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# AMERICAN OSTEOPATHIC BOARD OF ORTHOPEDIC SURGERY

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## *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 \_\_\_\_\_