

# **FELLOWSHIP OF THE INDIAN ACADEMY OF PAIN MEDICINE – COMPREHENSIVE CURRICULUM**

## **Introduction**

The Indian Academy of Pain Medicine (IAPM) offers a 12-month fellowship program in Pain Medicine, conducted at accredited centres/ hospitals across India. This structured program integrates clinical experience, formal education, and rigorous assessments, aiming to train Pain Physicians capable of delivering basic to advanced, evidence-based care across all domains of Pain Medicine.

The prestigious Fellowship of the Indian Academy of Pain Medicine (FIAPM) is awarded to two groups: (1) physicians who complete the full-term 12-month structured fellowship training program, and (2) senior Pain Physicians with a minimum of five years of independent Pain Medicine practice, who meet the academy's standards of excellence, subject to a formal evaluation and certification Exam process.

This dual-pathway recognition ensures that both emerging and experienced specialists are acknowledged for their expertise, commitment, and contributions to the advancement of Pain Medicine in India.

## **Aims of the Curriculum**

- Define the full breadth of knowledge and procedural skills necessary for a Pain Physician.
- Equip trainees with the essential tools for self-directed and mentor-guided learning.
- Provide standardized training incorporating the **ISSP-approved Nomenclature and coding system for interventional pain procedures.**
- Promote national uniformity in Pain Practice aligned with international evidence-based guidelines.
- Establish a foundation for lifelong professional development.

## **Key Sections of the Curriculum**

1. Basics of Pain Medicine (IAPM-B)
  2. Core Topic Areas (IAPM-C)
  3. Interventional Procedures and ISSP Coding Integration (IAPM-P)
  4. Knowledge and Skills (IAPM-KS)
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### **Section One: Basics of Pain Medicine (IAPM-B)**

- Bioethics and professional standards.
  - Core pain concepts (IASP definition, nociception, acute vs chronic pain).
  - Philosophical and conceptual models (biopsychosocial, Cartesian, multidisciplinary approaches).
  - Common pain terms and sensory descriptors.
  - Anatomy and physiology of pain pathways and sensitization mechanisms.
  - Psychological, social, and cultural influences on pain.
  - Comprehensive pain assessment strategies.
  - Principles of pharmacological, psychological, physical, and interventional management.
  - Research methodology, clinical epidemiology, and evidence evaluation.
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### **Section Two: Core Topic Areas (IAPM-C)**

- Neuropathic Pain
- Spine Pain
- Visceral Pain
- Cancer-Related Pain
- Headache and Orofacial Pain
- Complex Regional Pain Syndrome (CRPS)
- Chronic Widespread Pain
- Ultrasound in practice of Pain Medicine
- Musculoskeletal Interventions and Joint Pain Management

- Management of Common Rheumatology disorder and Degenerative Joint Disorders with Medical Management including Biological therapies and different appropriate interventions.
  - Management of Osteoporosis (Post-menopausal/ Gluco-corticoid Induced Osteoporosis and others) with Medical Management including Biological therapies
  - Regenerative Interventions (PRP, BMAC, adipose-derived stem cells)
  - Neuro-Ablative Procedures
  - Neuro-Modulatory Interventions
  - Acute Pain
  - Problematic Substance Use
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### **Section Three: Interventional Procedures and ISSP Coding Integration (IAPM-P) with Fluoroscopic/ Ultrasonographic or Hybrid Guidance-**

Incorporating the **ISSP Coding System Uniform Nomenclature**, the curriculum trains fellows in the following categories:

The One Year, In-house Fellows of Indian Academy of Pain Medicine ((The academic wing of Indian Society for Study of Pain), and the Senior Pain Physicians are expected to be proficient in following skills:

#### **Essential Skills:**

##### **1. Joints, Bursa, Tendons, Ligaments, Muscles**

- Major, intermediate, minor joint interventions (e.g., knee, hip, shoulder, sacroiliac, facet joints)
- Sacroiliac joint denervation, arthrograms
- Tendon, ligament, bursa injections, prolotherapy, trigger point injections

##### **2. Nerves and Ganglia**

- Peripheral nerve MIPSI (e.g., occipital, suprascapular, intercostal, ilioinguinal)
- Sympathetic MIPSI (stellate ganglion, celiac plexus, hypogastric plexus, ganglion impar)
- Radiofrequency Therapies including Thermal/ Conventional/ Cooled/ Bipolar ablation and Pulse/ Pulsed Radio-frequency

### **3. Epidural Procedures**

- Interlaminar, Transforaminal, Caudal epidural Neuroplasty at all (Lumbo-sacral/ Thoracic/ Cervical)
- Adhesiolysis (mechanical, chemical), Neuroplasty

### **4. Intradiscal Procedures**

- Discography, Ozonucleolysis, Nucleoplasty, Annuloplasty, IDET, Biacuplasty

### **5. Pain Biological/ Regenerative/ Orthobiological Therapies-**

- PRP (Platelet Rich Plasma), bone marrow, adipose-derived injections for major, intermediate, and minor joints and bursa

### **6. Other Therapies**

- Botulinum toxin injections, acupuncture (with/without electrical stimulation), dry needling, diathermy, TENS, shock wave therapy

## **Desirable Skills-**

### **7. Vertebral Augmentation**

- Vertebroplasty, Ballon kyphoplasty, Sacroplasty (with/without balloon, unipedicular or Bipedicular) or any other vertebral/ bone augmentation intervention with or without percutaneous implants.

### **8. Neurostimulation/ Neuromodulation**

- Spinal cord stimulation (trial and permanent)
- Dorsal root ganglion stimulation,
- Peripheral nerve stimulation

### **9. Intrathecal Drug Delivery**

- Intrathecal pumps implantation/ explantation, ports

### **10. Minimally Invasive Spine Endoscopic Pain Procedures (MisEpp)**

- Epiduroscopy, Endoscopic lumbar Decompression, Transforaminal and Interlaminar Techniques, UBE, Percutaneous Endoscopic Laminotomy

and Foraminotomy, Percutaneous Endoscopic Stenotic Decompression with or without percutaneous implant, at all Lumbo-sacral/ thoracic/ cervical levels

**This list will be automatically upgraded as and when any new interventions are added in ISSP Coding List.**

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## **Section Four: Knowledge and Skills (IAPM-KS)**

- Clinical Assessment: Comprehensive biopsychosocial evaluation, functional and sensory assessments, pain-focused examinations.
- Management Planning: Individualized, evidence-based treatment design and implementation.
- Pharmacotherapy: Detailed knowledge of analgesics, co-analgesics, opioid rotation, adverse effect management.
- Physical and Psychological Therapies: Graded activity, desensitization, cognitive-behavioural strategies, mindfulness.
- Interventional Skills: Mastery of Fluoroscopic and Ultrasound Guided and Percutaneous Spine Endoscopic techniques as per ISSP coding. **(Section 3)**
- Team Leadership: Effective multidisciplinary coordination, ethical practice, and communication.
- Research Competency: Critical appraisal, research participation, and evidence translation into practice.

## **Optional Topic Areas (OTAs)**

- Addiction medicine, paediatric pain, pelvic pain, palliative care, rehabilitation, pain in aged care, consultation-liaison psychiatry.
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## **Implementation Notes**

The curriculum mandates hands-on training in all procedural domains outlined in the ISSP coding system, ensuring fellows graduate with recognized procedural competence. Integration of theoretical knowledge with technical skill is reinforced through supervised practice, structured assessments, and continuous feedback. This comprehensive curriculum sets a national standard for excellence in Pain Medicine training and certification.

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## References

1. <https://www.issp-pain.org/official-documents/>
2. <https://www.issp-pain.org/downloads/IAPM.pdf>