

AMERICAN OSTEOPATHIC BOARD OF ORTHOPEDIC SURGERY

Total Hip Replacement 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%
<i>At least three (3) of the following must be documented:</i>	
a- Difficulty with Daily Function Activity 2• to Hip Problem	
b- Preoperative Imaging Study Abnormality of Hip	
c- Failure of Nonoperative Care	
d- Limited Range of Motion of Hip	
e- Debilitating Persistent Hip Pain	
3-If Present, Pathology/Radiology Report Consistent with Abnormality	100%
4-Documentation of Appropriate Informed Consent	100%
5-Adequate Postoperative Discharge Instruction Documentation	100%
6-No Local nor Remote nor Systemic Infection	100%
7-Thromboembolic Prophylaxis or Discussion of its Contraindication	100%
8-Perioperative Antibiotic Prophylaxis	100%
9-Total Hip Precautions and Physical Therapy Instruction	100%
10-Satisfactory Postoperative X-Ray	100%
11-Hospital Length of Stay Greater than Seven Days	0%
12-Mortality	0%
13-Prior or Subsequent Surgery Associated with this Event	0%
14-Postoperative Neurovascular Compromise	0%
15-Postoperative Medical Complications	0%
16-Postoperative Prosthesis Dislocation	0%
17-Wound Infection or Health Difficulty	0%

DATE RETRIEVAL COMMENTS _____

VARIATION ANALYSIS _____

JUSTIFIED YES NO

Examiner _____ D.O. Date _____