

<b>ABLES Recertification Case Study</b>	<b>Number</b>
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Surgeon \_\_\_\_\_ Certification number \_\_\_\_\_

Patient \_\_\_\_\_ Sex: M  F  Age \_\_\_\_\_ yrs  
last first M.I.

**Chief Complaint**

**Secondary Complaint History of Present Illness Symptoms, anatomical site involved, onset, duration, prior treatment, success, etc.**

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**Past Medical History**

**Birth to present: Hospitalization (any cause); serious illnesses and injuries; metabolic diseases; surgery. State patient's age for each incident or age at onset of chronic problems, modes of Tx, results and sequellae.**

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Medications, present and last six months, if not listed above:

## **Social History**

Occupation, sports, exercise regimen, diet, marital status, substance use/abuse.

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## **Summary of Physical Findings**

Vasc and neuro status; target features related to the Chief Complaint; biomechanical findings. "WNL" unacceptable

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## **Summary of Preoperative X-ray Findings**

Deformities; lesions; must include biomechanical features/measurements when bone axis or bone position is to be altered.

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## **Preoperative Diagnoses**

Must be consistent with the Chief Complaint and findings of the physical and x-ray examinations.

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## Planned Surgical Procedures

Must be consistent with Chief Complaint, findings and diagnoses. State the rationale for each procedure.

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## Critical Evaluation of Surgical Results

State for each procedure whether result was excellent, good, adequate or poor, what may account for less than excellent results, and what you might have done differently to produce a better result. When biomechanical features have been altered, provide postoperative measurements. Explain any deviations from planned procedures.

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<b>Required Supporting Documentation</b>	<b>Please indicate which documents you are appending to this form</b>	<b>✓</b>
Copy of patient history from office chart		
Copy of patient physical examination from office chart		
Copies of preoperative laboratory studies		
Copies of preop and postop x-rays; All Bone cases; all soft tissue cases resulting in bone shifts		
Copy of signed report of operation identifying patient, place where performed, date performed		
Copies of pathology reports for all tissue specimens removed during surgery		

**In affixing my signature to this case study, I represent that I performed the surgical procedures documented herein, and that none of the supporting documentation was fabricated for the purpose of completing this case study.**

\_\_\_\_\_  
Candidate's signature

\_\_\_\_\_  
date signed

Please print this form, sign it and mail with all other documentation to: **ABLES Post Office Box 5373, Evanston IL 60204-5373.**