



Indian Association of Physical Medicine and Rehabilitation

FELLOWSHIP IN PAIN MEDICINE

Curriculum

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Indian Association of Physical Medicine and Rehabilitation (IAPMR)

FELLOWSHIP IN PAIN MEDICINE

Duration: 1 Year (Full-time)

Eligibility: MD / DNB / Diploma in Physical Medicine & Rehabilitation

Training Model: Multidisciplinary, competency-based, with graded interventional exposure

Exit Qualification: Fellowship in Pain Medicine (IAPMR)

PROGRAM PHILOSOPHY

This fellowship is designed as a **patient-centred, competency-based training program** in pain medicine, with balanced emphasis on non-interventional care, rational pharmacotherapy, rehabilitation, communication skills, and *graded* interventional procedures. The program recognises the limits of a 1-year training period and defines **core, optional, and observer-level competencies**.

COMPETENCY-BASED OBJECTIVES

On completion of the fellowship, the fellow will demonstrate the following competencies:

1. Knowledge

- Explain pain physiology, mechanisms, and classification including nociceptive, neuropathic, and nociplastic pain.
- Describe evidence-based pharmacological and non-pharmacological pain management strategies.
- Identify indications, contraindications, and complications of common pain interventions.
- Understand ethical, legal, and regulatory aspects of pain practice in India.

2. Clinical Skills

- Perform comprehensive pain assessment using validated tools.

- Formulate individualised, biopsychosocial pain management plans.
- Demonstrate effective communication, counselling, and expectation management in chronic pain.
- Provide opioid counselling, risk stratification, and misuse prevention.

3. Procedural Skills (Graded Competency)

- **Independently perform** core ultrasound-guided peripheral joint and soft tissue injections with documented competency.
- **Assist and perform under supervision** selected nerve blocks and spine interventions.
- **Observe** advanced and high-risk procedures.

4. Professionalism & Ethics

- Practice ethical, patient-centred, and legally compliant pain medicine.
- Recognise limits of competence and appropriately refer patients.
- Work effectively within multidisciplinary teams.

5. Research & Academics

- Design, conduct, and present a supervised research project.
- Critically appraise pain literature and participate in academic activities.

STRUCTURE & PHASE-WISE CURRICULUM

Quarter 1: Foundations of Pain Medicine (Months 1–2)

Core Topics

- Pain physiology and neuroanatomy
- Pain classification
- Comprehensive pain history and examination
- Pain assessment tools (VAS, NRS, BPI, DN4, LANSS, ODI, NDI, WOMAC, SPADI)
- Functional and psychosocial assessment (HADS, SF-36 / SF-8)
- Introduction to pain neuroscience education

Non-Interventional Pain Care

- Pain coping skills (coping strategies, pacing, flare-up management)
- Communication in chronic pain (empathy, expectation setting, shared decision-making)
- Basics of cognitive behavioural therapy (CBT)

- Motivational interviewing
- Opioid counseling and misuse prevention (risk assessment, contracts, monitoring)
- Lifestyle medicine in pain (sleep, physical activity, weight management, stress management)
- Ergonomics and posture correction

Quarter 2: Clinical & Pharmacological Pain Management (Months 3–4)

Pharmacological Management

- WHO analgesic ladder
- Non-opioid analgesics
- Opioids: safe prescribing, monitoring, opioid stewardship
- Neuropathic pain medications
- Adjuvant drugs

Clinical Pain Syndromes

- Musculoskeletal pain (spine and peripheral joints)
- Myofascial pain and fibromyalgia
- Neuropathic pain syndromes
- Pain in special populations (children, elderly)

Quarter 3: Interventional Pain Management – Core Skills (Months 5–9)

Core Mandatory Procedures (Independent under supervision)

- Ultrasound-guided peripheral joint injections
- Trigger point injections
- Bursa injections
- Tendon sheath injections

Minimum numbers: To be specified in logbook with supervisor sign-off.

Supervised / Assisted Procedures

- Greater occipital nerve block
- Suprascapular nerve block
- Median, ulnar, radial nerve blocks
- Intercostal nerve block

- Genicular nerve block

Spine Interventions (Observed / Assisted)

- Epidural steroid injections (interlaminar, transforaminal, caudal)
- Facet joint injections / medial branch blocks
- Sacroiliac joint injections

Quarter 4: Advanced & Special Pain Care (Months 10–12)

Cancer & Palliative Pain

- Cancer pain assessment
- Opioid rotation
- Breakthrough pain
- Ethical issues and end-of-life care

Chronic Pelvic Pain

- Bladder pain syndrome
- Pelvic floor rehabilitation and biofeedback

Introductory / Observer-Level Exposure

- Radiofrequency procedures
- Neuromodulation principles
- Intrathecal therapies (overview)
- Regenerative medicine (PRP, prolotherapy)

Advanced procedures such as vertebroplasty, kyphoplasty, endoscopic spine procedures, stem cell therapies are observer-level only and centre-dependent.

REHABILITATION-BASED PAIN MANAGEMENT

- Exercise prescription in chronic pain
- Functional restoration programs
- Orthotics and assistive devices
- Multidisciplinary rehabilitation integration

ASSESSMENT SYSTEM (COMPETENCY-BASED)

Internal Assessment (Formative)

- Logbook with minimum procedural numbers
- Direct Observation of Procedural Skills (DOPS)
- Mini-CEX for clinical encounters
- Monthly case presentations and journal clubs

Final Assessment (Summative)

Theory

- Paper 1: Principles of Pain Medicine
- Paper 2: Clinical & Interventional Pain Management

Practical / OSCE

- Pain assessment and interpretation
- Ultrasound image interpretation
- Consent and complication management
- Drug prescription safety

Viva Voce

Research Evaluation

- Ethics approval- whenever required
- Methodology and analysis
- Presentation / defence

TRAINING QUALITY & GOVERNANCE

Accreditation Standards for Training Centres

- Qualified faculty with pain medicine experience
- Defined fellow-to-faculty ratio
- Minimum case-load and procedure volume
- Mandatory availability of ultrasound; C-arm desirable

Quality Assurance

- Periodic internal review
- External audit by IAPMR Academic Committee

EXIT COMPETENCIES (REVISED)

On completion, the fellow will:

- Demonstrate readiness for independent, ethical, and evidence-based pain practice within a multidisciplinary framework.
- Safely manage common pain conditions and core interventional procedures.
- Recognise limits of competence and refer appropriately.

CERTIFICATION

Successful candidates will be awarded:

“IAPMR Fellowship in Pain Medicine”

Annexure 1

MINIMUM PROCEDURAL COMPETENCY REQUIREMENTS (LOGBOOK MANDATORY)

The fellow must maintain a **stand**

ardised logbook with supervisor sign-off. Minimum numbers are indicative and subject to periodic review by the IAPMR Academic Committee.

Table: Minimum Interventional Procedure Requirements

Category	Procedure Type	Examples	Minimum Numbers	Level of Competency
Mandatory – Independently Perform (Under Supervision)	USG-guided joint & soft tissue injections	Shoulder, knee, hip, ankle, wrist; trigger point; bursa; tendon sheath	≥ 25 cases	Independent with faculty supervision
	Myofascial interventions	Trigger point injections, dry needling	≥ 15 cases	Independent
Mandatory – Assist / Perform Under Direct Supervision	Peripheral nerve blocks	Suprascapular, genicular, median/ulnar/radial, occipital	≥ 15 cases	Assisted / supervised performance
	Spine interventions	Epidural steroid injections, facet/medial branch, SI joint	≥ 10 cases	Assisted only
Mandatory – Observe	Advanced spine & sympathetic blocks	Stellate ganglion, lumbar sympathetic, ganglion impar	≥ 5 cases	Observer level
	Cancer pain interventions	Neurolytic blocks, intrathecal therapies	≥ 5 cases	Observer level
Optional / Centre-Dependent (Observer Level)	Advanced procedures	RF ablation, neuromodulation, vertebroplasty, kyphoplasty, endoscopic spine	As available	Observer only

Note: Independent unsupervised performance of advanced procedures is **not expected** at fellowship exit.

Annexure 2

List Interventional Pain Procedures (USG / C-Arm Guided)

Joint & Soft Tissue Injections

- Intra-articular injections (peripheral and axial joints)
- Trigger point injections
- Bursa injections (subacromial-subdeltoid, subcoracoid, olecranon, trochanteric, prepatellar, infrapatellar, pes anserine, retrocalcaneal)
- Tendon sheath injections

Nerve Blocks / Hydrodissection

- Greater occipital nerve
- Suprascapular nerve
- Median, ulnar, radial nerves
- Intercostal nerve
- Ilioinguinal / iliohypogastric nerve
- Genitofemoral nerve
- Pudendal nerve
- Lateral femoral cutaneous nerve
- Genicular nerve
- Posterior tibial nerve

Spine Interventions

- Cervical, thoracic, and lumbar epidural steroid injections
 - Interlaminar
 - Transforaminal
 - Caudal
- Cervical periradicular injection
- Facet joint injections / medial branch blocks
- Coccygeal injection / ganglion impar block
- Sacroiliac joint injections

Other Procedures

- Stellate ganglion block
- Hydrodilatation of shoulder
- Plantar fascia injection
- Morton's neuroma block

- Fascia iliaca block
- Aspiration techniques

MSK Ultrasound

- Normal sonoanatomy of major joints
- Identification of basic sonopathologies
- Peripheral nerve scanning

Radiofrequency Procedures (Introductory Level)

(Subject to availability of RF equipment)

- Trigeminal RFA
- Genicular nerve RFA (knee/hip)
- Cervical and lumbar medial branch RFA

Neuromodulation (Introductory Level)

- Peripheral nerve stimulation – principles
- Spinal cord stimulation – principles
- Intrathecal drug delivery – overview

Regenerative Therapies

- Platelet-rich plasma (PRP)
- Growth factor concentrate (GFC)
- Prolotherapy

Note: Detailed Log book format to the fellow candidates shall be provided afterword

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