

# AMERICAN OSTEOPATHIC BOARD OF ORTHOPEDIC SURGERY

## *Total Hip Replacement 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											
1-Preoperative History & Physical and/or Note by Surgeon	100%										
2-Operative Indications	100%										
<b><i>At least three (3) of the following must be documented:</i></b>											
a- Difficulty with Daily Functional 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 Knee 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%										

DATA RETRIEVAL CODES 1=Met Elements 2=Variation