ABPM CAQ Exam in Amputation Prevention and Wound Care (CAQAP)
Study Guide

This study guide was created to help prepare candidates to take the CAQAP Exam. This study guide is not all-encompassing but provides general content areas to orient the candidate to the ABPM expectations of a podiatric expert in Amputation Prevention and Wound Care. The examination committee, however, believes that most of the information needed to pass the exam is derived from the candidate’s experience of practice in the specialty areas of limb salvage and wound care.

Exam Format
The CAQAP exam is computer-based, in multiple-choice formats: A didactic section consisting of 125 multiple choice questions and a case section consisting of 4 clinical case scenarios.

A question stem is provided, which may include a short case-based narrative and a question, followed by a series of choices. The candidate is expected to select the best choice (or choices, depending on question format). Pay close attention to the language of the question, especially with negatively-framed questions such as those indicating “EXCEPT”, “LEAST”, “CONTRAINDICATED”, “is NOT”, etc. In addition, one or more digital media assets may accompany the question, such as a photograph or imaging study. In some questions a zoom function may be provided for the media asset. Note that an ABPM-approved list of reference ranges, normal laboratory values, and other reference material is easily accessible to the candidate while testing.

Exam Content
The examination subject content:

Diabetes
- Pathogenesis of diabetic foot problems
- Etiology and risk factors of diabetic foot problems
- Prevention of diabetic foot problems, including the comprehensive diabetic foot exam, risk assessment, use of thermometry and thermography, techniques to prevent peripheral neuropathy and peripheral artery disease
- Principles of medical management of DM and DM emergencies, including the identification and emergent management of hypo- and hyperglycemia, acute cardiovascular events, and other complications of diabetes

Wounds
- Pathogenesis, including how lower extremity wounds of various etiologies develop
- Differential Diagnosis, including how to differentiate various types of wounds (diabetic, venous,
arterial, malignancy, burns, autoimmune, etc.) based on clinical, laboratory, and pathological features

- Risk Factors, including factors affecting wound healing such as perfusion, nutrition, mental status
- Classifications:
  - Wagner-Meggitt Classification of Foot Ulcers
  - University of Texas Diabetic Wound Classification System
  - National Pressure Injury Advisory Panel Classification System
  - Thermal (Burn) Injury Staging
  - PEDIS (perfusion, extent, depth, infection and sensation)
• Standard of Care, including debridement principles, local wound dressings*, wound biopsy indications, compression.
  *For the purpose of the exam, local wound dressings are described by category (i.e. hydrogel, collagen, alginate, foam, etc., and not by brand name)
• Advanced Treatments, including treatments such as negative pressure wound therapy, cellular and/or tissue-based products (CTPs)**, platelet rich plasma, growth factors, stem cells
  **Cellular and/or tissue-based product (CTP) is the term used for the category which includes all skin substitutes and tissues comprised of allograft or xenograft biologic material, living and non-living. While it is the convention for ABPM exams to use both generic and brand names on exams, CTPs in the same generic category (i.e. human amniotic tissue) often have sufficient differences that are specific to the brand. Be familiar with the CTP brands, FDA indications, contra-indications, precautions, and religious or cultural considerations (i.e. bovine, porcine, human tissues)
• Surgery, including skin grafts, flaps, and complications
• Hyperbaric Oxygen Therapy (HBOT) including indications, contraindications, complications and management

Peripheral artery disease (PAD)
• Risk factors, including genetic and environmental risk factors
• Diagnostics
  o Non-invasive vascular studies such as: ABI, TBI, PVR, TcPO2, venous and arterial duplex ultrasound
  o Invasive studies such as: angiography, venography, CTA, MRA, and vascular anatomy including angiosomes
• Management, including indications and contra-indications for medical, endovascular, and open surgical treatments

Infections
• Diagnosis, including clinical signs of infection, laboratory, and imaging studies
• Classification:
  o Soft tissue and bone infections
  o Sepsis
  o IDSA
  o Cierny/Mader
• Treatment, including medical and surgical management of soft tissue and bone infections, antibiotic stewardship principles, proper selection and dosing, complications of medications, and antibiotic resistance
Charcot foot

- Diagnosis, including history and examination, clinical signs and laboratory studies
- Imaging, including basic and advanced imaging and the differentiation between neuropathic osteoarthropathy and osteomyelitis
- Classifications:
  - Sanders and Frykberg
  - Brodsky classifications
- Treatment, including medical and surgical management of acute and chronic Charcot foot

Pathomechanics

- Wound genesis, the pathomechanical principles that lead to wound development
- Offloading treatment, including surgical and non-surgical offloading management
- Surgical management, including the indications for surgical management of soft-tissue and osseous deformities, for the prevention and treatment of wounds
- Orthotics/Prosthetics/Pedorthics, including the use of footwear, orthoses, and prosthetics in the prevention and management of deformities, ulcers, and amputations

While the exam is based on the current practice of wound care and amputation prevention, the following resources may be helpful in preparation for the exam:

2. Diabetic Charcot Foot; Principles and Practice, First Edition by Robert Frykberg, DPM
29. Sheehan P, et al. Percent change in wound area of diabetic foot ulcers over a 4-week period is a robust predictor of complete healing in a 12-week prospective trial. Diabetes Care 2003;26:1879
30. The Foot in Diabetes, Fourth Edition by Andrew JM Boulton, MD

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