

DIPLOMATE

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PRESIDENT'S REPORT

The goal of the ABOS is to ensure both the public and the broad medical community of the high quality of orthopaedic professionals providing musculoskeletal care for society. Traditionally, we have done this through setting standards for orthopaedic education at the residency and fellowship level, as well as the certification and recertification process. More recently, incorporation of lifelong learning and evidence of practice performance have come to the fore, as the Maintenance of Certification (MOC) process.

As one begins training in orthopaedic surgery after medical school, involvement with the ABOS begins before the orthopaedic trainee is aware of this certifying body. We set standards for orthopaedic education and curriculum development. There was a time when simply specifying duration of training was sufficient requirement for orthopaedic education. Today, we are faced with an environment where "time in the saddle" is not sufficient measure of adequacy of training.

As external forces alter the training environment, we must adapt to ensure competence and quality in our graduating orthopaedic surgeons. Specifically, the work hour limitation and practice supervision have altered the educational experience. This alteration may be for the better, but it has certainly changed residency training. In order to be certain that trainees have acquired the skills and experience necessary to practice independently, requirements for education must be altered. The ABOS is monitoring orthopaedic education and reviewing orthopaedic curriculum and requirements at all levels in postgraduate education.

Once the orthopaedic surgeon has completed training, the Part I written examination tests his or her knowledge base. The written examination has exceedingly high validity and reproducibility. It does not test the skills necessary to practice; it only ensures that the orthopaedic surgeon possesses a basic fund of knowledge which we believe is a necessary requisite to orthopaedic practice. As one might guess, there is a strong correlation between performance on Part I and success in practice, as measured by our oral examination 2 years into practice. As one begins their orthopaedic career, aspects of professionalism, communication, surgical skills and performance review are major determinants of success in the safety, quality, and productivity in practice. The present evaluation of one's practice by an oral examination, as well as peer evaluation, is our way to measure surgeon competence.

By passing the Part II exam, orthopaedic surgeons demonstrate to the public, payers and



JAMES R. KASSER, MD

regulatory agencies that they are capable of practicing orthopaedic surgery consistent with the standards of our specialty. This is not enough! Continued growth in knowledge and competence, as well as adherence to ethical standards, in an evolving medical environment is mandatory.

Over time, the incremental changes in on-going evaluation of performance have involved the adoption of the recertification process in the mid 1980's through the

maintenance of certification process developed in the last decade. At the present time, our MOC process incorporates peer evaluation and evaluation of performance in practice. The broad environment seeking assurance of our competence of professionals, however, will continue to look for more. In the future, orthopaedic surgeons will be subjected to increased scrutiny from the public and payers in terms of quality, safety and cost. State licensure will be dependent on on-going performance and testing in some manner. Payers, both private and government, will require certification of quality and cost measures as part of one's reimbursement program. It is our goal to attempt to synchronize the effort at evaluation of performance in practice quality and efficiency in a way that is most efficient for the practicing orthopaedic surgeon and most valuable for the external constituencies looking for assurance of performance excellence.

While it may seem that the American Board of Orthopaedic Surgery is invading the individual practice environment in which surgeons live and work, creating hurdles to overcome, I assure you that we are working to provide an optimal environment for the development of our profession. As you read this issue of the Diplomat, you will become aware of what we are doing in each of the major areas in which the ABOS is involved. I look forward to further discussion with all of you and assure you that we have the best interests of the public and the profession in mind as we carry out our duties.

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MAINTENANCE OF CERTIFICATION REPORT

DAVID F. MARTIN, MD, CHAIR



The pathway to Board Certification in Orthopaedic Surgery involves the Part I Written Examination, taken after the completion of an accredited Orthopaedic Surgery Residency program and the Part II Oral Examination, taken after two years in the practice of Orthopaedic Surgery. Orthopaedic Surgeons who successfully navigate the application and credentialing processes that allow them to sit for and pass those two examinations become Diplomates of the American Board of Orthopaedic Surgery ('Board Certified'). Certificates awarded prior to 1986 conferred lifetime certification; certificates awarded since that time have been good for 10 years. The 'recertification' process began in 1993 and was replaced by the Maintenance of Certification (MOC) process in 2010. Your American Board of Orthopaedic Surgery (ABOS) has been and remains committed to making the MOC process meaningful and value-added for our diplomates and our field. My predecessors and current colleagues on the ABOS have worked tirelessly to find a meaningful process for the continuing board certification of orthopaedic surgeons, while adhering to the directives of the American Board of Medical Specialties (ABMS). The methods of regulation that we develop for our Profession have made and will continue to make a major difference 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.

By now most, if not all, orthopaedic surgeons are familiar with 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 identified four of these components to comprise the MOC process. These components are:

- I. Evidence of Professional Standing
- II. Evidence of Life-long Learning and Self-Assessment
- III. Evidence of Cognitive Expertise
- IV. Evidence of Performance in Practice

The ABOS MOC program was developed with input from an AAOS/ABOS Task Force with the goal of compliance with ABMS requirements, representing the interests of the public, and offering

a quality improvement model for ABOS Diplomates. The ABOS satisfies each piece of the MOC puzzle in the following ways:

I. Evidence of Professional Standing

Licensure Status
Admitting Privileges

II. Evidence of Life-long Learning and Self-Assessment

Continuing Medical Education
Self-Assessment Exams

III. Evidence of Cognitive Expertise

A Secure Examination (Computer or Oral)

IV. Evaluation of Performance in Practice

Case List Submission
Peer Review

This is a process that has been developed *by* orthopaedic surgeons *for* orthopaedic surgeons – the ABOS is committed to continuing to review and refine the process to look for ways to make it meaningful, user friendly, and value-added to practicing orthopaedic surgeons. The ABOS will continue to look for new resources that assist orthopaedic surgeons in navigating the MOC process and improving quality of care. This must be done while staying true to the ABOS mission of serving the public and serving our profession.

Several important developments will be of interest to participants in the MOC process. The ABOS welcomes your input in providing insight into ways in which the MOC pathways can be streamlined. Please pay close attention to the topics covered below and help the ABOS in our efforts to make MOC valuable to orthopaedic surgeons and our patients. 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 continuing competency that will stand the test of scrutiny from outside our profession.

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. Those cycles of CME credits *will be due* at the **3 year mark** and **6 year mark** of the 10 year cycle. Plans are underway to require that diplomates complete Patient Communication and Patient Safety CME modules from the American Academy of Orthopaedic Surgeons (AAOS) website – these modules are available at no charge to AAOS members on the Orthopaedic Knowledge Online (OKO) website. Major upgrades have been made in the ABOS information systems and the CME entry 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.

An important development has been made regarding the Self Assessment Examination (SAE) credits required as a facet of the Part II of the MOC process. 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 has guidelines that must be met to be approved as qualifying SAE credit. Outside organizations will now be able to submit information to the ABOS concerning their SAE products and receive approval – diplomates should look for that approval when evaluating SAE products and inquire about that approval if it is not readily apparent. This process should allow diplomates a wider array of choices to satisfy the SAE requirement.

Part 4 of the MOC process continues to be a challenge for the ABOS – ideally, this portion of the certification involves some type of quality improvement for the Diplomate, allowing a comparison of an orthopaedic surgeon’s own practice with other like practices regionally and nationally, preferably involving the use of some type of practice standard. 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. In addition, the ABOS is looking into other ways for orthopaedic surgeons to satisfy the ‘reflective’ nature of MOC Part IV. Many organizations, both professional and medical, are requiring use of clinical databases in which performance and practice can be analyzed in an effort to improve care and outcome. It is the mission of the ABOS to improve care through such self-reflective instruments as databases, PIMs, or case lists, and we will continue this process. These instruments would allow a diplomate to satisfy Part IV and may become an acceptable alternative to the current submission of a case list. The current goal of the ABOS in this area is to develop guidelines that will allow outside organizations to assist in the development of such instruments.

An area which will be receiving a great deal of attention by both the ABOS and outside organizations is that of ‘participation.’ The question of whether an orthopaedic surgeon is a ‘participant’

(Maintenance of Certification Continued on page 13)

MAINTENANCE OF CERTIFICATION FOR DIPLOMATES OF THE AMERICAN BOARD OF ORTHOPAEDIC SURGERY WITH CERTIFICATES EXPIRING IN OR BEFORE 2015

who want to take the
2013 EXAMINATION

MOC Computer Examination Pathway



CONTINUING MEDICAL EDUCATION & SELF-ASSESSMENT EXAMS		CASE LIST		APPLICATION		EXAMINATION	
taken in	due	during	due	available	due	fee due	in
2009-2011	12/15/11	2011	12/15/11	2/1/12	5/1/12	12/15/12	2013
<p>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.</p>	<p>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.</p>	<p>3 month case list of surgical cases (limit 75) performed in hospitals and surgery centers during 3 consecutive months within the year indicated.</p>	<p>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.</p>	<p>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.)</p>	<p>Deadline to submit application & fee via www.abos.org. Mail deadline for required attachments (must be current, original documents).</p>	<p>Once candidates have received their acceptance to sit letters (after Credentials Committee meets), they must pay their exam fee via www.abos.org.</p>	<p>Exams: General, Adult Reconstruction, Sports Medicine, Surgery of the Spine, Combined Hand (for Hand CAQ holders), Combined Sports (for Sports Subspecialty Cert holders).</p>

MOC Oral Examination Pathway

CONTINUING MEDICAL EDUCATION & SELF-ASSESSMENT EXAMS		APPLICATION		CASE LIST		EXAMINATION	
taken in	due	available	due	during	due	fee due	in
2009-2011	12/15/11	2/1/12	5/1/12	2011-2012	12/15/12	12/15/12	2013
<p>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.</p>	<p>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.</p>	<p>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.)</p>	<p>Deadline to submit application & fee via www.abos.org. Mail deadline for required attachments (must be current, original documents).</p>	<p>6 month case list of surgical cases performed in hospitals and surgery centers during 6 consecutive months within the years indicated.</p>	<p>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.</p>	<p>Once candidates have received their acceptance to sit letters (after Credentials Committee meets), they must pay their exam fee via www.abos.org.</p>	<p>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.</p>

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

RECERTIFICATION EXAMINATION REPORT

JUDITH F. BAUMHAUER, MD, MPH, CHAIR



The Recertification Examination is the high stake exam component (part 3) of the four part Maintenance of Certification (MOC) program aimed at lifelong learning and practice improvement. The recertification examination options include 1) a computerized written exam or 2) an oral recertification pathway.

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, there are three specialty practice profile examinations in the area of adult reconstruction, sports medicine and surgery of the spine. These examinations consist 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 the 2011 cycle and the combined recertification sports examination will only be available to those with a subspecialty certificate in sports medicine.

In 2010, there were 941 orthopaedic surgeons who took the computer recertification examination. The general orthopaedic exam pass rate was 97%. The subspecialty examination pass rate for adult reconstruction was 98%, 98% for sports medicine and 98% for spine.

The alternative recertification option is the oral pathway. For the orals, the process is similar to Part II of the Boards. The examination is focused on the submitted case list and the Diplomate chooses the subspecialty of the exam panel. One hundred and thirty-four orthopaedic surgeons chose this pathway for recertification with a pass rate of 87%.

At www.abos.org, the content of the core orthopaedic knowledge for the recertification examination 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 from this web page

All Recertification Examinations Statistics

	2006	2007	2008	2009	2010
Examinees	1115	1071	957	1340	1242
Passes	1074 96%	1036 97%	922 96%	1297 97%	1194 96%
Fails	41 4%	35 3%	35 4%	43 3%	30 3%

under the Maintenance of Certification tab for Diplomates.

Diplomates are eligible to take a recertification examination up to two years prior to their expiration date on their certificate provided they have completed the MOC requirements.

The reporting date for MOC case lists and CME/SAE are 15-23 months prior to the computerized test. The application for the computerized test is due MAY 1st, the year PRIOR TO the exam.

PLEASE, visit www.abos.org to familiarize yourself with the deadlines.

2011 SCHEDULE MOC RECERTIFICATION EXAMINATIONS

Applications Closed

General and Practice Profiled Examinations in Adult Reconstruction, Sports Medicine, & Surgery of the Spine:

March 1 thru April 30, 2011

at Prometric Testing Centers, Nationwide

Oral Recertification Examinations

July 18, 2011

at the Palmer House Hilton, Chicago

Combined Hand Examination

September 12-24, 2011

at Prometric Testing Centers, Nationwide

Combined Sports Examination

November 3-16, 2011

at Prometric Testing Centers, Nationwide

2012 SCHEDULE MOC RECERTIFICATION EXAMINATIONS

Applications Available: *February 1, 2011*

Applications Deadline: *May 1, 2011**

** Diplomates must have completed the MOC requirements prior to 2011 in order to apply.*

Recertification Examinations Pass Rates

	2006	2007	2008	2009	2010
General Clinical	96%	97%	96%	97%	97%
Adult Reconstruction	95%	99%	99%	98%	98%
Sports Medicine	98%	98%	98%	99%	98%
Spine Surgery	96%	93%	97%	99%	98%
Combined Hand	99%	98%	96%	97%	96%
Combined Sports					95%
Oral Recertification	93%	95%	91%	87%	87%

CREDENTIALS COMMITTEE

CREDENTIALS COMMITTEE REPORT

TERRY L. THOMPSON, M.D., CHAIR

MEMBERS:

Judith F. Baumhauer, MD, James E. Carpenter, MD, Sanford E. Emery, MD,
Harry N. Herkowitz, Jr., MD, J. Lawrence Marsh, M.D., David F. Martin, MD, James R. Roberson, MD,
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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 the Part II Oral examination and Recertification examination. The main tool used for Practice Performance assessment has been the Peer Review form. The Peer Review form is sent out to a number of individuals including orthopedic colleagues, current and former practice partners, residency and fellowship program directors, hospital chiefs of staff in orthopedics, 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 2010 Recertification examination, 1254 applicants were admitted to the examination, 11 were deferred and 1 was denied the opportunity to sit. For the 2010 Part II Oral examination, 705 applicants were admitted, 15 were deferred, 4 were denied the opportunity to sit, and 4 were deferred for a practice site visit. The Credentials Committee also reviewed 7 active certificate holders whose state medical license had been revoked or encumbered with licensure restrictions; the ABOS revoked all 7 certificates. The names of individuals whose license was revoked in 2010 are published below.

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.

REVOKED CERTIFICATES

To date, the American Board of Orthopaedic Surgery has revoked the certificates of 59 Diplomates. Listed below are the most recent certificate revocations.

Former Diplomate	Last Known City/State	Year Revoked
Bernard Z. Albina, MD	Houston, Texas	2011
Richard Coveney Anderson, II, MD	Newport, Rhode Island	2011
Gonzalo Antonio Covarrubias, MD	Mission Viejo, California	2011
Donald Baker Miller, Jr., MD	Scottsdale, Arizona	2011
Michael Warren Reed, MD	Panama City, Florida	2011

SUBSPECIALTY CERTIFICATION

SUBSPECIALTY CERTIFICATE IN SURGERY OF THE HAND

MARYBETH EZAKI, MD, JOINT COMMITTEE CHAIR
MICHELLE JAMES, MD, SUBSPECIALTY CERTIFICATION CHAIR



The first thing to notice this year is that the name has been changed from Certificate of Added Qualification in Surgery of the Hand (CAQSH) to Subspecialty Certificate in Surgery of the Hand (SSC-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 Subspecialty Certificate in Surgery of the Hand (SSC-Hand). Each individual Board sets the passing standards for the SSC-Hand when it is used as the Part III secure examination portion of the Recertification process.



In 2010, the SSC-Hand examination was administered during the September testing window 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.

CAQ in Hand Surgery Examination Statistics

	2006	2007	2008	2009	2010
Examinees	46	42	80	66	57
Passes	46 100%	41 98%	76 95%	62 94%	54 9%
Fails	0 0%	1 2%	4 5%	4 6%	3 1

CAQ in Hand Surgery Recertification Examination Statistics

	2006	2007	2008	2009	2010
Examinees	1	4	16	41	23
Passes	1 100%	4 100%	16 100%	39 95%	23 100%
Fails	0 0%	0 0%	0 0%	2 5%	0 0%

Combined Hand Surgery Recertification Examination Statistics

	2006	2007	2008	2009	2010
Examinees	92	100	85	139	105
Passes	91 99%	98 98%	82 96%	135 97%	101 96%
Fails	1 1%	2 2%	3 4%	4 3%	4 4%

Hand Certification Examination:

A total of 88 Hand Surgeons took the Subspecialty Certificate in Surgery of the Hand on examination. Of these, 81 were first-time takers and 7 were Reexaminees. Of those taking the certifying examination, 57 were ABOS Diplomates, 22 ABPS, and 9 ABS Diplomates. For Orthopaedics, this compares with 66 who took the exam in 2009 and 80 in 2008. One hundred sixty-two items were used in the test. Thirty 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 Joint Committee on Surgery of the Hand reviewed the scores and psychometric data and set the passing score for the 2010 SSC-Hand 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 SSC-Hand examinations. A passing score of 66% correct was identified by the Committee representing the three parent Boards. This compares with 68% correct in 2009, and 64% correct in 2008. The overall failure rate for all three Boards' hand surgeons was 11.4%.

SSC-Hand Recertification Examination:

A total of 179 Diplomates took the SSC-Hand for Recertification via a computer-based test. This included 128 ABOS Diplomates, 37 ABPS and 14 ABS Diplomates respectively. The same examination was administered for both the Certifying and Recertification Examination. Of the ABOS Diplomates, 105 took the Combined Hand Recertification Exam with the Core Orthopaedic Questions for the dual Recertification of both their Orthopaedic Boards and Subspecialty in Hand. Twenty-three Orthopaedic Diplomates recertified the Subspecialty Certificate in Hand only. Performance, equating and scoring were comparable to previous years.

(Subspecialty Certification Continued on page 13)

2011 SCHEDULE SUBSPECIALTY CERTIFICATE IN SURGERY OF THE HAND

Applications Closed

CAQ Hand Certification Examination
September 12, 2011

CAQ Hand Recertification Examination
September 12-24, 2011

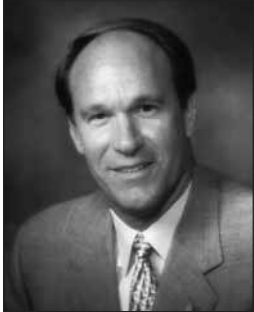
at Prometric Testing Centers, Nationwide

For the Combined Hand Exam schedule, see page 4.

SUBSPECIALTY CERTIFICATION

SUBSPECIALTY CERTIFICATE IN ORTHOPAEDIC SPORTS MEDICINE

CHRISTOPHER D. HARNER, MD, CHAIR



The purpose of this report is to review and update you on Subspecialty Certification in Orthopaedic Sports Medicine. This report will include: 1) A brief history of the process, 2) The current status of Sports Subspecialty Certification, and 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 2011 exam will be the last chance for those individuals who did not graduate from an ACGME accredited fellowship to sit for the Sports Medicine Subspecialty Certification examination.

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 our "body of knowledge."

2) Current Status of Sports Medicine Subspecialty Certification

The first examination was given in 2007. Since then, we have completed 4 years of examinations. Each year, the exam consists of approximately 200 questions and is given over a 4 hour time period. Starting in 2010, the exam contains video 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 principles (5%) (Research, study design, statistics, ethics, professionalism)

Medical aspects of Sports Medicine (20%)

Musculoskeletal (75%) - Upper extremity (30%), Lower extremity (40%), Spine (5%)

Subspecialty in Orthopaedic Sports Medicine Statistics

	2007	2008	2009	2010
Examinees	587	356	322	419
Passes	529 90%	330 93%	281 87%	365 87%
Fails	58 10%	26 7%	41 13%	54 13%

In addition to the usual rigorous psychometric evaluation done with the NBME, the past 4 tests have also undergone a standard setting exercise. This involves having 10 experienced (ACGME accredited fellowship and in practice a minimum of 10 years) 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 4 exams are listed on this page.

Over the past 2 years, the Board has 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 10/125 are non-surgical cases.

3) Future Directions

A critical goal of the subspecialty certification process is to make it consistent with the Subspecialty Certification in Surgery of the Hand (formally Certificate of Added Qualification or CAQ) and the MOC process. With this in mind, in 2009, the Board approved the following proposal:

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

The primary orthopaedic and subspecialty certificates will then have the same expiration dates. The Combined Sports Examination satisfies Part III of the MOC requirements. It is 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. The first Combined Sports Examination was given this past year from November 4-17. Sixty-three candidates took the examination.

(Subspecialty Certificate in Orthopaedic Sports Medicine Continued on page 13)

2011 SCHEDULE SUBSPECIALTY CERTIFICATE IN SPORTS MEDICINE

Applications Available: *August 1, 2010*

Applications Deadline: *March 15, 2011*

Examination: *November 3, 2011*

at Prometric Testing Centers, Nationwide

For the Combined Sports Exam schedule, see page 4.

PART I CERTIFICATION REPORT

REGIS J. O'KEEFE, M.D., CHAIR



A key mission of the ABOS is to certify the expertise, knowledge, judgment, and skills of orthopaedic surgeons through the Part I Certification Examination. The examination is designed as the first part of a two-stage process to provide a fair and accurate assessment of the ability of surgeons trained in orthopaedics to provide the highest quality, state of the art care to members of the public. The examination was developed

through the active oversight of the 2009-2010 Written Examination Committee. Dr. Regis O'Keefe served as chair, and the committee members including Drs. Albanese, Anglen, Baumhauer, Emery, Ezaki, Harner, Haynes, Herkowitz, Kasser, Luck, Marcus, Marsh, Martin, Thompson, Weinstein, and Vail. A special thanks goes to Dr. Richard Haynes and Dr. James Luck who are retiring from the WEC.

The 2010 Written Certification Examination was created through the work of over 70 orthopaedic surgeons practicing throughout the United States. These surgeons represent all disciplines and subspecialties within orthopaedic surgery. The process of creating the 2010 examination began two years earlier during the summer of 2008, when the members of the Question Writing Task Force were provided with their question writing assignments. Eight more steps followed: 1) Examination questions were submitted to the National Board of Medical Examiners (NBME) in December 2008; 2) NBME staff edited and categorized examination questions into one or more of 18 subcategories. 3) Questions were returned to the question writers for additional review prior to the meeting; 4) The Question Writing Task Force convened in Philadelphia for a review of all of the questions. Approved questions received final edits and were entered into an item library at the NBME. 5) In November 2009 the Field Test Task Force met in Chicago to review and approve questions tentatively selected for the 2010 examination. 6) The NBME assembled the proposed examination, with attention to broad representation of all areas of orthopaedic practice. 7) In February 2010 the ABOS Written Examination Committee met and discussed and approved each examination question selected for the examination. 8) In March 2010 the Chairman of the Written Examination Committee and the Executive Director reviewed the proofs and gave final approval to the examination.

Eligibility for the Part I Certifying Exam requires that candidates complete an ACGME accredited orthopaedic residency that includes 51 of 60 months of clinical training. Canadian residents that have passed the Royal College of Physicians and Surgeons Examination are eligible for ABOS Part I examination. A third pathway is the scholar track whereby a foreign trained orthopaedic surgeon may seek approval to take the Part I examination following a total of five years of clinical orthopaedic experience at a US academic center.

Prospective candidates are encouraged to register for the examination soon after receiving their scheduling permits so as to maximize the chance that they will be assigned to the test site of their choice. The registration process requires candidates to complete an ABOS-sponsored tutorial that familiarizes candidates with the examination format. The 2010 examination was designed with 7 separate test blocks. Blocks

1-6 each had 52 questions with 75 minutes for completion. Block 7 had 15 questions and a total of 30 minutes for completion. There is 40 minutes of break time during the examination.

2010 ABOS Part I Certification Examination was held on July 8, 2010. This was the second year that the examination was presented in a computerized format. The computerized examination allows the inclusion of multimedia questions that include explorable CT/MRI scans, arthroscopy videos and physical exam videos. More than 170 Prometric Test Sites were used across the United States and Canada. A total of 779 examinees initiated the examination and all candidates completed the examination. 684 candidates took the examination for the first time while 95 candidates were repeating the examination due to prior failure.

The 2010 examination consisted of 312 questions. The members of the Written Examination Committee performed a key validation process and 8 items were invalidated. Thus a total of 304 questions were used to score the examination. In August 2010 the ABOS Written Examination Committee convened to review in detail candidate performance on the examination and to set a passing standard based upon the distribution of scores and a detailed psychometric evaluation of the test. The candidates were notified of their results in September 2010.

The passing standard for the 2010 examination was set at 1.12 log-its. The examination is designed to provide candidates with the same opportunity to pass the examination each year. In order to judge the difficulty of the test and to assess the performance of candidates relative to other years, the examination contains a set of previously used examination questions. Each of these questions has detailed statistics from previous examinations, and the performance of current candidates on these questions relative to candidates in other years permits standardization of the examination between candidate pools in different years. Thus these previously used questions serve as equators that permit the same passing standard from year to year. The passing standard used in 2010 year was identical to the passing standard used in 2009 (Scale Score = 170 and Proficiency/Logits Score = 1.12). On the 2010 examination, this corresponded to a raw score of 215 correct answers (70.7%).

(Part I Certification Continued on page 13)

Part I Written Examination Statistics

	2006	2007	2008	2009	2010
Examinees	741	728	715	719	779
Passes	647 87%	641 88%	610 85%	643 89%	628 81%
Fails	94 13%	87 12%	105 15%	76 11%	151 19%

2011 SCHEDULE
PART I WRITTEN EXAMINATION
Applications Closed
 Examination: *July 7, 2011*
 at Prometric Testing Centers, Nationwide

PART II ORAL EXAMINATION REPORT

STEPHEN A. ALBANESE, MD, CHAIR



The purpose of the Part II oral examination process is to evaluate candidates' clinical competence through credentialing and an examination. Unlike the Part I written examination, which primarily assesses knowledge, the goal of the Part II examination is to assess the application of knowledge. Upon successful completion of the Part II examination, candidates become Diplomates of the American Board of Orthopaedic

Surgery and Board certified in orthopaedic surgery for a period of 10 years. This also marks the beginning of the first Maintenance of Certification cycle.

The 2010 ABOS Part II oral examination was administered July 21-23 in Chicago, IL. In order to be admitted to the oral examination, a candidate must have successfully completed the Part I written examination, possess a full and unrestricted medical license in the United States or Canada or be engaged in full-time practice in the United States federal government for which licensure is not required. Candidates also must have been in practice for at least 22 months, of which at least 12 were in a single location. Candidates are evaluated through a peer review process that includes input from their residency program director, orthopaedic colleagues, hospital chief of staff, and chiefs of orthopaedics, surgery, anesthesia, and operating room nursing staff. After reviewing the application and associated information, the ABOS Credentials committee determines which applicants are approved to sit for the Part II examination.

The oral examination allows peer review of the candidate's practice and decision making. The board examiners are volunteer, board certified orthopaedic surgeons. All examiners are required to participate in the recertification process. The examination is based on the 6 month case list submitted by the examinee. The case list is reviewed in advance and 12 cases are selected for inclusion in the examination. The candidate is allowed to delete two cases, leaving 10 cases to serve as the basis for the examination. The candidate brings supporting documentation and selected images to Chicago.

The examination is divided into three 35 minute periods with two examiners in each period. During each examination period, examiners ask the candidate questions related to selected cases presented. The examiners also have access to the candidate's practice profile. Specific skills evaluated for each case are data gathering, diagnosis and interpretive skills, treatment plan, technical skill, outcomes, and applied knowledge. There are global evaluations of surgical indications, surgical complications, and ethics and professionalism. Each of the two examiners grades the candidate independently. The scores are adjusted to account for examiner difficulty. The scores from all of the candidate's examiners are combined to form a composite score for the candidate. The examination is structured so that it is possible for all examinees to pass the examination. There is no pre-determined failure percentage.

In 2010, there were 680 candidates and 164 volunteer examiners. Eighty-seven percent of the candidates completed a fellowship. Six

hundred two received passing scores for a pass rate of 88.5%. The pass rate for first time takers was 89.8% and for those repeating the exam 78.4%.

In an effort to improve the examination process, the Board actively seeks feedback from examinees during debriefing sessions immediately following the examination. Candidates are asked to complete a questionnaire. During the sessions, verbal feedback is requested from the group. ABOS directors are present to answer questions and listen to comments from the candidates.

Over the past several years there has been a definite trend toward digital imaging in hospital and office settings. This trend is expected to continue. Candidates have historically brought hard copy images to the examination. The limited access to hard copy images has made this more burdensome for the candidates. Many candidates have to pay for printed copies of images. Furthermore, the variability in printing methods has recently led to inconsistency in the quality of images available for the examination. There is the additional burden of carrying the material to the examination in Chicago. The questionnaires from the debriefing sessions indicated that 88% of candidates have digital imaging in either their hospital or office. Fifty-six percent have digital imaging in both settings. The verbal feedback overwhelmingly supported the use of digital imaging for the examination.

The Board has been actively exploring a transition to digital imaging. Board Directors have evaluated digital imaging systems to determine their appropriateness for the examination. The goal is to identify a reliable system that allows candidates to easily upload images and consistently produces high quality images that can be easily managed during the examination. As a trial, Directors uploaded images to two different systems, and then reviewed the image presentation in small groups to select a format for the examination. A mock oral examination utilizing this JPEG based format was held during November of 2010 at the Palmer House in Chicago. This included volunteer candidates from the 2010 oral examination, Board examiners and Board Directors. The plan is to utilize the digital imaging system for the 2011 oral examination.

The ABOS Board of Directors is grateful to all of the participants in this voluntary activity. We believe that the oral examination is an essential component of our certification process.

PART II ORAL EXAMINATION STATISTICS

	2006	2007	2008	2009	2010
Examinees	656	662	669	695	680
Passes	593 90%	596 90%	584 87%	621 89%	602 89%
Fails	63 10%	66 10%	85 13%	74 11%	78 11%

2011 SCHEDULE PART II ORAL EXAMINATION

Applications Closed
Examinations: *July 19-21, 2011*
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 2009. In an attempt to enlarge our peer review of candidates, we ask that you review this list and submit comments on persons that 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, or by email to dfrazier@abos.org.

MILITARY

Gondusky, Joseph Stanley
Scalamogna, Domenic
Stauff, Michael Paul
White, Sharese Michelle

ALABAMA

Barber, Matthew Daniel
Emblom, Benton Allen
Farris, Rory Covette
Franklin, Brett Matthew
Freudenberger, Curt Leslie
Guin, Patrick Daniel
Heck, Christopher Andrew
Kidder, Jacob Fant
Lawley, Michael Greenwood
Martens, James Patrick

ALASKA

Drury, Tucker Andrew
Manweiler, Julia Renee
Sparks, Bradley Lee
Tran, Tuan Christopher

ARIZONA

Brimacombe, Sean Joseph
Chafik, Dara
Chang, Michael Su
Crowder, Terrence Tevon
Datta, Jason Chandler
Ehteshami, John Reza
Grant, Gregory Michael
Hall, John Francis
Karlen, Judson Walker
Lipton, Carter Brian
Myo, George Kyaw Zin
Nelson, Cory Oliver
O'Connor, Robert Walter
Redmon, Shannah Malia
Sahasrabudhe, Amit Arun
Schwartz, Adam Joshua
Smith, Jordan Lee
Staples, Kurtis Scott
Tucker, Kimberly Karin
Udall, John Hunt
Wild, John James

ARKANSAS

Cox, Wesley Kent
Johnson, Jeffrey William
Rhombert, Edward Willis
Seale, Jared Justin
Swymn, Jeremy Paul
Wallace, Aaron Jack
Wyrick, Theresa Olivia

CALIFORNIA

Allen, Richard Todd
Amirtharajah, Mohana
Arora, Amarपाल Singh
Avedian, Raffi Stephen
Bagheri, Ramin
Bahk, Michael

Bolling, William Seth
Bonds, Cale Walter
Bradford, Letitia Lynn
Dennis, Douglas Alan
Dewing, Christopher Bateman
Dietz, Adam Gemmel Reid
Diltz, Matthew Vance
Disston, Alexander Rose
Ellison, Bruce Emanuel
Foley, James Alexander
Freeto, Brian David
Friend, L Kaleb
Garg, Rishi
Glenn, Jamieson Scott
Grumet, Robert Carlyle
Hajnik, Christopher Andrej
Hentzen, Eric Richard
Hong, Yuhwan
Howard, Michael Stockton
Hsiao, Andrew
Hunt, Kenneth John
Hwang, Matthew Wook
Imrie, Meghan Nemeth
Khounghanian, Gregory Shant
Kroonen, Leo Toshinori
Lam, Jonathan Jak Sum
Lee, Cassandra Alda
Lee, John Jin
Lin, Abraham Gregory
Lin, James Matthew
Linthicum, Jonathan Jay
Mai, Kenny Thanh
Margolis, Jeffrey Scott
Mast, Nicholas H
Morshed, Saam
Mundis, Gregory Michael
Myung, Karen Sookyung
Ng, Damon Jon
Nord, Russell Marc
Ogawa, Brent Kalani
Olson, Kirstina Marie
Oshtory, Rayshad
Park, Dennis Chungwoo
Park, Kenneth
Rabbani, Ramin
Rasouli, Alexandre
Reese, Keri Ann
Rolfe, Kevin William
Saluta, Jonathan Ramirez
Salyapongse, Aaron Keith
Singh, Anshuman
Stenger, Christopher Allen
Stewart, James Thomas
Stine, Ian Andrew
Stuffmann, Eric Scott
Su, Brian Wei-En
Swan, Justin Browning
Tocci, Stephen Leonard
Wakim, Emile Paul
Wilker, Moshe
Wilkins, Kip Richard
Wolfson, Nikolaj
Wong, Andrew Shing-Yau
Young, Charles Robert

COLORADO

Anderson, Kane Librum
Baxter, Aaron Takkam
Cally, Donald James
Clark, Clifford Dana
Griggs, Rhett Jackson
Haggerty, Charles Justin
Johnson, Derek Ryan
King, Jarrod Todd
Morreale, Joseph Michael
Orndorff, Douglas George
Patel, Nimesh Bhulabhai
Redfern, John Carlton
Robinson, Mitchel Stephan
Schneider, Adam Michael
Schumer, Ross Aron
Snyder, Joshua T
von Stade, Eleanor Fisher

CONNECTICUT

Applegate, Todd David
Arcand, Nicole Louise
Ciminiello, Angelo Michael
Dunleavy, John Patrick
Hergan, David Jeremy
Richer, Ross Jason
Thoms, Richard Justin
Vadasdi, Katherine Bardzik

DELAWARE

Pfaff, William Lenox
Ty, Jennifer Michele

FLORIDA

Baker, John Eldon
Bates, Aaron Michael
Branham, Daniel Gabe
Bynum, James Alton
Cameron, Julian Anthony
Cardoso, Roy
Cook, Alfred Joseph
Cooper, Andrew Jeremy
Fasihi, Najam Geerman
Garcia, Michael Joseph
Girouard, Allain A.
Gleiber, Michael Andrew
Goldsmith, Scott Eric
Gottlieb, Jonathan Robert
Grey, Monique Adonica
Hanff, Stephen Anthony
Kaplan, Kevin Michael
Lesniak, Bryson Patrick
Livingstone, Ayisha Elizabeth
Malik, Steven W
Mulieri, Philip Jude
Nilssen, Erik Christian
Ofobike, Emeka Okey
O'Neill, Patrick James
Quinnan, Stephen Matthew
Rajadhyaksha, Amar Dilip
Raposo, Juan Miguel
Saenz, Cesar Lenning
Shah, Anjan Rajni

Spurdle, Craig Judson
Swick, Matthew Jay
Toman, Charles Victor
Varma, Amit Bhushan
Wagner, Matthew Robert

GEORGIA

Abell, Brian Edward
Botero, Herman G
Bundy, Justin Voich
Bushnell, Brandon DuBose
Chen, Ryan Chih Yun
Conduah, Augustine Humphrey
Hansen, Uel Dean
Hills, Christopher Clayton
Jeshuran, Winston R
Johnson, Stephen Bramblett
Langer, Phillip Raymond
Lawhorne, Thomas Walter
Lee, Gregory Hong Suk
Morgan, Robert Johnson
Mueller, Terry Lee
Wall, Bradford Alan

GUAM

Anderson, Terrence Damon

HAWAII

Blum, Gary Takashiro
Groth, Adam Theodore
Sandoval, Carlos Miguel
Vasconcellos, David Allan
Wong, Grace Elsa

IDAHO

Bowen, Joseph Marshall
Robison, Jason Franklin

ILLINOIS

Chhadia, Ankur Mahendra
Choi, Tony Jeen
Crickard, Colin Victor
Derhake, Adam David
Eubanks, Aaron Christian
Ferry, Scott Thomas
Forsythe, Brian
Gent, Justin Jon
Gunderson, Tyler Gilbert
Harris, David John
Hsu, Patricia Ann
Hurbanek, Jason Gregory
Johnson, Randon Charles
Krcik, James Anthony
Levitz, Seth Phillip
Nho, Shane Jay
Norris, Joseph Bryan
Oryhon, Jeremy Michael
Qeli, Albi
Sagan, Michelle Lee
Saltzman, Matthew David
Sampat, Chintan Suren
Shah, Nirav A.
Shin, Michael
Witkowski, Gregory Paul
Wysocki, Robert William

INDIANA

Anderson, Rebecca Bennett
Coats, David Alan
Harris, Damion Michael
Hartzell, Jeffrey Lee
Justice, Benjamin Jay
Kellams, Christy Faye
Lavery, Matthew Ryan
Merrell, Greg Alan
Ritter, Kyle Patrick
Sieradzki, James Paul
Snyder, Matthew Jason
Tanko, Quentin Kalman
Waits, Chad Alan
Wickstrom, Otto William

IOWA

Aviles, Steven Anthony
Christiansen, Cory G.
Nwosa, Chinedu Chuka

KANSAS

Abraham, Scott Marvin
Ballard, Gregory Paul
Elton, Suzanne Grillot
Henning, Jeffrey Alan
Pate, Ryan Cyril
Patel, Amar
Stueve, Jacob Saunders
Taghizadeh, Sascha Darius

KENTUCKY

Baker, James Douglas
Bruce, Brandon Thomas
Carter, Samuel David
Coy, Samuel Christopher Britton
Crawford, Charles Hopkins
Kern, Brian Scott
Statton, Jeremy O'Neal
Strenge, K. Brandon
Wilkes, Trevor Watland

LOUISIANA

Bankston, Larry Stephen
Bowlín, Timothy Charles
Corbett, Nicola Shamsey
Crenshaw, William David
Dersam, Gabriel Leese
Ellender, Patrick Roan
Hale, Steven Shea
Johnson, Catherine Elizabeth
Kindl, Brian Thomas
O'Brien, Michael John
Rodriguez, Ramon Francisco
Romero, Neil Cameron
Rosenzweig, Seth Daniel
Soeller, Clemens Eugene
Spires, Timothy Davenport

MAINE

Morse, Kenneth Russell
Oldenburg, Frederick Parke
Scordino, Joseph Frank

MARYLAND

Akhtar, Omar Humayun
Attar, Samer
Clough, Mark Van Duser
Dabbah, Michael David
Dean, Clayton Loyal

Golden, Robert David
Gwinn, David Evans
Khosla, Shaun Kumar
Lochner, Heather Virginia
Manson, Theodore Thomas
Marchant, Milford Howarth
McGovern, Scott Christopher
Mitchell, Carter Wallace
Neubauer, Philip Roy
Nickson, Dominique Antoine
Oetgen, Matthew Evan
O'Reilly, Michael Patrick
Patel, Yatin
Sanders, Samuel
Shridharani, Shyam Mahavir
Shushan, Alexander Donald
Tucker, Christopher John
Wallace, Michael Jason
Waterman, Scott

MASSACHUSETTS

Bedair, Hany Salah
Boyle, James William
DeAngelis, Joseph Pasquale
DiPaola, Christian Paul
Duggal, Naven
Elman, Michael Vitaly
Gardiner, Aaron
Green, Jennifer Beth
Harder, Adam TRUE
Jawa, Andrew
Kain, Michael Sean Hillegass
Mattheos, Steven
Moore, Derek Watson
Most, Mathew Joshua
Mundanthanam, George Joseph
Oh, Luke S.
Price, Mark David
Sung, Jinsil Kim

MICHIGAN

Aalderink, Kristopher Jay
Bedi, Asheesh
Dombroski, Jeffrey Paul
Frush, Todd James
Grant, Kevin David
Hakeos, William Michael
McDermott, Michael Patrick
Murphy, Todd Patrick
Najarian, Brian Christopher
Noud, Patrick H
Oliphant, Bryant Will
Papakonstantinou, Nicholas Steven
Stewart, Bruce Andrew
Uggen, Christopher William

MINNESOTA

Alexandrov, Tamara
Barry, Jason Allen
Cormier, Francis
Cummins, Justin Shawn
Healy, Michael Thomas
Hoxie, Samuel Charles
Meisterling, Steven Walter
Strothman, David Howard
Ward, Christina Marie
Wills, Nicholas Joseph

MISSISSIPPI

Brien, Glenn Anthony
Cox, Michael Joseph
Dews, Robert Carrington
Pickering, Trevor Reed
Van Osten, George Karl

MISSOURI

Byrne, Joseph Bernard
Fissel, Brian Anthony
Kaar, Scott Geoffrey
Keeler, Kathryn Ann
McCormick, Jeremy James
Quigley, Kevin James
Rabenold, Jason David
Smith, James Donald
Smith, Matthew Vernon
Trueblood, Andrew Cooper

MONTANA

Ford, Kerry Susanne

NEBRASKA

Buzzell, Jonathan Edward
Gill, James Brian
Hartman, Curtis Wayne
Izadi, Kayvon David

NEVADA

Dolan, Christopher Michael
Woodworth, Richard

NEW HAMPSHIRE

Clerk, Avnish Neil
Cook, Peter Christopher
Frost, Sean Charles Lucas
Hennig, Alexander Carlton
Hogan, Kathleen Anne
Khoury, Lisa Danielle
Murthi, Dinakar Shenbaga
Oliviero, Jason Anthony
Weiss, Douglass Robert

NEW JERSEY

Adolfson, Stephen Erik
Baynes, Jason Robert
Dickerson, David Brian
Festa, Anthony
Giuffrida, Angela Ylenia
Lafferty, Paul Matthew
Lee, James McCarcum
Masella, Robert Michael
Nitche, Jason Adam
Protopsaltis, Themistocles Stavros
Roehrig, Gregory James
Rovner, Joshua Seth
Sanfilippo, James Arthur
Sinha, Kumar Gautam
Song, Frederick Suh
Vannozzi, Brian Michael
Vazquez, Oscar
Wanich, Tony Suchai

NEW MEXICO

Forno, Philip C
Kiburz, Arnold John
Matt, Victoria
McGee, Kevin Michael
Quesada, Mario Joseph

NEW YORK

Allen, Abigail Kincaid
Ashraf, Nomaan
Auerbach, Joshua David
Baghian, Sepideh
Bassora, Rocco
Blum, Yossef Cardozo
Brandon, Mark Leonard
Bullock, Daniel Patrick
Cadet, Edwin Richard
Chen, Morgan Naichi
Corrigan, Frank John
Cuartas, Juan Esteban
Davis, Jason Albert
DeFranco, Michael Joseph
Ferrara, Justin Michael
Fishkin, Zair
Frances, Jenny Margareta
Gerdeman, Andrew Charles
Gibbs, John William
Golant, Alexander
Greene, Ronald Timothy
Grossman, Eric Laurence
Gunther, Andrew George
Hepinstall, Matthew Stewart
Iofin, Ilya
Jacob, Jesu
Jarit, Gregg
Kelmanovich, Daniel Jason
Lemley, James Alan
Lombardo, Frank Thomas
Markowicz, Daniel Stuart
Mattern, Christopher James
Matusz, David Michael
Morelli, Brian Nicholas
Mulligan, Michael Thomas
Nett, Michael Patrick
Nicandri, Gregg Thomas
Patel, Vipul
Quach, Tony
Sherman, Robert Adam
Tyler, Wakenda kachina
Tyorkin, Maxim
Verma, Rohit Binod

NORTH CAROLINA

Allen, Pamela Gutbier
Barnett, Ted Marcus
Brighton, Brian Kenneth
Eichinger, Josef Karl
Gilbert, Brett Jason
Hicks, John McCall
Idler, Cary Scott
Kamath, Ganesh Vasant
Krenzler, Brian Allen
Landau, Joshua P.
Lewis, Daniel Robert
Liddell, Travis Richard
Mann, Christopher Hayes
Patterson, Jennifer Megan Mackinnon
Powell, Eddie Nelson
Putnam, Ryan Michael
Ramasunder, Shalini
Rineer, Craig A
Slechts, Ryan Matthew
Snyder, Jonathan Reich
Walker, Earl William
West, Jesse Lyle
Yeargan, S Austin

NORTH DAKOTA

Ackerman, Duncan Blaine

OHIO

Abbott, James Douglas
Ahluwalia, Gurpal Singh
Chambers, Bryan Thomas
DiPaola, Matthew James
Eubanks, Jason David
Gorsline, Robert Todd
Grisoni, Nicolas Enrique
Grothaus, Matthew Christian
Hummel, Matthew Thomas
Hurst, Jason Michael
Kusuma, Sharat Kumar
Miller, Eric Thomas
Najarian, Robert George
Robins, Richard Judd
Rosneck, James Thomas
Scharschmidt, Thomas John
Smail, Jennifer Margaret
Sohn, David H.
Van Steyn, Marlo Oyster
VanHoff, Corey Lee
Wera, Glenn Don

OKLAHOMA

Fong, Winston
Klitzman, Robert Gerald
Margo, Bradley Johnson
McAlister, Deborah Mullins
Mitchell, James Douglas
Parkinson, Andrew Benjamin
White, Jeremy Russell

OREGON

Knight, Jeffrey Boyd
Kranenburg, Andy Jon
Lin, Tony Chi-chin
Moore, Allen Kristopher
Nanson, Christopher J
Petit, Charles Justin
Ryan, James Anthony
Schabel, Kathryn Lynn Sipiorski
Schenck, Joseph Paul
Shia, Derek Shawei
Tsai, Peter Ching

PENNSYLVANIA

Ahn, Jaimo
Bader, Dov A.
Bozic, Vladimir Stefan
Brislin, Brian Thomas
Brown, Ouida Lynna
Brunton, Lance Michael
Bykov, Yury
Chertow, Todd Eric
Choi, Joseph Young
Chu, Benjamin I-Ming
Componovo, Roger Massa
Darowish, Michael Edward
Dodson, Christopher Cloyd
Donaldson, Christopher Todd
Drabicki, Raymond Robert

Emond, Christopher Edward
Evenski, Andrea Jean
Fernandez, Michael Louis
Gillon, Thomas James
Jacoby, Sidney Mark
Kropf, Eric Jon
Lavigne, Gregory Scott
Lipton, Glenn Emmanuel
Matullo, Kristofer Steffen
Messick, Kyle Jason
Musahl, Volker
Reiter, Brian Keith
Saing, Minn Htut
Sankar, Wudbhav Nott
Schwartz, Mark Allan
Siska, Peter Allen
Sweitzer, Brett Alan
Tracy, Michael Richard
Vakil, Jeffrey Jahan
Yagnik, Gautam Pratap

PUERTO RICO

Alvarado-Diaz, Gilberto Jose
Loinaz-Rivera, Maritza Helena
Lojo-Sojo, Luis Francisco
Serra, Michael John
Villamil-Wiscovitch, Fernando Luis

RHODE ISLAND

Czerwein, John Kazimierz
Tabaddor, Ramin Ronald

SOUTH CAROLINA

Armocida, Frank Michael
Burgoyne, Chadler Ryan
Corey, William Steven
Detch, Robert Corwin
Lallii, David Adam
LaMotta, Ivan Esteban
Leddy, Lee Rodney
Pappas, Alexander James
Ramsey, Peter Nathaniel
Rodriguez, Marco Antonio
Schoderbek, Robert John
Schwartz, Matthew Allen

SOUTH DAKOTA

Bechtold, Carl Dustin
Espiritu, Michael Trinidad
Johnson, Brian Douglas
Kampmann, Brian Douglas
Wulf, Corey Allen

TENNESSEE

Cornelius, Jonathan Philip
Devin, Clinton James
Haltom, John Douglas
Jahangir, Amir Alex
McKinney, Bart Issac
Mir, Hassan Riaz
Rudloff, Matthew Ian
Schoenecker, Jonathan Gregory
Shaver, Jonathan Christopher
Sherrell, James Christopher
Shibayama, Juris

Throckmorton, Thomas Ward
Toy, Patrick Christopher

TEXAS

Adcox, Brent Matthew
Ahmed, Sonya Sayed
Alderete, Joseph Frank
Anderson, Cody Neal
Antekeier, Shannon Bridget
Bauer, Brent J.
Beaty, Stacy Gerald
Benavides, Jerome Michael
Bergeson, Ryan Kirkhus
Brezina, James Louis
Burney, Mohammad Umar
Campbell, Winfield M.
Carll, Kendall Edward
Carter, Jason Daniel
Cho, Alexander
Clark, Russell Jay
Duffy, Michael Fahey
Fehsenfeld, Drew Mathew
Gloystein, David Michael
Graves, Richard Marshall
Hardy, Brian Thomas
Heinrich, John Bradfield
James, Kevin Bernard
Kibuule, Leonard Kayemba
Launikitis, Robert Anthony
Maier, Michael Christopher
Martyak, Gregg G.
McGarry, John Eamon
Murray, Travis Norman
Orr, Justin Dennis
Osborn, Patrick Marshall
Panchbhavi, Vinod Kumar
Reddy, Veerabhadra
Rey, Jesus
Rhim, Richard Dongil
Robertson, William Joseph
Rose, Harris Samuel
Rouhipour, Varqa
Sathy, Ashoke Kasyap
Schoenfeld, Andrew Jason
Scobercea, Razvan George
Seroyer, Shane Thomas
Shellock, Jessica Leigh
Siddiqui, Saqib Armughan
Stehly, Eric Matthew
Stein, Joshua Daniel
Tinley, Jason Christopher
Vara, Christopher Sean
Wang, David William
Ward, Russell Alan
Williams, Nathan Edward
Wilson, Benjamin Scott
Younas, Shiraz Ahmad

UTAH

Brady, John H.
Hallows, Rhett Kendall
Hooley, Eric Wayne
Klatt, Joshua William Bendz
Winter, Bret Ryan

VERMONT

Frenzen, Seth West

VIRGINIA

Brown, Michael Heath
Calderon, Roberto Daniel
Cervieri, Christina Leigh
Cheatham, Seth Adam
Cooper, Minton Truitt
Cunningham, Mary Rose Anne
Deal, Dylan Nicole
Ebersberger, Marc Lee
Esway, Jan-Eric
Kalluri, Prakasam
Kavanagh, Mark Lawrence
Lutton, David Matthew
Mierisch, Cassandra
Miyamoto, Ryan Glenn
Patterson, Phillip Justin
Pilkington, Trinity O'Neil
Sabet, Hajeer
Schmitz, Matthew Robert
Sharma, Vivek
Shimer, Adam Lynn
Wind, Michael Allen

WASHINGTON

Boyer, Jason
Branstetter, Joanna Gamas
Clabeaux, Jonathan James
Freeborn, Mark Allen
Gibbons, David John
Howe, Christopher Ray
Howlett, John Patrick Charles
Iyengar, Jaideep Jaiprakash
Koo, Samuel
Kung, Peter Ling-Hung
Leavitt, Shane Colby
Lee, Michael Bor-Hwa
Lu, Dawei
MacLennan, Allison Jane
Marion, Chad Jonathon
Novak, Erik Joseph
Will, Ryan Edward
Zhuge, Wu

WEST VIRGINIA

Felder, David Arthur
Hahn, Joseph Mitchel

WISCONSIN

Birmingham, Patrick Michael
Dimitris, Kirk Douglas
Enright, William Joseph
Fairchild, Todd Alan
Haemmerle, Marcus James
Klein, Steven Mark
Neubauer, Joshua McCarty
Tracy, Sean Carroll

WYOMING

Laman, Brian David
Zebroski, Jeremy Paul

(Maintenance of Certification Report Continued from page 3)

in the MOC process is one that is being asked of the ABOS more and more frequently. MOC is being viewed more and more as an ongoing educational journey as opposed to a trip taken once every ten years. While we might like to satisfy a set of requirements once every ten years and be done with it, the public and our patients prefer a process that calls for more continuous education. The ABOS is currently working through how to define that aspect of Board Certification – the definitions could have far reaching implications on diplomates and their ability to practice. These decisions will be carefully thought out and the goal will be to arrive at a meaningful, yet clear way to determine ‘MOC participation.’

MOC continues to receive broad support from both inside and outside of our profession. It is a good thing for the practice of medicine; it is a better thing for our patients. The ABOS will continue to look 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. Orthopaedic surgeons from all fields and all geographic areas volunteer countless hours to assist the ABOS in the development, deployment, and evaluation of our Board Certification processes – this volunteerism is unprecedented in other fields of medicine and is greatly appreciated. Our certification is more valuable because of that volunteer participation.

As I stated last in last year’s report, the ABOS MOC process has been and will continue to be 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. In 2009, the ABOS marked the 75th Anniversary of its founding – a history commemorating that event was written and published by former ABOS Executive Director, G. Paul DeRosa, M.D. and that history was titled “Doing the Right Thing.” We must continue to ‘do the right thing’ with the MOC process. Board Certification in Orthopaedic Surgery has great meaning and worth – we are committed to keeping it that way.

(Subspecialty Certification Continued from page 6)

For the 2010 SSC-Hand Recertification examination a passing score of 64% correct was selected by the Committee, resulting in a failure rate of 7.8%. ABOS determined a minimum passing score of 63.5% for the 2010 Combined Orthopaedic and SSC-Hand Recertification Examination. This results in a failure rate of 3.8% for the total group, 3.0% for first-takers, and 20.0% for repeat candidates.

The dates for the 2011 SSC-Hand examination have been set. The Certification examination will be administered as a computer based test on September 12, 2011. The window for the SSC-Hand recertification examination will be September 12 - 24, 2011. The deadline to apply for the SSC-Hand for Certification or Recertification is February 1, 2011. For the Combined Hand examination, refer to the MOC Exam schedule. Please see the complete Rules and Procedures for the SSC-Hand on the ABOS Website www.abos.org.

The Joint Committee has supported an Oral pathway as an option for combined recertification of the SSC-Hand and the Orthopaedic Boards as part of Maintenance of Certification (MOC). Details are being worked out, but it is anticipated that this pathway will be an option for those who hold the SSC-Hand to recertify both the Orthopaedic Boards and the Hand certificate during the 2013 testing cycle.

(Subspecialty Certificate in Orthopaedic Sports Medicine Continued from page 7)

The current practice profile sports recertification examination will be phased out after 2011. Starting in 2012, those individuals who do not possess a Subspecialty Certificate in Sports Medicine and want to recertify their Primary Orthopaedic Certificate, the following options are available:

General Orthopaedic Computer-Based Examination

An oral examination based upon a 6 month case list of the Diplomate

(This will be given by a Sports Medicine exam 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 either a written or oral pathway to satisfy both the primary and subspecialty certificate for the remainder of their professional careers.

(Part I Certification Continued from page 8)

The passing rate for United States and Canadian medical school graduates that were taking the examination for the first time was 88.4%. The passing rate for international medical school graduates taking the exam for the first time was 66.7%. Of those examinees repeating the exam, the passing rate for United States and Canadian medical school graduates was 31.4%; for international medical student graduates the passing rate was 11.1%. The passing rate for the entire candidate pool was 80.6%.

The validity of the test can be determined by the test psychometrics. The mean item discrimination, which determines how well each individual question discriminates between those who obtained high scores and those who achieved low scores was 0.27. The KR20 internal consistency reliability coefficient, the measure of how much an examinee’s score would vary across repeated testing with different questions on the same content, was 0.90. The psychometric results are consistent with a highly valid examination and similar to the examination performance in prior years.

The mean p value, or the average percent score of the 2010 examination was 0.76 (76% correct). Overall the 2010 exam was slightly easier than the 2009 examination. However, the candidates overall did not perform as well. The same passing standard (Scale Score 170; Proficiency/Logits 1.12) resulted in a failure rate of 19.4% for the entire group of candidates in 2010 compared to 10.6% in 2009.

The American Board of Orthopaedic Surgery is proud to serve the orthopaedic community and the public through its examination process. The ABOS is committed to ensuring the highest quality of care by extraordinary group of physicians who have completed a rigorous training process and who have acquired and routinely use highly specialized skills. I would like to thank all of the orthopaedic surgeons and staff who committed the time and energy involved in creation of the 2010 ABOS Part I Certification Examination.

IMPORTANT REMINDERS!

IMPORTANT INFORMATION FOR DIPLOMATES WITH CERTIFICATES EXPIRING IN 2013 MOC REQUIREMENTS ARE DUE DECEMBER 15, 2011

If you have not yet completed your MOC requirements and your certificate expires in 2013, 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 2013 examination.

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