AMERICAN OSTEOPATHIC BOARD OF ORTHOPEDIC SURGERY

Knee Arthroscopic Menisectomy Consecutive Case Surgical Record Screening Form

Candidata	DO	Madiaal							\square
Candidate		Medical							
Exam Year		Record >							
Screened By	DO	Number							
Reviewed By	D.O.								
Age				_		_		_	\square
Sex								_	\square
Date of Surgery				_					
Length of Surgery (in minutes)									
1–Preoperative History & Physical and									
2–Operative Indications	100%								
At least two (2) of the following must be	document	ted:							
 a- Mechanical Injury with Persistence 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 R h- Thigh Muscle Atrophy i- Persistent Pain j- Penetrating Joint Injury k- Intra-Articular Fractures 		toms							
3–If Present, Pathology/Radiology Repo	ort Consist	ent							
with Abnormality			100%	_					
4–Operative Procedure			100%						
At least one (1) of the following must be a– Meniscal Resection b– Removal Loose Bodies c– Chondral Shaving d– Synovial Biopsy and/or Resection d e– Boney Decompression and/or Deb f– Debridement or Irrigation of Septi g– Debridement and/or Internal Fixa and/or Arthrodesis h– Ligamentous and/or Capsular Rec	of Synovia oridement c Joint or 1 tion of Fra	l Plicae Penetrating We ictures	ound						
5–Documentation of Appropriate Infor	med Cons	ent	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 Associat	ted with th	nis Event	0%						[]
10–Neurovascular Compromise			0%						
11–Postoperative Medical Complications	s		0%						

DATA RETRIEVAL CODES 1=Met Elements 2=Variation