# 2017 Dates

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<td>Written Exam – (Computer Based)</td>
<td>1/15/2017</td>
<td>05/17/2017</td>
<td>$1,650</td>
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<td>Oral Exam</td>
<td>8/15/2017</td>
<td>10/11/2017</td>
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<td>2/15/2017</td>
<td>May 2017 – August 2017</td>
<td>$3,000</td>
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<td>Clinical (Winter)</td>
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2017

HANDBOOK FOR CANDIDATES FOR BOARD CERTIFICATION

American Osteopathic Board of Orthopedic Surgery
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Chicago, IL 60611

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Nader Paksima, DO
Sean O’Brien, 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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INTRODUCTION

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 review 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 an OCC Cycle examination every ten (10) years thereafter. This OCC Cycle 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.
REQUIREMENTS FOR BOARD CERTIFICATION

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. An applicant for initial certification holding a restricted license may petition the AOBOS for the ability to enter the certification process based upon review of the reason for licensure restriction.

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 at the time of application.

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.

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.

F. 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.

G. 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.

H. 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 an understanding of the scientific basis of the problems involved in orthopedic surgery; familiarity with the current advances in orthopedics; and possession of sound judgment, and a high degree of skill in the diagnostic and therapeutic procedures involved in the practice of orthopedic surgery.
REQUIREMENTS FOR BOARD CERTIFICATION

I. 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 15th of the fifth 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.

J. 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.

K. 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 an OCC Cycle examination every ten (10) years. This examination will be developed and administered by the AOBOS.
The address you use on your 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.

Please notify the AOBOS of an address change by emailing [aobos@osteopathic.org](mailto:aobos@osteopathic.org).
APPEAL POLICY

The American Osteopathic Board of Orthopedic Surgery (AOBOS) is committed to assuring that aggrieved candidates for certification have access to an appeal process concerning the administration of any AOBOS examination.

The AOBOS will allow a candidate to appeal an examination if the candidate feels the actions of the AOBOS, with regard to any part of the examination, constitute unequal application of the regulations and requirements or standards; unwarranted discrimination, prejudice or unfairness; or improper conduct of the examination.

The AOBOS will not consider appeals based on the content of an examination, the sufficiency or accuracy of answers, scoring of the examination, scoring of answers to individual questions, and/or the determination of the minimum passing score. However, to ensure that the computer generated scoring is accurate, ‘hand re-scoring’ is available for the review of recorded answers. There is a small supplemental fee for the hand re-scoring option.

Please note that limitations of your hospital’s Electronic Medical Record (EMR) system are not a basis for appeal.

The AOBOS has a formal appeal policy available on our website, www.aobos.org. Please read the posted Appeals Policy for full details of the AOBOS appeal process.
Board Eligibility is necessary to participate in the AOBOS certification process. The only exception is the Written Exam, when it is taken in the fifth year of Osteopathic Orthopedic Residency.

Board Eligibility is automatic. Board Eligibility begins after the successful completion of your Osteopathic Orthopedic Residency and confirmation of ‘Training Complete’ status by the American Osteopathic Academy of Orthopedics (AOAO).

You shall be considered as board eligible for a period of six (6) years after the completion of your residency. Regardless of when you begin practicing, 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 6/30/2016, your board eligibility would expire 12/31/2022.
TERMINATION OF
BOARD ELIGIBILITY

For candidates initiating the certification process before July 1, 2009, in accordance with the AOBOS Policies and Procedures, 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 31st 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 the AOBOS Policies and Procedures).

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 31st 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 8 for more information on reentry into the certification process.
Re-Entry Into the Certification Process

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 the AOBOS 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 with the Part I Written examination 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.
APPLICATION FOR WRITTEN EXAMINATION

Apply online via the AOBOS website, www.aobos.org:

This link will take you directly to the application page - https://cf.osteopathic.org/cbms/applicants/index.cfm?board=118340

Application Requirements:

- Examination fee of one thousand six hundred fifty dollars ($1,650.00).
- Application and fee must reach the AOBOS office no later than January 15th of the year of the examination.
- The examination fee is Non-Refundable. No cancellations will be accepted once the application has been submitted.

DEADLINE FOR APPLICATION IS JANUARY 15TH

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.
INSTRUCTIONS FOR
WRITTEN EXAMINATION

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 15th.

When and how do I pay for the exam?
There are two ways to pay the examination fee for Written examination. At the time you mail your application form, include a check made payable to AOBOS; or apply online at the www.aobos.org website and optionally pay the examination fee by credit card.

How much does the exam cost?
The 2017 Part I Written examination fee is $1,650.

When are candidates eligible to take the exam?
Candidates are eligible as graduating 5th year residents 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?
Fees cannot be refunded after January 15th application deadline. The AOBOS will refund 90% of the application fee, if cancellation is received 30 days before the application deadline (by December 15th).

When will the 2016 exam be given?
The exam will be given on May 17, 2017.

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.
INSTRUCTIONS FOR
WRITTEN EXAMINATION

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.

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.
INSTRUCTIONS FOR
WRITTEN EXAMINATION

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);
   An 84-item section (up to 110 minutes);
   An optional break (0 to 15 minutes);
   An 83-item section (up to 110 minutes);
   An optional break (0 to 15 minutes);
   An 83-item section (up to 110 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 84-item section will NOT be available for the second 83-item section.
Time not used for the first or second item sections will NOT be available for the third 83-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 test breaks and are not to discuss
any test items with other candidates. If candidates take any test breaks, they must return to the
workstation in about 10 minutes to ensure that they initiate the next section of the test before the
test clock starts running. Otherwise, they will have fewer than 110 minutes for the next section.

Will there be a tutorial available before the test administration date?
Yes. A brief tutorial is available on the AOBOS website,
http://orientation.nbme.org/Launch/AOBOS. 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

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?
Notification will come from the AOBOS. Scores will also be posted online through the same portal used to apply for the exam.

What will the passing score be?
The AOBOS will determine the minimum passing score.
**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.
Apply online via the AOBOS website, www.aobos.org:

This link will take you directly to the application page - https://cf.osteopathic.org/cbms/applicants/index.cfm?board=118340

**Application Requirements:**

- Examination fee of one thousand six hundred fifty dollars ($1,650.00).
- Application, documents and fee must be submitted no later than August 15th of the year of the examination.
- The following supplemental documents are required:
  - Osteopathic Diploma
  - Internship Certificate, if applicable
  - Residency Certificate(s) or Affidavit from Hospital Administrator regarding completion of training
  - Unrestricted State License

The examination fee is Non-Refundable. No cancellations will be accepted once the application has been submitted.

**DEADLINE FOR APPLICATIONS AND DOCUMENTATION IS AUGUST 15th**

To apply for the Oral exam it is required that you have successfully completed the Written Examination, are a member in good standing of the American Osteopathic Association.
INSTRUCTIONS FOR
ORAL EXAMINATION

To sit for the Oral Examination, a candidate must have received a Training Complete status from the American Osteopathic Academy of Orthopedics (AOAO), confirming the successful completion of all of the Residency program training requirements.

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: foot/ankle, hand/upper extremity, joint, pediatrics, sports medicine, spine, trauma, tumor and infection.

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. During this meeting, you will not be allowed to leave the assigned meeting area. Doing so will result in an automatic failure.

Do not bring anything to the exam, including briefcases, backpacks, purses, PDA’s, beepers, cell phones, pens, pencils etc. Any of these items found in a candidate’s possession may result in an automatic exam failure. All you need is your photo ID.

The examination usually consists of 24 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.

Examination scores will be mailed to you approximately four (4) 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 for the date and hotel location.
Oral Examination Grading

To pass the Oral Examination, each candidate must have a passing score for the overall oral examination. The AOBOS Oral Examination is psychometrically evaluated and meets the AOA’s Bureau of Osteopathic Specialists guidelines.
2017 Oral Examination
Candidate Instructions

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. Arrive on time or you may be excluded from the exam. If you leave the approved area, you will be disqualified. If you are seen talking to anyone besides another candidate or using your phone once you have checked in, you may be disqualified from sitting for the examination. You may only use the restrooms approved for the group.

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

2. Sign-In
   A government issued picture ID (i.e. driver’s license or passport) will be required when you register for the oral examination.

3. Accessories
   NO backpacks, book bags, purses, waist-packs, etc. of ANY type are allowed.
   NO cell phones, watches, or other electronic devices are allowed.
   NO newspapers, magazines or reading materials are allowed. *Any of these items found in a candidate’s possession may result in an automatic exam failure.* Just bring yourself, and leave everything else behind!

4. Cheating
   Discussion about any aspects of the test questions during the exam with other candidates or writing down notes or question topics to be taken out of the room is strictly prohibited. Anyone caught doing so will be dismissed and will receive a FAIL grade for the exam.
5. Exam Assignments

The oral examination candidates have been split into two groups, an AM and a PM group. We are not able to accommodate session changes. In order for the examination to flow smoothly for both sessions, we must balance the AM and PM sessions therefore it is not possible to make session changes.

6. Attire

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

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!*

Once the application deadline has passed and the number of candidates sitting for the exam is determined you will be notified which exam group you are in AM/PM and at what time you are required to report to the Pre-Exam meeting.

In the Pre-Exam meeting, you will receive a name tag that must be worn throughout the examination. The name tag will indicate your beginning table number and your candidate ID number.

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

In a separate packet, you will receive when you register for the Pre-Exam meeting, you will find the grade sheets that will be used during the Oral Examination. During the Pre-Exam meeting, you will be required to clearly PRINT your first name at the top right of EACH Scantron grade sheet where ‘Candidate Name’ is indicated. You are also required to clearly write your Candidate ID number in the boxes in the first top left column of EACH Scantron grade sheet under ‘Candidate ID’ and fill in the corresponding bubbles for your assigned ID number. Number 2 pencils will be provided and must be used to enter this information on the Scantron grade sheets. There will be two grade sheets for each of the cases presented during the Oral Examination.
INSTRUCTIONS FOR
ORAL EXAMINATION (Continued)

It is your responsibility to:

- Ensure your name and Candidate ID information is clearly printed and bubbled in on EACH grade sheet. If your name and ID number are not legible, it will be impossible to record your score.
- Ensure your grade sheets are kept in ascending Table number order, with both grade sheets for each Table number

8. Exam Protocol
   A. Time Period: Approximately 5 Hours; 1.5 hours for the Pre-Exam Meeting and 3.5 hours for the Oral Exam, the length can vary slightly based on the number of examinees.
   B. Number of Cases: 24-28
   C. Time per Case: 8 Minutes per case with 30 seconds to change tables
   D. Room Set-Up
      There will be approximately 50 tables in a large room. The total number of tables may vary slightly based on the number of examinees. The tables will be numbered. You will be in one of two groups: either moving between tables 1 and 25 or moving between tables 25 and 50. In addition to the case tables, there may be 1-2 rest stations. When you enter the room, quickly find your starting table and sit down. (You will be assigned a starting table during the Pre-Exam Meeting.)
   E. Exam Presentation
      You will face two oral examiners at each table. When you sit down, hand your examiners your grade sheet for that table / question.
INSTRUCTIONS FOR
ORAL EXAMINATION (Continued)

A candidate exam booklet will be in front of you. Open it and read the clinical vignette. 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.

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

The cases have multiple parts with credit given for how well each question was answered with regard to the following 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 case to case.

Remember, there are 24 separate cases! If you do poorly on a few cases, don’t get upset. It is possible to make up for it on other cases. Let it go and concentrate on the next case.

F. Rest Tables

There may be one or two rest station among the examination tables. You will be required to wear a headset at a rest station. You must be quiet so as not to disturb the other candidates. No writing is allowed.
INSTRUCTIONS FOR
ORAL EXAMINATION (Continued)

G. Restrooms

If you need to use the restroom, you may do so only while at the rest station. When you get to the rest station, raise your hand to get a Board member’s attention, and you will be escorted out of the exam room.

These are the basic instructions, which will be further explained in the Pre-Exam Meeting. Any other questions can be answered at that time.

9. AOBOS Appeal Policy

The AOBOS will allow a candidate to appeal an examination if the candidate feels the actions of the AOBOS, with regard to any part of the examination, constitute unequal application of the regulations and requirements or standards; unwarranted discrimination, prejudice or unfairness; or improper conduct of the examination.

The AOBOS will not consider appeals based on the content of an examination, the sufficiency or accuracy of answers, scoring of the examination, scoring of answers to individual questions, and/or the determination of the minimum passing score.

Please read the entire AOBOS Appeal Policy available at www.aobos.org.
APPLICATION FOR
CLINICAL EXAMINATION

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.

Apply online via the AOBOS website, www.aobos.org:

This link will take you directly to the application page -
https://cf.osteopathic.org/cbms/applicants/index.cfm?board=118340

Supplemental Application Requirements (can be submitted online through the application portal):

1. Examination fee of three thousand dollars ($3,000.00). If not accepted for examination, the Board will return two thousand seven hundred dollars ($2,700.00).

2. Surgical Case Log. Logs shall include all major cases performed for at least (12) twelve consecutive months since entering orthopedic practice. To be accepted, NO LESS THAN 200 MAJOR CASES must be documented. All surgical logs are subject to audit.

3. A completed Hospital Location Sheet.

4. A copy of your unrestricted state license.


6. Applicant must attach a copy of their Fellowship Certificate, if a fellowship was completed.

Case logs attached to the application must be surgical cases performed by applicant and are not first assists or the work product of any other person. Current practice is required to be greater than 75% orthopedic medicine and surgery.

DEADLINES for application: Feb. 15th for summer exams, Aug. 15th for winter exams.
I. COMPUTER DISK FORMAT

All logs must be submitted on a USB flash drive or via email. You must use the Excel format established by the AOBOS. This Excel format is available on the AOBOS web site www.aobos.org

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

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

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

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.
<table>
<thead>
<tr>
<th>list #</th>
<th>date</th>
<th>hospital</th>
<th>case #</th>
<th>P.I.</th>
<th>Age</th>
<th>Diagnosis</th>
<th>Operative Procedure</th>
<th>Complications &amp; Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1/12/2014</td>
<td>LSC</td>
<td>12367890</td>
<td>DKM</td>
<td>22</td>
<td>Tear medial meniscus Left knee</td>
<td>Scope medial menisceotomy left knee</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>1/15/2014</td>
<td>LSC</td>
<td>12389012</td>
<td>SWQ</td>
<td>27</td>
<td>Tear medial meniscus Left knee</td>
<td>Scope medial menisceotomy left knee</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>1/17/2014</td>
<td>LSC</td>
<td>12390123</td>
<td>HTF</td>
<td>31</td>
<td>Tear lateral &amp; medial meniscus Rt knee</td>
<td>Scope medial and lateral menisceotomy rt knee</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>1/17/2014</td>
<td>LSC</td>
<td>12391123</td>
<td>JKU</td>
<td>26</td>
<td>Tear medial meniscus and ACL left knee</td>
<td>Scope medial menisceotomy left knee, ACL reconstruction B-T0B allograft</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>1/19/2014</td>
<td>LSC</td>
<td>12400121</td>
<td>TAM</td>
<td>16</td>
<td>Chronic lateral tracking rt patella</td>
<td>Scope lateral retinacular release rt knee</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>1/30/2014</td>
<td>LSC</td>
<td>12400245</td>
<td>EWS</td>
<td>18</td>
<td>Tear medial meniscus Left knee</td>
<td>Scope medial menisceotomy left knee</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>2/2/2014</td>
<td>LSC</td>
<td>12400345</td>
<td>HGT</td>
<td>27</td>
<td>Tear right ACL</td>
<td>Scope hamstring tendon ACL reconstruction rt knee</td>
<td>Post op DVT. Admitted for heparinization. Discharge in 3 days. Recovered uneventfully.</td>
</tr>
<tr>
<td>8</td>
<td>2/26/2014</td>
<td>LSC</td>
<td>12431189</td>
<td>FTR</td>
<td>65</td>
<td>Tear medial meniscus Left knee; djd MFC</td>
<td>Scope medial menisceotomy left knee, chondroplasty medial femoral condyle</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>3/1/2014</td>
<td>LSC</td>
<td>12481190</td>
<td>DGJ</td>
<td>21</td>
<td>Bucket handle tear medial meniscus rt knee</td>
<td>Scope medial menisceotomy rt knee</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>3/4/2014</td>
<td>LSC</td>
<td>12500121</td>
<td>GBI</td>
<td>65</td>
<td>Tear medial and lateral meniscus rt knee</td>
<td>Scope medial/lateral menisceotomy rt knee</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>4/1/2014</td>
<td>ACH</td>
<td>290-090</td>
<td>ITD</td>
<td>67</td>
<td>Septic Arthritis left knee</td>
<td>Scope irrigation, synoveotmy, insertion of inflow outflow drains left knee</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>4/4/2014</td>
<td>ACH</td>
<td>290-290</td>
<td>ITD</td>
<td>67</td>
<td>Septic Arthritis left knee</td>
<td>Scope, synoveotmy left knee</td>
<td></td>
</tr>
</tbody>
</table>
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 34.)

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 (ending within six months of the application deadline). 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. Locum Tenens positions qualify if the surgical cases meet the single geographic location requirement.

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

All surgical logs are subject to audit. If a candidate’s surgical log is selected for audit, the AOBOS will require the hospital(s) surgical record for the candidate’s recording period before their surgical log will be approved.

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 access the Medicare website https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html to use the Physician Fee Schedule Look-Up Tool.
The files are listed chronologically by year and quarter. Each file name ends with a 2 digit year and A, B, C, or D. In the example above RVU15A is the file for 1st quarter 2015, RVU15B is 2nd quarter 2015 and so on. Click on the link for the desired timeframe.

In the Downloads section of the screen, click on the RVU… zip file name.

You will see the file in the downloads section of your browser.

Double click to open the file.

Open the PPRRVU… (not the “a” format spreadsheet).

Look for the global days column
  ○ 000-010 = minor
LOG PREPARATION FOR
CLINICAL EXAMINATION

- 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. PI

The PI column on the Clinical Exam Log template should be used for the patient’s initials.

VI. COMPLICATIONS AND OUTCOME

The Complications and Outcome column on the Clinical Exam Log template should be used to record surgical complications and the outcome of those complications.

Listed below are examples of complications that may occur after surgery. Complications may include but are not limited to this list.

- Infection
- DVT
- Neurovascular compromise
- Wound dehiscence
- Malunion/non-union
- Morbidity
- Mortality

VII. 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 you clearly have supervised the management of these cases.
VIII. 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 30 days prior to admission and updated the day before or day of surgery. 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.
Subspecialty Orthopedic Surgeons

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.
Candidate Name ________________________________________________

**PRIMARY HOSPITAL**
Address ___________________________________________________________
City ________________ State _______ Zip
Phone ________________________________

**% SURGICAL VOLUME**
____________________________________

**ADDITIONAL HOSPITAL**
Address ___________________________________________________________
City ________________ State _______ Zip
Phone ________________________________
Distance from Primary Hospital ________________________________

**ADDITIONAL HOSPITAL**
Address ___________________________________________________________
City ________________ State _______ Zip
Phone ________________________________
Distance from Primary Hospital ________________________________

**ADDITIONAL HOSPITAL**
Address ___________________________________________________________
City ________________ State _______ Zip
Phone ________________________________
Distance from Primary Hospital ________________________________

**ADDITIONAL HOSPITAL**
Address ___________________________________________________________
City ________________ State _______ Zip
Phone ________________________________
Distance from Primary Hospital ________________________________

**ADDITIONAL HOSPITAL**
Address ___________________________________________________________
City ________________ State _______ Zip
Phone ________________________________
Distance from Primary Hospital ________________________________

USE OTHER SIDE OF THIS SHEET IF NECESSARY

8/2017
MORTALITY REVIEW
SUMMARY REPORT

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 typewritten 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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Surgical Observation Forms ..................................................................................... 49
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. Notes authored by house officers, residents, fellows, physician assistants, nurse practitioners, etc., that are countersigned ONLY, do not 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.

The Board has weighted different aspects of the exam to reflect their relative importance. The Chart Review portion of the exam comprises 60% of the total grade and the Surgical Observation portion of the exam the remaining 40%.

The scoring will be derived from an in-depth review of 20 charts from the candidate’s surgical log and the observation of two major surgical procedures.
INSTRUCTIONS FOR CLINICAL EXAM

Both the Individual Chart Survey and the Surgical Observation Form used for the clinical examination can be found in this handbook. 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, 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 24), Hospital Location Sheet (see page 33), and the Mortality Review Summary (see page 34).
2. Submit completed application to the AOBOS.

Step 2 – Log Approval

1. The AOBOS staff confirms application is complete.
2. An AOBOS Board member reviews the surgical log.
3. Upon acceptance the candidate will be notified by 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 in conjunction with the American Osteopathic Academy of Orthopedics spring and fall meetings. You will be notified subsequent to the board meeting with 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.

**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 41 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 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. Please provide your examiners with lodging and restaurant options close to where your clinical examination will be held. 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.

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.

7. 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.

8. 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. **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 4-8 weeks of the Board Meeting, not 4-8 weeks of the exam itself.**

**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. **The AOBOS strongly suggests all information for the 20 cases being reviewed be available in hard copy format.**

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.
3. Generally, the charts should be stacked in an organized and efficient manner. Include the Individual Chart Survey page 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 whether office records are necessary for the examiners to understand your surgical indications and workup.

5. The chart must clearly document the active role the surgeon plays in patient evaluation and treatment. House officer notes, only countersigned by the surgeon, are NOT sufficient.

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:

- Entire pre-operative office notes denoting the pre-operative workup
- H&P or pre-operative documentation of the treatment plan authored by the candidate
- Evidence of informed consent
- Operative procedure note authored by the candidate
- Official operative record denoting operative time and blood loss
- All post-operative orders
- If outpatient surgery, prescription documentation and discharge instructions to patient
- Entire post-operative hospital record, which should include labs, orders, radiographic studies, post-operative notes and all progress notes.
INSTRUCTIONS FOR
CLINICAL EXAM

continued

i. Discharge summary or comprehensive discharge note
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, so as a courtesy to the examiners, we suggest you provide a few drinks and snacks.

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 45 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. Locum Tenens positions qualify if the surgical cases meet the single geographic location requirement.

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.
INSTRUCTIONS FOR CLINICAL EXAM

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 those records to be available for the clinical examination.

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 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.

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, 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 Association (AOA) 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.
INSTRUCTIONS FOR
CLINICAL EXAM

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 4-8 weeks following the spring or fall meeting of the AOBOS Board.

Please note your exam may occur sometime 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.
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 examination 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 by e-mail, to the senior examiner and the AOBOS office **BEFORE** the scheduled examination date.

1. You have completed the header/summary information for all 20 cases in the Part III Clinical Grading Excel file that was sent to you by the AOBOS. You have returned the file by email to the AOBOS. You have received a pdf file for printing from the AOBOS with all 20 Chart Survey forms.

2. Copies of the 20 Individual Chart Survey forms are printed and attached to the top of each chart as well as an additional set for the junior examiner.

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 form, 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 completed the Surgical Observation Form summary information for both surgeries and printed a set for both examiners.

9. 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)
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

Thank you very much.

Sincerely,

The American Osteopathic Board of Orthopedic Surgery

142 Ontario Street
4th Floor
Chicago, IL 60611

Fax: (312) 202-8458
E-mail: aobos@osteopathic.org
Web: www.aobos.org
TOLL-FREE (800) 621-1773 EXT 8208

(You may wish to give this statement to your hospital administrator or medical records department to explain this examination.)
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 email the AOBOS office with new address information, include your name and AOA#.

E-mail: aobos@osteopathic.org
AOBOS staff will email the Part III Clinical Grading.xlsx file to you. You are required to complete the header information (shown above) for each chart.

Pressing **tab** will move you from field to field. Once you enter your name and AOA# in Chart 1 it will be prefilled on all 19 of the remaining Individual Chart Survey sheets.

After completing the header information for all 20 Charts, save the file and email it back to the AOBOS staff at **aobos@osteopathic.org**

AOBOS staff will send it on to your examiners as well as send you a PDF of the 20 sheets to print and include with your case materials.
SURGICAL OBSERVATION FORM

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

Circle one grade for EACH of the following five components.
(Use the Surgical Observation Grading Key for grading guidelines, found on page 29 the Examiner Handbook.)

I. Pre-Op Evaluation
Preparation, informed consent documentation; appropriate pre-op workup; appropriate radiologic studies; documentation of pre-op evaluation

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Comments

II. Surgical Indications
Appropriate conservative treatment prescribed; surgical procedure performed is indicated

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III. Conduct and Communications in the OR
Professional communications with: anesthesia, nursing, technicians, performs appropriate time-out
Professional conduct: Adherence to aseptic technique, protects patient safety, responds appropriately to problems

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Comments

8/2017
SURGICAL OBSERVATION FORM
American Osteopathic Board of Orthopedic Surgery

IV. Surgical Technique

Appropriate positioning, proper incision, effective exposure, recognizes pathology and performs proper procedure, appropriate hemostasis and use of drains, awareness of team safety, efficient and effective technique, appropriate suture and/or implants, verify sponge and needle count, appropriate splint and dressings

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V. Holistic Impression (of this Candidate for Procedure 1)

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Comments

8/2017
SURGICAL OBSERVATION FORM

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 2
SURGICAL OBSERVATION FORM

American Osteopathic Board of Orthopedic Surgery

Circle one grade for EACH of the following five components.
(Use the Surgical Observation Grading Key for grading guidelines, found on page 29 the Examiner Handbook.)

I. Pre-Op Evaluation
Preparation, informed consent documentation; appropriate pre-op workup; appropriate radiologic studies; documentation of pre-op evaluation

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III. Conduct and Communications in the OR
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Professional conduct: Adherence to aseptic technique, protects patient safety, responds appropriately to problems

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8/2017
SURGICAL OBSERVATION FORM
American Osteopathic Board of Orthopedic Surgery

IV. Surgical Technique
Appropriate positioning, proper incision, effective exposure, recognizes pathology and performs proper procedure, appropriate hemostasis and use of drains, awareness of team safety, efficient and effective technique, appropriate suture and/or implants, verify sponge and needle count, appropriate splint and dressings

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V. Holistic Impression (of this Candidate for Procedure 2)

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