PRESIDENT’S REPORT

I am honored to have been elected the 56th President of the ABOS and vow to uphold the mission of the Board as articulated at its founding in 1934, that is to advance the education of orthopaedic surgeons by providing a board certification process that assesses orthopaedic knowledge and promotes ethical and professional conduct in the performance of orthopaedic practice. I want to thank John G. Seiler, III, M.D., our 55th President who presided over the Board during our 75th Anniversary Year. His exemplary leadership and organizational skills have prepared us well for our future challenges.

The Board members of ABOS have dedicated themselves to making the certification and recertification process for new and practicing orthopaedic surgeons reflective of assessing essential orthopaedic knowledge and surgical practice, and focusing on patient safety, ethics and professionalism, which reflect continuing education and practice performance improvement.

Two new Directors have been elected to the ABOS. They are J. Lawrence Marsh, M.D., an orthopaedic trauma surgeon from the University of Iowa and Thomas P. Vail, M.D., a joint replacement surgeon from the University of California, San Francisco. Both of these individuals have distinguished themselves academically and professionally through their research contributions and service to orthopaedics locally and nationally.

Rotating off the ABOS this year after fulfilling his 10-year commitment is Peter J. Stern, M.D., Chairman of Orthopaedics at the University of Cincinnati. Peter has served many functions during his ABOS tenure including that of President of the Board. Peter’s many accomplishments and service to the ABOS are most appreciated and he has served as a role model for the Directors who have come onto the Board after him.

The foundation of the ABOS is the examination process, Part I certification upon completion of orthopaedic residency training, the oral examination upon completion of 2 years in practice and the recertification process for practicing orthopaedic surgeons. 2009 was a milestone year for the Part I certification exam. Becoming a computer-based test given at Prometric Centers throughout the United States obviated the traditional written exam held in the basement of the Hyatt Hotel in Chicago. Dr. Regis O’Keefe, Chair of Orthopaedics and Rehabilitation at the University of Rochester, has assumed the chairmanship of the Written Exam Committee. Under his leadership, the ongoing development of the Part I computer exam will continue to evolve with the development of multimedia questions, which more accurately reflect “real world” orthopaedic applied knowledge.

James Kasser, M.D., Chairman of the Oral Exam Committee, along with his committee members, are working closely with the NBME to further refine the oral exam process to provide an exam which more accurately reflects the knowledge, decision making and quality of the candidate’s surgical practice.

David Martin, M.D. has taken over chairmanship of the Maintenance of Certification Committee previously held by Marybeth Ezaki, M.D. Marybeth, along with the previous chair, Jim Luck, M.D., have worked exhaustively with their committee members to develop a MOC process that provides value to our diplomates and satisfies all of the requirements for continuing medical education. Dr. Ezaki continues as our Liaison to the American Academy of Orthopaedic Surgeons on the MOC process. Dr. Martin and his committee will be spending a considerable amount of their time refining Part IV of the MOC process. You will be hearing about PIMS (Practice Improvement Modules) in the near future as Dr. Martin’s committee works to develop PIM for all the orthopaedic subspecialties. More information is contained in Dr. Martin’s committee report.

Judith Baumhauer, M.D., Chair of the Recertification Subcommittee of MOC and her committee members are working closely with the MOC Committee to ensure that the computer-based written recertification examinations and the oral recertification examination accurately reflect a
As the incoming chairman of the Maintenance of Certification (MOC) Committee of the American Board of Orthopaedic Surgery (ABOS), I would like to pay tribute to the extraordinary efforts of Dr. MaryBeth Ezaki in leading the committee over the past five years. Under her leadership, the ABOS has developed a meaningful process for the continuing board certification of orthopaedic surgeons, while adhering to the directives of the American Board of Medical Specialties (ABMS). In last year’s Diplomate MOC report, Dr. Ezaki stated the following: “As a Profession, we have the unspoken contract with society to regulate ourselves. If we fail as a profession, we may find ourselves in the situation where outside organizations or governmental bodies take on this role. We must not lose our status as a Profession for we will then be relegated to that of a mere trade.” Her work in finding meaningful methods of regulation for our Profession has made and will continue to make a major differences in how we are perceived by other healthcare professionals, by society, and, most importantly, by our patients.

The ABOS is an independent organization with the responsibility to oversee the requirements for both education and certification of orthopaedic surgeons in the United States and Canada. The ABOS is an autonomous body with voting membership in the American Board of Medical Specialties (ABMS). The ABMS is the umbrella organization of the twenty-four legitimate American Specialty Certification Boards. The mission of the ABMS, as stated in its bylaws, is to assist the member Boards in their role in Certification of Physicians. The mission of the ABOS is to serve the Public by setting standards for residency education, credentialing, testing, and certifying the proficiency of orthopaedic surgeons. Directors serving on the ABOS represent all subspecialty areas of orthopaedic surgery; geographic distribution is diverse as well.

The ABMS has directed the Specialty Boards to pursue a more comprehensive assessment of physicians following initial certification. The definition of the competent physician now centers on the Six Core Competencies which form the basis for evaluation of medical and graduate medical education as well as Board Certified physicians. The ABMS has further defined Four Components which must be evaluated during the initial and subsequent Certification processes. These include evidence of: (1) Professional Standing, (2) Commitment to Lifelong Learning and Self-Assessment, (3) Cognitive Expertise, and (4) Performance in Practice.

Each of these four areas is now being addressed by a facet of the ABOS Maintenance of Certification process. MOC has now replaced the old Recertification process for the ABOS and all other Boards under the umbrella of the ABMS. The ABOS has continually modified and refined the MOC process over the past several years, constantly trying to make it meaningful, user friendly, and value-added to our Diplomates, while still satisfying the ABMS requirements. This has been done while staying true to the ABOS mission of serving the public and serving our profession.

All orthopaedic surgeons with time-limited Board Certification certificates (those initially issued in 1986 or later) will now be required to participate in the MOC process to maintain certification. Those Diplomates whose certificates expire in 2017 or later will be required to complete two three year cycles of Continuing Medical Education (CME) and Self Assessment Examination (SAE) credits. These changes in the recertification process have required significant changes in the way the ABOS collects, stores, and evaluates information. Major upgrades have been made in the information systems and the process should be a smooth one for Diplomates at this time. The ABOS website has been updated and includes excellent information to allow an orthopaedic surgeon to easily find where they stand in the MOC process. The navigation through the website has been streamlined—please visit www.abos.org regularly to determine where you stand in the MOC process and please call the staff at the ABOS office with any questions.

All ABOS Directors participate in the MOC process, so we understand what it entails and what it means. All ABOS Directors are or have recently been involved in the operative practice of orthopaedic surgery and realize the implications of the MOC and Board Certification process. We are committed to continuing to improve the process so that it is not disruptive to the practice of orthopaedic surgery for our Diplomates, yet allows a reasonable evaluation of competency that will stand the test of scrutiny from outside our profession.

The MOC process now consists of the following elements:

1. Verification of state licensure and unrestricted hospital privileges
2. Peer review process
3. Two three year cycles of CME (120 Category I credits of which 20 must be SAE)
4. Submission of a case list from the Diplomates practice
5. Secure examination (written or oral)

Pathways for each certificate year and each type of exam are easily viewed at the ABOS website.

New developments for the ABOS MOC process are in two areas: the use of Self Assessment Examination (SAE) credits as part of the CME requirement and in the development of new modules to assess Performance in Practice (PIP).

The MOC Committee has developed guidelines to allow the ABOS, other orthopaedic organizations, and Diplomates to evaluate what constitutes valid SAE credit. The ABOS feels strongly that a portion of the CME requirement involve examinations that are “scored and recorded.” These should not be ‘score as you
go’ examinations, but have a formal scoring process by the CME provider. The ABOS now has guidelines that will easily gauge whether an exam qualifies in this area and this should streamline CME reporting for the Diplomate.

Part 4 of the MOC process has long been a challenge for the ABOS – ideally, this involves some type of quality improvement for the Diplomate, allowing a comparison of and orthopaedic surgeon’s own practice with other like practices regionally and nationally. This is currently done with the ABOS Peer Review process and also the submission of case lists by the Diplomates. The ABOS is currently working on Practice Improvement Modules (PIMs) that would allow a surgeon to collect data on 10 cases of a particular entity, submit that data and evaluate the data compared to other surgeon’s practices. At that point, the surgeon could participate in educational programs and make appropriate practice changes, and then collect another 10 cases to look for improvement. It is this type of self-reflection that captures the spirit of the ‘Performance in Practice’ portion of the MOC process. A module of this type for the treatment of Carpal Tunnel Syndrome is in the final stage of development and the ABOS is developing at least one such module for each orthopaedic subspecialty.

MOC is here and has received broad support from both inside and outside our profession. It is a good thing for the practice of medicine; it is a better thing for our patients. The goal of the ABOS is to make it a process that is BY physicians and FOR physicians; it is meant to enhance our practices and to enhance the care of our patients. The ABOS is constantly looking for assessment instruments that can be validated and as those are developed, more options for satisfying the requirements of MOC will be available to allow you to demonstrate your competency and improve your practice.

The ABOS MOC process is among the finest of those offered by all of the ABMS Boards – it has value in assessing our competency and value in improving the care of our patients. Board Certification in Orthopaedic Surgery has great meaning and worth – we are committed to keeping it that way.

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**Maintenance of Certification for Diplomates of the American Board of Orthopaedic Surgery with Certificates Expiring in or before 2014 who want to take the 2012 Examination**

**MOC Computer Examination Pathway**

**Continuing Medical Education & Self-Assessment Exams**

<table>
<thead>
<tr>
<th>take in</th>
<th>due</th>
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<tbody>
<tr>
<td>2008-2010</td>
<td>12/15/2010</td>
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120 credits of ACCME approved Category 1 CME relevant to Orthopaedics, including at least 20 SCORED & RECORDED self-assessment exam credits. Each SAE must be 10 or more credits. The AAOS, ASSH, AOSSM, & JBJS offer SAE that qualify.

**Case List**

<table>
<thead>
<tr>
<th>available</th>
<th>due</th>
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<tr>
<td>2010</td>
<td>12/15/2010</td>
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3 month case list of surgical cases (limit 70) performed in hospitals and surgery centers during 3 consecutive months within the year indicated. Case list data must be entered in scribe via www.abos.org and then submitted online. The case list must also be printed, notarized and mailed to the Board office.

**Application**

<table>
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<tr>
<th>available</th>
<th>due</th>
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<tr>
<td>2/1/2011</td>
<td>5/1/2011</td>
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Application available via www.abos.org to Diplomates who have completed the MOC requirements for the computer exams. (CME, SAE, & 3-month case list received in the Board office.) Deadline to submit application & fee via www.abos.org. Mail deadline for required attachments (must be current, original documents).

**Examination**

<table>
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<tr>
<th>fee due</th>
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<tr>
<td>12/15/2011</td>
<td>2012</td>
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Once candidates have received their acceptance to sit letters (after Credentials Committee meets), they must pay their exam fee via www.abos.org. Exams: General, Adult Reconstruction, Sports Medicine, Surgery of the Spine, Combined Hand (for Hand CAG holders), Combined Sports (for Sports Subspecialty Cert holders).

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**MOC Oral Examination Pathway**

**Continuing Medical Education & Self-Assessment Exams**

<table>
<thead>
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<th>take in</th>
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<tbody>
<tr>
<td>2008-2010</td>
<td>12/15/2010</td>
</tr>
</tbody>
</table>

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**Application**

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<td>2/1/2011</td>
<td>5/1/2011</td>
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</table>

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 to submit application & fee via www.abos.org. Mail deadline for required attachments (must be current, original documents).

**Case List**

<table>
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<tbody>
<tr>
<td>2010-2011</td>
<td>12/15/2011</td>
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</table>

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 in scribe via www.abos.org and then submitted online. The case list must also be printed, notarized and mailed to the Board office.

**Examination**

<table>
<thead>
<tr>
<th>fee due</th>
<th>in</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/15/2011</td>
<td>2012</td>
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</tbody>
</table>

Once candidates have received their acceptance to sit letters (after Credentials Committee meets), they must pay their 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.

*Diplomates whose certificates expire before they complete the MOC requirements will be required to take the Oral Examination Pathway.*
THE RECERTIFICATION EXAMINATIONS COMMITTEE REPORT

JUDITH F. BAUMHAUER, M.D., M.P.H., CHAIR

The first ten-year time limited certificates were issued by the ABOS in 1986. At that time, in order to be recertified, a surgeon had undergone a peer review process similar to that required for Part II of the Boards, obtain 120 Category I CME credits in the three years prior to their application and pass a secure examination. Since that time, the Maintenance of Certification Program under the American Board of Medical Specialties (ABMS) has further defined the recertification process as a program for life long learning and practice improvement. The recertification examinations are a portion of this Maintenance Of Certification program. The recertification examination options include 1) a computerized written examination or 2) an oral recertification examination.

The computerized written pathway has a number of tests available. The general orthopaedic examination consists of approximately 200 questions and covers general clinical material that orthopaedists should know regardless of their area of expertise. Alternatively, currently there are three specialty practice profile examinations in the area of adult reconstruction, sports medicine and surgery of the spine. These examinations consists of approximately 40% general clinical questions and 60% subspecialty questions. In the area of hand, there is a combined hand examination available only to candidates who hold a CAQ in surgery of the hand. For this exam, there are 80 general orthopaedic questions and approximately 160 CAQ hand surgery questions. Lastly, there is a combined sports medicine examination pathway for candidates who hold a subspecialty certification in orthopaedic sports medicine. This pathway consists of 120 sports medicine questions and 80 general orthopaedic surgery questions. The sports practice profile examination will end after 2011 and only the combined sports medicine recertification exam will be available to those with a subspecialty certificate in sports medicine.

In 2009 there were 1,223 orthopaedic surgeons who took the computer recertification examination resulting in a combined pass rate of 98%. For the subspecialty examinations the pass rate was 98% for adult reconstruction, 99% for sports medicine and 99% for spine.

The alternative recertification option is the oral pathway. For the orals, it is similar to Part II of the Boards and the examination is focused on the case list that is submitted. One hundred seventeen orthopaedic surgeons chose this pathway for recertification with a pass rate of 87%.

A very common question is “what is the core orthopaedic knowledge for the computer recertification examinations?” At www.abos.org, the content of the core orthopaedic knowledge is listed with general items ranging from 15 to 30%, upper extremity 15 to 30%, lower extremity 35 to 54%, spine 2% and tumor and tumorlike conditions 3-5%. More specific details can be gleaned on this web page under Maintenance of Certification on the Diplomates tab.

As the Maintenance Of Certification Program continues to evolve within the American Board of Medical Specialties, secure exams in the form of computer administered clinical examinations and the oral examinations will remain. The goal of these exams is to demonstrate life long learning and maintenance of medical knowledge.

Diplomates are eligible to take a recertification examination up to two years prior to their expiration date of their certificate, provided they have completed their MOC requirements. Diplomates who allow their 10 year certification to expire will be required to take the oral recertification exam after completing the MOC reporting requirements.

All Diplomates should visit www.abos.org to familiarize themselves of the deadlines as the application is due the year prior to the examination, but only to those who have completed their MOC requirements the year before. Additionally, the CME requirements and documentation for credentialing deadlines are also listed.

### 2010 SCHEDULE

**RECERTIFICATION EXAMINATIONS**

Applications Closed

General and Practice Profiled Examinations in Adult Reconstruction, Sports Medicine, & Surgery of the Spine: *March 1 thru April 30, 2010*

at Prometric Testing Centers, Nationwide

Oral Recertification Examinations: *July 20, 2010*

at the Palmer House Hilton, Chicago

Combined Hand Examination: *September 13-25, 2010*

at Prometric Testing Centers, Nationwide

Combined Sports Examination: *November 4-17, 2010*

at Prometric Testing Centers, Nationwide

### 2011 SCHEDULE

**RECERTIFICATION EXAMINATIONS**

Applications Available: *February 1, 2010*

Applications Deadline: *May 1, 2010*

* Diplomates must have completed the MOC requirements prior to 2010 in order to apply.
CREDENTIALS COMMITTEE REPORT

TERRY L. THOMPSON, M.D., CHAIR

MEMBERS:
Judith F. Baumhauer, MD, Sanford E. Emory, MD, John H. Erbland, Richard J. Haynes, MD,
James V. Luck, Jr., MD, J. Lawrence Marsh, MD, David F. Martin, MD, John G. Seiler, III, MD,
James N. Weinstein, DO, Shepard R. Hurwitz, MD

The Credentials Committee of the American Board of Orthopaedic Surgery 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 Certification examination and the Recertification 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 applicant/Diplomate holds a license) is required.

Practice Performance Assessment also occurs at the time of application for the Part II Oral examination and the 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 orthopedic 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 orthopedic 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 improvement (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 upon each Diplomate’s sincere efforts in this area.

For candidates with certification expiring in 2010 and thereafter, a three-month case list will be required. 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.

The Credentials Committee routinely meets twice each year to review applicants for the Part II Oral examination and for Recertification. For the 2009 Recertification examination, 1,223 applicants were admitted to the examination, 10 were deferred, 2 were denied the opportunity to sit, 2 were asked to take mandatory oral certification examinations, and 4 were required to have either a practice site visit or an oral exam. For the 2009 Part II Oral examination, 695 applicants were admitted, 10 were deferred, 2 were denied the opportunity to sit, and 4 were deferred for a practice site visit. The Credentials Committee also reviewed 4 active certificate holders whose state medical license had been revoked or encumbered with licensure restrictions; the ABOS revoked all 4 certificates. Four other Diplomates, who had previously had their licenses revoked, were allowed to start the reentry process through Maintenance of Certification.

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.

WE RELY ON OUR DIPLOMATES!

Chances are you have been asked by the Board to evaluate one or more of your peers by completing an “applicant evaluation form” and mailing it back to the Board office. This information is an important component of the process of evaluating whether or not our applicants meet the Board’s standards to allow them to sit for the ABOS examinations. The responses are completely confidential and not discoverable. When poor evaluations are received, the Board investigates further and only uses this information if it can be verified by other sources. So, many thanks for each time you take a few minutes out of your busy schedule to fill out one or more of these forms and mail them back.
The Joint Committee on Surgery of the Hand is composed of appointed representatives from the three parent Boards of Surgery (ABS), Plastic Surgery (ABPS), and Orthopaedic Surgery (ABOS). This committee is charged with developing, administering and setting passing standards for the examination for the Certificate of Added Qualification in Surgery of the Hand (CAQSH). Each individual Board sets the passing standards for the CAQ when it is used as the Part III secure examination portion of the Recertification process.

In 2009 the CAQSH examination was administered in September as a secure computer based examination in numerous local testing centers, as it has been done since 2003. The computer based test has proven to be both more convenient and economical for those candidates who do not have to lose additional practice days to travel.

Certificate of Added Qualification in Surgery of the Hand Certification Examination: A total of 101 Hand Surgeons took the CAQ as the Certification examination. Of these, 93 were first-time takers and 8 were Re-examinees. In this group, 66 were ABOS Diplomates, 19 ABPS, and 16 ABS Diplomates. For Orthopaedics, this compares with 80 who took the exam in 2008, and 46 in 2007. One hundred sixty-three items were scored, of which seven were deleted due to poor psychometric performance. Forty-four percent of the questions were new to this year’s examination, while the remainder had been used on prior tests. Reliability coefficient and Standard error of measurement demonstrated acceptable results to ensure comparability with previous examinations. The average score for the Orthopaedic Diplomates taking the CAQ was 80.6%.

The Joint Committee on Surgery of the Hand met to review the scores and psychometric data and to set the passing score for the 2009 CAQ Certification examination. The Tucker Linear Equating model was used to determine comparable passing scores and to determine changes in examination difficulty and examinee group performance from year to year on the Surgery of the Hand examinations. A passing score of 68% correct was identified by the Committee, members of which represent all three parent Boards. This compares with 64% correct in 2008, 65% in 2007, 64% in 2006, 63% in 2005, 66% in 2004, and 65% in 2003. The overall failure rate was 8% or 8 Candidates. The pass rate for ABOS Diplomates taking the CAQ for Certification was 94%.

Since the first CAQSH examination was administered in 1989, 1,724 ABOS Diplomates have certified in Surgery of the Hand.

Certificate of Added Qualification in Surgery of the Hand Recertification Examination: A total of 223 Diplomates took the CAQSH for Recertification via a computer-based test. This included 180 ABOS Diplomates, 34 ABPS and 9 ABS Diplomates respectively. The same examination was administered for both the Certifying and Recertification Examination. Of the ABOS Diplomates 139 took the test with the Core Orthopaedic Questions for the dual Recertification pathway (Combined Hand) for both the Orthopaedic Boards and Hand CAQ. Forty-one Orthopaedic Diplomates recertified the Hand CAQ only. Many of the recertification test takers were initially certified in either 1989 or 1990.

Overall the mean percent correct was 79.5 Recertification Examination passing scores have ranged from 62% to 65% correct over the years. The passing score for the 2009 Recertification CAQ examination was set at 66% by the Joint Committee on Surgery of the Hand. The pass rate for the joint Orthopaedic Board
The purpose of this report is to review and update you on the Subspecialty Certification in Sports Medicine. This report will include: 1) A brief history of the process, 2) The current status of Sports Subspecialty Certification, 3) Future directions including folding the Sports Subspecialty Certificate into the MOC process and the creation of an oral sports recertification pathway.

It is critical for you to know that the grandfather period ends in 2012, so the upcoming 2010 and 2011 exams will be the last chance for those individuals who did not graduate from an ACGME accredited fellowship to become subspecialty certified in Sports Medicine.

1). Brief History

In 1998, the leadership in Orthopaedic Sports Medicine decided to pursue Subspecialty Sports Certification Status (Hand surgery was approved in the 80’s). After careful deliberations and analysis of scientific surveys, it was determined that Orthopaedic Sports Medicine had “a unique body of knowledge and area of practice” worthy of subspecialty certification. The original application was submitted to the ABOS in 1998 and it was approved in 2000. Then, it was sent to the ABMS (the “mother” board) for approval in 2003. Over the next 4 years, the ABOS and NBME worked on developing an examination that was fair, psychometrically sound, valid, and reflected Orthopaedic Sports Medicine’s “body of knowledge.”

2). Current Status of Sports Medicine Subspecialty Certification

The first examination was given in 2007. Since then, we have completed 3 years of examinations. Each year, the exam has consisted of approximately 200 questions. The content breakdown that was determined to reflect the “body of knowledge” (ie curriculum) of a graduating sports medicine fellow or practitioner is as follows:

<table>
<thead>
<tr>
<th>General Sports Topic</th>
<th>%</th>
<th>(Number of Items)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Principals</td>
<td>10%</td>
<td>(20 items)</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>70%</td>
<td>(140 items)</td>
</tr>
</tbody>
</table>

In addition to the usual rigorous psychometric evaluation done with the NBME, the past 3 tests have also undergone a standard setting exercise. This involves having 10 experienced (ACGME accredited fellowship and in practice a minimum of 10 years) board certified sports orthopedists sitting the exam and acting as judges to rate all items and determine passing rates. This exercise was done to further adjust and establish a final passing score. The results of the past 3 exams are as shown below.

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examinees</td>
<td>587</td>
<td>356</td>
<td>322</td>
</tr>
<tr>
<td>Passes</td>
<td>529 90%</td>
<td>330 93%</td>
<td>281 87%</td>
</tr>
<tr>
<td>Fails</td>
<td>58 10%</td>
<td>26 7%</td>
<td>41 13%</td>
</tr>
</tbody>
</table>

Over the past 2 years, the Board made several changes in the application process to make it more user friendly. A drop-down menu of acceptable Sports Medicine cases was created. Also, a “counter” was created to show the number and type of cases entered. These changes make it easier for the applicant to record acceptable Sports Medicine surgical and non-surgical cases. The minimum number of Sports Medicine cases required to sit the exam is 125. One hundred and fifteen of the 125 are surgical (75 arthroscopies) and 10 of 125 are non-surgical cases.

3). Future Directions

A critical goal of the subspecialty certification process is to make it consistent with the Hand Surgery CAQ (certificate of added qualifications) and the MOC process. With this in mind, the Board approved the following proposal:

“Those individuals who pass the Sports Medicine Subspecialty Certification Exam will be eligible to sit a combined sports pathway examination to satisfy Part III MOC requirements when the Diplomate is eligible to apply for recertification of their primary certificate.”

The primary orthopaedic subspecialty certificates will then have the same expiration dates and time course. The Combined Sports Pathway Examination will be 200 questions in length and will consist of 120 questions from the Sports Medicine Subspecialty Examination pool and 80 questions from the General Orthopaedic Exam pool. This examination will be available in November of 2010.

The current sports computer based practice profile recertification examination will be phased out after 2011. For those individuals who do not possess a Subspecialty Certificate in Sports Medicine and want to recertify their Primary Orthopaedic Certificate after 2011, the following options are available: 1) A General Orthopaedic Computer-Based Examination or 2) An oral examination based upon a 6 month case list of the Diplomate (This will be given by a Sports Medicine examination panel)

Over the next year, the ABOS will work with the ABMS to get approved an Oral Pathway that will satisfy subspecialty recertification in Sports Medicine in the MOC process. This will give the Diplomate who has a subspecialty certificate in Sports the option of a written or oral pathway to satisfy both primary and subspecialty recertification for the remainder of their professional careers.
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 2008-09 ABOS Written Examination Committee (Drs. Herkowitz, Albanese, Anglen, Baumhauer, Berry, Ezaki, Harner, Haynes, Kasser, Marcus, Martin, O’Keefe, Stern, Thompson, and Weinstein) was charged with producing the best possible examination to fairly and accurately evaluate the competence of candidates for certification. For 2009-2010, Dr. Regis O’Keefe will become Chairman of the Written Examination Committee. Retiring from the Written Exam Committee are Peter Stern, M.D. and Dan Berry, M.D. They will be replaced by Sanford Emery, M.D. and Thomas Vail, M.D.

The 2009 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 2007, when the Question Writing Task Force members were given their assignments. Eight more steps followed: 1) These questions were submitted to the National Board of Medical Examiners (NBME) in December 2007 for editing and review for any technical flaws. 2) The questions were then categorized into 18 subcategories. 3) In April 2008, the Question Writing Task Force met in Philadelphia to review all of the questions. 4) The NBME re-edited the questions and entered them into the item library. 5) In November 2008, 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 2009, the ABOS Written Examination Committee met and decided on final item selections. 8) In March 2009, the Chairman of the Written Examination Committee and the Executive Director reviewed the final page proofs and gave final approval to the examination.

To be eligible to apply to take the Part I Certifying Exam, candidates must be in an ACGME accredited orthopaedic residency and complete 51 of 60 months of training. Canadian residents who pass the Royal College of Physicians and Surgeons may sit for the ABOS Part I exam. A third pathway is the scholar track where a foreign orthopaedic trained surgeon who spends 5 years at a US academic center may apply for the Part I examination.

The 2009 Part I Certification Examination was the first year that candidates took a computer exam. The exam was given on July 10, 2009 at Prometric Testing Centers throughout the United States and its territories. A total of 719 examinees sat for the Part I exam. Of the 719 examinees, 647 took the exam for the first time and 72 were repeaters.

I encourage all program directors to encourage their candidates to sign up for their test site as soon as they receive their scheduling permits so that they will get their first choice for location. As part of the registration process, they are required to take the ABOS-sponsored tutorial, which will familiarize the candidates with the exam process. The 2009 exam was given in 7 blocks. Blocks 1-6 lasted 75 minutes with 52 questions in each block. Block 7 lasted 30 minutes with 15 multimedia questions. There was 40 minutes of break time.

The 2009 exam consisted of 312 items of which 8 items were invalidated leaving a total of 304 items for scoring. The multimedia section of the exam consisted of explorable CT/MRI scans, arthroscopy videos and physical exam videos. Multimedia questioning will become a greater part of the Part I Certification Exam as this new format continues to be developed and statistically validated.

In August 2009, the NBME presented the final examination scoring and test psychometrics to the American Board of Orthopaedic Surgery Written Exam Committee who set the passing standard. An item by item question analysis is done by orthopaedic surgeons who are members of the Standard Setting Task Force. Their findings are then reviewed by the ABOS Written Exam Committee and a passing standard is then set. The ABOS notifies the candidates of their results in September.

The passing standard for the 2009 examination was set at 1.12 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 69.7% or a raw score of 212 with an overall passing rate for all examinees of 90%. The passing standard was scaled to a mean standard score of 200 with a standard deviation of 20. The Rasch bank passing score of 1.12 logits corresponds to a standard score of 170.

The passing rate for United States and Canadian medical school graduate first time examinees was 94% and for international medical student graduates taking the exam for the first time was 92.9%. Of those examinees repeating the exam, the passing rate for United States and Canadian medical school graduates was 51.8%; for international medical student graduates, 29.6%.

(Part I Written Examination Continued on page 13)
In July 2009, the Part II oral examination was administered in Chicago to 695 individuals. The Part II examination has been given at the Palmer House in Chicago as long as practicing orthopaedic surgeons can remember. While the written exam (Part I) has moved to a computer format, as you are all aware, Part II, the oral exam, remains a face-to-face Chicago-based event. While this is one of the great traditions in board certification for orthopaedic surgery, it is also valuable to recognize the unique aspects of this examination. This is an opportunity to be examined by your peers, based on your own cases, ensuring both the public and other medical specialists of individual competence and quality of care. Board certification is voluntary, ensuring the public that an individual surgeon possesses the knowledge, technical skills, professionalism and credentials to provide excellent orthopaedic care.

To sit for the Part II examination, an individual must have completed Part I, the written examination, successfully. The individual then must be in the practice of orthopaedic surgery for 22 months. A six month certified case list must be submitted by the candidate for review and testing. The Credentials Committee obtains evaluations from hospitals and associated medical personnel in order to determine important aspects of medical knowledge, technical skill, communication and professionalism in order to complete the oral exam. It is important to recognize that the array of individuals asked to submit an “applicant evaluation form” includes residency directors, orthopaedic colleagues, operating room personnel, department chairmen within the hospital in which the candidate works and the individual’s own orthopaedic department chairman.

The consecutive 6 month case list submitted is quite variable, including as few as 15 cases and as many as over 300 cases depending on the surgeons practice. Case selectors including examiners and Board members choose 12 cases for evaluation. The 12 cases include a representative sample of an individual’s practice, complications, outliers, and perhaps unusual cases. The majority of the cases, however, should be representative of the individual’s practice. After selection of 12 cases, the examinee may delete two cases, and ten cases form the basis for the examination.

In the examination itself, the individual is evaluated by two examiners in three stations, each for 35 minutes. Each examiner grades the test independently based on medical knowledge, surgical technique, complications, indications and ethics in practice. Examiners’ scores are handicapped based on an examination history, so that a candidate will not be penalized by having a difficult grader nor will he receive benefit from having an easy grader. Scores are combined and passing score determined. It is important to note that all examinees can pass the test. There is no set failure rate for this examination.

In 2009, 695 individuals took the Part II exam with 621 passing and 74 failing. This represents an 89% pass rate and 11% failure rate. Historically, since the year 2000, the failure rate has varied from a low of 7% to a high of 14%. Of the first-time test takers, the pass rate is 90%, slightly higher than the group as a whole.

The changes coming in the future include a conversion to electronic imaging from plain x ray or paper images for examination. Historically, individuals have brought x ray films with them, documenting cases and surgical procedures. Over the past 5 years, we have surveyed the group to judge the penetration of electronic imaging into the practice of orthopaedic surgery nationally, allowing us to move towards an electronic format for our exam. As of 2009, a vast majority of individuals surveyed had electronic imaging within their hospital and office. In 2009, we first piloted a PowerPoint format for electronic imaging on a small scale. In 2010, we will pilot a number of examinations for recertification using electronic imaging format.

In the debriefing from the examinees this year, I found remarkably few concerns about SCRIBE for the submission of cases. The number of small inconsistencies in the instructions have been noted and dealt with. We will continue to poll the examinees to improve our exam following each Part II exam session.

The examiners most common criticisms of the examinees over the past two years has been a failure in documentation of informed consent. All examinees are reminded to include this with their case material. There should be evidence of this in all cases. Also, the operative note should contain evidence of a time-out, identifying side and site of surgery, as well as indications for a surgical procedure.

The American Board of Orthopaedic Surgery is very proud of its oral examination. It is a unique individually case-based exam that allows one to be examined on his/her practice rather than on standard cases. I believe that this ensures the public the highest quality of orthopaedic care rendered in an ethical, professional manner. Thank you very much for participating in this process.

### PART II ORAL EXAMINATION STATISTICS

<table>
<thead>
<tr>
<th>Year</th>
<th>Examinees</th>
<th>Passes</th>
<th>Fails</th>
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<tr>
<td>2005</td>
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<td>2008</td>
<td>669</td>
<td>596</td>
<td>66</td>
</tr>
<tr>
<td>2009</td>
<td>695</td>
<td>621</td>
<td>74</td>
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</tbody>
</table>

### 2010 SCHEDULE

**PART II ORAL EXAMINATION**

Applications Closed
Examinations: July 21-23, 2010
at the Palmer House Hilton, Chicago
ATTENTION DIPLOMATES ... We need your help!!

The following pages list candidates that have applied for Part II of the certifying examination for 2010. 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
Bode, Kenneth Spencer
Ebert, Andrew Benjamin
Freedman, Brett Arthur
Johnson, Shawn Evette
Kessinger, Stacee Marie
McFarland, Theresa Lynn
Ross, Amy Elizabeth
Swany, Ganesh
Wimmer, Timothy M.

ALASKA
Deissareth, Kate Benedict
Sexton, Nicholes Shane

ALABAMA
Bryant, Ginger Kay
Bullington, Andrew Brandon
DeOrio, Matthew James
Freudenberg, Curt Leslie
Guin, Patrick Daniel
Hodges, Frank Spain
Howard, Clinton Wilbur
Wilson, Charles Henry

ARKANSAS
Gordon, Eric Houston
Heinzelmann, Andrew Dunsmore
Henley, Christopher Noel
Rhomberg, Edward Willis
Seale, Jared Justin
Smith, Philip Allan

ARIZONA
Bennion, Phillip Washburn
Brimacombe, Sean Joseph
Chow, James Campbell
Clouse, Doug Steven
Datta, Jason Chandler
Farber, Adam Jason
Farrow, Lutol Dashaun
Gause, Paul Russell
Gruber, Brian Francis
Hall, John Francis
Haywood, Brett LeDon
Henderson, Patrick Charles
Lewicky, Yuri Michael
Parrella, Mark Stephen
Sahasrabudhe, Amit Arun
Vercillo, Michael Thomas

CALIFORNIA
Afra, Robert
Afari, Alan Michael
Ahlulwalia, Raj
Allison, Daniel Christopher
Bafus, Blaine Todd
Bagheri, Ramin
Bengs, Benjamin Christopher
Bille, Brian
Bolling, William Seth
Bradford, Letitia Lynn
Caputo, Kimberley Kristen
Chan, Danny Pok Yin
Chivas, Daniel John
Combs, Christopher John
Crow, Bradley Dean
Cullen, Aaron Bradley
Desmond, Elizabeth Anne
Dillon, Mark Thomas
Dinh, Paul Thang
Downs, David Justin
Ecklund, Kier Jonathan
Edmonds, Eric William
Ellison, Bruce Emanuel
Enna, Matthew Joseph
Epstein, Oren Gerald
Falkenstein, Yuri
Farris, Charissa Joy
Feeley, Brian Thomas
Freedman, Jason Andrew
Fulkerson, Eric William
Gehling, Daniel Joseph
Geller, Loren Michael
Greenfield, John Howard
Haight, Holly Joanna
Hallare, Domingo Alcantara
Halligan, Benjamin Warren
Hamer, Merlin Jake
Harradine, Brant Paul
Harris, Eric Brent
Hinnan, Adrian Douglas
Hofer, Mark Allen
Hong, Yuhwan
Hutchinson, Brian Keith
Hwang, Matthew Wook
Jibodh, Stefan Rishi
Joe, Keith Jeremy
Kim, Chang Oook
Konkin, Taylor Alex
Kou, Joseph Xavier
Krygier, Jeffrey Edward
Lighthdale, Nina Rachel
Lim, Eric Kian Bee
Lo, Marvin Yuk-ming
MacLachlan, Chad Edward
Magavern, Brian
Martirosian, Armen Kim
Mikulecky, Michael Steven
Minkowitz, Reuven
Mok, Alvin Peter
Moss, Joshua Parker
Nguyen, Trong Bao
Ninh, Christopher C.
Owsley, Kevin Christopher
Pazmino, Pablo Robert
Porat, Sharoun
Preston, Charles Francis
Purchase, Robert John
Raiszadeh, Kian
Rasouli, Alexandre
Reed, Marty Eckhardt
Rynning, Ralph Erik
Safian, Christian Cameron
Sah, Alexander Paichuan
Salyapongse, Aaron Keith
Schilling, John Patrick
Seiber, Kenneth Scott
Shah, Anand Mukund
Shin, Steve
Smith, P. Bertil Weldon
Sohn, Roger Chang-Hoon
Stewart, James Thomas
Taylor, Mehul Mahendra
Tharani, Ravi
Wang, Mark James
Wey, Jaclyn Chien
Wu, Thomas Yu Lun
Zimmerman, Andre
Zoric, Bojan Brian

CANADA
Lichtblau, Ethan

COLORADO
Dorf, Erik Robert
Gagliano, Jeffrey Roy
Griggs, Rhett Jackson
Koenig, Melissa D
Kummer, Jennifer Lynn
Loutzenhiser, Lonnie Eric
Ozer, Kagan
Pouiter, Gregory Thomas
Rhodes, Jason Troy
Rusnak, Michael Paul
von Stade, Eleanor Fisher
White, Brian Joshua

CONNECTICUT
Applegate, Todd David
Burns, Jeffrey Kenneth
Covey, Aaron Saul
Hakim-Zargar, Mariam
Lee, Mark Chong
Magit, David Philip
Mariani, Teresa Michelle Gale
Scarlett, Richard Fabian
Schachter, Aaron Kalman
Shekman, Mark

DELAWARE
Handling, Matthew Alexander

DISTRICT OF COLUMBIA
Awantang, Mark Ngu
Potter, Benjamin Kyle

FLORIDA
Adams, Sheila Conway
Bach, Harold Gregory
Baker, John Eldon
Beer, Robert Markey
Branham, Daniel Gabe
Cameron, Julian Anthony
Cashen, David Vincent
Danko, Aileen Marie
Doak, Jeremy Paul
Garlick, Grant Galen
Girouard, Allain A.

GUAM
Kuhn, Kevin Matthew

HAWAII
Jex, Jefferson Weenig
Wirsing, Kimberley Margaret

IOWA
Aviles, Steven Anthony
DeWall, Matthew Jon
Johnston, Todd Loring
MacLennan, Benjamin Dennis
Strickland, Justin Phillip

GEORGIA
Axelrod, Jed Ryan
Baker, Champ Leroy
Charron, Kevin Michael
Fontaine, Michelle Lee
Franklin, John Hardin
Gaines, Michael Delan
Gee, John Eric
Haraszt, Christopher Joseph
Lashley, James Eric
MacLeod, William Eric
Mowbray, John Gladden
Pombo, Matthew William
Ratner, Joshua Adam
Roybal, Raphael Rey
Scott, Christopher Cullen
Shuler, Michael S.
Tucker, Michael Matthews
Valosen, John Matthew

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IOWA
Aviles, Steven Anthony
DeWall, Matthew Jon
Johnston, Todd Loring
MacLennan, Benjamin Dennis
Strickland, Justin Phillip

10 THE ABOS DIPLOMATE April 2010
<table>
<thead>
<tr>
<th>State</th>
<th>Candidates</th>
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<tbody>
<tr>
<td>Idaho</td>
<td>Wright, Raymond Dayne, Wilson, Reid Hunter, Nuzzo, Michael Salvatore</td>
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<td>Indiana</td>
<td>Anderson, Rebecca Bennett, Bales, Chris Phillip, Bavishi, Sameer Bipin, Cummings, Judd Edward, Earl, Jarvis, Garringer, Sean Martin, Hammerstein, John Paul, Kraemer, Paul E., Lemme, Kevin James, Ratigan, Brian Lee, Sailer, Philip Christian, Schramm, John Mark, Shook, Jonathan Bryan, Thieken, Michael Thomas</td>
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<td>Kentucky</td>
<td>Crouse, Charles E., Grau, Gregory Ferdinand, Krupp, Ryan Jeffrey, Meier, Joshua William, Moghadamian, Eric Scott, Morgan, Derek Lee, Nuzzo, Michael Salvatore, Wilson, Reid Hunter, Wright, Raymond Dayne</td>
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<tr>
<td>Massachusetts</td>
<td>Basra, Sushil Kumar, Dietz, Jeffrey Fenton, Dyer, George Sinclair, Elman, Michael Vitaly, Fanuele, Jason Charles, Fehm, Michael Noel, Harding, James Ingersoll, Hoffman, Jennifer Lynne, Katz, Laurie Michelle, Krasinski, Kevin Leo, Patel, Abhay Ravindra, Prybyla, David Jason, Schwab, Joseph Hasbrouck, Siegel, Judith Ann, Simon, Jason Edward, Soong, Maxmillian Chen-Yee, Vazquez, Michael Alexander, Wei, Douglass Robert, Yen, Yi-Meng</td>
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<td>Maryland</td>
<td>Baker, Christopher Wesley, Dabah, Michael David, Davis, Charles William, Deterline, Alvin James, Durbhakula, Madhirdh Muralidhara, Huber, Florian Georg, Redzinski, Daniel Edward, Sood, Vivek, Stein, Jason Andrew, Wallace, Michael Jason, Wiesel, Brent Bowie</td>
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<td>Maine</td>
<td>Walsh, Stephen Michael</td>
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<td>Minnesota</td>
<td>Adams, Julie Elizabeth, Anderson, Sarah Ann, Caron, Jason Joseph, Heikes, Christie Sue, Lewlwa, Amy Elizabeth, O’Keefe, Patrick Francis, Rose, Peter Sean, Tuttle, Robert William, Wetter, Erik Michael, Wilczynski, Mark Christopher</td>
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<td>Missouri</td>
<td>Caffe, Ryan Patrick, Crane, Benjamin Phillip, Gardner, Michael James, Hartman, Michael Wade, Kaar, Scott Geoffrey, King, David Jonathan, Nunley, Ryan Michael, Ogden, Justin Shane, Snyder, Ryan Ronald, Wise, Christopher Lynn</td>
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<td>Mississippi</td>
<td>Burns, Jeffrey Alan, Kristof, Kraig Alan, Luber, Kurre Thomas</td>
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<td>Montana</td>
<td>Hansson, Peter Damien, Kelleher, Peter Marvel, Post, Zachary Douglass</td>
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<td>Nebraska</td>
<td>Harris, Justin Daniel, Konigsberg, Beau Slavin, Rosipal, Charles Eugene, Swanson, Scott Andrew, Turman, Kimberly Ann</td>
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<td>New Hampshire</td>
<td>Giovan, Michael Peter, Hawkins, Matthew Jason, Hennig, Alexander Carlton, Husain, Sohail Nabeel, Kliee, Heather Champoux</td>
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<td>New Jersey</td>
<td>Baskies, Michael Ari, Becker, Adam Scott, Berenfeld, Benjamin, Bloom, Tamir, Bursztyn, Mark Yosef, Codjoe, Paul Winfred, Gallina, Jason Marc, Goldberg, Grigory, Kanellakos, James George, Khan, Mustafa Haider, Kissin, Yair David, Klein, Richard Ashley, Kubeck, Justin Paul, Lee, James McCarcum, Majid, Kamran, Mehta, Samir, Menkowitz, Marc Scott, Rinkus, Keith Michael, Rovner, Joshua Seth, Vanderbeck, Jennifer Lane, Zarro, Christopher Mark</td>
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<td>New Mexico</td>
<td>Benson, Eric Charles, Carothers, Joshua Tolbert, Lieber, Corey Michael, Lujan, Donnie Edward, Meredith, Richard Bernard, Quesada, Mario Joseph</td>
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<td>Nevada</td>
<td>Mendez, Kirk Thomas, Song, Walter Jung-Ho, Stuart, Joseph Jay</td>
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<td>North Carolina</td>
<td>Alexander, Richard Edwin, Burbank, Scott Arthur, Burkhardt, Bradd Gregory, Carroll, Eben Agave, Clarke, Michael George, Fosnaugh, Adam Warren, Grassbaugh, Jason Alexander, Harrison, Richard James, Idler, Cary Scott, Jenkins, Casey Daniel-Carlyle, Labriola, Joanne Elizabeth, Lang, Jason Edward, Mcbrayer, Daniel Enoch, Norris, Russell Joseph, Phadke, Parag Madhav, Piaskeci, Dana Peter, Potocki, Jason John</td>
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</table>
Schimizzi, Aimee Lynn
Schmidt, Troy Gregory
Scott, Aaron Titus
Spang, Jeffrey Tweed
Tuohy, Christopher John
Vann, Elliott Richard
Walker, Earl William
Wein, Scott Morgan
Wellman, Samuel Secord
Yeargan, S Austin

OHIO
Abaza, Hadeel
Agabegi, Steven Soheil
Arefi, Sameh
Bickel, Brent Alan
Branam, Barton Richard
Castanedo, Joaquin Ahunka
George, Joseph William
Grisoni, Nicolas Enrique
Hummel, Matthew Thomas
Latham, James Charles
Masche, Steven Douglas
Panteck, Alan Lee
Rodway, Ian Phillip
Rolf, Robert Howard
Tschiol, Brian Joseph
Wahlquist, Marc
Wright, Vince Thomas
Weimer, David Anthony
Willits, Mark Billy

OKLAHOMA
Balbas, John Charles
Cordray, Scot Alan
de la Garza, Scott Martin
Geib, Timothy Michael
Hoblet, Aaron Howard
Joice, Jason Charles
Lovelace, Brian Eugene
Roberts, Zachary Vaughn

OREGON
Adler, Zachary Bram
Feinblatt, Jeffrey Scott
Huff, Thomas William
Kean, Bret Thomas
Sales, Jonathan Rappel
Shah, Steven Nayan
Tatsumi, Robert Louis

Pennsylvania
Ahmad, Jamal
Akhavan, Sam
Andersen, Lucille Bennett
Bor, Vladimir Stefan
Bragdon, Gwynne Allison
Bridgeman, Jay Thomas
Carolan, Gregory Francis
Chertow, Todd Eric
Componovo, Roger Massa
Craig, Matthew Rankin
D’Addes, Leonard Lucio
Erdos, Jennifer Ann
Evans, Andrew Richard
Frank, Darren Andrew
Gallo, Robert August
Gibson, Brett William
Hoffman, Michael Voss
Jordan, Susan Stewart

Junkin, David Maclean
Keener, Brian Jay
Lavigne, Gregory Scott
Lincoski, Chris James
Lipton, Glenn Emmanuel
Long, Joy Louise
Pavides, Nikos
Prisk, Victor Robert
Raab, Gregory Ernest
Rihn, Jeffrey Allan
Schwartz, Benjamin Joel
Schwartz, Mark Allan
Torretti, Joel Anthony
Vikoren, Thomas Harold
Williams, Allister
Yucha, David Thomas
Zambito-Accardi, Kimberly Lynn
Zampini, Jay Michael

Puerto Rico
Mayol-Urdaz, Magdil

Rhode Island
Abbot, Amy Elizabeth

South Carolina
Blair, Brian Keith
Cordas, Daniel Isadore
Hernandez, Thomas
Hoening, Michael Parker
Hooker, Jennifer Ann
Pappas, Alexander James
Wiley, David Huey
Womack, John Wesley

South Dakota
Jensen, Wade K
Mortimer, Samuel Lucas
Peterson, Erik D.

Tennessee
Barrett, Matthew Owen
Burval, Daniel Joseph
Carey, James Lee
Cook, Christopher Mark
Cox, Charles Leonard
Evans, Clifford John
Fletcher, Daniel Truman
Hodrick, Jeffrey Thomas
Jenkins, Timothy Douglas
Kelly, Derek Michael
Mascioli, Anthony Andrew
Price, Chad Thomas
Pula, David Aaron
Segebarth, Paul Bradley
Shibayama, Juris
Sueo, Timothy David
Wells, James Michael
Winn, Jay Wesley

Texas
Alade, Oladapo Ambibola
Allen, Bryce Corban
Bashir, Rubin Sharief
Berastain, Miguel Arturo
Billante, Mark Joseph
Brennan, Michael Lee
Brezina, James Louis
Burg, Richard
Burney, Mohammad Umar
Cates, Casey Allen
Crum, Joshua Andrew
Danney, Christopher Marc
Duggan, John Patrick
El-Zaim, Haissam Souhail
Evans, Jason Michael
Fukuda, Tomiko
Glauser, Craig Russell
Goytia, Robin Nestor
Green, David Michael
Holland, Courtney Allen
Honig, Kevin Michael
Hussaini, Akbar Aly
Hwang, HoSun
Karistinos, Anastassios
Kim, Yojeong
Koeck, William Karl
Koper, Mark P
Laliss, Steven John
Lord, Jennifer Noel
Maier, Michael Christopher
Manderson, Michael Scott
Mayfield, Matthew Eugene
Mays, Matthew Maddox
Ogden, Steven Boyd
Padon, Derek Timothy
Panchbhavi, Vinod Kumar
Ray, Robert B.
Richards, Brett Evan
Robbins, Justin
Rouhioun, Varqa
Sandoval, Stephen Degnan
Schroeder, Frank Alexander
Scovell, John Field
Shah, Vishal Michael
Siddiqui, Saqib Armughan
Singhal, Manuj Chandra
Slabasak, Vudhi V.
Smock, Patrick Hunter
Stein, Joshua Daniel
Stewart, Donald Stanley
Taber, Casey Dan
Toulson, Charles Ernest
Vann, Mark Anthony
Walick, Kristina Sinclair
Webb, Brian Garry
Whatley, Paul Arden
Wood, Megan Manser
Wupperman, Richard Michael

Utah
Butterfield, Warren Lewis
Fernie, Brandon James
Goucher, Nicholas Roy
Gowski, William Frederick
Hooley, Eric Wayne
Jones, Kevin Bruce
Klatt, Joshua William Bendz
Woiczik, Marcella Rae

Virginia
Aros, Brian Christopher
Endres, Nathan Kincaid
Frenzen, Seth West
Lisle, Jennifer Webster

Washington
Alberts, Monica Sue
Antoine, Jamie Roy
Clintow, Camille Melinda
Cortese, David Anthony
Donion, Stacey Ann
Edmunson, Todd Brian
Esterberg, Justin Lann
Foral, Darcy Silver
Huang, Jerry I-Ming
Jackman, Todd Edward
Johnston, Joshua Aaron
Leavitt, Shane Colby
Lin, Kenneth C.
Lynch, Joseph Randall
Manista, Andrew Philip
Sampson, Kevin Blair
Shors, Heidi Coryell
Shrivastava, Niket
Wei, Anthony Shen-Yuan

Wisconsin
Clark, David John
Doro, Christopher John
Flaum, Mark Evans
Hackett, Benjamin James
Hollis, Ronald Floyd
Neubauer, Joshua McCarty
Obma, Padraic Rory
Roberts, Jason Wayne
Schock, Harold Joseph
Tueting, Jonathan Leif
Viehe, Thomas Blake
Zehms, Chad Thomas

West Virginia
Cheung, Felix Ho-Ming
Daffner, Scott Daniel
Felder, David Arthur
Lochow, Steven Charles
Nelson, Matthew Koma
Tanko, Quintin Kalman

Wyoming
Bodemer, William Steven
Clinton, Jeremiah Malachi
Khoury, David Joseph
practicing orthopaedic surgeon’s knowledge and practice while maintaining the highest ethical and professional standards.

Michelle James, M.D. leads the Subspecialty Certification Committee. Her group is working to allow candidates who take the Sports Subspecialty Examination to also recertify in general orthopaedics with only one examination. At present, only the Hand Certificate of Added Qualification allows a candidate to recertify both in hand surgery and general orthopaedics at the same time.

Terry L. Thompson, M.D. continues to chair the Credentials Committee. His group is charged with reviewing all the applications for certification and recertification for any issues related to ethics and professionalism which may affect a candidate’s application to be examined or may subject the candidate to a site visit prior to being allowed to recertify or may be mandated to take an oral exam. Further details are contained in Dr. Thompson’s report.

Jeffrey Anglen, M.D., Chair of the Research Committee, along with his committee members have been very active in supporting and sponsoring research garnered from cases collected by candidates for the Part II Oral Certifying Examination. This research has focused on trends in surgical care and the value of orthopaedic certification.

Michelle James, M.D. leads the Subspecialty Certification Committee for their contributions toward the planning, development and implementation of the Part I Written Certification Examination.

The dates for the 2010 CAQ in Surgery of the Hand examination have been set. The Certification examination will be administered as a computer based test on September 13, 2010. The window for the recertification CAQ examination will be September 13 through September 25, 2010. The deadline to apply for the CAQSH is February 1, 2010 for both the Certifying and Recertifying examinations. Please see the complete Rules and Procedures for the CAQSH on the ABOS Website abos.org.

Test psychometrics revealed that the mean point biserial discrimination was 0.14, 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 0.86. 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 the same content, was 0.86. The standard error of measure 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 2009 written examination reveal that the Written Examination faculty 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 2009 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 for their contributions toward the planning, development and implementation of the Part I Written Certification Examination.
IMPORTANT INFORMATION FOR DIPLOMATES WITH CERTIFICATES EXPIRING IN 2012
MOC REQUIREMENTS ARE DUE DECEMBER 15, 2010

If you have not yet completed your MOC requirements and your certificate expires in 2012, you must complete your MOC requirements by December 15th of this year to avoid having a lapse in your certification. Please refer to the grid on page 3 for the complete timeline for the 2012 examination.

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