APRIL 2010

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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 though 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



HARRY N. HERKOWITZ, M.D.

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

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MAINTENANCE OF CERTIFICATION

MAINTENANCE OF CERTIFICATION REPORT

DAVID F. MARTIN, M.D., CHAIR



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.

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

for the 2012 Exam due 2010!

MOC Computer Examination Pathway

CONTINUING MEDICAL EDUCATION & SELF-ASSESSMENT EXAMS

12/15/2010 120 credits of ACCME CME credits must be approved Category 1 CME entered on the CME relevant to Orthopaedics, Summary Sheet including at least 20 via www.abos.org, then

SCORED & RECORDED self assessment exam credits. Each SAE must be 10 or more credits. The AAOS, ASSH, AOSSM, & JBJS offer SAE that qualify.

taken in

2008-2010

printed and mailed to the Board office with copies of the CME and SAE certificates/transcripts from the issuing bodies attached. Certificates/transcripts CANNOT be sent without the CME Summary Sheet.

CASE LIST during due

2010 12/15/2010 3 month case list of surgical cases (limit 75) performed in hospitals and surgery centers during 3 consecutive months within the

vear 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

available due 5/1/2011 2/1/2011 Application Deadline to 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.)

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

EXAMINATION fee due 12/15/2011 2012

have received their acceptance to sit letters (after Credentials Committee meets), they must pay their exam fee via www.abos.org.

Once candidates

Exams: General, Adult Reconstruction. Sports Medicine. Surgery of the Spine, Combined Hand (for Hand CAO holders). Combined Sports (for Sports Subspecialty Cert holders).

MOC Oral Examination Pathway

CONTINUING MEDICAL EDUCATION & SELF-ASSESSMENT EXAMS

taken in 2008-2010 12/15/2010

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.

CME credits must be entered on the CME Summary Sheet via www.abos.org. then printed and mailed to the Board office with copies of the CME and SAE certificates/transcripts from the issuing bodies attached. Certificates/transcripts CANNOT be sent without the CME Summary Sheet.

APPLICATION available due 2/1/2011 5/1/2011 Application

accessible via www.abos.org to Diplomates who have completed the MOC requirements for the oral exam. (CMF & SAFs 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 during due 2010-2011 12/15/2011

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							
fee due in							
12/15/2011	2012						

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.

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

RECERTIFICATION

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 undergo 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 Specialities (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

All Recertification Examinations Statistics

	200	5	200	6	2007	,	2008	3	2009	•
Examinees	1070		1115		1071		957		1340	
Passes	1041	97%	1074	96%	1036	97%	922	96%	1297	97%
Fails	29	3%	41	4%	35	3%	35	4%	43	3%

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 gleamed 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.

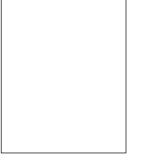
CREDENTIALS COMMITTEE

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.

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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.

SUBSPECIALTY CERTIFICATION

CAQ HAND EXAMINATION & COMBINED HAND EXAMINATION REPORT

MICHELLE JAMES, MD CHAIR, SUBSPECIALTY CERTIFICATION COMMITTEE MARYBETH EZAKI, MD, CHAIR, JOINT COMMITTEE ON SURGERY OF THE HAND





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 Boards 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 CAQ in Hand Surgery Examination Statistics

				•						
	200)5	20	006	20	07	200)8	200)9
Examinees	70		46		42		80		66	
Passes	68	97%	46	100%	41	98%	76	95%	62	94%
Fails	2	3%	0	0%	1	2%	4	5%	4	6%

CAQ in Hand Surgery Recertification Examination Statistics

	20	05	20	006	2	007	20	80	20	09
Examinees	11		1		4		16		41	
Passes	9	82%	1	100%	4	100%	16	100%	39	95%
Fails	2	18%	0	0%	0	0%	0	0%	2	5%

Combined Hand Surgery Recertification Examination Statistics

	200)5	20	006	20	007	200)8	200)9
Examinees	88		92		100	١	85		139	
Passes	85	97%	91	99%	98	98%	82	96%	135	97%
Fails	3	3%	1	1%	2	2%	3	4%	4	3%

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

(Subspecialty Certification Continued on page 13)

2010 SCHEDULE CAQ IN SURGERY OF THE HAND

Applications Closed

CAQ Hand Certification Examination: September 13, 2010

CAQ Hand Recertification Examination: September 13-25, 2010 at Prometric Testing Centers, Nationwide

For the Combined Hand Exam schedule, see page 4.

SUBSPECIALTY CERTIFICATION

SUBSPECIALTY CERTIFICATE IN ORTHOPAEDIC SPORTS MEDICINE EXAMINATION REPORT

CHRISTOPHER D. HARNER, M.D., CHAIR



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:

General Sports Topic	20%	(40 items)
General Principals	10%	(20 items)
Musculoskeletal	70%	(140 items)

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 orthopaedists 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.

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 sportspathway 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.

Subspecialty in Orthopaedic Sports Medicine Statistics

	2007	2008	2009
Examinees	587	356	322
Passes	529 90%	330 93%	281 87%
Fails	58 10%	26 7%	41 13%

2010 SCHEDULE SUBSPECIALTY CERTIFICATE IN SPORTS MEDICINE

Applications Closed

Subspecialty in Sports Certification Examination
Examination: November 4, 2010
at Prometric Testing Centers, Nationwide

For the Combined Sports Exam schedule, see page 4.

CERTIFICATION

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 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)

Part I Written Examination Statistics

	2005	2006	2007	2008	2009
Examinees	703	741	728	715	719
Passes	590 84%	647 87%	641 88%	610 85%	643 89%
Fails	113 16%	94 13%	87 12%	105 15%	76 11%

2010 SCHEDULE PART I WRITTEN EXAMINATION

Applications Closed

Examination: *July 8, 2010* at Prometric Testing Centers, Nationwide

CERTIFICATION

PART II ORAL EXAMINATION REPORT

JAMES R. KASSER, MD, CHAIR



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

	2005	2006	2007	2008	2009
Examinees	697	656	662	669	695
Passes	645 93%	593 90%	596 90%	584 87%	621 89%
Fails	52 7%	63 10%	66 10%	85 13%	74 11%

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 Swamy, Ganesh Wimmer, Timothy M.

ALASKA

Deisseroth, Kate Benedict Sexton, Nicholes Shane

ALABAMA

Bryant, Ginger Kay Bullington, Andrew Brandon DeOrio, Matthew James Freudenberger, 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 Chander Farber, Adam Jason Farrow, Lutul 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
Afsari, Alan Michael
Ahluwalia, 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 Bradlev 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 Falkinstein, 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 Hinman, Adrian Douglas Hofer, Mark Allen Hong, Yuhwan Hutchinson, Brian Keith Hwang, Matthew Wook Jibodh, Stefan Rishi Joe, Keith Jeremy Kim, Chang Ook Konkin, Taylor Alex Kou, Joseph Xavier Krygier, Jeffrey Edward Lightdale, Nina Rachel Lim, Eric Kian Bee Lo, Marvin Yuk-ming MacLachlan, Chad Edward Magovern, 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
Poulter, 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 Shekhman, 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.

Goldsmith, Scott Eric Grey, Monique Adonica Joseph, Samuel Abraham Kazmier, Peter Kinchelow, Tosca Juanice Langford, Joshua Robert Laubaugh, Richard Michael Leo, Brian McLane Lewis, Dominic Joseph Linberg, Christopher Jon Maciel, Maureen J. Miki, Roberto Augusto Moore, Frederick Douglas Marshall Moynihan, Daniel Patrick Ofobike, Emeka Okey O'Neill, Patrick James Reeves, James Daniel Sagini, Dennis Onkoba Sahai, Ashish Kumar Vilella-Hernandez, Fernando Enrique White. Laura Elizabeth Williams, Heather Celia Williams, Seth Kevin Wu, Jeffrey Kai

GEORGIA

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

GUAM

Kuhn, Kevin Matthew

HAWAII

Jex, Jefferson Weenig Wirsing, Kimberley Margaret Imada

IOWA

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

IDAHO

Altenburg, Aaron John Jelinek, John Adam Magee, William Thomas

ILLINOIS

Alden, Kris John Alpert, Joshua Martin Basran, Harpreet Singh Biafora, Sam John Blint, Andy Jay Dedhia, Sunil Domb, Benjamin Gilbert Dunlap, Bradley John Ellis, Evan David Erulkar, Jonathan Solomon Eubanks, Aaron Christian Forsythe, Brian Gunderson, Tyler Gilbert Hsu, Wellington Kanwen Irwin, Todd Andrew Joy, Edward Gerard Kuo, Christina Etin Leland, J. Martin Maender, Christopher William Menet, Matthew William O'Leary, Patrick T Pelinkovic, Dalip Primus, Gregory Lamar Puppala, Anuj Rees. Harold Wharton Schwartz, Edric Gerald Swaroop, Vineeta Theresa

INDIANA

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

KANSAS

Babb, John Robert Bhargava, Tarun Deardorff, Valerie Anne Elton, Suzanne Grillot Livermore, Ryan Woodward Niemann, Joshua Joe Walker, John Clinton

KENTUCKY

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

LOUISIANA

Auer. Powell Britain Chandler, Roderick Wilton Cox, Stephen Lewis Frisch, Richard Francis Googe, John David Habetz, Scott Joseph Kimball, Jon Potter Mody, Milan Gunvant Perry, Adam Thomas Rodriguez, Ramon Francisco Smith, Jason Edward Soeller, Clemens Eugene Todd, Andrew Gordon Ursua, Victor Achondo Williams, Matthew Dimmick Zavatsky, Joseph Michael

MASSACHUSETTS

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, Maximillian Chen-Yee Vazquez, Michael Alexander Weiss, Douglass Robert Yen, Yi-Meng

MARYLAND

Baker, Christopher Wesley
Dabbah, Michael David
Davis, Charles William
Detterline, Alvin James
Durbhakula, Mahidhar Muralidhar
Huber, Florian Georg
Redziniak, Daniel Edward
Sood, Vivek
Stein, Jason Andrew
Wallace, Michael Jason
Wiesel, Brent Bowie

MAINE

Walsh, Stephen Michael

MICHIGAN

Bahu, Maher John
Carr, Seann Elise Willson
Conaway, Danielle Arlene
Guthrie, Stuart Trent
Halanski, Matthew Aaron
Hoegler, Joseph John
Holcomb, Jason Omar
Kaplan, Lige Michael
Laker, Michael Warren
Reineck, John Robert
Vibert, Brady Thomas
Weir, Robb Matthew
Yusaf, Michael Augustine
Zeni, Ferras

MINNESOTA

Adams, Julie Elizabeth Anderson, Sarah Ann Caron, Jason Joseph Heikes, Christie Sue Lelwica, Amy Elizabeth O'Keefe, Patrick Francis Rose, Peter Sean Tuttle, Robert William Wetter, Erik Michael Wilczynski, Mark Christopher

MISSOURI

Calfee, 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

MISSISSIPPI

Burns, Jeffrey Alan Kristof, Kraig Alan Luber, Kurre Thomas

MONTANA

Hanson, Peter Damien Kelleher, Peter Marvel Post, Zachary Douglas

NEBRASKA

Harris, Justin Daniel Konigsberg, Beau Slavin Rosipal, Charles Eugene Swanson, Scott Andrew Turman, Kimberly Ann

NEW HAMPSHIRE

Giovan, Michael Peter Hawkins, Matthew Jason Hennig, Alexander Carlton Husain, Sohail Nabeel Killie, Heather Champoux

NEW JERSEY

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

NEW MEXICO

Benson, Eric Charles Carothers, Joshua Tolbert Lieber, Corey Michael Lujan, Donnie Edward Meredick, Richard Bernard Quesada, Mario Joseph

NEVADA

Mendez, Kirk Thomas Song, Walter Jung-Ho Stuart, Joseph Jay

NEW YORK

Baghian, Sepideh Brandoff, Jared Frank Brotea, Cristian Colvin, Alexis Chiang Edelstein, David Marc Elfar, John Claude Ellis, Scott Jacob Frelinghuysen, Peter Friedman, Darren Jay Gambino, Calogero Germano, James Anthony Goldman, Ariel Tenny Gonya, Gary Andrew Gordon, Eric Michael Gruson, Konrad Izumi Gunther, Andrew George Kubiak. Paul Jan Kuri, John Anthony Lavelle, William Francis Lawrence, James Patrick Matusz, David Michael Montgomery, William Henry Murray, Patrick Joseph Mutty, Christopher Edward Neri, Brian Russell Okubadejo, Gbolahan Olawole Pallotta, Arthur William Patalino, David Joseph Pedowitz, David Isadore Qureshi, Sheeraz Ahmed Ranawat, Anil Singh Sileo. Michael J. Steinvurzel, Joshua Neil Stewart, Andrew M. Verma, Rohit Binod Yeon, Howard Bok Zanaros, George

NORTH CAROLINA

Alexander, Richard Edwin Burbank, Scott Arthur Burkhart, 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 Piasecki, Dana Peter Potocki, Jason John

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 Arebi, Sameh Bickel, Brent Alan Branam, Barton Richard Castaneda, Joaquin Ahunka George, Joseph William Grisoni, Nicolas Enrique Hummel, Matthew Thomas Latshaw, James Charles Maschke, Steven Douglas Panteck, Alan Lee Rodway, Ian Phillip Rolf, Robert Howard Tscholl, Brian Joseph Wahlquist, Marc Wake, 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 Rapael Shah, Steven Nayan Tatsumi, Robert Louis

PENNSYLVANIA

Ahmad, Jamal Akhavan, Sam Andersen, Lucille Bennett Bozic, Vladimir Stefan Bragdon, Gwynne Allison Bridgeman, Jay Thomas Carolan, Gregory Francis Chertow, Todd Eric Componovo, Roger Massa Craig, Matthew Rankin D'Addesi, 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 Pavlides, 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, Magdiel

RHODE ISLAND

Abbot, Amy Elizabeth

SOUTH CAROLINA

Blair, Brian Keith Cordas, Daniel Isadore Hernandez, Thomas Hoenig, 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 Shibavama, Juris Sweo, Timothy David Wells, James Michael Winn, Jay Wesley

TEXAS

Alade, Oladapo Abimbola Allen, Bryce Corban Bashir, Rubin Sharief Berastain, Miguel Arturo Billante, Mark Joseph Brennan, Michael Lee Brezina, James Louis Burg, Richard Burney, Mohammad Umar

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, Youjeong Koeck. William Karl Kuper, Mark P Lalliss, Steven John Lord, Jennifer Noel Maier, Michael Christopher Manderson, Michael Scott Mavfield. Matthew Eugene Mays, Matthew Maddox Ogden, Steven Boyd Padon, Derek Timothy Panchbhavi, Vinod Kumar Ray, Robert B. Richards. Brett Evan Robbins, Justin Rouhipour, Varqa Sandoval, Stephen Degnan Schroeder, Frank Alexander Scovell, John Field Shah, Vishal Michael Siddiqui, Saqib Armughan Singhal, Manuj Chandra Slabisak, Vudhi V. Smock, Patrick Hunter Stein, Joshua Daniel Stewart, Donald Stanley Taber, Casey Dan Toulson, Charles Ernest Vann, Mark Anthony Walick. Kristina Sinacori Webb, Brian Garry Whatley, Paul Arden Wood, Megan Manser Wupperman, Richard Michael

Cates, Casey Allen

UTAH

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

VERMONT

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

VIRGINIA

Alford, Stephanie Howle Cerrato, Rebecca Amy Coates, Kevin Emerson Croog, Alexander Samuel Dunlap, James Tan Gaines, Robert J. Good, Christopher Richard Griffith, Matthew Huston Harris, Barton Ketz, John Paul Kim, Joseph Sang Knight, Bradford Scott Krushinski. Erik Michael Levine, Matthew Jay Lowry, Jason Kirk Osborne, Tommy Taylor Pateder, Dhruv Bipin Pettrone, Sarah Pilkington, Trinity O'Neil Powell, John William Robinson, Samuel Pomeroy Sharma, Joy Vashisht Smith, Robert Thomas Suratwala, Sanjeev Jugmohan Wolff, Andrew Barrett Zijerdi, David Arman

WASHINGTON

Alberts, Monica Sue Antoine, Jamie Rov Clinton, Camille Melinda Cortese, David Anthony Donion, Stacey Ann Edmiston, 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 James Flanum, 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, Quentin Kalman

WYOMING

Bodemer, William Steven Clinton, Jeremiah Malachi Khoury, David Joseph

(President's Report Continued from page 1)

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.

Dr. Anglen also chairs the Residency Review Committee with Michelle James, M.D. and Terry Thompson, M.D. as other Board members on the RRC. They are an integral part of the residency evaluation process.

Judith Baumhauer, M.D. serves as a Director of the American Board of Medical Specialties. Marybeth Ezaki, M.D., Richard J. Haynes, M.D., and Shep Hurwitz, M.D., the Executive Director of ABOS, also serve on the ABMS. They represent the ABOS at the ABMS meetings. Their role is to work with the ABMS to continue to refine the MOC process and at the same time to protect the autonomy of our Board in representing practicing orthopaedic surgeons. Because of the significant time commitment required with the ABMS, we have asked Paul DeRosa, M.D., Past Executive Director of the ABOS, to assist us in representation at various ABMS functions. We are all thankful he has consented to do so.

The MOC process has garnered considerable national prominence and is prominent in the future plans of the federal government, insurance companies and other stakeholders in the health care arena. Through our participation in the ABMS and within our own Board discussions, the ABOS is committed to ensuring that the MOC program provides value to our diplomates' practices and reassures our patients that orthopaedic surgeons provide high quality, safe and effective surgical care and at the same time demonstrate the highest standards of ethics and professionalism.

I would like to acknowledge Shep Hurwitz, the Executive Director of the ABOS, who has filled "big shoes" belonging to Paul DeRosa, M.D. Shep has quickly and effectively taken over management of the Board and on behalf of all the members of the ABOS thank him for the excellent job he is doing.

I would be remiss without acknowledging John H. Erbland, our public member whose business background brings a unique perspective to our Board discussions and finally to Tom Abram, J.D., our legal counselor and "consigliore" whose advice and

wisdom has proven to be invaluable to the Board as we continue to tackle the many issues facing the future of orthopaedic surgery education, certification and recertification.

I cannot close this report without thanking our entire ABOS staff for everything they do day in and day out to support our diplomates. Also, I speak for all the ABOS Board members when I say that we could not accomplish our duties and assignments as Directors of the ABOS without the commitment and dedication exhibited by the ABOS staff.

(Subspecialty Certification Continued from page 6)

Recertification and the Hand CAQ was 97%. There were 4 ABOS Diplomates who failed the dual recertification test. For the Hand Recertification test only, there were two ABOS Diplomates who failed the test. Performance, equating and scoring were comparable to previous years.

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 Recertification examinations. Please see the complete Rules and Procedures for the CAQSH on the ABOS Website abos.org.

(Part I Written Examination Continued from page 8)

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 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.

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IMPORTANT REMINDERS!

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.

CONTACT US:

The American Board of Orthopaedic Surgery 400 Silver Cedar Court Chapel Hill, NC 27514 Phone: 919-929-7103

Fax: 919-942-8988

or visit out website: www.abos.org



ABOS Board of Directors September, 2009