

AMERICAN BOARD OF LOWER EXTREMITY SURGERY

Certification/Recertification Case Evaluation Form

Candidate _____	New <input type="checkbox"/>	Recert <input type="checkbox"/> Certificate # _____
Patient _____	Procedure _____	DOS _____
Examiner _____	Date _____	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

ATTRIBUTE

YES NO

	ATTRIBUTE		
1	Past medical history recorded, including chief and secondary complaints		
2	Medications used by surgeon are compatible with the patient's medication use and allergy history		
3	Summary of physical findings are recorded and consistent with chief and secondary complaints		
4	Summary of x-ray findings are recorded, accurate and consistent with the physical findings		
5	Preop diagnosis correct and consistent with complaints, physical and x-ray findings		
6	Selected procedures are safely compatible with the past medical history including medication use		
7	Selected procedures are consistent with the patient's chief and secondary complaints		
8	Selected procedures are consistent with the physical and x-ray findings		
9	Selected procedures are within the standard of care		
10	Surgeon's evaluation of result is fair		
11	Examiner finds result within the standard of care		
12	Surgeon's grand rounds performance was acceptable (Applies to <u>recertification</u> candidates only)		

Examiner's comments:

Examiner's signature