2017 ABOS Oral Recertification Examination

Information Packet: Preparing Your Selected Cases
Dear ABOS Oral Recertification Examination Candidate,

Your Oral Recertification Examination is only a few months away and the ABOS has now selected the 12 surgical cases which, along with your complete six-month Case List, will comprise your July Oral Examination. Your list of 12 selected cases can be found on the Dashboard of your password protected portal at www.abos.org.

In order to sit for the Oral Recertification Examination, you must upload the required documents and images for your 12 selected surgical cases and complete two attestations.

New for 2017, the ABOS is piloting a new MOC pathway called the Virtual Practice Evaluation (VPE) in which, in addition to your oral examination session, your 12 selected surgical cases will be reviewed by a set of examiners without you being present. The VPE may be used in the future as a stand-alone MOC pathway. Participation in the VPE process is required as part of this year’s Oral Recertification Examination; however, no additional effort is required on your part, and the results of the VPE will NOT negatively affect your recertification result.

The ABOS has created several videos that will help you in the upload process of the images and required supporting documentation for your 12 cases. The videos will also help with your preparation for the examination and can be found at https://www.abos.org/moc/videos-to-help-prepare-for-recertification-application-and-examination.aspx. If you have any questions, please contact your ABOS Certification Specialist.

Please carefully review each item below:

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   b. Videos to Help You Prepare
   c. Your 12 Selected Cases
   d. Collecting Images and Records
   e. Protected Health Information
   f. Fully De-Identified Images – What to Do?

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For Oral Recertification Candidates, the ABOS requires two attestations related to your practice. The first attestation is related to protected health information (PHI). The second attestation pertains to the VPE.
PREPARING FOR THE  
2017 ABOS ORAL RECERTIFICATION EXAMINATION

The following pages provide information to help you prepare your images, medical records (documents), and case summaries for your 12 selected surgical cases prior to uploading them to the ABOS Scribe Case List System. This document also provides detailed information about the mechanics of uploading, deadlines, and the ABOS Oral Examination itself. The ABOS wants to provide you necessary and useful information to help you prepare your records and images.

DEADLINE AND FEES

The deadline for uploading and finalizing all case documentation is June 14, 2017 at 1:00 p.m. ET. The examination fee of $1350 will be due at this time. After this date, no additions, deletions or changes can be made to the case presentation documentation. Admission documents with specific time of your examination will be available online in June, but only provided that you complete the image and records upload and pay the examination fee by the June 14, 2017 at 1:00 p.m. ET deadline.

Your examination will be on July 24 at the Palmer House Hilton in Chicago. If you wish to stay at the Palmer House click here, to make reservations in the ABOS Room Block.

VIDEOS TO HELP YOU PREPARE

The ABOS has created videos that will help you prepare for the Oral Examination. These videos can be found here.

YOUR 12 SELECTED CASES

Log in to your password protected portal on the ABOS website (www.abos.org). Click the MOC tab, click the link to view your 2017 Oral Recertification Examination Selected Case List. You will then see the list of 12 surgical cases that the ABOS has selected for you to present at your Oral Examination. You can always get back to your dashboard by clicking the Dashboard tab.

On your Selected Case List, you will find the Hospital and Scribe Case ID for each of your 12 selected cases. The Scribe Case ID matches the unique Case ID from your 6-month case list for that Hospital, so that you may use it to refer back to your full case lists, which are available on your password-protected portal, as needed.

Please note that after reviewing your case list, the Board may have assigned you to a general orthopaedics or subspecialty panel which is different from the one you originally selected. Your assigned exam subspecialty panel is displayed with your selected case list on your password-protected portal.

Please review these cases, and alert the ABOS immediately at 919-929-7103 of any of the following circumstances:
You were NOT the primary operating surgeon for any of the 12 selected cases (for example, you were an assistant or you did not perform the surgery).

- Any of your 12 selected cases was not an operative case. On rare occasion, an injection or other non-operative case may have been selected.

- The same patient was selected more than once among your 12 selected cases.

You CANNOT drop any cases – you must upload all the required documents and images for the selected 12 surgical cases. You CANNOT change or remove any information that was entered as part of your 6-month case list.

You MUST BRING ONE printed copy of the list of 12 selected cases (as formatted by the ABOS). This document will be found on the MOC tab within your password protected portal after you have finalized your case supporting document/image upload process. This will be the ONLY document you will be allowed to bring to the ABOS Oral Examination.

COLLECTING IMAGES AND RECORDS

In order to present your 12 selected surgical cases at the Oral Examination, you will upload the relevant images, arthroscopic prints, a Case Summary, and medical records for each case.

You will receive an email from the ABOS in April notifying you that you may start uploading, but you may begin collecting your images and records now.

If you have any technical questions or would like technical assistance before or after the uploading period begins, please contact technical support at 919-822-8028 or abos@dataharborsolutions.com.

PROTECTED HEALTH INFORMATION (PHI)

The ABOS is sensitive to the issues surrounding PHI. You have two options to handle PHI:

1. You may include PHI and obtain consent from the patient.
2. You may redact PHI.

DO NOT remove the following information from the supporting documents and images/videos as this information is the minimum necessary information required to conduct the oral examination, and therefore consent is not required:

- Patient ID number
- Medical record number
- Date of birth
- Medical device identifiers
- Serial numbers
For any cases which include PHI beyond the minimum necessary to conduct the examination, you will be required to attest online that you have received written consent to include this information. A copy of this attestation is included at the end of this document. You also have the option to redact such information from the case materials.

If you DO NOT obtain patient consent to include the following information then it should be removed from supporting documents and images/videos:

- Patient name
- Patient addresses
- Patient telephone and fax numbers
- Patient email addresses
- Patient social security numbers
- Health plan beneficiary numbers
- Biometric identifiers
- Full face photographs and comparable images
- Any other unique identifying characteristic

**IMAGE UPLOAD**

You may remove the above information from images before uploading them into ABOS’s Scribe Case List System. However, the system also has the capability of allowing you to remove this information after upload.

**DOCUMENT UPLOAD**

You must remove the above information from documents before uploading them into ABOS’s Scribe Case List System. The system does NOT have the capability that allows you to redact the documents after upload.

To remove information from your documents, you may wish to use a redaction tool such as the one available in Adobe Acrobat Pro. This tool allows you to specify the text you wish to redact in a document, and it will redact that text everywhere it appears. NOTE: Adobe may offer a free trial version at [https://acrobat.adobe.com/us/en/free-trial-download.html](https://acrobat.adobe.com/us/en/free-trial-download.html).

The ABOS has created a video to show you how to redact PHI from your documents. The video can be found [here](https://acrobat.adobe.com/us/en/free-trial-download.html).

**FULLY DE-IDENTIFIED IMAGES – WHAT TO DO?**

The ABOS recognizes that you may only be able to acquire completely de-identified images from your hospital. In this event, do NOT add the above information to the images; instead, obtain a signed statement to this effect from the appropriate staff member/department at the hospital/surgery center. You will need to upload this signed statement using the Upload Hospital Statement button at the top of the Image Upload Interface for each such case.
REQUIREMENTS FOR IMAGES

IMAGE FORMAT

1. Digital images and arthroscopic prints should be saved in **.JPG format**.

2. If you have plain-film radiographs and/or hard copy arthroscopic prints, it is likely easiest to photograph them using a digital camera, saving them in **.JPG format**.

3. **Please note that each image must have a resolution of at least 512 pixels in each dimension (at least 512 by 512), and each image cannot be larger than 16 MB in file size.**

Images will be displayed on a monitor with a resolution of 2,560 by 1,600.

LIMITS ON NUMBER OF IMAGES

1. The number of images is limited to:
   a. 18 pre-operative,
   b. 12 intra-operative,
   c. 12 immediate post-operative, and
   d. 12 follow-up images per case.

Note: If re-operations on any of your selected cases took place on or after the selected case’s operative date, an additional set of 12 intra-op and 12 immediate post-op images is available for each re-operation.

2. For MRIs and CTs, if you wish, you may include composite panels containing a maximum of 10 individual images – each composite panel counts as one image for purpose of the above limitations.

3. **For specific guidelines related to images for spine cases, please see the supplemental information in this document.**

NAMING YOUR IMAGE FILES

As you gather your digital images (and potential videos), it may be helpful for you to store them locally in a separate digital folder (Case01, Case02, ..., Case12) for each of your 12 selected cases in preparation for uploading them. It may also be helpful for you to name the image files with the case number and category with a sequence number for the order you wish them to appear.
Example #1, for Case 01, you may wish to name image files:

- Case01Pre01.jpg, Case01Pre02.jpg, …, Case01Pre18.jpg
- Case01Intra01.jpg, Case01Intra02.jpg, …, Case01Intra12.jpg
- Case01Post01.jpg, Case01Post02.jpg, …, Case01Post12.jpg
- Case01Follow01.jpg, Case01Follow02.jpg, …, Case01Follow12.jpg

Example #2, for Case 01, with two operations:

- Case01Pre01.jpg, Case01Pre02.jpg, …, Case01Pre18.jpg
- **First operation:** Case01Intra01.jpg, Case01Intra02.jpg, …, Case01Intra12.jpg
- **First operation:** Case01Post01.jpg, Case01Post02.jpg, …, Case01Post12.jpg
- **Second operation:** Case01_02_Intra01.jpg, Case01_02_Intra02.jpg, …, Case01_02_Intra12.jpg
- **Second operation:** Case01_02_Post01.jpg, Case01_02_Post02.jpg, …, Case01_02_Post12.jpg
- Case01Follow01.jpg, Case01Follow02.jpg, …, Case01Follow12.jpg

The specific image filenames will not be used by the online system for categorization or ordering. You, the Candidate, will be responsible for the categorizing and ordering of the images/files during the uploading process. ABOS staff is not able to reorganize the order of your images/files.
RECOMMENDED IMAGES TO UPLOAD FOR SPINE CASES

Oral Examiners are expecting to be able to view all *relevant* images related to each case. It is important that each candidate determine which images are *relevant* and upload them. The ABOS has received a number of questions related to spine imaging and has prepared the following guidelines to assist you in selecting images to upload.

PRE-OPERATIVE PLAIN FILMS

These are nearly always indicated, although there are cases when a CT would suffice. (Trauma cases would typically have a pre-operative CT scan without pre-operative plain films.) Plain films usually would only be AP and lateral views. Flexion - extension views are sometimes indicated (e.g., to rule out cervical subluxation). Oblique views would rarely be indicated unless looking for a pars defect in lumbar spine when CT is unavailable.

POST-OPERATIVE PLAIN FILMS

Upload those films used to follow fusion patients or follow deformity patients. Duration of follow-up is often important but will be understandably be limited to the collection period relative to the July examination date.

PRE-OPERATIVE MRI

Upload those relevant sagittal and axial cuts. The candidate should select the best images, which are likely to be T2 weighted images, occasionally spin echo images, and occasionally T1 images. If the case is a revision discectomy, the examiner would typically expect to see a gadolinium enhanced MRI study; however, not all re-do cases (e.g., adjacent level fusion extension cases) need gadolinium for their pre-operative MRI.

POST-OPERATIVE MRI

Indicated only if there are complications of some kind. If indicated, again, you should select the best images.

CT SCANS

Indicated on a case by case basis, including both pre-operative and post-operative studies if indicated and available. Appropriate cuts would be sagittal, axial, and rarely coronal images.

SUMMARY

As you can tell, the above recommendations are guidelines for uploading spine images. Please remember the word *relevant* for selection. Discectomy alone vs. fusion cases vs. lumbar vs. cervical vs. deformity disorders are different enough to warrant variances in imaging. If you the candidate were an examiner, what images would you want to see in order to examine someone on their thought processes and techniques for a particular case? Those are the images that you should upload for the examination.
SUPPORTING DOCUMENTS

RECORDS

The following documents, to the extent they exist, are REQUIRED for each selected case:

- Case Summary
- Initial office note
- Pre-operative office notes that document important non-operative management prior to surgery
- Pre-operative H&P
- Office note documenting decision to proceed with surgery
- Emergency Department Consultation or Hospital H&P
- Consent form for surgery
- Operative note
- Initial post-operative office note
- Post-operative notes that document changes in status such as ROM, weight bearing, etc.
- Final office note
- Any notes documenting complications
- Any notes documenting decisions to proceed with additional surgery or testing
- Any notes supporting pre- or post-operative radiographs that are presented
- Radiologist report of advanced imaging
- Pathology report (if performed)
- Consultations from other physicians that directly impact orthopaedic care

Do NOT upload the following documents unless in unusual circumstances they pertain directly to how you managed that patient:

- Anesthesia flow sheets
- Anesthesia records
- Discharge summaries
- Emergency Department records
- Consultations for pre-operative medical evaluation
- Consultations from other orthopaedic surgeons
- PT/OT records
- Nursing notes

ELECTRONIC RECORDS

From your electronic medical records system, you should print records to PDF files. If you are unable to do so, you may wish to request assistance from your hospital IT staff who may need to install PDF printer software for the computer you are using.
PAPER RECORDS

If you have paper records, you should scan them to PDF files using a document scanner. Ideally, you should scan them as searchable PDF files so that you will be able to search for text in the electronic documents and use redaction tools later if desired.

NAMING YOUR RECORDS (DOCUMENTS) FILES

As you gather your digital records, it may be helpful for you to store them locally in a separate digital folder (Case01, Case02, … Case12) for each of your 12 selected cases. By doing so this will help in your preparation for uploading. It may also help to include the category as part of the filename: e.g., PreopHP, OpNote, OfficeNote6Weeks, OfficeNote3Months.

Prior to uploading, you should append the date of the record to the end of each filename (before the .PDF extension) in the following format: _YYYYMMDD. The system will use this information for consistent sorting of the documents in presentation to the examiners. For example, an operative note from March 17, 2016 for case 01 may be named Case01OpNote_20160317.pdf. Note that you must include all eight digits of the date in the specified sequence: year followed by month followed by day. January 1, 2016 should be specified as _20160101 ONLY and NOT _201611 and NOT _01012016.

If you have multiple documents in the same category on the same date, name the files in the following format to put them in the right order: _##_YYYYMMDD, where the ## is the two digit number in the order that you want the documents to appear (i.e., 01 is the first document, 02 is the second document, 03 is the third document, etc.).

Individual notes should be stored as separate files and not combined into one file. Separate files allow the examiners to more quickly find specified documents through automated bookmarks that will be available at the time of the examination.
MULTIPLE CASE PROTOCOL

This protocol is intended to guide Candidates and inform Examiners about the required information a Candidate should provide for cases which have been selected for an Oral Examination and involve multiple procedures performed at different settings.

SELECTED CASES LIST

ABOS Oral Examination Candidates are provided a list of twelve “selected cases,” which the Candidate will present and be questioned on during an oral examination. Each selected case includes the material that is to be examined and not the entirety of the patient’s orthopaedic history.

MULTIPLE CASES

It is possible that a patient referenced in one of the twelve selected cases may have had multiple procedures related to their selected case. The following information will guide the Candidate regarding the breadth of the expected documents that he/she should upload for the Oral Examination for those related procedures. Note that documentation concerning these related procedures should be uploaded regardless of whether the related procedures occurred during the Case Collection Period. These guidelines apply whether the related procedure occurred before or after the Case Collection Period.

All information must be uploaded by the deadlines as set forth by the ABOS.

DEFINITION OF MULTIPLE CASES

The primary distinction in multiple related procedure cases is as follows:

A. Patients whose condition was anticipated to be treated with multiple procedures (e.g., open fractures, staged fracture treatment, staged revision joint arthroplasty, staged spinal arthrodesis, etc.)

B. Patients whose condition was not expected to require multiple procedures (e.g., post-operative infection, dislocation or acute loosening of total joint arthroplasty, re-tear of ACL or rotator cuff tendons, failure of fixation in fracture surgery, etc.)

DOCUMENTATION PROCEDURE FOR CANDIDATE

If the Candidate has a case with multiple related procedures on his/her Selected Case List, the procedure will be as follows:

A. The Candidate must determine how the other procedures relate to the “selected case” procedure which appears on the Selected Case List using Definitions A and B above.
B. For Definition A, in addition to all of the appropriate documentation and imaging for the selected case, the Candidate is responsible for the following documentation and imaging regarding the related procedure(s):

1. Operative report.
2. Pre-operative and post-operative radiograph (if obtained).
3. Documentation regarding operative findings (i.e. culture or pathology results – if obtained).

C. For Definition B, the Candidate is expected to provide all of the information listed on the “Documentation to Provide” list for BOTH the procedure related in the selected case and for the related procedure(s).

EXAMPLES

Below are some examples of potential Oral Examination cases:

A. Selected Case – ORIF of tibial plateau fracture with post-operative infection (multiple related procedures prior to ORIF).

Upload the following:

- Date of injury – H&P, operative note of external fixation, injury and post-op radiographs.
- POD#1 – operative note of fasciotomies for compartment syndrome – no radiographs (since no change in films).
- POD#5 – operative note of I&D and closure of fasciotomies and adjustment of external fixation, post-op radiographs (since the external fixator was adjusted).
- Patient discharged home – no documents required to upload.
- POD#12 – office note, pre-op radiographs (if obtained)
- POD#14 – H&P, operative note of ORIF, post-op radiographs (selected case).
- Patient discharged home – no documents required to upload.
- POD#28 – office note, radiographs (if obtained)
- POD#49 – office note, radiographs (if obtained)
- POD#63 – office note (documenting infection), radiographs (if obtained)
- POD#64 – operative note of I&D, radiographs (if obtained), culture results. H&P and other suggested documentation is required since this is an unexpected complication of the selected procedure.
- POD#78 – clinic note, radiographs (if obtained).
B. Selected Case – Total knee arthroplasty with post-operative infection.

Upload the following:

- Initial office visit for knee pain and appropriate images.
- Office notes for conservative management of knee pain and appropriate images.
- Office note documenting decision to proceed with surgery and appropriate images.
- Operative note and appropriate images.
- Postoperative/follow-up office notes and appropriate images.
- Office note documenting infected arthroplasty.
- Subsequent admission H&P(s), operative note(s), laboratory and imaging studies.
- Interval office notes.

Note: In Example A (ORIF of tibial plateau fracture), there are limited document expectations for the procedures (external fixation, fasciotomy, I&D and closure, adjustment of external fixation) other than the operation referenced in the selected case. This limited documentation includes only the operative note, post-operative radiographs and cultures/biopsies (if obtained). Since the related procedures were anticipated staged operations, limited documentation is all that is expected except for the post-operative infection. Since the post-operative infection was a complication of the selected procedure, the more comprehensive documentation should be uploaded for that procedure.

In Example B (total knee arthroplasty), more comprehensive documentation is required for the related procedure because it is due to an unexpected complication of the operation referenced in the selected case. As a result, all of the documentation listed on the Expected Documentation list should be uploaded into Scribe.
CASE SUMMARY

For each case, you will complete and upload a Case Summary to help you present the case. The Case Summary will be your notes which you may use in each of your case presentations. This will be the first document to appear in each case.

Note: Your Case Summary document will be made available to the examiners. For consistency of the examination, you must adhere to the specified Case Summary Template form, which is available on your Part II tab at www.abos.org. This template is a .pdf form that needs to be completed as follows:

1. Download the Case Summary Template form from the website.
2. Make 12 electronic copies of the form.
3. Name each copy of the form to correspond with each of your 12 cases (i.e., CaseSummary01.pdf, CaseSummary02.pdf……CaseSummary12.pdf).
4. Enter the information for each case on your list onto the appropriate Case Summary Template form and SAVE the form. Do NOT try to exceed the character limitations for each field.
5. Upload the completed Case Summary for each or your 12 cases.

Two sample Case Summaries are included below:
### American Board of Orthopaedic Surgery Oral Examination Case Summary Template

**Case # (1-12):** 3

**Patient Data**

<table>
<thead>
<tr>
<th>Patient age and gender:</th>
<th>13F</th>
</tr>
</thead>
</table>

**History of present illness:**
Pre-menarchal. Diagnosed at age 11. Failed bracing. Thoracic curve progressed from 31° to 60° in 2 yrs.

**Relevant past medical history:**
Otherwise healthy; + fam hx in mom.

**Relevant physical findings:**
Level shoulders and pelvis, mild trunk shift. Large R thoracic and small L lumbar prominence. Normal neurologic exam.

### Decision-making

**Interpretation of laboratory and imaging studies:**
60° R thoracic curve (bends to 30°). 31° L lumbar (bends to 12°). 1 cm out of balance to L. Lateral—thoracic lordosis, no spondyl; normal sagittal balanced. Sanders 4, tri-radiate closed, Risser 0. MRI of spine: normal.

**Diagnosis (Differential diagnoses):**
AIS in surgical range

**Treatment Plan (operative and non-operative options):**
PSF T3-T12

**Primary Surgical Indications:**
Scoliosis > 50°, progressing, pre-menarchal female
### Procedure

<table>
<thead>
<tr>
<th>Procedure[s] and date(s) of surgery:</th>
<th>PSF T3-T12; 6/18</th>
</tr>
</thead>
</table>

| Length of surgery (hh:mm): | 04:01 |

| Estimated Blood Loss (cc): | 450cc |

| Post-operative course: | Uneventful. 3d LOS, mot milestones at 6wk and 6mo f/u visit; back to sports at 6mo as instructed. No pain or complaints at 1 year follow-up |

| Date of most recent follow-up: | 8/20 |

| Total length of follow-up: | 1 yr |
### American Board of Orthopaedic Surgery Oral Examination Case Summary Template

<table>
<thead>
<tr>
<th>Outcome</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Is the patient happy with the outcome?</strong></td>
<td>Yes, and SRS 30 improved over pre-op</td>
</tr>
<tr>
<td><strong>Are you happy with the outcome?</strong></td>
<td>Yes, although she has a small amount of junctional kyphosis at T12. Given her skeletally immature status, she will need to be watched to assure there is no progression</td>
</tr>
</tbody>
</table>

**Were there any complications (yes/no)?** NO  
If yes, describe the complication(s) and your response(s):  

**If yes, is there anything you might do next time to avoid the complication(s)?**  

| What went well in this case? | Excellent overall deformity correction (thoracic curve corrected 60° to 12°), thoracic kyphosis improved, no perioperative complications, return to full activity |
| What might you do differently in future? | Perhaps I should have extended the fusion distally to L1. Although T12 met criteria as the LIV on the PA, extending the fusion distally 1 segment might have given a more optimal result in the sagittal plane. |
American Board of Orthopaedic Surgery Oral Examination Case Summary Template

Case # (1-12): 7

Patient Data
Patient age and gender: 5 M

History of present illness: Fell from trampoline. Isolated injury. Transferred from community hospital 8 hr after injury

Relevant past medical history: Otherwise healthy boy

Relevant physical findings: Swollen, tender L elbow with obvious deformity. Hand well perfused, but radial pulse not palpable. AIN palsy, questionably decreased sensation in median n. distribution. Normal radial and ulnar nerve function. Skin intact. Antecubital ecchymosis

Decision-making
Interpretation of laboratory and imaging studies: Outside radiographs show Type III supracondylar fracture, posterolateral displacement

Diagnosis (Differential diagnoses): Pulseless Type III SC Fx

Treatment Plan (operative and non-operative options): Closed vs. Open reduction and pinning

Primary Surgical Indications: Type III supracondylar fracture
# American Board of Orthopaedic Surgery Oral Examination Case Summary Template

## Procedure

**Procedure(s) and date(s) of surgery:**
Closed reduction and pinning, Type III SC Fx. Long arm cast. 4/13

**Length of surgery (hh:mm):**
00:58

**Estimated Blood Loss (cc):**
< 5cc

**Post-operative course:** 8d flw: fixation & reduction losses on xray, fx in varus and ext. alignment unacceptable. Returned to OR next day, only 1 of 3 pins fixation in both fragments. Removed 3 pins, repeat CR pinning, assured stability, long arm cast. 1,3 wk flw: alignment on xray. 3wk flw: cast, pins removed, ROM begun, radial pulse palpable, AIN function still out, median n sensation normal. 7wk flw: lacked 20° ext, flex to 110°. 11wk flw: full ext, lacked 10° flex. AIN palsy resolved, carrying angle symmetric w/opposite side. 8 mo flw: normal ROM & NV, full remodeling, normal Baumann’s angle.

**Date of most recent follow-up:**
10/15

**Total length of follow-up:**
6mo
American Board of Orthopaedic Surgery Oral Examination Case Summary Template

Outcome

Is the patient happy with the outcome? Yes

Are you happy with the outcome? Yes. Happy with outcome but not loss of fixation.

Were there any complications (yes/no)? Yes

If yes, describe the complication(s) and your response(s):
Loss of fixation. Return to OR, repeat reduction and pinning.

If yes, is there anything you might do next time to avoid the complication(s)?
Yes. I will do a more careful stability check and fluoroscopic imaging after the initial pinning.

What went well in this case? Ultimate outcome was excellent

ATTESTATIONS

Below are copies of the attestations you will electronically sign in the ABOS’s Scribe Case List System. These copies have been provided for your records only.

Protected Health Information Attestation

This PROTECTED HEALTH INFORMATION ATTESTATION (this “Agreement”) is made this day of by in favor of the American Board of Orthopaedic Surgery, a non-profit organization with its principal place of business at 400 Silver Cedar Court, Chapel Hill, North Carolina 27514 (“ABOS”) (each, a “Party” and together, the “Parties”).

By signing below, I attest and certify as follows:

(a) ABOS certifies qualified orthopaedic surgeons who meet its specified educational, evaluation and examination requirements, including passing a Part I computer-based and Part II oral certification examination. ABOS also recertifies diplomates who meet its maintenance of certification requirements, including passing a computer-based or oral recertification examination.

(b) I have applied to take an ABOS oral certification or recertification examination.

(c) To sit for the oral examination, I am required to present operative patient case information, including patient records and images that may contain personally identifiable protected health information subject to the Health Insurance Portability and Accountability Act of 1996 and regulations (“HIPAA”), 45 CFR 164.514(b) (“Protected Health Information”).

(d) I understand that ABOS provides a procedure for me to present the patient case information at the oral examination in a de-identified format removing Protected Health Information from patient records and images in compliance with HIPAA.

(e) I may elect to present my patient records and images for the cases selected for presentation at the oral examination in a non-de-identified format pursuant to a patient disclosure authorization that authorizes the disclosure of patients’ Protected Health Information to ABOS and that complies with state and federal privacy laws governing such Protected Health Information. I understand that I will be required to de-identify any patient case information for which I do not obtain patient disclosure authorization and I commit to do so.

(f) By signing below, I attest and certify that, for each case presented at the oral examination for which I do not de-identify Protected Health Information, I have obtained a duly executed and valid written patient authorization from the patient (or the legally authorized personal representatives thereof) explicitly allowing me to submit the patients’ Protected Health Information to ABOS and its oral examiners. I further represent and certify that such patient authorization (i) describes the patient’s rights under the HIPAA Privacy Rule and complies with the requirements of HIPAA and applicable state law, and (ii) explicitly allows me to provide such Protected Health Information to ABOS for purposes of completing the oral examination to obtain board-certification as an orthopedic surgeon.

(g) I further attest and certify that my disclosure of Protected Health Information will not and does not violate (i) any restrictions on the use or disclosure of personally identifiable protected health information pursuant to 45 C.F.R. 164.522(a)(1), (ii) HIPAA, or (iii) any applicable state privacy law governing such information which is more stringent than the requirements of HIPAA.

(h) I agree that I assume all responsibility for obtaining, maintaining and complying with such patient authorization. Further, I agree to indemnify and hold harmless ABOS, its directors, officers, employees, and agents from and against any and all losses, damages, claims, expenses and liabilities of any kind, including costs of defense thereof, arising out of (i) devoid or
insufficient patient authorization, (ii) my disclosure of the Protected Health Information to ABOS, or (iii) ABOS use of Protected Health Information in reliance upon this Agreement.

Signature Line **DO NOT SIGN HERE. THIS COPY IS FOR YOUR RECORDS ONLY**

**Virtual Practice Evaluation Attestation**

I authorize the ABOS to use the submitted case images and records in connection with a Virtual Practice Examination, in addition to the oral examination, as part of the recertification process and in accordance with my Business Associate Agreement and Web Data Solutions.

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