

Sleep Medicine

Certification Examination Blueprint

Purpose of the exam

The exam is designed to evaluate the knowledge, diagnostic reasoning, and clinical judgment skills expected of the certified sleep medicine specialist in the broad domain of the discipline. The ability to make appropriate diagnostic and management decisions that have important consequences for patients will be assessed. The exam may require recognition of common as well as rare clinical problems for which patients may consult a certified sleep medicine specialist. The exam is developed jointly by the ABIM, the American Board of Anesthesiology, the American Board of Family Medicine, the American Board of Otolaryngology, the American Board of Pediatrics, and the American Board of Psychiatry and Neurology.

Exam content

Exam content is determined by a pre-established blueprint, or table of specifications, which is reviewed annually and updated as needed for currency. Trainees, training program directors, and certified practitioners in the discipline are surveyed periodically to provide feedback and inform the blueprinting process.

The primary medical content categories of the blueprint are shown below, with the percentage assigned to each for a typical exam:

Medical Content Category	% of Exam
Normal Sleep and Variants	16%
Circadian Rhythm Sleep-Wake Disorders	10%
Insomnia	17%
Central Disorders of Hypersomnia	12%
Parasomnias	7%
Sleep-Related Movements	8%
Sleep-Related Breathing Disorders	20%
Sleep in Other Disorders	5%
Instrumentation and Testing	5%
	100%

Exam format

The exam is composed of up to 240 single-best-answer multiple-choice questions, of which approximately 40 are new questions that do not count in the examinee's score. Most questions describe patient scenarios and ask about the work done (that is, tasks performed) by physicians in the course of practice:

- Making a diagnosis
- Ordering and interpreting results of tests
- Recommending treatment or other patient care
- Assessing risk, determining prognosis, and applying principles from epidemiologic studies
- Understanding the underlying pathophysiology of disease and basic science knowledge applicable to patient care

Clinical information presented may include patient photographs, actigrams, and polysomnograms to illustrate relevant patient findings. Some questions may include video.

[Learn more information on how exams are developed.](#)

A tutorial including examples of ABIM exam question format can be found at <http://www.abim.org/certification/exam-information/sleep-medicine/exam-tutorial.aspx>.

The blueprint can be expanded for additional detail as shown below. Each of the medical content categories is listed there, and below each major category are the content subsections and specific topics that *may* appear in the exam. Please note: actual exam content may vary.

Normal Sleep and Variants	16% of Exam
Sleep-wake mechanisms, neurophysiology	4%
Circadian timing	
Homeostatic sleep regulation	
Non-rapid eye movement (NREM) sleep mechanism	
REM sleep regulation	
Wake neurophysiology	
Other physiology	<2%
Gastrointestinal	
Pulmonary	
Endocrine	
Cardiovascular	
Normal sleep	2%
Infancy	
Childhood	
Adolescence	
Adulthood	

Elder years	
Pregnancy	
Menopause	
Effects of sleep deprivation	<2%
Neurocognitive function	
Mood disturbances	
Metabolic disturbances	
Scoring and staging	7%
Staging and arousals	
Respiratory events	
Movement	
Cardiac	
Electroencephalogram (EEG) variant	
Other scorable events	

Circadian Rhythm Sleep-Wake Disorders	10% of Exam
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Circadian sleep disorders	6.5%
Delayed sleep-wake phase disorder	
Advanced sleep-wake phase disorder	
Non-24-hour sleep-wake rhythm disorder (free-running circadian sleep disorder)	
Irregular sleep-wake disorder	
Shift work disorder	<2%
Jet lag disorder	<2%
Circadian sleep-wake disorder not otherwise specified, including disruption related to behavior, medical conditions, or drugs or substances	<2%

Insomnia	17% of Exam
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Short-term insomnia	<2%
Chronic insomnia in adults	10.5%
Chronic insomnia in children	3.5%
Insomnia related to behavior, medical conditions, or drugs or substances, and isolated symptoms and normal variants associated with complaints of insomnia	2%
Insomnia related to behavior, medical conditions, or drugs or substances	
Isolated symptoms and normal variants associated with complaints of insomnia	

Excessive time in bed
Short sleeper

Central Disorders of Hypersomnia

12% of Exam

Narcolepsy	5%
Type 1 (with cataplexy)	
Type 2 (without cataplexy)	
Idiopathic hypersomnia	<2%
Kleine-Levin syndrome (periodic hypersomnia)	<2%
Insufficient sleep syndrome	2.5%
Hypersomnia due to medical disorders	<2%
Hypersomnia due to medications	<2%
Hypersomnia associated with psychiatric disorders	<2%
Long Sleeper	<2%

Parasomnias

7% of Exam

NREM-related parasomnias	3%
Confusional arousals	
Sleep walking	
Sleep terrors	
Sleep-related eating disorder	
REM-related parasomnias	3%
REM sleep behavior disorder	
Recurrent isolated sleep paralysis	
Nightmare disorder	
Other parasomnias	<2%
Exploding head syndrome	
Sleep-related hallucinations	
Enuresis	
Parasomnia due to medical disorders, medications, or substances or unspecified	
Isolated symptoms and normal variants	<2%
Sleep talking	

Sleep-Related Movements

8% of Exam

Restless legs syndrome	3.5%
Periodic limb movement	<2%
Periodic limb movements during sleep	

Periodic limb movement disorder	
Rhythmic movement disorder	<2%
Sleep-related leg cramps	<2%
Bruxism	<2%
Sleep myoclonus	<2%
Benign sleep myoclonus of infancy	
Propriospinal myoclonus at sleep onset	
Other-sleep-related movement disorders due to medical disorders, medications, or substances	<2%
Isolated symptoms and normal variants	<2%
Excessive fragmentary myoclonus	
Hypnagogic foot tremor and alternating leg muscle activation	
Sleep starts (hypnic jerks)	

Sleep-Related Breathing Disorders

20% of Exam

Obstructive sleep apnea	9%
Adult obstructive sleep apnea	
Pediatric obstructive sleep apnea	
Central sleep apnea syndromes	7.5%
Central sleep apnea with Cheyne-Stokes breathing	
Central sleep apnea due to a medical disorder without Cheyne-Stokes breathing	
Central sleep apnea due to high-altitude periodic breathing	
Central sleep apnea due to medications or substances	
Primary central sleep apnea	
Primary central sleep apnea of infancy	
Primary central sleep apnea of prematurity	
Treatment-emergent central sleep apnea	
Sleep-related hypoventilation disorders	2.5%
Obesity-hypoventilation syndrome	
Congenital central alveolar hypoventilation syndrome	
Late-onset central hypoventilation with hypothalamic dysfunction	
Idiopathic central alveolar hypoventilation	
Sleep-related hypoventilation due to medications or substances	
Sleep-related hypoventilation due to medical disorders	
Sleep-related hypoxemia disorder	<2%
Isolated symptoms and normal variants	<2%
Snoring	
Catathrenia	

Sleep in Other Disorders**5%** of Exam**Neurologic disorders**

2%

Neurodegenerative disorders

Synucleinopathies

Alzheimer's disease

Fatal Familial Insomnia

Traumatic brain injury

Neuromuscular disorders

Cerebrovascular disorders

Sleep-related epilepsy and seizure disorders

Congenital disorders

Sleep-related headaches

Neurodevelopmental

Psychiatric disorders

2%

Mood disorders

Psychotic disorders

Anxiety

Substance abuse

Other conditions and general topics

Other medical disorders

<2%

Genetic disorders

Endocrine disorders

Cardiac disorders

Pulmonary disorders

Gastrointestinal disorders

Hematologic disorders

Instrumentation and Testing**5%** of Exam**Electrical components**

<2%

Sensors

Filters

Analog-to-digital (A-to-D) convertors

Display

Technical aspects of sleep devices

<2%

Actigraphy

Positive airway pressure (PAP) and ventilatory support devices

Electrical safety

<2%

Artifacts	<2%
Study preparation and testing conditions	<2%
Polysomnography (PSG)	
Multiple Sleep Latency Test (MSLT) and Maintenance of Wakefulness Test (MWT)	
Home sleep apnea testing	
Epidemiology and screening	<2%
Statistics and testing characteristics	
Questionnaires	

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