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# HANDBOOK FOR EXAMINERS FOR BOARD CERTIFICATION



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



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# AMERICAN OSTEOPATHIC BOARD OF ORTHOPEDIC SURGERY

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805 Sir Thomas Court  
Harrisburg, Pennsylvania 17109  
(717) 561-8560 • FAX (717) 652-9297  
website: [www.aobos.org](http://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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*American Osteopathic Board  
of Orthopedic Surgery*

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# ORAL EXAMINATION

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The oral examination of the American Osteopathic Board of Orthopedic Surgery is given in the fall of each year the day preceding the opening day of the Annual Assembly of Osteopathic Specialists. The examination begins at 8 AM and usually concludes at 5 PM. Breakfast will be provided for the examiners starting at 7 AM in the same room as the exam. Luncheon will be served in between sessions.

Several weeks prior to the exam you will be sent a copy of your question with accompanying literature and bibliography to review.

At least one examiner will be assigned per question. If there is a conflict with an individual examinee, because of preparation in training or association in practice, a substitute examiner will be available.

The examinees will be asked to **PRINT** their name on the score sheet. Scoring is done on a 10 point scale in increments of 0.5. It may be necessary to assist the examinee in managing his/her time to allow completion of the question in the allowed time. Approximately 10 minutes will be allowed per question with a warning given when one minute remains.

Following the examination we ask that all examiners complete the critique form regarding your assigned question so that we can review them to improve the examination.

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# CLINICAL EXAMINATION

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## SCHEDULING THE EXAMINATION

The American Osteopathic Board of Orthopedic Surgery will notify clinical examiners of their clinical assignment by April 1st. It is the responsibility of the senior examiner to contact the junior examiner and the candidate to establish a date for the clinical examination. The date of the examination must be established by April 15 or sixty (60) days prior to the exam. Additional time may be necessary to complete the exam if the candidate practices at more than one hospital. The examination may be scheduled any time after June 1 and **MUST** be completed by August 15.

Examiners will make their own travel arrangements. You may request the candidate make hotel reservations but the expenses are to be paid by the examiners. The Board will reimburse the examiners for expenses incurred for transportation, lodging, and meals. These expenses **MUST** be submitted on the reimbursement form in this booklet and **MUST** include receipts. Air fare will be reimbursed for a coach rate ticket and the use of a personal car will be reimbursed at a rate of 32.5 cents per mile.

The candidate's logs will be sent to the senior examiner by the Board. The senior examiner should review the logs and request additional cases. These cases should be in areas not covered by the audited medical records screening. The junior examiner can review the logs at the time of the exam and request additional cases if necessary.

The senior examiner should contact the candidate as frequently as necessary to assure that the candidate is properly prepared and has scheduled the necessary surgical cases for observation. The candidate **MUST** confirm with the senior examiner 72 hours prior to the examination that the appropriate paperwork is completed and the cases are scheduled for surgical observation. The Board requests that you provide us with a copy of any written correspondence that you may have with the candidate. You may consider having the candidate fax a copy of a portion of the chart audit if there is a question about the candidate readiness. If the senior examiner has any question regarding the examination, or preparation thereof, please contact the American Osteopathic Board of Orthopedic Surgery office **IMMEDIATELY**.

# CLINICAL EXAMINATION

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## CHART REVIEW—AUDITED CHARTS

The candidate is instructed to have an accredited medical records technician screen the records in the following categories: Ankle Fracture, Arthroscopic Surgery, Hip Fracture, Spinal Surgery, Total Hip Replacement, and Total Knee Replacement. Fifteen (15) consecutive cases in each category are to be screened. If the logs submitted have less than fifteen (15) cases in a particular category, all cases in that category will be screened. If more than fifteen (15) cases are present in a category the last fifteen (15) consecutive cases will be screened.

It is not acceptable to have a member of the candidate's family or office staff perform the records screen.

The candidate will provide the chart and x-rays on all records screened.

You will have a records screening form for each category noted above and a data analysis worksheet for each chart that does not meet all the criteria. Complete the data analysis worksheet by reviewing the chart to note if the variation is justified and record comments as needed.

If all cases submitted meet all criteria, i.e. there are no variations, review randomly at least one half cases submitted and record comments under chart summary. The x-rays should be reviewed in all cases where they may indicate the quality of patient care.

# CLINICAL EXAMINATION

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## CHART REVIEW—INDIVIDUAL CHART SURVEY

The candidate's logs will be sent directly to the senior examiner by the American Osteopathic Board of Orthopedic Surgery. The senior examiner is to accumulate a list of approximately thirty (30) cases to review individually. These cases are to be in areas **NOT** covered by the audited medical records screening. If a candidate's practice is in a subspecialty area, not well covered by the audited medical records screening, the senior examiner is to choose at least 50 cases to review. Example: A candidate specializing in sports medicine, who does not do total joint replacement, spine surgery, or fractures, will need to have the majority of the cases reviewed individually. The Board requests a total of 100 charts be reviewed combining the audited medical records and the individual charts surveyed. The list should be sent to the candidate prior to the date of the exam to allow the candidate sufficient time to pull the charts and x-rays. The junior examiner should review the log at the time of the exam and request additional charts as necessary.

A separate Individual Chart Survey is filled out for **EACH** chart reviewed. Copy the following form as needed to complete the review. Copies may be made at the time of the examination.

**Documentation must be present that the surgeon is managing the case. This requires notes and reports dictated and written by the candidate. Cosigning notes or reports by the resident staff is *NOT* acceptable.**



# INDIVIDUAL CHART SURVEY

*American Osteopathic  
Board of  
Orthopedic  
Surgery*

Candidate \_\_\_\_\_ D.O. Hospital \_\_\_\_\_

Patient's Initials \_\_\_\_\_ Age \_\_\_\_\_ Case # \_\_\_\_\_

Final Diagnosis \_\_\_\_\_

Surgical Procedure \_\_\_\_\_

Was there evidence of satisfactory preoperative evaluation, including diagnostic workup, failure of conservative care, rational for surgery by the surgeon?

Yes  No Comments \_\_\_\_\_

Was the surgery indicated?  Yes  No

Was the postoperative management satisfactory?  Yes  No

Comments \_\_\_\_\_

Were the chart mechanics satisfactory?  Yes  No

H and P?  Yes  No

Progress notes?  Yes  No

Consults?  Yes  No

OP report?  Yes  No

Discharge Summary?  Yes  No

Additional comments \_\_\_\_\_

Examiner \_\_\_\_\_ D.O. Date \_\_\_\_\_

# CLINICAL EXAMINATION

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## CHART REVIEW—CHART SUMMARY

The chart summary form is to be completed after the audited medical records and the individual charts are examined. Each examiner must complete the form explaining any deficiencies in detail under additional comments. If necessary, please dictate your comments with specific references to the charts that are deficient.

The history and physical and/or preoperation evaluation may be part of the outpatient record. The candidate is instructed to provide this information but you should inquire if a consistent pattern of deficiency is present.

Progress notes are not required daily if the candidate's practice situation has coverage by other orthopedic surgeons. Resident notes cosigned are still not acceptable. However, if any untoward event occurs or change in normal post-operative management is required, the candidate **MUST** document this fact on the record.

Operative reports must be dictated by the candidates.

Discharge summaries should be dictated by the candidate; however, a written discharge note that outlines the post discharge plan is acceptable. However, a check form signed by the candidate is not acceptable.

# CHART SUMMARY

*American Osteopathic  
Board of  
Orthopedic  
Surgery*

Candidate \_\_\_\_\_ D.O. Hospital \_\_\_\_\_

Number of charts reviewed \_\_\_\_\_

Number of charts incomplete \_\_\_\_\_

Deficiencies in the following areas:

History and Physical \_\_\_\_\_

Physician Orders \_\_\_\_\_

Preoperative Evaluation \_\_\_\_\_

Progress Notes \_\_\_\_\_

Operative Report \_\_\_\_\_

Consultations \_\_\_\_\_

Discharge Summary \_\_\_\_\_

Comments \_\_\_\_\_

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Examiner \_\_\_\_\_ D.O. Date \_\_\_\_\_

# CLINICAL EXAMINATION

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## CHART REVIEW—MORTALITY REVIEW

ALL mortalities **MUST** be reviewed separately. The Board is particularly interested in evaluating if the candidate appreciated the critical nature of the case, if consultations were obtained and if any preventable measures could have been taken. Record your conclusions on the following form. This form can be copied at the time of the examination as needed.

# MORTALITY REVIEW

*American Osteopathic  
Board of  
Orthopedic  
Surgery*

Candidate \_\_\_\_\_ D.O. Hospital \_\_\_\_\_

Patient's Initials \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Medical Records Number \_\_\_\_\_

Final Surgical Diagnosis \_\_\_\_\_

Surgical Procedure \_\_\_\_\_

Comments \_\_\_\_\_

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Examiner \_\_\_\_\_ D.O.

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# CLINICAL EXAMINATION

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## SURGICAL OBSERVATION

The senior examiner is to contact the candidate directly regarding the cases scheduled for surgical observation. The candidate is instructed that two (2) procedures will be observed. The Board recommends scheduling three (3) cases, different in character and of the type commonly known as heavy cases. The Board recommends scheduling three (3) cases in the event one is canceled. Should there be any question if the nature of the procedures are appropriate for the exam, contact the American Osteopathic Board of Orthopedic Surgery immediately.

The examiners are to be present at the beginning of the procedure. Review the patient's chart and applicable x-rays for completion of the surgical observation form. Be sure to explain in **DETAIL** all number III-problematic areas in the space provided for in the post observation comments at the end of the form. The examiners may interact with the candidate during the procedure as necessary to view pathology or visualize anatomy, but are cautioned against distracting the candidate.

The post observation comments are used to clarify observations made during the procedure and explain in detail any problem areas or concerns. Two complete sets of the surgical observation forms have been supplied. These are indicated as Procedure 1 and Procedure 2.

# SURGICAL OBSERVATION FORM

*American Osteopathic Board  
of Orthopedic Surgery*

Candidate \_\_\_\_\_ D.O.

Candidate Signature \_\_\_\_\_ D.O.

Hospital \_\_\_\_\_ Date \_\_\_\_\_

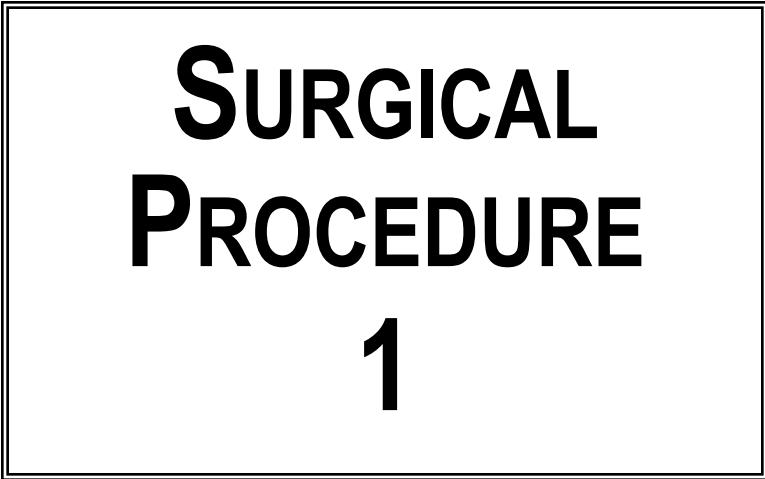
Medical Records Number \_\_\_\_\_

Patient's Initials \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Surgical Procedure \_\_\_\_\_

Examiner \_\_\_\_\_ D.O.

Examiner Signature \_\_\_\_\_ D.O.



# SURGICAL OBSERVATION FORM

*American Osteopathic Board  
of Orthopedic Surgery*

Candidate \_\_\_\_\_ D.O.

Hospital \_\_\_\_\_

Medical Records Number \_\_\_\_\_ Patient's Initials \_\_\_\_\_

Examiner \_\_\_\_\_ D.O.

I = Superior  
II = Acceptable  
III = Problematic  
NA = Not Applicable

Explain ALL III

**RELATIONSHIPS IN OR**

Anesthesiologist demonstrates knowledge of case prior to the procedure	I	II	III	NA
Provides anesthesia with patient progress information during case	I	II	III	NA
Seeks patient status information during case as needed	I	II	III	NA
Pays attention to anesthesia warnings and takes action when appropriate	I	II	III	NA
Scrub nurse demonstrates awareness of surgeons' needs prior to/during procedure	I	II	III	NA
Communicates needs to scrub nurse	I	II	III	NA
Positions assistants for maximum and efficient performance	I	II	III	NA
Gives assistants specific instructions	I	II	III	NA



# SURGICAL OBSERVATION FORM

*American Osteopathic Board  
of Orthopedic Surgery*

Candidate \_\_\_\_\_ D.O.

Hospital \_\_\_\_\_

Medical Records Number \_\_\_\_\_ Patient's Initials \_\_\_\_\_

Examiner \_\_\_\_\_ D.O.

I = Superior  
II = Acceptable  
III = Problematic  
NA = Not Applicable

Explain ALL III

**CONDUCT IN OR**

Adheres to aseptic procedures i.e. gowning, draping, etc.	I	II	III	NA
Treats OR staff courteously and professionally	I	II	III	NA
Responds to crises calmly and efficiently	I	II	III	NA
Conducts self in a manner which does not interfere with assistants	I	II	III	NA

**SURGICAL TECHNIQUE**

Positions patient for maximum surgical exposure and checks to see all pressure points are protected	I	II	III	NA
Recognizes pathology	I	II	III	NA
Recognizes associated disease	I	II	III	NA
Recognizes complications and responds appropriately	I	II	III	NA
Selects proper incision	I	II	III	NA

# SURGICAL OBSERVATION FORM

*American Osteopathic Board  
of Orthopedic Surgery*

Candidate \_\_\_\_\_ D.O.

Hospital \_\_\_\_\_

Medical Records Number \_\_\_\_\_ Patient's Initials \_\_\_\_\_

Examiner \_\_\_\_\_ D.O.

I = Superior  
II = Acceptable  
III = Problematic  
NA = Not Applicable

Explain ALL III

**SURGICAL TECHNIQUE (CONT.)**

Explores operative field manually and visually as necessary	I	II	III	NA
Achieves exposure of anatomy sufficient to operate by direct visualization	I	II	III	NA
Selects proper needle and suture	I	II	III	NA
Selects proper dressing	I	II	III	NA
Obtains intraoperative consults as needed	I	II	III	NA
Performs specific procedure appropriate to pathology	I	II	III	NA
Utilizes drains as necessary	I	II	III	NA
Handles instruments with dexterity and efficiency	I	II	III	NA
Achieves traction-countertraction consistent with patient safety and sufficient to perform proper dissection	I	II	III	NA

# SURGICAL OBSERVATION FORM

*American Osteopathic Board  
of Orthopedic Surgery*

Candidate \_\_\_\_\_ D.O.

Hospital \_\_\_\_\_

Medical Records Number \_\_\_\_\_ Patient's Initials \_\_\_\_\_

Examiner \_\_\_\_\_ D.O.

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II = Acceptable  
III = Problematic  
NA = Not Applicable

Explain ALL III

## SURGICAL TECHNIQUE (CONT.)

Proceeds with confidence at a steady and efficient rate	I	II	III	NA
Preserves natural tissue structure and avoids unnecessary damage	I	II	III	NA
Demonstrates proper suture techniques	I	II	III	NA

## NON SPECIFIC INDICATORS

Completes surgery in time appropriate for the procedure	I	II	III	NA
Achieves satisfactory control of intraoperative bleeding	I	II	III	NA
Observes and verifies sponge count	I	II	III	NA
Follows needle control procedures	I	II	III	NA
Neutralizes contaminants appropriately	I	II	III	NA
Demonstrates awareness of potential electrical, mechanical, and radiation hazards	I	II	III	NA

# SURGICAL OBSERVATION FORM

*American Osteopathic Board  
of Orthopedic Surgery*

Candidate \_\_\_\_\_ D.O.

Hospital \_\_\_\_\_

Medical Records Number \_\_\_\_\_ Patient's Initials \_\_\_\_\_

Examiner \_\_\_\_\_ D.O.

I = Superior  
II = Acceptable  
III = Problematic  
NA = Not Applicable

Explain ALL III

**PREOPERATIVE EVALUATION**

Diagnostic Procedure	I	II	III	NA
Consultation	I	II	III	NA
Preparation	I	II	III	NA
Justification	I	II	III	NA

**OPERATIVE EVALUATION**

Choice of technique	I	II	III	NA
Technical adeptness	I	II	III	NA
Finesse	I	II	III	NA
Surgical judgment	I	II	III	NA
Recognition of pathology	I	II	III	NA

**POSTOPERATIVE EVALUATION**

Condition of patient on completion of surgery	I	II	III	NA
Complications	I	II	III	NA
Overall Management	I	II	III	NA

# SURGICAL OBSERVATION FORM

*American Osteopathic Board  
of Orthopedic Surgery*

Candidate \_\_\_\_\_ D.O.

Hospital \_\_\_\_\_

Medical Records Number \_\_\_\_\_ Patient's Initials \_\_\_\_\_

Examiner \_\_\_\_\_ D.O.

## POST OBSERVATION COMMENTS

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# SURGICAL OBSERVATION FORM

*American Osteopathic Board  
of Orthopedic Surgery*

Candidate \_\_\_\_\_ D.O.

Candidate Signature \_\_\_\_\_ D.O.

Hospital \_\_\_\_\_ Date \_\_\_\_\_

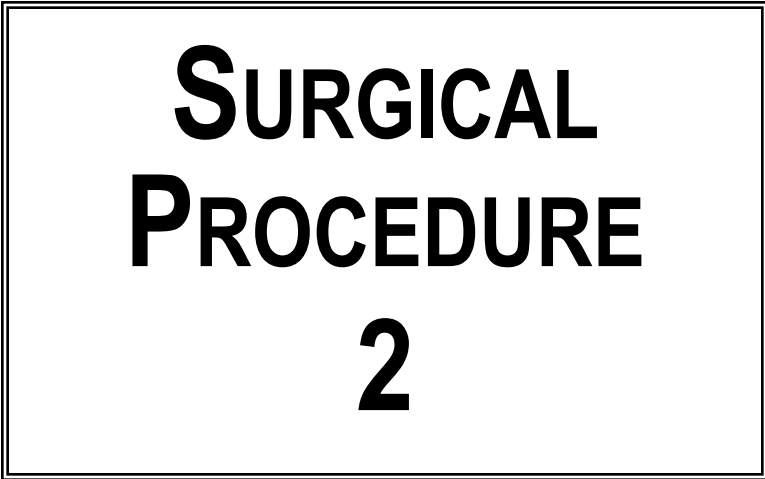
Medical Records Number \_\_\_\_\_

Patient's Initials \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Surgical Procedure \_\_\_\_\_

Examiner \_\_\_\_\_ D.O.

Examiner Signature \_\_\_\_\_ D.O.



# SURGICAL OBSERVATION FORM

*American Osteopathic Board  
of Orthopedic Surgery*

Candidate \_\_\_\_\_ D.O.

Hospital \_\_\_\_\_

Medical Records Number \_\_\_\_\_ Patient's Initials \_\_\_\_\_

Examiner \_\_\_\_\_ D.O.

I = Superior  
 II = Acceptable  
 III = Problematic  
 NA = Not Applicable  
 Explain ALL III

**RELATIONSHIPS IN OR**

Anesthesiologist demonstrates knowledge of case prior to the procedure	I	II	III	NA
Provides anesthesia with patient progress information during case	I	II	III	NA
Seeks patient status information during case as needed	I	II	III	NA
Pays attention to anesthesia warnings and takes action when appropriate	I	II	III	NA
Scrub nurse demonstrates awareness of surgeons' needs prior to/during procedure	I	II	III	NA
Communicates needs to scrub nurse	I	II	III	NA
Positions assistants for maximum and efficient performance	I	II	III	NA
Gives assistants specific instructions	I	II	III	NA

# SURGICAL OBSERVATION FORM

*American Osteopathic Board  
of Orthopedic Surgery*

Candidate \_\_\_\_\_ D.O.

Hospital \_\_\_\_\_

Medical Records Number \_\_\_\_\_ Patient's Initials \_\_\_\_\_

Examiner \_\_\_\_\_ D.O.

I = Superior  
II = Acceptable  
III = Problematic  
NA = Not Applicable

Explain ALL III

## CONDUCT IN OR

Adheres to aseptic procedures i.e. gowning, draping, etc.	I	II	III	NA
Treats OR staff courteously and professionally	I	II	III	NA
Responds to crises calmly and efficiently	I	II	III	NA
Conducts self in a manner which does not interfere with assistants	I	II	III	NA

## SURGICAL TECHNIQUE

Positions patient for maximum surgical exposure and checks to see all pressure points are protected	I	II	III	NA
Recognizes pathology	I	II	III	NA
Recognizes associated disease	I	II	III	NA
Recognizes complications and responds appropriately	I	II	III	NA
Selects proper incision	I	II	III	NA



# SURGICAL OBSERVATION FORM

*American Osteopathic Board  
of Orthopedic Surgery*

Candidate \_\_\_\_\_ D.O.

Hospital \_\_\_\_\_

Medical Records Number \_\_\_\_\_ Patient's Initials \_\_\_\_\_

Examiner \_\_\_\_\_ D.O.

I = Superior  
II = Acceptable  
III = Problematic  
NA = Not Applicable

Explain ALL III

**SURGICAL TECHNIQUE (CONT.)**

Explores operative field manually and visually as necessary	I	II	III	NA
Achieves exposure of anatomy sufficient to operate by direct visualization	I	II	III	NA
Selects proper needle and suture	I	II	III	NA
Selects proper dressing	I	II	III	NA
Obtains intraoperative consults as needed	I	II	III	NA
Performs specific procedure appropriate to pathology	I	II	III	NA
Utilizes drains as necessary	I	II	III	NA
Handles instruments with dexterity and efficiency	I	II	III	NA
Achieves traction-countertraction consistent with patient safety and sufficient to perform proper dissection	I	II	III	NA

# SURGICAL OBSERVATION FORM

*American Osteopathic Board  
of Orthopedic Surgery*

Candidate \_\_\_\_\_ D.O.

Hospital \_\_\_\_\_

Medical Records Number \_\_\_\_\_ Patient's Initials \_\_\_\_\_

Examiner \_\_\_\_\_ D.O.

I = Superior  
II = Acceptable  
III = Problematic  
NA = Not Applicable

Explain ALL III

## SURGICAL TECHNIQUE (CONT.)

Proceeds with confidence at a steady and efficient rate	I	II	III	NA
Preserves natural tissue structure and avoids unnecessary damage	I	II	III	NA
Demonstrates proper suture techniques	I	II	III	NA

## NON SPECIFIC INDICATORS

Completes surgery in time appropriate for the procedure	I	II	III	NA
Achieves satisfactory control of intraoperative bleeding	I	II	III	NA
Observes and verifies sponge count	I	II	III	NA
Follows needle control procedures	I	II	III	NA
Neutralizes contaminants appropriately	I	II	III	NA
Demonstrates awareness of potential electrical, mechanical, and radiation hazards	I	II	III	NA

# SURGICAL OBSERVATION FORM

*American Osteopathic Board  
of Orthopedic Surgery*

Candidate \_\_\_\_\_ D.O.

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Examiner \_\_\_\_\_ D.O.

I = Superior  
II = Acceptable  
III = Problematic  
NA = Not Applicable

Explain ALL III

## PREOPERATIVE EVALUATION

Diagnostic Procedure	I	II	III	NA
Consultation	I	II	III	NA
Preparation	I	II	III	NA
Justification	I	II	III	NA

## OPERATIVE EVALUATION

Choice of technique	I	II	III	NA
Technical adeptness	I	II	III	NA
Finesse	I	II	III	NA
Surgical judgment	I	II	III	NA
Recognition of pathology	I	II	III	NA

## POSTOPERATIVE EVALUATION

Condition of patient on completion of surgery	I	II	III	NA
Complications	I	II	III	NA
Overall Management	I	II	III	NA



# GRADE SHEET

*American Osteopathic Board  
of Orthopedic Surgery*

Candidate \_\_\_\_\_ D.O.

Hospital \_\_\_\_\_

PASS    FAIL

Each examiner must complete a grade sheet. If a **FAIL** is recommended please explain, in as much detail as possible, all aspects of the examination that led to that conclusion. The Board requests that you dictate your explanation.

Examiner \_\_\_\_\_ D.O.   Date \_\_\_\_\_

# REIMBURSEMENT FORM

*American Osteopathic Board  
of Orthopedic Surgery*

805 Sir Thomas Court  
Harrisburg, PA 17109  
(717) 561-8560  
FAX (717) 652-9297

**ATTACH RECEIPTS  
TO THIS FORM**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Expenses incurred for:

Test Committee Meeting \_\_\_\_\_

Test Committee Workshop \_\_\_\_\_

CAQ Meeting \_\_\_\_\_

CAQ Workshop \_\_\_\_\_

Recertification Committee Meeting \_\_\_\_\_

Recertification Committee Workshop \_\_\_\_\_

Clinical Examinations \_\_\_\_\_

Oral Examinations \_\_\_\_\_

Other (Explain) \_\_\_\_\_

Lodging \$ \_\_\_\_\_ Postage/Shipping \$ \_\_\_\_\_

Meals \_\_\_\_\_ Supplies \_\_\_\_\_

Air Fare \_\_\_\_\_ Copying \_\_\_\_\_

Transportation \_\_\_\_\_ Other (Explain) \_\_\_\_\_

Rental Car \_\_\_\_\_

Personal Car (32.5¢/mile) \_\_\_\_\_ Total Expenses \$ \_\_\_\_\_

*(FOR BOARD USE ONLY)*

Amount Paid \$ \_\_\_\_\_ Check No. \_\_\_\_\_ Date \_\_\_\_\_

# CLINICAL EXAMINATION

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## COMPLETION OF THE EXAMINATION

The senior examiner has the option of conferring with the junior examiner and the candidate once the examination is completed. If the examiners feel it would be beneficial to review certain areas of the exam, this is the opportunity to do so. The examiners are reminded, however, that this examination is conducted on behalf of the American Osteopathic Board of Orthopedic Surgery and the final grade is determined by the Board **AFTER** their review of the information provided by the examiners. The examiners should refrain from, and the candidates should not expect, any opinion regarding the final grading of the examination.

Immediately following the examination the examiners should complete the enclosed forms. The examiners should submit their reports by **SEPTEMBER FIRST** and should send them certified mail.

Return receipt requested to:      Gina D. Carcella  
Executive Secretary  
AOBOS  
805 Sir Thomas Court  
Harrisburg, PA 17109  
(717) 561-8560  
FAX (717) 652-9297

Please be sure to include the reimbursement form, with your receipts, supplied by the Board to allow for prompt reimbursement of your expenses.

The Board may contact the examiners following their review of the examination. Please make copies of your documents and maintain it in your files for one year following the examination.

Thank you for taking the time to assist the Board. We ask that you contact us with any questions or comments regarding the examination.