



*ABOS Surgery of the
Spine Practice-Profiled
Recertification Examination
Blueprint*

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ABOS Surgery of the Spine Practice-Profiled Recertification Examination Blueprint

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Spine, Cervical	24-36%
Degenerative	11-13%
Deformity	1-3%
Trauma	6-8%
Infection	0.5-1.5%
Tumor	0.5-1.5%
Inflammatory	0.5-1.5%
Spinal cord	0.5-1.5%
Complications	4-6%
Spine, Thoracic	6-15%
Degenerative	1-3%
Adult and pediatric deformity	2-4%
Trauma	1-3%
Infection	0.5-1.5%
Tumor	0.5-1.5%
Inflammatory	0.5-1.5%
Spine, lumbar/sacral	29-42%
Degenerative	14-16%
Adult and pediatric deformity	4-6%
Trauma	4-6%
Infection	1-3%
Tumor	0.5-1.5%
Inflammatory	0.5-1.5%
Conus/cauda equina syndromes	0.5-1.5%
Complications	4-6%
Differential Diagnosis	3-7%
Shoulder	0.5-1%
Lower extremity	0.5-1%
Systemic	2-4%
General Principles	6-14%
Basic science	1-3%
Anatomy/surgical approaches	3-5%
Professionalism	0.5-1.5%
Pain management	1-3%
System-based practice	0.5-1.5%
Perioperative Management	7-13%
Preoperative	3-5%
Intraoperative	2-4%
Postoperative	2-4%

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Spine, Cervical	24-36%
Degenerative (axial, radiculopathy, myelopathy, herniated nucleus pulposus, stenosis)	11-13%
Deformity (torticollis, congenital, kyphosis)	1-3%
Trauma (upper cervical, subaxial, with/without spinal cord injury)	6-8%
Infection (epidural abscess, osteomyelitis/discitis)	0.5-1.5%
Tumor (metastatic, primary, intrathecal)	0.5-1.5%
Inflammatory (rheumatoid arthritis, diffuse idiopathic skeletal hyperostosis, ankylosing spondylitis, and ossification of posterior longitudinal ligament)	0.5-1.5%
Spinal cord (syndromes, syrinx, Chiari malformation)	0.5-1.5%
Complications (eg, reintubation, C5 palsy, pseudarthrosis, dysphagia, dysphonia, Horner syndrome, esophageal injury, vertebral artery injury, hardware failure, adjacent segment changes)	4-6%

<i>Spine, Thoracic</i>	<i>6-15%</i>
Degenerative (axial, radiculopathy, myelopathy, herniated nucleus pulposus, stenosis)	<i>1-3%</i>
Adult and pediatric deformity (kyphosis, scoliosis, congenital)	<i>2-4%</i>
Trauma (fractures/dislocations with/without spinal cord injury, fragility fractures)	<i>1-3%</i>
Infection (epidural abscess, osteomyelitis/discitis)	<i>0.5-1.5%</i>
Tumor (metastatic, primary, intrathecal)	<i>0.5-1.5%</i>
Inflammatory (diffuse idiopathic skeletal hyperostosis, ankylosing spondylitis, ossification of posterior longitudinal ligament, ossification of ligamentum flavum)	<i>0.5-1.5%</i>

Spine, lumbar/sacral	29-42%
Degenerative (axial, radiculopathy, stenosis, herniated nucleus pulposus, degenerative spondylolisthesis)	14-16%
Adult and pediatric deformity (isthmic spondylolisthesis, scoliosis, sagittal malalignment)	4-6%
Trauma (fractures/dislocations with/without neurologic injury, sacral fractures)	4-6%
Infection (epidural abscess, osteomyelitis/discitis)	1-3%
Tumor (metastatic, primary, intrathecal)	0.5-1.5%
Inflammatory (diffuse idiopathic skeletal hyperostosis, ankylosing spondylitis, rheumatoid arthritis)	0.5-1.5%
Conus/cauda equina syndromes	0.5-1.5%
Complications (eg, hardware failure, pseudarthrosis, adjacent segment changes, pseudomeningocele)	4-6%

Differential Diagnosis	3-7%
Shoulder/upper extremity (entrapment syndromes, double crush syndrome, return to play)	0.5-1.5%
Lower extremity (hip/knee pain, vascular claudication, sacroiliac joint)	0.5-1.5%
Systemic (osteoporosis, neurologic, metabolic, endocrine)	2-4%

General Principles	6-14%
Basic science (eg, fusion biology, clinical study interpretation, evidence-based medicine)	1-3%
Anatomy/surgical approaches	3-5%
Professionalism	0.5-1.5%
Pain management (eg, opioids, interventional pain procedures)	1-3%
System-based practice (eg, value of care, quality, safety, teamwork, patient reported outcomes)	0.5-1.5%

Perioperative Management	7-13%
Preoperative (eg, infection and medical optimization, including nutrition, smoking cessation, glucose management/diabetes, anemia, weight loss, multimodal pain management, coagulopathy, inflammatory arthritis evaluation and management)	3-5%
Intraoperative (eg, blood loss prevention, infection prevention, neurologic monitoring, wound management, imaging for localization, dural tears, positioning of patient, vascular injury)	2-4%
Postoperative (eg, multimodal pain management, rehabilitation, wound management, neurologic deficits, DVT prophylaxis, epidural hematoma)	2-4%

Note: Pediatric should be no more than 5% of total exam, drawn from the following areas: deformity, trauma, infection, tumor.