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# **AOBOS 2010**

## **CANDIDATE HANDBOOK**

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**READ IMMEDIATELY AND  
COMPLETELY**

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### **2010 DATES**

<b>Examination</b>	<b>App. Deadline</b>	<b>Exam Date</b>	<b>Fee</b>
Written Exam – (Computer Based)	1/15/2010	04/14/2010	\$1,250
Oral Exam	8/15/2010	10/23/2010	\$1,250
Clinical (Summer)	2/15/2010	April 2010 – August 2010	\$2,500
Clinical (Winter)	8/15/2010	October 2010 – February 2011	\$2,500

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# 2010 HANDBOOK FOR CANDIDATES FOR BOARD CERTIFICATION



American Osteopathic Board of Orthopedic Surgery  
800 Military St., Suite 307, Port Huron, MI 48060

Toll-free (877) 982-6267 Fax (810) 984-2530

Website: [www.aobos.org](http://www.aobos.org)

E-mail: [aobos@aobos.org](mailto:aobos@aobos.org)

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Stefan V. Zachary, DO  
Richard B. Helfrey, DO

*This edition of the Handbook for Candidates for Board Certification (circa 12/98) supersedes all previous publications of this Handbook.*

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Printed in the United States of America

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# INTRODUCTION

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*American  
Osteopathic Board of  
Orthopedic Surgery*

The American Osteopathic Board of Orthopedic Surgery recognizes that you are completing your training in Orthopedic Surgery. The information in the enclosed booklet will assist you in proceeding through the Board certification process. Board certification in Orthopedic Surgery is administered by the American Osteopathic Board of Orthopedic Surgery for the American Osteopathic Association. It requires successful completion of a written examination, an oral examination, and a clinical review. The clinical review consists of a chart audit and observation of surgical cases. The documents in this booklet include instructions and applications for completion of the Board certification process.

The American Osteopathic Board of Orthopedic Surgery was established in 1979 and exists primarily for the purpose of assisting newly trained orthopedic surgeons in the certification process. The purpose of the certification examination is to provide the public with a dependable mechanism to identify physicians who have met a standard to assure excellence in the field of orthopedic surgery.

Certification is valid for a ten-year period of time beginning with certificates issued on or after January 1, 1994. You will be required to complete a recertification examination every ten (10) years thereafter. This recertification examination will be developed and administered by the AOBOS.

All the information necessary to complete the board certification process is included in this handbook. Please read it carefully.

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# REQUIREMENTS FOR BOARD CERTIFICATION

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*American  
Osteopathic Board of  
Orthopedic Surgery*

To be eligible for certification in Orthopedic Surgery by the American Osteopathic Association (upon recommendation 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 hold an unrestricted license 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, or the Canadian Osteopathic Association, for a period of at least two (2) years immediately prior to the date of certification.
- E. For training programs prior to July 1, 2008, the applicant must have satisfactorily completed an AOA-approved internship and a period of four (4) years of AOA approved training in orthopedic surgery.
- F. For training programs after July 1, 2008, a period of five (5) years of AOA approved training in orthopedic surgery shall be required. The formal training must conform to the Program Requirements of the Basic Standards of Residency Training in Orthopedic Surgery of the AOA.
- G. The applicant must provide documentary evidence that he/she has performed a minimum of 200 major orthopedic procedures of his/her own responsibility over a period of at least 12 consecutive months. Cases during Locum Tenens positions do not qualify for consideration.
- H. The applicant must practice within the specialty of orthopedics for a period of at least 12 consecutive months subsequent to the required five years of approved training. Practice within orthopedics shall be defined as:  
  
*The practice of osteopathic medicine and surgery in orthopedics, as defined in the Bylaws of the Board, seventy-five percent (75%) of the time and submit an affidavit attesting to the nature of his/her practice.*
- I. Following satisfactory compliance with the prescribed requirements for the examination, the applicant shall be required to pass the Written, Oral and Clinical Exams to evaluate familiarity with the current advances in orthopedics, possession of sound judgment, and a high degree of skill in the diagnostic and therapeutic procedures involved in the practice of orthopedic surgery.

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# REQUIREMENTS FOR BOARD CERTIFICATION

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*continued*

- J. Examination shall be conducted and required (for all three exams) in the case of each applicant as follows:
  - 1. Written examination may be taken upon completion of all requirements of the American Osteopathic Academy of Orthopedics or the AOA for an approved training program in orthopedic surgery. This may be in the fifth year of training if all papers, logs, and trainers' reports are received by January 15<sup>th</sup> of the fifty year of training.
  - 2. Oral examination may be taken upon successful completion of the approved training program, after passing the written examination and attaining Board Eligible status.
  - 3. Clinical examination may be taken upon successful completion of the oral examination and after 12 consecutive months of orthopedic practice and submission of a log of all surgical procedures with a minimum of two hundred (200) major procedures from a single geographic location.
- K. The official date of certification shall be when the American Osteopathic Board of Orthopedic Surgery notifies the candidate that he/she has successfully passed all examinations and is being recommended to the American Osteopathic Association for certification. 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 certification until notified of this action in an official letter from the AOA.
- L. Certification is valid for a ten-year period of time beginning with certificates issued on or after January 1, 1994. You will be required to complete a recertification examination every ten (10) years. This examination will be developed and administered by the AOBOS.

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# ADDRESS POLICY

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*American  
Osteopathic Board of  
Orthopedic Surgery*

The address you use in the following application should be the one you wish to receive any official correspondence from the AOBOS.

As you complete your training and enter practice, it is common for your address to change.

**NOTE:** *It is your responsibility* to notify the AOBOS of any address change. Failure to do so may delay your certification process.

The AOBOS Change of Address form can be found on page 53 of this handbook.

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# BOARD ELIGIBILITY

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*American  
Osteopathic Board of  
Orthopedic Surgery*

**Board Eligibility is necessary to participate in the AOBOS certification process.** The only exception is the Written Exam, when it is taken in the senior year of Orthopedic Residency.

Board Eligibility is ***not automatic!*** You must complete this application for official Board Eligibility status to take effect. This is to be done after completion of your Orthopedic Residency.

You shall be considered as board eligible for a period of six (6) years after the completion of your residency. Regardless of when you apply, your board eligibility will expire at the end of the sixth year following the completion of your residency program. For example, if the date you completed your residency was 6/30/2010 and you applied for board eligibility in 2010, your board eligibility would expire 12/31/2016.

Please complete the application form on the following page and submit along with the following documents and application fee.

Applicant must attach the following copies: (All documents must be enclosed.)

- Osteopathic Diploma
- Unrestricted State License
- Internship Certificate, if applicable
- Residency Certificate(s) or Affidavit from Hospital Administrator regarding completion of training
- AOA Board Eligible Application (following page)
- Application fee of one hundred dollars (\$100.00)

**THIS FORM IS TO BE  
SUBMITTED UPON COMPLETION  
OF RESIDENCY PROGRAM  
(NOT BEFORE)**

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# APPLICATION FOR REGISTRATION AS BOARD ELIGIBLE

*American Osteopathic Board  
of Orthopedic Surgery*

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Name: \_\_\_\_\_  
Last First Middle

AOA No: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

## **AOA-APPROVED EDUCATION AND TRAINING**

Osteopathic College: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Internship: \_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_  
Hospital/Program mm/dd/yyyy mm/dd/yyyy

Residency: \_\_\_\_\_ Specialty: Orthopedic Surgery  
Hospital/Program

Dates: \_\_\_\_\_ to \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

Fellowship: \_\_\_\_\_ Subspecialty: \_\_\_\_\_  
Hospital

Dates: \_\_\_\_\_ to \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

If you do not want your fellowship information shared with the AOA and its respective specialty sections, please send the AOBOS a letter stating your desire to keep this information confidential and return your letter with this Board Eligible application.

**AOA Membership:** From \_\_\_\_\_ to \_\_\_\_\_

**NOTE:** At the time of presentation for certification, a candidate must have been an AOA member for at least the immediately preceding *two* years.

**State License:** I hold an unrestricted license to practice in the state or territory where my practice is conducted.  
 Yes  No

I request to be registered as Board Eligible in Orthopedic Surgery. I agree to disqualification from examination or from issuance of certification or to the surrender of such certification 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.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

SEND TO: AOBOS, 800 Military Street, Suite 307, Port Huron, MI 48060

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## **TO BE COMPLETED BY EXAMINING BOARD**

1. This Board has reviewed the above named candidate's credentials and the candidate has documented AOA approval of all training listed above.
2.  This Board has verified the AOA membership of the above named candidate.

Date registered: \_\_\_\_\_ Date board eligibility will terminate: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Examining Board – Executive Director)

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# TERMINATION OF BOARD ELIGIBILITY

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*American  
Osteopathic Board of  
Orthopedic Surgery*

*For candidates initiating the certification process before July 1, 2009*, in accordance with the AOBOS By-Laws, termination of Board Eligible Status is as follows (Regulations and Requirements, Article VI, Section 3):

Section 3. - Termination of Board Eligible Status

- A. Board eligible status shall terminate on December 31<sup>st</sup> of the sixth year following the year eligibility was established.
- B. In view of a candidate's rights to appeal the results of examination, board eligibility shall not be terminated due to failure of examinations.
- C. If a candidate does not initiate examination within the period of board eligibility, then board eligibility status will be automatically lost and so recorded by the AOA and this Board.
- D. The candidate has the right to appeal to this Board or may re-enter the examination process, if eligible (see Article X of this document, page 12).

In the event of extenuating circumstances, the Board may approve the extension of a candidate's board eligibility termination date (two (2) years shall be the maximum extension). The candidate must petition the AOBOS directly, in writing, with an explanation of these circumstances.

*All candidates initiating the certification process after July 1, 2009* (candidates not having completed the Part I Written examination by 2009), must comply with the new Board Eligibility and certification requirements listed below.

- A. Board eligible status shall terminate on December 31<sup>st</sup> of the sixth year following the year eligibility was established.
- B. If a candidate does not initiate examination within the period of board eligibility, then board eligibility status will be automatically lost and so recorded by the AOA and this Board.
- C. At the end of the six years of Board Eligibility, if the candidate has not obtained final certification, the candidate may petition the AOBOS Board to reenter the certification process. See page 12 for more information on reentry into the certification process.

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# RE-ENTRY INTO THE CERTIFICATION PROCESS

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*American  
Osteopathic Board of  
Orthopedic Surgery*

*For candidates initiating the certification process before July 1, 2009*, in accordance with the AOBOS By-Laws, re-entry into the certification process is as follows (Regulations and Requirements, Article X – RE-ENTRY INTO THE CERTIFICATION PROCESS):

- A. A candidate whose Board Eligible or Certification status has been terminated cannot re-register for Board Eligible status, but may be eligible to petition this Specialty Certifying Board for reentry into the certification process.
- B. Upon approval of such petition, this Board shall provide the candidate with a written list of deficiencies, if applicable.
- C. Once a candidate's reentry into the certification process has been approved, the candidate shall have two (2) years to pursue his next examination in this Specialty Certifying Board's certification process. If the candidate has not applied and been approved for examination in that two (2) year window, the candidate shall no longer be considered 'in the certification process'.

*For candidates initiating the certification process after July 1, 2009* (candidates not having completed the Part I Written examination by 2009), the following reentry into the certification process applies:

- A. A candidate whose Board Eligible or Certification status has been terminated cannot re-register for Board Eligible status, but may be eligible to petition this Specialty Certifying Board for reentry into the certification process.
- B. If reentry into the certification process is granted, the candidate must start at the beginning of the examination process and must participate in the next available administration of each examination. The candidate will have two attempts to pass each step in the certification examination process. If a failure of any of the steps occurs, the candidate must repeat that failure at the next available administration.
- C. After exhausting the process outlined in part B of this section, the candidate is not eligible to continue this reentry process.
- D. In order for a candidate to be eligible to petition the AOBOS Board for a second reentry into the certification process, a candidate must re-petition the AOBOS Board. Upon the approval of the Board, the candidate will follow the same process as outlined in part B of this section. If the candidate is unsuccessful in this second attempt, there will be no further opportunities to become certified by the AOBOS.

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# APPLICATION FOR WRITTEN EXAMINATION

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*American Osteopathic  
Board of  
Orthopedic  
Surgery*

**Submit the following:**

1. This signed application [*Signature required on next page of this form*].
2. Examination fee of one thousand two hundred fifty dollars (**\$1,250.00**).
3. Application and fee must reach the AOBOS office no later than January 15<sup>th</sup> of the year of the examination.
4. The examination fee is **Non-Refundable**. No cancellations will be accepted once this application has been submitted.

I hereby affirm 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 consisting of government issued photo ID (driver's license or passport).

**DEADLINE FOR APPLICATION IS JANUARY 15<sup>TH</sup>**

*(No applications will be accepted after Jan. 15th)*

Name \_\_\_\_\_ AOA # \_\_\_\_\_  
(exactly as it appears on the photo ID you plan to present at the test center)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

(CHECK ONE) I am a  Resident  Fellow  In Practice

NOTE: The exam will be administered by computer. Prometric®, part of the Thomson Corporation, provides scheduling and test centers for the exam. You will receive additional information regarding instructions on scheduling your exam appointment after your application has been accepted.

Submit to: **AOBOS  
800 Military Street  
Suite 307  
Port Huron, MI 48060**

**READ AND SIGN THE FOLLOWING FORM**

I hereby make application to the American Osteopathic Board of Orthopedic Surgery (AOBOS) for examination leading to primary certification 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 certifying 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 also understand that my examination score, subscale scores, and performance information shall be the property of the AOA and the AOBOS and understand they may provide such information on a confidential basis to the American Osteopathic Academy of Orthopedics (AOAO) for purposes of improving postdoctoral education programs.

I agree to disqualification from examination or from issuance of certification or to the surrender of such certification 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 qualifications, including my moral and ethical standing in the osteopathic medical - profession and my competence in clinical skills, will be evaluated by the AOBOS and that the AOBOS may make inquiry of the persons named in my application and of other persons, such as authorities or licensing bodies, hospitals, program directors, and other institutions, as the Board may deem appropriate with respect to such matters.

I agree that the sources of all information furnished to the AOBOS 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 certification.

I hereby release, discharge, exonerate, and agree to hold harmless the AOA, the AOBOS, 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 certifying examinations, the grade or grades given with respect to any certifying examination, and/or failure of the AOBOS to recommend issuance to me of the certification, or the revocation of any certification issued pursuant to this application. It is understood that the decision as to whether my performance on any certification examination qualifies me for certification rests solely and exclusively with the AOBOS and the AOA, and that their decision is final. I also agree that the extent of any liability arising out of errors or omissions or other misconduct of the AOBOS or the AOA shall be limited to the amount of fees paid to the AOBOS and AOA in connection with the board certification process.

In the event that any dispute shall arise concerning the certification examination's content and/or administration, or any other issue relating to the certification 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, without regard to its provisions concerning conflict of laws, 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.

I have hereunto set my hands this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
D.O.  
Print Name

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# INSTRUCTIONS FOR WRITTEN EXAMINATION

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*American  
Osteopathic Board of  
Orthopedic Surgery*

The AOBOS administers the Written examination via Computer Based Testing (CBT), which allows the candidate improved flexibility with test locations geographically closer to home.

## ANSWERS TO FREQUENTLY ASKED QUESTIONS

### **How do I apply to take the exam?**

Complete the written examination application form and send it to the AOBOS at the address provided on the application.

### **What is the deadline for submitting an application?**

All applications must be received by close of business January 15<sup>th</sup>.

### **When and how do I pay for the exam?**

At the time you submit your application form, include a check made payable to **AOBOS**.

### **How much does the exam cost?**

The 2010 Part I Written examination costs \$1,250.

### **When are candidates eligible to take the exam?**

Candidates are eligible as graduating senior residents (end of 4<sup>th</sup> year) or once in practice.

### **What about candidates with disabilities?**

Candidates with documented disabilities must request specific accommodations 90 days prior to the time of their application to take the exam. The AOBOS will work with the candidate to provide accommodations that are appropriate to the disability. Prometric® Testing Centers are all accessible to candidates in wheelchairs.

### **May I cancel my application?**

Once your application has been submitted, it may not be withdrawn. There is a *No Cancellation* policy. Test fees will not be returned. No credit for a future exam will be offered. The AOBOS must contract for these services and has no ability to obtain a refund for a cancellation.

### **When will the 2010 exam be given?**

The exam will be given on April 14, 2010.

### **How do I schedule an appointment to take the exam at a specific testing center?**

Following the acceptance of your application, an orange Scheduling Permit with information and instructions for scheduling an appointment at a Prometric® Testing Center will be mailed to you approximately six weeks before the exam date. You must have your Scheduling Permit before you contact Prometric to schedule a testing appointment. You should contact Prometric as soon as you receive the permit. Prometric schedules on a first-come, first-served basis. The sooner you schedule your appointment, the more likely you will receive your preferred location.

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# INSTRUCTIONS FOR WRITTEN EXAMINATION

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*continued*

## **What does the exam entail? / What will the exam cover?**

The examination is a two hundred fifty (250) question multiple-choice examination.

## **Where is the exam given?**

Computer-based delivery of the exam is provided by Prometric®, a part of the Thomson Corporation. There are more than 300 Prometric Testing Centers in North America at this time. The current testing center locations are available on the Prometric website at [www.prometric.com](http://www.prometric.com).

## **Will I be notified of the test center location and appointment time?**

When you contact Prometric to schedule your appointment, you will be required to provide information found only on your Scheduling Permit. Prometric will provide you with the confirmed test day and time; the address and telephone number of the Prometric Test Center where you will test; and your Prometric Confirmation Number.

## **What are the testing centers like?**

Prometric testing centers typically consist of an office area with 7 to 15 computer testing stations. Prometric staff members will be on hand to check in candidates and supervise the testing session. When you arrive at the test center, your required identification will be checked, you will sign in on the test center log and your photograph will be taken. Also, all testing sessions are monitored by video camera. Prometric administers a variety of educational, certification, and licensure tests; therefore, you may be at a testing center along with candidates taking other computer-based tests.

## **What do I need to be admitted to the test center?**

You should arrive at the Prometric Test Center 30 minutes before your scheduled testing time on the exam date. If you arrive late, you may not be admitted. If you arrive more than 30 minutes after your scheduled testing time, you will not be admitted. On arrival, you are required to sign in on the test center log and to present your Scheduling Permit plus one form of unexpired, government-issued identification (such as driver's license or passport) that includes **both** your photograph and signature, after which, a digital photograph will be taken. If it contains your photograph but not your signature, you can use another form of unexpired identification that contains your signature, such as an employee identification card or credit card, to supplement your photo-bearing, government-issued identification. If you do not bring your Scheduling Permit and acceptable identification, you will not be admitted to the test.

The first and last names on our identification **MUST EXACTLY MATCH** the names on your permit. The only acceptable difference would be the presence of a middle name, middle initial or suffix on one document and its absence on the other. If your name is misspelled or differs from your name as it appears on your identification, contact the AOBOS immediately. **Name changes or corrections cannot be made within 7 business days of the exam date.**

**All** of your personal belongings (including watches, cellular telephones, pagers and wallets), food and beverages must be placed in a small, designated locker outside the testing room. Pagers and cellular telephones must be turned off before placing them in the locker.

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# INSTRUCTIONS FOR WRITTEN EXAMINATION

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*continued*

## **How long will a test session last and what does it include?**

The 6.5-hour test session includes:

- An optional on-line tutorial (1 to 30 minutes);
- A 125-item section (up to 165 minutes);
- An optional break (0 to 30 minutes);
- A 125-item section (up to 165 minutes); and
- An on-line post-test survey (no additional time scheduled).

The maximum total testing time will be 330 minutes and the maximum total administrative time for the tutorial, break, and survey will be 60 minutes.

Time not used for the first 125-item section will **NOT** be available for the second 125-item section. Time not used for the tutorial or break will **NOT** be available for answering items.

Candidates will be free to leave as soon as they finish the test.

Candidates will be allowed to leave the test center during the mid-test break but are not to discuss any test items with other candidates. If candidates take the mid-test break, they must return to the workstation in about 25 minutes to ensure that they initiate the second section of the test before the test clock starts running. Otherwise, they will have fewer than 165 minutes for the second section.

## **Will there be a tutorial available before the test administration date?**

Yes. A brief tutorial and sample test will be available for download on the AOBOS website, [www.aobos.org](http://www.aobos.org), well in advance of the test date. All examinees will have the option to view the tutorial again at the test center at the beginning of the test session.

## **What kind of computer skills will the exam require?**

The exam will use a simple, proven computer interface that will require only routine mouse, key, or cursor movements. Each item can be answered two ways:

Move the mouse to the option bubble, left click the mouse, and depress the **Enter** key (or click on the **Next** button at the bottom of the screen), or

Press one of five letter keys (A, B, C, D, or E) and then depress the **Enter** key (or click on the **Next** button at the bottom of the screen).

Please make sure that the bubble has been filled in before depressing the **Enter** or clicking on the **Next** key. Otherwise, your response will not be recorded.

If you accidentally proceed too quickly to the next item, it will be easy to return to the previous item to review the item, mark the item for review, or change your answer.

---

# INSTRUCTIONS FOR WRITTEN EXAMINATION

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*continued*

## What will the screen look like?

A sample screen is shown below.

The screenshot shows a window titled "Exam Section : Item 1 of 18". In the top left corner, there is a checkbox labeled "Mark". In the top right corner, it says "Time Remaining: 23:45" with a close button icon. The main content area contains a question: "A 32-year-old man has the acute onset of hematogenous osteomyelitis. Which of the following is the most likely causative organism?" followed by five multiple-choice options: A. Escherichia coli, B. Group B Streptococcus, C. Haemophilus influenzae, D. Pseudomonas aeruginosa, and E. Staphylococcus aureus. Below the question area, it says "Select the best answer". At the bottom of the window, there are three buttons: "Next", "Item Review", and "Help".

There will be one item per screen. Each screen also includes the following features:

Upper left:	Option to <b>Mark</b> item for review
Upper right:	<b>Time Remaining</b> in section (starts at 165 minutes)
Lower left:	Next button to go to next item
Lower middle:	<b>Item Review</b> button to see review screen
Lower right:	<b>Help</b> button for additional information on test mechanics

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# INSTRUCTIONS FOR WRITTEN EXAMINATION

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*continued*

## What will the review screen look like?

A sample review screen is shown below.

Exam Section: Item Review

18 Items Time Remaining: 23:45 ⊗

1. A
2. C
3. C
4. A
5. I
- 6.
7. C
8. C
9. D
10. I
11. A
12. C
13. E
14. I
15. I
16. I
17. I
18. I

M = Marked Items      I - Incomplete Items

Review Item      1

Review      Review Incomplete      End      Help

- Upper left:    Number of items in the section (18 items)
- Upper right:    **Time Remaining** (21 minutes: 13 seconds)
- Lower left:    Option to **Review Marked** items
- Lower middle: Option to **Review Incomplete** items
- Lower right:    **End** the test session
- Lower right:    **Help** button for additional information on test mechanics

The review screen in the tutorial (shown above) lists examinee responses to the 18 items in the tutorial. The review screen for each section of the test will list examinee responses to the 125 items in that section.

Examinees may mark an item for review before answering the item (items 5 and 10) or mark it for review after answering the item (item 13). Items that have not been answered are labeled “I” for incomplete (items 14-18).

Please note that the sequence of the items is random within the first section of the test and within the second section.

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# INSTRUCTIONS FOR WRITTEN EXAMINATION

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*continued*

**Will I be able to skip items during the exam and go back to them?**

Yes. Within each 125-item section, you will be able to skip items, mark items for review, and change answers. Once the first section is over, you will not be able to view or change any answers on the first section.

**Will each candidate get a different length test?**

No. Each examination will include 250 items. Adaptive examinations can vary in length, but the AOBOS exam will use fixed-length forms and will not be adaptive.

**Does the computer-based format affect examinee performance?**

Studies have shown that a change from a paper and pencil test to a computer-administered test has no significant effect on candidate performance and that most candidates prefer the computer version. Any initial anxiety usually dissipates after answering the practice items in the tutorial section (available on CD and at test center).

**Will the examination scores be reported on site?**

No. The examination will be scored after the administration date. Candidates should expect to receive their scores approximately 8-10 weeks after taking the exam.

**How will scores be reported?**

Written notification will come from the AOBOS.

**What will the passing score be?**

The AOBOS will determine the minimum passing score.

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# INSTRUCTIONS FOR WRITTEN EXAMINATION

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*continued*

## **Irregular Behavior**

Irregular behavior is defined by the Board as any behavior that undermines the application, assessment, or certification processes of the Board or that threatens the integrity of the certification process. Anyone having information or evidence that suspected irregular behavior has occurred should submit a written, signed statement to the Board providing a detailed description of the incident and/or circumstances and copies of any supporting documentation and evidence. Insofar as possible, such reports will be handled confidentially; however, the Board will not investigate and/or act on unsigned or verbal reports. Irregular behavior may occur prior to, during, and/or following examination application and administration. Such behavior may include, but is not limited to, the following:

- seeking and/or obtaining access to examination materials prior to the examination
- falsifying information on application or registration forms
- impersonating a candidate or engaging another individual to take the examination by proxy (copying, giving, or receiving unauthorized information or assistance of any kind during the examination)
- copying answers from another candidate or allowing answers to be copied
- making notes of any kind during an examination except on the laminated note boards provided at the test center
- memorizing and reproducing test questions and/or copyrighted information
- altering or misrepresenting scores
- failure to adhere to Prometric Test Center regulations
- possessing unauthorized materials during an examination administration (e.g., watches, recording devices, photographic equipment, electronic paging devices, cellular telephones, reference materials)
- other behavior that threatens the integrity of the exam
- causing a disturbance of any kind
- leaving the test center while the test section is open
- removing or attempting to remove erasable note board from the testing room
- tampering with the operation of the computer or attempting to use it for any function other than taking the examination

Looking in the direction of the computer monitor of another candidate during the examination may be construed as evidence of copying or attempting to copy, and a report of such behavior may result in a determination of irregular behavior.

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# APPLICATION FOR ORAL EXAMINATION

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*American  
Osteopathic Board of  
Orthopedic Surgery*

NOTE: **You must be Board Eligible to take the Oral Exam!** This is not automatic, and requires an application. (See Board Eligible section starting on page 9.) The Oral Examination is given in the fall of the year, one day prior to the opening of the annual meeting of the American Osteopathic Academy of Orthopedics at the Annual Clinical Assembly. Examination times will be assigned fifteen (15) days before the Examination.

***Submit:***

1. This signed application. [*Signature required on the following form.*]
2. Examination fee of one thousand, two hundred fifty dollars (**\$1,250.00**).
3. Application and fee must reach the AOBOS office no later than August 15<sup>th</sup> of the year the Examination is given.

I hereby affirm that I have successfully completed the Written Examination, 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.

Signature: \_\_\_\_\_

**DEADLINE FOR APPLICATION IS AUGUST 15<sup>th</sup>**  
(No applications will be accepted after Aug. 15<sup>th</sup>)

Name \_\_\_\_\_ AOA # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

(CHECK ONE) I am a  Fellow  In Practice  Other: \_\_\_\_\_

Type (and location) of Fellowship \_\_\_\_\_

**While I understand AM or PM session preferences cannot be guaranteed, I would prefer the examination session indicated.**  AM  PM  No Preference (check one)

Submit to: **AOBOS**  
800 Military Street  
Suite 307  
Port Huron, MI 48060

**READ AND SIGN THE FOLLOWING FORM**

I hereby make application to the American Osteopathic Board of Orthopedic Surgery (AOBOS) for examination leading to primary certification 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 certifying 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 also understand that my examination score, subscale scores, and performance information shall be the property of the AOA and the AOBOS and understand they may provide such information on a confidential basis to the American Osteopathic Academy of Orthopedics (AOAO) for purposes of improving postdoctoral education programs.

I agree to disqualification from examination or from issuance of certification or to the surrender of such certification 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 qualifications, including my moral and ethical standing in the osteopathic medical - profession and my competence in clinical skills, will be evaluated by the AOBOS and that the AOBOS may make inquiry of the persons named in my application and of other persons, such as authorities or licensing bodies, hospitals, program directors, and other institutions, as the Board may deem appropriate with respect to such matters.

I agree that the sources of all information furnished to the AOBOS 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 certification.

I hereby release, discharge, exonerate, and agree to hold harmless the AOA, the AOBOS, 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 certifying examinations, the grade or grades given with respect to any certifying examination, and/or failure of the AOBOS to recommend issuance to me of the certification, or the revocation of any certification issued pursuant to this application. It is understood that the decision as to whether my performance on any certification examination qualifies me for certification rests solely and exclusively with the AOBOS and the AOA, and that their decision is final. I also agree that the extent of any liability arising out of errors or omissions or other misconduct of the AOBOS or the AOA shall be limited to the amount of fees paid to the AOBOS and AOA in connection with the board certification process.

In the event that any dispute shall arise concerning the certification examination's content and/or administration, or any other issue relating to the certification 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, without regard to its provisions concerning conflict of laws, 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.

I have hereunto set my hands this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
D.O.  
Print Name

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# INSTRUCTIONS FOR ORAL EXAMINATION

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*American  
Osteopathic Board of  
Orthopedic Surgery*

The oral examination of the American Osteopathic Board of Orthopedic Surgery is developed by the Test Committee of the American Osteopathic Board of Orthopedic Surgery. The questions are developed in the following categories: adult disease, trauma, pediatrics, infection, and tumor.

The oral examination of the American Osteopathic Board of Orthopedic Surgery is administered by Board Certified orthopedic surgeons in the fall of each year in conjunction with the American Osteopathic Academy of Orthopedics fall meeting. You will receive explicit instructions with your confirmation, which will arrive about 2 weeks prior to the exam date. A one hour orientation meeting is held prior to the exam and attendance is *mandatory*.

Do not bring *anything* to the exam, including briefcases, backpacks, purses, PDA's, beepers, cell phones, pens, pencils etc. All you need is your photo ID.

The examination usually consists of 20 questions. Eight (8) minutes is typically allowed per question. If there is any conflict with an examiner, a substitute examiner will be assigned for that question. Each question contains multiple parts. You will be given a booklet that includes the question, appropriate clinical information, and x-rays. Do not leave your seat at any time during the examination. It is possible there will be more examinees than questions. If this is the case, a rest station will be part of the test. Do not leave your seat during this rest. Please place your name on each grade sheet. Examination scores will be mailed to you approximately two (2) weeks after completion of the examination.

Approximately two (2) weeks prior to the exam, you will receive your assignment, regarding the time (am or pm) and room location of the exam, along with a copy of the detailed instructions regarding the exam itself, also found on the following page.

Refer to the website, [www.aobos.org](http://www.aobos.org) for the date and hotel location.

## **Oral Examination Grading**

To pass the Oral Examination, each candidate must have a passing score for the Adult Disease **and** Trauma sections of the oral examination, as well as a passing score for the overall oral examination performance. Failure to meet the minimum passing score in any one of those three categories will result in a Fail grade for the oral examination.

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# INSTRUCTIONS FOR ORAL EXAMINATION

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*American  
Osteopathic Board of  
Orthopedic Surgery*

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## 2010 Oral Examination Candidate Instructions

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These are the basic instructions, which will be further explained in the Pre-Exam Meeting. Any questions not addressed here can be answered at that time.

### 1. Promptness

You **MUST** be at the designated location on time (either 7:00 am or 11:00 am).

*If you are late, you will not be admitted to the exam* and you will forfeit your examination fee.

### 2. Sign-In

A picture ID (i.e. driver's license or passport).

### 3. Accessories

NO backpacks, book bags, purses, waist-packs, etc. of ANY type are allowed.

NO cell phones, beepers, Palm-type devices etc. are allowed.

NO newspapers, magazines or reading materials are allowed.

Just bring yourself, and leave everything else behind!

### 4. Cheating

Obviously, no cheating is allowed! This includes discussion about any aspects of the test questions during the exam with other candidates, and writing down notes or question topics to be taken out of the room. Anyone caught doing so will be dismissed and will receive a FAIL grade for the exam.

### 5. Exam Assignments

The exam candidates have been split into two groups, an AM and a PM group. Please do not request any changes. Coordinating so many candidates and examiners is difficult. Since the exam candidates are divided evenly, for you to change, we would have to find someone else willing to change as well.

### 6. Attire

The appropriate attire for the examination is Business Casual. Shorts, tank tops, flip-flops, etc. are inappropriate attire for the oral examination.

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# INSTRUCTIONS FOR ORAL EXAMINATION

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*American  
Osteopathic Board of  
Orthopedic Surgery*

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## 2010 Oral Examination Candidate Instructions (continued)

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### 7. Pre-Exam Meeting

Prior to the exam, you will attend a **mandatory meeting** to discuss the oral exam, the clinical exam, and other AOBOS issues. This is considered the beginning of the exam. ***If you are late for this meeting, you will not be allowed to sit for the exam!***

If you are in the AM Group, you must be available at 7:00 am for this meeting, with the test to begin at 8:00 am.

If you are in the PM Group, you must be available at 11:00 am for this meeting, with the test to begin at 12:00 pm.

In the Pre-Exam meeting, you will receive a name tag that must be worn throughout the examination. The name tag will have your beginning table number in the bottom right-hand corner.

A candidate confidentiality agreement will also be distributed at the Pre-Exam meeting. You must sign and turn in this agreement form during the Pre-Exam meeting.

### 8. Exam Protocol

- A. **Time Period:** 4 Hours; 1 hour for the Pre-Exam Meeting and 3 hours for the Oral Exam
- B. **Number of Questions:** **20**
- C. **Time per Question:** 8 Minutes per question with 30 seconds to change tables
- D. **Room Set-Up**

There will be approximately 40-42 tables in a large room, divided into two separate groups of candidates. The tables will be numbered. When you enter the room, quickly find your table and sit down. (You will be assigned a starting table during the Pre-Exam Meeting.)

- E. **Exam Presentation**

You will face oral examiners at each question table. When you sit down, you will PRINT your name on the two examiner grade sheets. If your name is not legible, it will be impossible to record your score.

A candidate exam booklet will be in front of you. Open it and read the question. **You** will read each question. The oral examiners will not be reading the questions to you. They will simply be grading your responses. Some questions may say "Do not turn the page until instructed to do so". When you reach this point, wait until the examiners tell you to turn to the next page and continue.

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# INSTRUCTIONS FOR ORAL EXAMINATION

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*American  
Osteopathic Board of  
Orthopedic Surgery*

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## 2010 Oral Examination Candidate Instructions (continued)

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Usually, there is a clinical vignette followed by specific questions. Most of the questions have x-rays or other imaging studies. Some questions are set up so you can ask for further information. Generally, the questions are self-explanatory and follow along in an organized manner.

The questions have multiple parts with credit given for how well the question was answered in the following question components:

- Patient Evaluation
- Interpretation of Studies
- Diagnosis/Differential Diagnosis
- Anatomy/Pathoanatomy
- Classification
- Treatment Plan
- Management of Complications

Each question will contain from three (3) to five (5) of these components, with the components, and the weight of each component, varying from question to question.

Remember, there are 20 questions! If you do poorly on a few questions, don't get upset. It is possible to make up for it on other questions. Let it go and concentrate on the next question.

### F. **Rest Tables**

There may be rest stations interspersed among the question tables. You will be required to wear a headset at the rest stations. You must be quiet so as not to disturb the other candidates. No writing is allowed. Do not get up and wander about the room.

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# APPLICATION FOR CLINICAL EXAMINATION

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*American  
Osteopathic Board of  
Orthopedic Surgery*

The Clinical Examination is conducted at your practice hospital(s) usually during the months of June, July, and August or December, January and February. Time and place will be determined by you and the senior examiner.

**Submit:**

1. This signed application. [*Signature required on the following form.*]
2. Examination fee of two thousand five hundred dollars (**\$2,500.00**). If not accepted for examination, the Board will return two thousand two hundred fifty dollars (\$2,250.00).
3. Your logs should be submitted both typewritten and on a CD. These logs shall include all cases (major/minor) performed for at least (12) twelve consecutive months since entering orthopedic practice. To be accepted, **NO LESS THAN 200 MAJOR CASES** must be documented.
4. A completed **Log Summary Sheet** and **Hospital Location Sheet**.
5. A letter from the AOA confirming you are in good standing. NOTE: It is your responsibility to obtain this letter and send in with application. This information can be requested from the AOA via: e-mail; [msc@osteopathic.org](mailto:msc@osteopathic.org), fax: (312) 202-8206, or phone: (800) 621-1773, press 1.
6. A copy of your unrestricted state license.
7. Affidavit from hospital administrator or medical director attesting that your practice is 75% orthopedic medical and surgical practice.
8. Mortality Review Summary Report. See page 40 for instructions.
9. Applicant must attach a copy of their Fellowship Certificate, if a fellowship was completed.

**State License:** I hold an unrestricted license to practice in the state or territory where my practice is conducted.    Yes    No

I hereby affirm that the case logs attached to this application are surgical cases performed by me and are not first assists or the work product of any other person, and that further, I have been a member in good standing of the American Osteopathic Association for a period of more than two (2) years prior to the submission of this application.

Signature: \_\_\_\_\_

Name \_\_\_\_\_ AOA # \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Practice Subspecialty \_\_\_\_\_

Submit to: **AOBOS**, 800 Military Street, Suite 307, Port Huron, MI 48060

DEADLINES for application: Feb. 15<sup>th</sup> for summer exams, Aug. 15<sup>th</sup> for winter exams. Logs received after these dates will not be accepted.

I hereby make application to the American Osteopathic Board of Orthopedic Surgery (AOBOS) for examination leading to primary certification 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 certifying 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 also understand that my examination score, subscale scores, and performance information shall be the property of the AOA and the AOBOS and understand they may provide such information on a confidential basis to the American Osteopathic Academy of Orthopedics (AOAO) for purposes of improving postdoctoral education programs.

I agree to disqualification from examination or from issuance of certification or to the surrender of such certification 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 qualifications, including my moral and ethical standing in the osteopathic medical - profession and my competence in clinical skills, will be evaluated by the AOBOS and that the AOBOS may make inquiry of the persons named in my application and of other persons, such as authorities or licensing bodies, hospitals, program directors, and other institutions, as the Board may deem appropriate with respect to such matters.

I agree that the sources of all information furnished to the AOBOS 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 certification.

I hereby release, discharge, exonerate, and agree to hold harmless the AOA, the AOBOS, 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 certifying examinations, the grade or grades given with respect to any certifying examination, and/or failure of the AOBOS to recommend issuance to me of the certification, or the revocation of any certification issued pursuant to this application. It is understood that the decision as to whether my performance on any certification examination qualifies me for certification rests solely and exclusively with the AOBOS and the AOA, and that their decision is final. I also agree that the extent of any liability arising out of errors or omissions or other misconduct of the AOBOS or the AOA shall be limited to the amount of fees paid to the AOBOS and AOA in connection with the board certification process.

In the event that any dispute shall arise concerning the certification examination's content and/or administration, or any other issue relating to the certification 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, without regard to its provisions concerning conflict of laws, 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.

I have hereunto set my hands this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_ D.O. \_\_\_\_\_  
Print Name

# PREPARATION OF LOGS: CLINICAL EXAMINATION

*American  
Osteopathic Board of  
Orthopedic Surgery*

## I. COMPUTER DISK FORMAT

All logs must be submitted as printed logs and on a CD. You must use the Excel format established by the AOBOS. This Excel format is available on the AOBOS web site [www.aobos.org](http://www.aobos.org)

From the AOBOS home page, click on the Certification tab.



**ONLINE APPLICATION FORMS**

The following forms from the Handbook for Candidates for Board Certification may be filled out and sent to the [AOBOS](http://www.aobos.org).

- [Application for Written Examination](#)
- [Application for Oral Examination](#)
- [Application for Clinical Examination](#)
- [Preparation of Logs](#)
- [Change of Address](#)

**Tutorial Application**

Unzip the file using WinZIP (or another file compression utility), and double-click "Runtest.bat" to run the tutorial.

- [Clinical Exam Log](#)

Right-click and select "Save Target As", complete the log and e-mail the final result to [AOBOS](http://www.aobos.org).

Scroll down the certification page until you see the On-Line Application Forms on the left of the screen; choose the Clinical Exam Log Template. Save this Excel file as your template for surgical log entry.

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# LOG PREPARATION FOR CLINICAL EXAMINATION

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*continued*

The first worksheet visible in the Excel file is the Log Summary Sheet, as displayed below. The following format is to be followed for the submission of surgical cases. No independent format may be substituted. No alternate categories may be used.

Enter your name in cell B3 on this form and the beginning and ending dates for your surgical log entry in cell B5. When finished entering your surgical log data in the appropriate categories, enter the number of cases for each category in column B on this worksheet.

A	B	C
<b>Log Summary Sheet</b>		
Name ( Enter in Column B)		
Period (From ____ To ____ )		
Category	Surgical Cases Performed (Category Totals Entered Below)	
A1. Arthroscopy - Knee		
A2. Arthroscopy - Shoulder		
A3. Arthroscopy - Other		
B1. Total Joint Replacement-Hip		
B2. Total Joint Replacement-Knee		
B3. Total Joint Replacement-Other		
C1. Spine Surgery-Cervical		
C2. Spine Surgery-Lumbar		
C3. Spine Surgery-Other		
D1. Major Fractures-Hip		
D2. Major Fractures-Ankle		
D3. Major Fractures-Other		
E. Amputations		
F. Major Hand Surgeries		
G. Other Major Surgery		
TOTAL MAJOR SURGERIES (A1-G)	0	
H. Minor Surgeries		
I. Mortalities (listed in addition to		
respective category change)		

At the bottom of the Excel log file, you will find tabs for each of the categories required for your surgical logs. When you click on the tab, you will move to that category's log sheet.

# LOG PREPARATION FOR CLINICAL EXAMINATION

*continued*

A sample of the *A1. Arthroscopy – Knee* log is displayed below.

	A	B	C	D	E	F	G	H	I
1	<b>A1. Arthroscopy-Knee</b>							0	
2	<b>list #</b>	<b>date</b>	<b>hospital</b>	<b>case #</b>	<b>P.I.</b>	<b>Age</b>	<b>Diagnosis</b>	<b>Operative Procedure</b>	<b>Complications &amp; Outcome</b>
3	1								
4	2								
5	3								
6	4								
7	5								
8	6								
9	7								
10	8								
11	9								
12	10								
13	11								
14	12								
15	13								
16	14								
17	15								
18	etc								
19									
20									
21									
22									
23									
24									



Using the navigation icons at the bottom of the screen, you can move to all of the 17 required surgical log categories. Only a portion of the available categories tabs will display on the screen at any given time.

The first icon moves the listed tabs to first worksheet in the surgical log template file, the last icon moves the listed tabs to the last category – Mortalities. Clicking the moves your category listings one category toward the beginning of the log, and clicking on the moves your tab listings one category toward the end of the surgical log. Once the desired category tab is visible across the bottom of the screen, clicking on that tab will move you to that category’s worksheet.

Within each category, you must:

1. List the cases chronologically.
2. Number your cases 1 to x separately for EACH category. Do NOT simply number your entire log 1 to x.

A sample log for the A1. Arthroscopy – Knee is listed on the following page.

A1. Arthroscopy-Knee							Candidate Name	
list #	date	hospital	case #	P.I.	Age	Diagnosis	Operative Procedure	Complications & Outcome
1	1/12/2004	LSC	12367890	DKM	22	Tear medial meniscus Left knee	scope medial menisctomy left knee	
2	1/15/2004	LSC	12389012	SWQ	27	Tear medial miniscus Left knee	scope medial menisctomy left knee	
3	1/17/2004	LSC	12390123	HTF	31	Tear lateral & medial meniscus Rt knee	scope medial and lateral menisectomy rt knee	
4	1/17/2004	LSC	12391123	JKU	26	Tear medial meniscus and ACL left knee	scope medial menisectomy left knee, ACL reconstruction B-T0B allograft	
5	1/19/2004	LSC	12400121	TAM	16	Chronic lateral tracking rt patella	scope lateral retinacular release rt knee	
6	1/30/2004	LSC	12400245	EWS	18	Tear meidal meniscus Left knee	scope medial menisctomy left knee	
7	2/2/2004	LSC	12400345	HGT	27	Tear right ACL	scope hamstring tendon ACL reconstruction rt knee	
8	2/26/2004	LSC	12431189	FTR	65	Tear medial meniscus Left knee; djd MFC	scope medial menisectomy left knee, chondroplasty medial femoral condyle	Post op DVT. Admitted for heparinization. Discharge in 3 days. Recovered uneventfully.
9	3/1/2004	LSC	12481190	DGJ	21	Bucket handle tear medial meniscus rt knee	scope medial meniscus rt knee	
10	3/4/2004	LSC	12500121	GBI	65	Tear medial and lateral meniscus rt knee	scope medial/lateral menisectomy rt knee	
11	4/1/2004	ACH	290-090	ITD	67	Septic Arthritis left knee	scope irrigation, synovectomy, insertion of in flow outflow drains left knee	
12	4/4/2004	ACH	290-290	ITD	67	Septic Arthritis left knee	scope, synovectomy left knee	

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# LOG PREPARATION FOR CLINICAL EXAMINATION

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*continued*

## II. SUBMISSION OF SURGICAL LOGS

You must count all patient contacts from the time you begin your log until the ending date prior to submission. A patient contact is any treatment provided in the Hospital, Out Patient Surgery Facility, Office or any other institution. Any patient that falls into one of the listed categories must be recorded and documented in your surgical logs. Routine office visits and non-surgical patient consults and treatments do not need to be recorded. ALL other patient contacts fall into one of the categories A-H and therefore will be listed in your logs.

Mortalities are to be listed both in the category of primary treatment and under Category I (Mortalities). **Mortalities apply to deaths that occur within 30 days of the surgical procedure.** All mortalities require a summary report to be personally authored by the candidate and be submitted as part of the documentation necessary for the Clinical Exam application. (See Mortality Review on page 40.)

To be considered for Part III – Clinical Examination, a minimum of 200 **MAJOR** patient surgeries must be documented. This is a minimum number of cases and should be exceeded in all but rare instances. You must document no less than 12 consecutive calendar months and no more than 24 consecutive calendar months in the surgical log. These should be the most recent months just prior to your application for the exam. The 200 case requirement must be from a single geographic location. Any variations to the single geographic location requirement must be formally requested and approved by the AOBOS Board.

All cases must be recorded during the time period. It is not appropriate to omit or exclude from the count any MAJOR or MINOR case during this time period.

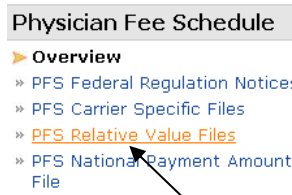
## III. MAJOR VS. MINOR CASES

The AOBOS uses the criteria established in the RBRVS, *Resource Based Relative Value Scale* (the physician payment schedule for Medicare) for what constitutes major vs. minor cases. Use the RBRVS (*Resource Based Relative Value Scale*) to look up the code in question. If it has a 90 day follow-up, the case is considered major. If it has a 0-10 day follow-up, the case is considered minor.

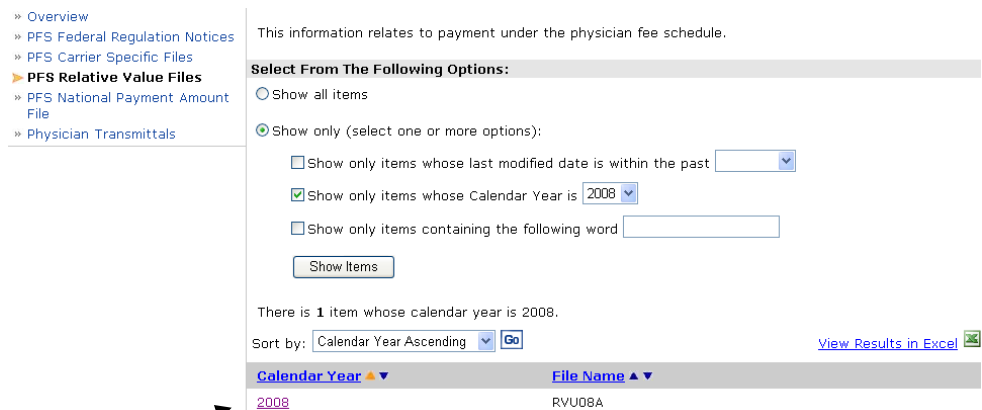
If you do not have access to the RBRVS code book, you can order one at <http://www.codingbooks.com> or you can access the Medicare website <http://www.cms.hhs.gov/PhysicianFeeSched> and look in the Physician Fee Schedule section.

# LOG PREPARATION FOR CLINICAL EXAMINATION

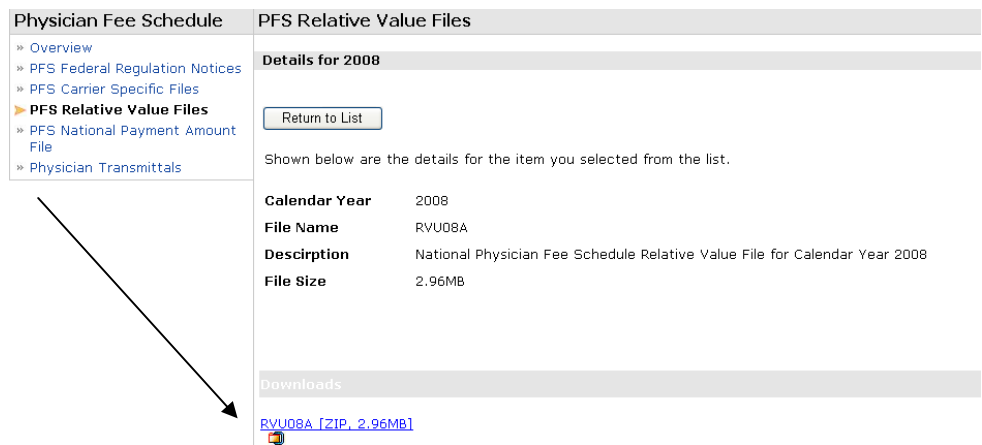
*continued*





- Choose the PFS Relative Value Files. (On the left hand side of the screen.)
- The following screen will appear. In the Show only section, check the box for Show only items whose Calendar Year is; and choose the current year from the drop down box, as indicated in the example below.



- At the bottom of the screen, choose the most recent revision file by clicking on the Calendar Year and File Name line.
- In the Downloads section of the screen, click on the RVU... zip file name.



- Choose Save to save the Physician Fee Schedule as an Excel table.
- Select a location on your computer to save the information (i.e. your desktop)
- Click on Open
- Open the PPRRVU...  (not the "a" format ) spreadsheet.
- Look for the global days column
  - 000-010 = minor

---

# LOG PREPARATION FOR CLINICAL EXAMINATION

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*continued*

- 090 = major
- XXX = global does not apply
- ZZZ = use global days from another service code that this is related to

## IV. CASES VS. PROCEDURES

The log is intended to report “cases”, not necessarily procedures. A “case” is a patient contact or encounter, for which multiple surgeries or procedures may have been performed. You must choose the primary procedure you want to include in your log and submit it in the appropriate category. The other procedures from that “case” can be optionally listed with the primary procedure, to indicate other work was done, but only the primary procedure is tallied in the category.

For example, you might have repaired flexor tendons and digital nerves at the same setting, accounting for multiple “procedures”. However, you must choose which procedure you want to log, i.e. either flexor tendon repair or digital nerve repair, and cannot list them separately.

## V. CLINIC CASES

If you are practicing in a Residency Training Program where you supervise the clinic run by the residents who perform the procedures and manage care of patients from that clinic, you have the option of excluding these cases from your log. If you choose to include them, you will be held to the same standard of participation as expected in the rest of your cases including evidence that the paper work is done by you. **ALL REPORTS MUST BE AUTHORED BY THE CANDIDATE!!**

## VI. CHART DOCUMENTATION

As you prepare for your clinical examination, chart documentation remains an important part of the Chart Review portion of your exam. Twenty charts from your surgical logs will be reviewed in detail. Poor chart mechanics will have a significant impact on this segment of your clinical examination. The following guidelines are provided to aid you in two of the chart mechanics areas.

Following Medicare guidelines:

An H&P **must** be performed no more than 7 days prior to admission or within 24 hours after admission. Office medical records that substantiate the hospitalization or procedure should be part of the inpatient record. Medicare requires that the hospital medical record justify the admission and treatment.

Discharge summaries should be dictated as soon as possible after discharge. If unable to dictate on the day of discharge, write a final summarizing progress note to include:

1. Principal diagnosis, secondary diagnoses and principal procedure.
2. Brief description of the hospitalization, disposition of the case, and follow-up care.
3. Results of diagnostic testing that confirm the principal diagnosis.

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# SUBSPECIALTY ORTHOPEDIC SURGEONS

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*American  
Osteopathic Board of  
Orthopedic Surgery*

If your practice is predominantly in a subspecialty, e.g. spine, hand, pediatrics etc., you must keep in mind you are still being certified as an Orthopedic Surgeon. You must complete your logs in the standard manner. Depending on your specialty, many of the standard categories may have few or no cases. Just include whatever cases you have.

Whatever your subspecialty may be, the Board will make every attempt possible to arrange one of your examiners to have a similar subspecialty, provided you inform the Board of your subspecialty.

---

# LOG SUMMARY SHEET

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*American  
Osteopathic Board of  
Orthopedic Surgery*

Name \_\_\_\_\_ D.O.

Period From \_\_\_\_\_ To \_\_\_\_\_  
(Minimum 12 consecutive calendar months–maximum 24 calendar months from one geographic location.)

<b>Category</b>	<b>Surgical Cases Performed</b>
A1. Arthroscopy–Knee	_____
A2. Arthroscopy–Shoulder	_____
A3. Arthroscopy–Other	_____
B1. Total Joint Replacement–Hip	_____
B2. Total Joint Replacement–Knee	_____
B3. Total Joint Replacement–Other	_____
C1. Spine Surgery–Cervical	_____
C2. Spine Surgery–Lumbar	_____
C3. Spine Surgery–Other	_____
D1. Major Fractures–Hip	_____
D2. Major Fractures–Ankle	_____
D3. Major Fractures–Other	_____
E. Amputations	_____
F. Major Hand Surgery	_____
G. Other Major Surgery	_____
<Total Major Surgery (A1–G)>	<_____>
H. Minor Surgery Procedures	_____
I. Mortalities (listed in addition to respective category above)	_____

---

# HOSPITAL LOCATION SHEET

---

*American  
Osteopathic Board of  
Orthopedic Surgery*

Candidate Name \_\_\_\_\_

<b><i>PRIMARY HOSPITAL</i></b> _____	<b>% SURGICAL VOLUME</b>
Address _____	_____
City _____ State _____ Zip _____	
Phone (_____) _____	

<b><i>ADDITIONAL HOSPITAL</i></b> _____	
Address _____	_____
City _____ State _____ Zip _____	
Phone (_____) _____	
Distance from Primary Hospital _____	

<b><i>ADDITIONAL HOSPITAL</i></b> _____	
Address _____	_____
City _____ State _____ Zip _____	
Phone (_____) _____	
Distance from Primary Hospital _____	

<b><i>ADDITIONAL HOSPITAL</i></b> _____	
Address _____	_____
City _____ State _____ Zip _____	
Phone (_____) _____	
Distance from Primary Hospital _____	

<b><i>ADDITIONAL HOSPITAL</i></b> _____	
Address _____	_____
City _____ State _____ Zip _____	
Phone (_____) _____	
Distance from Primary Hospital _____	

**USE OTHER SIDE OF THIS SHEET IF NECESSARY**

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# MORTALITY REVIEW

# SUMMARY REPORT

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*American Osteopathic  
Board of  
Orthopedic Surgery*

*All* mortalities **must** be reported to the AOBOS. **Mortalities apply to deaths that occur within 30 days of the surgical procedure.** All mortalities require a summary report to be personally authored by the candidate and submitted in **written format**.

This summary should explain in as much detail as necessary:

1. The Orthopedic surgery performed
2. The pre and post operative course
3. The cause of death
4. How the surgery affected the mortality
5. Any pertinent lab or x-ray findings
6. The general hospital course

It is up to the Senior Examiner whether or not a mortality case is chosen as one of the twenty (20) cases for the Individual Chart Survey.

If a mortality case is chosen for review, the Board is particularly interested if the candidate appreciated the critical nature of the case, if consultations were obtained and if any preventable measures could have been taken.

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# INSTRUCTIONS FOR CANDIDATES FOR CLINICAL EXAMINATION

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*American  
Osteopathic Board of  
Orthopedic Surgery*

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# INSTRUCTIONS FOR CLINICAL EXAM

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*American  
Osteopathic Board of  
Orthopedic Surgery*

## A. Objective of the Clinical Examination

The objective of the Clinical Examination is to evaluate a candidate's surgical practice by review of his/her medical records and observation of surgical skills and techniques. To accomplish this goal, two (2) Board Certified orthopedic surgeons will review the medical record with particular emphasis on presurgical evaluation and preparation, postoperative management, surgical judgment, and overall patient care. Twenty cases will be reviewed in great detail, and two (2) surgical procedures will be observed.

The following information will describe and instruct you in the necessary steps to complete the final portion of your Board Certification examination.

### ***\*IMPORTANT NOTE:***

It is imperative that the medical record reflects the active participation of the candidate. Documents including, but not limited to, the history and physical exam, daily progress notes, consults, operative reports, pre-op/post-op orders, and discharge summaries **MUST** reflect the candidate's personal involvement.

***Countersigned notes authored by house officers, residents, fellows, physician assistants, nurse practitioners, etc. are not substitutes nor do they satisfy this requirement.***

If H&Ps are done by other physicians, the candidate must duplicate that process to show his/her involvement in the case and management of decisions. The candidate physician must have personal documentation that he/she has done a pre-op evaluation and documented the rationale for surgery. If necessary, the candidate physician can attach an addendum to the chart explaining his/her pre-op evaluation, diagnosis and indications outlining the patient treatment plan.

## B. Introduction to Clinical Examination

The AOBOS utilizes a scoring method for the Part III Clinical Exam where examiners score candidates in multiple predetermined areas.

Each candidate begins with a perfect score and gets **deductions for deficiencies in any of these specified areas**. Too many deductions will result in a score lower than what the AOBOS determines is indicative of the level of excellence necessary to achieve Board Certification.

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# INSTRUCTIONS FOR CLINICAL EXAM

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*continued*

The Board has weighted different aspects of the exam to reflect their relative importance.

The total exam will be worth 1,000 points, 600 from chart review and 400 from surgical observation

The scoring will be derived from:

20 Chart Reviews (15 points/chart/examiner)	=	600 Points
2 Surgical Observations (100 points/surgery/examiner)	=	400 Points
TOTAL	=	1,000 Points

**Again, each candidate begins the exam with 1,000 points and receives deductions from chart review and surgical observation as indicated.**

**FINAL SCORE = 1,000 – Deductions.**

Both the Individual Chart Survey and the Surgical Observation Form used for the clinical examination can be found in this handbook on pages 54 and 55, respectively. These forms are included for explanation purposes to illustrate how you will be graded. For complete details on the grading process, you are encouraged to read the **Handbook for Examiners for Board Certification** available at [www.aobos.org](http://www.aobos.org), the AOBOS website.

## **Grading**

To pass the Clinical Examination, each candidate must have a passing score for the Chart Review **and** Surgical Observation portions of the clinical examination, as well as a passing score for the overall clinical examination performance. Failure to meet the minimum passing score in any one of those three categories will result in a Fail grade for the clinical examination.

## **C. Part III Clinical Exam Protocol**

The Clinical Exam adheres to the following protocol:

### **Step 1 – Application Process**

1. Prepare Surgical Log (see page 30), Log Summary Sheet (see page 38), Hospital Location Sheet (see page 39), and the Mortality Review Summary (see page 40).
2. Submit completed application to the AOBOS.

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# INSTRUCTIONS FOR CLINICAL EXAM

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*continued*

## **Step 2 – Log Approval**

1. The AOBOS Staff confirm application is complete.
2. An AOBOS Board Member reviews the surgical log.
3. If accepted, candidate is notified within 2-3 weeks of application arrival to the AOBOS office.
4. If rejected, you will be notified of the problem/s, and if you respond quickly, it may be possible to correct the problem/s and remain in the examination cycle. Otherwise, you will forfeit \$250.00 and must reapply for the next cycle.

## **Step 3 - Examiners are Assigned**

Two examiners are assigned to each candidate, a senior and a junior examiner. Examiners are assigned at the AOBOS board meetings. The AOBOS board meets twice a year, typically late March/early April and right before the American Osteopathic Academy of Orthopedics fall meeting. You will be sent a letter soon after these meetings indicating the names and contact information of your two examiners. All examiners are Board Certified, and have been trained in the Clinical Examination process. Every attempt is made to ensure at least one examiner practices the same subspecialty as you, if applicable.

If you have a conflict with either examiner, contact our office immediately so a replacement can be found.

Remember the examiners are all volunteers who give up time from their families and practices to perform these exams. Situations occur that necessitate last minute cancellations, which may result in the inability to complete your exam in the current cycle. Please be understanding. It is very difficult to coordinate three different physician's schedules. Assigning, scheduling and changing examiners continues to be one of the biggest challenges for the AOBOS.

Once the examiners have been successfully assigned, all aspects of the exam scheduling and format are determined and coordinated by the senior examiner. Good communication is CRITICAL for a smooth and successful exam.

## **Step 4 – Senior Examiner Chooses Charts and Arranges Exam**

The senior examiner is sent the candidate's surgical log, hospital location sheet, and mortality reviews. From these documents, twenty (20) cases are selected and the list is sent to the candidate. The senior examiner contacts the candidate to arrange a date and time to complete this clinical examination.

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# INSTRUCTIONS FOR CLINICAL EXAM

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*continued*

## Step 5 – Candidate Examination

Twenty cases are reviewed in great detail by the Senior and Junior examiners.  
Two major surgeries are observed.

1. The candidate shall arrange for a suitable place for review of charts and x-rays. It is mandatory that the examiners have enough room to have x-ray view boxes available to perform this examination. Please keep in mind that these are Board Certified orthopedic surgeons who are volunteering their time to assist you in completion of your Board certification.
2. Twenty cases are reviewed and scored by the examiners. It is mandatory all pertinent office records and x-rays be available. See page 47 for Chart Preparation.
3. Two (2) major cases in surgery will be observed. We **STRONGLY SUGGEST** scheduling three (3) procedures in case one is cancelled or postponed. Two cases will be observed for scoring purposes. The AOBOS requests “major” cases for observation. Use common sense in choosing your cases for surgical observation. Relatively “minor” cases such as carpal tunnel release, cyst excisions, trigger finger releases, etc are **NOT** appropriate. The Senior examiner and the candidate will come to an agreement prior to the examination on which two cases will be performed. Please communicate directly with your Senior examiner regarding the cases that you have scheduled to be sure they are acceptable. If there is any question, please communicate with the Senior examiner or the Board office, as soon as possible.
4. The Senior examiner will give specific instructions regarding arrangements for travel and accommodations. Generally, the candidate makes the hotel reservations for the examiners, but all bills are paid by the examiners. The hotel should be comfortable and convenient, but not extravagant. The examiners do not expect to be entertained.
5. If because of military service or a change in practice location, all necessary records are not available, immediately contact the Senior examiner who will relay this information to the American Osteopathic Board of Orthopedic Surgery.

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# INSTRUCTIONS FOR CLINICAL EXAM

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*continued*

6. If your practice is at more than one institution, please provide this information immediately to the Senior examiner so arrangements can be made for review of your records at more than one location. If possible, the exam will take place in one or two of your primary hospitals.
8. Three days (72 hours) before the clinical examination is to occur, the candidate **must** confirm with the Senior Examiner that the appropriate paperwork is complete and the required cases are scheduled for surgical observation.
9. The examiners complete the examination forms and return them to the AOBOS.

## **Step 6 – Scores are Determined**

1. The examiner's records and evaluation forms are reviewed at either the spring or fall AOBOS Board meeting. **Pass/Fail determinations are made by the AOBOS, not by the examiners.**
2. The 1,000 point deduction scoring system will be used. The examiners have no knowledge of the passing score.

### **Grading**

To pass the Clinical Examination, each candidate must have a passing score for the Chart Review **and** Surgical Observation portions of the clinical examination, as well as a passing score for the overall clinical examination performance. Failure to meet the minimum passing score in any one of those three categories will result in a Fail grade for the clinical examination.

3. **Candidate Pass/Fail letters go out within 2-3 weeks of the Board Meeting, not 2-3 weeks of the exam itself.**

NOTE: The dates of the application deadline and the AOBOS Board meetings are available on our website, [www.aobos.org](http://www.aobos.org)

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# INSTRUCTIONS FOR CLINICAL EXAM

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*continued*

## D. General Chart Preparation Information: On-site Exam

1. X-rays must be pulled for all cases including hospital and office films. To facilitate the exam, isolation of appropriate x-rays is necessary. You are required to place the pre-op and post-op x-rays in front of the x-ray jackets for easy access. Additional studies, such as MRI, EMGs, CAT scans, etc., should be available for review to give the examiners the best information about your treatment of your patients.
2. **Remember you are also being graded on follow-up care**, so the examiners will also need to review **office x-rays and office charts**. Generally, the most recent x-ray studies should be available. However, if there were any complications, or other significant events in the course of treatment, interim x-rays may be necessary. Use your best judgment in this regard.

You are responsible for documenting the disposition of the case. This includes circumstances such as transfer out of the geographic area, transfer to a nursing home or extended care facility or simply a no show in the office. (In the event of a no show, you must state what action was taken.) This documentation can be either in the hospital discharge summary or in your office records. The lack of this documentation results in a full two (2) point deduction.

3. Generally, the charts should be stacked in an organized and efficient manner. Copy the Individual Chart Survey on page 54 and fill in the shaded box at the top of the form for each of the 20 cases selected by your Senior examiner. Make an additional copy of each of the Individual Chart Survey pages so you have one for both the Senior and Junior examiners, as each examiner will review each of your charts.
4. It is the policy of the AOBOS that there must be clear evidence and written documentation that the surgeon has evaluated the patient pre-operatively. If the information was gathered as an outpatient or during an office visit, it is advisable to attach the appropriate office records to the hospital (or outpatient surgery center) chart. We are interested in your preoperative management and your reasoning for choosing surgical treatment. You make the decision if office records are necessary for the examiners to understand your surgical indications and workup.
5. The chart must reflect the surgeon that is managing the case personally; ***house officer notes countersigned by the surgeon are NOT acceptable***.

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# INSTRUCTIONS FOR CLINICAL EXAM

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*continued*

6. If the hospital or clinic is totally on computer, the applicant may be required to have the records hard copied to be available for the examiners to review. This is the case for the radiographic studies as well. Do not expect the examiners to scroll through a computer to see the records. **The AOBOS strongly suggests all information for the 20 cases being reviewed be available in hard copy format.** However, the AOBOS realizes many hospitals have converted to purely electronic records. Contact your Senior examiner to discuss arrangements that are acceptable to all parties.

A complete chart must include the following:

- a. Entire pre-operative office notes denoting the pre-operative workup
- b. H&P authored by the candidate or pre-operative consultation/note
- c. Evidence of informed consent
- d. Operative procedure note authored by the candidate
- e. Official operative record denoting operative time and blood loss
- f. All post-operative orders
- g. If outpatient surgery, prescription documentation and discharge instructions to patient
- h. Entire post-operative hospital record
- i. Discharge summary or comprehensive discharge note authored by candidate
- j. Post-operative office chart depicting aftercare until discharge from care

A complete radiographic chart must include following:

- a. Pre-operative or injury films and all appropriate ancillary studies (CT, MRI, Bone scan etc.)
- b. Intra-operative or immediate post-operative radiographs
- c. If arthroscopic procedure, pre and post correction pictures
- d. Representative post-operative radiographs to depict follow up AND final radiographs demonstrating condition at time of discharge from care

7. A comfortable working room is necessary to review these numerous charts (typically a board room or small meeting room). You must have an x-ray view box available. Generally, the examiners will meet with you in this room for a brief explanation of your organization method and ask you any questions they may have. You are excused while they work, but you need to be available if the examiners need any assistance. Reviewing charts is a lot of work! As a courtesy to the examiners, we suggest you provide a few drinks and snacks.

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# INSTRUCTIONS FOR CLINICAL EXAM

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*continued*

8. The examiners will be looking for your work, which in thick hospital records may be difficult to locate. **It is required that you color tab your work, similar to the style of medical records personnel.** For example, you might use one color for H&Ps, another for progress notes, and another for OR reports, etc. Anything that helps the examiners is in your favor!
9. You must complete the Clinical Candidate Checklist found on page 51 prior to your scheduled on site examination. The checklist outlines your responsibilities prior to the clinical examiners' arrival. The completed checklist must be sent (e-mail or fax) to the senior examiner and the AOBOS office **BEFORE** the scheduled examination date.

## **E. Practice Relocation**

The 200 case requirement for the surgical log recording period must be from a single geographic location. Any variations to the single geographic location requirement must be formally requested and approved by the AOBOS Board.

An applicant who relocates her/his practice during the surgical log reporting period must file a formal appeal to the AOBOS Board *before* his/her surgical log submission to the AOBOS. Only extremely extenuating circumstances will be considered as valid grounds for appeal approval.

## **F. Military Personnel**

If some or all of the candidate's practice experience is in military service, the candidate must take additional action to preserve adequate records for review. It may be necessary to copy records for them to be available.

## **G. HIPAA**

The AOBOS is committed to patient confidentiality and follows all HIPAA regulations. Please consult our web site for more details, [www.aobos.org](http://www.aobos.org) and click on "HIPAA". Included are Business Associate Agreements which your hospital may require. Remember it is YOUR responsibility to take care of this, not the examiners.

## **H. Surgical Observation Cases**

The clinical examiners will observe two (2) surgical procedures. No additional surgeries will be observed or included in the grading process. However, the AOBOS **strongly suggests** scheduling three (3) procedures in case one is cancelled or postponed. The surgical cases should be dissimilar and heavy in nature.

---

# INSTRUCTIONS FOR CLINICAL EXAM

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*continued*

Try to arrange the start of the surgery as early as possible on the day of your exam.

Have the medical record and x-rays of each case available for the examiners. It is extremely important that your rationale for surgical treatment be noted on the cases that are reviewed. The AOBOS **strongly suggests** that all pertinent pre-operative office notes, candidate authored H&P and appropriate pre-operative radiographs are available for review by the examiners.

If you have any questions about the cases scheduled, please contact your Senior examiner or contact the AOBOS.

## **I. Completion of the Clinical Examination**

The examiners may request that you be available for an exit interview, but this interview is optional and at the discretion of the examiners. Advise them where you can be reached during the time of your exam. The candidates are reminded that the clinical examination is conducted by Diplomats of the American Osteopathic Academy of Orthopedics (AOAO) on behalf of the American Osteopathic Board of Orthopedic Surgery (AOBOS). **The grades for the exam are determined by the AOBOS.** The examiners should refrain from giving information, and the candidate should not expect any information from the examiners regarding their examination.

If additional expenses are incurred in travel due to multiple practice locations, unusual practice location, repeat visits, etc., a statement will be sent to the candidate and is due prior to receiving the results of the examination.

The results of the examination will be sent to the candidate within one (1) month following the spring or fall meeting of the AOBOS Board.

Please note your exam may occur some time before the AOBOS Board meets. Consult the AOBOS website for Board meeting dates.

Official notification will be provided by the Bureau of Osteopathic Specialists of the AOA and certificates will be sent following this notification.

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# INSTRUCTIONS FOR CLINICAL EXAM

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*continued*

## Clinical Candidate Checklist

The items listed below are the responsibility of the candidate and must be completed prior to the scheduled clinical examination date. ***Candidate examinations results will not be released without the submission of this checklist to the AOBOS office and the assigned Senior Examiner.***

The completed checklist must be sent (e-mail or fax) to the senior examiner and the AOBOS office BEFORE the scheduled examination date.

- 1. Two copies of the Individual Chart Survey form are available for each of the 20 cases selected for review.
- 2. The shaded box at the top of each Individual Chart Survey form is filled out COMPLETELY and attached to the top of each chart.
- 3. All 20 cases selected for review are organized with color tabs indicating the appropriate areas, such as H&P, Progress Note, OP Report, Discharge Summary, etc. (See the Satisfactory Chart Mechanics section of the Individual Chart Survey form for a complete list.)
- 4. All x-rays are organized with Pre-op, Post-op and Follow-up films clearly identified.
- 5. Office records are available for all 20 cases being reviewed. (You are graded on pre-op, hospital care, operative care and post-op follow-up care in the office.)
- 6. All 20 cases being reviewed have the Individual Chart Survey forms, office record, hospital record and x-rays with each chart.
- 7. A convenient, comfortable working room for the chart review has been arranged.
- 8. You have confirmed with the senior examiner, 72 hours prior to the examination that all appropriate paperwork is complete and your surgeries are scheduled.

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

Candidate Name: \_\_\_\_\_  
(Please print)

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# THE STATEMENT FOR HOSPITAL ADMINISTRATOR OR MEDICAL RECORDS DIRECTOR REGARDING CLINICAL EXAMINATIONS

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The American Osteopathic Board of Orthopedic Surgery is going to conduct a clinical examination of an orthopedic surgeon at your hospital. This is the third part in a Board Certification process that requires successful completion of a written and oral examination. The purpose of the clinical examination is to evaluate an orthopedic practice by review of the medical record and observation of surgical skills and techniques. Two (2) Board Certified orthopedic surgeons will review the medical record with particular emphasis on presurgical evaluation and participation, postoperative management, surgical judgment, and overall patient care. At least two surgical cases will be observed. Your cooperation is greatly appreciated by the American Osteopathic Board of Orthopedic Surgery in assisting the surgeon during this examination.

This process is to be considered as peer review and, as such, the confidentiality of patient records is guaranteed.

The AOBOS is HIPAA compliant and has Business Agreement forms with each of our examiners. Should you require further HIPAA information consult our website, [www.aobos.org](http://www.aobos.org)

Thank you very much.

Sincerely,

***The American Osteopathic Board of Orthopedic Surgery***

800 Military Street  
Suite 307  
Port Huron, MI 48060

Fax: (810) 984-2530  
E-mail: [aobos@aobos.org](mailto:aobos@aobos.org)  
Web: [www.aobos.org](http://www.aobos.org)  
TOLL-FREE (877) 982-6267

*(You may wish to give this statement to your hospital administrator or medical records department to explain this examination.)*

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# CHANGE OF ADDRESS

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*American  
Osteopathic Board of  
Orthopedic Surgery*

The American Osteopathic Board of Orthopedic Surgery recognizes that your address may change frequently during your training. It is extremely important that we are able to keep track of your address during the Board certification process.

Please return the enclosed form any time you have a change of address **OR** need to notify the Board of any new information.

Name \_\_\_\_\_, D.O. Date \_\_\_\_\_

AOA Number \_\_\_\_\_

**Former Address** \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**New Address** \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

**E-mail** \_\_\_\_\_

New address current as of \_\_\_\_\_

Please return this form to:

AOBOS  
800 Military Street  
Suite 307  
Port Huron, MI 48060

Fax: (810) 984-2530  
E-mail: [aobos@aobos.org](mailto:aobos@aobos.org)  
Web: [www.aobos.org](http://www.aobos.org)



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# SURGICAL OBSERVATION FORM

*American Osteopathic Board of  
Orthopedic Surgery*

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*Any category that does not apply, leave deductions blank.*

Candidate \_\_\_\_\_ D.O.

Candidate Signature \_\_\_\_\_ D.O.

Hospital \_\_\_\_\_ Date \_\_\_\_\_

Medical Records Number \_\_\_\_\_

Patient's Initials \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Surgical Procedure \_\_\_\_\_

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

Examiner Signature \_\_\_\_\_ D.O.

## SURGICAL PROCEDURE 1

# SURGICAL OBSERVATION FORM

*American Osteopathic Board of Orthopedic Surgery*

*Any category that does not apply, leave deductions blank.*

Candidate \_\_\_\_\_ D.O.

Hospital \_\_\_\_\_

Medical Records Number \_\_\_\_\_ Patient's Initials \_\_\_\_\_

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

<b>Whole Points Only</b>	<b>0 = Satisfactory</b>	<b>1 = Minor Problems</b>	<b>2 = Problematic</b>
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**I. PRE OP EVALUATION (5 Items, 2 Points Each)** **Deductions**

1. Preparation	0	1	2	_____
2. Evidence of informed consent	0	1	2	_____
3. Appropriate work-up, follows osteopathic principles	0	1	2	_____
4. Appropriate radiology studies available	0	1	2	_____
5. Satisfactory chart mechanics	0	1	2	_____

**PRE OP EVALUATION – DEDUCTION TOTAL**

**II. SURGICAL INDICATIONS (2 Items, 30 Points for Section)** **Deductions**

**Satisfactory —→ Problematic**

1. Appropriate conservative treatment was rendered.	0	1	2	3	4	5	_____
2. The surgery performed was indicated.	0	5	10	15	20	25	_____

**SURGICAL INDICATIONS – DEDUCTION TOTAL**

# SURGICAL OBSERVATION FORM

American Osteopathic Board of Orthopedic Surgery

*Any category that does not apply, leave deductions blank.*

**Whole Points Only**

0 = Satisfactory

1 = Problematic

### III. RELATIONSHIPS AND CONDUCT IN THE OR

Deductions

(2 Items, up to 5 Points Each)

**Whole Points Only**

Satisfactory



Problematic

- |  |   |   |   |   |   |   |       |
|--|---|---|---|---|---|---|-------|
| 1. Professional communications:  | 0 | 1 | 2 | 3 | 4 | 5 | _____ |
| <ul style="list-style-type: none"> <li>• Communicates with anesthesia, nursing and technicians</li> <li>• Effectively positions assistants for maximum efficiency</li> </ul>                 |   |   |   |   |   |   |       |
| 2. Professional conduct:   | 0 | 1 | 2 | 3 | 4 | 5 | _____ |
| <ul style="list-style-type: none"> <li>• Adheres to aseptic procedures</li> <li>• Conducts procedure professionally and efficiently</li> <li>• Responds appropriately to problems</li> </ul> |   |   |   |   |   |   |       |

**Justification for deduction:**

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**OR RELATIONSHIPS/CONDUCT – DEDUCTIONS TOTAL**

# SURGICAL OBSERVATION FORM

*American Osteopathic Board of Orthopedic Surgery*

*Any category that does not apply, leave deductions blank.*

## IV. SURGICAL TECHNIQUE (50 POINTS)

### Deductions

<i>Whole Points Only</i>	Satisfactory	→	Problematic				
1. Positions patient for maximum surgical exposure and checks to see all pressure points are protected.	0	1	2	3	4	5	_____
Comments: _____							
_____							
2. Selects proper incision.	0	1	2	3	4	5	_____
Comments: _____							
_____							
3. Achieves effective exposure with effective use of retractors and assistants.	0	1	2	3	4	5	_____
Comments: _____							
_____							
4. Recognizes pathology and performs proper procedure for pathology.	0	1	2	3	4	5	_____
Comments: _____							
_____							
5. Achieves satisfactory hemostasis, appropriate use of drains.	0	1	2	3	4	5	_____
Comments: _____							
_____							

# SURGICAL OBSERVATION FORM

*American Osteopathic Board of Orthopedic Surgery*

*Any category that does not apply, leave deductions blank.*

## IV. SURGICAL TECHNIQUE (CONTINUED)

### Deductions

<i>Whole Points Only</i>	Satisfactory	→	Problematic				
6. Demonstrates awareness of team safety for electrical, mechanical, radiation exposure. Follows needle control precautions.	0	1	2	3	4	5	_____
Comments: _____							
_____							
7. Surgical technique is efficient and effective. Completes procedure in a reasonable time.	0	1	2	3	4	5	_____
Comments: _____							
_____							
8. Selects appropriate needle and suture. Demonstrates proper suture technique.	0	1	2	3	4	5	_____
Comments: _____							
_____							
9. Verifies sponge and needle counts.	0	1	2	3	4	5	_____
Comments: _____							
_____							
10. Selects appropriate dressings and/or splints.	0	1	2	3	4	5	_____
Comments: _____							
_____							

**SURGICAL TECHNIQUE – DEDUCTION TOTAL (50 POINTS)**

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# SURGICAL OBSERVATION FORM

*American Osteopathic Board of  
Orthopedic Surgery*

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*Any category that does not apply, leave deductions blank.*

## SUBTOTAL SUMMARY

**PART I – PRE OP EVALUATION – DEDUCTIONS**

**PART II – SURGICAL INDICATIONS – DEDUCTIONS**

**PART III – OR RELATIONSHIPS/CONDUCT DEDUCTION**

**PART IV – SURGICAL TECHNIQUE DEDUCTIONS**

**TOTAL PROCEDURE 1 DEDUCTIONS**

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