

# 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 \_\_\_\_\_