

American Board of Lower Extremity Surgery

Reconstructive Rearfoot / Ankle Certification Requirements

EXAMINATION | You must hold a current license to practice podiatric medicine, under no current disciplinary orders of suspension, restriction, probation or supervision.

CASE STUDIES | You must have some minimum level of surgical experience. This experience is documented in the form of surgical case studies. Details of case study documentation are provided on the reverse side of this form.

RESIDENCY TRAINING | If you graduated from one of the Colleges of Podiatric Medicine after 1991, you must have completed one year of postdoctoral training in an approved residency program.

PERSONAL INTERVIEW | The ABLES Board of Directors may, at its discretion, require you to undergo a personal interview with a Director. Such interview may be taken in person or by telephone, except that you shall not be required to undertake special travel for such interview.

APPLICATION | You must complete the ABLES' application, sign both the factual representations and acknowledgment sections, and submit it before the published deadline. You must also sign the Authorization to Release Information thereby enabling us to obtain verification of your pre-certification credentials.

ENDORSEMENT | If you have successfully completed the written certification examination of another certification board, such examination may qualify you for ABLES' credit for that examination. Call ABLES to find out whether your examination is one which can be endorsed.

RECERTIFICATION | In order to maintain your certification, you must be recertified every five years, timed from the date of your credited written certification examination, even if such examination was credited by endorsement. Recertification is based on receiving favorable review on your presentation of documentation on ten of your own cases, and oral discussion, grand rounds style, on two of those cases selected by the board.

FEES | Please consult the "FEES" section on our ables.org web site for up to date fees.

ABLES Case Documentation Requirements

QUANTITY

Thirty diverse reconstructive rearfoot / ankle (“RRA”) cases, each a separate surgical encounter, are required. Multiple procedures performed in a single sitting are counted as a single case, and credit is given for only one procedure per case. You must indicate the procedure for which you seek credit.

DIVERSITY

The Board does not require you to have performed any particular surgical procedure. ABLES’ RRA Surgery Case Delineation form lists the majority of commonly performed RRA surgical procedures. Thirty-two items (12 soft tissue and 20 osseous) are listed, some of which are specific, and others of which are categorical. Case count minimums and maximums are noted thereon. You may submit any case mix you choose, so long as you do not submit more than four (4) of any specific procedure, and you fulfill the minimum quantity requirements for soft tissue cases, and for bone cases. If you wish to submit a procedure not listed, contact the Board for a determination on acceptability of the procedure. Submitted cases must not have been performed earlier than seven years before, nor later than three years after, your written examination.

INITIAL SUBMISSION

The initial case submission is a simple list of cases presented on the ABLES’ Reconstructive Rearfoot / Ankle Case List. This form must be typewritten. It must be filled out at the top for identification purposes. Each submitted case is listed by entering the patient's name, the procedure for which credit is sought, and the date of the procedure. Do not list any case for which you do not have all the items of documentation indicated in the next section. Make and retain a copy of the form, and mail the form and your case review fee to ABLES’ offices via traceable delivery service.

FULLY DOCUMENTED CASES

ABLES case reviewers will select ten cases from the initial submission list for full documentation and final review. You will be provided with a binder to use in submitting these cases. The required items of documentation are as follows:

1. History & Physical
 2. Preoperative X-rays
 3. Rationale for Surgical Case
 4. Lab Studies
 5. Complete Operative Report
 6. Postoperative X-rays
 7. Progress Notes
 8. Complete Pathology Report*
 9. Hospital Admission/Face Sheet **
 10. Discharge Summary **
- * When tissue is removed during case, even if not related to the procedure in question.
** Required only for cases performed in a hospital or surgery center.

The minimum content requirement for each of these items of documentation is described in the Case Preparation Guidelines sent to each candidate with examination grades. The completed binder with all required documentation must be submitted within thirty (30) days from the date you receive the binder. Deficient cases, and cases deemed unacceptable by the reviewers, will be rejected. You will have only one opportunity to repair or replace all the rejected cases and resubmit the binder. Make and retain copies of everything, and ship the binder to the ABLES via traceable carrier.

DEADLINE

The case submission and approval process must be completed not later than the third anniversary of your written examination date. This three year period includes the processing time needed by the ABLES’ case reviewers, and time you may need to repair or replace deficient cases. There are no provisions for extensions. Cases should be submitted by the thirty-second month to provide sufficient time for replacement of rejected cases and completion of final review by the deadline date.

RESIDENCY CASES

Each such case listed on the Case Documentation Transmittal Form must be identified by providing a separate, typewritten list of these cases, supplemented by an operative report identifying you as the first assistant (category C cases only) for each such case. You must also submit a copy of your complete residency surgical log, signed by the Residency Program Director. The log must include the submitted cases, must indicate your level of participation for every case listed, and must contain a key explaining all abbreviations and symbols used in the log. These cases will not be selected for full documentation.