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# 2016 HANDBOOK FOR CANDIDATES FOR SUBSPECIALTY CERTIFICATION IN HAND SURGERY



American Osteopathic Board of Orthopedic Surgery  
142 Ontario Street  
4<sup>th</sup> Floor  
Chicago, IL 60611

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# INTRODUCTION

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*American  
Osteopathic Board of  
Orthopedic Surgery*

The American Osteopathic Board of Orthopedic Surgery (AOBOS) recognizes the need for Subspecialty Certification in various orthopedic subspecialties. Several subspecialties have expressed interest in this process, but at this time the only Subspecialty Certification available is in Hand Surgery. The AOBOS offers the same service to any other subspecialty that expresses sufficient interest and need for such an exam.

The examination is a one hundred question multiple-choice examination with questions taken from all areas of hand surgery. The source material for the examination questions is not limited to any particular text or journal.

The Subspecialty Certification in Hand Surgery examination will be given every year at the American Osteopathic Academy of Orthopedics' fall meeting, on an as needed basis.

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# REQUIREMENTS FOR

# SUBSPECIALTY CERTIFICATION IN

# HAND SURGERY

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*American  
Osteopathic Board of  
Orthopedic Surgery*

To be eligible for the Subspecialty Certification in Hand Surgery from 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 for a period of at least two years immediately prior to application for the Subspecialty Certification.
- E. The applicant must have been previously certified in orthopedic surgery either by the American Osteopathic Board of Surgery (prior to July 1, 1979) or the American Osteopathic Board of Orthopedic Surgery (after July 1, 1979); or, have been previously certified in general surgery or plastic surgery by the American Osteopathic Board of Surgery.
- F. The applicant must currently practice greater than 50% total caseload in operative hand surgery and must have been in the active practice of hand surgery for at least two years.
- G. The applicant must be actively engaged in the practice of hand surgery, as indicated by holding full operating privileges in a hospital or surgery center.
- H. The applicant must produce a log of surgical cases with a minimum of 125 major cases in a consecutive 12 month period in the last 3 years. (See page 7 for log format guidelines.)
- I. The applicant must have completed a Post Residency Hand Fellowship.
  1. Prior to 1/1/90, 6 months
  2. After 1/1/90, one year
- J. The applicant must have a letter from the AOA granting approval of Hand Fellowship program/training and stating that the program is complete. (See page 8 for AOA training approval application information.)
- K. The applicant must complete an application form and pay a fee of \$3,000.00.

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# INSTRUCTIONS FOR SUBSPECIALTY CERTIFICATION IN HAND SURGERY

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*American  
Osteopathic Board of  
Orthopedic Surgery*

The Subspecialty Certification examination of the American Osteopathic Board of Orthopedic Surgery is developed by the Hand Subspecialty Test Committee of the American Osteopathic Board of Orthopedic Surgery. The questions are developed from texts and the general literature of hand surgery.

The Subspecialty Certification examination will be given every year at the American Osteopathic Academy of Orthopedics fall meeting. The time and date of the examination will be announced prior to the examination. Please report to the examination room fifteen (15) minutes prior to the examination for registration.

The examination will consist of one hundred (100) A type (one best answer) multiple choice questions. The examination is given as one part, and two hours is the maximum time allowed for the examination. No breaks will be given during the examination.

Your score and a statement of pass or fail will be mailed to you within 3-4 weeks of the examination.

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# GUIDELINES FOR HAND SURGERY LOG PREPARATION

*American Osteopathic Board of Orthopedic Surgery*

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All candidates applying for initial subspecialty certification in hand surgery are required to submit a surgical log with a minimum of 125 major hand surgery cases in a consecutive twelve (12) month period within three (3) years of the Hand Subspecialty Certification examination application date.

At a minimum the information collected for each case must contain:

Hand Surgeries				Candidate's Name				
list #	date	hospital	case #	P.I.	Age	Diagnosis	Operative Procedure	Complications & Outcome
1								
2								
3								
Etc.								

This information matches the data collected in Section F. Major Hand Surgeries of the Part III clinical examination surgical log template. Candidates can elect to use the Excel template format already created for the clinical examination surgical log, which is available on the [www.aobos.org](http://www.aobos.org) web site.

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.

An electronic copy of the surgical log must be submitted with the Subspecialty Certification in Hand Surgery application.

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# AOA APPROVAL OF ACGME HAND TRAINING

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*American Osteopathic  
Board of  
Orthopedic Surgery*

All candidates applying for initial subspecialty certification in hand surgery are required to provide the AOBOS with a letter from the American Osteopathic Association granting AOA approval of their Hand Fellowship program/training. The letter must state that the hand training program is complete.

As an initial step in the training approval process, each candidate must complete an application with the Allopathic Residency Coordinator of the American Osteopathic Association. A link to the application is listed below.

ACGME/Federal Military Residency Approval Applications click here

<http://www.osteopathic.org/inside-aoa/Education/postdoctoral-training/Pages/trainee-services-application.aspx>

Subspecialty Certification in Hand Surgery cannot be processed without prior AOA training approval.



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# **RETESTING AFTER HAND SUBSPECIALTY CERTIFICATION EXAMINATION FAILURE**

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*American Osteopathic  
Board of  
Orthopedic Surgery*

Any candidate failing the Subspecialty Certification in Hand Surgery examination must wait one test cycle before applying to retake the examination.

For example, if a candidate fails the examination in the 2016 examination administration, that candidate would first be eligible to retake the examination in the 2018 examination administration.

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# SAMPLE QUESTIONS FOR SUBSPECIALTY CERTIFICATION IN HAND SURGERY EXAMINATION

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*American  
Osteopathic Board of  
Orthopedic Surgery*

1. A 24-year old woman has a white, fluid-filled vesicle with surrounding erythema on the palmar side of the dominant index finger. Four days ago, several small vesicles were present in the same location. Which of the following is the most appropriate next step in management?
  - (A) Observation
  - (B) Administration of antibiotics
  - (C) Splinting
  - (D) Incision and drainage
  - (E) Excision and grafting
  
2. A 12-year old girl has a 30-degree flexion deformity of the proximal interphalangeal (PIP) joint of the right little finger. There is no history of trauma, infection, or associated pain or swelling. On examination, the right little finger is slightly smaller than the left little finger, and the metacarpophalangeal (MP) joint hyper extends with the PIP joint extension. Radiographs of the right hand show hypoplasia of the proximal phalanx condyles of the little finger, a volar indentation deformity along the phalangeal neck, and flattening of the base of the adjacent middle phalanx. The PIP joint space is well preserved, and the joint is reduced.

Which of the following is the most likely diagnosis?

- (A) Campylodactyly
- (B) Clinodactyly
- (C) Congenital extensor tendon absence
- (D) Kirner's deformity
- (E) Marfan's syndrome

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# APPLICATION FOR SUBSPECIALTY CERTIFICATION IN HAND SURGERY EXAMINATION

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*American  
Osteopathic Board of  
Orthopedic Surgery*

The Subspecialty Certification in Hand Surgery examination is given in the fall of the year at the time of the fall meeting of the American Osteopathic Academy of Orthopedics. The exact time and date of the examination will be on our website, [www.aobos.org](http://www.aobos.org), in the Calendar of Events.

**Submit:**

1. This two page signed application.
2. Examination fee of \$3,000.00.
3. Application and fee must reach the office of the Executive Director of the American Osteopathic Board of Orthopedic Surgery prior to August 15<sup>th</sup> of the year the examination is given.
4. Surgical log – both electronic (on CD or flash drive) and hard copy.
5. A copy of your Fellowship certificate
6. A copy of your unrestricted state license
7. A copy of the letter from the AOA granting approval of Hand Fellowship program/training and stating that the program is complete.

**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 I have been previously certified in orthopedic surgery by the American Osteopathic Board of Orthopedic Surgery, that I am a member in good standing of the American Osteopathic Association, and further that I will personally appear for the examination and supply suitable identification if requested. I also affirm that my current practice is greater than 50% operative hand surgery.

**SIGNATURE:** \_\_\_\_\_

**DEADLINE FOR APPLICATION IS AUGUST 15TH**

NAME _____	AOA No. _____
ADDRESS _____ _____	DATE _____
TELEPHONE _____	EMAIL _____
POST RESIDENCY FELLOWSHIP _____	
PROGRAM DIRECTOR/S _____	

Send to:      **AOBOS**  
142 Ontario Street, 4<sup>th</sup> Floor      Phone:      (800) 621-1773 Ext 8208  
Chicago, IL 60611      Fax:      (312) 202-8458

**READ AND SIGN THE FOLLOWING PAGE**

I hereby make application to the American Osteopathic Board of Orthopedic Surgery (AOBOS) for examination leading to a Subspecialty Certification in Hand Surgery certification. This action is made in accordance with and subject to the Bylaws, and Policies and Procedures of the AOBOS and the American Osteopathic Association (AOA). I understand that the Subspecialty Certification in Hand Surgery 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 a Subspecialty Certification in Hand Surgery or to the surrender of such Subspecialty Certification in Hand Surgery 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 Bylaws, and Policies and Procedures 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 Subspecialty Certification in Hand Surgery.

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 Subspecialty Certification in Hand Surgery examinations, the grade or grades given with respect to any Subspecialty Certification in Hand Surgery examination, and/or failure of the AOBOS to recommend issuance to me of the Subspecialty Certification in Hand Surgery, or the revocation of the Subspecialty Certification in Hand Surgery issued pursuant to this application. It is understood that the decision as to whether my performance on any Subspecialty Certification in Hand Surgery examination qualifies me for Subspecialty Certification in Hand Surgery 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 Subspecialty Certification in Hand Surgery 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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# APPLICATION FOR OCC SUBSPECIALTY CERTIFICATION EXAMINATION IN HAND SURGERY

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*American  
Osteopathic Board of  
Orthopedic Surgery*

The OCC Subspecialty Certification in Hand Surgery (formerly recertification) examination is given in the fall of the year at the time of the annual meeting of the American Osteopathic Academy of Orthopedics at the Annual Clinical Assembly. The exact time and date of the examination will be on our website, [www.aobos.org](http://www.aobos.org), in the Calendar of Events.

**Submit:**

1. This two page signed application
2. Examination fee of \$3,000.00
3. Application and fee must reach the office of the Executive Director of the American Osteopathic Board of Orthopedic Surgery prior to August 15<sup>th</sup> of the year the examination is given.
4. A copy of your unrestricted state license.

**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 I have been previously certified in orthopedic surgery by the American Osteopathic Board of Orthopedic Surgery, that I am a member in good standing of the American Osteopathic Association, and further that I will personally appear for the examination and supply suitable identification if requested. I also affirm that my current practice is greater than 50% operative hand surgery.

**SIGNATURE:** \_\_\_\_\_

**DEADLINE FOR APPLICATION IS AUGUST 15TH**

NAME _____	AOA No. _____
ADDRESS _____ _____	DATE _____
TELEPHONE _____	EMAIL _____

Send to: **AOBOS**  
142 Ontario Street, 4<sup>th</sup> Floor  
Chicago, IL 60611

Phone: (800) 621-1773 EXT 8208  
Fax: (312) 202-8458

**READ AND SIGN THE FOLLOWING PAGE**

I hereby make application to the American Osteopathic Board of Orthopedic Surgery (AOBOS) for examination leading to a Subspecialty Certification in Hand Surgery recertification. This action is made in accordance with and subject to the Bylaws, and Policies and Procedures of the AOBOS and the American Osteopathic Association (AOA). I understand that the Subspecialty Certification in Hand Surgery 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 a Subspecialty Certification in Hand Surgery or to the surrender of such Subspecialty Certification in Hand Surgery 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 Bylaws, and Policies and Procedures 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 Subspecialty Certification in Hand Surgery.

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 Subspecialty Certification in Hand Surgery examinations, the grade or grades given with respect to any Subspecialty Certification in Hand Surgery examination, and/or failure of the AOBOS to recommend issuance to me of the Subspecialty Certification in Hand Surgery, or the revocation of the Subspecialty Certification in Hand Surgery issued pursuant to this application. It is understood that the decision as to whether my performance on any Subspecialty Certification in Hand Surgery examination qualifies me for Subspecialty Certification in Hand Surgery 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 Subspecialty Certification in Hand Surgery recertification process.

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

I further agree that Illinois law, 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

\_\_\_\_\_  
Print Name