
HANDBOOK FOR CANDIDATES FOR BOARD CERTIFICATION



American Osteopathic Board of Orthopedic Surgery
805 Sir Thomas Court • Harrisburg, Pennsylvania 17109
(717) 561-8560 • FAX (717) 652-9297
e-mail: www.aobos.org

AMERICAN OSTEOPATHIC BOARD OF ORTHOPEDIC SURGERY

805 Sir Thomas Court
Harrisburg, Pennsylvania 17109
(717) 561-8560 • FAX (717) 652-9297
e-mail: www.aobos.org

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This edition of the Handbook for Candidates for Board Certification (circa 12/97) supersedes all previous publications of this Handbook.

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of Orthopedic Surgery*

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INTRODUCTION

The American Osteopathic Board of Orthopedic Surgery recognizes that you are completing your training in Orthopedic Surgery. The information in the enclosed booklet will assist you in proceeding through the Board certification process. Board certification in Orthopedic Surgery is administered by the American Osteopathic Board of Orthopedic Surgery for the American Osteopathic Association. It requires completion of a written examination, an oral examination, and a clinical review. The clinical review consists of a chart audit and observation of surgical cases. The documents in this booklet include instructions and applications for completion of the Board certification process.

The American Osteopathic Board of Orthopedic Surgery was established in 1979 and exists primarily for the purpose of assisting newly trained orthopedic surgeons in the certification process. The purpose of the certification examination is to provide the public with a dependable mechanism to identify physicians who have met a standard to assure competent performance in the field of orthopedic surgery.

Starting in 1994, you will be granted a ten (10) year certification and be required to complete a recertification examination every ten (10) years thereafter. This examination will be administered by the American Osteopathic Board of Orthopedic Surgery.

All the information necessary to complete the board certification process is included in this handbook. Please read it carefully and do not lose or misplace it. There is a charge for a replacement handbook.

REQUIREMENTS FOR BOARD CERTIFICATION

To be eligible for certification in Orthopedic Surgery by the American Osteopathic Association and upon recommendation by the American Osteopathic Board of Orthopedic Surgery, the applicant must meet the following minimum requirements:

- A. The applicant must be a graduate of an AOA accredited college of osteopathic medicine.
- B. The applicant must be licensed to practice in the state or territory where his/her practice is conducted.
- C. The applicant must be able to show evidence of conformity to the standards set in the Code of Ethics of the American Osteopathic Association.
- D. The applicant must have been a member in good standing of the American Osteopathic Association for a period of at least two (2) years immediately prior to the date of certification.
- E. The applicant must have satisfactorily completed an AOA-approved internship.
- F. All formal training programs beginning before July 1, 1979, and which would have been acceptable to the American Osteopathic Board of Surgery, as outlined in the American Osteopathic Board of Surgery Booklet of Information (1975) shall be acceptable for examination by this Board.
- G. For training programs commencing after July 1, 1979, a period of four (4) years of AOA approved training in orthopedic surgery shall be required. During the period of formal training, the applicant shall have been the first assistant in performance of not less than 750 major operative procedures, 500 of which must be of a major orthopedic nature. The formal training must conform to the Program Requirements of the Basic Standards of Residency Training in Orthopedic Surgery of the AOA.
- H. The applicant must provide documentary evidence that he/she has performed a minimum of 200 major orthopedic procedures upon his/her own responsibility for over a period of more than one calendar year (Jan. 1–Dec. 31).
- I. The applicant must practice within the specialty of orthopedics for a period of more than one calendar year (Jan. 1–Dec. 31) subsequent to the required four

REQUIREMENTS FOR BOARD CERTIFICATION

continued

years of approved training. Practice within orthopedics shall be defined as:

The practice of osteopathic medicine and surgery in orthopedics as defined in the Bylaws of the Board seventy-five percent (75%) of the time and submit an affidavit attesting to the nature of his/her practice.

- J. Following satisfactory compliance with the prescribed requirements for the examination, the applicant shall be required to pass appropriate examinations to evaluate familiarity with the current advances in orthopedics, possession of sound judgment, and a high degree of skill in the diagnostic and therapeutic procedures involved in the practice of orthopedic surgery.
- K. Examination shall be conducted and required in the case of each applicant as follows:
 - 1. Written examination may be taken upon completion of all requirements of the American Osteopathic Academy of Orthopedics or the AOA for an approved training program in orthopedic surgery. This may be in the fourth year of training if all papers, logs, and trainers' reports are received by Jan. 31 of the fourth year of training.
 - 2. Oral examination may be taken upon successful completion of the approved training program and after passing the written examination.
 - 3. Clinical examination may be taken upon successful completion of the oral examination and after one calendar year (Jan. 1–Dec. 31) of orthopedic practice and submission of a log of all surgical procedures with a minimum of two hundred (200) major procedures.
- L. The official date of certification shall be when the American Osteopathic Board of Orthopedic Surgery notifies the candidate that he/she has successfully passed all examinations and is being recommended to the American Osteopathic Association for certification. Formal action by the Bureau of Osteopathic Specialists of the American Osteopathic Association is required to complete the process and the candidate may not claim certification until notified of this action in an official letter from the AOA.
- M. Certification is valid for a ten-year period of time beginning with certificates issued on or after January 1, 1994. You will be required to complete a recertification examination every ten (10) years. This examination will be developed and administered by the AOBOS.

BOARD ELIGIBILITY

To participate in the examination process, you must first register to become board eligible. You shall be considered as board eligible for a period of six (6) years after the completion of your residency.

Please complete the application form on page 5 and submit along with appropriate documents and application fee. Send the enclosed application to:

Marikay M. Finnell
Executive Secretary
AOBOS
805 Sir Thomas Court
Harrisburg, PA 17109
(717) 561-8560
FAX (717) 652-9297

APPLICATION FOR REGISTRATION AS BOARD ELIGIBLE

*American
Osteopathic Board of
Orthopedic Surgery*

1. Name _____
2. Business Address—Street _____
City _____ State _____ Zip _____
3. Business Phone _____ FAX _____
4. Home Address—Street _____
City _____ State _____ Zip _____
5. Home Phone _____
6. Osteopathic College _____
7. Year of Graduation _____ State Where Licensed _____
8. I have been a member in good standing of the American Osteopathic Association since _____ . AOA Number _____
9. Internship _____ Date _____
10. Residency, Fellowships, other Formal Training

Date _____

Date _____

Date _____
11. Applicant must attach the following copies:
 - Osteopathic Diploma
 - State License
 - Internship Certificate
 - Residency Certificate(s) or Affidavit from Hospital Administrator regarding completion of training
12. Application fee of one hundred dollars (\$100.00)

I hereby agree to conform to the Code of Ethics of the American Osteopathic Association and further all information on this application and attached copies of documents are true and correct.

Applicant _____ Date _____

Notary _____ Date _____

Endorsed by _____ Program Trainer

(A letter of recommendation by trainer will be accepted in lieu of this endorsement.)

APPLICATION FOR WRITTEN EXAMINATION

*American Osteopathic
Board of
Orthopedic
Surgery*

Submit the following:

1. This signed application [SIGNATURE REQUIRED ON REVERSE SIDE OF THIS FORM].
2. Examination fee of five hundred dollars (\$500.00).
3. Application fee must reach the Executive Secretary's office no later than January 31st of the year of the examination.

I hereby affirm that I am a member in good standing of the American Osteopathic Association, and further, that I will personally appear for the examination and supply suitable identification, if requested.

DEADLINE FOR APPLICATION IS JANUARY 31

(No applications will be accepted after Jan. 31st)

Name _____ AOA No. _____

Address _____ Dated _____

City _____ State _____ Zip _____

Phone _____

Address current until* _____

Submit to: Marikay M. Finnell
Executive Secretary
AOBOS
805 Sir Thomas Court
Harrisburg, PA 17109
(717) 561-8560
FAX (717) 652-9297

**Please complete and return the Change of Address Form on the last page of this booklet.*

You shall receive information regarding the date, time, location, and lodging details upon receipt of this application form.

READ AND SIGN REVERSE SIDE OF THIS FORM

I hereby make application to the American Osteopathic Board of Orthopedic Surgery (AOBOS) for examination leading to certification in Orthopedic Surgery. This action is made in accordance with and subject to the Constitution, Bylaws, Regulations, and Requirements of the AOBOS and the American Osteopathic Association (AOA). I understand that the certifying examination is a proprietary document of the AOBOS and AOA, and that I do not and will not have the right to review the examination or any examination questions at any time prior to or following the administration of the examination.

I agree to disqualification from examination or from issuance of certification or to the surrender of such certification as directed by the AOBOS and/or the AOA in the event that any of the statements made by me in this application are false, or in the event any of the bylaws, rules, regulations, and requirements governing such examinations are violated by me, or in the event that I do not comply with any of the provisions of the Constitution, Bylaws, Regulations, or Requirements of the AOBOS or the AOA. I agree that my professional qualification, including my moral and ethical standing in the osteopathic medical profession and my competence in clinical skills will be evaluated by the Board and that the Board may make inquiry of the persons named in my application and of other persons such as authorities or licensing bodies, hospital, program directors, and other institutions as the Board may deem appropriate with respect to such matters; and I agree that the sources of all information furnished to the Board in connection with its inquiry shall be confidential and not subject to disclosure, through legal process or otherwise, to me or any persons acting on my behalf. I agree that the AOBOS and the AOA shall be the sole judges of my credentials and qualifications for admission to the examination for certification.

I hereby release, discharge, exonerate, and agree to hold harmless the AOBOS, the AOA, their members, examiners, trustees, officers, representatives, and agents and free from any action, suit, obligation, damage, expense, claim, demand, or complaint by reason of any action they or any one of them may take in connection with this application, such certifying examinations, the grade or grades given with respect to any certifying examination, and/or failure of the AOBOS to recommend issuance to me of the certification, or the revocation of any certification issued pursuant to this application. It is understood that the decision as to whether my performance on any certification examination qualifies me for certification rests solely and exclusively with the AOBOS and the AOA, and that their decision is final.

In the event that any dispute shall arise concerning the certification examination and or administration, or any other issue relating to the certification process, I understand that the AOA has an administrative appeal process available and I agree to first pursue all available administrative appeals and internal reviews before pursuing any other forms of relief.

I further agree that Illinois law shall apply to the resolution of any dispute that I may have with the AOBOS or AOA.

I have this date carefully read and agreed to full compliance with the forgoing.

_____ D.O.
Date _____

INSTRUCTIONS FOR WRITTEN EXAMINATION

The written examination of the American Osteopathic Board of Orthopedic Surgery consists of 250 multiple choice items. They are picked from six (6) categories of knowledge. These categories include trauma, adult orthopedics, pediatric orthopedics, basic science, and orthopedic oncology. The categories of knowledge are not mutually exclusive and any item can be assigned to more than one category. The numbers of items included in the examination in each category is adjusted each year to maintain a distribution consistent with current orthopedic practice as recognized by the American Osteopathic Board of Orthopedic Surgery. The American Osteopathic Board of Orthopedic Surgery has selected 250 A type (one best answer) questions to be used on the examination.*

The American Osteopathic Board of Orthopedic Surgery is assisted by the National Board of Medical Examiners in test development and psychometric services in support of the written examination. Before preparing the final score, the performance of each question is reviewed in order to identify poor questions from a psychometric standpoint. These are usually questions that are ambiguous or had no clearly defined best answer. Based on this review, these questions are deleted prior to scoring the examination.

After completion of the item review, the examination is scored and the total number of correct answers is determined for each individual taking the examination.

The Review Committee of the American Osteopathic Board of Orthopedic Surgery in assistance with the National Board of Medical Examiners forms a content-based standard setting exercise each year to validate the examination. The purpose of this exercise is to determine a passing grade for the examination. The grades will be mailed directly to you approximately twelve (12) weeks after the examination. If a candidate fails the written examination, the candidate may request a regrading of the examination and a sub scale score will be provided. The candidate does not have the right to review the examination or any examination questions at any time following the administration of the examination.

**The examination is given as one part. Six hours is the maximum time; there are no breaks*

INSTRUCTIONS FOR WRITTEN EXAMINATION

continued

EXAMPLES OF QUESTIONS USED ON THE WRITTEN EXAMINATION

A 78-year-old woman with biconcave vertebral bodies throughout the lumbar spine sustains a pathologic compression fracture at the dorsal lumbar junction. Radiographs of fine body detail shows loss of the transverse trabecular pattern of bone. The most likely cause of this fracture is:

- A. Leukemia
- B. Metastatic carcinoma
- C. Multiple myeloma
- D. Osteoporosis
- E. Paget's disease

Which of the following studies is best used to differentiate osteopenia caused by osteoporosis from that caused by osteomalacia?:

- A. Bone biopsy
- B. Double-photon absorptiometry of the lumbar spine
- C. Single-photon absorptiometry of the radius
- D. Quantitative CT scan of the femur
- E. Quantitative CT scan of the lumbar spine

APPLICATION FOR ORAL EXAMINATION

*American Osteopathic
Board of
Orthopedic Surgery*

The Oral Examination is given in the fall of the year one day prior to the opening of the annual meeting of the American Osteopathic Academy of Orthopedics at the Annual Clinical Assembly. Examination times will be assigned fifteen (15) days before the Examination.

Submit:

1. This signed application [**SIGNATURE REQUIRED ON REVERSE SIDE OF THIS FORM**].
2. Examination fee of seven hundred fifty dollars (**\$750.00**).
3. Application and fee must reach the Executive Secretary's office no later than August 15th of the year the Examination is given.

I hereby affirm that I have successfully completed the Written Examination, that I am a member in good standing of the American Osteopathic Association, and further that I will personally appear for the Examination and supply suitable identification if requested.

DEADLINE FOR APPLICATION IS AUGUST 15
(No applications will be accepted after Aug. 15th)

Name _____ AOA No. _____

Address _____ Dated _____

City _____ State _____ Zip _____

Phone _____

Address current until* _____

Submit to: Marikay M. Finnell
Executive Secretary, AOBOS
805 Sir Thomas Court
Harrisburg, PA 17109
(717) 561-8560 / FAX (717) 652-9297

**Please complete and return the Change of Address Form on the last page of this booklet.*

READ AND SIGN REVERSE SIDE OF THIS FORM

I hereby make application to the American Osteopathic Board of Orthopedic Surgery (AOBOS) for examination leading to certification in Orthopedic Surgery. This action is made in accordance with and subject to the Constitution, Bylaws, Regulations, and Requirements of the AOBOS and the American Osteopathic Association (AOA). I understand that the certifying examination is a proprietary document of the AOBOS and AOA, and that I do not and will not have the right to review the examination or any examination questions at any time prior to or following the administration of the examination.

I agree to disqualification from examination or from issuance of certification or to the surrender of such certification as directed by the AOBOS and/or the AOA in the event that any of the statements made by me in this application are false, or in the event any of the bylaws, rules, regulations, and requirements governing such examinations are violated by me, or in the event that I do not comply with any of the provisions of the Constitution, Bylaws, Regulations, or Requirements of the AOBOS or the AOA. I agree that my professional qualification, including my moral and ethical standing in the osteopathic medical profession and my competence in clinical skills will be evaluated by the Board and that the Board may make inquiry of the persons named in my application and of other persons such as authorities or licensing bodies, hospital, program directors, and other institutions as the Board may deem appropriate with respect to such matters; and I agree that the sources of all information furnished to the Board in connection with its inquiry shall be confidential and not subject to disclosure, through legal process or otherwise, to me or any persons acting on my behalf. I agree that the AOBOS and the AOA shall be the sole judges of my credentials and qualifications for admission to the examination for certification.

I hereby release, discharge, exonerate, and agree to hold harmless the AOBOS, the AOA, their members, examiners, trustees, officers, representatives, and agents and free from any action, suit, obligation, damage, expense, claim, demand, or complaint by reason of any action they or any one of them may take in connection with this application, such certifying examinations, the grade or grades given with respect to any certifying examination, and/or failure of the AOBOS to recommend issuance to me of the certification, or the revocation of any certification issued pursuant to this application. It is understood that the decision as to whether my performance on any certification examination qualifies me for certification rests solely and exclusively with the AOBOS and the AOA, and that their decision is final.

In the event that any dispute shall arise concerning the certification examination and or administration, or any other issue relating to the certification process, I understand that the AOA has an administrative appeal process available and I agree to first pursue all available administrative appeals and internal reviews before pursuing any other forms of relief.

I further agree that Illinois law shall apply to the resolution of any dispute that I may have with the AOBOS or AOA.

I have this date carefully read and agreed to full compliance with the forgoing.

_____ D.O.
Date _____

INSTRUCTIONS FOR ORAL EXAMINATION

The oral examination of the American Osteopathic Board of Orthopedic Surgery is developed by the Test Committee of the American Osteopathic Board of Orthopedic Surgery. The questions are developed in the following categories: adult diseases, trauma, pediatrics, infection, and tumors.

The oral examination of the American Osteopathic Board of Orthopedic Surgery is administered by Board-Certified orthopedic surgeons in the fall of each year on the day prior to the opening of the American Osteopathic Academy of Orthopedics at the Annual Clinical Assembly. Report to the area outside the examination room fifteen (15) minutes prior to the beginning of the examination. The examination usually consists of 15–20 questions. Eight (8) minutes typically will be allowed per question. If there is any conflict with an examiner, a substitute examiner will be assigned for that question. Each question contains multiple parts. You will be given a booklet that includes the question, appropriate clinical information, and x-rays. We suggest that you look at the entire question before beginning your answers. Do not leave your seat at any time during the examination. It is possible there will be more examinees than questions. If this is the case, a rest station will be part of the test. Do not leave your seat during this rest. Please print your name on each grade sheet. Scores will be mailed to you approximately two (2) weeks after completion of the examination.

APPLICATION FOR CLINICAL EXAMINATION

*American Osteopathic
Board of
Orthopedic
Surgery*

The Clinical Examination is conducted at your practice hospital(s) usually during the months of June, July, and August. Time and place will be determined by you and the senior examiner.

Submit:

1. This signed application [SIGNATURE REQUIRED ON REVERSE SIDE OF THIS FORM].
2. Examination fee of two thousand dollars (\$2,000.00). If not accepted for examination, the Board will return eighteen hundred dollars (\$1,800.00).
3. Typewritten or computer generated logs containing 200 or more major orthopedic cases. Log all cases for two (2) years prior to December 31 of the year immediately preceding your application. You must be in practice one full calendar year prior to application.
4. A copy of most recent AOA CME report.
5. A copy of your license.
6. Affidavit from hospital administrator or medical director attesting that your practice is 75% Orthopedic medical and surgical practice.
7. Application must reach the Executive Secretary's office prior to February 15 of the year of the examination.
8. The application for clinical examination and your logs will be reviewed by the Board and notification of acceptance or denial will be given approximately two (2) months prior to the examination.

I hereby affirm that the case logs attached to this application are surgical cases performed by me and are not first assists or the work product of any other person, and that further, I have been a member in good standing of the American Osteopathic Association for a period of more than two (2) years prior to the submission of this application.

Name _____ AOA No. _____

Address _____ Dated _____

City _____ State _____ Zip _____

Phone _____

Address current until* _____

Submit to: Marikay M. Finnell
Executive Secretary, AOBOS
805 Sir Thomas Court
Harrisburg, PA 17109
(717) 561-8560 / FAX (717) 652-9297

**DEADLINE FOR APPLICATION IS FEBRUARY 15—LOGS RECEIVED AFTER FEBRUARY 15TH
WILL BE RETURNED**

**Please complete and return the Change of Address Form on the last page of this booklet.*

I hereby make application to the American Osteopathic Board of Orthopedic Surgery (AOBOS) for examination leading to certification in Orthopedic Surgery. This action is made in accordance with and subject to the Constitution, Bylaws, Regulations, and Requirements of the AOBOS and the American Osteopathic Association (AOA). I understand that the certifying examination is a proprietary document of the AOBOS and AOA, and that I do not and will not have the right to review the examination or any examination questions at any time prior to or following the administration of the examination.

I agree to disqualification from examination or from issuance of certification or to the surrender of such certification as directed by the AOBOS and/or the AOA in the event that any of the statements made by me in this application are false, or in the event any of the bylaws, rules, regulations, and requirements governing such examinations are violated by me, or in the event that I do not comply with any of the provisions of the Constitution, Bylaws, Regulations, or Requirements of the AOBOS or the AOA. I agree that my professional qualification, including my moral and ethical standing in the osteopathic medical profession and my competence in clinical skills will be evaluated by the Board and that the Board may make inquiry of the persons named in my application and of other persons such as authorities or licensing bodies, hospital, program directors, and other institutions as the Board may deem appropriate with respect to such matters; and I agree that the sources of all information furnished to the Board in connection with its inquiry shall be confidential and not subject to disclosure, through legal process or otherwise, to me or any persons acting on my behalf. I agree that the AOBOS and the AOA shall be the sole judges of my credentials and qualifications for admission to the examination for certification.

I hereby release, discharge, exonerate, and agree to hold harmless the AOBOS, the AOA, their members, examiners, trustees, officers, representatives, and agents and free from any action, suit, obligation, damage, expense, claim, demand, or complaint by reason of any action they or any one of them may take in connection with this application, such certifying examinations, the grade or grades given with respect to any certifying examination, and/or failure of the AOBOS to recommend issuance to me of the certification, or the revocation of any certification issued pursuant to this application. It is understood that the decision as to whether my performance on any certification examination qualifies me for certification rests solely and exclusively with the AOBOS and the AOA, and that their decision is final.

In the event that any dispute shall arise concerning the certification examination and or administration, or any other issue relating to the certification process, I understand that the AOA has an administrative appeal process available and I agree to first pursue all available administrative appeals and internal reviews before pursuing any other forms of relief.

I further agree that Illinois law shall apply to the resolution of any dispute that I may have with the AOBOS or AOA.

I have this date carefully read and agreed to full compliance with the forgoing.

_____ D.O.
Date _____

PREPARATION OF LOGS CLINICAL EXAMINATION

A log of your practice activity is required for your application for clinical examination. You must be in practice at least one full calendar year. List **ALL** cases performed (min. 12 calendar months/max. 24 calendar months) to December 31 of the year preceding your application for clinical examination. All major and minor cases and mortalities during that period must be submitted. Submit a log of **ALL** cases during that period. If you have any questions about the appropriate time period, please contact the Executive Secretary of the American Osteopathic Board of Orthopedic Surgery.

Sample log forms are enclosed to assist you in preparation of your report. The log should be submitted on 8¹/₂x11 bond paper. Computer generated reports are perfectly acceptable as long as they conform **exactly** to the format listed below. Do not bind your report. We strongly suggest that you keep a copy of your report. **HANDWRITTEN LOGS WILL NOT BE ACCEPTED.**

If you practice in several hospitals, it is required that you clearly identify the hospital where the procedure was performed.

THE AMERICAN OSTEOPATHIC BOARD OF ORTHOPEDIC SURGERY WILL NOT ACCEPT ANY LOG THAT DOES NOT EXACTLY CONFORM TO THESE INSTRUCTIONS.

The log has three parts: operative procedures, mortalities, and a summary sheet.

Operative procedures include the following categories:

- A. Arthroscopy (Knee, Shoulder, Other)
- B. Total Joint Replacement (Hip, Knee, Other)
- C. Spinal Surgery (Cervical, Lumbar, Other)
- D. Major Joint Fractures (Hip, Ankle, Other)
- E. Amputations

PREPARATION OF LOGS FOR CLINICAL EXAMINATION

continued

E. Major Hand Surgery *NOTE**

G. Other Major Procedures

H. Minor Procedures and Closed Fractures

**Note: The AOBOS will accept 30 Carpal Tunnel Decompressions as part of your total for this category. If you have more please list ONLY the FIRST 30.*

Separate sheets numbered consecutively are to be prepared for each category. Category and page number should be shown at the upper right corner of each page. Staple each category. Minor procedures and closed treatment of fractures are to be numbered consecutively. **ALL** procedures are to be listed in chronological order.

We **NO LONGER** require that you report non operative cases.

All mortalities are to be listed separately even though they may appear in other categories. Use the same format as reporting operative procedures.

Please note that it is important that pathology, convalescence, and case termination is completed. We are interested in the conclusion of the case. It is **NOT ACCEPTABLE** to repeat “case satisfactory” throughout your entire log.

The Summary sheet must be completed **EXACTLY** as listed.

A Board member will review your entire log to determine if you meet the requirements to take the clinical examination. The AOBOS will NOT accept any log after the deadline date. The AOBOS will NOT accept any log NOT in the above format. The log will be returned to be completed as directed BEFORE you can take the clinical examination.

After your log is reviewed by a Board member, you may be required to complete additional audit information.

If your practice is determined to be over 50% upper extremity surgery you will be required to complete additional categories for the medical records screening. The purpose of these additional categories is to assist the examiners in the evaluation of your practice when there are so few general orthopedic cases. The Board will send this information to you separately.

One of your examiners will be an orthopedic surgeon whose practice is primarily in your specialty.

At this time hand surgery is the only sub specialty that has developed additional criteria and screening forms.

LOG SUMMARY SHEET

Name _____ D.O. _____

CATEGORY	SUBCATEGORY	CASE VOLUME
A. Arthroscopy	A1 Knee	_____
	A2 Shoulder	_____
	A3 Other	_____
B. Total Joint Replacement	B1 Hip	_____
	B2 Knee	_____
	B3 Other	_____
C. Spinal Surgery	C1 Cervical	_____
	C2 Lumbar	_____
	C3 Other	_____
D. Major Joint Fractures	D1 Hip	_____
	D2 Ankle	_____
	D3 Other	_____
E. Amputations		_____
F. Major Hand Surgery		_____
G. Other Major Procedures		_____
H. Minor Procedures and Closed Fractures		_____
TOTAL MAJORS (A-G)		_____
TOTAL MINORS (H)		_____
MORTALITIES		_____

If you operate and have charts at more than one hospital/surgery center, list the name, address, and exact number of total cases and mortalities at each location on the reverse side of this form.

AMERICAN OSTEOPATHIC BOARD OF ORTHOPEDIC SURGERY

Name _____ D.O. Category A1 Arthroscopy—Knee

List No. & Date	Hospital Case No. Pt Initials & Age	Diagnosis	Operative Procedure	Pathology Convalescence Case Determination
10-4-94	LCH Case #94-001268 HAP Age 47	Torn anterior cruciate ligament Torn medial meniscus, chondral fracture medial femoral condyle right knee	Arthroscopic ACL reconstruction autograft, arthroscopic medial meniscectomy, debridement of medial femoral condyle right knee	Outpatient procedure, IROM brace, PT return to work 2 weeks, return to sports 6 months
10-4-94	LCH Case #94-001334 GH Age 39	Synovitis left knee	Extensive arthroscopic synovectomy left knee	Pigmented villonodular synovitis Persistent post-op effusion responded to medication, rehab with PT
10-6-94	CGH Case #56-78-90 PID Age 48	Loose body right knee	Arthroscopy right knee removal loose body and drilling of lesion medial femoral condyle	Osteochondritis dessicans medial femoral condyle, crutches 3 weeks, PT return to sports 3 months
10-7-94	LCH Case #94-002354 JMP Age 19	Recurrent subluxation right patella	Arthroscopic lateral retinacular release right knee	PT for rehab, patellar brace 3 months Doing well, no problems

LCH—Local Community Hospital
CGH—Community General Hospital

INSTRUCTIONS FOR CANDIDATES FOR CLINICAL EXAMINATION

*American Osteopathic
Board of
Orthopedic
Surgery*

Objective of the Clinical Examination A
Arrangements for the Examination B
Preparation and Audit of Medical Records C
Additional Documents D
Surgical Cases E
Completion of the Clinical Examination F

INSTRUCTIONS FOR CLINICAL EXAM

A. Objective of the Clinical Examination

The objective of the Clinical Examination is to evaluate a candidate's surgical practice by review of his medical records and observation of surgical skills and techniques. To accomplish this goal, two (2) Board Certified orthopedic surgeons will review the medical record with particular emphasis on presurgical evaluation and preparation, postoperative management, surgical judgment, and overall patient care. At least two (2) surgical procedures will be observed.

The following information will describe and instruct you in the necessary steps to complete the final portion of your Board Certification examination.

****IMPORTANT NOTE:***

It is imperative that the medical record reflects the active participation of the candidate.

Documents including, but not limited to, the history and physical exam, daily progress notes, consults, operative reports, pre-op/post-op orders, and discharge summaries **MUST** reflect the candidate's personal involvement. Countersigned notes authored by house officers, residents, fellows, physician assistants, nurse practitioners, etc. are not substitutes nor do they satisfy this requirement.

B. Arrangements for the Exam

1. The Executive Secretary of the American Osteopathic Board of Orthopedic Surgery will inform the candidate that he or she has been accepted for the clinical examination and that the candidate has been assigned examiners by the AOBOS. If the candidate at this time is aware of any conflicts between the examiner assigned, he or she should make this known to the Executive Secretary of the Board immediately.
2. The senior examiner will contact the candidate to arrange a date and time to complete the examination.

INSTRUCTIONS FOR CLINICAL EXAMINATION

continued

3. The candidate shall arrange for a suitable place for review of charts and x-rays. It is mandatory that the examiners have enough room to have x-ray view boxes available to perform this examination. Please keep in mind that these are Board Certified orthopedic surgeons who are volunteering their time to assist you in completion of your Board certification.
4. The medical records must be screened and prepared by a licensed medical records person. Failure to complete the record screening as instructed will result in an incomplete grade. All x-rays must be available for all charts requested. To facilitate the exam, isolation of appropriate x-rays can help the examiners, but all applicable x-rays must be available.
5. At least two (2) major cases in surgery will be observed. We **STRONGLY SUGGEST** scheduling three (3) procedures in case one is canceled or postponed. It is at the discretion of the examiners whether two (2) or more cases will be observed. The cases must be of a major heavy nature. Cases such as carpal tunnel decompression, trigger finger release, etc., are **NOT** acceptable. Please communicate directly with your senior examiner regarding the cases that you have scheduled to be sure they are acceptable. If there is any question, please communicate with the senior examiner or the Board as soon as possible.
6. The candidate shall have the mortality record and operating record book available for review.
7. Expect additional charts to be requested by the senior examiner for his or her review of your logs. These charts will be reviewed by the examiners and are **NOT** part of your medical records audit. X-rays for these cases must be available.
8. The senior examiner will give specific instructions regarding arrangements for travel and accommodations. The examiners do not expect to be entertained.
9. If because of military service or a change in practice location, all necessary records are not available, immediately contact the senior examiner who will relay this information to the American Osteopathic Board of Orthopedic Surgery.

INSTRUCTIONS FOR CLINICAL EXAMINATION

continued

10. If your practice is at more than one institution, please provide this information immediately to the senior examiner so arrangements can be made for review of your records at more than one place.

C. Preparation of Records

1. Give the enclosed instructions to an accredited medical records technician you engage to screen your medical records.
2. Failure to complete the medical records screening as requested will result in an incomplete grade.
3. X-rays will be pulled for all charts that are part of the medical records audit. To facilitate the exam, isolation of appropriate x-rays can help the examiners, but all applicable x-rays must be available.
4. It is **NOT** acceptable to have a member of your family or your office staff do the medical records screen. Even though your records are screened by an accredited medical records person, you are ultimately responsible for the satisfactory preparation of your records.
5. It is the policy of the AOBOS that there must be clear evidence and written documentation that the surgeon has evaluated the patient pre-operatively. If the information was gathered as an outpatient or during an office visit, it must be attached to the chart. We are interested in your preoperative management and your reasoning for choosing surgical treatment. If this is part of your office or outpatient record, having this available for our inspection is the only way we are capable of reviewing this information.
6. The chart must reflect the surgeon that is managing the case personally; house officer notes countersigned by the surgeon are **NOT** acceptable.
7. Fifteen (15) consecutive records are requested in the categories of Knee Arthroscopy, Total Knee Replacement, Total Hip Replacement, Spinal Surgery, Hip Fracture, and Ankle Fracture. If you have more than fifteen (15) cases in a particular category, it is requested that you **audit the last fifteen (15) consecutive cases** that are part of the log you have submitted to the Board. If you have less than fifteen (15) cases, all those cases must be screened by your medical records screener and available for review.

INSTRUCTIONS FOR CLINICAL EXAMINATION

continued

8. An applicant who relocates his practice during the reporting period may be required to make the medical records and x-rays available for review at each location. The cost of each additional examination will be the sole responsibility of the applicant. Additional medical records and x-ray review do not necessarily need to be conducted at the time of the major portion of the clinical Examination.

If some or all of the applicants practice experience is in the military service, he may need to take additional action to preserve adequate records for review.

A suitable alternative course would be to defer the clinical examination until the candidate has practiced one year at the same location, remembering that in most cases the candidate will remain Registered Board Eligible.

D. Additional Documents

The following additional documents may be requested by your examiner, and you should expect to have access to these documents for your examination.

1. The hospital mortality record.
2. The operative record book.

The examiners will look closely at any mortalities that are present, and you **MUST** have the charts and x-rays of all mortalities for their review.

E. Surgical Cases

At least two (2) surgical procedures will be reviewed. It is at the discretion of the senior examiner if an additional surgery will be observed. The AOBOS **STRONGLY SUGGESTS** scheduling at least three (3) cases. The surgical cases should be dissimilar and heavy in nature.

Try to arrange the start of the surgery as early as possible on the day of your examination.

Have the medical record and x-rays of each case available for the examiners. It is extremely important that your rationale for surgical treatment be noted on the cases that are reviewed. Any office records that are pertinent should be available to the examiners.

INSTRUCTIONS FOR CLINICAL EXAMINATION

continued

If you have any questions about the cases scheduled, please contact your senior examiner or contact the AOBOS.

F. Completion of the Clinical Examination

The examiners may request that you be available for an exit interview. Advise them where you can be reached during the time of your exam. The candidates are reminded that the clinical examination is conducted by Diplomats of the American Osteopathic Academy of Orthopedics (AOAO) on behalf of the American Osteopathic Board of Orthopedic Surgery (AOBOS). The grades for the exam are determined by the AOBOS. The examiners should refrain from giving information, and the candidate should not expect any information from the examiners regarding their examination.

If additional expenses are incurred in travel due to multiple practice locations, unusual practice location, repeat visits, etc., a statement will be sent to the candidate and is due prior to receiving the results of the examination.

The results of the examination will be sent within one (1) month following the fall meeting. However, official notification will be provided by the Board of Trustees of the AOA and certificates will be sent following this notification.

INSTRUCTIONS FOR MEDICAL RECORDS SCREENING

*American
Osteopathic Board of
Orthopedic Surgery*

For each of the following categories, two (2) forms are necessary: Knee Arthroscopy, Total Knee Replacement, Total Hip Replacement, Spinal Surgery, Hip Fracture, and Ankle Fracture. A **Record Screening Form** is to be completed which lists up to fifteen (15) consecutive cases in the above categories. A **Data Analysis Worksheet** is to be completed on each patient record which does not meet one criterion. The **Data Analysis Worksheet** should be duplicated to have sufficient copies for those patient records containing more than one variation. All of the patient records must be supplied to the examiners at the time of the clinical examination, not just the records that do not meet a criterion. All applicable x-rays must be available with each clinical record.

The system for medical records screening and data retrieval will permit representatives of the American Osteopathic Board of Orthopedic Surgery to complete a more valid assessment of the performance of the candidate surgeon through the identification of suboptimal patterns of patient care.

The **Record Screening Form** facilitates the review of up to fifteen (15) consecutive cases in a specific topic. It allows us to look at aggregate data for all records abstracted. The **Data Analysis Worksheet** documents variations to the screening criteria for a particular patient record.

Completing the Record Screening Form

In the appropriate space at the top of the page, indicate the candidate's name, the exam year, and the name of the medical records screener. Place the medical record number of the first chart in the appropriate space at the top of the Records Screening Form.

Examine the patient chart and, in the appropriate spaces, record age, sex, date of surgery, length of surgery in minutes, and, if requested, blood loss, transfusion, fracture classification, and type of surgical procedure. This information can usually be obtained from the surgical dictation.

INSTRUCTIONS FOR MEDICAL RECORDS SCREENING

continued

The balance of the Records Screening Form records clinical data abstracted from the patient's record. The record screener must determine whether or not the record meets criterion with 100% standard or a 0% standard.

If the 100% standard or 0% standard is met, please code the record #1. If the criteria is not met, please code the record #2. A recording of #2 indicates a variation to the standard that we have set. Each record that produces a #2 will be reviewed by the clinical examiner sent by the American Osteopathic Board of Orthopedic Surgery. Please leave no spaces blank. A decision must be made for each criterion.

Examine the patient's chart for compliance or noncompliance with each criterion. If the patient record documents that the criterion was met, code the record #1. For the criterion with 100% standard, code #1 means the element was present in the record. For a criterion with a 0% standard, code #1 means the element was absent from the record.

For a criterion with 100% standard, code #2 means that the element was not present in the record code #2. For a criterion with a 0% standard, code #2 means the element was present in the record when it should not have been.

Completing the Data Analysis Worksheet

A Data Analysis Worksheet needs to be completed for each case in which a variation to the standard is noted. The Data Analysis Worksheet will contain the name of the candidate, the year of the examination, the name of the hospital, medical records number, age, and sex.

Please circle all criteria for which the patient record documents a variation.

This will be reviewed individually by the examiner from the American Osteopathic Board of Orthopedic Surgery. If you have comments regarding this individual record, please record this in the data retrieval comments section of the Data Analysis Worksheet.

AMERICAN OSTEOPATHIC BOARD OF ORTHOPEDIC SURGERY

Knee Arthroscopic Meniscectomy Consecutive Case Surgical Record Screening Form

Candidate _____ D.O.	Medical																				
Exam Year _____	Record >																				
Screened By _____	Number																				
Reviewed By _____ D.O.																					
Age _____																					
Sex _____																					
Date of Surgery _____																					
Length of Surgery (in minutes)																					
1-Preoperative History & Physical and/or Note by Surgeon	100%																				
2-Operative Indications	100%																				
<i>At least two (2) of the following must be documented:</i>																					
a- Mechanical Injury with Persistence of Symptoms																					
b- Persistent Effusion																					
c- Ligamentous Instability																					
d- Imaging Study Abnormality																					
e- Failure of Conservative Care																					
f- Limited Range of Motion																					
g- Use of Cane, Crutches, or Walker Required																					
h- Thigh Muscle Atrophy																					
i- Persistent Pain																					
j- Penetrating Joint Injury																					
k- Intra-Articular Fractures																					
3-If Present, Pathology/Radiology Report Consistent with Abnormality	100%																				
4-Operative Procedure	100%																				
<i>At least one (1) of the following must be described:</i>																					
a- Meniscal Resection																					
b- Removal Loose Bodies																					
c- Chondral Shaving																					
d- Synovial Biopsy and/or Resection of Synovial Plicae																					
e- Bony Decompression and/or Debridement																					
f- Debridement or Irrigation of Septic Joint or Penetrating Wound																					
g- Debridement and/or Internal Fixation of Fractures and/or Arthrodesis																					
h- Ligamentous and/or Capsular Reconstruction																					
5-Documentation of Appropriate Informed Consent	100%																				
6-Adequate Postoperative Discharge Instruction Documentation	100%																				
7-Hospital Length of Stay Greater than 24 Hours	0%																				
8-Mortality	0%																				
9-Prior or Subsequent Surgery Associated with this Event	0%																				
10-Neurovascular Compromise	0%																				
11-Postoperative Medical Complications	0%																				

DATA RETRIEVAL CODES 1=Met Elements 2=Variation

AMERICAN OSTEOPATHIC BOARD OF ORTHOPEDIC SURGERY

Knee Arthroscopic Meniscectomy Individual Case Data Analysis Worksheet

Candidate _____ D.O. _____ Exam Year _____

Hospital _____

Record Number _____ Age _____ Sex _____

Elements of Exception and/or Critical Management

Standard

1-Preoperative History & Physical and/or Note by Surgeon 100%

2-Operative Indications 100%

At least two (2) of the following must be documented:

- a- Mechanical Injury with Persistence of Symptoms
- b- Persistent Effusion
- c- Ligamentous Instability
- d- Imaging Study Abnormality
- e- Failure of Conservative Care
- f- Limited Range of Motion
- g- Use of Cane, Crutches, or Walker Required
- h- Thigh Muscle Atrophy
- i- Persistent Joint Injury
- j- Penetrating Joint Injury
- k- Intra-Articular Fractures

3-If Present, Pathology/Radiology Report Consistent with Abnormality 100%

4-Operative Procedure 100%

At least one (1) of the following must be described:

- a- Meniscal Resection
- b- Removal Loose Bodies
- c- Chondral Shaving
- d- Synovial Biopsy and/or Resection of Synovial Plicae
- e- Boney Decompression and/or Debridement
- f- Debridement or Irrigation of Septic Joint or Penetrating Wound
- g- Debridement and/or Internal Fixation of Fractures
- h- Ligamentous and/or Capsular Reconstruction

5-Documentation of Appropriate Informed Consent 100%

6-Adequate Postoperative Discharge Instruction Documentation 100%

7-Hospital Length of Stay Greater than 24 Hours 0%

8-Mortality 0%

9-Prior or Subsequent Surgery Associated with this Event 0%

10-Neurovascular Compromise 0%

11-Postoperative Medical Complications 0%

DATE RETRIEVAL COMMENTS _____

VARIATION ANALYSIS _____

JUSTIFIED YES NO

Examiner _____ D.O. _____ Date _____

AMERICAN OSTEOPATHIC BOARD OF ORTHOPEDIC SURGERY

Total Knee Replacement Consecutive Case Surgical Record Screening Form

Candidate _____ D.O.	Medical												
Exam Year _____	Record >												
Screened By _____	Number												
Reviewed By _____ D.O.													
Age _____													
Sex _____													
Date of Surgery _____													
Length of Surgery (in minutes) _____													
Estimated Blood Loss _____													
1-Preoperative History & Physical and/or Note by Surgeon	100%												
2-Operative Indications	100%												
<i>At least three (3) of the following must be documented:</i>													
a- Difficulty with Daily Functional Activity 2• to Knee Problem													
b- Preoperative Imaging Study Abnormality of Knee													
c- Failure of Nonoperative Care													
d- Limited Range of Motion of Knee													
e- Debilitating Persistent Knee Pain													
3-If Present, Pathology/Radiology Report Consistent with Abnormality	100%												
4-Documentation of Appropriate Informed Consent	100%												
5-Adequate Postoperative Discharge Instruction Documentation	100%												
6-No Local nor Remote nor Systemic Infection	100%												
7-Thromboembolic Prophylaxis or Discussion of its Contraindication	100%												
8-Perioperative Antibiotic Prophylaxis	100%												
9-Postoperative Physical Therapy Instruction	100%												
10-Satisfactory Postoperative X-Ray	100%												
11-Hospital Length of Stay Greater than Seven Days	0%												
12-Mortality	0%												
13-Prior or Subsequent Surgery Associated with this Event	0%												
14-Postoperative Neurovascular Compromise	0%												
15-Postoperative Medical Complications	0%												
16-Wound Infection or Health Difficulty	0%												

DATA RETRIEVAL CODES 1=Met Elements 2=Variation

AMERICAN OSTEOPATHIC BOARD OF ORTHOPEDIC SURGERY

Total Knee Replacement Individual Case Data Analysis Worksheet

Candidate _____ D.O. Exam Year _____

Hospital _____

Record Number _____ Age _____ Sex _____

Elements of Exception and/or Critical Management

Standard

1-Preoperative History & Physical and/or Note by Surgeon 100%

2-Operative Indications 100%

At least three (3) of the following must be documented:

a- Difficulty with Daily Function Activity 2• to Knee Problem

b- Preoperative Imaging Study Abnormality of Knee

c- Failure of Nonoperative Care

d- Limited Range of Motion of Knee

e- Debilitating Persistent Knee Pain

3-If Present, Pathology/Radiology Report Consistent with Abnormality 100%

4-Documentation of Appropriate Informed Consent 100%

5-Adequate Postoperative Discharge Instruction Documentation 100%

6-No Local nor Remote nor Systemic Infection 100%

7-Thromboembolic Prophylaxis or Discussion of its Contraindication 100%

8-Perioperative Antibiotic Prophylaxis 100%

9-Postoperative Physical Therapy Instruction 100%

10-Satisfactory Postoperative X-Ray 100%

11-Hospital Length of Stay Greater than Seven Days 0%

12-Mortality 0%

13-Prior or Subsequent Surgery Associated with this Event 0%

14-Postoperative Neurovascular Compromise 0%

15-Postoperative Medical Complications 0%

16-Wound Infection or Health Difficulty 0%

DATE RETRIEVAL COMMENTS _____

VARIATION ANALYSIS _____

JUSTIFIED YES NO

Examiner _____ D.O. Date _____

AMERICAN OSTEOPATHIC BOARD OF ORTHOPEDIC SURGERY

Total Hip Replacement Consecutive Case Surgical Record Screening Form

Candidate _____	D.O.	Medical												
Exam Year _____		Record >												
Screened By _____		Number												
Reviewed By _____	D.O.													
Age _____														
Sex _____														
Date of Surgery _____														
Length of Surgery (in minutes) _____														
Estimated Blood Loss _____														
1-Preoperative History & Physical and/or Note by Surgeon	100%													
2-Operative Indications	100%													
<i>At least three (3) of the following must be documented:</i>														
a- Difficulty with Daily Functional Activity 2• to Hip Problem														
b- Preoperative Imaging Study Abnormality of Hip														
c- Failure of Nonoperative Care														
d- Limited Range of Motion of Hip														
e- Debilitating Persistent Knee Pain														
3-If Present, Pathology/Radiology Report Consistent with Abnormality	100%													
4-Documentation of Appropriate Informed Consent	100%													
5-Adequate Postoperative Discharge Instruction Documentation	100%													
6-No Local nor Remote nor Systemic Infection	100%													
7-Thromboembolic Prophylaxis or Discussion of its Contraindication	100%													
8-Perioperative Antibiotic Prophylaxis	100%													
9-Total Hip Precautions and Physical Therapy Instruction	100%													
10-Satisfactory Postoperative X-Ray	100%													
11-Hospital Length of Stay Greater than Seven Days	0%													
12-Mortality	0%													
13-Prior or Subsequent Surgery Associated with this Event	0%													
14-Postoperative Neurovascular Compromise	0%													
15-Postoperative Medical Complications	0%													
16-Postoperative Prosthesis Dislocation	0%													
17-Wound Infection or Health Difficulty	0%													

DATA RETRIEVAL CODES 1=Met Elements 2=Variation

AMERICAN OSTEOPATHIC BOARD OF ORTHOPEDIC SURGERY

Total Hip Replacement Individual Case Data Analysis Worksheet

Candidate _____ D.O. _____ Exam Year _____

Hospital _____

Record Number _____ Age _____ Sex _____

Elements of Exception and/or Critical Management	Standard
1-Preoperative History & Physical and/or Note by Surgeon	100%
2-Operative Indications	100%
<i>At least three (3) of the following must be documented:</i>	
a- Difficulty with Daily Function Activity 2• to Hip Problem	
b- Preoperative Imaging Study Abnormality of Hip	
c- Failure of Nonoperative Care	
d- Limited Range of Motion of Hip	
e- Debilitating Persistent Hip Pain	
3-If Present, Pathology/Radiology Report Consistent with Abnormality	100%
4-Documentation of Appropriate Informed Consent	100%
5-Adequate Postoperative Discharge Instruction Documentation	100%
6-No Local nor Remote nor Systemic Infection	100%
7-Thromboembolic Prophylaxis or Discussion of its Contraindication	100%
8-Perioperative Antibiotic Prophylaxis	100%
9-Total Hip Precautions and Physical Therapy Instruction	100%
10-Satisfactory Postoperative X-Ray	100%
11-Hospital Length of Stay Greater than Seven Days	0%
12-Mortality	0%
13-Prior or Subsequent Surgery Associated with this Event	0%
14-Postoperative Neurovascular Compromise	0%
15-Postoperative Medical Complications	0%
16-Postoperative Prosthesis Dislocation	0%
17-Wound Infection or Health Difficulty	0%

DATE RETRIEVAL COMMENTS _____

VARIATION ANALYSIS _____

JUSTIFIED YES NO

Examiner _____ D.O. _____ Date _____

AMERICAN OSTEOPATHIC BOARD OF ORTHOPEDIC SURGERY

Operative Spinal Consecutive Case Surgical Record Screening Form

Candidate _____ D.O.	Medical										
Exam Year _____	Record >										
Screened By _____	Number										
Reviewed By _____ D.O.											
Age											
Sex											
Date of Surgery											
Length of Surgery (in minutes)											
Estimated Blood Loss											
Surgery C=Cervical L=Lumbar T=Thoracic											
1-Preoperative History & Physical and/or Note by Surgeon	100%										
2-Operative Indications-Diagnostic Study	100%										
<i>At least one (1) of the following must be documented:</i>											
1- Abnormal Myelogram											
2- Abnormal CT Scan											
3- Abnormal MRI											
4- Abnormal EMG											
5- Abnormal Lumbar Motion X-Rays											
3-Operative Indications-Clinical	100%										
<i>At least two (2) of the following must be documented:</i>											
1- Failure of Nonoperative Treatment											
2- Symptomatic Improvement Following Cast or Brace Immobilization											
3- Straight Leg Raising, Femoral Nerve Stretch and/or Lasegue Sign Inducing Radicular Arm or Leg Pain											
4- Radicular Pain which Correlates with Abnormal Study											
5- Deep Tendon Reflex Loss which Correlates with Abnormal Study											
6- Muscle Weakness which Correlates with Abnormal Study											
4-If Present, Pathology/Radiology Report Consistent with Abnormality	100%										
5-Operative Procedure	100%										
<i>At least one (1) of the following must be described:</i>											
1- Herniated Nucleus Pulposus											
2- Decompression Laminectomy											
3- Nerve Root, Cauda Equina, or Spinal Cord Decompression											
4- Fusion and/or Instrumentation for Spinal Instability											
6-Documentation of Appropriate Informed Consent	100%										
7-Adequate Postoperative Discharge Instruction Documentation	100%										
8-Hospital Length of Stay Greater than Four Days	0%										
9-Mortality	0%										
10-Prior or Subsequent Surgery Associated with this Event	0%										
11-Neurovascular Compromise	0%										
12-Postoperative Medical Complications	0%										

DATA RETRIEVAL CODES 1=Met Elements 2=Variation

AMERICAN OSTEOPATHIC BOARD OF ORTHOPEDIC SURGERY

Operative Spinal Individual Case Data Analysis Worksheet

Candidate _____ D.O. Exam Year _____

Hospital _____

Record Number _____ Age _____ Sex _____

Elements of Exception and/or Critical Management **Standard**

1–Preoperative History & Physical and/or Note by Surgeon 100%

2–Operative Indications 100%

At least one (1) of the following must be documented:

- 1– Abnormal Myelogram
- 2– Abnormal CT Scan
- 3– Abnormal MRI
- 4– Abnormal EMG
- 5– Abnormal Lumbar Motion X-Rays

3–Operative Indications–Clinical 100%

At least two (2) of the following must be documented:

- 1–Failure of Nonoperative Treatment
- 2–Symptomatic Improvement Following Cast or Brace Immobilization
- 3–Straight Leg Raising, Femoral Nerve Stretch and/or Lasegue Sign Inducing Radicular Arm or Leg Pain
- 4–Radicular Pain which Correlates with Abnormal Study
- 5–Deep Tendon Reflex Loss which Correlates with Abnormal Study
- 6–Muscle Weakness which Correlates with Abnormal Study

4–If Present, Pathology/Radiology Report Consistent with Abnormality 100%

5–Operative Procedure 100%

At least one (1) of the following must be described:

- 1– Herniated Nucleus Pulposus
- 2– Decompression Laminectomy
- 3– Nerve Root, Cauda Equina, or Spinal Cord Decompression
- 4– Fusion and/or Instrumentation for Spinal Instability

6–Documentation of Appropriate Informed Consent 100%

7–Adequate Postoperative Discharge Instruction Documentation 100%

8–Hospital Length of Stay Greater than Four Days 0%

9–Mortality 0%

10–Prior or Subsequent Surgery Associated with this Event 0%

11–Neurovascular Compromise 0%

12–Postoperative Medical Complications 0%

DATE RETRIEVAL COMMENTS _____

VARIATION ANALYSIS _____

JUSTIFIED YES NO

Examiner _____ D.O. Date _____

AMERICAN OSTEOPATHIC BOARD OF ORTHOPEDIC SURGERY

Hip Fracture Individual Case Data Analysis Worksheet

Candidate _____ D.O. Exam Year _____

Hospital _____

Record Number _____ Age _____ Sex _____

Elements of Exception and/or Critical Management	Standard
1–Preoperative History & Physical and/or Note by Surgeon	100%
2–If Present, Pathology/Radiology Report Consistent with Abnormality	100%
3–Documentation of Appropriate Informed Consent	100%
4–Adequate Postoperative Discharge Instruction Documentation	100%
5–No Local nor Remote nor Systemic Infection	100%
6–Thromboembolic Prophylaxis or Discussion of its Contraindication	100%
7–Perioperative Antibiotic Prophylaxis	100%
8–Physical Therapy Instruction	100%
9–Satisfactory Postoperative X-Ray	100%
10–Hospital Length of Stay Greater than Seven Days	0%
11–Mortality	0%
12–Prior or Subsequent Surgery Associated with this Event	0%
13–Postoperative Neurovascular Compromise	0%
14–Postoperative Medical Complications	0%
15–Wound Infection or Healing Difficulty	0%

DATE RETRIEVAL COMMENTS _____

VARIATION ANALYSIS _____

JUSTIFIED YES NO

Examiner _____ D.O. Date _____

AMERICAN OSTEOPATHIC BOARD OF ORTHOPEDIC SURGERY

Operative Ankle Fracture Consecutive Case Surgical Record Screening Form

Candidate _____ D.O.	Medical										
Exam Year _____	Record >										
Screened By _____	Number										
Reviewed By _____ D.O.											
Age _____											
Sex _____											
Date of Surgery _____											
Length of Surgery (in minutes) _____											
1-Preoperative History & Physical and/or Note by Surgeon	100%										
2-If Present, Pathology/Radiology Report Consistent with Abnormality	100%										
3-Documentation of Appropriate Informed Consent	100%										
4-Adequate Postoperative Discharge Instruction Documentation	100%										
5-No Local nor Remote nor Systemic Infection	100%										
6-Thromboembolic Prophylaxis or Discussion of its Contraindication	100%										
7-Perioperative Antibiotic Prophylaxis	100%										
8-Physical Therapy Instruction	100%										
9-Satisfactory Postoperative X-Ray	100%										
10-Hospital Length of Stay Great than Seven Days	0%										
11-Mortality	0%										
12-Prior or Subsequent Surgery Associated with this Event	0%										
13-Postoperative Neurovascular Compromise	0%										
14-Postoperative Medical Complications	0%										
15-Wound Infection or Healing Difficulty	0%										

DATA RETRIEVAL CODES 1=Met Elements 2=Variation

AMERICAN OSTEOPATHIC BOARD OF ORTHOPEDIC SURGERY

Operative Ankle Fracture Individual Case Data Analysis Worksheet

Candidate _____ D.O. Exam Year _____

Hospital _____

Record Number _____ Age _____ Sex _____

Elements of Exception and/or Critical Management	Standard
1–Preoperative History & Physical and/or Note by Surgeon	100%
2–If Present, Pathology/Radiology Report Consistent with Abnormality	100%
3–Documentation of Appropriate Informed Consent	100%
4–Adequate Postoperative Discharge Instruction Documentation	100%
5–No Local nor Remote nor Systemic Infection	100%
6–Thromboembolic Prophylaxis or Discussion of its Contraindication	100%
7–Perioperative Antibiotic Prophylaxis	100%
8–Physical Therapy Instruction	100%
9–Satisfactory Postoperative X-Ray	100%
10–Hospital Length of Stay Greater than Seven Days	0%
11–Mortality	0%
12–Prior or Subsequent Surgery Associated with this Event	0%
13–Postoperative Neurovascular Compromise	0%
14–Postoperative Medical Complications	0%
15–Wound Infection or Healing Difficulty	0%

DATE RETRIEVAL COMMENTS _____

VARIATION ANALYSIS _____

JUSTIFIED YES NO

Examiner _____ D.O. Date _____

THE STATEMENT FOR HOSPITAL ADMINISTRATOR OR MEDICAL RECORDS DIRECTOR REGARDING CLINICAL EXAMINATIONS

The American Osteopathic Board of Orthopedic Surgery is going to conduct a clinical examination of an orthopedic surgeon at your hospital. This is the third part in a Board Certification process that requires successful completion of a written and oral examination. The purpose of the clinical examination is to evaluate an orthopedic practice by review of the medical record and observation of surgical skills and techniques. Two (2) Board Certified orthopedic surgeons will review the medical record with particular emphasis on presurgical evaluation and participation, postoperative management, surgical judgment, and overall patient care. At least two surgical cases will be observed. Your cooperation is greatly appreciated by the American Osteopathic Board of Orthopedic Surgery in assisting the surgeon during this examination.

Thank you very much.

Sincerely,

Marikay Finnell
Executive Secretary
The American Osteopathic Board
of Orthopedic Surgery
805 Sir Thomas Court
Harrisburg, PA 17109
(717) 561-8560
FAX (717) 652-9297

(You may wish to give this statement to your hospital administrator or medical records department to explain this examination.)

CHANGE OF ADDRESS

The American Osteopathic Board of Orthopedic Surgery recognizes that your address may change frequently during your training. It is extremely important that we are able to keep track of your address during the Board certification process.

Please return the enclosed form any time you have a change of address **OR** need to notify the Board of any new information.

Name _____ D.O. Date _____

AOA Number _____

Current or Former Address _____

City _____ State _____ Zip _____

Phone _____

New Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____

E-mail _____

New address current as of _____

Please return this form to: Marikay M. Finnell
Executive Secretary
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