



Updated guidance for Biomechanical Exams (BMEs) (2025)

STEVEN VYCE, DPM

-CHAIRMAN, RESIDENCY REVIEW COMMITTEE

-VICE CHAIRMAN, CPME

BMEs can be an Entrustable Professional Activity (EPA)

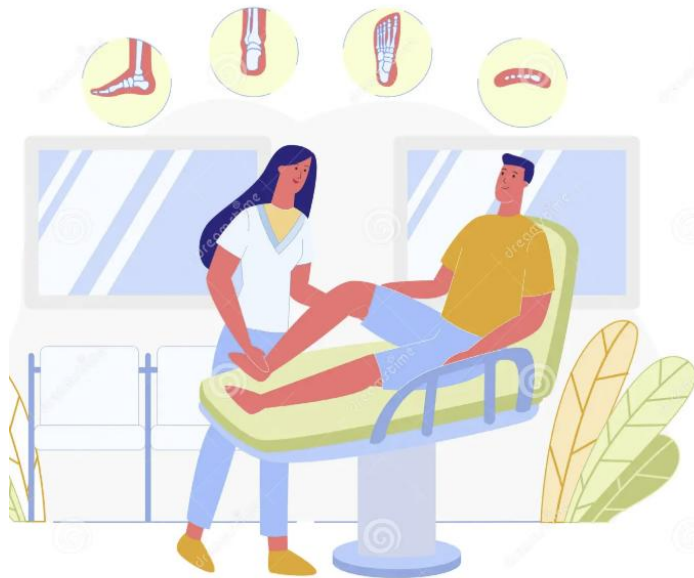
EPAs are the units of professional practice that constitute what clinicians do as daily work .

Podiatrists in practice do BMES on a daily basis, hopefully without thinking about it.

We want trainees to learn to do the same.

Further, we want

- competence in each of the components that make up a BME.
- consistency in performance of a BME as a whole
- consistency in what is documented



Biomechanical Cases/ Exams aka "BME"

- BMEs are one of the areas frequently cited for noncompliance in program on site visits.
- There have been a variety of guides put out by CPME regarding what is expected of programs
- There have been a variety of usable forms made available in the past
 - These forms were never a requirement of CPME
 - These forms were meant to supplement documentation of BMEs

Commonly Cited areas for BME

- ☐ Not being done for appropriate reasons/diagnoses
 - ☐ (Needs to be an MSK issue)
- ☐ Not dated or signed by resident
- ☐ Not signed by supervising attending

Commonly Cited areas for BME

Documentation in the note is incomplete or insufficient.

- ☐ Subjective incomplete
- ☐ PE incomplete, contradictory, has diagnoses rather than PE findings
- ☐ Assessment incomplete or does not match PE
- ☐ Plan incomplete
- ☐ Plan does not address MSK issue

<https://www.cpme.org/logging-guidance/>



COUNCIL ON PODIATRIC MEDICAL EDUCATION

CPME Portal

About the Council

Podiatric Medical
Colleges

1

Residencies

Fellowships

Continuing Education

Specialty

FAQs: Residency
Programs

Accreditation
Actions

Residency
Documents and
Forms

Logging and
Additional
Resources

List of Accredited
Residencies

RRC Meeting Dates
and Submission
Deadlines

On-Site Evaluation
of Accredited
Residency Programs

New and Accredited
Residencies and

Logging Guidance

[Home](#) > [Logging Guidance](#)

2

- [Logging Wound Care Cases](#)
- [Proper Logging Guide](#)
- [Proper Logging Guide Slides](#)
- [Procedure Notes in PRR for Resident Logging](#)
- [Work Hours FAQ](#)
- [RRC Chair ACFAS Logging Presentation](#)
- [CPME Certificate of Completion Criteria](#)

Biomechanical Exams

CPME requires that residents perform a minimum of 50 biomechanical examinations during residency training. Regardless of the forms used, all documented biomechanical exams must include diagnosis, evaluation, and treatment. CPME has created a new guidance document to help residents and program directors understand what elements must be documented in a biomechanical examination:

- [CPME Guidance Document, Biomechanical Examinations](#)

A Biomechanical Examination Review and Discussion will be held on December 3, 2025 at 8pm EST via Zoom. [Register Here!](#)

3

<https://www.cpme.org/wp-content/uploads/2025/11/CPME-Guidance-Documents-Biomechanical-Examinations-2025.pdf>

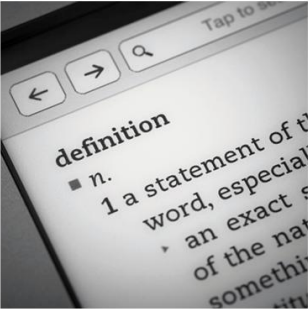
CPME

Council on
Podiatric
Education

CPME Guidance Document

Biomechanical Examinations 2025

| | | | | |
|---------------------------|--|---|--------------------|----------------|
| BME Definition | Appropriate Indications for a BME | Documentation Required for a BME | Supervision | Logging |
|---------------------------|--|---|--------------------|----------------|



CPME Document 320 requires that residents participate in the performance of lower extremity biomechanical examinations or cases, which are defined in **Appendix A : B. Definitions, 3 Required Case Activity as:**

d. Biomechanical cases. This activity includes direct participation of the resident in the diagnosis, evaluation, and treatment of diseases, disorders, and injuries of the foot, ankle, and their governing and related structures by biomechanical means. These experiences include, but are not limited to, performing lower extremity biomechanical examinations and gait analyses, comprehending the processes related to these examinations, and understanding the techniques and interpretations of gait evaluations of neurologic and patho-mechanical disorders.

Intent and Background: *Biomechanical cases should be performed in a variety of settings (surgical and non-surgical) and should include diverse pathology and treatment methods. Biomechanical exams should be a representation of the learning experiences of the residents.*



What is Biomechanics?

The RRC considers that biomechanics is :

The study of how musculoskeletal structures interact with each other and the ground while functioning.

Therefore, BMEs must be aimed at assessing and treating musculoskeletal issues.

Appropriate Indications for BME

- ✓ A BME may only be logged for a complaint or problem in which the structure, position or function of the lower extremity musculoskeletal system is chronically impaired, altered or is leading to pain or deformity, or in which an alteration of structure, position or function of the lower extremity musculoskeletal system is known to predispose the patient to future pain or deformity.
- ✓ A BME may only be logged for a complaint or problem for which the physical biomechanical exam influences the treatment plan or management of the patient.

| NO –Not appropriate for BME | YES- Appropriate for BME |
|-----------------------------|--------------------------------------|
| Acute Trauma care | Sequela of trauma/chronic conditions |
| Infectious issues | |
| Dermatologic conditions | |
| Routine Foot Care | |

DOCUMENTATION REQUIRED FOR BME

- ✓ Documentation is best the form of a standard medical record SOAP note.
- ✓ Structured forms or templates may be used so long as the completed documentation includes all elements in a SOAP style note, or the form is used to complement a SOAP note.
- ✓ If templates or forms are utilized, information provided in the templated area must be specific to the patient being examined and must match findings and diagnoses elsewhere in the medical record.

Subjective

The history of a complaint is important to consider when making diagnoses

- ✓ Documentation of history is considered an integral part of resident education.
- ✓ Each BME must include an appropriate history relevant to the complaint or problem, including factors such as NLDOCAT or similar information.
- ✓ The BME cannot simply state “Foot pain” or “Heel pain”.

Objective

A BME must include:

- ✓ static and dynamic off weightbearing musculoskeletal examination
- ✓ pertinent manual muscle testing
- ✓ examination of ROM and position of affected joints (not necessary to include all joints of the lower extremity, but it is necessary to include those pertinent to the biomechanical problem)
- ✓ standing / weightbearing static position examination, in patients able to stand

What if you can't do Gait Exam or WB static Exam

BME Appropriate

Infants/toddlers unable to stand

Correctable or brace-able non
ambulatory patients

BME Not Appropriate

Non ambulatory and:

- only doing RFC
- only doing wound care
- Only doing accommodative
/palliative care

Assessment/Impression

- must include a diagnosis or differential diagnosis directly related to the complaint or problem in which the structure, position or function of the lower extremity musculoskeletal system is chronically impaired, altered or is leading to pain or deformity
- Diagnosis must have been derived from analysis of the history, biomechanical examination and any other pertinent testing performed.

Treatment Plan

- Must include a treatment plan that specifically addresses the musculoskeletal complaint , diagnosis and BME findings.
- Plan must be specific enough to show thought process linking the BME and plan.
 - Generic terms such as “orthotics” , “bracing” or “stretching” are not descriptive enough.
 - The specific orthotic modifications, the specific type of brace and/or the specific stretch should be included in the treatment plan.
 - Generic terms such as “Surgery” are not descriptive enough, the treatment plan should include specifics of the surgical correction suggested, relative to the BME.

SUPERVISION

- Should be supervised experiences
- All documentation must be signed by the resident and attending involved.



Logging

Procedure Note (PN) in PRR (or equivalent web based logging system)
MUST substantiate all logs, including BMEs.

- If an outside DPM (ie a site reviewer) can't substantiate the log category chosen, it is not sufficient notation in the PN

DO NOT have residents copy and past their note or assessment or plan into the Procedure Note

Resident Logging

The "Procedure Note" must include:

1. A complaint or diagnosis related to the BME
2. Simple description of the treatment related to the BME and associated diagnosis or complaint.

Examples:

- Dx – R plantar fasciitis. RX- stretching, inserts, injection.
- C/o R heel pain. RX - stretching, inserts, injection, PT
- Diagnosis- ankle varus, Treatment- supramalleolar osteotomy

Dx-rigid forefoot valgus and pes cavus Tx- orthotics w/ depression under 1st mpj

Thanks for participating tonight!

