
HANDBOOK FOR CANDIDATES FOR BOARD RECERTIFICATION



American Osteopathic Board of Orthopedic Surgery
805 Sir Thomas Court • Harrisburg, Pennsylvania 17109
(717) 561-8560 • FAX (717) 652-9297
website: www.aobos.org

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of Orthopedic Surgery*

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INTRODUCTION

The American Osteopathic Board of Orthopedic Surgery recognizes the need for recertification for orthopedic surgeons. Various state agencies, licensing boards, and managed care plans have mandated orthopedic surgeons demonstrate they are practicing contemporary medicine within their field of specialty. Therefore, the American Osteopathic Board of Orthopedic Surgery developed a recertification process and gave the first Recertification Examination in 1994.

The examination is a one-hundred question, multiple-choice examination with questions taken from the area of general orthopedic surgery. The source material for the examination questions is the Current Concepts section and Instruction Course Lectures from the *Journal of Bone and Joint Surgery* and *Orthopedic Knowledge Updates*.

Those surgeons who have been certified **BEFORE 1994** may take the recertification exam at any time.

Those surgeons who were certified in **1994 or AFTER** were issued a TEN-YEAR certificate and will be required to take the recertification examination prior to the expiration of their certificate. **RECERTIFICATION WILL BE REQUIRED EVERY TEN (10) YEARS.**

The recertification examination will be given annually at the Annual Clinical Assembly.

REQUIREMENTS FOR RECERTIFICATION

To be eligible for recertification in Orthopedic Surgery by the American Osteopathic Board of Orthopedic Surgery, the applicant must meet the following minimum requirements:

- A. The applicant must be a graduate of an AOA accredited college of Osteopathic Medicine.
- B. The applicant must be licensed to practice in the state or territory where his/her practice is conducted.
- C. The applicant must be able to show evidence of conformity to the standards set in the Code of Ethics of the American Osteopathic Association.
- D. The applicant must have been a member in good standing of the American Osteopathic Association.
- E. The applicant must have been previously certified in orthopedic surgery either by the American Osteopathic Board of Surgery (prior to July 1, 1979) or the American Osteopathic Board of Orthopedic Surgery (after July 1, 1979).
- F. The applicant must currently practice the specialty of orthopedic surgery.
- G. The applicant must complete the application for recertification and submit the applicable fee (see application form).
- H. The official date of recertification will be when the American Osteopathic Board of Orthopedic Surgery notifies the candidate that he/she has successfully passed the examination and is being recommended to the American Osteopathic Association for recertification. Formal action by the Bureau of Osteopathic Specialists of the American Osteopathic Association is required to complete the process and the candidate may not claim recertification until notified of this action in an official letter from the AOA.

INSTRUCTIONS FOR RECERTIFICATION EXAMINATION

The recertification examination of the American Osteopathic Board of Orthopedic Surgery is developed by the Recertification Test Committee of the American Osteopathic Board of Orthopedic Surgery. The questions are developed from the Current Concepts and Instructional Course Lectures sections of the *Journal of Bone and Joint Surgery* and *Orthopedic Knowledge Updates*.

The recertification examination will be given at the Annual Clinic Assembly. The time and date of the examination will be announced prior to the examination. Please report to the examination room fifteen (15) minutes prior to the examination.

The examination will consist of one hundred A type (one best answer) multiple-choice questions. The examination is given as one part, and two hours is the maximum time for the examination. No breaks will be given during the examination.

Your score and a statement of pass or fail will be mailed to you within thirty (30) days of the examination.

SAMPLE QUESTIONS FOR RECERTIFICATION EXAMINATION

The common bacterial infection related to implant failure is:

- A. Staph epidermis
- B. Psuedomonas aeruginosa
- C. Strep viridans
- D. Enterococcus species
- E. Eikenella

A seven-year-old girl sustains a displaced extension supracondylar fracture of the humerus. Neurovascular examination shows no abnormalities. After closed reduction, the radial pulse is absent when the elbow is flexed beyond 90 degrees. The most appropriate treatment is:

- A. Dunlop's traction
- B. Closed reduction and percutaneous pin fixation
- C. Open reduction and internal fixation
- D. Immediate arteriography
- E. To accept less than anatomic reduction

APPLICATION FOR RE-CERTIFICATION EXAMINATION

*American
Osteopathic Board of
Orthopedic Surgery*

The recertification examination is given in the fall of the year at the time of the annual meeting of American Osteopathic Academy of Orthopedics at the Annual Clinical Assembly. The exact time and date of the examination will be determined no later than thirty (30) days prior to the Annual Clinical Assembly.

Submit:

1. This signed application. (See Reverse Side of this form.)
2. Examination fee of \$1,000. (Make check payable to: AOBOS.)
3. Application and fee must reach the office of the Executive Secretary of the American Osteopathic Board of Orthopedic Surgery prior to August 1 of the year the examination is given.

I hereby affirm that I have been previously certified in orthopedic surgery by the American Osteopathic Board of Surgery or the American Osteopathic Board of Orthopedic Surgery, that I am a member in good standing of the American Osteopathic Association, and further that I will personally appear for the examination and supply suitable identification if requested.

DEADLINE FOR APPLICATION IS AUGUST 1ST

Name _____ AOA # _____

Date Originally Certified _____ Certificate # _____

** Home: Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____

Office: Address _____

Suite/P.O. Box _____

City _____ State _____ Zip _____

Phone _____ FAX _____

Submit to: Gina D. Carcella, Executive Secretary, AOBOS
805 Sir Thomas Court
Harrisburg, PA 17109
(717) 561-8560 • FAX (717) 652-9297

***All correspondence will be sent to the home address unless otherwise requested.*

READ AND SIGN REVERSE SIDE OF THIS FORM

AOBOS USE: Date Received _____ Check # _____

I hereby make application to the American Osteopathic Board of Orthopedic Surgery (AOBOS) for examination leading to recertification in Orthopedic Surgery. This action is made in accordance with and subject to the Constitution, Bylaws, Regulations, and Requirements of the AOBOS and the American Osteopathic Association (AOA). I understand that the recertifying examination is a proprietary document of the AOBOS and AOA, and that I do not and will not have the right to review the examination or any examination questions at any time prior to or following the administration of the examination.

I agree to disqualification from examination or from issuance of recertification or to the surrender of such recertification as directed by the AOBOS and/or the AOA in the event that any of the statements made by me in this application are false, or in the event any of the bylaws, rules, regulations, and requirements governing such examinations are violated by me, or in the event that I do not comply with any of the provisions of the Constitution, Bylaws, Regulations, or Requirements of the AOBOS or the AOA. I agree that my professional qualification, including my moral and ethical standing in the osteopathic medical profession and my competence in clinical skills will be evaluated by the Board and that the Board may make inquiry of the persons named in my application and of other persons such as authorities or licensing bodies, hospital, program directors, and other institutions as the Board may deem appropriate with respect to such matters; and I agree that the sources of all information furnished to the Board in connection with its inquiry shall be confidential and not subject to disclosure, through legal process or otherwise, to me or any persons acting on my behalf. I agree that the AOBOS and the AOA shall be the sole judges of my credentials and qualifications for admission to the examination for recertification.

I hereby release, discharge, exonerate, and agree to hold harmless the AOBOS, the AOA, their members, examiners, trustees, officers, representatives, and agents and free from any action, suit, obligation, damage, expense, claim, demand, or complaint by reason of any action they or any one of them may take in connection with this application, such recertifying examinations, the grade or grades given with respect to any recertifying examination, and/or failure of the AOBOS to recommend issuance to me of the recertification, or the revocation of any recertification issued pursuant to this application. It is understood that the decision as to whether my performance on any recertification examination qualifies me for recertification rests solely and exclusively with the AOBOS and the AOA, and that their decision is final.

In the event that any dispute shall arise concerning the recertification examination and or administration, or any other issue relating to the recertification process, I understand that the AOA has an administrative appeal process available and I agree to first pursue all available administrative appeals and internal reviews before pursuing any other forms of relief.

I further agree that Illinois law shall apply to the resolution of any dispute that I may have with the AOBOS or AOA.

I have this date carefully read and agreed to full compliance with the forgoing.

_____ D.O.

Date _____