

FIPP and CIPS examinations: how to qualify

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ABSTRACT

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Received: 11 Jul 2017 Reviewed, Corrected & Accepted: 14 Jul 2017 Interventional Pain Medicine / Management (IPM) is an art, as well as medicine in itself as a whole. There has been a very wide range of the pain practitioners' background and the instructional source of their knowledge and their skill base related to IPM. Patient safety remains to be one of the very important main objectives of IPM; hence, need of a standardized accreditation system of pain training as well as testing and examination system for someone to be considered capable to perform IPM safely cannot be over stressed.¹⁻⁵

The World Institute of Pain's (WIP) Section of Pain Practice is a nonprofit corporation and operates as an autonomous body. It administers a psychometrically developed, practice-oriented examination in the field of pain medicine to award the successful candidates diplomas - FIPP (Fellow of Interventional Pain Practice) and CIPS (Certified Interventional Pain Sonologist) in collaboration with The World Academy of Pain Medicine Ultrasonography (WAPMU). There are specific requirements for FIPP and CIPS certification examination. The guidelines to be followed by the examiners can be downloaded from the respective websites.^{4,5}

Key words: Interventional pain management; World Institute of Pain; WAPMU; Fellow of Interventional Pain Practice; FIPP; Sonologist; CIPS.

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INTRODUCTION

Medicine is an art.

Interventional Pain Medicine / Management (IPM) is also an art.

Although the development of the pain specialty from pain management to interventional pain management is relatively a recent phenomenon, the rapid strides in the diagnostic modalities as well as specialized guidance systems for endoscopic and other interventional procedures has led to exponential rise in the success rates of the procedures. This has further resulted in more and more specialists from diverse fields to take up IPM as their choice of medical practice. Patient safety has always been on the forefront and a priority for the IPM practitioners. A wide range of the IPM practitioners' educational

background, and the diverse type and scope of the institutions imparting IPM knowledge and skills to them, necessitated that there should be a standardized qualification for someone to be considered capable to perform IPM safely.¹⁻⁵

FIPP (Fellow of Interventional Pain Practice) and CIPS (Certified Interventional Pain Sonologist) examinations are arranged by The World Institute of Pain (WIP)'s Section of Pain Practice, to fulfill this need.^{4,5}

Everyone intending to appear in these examinations have to go through a pile of literature to be read and acquire sufficient practical training in interventional techniques.

HISTORY

Pain Medicine is the study of evaluation, treatment,

and rehabilitation of persons in pain. Some conditions may have pain and associated symptoms arising from a discrete cause, such as postoperative pain or pain associated with a malignancy, or may be conditions in which pain constitutes the primary problem, such as neuropathic pains or headaches. The evaluation of painful syndromes includes interpretation of historical data; review of previous laboratory, imaging, and electrodiagnostic studies; assessment of behavioral, social, occupational, and vocational issues; and interview and examination of the patient by the pain specialist. It may require specialized diagnostic procedures, including central and peripheral neural blockade or monitored drug infusions. The special needs of the pediatric and geriatric populations, and patients' cultural contexts, are considered when formulating a comprehensive treatment plan.

The pain physician may serve as a consultant to other physicians but is often the principal treating physician and may provide care at various levels, such as direct treatment, prescribing medication, prescribing rehabilitative services, performing interventional procedures, directing a multidisciplinary team, coordinating care with other health care providers and providing consultative services to public and private agencies pursuant to optimal health care delivery to the patient suffering from pain. The pain physician may work in a variety of settings and is competent to treat the entire range of pain conditions in all age groups.^{4,5}

IPM is a subspecialty which is learned after finishing specialty degree. At first it was specifically an anesthesiology field. But John J. Bonica, at around 1947 through his multidisciplinary interventional pain management program, made it possible to be mastered also by other specialists such as physical medicine and rehabilitation specialists (physiatrists), orthopedists, surgeons, neurologists, rheumatologists, and other specialists who concern and deal with pain especially interventional pain management. ^{1,3-7} Bonica, a Sicilian American anesthesiologist and professional wrestler, is rightfully known as the founding father of the study of pain management.

In many countries such as The United States and Canada, it can be learned through fellowships. And in other countries such as Asian countries, it can only be learned through courses and workshops or short fellowships because of unavailability of fellowships there, while the opportunity to get the formal fellowships abroad is very hard, not to say almost

impossible, due to so many reasons, such as financial issues, political issues, internal policy of the designated country for foreigners to attend fellowships etc. In Pakistan, due to untiring efforts of Brig M. Salim, Riphah International University started MSc (Pain Medicine), which is largely a distant learning program.

CURRENT STRUCTURE

The World Institute of Pain (WIP) was founded in 1994 by the combined efforts of P. Prithvi Raj, MD, (USA), David Niv, MD, (Israel), Serdar Erdine, MD, (Turkey), Ricardo Ruiz-López, MD, (Spain), Gabor B. Racz, MD, (USA). It is incorporated in the State of California as a nonprofit corporation and operates as an autonomous body, 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 Pain Practice. A list of physicians certified is available to medical organizations and other groups in the general public.

The mission of the WIP – Board of Examination is to protect and inform the public by improving the quality and availability of interventional techniques in pain medicine.

The following are the goals and objectives of the board:

- 1. To evaluate candidates who voluntarily appear for examination and to certify as Fellows in Interventional Techniques those who are qualified. Objectives of the evaluation are to meet these goals and include:
 - Determination of whether candidates have received adequate preparation in accordance with the educational standards established by the WIP.
 - 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 WIP.

- 1. 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.⁴⁻⁷

WIP provides a global forum for education, training and networking to thousands of physicians who have dedicated themselves to the worldwide phenomena of acute and chronic pain syndromes. It is an international organization for pain physicians that facilitates the exchange of pain medicine knowledge and practical expertise through participation in world congress, international and regional symposia, and practical workshops. One of the most important goals of the WIP is to develop an international examination process for testing and certifying qualified interventional pain physicians. 4.5.7

The WIP usually runs FIPP examinations three times in a year. The latest FIPP examination was held at June 10, 2017 in Nijmegen, Netherlands. There are 1023 qualified FIPPs worldwide now till July 2017.8

The WIP began CIPS (Certified Interventional Pain Sonologist) examination to standardize the basic knowledge and skill needed to perform ultrasound guided IPM in collaboration with the World Academy of Pain Medicine Ultrasonography (WAPMU), since 2014. The CIPS examination usually runs together with FIPP examinations, but not always there is an FIPP examination with CIPS examination. The last CIPS examination was held on June 10, 2017 in Nijmegen, Netherlands. Till July 2017 there are 67 CIPS's all over the world.

The next FIPP and CIPS certification examination will be held at Budapest, Hungry, on Thursday, 31 August 2017. 4.5

REQUIREMENTS 4,5

A. FIPP Certification Examination: In order to be eligible for the FIPP certification examination in interventional pain medicine, you must meet the following requirements:⁵

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 fouryear 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.

- **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.

B. CIPS Certification Examination

In order to be eligible for the CIPS certification examination in interventional pain medicine, you must meet the following requirements:⁴

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 fouryear 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.

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 as specialist or family practice physician.

- 1. You must submit documentation of identifiable training in your primary specialty 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 must include a letter or form signed by the program director of the ACGME-accredited training program or equivalent 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.

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 or equivalent that you attended.

Requirement 4: Ultrasound Training

Documented confirmation of formal ultrasound in pain medicine training during residency or fellowship, or 20 Category-1 CME or equivalent credits in pain medicine or musculoskeletal ultrasonography in approved CME courses offered by:

- 1. World Academy of Pain Medicine Ultrasonography
- 2. American Society of Regional Anesthesia and

Pain Medicine

- 3. European Society of Regional Anesthesia and Pain Medicine
- 4. Mayo Clinic MSK Course
- 5. American Academy of Pain Medicine
- 6. American Academy of Physical Medicine and Rehabilitation
- 7. International Society of Regional Anesthesia (ISURA)
- 8. International Society of Spinal and Paraspinal Sonography (ISSPS)
- Ultrasound Application in Regional Anesthesia and Pain, Innsbruck Medical University

Requirement 5: 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 Ultrasound 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 6: 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 7: Declaration and Consent

Please refer to the CIPS Examination Application for the declaration and consent

HOW BEST TO PREPARE FOR THESE EXAMINATIONS

As all other examinations in all medical field, a high standard requirement of mastering knowledge and skill is needed to pass the FIPP and CIPS examinations, because patients' safety is at the prime concern

The WIP and WAPMU have already launched guidelines to be followed by the examiners which can be downloaded from their websites. A part of these has already been described above. ^{4,5}

WHERE TO APPEAR

After reading all the requirements of the FIPP and

CIPS examinations mentioned above^{4,5}, depends on our self-esteem and, of course our IPM knowledge and skill, to prepare more to face the examinations. Some candidates may need to join several other IPM workshops to prepare and sharpen their skills. Some may need to join mock tests of FIPP and or CIPS examinations, which are periodically been conducted by several national pain societies. Some may need to practice on mannequins and/or cadavers to be proficient, and some may need no further practice or training.

But of course the main thing is to practice the IPM in daily practice to real patients, because IPM is real, not a simulation; besides mastering all the theories of pathophysiology of pain (acute and chronic), anatomy of the whole body, biomechanics and kinesiology, pathophysiology of diseases, diagnosing skill (including history taking, physical examination, and how to use supporting examinations as indicated and how to interpret them and relate them to our clinical findings), conservative (pharmacological and nonpharmacological) and of course IPM treatments for the pain, complications and side effects of IPM and how to manage them, and rehabilitation program before and after the IPM procedures as indicated, and so many other aspects related to the pain such as psychological or surgical intervention [See section Suggested Reading]

There's a huge pile of literature available in print or online to read. In the reference section of this article there are given only some of the resources.

We must be sure of ourselves before we decide to take the FIPP and/or CIPS examinations, because the FIPP and CIPS examinations will cost us quite a lot of money and time.

Once you are ready, apply for the FIPP and or CIPS examination. And good luck!

Conflict of interest: The author declare no conflict of interest.

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