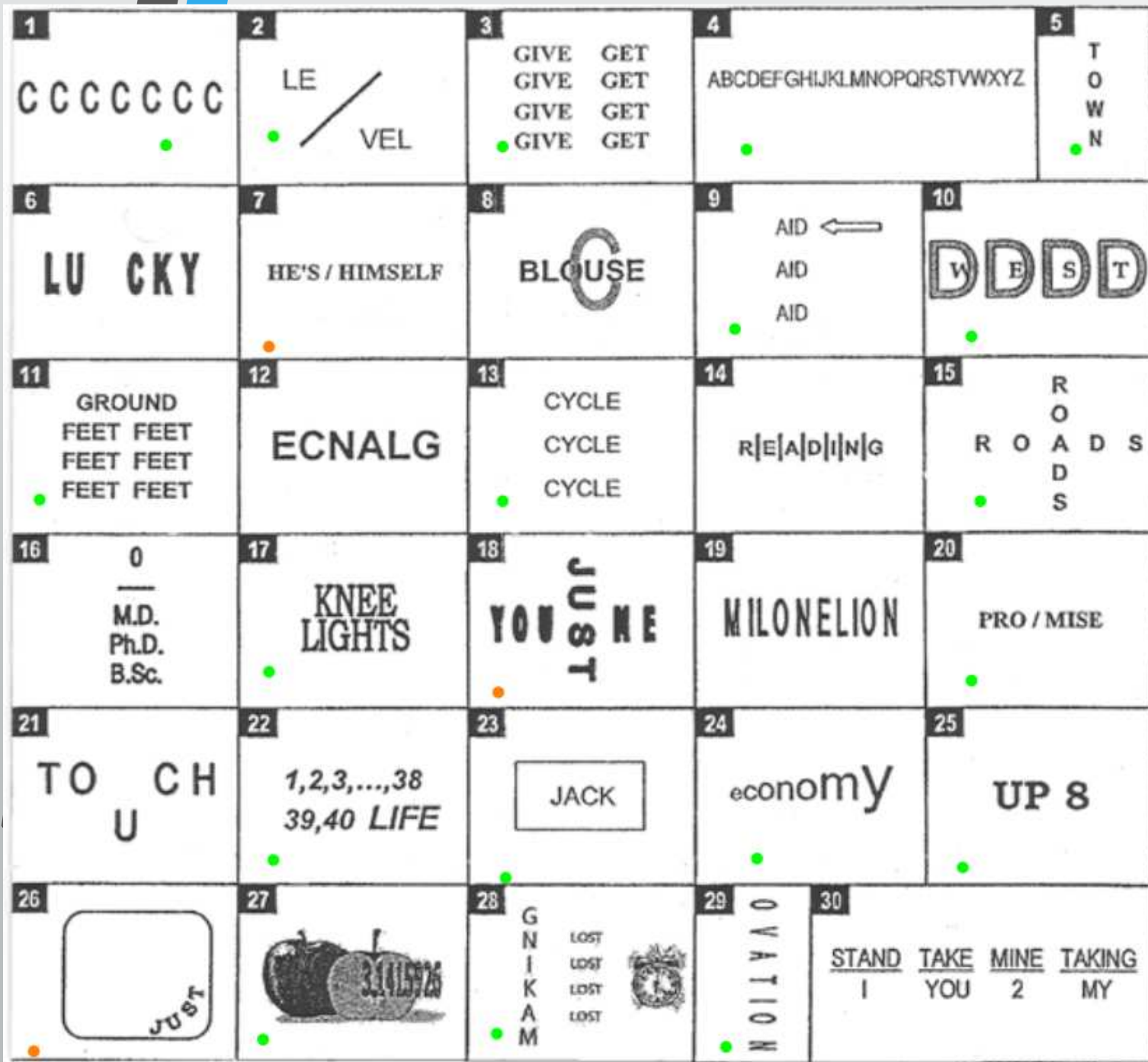
- Four components:
 - 3. Cognitive Assessment: CAQSM examination
 - 4. Practice Performance Assessment and Improvement
 - “Sports Medicine diplomates are required to complete one PPA module every 10 years. The CAP Back Pain module will satisfy the component for a 10 year cycle.”
 - As of 4/9/20: “Component 4 is not currently required by the Conjoint Committee of Sports Medicine”
- Be sure to also be up to date on your OCC for your primary certification
 - AOBFP requires
 - 2 modules (one professionalism and one clinical) in first three years of certificate term
 - 2 modules (one professionalism and one clinical) in second three years of certificate term
 - Attestation of a QI activity (see details on the AOA osteopathic physician portal)

Re-Certification: Eligibility

- Application must include a “signed letter on company letterhead attesting that a minimum of 20% of applicant’s practice is devoted to Sports Medicine”

Exam Content

- 200 multiple-choice questions – Initial Certification – 255 minutes w/ a scheduled break
 - ~ 47 sec/question
- 100 multiple-choice questions – Re-certification – 135 minutes w/o a scheduled break
 - ~ 44 sec/question
- Includes single question format and case-based/vignette format
 - 13-17% Basic Science (anatomy, physiology, pharmacology, nutrition)
 - 28-32% Diagnostics (history, x-ray/lab, performance, consultation)
 - 18-22% Injury Management/Prevention (onsite immediate acute care, post-event care, sports knowledge/rules, protective equipment, OPP)
 - 23-27% Treatment (Pharmacological, OMT, Rehab modalities, Psychological)
 - 8-12% Medical Issues (Management of medical issues, chronic diseases, special-needs athletes)



Poll Question: What is the answer to Picture Puzzles # 6, #19, and #24?

Answer:


#6: Lucky Break

#19: One in a million

#24: Growing economy

Exam Preparation

- AMSSM Sports Medicine CAQ Study Guide: Fourth Edition (Stephen R. Paul, MD; Leah Concannon, MD; Morteza Khodaei, MD; Michael Henehan, DO)
 - 2 practice tests, 200 questions each
 - Includes questions used from the In-Training Exam
 - New in Fourth Edition: Select case studies based on test topics
- Sports Medicine: Study Guide and Review for Boards, Second Edition (Mark A. Harrast, MD; Jonathan T. Finnoff, DO, FACSM)
 - Comprehensive review text
 - 250 practice questions
- OMT Review: A Comprehensive Review in Osteopathic Medicine: 4th Edition
 - Includes OMM Question banks




A “Primer” of Topics

Basic Science

(anatomy, physiology, pharmacology, nutrition)


- Any body part with grouping/compartments
 - E.g. Rotator cuff muscles, wrist/lower leg compartments, quadrilateral space borders
- Nerve pathways
 - Disc herniations: nerve affecting above or below?
 - Upper and lower extremity: sensory and motor nerve affects, deficits
- Body in motion – pathophysiology (acute or chronic)
 - E.g. Baseball pitching, stingers, lateral epicondylitis/itis, ACL/PCL knee trauma, posterior knee dislocation nerve deficit



Basic Science

(anatomy, physiology, pharmacology, nutrition)

- Applications of medications for sports-related issues (and it's contraindications)
 - Pain: Acetaminophen vs. NSAIDs vs. steroids vs. controlled substances
 - Antibiotics and Anti-virals: duration of treatment, return to play recommendations, consider sports-specific tailoring (e.g. MRSA, herpes gladiatorum, track athlete, sun exposure)
 - Diabetes medications: oral and insulin
 - Anti-hypertensives: which medications are best (or disallowed) for specific sports (running, archery, etc.)
 - Asthma medications: intermittent vs. persistent
 - PED



Basic Science

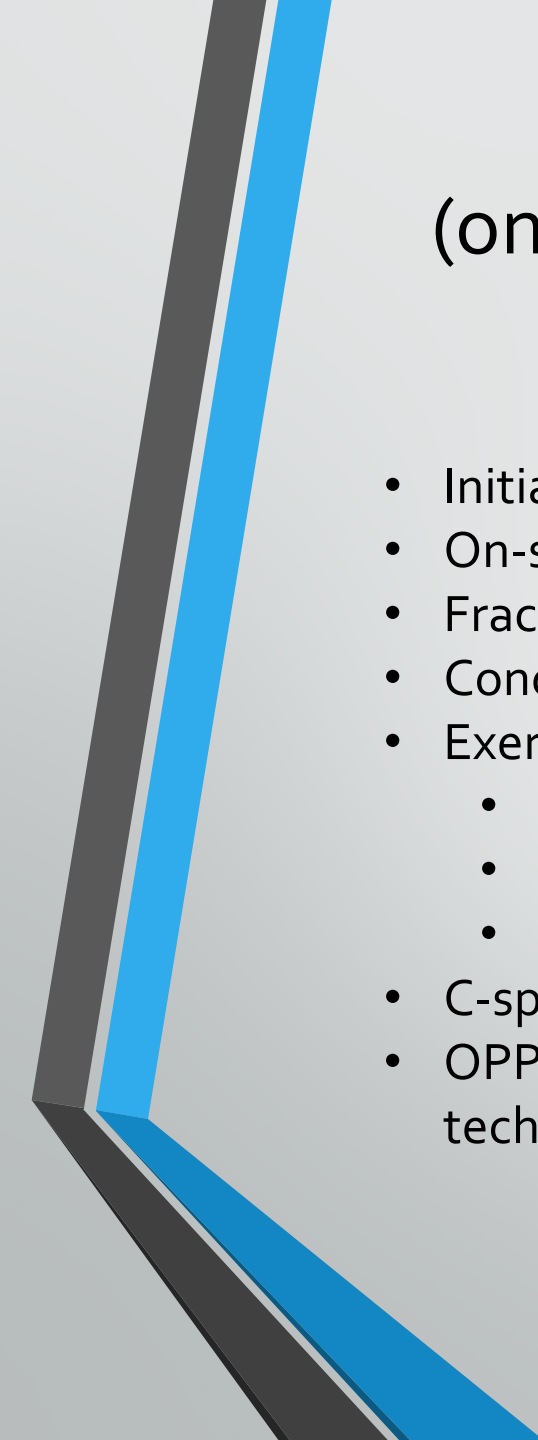
(anatomy, physiology, pharmacology, nutrition)

- Nutrition
 - Focus on supplements: amino acids, caffeine, creatine, etc.

Diagnosics

(history, x-ray/lab, performance, consultation)

- Be comfortable in bone radiology, fracture patterns/Salter-Harris, indications for advanced imaging, general principles of musculoskeletal ultrasound
- Labs associated with case study, source usually bloodwork or joint aspirate, generally straightforward to indicate infection, inflammation, rhabo, anemia (e.g. foot strike hemolysis, sickle cell),
- Spirometry: EIB/asthma vs. COPD, other methods of testing for EIB
- Consultations: PPE screenings, mass participation events (emergency preparedness), or case scenarios from a referring primary care physician/provider



Injury Management/Prevention

(onsite immediate acute care, post-event care, sports knowledge/rules, protective equipment, OPP)

- Initial assessment post-acute injury
- On-site dislocation/reduction knowledge
- Fracture management – splinting and casting
- Concussion management
- Exercise-Associated Collapse:
 - Cardiac arrest – BLS/ACLS
 - Heat-related exhaustion/exertional heatstroke
 - Hyponatremia
- C-spine injury, equipment removal
- OPP: General osteopathic treatment options, consider contraindications for the techniques

Treatment

(Pharmacological, OMT, Rehab modalities, Psychological)

- Applications of medications for sports-related issues (and it's contraindications)
 - Pain: Acetaminophen vs. NSAIDs vs. steroids vs. controlled substances
 - Antibiotics and Anti-virals: duration of treatment, return to play recommendations, consider sports-specific tailoring (e.g. MRSA, herpes gladiatorum, track athlete, sun exposure)
- OMT: Direct vs. indirect technique, cranial osteopathic techniques
- General rehab principles and treatment
- Disordered eating, Burnout, Overtraining, Anxiety, Depression

Medical Issues

(Management of medical issues, chronic diseases, special-needs athletes)

- Hypertension, Asthma, DM, Mononucleosis, Skin infections, Solitary kidney athlete
- Acute Mountain Sickness: prevention and treatment, HACE/HAPE
- Diving Medicine: Decompression Illness treatment
- Female Athlete Triad
- Pregnancy (exercise recommendations/activities to avoid)
- Patients with seizure history and sports participation
- Master/older athlete: physiologic changes, sarcopenia
- Pediatric athlete: can be sports specific (pitch counting), strength training, hypertension evaluation/stages
- Down's syndrome, patients with autonomic dysreflexia

Exam Preparation: Suggested Strategies and Tips

- Learning style: long term planner or high volume, short time-frame?
- Question banks – incorrectly answering questions can be frustrating but is an opportunity to focus on what you need to learn
 - Review the critique from the question
 - Use another source to expand your knowledge base on the subject. “Engage” in the material
 - If you answered it correctly, reinforce you chose it for the correct reasons
- Flash cards?
 - Consider creating PowerPoint “bullet point” cards if you prefer typing vs. writing

“Bullet Point” Flash Card examples

- Describe path of median nerve in forearm
- Passes b/w 2 heads of pronator teres and travels between the flexor digitorum superficialis muscle
- Describe path of radial nerve
- Travels anterior to elbow between brachialis and brachioradialis muscles. Divides into PIN and superficial radial nerve. PIN passes between 2 heads of supinator muscle and then travels into posterior forearm, while superficial radial nerve runs distally in the forearm beneath the brachioradialis muscle

“Bullet Point” Flash Card examples

- What is runner’s radial palsy?
- Dorsal hand numbness in those who keep elbows acutely flexed
- What is PINS?
- Posterior interosseous nerve syndrome: painless weakness of wrist/finger extensors without sensory impairment
- Where does PINS entrap nerve?
- Fibrous bands in front of radial head, tendon margin of ECRB muscle

Exam Preparation: Suggested Strategies and Tips


- Read the question and the answer choices first, then “hunt” for the answer in the question or case vignette
 - Pay attention to words or phrases such as:
 - “Except”
 - “Most appropriate”
 - “first”, “initial” or “next” step/treatment
 - Choices with the words “always” or “never” are usually the incorrect choices
- Eliminate the answers you know are incorrect and try to bring it down to 2 choices: 50/50 chance to get it right
- Not sure of an answer? Take a best guess and “flag” the question and move on quickly! Bank enough time to review it after you complete the first run through. **NEVER LEAVE A QUESTION UNANSWERED**

Exam Preparation: Suggested Strategies and Tips

- Be efficient, but accurate. Bank the time to go back and review “flagged” questions
- Don't change your initial answer unless you can 100% confidently say that another answer is the best answer
- There are always “oddball” questions... if you find it to be unusual or challenging to answer, then probably everyone else will too. Don't worry about it, answer the best you can, and move on.
- Case vignettes have answers that all tie together. If your answers don't seem to fit together, there is probably something you missed or need to re-evaluate
- Use your practical experience to answer the question. It is generally the right answer!

Exam Preparation: Suggested Strategies and Tips

- OMT questions are basic and very practical to sports medicine-related issues. And yes, there is a very small percentage of cranial osteopathy questions (again, very basic and straightforward).
- On the day of the exam:
 - Light breakfast (eat too much and zzzzzzz.....)
 - Coffee or no coffee? Depends if you want to use the bathroom.....
 - Comfortable clothing, light jacket/longsleeve in case it gets cold in the room
 - Have confidence! You are a sports medicine physician, fellowship trained (or experienced) and you have the knowledge base. You just have to use your test-taking skills!

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- 1. Seven seas
 - 2. Split Level
 - 3. Forgive and forget
 - 4. Missing you
 - 5. Downtown
 - 6. Lucky break
 - 7. He's beside himself
 - 8. See through blouse
 - 9. First aid
 - 10. West Indies
 - 11. Six feet underground
 - 12. Backward glance
 - 13. Tricycle
 - 14. Reading between the lines
 - 15. Crossroads

- 16. Three degrees below zero
- 17. Neon lights
- 18. Just between you and me
- 19. One in a million
- 20. Broken promise
- 21. You dropped out of touch
- 22. Life begins at 40
- 23. Jack in the box
- 24. Growing economy
- 25. Up before eight
- 26. Just around the corner
- 27. Apple pie
- 28. Making up for lost time
- 29. Standing ovation
- 30. I understand you undertake to undermine my undertaking



Questions?