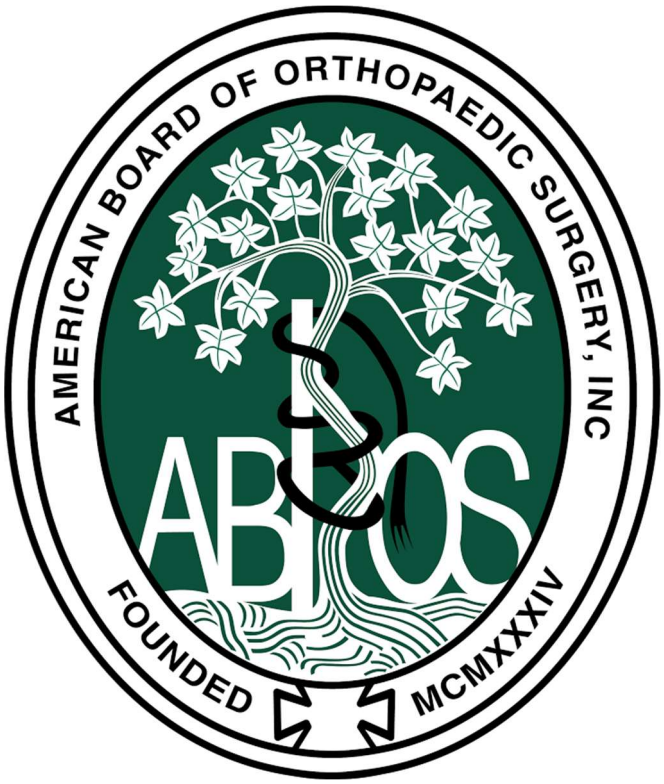


2026 ABOS Part II Oral Examination

2026 PART II ORAL EXAMINATION

IMPORTANT DATES

May 29, 2026, by 11:00 p.m. ET (CANDIDATES taking the examination in July)
Your specific day and time for your Oral Examination on July 19-21 will be available on your ABOS Dashboard but will remain valid only if the upload finalization deadline is met.

June 5, 2026 at 1:00 p.m. ET (ALL CANDIDATES)
The deadline for uploading and finalizing **all** your case documentation (documents and images) and Case Summaries. The Oral Examination fee of $1,550 will be due at this time. After finalization, no additions, deletions, or changes can be made to the case presentation documentation, including the case summary. These will be the only materials you may use to present your cases.

June 12, 2026 at 1:00 p.m. ET (ALL CANDIDATES)
The **late** deadline for uploading and finalizing all your case documentation (documents and images) and Case Summaries. The Oral Examination fee of $1,550, plus a $750 late fee will be due at this time. After finalization, no additions, deletions, or changes can be made to the case presentation documentation, including the case summary. These will be the only materials you may use to present your cases.

July 10, 2026 (CANDIDATES taking the examination in July)
Your booth for your Oral Examination on July 19-21 will be available on your ABOS Dashboard but will remain valid only if the upload finalization deadline is met.

July 19-21, 2026 (CANDIDATES taking the examination in July)
You will report to the Candidate Briefing at the location, day and time listed on your ABOS Candidate Dashboard with **only your photo ID**. **Nothing else will be permitted in the Examination Booth.**

September 8, 2026 by 11:00 p.m. ET (ALTERNATE DATE CANDIDATES)
Your specific time for your Oral Examination on October 25, 2026, will be available on your ABOS Dashboard but will remain valid only if the upload finalization deadline is met.

October 2, 2026 (ALTERNATE DATE CANDIDATES)
Your specific booth for your Oral Examination on October 25, 2026, will be available on your ABOS Dashboard but will remain valid only if the upload finalization deadline is met.

October 25, 2026 (ALTERNATE DATE CANDIDATES)
You will report to the Candidate Briefing at the location, day and time listed on your ABOS Candidate Dashboard with **only your photo ID**. **Nothing else will be permitted in the Examination Booth.**

YOUR 12 SELECTED CASES

The American Board of Orthopaedic Surgery (ABOS) has selected the 12 surgical cases which will comprise what will be reviewed during your Oral Examination. This document will provide information to help you prepare your images, medical records (documents), and case summaries for your 12 Selected Cases and upload them to the ABOS Scribe Case List System. This document also provides detailed information about the mechanics of uploading, deadlines, and the ABOS Oral Examination itself. The ABOS wants to provide you with necessary and useful information to help you prepare your records and images. For quick navigation through this document, you can use the bookmarks on the left-hand side to jump to a specific section.

Your list of 12 Selected Cases can be found on your ABOS Dashboard at *https://www.abos.org/*. You will present your cases in order from #1 through #12, presenting three cases to each of four pairs of Oral Examiners. Before you can finalize your 12 Selected Cases, you will need to sign four Attestations. One regarding Protected Health Information, one regarding your practice location, a HIPAA Business Associate Agreement, and a consent to be recorded during the Oral Examination. Copies of these attestations are available to review on page 18.

Log in to your ABOS Dashboard on the ABOS website. On the left-hand navigation menu, click the "2026" link where you will find a link to view your *2026 Examination Selected Case List*. You will then see the list of 12 surgical cases that the ABOS has selected for you to present at your Oral Examination. These are displayed in the order that you will present them at the Oral Examination. You cannot change this order.

On your Selected Case List, you will find the Hospital and Scribe Case ID for each of your 12 Selected Cases. The Scribe Case ID matches the unique Case ID from your 6-month Case List for that Hospital so that you may use it to refer to your full Case Lists, which are also available on your ABOS Dashboard.

Please note that after reviewing your Selected Case List, the ABOS may have assigned you to general orthopaedics or a subspecialty that may be different from the one you originally selected on your application. Your assigned Oral Examination subspecialty (based on your Case List and Selected Cases) is displayed with your 12 Selected Cases on your ABOS Dashboard.

You CANNOT drop any cases – you must upload all the required documents and images for each of the 12 Selected Cases. You CANNOT change or remove any information that was entered as part of your six-month Case List. You CANNOT change the order of the cases.

Please review these cases, and alert the ABOS immediately at 919-929-7103 of any of the following circumstances:

- You were NOT the ***primary operating surgeon*** for any of your 12 Selected Cases (for example, you were an assistant surgeon, or you did not perform the surgery).
- Any of your 12 Selected Cases were NOT an *operative surgical* case. On extraordinarily rare occasions, an injection or other non-operative case may have been selected.
- The same patient was selected more than once among your 12 Selected Cases.

COLLECTING IMAGES AND RECORDS

The ABOS highly recommends starting the process of collecting the relevant images and records **as soon as possible**. It will take time to collect and organize these, and it is highly recommended to do this early. **Do NOT wait until the week before the deadline to start uploading your images and records.** ALL CANDIDATES, WHETHER TAKING THE EXAMINATION IN JULY OR OCTOBER, HAVE THE SAME SUBMISSION DEADLINES. When uploading the images and records, the ABOS recommends using the **Chrome Internet browser**.

To present your 12 Selected Cases at the 2026 Part II Oral Examination, you will need to collect and upload the relevant images, arthroscopic prints, and medical records and complete an online Case Summary for each case.

You may begin collecting your images and records and start uploading now.

If you have any technical questions or would like technical assistance before, during, or after the uploading period begins, please contact technical support at 919-822-8028 or *techsupport@abos.org*. Technical Support is available Monday-Friday, from 10 am to 6 pm ET.

PROTECTED HEALTH INFORMATION (PHI)

The ABOS requires that you submit case material from patients to participate in the ABOS Part II Oral Examination. As you are aware, your patients' medical information is protected under the Health Insurance Portability and Accountability Act (HIPAA). Therefore, you must either:

1. Obtain written consent from patients to provide their Protected Health Information (PHI) to ABOS for the purpose of the Oral Examination, or

2. Remove sufficient identifying information from the records to be certain that the records are de-identified as specified in the HIPAA regulations before the cases are uploaded.

If you choose to obtain written consent from patients to use their PHI, you can use the sample verbiage (found on the next page) for the consent. The ABOS does not require you to use this document and does not warrant that it will meet all requirements of HIPAA or any state or local regulations where you practice. The ABOS does not require you to submit a copy of written consent from patients. Any written consent you receive from a patient must meet the requirements of your hospital/surgery center, HIPAA, and any state and local laws or regulations related to patient confidentiality. If you submit a case that includes records that have not been de-identified, then the ABOS will assume that you have received appropriate written consent from the patient. The ABOS does not assume any liability to you or any patient in connection with the provision of PHI to ABOS.

For any cases that include PHI beyond the minimum necessary to conduct the Oral Examination, you will be required to attest online that you have received written consent to include this information. A copy of this attestation is included later in this document. Alternatively, you also have the option to redact such information from the case materials.

Authorization for Use and Disclosure of Protected Health Information

1. Authorization. I authorize **[name of all health care providers with relevant medical records (e.g., hospital, medical center, laboratory, pharmacy and surgeon)]** ("Providers") to use and disclose the protected health information ("PHI") described in Paragraph 2 to the American Board of Orthopaedic Surgery ("ABOS") and its employees or agents.

2. Scope of Authorization. I authorize the Providers to release all past, present and future medical records related directly or indirectly to the **[name of surgery, procedure or course of treatment]** performed by **[name of physician]** for the purpose of allowing **[name of physician]** to use and disclose such PHI as a part of the initial certification process or Maintenance of Certification process administered by ABOS.

3. Revocation. I recognize that I have the right to revoke this authorization at any time, provided such revocation is delivered to **[name of physician]** in writing. I understand that a revocation is not effective to the extent that any entity or person has already acted in reliance on this authorization.

4. Expiration. This authorization shall expire on **[date]**, unless previously revoked as provided above.

5. No Coercion. I understand that **[name of physician]** is legally prohibited from conditioning the provision to me of treatment, payment, enrollment in a health plan or eligibility for benefits on the provision of this authorization.

6. Complete Waiver. I understand that the medical records used and disclosed pursuant to this authorization may no longer be protected by federal or state law once disclosed to the recipient.

Printed Name of Patient or Authorized Representative*	Date
Signature of Patient or Authorized Representative	Date
Printed Name of Witness	Date
Signature of Witness	Date

*Authorized Representative's Relationship to Patient: _____

MINIMUM NECESSARY INFORMATION TO CONDUCT THE ORAL EXAMINATION

DO NOT remove the following information from the supporting documents and images, as this information is the minimum necessary information required to conduct the ABOS 2026 Oral Examination, and therefore must be left in place. If the information **is not** currently on the documents and images, it **must not be added**.

- Patient ID number
- Medical record number
- Date of birth
- Medical device identifiers
- Serial numbers

If you DO NOT obtain written patient consent to include the following information, then it should be removed from supporting documents and images:

- Patient name
- Patient addresses
- Patient telephone and fax numbers
- Patient email addresses
- Patient social security numbers
- Health plan beneficiary numbers
- Biometric identifiers (such as fingerprints & faces)
- Full face photographs and comparable images
- Any other unique identifying characteristic

IMAGE UPLOAD

If you remove the above information, then you are encouraged to remove the above information from *images* ***before*** uploading them into ABOS's Scribe Case List System.

DOCUMENT UPLOAD

If you remove the above information, then you must remove it from *documents* ***before*** uploading them into ABOS's Scribe Case List System. The system does not allow you to redact the documents after uploading.

If you remove the above information from your documents, you are encouraged to use a redaction tool such as the one available in Adobe Acrobat Pro. This tool allows you to specify the text you wish to redact in a document, and it will redact that text everywhere it appears. This type of tool works best if the documents are digitally created or scanned as searchable **PDF files**. NOTE: Adobe may offer a free trial version at *www.adobe.com*. The ABOS does not endorse any software for redaction. Note: the trial may be for only 7 days. Adobe offers a pay-per-month option as well.

The ABOS has created a video to show you how to redact PHI from your documents. The video can be found at *www.abos.org/certification/part-ii/videos/*.

FULLY DE-IDENTIFIED IMAGES – WHAT TO DO?

The ABOS recognizes that you may only be able to acquire completely de-identified images from your hospital. In this event, do NOT add the above minimum information to the images; instead, obtain a signed statement on hospital letterhead to this effect from the appropriate staff member/department at the hospital/surgery center. You will need to upload this signed statement using the *"Upload Hospital Statement"* button at the top of the Image Upload Interface for each such case. This statement does not need to be specific for each patient.

REQUIREMENTS FOR IMAGES

IMAGE FORMAT

1. Digital images and arthroscopic prints should be saved in **.JPG or .PNG format**.

2. If you have plain-film radiographs and/or hard copy arthroscopic prints, it is easiest to photograph them using a digital camera, saving them in **.JPG or .PNG format**.

3. **Please note that each image must have a resolution of at least 256 pixels in each dimension (at least 256 by 256), and each image cannot be larger than 16 MB in file size. However, the ABOS strongly recommends that you utilize higher resolution images as the images must be of appropriate quality for diagnosis and evaluation. Images will be displayed on a monitor with a resolution of 2,560 by 1,600**.

LIMITS ON NUMBER OF IMAGES

1. The number of images able to be uploaded for each case is limited to:
    a. 18 pre-operative,
    b. 12 intra-operative,
    c. 12 immediate post-operative, and
    d. 12 follow-up images per case.

Note: If re-operations on any of your 12 Selected Cases took place on or after the Selected Case's operative date, an additional set of 12 intra-operative and 12 immediate post-operative images may be uploaded for each re-operation. You must add the operation tab in the document upload section first. Then the system will generate additional operation tabs for you to upload your images.

2. For MRIs and CTs, if you wish, you may include composite panels containing a maximum of 10 individual images – each composite panel counts as one image for the purpose of the above limitations.

3. ***For specific guidelines related to images for spine cases, please see the supplemental information in this document on page 9.***

NAMING YOUR IMAGE FILES

As you gather your digital images, it may be helpful for you to store them locally (e.g., on your own computer) in a separate digital folder (Case01, Case02, …, Case12) for each of your 12 Selected Cases in preparation for uploading them. You must name the image files with the case number and category with a sequence number for the order you wish them to appear, with the exact file names per the below examples.

Example #1, for Case 01, you must name image files:

- Case01Pre01.jpg, Case01Pre02.jpg, …, Case01Pre18.jpg
- Case01Intra01.jpg, Case01Intra02.jpg, …, Case01Intra12.jpg
- Case01Post01.jpg, Case01Post02.jpg, …, Case01Post12.jpg
- Case01Follow01.jpg, Case01Follow02.jpg, …, Case01Follow12.jpg

Example #2, for Case 01, with two operations:

- Case01Pre01.jpg, Case01Pre02.jpg, …, Case01Pre18.jpg
- First operation: Case01Intra01.jpg, Case01Intra02.jpg, …, Case01Intra12.jpg
- First operation: Case01Post01.jpg, Case01Post02.jpg, …, Case01Post12.jpg
- Second operation: Case01**_02_**Intra01.jpg, Case01**_02_**Intra02.jpg, …, Case01_02_Intra12.jpg
- Second operation: Case01**_02_**Post01.jpg, Case01**_02_**Post02.jpg, …, Case01_02_Post12.jpg
- Case01Follow01.jpg, Case01Follow02.jpg, …, Case01Follow12.jpg

The specific image filenames **will not** be used by the online system for categorization or ordering. The naming system above will aid you in your organization and will make your image filenames consistent with your document filenames. You, the Candidate, will be responsible for the categorizing and ordering of the *images/files* during the uploading process. ABOS staff cannot reorganize or change the order of your images/files. Once the images are uploaded, you may drag and rearrange the images yourself.

Please **do not** add special characters in your image filenames.

Please double check that you have not submitted duplicate images or an error will appear on the page.

RECOMMENDED IMAGES TO UPLOAD FOR SPINE CASES

ABOS Oral Examiners expect to be able to view all ***relevant*** images related to each case. It is important that each Candidate determine which images are ***relevant*** and upload them. The ABOS has received several questions related to spine imaging and has prepared the following guidelines to assist you in selecting images to upload.

PRE-OPERATIVE PLAIN FILMS

These are nearly always indicated, although there are cases when a CT would suffice. (Trauma cases may have a pre-operative CT scan without pre-operative plain films.) Plain films usually would only be AP and lateral views. Flexion-extension views are sometimes indicated (e.g., to rule out cervical subluxation). Oblique views would rarely be indicated unless looking for a pars defect in the lumbar spine when CT is unavailable.

POST-OPERATIVE PLAIN FILMS

Upload those films used to follow fusion patients or deformity patients. Duration of follow-up is often important but will understandably be limited to the collection period relative to the June deadline date.

PRE-OPERATIVE MRI

Upload those relevant sagittal and axial cuts. The Candidate should select the most relevant images, which are likely to be T2 weighted images, occasionally spin echo images, and occasionally T1 images. If the case is a revision discectomy, the ABOS Oral Examiners would typically expect to see a gadolinium enhanced MRI study; however, not all re-do cases (e.g., adjacent level fusion extension cases) need gadolinium for their pre-operative MRI.

POST-OPERATIVE MRI

Indicated only if there are complications of some kind. If indicated, you should select the most relevant images.

CT SCANS

Indicated on a case-by-case basis, including both pre-operative and post-operative studies if indicated and available. Appropriate cuts would be sagittal, axial, and rarely coronal images. If indicated, you must select the most relevant images.

SUMMARY

As you can tell, the above recommendations are guidelines for uploading spine images. Please remember the word ***relevant*** for selection. Discectomy alone vs. fusion cases vs. lumbar vs. cervical vs. deformity disorders are different enough to warrant variances in imaging. If you the ***Candidate*** were an ***Examiner***, what images would you want to see to examine someone on their thought processes and techniques for a particular case? Those are the images that you should upload for the Oral Examination.

SUPPORTING DOCUMENTS

RECORDS

The following documents, to the extent they exist, are REQUIRED for each Selected Case:

- Case Summary (to be entered online)
- Initial office note
- Pre-operative office notes that document important non-operative management before surgery
- Pre-operative H&P
- Office note documenting the decision to proceed with surgery
- Emergency Department Consultation or Hospital H&P
- Consent form for surgery
- Operative note
- Initial post-operative office note
- Post-operative notes that document changes in status such as ROM, weight bearing, etc.
- Final office note
- Any notes documenting complications
- Any notes documenting decisions to proceed with additional surgery or testing
- Any notes supporting pre- or post-operative radiographs that are presented
- Radiologist report of advanced imaging
- Pathology report (if performed)
- Consultations from other physicians that directly impact orthopaedic care

Do NOT upload the following documents unless, in unusual circumstances, they pertain directly to how you managed that patient:

- Anesthesia flow sheets
- Anesthesia records
- Discharge summaries
- Emergency Department records
- Consultations for pre-operative medical evaluation
- Consultations from other orthopaedic surgeons
- PT/OT records
- Nursing notes

ELECTRONIC RECORDS

From your electronic medical records system, you should print records to **PDF files**. If you are unable to do so, you may request assistance from your hospital IT staff who may need to install PDF printer software for the computer you are using.

PAPER RECORDS TO BE UPLOADED

If you have paper records, you should scan them into **PDF files** using a document scanner. Ideally, you should scan them as *searchable* **PDF files** so that you will be able to search for text in the electronic documents and use redaction tools later if desired. No paper records are allowed to be brought to the Oral Examination.

NAMING YOUR RECORDS (DOCUMENTS) FILES

As you gather your digital records, storing them locally in a separate digital folder (Case01, Case02, … Case12) for each of your 12 Selected Cases may be helpful. By doing so, this will help in your preparation for uploading. It may also help to include the category as part of the filename: e.g., *PreopHP, OpNote, OfficeNote6Weeks, OfficeNote3Months*.

Before uploading, you must append the date of the record to the end of each filename (before the .PDF extension) in the following format: _YYYYMMDD. The system will use this information to consistently sort the documents in a presentation to the Oral Examiners. For example, the operative note from March 17, 2025, for case 01 must be named **Case01OpNote_20250317.pdf**. Note that you must include all **eight digits of the date** in the specified sequence: year followed by month followed by day. **January 1, 2025 must be specified as _20250101** ONLY and NOT _202511 and NOT _01012025.

If you have multiple documents in the same category on the same date, name the files in the following format to put them in the right order: _##_YYYYMMDD, where the ## is the two digit number in the order that you want the documents to appear (i.e., 01 is the first document, 02 is the second document, 03 is the third document, etc.).

Individual notes must be stored as separate files and not combined into one file. Separate files allow the Oral Examiners to quickly find specified documents through automated bookmarks available during the Oral Examination.

MULTIPLE CASE PROTOCOL

This protocol is intended to guide Candidates and inform Oral Examiners about the required information a Candidate must provide for cases that have been selected for an Oral Examination and involve multiple procedures performed at different settings.

MULTIPLE CASES

It is possible that a patient referenced in one of your 12 Selected Cases may have had multiple procedures related to their Selected Case on different dates or from a return to the operating room on the same date. The following information will guide Candidates regarding the breadth of the expected documents they must upload for those related procedures. Note that documentation concerning these related procedures must be uploaded regardless of whether the related procedures occurred during the Case Collection Period. These guidelines apply whether the related procedure occurred before or after the Case Collection Period.

All information must be uploaded by the deadlines as set forth by the ABOS. No documentation related to your 12 Selected Cases that takes place after the upload deadline is allowed to be uploaded, nor can it be brought to the Oral Examination.

DEFINITION OF MULTIPLE CASES

The primary distinction in multiple related procedure cases is as follows:

A. Patients whose condition was anticipated to be treated with multiple procedures (e.g., open fractures, staged fracture treatment, staged revision joint arthroplasty, staged spinal arthrodesis, etc.) on different dates or from a return to the operating room on the same date.

B. Patients whose condition was not expected to require multiple procedures (e.g., post-operative infection, dislocation or acute loosening of total joint arthroplasty, re-tear of ACL or rotator cuff tendons, failure of fixation in fracture surgery, etc.) on different dates or from a return to the operating room on the same date.

DOCUMENTATION PROTOCOL FOR CANDIDATE

If the Candidate has a Selected Case with multiple related procedures (on different dates or from a return to the operating room on the same date), the protocol will be as follows:

A. The Candidate must determine how the other procedures relate to the "Selected Case" procedure that appears on the Selected Case List using Definitions A and B above.

B. For Definition A, in addition to all the appropriate documentation and imaging for the Selected Case, the Candidate is responsible for the following documentation and imaging regarding the related procedure(s) that occurred on a different date from the Selected Case or from a return to the operating room on the same date as the Selected Case.:

   1. Operative report.

   2. Pre-operative and post-operative radiographs (if obtained).

   3. Documentation regarding operative findings (i.e., culture or pathology results – if obtained).

C. For Definition B, the Candidate is expected to provide all the information listed on the "Documentation to Provide" list for BOTH the procedure related in the Selected Case and for the related procedure(s) that occurred on a different date from the Selected Case or from a return to the operating room on the same date as the Selected Case.

See examples on the next page.

EXAMPLES

Below are some examples of potential Oral Examination cases:

A. Selected Case – ORIF of tibial plateau fracture with post-operative infection (multiple related procedures prior to ORIF).

   Upload the following:

   - Date of injury – H&P, operative note of external fixation, injury and post-op radiographs.
   - POD#1 – operative note of fasciotomies for compartment syndrome – no radiographs (since no change in films).
   - POD#5 – operative note of I&D and closure of fasciotomies and adjustment of external fixation, post-op radiographs (since the external fixator was adjusted).
   - Patient discharged home – no documents required to upload.
   - POD#12 – office note, pre-op radiographs (if obtained)
   - **POD#14 – H&P, operative note of ORIF, post-op radiographs (Selected Case).**
   - Patient discharged home – no documents required to upload.
   - POD#28 – office note, radiographs (if obtained)
   - POD#49 – office note, radiographs (if obtained)
   - POD#63 – office note (documenting infection), radiographs (if obtained)
   - POD#64 – operative note of I&D, radiographs (if obtained), culture results. H&P and other suggested documentation is required since this is an unexpected complication of the selected procedure.
   - POD#78 – clinic note, radiographs (if obtained).

B. Selected Case – Total knee arthroplasty with post-operative infection.

   Upload the following:

   - Initial office visit for knee pain and appropriate images.
   - Office notes for conservative management of knee pain and appropriate images.
   - Office note documenting decision to proceed with surgery and appropriate images.
   - Operative note and appropriate images.
   - Postoperative/follow-up office notes and appropriate images.
   - Office note documenting infected arthroplasty.
   - Subsequent admission H&P(s), operative note(s), laboratory and imaging studies.
   - Interval office notes.

Note: In Example A (ORIF of tibial plateau fracture), there are limited document expectations for the procedures (external fixation, fasciotomy, I&D and closure, adjustment of external fixation) other than the operation referenced in the Selected Case. This limited documentation includes only the operative note, post-operative radiographs and cultures/biopsies (if obtained). Since the related procedures were anticipated staged operations, limited documentation is all that is expected except for the post-operative infection. Since the post-operative infection was a complication of the selected procedure, the more comprehensive documentation must be uploaded for that procedure.

In Example B (total knee arthroplasty), more comprehensive documentation is required for the related procedure because it is due to an unexpected complication of the operation referenced in the Selected Case. As a result, all of the documentation listed on the Expected Documentation list must be uploaded.

CASE SUMMARY

For each case, you will complete an online Case Summary to help you present the case. The Case Summaries will be your notes, which you may use in your case presentations, and which the Oral Examiners may review. This will be the first document to appear in each case. We recommend that you pay close attention to preparing these documents as they will help you organize and present your cases during the Oral Examination.

ONLY open and edit the Case Summary on one computer or tab at a time. You must save and close the document on one computer or tab before opening it on another, or the data will be overwritten. You can open an existing Case Summary on another computer to edit, but you MUST save and close the Case Summary each time. The best practice is to save the document frequently during editing to ensure your data is saved.

Note: Your Case Summary documents are available to the Oral Examiners.

You must complete the Case Summary for each of your 12 Selected Cases by the upload deadline. No Case Summary changes are allowed after the upload deadline, nor may any documents be brought to the Oral Examination.

Prior to submitting your images and records, please confirm that all required images and records are there and in the correct order. These cannot be modified after you finalize your submissions. You should also practice before submitting everything to ensure your documentation, including the Case Summary, is exactly as you would like it to be. In the past, Candidates have at times realized after finalizing their documents and images, that they are incomplete. That is why the ABOS highly recommends practicing your case presentations prior to submitting and finalizing the documents, images, and Case Summaries.

American Board of Orthopaedic Surgery Case Summary

Do not open the same case summary in multiple windows at the same time because changes made in one window will not be reflected in the other window, and you may inadvertently overwrite intended changes.

After entering text into a box, clicking on the next box or anywhere outside the current box will automatically save the Case Summary.

Save and Check for Completeness

Clicking the button above will save and check this Case Summary for completeness. If any required items are incomplete after saving, you will see a message in red. You need not complete the Case Summary in one sitting: items you have completed are saved after clicking the button. Before finalizing, all Case Summaries must be complete.

Case # (1-12): 1

Patient Data

Patient Age and Sex

year-old

History of present illness:

Relevant past medical history:

Relevant physical findings:

Decision-Making

Interpretation of laboratory and imaging studies:

Diagnoses (differential diagnoses):

Treatment plan (operative and non-operative options):

Primary surgical indications:

Procedure

Procedure(s) and date(s) of surgery:

Length of surgery Hours Minutes

Estimated Blood Loss (cc):

Post-operative course:

Date of most recent follow-up:

< April 20 5 >

Sun	Mon	Tue	Wed	Thu	Fri	Sat
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3
4	5	6	7	8	9	10

Total length of follow-up: Weeks

Outcome

Is the patient happy with the outcome?

Are you happy with the outcome?

Were there complications?

If yes, describe the complication(s) and your response(s):

If yes, is there anything you might do next time to avoid the complication(s)?

What went well in this case?

What might you do differently in the future?

Save and Check for Completeness

Clicking the button above will save and check this Case Summary for completeness. If any required items are incomplete after saving, you will see a message in red. You need not complete the Case Summary in one sitting: items you have completed are saved after clicking the button. Before finalizing, all Case Summaries must be complete.

ATTESTATIONS

The following pages contain copies of the attestations you will electronically sign before you are able to finalize your 12 Selected Cases in the ABOS's Scribe Case List System.
These copies have been provided for your records only.

Protected Health Information Attestation

This PROTECTED HEALTH INFORMATION ATTESTATION (this "Agreement") is made this day of by in favor of the American Board of Orthopaedic Surgery, a non-profit organization with its principal place of business at 400 Silver Cedar Court, Chapel Hill, North Carolina 27514 ("ABOS") (each, a "Party" and together, the "Parties").
By signing below, I attest and certify as follows:
(a) ABOS certifies qualified orthopaedic surgeons who meet its specified educational, evaluation and examination requirements, including passing a Part I computer-based and Oral Examination. ABOS also recertifies diplomates who meet its maintenance of certification requirements, including passing a computer-based or oral recertification examination.
(b) I have applied to take an ABOS oral certification or recertification examination.
(c) To sit for the oral examination, I am required to present operative patient case information, including patient records and images that may contain personally identifiable protected health information subject to the Health Insurance Portability and Accountability Act of 1996 and regulations ("HIPAA"), 45 CFR 164.514(b) ("Protected Health Information").
(d) I understand that ABOS provides a procedure for me to present the patient case information at the oral examination in a de-identified format removing Protected Health Information from patient records and images in compliance with HIPAA.
(e) I may elect to present my patient records and images for the cases selected for presentation at the oral examination in a non-de-identified format pursuant to a patient disclosure authorization that authorizes the disclosure of patients' Protected Health Information to ABOS and that complies with state and federal privacy laws governing such Protected Health Information. I understand that I will be required to de-identify any patient case information for which I do not obtain patient disclosure authorization and I commit to do so.
(f) By signing below, I attest and certify that, for each case presented at the oral examination for which I do not de-identify Protected Health Information, I have obtained a duly executed and valid written patient authorization from the patient (or the legally authorized personal representatives thereof) explicitly allowing me to submit the patients' Protected Health Information to ABOS and its oral examiners. I further represent and certify that such patient authorization (i) describes the patient's rights under the HIPAA Privacy Rule and complies with the requirements of HIPAA and applicable state law, and (ii) explicitly allows me to provide such Protected Health Information to ABOS for purposes of completing the oral examination to obtain board-certification as an orthopedic surgeon.
(g) I further attest and certify that my disclosure of Protected Health Information will not and does not violate (i) any restrictions on the use or disclosure of personally identifiable protected health information pursuant to 45 C.F.R. 164.522(a)(1), (ii) HIPAA, or (iii) any applicable state privacy law governing such information which is more stringent than the requirements of HIPAA.
(h) I agree that I assume all responsibility for obtaining, maintaining and complying with such patient authorization. Further, I agree to indemnify and hold harmless ABOS, its directors, officers, employees, and agents from and against any and all losses, damages, claims, expenses and liabilities of any kind, including costs of defense thereof, arising out of (i) devoid or insufficient patient authorization, (ii) my disclosure of the Protected Health Information to ABOS, or (iii) ABOS use of Protected Health Information in reliance upon this Agreement.

Signature Line ***DO NOT SIGN HERE. THIS COPY IS FOR YOUR RECORDS ONLY***

Attestation Regarding Changes in Candidate's Practice

As stated in the Rules and Procedures for the 2026 Oral Examination, it is the responsibility of all applicants to notify the ABOS office of any changes in practice location or association, or hospital privileges and/or affiliation.

Failure to disclose practice changes may result in invalidation of your Oral Examination.

Please answer YES or NO after reading the following attestation:
I attest that I have held hospital admitting and surgical privileges since prior to November 1, 2024, and that I ***have not changed,*** *my practice location or association, or hospital privileges and/or affiliation during the 17-month period from November 1, 2024 through March 31, 2026. I understand that a change in practice may affect my ability to sit for the examination.*

____YES
____NO

If you answered "NO", explain your practice change(s) in the box below:

DO NOT CHECK HERE. THIS COPY IS FOR YOUR RECORDS ONLY

HIPAA DIGITAL RECORDS
BUSINESS ASSOCIATE AGREEMENT

I ("Candidate") understand and agree that, pursuant to this Agreement, Web Data Solutions LLC ("WDS") and the American Board of Orthopaedic Surgery ("ABOS") shall act as "business associates" of Candidate for purposes of the applicable provisions of the Health Insurance Portability and Accountability Act of 1996, Pub. L. 104-191 (codified at 42 U.S.C. § 1320d), and the regulations promulgated thereunder at 45 C.F.R. Parts 160-164, as amended (collectively, "HIPAA"), and the privacy and security provisions of the HITECH Act, Title XIII, Subtitle D of the American Recovery and Reinvestment Act of 2009 ("ARRA") (codified at 42 U.S.C. § 17921 et seq.), to provide certain services (as described below) in connection with the compilation and submission of my case list and patient digital records and images for cases to be presented to Examiners at the oral certification examination offered by ABOS. The parties recognize that HIPAA requires the imposition of certain safeguards necessary to protect the privacy and integrity of individually identifiable health information ("Protected Health Information" or "PHI") that is received, used, created and/or disclosed by WDS and ABOS from or on behalf of the Candidate.

1. Permitted Uses and Disclosure of PHI

a. Candidate will compile and transmit to ABOS and WDS a list of cases (the "case list") for which Candidate has provided orthopaedic surgery during a specified period of time so that ABOS can evaluate the case list and, if Candidate is applying to take the ABOS oral certifying exam or oral recertification exam, select specific cases for use during the examination. Candidate acknowledges that one purpose of the compilation and submission of the case list is to enable ABOS to evaluate Candidate's performance in practice as part of its certification and maintenance of certification program. Candidate also acknowledges that ABOS may use and disclose the PHI from the case list to enable ABOS to improve the quality of its assessments and examinations and for other purposes related to its operations. ABOS shall use or disclose only the minimum necessary PHI to conduct such quality improvement activities and shall require all of its employees and agents to agree in writing to the same restrictions.

b. If Candidate is applying to take the oral certifying exam or oral recertifying exam, WDS shall collect, transmit, compile and disclose patient digital records and images for a select group of cases from my case list for use in the presentation of cases to ABOS Examiners at the ABOS oral certification or recertification examination and services related to the de-identification of PHI provided by Candidate (collectively, the "Services"). Candidate hereby authorizes WDS to receive, use, create and disclose PHI of patients Candidate has treated in connection with the performance of the Services.

c. WDS shall use or disclose only the minimum necessary PHI of patients whose cases have been selected for the oral certifying exam or oral recertification exam to the ABOS Examiners, ABOS, and WDS employees or agents, and only to the extent necessary to perform the Services and in accordance with 45 C.F.R. §§ 164.504(e)(4) and 164.514(e)(2). WDS and ABOS shall disclose PHI of patients Candidate has treated to ABOS Examiners solely for the purpose of confirming the identification of patient digital records and images as corresponding to information provided by Candidate on the case list submission. WDS and ABOS shall require all of their employees and agents, as well as all ABOS Examiners, to agree in writing to adhere to the same restrictions. ABOS may also disclose PHI of patients Candidate has treated to individuals or organizations assisting ABOS to improve the quality of its examinations. ABOS shall use or disclose only the minimum necessary PHI to conduct such quality improvement activities and shall require all of its employees and agents to agree in writing to the same restrictions.

c. WDS shall use PHI provided by Candidate only for purposes related to the performance of Services on behalf of the Candidate or as required by law and shall not disclose PHI for any purpose to its subcontractors, agents or third parties other than ABOS Examiners or, as necessary, to ABOS. All other health information of Candidate used or disclosed by WDS for any purpose shall be sufficiently de-identified such that the information is not PHI.

2. Responsibilities of WDS and ABOS With Respect to PHI

With regard to its maintenance, use and disclosure of PHI, WDS and ABOS will:
a. Maintain, use and/or disclose PHI of Candidate only as required or permitted herein or as otherwise required by law.
b. Comply with the security standards set out in 45 C.F.R. §§ 164.308, 310, 312 and 316.
c. Use commercially reasonable efforts to develop, implement, maintain, and use appropriate administrative, technical, and physical safeguards of PHI, in compliance with 45 C.F.R. § 164.530(c) and 42 U.S.C. § 17931 and 45 C.F.R. §§ 164.308, 164.310, 164.312 and 164.316, and such other laws and regulations applicable to WDS's and ABOS's obligations with respect to PHI and to prevent unauthorized use or disclosure of PHI.
d. Document such disclosures of PHI and provide, within 10 days of receiving a request in writing from Candidate, information related to such disclosures, including disclosures of electronic health records, as would be required for Candidate to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. §164.528.
e. Provide to Candidate PHI collected in accordance with the terms herein, to permit Candidate to respond to a request by an individual for inspection and copying of PHI in accordance with 45 C.F.R. §164.524.

f. Report to Candidate, in writing, any use and/or disclosure of the PHI, including disclosures of electronic health records, that is not required or permitted by the terms herein set forth of which WDS becomes aware. Such report shall be made within 5 days of WDS's or ABOS's discovery of such unauthorized use and/or disclosure and include any remedial action to be taken by WDS or ABOS with respect to such unauthorized use or disclosure.
g. Make available all records, books, agreements, policies and/or procedures relating to the use and/or disclosure of PHI to (i) Candidate for purposes of enabling Candidate to determine WDS's and ABOS's compliance with the terms herein set forth and (ii) the Secretary of DHHS for purposes of determining Candidate's compliance with the Privacy Regulations, subject to attorney-client and other applicable legal privileges.
h. Within a reasonable time following receipt of Candidate's written request for PHI provided by Candidate (to the extent such PHI is in a "designated record set," as defined under HIPAA), WDS and ABOS shall make such PHI available to Candidate for amendment and shall incorporate any such amendment to enable Candidate to fulfill its obligations under HIPAA, including, but not limited to, 45 CFR § 164.526.
i. During the term of this Agreement, WDS and ABOS shall notify Candidate within twenty-four (24) hours of any suspected or actual "Security Incident" (as that term is defined under HIPAA) or breach of security, intrusion or unauthorized use or disclosure of PHI and/or any actual or suspected use or disclosure of data in violation of any applicable federal or state laws or regulations, or any legal action against WDS or ABOS arising from an alleged HIPAA violation. WDS and ABOS shall take (i) prompt action to correct any such deficiencies and (ii) any action pertaining to such unauthorized disclosure required by applicable federal and state laws and regulations. If WDS or ABOS determines that a breach has occurred, WDS or ABOS shall provide Candidate with the rationale, and all documentation in support thereof, for its assessment of "significant risk of financial, reputational, or other harm to the individual," as provided in 45 C.F.R. § 164.402(1)(i). If WDS or ABOS determines that a breach has not occurred, in that an acquisition, access, use, or disclosure of PHI in a manner not permitted under the HIPAA Regulations has taken place, and has been reported to Candidate as required by Paragraph 2.1(a) of this Agreement, but has been determined by WDS and ABOS not to compromise the security or privacy of the PHI, WDS and ABOS shall nevertheless provide Candidate, with the rationale, and all documentation in support thereof, for its assessment resulting in a finding of less than "significant risk of financial, reputational, or other harm to the individual," as provided in 45 C.F.R. § 164.402(1)(i). In the event of disagreement between the parties as to whether or not a breach has occurred, the determination made by Candidate shall control.
j. If any party knows of a pattern of activity or practice by another party that constitutes a material breach or violation of such other party's obligations under this Agreement or HIPAA, such party shall so notify the other party and such other party shall take reasonable steps to cure the breach or end the violation. If such steps are unsuccessful within a period of 30 days, the non-breaching party shall: 1) terminate the Agreement, if feasible, or 2) report the problem to the Secretary of DHHS.
k. Upon the earlier of 30 days after the termination of this Agreement for any reason, or the completion of performance of the Services by WDS and ABOS and the requirement of maintaining Candidate PHI for the performance of such Services, WDS and ABOS shall return or destroy all PHI of Candidate that WDS and ABOS still maintain in any form or media.

3. Termination

a. Term. This Agreement shall become effective on the date of execution by clicking the agreement below and shall continue in effect until all obligations of the parties have been met, unless terminated as provided in this Section 3.
b. Termination by the Parties. Pursuant to 45 C.F.R. § 164.504(e) and 42 U.S.C. § 17934(b), the parties hereby acknowledge and agree that, in the event one party has or obtains substantial and credible evidence that another party has violated a material term of this Agreement, non-breaching party shall have the right to investigate such violation, and breaching party shall cooperate fully with non-breaching party with respect to such investigation. As provided for under 45 C.F.R. § 164.504(e), non-breaching party may terminate this Agreement and any related agreements without penalty or recourse to non-breaching party if non-breaching party determines that breaching party has violated a material term of this Agreement.

Digitally signed by Dr. David F. Martin

Digitally signed by John Harrast

Oral Examination Recording Consent Attestation

I authorize the American Board of Orthopaedic Surgery (ABOS) to record the video and audio of my performance during this examination. This recording will include audio recording of my voice while I take the examination. I understand that such recordings will: i) only be used for ABOS's internal purposes and to improve the quality and validity of the examination process, ii) not be made available to me for any reason (including, without limitation, for any appeals regarding my examination score), and iii) be destroyed or deidentified prior to the date that examination results are released to candidates. I further understand that interfering with this recording, or producing my own recording during this examination, will result in the immediate invalidation of my results, the loss of my registration fee, and may result in exclusion from future examinations.

Uploading Images and Documents

The ABOS has created several videos that will help you in the upload process of the images and required supporting documentation for your 12 Selected Cases. These videos will also help with your preparation for the Oral Examination. The videos can be found at *https://www.abos.org/certification/part-ii/videos/*. The ABOS has also posted a podcast episode on how to prepare for the ABOS 2026 Examination which can be found at *anchor.fm/abos* and on most podcast apps. After you have reviewed all the information, if you have additional questions, please contact your ABOS Certification Specialist. Contact information can be found at *www.abos.org/contact/*.

Image Upload

Summary of Uploading Steps:

You will find screenshots in the detailed instructions below. Here is a summary of the steps:

- Login to https://www.abos.org.
- Click on the "Part II" link on the left-hand navigation menu
- Click on *Digital Imaging and Records System*… you will see your selected case list.
- Click on the Image Upload Tool icon for any case…you will open a new window with the tabs for images: Pre-Op, Intra-Op, Post- Op, and Follow-Up. You can then click on any of the tabs to begin uploading images.
    - For example, after clicking the Image Upload Tool icon, click on Pre Op to go to the pre- op images tab with slots for 18 images.
    - You can upload an image by clicking on the Upload Image button beneath any of the 18 slots. You can also enter a brief description of each image.
    - Continue to upload images on this tab or any of the other tabs. You will then have a set of image thumbnails, on each of which you can click to enlarge the image for review.
    - If you wish to upload multiple images at one time, you can click on the Image Management (Upload Multiple Images) link toward the upper right of any of the image tabs.
- Upload images for twelve cases.
- After confirming that the pertinent images and documents have been uploaded for the twelve cases, finalize your selected case images and documents.
- After finalization, pay the exam fee.
- Logout.

You do not need to upload all the images or documents in one sitting. You can come back any time before you finalize to upload more images of documents.

If you have any technical questions, please contact technical support at *techsupport@abos.org* or 919-822-8028.

If you have any non-technical questions, please contact your Certification Specialist, who is assigned by your last name:

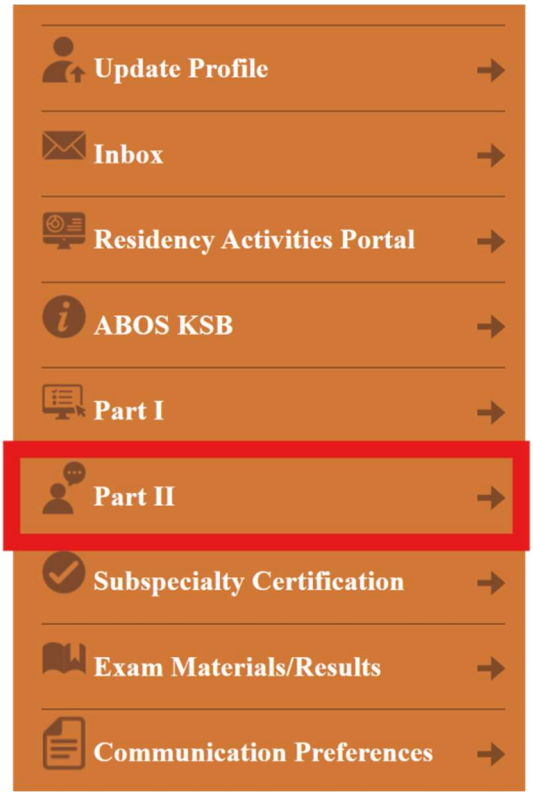
A-B: Denise Frazier dfrazier@abos.org
C-G: Sonya Parker sparker@abos.org
H-O: Kim Grover kgrover@abos.org
P-Z: Morgen Graham mgraham@abos.org

All can also be reached by phone at 919-929-7103.

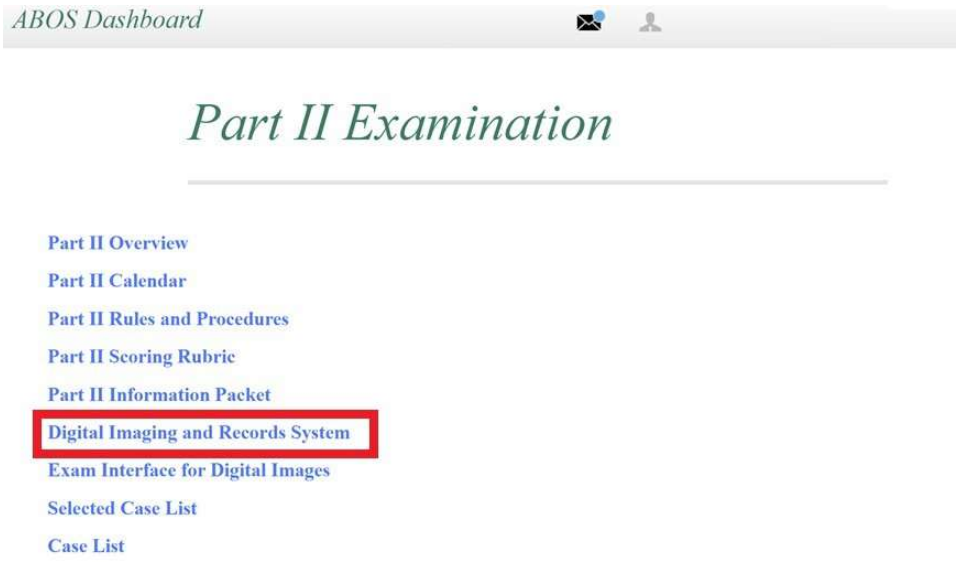
Image upload process

Step 1: Log in to https://www.abos.org.

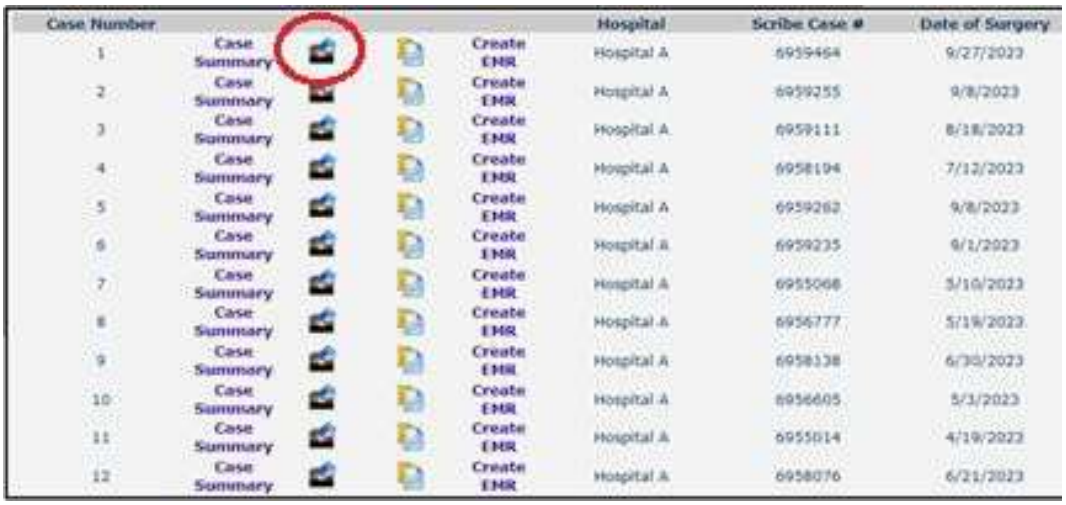
Step 2: Click the "2026" link on the left-hand navigation menu



Step 3: Click on: *Digital Imaging and Records System*.



Step 3: Click on the *Image Upload Tool* icon for a case.

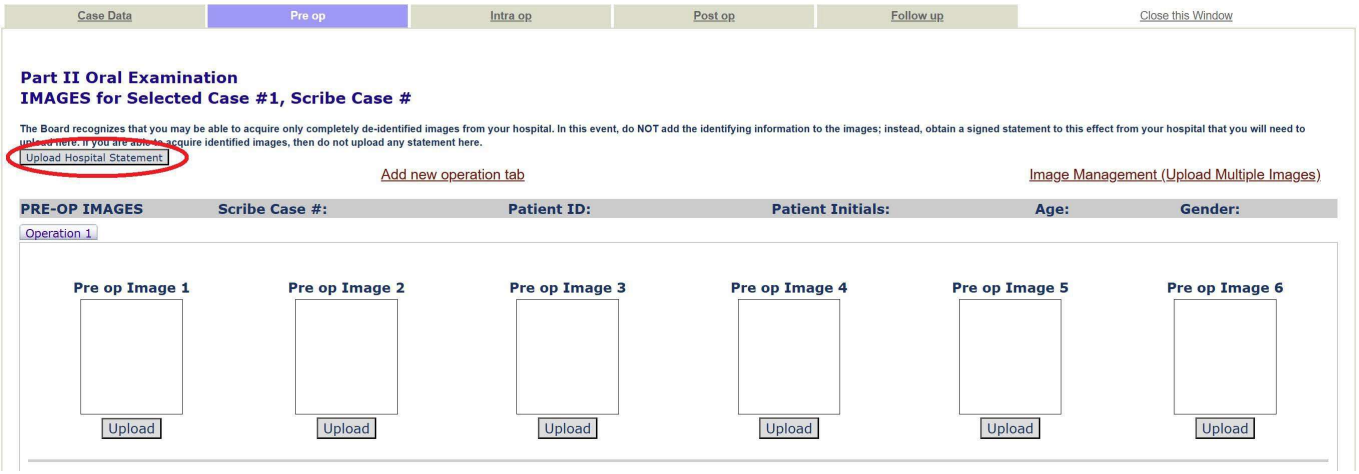


Step 4: Click on any image tab: Pre op, Intra op, Post op, or Follow up.

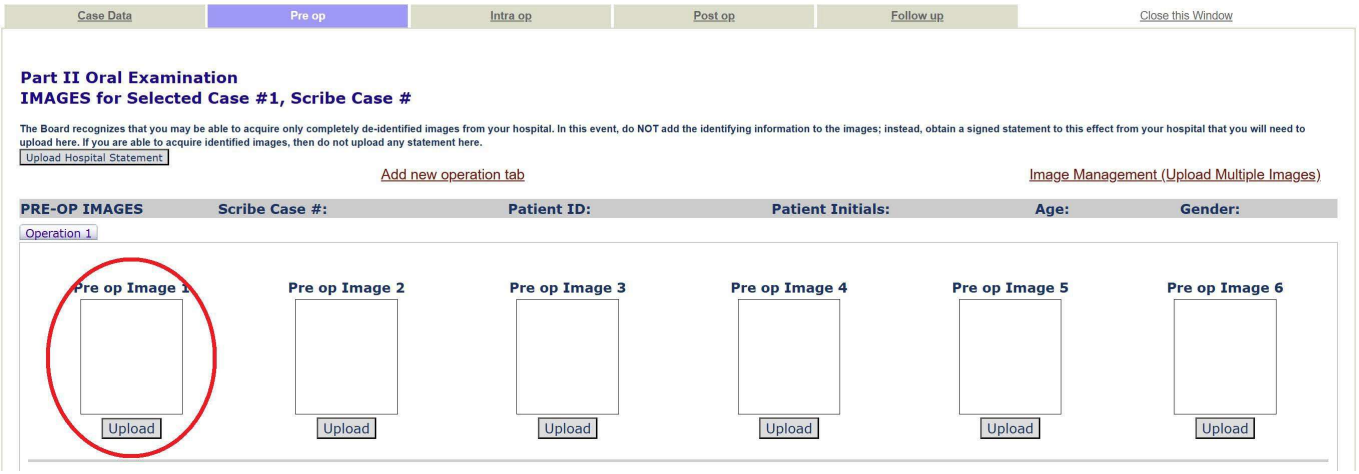
- **4a. For example, click on *Pre op* to go to the pre-op images tab.**

- **4b. If you are able to acquire only completely de-identified images from your hospital, do NOT add the identifying information to the images; instead, obtain a signed statement to this effect from your hospital. Click *Upload Hospital Statement* to upload the signed statement. If multiple hospitals apply to this patient, please**

upload one combined document that includes the statements from each hospital. If you are able to acquire identified images, then do not upload any statement here.

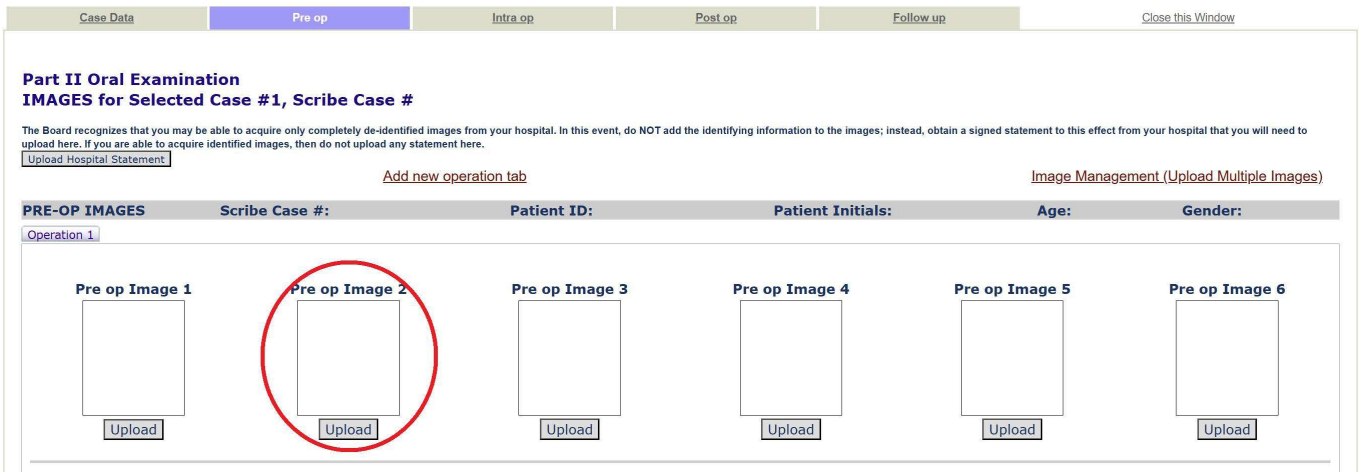


- **4c. Upload an image by clicking on *Upload Image* beneath any of the 18 image slots. The Intra op, Post op, and Follow up tabs have 12 image slots.**

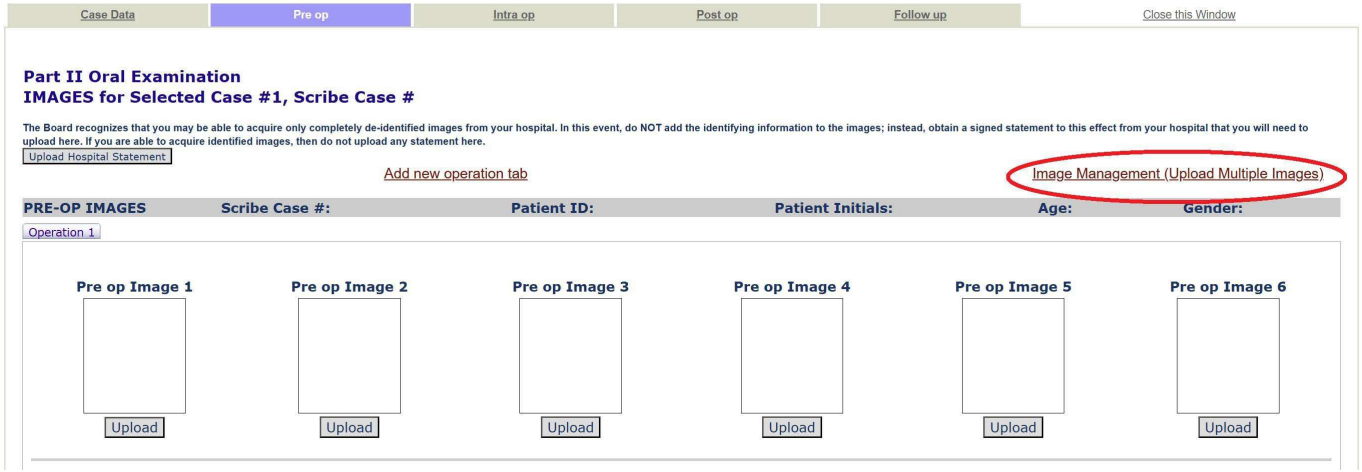


- **4d. Enter a brief description if you wish; then, click *Upload* to select the file on your local computer to upload.**

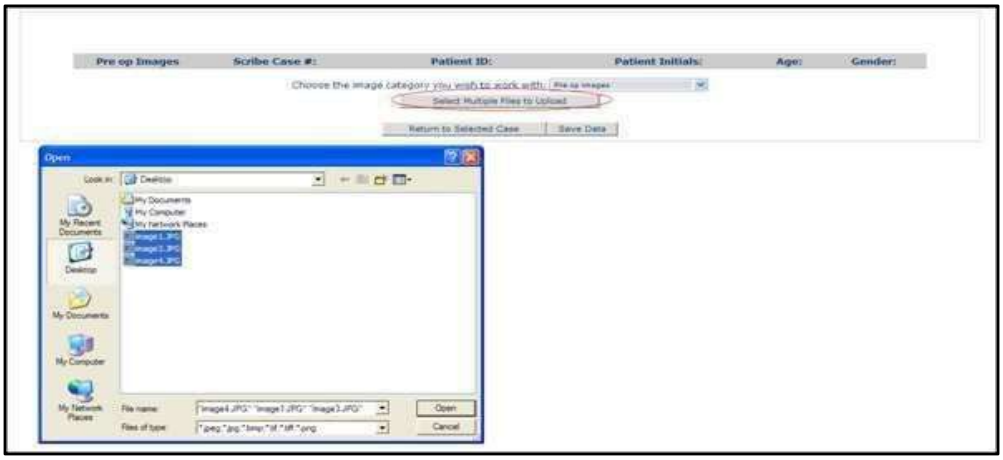
- **4f. Continue to upload images on this tab and the other tabs.**



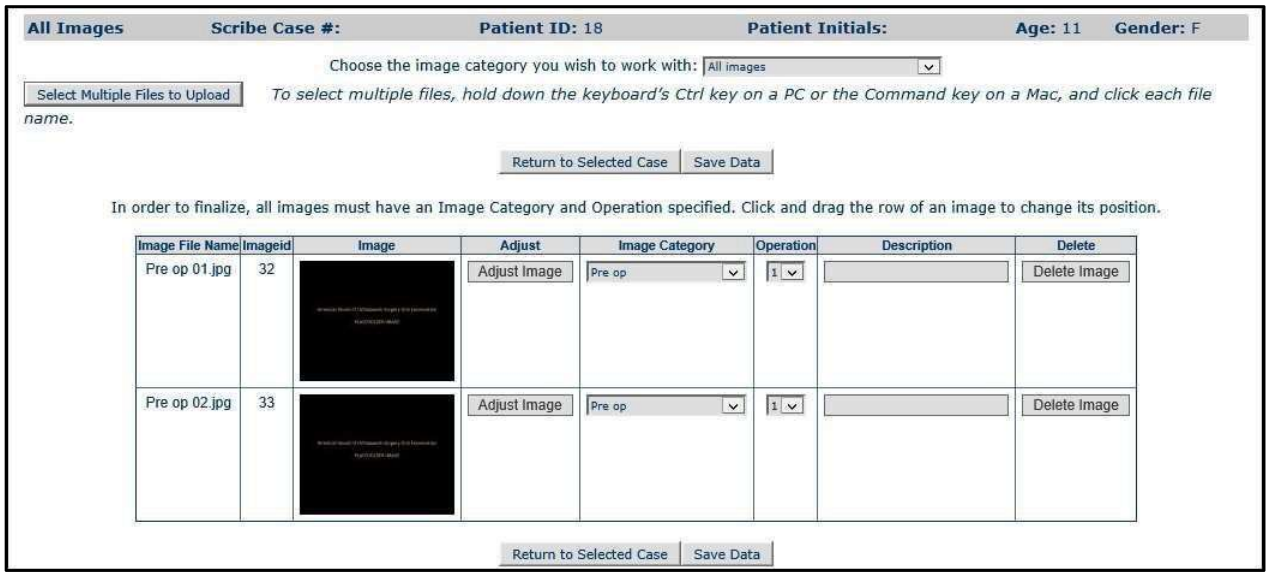
- **4g. Multiple images can also be uploaded at once by clicking on *Image Management (Upload Multiple Images)* near the upper right corner.**



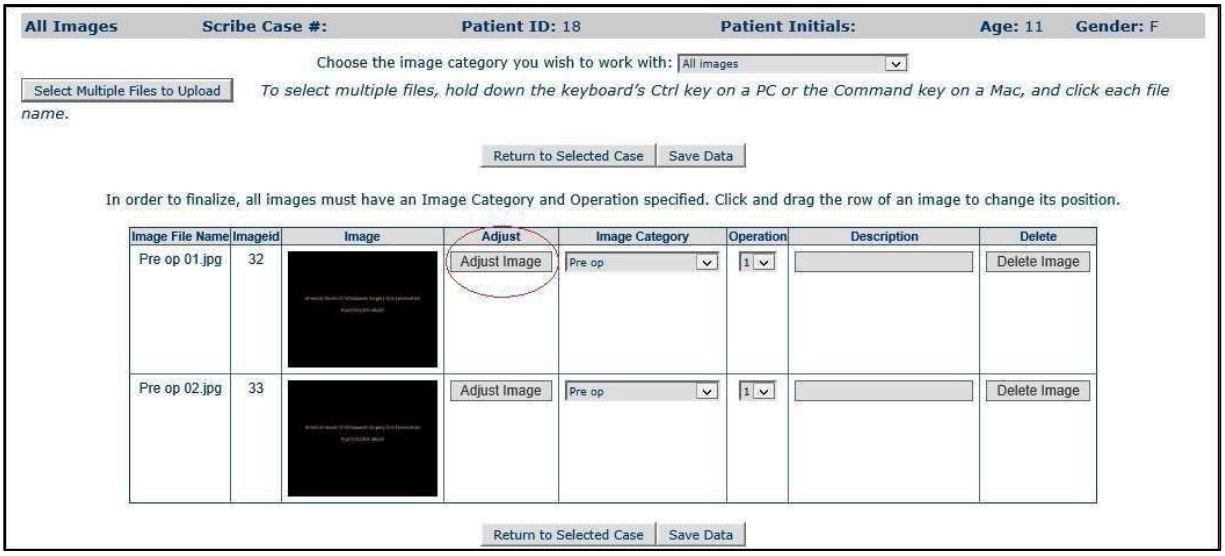
- **4h. Click on *Select Multiple Files to Upload* to select the images on your local computer to upload. To select multiple images, hold down the keyboard's *Ctrl* key and click each image file name.**



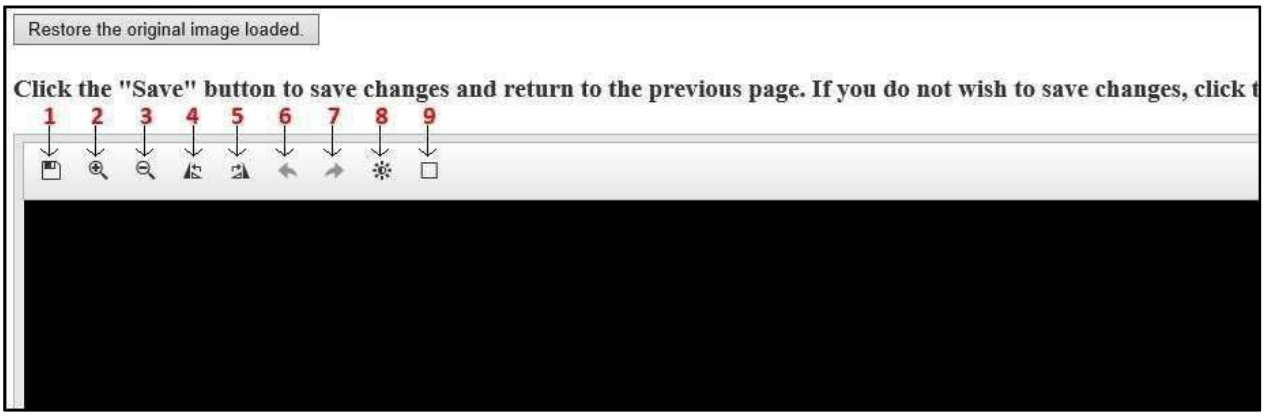
- **4i. Select the *Image Category*, *Operation*, and enter a *Description* for each image. Click on Save Data once complete. To remove an image, click on the image's corresponding *Delete Image* button. If you later wish to change *Image Category*, you can always do so on this page. Click and drag the row of an image to change its position.**



- **4j. To adjust an image after it has been uploaded, click on the *Adjust Image* button.**

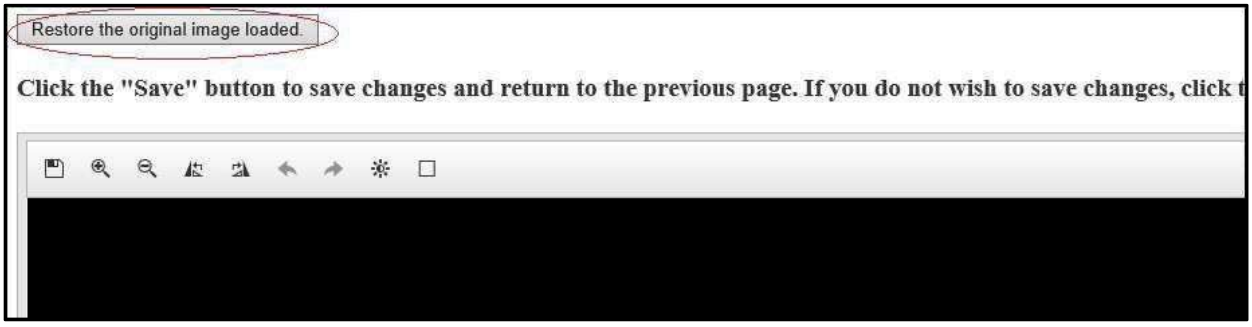


- **4k. The adjustment options appear near the upper left of the image toolbar. WARNING: If you click *Close* before clicking the *Save Image* icon, your adjustments will not be saved.**



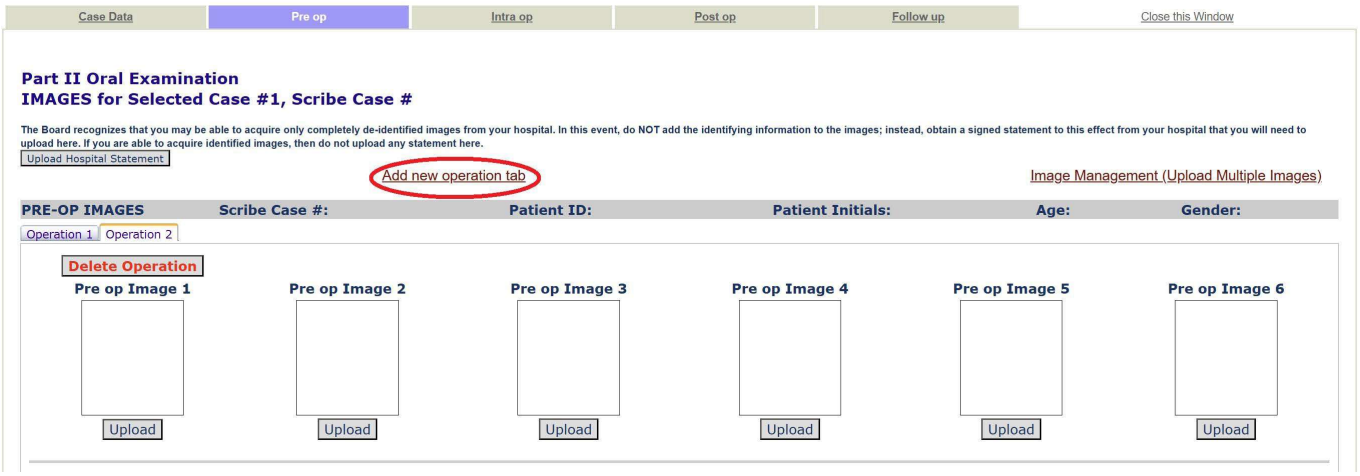
  - **1: Save Image – you MUST click the Save Image button to save any changes made to the image.**
  - **2: Zoom Out**
  - **3: Zoom In**
  - **4: Rotate Left 90 degrees**
  - **5: Rotate Right 90 degrees**
  - **6: Undo a change**
  - **7: Redo a change**
  - **8: Adjust Brightness/Contrast**
  - **9: Draw Rectangle – use this function to de-identify the image. After clicking this icon, a *Draw Rectangle* dialog box will appear. Click and drag the box over the area that needs de-identifying. Once done click the *Apply* button to apply the changes.**

- **4l. Click *Restore the original image loaded* to undo any changes made to the image.**

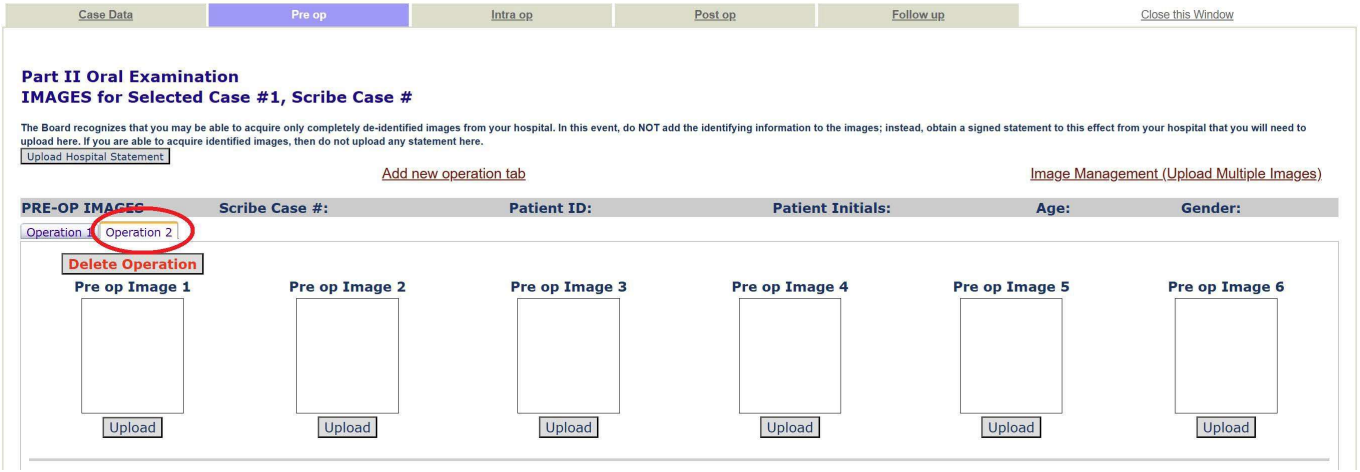


- **4m. Click the *Save Image* icon to save adjustments made to the image. This will also return you to the main image upload page.**

- **4n. If there were re-operations during the data collection period, you have the ability to create additional intra-operative and post-operative image sets by clicking the *Add new operation tab* link.**

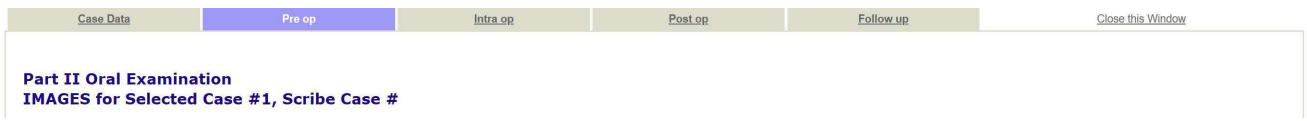


- **4o. An additional Operation tab should then appear.**

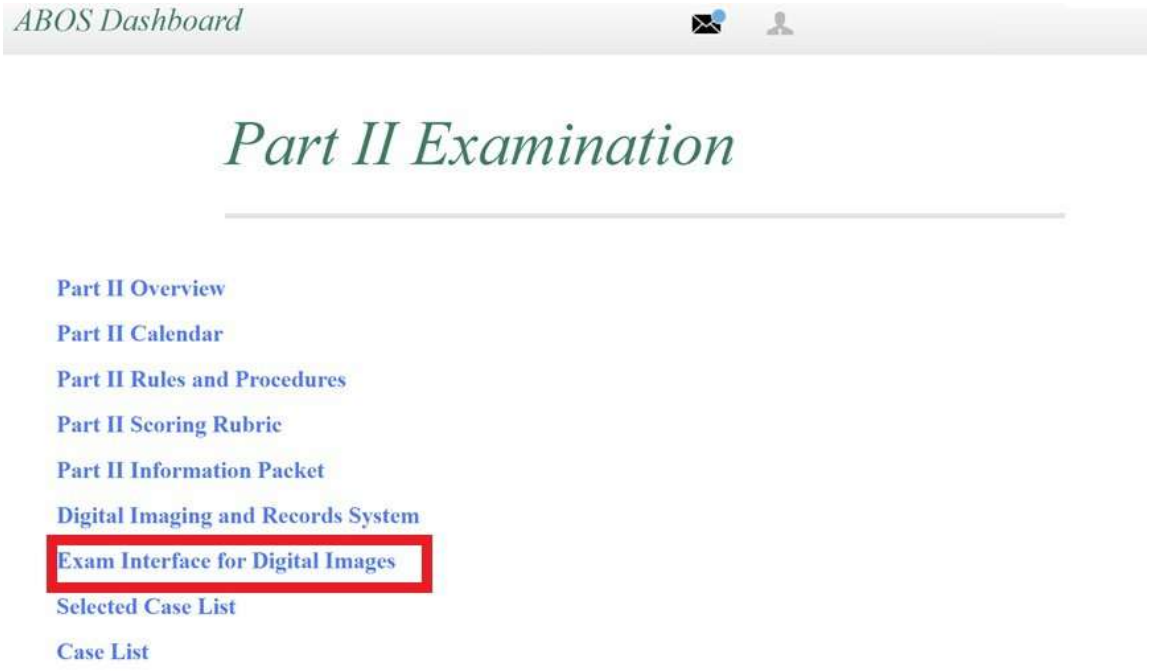


Step 5: To review images, return to the selected case and click on any image tab: Pre op, Intra op, Post op, or Follow up.

- **5a. For example, click on *Pre Op* to go to the pre-op images tab.**



Images can be viewed in the Image Interface as they will be seen during the exam by clicking on the “Exam Interface for Digital Images” link.



Document Upload

Summary of Uploading Steps:

You will find screenshots in the detailed instructions below. Here is a summary of the steps:

- Login to https://www.abos.org.
- Click on the "2026" link on the left-hand navigation menu
- Click on *Digital Imaging and Records System*… you will see your selected case list.
- Click on the Document Upload Tool icon for any case…you will open a new window with the tabs for documents: Pre Operative Assessment, Operative Report, Post Operative Assessment, and Pertinent Diagnostic Studies. You can then click on any of the tabs to begin uploading your records.
    - For example, after clicking the Document Upload Tool icon, click on Pre Operative Assessment to go to the document upload area.
    - You can upload a document by clicking on the Upload Document button beneath any of the slots.
    - Continue to upload documents on this tab or any of the other tabs. You will then have links where you can view the uploaded documents.
    - If you wish to upload multiple documents at one time, you can click on the Document Management (Upload Multiple Documents) link toward the upper right of any of the image tabs.
- Upload documents for twelve cases.
- After confirming that the pertinent images and documents have been uploaded for the twelve cases, finalize your selected case images and documents.
- After finalization, pay the exam fee.
- Logout.

You do not need to upload all the images or documents in one sitting. You can come back any time before you finalize to upload more images of documents.

If you have any technical questions, please contact technical support at *techsupport@abos.org* or 919-822-8028.

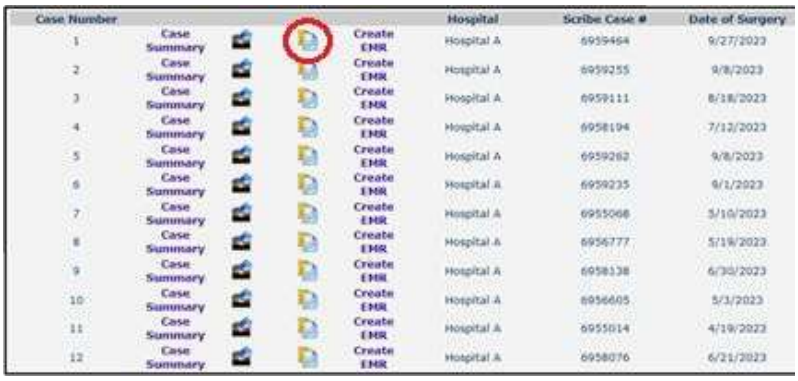
If you have any non-technical questions, please contact your Certification Specialist, who is assigned by your last name:

A-B: Denise Frazier dfrazier@abos.org
C-G: Sonya Parker sparker@abos.org
H-O: Kim Grover kgrover@abos.org
P-Z: Morgen Graham mgraham@abos.org

All can also be reached by phone at 919-929-7103.

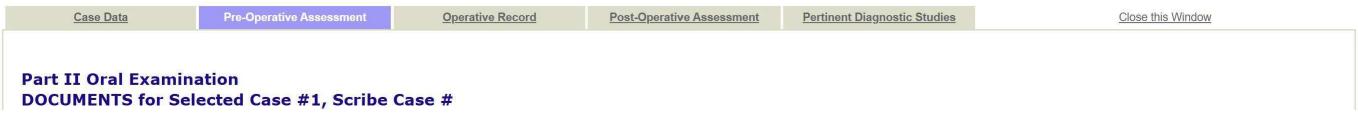
Document Upload Process

Step 1: Click on the *Document Upload Tool* link next to a case.

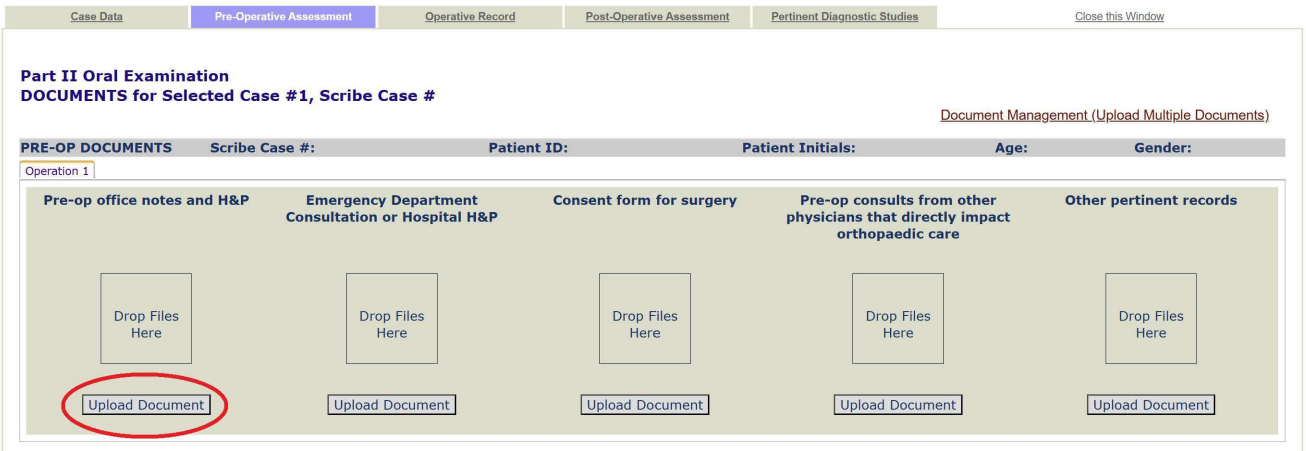


Step 2: Click on any document tab: Pre-Operative Assessment, Operative Record, Post-Operative Assessment, or Pertinent Diagnostic Studies.

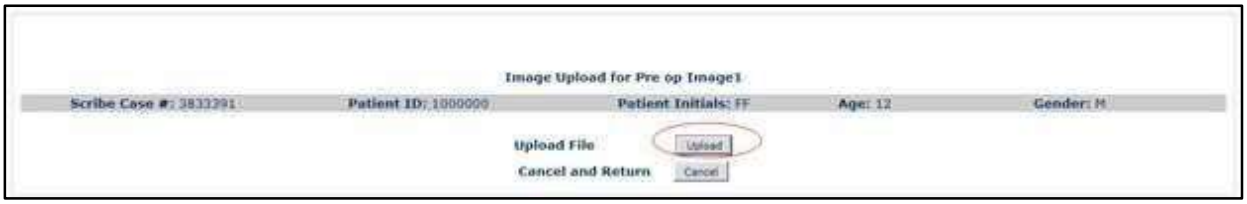
- **2a. For example, click on *Pre-Operative Assessment*.**



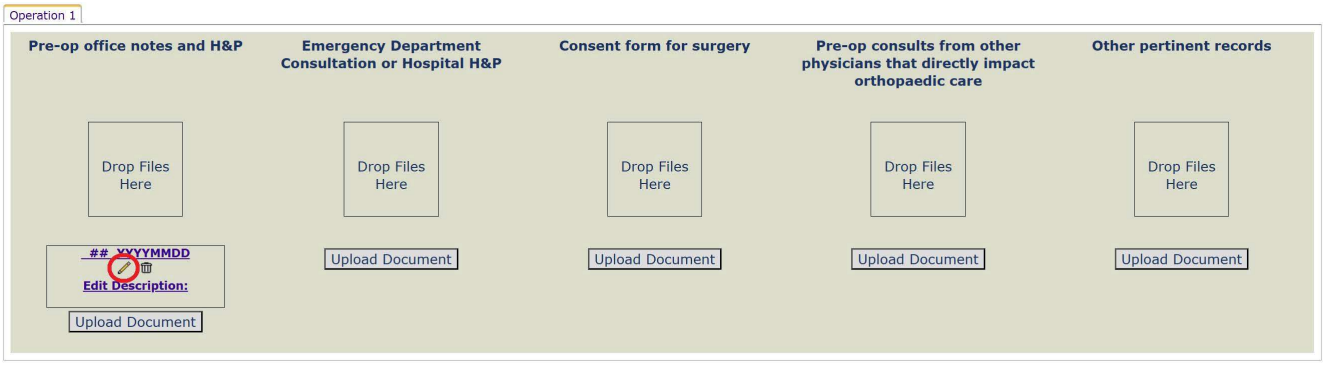
- **2b. Upload a document by clicking on *Upload Document* beneath any of the 5 document slots. The Operative Record tab has 2 document slots. The Post-Operative Assessment tab has 4 document slots. The Pertinent Diagnostic Studies tabs has 3 document slots.**



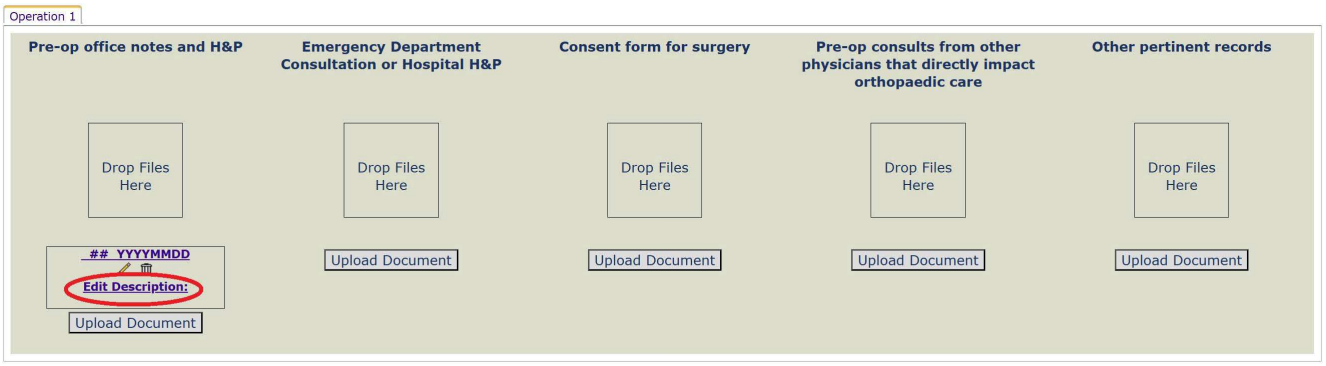
- **2c. Click *Upload* to select the file on your local computer to upload.**



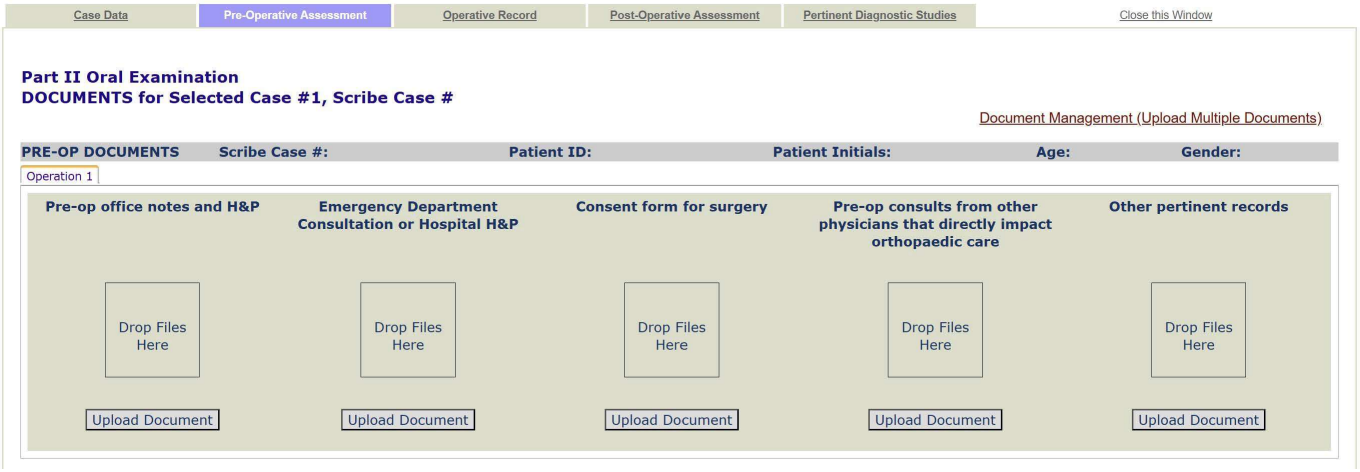
- **2d. A document can be reordered by changing its filename. Click the pencil icon to adjust the filename. To order documents chronologically, the applicable date should be appended to the end of the filename in the *_YYYYMMDD* format or _##_YYYYMMDD format, where the ## is the two-digit number in the order that you want the documents to appear.**



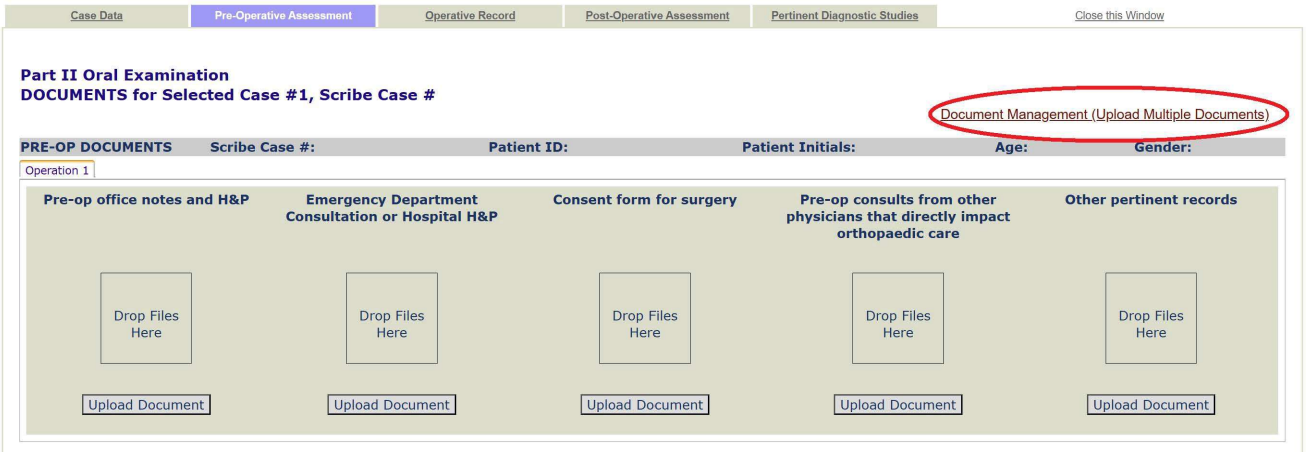
- **2e. There is also an optional Description field for each document. To add a description for a document, click the *Edit Description* link.**



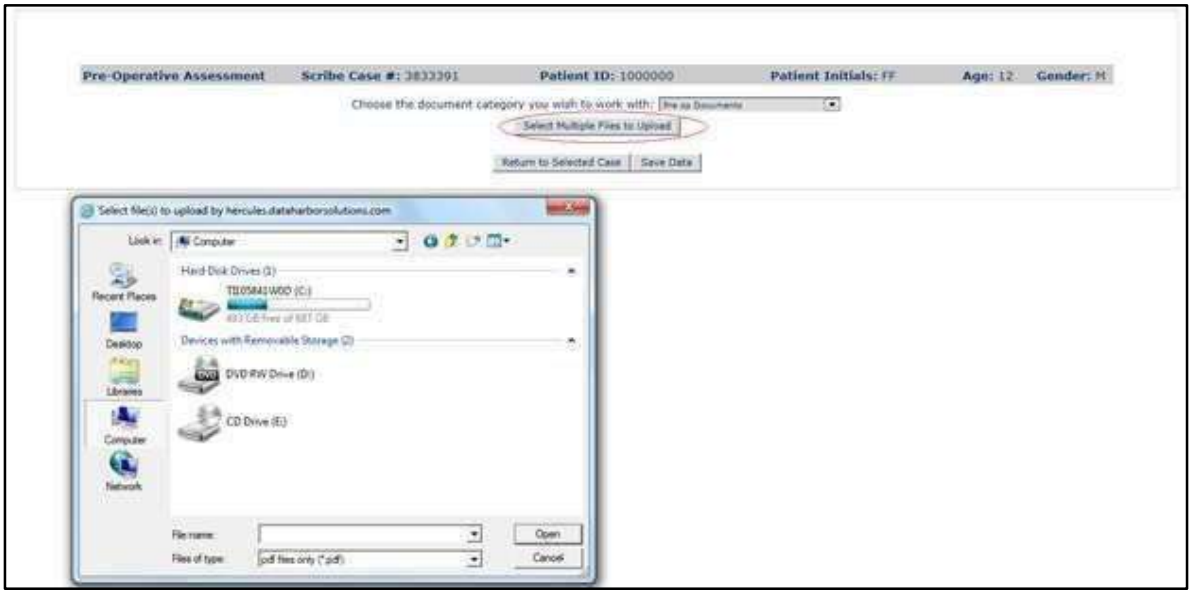
- **2f. Continue to upload documents on this tab and the other tabs.**



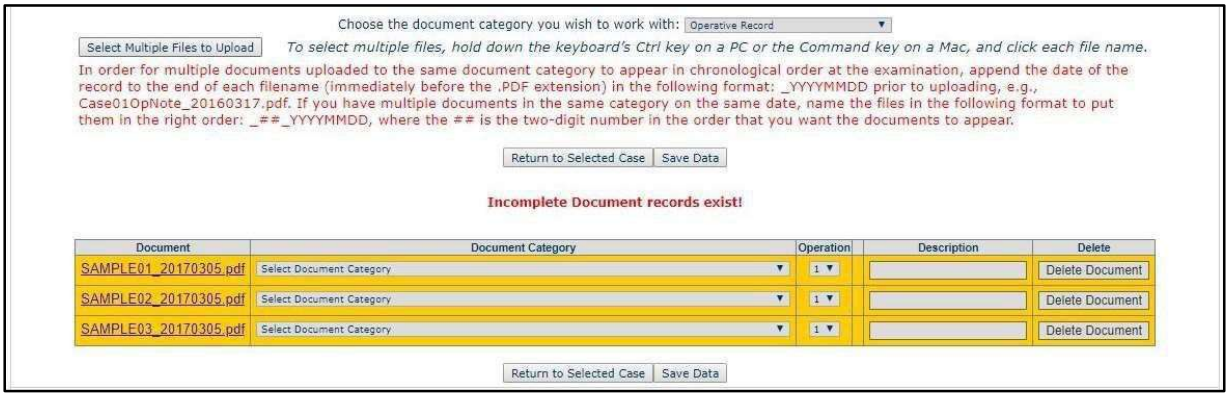
- **2g. Multiple documents can also be uploaded at once by clicking on *Document Management (Upload Multiple Documents)* near the upper right corner. Documents uploaded using this will be sorted in chronological order using the date appended to each filename in the _##_*YYYYMMDD* format.**



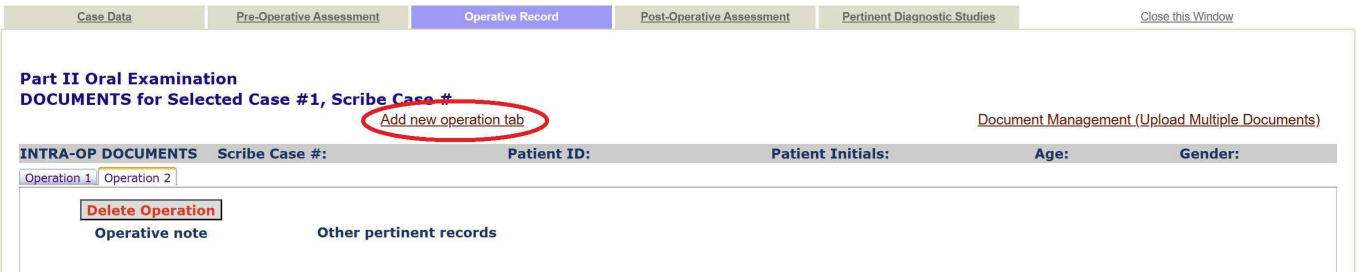
- **2h. Click on Select Multiple Files to Upload to select the documents on your local computer to upload. To select multiple documents, hold down the keyboard's *Ctrl* key and click each image file name.**



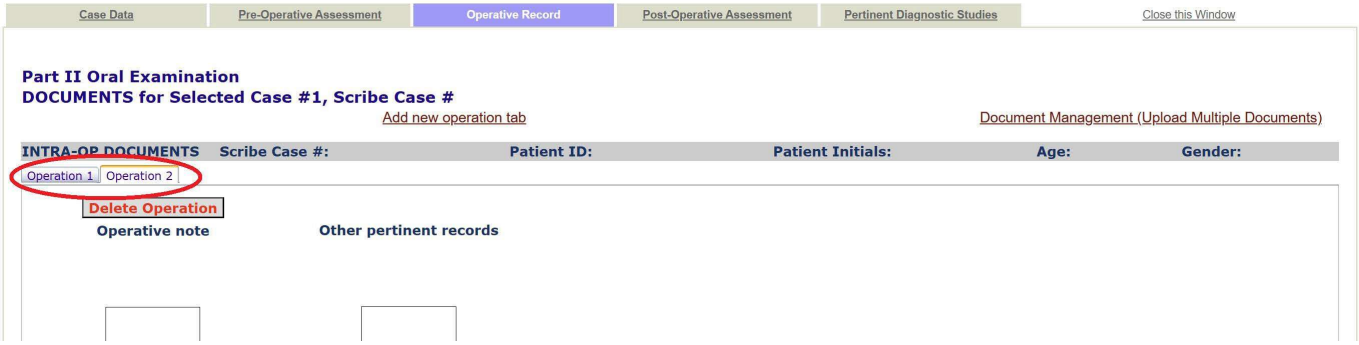
- **2i. Select the *Document Category* and *Operation* tab number for each document. Click on *Save Data* once complete. To remove a document, click on the document's corresponding *Delete Document* button.**



- **2j. If there were re-operations during the data collection period, you have the ability to create additional document sets by clicking the *Add new operation tab* link available on the Operative Record, Post-Operative Assessment tabs.**



- **2k. An additional *Operation* tab should then appear on the Pre-Operative Assessment, Operative Record, Post-Operative Assessment, and Pertinent Diagnostic Studies pages.**

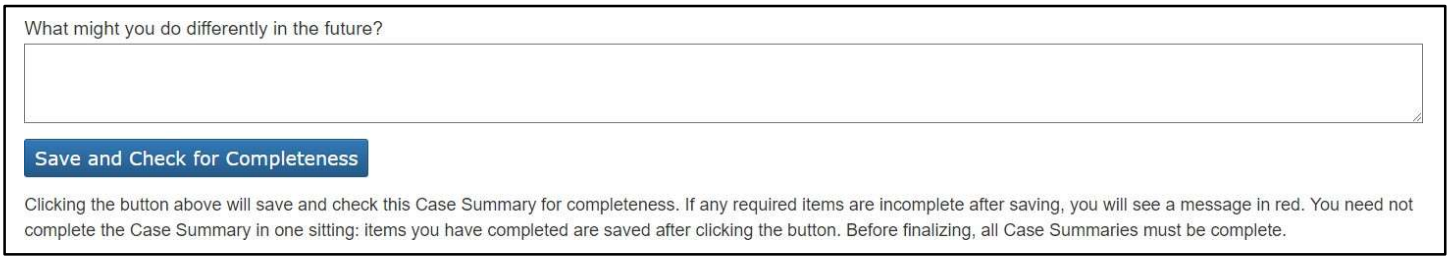


Step 3: In order to complete your online case summary, click the "*Case Summary*" link.

Case Number					Hospital	Scribe Case #	Date of Surgery	Patient ID	Initials	Age
1	Case Summary			Create EMR	Hospital A	6959464	9/27/2023	AHS52391	RS	69
2	Case Summary			Create EMR	Hospital A	6959255	9/8/2023	AHS33548	BD	66
3	Case Summary			Create EMR	Hospital A	6959111	8/18/2023	AHS51455	BK	23
4	Case Summary			Create EMR	Hospital A	6958194	7/12/2023	AHS35296	TC	55
5	Case Summary			Create EMR	Hospital A	6959262	9/8/2023	AHS51872	AA	46
6	Case Summary			Create EMR	Hospital A	6959235	9/1/2023	AHS51476	NP	36
7	Case Summary			Create EMR	Hospital A	6955068	5/10/2023	AHS45391	GS	70
8	Case Summary			Create EMR	Hospital A	6956777	5/19/2023	AHS49751	CC	37
9	Case Summary			Create EMR	Hospital A	6958138	6/30/2023	AHS50442	VB	23
10	Case Summary			Create EMR	Hospital A	6956605	5/3/2023	AHS49473	OAM	37
11	Case Summary			Create EMR	Hospital A	6955014	4/19/2023	AHS48210	EM	47
12	Case Summary			Create EMR	Hospital A	6958076	6/21/2023	AHS49683	SV	53

- **3a. A second window should open with the case summary form.**

- **3b. When your case summary form is complete, click the "*Save and Check for Completeness*" button found at the bottom of the form.**



You will continue to have access to edit any information on the case summary form until the deadline. To edit, click the "*Case Summary*" link. Please be sure to click "*Save*" when completed.

Case Number					Hospital	Scribe Case #	Date of Surgery	Patient ID	Initials	Age
1	Case Summary			Create EMR	Hospital A	6959464	9/27/2023	AHS52391	RS	69
2	Case Summary			Create EMR	Hospital A	6959255	9/8/2023	AHS33548	BD	66
3	Case Summary			Create EMR	Hospital A	6959111	8/18/2023	AHS51455	BK	23
4	Case Summary			Create EMR	Hospital A	6958194	7/12/2023	AHS35296	TC	55
5	Case Summary			Create EMR	Hospital A	6959262	9/8/2023	AHS51872	AA	46
6	Case Summary			Create EMR	Hospital A	6959235	9/1/2023	AHS51476	NP	36
7	Case Summary			Create EMR	Hospital A	6955068	5/10/2023	AHS45391	GS	70
8	Case Summary			Create EMR	Hospital A	6956777	5/19/2023	AHS49751	CC	37
9	Case Summary			Create EMR	Hospital A	6958138	6/30/2023	AHS50442	VB	23
10	Case Summary			Create EMR	Hospital A	6956605	5/3/2023	AHS49473	OAM	37
11	Case Summary			Create EMR	Hospital A	6955014	4/19/2023	AHS48210	EM	47
12	Case Summary			Create EMR	Hospital A	6958076	6/21/2023	AHS49683	SV	53

Step 4: To review documents, return to the *Document Upload Tool* for a selected case and click on any document tab: Pre-Operative Assessment, Operative Record, Post-Operative Assessment, or Pertinent Diagnostic Studies.

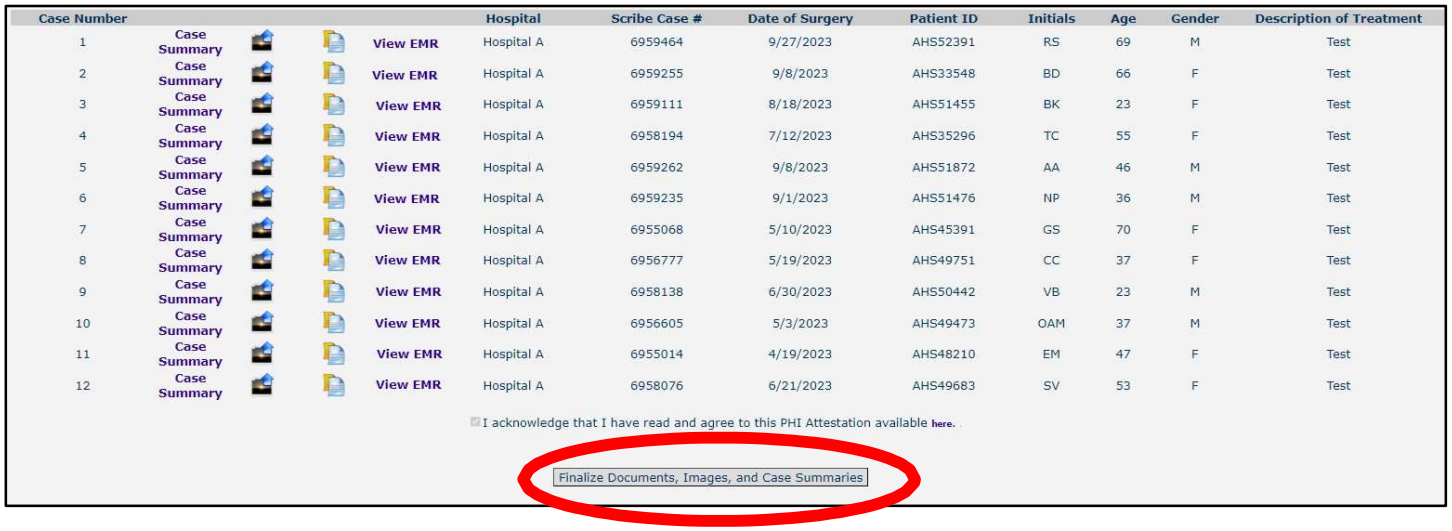
Case Number					Hospital	Scribe Case #	Date of Surgery	Patient ID	Initials	Age	Gender	Description of Treatment
1	Case Summary			Create EMR	Hospital A	6959464	9/27/2023	AHS52391	RS	69	M	Test
2	Case Summary			Create EMR	Hospital A	6959255	9/8/2023	AHS33548	BD	66	F	Test
3	Case Summary			Create EMR	Hospital A	6959111	8/18/2023	AHS51455	BK	23	F	Test
4	Case Summary			Create EMR	Hospital A	6958194	7/12/2023	AHS35296	TC	55	F	Test
5	Case Summary			Create EMR	Hospital A	6959262	9/8/2023	AHS51872	AA	46	M	Test
6	Case Summary			Create EMR	Hospital A	6959235	9/1/2023	AHS51476	NP	36	M	Test
7	Case Summary			Create EMR	Hospital A	6955068	5/10/2023	AHS45391	GS	70	F	Test
8	Case Summary			Create EMR	Hospital A	6956777	5/19/2023	AHS49751	CC	37	F	Test
9	Case Summary			Create EMR	Hospital A	6958138	6/30/2023	AHS50442	VB	23	M	Test
10	Case Summary			Create EMR	Hospital A	6956605	5/3/2023	AHS49473	OAM	37	M	Test
11	Case Summary			Create EMR	Hospital A	6955014	4/19/2023	AHS48210	EM	47	F	Test
12	Case Summary			Create EMR	Hospital A	6958076	6/21/2023	AHS49683	SV	53	F	Test

Finalization and Review

Step 1. At any time prior to finalizing, you will need to attest that you have read and agree to the PHI, BAA, and Recordings Attestation.

Step 2: Once the needed documents have been uploaded for a case you will need to click the *Create EMR* link for that case, to create a concatenated version of all documents uploaded for the case. If any new documents are added after EMR is created, you will need to click the *Create EMR* link again.

Step 3: Once the needed images and documents for 12 cases have been uploaded and reviewed, click "*Finalize Documents, Images, and Case Summaries*".



When the "*Finalize Documents, Images, and Case Summaries*" button is clicked, you will be brought to a payment screen. Once the exam payment is made, your uploads will be finalized.

If you need to make changes after finalization, please call the ABOS office. Changes made after the initial deadline (must be prior to the late deadline) will be subject to the exam late fee.

DAY OF EXAMINATION

- Dress in professional attire.
- Follow email instructions carefully as to where/when to meet.
- Everything you submit for the 12 Selected Cases will be available on the examination computer.
    - You are not allowed to bring any documents or images to the examination.
- Four sessions of 30 minutes each, with 5 minutes of break time between each session.
- Each session consists of two examiners asking you questions on 3 of your cases (about 8 minutes per case).

SCORING

- Each examiner scores each case in 9 different facets.
- Examiners use the Scoring Rubric and do not make pass or fail decisions – the Examiners score cases:
    - 3 Above Expected Level
    - 2 Expected Level
    - 1 Below Expected Level
    - 0 Unacceptable
- Examiners are graded by psychometricians on consistency and leniency to make sure every candidate receives a fair examination.
- The Scoring Rubric can be reviewed on the next page.

ABOS Oral Examinations

Scoring Rubric

	3 *Above Expected Level*	2 *Expected Level*	1 *Below Expected Level*	0 *Unacceptable*
Data Gathering	Records all pertinent history Records complete physical examination Uses and comprehensively interprets basic and advanced imaging and other diagnostic studies Records are complete	Records history at the expected level Records physical examination at the expected level Use and interpretation of basic and advanced imaging and other diagnostic studies at the expected level Records are at the expected level	Records insufficient history Records insufficient physical examination Insufficient use or interpretation of basic or advanced imaging or other diagnostic studies Records are insufficient	Records inaccurate or grossly deficient history Records inaccurate or grossly deficient physical examination Unacceptable use or interpretation of basic or advanced imaging or other diagnostic studies Records are inaccurate or grossly deficient
Diagnosis and Interpretive Skills	Synthesis of information gathered is complete Formation of comprehensive differential diagnosis Complete integration of information to form the correct diagnosis	Synthesis of information gathered is at the expected level Formation of differential diagnosis is at the expected level Integration of information to form the correct diagnosis is at the expected level	Synthesis of information gathered is insufficient Formation of differential diagnosis is incomplete but not incorrect Integration of information to form the correct diagnosis is below the minimally expected level	Synthesis of information gathered is unacceptable Formation of inaccurate or grossly deficient differential diagnosis Unacceptable integration of information or formation of incorrect diagnosis
Treatment Plan	Patient is thoroughly informed of the treatment plan The planned treatment is above the expected level and includes informed consent The planned follow-up is complete and above the expected level for the treatment and includes the effect on the outcome	Patient is informed of the treatment plan as expected The planned treatment is at the expected level and includes informed consent The planned follow-up is at the expected level for the treatment and includes the effect on the outcome	Patient is insufficiently informed of the treatment plan The planned treatment is insufficient The planned follow-up is insufficient for the treatment	Patient is not informed of the treatment plan The planned treatment is unacceptable although it may include informed consent There is no planned follow-up or evidence of an attempt to follow-up or the planned follow-up is unacceptable for the treatment
Surgical Indications	Non-surgical treatment is above the expected level and has not sufficiently relieved the patient's symptoms The history, physical examination, and radiographs or other studies are above the expected level and fully support the surgery performed The surgery performed is fully indicated	Non-surgical treatment is at the expected level and has not sufficiently relieved the patient's symptoms The history, physical examination, and radiographs are at the expected level and sufficiently support the surgery performed The surgery performed is sufficiently indicated	Non-surgical treatment is below the minimally expected level The history, physical examination, or radiographs insufficiently support the surgery performed The surgery performed is insufficiently indicated	Non-surgical treatment is unacceptable The history, physical examination, or radiographs do not support the surgery performed The surgery performed is not indicated
Technical Skill	Pre-operative planning is comprehensive and above the expected level Execution of the procedure is thorough and, above the expected level as evident from the examination, radiographs, or other studies	Pre-operative planning is at the expected level Execution of the procedure is at the expected level as evident from the examination, radiographs, or other studies	Pre-operative planning is insufficient Execution of the procedure is below the minimally expected level as evident from the examination, radiographs, or other studies	Pre-operative planning is unacceptable Unacceptable execution of the procedure as evident from the examination, radiographs, or other studies
Surgical Complications	Above expected measures to avoid complications Identification of complication(s) occurs promptly Complication(s) described are frequently expected for the procedure(s) Above expected level management of complication(s)	Expected measures to avoid complications Identification time of complication(s) is as would be expected Complication(s) described are generally expected for the procedure(s) Management of complication(s) is at the expected level	Less than minimally expected measures to avoid complications Identification time of complication(s) is significantly later than what would expected Complication(s) described are unexpected, but minor, for the procedure(s) Management of complication(s) is below the minimally expected level	Unacceptable measures to avoid complications Identification of complication(s) is unacceptably late or complication(s) are overlooked Complication(s) described are unexpected and severe for the procedure(s) Unacceptable management of complication(s)
Outcomes	Records patient satisfaction with care above the expected level Objective measures of patient recovery at follow-up are above expected levels An attempt for continuity of care is above the expected level	Records patient satisfaction with care at the expected level Objective measures of patient recovery at follow-up are at expected levels An attempt for continuity of care is at the expected level	Records patient satisfaction with care below the minimally expected level Objective measures of patient recovery at follow-up are below minimally expected levels An attempt for continuity of care is below the minimally expected level	Records patient satisfaction with care at an unacceptable level or not documented Objective measures of patient recovery at follow-up are at unacceptable levels or not documented Unacceptable or no attempt to maintain continuity of care
Ethics and Professionalism	Safe, ethical, compassionate, confidential, and professional care above the expected level	Safe, ethical, compassionate, confidential, and professional care at the expected level	Safe, ethical, compassionate, confidential, and professional care below the minimally expected level	Unacceptable lack of safe, ethical, compassionate, confidential, or professional care
Applied Knowledge	The candidate has above the expected knowledge of best practices from evidence-based medicine regarding diagnostic methods, treatment alternatives, and expected outcomes	The candidate has the expected knowledge of best practices from evidence-based medicine regarding diagnostic methods, treatment alternatives, and expected outcomes	The candidate has below the minimally expected knowledge of best practices from evidence-based medicine regarding diagnostic methods, treatment alternatives, or expected outcomes	The candidate has an unacceptable lack of knowledge of best practices from evidence-based medicine regarding diagnostic methods, treatment alternatives, or expected outcomes

HINTS

- View the videos on www.abos.org.
- Review Scoring Rubric.
- Upload YOURSELF, Upload EARLY, and PRACTICE.
- Be honest—everyone has complications:
    - You should be prepared to explain why they occurred (do not hide them).
- Practice with colleagues who will be critical of you and who will use the Scoring Rubric while reviewing your presentations.
- Do not forget to upload the Informed Consent for each procedure.
- Do not expect to receive feedback from Examiners, they are instructed to score Examinees, not educate them.