



International Academy of Neuromusculoskeletal Medicine

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RE: Board Certification Integrity

Dear State Board Executive Director,

The continuous effort spanning more than four decades to improve and define accreditation standards serves as the foundation of this document. We would like to acknowledge the contributions of organizations such as the National Committee for Quality Excellence (NCQA), Institute of Credentialing Excellence (I.C.E.), and others who have been instrumental in this pursuit.

NBCE

The National Board of Chiropractic Examiners (NBCE) is responsible for developing and administering exams to assess the competency of chiropractic candidates, but it does not license or certify chiropractic physicians. Its exams, covering basic and clinical sciences, are used by state licensing boards to help evaluate applicants for licensure. While some early NBCE certificate holders could use the title "Diplomate," this term is no longer permitted to avoid confusion with specialty certifications, which require advanced training beyond the NBCE's basic competency exams. ***Misuse of terms like "NBCE Diplomate" or "Board Certified Chiropractic Physician" can mislead the public, as passing the NBCE exams only confirms minimal competency, not specialized expertise or board certification.*** Board certification in chiropractic involves additional education and specialization, distinguishing it from holding a chiropractic degree or passing NBCE exams. Misrepresenting these credentials may lead to legal consequences.

In the field of neuromusculoskeletal (NMS) medicine, the following terms and definitions are applicable:

Board Certified

To achieve "Board Certified" status in the NMS field, a candidate must successfully complete a minimum of 300 approved hours, as outlined in the IANM Pillars of Practice Documents. This serves as the prerequisite for entering the certification process, which includes a written



International Academy of Neuromusculoskeletal Medicine

examination with a minimum of 150 questions, followed by a series of Objective Structured Clinical Examinations (OSCE). On successful completion, candidates are entitled to use the designation "Board Certified" within the NMS domain. Any other usage of this terminology is strictly prohibited.

Fellowship

The title of "Fellow" is granted on successful completion of an additional 100 approved hours, also based on the IANM Pillars of Practice Documents, along with a 100-item examination and the fulfillment of specific observations and participating with clinical work requirements. The use of this title is restricted to those who have met these standards. The doctor must be board certified by a recognized chiropractic specialty to obtain a fellowship.

Certification

On completion of the Board Certification and Fellowship requirements, candidates will receive a formal certificate issued by the certifying board.

Organizations or academic programs wishing to be recognized by the IANM for their Board Certification credentials may submit evidence of compliance for review.

The following boards are currently recognized as having the authority to confer certification status:

Recognized Independent Board Certifications:

- The International Academy of Neuromusculoskeletal Medicine (DIANM): Formerly the Academy of Chiropractic Orthopedists (DACO) and the American Board of Chiropractic Orthopedists (DABCO). IANM Advanced Specialties include:
 - IANM Forensics
 - IANM Concussion Management
 - IANM Injection Therapy
 - IANM Diagnostic Ultrasound
 - IANM Advanced Practice (DCPCP)
 - IANM Manipulation Under Anesthesia (MUA)
 - IANM Geriatrics
- American Chiropractic Board of Radiology (DACBR)
- American Board of Forensic Professionals (DABFP)
- American Clinical Board of Nutrition (DACBN)
- American Chiropractic Rehabilitation Board (DACRB)
- American Chiropractic Board of Sports Physicians (DACBSP)



International Academy of Neuromusculoskeletal Medicine

Recognized ACA Board Certifications:

- American Board of Chiropractic Acupuncture (DABCA)
- American Board of Chiropractic Internists (DABCI)
- American Chiropractic Neurology Board (DACNB)
- Chiropractic Board of Clinical Nutrition (DCBCN)
- American Chiropractic Board of Occupational Health (DABCN)
- American Board of Chiropractic Pediatrics (DABCP)

We recommend that state licensing boards and regulatory agencies carefully review the standards for Board Certification to safeguard public interest by ensuring adherence to these established requirements. Providers who utilize these credentials without undergoing the recognized certification process may be subject to investigation for fraud or unprofessional conduct.

Primary Source Verification

As a routine procedure, the IANM frequently receives requests for primary source verification (PSV). These requests come from provider panels, insurance carriers verifying Board Certified status and current Maintenance of Credential (MOC) standings, state and local licensing boards, and public members verifying advertising claims. In cases where unauthorized use, credential creep, or fraud is suspected, the IANM notifies state licensing boards as a courtesy. We encourage state agencies to contact us for primary source verification when needed.

Concern for Faux “Board Certification”

Unfortunately, there are several entities that are misusing the term Board Certification. There is a need to define the rigorous standards traditionally required for such a credential and demonstrate how this course falls short in comparison.

Key Points Explaining the Misrepresentation:

1. **Inadequate Training Hours:** True Board Certification in any medical specialty typically requires extensive, formalized training involving hundreds to thousands of hours. For example, in the Neuromusculoskeletal (NMS) realm, board certification requires at least 300 approved hours of training, followed by comprehensive exams and clinical assessments. For example, short video programs and a weekend class would obviously lack the depth of training, education, and practical experience that is the cornerstone of legitimate certification.
2. **Absence of Comprehensive Examination:** Legitimate Board Certification exams, like those in NMS, often involve a rigorous written examination and clinical skills assessments such as Objective Structured Clinical Examinations (OSCE). These are designed to measure a candidate's competence across a wide range of clinical scenarios.



International Academy of Neuromusculoskeletal Medicine

In contrast, a course with a basic online exam does not sufficiently test the hands-on skills or in-depth knowledge typically required for true Board Certification. A Board Certification implies mastery of a specialty, not simply completing a short online course and passing a study guide-based exam.

3. **Lack of Clinical and Practical Oversight:** True board certification often requires supervised clinical experience and peer-reviewed performance metrics in a relevant field. Many of these courses lack any requirement for clinical observance or supervised training. In legitimate certification processes, direct, hands-on patient care and clinical evaluations are essential components, ensuring that the physician is capable of safely and effectively applying the learned techniques.
4. **Misuse of the Term "Board Certification":** The term "Board Certification" is a protected and well-established term in medical fields. It represents the highest level of professional competence within a specialty, certified by a recognized board of specialists who evaluate both knowledge and skill. The usage of the term in the context of a brief course devalues the rigorous standards typically associated with it and can mislead the public and healthcare providers into overestimating the expertise of course participants.
5. **Promotion of Commercial Interests:** Some of these courses promote utilization of their products, raising concerns about the commercial nature of the program. Board Certification should be a purely educational and credentialing process based on clinical competency, not associated with specific commercial products or treatment devices. This intertwining of educational content and product promotion further undermines the credibility of the certification.
6. **Insufficient Accreditation and Oversight:** There should be oversight by recognized accrediting bodies, such as the International Academy of Neuromusculoskeletal Medicine (IANM), American Board of Chiropractic Specialties (ABCS), American Board of Medical Specialties (ABMS) or the Accreditation Council for Graduate Medical Education (ACGME). True board certifications are regulated by established organizations that ensure the certification process meets high standards of medical education and practice.

Conclusion:

Given the significant discrepancy between the standards of legitimate Board Certification and the requirements of many brief courses, the International Academy of Neuromusculoskeletal Medicine (IANM), along with all legitimate chiropractic board specialties, strongly calls on state licensing boards and regulatory agencies to implement greater oversight and regulation of the use of the term "Board Certification." The public must be protected from misleading credentials that falsely suggest a high level of expertise. We urge state boards to ensure that only physicians who have undergone rigorous, accredited certification processes are permitted to use the title "Board Certified," and to investigate any misuse of this designation as a potential case of fraud or unprofessional conduct. By enforcing these standards, the integrity of chiropractic / medical credentials can be preserved, ensuring the highest quality of care for patients.



International Academy of Neuromusculoskeletal Medicine

The IANM recommends the following:

- Minimum of 300 hours
- Appropriate testing procedures, inclusive of a rigorous written examination and Objective Structured Clinical Examinations (OSCE).
- Valid certification through the International Academy of Neuromusculoskeletal Medicine (IANM), American Board of Chiropractic Specialists (ABCS), or other recognized agencies approved by the state board.

We appreciate your attention to these important standards and welcome any further inquiries you may have.

Sincerely,

Roger A. Russell, DC, MS, DIANM
President, IANM