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# AMERICAN OSTEOPATHIC BOARD OF ORTHOPEDIC SURGERY

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## *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%
<b>At least one (1) of the following must be documented:</b>	
1– Abnormal Myelogram	
2– Abnormal CT Scan	
3– Abnormal MRI	
4– Abnormal EMG	
5– Abnormal Lumbar Motion X-Rays	
3–Operative Indications–Clinical .....	100%
<b>At least two (2) of the following must be documented:</b>	
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%
<b>At least one (1) of the following must be described:</b>	
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 \_\_\_\_\_