

AMERICAN OSTEOPATHIC BOARD OF ORTHOPEDIC SURGERY

Operative Spinal Consecutive Case Surgical Record Screening Form

Candidate _____ D.O.	Medical																					
Exam Year _____	Record >																					
Screened By _____	Number																					
Reviewed By _____ D.O.																						
Age _____																						
Sex _____																						
Date of Surgery _____																						
Length of Surgery (in minutes) _____																						
Estimated Blood Loss _____																						
Surgery C=Cervical L=Lumbar T=Thoracic																						
1-Preoperative History & Physical and/or Note by Surgeon	100%																					
2-Operative Indications-Diagnostic Study	100%																					
<i>At least one (1) of the following must be documented:</i>																						
1- Abnormal Myelogram																						
2- Abnormal CT Scan																						
3- Abnormal MRI																						
4- Abnormal EMG																						
5- Abnormal Lumbar Motion X-Rays																						
3-Operative Indications-Clinical	100%																					
<i>At least two (2) of the following must be documented:</i>																						
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%																					
<i>At least one (1) of the following must be described:</i>																						
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%																					

DATA RETRIEVAL CODES 1=Met Elements 2=Variation