

DIPLOMATE

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PRESIDENT'S REPORT

The American Board of Orthopaedic Surgery was founded in 1934 to advance the education of orthopaedic surgeons and to protect the public. The Board continues that work today and I'm honored to be the 55th president of the American Board of Orthopaedic Surgery as we celebrate the 75 years of outstanding work done by the Board. In addition to providing our core examinations, this year we will focus on the implementation of our new Maintenance of Certification program.

Dr. Shepard Hurwitz has admirably filled the big shoes of Dr. Paul DeRosa as our new executive director in the Board office. Dr. Hurwitz is focused on improving communication concerning the Board's activities. Dr. Randy Marcus just finished his term as president of the American Board of Orthopaedic Surgery and has done an excellent job representing the Board and providing clear leadership for our mission.

This year the Board welcomes the expertise of Dr. Annunziato Amendola from Iowa. An outstanding leader in the field of Sports Medicine & Foot Surgery, we are excited that Dr. Amendola has accepted a position on the Board as director-elect. John Erbland has joined the Board replacing Thomas Sullivan as our new public member. Mr. Erbland is the chief operating officer for Optimization Technology and also has been active in a variety of educational efforts and local boards. He hails from upstate New York and participated in our recent meeting in Chapel Hill. Mr. Erbland's personal insight and financial expertise will be very useful in helping to carry out the mission of the Board. We're very excited to welcome these two new members to the American Board of Orthopaedic Surgery.

Dr. Randy Rosier has completed his service to the Board and will rotate off this year. Dr. Rosier chaired the recertification examination committee for the Board and did an excellent job of improving the written recertification examinations for the diplomates. Dr. Rosier returns to his clinical work in Rochester, NY. We appreciate the fine work that he has done on behalf of the Board and we wish him well.

The Board has completed its first examination cycle for subspecialty certification in Sports Medicine. Dr. Christopher Harner has shown exemplary leadership in directing this effort. By enfranchising national experts and in conjunction with the National Board of Medical Examiners, Dr. Harner and his colleagues defined the discrete body of knowledge that is Sports Medicine and prepared an examination that was taken by 587 individuals.



JOHN G. SEILER III, M.D.

After a grandfather period, all future candidates for the examination will be required to have completed an accredited Sports Medicine fellowship. We believe this will improve the quality of fellowships, fellowship education and clinical practice. Dr. Harner has added substantial value to the practice of Sports Medicine by spearheading this effort.

Some individuals have demonstrated interest in dual subspecialty

certification and have met that requirement. Ten orthopaedic surgeons now have dual certificates of added qualification, having met the standard for both Hand Surgery and Sports Medicine. The recertification committee is working to develop a pathway for recertification that employs the new subspecialty sports examination in a manner that is similar to the hand subspecialty examination.

We have begun transitioning to the era of maintenance of certification (MOC). Dr. Marybeth Ezaki and Dr. David Martin in conjunction with the MOC committee have worked diligently with the American Board of Medical Specialties to craft a plan that meets the requirements of the ABMS and will help improve your practice. It is important to know that there are several facets that are required for successful MOC participation. Please contact the Board office or visit our website if you have any questions about the new MOC program (abos.org). Dr. David Martin, the new chairman of the MOC committee, and Dr. Judith Baumhauer are working actively with the ABMS to make the MOC program useful to your practice.

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MAINTENANCE OF CERTIFICATION REPORT

MARYBETH EZAKI, M.D., CHAIR



The American Board of Orthopaedic Surgery (ABOS) in 2009 marks the 75th Anniversary of its founding as 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. All Specialties and geographic areas of Orthopaedics are represented on the ABOS.

The Maintenance of Certification (MOC) Committee of the ABOS has worked hard to develop a meaningful process that will allow the Board Certified Orthopaedic Surgeon to maintain certification, while adhering to the directives of the American Board of Medical Specialties.

It has been at the directive of the ABMS that the Specialty Boards have pursued 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, and all physicians practicing in hospital and out-patient settings. The ABMS has further defined Four Components which must be evaluated during the initial and subsequent Certification processes. Briefly, these include assessments of the Diplomate's Professional standing, Commitment to Lifelong Learning and Self-assessment, Cognitive Knowledge, and Performance in Practice. These Four Components are to be evaluated as part of Maintenance of Certification.

MOC has now replaced the old Recertification process for all Boards.

The past several years have seen the incremental, yet comprehensive, change in the ABOS MOC process. The complete MOC process will be required for those Diplomates whose certificates expire at the end of 2017, including two cycles of CME and SAE. Until then, the roll-out of MOC will take into consideration the time required for completion of the various steps. The implementation of MOC has required major upgrades to the information systems for deployment and tracking all aspects of the MOC cycles at the ABOS offices. The ABOS staff is up to date with the new requirements and deadlines. The website is now easy to navigate and information is readily available for each class of Diplomates. Please go to www.abos.org and find out what is required of you for your MOC process.

The Class of 2007 is the first group to enter directly into the

Maintenance of Certification process at the time of satisfactorily passing the Part II Certification examination. Those Diplomates whose certification expires in 2009 are the last class to recertify under the old system and must have already submitted an application in order to recertify under the old rules.

Those Diplomates whose Certificates expire in 2010 are the first class to recertify with the new MOC process. The deadline to submit MOC materials to sit for the 2010 exam was December 15, 2008. Of this first class of MOCers, 144 Diplomates have already completed the MOC process and passed the 2008 Recertification exam. Another 583 have completed the MOC process and applied to take the 2009 Recertification exam.

The ABOS MOC process continues to be among the best of all the ABMS Boards. The credentialing process is particularly robust, and includes a comprehensive assessment of a Diplomate's practice within the community. The ABOS offers various secure examination pathways to assess cognitive expertise, including an Oral Examination whereby a Diplomate can truly be evaluated on his or her practice. No other Board offers an oral examination as a recertification option. The ABOS feels that this is the best way to assess a practice, and also that it offers the Diplomate the very best way to assess his or her own performance in Practice and learn and improve in the process.

Additional options for fulfillment of the Part IV Performance in Practice component of MOC are being developed. These include Performance Improvement Modules (PIMs) that have both a component of education, and tracking and reporting outcomes in one's own practice, with the goal of comparing the results with national or regional aggregate data and improving the care we provide to our patients. Many of these tools are being developed by the various Orthopaedic Professional Societies in collaboration with the ABOS. As best practice guidelines emerge, these PIMs will help to achieve better care for our patients through evidence based medicine.

Board Certification is a voluntary process, but an important one. Board Certification or eligibility for Board Certification is a required element for privileges in most hospitals and on most insurance panels in this country. Being forced to admit that one is not Board Certified in legal proceedings insinuates lesser qualifications.

Every Director of the ABOS has been recertified, most of us more than once. All are committed to the MOC process. Every Oral Examiner and every question writer for the examination process is also required to recertify. This is not necessarily true of the other Boards. ABOS believes in the process and is committed to MOC.

There are major changes taking place in the world of Health-care regulation and the ABOS is in the thick of things trying to make Board Certification a valuable status to maintain. Consider that the State Medical Boards are talking very seriously about what to do to about those non-Board certified physicians in their state - maybe a general medical examination. Board certification is held up as the gold standard, and the Boards are working with

the Federation of State Medical Boards so that MOC will satisfy the requirements for relicensure at the state level.

Many of the other Boards have instituted an annual fee or dues to support the costs associated with MOC. Most of the other Boards also produce and market the educational products required for their Diplomates. The ABOS has chosen to charge only once in the ten year cycle for the application fee and examination fee. If you annualize this and compare to the other Boards, it will seem like a bargain - especially compared with what you pay for your state license. The ABOS is involved in the certification process, the specialty organizations are involved with the education aspects.

The charges for the application and testing fees are apportioned according to the types of testing. The costs of developing the tests are enormous and include contracts with the National Board of Medical Examiners for the psychometric evaluation as well as the development, deployment, and security of the tests. The seat fees at the testing centers are also expensive, and include high resolution imaging capability and security of these high stakes examinations. Developing the test questions is a labor intensive and difficult exercise and it is estimated that it costs in excess of

\$2,000 per question to actually get a reliable, psychometrically valid, useful question out onto the tests. These questions have limited lifespans, becoming outdated as new orthopaedic knowledge is reported.

Maintenance of Certification MOC is bringing changes to the way in which we all have to maintain our certification. This is not an ABOS initiative. MOC is what all physicians and surgeons have to do to comply with the ABMS directives. Don't let your certification lapse as the MOC reporting cycles are implemented.

The ABOS remains committed to its mission of protecting the public, our patients, through certification of competent and proficient Orthopaedic Surgeons. I have been honored to chair the MOC Committee for the ABOS during these past several years. I repeat the closing of a previous Diplomate MOC report: "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."

MAINTENANCE OF CERTIFICATION FOR DIPLOMATES OF THE AMERICAN BOARD OF ORTHOPAEDIC SURGERY WITH CERTIFICATES EXPIRING IN OR BEFORE 2013 who want to take the 2011 EXAMINATION

MOC Computer Examination Pathway

CONTINUING MEDICAL EDUCATION & SELF-ASSESSMENT EXAMS		CASE LIST		APPLICATION		EXAMINATION	
<i>taken in</i>	<i>due</i>	<i>during</i>	<i>due</i>	<i>available</i>	<i>due</i>	<i>fee due</i>	<i>in</i>
2007-2009	12/15/2009	2009	12/15/2009	2/1/2010	5/1/2010	12/15/2010	2011
<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 <i>scribe</i> 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	
<i>taken in</i>	<i>due</i>	<i>available</i>	<i>due</i>	<i>during</i>	<i>due</i>	<i>fee due</i>	<i>in</i>
2007-2009	12/15/2009	2/1/2010	5/1/2010	2009-2010	12/15/2010	12/15/2010	2011
<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 <i>scribe</i> 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>

RECERTIFICATION EXAMINATION COMMITTEE REPORT

JAMES R. KASSER, M.D., CHAIR



The written recertification examination was administered to 893 individuals seeking recertification in 2008. This exam is meant to evaluate the knowledge base of orthopaedic surgeons seeking recertification. In the new Maintenance of Certification (MOC) Program, the written recertification exam will remain to demonstrate maintenance and acquisition of medical knowledge. At the

present time, the examination is given in General Orthopaedics, as well as the specialty areas of Adult Reconstruction, Sports, Spine and Hand. The question is often asked why subspecialty areas such as Pediatrics, Foot and Ankle, and Trauma do not have practice profiled recertification exams.

The major issue concerning certification by practice profiled exam in small groups deals with ensuring the validity of the exam and to a lesser extent the cost of such limited examinations. With the small numbers recertifying in many specialties, it is impractical as the number of test takers would have to be in the 75 to 100 range to insure that the examination is accurate and the conclusions reproducible. An example of this would be if 20-25 people are recertifying in Pediatrics each year, it would be necessary to give the test no more often than every 3-4 years in order to have sufficient numbers to ensure the validity and accuracy of the exam. I do not believe that this is practical given the needs of the recertifying population to have an exam which is given every year with several chances to pass before the period of certification expires.

Our committee has also looked at the failure rates of specialties such as Pediatrics, Foot and Ankle, and Trauma on the General recertification exam and they are low and consistent with failure rates from all other groups.

Since recertification became a reality in 1986, the written examination has been the most frequent method of demonstrating maintenance of medical knowledge. The alternative of practice-based oral examination is available to all diplomates. In this way, if an individual feels that his/her knowledge is not adequately examined by the written test method, he/she may have an oral exam on his case list, very similar to the Part II oral examination in the certification process. About 100 people per year choose the oral method of recertification with approximately a 10% failure rate.

All Recertification Examinations Statistics

	2004	2005	2006	2007	2008
Examinees	740	1070	1115	1071	957
Passes	728 98%	1041 97%	1074 96%	1036 97%	922 96%
Fails	12 2%	29 3%	41 4%	35 3%	35 4%

Relative to the written exam given this year, a standard setting exercise was done with 20 orthopaedic surgeons serving as judges to rate all items and determine passing rates. This is done periodically when new questions are added to ensure the validity and consistency of the exam. The judges estimated that minimal and maximal passing rates should be in the range of 93% to 99% for the recertification exam. After review of all questions, they determined what percentage correct should be required in order to pass the test. In examinations in General Orthopaedics taken by 545 individuals, there was a 3.9% failure rate. In Adult Reconstruction, examination taken by 82 individuals, there was a failure rate of 1.2%. In the specialty Spine exam taken by 62 people, there was a failure rate of 3.2%. In the Sports Medicine examination taken by 119 people, the failure rate was 1.7%. In the Combined Hand examination, the failure rate was 3.0%.

As we move into the future, there will be several changes in the recertification exam process. First of all, by 2011, there will no longer be a practice profiled recertification exam in Sports. We will continue to administer the recertification exam with the subspecialty areas of Adult Reconstruction, Hand and Spine. Sports Practice Profiled recertification subspecialty exam will be available for the next 2 years.

The subspecialty exams are made up of 80 core general questions as well as 120 specialty-specific questions. As we move into the era of maintenance of certification, the recertification exam will remain in its present form in a manner to demonstrate maintenance of medical knowledge. Diplomates who are not comfortable with taking one of the present recertification exams because of their limited scope of practice are encouraged to pursue the oral examination pathway.

2009 SCHEDULE RECERTIFICATION EXAMINATIONS

Applications Closed

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

March 1 thru April 30, 2009

at Prometric Testing Centers, Nationwide

Oral Recertification Examinations: *July 20, 2009*

at the Palmer House Hilton, Chicago

Combined Hand Examination: *September 14-26, 2009*

at Prometric Testing Centers, Nationwide

2010 SCHEDULE RECERTIFICATION EXAMINATIONS

Applications Available: *February 1, 2009*

Applications Deadline: *May 1, 2009**

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

CREDENTIALS COMMITTEE

CREDENTIALS COMMITTEE REPORT

DANIEL J. BERRY, M.D., CHAIR

MEMBERS:

Judith F. Baumhauer, MD, Richard J. Haynes, MD, James V. Luck, Jr., MD,
David F. Martin, MD, John G. Seiler, III, MD, Terry L. Thompson, MD,
James N. Weinstein, MD, Shepard R. Hurwitz, MD, G. Paul DeRosa, 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 the applicant/diplomate holds a license) is required.

Practice Performance Assessment also occurs at the time of the Part II Oral examination and Recertification examination. The main tool used for Practice Performance assessment has been the Peer Review form. The Peer Review form is sent out to a number of individuals including 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 development (1 question), systems-based practice (1 question), and medical knowledge (1 question). Candidates waive the right to take action on information provided in good faith on the Peer Review form. The ABOS is indebted to

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

The Credentials Committee recently critically evaluated collated results of the peer-review forms from 2003 to 2007. Over 30,000 individual responses were analyzed. Orthopedic surgeons can be proud of the fact that applicants for the Part II Oral and Recertification exam received satisfactory or excellent peer evaluations on over 95% of questions. For both the Oral Part II certifying evaluation and the Recertification evaluation the domains which produce the most low ratings are "professionalism", "responsibility" and "integrity"; followed by "interpersonal communication" and "surgical skill". The number of candidates or diplomates with two or more low scores in one or several domains is about 3% at present.

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 2008 Recertification examination, 976 applicants were admitted to the examination, 5 were deferred, 5 were denied the opportunity to sit, 3 were asked to take mandatory oral recertification examinations, and no one was deferred for a practice site visit. For the 2008 Part II Oral examination, 669 applicants were admitted, 10 were deferred, 5 were denied the opportunity to sit, and 3 were deferred for a practice site visit. The Credentials Committee also reviewed 18 active certificate holders whose state medical license had been revoked or encumbered with licensure restrictions; the ABOS revoked 15 certificates. The names of individuals whose license was revoked in 2008 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 54 Diplomates. Listed below are the most recent certificate revocations.

Former Diplomate	Last Known City/State	Year Revoked	Former Diplomate	Last Known City/State	Year Revoked
Jan Olaf Dahlin	Fruitland, Idaho	2007	Mark Edward Bolander	Rochester, Minnesota	2008
Michael Thomas Longstreet	Houston, Texas	2007	Thomas Reid Dorsey	Bonita, California	2008
Norman Earl McElhenny	Hixson, Texas	2007	James N. Fontenot	Wichita Falls, Texas	2008
Stanley Joseph Neitling, Jr.	Klamath Falls, Oregon	2007	Richard C. Gardner	Fort Myers, Florida	2008
Doyle Russell Sickles	Bridgeport, West Virginia	2008	Kenneth Robert Geiger	Sonoma, California	2008
Steve Curtis White	Longview, Texas	2008	Adrian Joseph Medina	Brooksville, Florida	2008
Steven Ray Beranek	Salem, Oregon	2008	Hank Ross	Mineola, New York	2008
Howard Martin Berkowitz	Atlanta, Georgia	2008			

CAQ HAND EXAMINATION & COMBINED HAND EXAMINATION REPORT

MARYBETH EZAKI, M.D., 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 Board sets the passing standards for

the CAQ when it is used as the Part III secure examination portion of the Recertification process.

In 2008 the CAQSH examination was administered during the August 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.

Certificate of Added Qualification in Surgery of the Hand Certification Examination: A total of 105 Hand Surgeons took the CAQ as the Certification examination. Of these, 99 were first-time takers and 6 were Re-examinees. In this group, 80 were ABOS Diplomates, 19 ABPS, and 6 ABS Diplomates. For Orthopaedics, this compares with 42 who took the exam in 2007, and 46 in 2006.

One hundred sixty five items were scored, of which ten were deleted due to poor psychometric performance. Thirty-five percent of the questions were new to this year's examination, while the remainder had been used on prior tests. Reliability coefficient and Standard error of measurement demonstrated acceptable results to ensure comparability with previous examinations. The average

score for the Orthopaedic Diplomates taking the CAQ was 74.6% correct with a range from 41% to 89% correct.

The Joint Committee on Surgery of the Hand met to review the scores and psychometric data and to set the passing score for the 2008 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 64% correct was identified by the Committee, members of which represent all three parent Boards. This compares with 65% correct in 2007, 64% in 2006, 63% in 2005, 66% in 2004, and 65% in 2003. The overall failure rate was 12.4% or 13 Candidates. The pass rate for ABOS Diplomates taking the CAQ for Certification was 95%.

Since the first CAQSH examination was administered in 1989, 1,662 ABOS Diplomates have certified in Surgery of the Hand.

Certificate of Added Qualification in Surgery of the Hand Recertification Examination: A total of 131 Diplomates took the CAQSH for Recertification via a computer-based test. This included 101 ABOS Diplomates, 19 ABPS and 11 ABS Diplomates respectively. The same examination was administered for both the Certifying and Recertification Examination. Of the ABOS Diplomates 85 took the test with the Core Orthopaedic Questions for the dual Recertification pathway for both the Orthopaedic Boards and Hand CAQ. Sixteen Orthopaedic Diplomates recertified the Hand CAQ only. More than half of the total number of recertification test takers were initially certified in either 1989 or 1990. Twenty-nine of these Diplomates were recertifying the Hand CAQ for at least the second time.

Overall the mean percent correct was 77.9% with a range of 52% to 93% correct. There were several high scores this year on the Recertification Examination. Recertification Examination passing scores have ranged from 62% to 65% correct over the years. The passing score for the 2008 Recertification CAQ examination was set at 63% by the Joint Committee on Surgery

(Subspecialty Certification Continued on page 13)

CAQ in Hand Surgery Examination Statistics

	2004	2005	2006	2007	2008
Examinees	65	70	46	42	80
Passes	64 98%	68 97%	46 100%	41 98%	76 95%
Fails	1 2%	2 3%	0 0%	1 2%	4 5%

CAQ in Hand Surgery Recertification Examination Statistics

	2004	2005	2006	2007	2008
Examinees	20	11	1	4	16
Passes	20 100%	9 82%	1 100%	4 100%	16 100%
Fails	0 0%	2 18%	0 0%	0 0%	0 0%

Combined Hand Surgery Recertification Examination Statistics

	2004	2005	2006	2007	2008
Examinees	56	88	92	100	85
Passes	56 100%	85 97%	91 99%	98 98%	82 96%
Fails	0 0%	3 3%	1 1%	2 2%	3 4%

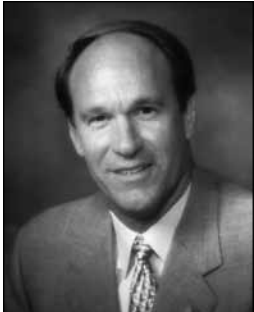
2009 SCHEDULE CAQ IN SURGERY OF THE HAND

CAQ Hand Certification
CAQ Hand Recertification
Applications Available: *November 1, 2008*
Application Deadline: *February 1, 2009*
Certification Examination: *September 14, 2009*
Recertification Examination: *September 14-26, 2009*
at Prometric Testing Centers, Nationwide

SUBSPECIALTY CERTIFICATION

SUBSPECIALTY CERTIFICATE IN ORTHOPAEDIC SPORTS MEDICINE EXAMINATION REPORT

CHRISTOPHER D. HARNER, M.D., CHAIR



This past year has been both busy and productive for the Subspecialty Certification in Sports Medicine. The first examination was given in November 2007 and, since that time, the Board has made a number of changes to enhance the value of Subspecialty Certification in Sports Medicine.

This report will include information on the following topics:

- 1). Results of the 2007 and 2008 Examinations.
- 2). Recent proposals by the Board to create a Combined Examination for Recertification in both General Orthopaedics and Subspecialty Certification in Sports Medicine (process similar to Hand Subspecialty Certification).
- 3). Phasing out of the current Practice Profiled Examination in Sports Medicine in favor of a combined General recertification with the Subspecialty Certification in Sports Medicine.

It is important to remember that as of 2012, the grandfather period (the grandfather period was set for 5 years from 2007-11) will end and a Diplomate will no longer be able to sit the Subspecialty Certificate in Orthopaedic Sports Medicine Examination unless he/she graduated from an ACGME accredited fellowship program.

1) Results of first Subspecialty Certification Examination

November 9-10, 2007: 587 examinees, 192 items (6 items deleted by key validation process), 186 items scored, minimum passing score 75.8%, failure rate 9.9%.

Results of the second Subspecialty Certification Examination

November 7, 2008: 356 examinees, 192 items (5 items deleted by key validation process), 187 items scored, minimum passing score 71.1%, failure rate 7.3%.

Following the first examination, 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. A "counter" which shows the number and types of cases entered was also created. These changes make it easier for the applicant to see if the cases were acceptable. Also, changes to the "quality indicator" of the practice were made; eliminating certain indicators and adding others.

2) Recent proposals passed by the Board

In February of 2008, the Board approved the following proposal: "Those individuals who pass the Sports Medicine Subspecialty Certification Exam will be eligible to sit a combined pathway exam for MOC (or recertification which ends in 2011) when the diplomate is eligible to apply for recertification of the primary orthopaedic certificate."

It is critical that the Sports Medicine Subspecialty Certification Examination process be parallel to the Hand CAQ process for the recertification of both the Primary Orthopaedic Certificate and Hand CAQ (Combined Hand Examination). With that in mind, the Board passed the following for 2008:

- 1). The Combined Sports Medicine Pathway Examination will be 200 questions, 120 questions from the Sports Medicine Subspecialty Examination pool and 80 questions from the General Orthopaedic Exam pool (similar to the current practice profiled sports exam). This examination will be made available in 2010.
- 2). Those Diplomates who hold a Subspecialty Certificate in Sports Medicine may renew their Sports Certification at the same time that they renew their General Orthopaedic Certificate by choosing the Combined Sports Medicine Examination. Upon passing that Examination, the Diplomate will receive 2 certificates. Both certificates will be dated from the expiration date of their General Orthopaedic Certificate.

3) The Board approves phasing out of the current Sports Medicine Practice Profiled Recertification Examination by 2012.

Currently, the ABOS has a Recertification Examination entitled Practice Profiled Recertification in Sports Medicine. It consists of 120 questions related to Sports and 80 questions of "core orthopaedic knowledge." This will no longer be available after 2011. For those individuals who do not possess a Subspecialty Certificate in Sports Medicine and want to recertify their Primary Orthopaedic Certificate, there will be the following options: A). They may apply to take the Computer Administered General Recertification Examination in Orthopaedics or B). An oral examination based upon a 6 month case list of the of the Diplomate. For those Diplomates with a focused Sports practice, the Examination will be given by a panel of Sports Medicine specialists.

Subspecialty in Orthopaedic Sports Medicine Statistics

	2007	2008
Examinees	587	356
Passes	529 90%	330 93%
Fails	58 10%	26 7%

2009 SCHEDULE SUBSPECIALTY CERTIFICATE IN ORTHOPAEDIC SPORTS MEDICINE

Applications Available: *August 1, 2008*
Application Deadline: *March 15, 2009*
Examination: *November 5, 2009*
at Prometric Testing Centers, Nationwide

RESIDENCY REVIEW COMMITTEE

GRADUATE MEDICAL EDUCATION COMMITTEE REPORT

JEFFREY O. ANGLIN, M.D., CHAIR



The Residency Review Committee for Orthopaedic Surgery of the ACGME met most recently on June 13-14, 2008 at ACGME headquarters in Chicago. This was the final RRC meeting for Dr. Richard Grant, who has served on the RRC as a representative of the ABOS for the past 6 years. He will be replaced by Dr. Michelle James, and she joins fellow ABOS Directors Drs. Peter Stern, Steve Albanese and Jeff Anglen on the RRC. Drs. Dempsey Springfield and Michael Goldberg also completed their terms on the RRC with this meeting. Steven P. Nestler, PhD, Executive Director of the RRC for Orthopaedic Surgery, could not attend, but Georgia D. Andrianopoulos, MD, Assistant Executive director was present.

Dr. Shep Hurwitz, Executive director of the ABOS, reported on recent Board issues and activity including updates on the Subspecialty Certificate in Orthopaedic Sports Medicine (SC, previously known as "CAQ"), the transition to a computerized exam for the Part I written exam, the plans to be more proactive in contacting programs and R5s directly, the pending issue of the length of required pediatric training, the proposal to reduce the work week to 64 hours, the incorporation of surgical simulation into the exam, and the presentation of two white papers (content of exam and content of residency) at the winter meeting.

Dr. Andrianopoulos' report on recent ACGME activity included an update on the portfolio project (now in "phase 2"), the plans to rebut the IOM report after it is reviewed this fall and an update on the specialist site visitor (SSV) project. A specialist site visitor is an RRC site visitor who is a physician with the same medical specialty as the type of program he/she is reviewing. The Orthopaedic Surgery RRC began assigning orthopaedists to many accreditation site visits in 1987. At that time, other RRCs were also using SSVs. However, during the last few years, most other RRCs have begun to use non-specialist site visitors. Currently, approximately 90% of the specialist site visits of ACGME-accredited programs are for orthopaedic surgery residencies and fellowships.

As the Orthopaedic RRC is one of the few that continue to use SSVs, the ACGME has asked that specialist visits be discontinued for at least a couple of years. During that time, the site visits will be conducted by the ACGME field staff, which currently includes four orthopaedic surgeons. The ACGME will also be developing new computer-based site visit tools and evaluating potentially major changes in site visit procedures, which include processes that could increase the interval between visits. While the RRC has been pleased with the work of the SSVs, the committee agreed to use ACGME field staff for orthopaedic visits in 2009 and 2010. SSV activity will be reevaluated in 2010.

Dr. Albanese reported on his and Dr. Taitsman's involvement in the Council of Chairs retreat, which focused on reorganization

of ACGME leadership and communication between the Board of Directors and the Council of Chairs. Dr. Renshaw solicited issues that he will communicate to Field Staff, including the ability for Field Staff to see "areas of concern," and a request for field staff to pay particular attention to justification of outside rotations, "quality" of cases, actual weekly schedule of a resident, and evaluation of "current" problems.

The Committee suggested edits to the residency program requirements which would clarify the board score expectations (75% passing for each part over five years) and the mandatory use of the ACGME Case Log System. They decided to add a specific question to all fellowship program information forms (PIFs) regarding program compliance with the requirement to address diversity through recruitment plans. It was requested that discussion of fellowship case log reports be added to the next agenda. Staff informed the Committee that incorporation of the new language into the current requirements was near completion, and that each set would be forwarded to at least one RRC member after the meeting for feedback.

The Committee reviewed 25 residencies, 47 fellowships, and 17 changes in residency/fellowship directorship and 18 changes in department leadership. Four adverse actions were proposed (3 accreditations withheld, 1 withdrawn); and 7 adverse actions were confirmed (2 accreditations withheld, 1 withdrawn, 4 probations). Eleven Fellowships received initial accreditation 7 of which were Sports Medicine Fellowships), and 9 residencies and 20 fellowships received continued accreditation, for site visit cycles from 1 to 5 years. Four residency increase requests were approved for a total of 6 new spots per year, and 5 such requests were deferred or denied. Two fellowship increase requests were approved for a total increase of two slots per year.

ABOS ON-LINE DIRECTORY

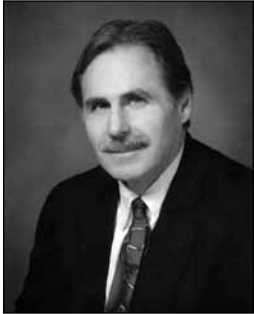
To find out if a physician is certified by the American Board of Orthopaedic Surgery, go to www.abos.org and click on "Finding a Board Certified Orthopaedic Surgeon" and then enter a name and click search. Only Orthopaedic Surgeons who are Board Certified are listed here.

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

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

PART I WRITTEN EXAMINATION REPORT

HARRY N. HERKOWITZ, M.D., CHAIR



Evaluating the initial competence and qualifications of orthopaedic surgeons is part of the mission of the American Board of Orthopaedic Surgery (ABOS). In serving the best interests of the public and the medical profession, the ABOS Written Examination Committee (Drs. Herkowitz, Albanese, Anglen, Baumhauer, Berry, Ezaki, Harner, Haynes, Kasser, Marcus, Martin, O’Keefe, Rosier, Stern, Thompson, and Weinstein) is charged with producing

the best possible examination to fairly and accurately evaluate the competence of candidates for certification.

The 2008 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 2006, 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 2006 for editing and review for any technical flaws. 2) The questions were then categorized into 18 subcategories. 3) In April 2007, 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 2007, 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 2008, the ABOS Written Examination Committee met and decided on final item selections. 8) In March 2008, the Chairman of the Written Examination Committee and the Executive Director reviewed the final page proofs and gave final approval to the examination.

The Written certification Examination was administered to 715 examinees on July 18, 2008 in Chicago. There were 321 items on the 2008 exam. The NBME subsequently performed its key validation process and, in consultation with the ABOS Written Examination Committee, deleted any defective items from the examination scoring. In August 2008 the NBME presented the final examination scoring and test psychometrics to the American Board of Orthopaedic Surgery Written Examination Committee, who set the passing standard. This standard is based on the results of an item-by-item analysis and a compromise standard setting exercise performed by the surgeons who are members of the Standard Setting Task Force. The ABOS notified the candidates of the results in September.

Of the 715 examinees, 619 took the examination for the first time and 79 were repeaters. The 2008 examination consisted of 321 items, but six items were deleted in the key validation process, so 315 items contributed to the total score.

The passing standard for the 2008 examination was set at 1.13 logits. This is based on the Rasch bank scale, which allows for variations in test difficulty as well as variations in the proficiency of examinees from year to year. This standard was equivalent to a percent

correct score of 68.9% with an overall passing rate for all examinees of 85.3%. The passing standard was scaled to a mean standard score of 200 with a standard deviation of 20. The Rasch bank passing score of 1.13 logits corresponds to a standard score of 170.

The passing rate for United States and Canadian medical school graduate first time examinees was 92.9% and for international medical student graduates taking the exam for the first time was 70.6%. Of those examinees repeating the exam, the passing rate for United States and Canadian medical school graduates was 31.1%; for international medical student graduates, 0.0%.

Test psychometrics revealed that the mean point biserial discrimination was 0.15, 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 0.88. 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 2008 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 2008 written examination. The 2008 Part I Written Certifying Examination is being replaced by a computer-based exam beginning with the 2009 examination on July 9, 2009. This means that those sitting for the exam will no longer have to travel to Chicago but instead will be seated at Prometric Test Centers throughout the United States. The examination is 8 1/2 hours, which includes 7 hours 25 minutes of testing time, 45 minutes of break time and 20 minutes for a tutorial. All necessary information regarding registration can be obtained through the ABOS office.

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.

Part I Written Examination Statistics

	2004	2005	2006	2007	2008
Examinees	737	703	741	728	715
Passes	645 88%	590 84%	647 87%	641 88%	610 85%
Fails	92 12%	113 16%	94 13%	87 12%	105 15%

2009 SCHEDULE PART I WRITTEN EXAMINATION

Applications Closed
Examination: *July 9, 2009*
at Prometric Testing Centers, Nationwide

PART II ORAL EXAMINATION REPORT

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



The Part II Oral Examination of the ABOS was administered in Chicago, Illinois on July 14-17, 2008, to 669 candidates who met the requirements for acceptance to the examination. These candidates had previously passed the Part I Written Examination and had been in practice for a minimum of 22 months. Further, they completed a comprehensive peer review assessment that included input from various sources including their program director, program chairman, fellowship director and community colleagues. This peer review process, unique to Orthopaedic surgery, is an important step in the certification process and another example of the commitment of communities to the process of Board certification. This year 87% of the candidates passed the examination and 13% failed the examination.

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

The practice based Part II Oral Examination gives the candidate an opportunity to demonstrate the results of their patient care. Each candidate must submit an operative case list to the Board for evaluation. A candidate must perform a minimum of 14 cases during the collection period to be considered operative. The internet-based data collection system (SCRIBE) has been functioning well for three years and simplifies the collection of cases for the candidates. Beginning in 2002, the candidates were instructed to use the CPT codes that best describe their surgeries in their entry of cases on the SCRIBE system. Standard metrics are collected for each case that is entered and are, from time to time, analyzed by the Board. Experienced case selectors choose cases from the list for detailed presentation to the Oral examiners in Chicago. Twelve cases will be selected from the candidate's list, of which the candidate prepares 10 for examination.

This summer 159 Board certified orthopaedic surgeons volunteered to be examiners for the Part 2 examination. The examiners are from geographically diverse areas of the United States and are the backbone of the examination. It is a requirement of the Board that all examiners participate in the recertification process prior to becoming an examiner. This year the examiners ranged in age from 42–72 ensuring satisfactory generational diversity. The examination is one hour and forty-five minutes in length and is divided into three 35-minute segments with a five-minute break between each segment. During each segment, the candidate is examined by two examiners who are matched to the candidates by area of interest. For example, if a candidate identifies his special area of practice as spine surgery,

at least one of the two examiners is a practicing orthopaedist who dedicates a significant part of his or her practice to spine surgery. The examiners are provided a complete case list, a graphic analysis of the candidate's practice profile and a list of complications described by the candidate in the case collection period.

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

A number of changes have been incrementally introduced to the oral examinations over the last 4 to 5 years. The Oral Examination Committee worked with external advisors to improve the definitions and methods of assessment for ethics and professionalism. For the past 2 years now we have used a new scoring rubric that provides more detailed descriptors for each examination grade and links each category to specific criteria. A large number of new examiners have been recruited and educational methods are being developed to enhance the training of the oral examiners. Directors of the Board frequently audit examinations to evaluate the examiners' performance. In addition, the Oral Examination Committee has worked to insure HIPPA compliance. Occasionally, institutions need clarification about the need to collect records for the purpose of the examination. When needed, the Board can provide a letter of clarification. Recently, The Committee has published guidelines for case organization to facilitate the examination. The Committee continues to evaluate the best method for incorporation of digital imaging and electronic medical records into the examination process. Digital imaging has increased in both practice and hospital settings, we feel that a need is developing that will necessitate further modification of the examination to accommodate this imaging and recording technology.

PART II ORAL EXAMINATION STATISTICS

	2004	2005	2006	2007	2008
Examinees	698	697	656	662	669
Passes	594 85%	645 93%	593 90%	596 90%	584 87%
Fails	104 15%	52 7%	63 10%	66 10%	85 13%

2009 SCHEDULE PART II ORAL EXAMINATION

Applications Closed
Examinations: *July 21-23, 2009*
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 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 Ahmed, Syed Imraan Dombrowski, James Albert Ferrell, Michael Shay Freccero, David Michael Mautner, James Frederick Newman, Michael Todd Pagenkopf, Eric L Pike, Andrew Nathan Robinson, Michael Aaron	Ghalambor, Masoud Goff, Jonathan Robert Graham, Jennifer Ann Gray, Katherine Virginia Gregorius, Theodore Karl Grimsrud, Christopher David Gupta, Neeraj Hammond, Gareth William Ho, Jason Yan-Dah Hu, Samuel Jenyu Kantor, Jeffrey Alan Kasimian, Stepan Ozcan Keese, Gregory Robert Kim, Chang Ook Kim, Todd Soung Klineberg, Eric Otto Klug, Raymond Anthony Kraus, Mark Thomas Kuo, Alfred Chung Labovitch, Ryan Scott LaRoque, Ely Susannah Lazzarini, Adam Marcus Lin, Eric Lon MacAvoy, Michael Charles McBeth, Jessica Cooper Michlitsch, Michael Gary Money, Michelle Dawn Moyad, Thomas Francis Murken, Roger Emil Park, Dennis Patel, Rajan Mahendra Paul, Matthew Kenichi Pazmino, Pablo Robert Pelton, Kevin Jeffrey Peterson, Shaun Nathan Phipps, Brinceton Michael Pratt, Jeffrey Allan Rabbani, Ramin Reddy, Nithin Richards, Joshua Charles Saliman, Justin David Saluta, Jonathan Ramirez Siegal, Steven Eric Sodi, Jeffrey Frank Soto, Gabriel Elias Stark, Erik Scott Stewart, James Thomas Sukay, Michael Jeffrey Taksali, Sudeep Talwar, Vikram Tejwani, Samir Gopi Teng, Andelle Lou Wakim, Emile Paul Wilkens, Kenneth James Williams, Shane Kanon Wiseman, Craig Marshall Woodson, Christopher Jon Yaszay, Burt Yoo, Brad Joonschik	Koch, Robert Boan Madsen, Michael Wayne Seiler, Steven John Seng, Khemarin Ridhi Sullivan, Robert Terrence	CONNECTICUT Brodsky, Adam Robert Hakim-Zargar, Mariam Kabbash, Christina Anne Manzo, Richard Louis Mohr, Robert Alexander Reach, John Stephen Rogell, Matthew Raphael Scanlan, Mark William Sealey, Randolph James Sharma, Krishn Martin Soojian, Michael Grant Weber, Elizabeth West Whang, Peter Gregory	Floyd, John Calhoun Peterson Francke, Eric Ivars Franklin, John Hardin Guzzo, John Anthony Haraszti, Christopher Joseph Henderson, Timothy James Hill, John David Jeshuran, Winston Renoshan Jimenez, Miguel Alexander Kasow, Douglas Brian Khan, Sami Osman Kimmerly, William Scott Levit, Ronald Howard Lewis, Robert Gordon Mathers, Michael Jonathan Nicholson, Christopher Wayne Patel, Milan Mahesh Plank, Ryan Jeremy Weber, Jeremy Heath Ruark, Randall Joseph Smith, Michael Shane Stewart, Gary Wayne Tally, William Carlton Thomas, Richard James Ward, Marion Stanton	Summers, Hobie Dwaine Tansey, Joseph Patrick Templin, Cary Robert Wolters, Brett William Wynn, Shawn Warren
ALABAMA Baird, Robert Carl Heck, Christopher Andrew Lane, Clayton Gray Lurie, Douglas Neil Mansuetta, Nicholas Thomas Sparks, Dierick Ryan					INDIANA Anderson, Aaron Gabriel Badman, Brian Lowell Caltoun, Christine Beth Conduct, Kevin Wilson Earl, Jarvis Feliciano, George Wendell Mirasol Jackson, Gabriel E. Kendall, Corey Blaine Maiers, George Peter Merrell, Greg Alan Meyers, Alex Matthew Murphy, Brian Patrick Sailer, Philip Christian Steiner, Timothy Martin Stevenson, Willis Wade Weinzapfel, Brett Thomas
ARKANSAS Gordon, Eric Houston Henley, Christopher Noel Matthias, Robert Charles Walker, Torrance Anthony Walsh, Donald Scott			DISTRICT OF COLUMBIA Johnson, Sean Ture Moss, David Philip Onyike, Ahamefula Elemuwa		KANSAS Chang, Michael Anchih Daily, Bradley Christopher Dart, Bradley Robert Dearthoff, Valerie Anne Gabriel, Jean-Louis Grauerholz, Byron Lee Heddings, Archie Andrew Poole, Bradley Thomas
ARIZONA Adamany, Damon Charles Anctil, Eric Pierre Appel, Andrew Joshua Brimacombe, Sean Joseph Cory, John Ward Cranford, Christopher Sabin Datta, Jason Chander Evangelista, Gregory Thomas Field, Justin Samuel Lewicky, Yuri Michael Miller, Brian Howard Raia, Frank Joseph Scalise, Jason James Stewart, David Gregory Truchan, Lisa Marie Vella, Josh Carl		FLORIDA Adams, Christopher Robert Bach, Harold Gregory Baker, John Eldon Belongie, Duane Marc Cameron, Julian Anthony Carreira, Dominic Suarez Chung, Edward Hyun Cronen, Geoffrey Alan Cuff, Derek Jason Dorcil, Job Girouard, Allain A. Goll, Christopher Robert Guyer, Aaron John Hess, Samuel Jonathan Hutchinson, Hank Lawrence Kazmier, Peter Laubaugh, Richard Michael Lewis, Dominic Joseph Manuel, Jennifer Marjani Matos, Ricardo Luis McCall, Todd Andrew Morin, Paul Maurice Murawski, Daniel Erin Nott, Erik Vincent Parvataneni, Hari Kiran Patel, Preetesh Dhiraj Peden, John Patrick Rulewicz, Gabriel Job Sahajpal, Deenesh Tilak Salsbury, Thomas Lawrence Shinn, Jason Thomas Stoetzel, Ralph Spencer Van Dyke, Travis Boyd Watson, David Timothy		GUAM Pittner, Douglas Edward	HAWAII Awaya, Darin James Kam, Galen Sean Moritz, Burt Edwin Shin, Catherine Hekyung
				IOWA Bremner, Barron Robert Bruce Honkamp, Nicholas John Johnston, Todd Loring Kallemeier, Patricia Mueter-thies Maurus, Peter Byron Noiseux, Nicolas Olivier Scherb, Michael Bentley	KENTUCKY Grunkemeyer, Matthew Scott Hunt, Travis Andrew Leith, Joseph Richmond Rhoads, David Philip Rothrock, Corey Patrick Smith, James Steven Yerasimides, Jonathan George
CALIFORNIA Abeyta, Paul Nasario Afra, Robert Ahlmann, Elke Regina Ahlwalia, Raj Allred, Carl Dain Aminian, Arash Atienza, Cesar Anthony Bagheri, Ramin Barcohana, Babak Bengs, Benjamin Christopher Bille, Brian Burch, Shane Busfield, Benjamin Thomas Carney, Joseph Robert Casey, Kevin Matthew Chang, David Chang, Emory Christopher Chen, Jack Chodos, Marc David Combs, Christopher John d'Arc, Brent William Descalzi, Javier Felipe Dotson, Riico Joseph Noriega Edwards, Sara Louise Erickson, Gregory Arthur Forsythe, Kevin Christopher Gamradt, Seth Charles				IDAHO Dawson, Patrick Alton Liljenquist, Joseph Redford Millar, Bryce Wayne Tadje, Jared Phillip	LOUISIANA Cascio, Brett Michael Cox, Stephen Lewis Dasa, Vinod Elias, David Wadie Habetz, Scott Joseph Higgins, Jason Albert Hospodar, Steven John Ogden, Roger Hadfield Riche, Kevin Brandon Rodriguez, Ramon Francisco Rolling, Jason Lamar Shenava, Vinitha R. Suri, Misty Todd, Andrew Gordon Treme, Gehron Paul Uyoe, Aniefiok Imeh Watson, Kevin Matthew Woebkenberg, Brian James
	CANADA Bubbar, Vikrant Kumar Martineau, Paul Andre			ILLINOIS Anton, Oscar Antonio Beck, Paul Richard Benecki, Gerard Mark Bindra, Randipsingh Fisher, Theodore Jason Gokhale, Rahul Rajaram Hilton, Kevin Matthew Jain, Rajeev Kumar Janicki, Joseph Aloysius Kube, Richard Anthony Kuo, Eugene Chin League, Alan Craig Magnani, Jason Joseph Milos, Steven Mulconrey, Daniel Scott Park, Samuel Sanghong Primus, Gregory Lamar Puppala, Anuj Schinsky, Mark Francis Sokolowski, Mark Joseph	
	COLORADO Baxter, Aaron Takkam Clifford, Kirk D Cooney, William Patrick Dresher, Bradley Dean Gallagher, Michael Dennis Huang, Michael Juichi Javemick, Matthew Alan		GEORGIA Aaron, Don Gay Bawa, Maneesh Bradbury, Thomas Lane Brown, Stephen Lawrence Burke, Matthew Patrick Bush, Jenkins Bernard Chi, Frederic Syungmo Collins, Kevin James Emerson, Daniel Joseph		

Magitsky, Saul Yefim
Shah, Agam Ashok
Vinton, Christopher Jay
White, Andrew Patrick
Zarin, Jeffrey Scott

MARYLAND

Turgeon, Thomas Robert
DePass, Keisha Marie
Forsberg, Jonathan Agner
Hammond, Jason Wilson
Lovejoy, John Fletcher
Nayfeh, Tariq Ali
Sayeed, Siraj Ahmed

MAINE

Crofoot, Carmen Denise
Huffard, Benjamin Hathaway
Partal, George Nicholas
Thaller, John Bryant

MICHIGAN

Brooks, Kenneth Ryan
Chuinard, Christopher Robert
Dutcheshen, Nicholas Thomas
Hulen, Christopher Alan
Kerr, Brian James
Knapke, Donald Michael
Linehan, Colleen Malek
Little, Bryan
Maskill, John David
Moutzouros, Vasilios
Rill, Brian Keith
Schultz, Karl Fredrick
Zietz, Patrick Michael

MINNESOTA

Doohen, Robert Russell
Dudley, Thomas Edward
Elhassan, Basssem Talaat
Fetzer, Gary Brent
Gerlach, Matthew Robert
Kleist, Kenneth Donald
McIntosh, Amy Lynn
Morgan, Patrick Michael
Nassr, Ahmad Nashaat
Palkert, Diane Marie
Robertson, Benjamin David
Rother, Joshua Jon
Sierra, Rafael Jose
Swanson, Andrew Nicholas

MISSOURI

Boucher, Wendy Jane
Brophy, Robert Henry
Christensen, Bryan Lee
Frisella, William Anthony
King, David Jonathan
Klein, Sandra Elizabeth
Murtha, Yvonne Marion
Nassab, Paul Fuad
Smith, Matthew Jared
Wilson, Victor Warren

MISSISSIPPI

Boyd, Daniel Lee
Craft, Jason Arnold
Hobgood, Edward Rhettsom
Karpitskaya, Yekaterina
Nipper, Elliott Branscome
Paynter, Thomas Brandon

MONTANA

LeGrand, Alexander Benton

NORTH CAROLINA

Anderson, Steven Robert
Azar, George Anis
Biggerstaff, Scott Daniel
Brockmeier, Stephen Frederick

Chappell, Jonathan Douglas
Freidinger, Brad Alan
Gaston, Raymond Glenn
Gullickson, Matthew Alan
Hubbard, John Behrens
Lang, Jason Edward
Lewis, Eric Van
Lippe, Craig Nathan
Lowe, Jason Bernard
Newman, Edwin Carraway
Nguyen, Duong Ha
Norcross, Jason Patrick
Ortmann, Fred William
Patt, Joshua Charles
Richard, Marc Joseph
Robison, Joseph Evans
Spector, Leo Reuben
Stanley, Rodney Jay
Wohlrab, Kurt Patrick
Yang, Charlie Ching
Yeargan, S Austin
Zook, Jason David

NORTH DAKOTA

Weber, Ian Charles

NEBRASKA

Buck, David Craig
Dietrich, Mark Eugene
Gove, Nicholas Kristian
Grier, Kathleen Marie
Harlan, Cody Stephen
Mickels, Jason John
Reynolds, Scott Bates
Volin, Steven Jerald

NEW HAMPSHIRE

Mollano, Anthony Vincent
O'Gara, Tadhg James
Strapko, Stefan

NEW JERSEY

Avallone, Nicholas Joseph
Bursztyn, Mark Yosef
Chiappetta, Gino
Cox, Garrick Andrew
Davidovitch, Roy Itzhak
Deramo, David Michael
Dumas, Christopher
Friedman, Samara
Garcia, Jason Paul
Green, Aron Michael
Harnly, Heather Withington
Kocaj, Stephen Mark
Lindholm, Stephen Ragir
McPartland, Thomas Girard
Orozco, Fabio
Pizzurro, Mark Marion
Ponnappan, Ravi Kumar
Rieger, Kenneth James
Shin, Eon Kyu
Spinnickie, Anthony Onofrio
Strassberg, Joshua Aaron

NEW MEXICO

Lujan, Donnie Edward

NEVADA

Latteier, Michael Joseph
Lundeen, Gregory Andrew
O'Mara, Timothy James

NEW YORK

Bennett, Matthew Thomas
Bernas, Geoffrey Allen
Capiola, David Raymond
Cunningham, Matthew
Edward
Dhawan, Raman
Dines, Joshua Scott

Dolan, Martin Mahon
Dubey, Ashok
Edelstein, David Marc
Frank, Joshua Benjamin
Frelinghuysen, Peter
Gunther, Andrew George
Hossack, Michael David
Humphrey, Catherine Anne
Issack, Paul Sudhakar
Johnson, Andre Horatio
Keefer, Eric Paul
Lajam, Claudette Malvina
Lementowski, Peter Walter
Lemley, Frederick Russell
Levin, Scott Michael
Lisella, Jordan Mills
Long, William John
Manoff, Eric Matthew
Matusz, David Michael
McLoughlin, James Christopher
Moulton, Andrew W.
Patalino, David Joseph
Paulino, Carl Benjamin
Pearle, Andrew David
Rauh, Michael Alfred
Rubinshteyn, Igor
Sekhon, Jaspreet Singh
Shah, Mehul Ravindra
Slover, James Donald
Steinurzuel, Joshua Neil
Stieber, Jonathan Ross
Tang, Peter
Tomlinson, Daniel Patrick
Wilson, Mark Vincent
Wollowick, Adam Laurance

OHIO

Barnett, Michael David
Busam, Matthew Lee
Chambers, Bryan Thomas
Cross, Andrew Walker
Galluch, David Brian
Gobezie, Reuben
Hannallah, David
Kase, Jonathan Andrew
Malone, Kevin James
McCarron, Jesse Alan
Papacostas, George Peter
Parsons, Eric Matthew
Ritzman, Todd Forrest
Son-Hing, Jochen Paul

OKLAHOMA

Clark, William Charles
Gallagher, John Ryan
Halko, Gregory Edward
McAlister, Deborah Mullins
Paden, Mark Alexander
Phillips, John Henry
Saxton, David Lloyd

OREGON

Abdul-Hadi, Omar
Bederka, Bryce
Ching, Alexander Crawford
Denes, Alexander Eugene
Evensen, Karen Elizabeth
Fletcher, Mark Justin
Friess, Darin Morgan
Kurian, Jason Brian
Lilly, Soma Irani
Mesnier, Natalie Squires
Mirarchi, Adam John
Mirza, Amer Jawad
Sugalski, Matthew Thomas
Williams, Susan Lai
Workman, Kimberly Leigh

PENNSYLVANIA

Black, Molly Dianne
Bowen, Thomas Richard
Brislin, Brian Thomas
Butler, Adrian Lee
Cahill, Patrick John
Christoforetti, John Joseph
Colton, Anne Elizabeth
Essis, Frank Mike
Hebela, Nader Mohamed
Horton, Joseph
Hsu, Victor Wei-Teh
Ilyas, Asif Mohammad
Klena, Joel Christian
Lavigne, Gregory Scott
Lutsky, Kevin Feldman
Manning, Christopher Matthew
McCulloch, Patrick Thomas
Mchener, Todd Andrew
Pfaeffle, Hugo James
Reish, Matthew William
Schmidt, Gary Louis
Sexton, Scott Edwin
Taniguchi, Jennifer
Wagener, Christopher Frank

PUERTO RICO

Mayol-Urdaz, Magdiel
Otero-Lopez, Francisco Jose
Suarez, Juan Carlos
Vargas-Soto, Hector Anselmo
Vilamil-Viscovitch, Fernando Luis

RHODE ISLAND

DeLuise, Anthony Michael
Mechrefe, Anthony Pierre
Walsh, Eric Ferguson

SOUTH CAROLINA

Cordas, Daniel Isadore
Nelson, Matthew Koma
Ohlson, Blake Lamonte
O'Malley, Aran Marino
Patterson, Lee Andrew
Pierce, Mark Alan
Roberson, William Matthew
Roush, Thomas Fretz

SOUTH DAKOTA

Hermanson, Evan Nord
Hurd, Jason Lee

TENNESSEE

Bolt, Patrick McClure
Calendine, Cory Layne
Carey, James Lee
Dorizas, John Angelo
Downs, Brandon Howard
Ferguson, Christopher Allen
Grace, Sean Patrick
Halpern, Jennifer Lynne
Hill, Clint Patrick
Kiner, Dirk William
Looney, Colin Guy
Lowe, Robert Witherspoon
Madigan, Luke
Martus, Jeffrey Edward
McDowell, Philip Gene
McGehee, James Bartley
McKissick, Russell Charles
Patterson, Jared James
Pesut, Tracy Anne
Rappe, Matthew Alan
Sanders, Brett Stanford
Smalley, Chad Carlton
Smith, Robert Grant

TEXAS

Bear, Russell Robertson
Berastain, Miguel Arturo
Billante, Mark Joseph
Borick, Jay Mitchell
Brown, Barrett Shytlies
Burney, Mohammad Umar
Burriss, Michael Wayne
Carpenter, Ken John
Cearley, David Matthew
Charlton, Michael Thomas
Clark, Russell Jay
Cordray, Scot Alan
Coscolluela, Pedro Eugenio
Ebert, Andrew Marshall
El-Zaim, Haissam Souhail
Flores, Steven Edward
Gilbert, Nathan Frazier
Gordon, Gregory Donald
Guzel, Volkan Bilgin
Hay, Michael Thomas
Hilton, Martin Eugene
Ho, Christine Ann
Howard, Robert George
Isabell, Gene Paul
James, Kevin Bernard
Jenkins, Mark Douglas
Johnson, Keith Wayne Vahe
Karistinos, Anastassios
Kirk, Kevin Lee
Leaseburg, Jason Thaddeus
Loeb, Michael DeLee
McGowen, Jeffrey Lee
Pollock, Patrick James
Ray, Robert B.
Reddix, Robert Nathaniel
Risko, Timothy Moore
Rosenfeld, Scott Bernard
Santos, Erick Manuel
Shatby, Meena Wilson
Shephard, David Michael
Slade, Dirk Lance
Sless, Yury
Smith, Jeffrey Kevin
Straus, Brian Elliott
Subramanian, Navin
Templin, David Brian
Todd, Michael Shannon
Veazey, Bradley Blair
Wupperman, Patrick Lee

UTAH

Hennessey, Theresa Ann
Justesen, Scott Charles
Kubiak, Erik Noble
Lind, Charles Cyrene
Nickisch, Florian
Sullivan, Charles Leon

VIRGINIA

Accousti, Kenneth Joseph
Baqaie, Wahid
Carmouche, Jonathan Joseph
Cohen, David Ahron
Croog, Alexander Samuel
Dacus, Angelo Rashard
Ellingson, Christopher Ingard
Hanna, Joseph Ragy
Horton, Todd
Kalluri, Prakasam
Kerr, Stewart Matthew
Kuester, Victoria Gregg
Lowe, Dexter Wayne
O'Brien, Joseph Raymond
Osborne, Tommy Taylor
Raustol, Ole Anton
Schulman, Jeff Eric
Seal, Charles Nathaniel
Smerlis, Nicholas Arthur
Thompson, Daniel Edward

Topolski, Mark Steven
Wallach, Corey James
Whiddon, David Richmond

VERMONT

Durant, Denise Megan
Lighthart, William Andrew

WASHINGTON

Alberts, Monica Sue
Anderson, Kurt Allen

Donion, Stacey Ann
Gregush, Ronald Valerian
Harris, James Frederick
Huang, Bill K
Janout, Martin
Larson, Loren Michael
Lee, Michael Jihoon
Lin, Kenneth C.
Longo, Anthony James
Mckay, Robert Trent
Oseto, Matthew Christian
Ramachandran, Vimala

Randall, Craig Joseph
Robon, Matthew Joseph
Sethi, Rajiv Kumar
Shafer, Jonathan Boadu
Tompkins, Bryan Justin
Wahl, Melvin Merle

WISCONSIN

Baer, Geoffrey Scott
Clark, David John
Dale, Christopher Peter
DeWitt, David Charles

Hackett, Benjamin James
Hoekzema, Nathan Allan
Jacoby, Jeffrey Allen
Kaz, Ari Jacob
Kehoe, Ryan James
Kohli, Navjot Singh
Leow, Thomas Edward
Maciolek, Lawrence John
Moe, Craig Edward
Schaufelberger, Kenneth
LeRoy

Smith, Todd Benedict
Steffin, Brian Donald
Walter, Frank Lynn

WEST VIRGINIA

Castle, Jason Allan
Cervieri, Christina Leigh
Day, James Bruce

WYOMING

Gorman, Matthew Thomas

(President's Report Continued from page 1)

Dr. Jeffrey Anglen has succeeded Dr. James Weinstein as the chairman of the research committee and is actively researching and reporting on the value of Board certification. The research committee is interested in reporting on changes in practice patterns in orthopaedic surgery. These reports are helpful as they provide unique information about the broad practice patterns of our orthopaedic colleagues.

Dr. Harry Herkowitz and the written examination committee are prepared to deliver our first electronic Part I certifying examination this summer. Now candidates will be able to take the examination in an area that is proximate to their homes and save the expenses of travel and lodging. Furthermore, Dr Herkowitz's committee is developing a new type of question that features video material for interpretation. New questions that employ video loops and other explorable images will be exciting improvements to the Part I examination and should allow for testing that more closely mirrors clinical practice. By helping to establish these types of questions, orthopaedic surgery has taken a leadership role in making testing more relevant to clinical practice and in so doing has reinforced our interest in improving practice and protecting the public.

Currently, approximately 66% of all our written examination questions involve the interpretation of imaging materials for clinical problem solving and for nearly 100% of case presentation in the Part II exam it is essential. The interpretation of various imaging types has always been a core component of orthopaedic education. It is integral to the Part I & Part II examinations, board certification and orthopaedic practice.

Dr. James Kasser is the new chairman of the Part II oral examination committee. The oral examination committee is continuing to improve the examination by incorporating evaluation of electronic formats for case presentation, by assessing various facets of communication during the examination process and by continuing our work to develop a benchmark scale for the Part II examination.

With the hard work of our executive director and the excellent, committed work of the "steel magnolias" in the Board's Chapel Hill office, we are ready to take on a vigorous agenda this year. However, without the volunteer support of so many dedicated orthopaedic surgeons, the work would not be possible. We are grateful for the tremendous support of so many colleagues that share the vision of the American Board of Orthopaedic Surgery. I, along with the rest of the Board, look forward to a productive year serving you as we actively pursue our dual mission of protecting the public and making the education and practice of orthopaedists more efficient and rewarding.

(Subspecialty Certification Continued from page 6)

of the Hand. The pass rate for the joint Orthopaedic Board Recertification and the Hand CAQ was 97%. There were 3 ABOS Diplomates who failed the dual recertification test. For the Hand Recertification test only, there were no ABOS Diplomates who failed the test. Performance, equating and scoring were comparable to previous years.

The dates for the 2009 CAQ in Surgery of the Hand examination have been set. The Certification examination will be administered as a computer based test on September 14, 2009. The window for the recertification CAQ examination will be September 14 through September 26, 2009. The deadline to apply for the CAQSH is February 1, 2009 for both the Certifying and Recertification examinations. Please see the complete Rules and Procedures for the CAQSH on the ABOS Website www.abos.org.

RESEARCH COMMITTEE PROJECTS

ABOS Publications

Koval KJ. Harrast JJ. Anglen JO. Weinstein JN. Fractures of the distal part of the radius. The evolution of practice over time. Where's the evidence? *Journal of Bone & Joint Surgery - American* Volume. 90(9):1855-61, 2008.

Anglen JO. Weinstein JN. American Board of Orthopaedic Surgery **Research Committee.** Nail or plate fixation of intertrochanteric hip fractures: changing pattern of practice. A review of the American Board of Orthopaedic Surgery Database. *Journal of Bone & Joint Surgery - American* Volume. 90(4):700-7, 2008

Garrett WE Jr. Swionkowski MF. Weinstein JN. Callaghan J. Rosier RN. Berry DJ. Harrast J. Derosa GP. American Board of Orthopaedic Surgery Practice of the Orthopaedic Surgeon: Part-II, certification examination case mix. [Journal Article] *Journal of Bone & Joint Surgery - American* Volume. 88(3):660-7, 2006

Herkowitz HN. Weinstein JN. Callaghan JJ. DeRosa GP. Spine fellowship education and its association with the part-II oral certification examination. *Journal of Bone & Joint Surgery - American* Volume. 88(3):668-70, 2006

Ongoing ABOS Studies

Patterns of practice regarding simple, complex, and emergent trauma

An evaluation of spinal fusion

Interbody devices and outcomes

Open and arthroscopic rotator cuff repair

The effect of communication styles on success rate for the oral examination.

THE AMERICAN BOARD OF ORTHOPAEDIC SURGERY CELEBRATES ITS 75TH ANNIVERSARY

BY SHEPARD HURWITZ, MD, EXECUTIVE DIRECTOR



The stock market plummeted, jobs were scarce, banks were failing, hundred year-old companies disappeared and many people survived day-to-day by pulling together as family or through the charity of others. Sound like 2008? Maybe, but that certainly was true in 1934 in the United States. The Great Depression was certainly that depressing.

Yet, nine visionary leaders in the small field of Orthopaedic Surgery were assembled by nomination of the American Medical Association, the American Orthopaedic Association and the (newly created in 1993) American Academy of Orthopaedic Surgeons. The purpose was the creation of the American Board of Orthopaedic Surgery and the founding of the corporate entity that would support their mission. Their mission, as stated in the original articles of incorporation were to “serve the public and the medical profession by establishing educational standards and by evaluating the competence of orthopaedic surgeons”.

Times were hard. The first certificates were given out to all members of the AOA and to professors in ‘recognized teaching institutions’. The first written exam cost \$25, and those that didn’t pass could retake the exam at no additional fee. At that time, 1935, there were only 4 other American Boards- Dermatology, Ophthalmology, Otolaryngology and Obstetrics-Gynecology. These four had helped create a parent Board - the Advisory Board of Medical Specialties (ABMS). The con-

cept of Specialty Boards granting certification was part of the quality movement in American health care that began with Medical Schools reorganizing after the 1910 Flexner report. And, orthopaedists were at the forefront of this movement to create certifying Boards and gain the public’s trust.

Today the ABOS is headquartered in Chapel Hill, North Carolina having moved there in 1992 from Chicago. The staff of the ABOS consists of 7 full time employees and the executive director. Each year approximately 650 orthopaedists are certified, at considerably greater cost than the \$25 from 1935. The ABOS now is shifting from re-certification to maintenance of certification for nearly 65% of actively practicing orthopaedic surgeons and is partnered with the American Board of Surgery and the American Board of Plastic Surgery to create the added certification in Hand Surgery. In 2007, the first certifying examination in Sports Medicine was given. This enterprise that began during the Great Depression now oversees more than 2,000 examinations per year with a budget of nearly \$5,000,000 for all activities.

The original mission statement of the ABOS has evolved over the years to embrace recertification and now maintenance of certification. We can be certain that as part of our obligation to serve the public and the profession that there will be future changes in the process of Board certification in orthopaedic surgery. The ABOS is rightfully proud of their role in restoring the health of Americans and the education of many of the world’s finest orthopaedic surgeons. With 75 years of excellence we all can be proud of what it means to be a Board Certified Orthopaedic Surgeon.



ABOS Board of Directors
September, 2008