**New Application: Orthopaedic Surgery**

**Review Committee for Orthopaedic Surgery**

**ACGME**

The questions that follow provide programs with an opportunity to systematically describe the manner in which they comply with accreditation requirements. Responses should be **concise and focused**. During the site visit, residents, faculty members, and others will be asked for comment on the information provided. **As such, those who will be interviewed should read the application prior to their meeting with the Accreditation Field Representatives.**

**Oversight**

**Participating Sites**

1. Does the Sponsoring Institution also sponsor ACGME-accredited programs in the following? [PR I.B.1.a).]

a) General surgery [ ]  YES [ ]  NO

b) Internal medicine [ ]  YES [ ]  NO

c) Pediatrics [ ]  YES [ ]  NO

Explain any “NO” responses.

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1. For each participating site, list the site director and briefly describe that individual’s responsibilities for resident education at the site. Site numbers must correspond to information provided in the ACGME’s Accreditation Data System (ADS). [PR I.B.3.a)]

| **Site** | **Site Director Name** | **Site Director Clinical Responsibilities** |
| --- | --- | --- |
| **#1** |  |  |
| **#2** |  |  |
| **#3** |  |  |
| **#4** |  |  |
| **#5** |  |  |
| **#6** |  |  |
| **#7** |  |  |
| **#8** |  |  |

1. How will the program ensure that residents at distant participating sites attend and participate in regularly scheduled and held teaching rounds, lectures, and conferences? [PR I.B.5.b)]

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4. Will residents at distant participating sites have at least four hours of formal teaching activities each week? [PR I.B.5.b)] [ ]  YES [ ]  NO

 Explain, if “NO.”

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**Resources**

1. Describe the workspace available for residents at each participating site, including access to computers. [PR I.D.1.a).(1)]

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2. Describe the technological resources available for production of presentations, manuscripts, or portfolios. [PR I.D.1.a).(2)]

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3. Describe the dedicated space to facilitate basic surgical skills education and training. [PR I.D.1.a).(3)]

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1. Will there be Internet access to appropriate full-text journals and electronic medical reference resources for education and patient care at all participating sites? [PR I.D.1.a).(4)] [ ]  YES [ ]  NO

Explain if “NO”.

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**Personnel**

**Program Director**

1. Describe activities of the program director to periodically update knowledge and skills to discharge the roles and responsibilities for teaching, supervision, and formal evaluation of residents. [PR II.A.3.e)]

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1. How often will these updates be collected? [PR II.A.3.e)] [Click here to enter text.]
2. Will the program require residents to sign a non-competition guarantee or restrictive covenant? [CPR II.A.4.a).(13).(a)] [ ]  YES [ ]  NO

Explain if “YES”.

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**Faculty**

1. Will the program maintain documentation of faculty member participation in faculty development activities? [PR II.B.2.h)] [ ]  YES [ ]  NO

Explain if “NO”.

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 **Program Coordinator**

1. Will there be institutional support for a full-time equivalent program coordinator designated specifically to the orthopaedic surgery program? [PR II.C.2.a).] [ ]  YES [ ]  NO

Explain if “NO.”

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2. If the program has more than 20 residents, how will additional administrative support be provided? [PR II.C.2.a)]

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**Educational Program**

**Professionalism**

1. Describe the learning activity(ies), other than lecture, by which residents will develop a commitment to carrying out professional responsibilities and an adherence to ethical principles, including: compassion, integrity, and respect for others; responsiveness to patient needs that supersedes self-interest; respect for patient privacy and autonomy; accountability to patients, society, and the profession; and respect and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation. [PR IV.B.1.a).(1).a)-e).]

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**Patient Care and Procedural Skills**

1. Describe the learning activity(ies), other than lecture, by which residents will develop a commitment to carrying out professional responsibilities and an adherence to ethical principles, including commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices. [PR IV.B.1.b).(1).(a)]

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2. Describe the learning activity(ies), other than lecture, by which residents will develop a commitment to carrying out professional responsibilities and an adherence to ethical principles, including sensitivity and responsiveness to fellow health care professionals’ culture, age, gender, and disabilities. [PR IV.B.1.b).(1).(b)]

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1. Describe the settings and activities in which residents will participate in order to develop and demonstrate competence for each expected patient care outcome. [PR IV.B.1.b).(2)]

| **Competency Area** | **Settings/Activities** | **Method(s) used to Evaluate Resident Competence** |
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| The pre-admission care, hospital care, operative care, and follow-up care (including rehabilitation) of patients[PR IV.B.1.b).(2).(a)] | Click here to enter text. | Click here to enter text. |
| Gathering essential and accurate information about patients[PR IV.B.1.b).(2).(b).(i)] | Click here to enter text. | Click here to enter text. |
| Making informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment[PR IV.B.1.b).(2).(b).(ii)] | Click here to enter text. | Click here to enter text. |
| Developing and carrying out patient management plans[PR IV.B.1.b).(2).(b).(iii)] | Click here to enter text. | Click here to enter text. |
| Providing health care services aimed at preventing health problems, including opioid addiction in the management of acute and chronic pain, and maintaining health[PR IV.B.1.b).(2).(b).(iv)] | Click here to enter text. | Click here to enter text. |
| Diagnosis and management of adult and pediatric orthopaedic disorders[PR IV.B.1.b).(2).(c)] | Click here to enter text. | Click here to enter text. |

**Medical Knowledge**

Describe the settings and activities in which residents will participate in order to develop and demonstrate competence for each expected medical knowledge outcome. [PR IV.B.1.c)]

| **Competency Area** | **Settings/Activities** | **Method(s) used to Evaluate Resident Competence** |
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| Expertise in the knowledge of those areas appropriate for an orthopaedic surgeon[PR IV.B.1.c).(1)] | Click here to enter text. | Click here to enter text. |
| An investigatory and analytic thinking approach to clinical situations[PR IV.B.1.c).(2)] | Click here to enter text. | Click here to enter text. |

**Practice-based Learning and Improvement**

1. Describe one planned learning activity in which residents will engage to identify strengths, deficiencies, and limits in their knowledge and expertise (self-reflection and self-assessment); set learning and improvement goals; and identify and perform appropriate learning activities to achieve self-identified goals (lifelong learning). [PR IV.B.1.d).(1).(a)-(c)]

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2. Describe one planned quality improvement activity or project that will allow residents to demonstrate the ability to analyze, improve, and change practice or patient care. Describe planning, implementation, evaluation, and provisions of faculty member support and supervision that will guide this process. [PR IV.B.1.d).(1).(d)]

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3. Describe how residents will develop and demonstrate competence in incorporating formative evaluation feedback into daily practice. (If a specific tool is used to evaluate these skills have it available for review by the Accreditation Field Representative.) [PR IV.B.1.d).(1).(e)]

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4. Describe one example of a learning activity in which residents will engage to develop and demonstrate competence in skills needed to use information technology to locate, appraise, and assimilate evidence from scientific studies and apply it to their patients' health problems. [PR IV.B.1.d).(1).(f)-(g)]

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6. Describe how residents will develop and demonstrate competence in applying knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness. [PR IV.B.1.d).(1).(h)]

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**Interpersonal and Communication Skills**

1. Describe one learning activity in which residents will develop competence in communicating effectively with patients, families, and the public across a broad range of socioeconomic and cultural backgrounds, and with physicians, other health professionals, and health-related agencies. [PR IV.B.1.e).(1).(a)-(b)]

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2. Describe one learning activity in which residents will develop the skills and habits to work effectively as members or leaders of a health care team or other professional group. In the example, identify the members of the team, responsibilities of the team members, and how team members communicate to accomplish responsibilities. [PR IV.B.1.e).(1).(c)]

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3. Describe how residents will participate in the education of patients, families, students, residents, and other health professionals. [PR IV.B.1.e).(1).(d)]

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1. Describe how residents will develop and demonstrate competence in acting in a consultative role to other physicians and health professionals. [PR IV.B.1.e).(1).(e)]

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5. Describe how residents will develop and demonstrate competence in maintaining comprehensive, timely, and legible medical records, if applicable. [PR IV.B.1.e).(1).(f)]

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6. Describe how residents will develop and demonstrate skills needed to create and sustain a therapeutic and ethically sound relationship with patients. [PR IV.B.1.e).(3)]

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7. Describe how residents will develop and demonstrate skills needed to use effective listening skills, and to elicit and provide information using effective non-verbal, explanatory, questioning, and writing skills. [PR IV.B.1.e).(4)]

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**Systems-based Practice**

1. Describe the learning activity(ies) through which residents will achieve competence in the elements of systems-based practice: working effectively in various health care delivery settings and systems, coordinating patient care across the health care continuum, advocating for quality patient care and optimal patient care systems, working in interprofessional teams to enhance patient safety and care quality, and incorporating considerations of value, cost-awareness, delivery and payment, and risk-benefit analysis in patient care. [PR IV.B.1.f).(1).(a)-(d); (f)]

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2. Describe the learning activity(ies) through which residents will develop and demonstrate skills in identifying system errors and implementing potential systems solutions. [PR IV.B.1.f).(1).(e)]

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1. Describe the learning activity(ies) through which residents will learnto advocate for patients within the health care system to achieve the patient's and family's care goals, including, when appropriate, end-of-life goals. [PR IV.B.1.f).(2)]

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**Curriculum Organization and Resident Experiences**

**PGY-1**

1. Is the program director responsible for the design, implementation, and oversight of the PGY-1? [PR IV.C.3.] [ ]  YES [ ]  NO

Explain if “NO.”

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2. Attach a copy of the goals and objectives for the basic surgical skills curriculum, which includes a description of the skills taught, the faculty member(s) who teach it, and how it is organized (i.e., a one-month block or longitudinally) [PR IV.C.3.b)].

3. Describe the settings and activities in which PGY-1 residents will participate that provide the opportunity to learn and demonstrate competence in the following. [PR IV.C.4.]

| **Competency Area** | **Settings/Activities** |
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| Formulate principles and assess, plan, and initiate treatment of adult and pediatric patients with surgical and/or medical problems[PR IV.C.4.a)] | Click here to enter text. |
| Care for patients with surgical and medical emergencies, multiple organ system trauma, soft tissue wounds[PR IV.C.4.b)] | Click here to enter text. |
| Care for critically-ill patients[PR IV.C.4.c)] | Click here to enter text. |
| Develop an understanding of surgical anesthesia, including anesthetic risks and complications[PR IV.C.4.d)] | Click here to enter text. |

**PGY-2-5**

1. Describe how the program will provide education and experience in disaster and mass casualty preparedness. [PR IV.C.5.c)]

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**Didactic Experiences**

1. Will basic science education and the principal clinical conferences be provided at the primary clinical site? [PR IV.C.6.a)] [ ]  YES [ ]  NO

Explain if “NO.”

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1. Will conferences and didactic sessions be scheduled to permit resident attendance on a regular basis? [PR IV.C.6.b)] [ ]  YES [ ]  NO

Explain if “NO.”

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1. Describe how conferences and didactic sessions will be organized and monitored to ensure (a) coordination among participating sites, and (b) faculty member and resident attendance and participation. Also indicate the approximate percentage of faculty members and of residents that attend these sessions. [PR IV.C.6.c.]

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1. On average, how many hours of formal teaching activities will be offered each week?
[PR IV.C.6.c).(1)] [ # ]
2. Provide a schedule of the planned required didactic sessions, including teaching conferences, rounds, journal club, morbidity and mortality conferences, and other educational activities in which program faculty members and residents will participate. The schedule should include the type, frequency, and duration of each session, the name of the individual responsible for oversight of the session, and the name of the individual presenting the session. Add rows as necessary. [PR IV.C.6.c).(2)-(3)]

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| **Topic** | **Type/Site** | **Frequency** | **Duration / Hours** | **Name of Individual Responsible for Oversight** | **Name of Individual Presenting the Conference** | **Required to Attend** |
| **Faculty** | **Residents** |
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7. Describe how organized instruction in basic medical sciences will be integrated into daily clinical activities. [PR IV.C.6.c).(4)]

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**Clinical Experiences**

1. Will each resident’s clinical experiences include the following? [PR IV.C.7.]

a) Diagnosis and management of adult and pediatric orthopaedic disorders, including:

(1) joint reconstruction [ ]  YES [ ]  NO

(2) trauma, to include multisystem trauma [ ]  YES [ ]  NO

(3) surgery of the spine, to include disk surgery, spinal trauma, and spinal deformities
 [ ]  YES [ ]  NO

(4) hand surgery [ ]  YES [ ]  NO

(5) foot surgery [ ]  YES [ ]  NO

(6) athletic injuries [ ]  YES [ ]  NO

(7) orthopaedic rehabilitation [ ]  YES [ ]  NO

(8) orthopaedic oncology, to include metastatic disease [ ]  YES [ ]  NO

(9) amputations and post-amputation care [ ]  YES [ ]  NO

For any “NO” answer, describe alternative approaches for providing these opportunities to residents for direct patient management.

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b) non-operative outpatient diagnosis and care, including all orthopaedic anatomic areas
 [ ]  YES [ ]  NO

If “YES:”

(1) On average, in how many half-day outpatient clinic sessions will each resident participate per week on all clinical rotations? [PR IV.C.7.b).(1)] [ # ]

 (2) On average, how many patients do residents see per outpatient session? [PR IV.C.7.b).(1)]

 ………………………………………………………………………………………………………[ # ]

 (3) Describe how each resident will be supervised by faculty members in all aspects of care of patients with general and subspecialty orthopaedic problems. [PR IV.C.7.b).(2).]

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 (4) Describe how opportunities for resident involvement in all aspects of outpatient care of the same patient will be maximized. [PR IV.C.7.b).(3).]

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Explain if “NO”.

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2. Describe how the program director will ensure each resident’s experiences include increasing responsibility for patient care, under faculty member supervision (as appropriate for each resident's ability and experience) as the resident progresses through the program. [PR IV.C.7.c)]

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1. Will residents have inpatient and outpatient experiences with all age groups?
[PR IV.C.7.c).(1).] [ ]  YES [ ]  NO

Explain if “NO”.

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3. Describe resident education in experimental design, hypothesis testing, and other current research methods, as well as participation in clinical or basic research. [PR IV.C.9.]

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**Scholarship**

**Program Responsibilities**

1. Describe how the program will ensure that resources are sufficient to ensure that faculty members are involved in scholarly activity that is disseminated through peer-reviewed publications, chapters, or grants. [PR IV.D.1.b).(1)]

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**Residents’ Scholarly Activities**

1. How will the program ensure that each resident demonstrates scholarship through at least one of the following: participation in sponsored research; preparation of an article for a peer-reviewed publication; presentation of research at a regional or national meeting; or, participation in a structured literature review of an important topic? [PR IV.D.3.a).(1).(a)-(d)]

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**Resident Formative Evaluation**

1. Describe the frequency with which the program director will review the Case Log data with each resident and methods used to ensure that residents will enter cases into the ACGME Resident Case Log System in a timely manner. [PR V.A.1.b).(3)]

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**The learning and working environment**

**Supervision and Accountability**

1. Describe how the program will determine the assignment of progressive authority and responsibility, conditional independence, and a supervisory role in patient care. This should include the specific criteria used by the program director to evaluate resident abilities, the timing of such evaluation(s) and how the program director ensures that each faculty member and senior resident functioning as a supervising physician uses this information to delegate portions of care to residents based on the needs of the patient and the skills of each resident. [CPR VI.A.2.d)-VI.A.2.d).(3)]

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1. Describe the guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s). [CPR VI.A.2.e)]

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**Teamwork**

1. Describe how the program will ensure that residents participate as members of the interprofessional health care team and have key roles in diagnostic work-up, operative procedures, treatment decisions, measurement of treatment outcomes, and the communication and coordination of these activities with program faculty members and referring sources. [PR VI.E.2.a)]

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**Maximum Frequency of In-House Night Float**

1. How many months of night float will residents be assigned during each year of the program?
[PR VI.F.6.a)] [ # ]

**Other Residents and Fellows utilizing Participating Sites**

Enter the number of any type of other residents and/or fellows within the Sponsoring Institution, as well as those visiting from other institutions/programs, who will be assigned to each site *for any type of* orthopaedic surgeryeducation and training each year. Site numbers must correspond to information provided in the ACGME’s Accreditation Data System (ADS). Add columns/rows as necessary. [CPR 1.E.]

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type of Orthopaedic Education/Training** | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| **Total/ Year** | **Present at any one time** | **Total/ Year** | **Present at any one time** | **Total/ Year** | **Present at any one time** | **Total/ Year** | **Present at any one time** | **Total/ Year** | **Present at any one time** | **Total/ Year** | **Present at any one time** |
| Clinical |  |  |  |  |  |  |  |  |  |  |  |  |
| Research |  |  |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |  |  |

**Attach a copy of the goals and objectives for the basic surgical skills curriculum, including a description of the skills taught, the faculty members who teach it, and how it is organized (i.e., a one-month block or longitudinally). [PR IV.C.3.b)]**

**Case Log Program Level Report**

Provide clinical data from each site used by the orthopaedic surgery program for clinical education. The list should include all procedures performed by the orthopaedic surgery service that would have been available for the education of the program’s orthopaedic surgery residents during the most recently completed academic year. Site numbers must correspond to information provided in the ACGME’s Accreditation Data System (ADS). (For a list of CPT code mappings, please contact Orthopaedic Surgery Accreditation Administrator.) [PR I.D.4.a)-I.D.4.a).(1)]

| **Procedure** | **Site****#1** | **Site****#2** | **Site****#3** | **Site****#4** | **Site****#5** | **Site****#6** | **Site****#7** | **Site****#8** | **Total** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FEMUR/KNEE** |
| Amputation |  |  |  |  |  |  |  |  |  |
| Arthrodesis |  |  |  |  |  |  |  |  |  |
| Arthroscopy |  |  |  |  |  |  |  |  |  |
| Excision |  |  |  |  |  |  |  |  |  |
| Fracture and/or dislocation |  |  |  |  |  |  |  |  |  |
| Incision  |  |  |  |  |  |  |  |  |  |
| Intro or removal |  |  |  |  |  |  |  |  |  |
| Manipulation |  |  |  |  |  |  |  |  |  |
| Repair/revision/reconstruction |  |  |  |  |  |  |  |  |  |
| **TOTAL Femur/Knee** |  |  |  |  |  |  |  |  |  |
| **FOOT/TOES** |
| Amputation |  |  |  |  |  |  |  |  |  |
| Arthrodesis |  |  |  |  |  |  |  |  |  |
| Arthroscopy |  |  |  |  |  |  |  |  |  |
| Excision |  |  |  |  |  |  |  |  |  |
| Fracture and/or dislocation |  |  |  |  |  |  |  |  |  |
| Incision  |  |  |  |  |  |  |  |  |  |
| Introduction or removal |  |  |  |  |  |  |  |  |  |
| Manipulation |  |  |  |  |  |  |  |  |  |
| Repair/revision/reconstruction |  |  |  |  |  |  |  |  |  |
| **TOTAL Foot/Toes** |  |  |  |  |  |  |  |  |  |
| **FOREARM/WRIST** |
| Amputation |  |  |  |  |  |  |  |  |  |
| Arthrodesis |  |  |  |  |  |  |  |  |  |
| Arthroscopy |  |  |  |  |  |  |  |  |  |
| Excision |  |  |  |  |  |  |  |  |  |
| Fracture and/or dislocation |  |  |  |  |  |  |  |  |  |
| Incision  |  |  |  |  |  |  |  |  |  |
| Intro or removal |  |  |  |  |  |  |  |  |  |
| Manipulation |  |  |  |  |  |  |  |  |  |
| Repair/revision/reconstruction |  |  |  |  |  |  |  |  |  |
| **TOTAL Forearm/Wrist** |  |  |  |  |  |  |  |  |  |
| **HAND/FINGERS** |
| Amputation |  |  |  |  |  |  |  |  |  |
| Arthrodesis |  |  |  |  |  |  |  |  |  |
| Arthroscopy |  |  |  |  |  |  |  |  |  |
| Excision |  |  |  |  |  |  |  |  |  |
| Fracture and/or dislocation |  |  |  |  |  |  |  |  |  |
| Incision  |  |  |  |  |  |  |  |  |  |
| Introduction or removal |  |  |  |  |  |  |  |  |  |
| Manipulation |  |  |  |  |  |  |  |  |  |
| Repair/revision/reconstruction |  |  |  |  |  |  |  |  |  |
| **TOTAL Hand/Fingers** |  |  |  |  |  |  |  |  |  |
| **HUMERUS/ELBOW** |
| Amputation |  |  |  |  |  |  |  |  |  |
| Arthrodesis |  |  |  |  |  |  |  |  |  |
| Arthroscopy |  |  |  |  |  |  |  |  |  |
| Excision |  |  |  |  |  |  |  |  |  |
| Fracture and/or dislocation |  |  |  |  |  |  |  |  |  |
| Incision  |  |  |  |  |  |  |  |  |  |
| Intro or removal |  |  |  |  |  |  |  |  |  |
| Manipulation |  |  |  |  |  |  |  |  |  |
| Repair/revision/reconstruction |  |  |  |  |  |  |  |  |  |
| **TOTAL Humerus/Elbow** |  |  |  |  |  |  |  |  |  |
| **INTEGUMENTARY SYSTEM** |
| Flaps |  |  |  |  |  |  |  |  |  |
| Incision/excision |  |  |  |  |  |  |  |  |  |
| Repair (closure) |  |  |  |  |  |  |  |  |  |
| Skin grafts |  |  |  |  |  |  |  |  |  |
| **TOTAL Integumentary System** |  |  |  |  |  |  |  |  |  |
| **LEG/ANKLE** |
| Amputation |  |  |  |  |  |  |  |  |  |
| Arthrodesis |  |  |  |  |  |  |  |  |  |
| Arthroscopy |  |  |  |  |  |  |  |  |  |
| Excision |  |  |  |  |  |  |  |  |  |
| Fracture/dislocation |  |  |  |  |  |  |  |  |  |
| Incision  |  |  |  |  |  |  |  |  |  |
| Intro or removal |  |  |  |  |  |  |  |  |  |
| Manipulation |  |  |  |  |  |  |  |  |  |
| Repair/revision/reconstruction |  |  |  |  |  |  |  |  |  |
| **TOTAL Leg/Ankle** |  |  |  |  |  |  |  |  |  |
| **NERVOUS SYSTEM** |
| Carpal tunnel |  |  |  |  |  |  |  |  |  |
| Incision/excision |  |  |  |  |  |  |  |  |  |
| Neuroplasty |  |  |  |  |  |  |  |  |  |
| Neurorrhaphy |  |  |  |  |  |  |  |  |  |
| Transection or avulsion |  |  |  |  |  |  |  |  |  |
| **TOTAL Nervous System** |  |  |  |  |  |  |  |  |  |
| **OTHER MUSCULOSKELETAL** |
| Arthroscopy |  |  |  |  |  |  |  |  |  |
| Excision |  |  |  |  |  |  |  |  |  |
| Fracture and/or dislocation |  |  |  |  |  |  |  |  |  |
| Incision |  |  |  |  |  |  |  |  |  |
| Intro or removal |  |  |  |  |  |  |  |  |  |
| Repair/revision/reconstruction |  |  |  |  |  |  |  |  |  |
| **TOTAL Other Musculoskeletal** |  |  |  |  |  |  |  |  |  |
| **PELVIS/HIP** |
| Amputation |  |  |  |  |  |  |  |  |  |
| Arthrodesis |  |  |  |  |  |  |  |  |  |
| Arthroscopy |  |  |  |  |  |  |  |  |  |
| Excision |  |  |  |  |  |  |  |  |  |
| Fracture and/or dislocation |  |  |  |  |  |  |  |  |  |
| Incision |  |  |  |  |  |  |  |  |  |
| Intro or removal |  |  |  |  |  |  |  |  |  |
| Manipulation |  |  |  |  |  |  |  |  |  |
| Repair/revision/reconstruction |  |  |  |  |  |  |  |  |  |
| **TOTAL Pelvis/Hip** |  |  |  |  |  |  |  |  |  |
| **SHOULDER** |
| Amputation |  |  |  |  |  |  |  |  |  |
| Arthrodesis |  |  |  |  |  |  |  |  |  |
| Arthroscopy |  |  |  |  |  |  |  |  |  |
| Excision |  |  |  |  |  |  |  |  |  |
| Fracture and/or dislocation |  |  |  |  |  |  |  |  |  |
| Incision |  |  |  |  |  |  |  |  |  |
| Intro or removal |  |  |  |  |  |  |  |  |  |
| Manipulation |  |  |  |  |  |  |  |  |  |
| Repair/revision/reconstruction |  |  |  |  |  |  |  |  |  |
| **TOTAL Shoulder** |  |  |  |  |  |  |  |  |  |
| **SPINE** |
| Amputation |  |  |  |  |  |  |  |  |  |
| Arthrodesis |  |  |  |  |  |  |  |  |  |
| Arthroscopy |  |  |  |  |  |  |  |  |  |
| Excision |  |  |  |  |  |  |  |  |  |
| Fracture and/or dislocation |  |  |  |  |  |  |  |  |  |
| Incision |  |  |  |  |  |  |  |  |  |
| Intro or removal |  |  |  |  |  |  |  |  |  |
| Manipulation |  |  |  |  |  |  |  |  |  |
| Repair/revision/reconstruction |  |  |  |  |  |  |  |  |  |
| **TOTAL Spine** |  |  |  |  |  |  |  |  |  |
| **TOTAL Oncology Cases/Site** |  |  |  |  |  |  |  |  |  |
| **Approximate % of Pediatric Cases/Site** |  |  |  |  |  |  |  |  |  |

**Case Log Minimum Report**

Provide clinical data from each site in the orthopaedic surgery program. The list should include all defined case category procedures performed by the orthopaedic surgery service that would have been available for the education of the program’s orthopaedic surgery residents during the most recently completed academic year. Site numbers must correspond to information provided in the ACGME’s Accreditation Data System (ADS).

| **Procedure** | **CPT Code(s)** | **Site****#1** | **Site****#2** | **Site****#3** | **Site****#4** | **Site****#5** | **Site****#6** | **Site****#7** | **Site****#8** | **Total** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Knee arthroscopy | 29850, 29851, 29855, 29856, 29866, 29867, 29868, 29870, 29871, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887 |  |  |  |  |  |  |  |  |  |
| Shoulder arthroscopy | 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828 |  |  |  |  |  |  |  |  |  |
| ACL reconstruction | 29888 |  |  |  |  |  |  |  |  |  |
| THA | 27130, 27132, 27134, 27137, 27138 |  |  |  |  |  |  |  |  |  |
| TKA | 27442, 27443, 27445, 27446, 27447, 27487 |  |  |  |  |  |  |  |  |  |
| Hip fractures | 27235, 27236, 27244, 27245 |  |  |  |  |  |  |  |  |  |
| Carpal tunnel release | 29848, 64721 |  |  |  |  |  |  |  |  |  |
| Spine decompression lumbar spine/posterior spine fusion thoracic or lumbar | 22612, 22630, 22800, 22802, 22804, 63005, 63012, 63017, 63030, 63042, 63047 |  |  |  |  |  |  |  |  |  |
| Ankle fracture fixation | 27766, 27769, 27792, 27814, 27822, 27823, 27826, 27827, 27828, 27829 |  |  |  |  |  |  |  |  |  |
| Closed reduction forearm and wrist fractures | 25505, 25520, 25535, 25565, 25605, 25624, 25675, 25680, 25690 |  |  |  |  |  |  |  |  |  |
| Ankle and hind and mid-foot arthodeses | 27870, 28705, 28715, 28725, 28730, 28735, 28737 |  |  |  |  |  |  |  |  |  |
| Suprachondylar humerus percutaneous treatment | 24538, 24566, 24582 |  |  |  |  |  |  |  |  |  |
| Operative treatment of femoral and tibial shaft fractures | 27506, 27507, 27758, 27759 |  |  |  |  |  |  |  |  |  |
| All pediatric procedures | N/A |  |  |  |  |  |  |  |  |  |
| All oncology procedures | N/A |  |  |  |  |  |  |  |  |  |