## AMERICAN OSTEOPATHIC BOARD OF ORTHOPEDIC SURGERY

## Total Hip Replacement Consecutive Case Surgical Record Screening Form

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Screened By	Candidate	D.O.	Medical								
Reviewed By	Exam Year		Record >								
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% At least three (3) of the following must be documented: 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 100% its Contraindication 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 Medical Complications 0% 15-Postoperative Medical Complications 0% 16-Postoperative Medical Complications 0%	Screened By	-	Number								
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DATA RETRIEVAL CODES 1=Met Elements 2=Variation