Subspecialty Certificate in Orthopaedic Sports Medicine

Rules and Procedures
Information and Requirements for
2013 Examination

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*The American Board of Orthopedic Surgery reserves the right to make changes in its requirements and procedures for the Examination for the Subspecialty Certificate in Orthopaedic Sports Medicine at any time and without prior notice.*
I.

INTRODUCTION

Definition

Orthopaedic Sports Medicine is the special field of medicine that includes the investigation, preservation, and restoration by medical, surgical, and rehabilitative means of all structures of the musculoskeletal system directly affected by participation in athletic activity.

General Information

In March 1994, the American Board of Orthopaedic Surgery (ABOS) was asked by the American Orthopaedic Society for Sports Medicine (AOSSM) to consider special recognition of diplomates who had demonstrated by specific education and practice, special qualifications in orthopaedic sports medicine. After a review of this initial AOSSM application by the ABOS, significant changes were recommended. In 2001, after due deliberation, the AOSSM resubmitted their application for the Subspecialty Certificate in Orthopaedic Sports Medicine. The ABOS accepted this application, and in turn, applied to the American Board of Medical Specialties for authorization to offer subspecialty certification in Orthopaedic Sports Medicine. In March 2003 the American Board of Medical Specialties authorized the ABOS to grant a subspecialty certificate in Orthopaedic Sports Medicine. The ABOS issued the first certificates the fall of 2007.

The American Board of Orthopaedic Surgery is not an educational institution, and subspecialty certification in Orthopaedic Sports Medicine is not to be considered a medical degree. Nor does it confer legal privileges or license to practice medicine or the subspecialty of orthopaedic sports medicine. Standards of certification are clearly distinct from those of licensure. The possession of a Subspecialty Certificate in Orthopaedic Sports Medicine does not indicate total qualifications for practice privileges nor does it imply exclusion of others not so certified. There is no requirement or necessity for a diplomate of the American Board of Orthopaedic Surgery to hold a Subspecialty Certificate in Orthopaedic Sports Medicine in order to be considered qualified to include aspects of sports medicine within the practice of orthopaedic surgery. A Diplomate of the ABOS should be considered qualified to practice all areas of Orthopaedic Surgery and should not be excluded from subspecialty practice because he or she has chosen not to seek subspecialty certification. The American Board of Orthopaedic Surgery has never been concerned with measures that might gain privileges or recognition for its diplomates in the practice of orthopaedic sports medicine or in the practice of orthopaedic surgery. It is neither the intent nor the purpose of the Board to define requirements for membership in any organization, the staff of any hospital, or who shall or shall not perform orthopaedic sports medicine procedures.

The Board intends the Subspecialty Certificate in Orthopaedic Sports Medicine only for those surgeons who have demonstrated qualifications beyond those expected of other orthopaedic surgeons by virtue of additional education, a practice characterized by a majority of cases in orthopaedic sports medicine, and contributions to this field of medicine.
PLEASE NOTE: A Subspecialty Certificate in Orthopaedic Sports Medicine is valid only when held in conjunction with a current general certificate issued by the American Board of Orthopaedic Surgery!

II.

REQUIREMENTS FOR CERTIFICATION

An applicant for subspecialty certification in Orthopaedic Sports Medicine:

A. Must be a diplomate of the American Board of Orthopaedic Surgery and have been in the active practice of orthopaedic sports medicine for at least two years, in the same location, following the completion of Orthopaedic education and Certification.

B. Must have a current, full and unrestricted license to practice medicine in the United States, a United States jurisdiction, or a Canadian province or be engaged in full-time practice in the United States Federal Government, for which state licensure is not required.

C. Must demonstrate professional competence and adherence to acceptable ethical and professional standards. The applicant should not publicize him or herself through any medium or form of public communication in an untruthful misleading or deceptive manner. It is the responsibility of the applicant to provide documentation that he/she is an ethical and competent practitioner.

D. May not have had a reduction, restriction, suspension, termination, or resignation at the request of a hospital of all or any portion of an applicant’s surgical staff privileges, or pending action to do so, will normally result in a deferral until such action is finally resolved and the applicant’s practice has stabilized sufficiently for it to be evaluated.

E. Will be rendered ineligible for the examination for the Subspecialty Certificate in Orthopaedic Sports Medicine by: limitation, suspension or termination of any right associated with the practice of medicine in any state, province or country due to violation of a medical practice act or other statute or governmental regulation; by disciplinary action by any medical licensing authority by entering into a consent order; by voluntary surrender while under investigation; or by suspension of licensure.

F. Must be actively engaged in the practice of orthopaedic sports medicine as indicated by holding full operating privileges in a hospital or surgery center.

G. Educational Requirements:

For application to test in year 2012 and later, applicants must have completed one full year of education in an accredited ACGME sports medicine fellowship program or the Canadian equivalent to the ACGME, which is the COA (Canadian Orthopaedic Association) as the body for accrediting orthopaedic fellowships. The RCPSC (The Royal College of Physicians and Surgeons of Canada) accredits residency programs.

H. Applicants must submit a patient list of sports medicine operative and non-operative procedures during a consecutive 12-month period that falls within the twenty-four months preceding the application deadline. Sports Medicine procedures, both operative and non-
operative, are those that treat injuries or conditions that are related to or interfere with exercise, sports participation or a physical lifestyle. The patient list should include all Sports Medicine operative procedures performed during the 12 month collection period and must include a minimum of one hundred fifteen operative cases. At least 75 of those must involve arthroscopy as a component of the procedure. Ten additional cases should be included that involve patients who were treated non-operatively.

1. **Surgical Cases** (minimum 115 surgical cases are required)

   **Lower Extremity**

   a. Hip
      
      1) Ligament (repair/reconstruction)
      2) Tendon (repair/reconstruction/debridement)
      3) Cartilage (repair/debridement/not arthroplasty)
      4) Bone (fractures-intra and extra articular)

   b. Knee
      
      **Tibio-femoral**
      
      1) Ligament (repair/reconstruction)
      2) Tendon (repair/reconstruction/debridement)
      3) Cartilage
         a) Meniscus (repair/replacement/debridement)
         b) Articular cartilage (repair/replacement/debridement/microfracture – not arthroplasty)
      4) Bone (osteotomies/fractures about the knee)
      5) Nerve (decompression/transposition)

   **Patello-femoral**

      6) Ligament (repair/realignment/reconstruction)
      7) Tendon (repair/reconstruction/debridement)
8) Cartilage (repair/replacement/debridement – not arthroplasty)
9) Bone (fractures)

c. Foot and Ankle

1) Ligament (repair/reconstruction)
2) Tendon (repair/reconstruction/debridement)
3) Cartilage (repair/replacement/debridement)
4) Bone (fractures)
5) Nerve (decompression/transposition)

**Upper Extremity**

d. Shoulder

*Glenohumeral and scapulothoracic*

1) Ligament (repair/reconstruction)
2) Tendon (repair/reconstruction/debridement – for example, subacromial decompression)
3) Cartilage (debridement/repair/replacement - not arthroplasty)
4) Bone (fractures - intra-articular and extra-articular)
5) Nerve (decompression/transposition)

*Acromioclavicular and sternoclavicular*

1) Ligament (repair/reconstruction)
2) Cartilage (debridement)
3) Bone (fractures)

e. Elbow

1) Ligament (repair/reconstruction)
2) Tendon cartilage (repair/reconstruction/debridement)
3) Cartilage (debridement)
4) Bone (fractures – intra-articular and extra-articular)
5) Nerve (decompression/transposition)

f. Wrist and Hand

1) Ligament (repair/reconstruction)
2. Tendon (repair/reconstruction/debridement)
3) Cartilage (debridement)
4) Bone (fractures/osteotomies)
5) Nerve (decompression/transposition)
2. **Non-Operative** (10 patients required)

These cases must involve evaluation and continuous orthopaedic management (minimum 4 weeks of treatment) of injuries or conditions that are related to or interfere with exercise, sports participation or a physical lifestyle.

*Candidates who do not fulfill the practice requirements may petition the Credentials Committee of the Board for individual consideration. This consideration will take into account contributions and dedication to the discipline of Orthopaedic Sports Medicine such as teaching, publication, administration, sports medicine public service (e.g. team physician) and research. This petition must be submitted in the form of a letter with the application materials.*

I. Applicants must submit the prescribed application form and all the specified supporting documentation pertaining thereto and pay the established fees.

J. Applicants must pass any and all examinations prescribed by the American Board of Orthopaedic Surgery.

III. **PROCEDURE FOR APPLICATION**

Information regarding the date for the Subspecialty Certificate in Sports Medicine is listed on the Board's website at [www.abos.org](http://www.abos.org). Application dates may be changed at the discretion of the Board. Confirmation of published application dates can be obtained from the Board office.

A. **Application**

1. The application for the Subspecialty Certificate in Sports Medicine is available online beginning August 1<sup>st</sup> in the year prior to the year of taking the examination. The deadline to apply is March 15<sup>th</sup> of the examination year.

2. To apply for this examination, go to the Board’s website at [www.abos.org](http://www.abos.org) and follow the directions. Printed applications are not available.

3. An approved application will be valid for the examination year in which the application was approved. If a candidate is unsuccessful, he/she may repeat the examination by submitting a new application and again receiving approval to sit.

B. **Notifying the Board of Application Changes**

1. It is the responsibility of all applicants to notify the Board office of any change of address, practice association, or hospital/surgery center affiliation.
2. If an applicant changes practice location or practice association or acquires new hospital/surgery affiliations, new references will be requested of the applicant by the Board.

3. An applicant is also required to notify the Board of the denial of any request for hospital and/or surgery center privileges; of any action to restrict, suspend, or terminate all or any portion of surgical staff privileges; of any request by a hospital to resign all or any portion of surgical staff privileges; and of any action by a governmental agency which would result in the restriction, suspension, or probation of the applicant’s license or any right associated with the practice of medicine.

C. Examination

The examination for the Subspecialty Certificate in Orthopaedic Sports Medicine is developed and administered by the American Board of Orthopaedic Surgery. This is a multiple-choice, computer-administered examination. There are approximately 200 questions and 4 hours are allotted to complete the examination.

No diplomate will be admitted to the examination until the Board has determined that the specified requirements have been met, reviewed all supporting credentials, and approved the application.

D. Rules Governing Admissibility to the Examination

An applicant is admitted to the examination only when he/she has satisfactorily fulfilled current requirements and the Board has approved his or her application. Each candidate will be authorized to take the examination no more than three times within five years. If a candidate is unsuccessful for a third time, additional requirements will be prescribed that must be fulfilled before the candidate can be readmitted to the process. These requirements will include, but may not be limited to, a remedial program of at least six months. This must be agreed to in writing by preceptor and preceptee and approved by the American Board of Orthopaedic Surgery. Submission of a new application and payment of attendant fees are required each time the candidate wishes to take the examination.

The ABOS, on the basis of its sole judgment, may grant or deny a candidate the privilege of examination whenever the facts are deemed by the Board to so warrant.

Applicants who are admitted will receive written notice of admission to the examination and a request for the examination fee. The deadline for receipt of the $1,050 examination fee is June 8th, 2013. Examination admission cards will be mailed in July to those candidates who have paid the examination fee.

Fee Schedule

Application Fee - $450.00
(Payable with application form and non-refundable)

Examination Fee - $1,050.00
A candidate who wishes to withdraw must notify the Board office more than ten (10) business days before the scheduled examination. A candidate who fails to appear for an examination or who withdraws without giving more than ten (10) business days notice as defined above will forfeit the entire fee for examination.

IV.

FALSIFIED INFORMATION AND IRREGULAR BEHAVIOR

A. If it is determined that an applicant has falsified information on the application form, patient list or the materials submitted or has failed to provide material information, the applicant's patient list or the materials submitted will not be considered for the examination and he/she must wait three years before being allowed to file a new application.

B. Examination applicants should understand that the following may be sufficient cause to bar them from future examinations, to terminate participation in the examination, to invalidate the results of an examination, to withhold or revoke scores or certificates, or to take other appropriate action:

1. The giving or receiving of aid in the examination as evidenced either by observation or by statistical analysis of answers of one or more participants in the examination.

2. The unauthorized possession, reproduction or disclosure of any materials including but not limited to, examination questions or answers before, during or after the examination.

3. The offering of any benefit to any agent of the Board in return for any right, privilege or benefit which is not usually granted by the Board to other similarly situated candidates or persons.

4. The engaging in irregular behavior in connection with the administration of the examination.

C. The following are examples of behavior considered to be irregular and which may be cause for invalidation of the examination or imposition of a penalty:

1. Referring to books, notes or other devices at any time during the examination. This prohibited material includes written information or information transferred by electronic, acoustical or other means.

2. Any transfer of information or signals between candidates during the test. This prohibition includes any transfer of information between the candidate and any other person at any time during the testing period including bathroom breaks.

3. Any appearance of looking at the computer screen of another candidate during the examination.

4. Allowing another candidate to view one’s answer during an examination or otherwise assisting another candidate in the examination.
5. Taking any examination material outside of the examination room. All examination materials are the property of the Board and must be left in the room at the end of the examination.

D. Applicants should also understand that the Board may or may not require a candidate to retake one or more portions of the examination if presented with sufficient evidence that the security of the examination has been compromised, notwithstanding the absence of any evidence of a candidate’s personal involvement in such activities.

V.

CREDENTIALS DECISIONS

A. Determining Admission to Examinations

1. The Credentials Committee meets at least once each year to consider applications for the examination. At this meeting, a decision about each applicant will be made either to approve admission to the next examination, to deny admission, or to defer decision pending further evaluation.

2. A decision approving admission to an examination applies only until the next available examination and does not carry over from one examination until the next. A new application is required for each examination.

B. Deferral of Admission Decision

A decision about an applicant’s admission to the examination may be deferred if information received by the Credentials Committee is insufficient for the Committee to make a judgment and/or warrants further investigation. Typically, the committee will defer such a decision for one year to gain further information. If information is still insufficient, the decision will be deferred for a second year to enable representatives of the Board to conduct a site visit. A deferral of not more than two consecutive years is not viewed by the Board as an adverse action; thus, no appeal of a decision of the Credentials Committee is permitted unless an applicant has been denied admission or has been deferred for more than two consecutive years.

C. Appeal of Admission Decision

An applicant denied admission to the examination or deferred more than two years will be informed of the basis for such action and may request a hearing by an appeals committee of the American Board of Orthopaedic Surgery. (See Section VII.)

VI.

CERTIFICATES

A candidate who has met all the requirements and has passed the examination will receive a Subspecialty Certificate in Orthopaedic Sports Medicine issued by the American Board of Orthopaedic Surgery. It is the policy of the American Board of Orthopaedic Surgery that all certificates issued after 1985 are valid for a period of ten (10) years. A Subspecialty Certificate
A diplomate may appeal the revocation of his or her certificate pursuant to the procedures set forth in Section VII.

B. Certificate Reinstatement

Should the circumstances that justified revocation or surrender of the diplomate’s certificate be corrected, the Board may reinstate the certificate after appropriate review of the individual’s qualifications and performance using the same standard applied to other applicants for certification.
VII.

APPEALS PROCEDURE

A. An individual who has received an unfavorable ruling from a committee of the Board may appeal such determination by mailing a notice of appeal to the office of the American Board of Orthopaedic Surgery within 60 days of the date such ruling was mailed to him or her. 

*Exception:* The decisions by the Examinations Committee that a candidate has failed this examination may be appealed only in the manner and to the extent provided in G. below.

Decisions by the Credentials Committee that an applicant's admission to the examination has been deferred is not viewed by the Board as an adverse action and no appeal of the decision is permitted unless an applicant has been denied admission or has been deferred for more than two consecutive years.

B. Upon receipt of a notice of appeal, the concerned Board committee shall consider any information submitted therewith by the individual in support of his or her appeal and make such further investigation as it deems appropriate. If the committee then decides in a manner favorable to the individual, it shall so notify the individual. If the committee does not so determine, it shall notify the individual and the president of the American Board of Orthopaedic Surgery.

C. The individual shall then have the right to an appeal hearing to decide whether the determination of the concerned Board committee shall be confirmed, modified, or overruled in accordance with the hearing process described in this appeals procedure.

1. The president of the American Board of Orthopaedic Surgery shall appoint an ad hoc appeals committee consisting of three directors of the Board who did not participate in making the determination being appealed, one of whom shall be designated by the president as chairman of the appeals committee.

2. In the event that the subject matter of the appeal involves complex issues of fact or issues not solely dependent upon medical, surgical, or professional standards, the president of the American Board of Orthopaedic Surgery, at his or her sole discretion, may appoint a hearing officer to conduct the appeal hearing and to submit a full written report and a recommended decision to the ad hoc appeals committee. The hearing officer appointed at the discretion of the president shall be an impartial physician, lawyer or other professional.

3. The chairman of the appeals committee shall convene a hearing before the appeals committee or the hearing officer, if one is appointed, within a reasonable time after their respective appointments, but not less than 60 days after the appointment of the appeals committee and the hearing officer, whichever is later.
D. Prior to the Hearing

1. The concerned Board committee shall provide the executive director with such written information concerning its decision as it deems appropriate; a list of witnesses, if any, whom it expects to call to testify; copies of any written material which it considered in making the determination appealed (but only if it intends to present such material at the hearing); and a list of information and documents which the individual is required to produce at the hearing. This material, together with written notice stating the time and place of the hearing, shall be sent to the individual by the executive director not less than 30 days prior to the hearing. Not less than seven days prior to the hearing, the concerned Board committee shall provide the executive director and the individual with copies of any written reports, affidavits, or statements of experts which the concerned Board committee intends to present at the hearing.

2. Not less than seven days prior to the hearing, the individual shall provide the executive director and the concerned Board committee with such written information concerning his or her position as he or she deems appropriate; a list of witnesses, if any, whom he or she expects to call to testify; and copies of any written reports, affidavits, or statements of experts which he or she intends to present at the hearing.

3. The executive director shall submit the written material referred to in this section D. to the members of the appeals committee or to the hearing officer, if one has been appointed, prior to the hearing. Copies of this material must also be submitted to the individual and to the concerned Board committee no later than the time when submitted to the appeals committee or the hearing officer.

E. The hearing, whether conducted before the appeals committee or a hearing officer, shall be a hearing de novo. The concerned Board committee and the individual shall have the right to present all relevant information and evidence in support of their respective positions, and neither the concerned Board committee nor the individual shall be limited to the information and evidence considered by the concerned Board committee in making its original determination or its reconsideration of the original decision.

1. The concerned Board committee shall have the burden of proving at the hearing that the determination being appealed should be confirmed. The standard of proof to be applied by the appeals committee and the hearing officer in deciding whether the information and evidence presented at the hearing is sufficient to warrant confirmation of the determination being appealed is by the preponderance or greater weight of the evidence.

2. At the hearing, the concerned Board committee and its legal or other representatives shall present such relevant information and evidence as it deems appropriate to support its previously made determination. However, the committee shall not have the right to present any information or evidence not previously provided as required in section D.1. The committee may call, examine, and cross-examine witnesses.
3. The individual shall have the right to be represented at the hearing by legal counsel or any person of his or her choice. He or she may present such relevant information and evidence as he or she deems appropriate in support of his or her position. However, the individual shall not have the right to present any information or evidence if not previously provided as required in section D.2. The failure of the individual to produce information or documents requested by the concerned Board committee as required in section D.2. shall be grounds for upholding and confirming the determination of the concerned Board committee.

The individual may call, examine and cross-examine witnesses.

4. The individual and the concerned Board committee may submit written statements at the close of the hearing. A written record of the hearing shall be made available to the individual at one-half the cost of its preparation.

F. After the Conclusion of the Hearing

1. If the hearing has been conducted before a hearing officer, the hearing officer shall prepare a written report based upon the information and evidence presented, including the findings of fact determined by the hearing officer and a recommended decision as to whether the determination being appealed should be confirmed, modified or overruled. The hearing officer shall submit the written report to the appeals committee and send copies to the individual and the concerned Board committee. The individual and/or the concerned Board committee may file objections to the report and recommendations of the hearing officer with the appeals committee within ten days after receipt of the report. The opposing party shall then have ten days to file its response to such objections with the appeals committee.

2. The appeals committee shall make its decision following the hearing. If the hearing has been conducted before a hearing officer, the appeals committee will first receive the written report and recommendations of the hearing officer and the objections and responses filed thereto by the parties. If a majority of the members of the appeals committee determines, on the basis of the information and evidence presented, including, when applicable, the report and recommendations of the hearing officer, that the determination of the concerned Board committee should be confirmed or modified, the appeals committee shall so declare. If a majority determines that the concerned Board committee’s determination should be overruled, the appeals committee shall so declare. The appeals committee shall inform the individual and the concerned Board committee of its decision in writing within a reasonable time following the hearing, explaining the basis for its judgment. The decision of the appeals committee shall be final and binding.

G. A candidate who fails the examination may request in writing that his or her examination be rescored by hand to verify the accuracy of the results as reported to him or her. Such a request is to be made within 60 days of his or her being notified of the results of the examination. The request must be accompanied by a check for $100 payable to the American Board of Orthopaedic Surgery to cover the cost of hand scoring. There shall be no further appeal of a failure on this examination.