

DIPLOMATE

The ABOS

President

Randall E. Marcus, M.D.

Vice President

James N. Weinstein, D.O., M.S.

President-Elect

John G. Seiler, III, M.D.

Secretary

Marybeth Ezaki, M.D.

Treasurer

David F. Martin, M.D.

Directors

Jeffrey O. Anglen, M.D.

Judith F. Baumhauer, M.D.

Daniel J. Berry, M.D.

Harry N. Herkowitz, M.D.

Michelle A. James, M.D.

James R. Kasser, M.D.

Senior Directors

John J. Callaghan, M.D.

Christopher D. Harner, M.D.

Richard J. Haynes, M.D.

James V. Luck, Jr., M.D.

Randy N. Rosier, M.D., Ph.D.

Peter J. Stern, M.D.

Executive Director

G. Paul DeRosa, M.D.

Executive Director Designate

Shepard R. Hurwitz, M.D.

PRESIDENT'S REPORT

No profession does it better! As paraphrased from the popular song, it certainly rings true for orthopaedic surgery in America. Since 1934, the American Board of Orthopaedic Surgery (ABOS) has led the member Boards of the American Board of Medical Specialties (ABMS) in quality initiatives to maintain the high standards of our profession and assure the American public that Board-Certified orthopaedic surgeons are truly qualified, competent doctors. Our Board has established educational standards for orthopaedic residents and has evaluated the initial and continuing qualifications and competence of orthopaedic surgeons. In order to accomplish this important mission, the ABOS has had the incredible volunteered participation of all Board-Certified orthopaedic surgeons.

The 18 orthopaedic surgeons who are elected to the ABOS serve without salary and are nominated by the American Academy of Orthopaedic Surgeons, the American Orthopaedic Association and the American Medical Association. Each Director serves a 10-year term that requires devoting approximately 30 days each year to Board activities. In addition, over 100 practicing orthopaedic surgeons from private practice and academic institutions participate in the writing, editing and standard-setting of the Written Certification Examination, the Recertification Examination and the Subspecialty Examinations. Furthermore, over 200 of our Diplomates donate a week of their time without compensation to serve as examiners for the Part II Oral Examination and the Oral Recertification Examination. There are also thousands of our Diplomates who participate in the ABOS credentialing process by completing the peer review evaluation questionnaires for candidates applying for certification and recertification. As a profession, we should be very proud of this awesome process that makes Orthopaedics a leader in the maintenance of professional standards.

I am very honored to lead the ABOS as its 54th president and we have a full agenda for the coming year. Beginning in 2009, the Written Certification Examination will be converted to a computer-based test, and candidates will no longer be required to make the pilgrimage to Chicago for their 7-hour Part I certification examination. The computerized examination will take place at locations throughout the United States (and will no longer necessitate the use of the "number two lead pencils"). This conversion to a computer-based test will increase the quality of our examination process by providing higher-quality digitized images and illustrations for the exam and providing an electronic vehicle that will permit the use of video for questions. It will also decrease the costs to candidates associated with travel to and lodging in Chicago. The Board, under the leadership of Dr. Harry Herkowitz and the Written Examination Com-



RANDALL E. MARCUS, M.D.

mittee, is working with some of the top experts in computerized examination techniques to produce the best possible certification examination for our candidates.

Following discussions and input from the leadership of the American Academy of Orthopaedic Surgeons as well as specialty societies, the ABOS has made modifications to the credentialing process. The ABOS Credentialing Committee, directed by Daniel Berry, MD, has revised the peer review evaluation to include

issues pertaining to professional responsibilities for patient care. The candidates for certification and recertification/ maintenance of certification (MOC) will now be evaluated for their participation in emergent and indigent care responsibilities by both their peers and the directors of the emergency departments at their hospitals.

The ABOS and the Part II Examination Committee, led by Dr. John Seiler, has continued to make improvements in our examination process which is the envy of the other ABMS Boards.

The first subspecialty certificates in Sports Medicine will be issued this year. The applicants have completed the credentialing process, and the examinations will be taking place this year. Numerous sports medicine specialists have contributed to this process under the leadership of Dr. Christopher Harner.

Also this year, the Board will continue its focus on meeting the American Board of Medical Specialties (ABMS) requirements for MOC and providing our profession with the best mechanisms for practice improvement and maintenance of the highest standards of quality. Our MOC Committee, led by Marybeth Ezaki, MD, has completed the formal requirements for MOC through 2017 and will be reviewing future year requirements. All Diplomates should access

(Continued on page 3)

CONTENTS

President's Report	1
G. Paul DeRosa, MD	2
Shepard R. Hurwitz, MD	3
Maintenance of Certification	4-5
Recertification	6
Credentials Committee	7
Subspecialty Certification	8
Residency Review Committee	10
Certification	11-12
Part II Candidates	13-15
Important Reminders	16

EXECUTIVE DIRECTOR, AMERICAN BOARD OF ORTHOPAEDIC SURGERY, 1995-2008

THE VOICE OF THE ABOS
BY RICHARD J. HAYNES, M.D.



The characteristics of a good resident (and orthopaedic surgeon) are being Kind, Caring, Competent and of Good Character. As Executive Director of the ABOS, this has been the consistent, clear and strong message that Paul DeRosa has presented to the many audiences of the ABOS in a truly outstanding manner. His voice, as spokesperson for the ABOS and all Orthopaedic Surgeons has been a dominant force for the last thirteen years. It is hard to imagine being an orthopaedic surgeon who has not been influenced by Paul's message. It is quite clear that no one has personally spoken with more of us since 1995.

It is with great pride, respect and sadness that the American Board of Orthopaedic Surgery celebrates Paul's amazing career as our voice and leader that will end on 31 January, 2008 as he retires as the Executive Director of the ABOS. During his thirteen years, Paul's many quotations will continue to describe the expectations of ourselves, our peers and the medical students, residents and fellows that are the future of our specialty.

During his tenure as Executive Director, Paul has written and presented to so many audiences a consistent theme based on character and competence. This theme is present in all of his presentations and central to his leadership of the ABOS. He describes Kind as having or manifesting a virtue that is gentle, considerate and inclined to benevolent or beneficial actions. He describes Caring, or to give care, to provide for or attend to the needs of others or perform necessary personal services. The Competent physician is characterized by marked or sufficient aptitude, skill, and strength or knowledge. Together with Good Character these four characteristics define Paul's consistent and unchanging message. They have been at the center of his entire career.

Paul's message has its roots in Angola, Indiana where he grew up and at "The Small Church School in Northern Indiana" that so influenced him. His pride and allegiance to Notre Dame as a walk-on end (number 80 in team photos) continues to this day. His subsequent career at the Indiana University School of Medicine as a student, resident, faculty member and eventually Chairman of the Department of Orthopaedic Surgery was remarkable, nationally recognized and never varied in being centered on the four characteristics of a good resident (medical student, resident, physician and orthopaedic surgeon). His accomplishments during his tenure in Indianapolis led to his many national leadership roles, as President of the Mid-America Orthopaedic Association, the Pediatric Orthopaedic Society of North America and the American Orthopaedic Association.

Paul was initially Certified by the American Board of Orthopaedic Surgery in 1972 and is Recertified until 2016. Paul

was elected as a Director of the American Board of Orthopaedic Surgery in 1990. As a Director Paul immediately became committed to the mission of the ABOS, *to serve the best interests of the public and of the medical profession by establishing educational standards for orthopaedic residents and by evaluating the initial and continuing qualifications and knowledge of orthopaedic surgeons*. He was immediately appointed to the Accreditation Council of Graduate Medical Education Residency Review Committee for Orthopaedic Surgery, the group responsible for accrediting orthopaedic training programs. He continues as an advisor to the RRC attending all meeting on behalf of the ABOS and never varying in his message.

In 1995 as Donald Kettlekamp, MD retired as Executive Director of the ABOS, Paul was selected as the new Executive Director, making a career change that has benefitted all orthopaedic surgeons and our patients. MaryAnn and Paul began their new life as North Carolinians as Paul began his role as "the Voice of the ABOS"

As "the Voice of the ABOS" Paul has never changed his (and the ABOS) message. He began his tenure as the first "Time-Limited Certificate Holders" were being recertified and has ended his tenure during the transition to "Maintenance of Certification". His consistent voice and message have been tremendous influences as these changes were at first opposed, then accepted and finally endorsed by the Orthopaedic Surgery community.

Paul has played many other roles on behalf of all of us, representing us well at the American Board of Medical Specialties (the confederation of the 24 member boards) and the National Residency Matching Program, serving as President for 2006-2007. In these roles Paul has carried the same message and represented all of us in an outstanding manner.

As we have entered the era of "Maintenance of Certification", Paul's message is clearly spelled out in the six core components of the Competent Physician. Patient care, medical knowledge, practice-based learning and improvement, professionalism and system-based practice exemplify Paul's Kind, Caring, Competent Resident of Good Character. Central to his message is the ABOS Credentialing Process that has grown and matured during Paul's career. This peer review process, in which the majority of orthopaedic surgeons and others willingly and enthusiastically participate, is based on Paul's message and the six competencies. Everyone admitted to the ABOS initial certification examination and the recertification examination has been evaluated by their peers as to meeting these standards.

Paul's ABOS legacy is one of an outstanding, fair and consistent credentialing, written and oral examination processes leading to ABOS Certification. His true legacy is that of the Kind, Caring, Competent Orthopaedic Surgeon of Good Character.

THE NEW EXECUTIVE DIRECTOR, AMERICAN BOARD OF ORTHOPAEDIC SURGERY

BY RANDALL E. MARCUS, M.D.



Following a national search, on February 1, 2008, Shepard R. Hurwitz will assume the position of Executive Director of the American Board of Orthopaedic Surgery (ABOS). The Board is delighted to have recruited Dr. Hurwitz for this position that is so important to the profession of orthopaedic surgery.

A highly qualified orthopaedic surgeon with 24 years of practice experience, Shep is a nationally renowned foot and ankle surgeon. Immediately prior to his move to the helm of the ABOS, he was the S. Ward Cassells Professor in the Department of Orthopaedic Surgery at the University of Virginia in Charlottesville, where he specialized in foot and ankle surgery.

Dr. Hurwitz received his bachelor's degree from Columbia College and his medical degree from Columbia College of Physicians and Surgeons in New York. He completed his orthopaedic residency at New York Orthopaedic Hospital and his fellowship in foot and ankle surgery at the Hospital for Special Surgery in New York. Initially certified by the ABOS in 1985, he has been recertified twice. During his career as a practicing surgeon,

Dr. Hurwitz' clinical research projects have been supported by over \$1 million in external funding and have resulted in 70 publications and 17 book chapters. He has been invited to present his work in foot and ankle surgery on over a hundred occasions regionally and nationally.

Dr. Hurwitz is a graduate of the AOA-Kellogg Leadership Program, as well as the AOA Governance in Voluntary Organizations program. He has had leadership roles in the American Orthopaedic Foot and Ankle Society, including service as a member of their Board of Directors. In 2006, he was elected a Director of the American Board of Orthopaedic Surgery. He has served on numerous committees of the American Academy of Orthopaedic Surgeons, the American Orthopaedic Association and the Eastern Orthopaedic Association. Furthermore, Shep has served as a member of the ABOS Question-Writing Task Force for the Part I Certification Examination and as an oral examiner for the Part II Certification Examination. He also spent eleven years in the Army Reserves, reaching the rank of Major.

It is with great pleasure that the American Board of Orthopaedic Surgery announces Dr. Hurwitz' appointment to this prestigious position, and we are delighted to have as our Executive Director this highly qualified orthopaedic surgeon. Dr. Hurwitz can be reached at: shurwitz@abos.org.

(President's Report Continued from page 1)

our website (www.ABOS.org) or contact the Board office to find out their specific MOC participation requirements. The ABMS is requiring all of their specialty Boards, including the ABOS, to develop new nomenclature to accurately describe the qualifications of both Candidates and Diplomates. The term "Board Eligible" will be phased out and we will utilize more descriptive nomenclature to convey the candidates' qualifications. Furthermore, accrediting agencies and the public are asking the Board to develop appropriate terminology for Diplomates who are participating in the MOC process; this terminology is being developed and will be communicated in the coming year.

Furthermore, Dr. Jim Weinstein and his ABOS Research Committee are developing helpful practice improvement indicators that each of us will be able to utilize for our individual practices as we proceed through the MOC process in the coming years.

This next year will be a time of change for the Board, with the retirement in February of G. Paul DeRosa, MD, who has served as Executive Director of the Board over the last 13 years. Dr. DeRosa has done a magnificent job of directing the ABOS operations and managing our terrific ABOS staff; he has truly been a fantastic Executive Director. To fill this important position for our profession, the Board is delighted to announce the appointment of Dr. Shepard R. Hurwitz, formerly Professor of Orthopaedic Surgery at the University of Virginia and a former Director of the ABOS, as its new Executive Director beginning February 1, 2008.

Elected as a Director to fill Dr. Hurwitz' position is Dr. Terry L. Thompson, Chairman of Orthopaedic Surgery at Howard University. Dr. Thompson has been an Oral Examiner for the ABOS for many years and has an outstanding reputation as an orthopaedic educator and sports medicine specialist. Regis O'Keefe, MD, and Steve Albanese, MD, were elected to the Board as Directors Elect. Dr.

O'Keefe is the Chairman of Orthopaedic Surgery at the University of Rochester and one of the top musculoskeletal tumor specialists and clinician-scientists in our profession. He has served for many years both as a member of the Question-Writing Task Force and as an Oral Examiner for the Board. Dr. Albanese is the Professor and Chairman of Orthopaedic Surgery at Upstate Medical University in Syracuse, NY, and is a prominent pediatric orthopaedic surgeon. He has also contributed greatly to our profession as a member of the Residency Review Committee for Orthopaedic Surgery.

Completing their terms on the ABOS are Dr. Richard Grant and Dr. Marc Swiontkowski. Both of these surgeons have made tremendous contributions to the Board, Dr. Grant having served as its President; and Dr. Swiontkowski as the Board's representative to the ABMS. Also completing his tenure on the Board is our Public Member, Mr. Tom Sullivan, the Provost of the University of Minnesota. All three of these gentlemen made great contributions during their tenure, and we thank them for their dedication and commitment to our profession.

During the coming year, the ABOS will be working closely with the AAOS leadership in continued discussions regarding the many complex issues facing our profession. All Diplomates should feel free to contact me (randall.marcus@uhhospitals.org) or the ABOS office regarding issues or ideas that you feel would be of value to our profession. As practicing physicians, we all benefit from ideas that improve the quality of our profession.

On behalf of the Directors of the ABOS, we are grateful to all of the orthopaedic surgeons who help us to serve the best interests of the public and our profession by volunteering to participate in the many activities that continue to ensure the high quality and standards of orthopaedic surgery in America.

MAINTENANCE OF CERTIFICATION COMMITTEE REPORT

MARYBETH EZAKI, M.D. AND G. PAUL DeROSA, M.D.



Hopefully by now all ABOS diplomates are familiar with the term maintenance of certification or “MOC.” Your Board, the ABOS, is transitioning its recertification process into one of maintaining certification. Board certification, recertification and now maintenance of certification are voluntarily processes that include education, peer review, continuing medical education

and taking and passing a secure examination. All 24 member boards of the American Board of Medical Specialties (ABMS) have adopted the concept of an ongoing process for maintaining certification and, therefore, all medical and surgical specialists will be participating in this process which is individualized for each specialty by the related certifying Board.

MOC consists of the following four components: (1) evidence of professional standing, i.e., an unrestricted license to practice medicine; (2) commitment to life-long learning and self assessment; (3) evidence of cognitive knowledge, i.e., passing a secure examination; and (4) evidence of performance in practice.

The ABOS has elected to begin a gradual implementation of MOC beginning with those diplomates whose certificates expire in 2010 and all diplomates with certificates expiring in 2010, 2011 and 2012 have been notified of the specific requirements for MOC.

Those who passed the Part II oral certifying examination this past summer have also entered into the MOC process.

Both recertification and MOC require continuing medical education. Recertification required 120 hours of relevant Category I CME. And although those individuals whose certificates expire in 2010, 2011 and 2012 will also need 120 hours of relevant Category I CME to satisfy MOC requirements, 20 of those credits must come from self-assessment examinations which have been scored by the organization providing the exam. Although the ABOS does not need to review the self-assessment exam scores, diplomates must provide documentation that an exam was completed, scored and recorded.

For component (3), assessment of performance in practice, the ABOS requires submission of a three-month case list and also conducts a stringent peer review as part of the credentialing procedure. Following successful completion of these requirements a diplomate may apply for a cognitive examination of his/her choice (see exam pathways listed below). There are currently six options from which to choose a secure examination. First, a computer administered examination in general orthopaedics or a computer administered practice profiled examination tailored to the subspecialties of spine, adult reconstruction or sports medicine. For those diplomates who hold a Certificate of Added



Qualifications in Surgery of the Hand (CAQSH), there is also a computer administered examination which in addition to questions related to their CAQ, also includes 80 general orthopaedic core questions. Lastly, a diplomate may take an oral examination using his/her own six-month case list. Please note that if one chooses the oral exam pathway, it will satisfy all components of assess-

ing performance in practice.

The fourth component – evidence of performance in practice, is intended to be a means of improving an individual’s practice through an assessment of his/her own cases compared to “best” practices where these have been established. These practices are in the process of being defined for orthopaedic surgery. The assistance of the AAOS and the orthopaedic specialty societies will be required to help develop quality indicators for practice improvement.

The process of maintaining certification is not being developed in a vacuum. Organizations such as the Federation of State Licensing Boards are looking to MOC as a possible surrogate for maintaining state licensure and Government agencies interested in the quality of medical care being delivered in the United States hope that MOC will become a valid process for improving quality as are third party payers.

What will this mean for you? If you have a time limit on your board certification then you must participate in the MOC process to maintain your certification. Therefore, please check the expiration date on your certificate, then cross-check it with the MOC pathway listed for the date your certificate expires. Notice that the lead time for taking a secure exam is significant. Visit the ABOS website at www.abos.org and verify that your contact information is correct so that important information will reach you.

Lastly, remember that MOC is an evolving concept. As better validated assessment instruments are developed, you may expect more options from which to choose in order to demonstrate how your practice is being improved.

Diplomates with Certificates Ending 2010 - 2017

View the MOC requirements and deadlines specific to the year your certificate expires.

Go to www.abos.org and click on the Diplomates tab. Then select your certificate expiration year to view the corresponding grid.

MAINTENANCE OF CERTIFICATION
FOR DIPLOMATES OF THE AMERICAN BOARD OF ORTHOPAEDIC SURGERY
WITH CERTIFICATES EXPIRING IN 2010, 2011, or 2012
who want to take the
2010 EXAMINATION

MOC Computer Examination Pathway

CONTINUING MEDICAL EDUCATION & SELF-ASSESSMENT EXAMS		CASE LIST		APPLICATION		EXAMINATION	
<i>taken in</i>	<i>due</i>	<i>during</i>	<i>due</i>	<i>available</i>	<i>due</i>	<i>exam fee due</i>	<i>in</i>
2006-08	12/15/08	2008	12/15/08	1/15/09	5/1/09	12/15/09	2010
120 credits of ACCME approved Category 1 CME relevant to Orthopaedics, including at least 20 SCORED self assessment exam credits. Each SAE must be 10 or more credits and cannot be "fasttrack" or "score as you go" exams. The AAOS, ASSH, AOSSM, & JBJS offer SAEs that qualify.	CME credits must be entered into the CME Summary Sheet via www.abos.org , then printed and attached to copies of the CME and SAE certificates or transcripts from the issuing bodies, and then mailed to the Board Office. Certificates and transcripts CANNOT be sent without the ABOS Summary Sheet.	3 month case list of surgical cases (limit 75) performed in hospitals and surgery centers during 3 consecutive months within the year indicated.	Case list data must be entered via www.abos.org and then submitted online. The case list must also be printed, notarized and mailed to the Board office.	Application accessible via www.abos.org to Diplomates who have completed the MOC requirements for the computer exams. (CME, SAEs, and 3 month case list received in the Board office.)	Deadline for submission of application and fee via www.abos.org . Postmark deadline for mailing required attachments (current, original documents required)	Once candidates have received their acceptance to sit letters (after Credentials Committee meets), they must submit their pathway confirmation and exam fee via www.abos.org .	Computer examination options are: General, Adult Reconstruction, Sports Medicine, Surgery of the Spine and Combined Hand (for current Hand CAQ holders).

MOC Oral Examination Pathway

CONTINUING MEDICAL EDUCATION & SELF-ASSESSMENT EXAMS		APPLICATION		CASE LIST		EXAMINATION	
<i>taken in</i>	<i>due</i>	<i>available</i>	<i>due</i>	<i>during</i>	<i>due</i>	<i>exam fee due</i>	<i>in</i>
2006-08	12/15/08	1/15/09	5/1/09	2008-2009	12/15/08	12/15/09	2010
120 credits of ACCME approved Category 1 CME relevant to Orthopaedics, including at least 20 SCORED self assessment exam credits. Each SAE must be 10 or more credits and cannot be "fasttrack" or "score as you go" exams. The AAOS, ASSH, AOSSM, & JBJS offer SAEs that qualify.	CME credits must be entered into the CME Summary Sheet via www.abos.org , then printed and attached to copies of the CME and SAE certificates or transcripts from the issuing bodies, and then mailed to the Board Office. Certificates and transcripts CANNOT be sent without the ABOS Summary Sheet.	Application accessible via www.abos.org to Diplomates who have completed the MOC requirements for the oral exam. (CME & SAEs received in the Board office.)	Deadline for submission of application and fee via www.abos.org . Postmark deadline for mailing required attachments (current, original documents required)	6 month case list of surgical cases performed in hospitals and surgery centers during 6 consecutive months within the years indicated.	Case list data must be entered via www.abos.org and then submitted online. The case list must also be printed, notarized and mailed to the Board office.	Once candidates have received their acceptance to sit letters (after Credentials Committee meets), they must submit their pathway confirmation and exam fee via www.abos.org .	Candidates will receive their list of 12 selected cases in May. They must bring 10 of these cases with all required materials for presentation in July.

RECERTIFICATION

RECERTIFICATION EXAMINATION COMMITTEE REPORT

JAMES R. KASSER, M.D., CHAIR



Since 1986, all orthopaedic surgeons certified by the ABOS have received a time-limited certificate. As many of you are aware, the vast majority, approximately 90%, of diplomates of the ABOS choose to re-certify by the written exam pathway. The alternative of practice-based oral recertification is chosen by 80-90 individuals per year. This year, the written examination was

administered to 990 orthopaedic surgeons by a decentralized, computer-based model. The recertification exam may be taken as a general examination or a practice profiled examination in adult reconstructive surgery, spine surgery, sports medicine or hand surgery. The general examination includes 80 core questions plus 120 general orthopaedic questions common to all aspects of orthopaedic surgery. The practice profiled exams in adult reconstructive surgery, spine surgery and sports medicine include the same 80 core questions as the general exam, plus 120 specialty-specific questions written, tested and validated by the specialists in each field. The hand surgery recertification exam is comprised of 160 hand questions, plus the same 80 core questions used in the other recertification exams.

The performance on the exam is as follows:

	Mean % correct	Range % correct	Failure rate
General Exam	75%	50-91%	3%
Adult Reconstructive	78%	60-89%	1%
Sports Medicine	78%	61-92%	1%
Spine	76%	57-91%	7%
Hand	77%	60-90%	2%

The performance on all exams is similar, as you can see in the above table. The percent correct answers from all test takers range from 50% to 92%. The mean correct is 75% to 78% and the average passing score is about 63% for all examinations. The failure rate for the recertification exams varies little from year to year and this year, the results remain essentially the same with 1-3% failure rate in nearly all exams.

Recertification Examinations Statistics

	2003		2004		2005		2006		2007	
Examinees	693		740		1070		1115		1071	
Passes	684	99%	728	98%	1041	97%	1074	96%	1036	97%
Fails	9	1%	12	2%	29	3%	41	4%	35	3%

The entire group of orthopaedic surgeons recertifying is comprised of 98% individuals certified after 1986 having time-limited certificates. 48% of all individuals being recertified have had fellowship training beyond orthopaedic residency. Interestingly, in the group of 569 individuals taking the general examination, 11% had sports fellowships, 8% pediatric orthopaedic fellowships, 7% foot and ankle fellowships, and 6% trauma fellowships.

Practice profiled examinations in pediatric orthopaedic surgery, foot and ankle surgery and trauma surgery are not available and individuals practicing in these specialties either choose the oral route of recertification which is practice-specific or take the general examination. It is primarily the size of these subspecialty groups which has made the development of subspecialty recertification exams difficult and cost-prohibitive.

Of the individuals recertifying, the vast majority are in private practice as opposed to academic practice, as one would expect, reflecting the landscape of orthopaedic surgeons across the country.

(Recertification Report Continued on page 15)

2008 SCHEDULE RECERTIFICATION EXAMINATIONS

Applications Closed

General and Practice Profiled Examinations in Adult Reconstruction, Sports Medicine, & Surgery of the Spine:
March 1 thru April 30, 2008
at Prometric Testing Centers, Nationwide

Oral Recertification Examinations: *July 14, 2008*
at the Palmer House Hilton, Chicago

Combined Hand Examination: *August 2-30, 2008*
at Prometric Testing Centers, Nationwide

2009 SCHEDULE RECERTIFICATION EXAMINATIONS

Applications Available: *January 15, 2008*

Applications Deadline: *May 1, 2008**

** Diplomates with certificates expiring in 2010 must have completed the MOC requirements in order to apply.*

CREDENTIALS COMMITTEE REPORT

DANIEL J. BERRY, M.D., CHAIR

MEMBERS:

Judith Baumhauer, MD, Richard Haynes, MD, James Luck, MD,
David Martin, MD, John Seiler, MD, Terry Thompson, MD,
James Weinstein, MD, G. Paul DeRosa, MD, Shepard Hurwitz, MD



The Credentials Committee of the American Board of Orthopaedic Surgeons is charged with assessing applicants and diplomates professional competence and adherence to acceptable ethical and professional standards. In this role, the Credentials Committee routinely receives information about applicants prior to

the Part II Oral examination and the recertifying examinations. The Credentials Committee also reviews information pertaining to the committee's purview received at any time from state licensing boards, the public, or medical professionals.

All diplomates of the ABOS and candidates for ABOS certification must demonstrate evidence of professional standing. A full unrestricted license to practice medicine (in all state jurisdictions in which the applicant/diplomate holds a license) is required.

Practice Performance Assessment also occurs at the time of the Part II Oral examination and Recertification examination. The main tool used for Practice Performance assessment has been the Peer Review form. The Peer Review form is sent out to a number of individuals including orthopaedic colleagues, current and former practice partners, residency and fellowship program directors, hospital chiefs of staff in orthopaedics, surgery, emergency medicine, radiology, and anesthesiology, operating room nursing supervisors, and heads of orthopaedic nursing, each of whom is named by the applicant or diplomate. The Peer Review Form is designed to gain information about how the applicant or diplomate performs in the areas of six main competencies: professionalism (5 questions), communication and interpersonal skills (1 question), patient care and surgical skills (3 questions), practice-based learning and development (1 question), systems-based practice (1 question), and medical knowledge (1 question). Candidates waive the right to take action on information provided

in good faith on the Peer Review form. The ABOS is indebted to the thousands of ABOS diplomates who complete these Peer Review forms each year; the success of the credentialing process is dependent on each diplomate's sincere efforts in this area.

For candidates with certification expiring in 2010 and thereafter, a three-month case list will be requested prior to application for a Recertification Examination. The case list will be used in several ways in the Maintenance of Certification process, but for the Credentials Committee, the case list will be evaluated as part of the Practice Performance Assessment.

Orthopaedic surgeons can be proud of the fact that applicants for the Part II Oral and Recertification exams receive satisfactory or excellent evaluations from their peers on over 95 percent of questions. The areas in which candidates and diplomates most frequently received either marginal or unsatisfactory peer-evaluations included professionalism (responsibility) and communications and interpersonal skills.

The Credentials Committee routinely meets twice each year to review applicants for the Part II Oral examination and for Recertification. For the 2007 Recertification examination, 1,070 applicants were admitted to the examination, five were deferred, one was denied the opportunity to sit, three were asked to take mandatory oral recertification examinations, and one was referred for a practice site visit. For the 2007 Part II Oral examination, 662 applicants were admitted, five were deferred, seven were denied the opportunity to sit, and one was referred for a practice site visit. The Credentials Committee also reviewed sixteen active certificate holders whose state medical license had been revoked or encumbered with licensure restrictions; the ABOS revoked eleven certificates. The names of individuals whose license was revoked in 2007 are published elsewhere in this issue of the ABOS diplomate.

The Credentials Committee is indebted to each ABOS diplomate who participates in the peer-review process, which is so important to the public mission of the ABOS.

SUBSPECIALTY CERTIFICATION

CAQ HAND EXAMINATION & COMBINED HAND EXAMINATION REPORT

PETER J. STERN, M.D., CHAIR JOINT COMMITTEE ON SURGERY OF THE HAND



All of the examinees took a computer-based examination that was administered through local Prometric Testing Centers during August and September 2007. This was the fifth year that examinations were administered by computer.

CERTIFICATION EXAMINATION: A total of 56 examinees took the 2007 certification examination.

There were 42 (75%) registered by the American Board of Orthopaedic Surgery (ABOS), 8 (17%) by the American Board of Plastic Surgery (ABPS), and 6 (11%) by the American Board of Surgery (ABS). There were 48 first-time takers and 8 reexaminees. This compares with 58 individuals who took the exam in 2006, 87 in 2005, 88 in 2004, and 65 in 2003.

There were 155 items of which 30% were new. Five items were deleted from the final scoring because of poor psychometric performance. Psychometric characteristics including reliability coefficient and standard error of measurement fell within an acceptable range and were similar to prior years. The average score for the entire group was 76% correct. Scores ranged from 43%-90% correct.

Oversight of both the Certification and Recertification Examinations is accomplished by the Joint Committee on Surgery of the Hand which consists of directors from all 3 Boards. A passing score of 65% correct was selected as a passing score which compares with 64% correct in 2006, 63% in 2005, 66% in 2004 and 2003, and 65%. The overall failure rate was 12.5% (7 candidates)

compared to 1.7% (one candidate) in 2006, 6.9% in 2005, to 4.5% in 2004, 6.2% in 2003 and 8% in 2002. A total of 49 examinees passed and 7 failed the examination.

Since the examination's inception in 1989, 2408 Diplomates have certified in Surgery of the Hand (1586 ABOS Diplomates, 560 ABPS, and 262 ABS Diplomates). The aggregate failure rate for all 3 Boards since 1989 is 14% (2408/2820).

Failure rates by Board were:

- ABOS – 46 examinees – 2% (1 failed)
- ABPS - 8 examinees – 38% (3 failed)
- ABS – 6 examinees - 50% (3 failures)

HAND RECERTIFICATION: A total of 49 examinees took the recertification examination; 4 from the American Board of Orthopaedic Surgery, 32 from the American Board of Plastic Surgery, and 13 from the American Board of Surgery. There were 45 first time takers and 4 reexaminees. As with the certifying exam, a computer-based test was administered at Prometric computer testing centers. The exam content was identical to the Certification Exam. The average percent correct for the total group was 76% which was similar to prior years. A passing score of 63% correct was chosen and was consistent with passing scores from previous years (62% to 65% correct). Overall 41/49 (84%) passed the exam including the 4 ABOS Diplomates. To date, 1200 Diplomates have taken this exam and 1107 have passed (9% failure rate).

Finally, it should be noted that the number of ABOS examinees sitting for this exam has decreased substantially since the inception of the combined hand and general orthopaedic recertification examination in 2004.

COMBINED HAND AND GENERAL ORTHOPAEDIC RECERTIFICATION: Beginning with 2004 candidates with both a 10-year time limited ABOS certificate and a 10-year time limited hand surgery certificate were required to take an exam consisting of 80 General (Core) orthopaedic items and 155 hand recertification items (5 items were deleted because of poor psychometric performance) for a total of 230 items in order to maintain both ABOS and Hand Surgery certification.

(Subspecialty Certification Continued on page 15)

CAQ in Hand Surgery Examination Statistics

	2003	2004	2005	2006	2007
Examinees	50	65	70	46	42
Passes	48 96%	64 98%	68 97%	46 100%	41 98%
Fails	2 4%	1 2%	2 3%	0 0%	1 2%

Recertification CAQ in Hand Surgery Examination Statistics

	2003	2004	2005	2006	2007
Examinees	23	20	11	1	4
Passes	20 87%	20 100%	9 82%	1 100%	4 100%
Fails	3 13%	0 0%	2 18%	0 0%	0 0%

Combined Hand Recertification Examination Statistics

	2004	2005	2006	2007
Examinees	56	88	92	100
Passes	56 100%	85 97%	91 99%	98 98%
Fails	0 0%	3 3%	1 1%	2 2%

2008 SCHEDULE CAQ IN SURGERY OF THE HAND

CAQ Hand Certification
CAQ Hand Recertification
Applications Available: *November 1, 2007*
Application Deadline: *February 1, 2008*
Examination: *August 2-30, 2008*
at Prometric Testing Centers, Nationwide

SUBSPECIALTY CERTIFICATE IN ORTHOPAEDIC SPORTS MEDICINE EXAMINATION REPORT

CHRISTOPHER D. HARNER, M.D.



On November 9th and 10th of 2007 the first subspecialty exam was given. Over 590 individuals sat for the exam in Prometric Centers across the country. Following the exam, a series of statistical analyses (referred to as psychometrics) will be conducted by the National Board of Medical Examiners (NBME) and the ABOS Written Exam Committee (WEC).

The purpose of this post examination psychometric process is to make the exam as valid as possible. Based on well defined statistical criteria (similar to the Part I Written Examination), invalid questions will be identified and excluded. Following this process the ABOS WEC and NBME will determine a passing score. The final scores (pass/fail) will be sent out in January 2008. Now that the first cycle of the exam is completed the process of creating the second exam has begun. This includes the creation of new questions that must go through a rigorous process of editing before being approved for the 2008

examination. As with the first exam, the item content will be based off the Orthopaedic Sports Medicine Fellowship Curriculum. Content allocation will be:

- General principles (5%) (research, study design, statistics, ethics, professionalism)
- Medical aspects of Sports Medicine (20%)
- Musculoskeletal (75%)
 - Upper extremity (30%)
 - Lower extremity (40%)
 - Spine (5%)

The date for the 2008 examinations have been set for Friday, November 7th at Prometric centers around the country.

Over the next several years the ABOS will be establishing a new pathway of tying the Sports Subspecialty Certification into recertification / Maintenance of Certification (MOC). It is not possible now because the examination must go through several cycles before combining it with recertification / MOC. This is the same process that Hand Surgery went through prior to combining their CAQ with recertification.

On a general note, it is important to be aware that the grandfather period for the Sports Medicine examination ends November of 2011. After this time you must have completed an ACGME accredited Sports Medicine fellowship to be eligible for the subspecialty certificate. This now affects all residents going into Sports Medicine.

2008 SCHEDULE SUBSPECIALTY CERTIFICATE IN ORTHOPAEDIC SPORTS MEDICINE

Applications Available: *August 1, 2007*
Application Deadline: *February 1, 2008*
Examination: *November 7, 2008*
at Prometric Testing Centers, Nationwide



ABOS Board of Directors
September, 2007

GRADUATE MEDICAL EDUCATION COMMITTEE REPORT

RICHARD E. GRANT, M.D.



The Accreditation Council of Graduate Medical Education, RRC, Orthopaedic Surgery Committee, convened in Chicago, Illinois, June 9 through June 10, 2007. Our meeting was called to order on the morning of Saturday, 6/09/07, and the RRC approved the January 11 through 12, 2007 minutes with very few edits. During our session in June, the committee reviewed 27 residencies and 48 fellowships. The RRC also reviewed

eleven residency program director changes and four fellowship program director changes which occurred during the prior meeting. After reviewing these items, no specific action was taken.

Subsequently, we received the report from the American Board of Orthopaedic Surgery provided for us by the American Board of Orthopedic Surgery's executive director, Dr. G. Paul DeRosa. Dr. DeRosa provided us with a comprehensive overview of issues relevant to the American Board of Orthopedic Surgery's relationship with the National Resident Matching Program, NRMP, and the American Board of Medical Specialties Activities. Additionally, new wrinkles relevant to the evolving Maintenance of Certification (MOC) initiatives were discussed. After receiving Dr. DeRosa's report, the RRC took no specific action.

We were then apprised of several pertinent ACGME events provided to us by our own Orthopaedic RRC director, Steven Nestler, Ph.D. Dr. Nestler shared with the committee an update of the Residency Review Committee's relationship to the ACGME. Dr. Nestler informed us of Dr. Leach's pending retirement and Dr. Thomas Nesca's recent appointment as incoming CEO. Dr. Nesca's appointment was to become effective 9/12/07.

During the course of the meeting, our committee focused on Orthopaedic fellowship requirements. The RRC approved final drafts of proposed revisions to all of the fellowship requirements which were to be forwarded to the Board of Directors of the Accreditation Council of Graduate Medical Education for final approval. Our recommendations for revised Fellowship requirements were subsequently approved by the ACGME Board of Directors on 9/12/07. ACGME approved fellowships will now require at least two faculty members with subspecialty experience. The fellowships must also demonstrate a true commitment to promoting inclusion of women and under represented minorities through a well-documented recruiting process. Fellowships are also advised to include instructions in patient safety in their core curriculum and ensure protected time for fellow's scholarly activity. The hand fellowship curriculum was also reviewed and revised and those new requirements become effective 7/01/08.

The RRC then directed its attention to the Orthopaedic resident case log system. The case log system is being revised with a goal in mind of providing instructions for residents that will more closely reflect conventional requirements for AMA and AAOS CPT coding guidelines.

Dr. Dempsey Springfield, one of our well established RRC directors, solicited RRC members for assistance with presenting

a one day instructional course lecture at the upcoming 75th Annual Meeting of the American Academy of Orthopedic Surgery scheduled to occur in San Francisco, California, March 5 through 7, 2008. The instructional course lecture will focus on the appropriate creation of an acceptable program information form. Guidelines will be reviewed for preparation of RRC site inspections, the residency fellowship appeals process, and developing effective programs for the promotion of inclusiveness and diversity within our Orthopaedic specialty.

The Orthopaedic RRC was also apprised of initiatives relevant to the Specialist's Site Visitor Project. Orthopaedic residency program directors and chairs have previously indicated that they preferred site inspections by Orthopaedists such as former program directors and department chairs. The issue of potential conflict of interest was discussed. Currently, the RRC has agreed to gradually phase out the Specialist's Site Visitor Project. In the future, we expect that most site visits will be conducted by the field staff. This will include Ph.D.s who will be instructed in the particulars of reviewing the revised program information forms (PIFs).

In the area of actions taken by the RRC, the committee proposed to withhold accreditation for two new residencies and three new fellowships. Proposed probation was entertained for one residency and two fellowships.

Confirmed adverse actions included accreditation withheld for two fellowship applications. Probation was confirmed for four residencies and two fellowships. Accreditation was withdrawn for two fellowships.

Non-adverse actions undertaken by the RRC included initial accreditation for three residencies and nine fellowships. Six of the nine fellowships were in the area of sports medicine. Continued initial accreditation was provided to two fellowships. Continued accreditation was provided for 13 residencies and 20 fellowships.

The RRC also considered requests for increase in residency or fellowship compliment. Two of these were approved with the requirement of a site visit. We denied increase in the resident compliment for four residencies. This resulted in a net increase of two residents per year.

The RRC also visited the issue of site visit cycles. We concluded that a five-year cycle was merited by 10 residencies and 15 fellowships. The three-year cycle was preferred for two residencies and four fellowships. The two-year site visit cycle was recommended for 8 residencies and 11 fellowships. Finally, two fellowships were judged to be in the category of programs that should be visited on a yearly basis.

In summation, the Orthopaedic RRC activity provided for the review of 27 residency programs and 48 fellowships. Of those fellowships, three included adult reconstruction, four foot and ankle, 14 hand surgery fellowships, three pediatric orthopedic fellowships, 20 sports medicine fellowships, and 3 fellowships in traumatology.

Finally, the RRC voted to request additional program information for two residencies and three fellowships. The meeting was adjourned on Sunday, 6/10/07, after discussion of the schedule for upcoming meetings of the committee.

PART I WRITTEN EXAMINATION REPORT

HARRY N. HERKOWITZ, M.D., CHAIR



Evaluating the initial competence and qualifications of orthopaedic surgeons is part of the mission of the American Board of Orthopaedic Surgery (ABOS). In serving the best interests of the public and the medical profession, the ABOS Written Examination Committee (Drs. Herkowitz, Anglen, Baumhauer, Berry, Callaghan, Ezaki, Harner, Haynes, Hurwitz, Kasser, Martin, Rosier, Stern, Swiontkowski, and Weinstein) is charged with producing the best possible examination to fairly and accurately evaluate the competence of candidates for certification.

The 2007 Written Certification Examination was created through the work of over 70 orthopaedic surgeons practicing throughout the United States who represent all subspecialties of orthopaedic surgery. The examination's production began over two years ago in the summer of 2005, when the Question-Writing Task Force members were given their question-writing assignments. Eight more steps followed: 1) These questions were submitted to the National Board of Medical Examiners (NBME) in December 2005 for editing and review for any technical flaws. 2) The questions were then categorized by content: adult trauma, rehab, adult disease, basic applied science, pediatric trauma and pediatric disease. 3) In April 2006, the Question-Writing Task Force met in Philadelphia to review all of the questions. 4) The NBME reedited the questions and entered them into the item library. 5) In November 2006, the Field Test Task Force met in Chicago to review all questions. 6) The NBME assembled the exam, based on the ABOS content domains and valid question psychometrics. 7) In February 2007, the ABOS Written Examination Committee met and decided on final item selections. 8) In March 2007, the Chairman of the Written Examination Committee and the Executive Director reviewed the final page proofs and gave final approval to the examination.

The 2007 Written Certification Examination was administered to 728 examinees on July 9, 2007 in Chicago. The NBME subsequently performed its key validation process and, in consultation with the ABOS Written Examination Committee, deleted any defective items from the examination scoring. In August 2007, the NBME presented the final examination scoring and test psychometrics to the American Board of Orthopaedic Surgery Written Examination Committee, who set the passing standard. This standard is based on the results of an item-by-item analysis and a compromise standard setting exercise performed by the surgeons who are members of the Standard Setting Task Force. The ABOS notified the candidates of the results in September.

Of the 728 examinees, 628 took the examination for the first time and 100 were repeaters. The 2007 examination consisted of 321 items, but seven items were deleted in the key validation process, so 314 items contributed to the total score. The passing standard for the 2007 examination was set at 1.13

logits. This is based on the Rasch bank scale which allows for variations in test difficulty as well as variations in the proficiency of examinees from year to year. This standard was equivalent to a percent correct score of 68.2%, with an overall passing rate for all examinees of 87.3%. The passing standard was scaled to a mean standard score of 200 with a standard deviation of 20. The Rasch bank passing score of 1.13 logits corresponds to a standard score of 170.

The passing rate for United States and Canadian medical-school-graduate first-time examinees was 95.1%; and, for international medical student graduates taking the exam for the first time, 91.7%. Of those examinees repeating the exam, the passing rate for United States and Canadian medical school graduates was 39.8%; for international medical student graduates, 0.0%.

Test psychometrics revealed that the mean point biserial discrimination was 0.16, which means that the questions discriminated well between those who obtained high scores and those with low scores. The KR20 internal consistency reliability coefficient, the measure of how much an examinee's score would vary across repeated testing with different questions on the same content, was 0.90. The standard error of measurement calculated from this KR20 coefficient and scaled to the standard score of 200 was 9 standard score points. Therefore, an examinee's true proficiency is ± 9 standard score points if given repeated testing on the same content with different questions.

The psychometrics of the 2007 written examination reveal that the Written Examination Committee of the ABOS was successful in producing a valid examination that fairly and accurately evaluated candidates for certification as competent by the ABOS. The quality of this examination is due to the commitment of time and energy by all of the orthopaedic surgeons who participated in creating the 2007 written examination. On behalf of the ABOS, I would like to thank all of the members of the Question-Writing, Field Test and Standard Setting Task Forces, as well as the members of the Written Examination Committee.

Part I Written Examination Statistics

	2003	2004	2005	2006	2007
Examinees	760	737	703	741	728
Passes	628 83%	645 88%	590 84%	647 87%	641 88%
Fails	132 17%	92 12%	113 16%	94 13%	87 12%

2008 SCHEDULE PART I WRITTEN EXAMINATION

Applications Available: *December 1, 2007*
Application Deadline: *February 15, 2008*
Examination: *July 18, 2008*
at the Hyatt Regency, Chicago

PART II ORAL EXAMINATION REPORT

JOHN G. SEILER III, M.D., CHAIR



The Part II Oral Examination of the ABOS was administered in Chicago, Illinois on July 10-13, 2007, to 662 candidates who met the requirements for the examination. These candidates had previously passed the Part I Written Examination and had been in practice for a minimum of 22 months. Further, they underwent a peer review assessment that included input from various sources including their program director, program

chairman, fellowship director and community colleagues. Overall, 596 (90%) of the candidates passed the examination and 66 candidates (10%) failed the examination.

Unlike the Part I Written Examination that tests orthopaedic knowledge, the Part II Oral Examination tests application of knowledge. Practice-based oral examinations more accurately reflect a practitioner's competence in practice and will remain an integral part of future certifying (and re-certifying) examinations. The Oral Examination Committee has incorporated the six core competencies outlined by the ACGME into the Oral examination: An Assessment of the candidate's communication & interpersonal skills, ethics & professionalism, patient care, knowledge, systems-based practice, and practice-based learning and improvement are all integral components of the examination.

The practice based Part II Oral Examination gives the candidate an opportunity to demonstrate the results of their patient care. Each candidate must submit a case list to the Board for evaluation. The internet-based data collection system (SCRIBE) has been functioning well for three years and simplifies the collection of cases for the candidates. Beginning in 2002, the candidates were instructed to use the CPT codes that best describe their surgeries in their entry of cases on the SCRIBE system. Standard metrics are collected for each case that is entered and are, from time to time, analyzed by the Board. Experienced case selectors choose cases from the list for detailed presentation to the Oral examiners in Chicago. Twelve cases will be selected from the candidate's list, of which the candidate prepares 10 for examination.

This summer 180 Board certified orthopaedic surgeons volunteered to be examiners for the Part 2 examination. The examiners are from geographically diverse areas of the United States and are the backbone of the examination. The examination is one hour and forty-five minutes in length and is divided into three 35-minute segments with a five-minute break between each segment. During each segment, the candidate is examined by two examiners who are matched to the candidates by area of interest. For example, if a candidate identifies his special area of practice as spine surgery, at least one of the two examiners is a practicing orthopaedist who dedicates a significant part of his or her practice to spine surgery. The examiners are provided a complete case list, a graphic analysis of the candidate's practice profile and a list of complications described by the candidate in the case collection period.

The final decision on the examination is based on the cumulative performance of the candidate. The six examiners score each candidate independently without caucus among the examiners. The nature of the examination scoring is such that all candidates could pass the examination. For each case that is presented, the candidate is scored on 6 discrete areas: data gathering, diagnosis and interpretive skills, treatment plan, technical skill, outcomes, and applied knowledge. Global evaluations are made for surgical indications, the handling of surgical complications and ethics and professionalism. This system of evaluation provides a detailed assessment of each candidate's performance in practice. The grades are averaged and then adjusted based on the severity or leniency of the examiner.

A number of changes have been incrementally introduced into the oral examination over the last 4 to 5 years. The Oral Examination Committee worked with external advisors to improve the definitions and methods of assessment for ethics and professionalism. This July a new scoring rubric was introduced for use in the examination. A large number of new examiners have been recruited and educational methods are being developed to enhance the training of the oral examiners. Directors of the Board frequently audit examinations to evaluate each examiners' performance. In addition, the Oral Examination Committee has worked to insure HIPPA compliance. Occasionally, institutions need clarification about the need to collect records for the purpose of the examination. When needed, the Board can provide a letter of clarification. Recently, The Committee has published guidelines for case organization to facilitate the examination. Finally, the Committee is evaluating the best method for incorporation of digital imaging and electronic medical records into the examination process.

To become consistent with the terminology of the American Board of Medical Specialties, the Board has discontinued the use of the term "Board eligible". If you need information regarding your certification status, you may contact the Board and a letter will be provided to you that sets forth your status in the process of Board certification. This decision was made to help candidates have more accurate information about their position in the process of Board certification.

PART II ORAL EXAMINATION STATISTICS

	2003	2004	2005	2006	2007
Examinees	615	698	697	656	662
Passes	563 92%	594 85%	645 93%	593 90%	596 90%
Fails	52 8%	104 15%	52 7%	63 10%	66 10%

2008 SCHEDULE PART II ORAL EXAMINATION

Applications Closed
Examinations: *July 15-17, 2008*
at the Palmer House Hilton, Chicago

ATTENTION DIPLOMATES ... We need your help!!!

The following pages list candidates for Part II of the certifying examination for 2008. In an attempt to enlarge our peer review of candidates, we ask that you review this list and submit comments on persons whom you know, in regard to their competence to sit for the exam.

Good faith comments, in the process of peer review, are privileged and provide a focus for the Credentials Committee review.

Please address your information to the attention of the Credentials Committee at ABOS, 400 Silver Cedar Court, Chapel Hill, NC 27514.

MILITARY Brito, Jorge Luis Bryant, Brandon James Cho, Mickey Song Koo Craven, Charles Edward Humble, Byron Jay Husain, Tarik Muhammad Morgan, Jeffrey Scott Ryan, Paul McCafferty Schroder, David Thomas	Ghalambor, Masoud Giovan, Michael Peter Grafe, Michael William Gregorius, Theodore Karl Hajaliloo, Farhad John Harris, Michael Justin Harris, Thomas Gregory Jackson, Kent Rutledge Johnson, Bryce Alan Kaska, Serge Charles Kelley, Steven Thomas Khachatourians, Armond G. Khajavi, Kiarash Kevin Kishan, Shyam Kondrashov, Dimitriy G. Large, Thomas Matthew LeAlaska, Brett Alexander Luo, Jeffrey MacAvoy, Michael Charles Marger, Michael Darren Nissen, Teodoro Pedro Orisek, Philip Jacob Patel, Sachin Kanu Peterson, Brett M Porter, Steven Joseph Riccio, Anthony Ian Roper, Jonathan Geoffery Savage, Kathleen Rose Sechriest, Vernon Franklin Shapiro, Todd Adam Soto, Gabriel Elias Spayde, Erik Corwin Sukay, Michael Jeffrey Talwar, Vikram Tayyab, Neil Arif Velyvis, John Henry Weiss, Andrew Benjamin Yacoubian, Shahan Vahe Yang, Jun Zamorano, David Paul	Minotti, Philip Aldo Rodner, Craig Michael Sharma, Krishn Martin Silverstein, Eric Alan Weiland, Daniel Eric	Kovacic, Jeffrey John McDonald, Allen Pierce Nicholson, Christopher Wayne Pennington, Scott David Pope, Wood Dickinson Sexton, Alonzo Tyrone Ugwonali, Obinwanne Fidelis Chinenye Wolff, Luther Horn Yarbrough, Robert Knox	Levin, David Andrew Mast, Aaron Jay Mullis, Brian Heath Ritter, Mark Joseph Ritter, Stephen Michael Sailer, Philip Christian Schwartz, Niles David Smerek, Jonathan Patrick Yergler, Jeffrey David
ALABAMA Bryant, Ginger Kay Claytor, Brian Scott Connor, Geoffrey Stephen		DELAWARE Brady, Drew Amin	GUAM Varney, Thomas Edward	IOWA Lawler, Ericka AndrusiAlaska Leupold, John Adrian Nelson, Eric Robert
ALASKA Tuttle, Mark Stephen		DISTRICT OF COLUMBIA Gardner, Aric Brion Rudzki, Jonas Ronon	HAWAII Goding, Richard Brian NALaskaasone, Cass Keiji Shin, Catherine Hekyung Shin, Robert D.	KANSAS Carnine, Thaddeus Alan Folsom, Gregory John Gabriel, Jean-Louis Palmgren, Bryce Alan Stull, Douglass Edward
ARIZONA Ancil, Eric Pierre Botti, Torey Paul Clark, Alexander Martin Cluck, Michael Warren Hansen, Matthew LeRon Heiner, Daniel Edward Klein, John Russell Lewandrowski, Kai-Uwe Lewicky, Yuri Michael Martin, Shane Lamar Ortega, Gilbert Ralph Pimlott, Bryan James Truchan, Lisa Marie		FLORIDA Baitner, Avi Chanan Bohsali, Kamal I Brannan, Patrick Shea Carlan, Douglas Eugene Cheong, David Conaughty, Jason M Cook, Jennifer Lynne Doulens, Kevin Michael Fowble, Vincent Allen Gilmore, Michael Dow Gupta, Manish Kumar Harper, Mark Fischer Harris, Anthony Michael Hayes, Victor Morales Henrys, Richard Husted, Daniel ShAlaskaes- peare Kambach, Brandon James Kirby, Jess McKarns LeBrun, Christopher Thomas Levy, Jonathan Chad Nofsinger, Charles Cole Odmark, Thomas Odmark Picerno, Richard Arthur Reuss, Bryan Lee Rhodes, Richard Dennis Rochman, Robert A Shah, Rahul Vasant Siddiqi, Farhan Naveed Simovitch, Ryan Wade Sparks, Nigel Winslow Suk, Michael Wells, Matthew Earl Wisotsky, Scott Marshall Young, Samuel DoAlaska	IDAHO Beardsley, Bryan James Buoncristiani, Anthony Maisin Humphrey, Carl Scott Randolph, Gannon Brandt Weight, Mark Anthony	KENTUCKY Cassidy, Ryan Carter Gru, Gregory Ferdinand Grunkemeyer, Matthew Scott Hunt, Travis Andrew Klein, Scott Allan Lattermann, Christian McClung, Glen Alan Oster, Alan Stuart Pugh, Kevin Willis Sajadi, Kaveh Robert Talwalkar, JanAlaska Ramesh Yerasimides, Jonathan George
ARKANSAS Andersson, Jeanine Anna Coker, Matthew Jack Hanby, Charles Kristian Rhombert, Edward Willis Walker, Torrance Anthony			ILLIONIS Altio, Haluk Bare, Aaron Andrew Chehab, Eric Lawrence Davis, John Thomas Gershtenson, Joshua Mark Graf, Carl N. Guelich, David Robert Kube, Richard Anthony Lapinski, Bryan Wesley League, Alan Craig Levine, Brett Russell Lin, Johnny Lawrence Luu, Hue Han Mahoney, John Damen Matlock, Robert Franklin Mehta, Vishal Mahul Odell, Sean Daniel Payne, William Dean Rawal, Ashish M Sterba, William Robert Sullivan, Lawrence Guy Szuch, Neena Samra Tansey, Joseph Patrick Williams, Joseph Leroy	LOUISIANA Brown, Shervondalonn Rashonna Chandler, Roderick Wilton Cox, Stephen Lewis Fenn, Paul Eugene Frentz, Bryan Gary Gonzales, Joseph Anthony Greene, Craig Castleman Junius, Ralph William Rabalais, Robert David Schroeder, Alan Conrad
CALIFORNIA Afra, Robert Ballesteros, Julian Paul Benson, Emily Suzanne Black, Amy Williams Boes, Matthew Thomas Boody, Antony Robert Boyd, James Ivy Bulczynski, Andrzej Centeno, Joseph Michael Cheung, Emilie Vailain Choi, Paul Daniel Chong, Albert Ken Chou, Harvey H. Cortese, Kasey D. Costouros, John George Cullan, Daniel Bruce Cunningham, Torin Jay Feingold, David Lindsay Ferguson, Tania Ann Flippin, Michael Arthur Gaur, Alok	COLORADO Biggs, William Davis Br, Robert Marcus Deering, Mary Beth Hackett, Thomas R. Jackson, Wesley Paul Joseph, John Terrell Kim, Raymond Hyungchan Minihane, Keith P. Polousky, John David Purcell, Derek Brooks Sanchez, Anthony Richard Shen, Michael Shi-Sheng Vidal, Armando Felipe Vidal, Leslie Beasley	GEORGIA Bearden, Brook Goff Bullens-Borrow, Amy Elizabeth Chi, Frederic Syungmo Dalal, Snehal Chinu Davis, Gary Gallagher, David Hanna, Mark Wesley Hermenau, Shawn Fredrick Hill, John David Jarrett, Christopher Ayodele Jimenez, Miguel Alexander King, Stephen Mark	INDIANA Badman, Brian Lowell Bauman, John Todd Brashear, Jason Andrew Brkaric, Mario Paul Duncan, Joseph Carl Feliciano, George Wendell Mirasol Hur, John Levenda, Anthony Christian	MAINE Bush, Jeffrey Leonard Bush, Matthew Donald Grosvenor, Julie Diana Kelly, Stephen James Thaller, John Bryant
	CONNECTICUT Anbari, Ammar Bissell, Scott Allen Brooks, Jeffrey J. Dodds, Seth Detכון Kardestuncer, Tarik			MARYLAND CopAlaskaen, Laura Suzanne Csuja, Gilbert Miklos Dabbah, Michael David DeBritz, James Nicholas Forthman, Christopher Lee Keeling, John Joseph

Lehman,Ronald Arthur
Means,Kenneth Robert
Nelson,Kenneth Joseph
Poelstra,Kornelis Andries
Sargent,Mary Catherine

MASSACHUSETTS

Abraham,John Alexander
Appleton,Paul T
Asnis,Peter David
Baumfeld,Joshua Ari
Berkson,Eric Matthew
Cluett,Jonathan Clark
Geary,Christopher Brian
Gomoll,Andreas Hans
Harding,James Ingersoll
Kim,Allis Christine
Mahan,Susan Thayer
Matheney,Travis Hewett
McDonald,Thomas Aloysius
Moses,Jeremy Milton
Nichols,Lois Ann
Olschewski,Eli
Rightmire,Eric Philip
Spencer,Samantha Anne
Sprague,Mark Andrew
Talmo,Carl T.

MICHIGAN

Anderson,Kevin Charles
Burgess,Scott David
KadAlaskaia,Anish Raj
Knapke,Donald Michael
LaMacchia,John Ernest
Mihalich,Robert Michael
Pinto,Jeffrey Scott
Powers,Timothy Wade
Rohde,Rachel Samantha
Sadowski,Jason Brian
Ugolini,Peter Alan
Williams,Robert Michael

MINNESOTA

Arthur,Andrew Foord
Grierson,Yvonne Martha
Haas,Jonathan Christopher
Ly,Thuan Vinh
Mabry,Tad Meredith
Normand,Anne Nicole
Pittman,Gavin Thomas
Rother,Joshua Jon
Stroemer,Erik Scott
Wickum,Daren Joseph

MISSISSIPPI

Boyd,Daniel Lee
Butler,Robert Allen
Currie,Oscar JoVan
Donahoe,David Kevin
Graves,Matthew Lee
Harrison,Donnis Kline
McCraney,William Owen

MISSOURI

Aleto,Thomas Joseph
Anderson,John Thomas
Anderson,Matthew Carl
Boudreau,John Anthony
Buchowski,Jacob Maciej
Calvert,George Thomas

Ipsen,Derek Foster
Kuhns,Craig Allen
Marberry,Kevin Michael
Mizera,Damian Nicholas
Nassab,Paul Fuad
Oda,Jon Edward
Ogden,Justin Shane
Sobky,Kareem George
Sparks,Charisse Yvette

MONTANA

Cameron-Donaldson,Michelle Lee
Hanson,Peter Damien
Vinglas,Richard Neal

NEBRASKA

Galligan,John Donald
Hasley,Brian Paul
Lauder,Anthony James
Mickels,Jason John

NEVADA

Grabow,Ryan Joseph
Lundeen,Gregory Andrew
Nagda,Sameer Hermant
Zebrack,John Eric

NEW HAMPSHIRE

Bell,John-Erik
Colman,Aaron Brooker
Gonzales,Ricardo Andres

NEW JERSEY

Beebe,Kathleen Sue
Brief,Andrew Ariel
Farrell,Christopher
Gesell,Mark William
Hunt,Stephen Austin
Hwang,Ki Soo
Jain,Rajesh K.
Katt,Brian Matthew
Nasar,Alan Steven
Pollard,Mark Andrew
Simmerano,Rocco Anthony
Swan,Kenneth Girvan
TjounAlaskaaris,Fotios Paul

NEW MEXICO

Balaskaer,Shawn Mark
Hassinger,Sean Michael

NEW YORK

BurAlaska,Corey Foster
Congiusta,Frank
Dhawan,Raman
Geller,David Samuel
Gerling,Michael Christopher
Gunther,Andrew George
Gupta,Salil
Inzerillo,V. Christopher
Kang,Michael Njung
Lager,Sean Louis
Lajam,Claudette Malvina
Manoff,Eric Matthew
Moulton,Andrew W.
Nolan,Robert Scott
Orcutt,Daniel Robert
Patel,RAlaskaesh
Queler,Seth Robert

Radnay,Craig Stanton
Russinoff,Scott Leslie
Schell,William Douglas
Schwarzbard,ItchAlaska
Sharan,Alok Dayal
Sugalski,Matthew Thomas
Sun,Mike Han-Te
Tallarico,Richard Alfred
Wilson,Mark Vincent

NORTH CAROLINA

Deben,Sophia Esther
Esther,Robert John
Frino,John
Ginn,Thomas Adam
Hanson,Curtis Ashley
Hocker,Shawn Brooke
Lippe,Craig Nathan
Noble,Andrew Raymond
NovAlaska,Vincent Paul
Ottaviani,Robert Augustus
Parekh,Selene Guntant
Patel,Prerana NarendrAlaskaumar
Rose,Brian Todd
Schiffem,Shadley C.
Simpson,Andrew Warren
Stanley,Rodney Jay
Stubbs,Allston Julius
Yeargan,S Austin

OHIO

Asghar,Ferhan Ali
Belisle,Adelle Lynn
Chaudhary,Haleem Nasim
Elgafy,Hossein Kamal Eldin
Ervin,David Christopher
Galluch,David Brian
Gurd,David Peter
Hwang,Steven Paul
Herbenick,Michael Afton
Junko,Jeffrey Todd
Levine,Jason William
Misson,Joseph Raymond
Noel,Curtis Robert
Peelle,Michael Whitney
Petrocy,Pamela Joan
Rubino,Louis Joseph
Stemple,Kurtis Neal
Tucker,Amy Elizabeth
Van Aman,Scott Elwin

OKLAHOMA

Bond,James Lee
de la Garza,Scott Martin
Kirkpatrick,Richard Alan

OREGON

Austin,John Charles
Beall,McPherson Scott
Cortese,David Anthony
Huberty,David Patrick
Vande Zandschulp,Corey J.
Wagner,Mark Bastian

PENNSYLVANIA

Ahmad,Jamal
Anbari,Kevin Kinan
Andersen,Lucille Bennett
Cohen,Steven Brad

Deirmengian,Carl Arsen
Greer,William James
Mashru,RAlaskaesh Pravin-kumar
Melegari,Todd Matthew
Radkowski,Christopher
Anthony
Safier,Shannon David
Schmidt,Gary Louis
Seon,Carl Yang-II
Smith,Eric Brandon
Stanley,Kevin Jon
Tarkin,Ivan Seth
Tom,Albert
Wright,Vonda Joy

PUERTO RICO

Carrion,Carlos Ivan
Pacheco-Lopez,Ivan Humberto
Rivera-Colon,Yamil Cesar
Tort-Saade,Pedro Javier

RHODE ISLAND

Bradley,Michael Patrick
Pizzarello,Peter Anthony

SOUTH CAROLINA

Alan,Rodney Kenneth
Brooker,Reginald Christopher
Campbell,Robert James
Craig,Lucius
Dedmond,Barnaby Todd
Fites,Brandon Sean
Geier,Carl David
Loging,James Ashley
Massie,Richard Vaughan
Merritt,James Osmond
Van Pelt,Christopher Daniel
Wolf,Shane Kelby

TENNESSEE

Arthur,Scott Thomas
Freeman,Mark Gregory
Haslam,Jason Kent
Herzog,Joshua Paul
Jeansonne,Gregory Edmund
Joyner,Kyle Steven
Kurtz,William Bailey
McCall,Scott William
Mitchell,Erika Jasmin
Pesut,Tracy Anne
Pettit,Jonathan Reid
Shibayama,Juris
Smalley,Chad Carlton
Snz,Jay Michael
Sweo,Timothy David
Thomson,Andrew Brian
Ulibarri,James Allan
Vissers,Christian Frank

TEXAS

Banerjee,Sarah Shubert
Barrington,John Wesley
Bennett,James Michael
Boothby,Michael Hayden
Britten,Jeremy Britten
Brown,Taylor DeWitt
Bustos,Juan Carlos
Capelo,Roderick Marcus

Casas-Ganem,Jorge E.
Clavenna,Andrew Lee
Defee,Jason Miles
Fagelman,Mitchell Franklin
Green,David Michael
Grimes,Jerry Speight
Grosser,Dawn Marie
Gutheil,James Paul
Home,Brandon Robert
Hostin,Richard Alan
Johnson,Keith R.
Kadoko,Robert Gonza
Kallina,Charles Frank
Lee,Kenneth Jiann-Hung
Lowenstein,Jason Ernest
Manderson,Michael Scott
Marshall,Amanda Davet
McCulloch,Patrick Callahan
Millican,Geoffrey Means
Ngu,Bonaventure Bimambu
Nolla,Jose Miguel
Owens,Brett Douglas
Phillips,William Frederick
Sander,Michael David
Sanders,Michael BAlaskaek
Santos,Erick Manuel
Siddiqui,Saqib Armughan
Tuder,Dmitry
Weinberg,Jacob
Wroten,Eric Sanders
Wupperman,Patrick Lee

UTAH

Bryan,Nathaniel Anthony
Dal Canto,Richard Andrew
Goucher,Nicholas Roy
Marshall,Stuart Charles
Patel,Alpesh Ashwin
Prince,Edward John
Sessions,Wade Manning
Stevens,David Wayne
Tashjian,Robert Zaray

VERMONT

Marsh,Eric James
Peer,Christopher William

VIRGINIA

Accousti,Kenneth Joseph
Balsamo,Luke Hodgson
Baqae,Wahid
Battaglia,Todd Christopher
Butkovich,Bradley Thomas
Courtney,Thomas Weldon
Cui,Quanjun
Dale,J. Alexandra
Davis,Lonnie Damell
Domson,Gregory Froio
Fox,Bryan Alan
Fricka,Kevin Bradley
Hadfield,Mark Halverson
Hall,Christian Carson
Hanna,Joseph Ragy
Higgins,Michael E
Jander,Ryan Michael
Lawson,Bradley Joe
Mazahery,Behrang Thomas
Pagenkopf,Eric L
Patel,Manish Arun
Peltier,Kevin Edward

Ratcliff, Jennifer Robyn
Shirley, Eric Duncan
Struble, Stephen Graham
Wright, Geoffrey Austin

Chebli, Caroline Marie
Falicov, Alexis
Friedman, Mark Alan
Hansen, Stephen Michael
Hung, John C.

WASHINGTON

Anderson, Christopher George
Birchard, Keith Ray
Borus, Todd Andrew

Khan-Farooqi, Waqqar Bin
Maurer, Carter John
McCallister, Wren Vance
Nanos, George Peter

Stoll, Thomas Christian
White, Klane Keele
Wojtkowski, Thea Agnes

WEST VIRGINIA

Burgess, Kimberly Ann
Day, James Bruce
Pierson, John Patrick

WISCONSIN

Bong, Matthew Robert
Dale, Christopher Peter
DopirAlaska, Ryan Michael
Duellman, Todd Joseph
Erickson, Eric Wayne
Fowler, Timothy Patrick
Goldberg, Steven Harold
Huizenga, Thomas Benjamin

Moe, Craig Edward
Orton, Derek James
Schneider, Scott Bennett
Zambrano, Isidoro Valentino

WYOMING

Aukerman, Ryan Anthony
Beck, Joshua David

(Recertification Report Continued from page 6)

74% of the spine surgeons are in private practice; 86% of the sports medicine surgeons; 83% of the adult reconstructive surgeons; and 86% of those taking the general recertification examination. Two-thirds of individuals taking the recertification exam use the OKU as their preferred method of study. Most individuals stated that they took between 1 and 5 CME courses in preparation for the examination. Finally, just over 50% of the individuals taking the exam spent at least 60 hours studying for it.

In choosing the computer-based method of administering the recertification exam, variation in monitors and image quality may occur. The ABOS has worked closely with the NBME and Prometric Testing Centers in order to improve the quality and ensure consistency of images and monitors. In 2009, we are moving from a written examination for Part I in Chicago to a decentralized computer-based Part I exam. In response to concerns about image quality, the Question Writing Task Force has worked continuously to upgrade the images and ensure that computer-based figures are interpretable and of high quality. We will continue to improve this portion of the exam, as both image quality and monitor quality continue to evolve.

As the Maintenance of Certification (MOC) process becomes incorporated into our specialty, the written test remains the preferred method of most orthopaedic surgeons for recertification. The written test is taken in the last three years of the 10-year recertification cycle and tests medical/orthopaedic knowledge. This is one component of the MOC.

I have worked with other members of our recertification committee to ensure that the 80 core questions on the recertification exam are representative of basic knowledge which all orthopaedic surgeons should know. Whether an individual practices hand surgery in a private practice environment or pediatric orthopaedic surgery in a subspecialty academic practice, the knowledge tested in the 80 core questions, I believe, represents essential musculoskeletal material. In the table below are the categories from which these questions are drawn.

Category	# of Questions
General Principles and Ethics	4
Spine	1
Upper Extremities	20
Lower Extremities	38
Multiple Trauma	8
Complications, orthopaedic medical management	6
Neoplasm	3

The Recertification Examination Committee is dedicated towards ensuring that the recertification process for orthopaedic surgeons is fair and tests basic knowledge which orthopaedic surgeons should be aware of, in order to practice orthopaedic surgery. The examination itself is part of a Maintenance of Certification Program ensuring continuous education and competency in our specialty.

(Subspecialty Certification Continued from page 8)

This year, a total of 100 ABOS Diplomates took the computer based combined General Orthopaedic and Hand Recertification exam. The mean percent correct for the entire exam was 76%. For the 80 General (Core) Orthopaedic items the mean percent correct was 74% (74% correct in 2006, 73% in 2005, 79% in 2004). The mean percent correct for the 150 hand recertification hand items was 76% which was consistent with previous years. The standard setting data was then reviewed by conference call by the ABOS Committee on Recertification and psychometricians from the ABS and National Board of Medical Examiners. A passing level of 63 % correct was set. This resulted in 2 failures out of 100 examinees for the combined recertification exam.

ABOS ON-LINE DIRECTORY

To find out if a physician is certified by the American Board of Orthopaedic Surgery, go to www.abos.org and click on "Finding a Board Certified Orthopaedic Surgeon" and then enter a name and click search. Only Orthopaedic Surgeons who are Board Certified are listed here.

Alternately, you can call the Board office and ask for a verbal verification at no charge.

If you need a written verification of this information, you can mail a written request, along with a check for \$25.00 to the Board office.

IMPORTANT REMINDERS!

IMPORTANT INFORMATION FOR ALL DIPLOMATES

If your ABOS Certificate expires in or prior to 2009, has already expired, or is a lifetime certificate

May 1, 2008 is your deadline to apply if you wish to take one of the recertification examinations in 2009.

After that time, all Diplomates wishing to recertify will be required to go through the Maintenance of Certification process for Recertification.

If your ABOS Certificate expires in 2010 or after

You must complete the MOC process in the year prior to application. If your certificate expires in 2010 or 2011, see the grid on page 3 for the requirements to take the 2010 examination.

More information about MOC and Recertification can be obtained by going to our website at www.abos.org and clicking on the Diplomates tab.

CONTACT US:

The American Board of Orthopaedic Surgery
400 Silver Cedar Court
Chapel Hill, NC 27514
Phone: 919-929-7103
Fax: 919-942-8988
Website: www.abos.org

REVOKED CERTIFICATES

To date, the American Board of Orthopaedic Surgery has revoked the certificates of 39 Diplomates.

Listed below are the most recent certificate revocations.

Former Diplomate	Last Known City/State	Year Revoked
Robert Dale Bernauer	Lake Charles, Louisiana	2007
Keith P. Hughes	Lincoln, Nebraska	2007
Gary L. Lowery	Jacksonville, Florida	2007
Romuald N. Sluyters	Mattituck, New York	2007