ABFAS 220-2017

Instructions for Submitting Case Documentation

This document contains information specific to the 2017 examinations only.

American Board of Foot and Ankle Surgery

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Introduction

The American Board of Foot and Ankle Surgery (ABFAS) publishes this document annually to inform candidates of the detailed requirements for submitting case documentation leading to ABFAS board certification. Candidates must read this entire document to understand the process. While perhaps the document appears complex, careful attention to the instructions will guide candidates through each step. Candidate misunderstanding does not justify reconsideration for unaccepted materials.

These instructions describe specific components of the application process for certification:

1. Procedures required for board certification
2. Case documentation and submission on Podiatry Logging Service for Surgery (PLS)
3. Instructions for case submission.
4. Examination fees
5. Supplemental documentation
    a. Proof of postdoctoral education
    b. Notarized hospital privilege verification
    c. Notarized hospital surgical procedure list

Candidates must pass the Case Review process and the CBPS examination to achieve board certification. Candidates passing the Case Review process or the CBPS of the Part II examination receive credit for the portion passed, but no board status. Case Review or CBPS credit are valid for the year received plus the following six (6) years.

Please refer to **ABFAS document 110-2017, Information and Requirements for Board Certification Part I and Part II** for certification requirements.

Note: Please study these requirements carefully before contacting ABFAS to ask questions.

Summary of Changes from the 2016 Document:

With continuous changes in Podiatric surgical practice and to allow skilled podiatric surgeons who commonly perform sophisticated non-bunion forefoot and/or rearfoot/ankle surgery and reconstruction to participate in the Part II Foot examination in a timely manner, ABFAS has expanded case logging. This change will impact candidates pursuing certification in foot surgery.

1) Candidates must log all surgical procedures in all categories (one through five). The candidate must log a minimum of 65 cases for eligibility to submit cases for review for foot surgery certification—similar to the 2016 exam cycle.

2) Thirty (30) of the 65 logged cases must be in designated subcategories, shown below. Only cases logged in categories 2, 4, and 5 will be counted toward the minimum 30 procedures—different than the 2016 exam cycle as the list of cases is expanded to allow practitioners with an RRA focus to sit for the Foot Certification exam.

3) There will be a limit on maximum number of procedures in each sub-category that is used toward the "minimum 30 procedures." The limits are based on complexity and/or degree of surgical skills for that specific procedure. For example, the maximum number of procedures that is eligible toward "minimum 30 procedures"

under subcategory 2.2.1 Cheilectomy is 2, whereas the maximum number of procedures that is eligible toward the "minimum 30 procedures" for sub-category 2.2.6 MTPJ fusion is 15.

4) The RRA cases selected for review for Part II Foot certification process will not be available for the RRA portion of the Part II certification process.

Procedures Required for Certification

Candidates must log a minimum of 65 cases in PLS for eligibility to submit cases for review for Foot Surgery certification and/or Reconstructive Rearfoot/Ankle Surgery (RRA) certification (see Appendix C). For Foot Surgery certification, a minimum of 30 cases must include surgery from the First Ray, Other Osseous and Reconstructive Rearfoot/Ankle categories listed in Appendix A. For RRA Surgery certification, a minimum of 30 RRA cases must be logged. Additionally, the RRA cases must include a minimum of 12 procedures from Appendix B. Candidates repeating the Case Review portion of the examination must ensure they have an adequate volume of cases to meet the requirement. Procedures selected for Case Review in previous years will not be used for Case Review in subsequent years.

- RRA procedures consisting of diagnostic operative arthroscopy, subtalar joint arthroereisis, foreign body/hardware removal, or ostectomy **are not counted** toward the required 30 total.
- Open management of fractures must include some type of internal or external fixation.
- Unproven or experimental procedures **are not counted** toward the required 65 total.
- Removal of internal or external fixation devices or implants **is not counted.**
- Extracorporeal shock wave therapy (ESWT) procedures and application of biological dressings **are not acceptable.**

Required Cases for Access to Board Certification

FOOT SURGERY CERTIFICATION	65
First Ray, Other Osseous, RRA Cases[a]	30[b c]
RRA SURGERY CERTIFICATION	30[d,e]
RRA - Elective Osseous	10[e]
RRA - Nonelective Osseous	2[e]

a. See Appendix A for more details.
b. Of these 30 cases, 27 (90 percent) must have been performed in an accredited healthcare facility.
c. List procedures involving only the hallux as digital procedures.
d. All 30 cases must have been performed in an accredited healthcare facility.
e. See Appendix B for more details.

The procedures within each major category must demonstrate the candidate's range of surgical experience. Inappropriate use or overuse of one procedure type (e.g., Austin bunionectomy) may result in failing scores.

Note: Follow all instructions carefully to optimize your chances of successfully passing Case Review.

Instructions for Case Submission

ABFAS randomly selects up to 13 procedures from those logged in PLS if a candidate applies for Foot Surgery certification. ABFAS randomly selects up to 26 procedures from those logged if a candidate applies for both Foot Surgery certification and Reconstructive Rearfoot/Ankle Surgery certification. If a candidate applies for RRA certification only, ABFAS randomly selects up to 13 RRA procedures from those logged. ABFAS may evaluate all procedures included in any case. The following instructions are for logging and preparing procedure documentation.

Overview

During Case Review, reviewers evaluate all aspects of the surgical procedures performed by candidates, including surgical decision-making, preoperative clinical assessment, preoperative radiographic assessment, technical skills assessment, and outcomes analysis.

Before beginning to assemble procedure documentation materials, carefully read this document in its entirety to understand the overall process.

Candidates for Foot or both Foot and RRA certification must log all surgical procedures performed January 1, 2010, or later (or when candidate first achieved Board Qualified status subsequent to January 1, 2010) into PLS. Candidates currently certified in Foot Surgery seeking only RRA certification are only required to log all RRA procedures performed January 1, 2010, or later (or when candidate first achieved Board Qualified status subsequent to January 1, 2010). Candidates should log all procedures on a regular basis. ABFAS verifies the accuracy of the candidate's PLS logs by comparison to a notarized facility list. ABFAS notifies candidates of procedures selected for complete case documentation after receipt and successful audit of the Facility Surgical Procedure List.

Fellowship cases may be logged if they meet the following requirements:

1. The Fellow must be listed as the surgeon of record in the intraoperative anesthesia record (no co-surgeon) and have documented involvement in the preoperative and postoperative care of the patient.
2. Fellowship cases must meet other ABFAS case submission requirements. Such requirements may include, but are not limited to:
   a) Performed in an accredited healthcare facility that may include, but is not limited to, a facility that is accredited by The Joint Commission, Joint Commission International, the Accreditation Association for Ambulatory Health Care (AAAHC), the American Osteopathic Association (AOA), or the American Association for Accreditation of Ambulatory Surgery Facilities, Inc. (AAAASF). Medicare-approved facilities also qualify.
   b) Procedures performed no earlier than seven (7) years from the date of registration for the Part II Case Review process
   c) Meet all requirements of ABFAS document 220 applicable to the year in which candidate registers for the Part II Case Review process

Calendar of Important Dates

November 1, 2016	Registration opens.
December 9, 2016	Registration closes.
December 13, 2016	ABFAS sends candidates instructions for Verification of Surgical Privileges and Facility Surgical Procedure List Attestation.
January 6, 2017	Deadline for Facility Surgical Procedure List Attestation.
January 20, 2017	ABFAS notifies candidates that the list of procedures selected for complete documentation is available on their PLS site.
March 10, 2017	Deadline for candidate upload of complete electronic case documentation. You must upload by 11:59 pm Pacific time.

Meeting the PLS Requirements for Certification

Candidates should enter all procedures in PLS on a regular basis. Beginning July 15, candidates can confirm through PLS verification of the numerical and diversity requirements for the board certification process. Cases with **procedures selected for full documentation remain locked until further notice**. Candidates should continue logging subsequent procedures in PLS until achieving board certification. (Candidates who have failed case review must continue to log all required cases until achieving board certification.) **Candidates for Foot or both Foot and RRA certification must log in PLS all surgical procedures performed January 1, 2010 or later (or when candidate first achieved Board Qualified status subsequent to January 1, 2010). Candidates currently certified in Foot surgery seeking only RRA certification are only required to log all RRA procedures performed January 1, 2010, or later (or when candidate first achieved Board Qualified status subsequent to January 1, 2010). ABFAS does not accept residency procedures for submission, and candidates should not log such procedures in PLS**.

Understanding the General Requirements for Procedure Submission

The following general information applies to every procedure selected.

- **RESIDENCY PROCEDURES ARE NOT ACCEPTED FOR PROCEDURE SUBMISSION**.
- Every procedure must have been performed within seven (7) years of the registration deadline.
- Every case selected must be fully documented and include diagnostic images, operative reports, pathology reports, and progress notes. More than one procedure performed in a case may be evaluated.
- The candidate's name must be listed as **"**Surgeon**"** on the Operative Report and on at least one other chart document (Intraoperative Anesthesia Record or Operating Room Circulator's Notes). Candidates should not log procedures where they are listed as "Co-surgeon" or "Assistant Surgeon."
- Procedures performed in an office or accredited healthcare facility[1] may be used for Foot Surgery certification.
- At least 90 percent of First Ray procedures must have been performed in an accredited healthcare facility[1].
- All procedures submitted for certification in RRA must have been performed in an accredited healthcare facility[1].

[1] An accredited healthcare facility includes, but is not limited to, a facility that is accredited by The Joint Commission, Joint Commission International, the Accreditation Association for Ambulatory Health Care (AAAHC), the American Osteopathic Association (AOA), or the American Association for Accreditation of Ambulatory Surgery Facilities, Inc. (AAAASF).

Submitting Procedures Using PLS

Candidates for Foot or both Foot and RRA certification must log in PLS all surgical procedures performed January 1, 2010 or later (or when candidate first achieved Board Qualified status subsequent to January 1, 2010). Candidates currently certified in Foot surgery seeking only RRA certification are only required to log all RRA procedures in PLS.

ABFAS randomly selects procedures for verification with the facility, or facilities, where the candidate performed procedures to confirm accreditation status of the facility as well as to corroborate the case and procedure information. ABFAS sends detailed instructions to candidates on obtaining and submitting the facility letter of verification no later than December 13, 2016. Failure by the candidate to log ALL required surgical procedures at all facilities in PLS may result in the candidate being unable to participate in the Case Review process for that year. Each year, many candidates fail the board certification process by failing to log ALL required surgical procedures in PLS.

Checklist for Procedure Submission

Case is logged as the correct procedure code in PLS.

Candidate listed as "**Surgeon**" on all Operative Reports and all other chart materials for every procedure on the list. Candidate **not** listed as "Co-surgeon," "Assistant Surgeon," or any other designation.

No procedure listed that has not yet been performed.

If requested for complete procedure documentation, electronic images (PDF for all written documentation/jpeg for all images) of the following chart materials submitted for **every** procedure in each case on the list:

- Podiatric History and Physical (H&P)
- Operative (OP) Report showing candidate as Surgeon
- Intraoperative Anesthesia Record or Circulator's Notes also showing candidate as Surgeon
- Report of preoperative tests ordered (if any)
- Last thirty Days of Progress Notes and supporting documentation until healing is complete
- Required images

NOTE: Appendix C beginning on page 18 is a **Table of ABFAS Procedure Categories**. The Table contains the same list used by PLS to record procedures.

Examination Fees

FEES FOR 2017 ABFAS EXAMINATIONS			
Part I (Board Qualified)		**Part II (Board Certified)**	
Part I (Foot Surgery)	**Part I (RRA Surgery)**	**Part II (Foot Surgery)**	**Part II (RRA Surgery)**
Application fee* $225	Application fee* $225	Application fee* $225	Application fee* $225
Didactic Examination fee $425	Didactic Examination fee $425	CBPS Examination fee $425	CBPS Examination fee $425
CBPS Examination fee $425	CBPS Examination fee $425	Case Review fee $475	Case Review fee $475
Late Withdrawal fee $150	Late Withdrawal fee $150	Late Withdrawal fee • Both parts $250 • One part $150	Late Withdrawal fee • Both parts $250 • One part $150

*The $225 application fee is nonrefundable. Candidates applying for more than one examination in the same calendar year pay only one application fee.

Method of Payment

Candidate must pay the application fee and examination fee(s) online by debit card or credit card using VISA, MasterCard, Discover, or American Express.

Follow the instructions on the payment screen. After paying by credit card, the candidate will receive a registration confirmation.

Supplemental Documentation

Please submit the following materials by January 6, 2017:

1. **Proof of Postdoctoral Education**
   (Not required if previously submitted for Part I [Board Qualified] status.)
   - Applicants must have completed a CPME-approved podiatric surgical residency program (PSR, PM&S, PMSR, or PMSR/RRA)* and must submit a photocopy of the residency completion certificate. In addition, candidates who completed a CPME-approved podiatric nonsurgical residency program must submit a photocopy of the nonsurgical residency completion certificate
   - Please note that, at a minimum, completion of two years of CPME-approved residency training, at least one year of which must be a CPME-approved surgical residency, is required for certification in Foot Surgery*
   - Completion of a PSR-24,* PM&S-36, or PMSR/RRA residency is required for certification in Reconstructive Rearfoot/Ankle Surgery
   - Candidates completing a PM&S-24 residency are not eligible for certification in Reconstructive Rearfoot/Ankle Surgery

   *NOTE: Candidates **without** Board Qualified status who completed a CPME-approved residency of less than three years have until December 31, 2018 to complete the ABFAS board certification process. Beginning January 1, 2019, such candidates are ineligible for ABFAS certification.

   Candidates **with** Board Qualified status who completed a CPME-approved residency of less than three years may pursue board certification until expiration of Board Qualified status. Candidates may apply for requalification; however, any requalification may not extend beyond December 31, 2018.

2. **Notarized Letters**
   - Facility Surgical Procedure List Attestation
     ABFAS selects a facility where candidates have performed surgery to audit and corroborate that all procedures performed at that facility have been logged into PLS. ABFAS sends the candidate via email detailed instructions on obtaining and submitting the notarized facility letter to verify a list of surgical procedures performed at that facility for a given period.

   - ABFAS notifies candidates of procedures selected for complete case documentation AFTER receipt and successful audit of the Facility Surgical Procedure List. Candidates who fail the audit will not be allowed to submit cases for Case Review for that year.

   ***Note: If a notary is not readily available, the letters must be stamped or embossed with the corporate seal of the hospital from which the letter is sent.**

Instructions for Submitting Electronic Procedure Documentation

Note: Submit complete documentation for every procedure selected by ABFAS. Do not substitute, replace, or alter materials in any case selected.

Candidates submit all materials electronically through PLS. ABFAS requires submission of printed document(s) in PDF format and all visuals (radiographs, MRIs, CTs, etc.) in jpeg format.

No later than January 20, 2017, ABFAS will notify candidates by email that the list of procedures (13 Foot Surgery and/or 13 RRA procedures) selected for complete documentation is available on their PLS site. In addition, the email will include instructions for electronically submitting procedure documentation. Candidates have about six (6) weeks to assemble these materials and present them to ABFAS for final review.

Understanding the General Requirements for Procedure Documentation

ABFAS fails a significant number of cases each year for technical reasons. Most often, technical rejections are due to the following errors:

- **Lack of preoperative weight bearing radiographs where required**
- **Lack of postoperative weight bearing radiographs demonstrating reduction of deformity, bone healing, or consolidation**
- **Final radiographs demonstrating provisional/temporary hardware**
- **Failure to identify each image with the appropriate category represented by the image (preoperative, immediate postoperative, and final)**
- **Another physician listed as surgeon or the candidate listed as co-surgeon**
- **Failure to correctly log procedure type in PLS**
- **Incomplete documentation.**

The following general requirements apply to every procedure presented for complete case documentation. ABFAS evaluates and scores all procedures based on the materials provided. Missing materials may result in a lower total score.

Carefully follow these instructions to ensure compliance with ABFAS requirements.

- Type all handwritten materials. This includes H&P and handwritten progress notes. **ABFAS requires conversion to PDF format and electronic submission of both the handwritten and typed copies.**
- All images and documents must be clearly legible.

Policy for Potential Misrepresentation Any incomplete, questionable, modified or falsified case materials submitted may be evaluated further by ABFAS. ABFAS may require that the candidate assist in the verification of submitted documents. ABFAS reserves the right to pursue further investigation including, but not limited to, sending an ABFAS appointed representative to further review documentation. Failure to comply with the process and/or discovery of falsified records will result in disqualification of the candidate and such other action as ABFAS deems appropriate including revocation of Board Qualified status, disqualification for certification and forfeiture of fees paid.

Required Documentation for Each Case

1. **Podiatric History and Physical (H&P)**
   This is the record of **your** initial assessment (not that of another physician) when the patient first presented for the condition leading to the surgical procedure performed.

   All pertinent medical assessments generated by another physician must also be included.

2. **Operative Report (OP Report)**
   Submit a copy of the typed operative report listing the candidate as "Surgeon." Designations such as "Assistant Surgeon" or "Co-surgeon" are not acceptable. Procedures listing more than one surgeon of record are not acceptable.

3. **Progress Notes**

   Typed progress notes from the time of first presentation for the condition leading to the procedure(s) performed through final outcome. If a patient undergoes multiple procedures on separate dates, all progress notes must be fully present, including any notes related to complications, prior surgery, or surgical revisions. For procedures involving hospital admissions of 24 hours or more, include typed copies of progress notes in ascending chronological order from the first three inpatient days, copies of **all** handwritten inpatient progress notes (including those of consultants), and typed versions of all outpatient follow-up visit progress notes through final outcome. Management of Infection cases must include specific documentation that supports the need for surgery including progress notes from a maximum of 30 days prior to surgery…..”

   Note: Preprinted or standardized operative reports with blank spaces filled in or using standardized language from a computer is not acceptable.

4. **Pathology Report (Path Report)**
   Copies of any pathology report for soft-tissue lesions, infections, and other procedures where a specimen was sent because abnormal pathology was present.

5. **Laboratory Reports (Labs)/Diagnostic Reports**
   Copies of any report of preoperative tests ordered, including laboratory studies, MRI, nuclear medicine, electrodiagnostic studies, etc.

6. **Intraoperative Anesthesia Record/Circulating Nurse’s Notes**
   Copies of the intraoperative anesthesia record or Circulating Nurse’s notes from the facility listing the candidate as the surgeon of record (not the Anesthesiology consultation note).

Understanding the General Requirements for Images

The following general requirements apply to **every image** presented as part of complete case documentation. Noncompliance with image requirements and instructions may result in rejection of case documentation with no opportunity to resubmit missing materials or other recourse.

1. Submit all imaging, regardless of original format, in jpeg format.
   - ABFAS reserves the right to examine, on site, images stored on the imaging equipment hard drive to determine that submitted copies are not altered.
   - If it is determined that images have been altered, the candidate forfeits, at minimum, the right to sit for the examination and all fees paid.

2. It is ***essential*** that the reviewer be able to ***clearly*** identify all pathology, fixation, and bone healing within the image. **Unreadable images may lead to rejection of procedures with no recourse for the candidate**.

3. For MRIs and computerized tomographic (CT) images, submit individual images of a minimum of three views clearly demonstrating pathology or findings.

Preparing the Procedure Images

Select appropriate views for each procedure. The following chart shows required views for each type of procedure:

Required Radiographic Views for Respective Procedure Types

	First Ray Surgery[1]	Infection/Other Osseous Foot Surgery[1]	Reconstructive Rearfoot/Ankle Surgery[1]
(a) **Preoperative images.**[2]	**Weight bearing** AP, Lateral	Best two views	**Weight bearing** Best two views
(b) **Initial postoperative images**.[3]	AP, Lateral	Best two views	Best two views
(c) Final **outcome images** must be at least four (4) weeks postoperative and must demonstrate removal of provisional/temporary hardware and radiographic osseous union of osteotomies, fusions, and fractures.	**Weight bearing** AP, Lateral	Best two views	**Weight bearing** Best two views

Candidates must identify each image in the appropriate category (preoperative, immediate postoperative, and final) and label each image with the patient's name and date of imaging. "Best two views" must demonstrate appropriate surgical pathology and outcome.

Important Note:

ABFAS evaluates and scores all procedures based on materials provided. Missing materials may result in a lower total score.

Falsified Records

If the review of a case uncovers any suspicion or evidence of falsified records, the reviewer documents the findings in detail. This may result in disqualification of the candidate for board qualification or certification. The candidate forfeits, at minimum, the right to sit for the examination and all fees paid.

If after reading these instructions you need assistance, please contact the ABFAS office in San Francisco at

Voice: (415) 553 7800, Ext 110 or Ext 113,
or, you may write to info@abfas.org
M-F 7 a.m. to 5 p.m. (Pacific Time)

1 For all procedures, (a), (b), and (c) are required.

2 Preoperative weight bearing images not required for trauma.

3 Obtain within one week of surgery, demonstrating operative alignment and fixation, if used. Intraoperative images demonstrating operative alignment/fixation are acceptable.

APPENDIX A

Expanded List of Categories for Foot Certification Case Review

Procedures must be logged correctly on PLS by the candidate. Procedures are evaluated and scored based on the category under which it is categorized. For example, if a joint salvage procedure with cheilectomy only is logged as a joint salvage procedure with distal metatarsal osteotomy, the candidate will receive a low or failing score for that case. Open management of fracture or MTPJ dislocation cases must include internal or external fixation. Procedures are evaluated based on surgical decision-making, preoperative clinical assessment, preoperative radiographic assessment, technical skills assessment, and outcomes analysis.

Each category in ***"italics"*** has an allowable maximum of 2 of the 30 required cases.
Each category in "non-italics" has an allowable maximum of 15 of the 30 required cases.

Hallux Valgus Surgery

2.1.3 bunionectomy with phalangeal osteotomy
2.1.4 bunionectomy with distal first metatarsal osteotomy
2.1.5 bunionectomy with first metatarsal base or shaft osteotomy
2.1.6 bunionectomy with first metatarsocuneiform fusion
2.1.7 MTPJ fusion
2.1.8 MTPJ implant

Hallux Limitus Surgery

2.2.1 cheilectomy
2.2.2 joint salvage with phalangeal osteotomy (Kessel- Bonney, enclavement)
2.2.3 joint salvage with distal metatarsal osteotomy
2.2.4 joint salvage with first metatarsal shaft or base osteotomy
2.2.5 joint salvage with first metatarsocuneiform fusion
2.2.6 MTPJ fusion
2.2.7 MTPJ implant

Other First Ray Surgery

2.3.2 osteotomy (e.g., dorsiflexory)
2.3.3 metatarsocuneiform fusion (other than for hallux valgus or hallux limitus)
2.3.4 amputation
2.3.5 management of osseous tumor/neoplasm (with or without bone graft)
2.3.6 management of bone/joint infection (with or without bone graft)
2.3.7 open management of fracture or MTPJ dislocation with fixation
2.3.8 corticotomy with callus distraction
2.3.9 revision/repair of surgical outcome (e.g., nonunion, hallux varus)

Osseous Foot Surgery

4.5 lesser MTPJ implant

4.6 central metatarsal osteotomy

4.7 bunionectomy of the fifth metatarsal with osteotomy

4.8 open management of lesser metatarsal fracture(s)

4.10 amputation (lesser ray, transmetatarsal amputation (TMA)

4.11 management of bone/joint infection distal to the tarsometatarsal joints (with or without bone graft)

4.12 management of bone tumor/neoplasm distal to the tarsometatarsal joints (with or without bone graft)

4.13 open management of tarsometatarsal fracture/dislocation

4.14 multiple osteotomy management of metatarsus adductus

4.15 tarsometatarsal fusion

4.16 corticotomy/callus distraction of lesser metatarsal

Elective – Soft-tissue

5.1.1 plastic surgery techniques involving the midfoot, rearfoot or ankle

5.1.2 tendon transfer involving the midfoot, rearfoot, ankle, or leg

5.1.4 soft-tissue repair of complex congenital foot/ankle deformity (clubfoot, vertical talus)

5.1.5 delayed repair of ligamentous structures

5.1.6 ligament or tendon augmentation/supplementation/restoration

Elective - Osseous

5.2.2 detachment/reattachment of Achilles tendon with partial ostectomy

5.2.4 midfoot, rearfoot, or ankle fusion

5.2.5 midfoot, rearfoot, or tibial osteotomy

5.2.6 coalition resection

5.2.7 open management of talar dome pathology (with or without osteotomy)

5.2.8 ankle arthrotomy with removal of loose body or other osteochondral debridement 5.2.9 ankle implant

5.2.10 corticotomy or osteotomy with callus distraction/ correction of complex deformity of the midfoot, rearfoot, ankle, or tibia

Nonelective – Soft tissue

5.3.1 repair of acute tendon injury

5.3.2 repair of acute ligament injury

5.3.3 microscopic nerve/vascular repair of the midfoot, rearfoot, or ankle

5.3.4 excision of soft-tissue tumor/mass of the foot (with reconstructive surgery)

5.3.6 open repair of dislocation (proximal to tarsometatarsal joints)

Nonelective – Osseous

5.4.1 open repair of adult midfoot fracture
5.4.2 open repair of adult rearfoot fracture
5.4.3 open repair of adult ankle fracture
5.4.4 open repair of pediatric rearfoot/ankle fracture or dislocation
5.4.5 management of bone tumor/neoplasm (with or without bone graft)
5.4.6 management of bone/joint infection (with or without bone graft)
5.4.7 amputation proximal to the tarsometatarsal joints

APPENDIX B

RRA Surgery Certification requires logging a minimum of 30 RRA procedures. ABFAS requires a minimum of 12 procedures from the following list.

RRA Elective Osseous (minimum 10)

- 5.2.4 midfoot, rearfoot, or ankle fusion
- 5.2.5 midfoot, rearfoot, or tibial osteotomy
- 5.2.9 ankle implant
- 5.2.10 corticotomy or osteotomy with callus distraction/correction of complex deformity of the midfoot, rearfoot, ankle, or tibia

RRA Nonelective Osseous (minimum 2)

- 5.4.2 open repair of adult rearfoot fracture
- 5.4.3 open repair of adult ankle fracture
- 5.4.4 open repair of pediatric rearfoot/ankle fracture or dislocation
- 5.4.5 management of bone tumor/neoplasm (with or without bone graft)

Procedures must be logged correctly on PLS by the candidate. Procedures are evaluated and scored based on the category under which it is categorized. For example, if excision of a fracture fragment is logged as open reduction and internal fixation of a fracture, the candidate will receive a low or failing score for that case. Open management of fracture or dislocation cases must include internal or external fixation. Foot Surgery cases logged as Reconstructive Rearfoot/Ankle surgery cases will not be scored and no credit will be given for that case. Procedures are evaluated based on surgical decision-making, preoperative clinical assessment, preoperative radiographic assessment, technical skills assessment, and outcomes analysis.

APPENDIX C
Table of ABFAS Procedure Categories

1. Digital Surgery category (lesser digit or hallux)

1.1 partial ostectomy
1.2 phalangectomy
1.3 arthroplasty (interphalangeal joint [IPJ])
1.4 implant (IPJ)
1.5 diaphysectomy
1.6 phalangeal osteotomy
1.7 fusion (IPJ)
1.8 amputation
1.9 management of osseous tumor/neoplasm
1.10 management of bone/joint infection
1.11 open management of digital fracture/dislocation
1.12 revision/repair of surgical outcome
1.13 other osseous digital procedure not listed above

2. First Ray Surgery

Hallux Valgus Surgery

2.1.1 bunionectomy (partial ostectomy/Silver procedure)
2.1.2 bunionectomy with capsulotendon balancing procedure
2.1.3 bunionectomy with phalangeal osteotomy
2.1.4 bunionectomy with distal first metatarsal osteotomy
2.1.5 bunionectomy with first metatarsal base or shaft osteotomy
2.1.6 bunionectomy with first metatarsocuneiform fusion
2.1.7 MTPJ fusion
2.1.8 MTPJ implant
2.1.9 MTPJ arthroplasty

Hallux Limitus Surgery

2.2.1 cheilectomy
2.2.2 joint salvage with phalangeal osteotomy (Kessel- Bonney, enclavement)
2.2.3 joint salvage with distal metatarsal osteotomy
2.2.4 joint salvage with first metatarsal shaft or base osteotomy
2.2.5 joint salvage with first metatarso-cuneiform fusion
2.2.6 MTPJ fusion
2.2.7 MTPJ implant
2.2.8 MTPJ arthroplasty

Other First Ray Surgery

2.3.1 tendon transfer/lengthening/ capsulotendon balancing procedure
2.3.2 osteotomy (e.g., dorsiflexory)
2.3.3 metatarsocuneiform fusion (other than for hallux valgus or hallux limitus)
2.3.4 amputation
2.3.5 management of osseous tumor/neoplasm (with or without bone graft)
2.3.6 management of bone/joint infection (with or without bone graft)
2.3.7 open management of fracture or MTPJ dislocation with fixation
2.3.8 corticotomy with callus distraction
2.3.9 revision/repair of surgical outcome (e.g., nonunion, hallux varus)
2.3.10 other first ray procedure not listed above

3. Other Soft-tissue Foot Surgery

3.1 excision of ossicle/sesamoid
3.2 excision of neuroma
3.3 removal of deep foreign body (excluding hardware removal)
3.4 plantar fasciotomy
3.5 lesser MTPJ capsulotendon balancing
3.6 tendon repair, lengthening, or transfer involving the forefoot (including digital FDL transfer)
3.7 open management of dislocation (MTPJ/tarsometatarsal)
3.8 incision and drainage/wide debridement of soft-tissue infection (including plantar space)
3.9 plantar fasciectomy
3.10 excision of soft-tissue tumor/mass of the foot (without reconstructive surgery)
3.11 external neurolysis/decompression (including tarsal tunnel)
3.12 plastic surgery techniques (including skin graft, skin plasty, flaps, syndactylization, desyndactylization, and debulking procedures limited to the forefoot)
3.13 microscopic nerve/vascular repair (forefoot only)
3.14 other soft-tissue procedures not listed above (limited to the foot).

4. Osseous Foot Surgery

4.1 partial ostectomy (metatarsocuneiform exostosis or exostectomy)
4.2 lesser MTPJ arthroplasty
4.3 bunionectomy of the fifth metatarsal without osteotomy
4.4 metatarsal head resection (single or multiple)
4.5 lesser MTPJ implant
4.6 central metatarsal osteotomy
4.7 bunionectomy of the fifth metatarsal with osteotomy
4.8 open management of lesser metatarsal fracture(s)
4.9 harvesting of bone graft distal to the ankle
4.10 amputation (lesser ray, transmetatarsal amputation (TMA])
4.11 management of bone/joint infection distal to the tarsometatarsal joints (with or without bone graft)
4.12 management of bone tumor/neoplasm distal to the tarsometatarsal joints (with or without bone graft)
4.13 open management of tarsometatarsal fracture/dislocation
4.14 multiple osteotomy management of metatarsus adductus
4.15 tarsometatarsal fusion
4.16 corticotomy/callus distraction of lesser metatarsal
4.17 revision/repair of surgical outcome in the forefoot
4.18 other osseous procedures not listed above (distal to the tarsometatarsal joint)

5. Reconstructive Rearfoot/Ankle Surgery (30 procedures)

Elective –Soft-tissue

5.1.1 plastic surgery techniques involving the midfoot, rearfoot or ankle
5.1.2 tendon transfer involving the midfoot, rearfoot, ankle, or leg
5.1.3 tendon lengthening involving the midfoot, rearfoot, ankle, or leg
5.1.4 soft-tissue repair of complex congenital foot/ankle deformity (clubfoot, vertical talus)
5.1.5 delayed repair of ligamentous structures
5.1.6 ligament or tendon augmentation/supplementation/restoration
5.1.7 open synovectomy of the rearfoot/ankle
5.1.8 other elective reconstructive rearfoot /ankle soft-tissue surgery not listed above

Elective –Osseous

5.2.1 operative arthroscopy
5.2.2 detachment/reattachment of Achilles tendon with partial ostectomy
5.2.3 subtalar arthroereisis
5.2.4 midfoot, rearfoot, or ankle fusion
5.2.5 midfoot, rearfoot, or tibial osteotomy
5.2.6 coalition resection
5.2.7 open management of talar dome pathology (with or without osteotomy)
5.2.8 ankle arthrotomy with removal of loose body or other osteochondral debridement
5.2.9 ankle implant
5.2.10 corticotomy or osteotomy with callus distraction/ correction of complex deformity of the midfoot, rearfoot, ankle, or tibia
5.2.11 other elective reconstructive rearfoot /ankle osseous surgery not listed above

Nonelective – Soft tissue

5.3.1 repair of acute tendon injury
5.3.2 repair of acute ligament injury
5.3.3 microscopic nerve/vascular repair of the midfoot, rearfoot, or ankle
5.3.4 excision of soft-tissue tumor/mass of the foot (with reconstructive surgery)
5.3.5 excision of soft-tissue tumor/mass of the ankle (with or without reconstructive surgery)
5.3.6 open repair of dislocation (proximal to tarsometatarsal joints)
5.3.7 other nonelective reconstructive rearfoot /ankle soft-tissue surgery not listed above.

Nonelective – Osseous

5.4.1 open repair of adult midfoot fracture
5.4.2 open repair of adult rearfoot fracture
5.4.3 open repair of adult ankle fracture
5.4.4 open repair of pediatric rearfoot/ankle fracture or dislocation
5.4.5 management of bone tumor/neoplasm (with or without bone graft)
5.4.6 management of bone/joint infection (with or without bone graft)
5.4.7 amputation proximal to the tarsometatarsal joints
5.4.8 other nonelective reconstructive rearfoot /ankle osseous surgery not listed above