2018

Rules and Procedures for the Maintenance of Certification/Recertification Examinations

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# 2018 ABOS MOC RECERTIFICATION EXAMINATION TIME-LINE

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 1, 2016</td>
<td>Application available online at <a href="http://www.abos.org">www.abos.org</a>.</td>
</tr>
<tr>
<td>May 1, 2017</td>
<td>Deadline for application, CMEs and 3 month case list (computer pathway examinees) or 6 month case list (oral pathway examinees) to be submitted online with $1075 application fee.</td>
</tr>
<tr>
<td>May 15, 2017</td>
<td>Application, CMEs and 3 month case list or 6 month case list late deadline with additional $350 late fee.</td>
</tr>
<tr>
<td>October 2017</td>
<td>Credentials Committee meets to determine admission of applicants to the examinations. Diplomates receive an email when the letters of notification of admission are posted online to the diplomate’s password protected portal found at <a href="http://www.abos.org">www.abos.org</a>.</td>
</tr>
<tr>
<td>December 15, 2017</td>
<td>All Computer Examinations: Exam fee deadline (See page 15 of this document for full fee schedule)</td>
</tr>
<tr>
<td>January 2018</td>
<td>General, Adult Reconstruction, Foot &amp; Ankle, Pediatrics, Spine and Trauma Computer Examinations: Scheduling permits posted online to the diplomate’s password protected portal found at <a href="http://www.abos.org">www.abos.org</a>. Diplomates receive an email when they are posted.</td>
</tr>
<tr>
<td>March 1-April 28, 2018</td>
<td>General, Adult Reconstruction, Foot &amp; Ankle, Pediatrics, Spine and Trauma Computer Examinations: administered at Prometric Testing Centers.</td>
</tr>
<tr>
<td>April 2018</td>
<td>Oral, Combined Hand Oral and Combined Sports Oral Examinations: List of 12 selected cases posted online to the diplomate’s password protected portal found at <a href="http://www.abos.org">www.abos.org</a>. Diplomates may begin the uploading process of required supporting documents for their selected cases.</td>
</tr>
<tr>
<td>June 2018</td>
<td>Oral Examinations: Deadline for uploading images and required supporting documents and pay examination fee</td>
</tr>
</tbody>
</table>

The ABOS reserves the right to make changes in its rules and procedures for its examination and certification at any time and without prior notice. These rules and procedures supersede all rules and procedures prior to February 17, 2017.
### June 2018
Oral Examinations: Admission cards posted online to the diplomate’s password protected portal found at [www.abos.org](http://www.abos.org).

### June 2018
Combined Hand and Practice Profiled Hand Computer Examinations: Scheduling permits posted online to the diplomate’s password protected portal found at [www.abos.org](http://www.abos.org).

### July 2018
General, Adult Reconstruction, Foot & Ankle, Pediatrics, Spine and Trauma Practice-Profiled Examinations: Results posted online to the diplomate’s password protected portal found at [www.abos.org](http://www.abos.org).

### July 23, 2018
Oral Pathways: Administered at the Palmer House in Chicago.

### August 2018
Combined Sports and Practice-Profiled Sports Computer Examinations: Scheduling permits posted online to the diplomate’s password protected portal found at [www.abos.org](http://www.abos.org).

### August 2018
Oral Examinations: Results posted online to the diplomate’s password protected portal found at [www.abos.org](http://www.abos.org).

### Aug. 29- Sept. 11, 2018
Combined Hand and Practice Profiled Hand Computer Examinations administered at Prometric Testing Centers.

### Sept. 27- Oct. 10, 2018

### November 2018
Combined Hand and Practice Profiled Hand Computer Examinations: Results posted online to the diplomate’s password protected portal found at [www.abos.org](http://www.abos.org).

### December 2018
Combined Sports and Practice Profiled Sports Computer Examinations: Results posted online to the diplomate’s password protected portal found at [www.abos.org](http://www.abos.org).
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I. INTRODUCTION

A. Rules and Procedures
   These Rules and Procedures set out the terms and conditions of The American Board of Orthopaedic Surgery’s process of voluntary maintenance of certification in orthopaedic surgery. The American Board of Orthopaedic Surgery reserves the right to make changes in its rules and procedures at any time and without prior notice.

B. Purpose
   The American Board of Orthopaedic Surgery, Inc. was founded in 1934 as a private, voluntary, nonprofit, autonomous organization. It exists to serve the best interests of the public and of the medical profession by establishing educational standards for orthopaedic residents and by evaluating the initial and continuing qualifications and competence of orthopaedic surgeons. For this purpose, the Board reviews the credentials and practices of voluntary candidates and issues certificates as appropriate. It defines minimum educational requirements in the specialty, stimulates graduate medical education, continuing medical education, and aids in the evaluation of educational facilities and programs.

   The Board confers no rights on its diplomates for licensure or for staff privileges at any hospital. It is neither the intent nor the purpose of the Board to define requirements for membership in any organization.

   1. **Mission**: To ensure safe, ethical, and effective practice of orthopaedic surgery the American Board of Orthopaedic Surgery maintains the highest standards for education, practice, and conduct through examination, certification, and maintenance of certification for the benefit of the public.

   2. **Vision**: To improve the quality of care and outcomes for patients the American Board of Surgery will establish and maintain high standards for competence and lifelong education of board certified orthopaedic surgeons.

C. Directors
   The directors of the American Board of Orthopaedic Surgery are elected from diplomates of the Board who are nominated by the American Orthopaedic Association, the American Medical Association, and the American Academy of Orthopaedic Surgeons.

D. Organization
   Directors of the Board elect a President, Vice President, President-elect, Secretary, and Treasurer annually. An Executive Director, who is a diplomate, serves as an ex-officio member of the Board of Directors. The President appoints directors to serve on standing committees on credentials, examinations, finance, graduate education, and research. Other committees may be formed as deemed necessary. The Board holds regularly scheduled meetings yearly.
E. Directory

A current directory of certified orthopaedic surgeons is maintained by the Board and is accessible to the public on the Board’s website (www.abos.org).

II. CERTIFICATES AND MAINTENANCE OF CERTIFICATION

A. Awarding Certificates

The American Board of Orthopaedic Surgery will award a certificate to a candidate who specializes in orthopaedic surgery, has met the educational requirements of the Board, has demonstrated, at the time of certification, competence in orthopaedic surgery and adherence to ethical and professional standards, has been declared eligible to sit for the examination by the Credentials Committee, has passed both parts of the certifying examination and has agreed to participate in and comply with the terms and conditions of the Board’s Maintenance of Certification (MOC) program. Certificates awarded after 1985 are valid for ten years and subject to participation in, and satisfaction of the requirements of, the Board’s MOC program.

B. Maintenance of Certification

1. Maintenance of Certification (MOC) is the process through which diplomates maintain their primary certificate in orthopaedic surgery and are assessed for their continuing competencies in orthopaedic surgery. As used throughout these Rules and Procedures, “diplomate” means an individual currently certified by the ABOS.

2. The Board assesses diplomate competencies by using four specified MOC components:

   - Evidence of Professional Standing,
   - Evidence of Life-long Learning and Self-Assessment,
   - Evidence of Cognitive Expertise, and
   - Evidence of Performance in Practice.

3. The ABOS will evaluate a diplomate through the MOC program using the four components as follows:

   a. Evidence of Professional Standing will require that the diplomate maintain a full and unrestricted license to practice medicine, and full and unrestricted staff and surgical privileges at a hospital or ambulatory surgery center (ASC), in the United States or Canada, accredited by an ABOS recognized accrediting body.

   b. Evidence of Life-Long Learning and Self-Assessment will be addressed through the following:

      - Diplomates are required to submit 120 credits of Category 1 Orthopaedic related Continuing Medical Education (CME) that include a minimum of 20 CME credits of Self-Assessment Examinations (SAE), by the end of the diplomate’s third calendar year of their 10-year certification cycle in order to be considered “participating in MOC”. CME and SAE must be approved by the ABOS after submission before the CME or SAE is counted towards the requirement.
• Diplomates are required to submit an additional 120 credits of Category 1 Orthopaedic related Continuing Medical Education (CME) that include a minimum of 20 CME credits of Self-Assessment Examinations (SAE) prior to submitting an application for an examination. This should then give the Diplomate a total of 240 CME, 40 of which are SAE, in their 10-year certification cycle. CME and SAE must be approved by the ABOS after submission before the CME or SAE is counted towards the requirement.

c. **Evidence of Cognitive Expertise** will occur through a secure MOC/Recertification examination.

d. **Evaluation of Performance in Practice** will be performed through:
   • Review of diplomat’s case list (see Section III, E).
   • A peer review process that requires sufficient peer responses from a minimum of seven (7) peers, five (5) of whom must be diplomates of the ABOS.

4. A diplomate must complete the MOC requirements before he/she is eligible to apply for the MOC/Recertification examination.

5. For more information on satisfying the Maintenance of Certification requirements, go to the Board’s website, www.abos.org. Diplomates are responsible for checking the website periodically to inform themselves of the requirements and deadlines that they must maintain for their certification status.

**C. Certification Expiration**

A diplomate’s certification (awarded after 1985) shall expire after the designated ten (10) year certification period in the event the diplomate has not timely fulfilled all the applicable requirements for Maintenance of Certification.

**D. Certificate Revocation**

At its discretion, the Board may revoke a certificate for due cause, including, but not limited to:

1. The diplomate did not possess the required qualifications and requirements for examination, whether or not such deficiency was known to the Board or any committee thereof prior to the examination or at the time of issuance of the certificate, as the case may be.

2. The diplomate made an intentional and material misrepresentation or withheld information in the application to either part of the examination or in any other representation to the Board or any Committee thereof or engaged in the unauthorized or misleading use of the Board’s name or logo implying Board endorsement of the diplomate and his/her practice.

3. The diplomate made a misrepresentation to the board or any third party as to his or her status as a diplomate of the Board.

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4. The diplomate engaged in irregular behavior in connection with an examination of the Board (as described under Irregular Behavior), whether or not such behavior had an effect on the performance of the candidate on an examination.

5. The diplomate was convicted by a court of competent jurisdiction of a felony or misdemeanor involving moral turpitude and, in the opinion of the Board, having a material relationship to the practice of medicine.

6. There has been a limitation, suspension or termination of any right of the diplomate associated with the practice of medicine in any state, province, or country, including the imposition of any requirement of surveillance, supervision, or review due to a violation of a medical practice act or other statute or governmental regulation, disciplinary action by any medical licensing authority, entry into a consent order, or voluntary surrender of license.

7. The Diplomate has failed to comply with the terms and conditions of the Board’s Maintenance of Certification (MOC) process and the Maintenance of Certification Agreement.

Certification may be subject to a Credentials Committee review prior to the expiration of the diplomate’s ten-year period of certification where the Credentials Committee concludes that such review is necessary for an adequate evaluation of whether a diplomate’s practice adheres to the accepted professional standards and has satisfactorily adhered to the MOC Professional Standing requirements. The Credentials Committee may take action against certification up to and including termination of the certification, prior to the expiration of the ten-year term based on the results of its review.

A diplomate may appeal the revocation of his or her certificates pursuant to the procedures set forth in Section IX.

E. Certificate Re-entry (for those no longer certified)

Should the circumstances that resulted in the revocation, surrender, or expiration of the diplomate’s certificate be corrected, the former diplomate may seek to regain certification by meeting all then current certification and MOC requirements. To regain certification, a diplomate whose certification has expired or has been revoked must sit for and pass the oral recertification examination, unless the diplomate is not in active surgical practice.

1. A diplomate who is in active surgical practice and whose certification has expired or been revoked must meet the CME/SAE requirements*, provide a case list and must sit for and pass the oral recertification examination.

2. If a diplomate whose certification has expired or been revoked is also not in active surgical practice but is active seeing patients clinically, then that diplomate must meet the CME/SAE requirements*, provide a non-operative case list and sit for the computer examination.

3. If a diplomate whose certification has expired or been revoked is also not inactive surgical practice and is also no longer actively seeing patients clinically, then that diplomate must meet the CME/SAE requirements*, provide supportive references and must sit for the computer examination.

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F. Participating in MOC

The following describes how and when a diplomate is designated as “Participating in MOC”:

1. Upon the award of initial certification or recertification: diplomate’s designation on ABOS’s website is “Participating in MOC: Yes”
2. Submit 120 credits of Category 1 Orthopaedic related Continuing Medical Education (CME) that include a minimum of 20 CME credits of Self-Assessment Examinations (SAE) by the end of the diplomate’s third calendar year of their 10-year certification cycle: diplomate’s designation on ABOS’s website is “Participating in MOC: Yes”
3. **FAIL** to submit 120 credits of Category 1 Orthopaedic related Continuing Medical Education (CME) that include a minimum of 20 CME credits of Self-Assessment Examinations (SAE) by the end of the diplomate’s third calendar year of their 10-year certification cycle: diplomate’s designation on ABOS’s website is “Participating in MOC: No”
4. Once diplomate submits 120 credits of Category 1 Orthopaedic related Continuing Medical Education (CME) that include a minimum of 20 CME credits of Self-Assessment Examinations (SAE) their designation on ABOS’s website will be changed to “Participating in MOC: Yes”.
5. Once a diplomate meets all other requirements and passes their recertification examination the diplomate’s designation on ABOS’s website will remain “Participating in MOC: Yes” and the diplomate’s new 10-year certification cycle will begin at #1 of this section.

III.

THE MOC/RECERTIFICATION EXAMINATIONS

<table>
<thead>
<tr>
<th>Exam</th>
<th>New Format / Item Breakdown</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Recertification</td>
<td>150 General items</td>
</tr>
<tr>
<td>Spine – Practice Profiled</td>
<td>150 Spine Items</td>
</tr>
<tr>
<td>Adult Recon – Practice Profiled</td>
<td>150 Adult Recon Items</td>
</tr>
<tr>
<td>Trauma – Practice Profiled</td>
<td>150 Trauma items</td>
</tr>
<tr>
<td>Pediatric – Practice Profiled</td>
<td>150 Pediatric items</td>
</tr>
<tr>
<td>Foot/Ankle – Practice Profiled</td>
<td>150 Foot/ankle items</td>
</tr>
<tr>
<td>Combined Sports</td>
<td>175 Sports Items (Starting in 2017, any diplomat with a)</td>
</tr>
</tbody>
</table>

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### A. General Requirements

To maintain his/her certification, a diplomate must:

1. Execute the Attestation to Participate in MOC.

2. Complete and submit online all of the MOC requirements (CMEs and SAEs, 3-month case list for a computer recertification examination, or 6-month case list for an oral recertification examination, application and fee) for his/her certificate expiration year for either the computer or oral pathway. A diplomate, whose certificate has expired, or will expire before their recertification examination, will be required to take an oral examination to regain certification. (See Section III, D.)

3. For the computer pathway, enter into ABOS’s Scribe program all operative cases over a consecutive 3-month period in 2016 or up to 75 consecutive cases performed in 2016, for which the diplomate was the primary operating surgeon. For purposes of these requirements, the primary operating surgeon is the responsible surgeon for the key and critical portions of the procedure. It is recognized that certain complex, multidisciplinary procedures lend themselves to multiple different procedures on different regions of the body. Under these circumstances, there may be more than one primary surgeon participating in the operation. (See Section X for a definition of “Scribe”.)

4. Possess a current, full, and unrestricted license to practice medicine in accordance with Section B. below.

5. Successfully complete peer review and be declared eligible by the Credentials Committee.

6. Successfully complete one of the evaluation options (computer based examination or oral examination) for MOC/Recertification for which he/she has been declared eligible.

### B. Oral Recertification Examination Case List Images and Records Requirements

1. Images, Arthroscopic Prints and Records Upload: All relevant images, arthroscopic prints and records for the candidate’s 12 selected cases must be
uploaded into the Scribe program. Candidates are required to execute a HIPAA Privacy Rule Business Associate Agreement to upload the images, arthroscopic prints and records. Once all images, arthroscopic prints and records have been entered, the candidate must finalize (after which no changes can be made), and pay the exam fee by credit card. **This process must be completed by the deadline in order to sit for the 2018 oral recertification exam.**

2. Lack of Documentation: Failure to have sufficient uploaded materials for presentation on the 12 selected cases to enable examiners to evaluate the cases may result in the disqualification of the candidate, termination of his participation in the examination or the withholding and cancellation of results.

3. HIPAA Compliance:
   a. **All materials required for the examination, including all images, records and notes must be unaltered copies of the original materials, and in English.**
   
   b. To comply with the HIPAA Privacy Rule, a diplomate must either obtain patient consent to share the patient’s Protected Healthcare Information with the Board and oral examiners for the purposes of recertification, in accordance with the procedure for, and the attestation of, patient consent set out on the Board’s website at [www.abos.org](http://www.abos.org) or delete from all images and records a patient’s Protected Health Information as follows:

   **All candidates-Do not remove** these identifiers from any and all images and records you upload to present at the examination:
   
   i) Patient ID number
   ii) Medical record number
   iii) Birth date
   iv) Medical device identifiers
   v) Serial numbers

   **Candidates choosing to obtain written patient consent** for all materials uploaded for the examination:
   
   • do not need to remove any identifiers
   • must attest that they have obtained written patient consent for these materials, after uploading is complete.

   **Candidates choosing not to obtain written patient consent** for all materials they upload for the examination: **must remove** from all case materials, including images and records, to be presented at the examination:
   
   i) Patient name
   ii) Patient addresses
   iii) Patient telephone numbers
   iv) Patient fax numbers
v) Patient e-mail addresses  
vi) Patient Social Security numbers  
vi) Health plan beneficiary numbers  
ix) Biometric identifiers  
ix) Full face photographs and comparable images  
x) Any other unique identifying characteristic

C. License Requirement

A diplomate must possess a current, full, and unrestricted license to practice medicine. A diplomate may be rendered ineligible for any part of the MOC/Recertification examination by limitation, suspension, or termination of any right associated with the practice of medicine in any state, province, or country (“jurisdiction”) due to violation of a medical practice act or other statute or governmental regulation; to disciplinary action by any medical licensing authority; by entry into a consent order; by voluntary surrender, in lieu of disciplinary action, while under investigation for same; or suspension of license; provided that a diplomate shall not be disqualified solely on the basis of a limitation, suspension, termination, or voluntary surrender of a license in any jurisdiction where the diplomate does not practice, and where the action of such jurisdiction is based upon and derivative of a prior disciplinary action of/taken by another jurisdiction and the diplomate has cleared any such prior disciplinary action and/or has had his or her full and unrestricted license to practice restored in all jurisdictions in which the diplomate is practicing and provided further that any jurisdiction granting the diplomate a full and unrestricted license was made aware of and took into account any outstanding disciplinary restrictions and/or license restrictions in other jurisdictions in granting such full and unrestricted license. Entry into and successful participation in a non-disciplinary rehabilitation or diversionary program for chemical dependency authorized by the applicable medical licensing authority shall not, by itself, disqualify a diplomate from taking a MOC/Recertification examination.

D. Evaluation Pathways

During the MOC process, a diplomate will select either the oral or the computer recertification examination pathway. If a diplomate has chosen the computer pathway for MOC, then he/she may select, at the time of application to take any of the MOC/recertification computer examinations, for which the diplomate qualifies.

Computer Pathway Examination options
General Clinical Examination
Adult Reconstruction Practice Profiled Examination
Foot and Ankle Practice Profiled Examination
Surgery of the Hand Practice Profiled Examination
Pediatrics Practice Profiled Examination
Surgery of the Spine Practice Profiled Examination
Orthopaedic Sports Medicine Practice Profiled Examination
Trauma Practice Profiled Examination
Combined Hand Examination (must possess at the time of application the subspecialty certification to qualify for Combined Hand Examination)

Combined Sports Medicine Examination (must possess at the time of application the subspecialty certification to qualify for Combined Sports Examination)

Oral Pathway Examination options

- Oral Practice Profile Based Examination
- Combined Hand Oral Examination (must possess at the time of application the subspecialty certification to qualify for Combined Hand Examination)
- Combined Sports Oral Examination (must possess at the time of application the subspecialty certification to qualify for Combined Sports Examination)

NOTE: If a diplomate has a subspecialty certification in hand or sports medicine then the diplomate must take the corresponding combined recertification examination to maintain the diplomate’s subspecialty certification, as well as, the primary certification beyond the current period of certification.

The qualifications and process for each MOC/recertification examination is specified in Section F. below.

E. Credentials Committee Directed Pathway

1. A diplomate may be restricted as to the available examination options by determination of the Credentials Committee as specified in these Rules and Procedures. In particular, the Credentials Committee may direct a diplomate, as a condition of approval to recertify, to take the practice based oral examination for MOC/recertification for an adequate evaluation of the diplomate, including where:

   a. There has been a limitation, suspension, termination, or voluntary surrender while under investigation, of the diplomate’s medical license or any right associated with the practice of medicine in any state, province, or country during the diplomate’s most recent period of certification;
b. There has been a denial, limitation, suspension, termination or resignation, at the
request of a hospital, of all or any portion of a diplomate’s surgical staff privileges
based on patient care issues during the diplomate’s most recent period of certification;

c. A case list review, peer review, or practice site visit report has identified significant
questions as to whether a diplomate’s practice demonstrates professional competence
and adherence to acceptable professional standards such that the Credentials
Committee determines that an oral examination is necessary for an adequate
evaluation of the diplomate’s practice;

d. The diplomate fails to provide the Credentials Committee, for a second time after a
deferral, with the sufficient number (7 peers, 5 of which are ABOS diplomates) of
individuals familiar with the diplomate’s work, to enable the Credentials Committee to
conduct peer review and evaluate the diplomate’s practice;

e. The diplomate’s certificate has expired.

2. The direction by the Credentials Committee that a diplomate takes the oral examination as a
condition of approval is subject to appeal pursuant to Article IX “Appeals Procedure” herein.

3. The Credentials Committee may also direct a diplomate not engaged in operative orthopaedic
practice to choose a non-practiced based or profiled evaluation option.

4. If a diplomate cannot provide a 6-month case list containing at least 35 operative cases, he/she
will be required to take a computer examination, and provide a 3-month case.

5. If a diplomate voluntarily selects the oral examination pathway then he/she may select, at the
time of application, any of the MOC/recertification oral examinations for which the diplomate
qualifies. There are three choices for oral examinations:

- Practice Profile–based Oral Examination,
- Combined Hand Oral Examination (must possess at the time of application the
  subspecialty certification to qualify for Combined Hand Examination),
- Combined Sports Medicine Oral Examination (must possess at the time of application the
  subspecialty certification to qualify for Combined Sports Examination).

6. A diplomate is required to notify the Board when he ceases active operative orthopaedic
practice, as defined in these Rules and Procedures, and within six (6) months of resuming
active operative orthopaedic practice and obtaining surgical privileges. A diplomate is also
required to submit, within 18 months of resuming active operative practice, a case list of all
operative cases within a six (6) month period.”

F. Information Regarding Oral MOC/Recertification Examinations

1. PRACTICE-BASED ORAL EXAMINATION

The ABOS reserves the right to make changes in its rules and procedures for its examination and certification at any time
and without prior notice. These rules and procedures supersede all rules and procedures prior to February 17, 2017.
The practice-based oral pathway for MOC/Recertification consists of an examination on cases selected from a 6-month case list prepared by the diplomate. For the 2018 examination, diplomates must submit a list of all operative procedures performed in a hospital, ambulatory care facility, or in any office setting for any consecutive 6-month period between January 1, 2016 and December 15, 2016. A separate list must be prepared for each hospital, ambulatory care center, or office utilized by the diplomate.

2. **COMBINED HAND ORAL EXAMINATION**

This pathway is available only to candidates who hold a subspecialty certificate in Surgery of the Hand. This gives them the opportunity to renew both their general orthopaedic and subspecialty certificate of the hand with one examination. The practice-based combined hand oral for recertification consists of an examination based on the candidate’s practice and is given every July. The candidate must submit a list of all operative cases for a consecutive 6-month period within 2016. This list must include at least 20 hand surgical cases. The Board will choose 12 of these cases for the candidate to present at the examination and all pertinent materials for those cases must be presented. The examination is approximately two hours, divided into four 25 minute periods with two examiners in each period. Examiners ask questions on the cases presented and on the candidate’s case lists. Specific skills that are evaluated are data gathering, diagnosis and interpretive skills, treatment plan, technical skill, outcomes, and applied knowledge.

3. **COMBINED SPORTS MEDICINE ORAL EXAMINATION**

This pathway is available only to candidates who hold a subspecialty certificate in Orthopaedic Sports Medicine. This gives them the opportunity to renew both their general orthopaedic and subspecialty certificate in sports medicine with one examination. The practice-based combined sports medicine oral for recertification consists of an examination based on the candidate’s practice and is given every July. The candidate must submit a list of all operative cases for a consecutive 6-month period within 2016. This list must include at least 20 sports medicine surgical cases. The Board will choose 12 of these cases for the candidate to present at the examination and all pertinent materials for those cases must be presented. The examination is approximately two hours, divided into four 25 minute periods with two examiners in each period. Examiners ask questions on the cases presented and on the candidate’s case lists. Specific skills that are evaluated are data gathering, diagnosis and interpretive skills, treatment plan, technical skill, outcomes, and applied knowledge.

4. Requirements for all oral examinations:

   a. Case Collection: Cases are collected via the Scribe program which is accessible through the ABOS website (www.abos.org), using your Username and Password.
Before you begin, you may view a layout of the case list data collection sheet by clicking on MOC and then clicking on Sample Case List Data Sheet.

All cases must be collected from each hospital, surgery center, and office at which the applicant has operated during a consecutive 6-month period. If the diplomate performed no cases during the case collection period, a letter from the hospital, surgery center, or office must verify this fact. The letter must be uploaded into Scribe for each location where no cases were performed during the collection period. A diplomate must perform a minimum of 35 cases during the collection period to be considered engaged in the practice of operative surgery.

Once all cases have been entered and completed the diplomate will print the case lists by location. No changes can be made to the case lists after they have been finalized. Each complete case list must then be certified by the director of medical records and signed in front of a witness. This signed, certified page must be uploaded into the Scribe system with each corresponding case list in order for your Scribe case list to be complete.

b. Case Selection/Image Upload: The Board will select 12 cases from the diplomate’s 6-month case list for presentation at the examination. The 12 selected cases will be posted online in late April, 2018. The diplomate must then upload to Scribe the pertinent images, including arthroscopic prints, and records that he/she wants to display for each case at his/her examination. The deadline for uploading and finalizing is June 14, 2018. After this date, no additions, deletions, or changes can be made. NO images or arthroscopic prints or records may be brought to the examination. Detailed information on the materials that diplomates are required to bring to the examination will be available with the 12 selected cases.

G. Information Regarding Computer MOC/Recertification Examinations

1. GENERAL CLINICAL COMPUTER EXAMINATIONS

   The General Clinical Computer Examination is approximately 150 questions, multiple-choice, computer examination. The questions are written by a task force based on current orthopaedic knowledge for each content area. The examination is criterion-referenced, which means that it is possible for all diplomates to pass. This examination must be taken at Prometric Testing Centers in the United States and Canada. Diplomates may schedule their examination from available dates and times at these sites once they receive their scheduling permit. This is a three-hour examination.

2. PRACTICE-PROFILED COMPUTER EXAMINATIONS

   Seven Practice-Profiled Computer Examinations will be offered in 2018. The two Practice-Profiled Computer Examinations are:
   - The Adult Reconstruction Practice-Profiled Exam in March & April
The ABOS reserves the right to make changes in its rules and procedures for its examination and certification at any time and without prior notice. These rules and procedures supersede all rules and procedures prior to February 17, 2017.

3. COMBINED HAND COMPUTER EXAMINATION

The Combined Hand Computer Examination is available ONLY to diplomates who hold a current subspecialty certification in Surgery of the Hand from the American Board of Orthopaedic Surgery. This examination is a multiple-choice computer administered examination. The examination will include approximately 175 hand questions designed to evaluate the diplomate’s cognitive knowledge of surgery of the hand. This is a four-hour examination.

This examination must be taken at Prometric Testing Centers. Diplomates may schedule their examination from available dates and times at these sites once they receive their scheduling permit in June.

Diplomates with time-limited certificates who successfully complete this pathway will renew both their general orthopaedic certification and their Subspecialty Certificate in Hand. Both certificates will have a start date of January 1 of the year following the previous general certificate’s expiration date.

If the diplomate holds a lifetime certificate, both certificates will be dated from the date of the examination.

4. COMBINED SPORTS MEDICINE COMPUTER EXAMINATION
The Combined Sports Medicine Computer Examination is available ONLY to diplomates who hold a current Subspecialty Certificate in Orthopaedic Sports Medicine. This pathway consists of a multiple-choice computer administered examination. The examination will include 175 sports questions designed to evaluate the diplomate’s cognitive knowledge of orthopaedic sports medicine. This is a four hour examination.

This examination must be taken at Prometric Testing Centers. Diplomates may schedule their examination from available dates and times at these sites once they receive their scheduling permit in August.

Diplomates with time-limited certificates who successfully complete this pathway will renew both their general orthopaedic certification and their Subspecialty Certificate in Sports Medicine. Both certificates will have a start date of January 1 of the year following the previous general certificate’s expiration date.

If the diplomate holds a lifetime certificate, both certificates will be dated from the date of the examination.

5. **Requirements for all computer examinations:**

   Case Collection: Cases are collected via the Scribe program which is accessible through the ABOS website (www.abos.org), using your Username and Password. Before you begin, you may view a layout of the case list data collection sheet by clicking on MOC and then clicking on Sample Case List Data Sheet.

   All cases must be collected from each hospital, surgery center, and office at which the applicant has operated during a consecutive 3-month period or 75 cases. If a diplomate has performed more than 75 cases in three consecutive months, he/she only needs to upload the first 75. A diplomate must perform a minimum of 35 cases during the collection period to be considered engaged in the practice of operative surgery.

   Once all cases have been entered and completed the diplomate will print the case lists by location. No changes can be made to the case lists after they have been finalized. Each complete case list must then be certified by the director of medical records and signed in front of a witness. This signed, certified page must be uploaded into the Scribe system with each corresponding case list in order for your Scribe case list to be complete.

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**IV. IMPAIRED PHYSICIANS**

**A. Chemical Dependency**
A diplomate who, within three years of his or her application, to sit for a MOC/Recertification examination, has been diagnosed as chemically dependent, has been treated for drug or other substance abuse, and/or has entered a non-disciplinary rehabilitation, or diversionary program for chemical dependency authorized by the applicable medical licensing authority will be required to present evidence to the Credentials Committee that he or she (1) has successfully completed the authorized rehabilitation or diversionary program or (2) is successfully enrolled in such a program or is successfully enrolled in or completed a private treatment program and presents attestations from the responsible program administrators and physicians demonstrating, to the satisfaction of the Board, that the diplomate has been free of chemical dependency for a period sufficient to establish that the diplomate is not currently using illegal drugs and/or that the use of illegal drugs or other substance abuse is not an on-going problem. This documentation must accompany the completed application form.

B. Mental and Physical Condition

Diplomates who have a mental or physical condition that could affect their ability to practice orthopaedic surgery will be required to submit medical evidence from the appropriate physicians, treatment centers, and hospitals demonstrating to the Board that the impairment does not compromise their ability to render safe and effective care to their patients.

C. ADA Accommodations

A diplomate requesting an accommodation in the administration of a MOC/Recertification computer examination must submit the completed accommodation request form found online at www.abos.org and required documentation with the application by the application deadline.

V. PROCEDURE FOR APPLICATION AND SELECTION OF EVALUATION OPTION

The dates and places for the MOC/Recertification examinations and the deadlines for submission of applications and fees are listed on the American Board of Orthopaedic Surgery website (www.abos.org). Examination dates may be changed at the discretion of the Board.

A. Application Deadlines

1. MOC/Recertification applications for the 2018 examinations are available November 1, 2016. To apply for the MOC/Recertification examination, go to the Board website www.abos.org, and enter the User Name and Password that you used for the MOC process, and follow the directions from there. Printed applications are not available.

2. The electronic submission deadline for all required documents for CMEs, 3-month case list, 6-month case list, and application, is May 1st of the year preceding the examination by 4:00pm ET.
Late or incomplete applications. If the application is not finalized online or if any of the required documents are not uploaded by the deadline, the application will not be accepted.

If a diplomate wishes to resubmit the MOC/Recertification CMEs, 3-month case list or 6-month case list, and application and late fee of $350 online after May 1st it must be finalized online before May 15, 2017 by 4:00 pm ET. No applications will be accepted after the final deadline. Late fees are non-refundable.

3. Diplomates must indicate on the application, which oral or computer examination they will be taking. Once the application has been finalized, the chosen examination pathway may not be changed for the current year’s administration of MOC/recertification examinations.

4. A new application, as well as new peer review and case lists for the Recertification examination, is required for each examination. This rule applies to voluntary withdrawals by the diplomate, as well as any deferrals based on any decision of the ABOS Credentials Committee.

B. Notifying the Board of Application Changes

1. It is the responsibility of all diplomates to notify the Board office of any change of mailing and email address, practice association, or hospital affiliation.

2. If a diplomate changes practice location or practice association or acquires new hospital staff affiliations, new references will be required by the Board.

3. A diplomate is also required to notify the Board of the denial of any request for hospital 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 diplomate’s license or any right associated with the practice of medicine (including the entry into a non-disciplinary rehabilitation or diversionary program for chemical dependency whether by order or consent decree by the applicable medical licensing authority or on a voluntary basis).

C. Notifying the Diplomate of Examination Admission

The decision of the Credentials Committee is posted online at the ABOS website at www.abos.org no later than 60 days prior to the examination date.

D. Fees

1. Application Fees. The non-refundable application and credentialing fee of $1075 must be submitted by credit card online with the application form.

3. Examination Fees. The examination fees vary depending on the diplomate’s choice of pathway. The fees are:

a. Practice-Based Oral Examination: $1350
b. Computer Administered General Clinical Examination: $1040
   
c. Computer Administered Practice Profiled Examination: $1040
   
d. Combined Hand Computer Examination: $1400
   
e. Combined Sports Computer Examination: $1400
   
f. Combined Hand Oral Examination: $1750
   
g. Combined Sports Oral Examination: $1750

4. Late fee: $350

VI. FALSIFIED INFORMATION AND IRREGULAR BEHAVIOR

A. If it is determined that a diplomate (i) has falsified information on the application form, case list or the materials submitted in connection with the cases presented for oral examination, including patient records or images, (ii) has failed to report complications, (iii) altered his or her surgical practice during the case collection period to manipulate the type of cases presented on the case list in a manner designed to hinder the Board’s evaluation of the candidate’s practice, (iv) has failed to provide material information to the Board and/or (v) has misrepresented his or her status with the Board to any third party, the diplomate may be declared ineligible for the MOC/recertification examination and the diplomate may be required to wait up to three years before being allowed to file a new application.

B. Diplomates 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.
2018 ABOS MOC/Recertification Examination Rules and Procedures

2. Any transfer of information or signals between diplomates during the test. This prohibition includes any transfer of information between the diplomate 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 diplomate during the examination.

4. Allowing another diplomate to view one’s answers or otherwise assisting another diplomate in the examination.

5. Taking any examination information, such as notes or diagrams, outside 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. Diplomates should also understand that the Board may or may not require a diplomate 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 diplomate’s personal involvement in such activities.

VII. CREDENTIALS DECISIONS

A. Determining Admission to Examination

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

2. Diplomates whose certificates expire in or before 2020 and who have completed the MOC requirements may apply in 2017 to sit for the 2018 examination.

3. 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, as well as peer review and case lists, is required for each examination.

B. Deferral of Admission to Examination

1. A decision on a diplomate’s admission to a MOC/Recertification 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 it still has insufficient information to make a judgment, the decision may be deferred for a second year to enable representatives of the Board to conduct a site visit, or the Committee may require the diplomate to take an oral examination.
2. A denial, reduction, restriction, suspension, termination, or resignation at the request of a hospital of all or any portion of a diplomate’s surgical staff privileges, or pending action to do so, will normally result in a deferral until such action is finally resolved and the diplomate’s practice has stabilized sufficiently for it to be evaluated. A change in location, type of hospital practice and/or practice association may also result in deferral.

3. A deferral of not more than two consecutive years is not viewed by the Board as an adverse action; thus, no appeal from a decision of the Credentials Committee is permitted unless a diplomate has been denied admission or has been deferred for more than two consecutive years. A diplomate’s period of certification shall be extended for any deferral period imposed by the Credentials Committee.

C. Site Visit

Representatives of the Board may visit the site of a diplomate’s practice if the Credentials Committee believes that this is necessary for adequate evaluation of the diplomate’s practice.

D. Appeal of Admission Decision

A diplomate 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 IX).

VIII.
RECREDENTIALING BY THE
AMERICAN BOARD OF ORTHOPAEDIC SURGERY

A. DIPLOMATES WITH TIME-LIMITED CERTIFICATES WHO PARTICIPATE IN MAINTENANCE OF CERTIFICATION AND PASS THE MOC/RECERTIFICATION EXAMINATION WILL BE ISSUED TEN-YEAR, TIME-LIMITED CERTIFICATES DATED FROM THE EXPIRATION DATE OF THEIR CERTIFICATES PROVIDED IT HAS NOT EXPIRED.

For example: A diplomate who has a time-limited certificate expiring in 2018 will receive a ten-year, time-limited certificate dated January 1, 2019 through December 31, 2028.

B. DIPLOMATES WHO HAVE UNLIMITED (prior to 1986) CERTIFICATES AND WHO PARTICIPATE IN MAINTENANCE OF CERTIFICATION AND PASS THE MOC/RECERTIFICATION EXAMINATION WILL BE ISSUED TEN-YEAR, TIME-LIMITED CERTIFICATES DATED FROM THE DATE OF THE EXAMINATION. SUBSEQUENT RECERTIFICATIONS WILL BE DATED...
FROM THE EXPIRATION DATE OF THEIR MOST RECENT RECERTIFICATION (provided it has not expired). THESE CERTIFICATES DO NOT REPLACE THE ORIGINAL UNLIMITED CERTIFICATES, WHICH REMAIN VALID. THOSE WITH UNLIMITED CERTIFICATES WHO APPLY FOR MOC, BUT DO NOT PASS THE EXAM ARE STILL CERTIFIED.

IX.
APPEALS PROCEDURE

A. A diplomate who has received an unfavorable ruling by the Board regarding the diplomate’s eligibility for, or status of, continuing certification, may appeal such determination by mailing a notice of appeal to the office of the American Board of Orthopaedic Surgery, Attn: Executive Director, within sixty (60) days of the date such ruling was mailed to him or her.

EXCEPTION: The decision by the Examinations Committee that a diplomate has failed a MOC/recertifying examination may be appealed only in the manner and to the extent provided in G and H below.

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

C. 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 in writing.

D. 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 below:

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 chairperson 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 chairperson 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 sixty (60) days after the appointment of the appeals committee and the hearing officer, whichever is later.

E. 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 materials that were considered in making the determination appealed (but only if the committee intends to present such materials 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 thirty (30) days prior to the hearing. Not less than seven (7) 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 (7) 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 the concerned Board committee no later than the time when submitted to the appeals committee or the hearing officer.

F. 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 determinations 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 determinations 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 determinations. However, the committee shall not have the right to present
any information or evidence not previously provided as required under paragraph D.1. The committee and its representatives 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 not previously provided as required under paragraph D.2. The failure of the individual to produce information or documents requested by the concerned Board committee as required in D.2. shall be grounds for upholding and confirming the determinations of the concerned Board committee. The individual and his or her representative 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.

G. After the conclusion of the hearing:

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 (10) days after receipt of such report. The opposing party shall then have ten (10) days to file its response to such objections with the appeals committee.

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 determine, on the basis of the information and evidence presented to them, 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.

A diplomate taking the Oral MOC/recertification examination who believes the examination was administered in an unfair or inaccurate manner or that one or more of his or her oral examiners was well acquainted with him or her or was not impartial, may immediately, in the debriefing session, request that he or she be reexamined. The request shall be made to the chairperson of the MOC/recertification Examinations Committee and reviewed by the president and the secretary. If, after discussing the matter with the diplomate and making such other investigation as they may deem appropriate, a majority of the president, the secretary and the chairperson of the Recertification Examinations Committee determine that reasonable grounds exist for the
diplomate’s request, he or she shall be reexamined at the earliest available session by another panel of oral examiners. In such event, the first oral examination will be disregarded and only the diplomate’s performance on the reexamination shall be considered in determining his or her score on the examination. This is the only appeal to the oral MOC/recertification examination.

A diplomate who fails a computer administered MOC/recertification examination may request in writing that his or her examination be re-scored by hand to certify the accuracy of the results as reported to him or her. Such a request is to be made within sixty (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 from a failure on any computer administered MOC/recertification examination.

X. DEFINITIONS

A. Diplomate: an orthopaedic surgeon who holds a non-expired general certificate obtained through the American Board of Orthopaedic Surgery.

B. Maintenance of Certification (MOC): the process through which diplomates maintain their primary certificate in orthopaedic surgery and are assessed for their continuing competencies in orthopaedic surgery.

C. Non-Operative orthopaedist: an orthopaedist who is the primary surgeon for fewer than 35 operative cases within six consecutive months in the case list collection period. However, they had at least 35 new patients in the case list collection period.

D. Non-Practicing orthopaedist: an orthopaedist who has seen fewer than 35 new patients.

E. Operative orthopaedist: an orthopaedist who is the primary surgeon for at least 35 operative cases within three consecutive months in the case list collection period. Those who do not have 35 cases within three consecutive months, may be allowed to have six consecutive months of cases as long as there are at least 35 cases.

F. Orthopaedic Surgery: the medical specialty that includes the preservation, investigation, and restoration of the form and function of the extremities, spine, and associated structures by medical, surgical, and physical methods.
G. **Scribe:** an online program found on the password protected portal (abos.org) in which you enter and submit your case list. For those taking the oral examination, this is also the program used to upload pertinent images, including arthroscopic prints, and records that he/she wants to display for each case at his/her examination.