
2018 HANDBOOK FOR CANDIDATES FOR SUBSPECIALTY CERTIFICATION IN ORTHOPEDIC SPORTS MEDICINE



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INTRODUCTION

*American
Osteopathic Board of
Orthopedic Surgery*

The American Osteopathic Board of Orthopedic Surgery (AOBOS) recognizes the need for Subspecialty Certification in various orthopedic subspecialties. Several subspecialties have expressed interest in this process, at this time Subspecialty Certification available is in Hand Surgery and Orthopedic Sports Medicine. The AOBOS offers the same service to any other subspecialty that expresses sufficient interest and need for such an exam.

The orthopedic sports medicine examination is a two hundred question multiple-choice examination with questions taken from all areas of orthopedic sports medicine. The source material for the examination questions is not limited to any particular text or journal.

The Subspecialty Certification in Orthopedic Sports Medicine examination will be given every year at the American Osteopathic Academy of Orthopedics' (AOAO) fall meeting, on an as needed basis. In order to accommodate those candidates who have been waiting for this exams availability, it will be administered at both the fall and spring AOAO meetings for the first two years the exam is offered.

The Subspecialty Certification in Orthopedic Sports Medicine examination will be offered for the first time in conjunction with the AOAO Fall meeting, October 17, 2018.

The official date of certification shall be when the American Osteopathic Board of Orthopedic Surgery notifies the candidate that he/she has successfully passed the examination and is being recommended to the American Osteopathic Association for certification. Formal action by the Bureau of Osteopathic Specialists of the American Osteopathic Association is required to complete the process and the candidate may not claim certification until notified of this action in an official letter from the AOA.

Certification is valid for a ten-year period of time. You will be required to complete an OCC Subspecialty examination every ten (10) years. This examination will be developed and administered by the AOBOS.

APPLICATION FOR SUBSPECIALTY CERTIFICATION IN ORTHOPEDIC SPORTS MEDICINE EXAMINATION

*American
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The Subspecialty Certification in Orthopedic Sports Medicine examination is given in the fall of the year at the time of the fall meeting of the American Osteopathic Academy of Orthopedics (AOAO). For the first two years, the exam will be given in the fall and spring in conjunction with AOAO meetings. The exact time and date of the examination will be on our website, www.aobos.org. The exam application is available in the AOBOS application portal, <https://cf.osteopathic.org/cbms/applicants/index.cfm?board=118340>

The following Items will be required to submit with the application through upload to the application portal:

1. Examination fee of \$3,000
2. Surgical log:
 - 6-12 month collection period
 - 125 total case minimum
 - 115 surgical (at least 75 surgical cases must include a component of arthroscopy)
 - 10 non-operative
3. Copy of Fellowship certificate - if applicable

The first 5 years (2018-2022) of a new subspecialty examination are the Grandfather window, during this time, any individual who has not completed an Orthopedic Sports Medicine Fellowship, but meets the other certification criteria may apply to sit for the examination.

In year 6 (2023) and thereafter, all individuals must have completed a minimum one year education in an accredited AOA, AANA, RCPSC or ACGME sports medicine fellowship program to sit for the examination.

4. Copy of the letter from the AOA granting approval of your Orthopedic Sports Medicine Fellowship program/training (if applicable) and stating that the program is complete.

This letter can be obtained through AOA Education by using the following link:

<http://www.osteopathic.org/inside-aoa/Education/postdoctoral-training/Pages/trainee-services-application.aspx>

REQUIREMENTS FOR

SUBSPECIALTY CERTIFICATION IN

ORTHOPEDIC SPORTS MEDICINE

*American
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To be eligible for the Subspecialty Certification in Orthopedic Sports Medicine from the American Osteopathic Board of Orthopedic Surgery, the applicant must meet the following minimum requirements:

- A. The applicant must be a graduate of an AOA accredited college of Osteopathic Medicine.
- B. The applicant must hold an unrestricted license to practice in the state or territory where his/her practice is conducted.
- C. The applicant must be able to show evidence of conformity to the standards set in the Code of Ethics of the American Osteopathic Association.
- D. The applicant must have been a member in good standing of the American Osteopathic Association for a period of at least two years immediately prior to application for the CAQ.
- E. The applicant must have been previously certified in orthopedic surgery either by the American Osteopathic Board of Surgery (prior to July 1, 1979) or the American Osteopathic Board of Orthopedic Surgery (after July 1, 1979).
- F. The applicant must have been in the active practice of Orthopedic Sports Medicine for at least two years.
- G. The applicant must be actively engaged in the practice of Orthopedic Sports Medicine as indicated by holding full operating privileges in a hospital or surgery center.
- H. Applicants must submit a patient list of sports medicine operative and non-operative procedures during a consecutive 6-12 month period that falls within the twenty-four months preceding the application deadline. Orthopedic 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 case list should include all Orthopedic Sports Medicine operative procedures performed during the 6-12 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.

SURGICAL CASES (115 surgical cases required - 75 with a component of Arthroscopy)

Lower Extremity

- Hip
 - Ligament (repair/reconstruction/debridement)
 - Tendon (repair/reconstruction/debridement)
 - Cartilage (repair/debridement/not arthroplasty)
 - Bone (fractures-intra and extra articular)
 - Synovium/Capsule (repair/reconstruction/debridement)

- 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
 1. Ligament (repair/realignment/reconstruction)
 2. Tendon (repair/reconstruction/debridement)
 3. Cartilage (repair/replacement/debridement – not arthroplasty)
 4. Bone (fractures)
 - Unicompartamental Replacements
- Foot and Ankle
 - Ligament (repair/reconstruction)
 - Tendon (repair/reconstruction/debridement)
 - Cartilage (repair/replacement/debridement)
 - Bone (fractures)
 - Nerve (decompression/transposition)

Upper Extremity

- Shoulder
 - Gleno humeral 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)
 6. Bursa (decompression/debridement)
 7. Shoulder Replacement

REQUIREMENTS

CONTINUED

- Acromio and sterno-clavicular
 1. Ligament (repair/reconstruction)
 2. Cartilage (debridement)
 3. Bone (fractures)
- Elbow
 - Ligament (repair/reconstruction)
 - Tendon cartilage (repair/reconstruction/debridement)
 - Cartilage
 - Bone (fractures - intra-articular and extra-articular)
 - Nerve (decompression/transposition)
 - Synovium/capsule (decompression/debridement/repair)
- Wrist and Hand
 - Ligament (repair/reconstruction)
 - Tendon (repair/reconstruction/debridement)
 - Cartilage
 - Bone (fractures/osteotomies)
 - Nerve (decompression/transposition)
 - Synovium/capsule (debridement/repair/reconstruction)

NON-OPERATIVE (10 patients required)

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

- I. Post Residency Fellowship requirement information.
 - a. Years 1-5 (2018-2022) that the Subspecialty Certification examination is offered : Any individual, who has not completed an Orthopedic Sports Medicine Fellowship, but meets the other certification criteria may apply to sit for the examination.
 - b. Year 6 (2023) and thereafter: All individuals must have completed a minimum one year education in an accredited AOA, AANA, RCPSC or ACGME sports medicine fellowship program to sit for the examination.
- J. The applicant must have a letter from the AOA granting approval of their Orthopedic Sports Medicine Fellowship program/training and stating that the program is complete.
<http://www.osteopathic.org/inside-aoa/Education/postdoctoral-training/Pages/recognition-of-acgme-pgy2-and-beyond.aspx>
- K. The applicant must complete the application and submit the fee to sit for the exam found on the aobos [website](#).

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INSTRUCTIONS FOR SUBSPECIALTY CERTIFICATION IN ORTHOPEDIC SPORTS MEDICINE

The Subspecialty Certification examination of the American Osteopathic Board of Orthopedic Surgery is developed by the Orthopedic Sports Medicine Subspecialty Test Committee of the American Osteopathic Board of Orthopedic Surgery. The questions are developed from texts and the general literature of orthopedic sports medicine.

The Subspecialty Certification examination will be given at the American Osteopathic Academy of Orthopedics fall meeting. The time and date of the examination will be announced prior to the examination. Please report to the examination room fifteen (15) minutes prior to the examination for registration.

The examination will consist of two hundred (200) A type (one best answer) multiple choice questions. The examination is given as a one part, four hour examination. No breaks will be given during the examination.

Your score and pass/fail determination will be mailed to you within 3-4 weeks of the examination.

GUIDELINES FOR ORTHOPEDIC SPORTS MEDICINE LOG PREPARATION

*American Osteopathic
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All candidates applying for initial subspecialty certification in orthopedic sports medicine are required to submit a surgical log with a minimum of 125 orthopedic sports medicine cases (115 treated operatively and 10 treated non-operatively) in a consecutive 6 – 12 month period ending within 6 months of the Orthopedic Sports Medicine Subspecialty Certification examination application date.

The case list should include all Sports Medicine operative procedures performed during the 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. 10 additional patients should be included that were treated non-operatively.

At a minimum the information collected for each case must contain the following: Diagnosis, Operative Procedure and Complications and Outcome should be specific and inclusive:

Arthroscopic Surgeries				Candidate's Name				
list #	date	hospital	case #	P.I.	DOB	Diagnosis	Operative Procedure	Complications & Outcome
1								
2								
3								
Etc.								

Other OSM Surgeries				Candidate's Name				
list #	date	hospital	case #	P.I.	DOB	Diagnosis	Operative Procedure	Complications & Outcome
1								
2								
3								
Etc.								

Non-Operative Cases				Candidate's Name				
list #	date	hospital	case #	P.I.	DOB	Diagnosis	Treatment	Complications & Outcome
1								
2								
Etc.								

GUIDELINES FOR ORTHOPEDIC SPORTS MEDICINE LOG PREPARATION

Continued

Candidates can download the Orthopedic Sports Medicine Excel template, which is available on the www.aobos.org web site.

The AOBOS uses the criteria established in the RBRVS, ***Resource Based Relative Value Scale*** (the physician payment schedule for Medicare) for what constitutes major vs. minor cases. Use the RBRVS (***Resource Based Relative Value Scale***) to look up the code in question. If it has a 90-day follow-up, the case is considered major. If it has a 0-10 day follow-up, the case is considered minor and is not to be included in the log.

An electronic copy of the surgical log must be submitted with the Subspecialty Certification in Orthopedic sports medicine application.

AOA APPROVAL OF ACGME ORTHOPEDIC SPORTS MEDICINE TRAINING

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All candidates applying for initial subspecialty certification in orthopedic sports medicine are required to provide the AOBOS with a letter from the American Osteopathic Association granting AOA approval of their Orthopedic Sports Medicine Fellowship program/training. The letter must state that the orthopedic sports medicine training program is complete.

As an initial step in the training approval process, each candidate must complete an application with the Allopathic Residency Coordinator of the American Osteopathic Association. A link to the application is listed below.

ACGME/Federal Military Residency Approval Applications click here

<http://www.osteopathic.org/inside-aoa/Education/postdoctoral-training/Pages/trainee-services-application.aspx>

Subspecialty Certification in Orthopedic Sports Medicine cannot be processed without prior AOA training approval after the 5 year practical window closes.

During the first five years that the Orthopedic Sports Medicine Subspecialty Certification examination is offered (2018- December 31, 2022 Grandfather window), any individual meeting all certification criteria, outlined on pages 5-7 of this handbook, but who does not have “completion of a one-year Orthopedic Sports Medicine Fellowship” may apply to sit for the examination.

SAMPLE QUESTIONS FOR SUBSPECIALTY CERTIFICATION IN ORTHOPEDIC SPORTS MEDICINE EXAMINATION

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1. An 18-year-old football player has his feet taken out from under him while catching a pass. He lands on an outstretched hand and sustains a posterior dislocation of his elbow, which is reduced on the field. Fluoroscopic examination under anesthesia reveals his elbow is unstable to forces both in elbow pronation and supination. This implies injury to which structure?
 - A. Lateral collateral ligament.
 - B. Ulnar collateral ligament.
 - C. Orbicular ligament
 - D. Anterior capsule.

2. After surgically addressing the lateral collateral ligament and medial head of a patient with a complex posterior elbow dislocation the elbow is still unstable to valgus forces while in pronation. Disruption of which of the following is the most likely cause for the continued instability?
 - A. UCL avulsion from the sublime tubercle.
 - B. UCL tear in the mid-substance.
 - C. UCL avulsion from the femoral origin.
 - D. UCL tear at the insertion on the coronoid