

# AMERICAN OSTEOPATHIC BOARD OF ORTHOPEDIC SURGERY

## *Total Knee 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%

***At least three (3) of the following must be documented:***

a- Difficulty with Daily Function Activity 2• to Knee Problem	
b- Preoperative Imaging Study Abnormality of Knee	
c- Failure of Nonoperative Care	
d- Limited Range of Motion of Knee	
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-Postoperative 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-Wound Infection or Health Difficulty .....	0%

DATE RETRIEVAL COMMENTS \_\_\_\_\_

VARIATION ANALYSIS \_\_\_\_\_

JUSTIFIED  YES  NO

Examiner \_\_\_\_\_ D.O. Date \_\_\_\_\_